**EDCHC Alcohol Withdrawal Management Summary**

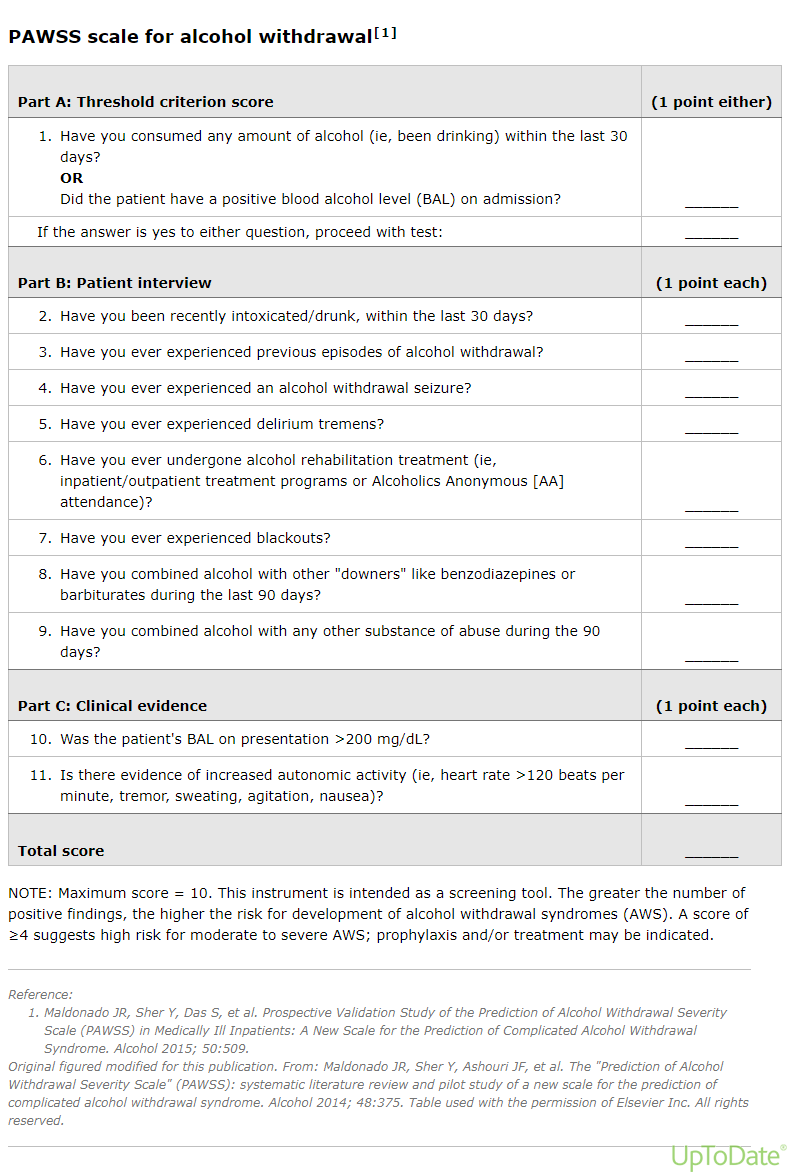
**Patient Name:**

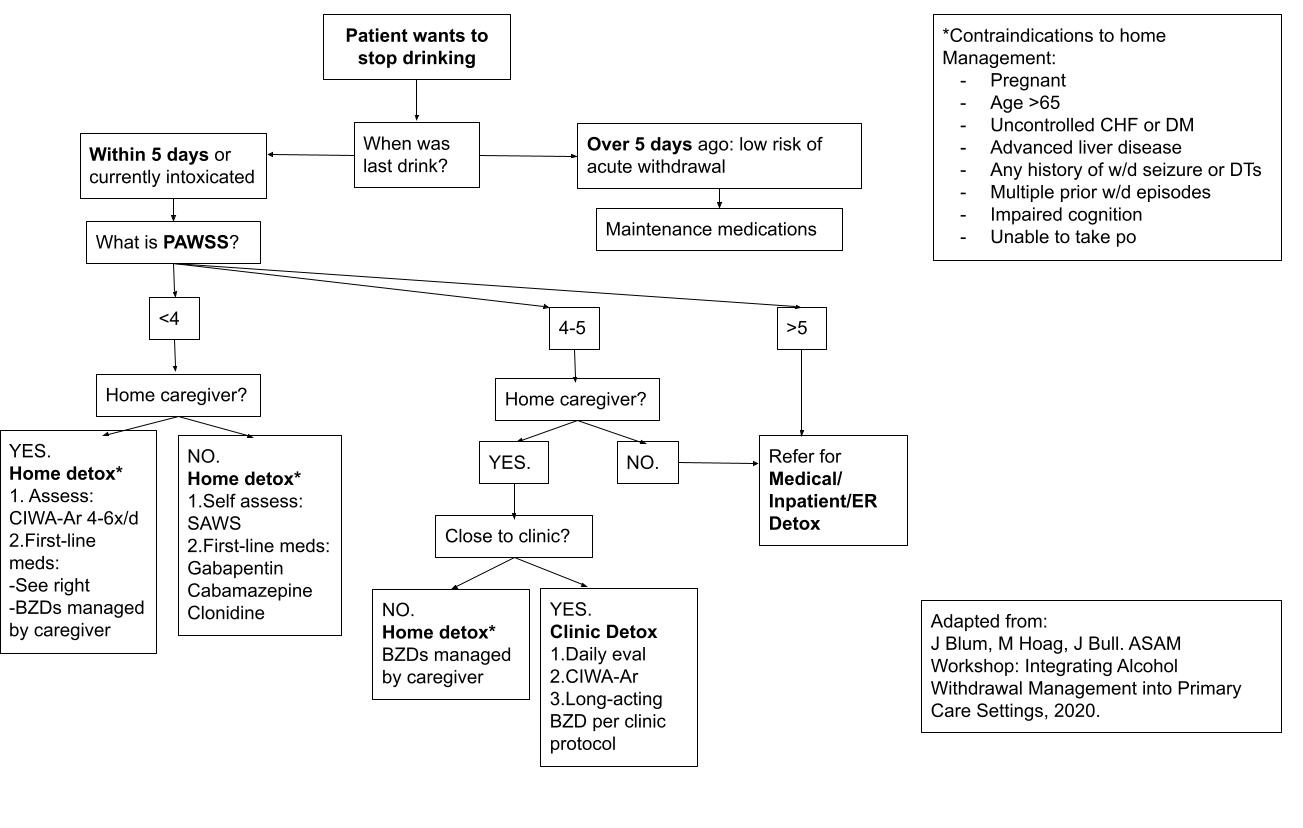
**DOB:**

**Date:**

1. CIWA score: \_\_\_
   * SAWS (Short Alcohol Withdrawal Scale) : \_\_\_
2. PAWSS score: \_\_\_
3. Home Caregiver: Y N
4. Close to Clinic: Y N
5. Review contraindications for Home Management
   * Pregnant
   * Age >65
   * Uncontrolled CHF, DM or advanced liver disease
   * History of withdrawal seizures, DTs, or multiple other withdrawal episodes
   * Impaired cognition
   * Cannot tolerate PO
   * None
6. Treatment Recommendation:
   * Home Detox
   * Clinic Detox
   * Medical/Inpatient/ER Detox
7. Medications: \_\_\_
8. Follow Up: \_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |
| CIWA-Ar |  |  |  |  |  |
| Vitals |  |  |  |  |  |
| BAC |  |  |  |  |  |
| Meds |  |  |  |  |  |



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**Medications Regimens for Ambulatory Withdrawal Management**

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| --- | --- | --- |
| **Benzodiazepine – Chlordiazepoxide (Librium)**  **\*\*\* if signs of sleepiness or sedation switch to symptom based dosing, ie every 6 hours prn, every 8 hours prn, every 12 hours prn\*\*** | Mild Withdrawal | 25-50 mg of Librium |
| Moderate Withdrawal | 50-100 mg of Librium |
| Fixed Dosing | Day 1 25-100 mg every 6 hours (#4)  Day 2 25-100 mg every 8 hours (#3)  Day 3 25-100 mg every 12 hours (#2)  Day 4 25-100 mg at night (#1)  Day 5 25-100 mg at night (#1)  Total Doses of 25 mg x 5 days = # 11 |
| **Diazepam ( Valium)**  **\*\*\* if signs of sleepiness or sedation switch to symptom based dosing, ie every 6 hours prn, every 8 hours prn, every 12 hours prn\*\*** | Fixed Dosing | 5  Day 1: 5 mg every 6 hours  Day 2: 5 mg every 8 hours  Day 3: 5 mg every 12 hours  Day 4-5: 5 mg at night |
| **Lorazepam (Ativan)**  **\*better to use longer acting agent**  **\*\*\* if signs of sleepiness or sedation switch to symptom based dosing, ie every 6 hours prn, every 8 hours prn, every 12 hours prn\*\*** | Fixed Dosing | Day 1: 1 mg every 6 hours  Day 2: 1 mg every 8 hours  Day 3: 1 mg every 12 hours  Day 4-5: 1 mg at night |
| **Carbamazepine (Tegretol)**  **200 mg tablet**  **\*\* doesn’t prevent Etoh withdrawal Seizures \*\*** | Monotherapy | 600-800 mg per day, tapered to 200-400 mg over 4-9 days |
| Adjunct Therapy | 400 mg every 12 hours x 5 days (200 mg #20) |
| **Neurontin (Gabapentin)**  **\*\* doesn’t prevent Etoh withdrawal Seizures \*\*** | Monotherapy | Day 1: Loading dose 1200 mg x 1, then 600 mg every 6 hours  Day 2-5: 300-600 mg every 12 hours x 4 days |
| Adjunct Therapy | 400 mg every 6- 8 hours x 5 days |

\*\* For patient who require daily dosing. Should have Provider appt at beginning of week, then daily RN Case management Follow ups : Will require CIWA-Ar, Vitals, Breathalyzer and UDS. TE can then be sent to Provider working that day.

For Home management, provide patient/care giver with SAWS (Short Alcohol Withdrawal Scale).

* Mild is score < 12, Moderate to Severe is > 12.

Short Alcohol Withdrawal Scale (SAWS) 
Item 
Anxious 
Feeling confused 
Restless 
Miserable 
Problems with memory 
Tremor (shakes) 
Nausea 
Heart pounding 
Sleep disturbance 
Sweating 
None 
Mild 
(O points) 
(1 point) 
Moderate 
(2 points) 
Severe 
(3 points) 
Figure 2. Tool to assess the severity of alcohol withdrawal. Patients 
indicate how they have felt in the previous 24 hours. Mild withdrawal 
< 12 points; moderate to severe withdrawal 2 12 points. 