**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 |  5Day 1: 5 mg every 6 hours Day 2: 5 mg every 8 hoursDay 3: 5 mg every 12 hoursDay 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 hoursDay 2: 1 mg every 8 hoursDay 3: 1 mg every 12 hoursDay 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 hoursDay 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.

