## Alcohol Withdrawal Orders VA Palo Alto Health Care System Stanford University Medical Center

Below are some standard alcohol withdrawal orders. The essence is that you need to:

- 1. Check vital signs with sufficient frequency.
- 2. Cover patient with an adequate amount of benzodiazepine.
- 3. Don't give more benzodiazepines before the last dose has reached its <u>peak</u>.
- 4. Preferably use a long-acting <u>benzodiazepine</u> unless you wish to keep the overnight call person awake.
- 5. Ativan is only necessary if someone had end stage cirrhosis. Otherwise, just reduce the dose of the long-acting benzodiazepine.
- 6. Only cover for seizure (e.g., with phenytoin) if person has a history of seizures.
- 7. Only cover for psychosis (e.g., with haloperidol) if the person has a history of psychosis on withdrawal.
- 8. Be cautious in the use of benzodiazepines in patients who are still intoxicated, as they can cause respiratory depression and delerium.
- In some cases, instability of vital signs may necessitate exceeding the recommended maximum daily dosage for chlordiazepoxide. Such case would like benefit from a review of vital signs over the day.
- 10. Often, but not always, it is quite reasonable to discontinue chlordiazepoxide after approximately 24 hours of treatment. This is *not* the case for short-acting benzodiazepines such as lorazepam.

If someone shows signs of delerium tremens (including gross tremor, diaphoresis, confusion, disorientation, tachycardia, and hypotension) they need immediate attention and should be transferred to an internal medicine service.

You might want to check out the article on managing alcohol withdrawal published by <u>Mayo-Smith</u> et al. (1997).

## **Standard Alcohol Withdrawal Orders**

Admit
Diet:
Allergies:
<b>VS</b> q 2h while awake x 24h, then q 4h while awake
Privileges: Maintain on unit during withdrawal
Labs: CBC, Panel 7, LFT, Urine Tox screen
Place PPD unless pt is known positive or documented negative in past 6 months
Push fluids
Medications:
Chlordiazepoxide 50 mg po q 2h prn HR > 105, DBP > 100, SBP > 160 (MDD = $300 \text{ mg}$ )
Maalox Plus 15cc po q 4h prn stomach upset
MOM 30cc po q hs prn constipation
Folate 1 mg po qd
Thiamine 100 mg po qd