Alcohol Withdrawal Guidelines: Portland VA Medical Center

I. RATIONALE: The goal of these guidelines is to ensure safe W/D from ETOH, usually completed within 72-96 hours. Patients are at risk for ETOH withdrawal if they abruptly stop or reduce ETOH intake.

II. ASSESSMENT: To determine drinking pattern and risks for withdrawal, we recommend asking:

- How much do you drink?
- How much do you drink every day? When was your last drink?
- Have you ever had trouble with ETOH withdrawal
- Any history of UGI bleed, pancreatitis, hepatitis or seizures?

III. SIGNS and SYMPTOMS:

Moderate Usually 6-48 hours p cessation	• Elevated VS • Tremor • Anxiety • Abdominal Cramps	• Nausea/Vomiting • Visual or Tactile Misperceptions • Diaphoresis
Generalized tonic-clonic seizures: usually within 72 hours.		
Delirium Tremens (DT's): Can be seen within 48 hours to7 days	• General autonomic hyperarousal • Visual hallucinations • Changes in level of	* Note: DT's are a medical-psychiatric emergency, requiring IV treatment beyond the limits of these guidelines.

IV. VITAL SIGNS:

Common signs of withdrawal include:

- Hypertension
- Tachycardia
- Tachypnea
- Fever

We recommend VS q 4 hours while awake and q2 hours after each benzodiazepine dose (see below) If VS do not improve after medications, consider dosage adjustment, or other etiology.

V. LABS:

Lab abnormalities are noted with both chronic ETOH use and ETOH withdrawal. We recommend:

- BAL – On admit to establish baseline. High levels suggest tolerance, and increased risk for withdrawal
- Urine Drug Screens – To establish presence of other medications with separate withdrawal syndromes
- Admit Panel – May see decreased potassium, glucose, and increased liver function tests (get Hepatitis Screen)
- CBC – Anemia, thrombocytopenia, leukopenia and leukocytosis can occur.
- Mg^{2+} - Levels decrease during withdrawal
- HIV Counseling and testing – if high risk behaviors present

VI. MEDICATIONS:

To prevent withdrawal symptoms, we recommend one of the following benzodiazepines:

- Chlordiazepoxide and Diazepam - Have long half lives.
- Lorazepam – Has a shorter half life, is not liver metabolized (may be safer in geriatric and liver disease
- patients). The main reason to use Lorazepam is due to reliable IM absorption.

We recommend the following medications for commonly associated problems

- Thiamine – Give before IV fluid, to prevent Wernicke's encephalopathy
- Folate and multivitamin – For poor nutritional state

VII. Disposition: If patient has an ETOH problem, begin education and consider consult by Social Work for referral to appropriate treatment resource

ALCOHOL DETOX ORDERS: Portland VA Medical Center

1. VS Q 4 Hrs while awake, and 2^0 after each benzodiazepine dose.

    Call HO if:
        SBP > 180 or < 90
        DBP > 110 or < 50
        Pulse > 120 or < 55
        RR > 35 or < 10
        Temp > 101.5 degrees or 38^o C

2. Labs/Tests (if not already done, and if applicable):

_____ Blood Alcohol Level (BAL) _____ UA _____ Urine drug screen _____ CBC	_____ Admit Panel _____ Mg^{2+} _____ Hepatitis Screen _____ Other

3. check if needed: ____ Place PPD with controls

4. Benzodiazepine (choose one):

_____ Lorazepam 0.5-2mg/PO/IM q 2-4^o PRN SBP > 170 or DBP > 105 or P> 115, NTE 10 mg/24^0 – hold dose and call HO for oversedation.

_____ Chlordiazepoxide 25-100 mg PO q 2-4^0 PRN SBP > 170 or DBP > 105 or P > 115, NTE 400 mg/24^0 – hold dose and call HO for oversedation.

_____ Diazepam 5-10 mg PO q 2-4^0 PRN SBP > 170 or DBP > 105 or P>115, NTE 50 mg/24^{0-} hold dose and call HO for oversedation

5. Thiamine 100 mg PO/IM q d X 3
6. Folate 1 mg PO q d
7. Multivitamin 1 PO q d
8. Social work consult for referral to appropriate treatment resources