

ALCOHOL DETOX PATHWAY

Ref No: 1865

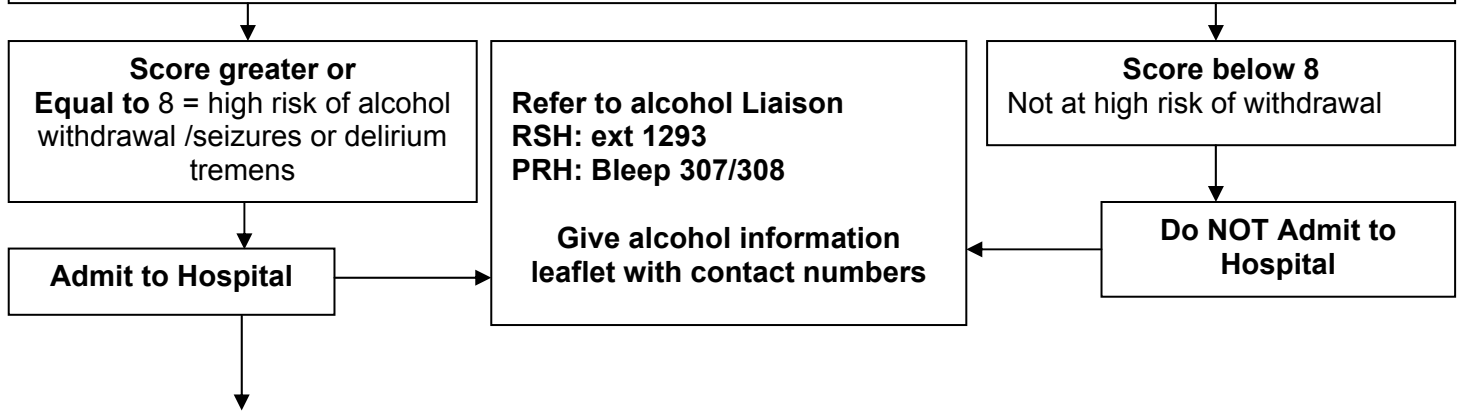
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Business Centre : Surgical
Implemented : August 2012
Last updated : August 2012
Last reviewed : August 2012
Planned review : August 2015
Keywords : alcohol, detox
Comments :

ALCOHOL WITHDRAWAL TREATMENT PATHWAY

Person in acute alcohol withdrawal

- Auditory disturbance, tremor, headache, nausea or vomiting, visual disturbance, anxiety, agitation, paroxysmal sweats or acute confusion.
- Calculate **CIWA-Ar** assessment Score

Calculate CIWA-Ar score every 6 hours until 4 scores <8 are achieved



Offer medically assisted alcohol withdrawal following a symptom-triggered regimen: patients may continue detox safely under Community provision from day 4 if no evidence of severe withdrawal

PRN dosing:

Oral Chlordiazepoxide if acute symptoms of withdrawal are observed of 50 mg P.O. 2 hourly PRN. DO NOT exceed 240 mgs in 24 hours.

Or consider **Diazepam** 10 mg P.R PRN max 30mg in 24 hours. **Lorazepam** 2-4mgs orally at 30 min intervals max 8mg in 24 hours. If benzodiazepines not controlling severe psychosis consider **Haloperidol** 1-5 mgs IV/PO bd/tds Max daily dose 18mgs.

Regular Oral chlordiazepoxide detox regime to be prescribed: Total daily dose should never exceed 240mg/day and should be tailored to ensure the patient is symptom free but not over sedated. Aim for comfort without sedation & review dosage if patient over sedated.

	Morning	Midday	Afternoon	Night	TOTAL
1	30mg	30 mg	30mg	30mg	120mg
2	30mg	20mg	20 mg	30mg	100mg
3	20mg	20 mg	20mg	20mg	80mg
4	20mg	20mg	-	20mg	60mg
5	10mg	10mg	10mg	10mg	40mg
6	10mg	-	-	10mg	20mg
7	-	-	-	10mg	10mg

Prescribe Pabrinex IV 2 ampoule pair for 5 days. Review on day 4 to convert to oral thiamine maximum daily doses of BD 150 mgs or if no evidence of Wernicke's 50mgs daily ongoing.

Please refer to home detox team if needed on day 4 and check to ensure GP happy to support at home:

- Referral to home detox numbers

Shropshire CSMT: 01743258800

Telford: 01952381777

Powys: 01874622333

Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-A

Patient: _____ Date: _____ Time: _____ Completed by _____

Pulse or heart rate, taken for one minute: _____ Blood pressure: _____ Total Score _____

<p>AUDITORY DISTURBANCES "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?"</p> <p>0 not present 1 very mild harshness or ability to frighten 2 mild harshness or ability to frighten 3 moderate harshness or ability to frighten 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations</p> <p style="text-align: right;">Score= <input type="text"/></p>	<p>TACTILE DISTURBANCES -- Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?"</p> <p>0 none 1 very mild itching, pins and needles, burning or numbness 2 mild itching, pins and needles, burning or numbness 3 moderate itching, pins and needles, burning or numbness 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations</p> <p style="text-align: right;">Score= <input type="text"/></p>
<p>TREMOR -- Arms extended and fingers spread apart.</p> <p>0 no tremor 1 not visible, but can be felt fingertip to fingertip 2 3 4 moderate, with patient's arms extended 5 6 7 severe, even with arms not extended</p> <p style="text-align: right;">Score= <input type="text"/></p>	<p>NAUSEA AND VOMITING: Ask "Do you feel sick to your stomach? Have you vomited?"</p> <p>0 no nausea and no vomiting 1 mild nausea with no vomiting 2 3 4 intermittent nausea with dry heaves 5 6 7 constant nausea, frequent dry heaves and vomiting</p> <p style="text-align: right;">Score= <input type="text"/></p>
<p>HEADACHE, FULLNESS IN HEAD -- Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.</p> <p>0 not present 1 very mild 2 mild 3 moderate 4 moderately severe 5 severe 6 very severe 7 extremely severe</p> <p style="text-align: right;">Score= <input type="text"/></p>	<p>VISUAL DISTURBANCES -- Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?"</p> <p>0 not present 1 very mild sensitivity 2 mild sensitivity 3 moderate sensitivity 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations</p> <p style="text-align: right;">Score= <input type="text"/></p>
<p>ANXIETY -- Ask "Do you feel nervous?"</p> <p>0 no anxiety, at ease 1 mild anxious 2 3 4 moderately anxious, or guarded, so anxiety is inferred 5 6 7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions</p> <p style="text-align: right;">Score= <input type="text"/></p>	<p>AGITATION</p> <p>0 normal activity 1 somewhat more than normal activity 2 3 4 moderately fidgety and restless 5 6 7 paces back and forth during most of the interview, or constantly thrashes about</p> <p style="text-align: right;">Score= <input type="text"/></p>
<p>PAROXYSMAL SWEATS --</p> <p>0 no sweat visible 1 barely perceptible sweating, palms moist 2 3 4 beads of sweat obvious on forehead 5 6 7 drenching sweats</p> <p style="text-align: right;">Score= <input type="text"/></p>	<p>ORIENTATION AND CLOUDING OF SENSORIUM "What day is this? Where are you? Who am I?"</p> <p>0 oriented and can do serial additions 1 cannot do serial additions or is uncertain about date 2 disoriented for date by no more than 2 calendar days 3 disoriented for date by more than 2 calendar days 4 disoriented for place/or person</p> <p style="text-align: right;">Score= <input type="text"/></p>

For Total score please add up all boxes and use in conjunction with Alcohol withdrawal pathway to determine treatment.