

Provider Update: Alcohol Withdrawal Order Set Edits

Situation:

- A revised Alcohol Withdrawal Order Set and new CIWA-Ar scoring tool will go LIVE **February 12, 2018**.

Background:

- The latest guidelines for treating Alcohol Withdrawal were reviewed and updates were needed to our current order set to reflect the latest guidelines.
- The guidelines recommend a “symptom-triggered” approach even if a history of seizures. A symptom-triggered approach is defined as: “Treatment tailored to the person's individual needs determined by the severity of withdrawal signs and symptoms. The patient is regularly assessed and monitored, **drug treatment is provided if the patient needs it and treatment is withheld if there are no symptoms of withdrawal**.”
- The symptom-triggered approach has been shown to result in the administration of less total medication and to require a shorter duration of treatment.
- The “Clinical Institute Withdrawal Assessment of Alcohol Scale, revised” (CIWA-Ar) was reviewed. It is an evidence-based assessment tool, which can be used to determine severity of withdrawal. It was determined to change from the WSE to CIWA-Ar since it is an evidence-based tool.

Assessment:

- The current order set allows the provider to initiate Librium or Ativan immediately, OR to be initiated if the WSE score is 6 or greater.
- However, once the medications are initiated in either scenario, the medications are scheduled with fixed doses over several days and do not take the WSE score into consideration after they are initiated.
- A revised “symptom-triggered” order set and CIWA-Ar tool have been piloted in Behavioral since September and we are ready to implement the same order set for the tower areas beginning February 12th. Nursing is currently completing a NetLearning, and there will be two educational sessions offered (January 31st and February 1st) for questions/answer sessions before this goes LIVE.

Recommendations:

- Key changes for providers:
 - The medication orders will be **PRN** and will be administered based on the CIWA-Ar score.
 - The dosing is higher than in the previous version and can be repeated every hour for 3 consecutive hours as recommended by the latest guidelines. See below screen shot for details.

A symptom-triggered approach is recommended (even if a history of seizures) as this has been shown to result in the administration of less total medication and to require a shorter duration of treatment.

Symptom-triggered definition: Treatment tailored to the person's individual needs determined by the severity of withdrawal signs and symptoms. The patient is regularly assessed and monitored, drug treatment is provided if the patient needs it and treatment is withheld if there are no symptoms of withdrawal.

Chlordiazepoxide (LIBRIUM) recommended for patients less than 65 OR GGT less than 200.

LORazepam (ATIVAN) recommended for patients 65 years and older OR GGT 200 or greater OR severe liver disease.

chlordiazepoxide (LIBRIUM) capsule

50-100 mg, Oral, Every 4 hours PRN, Withdrawal. Do NOT give if CIWA-Ar 0-9. Give 50 mg if CIWA-Ar 10-19. Give 100 mg if CIWA-Ar 20 or greater and notify provider. Repeat assessment 1 hour after each dose, if remains 10 or greater, may repeat dose 1 hour after last dose (enter additional one time order for this). If 3 consecutive hourly doses given, notify provider.

LORazepam (ATIVAN) tablet

2-4 mg, Oral, Every 4 hours PRN, Withdrawal. Do NOT give if CIWA-Ar 0-9. Give 2 mg if CIWA-Ar 10-19. Give 4 mg if CIWA-Ar 20 or greater and notify provider. Repeat assessment 1 hour after each dose, if remains 10 or greater, may repeat dose 1 hour after last dose (enter additional one time order for this). If 3 consecutive hourly doses given, notify provider.

- Librium is recommended for patients < 65 years OR GGT < 200. Ativan is recommended for patients 65 years or older OR GGT 200 or greater OR severe liver disease
- See attached revised order set.
- Contact Sarah Kearney at 221-8418 with questions.

January 2018

Project Team Members:

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DRAFT**Print Order Set**

Report ID	Report Name	Print
304774602	PRL SmartSet Preview	Print

Alcohol Withdrawal [30400003192]

Intended Use: Patients able to take orals who are at risk of developing alcohol withdrawal symptoms.

Consider the following:

- Cardiac monitor
- IV fluid bolus

Consider admission to ICC if any of the following are present:

- Cardiac disease
- Hemodynamic instability
- Marked acid-base disturbances
- Severe electrolyte abnormalities
- Respiratory insufficiency
- Potentially serious infections
- Signs of gastrointestinal pathology
- Persistent hyperthermia (Temperature greater than 103 degrees F)
- Evidence of rhabdomyolysis
- Renal insufficiency or increased fluid requirements
- History of prior alcohol withdrawal complications
- Need for frequent or high doses of sedatives or an intravenous infusion to control symptoms
- Withdrawal despite an elevated ethanol concentration

Timing of Alcohol Withdrawal Symptoms:

SYNDROME	CLINICAL FINDINGS	ONSET AFTER LAST DRINK
Minor withdrawal	Tremulousness, mild anxiety, headache, diaphoresis, palpitations, anorexia, GI upset; normal mental status	6 to 36 hours
Seizures	Single or brief flurry of generalized, tonic-clonic seizures, short post-ictal period; status epilepticus rare	6 to 48 hours

Alcoholic hallucinosis	Visual, auditory, and/or tactile hallucinations with intact orientation and normal vital signs	12 to 48 hours
Delirium tremens	Delirium, agitation, tachycardia, hypertension, fever, diaphoresis	48 to 96 hours

Discharge Criteria:

Recommended to have a CIWA-Ar score of less than 10 for 24 hours prior to discharge

General

Notify Physician

- Notify physician if CIWA-Ar 20 or greater, HR greater than 120, SBP greater than 160 mmHg, DBP greater than 105 mmHg or temp. greater than 100.5 (F)

Routine, Until discontinued, Starting today

Nursing Interventions

- CIWA-Ar (Clinical Institute Withdrawal Assessment)
- Recommended to have a CIWA-Ar score of less than 10 for 24 hours prior to discharge
- Fall Precautions
- Initiate Seizure Precautions if reports history
- Inpatient consult to Chemical Dependency

Routine, Every 4 hours

Q4H or sooner if indicated. Medications to be administered based on CIWA-Ar score (see individual med orders for details).

Routine, Until discontinued, Starting today

Details

Routine, Until discontinued, Starting today

Instructions: Obtain Chemical Dependency Evaluation

Medications

Vitamins

- thiamine (B-1) injection 100 mg/mL 100 mg, Intramuscular, Once, Starting today, For 1 Doses
- thiamine (B-1) tablet 100 mg, Oral, Daily, Starting tomorrow
- therapeutic multivitamin with minerals (THERAGRAN-M) tablet 1 tablet, Oral, With Supper
- folic acid (FOLVITE) tablet 1 mg, Oral, Daily, Starting today

Alcohol Withdrawal Orders

Alcohol Withdrawal Orders (Single Response)

A symptom-triggered approach is recommended (even if a history of seizures) as this has been shown to result in the administration of less total medication and to require a shorter duration of treatment.

Symptom-triggered definition: Treatment tailored to the person's individual needs determined by the severity of withdrawal signs and symptoms. The patient is regularly assessed and monitored, drug treatment is provided if the patient needs it and treatment is withheld if there are no symptoms of withdrawal.

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Sign: _____

Table 4. Clinical Institute Withdrawal Assessment of Alcohol (CIWA-Ar)

Patient and Time Information	
Name, date, time, pulse or heart rate taken for one minute, and blood pressure	
Items	
<p>Nausea and vomiting: Ask, "Do you feel sick to your stomach? Have you vomited?" Observation.</p> <p>0: No nausea and no vomiting</p> <p>1: Mild nausea with no vomiting</p> <p>2</p> <p>3</p> <p>4: Intermittent nausea with dry heaves</p> <p>5</p> <p>6</p> <p>7: Constant nausea, frequent dry heaves and vomiting</p>	<p>Tactile disturbances: Ask, "Have you had any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.</p> <p>0: None</p> <p>1: Very mild itching, pins and needles, burning or numbness</p> <p>2: Mild itching, pins and needles, burning or numbness</p> <p>3: Moderate itching, pins and needles, burning or numbness</p> <p>4: Moderately severe hallucinations</p> <p>5: Severe hallucinations</p> <p>6: Extremely severe hallucinations</p> <p>7: Continuous hallucinations</p>
<p>Tremor: Arms extended and fingers spread apart. Observation.</p> <p>0: No tremor</p> <p>1: Not visible, but can be felt fingertip to fingertip</p> <p>2</p> <p>3</p> <p>4: Moderate, with patient's arms extended</p> <p>5</p> <p>6</p> <p>7: Severe, even with arms not extended</p>	<p>Auditory disturbances: Ask, "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?" Observation.</p> <p>0: Not present</p> <p>1: Very mild harshness or ability to frighten</p> <p>2: Mild harshness or ability to frighten</p> <p>3: Moderate harshness or ability to frighten</p> <p>4: Moderately severe hallucinations</p> <p>5: Severe hallucinations</p> <p>6: Extremely severe hallucinations</p> <p>7: Continuous hallucinations</p>
<p>Paroxysmal sweats: Observation.</p> <p>0: No sweat visible</p> <p>1: Barely perceptible sweating, palms moist</p> <p>2</p> <p>3</p> <p>4: Beads of sweat obvious on forehead</p> <p>5</p> <p>6</p> <p>7: Drenching sweats</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?" Observation.</p> <p>0: Not present</p> <p>1: Very mild sensitivity</p> <p>2: Mild sensitivity</p> <p>3: Moderate sensitivity</p> <p>4: Moderately severe hallucinations</p> <p>5: Severe hallucinations</p> <p>6: Extremely severe hallucinations</p> <p>7: Continuous hallucinations</p>

<p>Anxiety: Ask, "Do you feel nervous?" Observation.</p> <p>0: No anxiety, at ease</p> <p>1: Mild anxious</p> <p>2</p> <p>3</p> <p>4: Moderately anxious, or guarded, so anxiety is inferred</p> <p>5</p> <p>6</p> <p>7: Equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions</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</p> <p>1: Very mild</p> <p>2: Mild</p> <p>3: Moderate</p> <p>4: Moderately severe</p> <p>5: Severe</p> <p>6: Very severe</p> <p>7: Extremely severe</p>
<p>Agitation: Observation.</p> <p>0: Normal activity</p> <p>1: Somewhat more than normal activity</p> <p>2</p> <p>3</p> <p>4: Moderately fidgety and restless</p> <p>5</p> <p>6</p> <p>7: Paces back and forth during most of the interview, or constantly thrashes about</p>	<p>Orientation and clouding of sensorium: Ask, "What day is this? Where are you? Who am I?"</p> <p>0: Oriented and can do serial additions</p> <p>1: Cannot do serial additions or is uncertain about date</p> <p>2: Disoriented for date by no more than 2 calendar days</p> <p>3: Disoriented for date by more than 2 calendar days</p> <p>4: Disoriented for place/or person</p>
Scoring	
<p>Total CIWA-Ar Score _____</p> <p>Rater's Initials _____</p> <p>Maximum Possible Score: 67</p>	<p>Interpret sum of total scores as follows:</p> <ul style="list-style-type: none"> ■ Minimal or absent withdrawal: ≤9 ■ Mild to moderate withdrawal: 10-19 ■ Severe withdrawal: >20