CAUTION: Patients with concurrent illness may score high on the Alcohol Withdrawal Symptoms – Rating Scale (AWS) for reasons other than alcohol withdrawal [e.g. sepsis, pain, encephalopathy]. Sedative medications should NOT be administered until a diagnosis of alcohol withdrawal is confirmed and concurrent illness has been fully assessed. However once the diagnosis of alcohol withdrawal has been established, patients should be treated without further delay.

A. Risk Criteria for Alcohol Withdrawal
- Alcohol consumption > 80g per day and less than 10 days since last drink
- Previous History of alcohol withdrawal syndrome
- History of alcohol dependence and less than 10 days since last drink
- AUDIT questionnaire score > 12
- Admitted with breath or blood alcohol > 0.15g%

B. Environmental Considerations
- Low levels of stimulation
- Reassurance
- Reorientation
- Even lighting
- Continuity of care provider throughout shift

Consult with admitting team registrar in hours or Senior Medical Registrar after hours if:
- Diazepam 10mg bd orally for 3 days*

Consult with admitting team registrar in hours or Senior Medical Registrar after hours if:
- Diazepam 20mg orally every 2 hours if AWS > 8 for 3 doses - Repeat AWS every 2 hours See (D) over page

If confusion is evident consider Wernicke’s encephalopathy as well as other possible organic causes - Eye signs [such as nystagmus or diplopia] and ataxia are often absent.

Medical Review of ALL patients after 6 hours is Mandatory [2 hours after 3rd dose of diazepam]

AWS Score increasing or remaining > 8 at 6 hours?

NO

YES

N.B. If patient >75Kg refer to Diazepam Loading Regime

Consult with admitting team registrar in hours or Senior Medical Registrar after hours if:
- More than 120mg diazepam required in 24 hour period?

NO

YES

Medical arrangements to confirm appropriateness for discharge. Arrangements for patient follow up in community/outpatient capacity

NO

YES

Disclaimer: This Consensus Based Guideline is based on the best available evidence with the expectation that it will be followed within the Southern Area Health Services. When management varies the rationale must be documented in the patient’s medical records.

Endorsed: SAHS Clinical Governance Committee – Nov 2010
Review Due: Nov 2011
Procedure number: CC1.1110
C. Special Circumstances

Chronic Liver Disease:
- Consult specialist physician.
- Benzodiazepine dose may need to be less due to impaired metabolism

Concurrent respiratory compromise or risk thereof: [COPD, obesity, acute respiratory infection]
- Benzodiazepines may induce respiratory suppression

Elderly [over 70 years]
- Delirium related to other causes more common.
- Tachycardia and hypertensive responses to withdrawal may be altered.
- Lorazepam may be used as an alternative to diazepam [1 mg lorazepam = 5 mg diazepam], No active metabolites.

No Oral Intake:
- Will require IV diazepam
- Patient will require 1:1 nursing due to apnoea risk
- Monitor oxygen saturations 1-2 hourly – obtain medical review if SaO₂ < 95%
- Seek advice from admitting team medical registrar or ICU registrar

Poor Response to Diazepam:
- Requires URGENT MEDICAL REVIEW
- Organic complications need to be excluded
- Seek advice from medical registrar [admitting team in hours or senior registrar after hours]

Patients Receiving Other CNS Depressants [anti-psychotics, opioids, etc.]
- Monitor oxygen saturations 1-2 hourly – obtain medical review if SaO₂ < 95%
- Consider other monitoring requirements [e.g., respiratory rates]
- Consider reducing diazepam dose

Seizures:
- Can occur independently of severity of the withdrawal syndrome
- Full medical assessment to exclude other causes
- Recurrent seizures can be reduced with oral diazepam 10 mg bd for 48 hours if this has not already been administered.

Violence Risk:
- If violence occurs or situation is assessed as high risk of violence ring 33(#) and initiate code black.
- Refer to hospital code black procedure

C. Special Circumstances

D. Diazepam Regimen for Alcohol Withdrawal Management

<table>
<thead>
<tr>
<th>AWS Score</th>
<th>Severity</th>
<th>Dosage and Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 8</td>
<td>Currently Mild</td>
<td>- Sedation is generally not necessary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Continue alcohol withdrawal observations 4 hourly</td>
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<tr>
<td></td>
<td></td>
<td>- More severe withdrawal may still occur</td>
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<tr>
<td></td>
<td></td>
<td>- Frequent re-assurance and reorientation</td>
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<td></td>
<td></td>
<td>- Maintain a low stimulus environment</td>
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<tr>
<td>8 - 20</td>
<td>Moderate</td>
<td>- Patients without concurrent illness – give diazepam 20 mg orally every 2 hours until AWS score &lt; 8.</td>
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<tr>
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<td></td>
<td>- In the frail elderly patient diazepam 5 mg may be sufficient but in most instances three doses of diazepam 20 mg are required initially [intervals of 2 hours between doses] to gain control over the emerging withdrawal syndrome – if particularly concerned about response seek medical review after second dose.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Alcohol withdrawal observations should be performed every 2 hours.</td>
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<td></td>
<td>- Medical review should occur at 6 hours – 2 hours post 3rd diazepam dose.</td>
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<td>- If &gt;120 mg diazepam required in 24 hours obtain medical review.</td>
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<tr>
<td>&gt; 20</td>
<td>Very Severe Withdrawal</td>
<td>- This is a Medical Emergency – advice MUST BE OBTAINED from:</td>
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<tr>
<td></td>
<td></td>
<td>Admitting team medical registrar AND</td>
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<tr>
<td></td>
<td></td>
<td>Medical Emergency Team OR ICU Registrar.</td>
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<td>- Patient requires 1:1 Nursing in HDU or ICU – repeat AWS every 30-60 minutes.</td>
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<td>- Patient is at high risk of apnoea in the first 2-3 minutes after each bolus of diazepam.</td>
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<tr>
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<td>- Continuous oxygen saturation monitoring and 15 minute Heart Rate, Blood Pressure and Respirations while receiving diazepam IV.</td>
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<td>- Ensure airway and emergency trolley is immediately available.</td>
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<td>- Administer oxygen at 2 L/min via nasal specs.</td>
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<td>- After discussion with senior medical staff administer slow IV diazepam 5 mg over 3 – 5 minutes, repeat up to 4 times [total 20 mg] over the first 30 minutes.</td>
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<tr>
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<td></td>
<td>- Continue to load patient with diazepam 5 mg IV at intervals of 10-30 minutes as needed to achieve clinical sedation.</td>
</tr>
</tbody>
</table>

ALCOHOL:

There is no place for the prescription of alcohol in the treatment of alcohol withdrawal.

MENTAL HEALTH ACT:

Alcohol withdrawal +/- delirium is considered a mental illness under the Mental Health Act. A patient who has alcohol withdrawal delirium and is aggressive or non-compliant with treatment or is an absconding risk should be detained. Detained patients require close nursing supervision.