

Alcohol Withdrawal Protocol

Give Thiamine 100mg IV initially and qd (po, IM/IV), Folate 1mg qd, MVI qd.
Assess current state of withdrawal with CIWA-Ar scoring sheet, attached.

A. CIWA <8 and Low Risk	B. CIWA >8 OR Moderate Risk	C. CIWA > 15 or High Risk
<p>Monitor CIWA q shift for 2 days</p> <p>If CIWA >8, go to B.</p>	<p>Ativan 1-2mg IV or 2-4mg PO x1 stat Ativan 1mg IV or 2mg PO q4-6h standing Ativan 1 mg IV or 2mg PO q2h prn CIWA>8, HR>100 or DBP>100 Hold dose for RR<10, or if patient is unresponsive to voice (or decreased oximetry, or other signs of intoxication) -HOLD dose until no toxicity, resume at lower dose After first 24 hours, total up 24-hour Ativan requirement, then split into q4h or q6h standing dose for the next 24 hours. Day 3: Begin slow taper of Ativan dose, usually no more than 15-20% per day. If frequent prn doses needed, consider stopping taper, raising dose, achieving stability, resuming at slower rate</p>	<p>Consider transfer to ICU. Ativan 2-4mg IV q15 minutes until stable, then use that dose of Ativan that achieved stability IV q2-3h standing</p> <p>Hold dose for RR<10, or if pt. is unresponsive to voice (or decreased oximetry, or other signs of intoxication) -HOLD dose until no toxicity, resume at lower dose</p> <p>Goals of treatment: CIWA<8, HR<100, DBP<100 If this is achieved, total up 24-hour Ativan requirement and split into q4h or q6h standing dose for the next 24h.</p> <p>Then begin slow taper of Ativan dose (10-15%/day)</p>

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