Alcohol Withdrawal Severe (ICU/PCU only)  [30400823]

If appropriate for patient condition, please consider the following order sets:
Discontinue all lorazepam (Ativan) doses written prior to initiation of withdrawal regimen, except for IV dosing for PRN seizures.

### General

<table>
<thead>
<tr>
<th>Vital Signs</th>
</tr>
</thead>
</table>
| [X] Vital signs | Routine, Every hour, Starting today, 1. Vital signs every hour while patient is awake  
2. Vital signs every 2 hours while patient is sleeping  
3. Vital signs every 4 hours during taper |
| [ ] Other |

### Notify Provider

<table>
<thead>
<tr>
<th>Notify provider</th>
</tr>
</thead>
</table>
| [X] Notify provider | STAT, Until discontinued, Starting today  
Respiratory rate greater than: 24  
Respiratory rate less than: 10  
O2 saturation less than (%): 90  
Pulse greater than: 120  
Pulse less than: 50  
Systolic BP greater than: 160  
Systolic BP less than: 90  
If patient has seizures present, not arousable, ataxia, slurred/garbled speech, pasero-McCaffery Sedation Score of 3 or greater, maximum lorazepam (Ativan) dose reached (40 mg) and symptoms are not controlled. |
| [ ] Other |

### SAH, SCH, SFH, SJMC Nursing Assessments

<table>
<thead>
<tr>
<th>Nursing communication</th>
</tr>
</thead>
</table>
| [X] Nursing communication | Routine, Until discontinued, Starting today, Monitor for symptoms of alcohol withdrawal using CIWA-Ar scale. GOAL: CIWA-Ar score less than 8.  
Assess CIWA-Ar score 15-30 minutes after each IV lorazepam (Ativan) dose, and 30-60 minutes after each PO dose. Also assess at least:  
1. Every 2 hours while patient is awake on Mild/Moderate regimen  
2. Every 4 hours during prophylaxis, taper, and while patient is sleeping on Mild/Moderate regimen  
3. Every 15 minutes while on Regimen C  
4. DISCONTINUE SCORING WHEN TAPER COMPLETE |

PROVIDER INITIAL: __________
<table>
<thead>
<tr>
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</tr>
</thead>
</table>

### Alcohol Withdrawal Severe (ICU/PCU only) [30400823]

**PHYSICIAN ORDERS**

<table>
<thead>
<tr>
<th><strong>PATIENT INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>[30400823]</td>
</tr>
</tbody>
</table>

### Nursing Communication

| [X] | Routine, Until discontinued, Starting today, Monitor for symptoms of alcohol withdrawal using Pasero-McCaffery scale.  
1. Every 2 hours while patient is awake  
2. Every 4 hours while patient is sleeping  
3. DISCONTINUE SCORING WHEN TAPER COMPLETE |

### Cardiac Monitoring

| [X] | Routine, Until discontinued, Starting today, If IV lorazepam (Ativan) is initiated. |

### Continuous Pulse Oximetry

| [X] | Routine, Until discontinued, Starting today  
Keep O2 saturation greater than or equal to:  
If IV lorazepam (Ativan) is initiated. |

### Other

| [] | |

### Highline Nursing Assessment

| [X] | Routine, Until discontinued, Starting today, Monitor for symptoms of alcohol withdrawal using CIWA-Ar scale. GOAL: CIWA-Ar score less than 8.  
Assess CIWA-Ar score 15-30 minutes after each IV lorazepam (Ativan) dose, and 30-60 minutes after each PO dose. Also assess at least:  
1. Every 2 hours while patient is awake on Mild/Moderate regimen  
2. Every 4 hours during prophylaxis, taper, and while patient is sleeping on Mild/Moderate regimen  
3. Every 15 minutes while on Regimen C  
4. DISCONTINUE SCORING WHEN TAPER COMPLETE |

### Nursing Communication

| [X] | Routine, Until discontinued, Starting today, Monitor for symptoms of alcohol withdrawal using Pasero-McCaffery scale.  
1. Every 2 hours while patient is awake  
2. Every 4 hours while patient is sleeping  
3. DISCONTINUE SCORING WHEN TAPER COMPLETE |

| [X] | Routine, Until discontinued, Starting today, If IV lorazepam (Ativan) is initiated. |

### Other

| [] | |

### Nursing Interventions

| [X] | Routine, Until discontinued, Starting today, While on Regimen D and 4 hours after Regimen E is started. |

| [] | |

### Ancillary Consults

| [X] | Routine, Once, Starting today, Verify all prior dose of ativan are discontinued EXCEPT IV dosing for PRN seizures |

| [X] | Reason for Consult? To assess potential for admittance to support groups and treatment programs upon discharge  
RN/Secretary to contact the consulting provider? Yes |

### Other

| [] | |

### Labs

| Substance Level |

---

**PROVIDER INITIAL:**
## Nursing communication
Routine, Once, Starting today For 1 Occurrences, If blood alcohol greater than 250 mg/dL, draw blood alcohol level PRN every 4 hours until level is less than 250 mg/dL.

## IV Fluids

### IV Fluids Taper

<table>
<thead>
<tr>
<th>Description</th>
<th>Order Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000ml 5% dextrose in 0.45% sodium chloride (D5 1/2 Normal Saline) + Thiamine 100mg + Folic Acid 1mg + Magnesium Sulfate 2g + MVI</td>
<td>100 mL/hr, IntraVENous, Continuous, For 10 Hours, 1 bag ONLY. Initiate IV fluids ONLY after first thiamine is given. Routine Routine</td>
</tr>
<tr>
<td>1000ml 5% dextrose in 0.45% sodium chloride (D5 1/2 Normal Saline) + Magnesium Sulfate 2g</td>
<td>100 mL/hr, IntraVENous, Continuous, For 10 Hours, Routine Routine</td>
</tr>
<tr>
<td>Dextrose 5 % and NaCl 0.45 % infusion</td>
<td>100 mL/hr, IntraVENous, Continuous Routine Routine</td>
</tr>
</tbody>
</table>

## Medications

### Antihypertensive

#### Antihypertensive (Single Response)

<table>
<thead>
<tr>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Clonidine (Catapress) tablet</td>
<td>0.1 mg, Oral, Every 6 hours PRN, adrenergic symptoms (i.e. sweating, itching, nausea, tremors). Hold for systolic BP less than 90 mmHg. Routine</td>
</tr>
<tr>
<td>Clonidine (Catapress) transdermal patch</td>
<td>1 patch, TransDermal, for 7 Days, Weekly If patient unable to tolerate oral medications. Hold for systolic BP less than 90 mmHg. Routine</td>
</tr>
</tbody>
</table>

### Antipsychotic

#### Haloperidol (Haldol) 1mg IV every 30 minutes PRN hallucinations

<table>
<thead>
<tr>
<th>Description</th>
<th>Order Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haloperidol (Haldol) 1mg IV every 30 minutes PRN hallucinations</td>
<td>1 mg, IntraVENous, Every 30 min PRN, agitation, hallucinations Not to exceed 4 mg in 4 hours. Routine</td>
</tr>
</tbody>
</table>

### Antacids

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Alcohol Withdrawal Severe (ICU/PCU only) [30400823]
<table>
<thead>
<tr>
<th>Vitamin Panel</th>
<th>&quot;Followed by&quot; Linked Panel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thiamine 100mg IV daily times 2 doses (if not previously ordered) even if included in maintenance IV (May give IM if no IV access)</td>
<td>100 mg, IntraVENous, for 30 Minutes, Daily, For 2 Doses Administer Thiamine as soon as possible, especially before any meals or dextrose infusions, in order to avoid precipitation of Wernicke's encephalopathy. Routine</td>
</tr>
<tr>
<td>other vitamin (B-1) tablet</td>
<td>100 mg, Oral, Daily, Routine</td>
</tr>
</tbody>
</table>

**Provider Initial:**

Alcohol Withdrawal Severe (ICU/PCU only) [30400823]
SEVERE ALCOHOL WITHDRAWAL REGIMEN:
RECOMMENDED MAXIMUM TOTAL DAILY DOSE OF LORAZEPAM (ATIVAN) IV IS 40 MG. IF EXCEEDED CONTACT MD.

GOAL: CIWA-Ar SCORE LESS THAN 8
Assess CIWA-Ar score 15-30 minutes after each IV lorazepam (Ativan) dose
Assess CIWA-Ar score 30-60 minutes after each PO lorazepam (Ativan) dose

D. FOR CIWA-Ar SCORE GREATER THAN OR EQUAL TO 20
REGIMEN D:
Administer lorazepam (Ativan) based on CIWA-Ar score as needed every 30 minutes until CIWA-Ar score less than 20

Lorazepam (Ativan) Dosing Scale for Severe Alcohol Withdrawal Regimen
CIWA-Ar Severity Score Score Lorazepam (Ativan) Dose
50 or greater **6 mg IV
40-49 **5 mg IV
30-39  4 mg IV
20-29     3 mg IV
Less than 20 2 mg IV THEN Use Regimen E
**MAY GIVE IN DIVIDED DOSES EVERY 10-15 MINUTES**
IF PATIENT UNCONTROLLED AFTER 2 DOSES, CONTACT PROVIDER FOR ACCELERATED DOSING

E. FOR CIWA-Ar SCORE LESS THAN 20
REGIMEN E:
CIWA-Ar Score  LORAZEPAM (ATIVAN) DOSING  NOTES
CIWA-Ar Score 8-19
  2 mg PO/IV every 1 hour until CIWA-Ar score less than 10
  THEN
  2 mg PO/IV every 2 hours to keep
CIWA-Ar score less than 8 for 24 hours,
  THEN
  go to taper If score increase by 2 or more or any CIWA-Ar score greater than or equal to 20 resume Lorazepam (Ativan) dosing scale for Regimen (D)
Hold for Pasero-McCaffery
Sedation Score 3 or greater

NURSING TO WRITE CLARIFICATION ORDER TO INDICATE TAPER START DATE
AND TIME ON PHYSICIAN ORDER # 111640
LORAZEPAM (ATIVAN) DOSING NOTES NOTES
TAPER
2 mg PO every 4 hours THEN times 6 doses, If CIWA-Ar score increases to greater than or equal to 8 restart the appropriate Regimen: (D or E)
Hold for Pasero-McCaffery
Sedation Score 3 or greater

2 mg PO every 8 hours THEN times 3 doses,
2 mg PO every 12 hours THEN STOP times 2 doses,
DISCONTINUE ALCOHOL WITHDRAWAL REGIMEN/SCORING WHEN TAPER COMPLETE

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Alcohol Withdrawal Severe (ICU/PCU only)  [30400823]
| Provider Signature: __________________________________________ |
| Date:_______ Time:________ RN Acknowledged: __________________________________________ |

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