MANAGEMENT OF ACUTE ALCOHOL WITHDRAWAL

London North West Healthcare NHS Trust

N.B. If patient is already experiencing Delirium Tremens (DTs) - REFER to the full alcohol guidelines on DTs

Take an adequate history of current alcohol intake. Screen with AUDIT-C.

All patients need the following blood investigations:
LFTs, FBC; U&Es, creatinine, Calcium and Phosphate; Magnesium; serum glucose; clotting. PT and Albumin are also useful for liver diagnosis

Are there risk factors of severe withdrawal present? (Any ONE of the following)

- High alcohol intake (> 15units/day)
- History of severe withdrawal (includes seizures/DTs) USE CIWA to monitor
- High levels of anxiety or confusion
- Wernicke's Encephalopathy
- Use of other psychotropic drugs
- Psychiatric disorders
- Poor physical health
- Low blood sugars
- Hypocalcaemia Hypokalaemia
- Respiratory alkalosis

TITRATE first 24 hours in hospital monitor with CIWA

Are there any alcohol withdrawal risks? Use Modified CIWA to monitor symptoms hourly for first 12 hours, then if no withdrawals two hourly for second 12 hours – see below to establish initial regular dose after 24hrs.
Anxiety/ agitation/ irritability. Fine tremor of hands/ tongue/ eyelids. Sweating, fever, with or without infection. Tachycardia, nausea/ vomiting/ retching. Insomnia. Mild systolic hypertension. Anorexia.
Are there symptoms of Delirium Tremens or autonomic over-activity? If so, consider as SEVERE
Paranoia or guarded behaviour. Tremor of whole body, coarse tremor. Hallucinations often tactile, "insects" "snakes".

YES

CIWA = more than 21
SEVERE WITHDRAWALS
PRNdose 40mg, as necessary when triggered by CIWA.

YES

CIWA = 10 to 21
MODERATE WITHDRAWALS
PRN dose 30mg, as necessary when triggered by CIWA.

NO

CIWA = 0 to 9
No regular Chlordiazepoxide, but continue to monitor symptoms with CIWA during first 72 hrs.
Consider PRN doses* in case of uncertainty or inaccurate history.

YES

STABILISE

Chlordiazepoxide prescribed on variable dose section, plus PRN range.

- Add together total dose in first 24 hours (or full day) and divide into equal doses, four to six times daily (eg 0600-0800, 1200, 1800, 2200-2400)
- **BNF states 240mg as a maximum dose in 24hours.**
  But doses above 240mg can be prescribed in severe cases of withdrawals.
- **Do not reduce regular dose within the first full day unless over-sedated.**

PRN Benzodiazepines (to be prescribed on patients drug chart). After setting regular dose with reduction in CIWA score, PRN could be range eg 30-40mg.)

- If there is a history of seizures, diazepam® 10mg/2ml IV PRN (can be repeated after 4 hours if necessary) can be added to the chart at a maximum rate of 5mg/min. Lorazepam 2-4mg IV QDS PRN can be used as second line treatment.
  DO NOT USE PHENYTOIN
- If patient is already on benzodiazepines, please contact Pharmacist/ Consultant/ Alcohol Nurse Specialist (Mon-Fri) or on-call psychiatrist at other times.

REDUCE

For doses once stabilised, see standard prescribing charts in full guideline.

CAUTIONS

Patients with liver disease, respiratory depression, frailty renal failure or over 70 yrs old may need lower doses of Chlordiazepoxide or use Lorazepam. (see full guideline for equivalent doses)

Treatment of Wernicke's Encephalopathy

TWO pairs (ie 4 ampoules) THREE times daily usually for FIVE days.
But review on Day Three.
This should be diluted in 100ml 0.9% sodium chloride or 5% glucose and infused over 30 minutes.

*BREAKOUT SYMPTOMS

- NB If more than three doses PRN in a 24hour period refer to doctor for review of medication.
- Cautious use of haloperidol 2.5-5mg prn (maximum 10mg in 24 hours) can be used for agitation and hallucinations.
- Seek advice from Consultant/ Alcohol Nurse Specialist (Mon-Fri), psychiatric liaison (24hr/7day) or on-call psychiatrist.

DISCHARGE MEDICATION

Chlordiazepoxide as a TTA should **NOT** be considered.
Patient can be given advice to contact local alcohol services or GP regarding further support after discharge.
NB. If advising patients about continued drinking on discharge, give clear information on reducing consumption rather than stopping abruptly because of risk of withdrawals.
All patients should receive 14 days prescription of thiamine and any relapse prevention medication on discharge with advice to contact their GP for continuation.

For assistance with complex alcohol problems, refer to the Alcohol Nurse Specialist / Alcohol Care Team
Northwick Pk/ Central Middx: Adrian Brown 07984699707, or Liaison Psychiatry 020 8515 5010
ICE referrals can be made for in-patients or for community alcohol service follow-up from ED.
Ealing Hospital: Bernie Myers & Tshengi Nkomo Bleep 707 or 715