

## Appendix M: High Risk (CIWA >15) Diazepam Alcohol Withdrawal Protocol Chart

Is this the correct chart:			Patient:	
Likely to get admitted, no COPD, not elderly/frail, healthy liver	➔	Use alcohol withdrawal <b>CHLORDIAZEPOXIDE</b> protocol chart	Hospital No.:	
Unlikely to be admitted/pt staying in A&E	➔	Use alcohol withdrawal <b>DIAZEPAM</b> protocol chart		Consultant:
Later stage COPD, elderly / frail or decompensated/CP-C liver disease	➔	Use alcohol withdrawal <b>LORAZEPAM</b> protocol chart		Ward:

Attach to standard inpatient drug chart/patient folder

DRUG (APPROVED NAME)		Dose	Additional information	Date								
					Day No	1	2	3	4	5	6	7
<b>Diazepam</b>		20mg										
Prescribers name	Start date	Route		0800			X	X	X	X	X	X
		PO		1200		X	X	X	X	X	X	X
Signature	Bleep number	Frequency	Pharmacy	1600		X	X	X	X	X	X	X
		variable		2200			X	X	X	X	X	X
<b>Diazepam</b>		15mg										
Prescribers name	Start date	Route		0800	X	X		X	X	X	X	X
		PO		1200	X			X	X	X	X	X
Signature	Bleep number	Frequency	Pharmacy	1600	X			X	X	X	X	X
		variable		2200	X	X		X	X	X	X	X
<b>Diazepam</b>		10mg										
Prescribers name	Start date	Route		0800	X	X	X		X	X	X	X
		PO		1200	X	X	X		X	X	X	X
Signature	Bleep number	Frequency	Pharmacy	1600	X	X	X		X	X	X	X
		variable		2200	X	X	X		X	X	X	X
<b>Diazepam</b>		5mg										
Prescribers name	Start date	Route		0800	X	X	X	X				X
		PO		1200	X	X	X	X		X	X	X
Signature	Bleep number	Frequency	Pharmacy	1600	X	X	X	X			X	X
		variable		2200	X	X	X	X				
<b>Pabrinex 2 pairs IV THREE times daily for 2 days then</b> If no response – discontinue Clinical response - 1 pair IV OD for a further 5 days OR until clinical improvement ceases												

**Please also complete CIWA-Ar scale (overleaf) for appropriate patient monitoring.**

## Clinical Institute Withdrawal Assessment of Alcohol (CIWA-Ar) Scale

The CIWA-Ar scale is a validated 10-item assessment tool which quantifies the severity of an individual's alcohol withdrawal symptoms. As such, CIWA-Ar provides guidance on monitoring and benzodiazepine dosage throughout withdrawal.

**Attach to the drug chart and re-check every 4 hours unless CIWA-Ar is worsening, then increase monitoring until patient is stable**

<p><b><u>Nausea &amp; Vomiting</u></b>  <b>Ask "Do you feel sick to your stomach? Have you vomited?" Observation.</b></p> <ol style="list-style-type: none"> <li>0. No nausea and no vomiting</li> <li>1. Mild nausea with no vomiting</li> <li>2.</li> <li>3.</li> <li>4. Intermittent nausea with dry heaves</li> <li>5.</li> <li>6.</li> <li>7. Constant nausea, frequent dry heaves and vomiting</li> </ol>	<p><b><u>Tremor</u></b>  <b>Arms extended and fingers spread apart. Observation.</b></p> <ol style="list-style-type: none"> <li>0. No tremor</li> <li>1. Not visible, but can be felt fingertip to fingertip</li> <li>2.</li> <li>3.</li> <li>4. Moderate, with patient's arms extended</li> <li>5.</li> <li>6.</li> <li>7. Severe, even with arms not extended</li> </ol>
<p><b><u>Paroxysmal sweats</u></b>  <b>Observation.</b></p> <ol style="list-style-type: none"> <li>0. No sweat visible</li> <li>1. Barely perceptible, palms moist</li> <li>2.</li> <li>3.</li> <li>4. Beads of sweat obvious on forehead</li> <li>5.</li> <li>6.</li> <li>7. Drenching sweats</li> </ol>	<p><b><u>Anxiety</u></b>  <b>Ask "Do you feel nervous?" Observation.</b></p> <ol style="list-style-type: none"> <li>0. No anxiety, at ease</li> <li>1. Mildly anxious</li> <li>2.</li> <li>3.</li> <li>4. Moderately anxious, or guarded, so anxiety is inferred</li> <li>5.</li> <li>6.</li> <li>7. Equivalent to acute panic states seen in severe delirium or acute schizophrenic reactions.</li> </ol>
<p><b><u>Agitation</u></b>  <b>Observation.</b></p> <ol style="list-style-type: none"> <li>0. Normal activity</li> <li>1. Somewhat more than normal activity</li> <li>2.</li> <li>3.</li> <li>4. Moderately fidgety and restless</li> <li>5.</li> <li>6.</li> <li>7. Paces back and forth during most of the interview or constantly thrashes about</li> </ol>	<p><b><u>Tactile disturbances</u></b>  <b>Ask "Have you any itching, pins and needles sensations, any burning, any numbness or do you feel bugs crawling under your skin?" Observation.</b></p> <ol style="list-style-type: none"> <li>0. None</li> <li>1. Very mild itching, pins &amp; needles, burning or numbness</li> <li>2. Mild itching, pins &amp; needles, burning or numbness</li> <li>3. Moderate itching, pins &amp; needles, burning or numbness</li> <li>4. Moderately severe hallucinations</li> <li>5. Severe hallucinations</li> <li>6. Extremely severe hallucinations</li> <li>7. Continuous hallucinations</li> </ol>
<p><b><u>Auditory disturbances</u></b>  <b>Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing you? Are you hearing things you know are not there?" Observation.</b></p> <ol style="list-style-type: none"> <li>0. Not present</li> <li>1. Very mild harshness or ability to frighten</li> <li>2. Mild harshness or ability to frighten</li> <li>3. Moderate harshness or ability to frighten</li> <li>4. Moderately severe hallucinations</li> <li>5. Severe hallucinations</li> <li>6. Extremely severe hallucinations</li> <li>7. Continuous hallucinations</li> </ol>	<p><b><u>Visual disturbances</u></b>  <b>Ask "Does the light appear to be too bright? Is colour different? Does it hurt your eyes? Are you seeing anything that is disturbing you? Are you seeing things you know are not there?" Observation.</b></p> <ol style="list-style-type: none"> <li>0. Not present</li> <li>1. Very mild sensitivity</li> <li>2. Mild sensitivity</li> <li>3. Moderate sensitivity</li> <li>4. Moderately severe hallucinations</li> <li>5. Severe hallucinations</li> <li>6. Extremely severe hallucinations</li> <li>7. Continuous hallucinations</li> </ol>
<p><b><u>Headache, fullness in head</u></b>  <b>Ask "Does your head feel different? Does it feel like there is a band around your head? Do not rate for dizziness and light-headedness. Otherwise, rate severity.</b></p> <ol style="list-style-type: none"> <li>0. Not present</li> <li>1. Very mild</li> <li>2. Mild</li> <li>3. Moderate</li> <li>4. Moderately severe</li> <li>5. Severe</li> <li>6. Very severe</li> <li>7. Extremely severe</li> </ol>	<p><b><u>Orientation &amp; Clouding of sensorium</u></b>  <b>Ask "What day is this? Where are you? Who am I?"</b></p> <ol style="list-style-type: none"> <li>0. Orientated and can do serial additions</li> <li>1. Cannot do serial additions or is uncertain about the date</li> <li>2. Disorientated for date by no more than 2 calendar days</li> <li>3. Disorientated for date by more than 2 calendar days</li> <li>4. Disorientated for place and/or person</li> </ol> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><b>Total CIWA-Ar Score _____ /67</b>  <i>(Max possible score is 67)</i></p> <p>Rater's Name: _____</p> <p>Date: __ / __ / ____      Time (24hr) __ : __</p> </div>