

ALCOHOL WITHDRAWAL SYNDROME

Level II
(No Level I)

Skill Level: RN

Definition: Alcohol withdrawal syndrome is a physiologic response to the sudden reduction or stopping of alcohol intake. Alcohol withdrawal syndrome includes (in order of decreasing frequency) anxiety, insomnia, tremor, tachycardia, systolic hypertension, hyper-reflexia, decreased seizure threshold, auditory and visual hallucinations and finally delirium.

Treatment Goal: "The initial therapeutic goal in patients with alcohol withdrawal delirium is control of agitation, the symptom that should trigger use of the medication regimes...Current evidence does not clearly indicate that a specific sedative-hypnotic agent is superior to others or that switching from one to another is helpful. Benzodiazepines are the most common drug recommended dependent on the severity of the alcohol withdrawal" (National Guideline Clearinghouse, 2004).

MINOR	
<p>Subjective:</p> <ul style="list-style-type: none"> • Alcohol usage pattern - intermittent, bingeing or chronic low level and onset of symptoms 6-24 hours after intake. • Sleeplessness & Headache • Nausea (usually within 48-72 hours of last drink) • Night sweats • Anxiety, depression or Irritability • Describes visual, auditory or tactile disturbance. 	<p>Assessment:</p> <ul style="list-style-type: none"> • Alteration in comfort: mild alcohol withdrawal symptoms. • Potential for agitation • Potential for DT
<p>Objective:</p> <ul style="list-style-type: none"> • Hyperarousal, restlessness, cutaneous flushing • Oriented to time, place and person. • May see mild hypertension 140/90 and tachycardia >100. • May see, slight fine tremor, dilated pupils. • No focal neurological deficit. 	<p>Plan:</p> <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none"> • Recheck in 4-8 hours for mental status, tremors and vital signs. • Encourage fluid intake of 8-10 glasses or more daily. • Consider Clonidine 0.1mg bid prn x 3 days prn anxiety or agitation.

Alcohol Withdrawal Syndrome - Level II

MODERATE																			
<p>Subjective:</p> <ul style="list-style-type: none"> • Patient history of regular and heavy alcohol use. • Patient may have prior history of one or more: <ul style="list-style-type: none"> ○ Visual or auditory hallucinations during past alcohol withdrawal ○ Cirrhosis ○ Pancreatitis without cholelithiasis ○ Wernicke-Korsakoff syndrome (memory loss, confusion) ○ Seizure during prior alcohol withdrawal • Numbness of hands and feet. • Moderate agitation or anxiety. • Forgetfulness, inability to concentrate. 	<p>Assessment:</p> <ul style="list-style-type: none"> • Alteration in comfort: Moderate alcohol withdrawal. 																		
<p>Objective:</p> <ul style="list-style-type: none"> • Objective findings are similar to mild withdrawal, but signs and symptoms are more severe. • General: Restless, Agitation, Tremor • Blood Pressure and pulse are frequently elevated. • No seizures. • Tremulousness may be severe. • Patient may experience transient tactile, auditory or visual disturbance but sensorium is still clear. • No focal neurological deficit. 	<p>Plan:</p> <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none"> • Observation in infirmary. • Vital signs every 4 hours at minimum. • Check blood sugar. • If female, check for pregnancy. Call provider if positive. • Oral fluids at least 10-12 glasses daily. • Thiamine, 100 mg IM for 5 days. • The standard dose of Librium is as follows: <table style="margin-left: 20px; border: none;"> <tr> <td>Treatment Day:</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Dose (mg):</td> <td>50</td> <td>50</td> <td>25</td> <td>25</td> <td>0</td> </tr> <tr> <td>Schedule:</td> <td>q4h</td> <td>q6h</td> <td>q4h</td> <td>q6h</td> <td></td> </tr> </table> • Insomnia: Librium, 25 mg q HS, if patient not receiving Librium for other reasons or total daily dose has not exceeded 300 mg per 24 hours. • Move to severe designation and contact Provider immediately for seizures, hyperthermia, diastolic BP over 110 or evidence of DT's. (e.g., visual, auditory or tactile hallucinations). • Prepare patient for transport to the Emergency Facility. 	Treatment Day:	1	2	3	4	5	Dose (mg):	50	50	25	25	0	Schedule:	q4h	q6h	q4h	q6h	
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SEVERE	
<p>Subjective:</p> <ul style="list-style-type: none"> • Patient may or may not be able to describe subjective findings. 	<p>Assessment:</p> <ul style="list-style-type: none"> • Alteration in comfort: Severe Alcohol Withdrawal Symptoms.
<p>Objective:</p> <ul style="list-style-type: none"> • Patient appears to be hallucinating, auditory and/or visual, or delusions • Profound confusion or altered sensorium • Autonomic dysfunction (dilated pupils, fever, pulse over 120, blood pressure over 110 diastolic, severe diaphoresis and/or flushing). • Seizure in absence of prior history. 	<p>Plan:</p> <ul style="list-style-type: none"> • Severe alcohol withdrawal or Delirium Tremens is a medical emergency. • Prepare for transport to an emergency facility. • Notify the provider while awaiting emergency transport.

Nursing Education:

1. Alcoholism is the use of alcohol to the extent that it causes recurring interference with one or more of the following areas: personal life, health, close relationships, employment, education, the law.
2. Mortality rates for patients whose alcohol withdrawal syndrome progresses to Delirium Tremens (D.T.'s) approaches 40%. Delirium tremens involves profound confusion, hallucinations, and severe nervous system hyperactivity (including the late finding of tonic-clonic seizures), typically begin between 48 and 96 hours after the last drink.
3. Patients' self-reported history of frequency and amount of chronic alcohol use is usually less than the reality. Use objective observations to guide treatment.

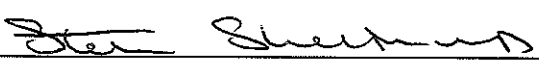
APPROVED:

Medical Services Manager

Date

Chief Medical Officer

Date



Medical Director

8/27/09

Date

Effective Date: 8/09
Revised: July 2009