



Order sets are a clinical decision aid based on best practice. All orders should be reviewed carefully and individualized where appropriate

Addressograph/Label

**Acute Alcohol Withdrawal Management**

Diagnosis:					
Attending Physician:		Time Notified:		Family Physician:	
Weight (kg): _____ Height (cm): _____					
<b>ALLERGIES</b>					
<input type="checkbox"/> NO KNOWN ALLERGY <input type="checkbox"/> MEDICATIONS <input type="checkbox"/> FOOD <input type="checkbox"/> ENVIRONMENTAL <input type="checkbox"/> LATEX					
<b>MEDICATIONS/FOOD</b>			<b>REACTION</b>		

<b>TO ACTIVATE ORDER, PLACE AN X or CHECK IN BOX or FILL IN BLANK.</b> <b>PRE-CHECKED UNWANTED ORDERS MUST BE FULLY CROSSED OUT</b> <small>All orders shall be DATED, TIMED, and SIGNED – All orders shall be either typed or written legibly in black ink.            Action Legend: EOL-Entered online PMO-Profile Made Out K-Entered on Kardex N-Noted</small>		Action	Initial Date Time
<b>Consults/ Referrals</b>	<b>Options</b> <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Rapid Access Addiction Medicine (RAAM) Services <input type="checkbox"/> Social Work (SW) <input type="checkbox"/> Other: _____	Reason for Consult:	
<b>Diet</b>	<b>Diet/ Meals</b> <input type="checkbox"/> NPO: _____ (i.e. Except meds) <input type="checkbox"/> Clear Fluids (CF) ( <i>non-therapeutic</i> ) <input type="checkbox"/> Full Fluids (FF) ( <i>non-therapeutic</i> ) <input type="checkbox"/> Regular Diet as Tolerated <input type="checkbox"/> Other: _____  <b>Oral Nutritional Supplements:</b> _____ Frequency: _____ (i.e. Ensure, Glucerna)		
<b>Activity</b>	<b>Activity options:</b> <input type="checkbox"/> Activity as tolerated <input type="checkbox"/> Bed rest with bathroom privileges <input type="checkbox"/> Bed rest X _____		

Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 (dd/mm/yy) (2400hr)

RVH-PPO-0268



PPO: Acute Alcohol Withdrawal Management (05/19)  
 R.PPOAAWM  
 Implementation: (05/19)

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**Acute Alcohol Withdrawal Management**

<b>Vitals &amp; Monitoring</b>	<input checked="" type="checkbox"/> Height and Weight on admission  <b>Monitoring</b> <input checked="" type="checkbox"/> Clinical Institute Withdrawal Assessment of Alcohol-revised (CIWA-Ar assessment tool) every one to two hours and as needed <input checked="" type="checkbox"/> Temperature, Heart Rate, Respiratory Rate, Blood Pressure, SpO <sub>2</sub> with every CIWA-Ar assessment <input type="checkbox"/> Telemetry, Review PPO-0234 (if clinically indicated) <input type="checkbox"/> Intake and Output every _____ hours		
<b>IV Therapy</b>	<b>Maintenance Therapy at rate of _____ mL/h</b>  <input type="checkbox"/> 0.9% sodium chloride (NS) <input type="checkbox"/> lactated ringers (LR) <input type="checkbox"/> 5% dextrose in water (D5W) <input type="checkbox"/> 5% dextrose with 0.45% sodium chloride (D5W & 1/2 NS) <input type="checkbox"/> 5% dextrose with 0.9% sodium chloride (D5W & NS) <input type="checkbox"/> with 20 mmol KCl per litre of fluid <input type="checkbox"/> with 40 mmol KCl per litre of fluid  <b>IV Fluid Bolus:</b> <input type="checkbox"/> 0.9% sodium chloride IV _____ mL at rate of _____ mL/h over _____ hour(s) x _____ doses Reason: _____		
<b>Lines/Tubes</b>	<b>Urinary Catheter</b> <input type="checkbox"/> Intermittent Bladder Catheterization every _____ hours PRN if unable to void or bladder scanner shows greater than _____ mL residual urine <input type="checkbox"/> Indwelling Urinary Catheter to urometer <input type="checkbox"/> Urinary catheter to straight drain <input checked="" type="checkbox"/> Reassess need for urinary catheter every 24 hours		
<b>Respiratory</b>	<b>Oxygen Therapy</b> <input type="checkbox"/> Maintain SpO <sub>2</sub> greater than _____% with nasal cannula or venturi mask to a maximum FiO <sub>2</sub> of 50%. If FiO <sub>2</sub> requirements are 50% or greater notify MD and RRT		
<b>Lab Investigations</b>	<b>Initial bloodwork in ED or at inpatient unit admission (if not done in ED):</b> <input checked="" type="checkbox"/> CBC (Complete Blood Count Includes Differential) <input checked="" type="checkbox"/> LUC (LYTES, BUN ,CRE ) <input checked="" type="checkbox"/> GLU (Random Glucose) <input checked="" type="checkbox"/> OSMOL (Osmolality and Osmolar Gap) <input checked="" type="checkbox"/> MG (Magnesium) <input checked="" type="checkbox"/> PHOS (Phosphorus) <input checked="" type="checkbox"/> ICAL (Ionized Calcium)		

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	<input checked="" type="checkbox"/> GGT (Gamma Glutamyl Transferase) <input checked="" type="checkbox"/> LFT (Liver Function Tests [ALT,ALKP, AST, TBIL, DBIL]) <input checked="" type="checkbox"/> ETOH (Ethyl Alcohol) <input checked="" type="checkbox"/> PT (Prothrombin Time aka INR) <input checked="" type="checkbox"/> PTT (Partial Thromboplastin Time) <input checked="" type="checkbox"/> ALBUM (Albumin) <input checked="" type="checkbox"/> AMM (Ammonia) <input checked="" type="checkbox"/> B12 (Vitamin B12) <input checked="" type="checkbox"/> AMY (Amylase) <input checked="" type="checkbox"/> LIP (Lipase) <input checked="" type="checkbox"/> TSH (Thyroid Stimulating Hormone – ft4 reflexed based on abnormal TSH) <input checked="" type="checkbox"/> <b>In females patients under the age of 50:</b> HCG (Human Chorionic Gonadotropin)  <input checked="" type="checkbox"/> DAU (Urine Drug Screen)  <input type="checkbox"/> BC (Blood Culture) x 2 <input type="checkbox"/> Now <input type="checkbox"/> if temp greater than 38.3° C <input type="checkbox"/> TPNI (Troponin I) <input type="checkbox"/> CK (Creatine Kinase)  <input type="checkbox"/> Other  <hr/> <hr/> <p><b>POC Glucose</b></p> <input type="checkbox"/> Fasting <input type="checkbox"/> Random <input type="checkbox"/> BID <input type="checkbox"/> AC <input type="checkbox"/> q _____ x _____ <input type="checkbox"/> Notify MD if glucose result is: _____		
<b>Diagnostics, &amp; ECG</b>	<input checked="" type="checkbox"/> ECG NOW (if not done in ED) and STAT with chest pain, notify MD immediately <input type="checkbox"/> ECG daily x _____		
<b>Medications</b>	<p><b>Acute alcohol withdrawal treatment</b></p> <p>Choose <b>one</b> benzodiazepine treatment plan. Both options treat CIWA-Ar greater than or equal to 10. <b>LOR</b>azepam or oxazepam recommended for those patients with severe liver disease, severe asthma, or respiratory failure. (If choosing diazepam do not use <b>LOR</b>azepam).</p>		

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**Acute Alcohol Withdrawal Management**

- Choice 1 :**
  - diazePAM 10 mg to 20 mg PO every 1 to 2 hours until symptoms subside and CIWA-Ar score is less than or equal to 10, on two consecutive scores one to two hours apart.
- or (if patient cannot tolerate oral Diazepam):
  - diazePAM 2.5 mg to 5 mg IV every 1 minute (**MAX 10-20mg/hour**) until symptoms subside and CIWA-Ar score is less than or equal to 10, on two consecutive scores one to two hours apart.
- or
  - Choice 2:**
    - LORazepam 0.5 mg to 1 mg PO/IV/SL every four hours as needed) until symptoms subside and CIWA-Ar score is less than or equal to 10, on two consecutive scores one to two hours apart
- or
  - Choice 3:**
    - oxazepam 30 mg PO every 6 hours as needed (DAY 1) until symptoms subside and CIWA-Ar score is less than or equal to 10 on two consecutive scores one to two hours apart.
- THEN**
  - oxazepam 15 mg PO every 6 hours as needed (DAY 2 to 5) until symptoms subside and CIWA-Ar score is less than or equal to 10 on two consecutive scores one to two hours apart.
- Vitamin/mineral supplementation**
  - multivitamin with minerals 1 tablet PO once daily
  - thiamine \_\_\_\_\_ mg IM/IV once daily x \_\_\_\_\_ days
- or
  - thiamine 100 mg IV/IM once daily x 3 days
- or
  - thiamine 300 mg PO TID X\_\_\_\_\_ day (s)
- Gastric ulcer prophylaxis (Choose one)**
  - pantoprazole 40 mg PO/IV once daily at 0900 hours
  - lansoprazole 30 mg NG/OG once daily at 0900 hours
  - ranitidine 150 mg PO/NG/OG every 12 hours
- Nausea Regimen**
  - dimenhyDRINATE 50 mg PO/IV/IM every 4 to 6 hours PRN for nausea
  - ondansetron 4 mg or 8 mg IV/IM/PO/NG/OG every 8 hours PRN for nausea

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**Acute Alcohol Withdrawal Management**

**Pain and Fever Management**

- acetaminophen 325 mg or 650 mg PO/PR/NG/OG every 4 hours PRN for pain or temp greater than 38.0°C  
**(maximum acetaminophen from all sources 4,000 mg in 24 hours)**
- ibuprofen 400 mg or 600 mg PO every 6 hours PRN for fever or pain
- Other: \_\_\_\_\_

**Bowel Routine**

- lactulose 15 mL or 30 mL PO every 8 hours PRN
- sennosides 8.6 mg PO qhs PRN for constipation
- glycerin suppository PR once daily PRN
- bisacodyl 10 mg suppository PR once daily PRN for constipation
- magnesium hydroxide 15 mL or 30 mL once daily PRN for constipation
- Other: \_\_\_\_\_

**VTE prophylaxis (Choose one):**

- dalteparin 5,000 (Fragmin®) units subcut once daily at 1700 hours
- or
- dalteparin 2,500 (Fragmin®) units subcut once daily at 1700 hours  
**if weight less than 40 kg**
- or
- dalteparin (Fragmin®) 5,000 units subcut twice daily at 0600 hours and 1700 hours **for very high risk patients: trauma, weight greater than 100 kg**
- or
- heparin 5,000 units subcut every 12 hours **(use if patient awaiting surgery)**
- or
- heparin 5,000 units subcut every 8 hours **(if body weight greater than 100 kg)**
- or
- VTE prophylaxis not indicated. State reason: \_\_\_\_\_

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	<p><b>Vaccinations:</b> (If patient has not been immunized)</p> <p><input type="checkbox"/> Influenza Vaccine 0.5 mL IM x 1 (<b>October to April only</b>) on day of discharge</p> <p><input type="checkbox"/> Pneumococcal vaccine, polysaccharide (23 Valent) 0.5 mL IM or subcut X 1 on day of discharge.</p> <p>Recommended for all persons aged 65 or older as well as adults who have the following high risk medical conditions:          chronic heart, kidney or lung disease, nephritic syndrome, cirrhosis, alcoholism, diabetes mellitus, chronic cerebrospinal fluid leak, HIV infection and AIDS, other diseases or drugs that suppress the immune system, asplenia, or splenic dysfunction, before/after cochlear implant, sickle cell disease and those who smoke. Revaccination may be needed if time from initial vaccination is at least 5 years and patient has chronic disease and/or immunosuppression either related to disease or therapy.</p> <p><b>Indications for vaccinations:</b> <input type="checkbox"/> age (greater than 65 years)  <input type="checkbox"/> chronic lung disease <input type="checkbox"/> current smoker  <input type="checkbox"/> alcoholism <input type="checkbox"/> homeless <input type="checkbox"/> long term care <input type="checkbox"/> other:____</p> <p><input type="checkbox"/> <b>Other Medications</b></p> <p>_____</p> <p>_____</p> <p>_____</p>		
<b>Patient Education</b>	<p><input type="checkbox"/> Smoking cessation education</p> <p><input type="checkbox"/> RVH Addictions Services</p>		
<b>Additional Orders</b>	<p><input type="checkbox"/> Smoking Cessation, Please complete PPO-0247</p>		

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**Pre-Printed Orders: Acute Alcohol Withdrawal Management**

**\*\*Complete all areas in signature box. Orders will not be processed without Prescriber's signature.**

Prescriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Prescriber's contact number: \_\_\_\_\_ (dd/mm/yy) (2400hr)

Transcriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Int: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

(dd/mm/yy) (2400hr)

Transcriber's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Int: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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**Copy sent to Pharmacy**



R.PPOAAWM

PPO Acute Alcohol Withdrawal Management Approval:

(05/19)

Implementation: (05/19)