

FACULTY MEDICINE

ALCOHOL WITHDRAWAL ORDER SET
Restricted to use on MSPCU and 8 West only

ORDER NUMBER: MS-8.0 LAST REVIEWED/REVISED: 05/03, 03/04, 05/04, 09/04
DATE OF ORIGIN: 01/2003 APPROVED: MD, RX, CIS

DATE/TIME: Height/Weight:
DIAGNOSIS:
ALLERGIES:

TREATMENTS: CIWA-AR (Clinical Institute Withdrawal Assessment for Alcohol)

(Please contact INTERN first for all inquiries)

INTERN: Pager# RESIDENT: Pager # ATTENDING: Pager #

- 1. Complete CIWA-Ar Score every hour until the score is less than 8 and then reassess CIWA-Ar score every 4 hours
2. Contact pharmacy with initial CIWA-ar score.
3. For Delirium Tremors call physician on call stat and follow Pharmacy orders
4. Hold Lorazepam whenever the patient is considered to be calm and sedate and the CIWA-Ar score is less than 8
5. If after 4 consecutive doses of Lorazepam, the CIWA-Ar score has not decreased, contact the Physician to assess the patient
6. Additional orders

PHARMACY:

- 1. (Check if Appropriate for patient)
2. For Delirium Tremens give Diazepam 10 milligrams intravenously, contact physician on call STAT, and then give 5 milligrams intravenously every 5 minutes until the patient is calm but awake.

LORAZEPAM TABLE (USE CIWA-AR SCORING SHEET)

For initial CIWA-Ar score less than 20:

Lorazepam 1 milligram orally, intramuscularly, or intravenously as needed every hour until CIWA-Ar score is less than 8, then
Lorazepam 1 milligram orally every 6 hours as a scheduled dose, Hold if patient calm and CIWA score less than 8.

For initial CIWA-Ar score more than or equal to 20:.

Lorazepam 2 milligram orally, intramuscularly, or intravenously as needed every hour until CIWA-Ar score is less than 8, then
Lorazepam 1 milligram orally every 6 hours as a scheduled dose, Hold if patient calm and CIWA score less than 8

3. ADDITIONAL MEDICATION ORDERS:

Three blank lines for additional medication orders.

PHYSICIAN SIGNATURE DATE PAGER



Post Office Box 13727
Roanoke, Virginia 24036-3727

CBASC CFMH CGMH CMC-CRCH CMC-CRMH CNRV BMH
and other Affiliates of Carilion Health System

PATIENT IDENTIFICATION

CIWA-Ar (Clinical Institute Withdrawal Assessment for Alcohol) Scoring

<p>NAUSEA & VOMITING</p> <p>0 No nausea and no vomiting</p> <p>1 Mild nausea and no vomiting</p> <p>2</p> <p>3</p> <p>4 Intermittent nausea with dry heaves</p> <p>5</p> <p>6</p> <p>7 constant nausea, frequent dry heaves and vomiting</p> <hr/> <p>TREMOR: arms extended and fingers spread apart</p> <p>0 No tremor</p> <p>1 Not visible, but can be felt fingertip to fingertip</p> <p>2</p> <p>3</p> <p>4 Moderate, with arms extended</p> <p>5</p> <p>6</p> <p>7 Severe, even with arms not extended</p> <hr/> <p>PAROXYSMAL SWEATS:</p> <p>0 No sweat visible</p> <p>1 Barely perceptible sweating, hands moist</p> <p>2</p> <p>3 Beads of sweat obvious on forehead</p> <p>4</p> <p>5</p> <p>6</p> <p>7 Drenching sweats</p> <hr/> <p>ANXIETY: also ask "Do you feel nervous?"</p> <p>0 No anxiety, at ease</p> <p>1 Mildly anxious</p> <p>2</p> <p>3</p> <p>4 Moderately anxious, or guarded, so anxiety is inferred</p> <p>5</p> <p>6</p> <p>7 Equivalent to acute panic states as seen in severe delirium or acute schizophrenic states</p> <hr/> <p>AGITATION:</p> <p>0 Normal</p> <p>1 Somewhat more than normal activity</p> <p>2</p> <p>3</p> <p>4 Moderately fidgety and restless</p> <p>5</p> <p>6</p> <p>7 Paces back and forth during most of interview, or constantly thrashes about</p> <hr/> <p>HEADACHE, FULLNESS IN HEAD: Do not rate for dizziness or lightheadedness</p> <p>0 Not present</p> <p>1 Very mild</p> <p>2 Mild</p> <p>3 Moderate</p> <p>4 Moderately severe</p> <p>5 Severe</p> <p>6 Very severe</p> <p>7. Extremely severe</p>	<p>ORIENTATION AND CLOUDING OF SENSORIUM:</p> <p>0 Properly oriented times 3, and can do serial additions</p> <p>1 Cannot do serial additions or not oriented to date</p> <p>2 Disoriented to date by no more than 2 calendar days</p> <p>3 Disoriented to date by more than 2 calendar days</p> <p>4 Disoriented to place and/or person</p> <hr/> <p>TACTILE DISTURBANCES: Ask, " Do you have any itching, 'pins and needles sensations', burning or numbness, or do you feel any bugs crawling under your skin?"</p> <p>0 None</p> <p>1 Very mild itching, "pins and needles," burning, or numbness</p> <p>2 Mild itching, "pins and needles," burning, or numbness</p> <p>3 Moderate itching, "pins and needles," burning, or numbness</p> <p>4 Moderately severe hallucinations</p> <p>5 Severe hallucinations</p> <p>6 Extremely severe hallucinations</p> <p>7 Continuous hallucinations</p> <hr/> <p>AUDITORY DISTURBANCES: Ask " Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things that you know are not there?"</p> <p>0 None</p> <p>1 Very mild harshness or ability to frighten/startle</p> <p>2 Mild harshness or ability to frighten/startle</p> <p>3 Moderate harshness or ability to frighten/startle</p> <p>4 Moderately severe hallucinations</p> <p>5 Severe hallucinations</p> <p>6 Extremely severe hallucinations</p> <p>7 Continuous hallucinations</p> <hr/> <p>VISUAL DISTURBANCES: Ask, " Does the light appear to be too bright? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?"</p> <p>0 None</p> <p>1 Very mild sensitivity to light</p> <p>2 Mild sensitivity to light</p> <p>3 Moderate sensitivity to light</p> <p>4 Moderately severe hallucinations</p> <p>5 Severe hallucinations</p> <p>6 Extremely severe hallucinations</p> <p>7 Continuous hallucinations</p> <hr/> <p>Since scoring depends on clinical judgment and since numerous medical illnesses could present with some of the above signs, please contact the physicians early with your concerns over the patients' care.</p>
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Date: ____/____/____

PHYSICIAN SIGNATURE _____ DATE _____ PAGER _____



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PHYSICIAN STANDING ORDERS, MS-8.0.doc

PATIENT IDENTIFICATION