

## MANAGEMENT OF ALCOHOL WITHDRAWAL SYNDROME PATHWAY

**EMERGENCY ADMISSIONS:** obtain alcohol-use history. If withdrawal symptoms are severe give chlordiazepoxide 20mg stat. Use CIWA score to monitor withdrawal and dose chlordiazepoxide PRN as recommended. Check FBC, LFTs, gamma GT, Mg & coagulation screen

**REFER TO HALS** (bed board or bleep 316) for formal assessment

AUDIT C Score  $\geq 5$ , assess dependency using SADQ score

### Characteristic symptoms of DTs Symptoms of autonomic over activity

Auditory or visual hallucinations	Impaired attention
Clouding of consciousness	Tachycardia
Confusion and disorientation	Systolic hypertension
Delusions	Tachypnoea
Severe tremor	Marked anxiety
Paranoid ideas	Insomnia
Agitation	Profound sweating (1-3L in 24 hours)
Fever, with or without infection	Anorexia

NO

NO

NO

YES

**MILD DEPENDENCE**  
SADQ below 16

**MODERATE DEPENDENCE**  
SADQ 16-30

**SEVERE DEPENDENCE**  
SADQ 31+

**DELIRIUM TREMENS**  
SADQ  $\geq 67$

Prescribe as indicated below

**No medication**  
Monitor withdrawal symptoms with CIWA

**Risk factors for progression to severe withdrawal**

- High alcohol intake (>15 units/day)
- History of severe withdrawal (inc seizures/DTs)
- Use of other psychotropic drugs
- Poor physical health
- High levels of anxiety
- Sweating (palms)
- Hypoglycaemia
- Insomnia
- Respiratory alkalosis
- Fever
- Tachycardia > 100 bpm
- Intercurrent infection

## Management of Alcohol Withdrawal Syndrome with liver damage

### Significant damage or elderly

- Jaundice • Ascites • Cirrhosis
- Ultrasound identification • Childs Pugh score B + C

Follow management of alcohol withdrawal syndrome pathway up to prescribing reducing regimen and then replace chlordiazepoxide with the **lorazepam** reducing regimen below (a shorter-acting benzodiazepine)

### LORAZEPAM DOSING in mg (for liver damage)

Day 1	2	2	2	2
Day 2	2	2	2	2
Day 3	1.5	1.5	1.5	1.5
Day 4	1	1	1	1
Day 5	0.5	0.5	0.5	0.5

**In addition prescribe:**  
Lorazepam 1-2 mg PRN (maximum total dose 16mg daily)  
Pabrinex 1 pair IV BD for 3-5 days

## Management of suspected hepatic encephalopathy

Know n alcohol misuse:  
Commence lactulose 30-50 mL TDS

### Any one or more from:

- Acute confusion
- Decreased consciousness level inc unconsciousness/ coma
- Memory disturbance
- Ataxia/unsteadiness
- Ophthalmoplegia
- Nystagmus
- Unexplained hypotension with hypothermia

NO

YES

### Risk factors for Wernicke's encephalopathy

- Intercurrent illness • DTs / treatment for DTs
- Alcohol related seizures / treatment for alcohol related seizures
- IV glucose administration
- Significant weight loss
- Poor diet
- Signs of malnutrition
- Recent diarrhoea or vomiting
- Drinking > 20 units daily
- Peripheral neuropathy

Wernicke's encephalopathy

Prescribe as indicated below

**PRESCRIBING FOR IN-PATIENTS—N.B.** This does not constitute a 'course' of treatment but is used to control withdrawal symptoms whilst in hospital

### PRN DOSING ACCORDING TO CIWA SCORE in mg chlordiazepoxide:

**Prescribe 10-40 mg PRN**

0-8 no extra medication needed  
9-14 consider 10 mg PRN  
15-20 requires 10-20 mg PRN  
20+ requires 20-40 mg PRN  
67 delirium tremens - urgent medication support needed

Maximum total chlordiazepoxide dose is 200 mg in 24 hours

### MODERATE DEPENDENCE (SADQ 16-30) Dosing in mg chlordiazepoxide:

Day 1	20	20	20	20
Day 2	20	20	20	20
Day 3	15	15	15	15
Day 4	10	10	10	10
Day 5	5	5	5	5

Prescribe Pabrinex 1 pair IV BD for 3-5 days

### SEVERE DEPENDENCE (SADQ 31+) Dosing in mg chlordiazepoxide:

Day 1	30	30	30	30
Day 2	20	20	20	20
Day 3	15	15	15	15
Day 4	10	10	10	10
Day 5	5	5	5	5

Prescribe Pabrinex 1 pair IV BD for 3-5 days

### DELIRIUM TREMENS (DTs)

- Give oral lorazepam 2-4 mg.
- If severe or oral declined give IV diazepam 10 mg every 30-60 mins until sedated (beware respiratory depression)
- Give haloperidol 1-5 mg orally or IM 8 hourly for prominent psychotic symptoms (assess cardiac risk)
- Start chlordiazepoxide 50 mg QDS and PRN (i.e. dose above BNF recommendations)
- Monitor for signs of benzodiazepine toxicity and reduce dose gradually as appropriate over 5 days.
- Monitor FBC, U&E, Mg, blood glucose daily
- Maintain fluid balance (4-6L daily; may need IV NaCl 0.9%)

### WERNICKE'S ENCEPALOPATHY

**Prescribe Pabrinex 2 prs IV TDS for 2-5 days**  
If no response, discontinue. If symptoms resolve after 2-5 days, give 1 pair once daily for 5 days or for as long as improvement continues.

### ALCOHOL WITHDRAWAL SEIZURES

**Prescribe Pabrinex 2 prs IV TDS for 3-5 days**

Treat seizures with IV diazepam 10 mg and review benzodiazepine regimen. Antiepileptic treatment is not indicated.

## PLANNING FOR DISCHARGE

- Give Alcohol Services leaflet before patient leaves if not seen by a member of the Hospital Alcohol Liaison (HALS) Team, and advise to reduce alcohol intake gradually.
- Prescribe oral thiamine 100 mg BD. Prescription of vitamin B compound strong is not necessary.
- DO NOT prescribe chlor diazepoxide to continue detoxification regimen unless supply will be supervised by Rehabilitation Staff in a unit offering detoxification services.