

Inclusion Criteria: Patients admitted and at risk for, or requiring treatment for alcohol withdrawal
Implementation Limited To: Cornell 5C, Milstein 6GN/S, 7GS and units where clinical staff have completed required training in CIWA-Ar symptom triggered therapy.

>Clinical Pathways are tools to facilitate and guide multidisciplinary care, and do not replace physician assessment, orders or clinical judgement.
>Modifications made are based on documented individual patient needs.

CLINICAL PATHWAY - Alcohol Withdrawal

ELOS - Mild: 3 days
Moderate: 4-6 days
Severe: 7-9 days

Reviewed Oct. 2012

		PLEASE CIRCLE: Initial Stabilization	PLEASE CIRCLE: Ongoing Stabilization and Tapering	PLEASE CIRCLE: Discontinue CIWA Scored Treatment and/or Discharge from Hospital
	Resp Disc	Target Day/s: May last 1-3 days	Target Day/s: May last 1-3 days	Target Day/s: May last 1-3 days
PATIENT OUTCOMES/ CLINICAL INDICATORS (Patient must meet these to move to next phase) <i>Check off & initial/date when indicator has been met</i>		<input type="checkbox"/> CIWA-Ar score <8-10 Init / Date_ <input type="checkbox"/> Vital Signs stable Init / Date_ If indicators are met, consider: If CIWA score <8 for > 24 hours, consider skip tapering and proceed to discharge from protocol or hospital (as medically indicated). If indicators not met, consider: • Administer medications per CIWA-Ar order sets to achieve score <8-10 • Refer to CIWA-Ar protocol to upgrade or downgrade severity of w/d	<input type="checkbox"/> CIWA-Ar score <8-10 Init / Date_ <input type="checkbox"/> Vital Signs stable Init / Date_ If indicators not met, consider: • Administer medications per CIWA-Ar order sets to achieve score <8-10 • Refer to CIWA-Ar protocol to upgrade or downgrade severity of w/d Consider the presence of other underlying medical or psychiatric condition	<input type="checkbox"/> CIWA-Ar score <8-10 Init / Date_ <input type="checkbox"/> Vital Signs stable Init / Date_ If indicators not met, consider: • Administer medications per CIWA-Ar order sets to achieve score <8-10 • Once tapering complete, consider d/c of protocol if the patient remains hospitalized for non ETOH w/d reasons (i.e. ongoing medical/psych issue, psychosocial reason, etc.).
		<input type="checkbox"/> Medications Init / Date_ <input type="checkbox"/> Withdrawal Syndrome Init / Date_ <input type="checkbox"/> Drinking Cessation Init / Date_ <input type="checkbox"/> Plan of Care Init / Date_	<input type="checkbox"/> Medications Init / Date_ <input type="checkbox"/> Withdrawal Syndrome Init / Date_ <input type="checkbox"/> Drinking Cessation Init / Date_ <input type="checkbox"/> Plan of Care Init / Date_	<input type="checkbox"/> Medications Init / Date_ <input type="checkbox"/> Withdrawal Syndrome Init / Date_ <input type="checkbox"/> Drinking Cessation Init / Date_ <input type="checkbox"/> Plan of Care Init / Date_
PATIENT EDUCATION <i>Initial/date when completed.</i>		<input type="checkbox"/> Medications Init / Date_ <input type="checkbox"/> Withdrawal Syndrome Init / Date_ <input type="checkbox"/> Drinking Cessation Init / Date_ <input type="checkbox"/> Plan of Care Init / Date_	<input type="checkbox"/> Medications Init / Date_ <input type="checkbox"/> Withdrawal Syndrome Init / Date_ <input type="checkbox"/> Drinking Cessation Init / Date_ <input type="checkbox"/> Plan of Care Init / Date_	<input type="checkbox"/> Medications Init / Date_ <input type="checkbox"/> Withdrawal Syndrome Init / Date_ <input type="checkbox"/> Drinking Cessation Init / Date_ <input type="checkbox"/> Plan of Care Init / Date_
DISCHARGE PLANNING <i>Check and initial when completed. Enter dates if required.</i>		<ul style="list-style-type: none"> Assess discharge needs and review with patient and family. In mild cases Social work and d/c planning may begin earlier (see discharge planning of stage 2) 	<ul style="list-style-type: none"> Social Work Consult for after care and detoxification/rehab follow-up. Assess for presence of any psychosocial factors that may prolong hospitalization such as homelessness, uninsured, undocumented status, etc. Introduce patient to Alcoholics Anonymous meetings to support abstinence. 	<ul style="list-style-type: none"> Team discussion re: plans for d/c from hospital. Extended hospital stay and ongoing planning may be required based on clinical needs or comorbidities unrelated to CIWA treatment. Discontinue CIWA treatment when criteria met. If ongoing medical conditions persist, consider d/c of guideline versus discharge from hospital as needed. (Discharge planning may include ongoing medical needs) Discharge instructions. Alcoholics Anonymous meeting list
GUIDELINES FOR ASSESSMENT AND CARE: Obtain physician orders as needed.	Assessments	<ul style="list-style-type: none"> Vital Signs Q 6 hours and PRN Initial CIWA-Ar assessment and Q 4 hours if stable CIWA-Ar assessment PRN per CIWA-Ar protocol 	<ul style="list-style-type: none"> Vital Signs Q 6 hours and PRN CIWA-Ar assessment Q 4 hours if stable CIWA-Ar assessment PRN per CIWA-Ar protocol 	<ul style="list-style-type: none"> CIWA-Ar assessment Q 4 hours if stable CIWA-Ar assessment PRN per CIWA-Ar protocol
	Diagnostics & Radiology	<ul style="list-style-type: none"> CBC, Hepatic panel, GGT, PT/INR, BMP with Mg, PO4, BUN/Cr, and serum ETOH level. Consider urine toxicology screen, B12/folate, and EKG CXR ABC's, c-spine evaluation and vital signs Evaluate for precipitating causes, co-existing illnesses, and co-morbid disorders 	<ul style="list-style-type: none"> Ongoing work up as indicated for co-existing illnesses 	
	Nutrition/Diet	<ul style="list-style-type: none"> As tolerated Encourage fluids if not contraindicated Consider NPO if compromised mental status, patient is getting high dose benzodiazepines, severe agitation, and risk for aspiration. 	<ul style="list-style-type: none"> As tolerated Encourage fluids if not contraindicated Consider NPO if compromised mental status, patient is getting high dose benzodiazepines, severe agitation, and risk for aspiration. 	<ul style="list-style-type: none"> As tolerated
	Activity/Mobility/Safety	<ul style="list-style-type: none"> As tolerated. Fall risk if indicated, in particular if sedated or agitated. Consult with MD/NP/PA regarding need for level of observation for safety management. 	<ul style="list-style-type: none"> As tolerated. Fall risk if indicated, in particular if sedated or agitated. Consult with MD/NP/PA regarding need for level of observation for safety management. 	<ul style="list-style-type: none"> As tolerated. Return to baseline activity
	Medication	<ul style="list-style-type: none"> IV Thiamine, Folate, and MVI on admission. Then transition to PO thiamine, folate, and MVI daily. Correct hypomagnesia, hypokalemia, and hypocalcemia. Replete with IV fluids: either D5 0.9NS or D5 0.45NS DVT prophylaxis Assess severity of withdrawal to activate specific CIWA-Ar Medication Order sets: Mild- CIWA-Ar-Ar Score of <8 - 10 Moderate - CIWA-Ar-Ar Score of 11-15 Severe/ Very Severe - CIWA-Ar-Ar Score of 16-20, or > 21 Delirium Tremens and/or Resistant Alcohol withdrawal- persistent CIWA-Ar-Ar score > 25 	<ul style="list-style-type: none"> Daily Thiamine, Folate and MVI PO. DVT prophylaxis Assess severity of withdrawal to activate specific CIWA-Ar Medication Order sets: Mild- CIWA-Ar Score of <8 - 10 Moderate - CIWA-Ar Score of 11-15 Severe/ Very Severe - CIWA-Ar Score of 16-20, or > 21 Delirium Tremens and/or Resistant Alcohol Withdrawal- persistent CIWA-Ar score > 25 Once initial control or stable trend established, a plan for tapering can be considered. Taper by ~20% per day of total DAILY benzodiazepine equivalent doses Taper with Chlordiazepoxide when possible See CIWA-Ar protocol for benzodiazepine equivalents and recommendations regarding infusion tapers 	<ul style="list-style-type: none"> Daily Thiamine, Folate and MVI PO. DVT prophylaxis
	Goals	<ul style="list-style-type: none"> Goal = CIWA-Ar Scores <8-10 Reassess clinical picture, CIWA-Ar score and VS at minimum of Q 4 hours once symptoms are stable If CIWA-Ar score increases to > 11, re-dose at last effective dose (not cumulative) If CIWA-Ar score remains < 8-10 may reassess every 4 hours then redose medications PRN For patients with more severe withdrawal, once CIWA-Ar score is stable between 8-10 for 24-48 hours, advance to ongoing stabilization and tapering phase of the pathway. If CIWA-Ar score < 7 x 24 hours, consider discontinuation of alcohol withdrawal treatment guideline 	<ul style="list-style-type: none"> Goal = CIWA-Ar Scores <8-10 Reassess clinical picture, CIWA-Ar score and VS at minimum of Q 4 hours once symptoms are stable If CIWA-Ar score increases to > 11, re-dose at last effective dose (not cumulative) If CIWA-Ar-Ar score remains < 8-10 may reassess every 4 hours then redose medications PRN Once CIWA-Ar score is stable between 8-10 for 24-48 hours, taper doses by 20% daily. If CIWA-Ar score < 7 x 24 hours, consider discontinuation of alcohol withdrawal treatment guideline 	
	Consults	<ul style="list-style-type: none"> Consider Psychiatry Consult for any co-existing underlying psychiatric co-morbidities or other addictions Consider Medical ICU Consult for Severe or Delirium Tremens presentation 	<ul style="list-style-type: none"> Consider Psychiatry Consult for any co-existing underlying psychiatric co-morbidities or other addictions Consider Medical ICU Consult for Severe or Delirium Tremens presentation 	
	PROVIDER EVALUATION	ON TRACK 0700 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit 1900 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit	ON TRACK 0700 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit 1900 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit	ON TRACK 0700 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit 1900 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit
SIGNATURES <i>Print name & sign initials only if initialing in other areas on pathway.</i>	Name _____ Initials _____ _____ _____ _____ _____	Name _____ Initials _____ _____ _____ _____ _____	Name _____ Initials _____ _____ _____ _____ _____	