



PHYSICIAN'S PREPRINTED ORDERS

TITLE:	ALCOHOL WITHDRAWAL ADMISSION ORDERS (CIWA-Based)
PHYSICIAN/GROUP:	EIRMC HOSPITALIST SERVICE

1. **Other Diagnosis** _____

2. Place in EIRMC Hospitalist Program
 Admit as an inpatient to _____ Telemetry
 Place as outpatient with observation services to _____ Telemetry

3. **Allergies:**
 NKDA Other _____

4. **Code Status** Full Do Not Resuscitate

5. **Vital Signs:** Q 1 hr Q 2 hr Q 4 hr
 Neuro Checks Q _____ Other _____

CIWA assessment on admission
Record score in patient's chart.
Notify provider if CIWA score stays above 20.
Notify provider if any seizure activity occurs.
Notify provider of any new onset delirium and/or hallucinations.
May wake patient to perform assessments as ordered.
When 3 consecutive CIWA scores are <8, may discontinue CIWA checks.
 If CIWA <8 – q 4 hour assessment
 If CIWA 8-15 – q 2 hour assessment
 If CIWA >15 – q 1 hour assessment

6. **Activity:** Up ad lib BRP Fall Precautions
 Other _____

7. **Diet:** Regular Other _____

8. O₂ @ _____ L/min Titrate from _____ to _____

9. Smoking Cessation counseling if indicated

10. **Vaccines:** Pneumovax IM and seasonal Flu vaccine, if indicated

11. **DVT Prophylaxis**
 Lovenox _____ mg SubQ every _____ hr
 Arixtra _____ mg SubQ every _____ hr
 Heparin 5000 units SubQ every 8 hr
 SCDs bilaterally

 Contraindication: _____

NO MECHANICAL OR PHARMACOLOGICAL VTE PROPHYLAXIS INDICATED
 Patient is low risk and ambulatory
 The risk of mechanical or pharmacological VTE prophylaxis outweighs the benefit
 Patient is already anti-coagulated
 Patient refusal

Signature _____

Date _____ Time _____



12. **IV:** Saline Lock IV IV _____ @ _____/hr

13. **Supplements – First dose now if not given in ER**
 Thiamine 100 mg tab po daily; folic acid 1 mg tab po daily, and Therapeutic multiple vitamin 1 tab po daily
 NS 1000 ml w/ 100 mg thiamine, mg folic acid, 2g magnesium sulfate, and 1amp Adult MVI IV daily

14. **Medications**
Benzodiazepines (hold for sedation score ≥ 3 per scale)
 Lorazepam (consider for abnormal liver function or elderly)
Give 1-4 mg IV every _____hr prn for CIWA score 8-15
Give _____mg IV every _____hr prn for CIWA score >15

 Chlordiazepoxide
Give _____mg PO every _____hr prn for CIWA score 8-15
Give _____mg PO every _____hr prn for CIWA score >15

Other _____

Antidote/Rescue
 Flumazenil
0.2 mg IV q 1 minute prn to reverse benzodiazepine-induced sedation (Max total dose 1 mg). Give over 15 seconds.
Do not use on patients on chronic benzodiazepine therapy.

Other Medications:
 Zofran 4 mg IV or PO q 4 hr severe nausea
 Colace 100 mg PO BID with 8 ounces of water
 Metamucil 1 packet with water daily BID prn
 Dulcolax 10 mg PR now daily prn
 Other _____

Nicotine patch _____ mg transderm q 24 hr

Morphine _____ mg IV q _____ hr prn severe pain
 Fentanyl _____ mcg IV q _____ hr prn severe pain
 Hydrocodone/APAP _____ mg q _____ hr prn moderate pain
 PCA (see order sheet)
 Other _____
 Consult Pain Management Service

15. **In AM:**
 CXR, PA and Lat CXR, Portable
 Other _____

16. **Labs, in AM:**
 CBC & diff Chem 13 Urine Drug
 BAL Chem 7 Screen
 GGT Magnesium Lactate
 Lipase Phosphorous Ammonia
 PT/INR Other _____

Patient Identification

Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)

Patient: _____ Date: _____ Time: _____

Pulse or heart rate, taken for one minute: _____ Blood pressure: _____

NAUSEA AND VOMITING -- Ask "Do you feel sick to your stomach? Have you vomited?" Observation.

- 0 no nausea and no vomiting
- 1 mild nausea with no vomiting
- 2
- 3
- 4 intermittent nausea with dry heaves
- 5
- 6
- 7 constant nausea, frequent dry heaves and vomiting

TACTILE DISTURBANCES -- Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.

- 0 none
- 1 very mild itching, pins and needles, burning or numbness
- 2 mild itching, pins and needles, burning or numbness
- 3 moderate itching, pins and needles, burning or numbness
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

TREMOR -- Arms extended and fingers spread apart. Observation.

- 0 no tremor
- 1 not visible, but can be felt fingertip to fingertip
- 2
- 3
- 4 moderate, with patient's arms extended
- 5
- 6
- 7 severe, even with arms not extended

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 you know are not there?" Observation.

- 0 not present
- 1 very mild harshness or ability to frighten
- 2 mild harshness or ability to frighten
- 3 moderate harshness or ability to frighten
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

PAROXYSMAL SWEATS -- Observation.

- 0 no sweat visible
- 1 barely perceptible sweating, palms moist
- 2
- 3
- 4 beads of sweat obvious on forehead
- 5
- 6
- 7 drenching sweats

Signature _____

Date _____ Time _____



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VISUAL DISTURBANCES -- Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are

- not there?" Observation.
- 0 not present
- 1 very mild sensitivity
- 2 mild sensitivity
- 3 moderate sensitivity
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

ANXIETY -- Ask "Do you feel nervous?" Observation.

- 0 no anxiety, at ease
- 1 mild anxious
- 2
- 3
- 4 moderately anxious, or guarded, so anxiety is inferred
- 5
- 6
- 7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

HEADACHE, FULLNESS IN HEAD -- Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.

- 0 not present
- 1 very mild
- 2 mild
- 3 moderate
- 4 moderately severe
- 5 severe
- 6 very severe
- 7 extremely severe

AGITATION -- Observation.

- 0 normal activity
- 1 somewhat more than normal activity
- 2
- 3
- 4 moderately fidgety and restless
- 5
- 6
- 7 paces back and forth during most of the interview, or constantly thrashes about

ORIENTATION AND CLOUDING OF SENSORIUM -- Ask "What day is this? Where are you? Who am I?"

- 0 oriented and can do serial additions
- 1 cannot do serial additions or is uncertain about date
- 2 disoriented for date by no more than 2 calendar days
- 3 disoriented for date by more than 2 calendar days
- 4 disoriented for place/or person

Total CIWA-Ar Score _____

Rater's Initials _____

Maximum Possible Score 67

Patient Identification