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## SECTION 3

### *ALCOHOL WITHDRAWAL*

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# ALCOHOL WITHDRAWAL

## DESCRIPTION

### Onset:

Usually between 6 and 24 hours after the last intake of alcohol. Delirium tremens typically occurs 2-6 days after the last drink and may not be preceded by signs of simple alcohol withdrawal. Withdrawal may be delayed if other sedatives have been taken.

### Duration

Variable, between 2 and 12 days. The more severe the withdrawal, the longer its duration.

The alcohol withdrawal syndrome occurs after a sudden cessation or a large reduction of alcohol intake. It is a syndrome of central nervous system hyperactivity that is characterised by the following signs and symptoms.

- hypersensitivity to stimulation
- tremor
- perspiration
- increased pulse, blood pressure, temperature and respiratory rate.
- nausea, vomiting and diarrhoea
- restlessness
- anxiety, fear
- insomnia, nightmares
- depression
- seizures (6-48 hours)
- disorientation, confusion, hallucinations (48 hours+)

The presence and magnitude of each of these symptoms varies with the severity of withdrawal. Presence of concomitant illness, injury or other physical trauma, and recent surgery increases the likelihood of delirium tremens.

Detoxification is a process by which alcohol dependent patients withdraw from alcohol, such that withdrawal symptoms and the attendant risks are minimised.

## **KEY CONSIDERATIONS**

- \* **The level of alcohol intake is the most important determinant of the occurrence of alcohol withdrawal and its subsequent severity.**
- \* The potentially life-threatening consequences of severe withdrawal necessitate careful assessment and a well monitored detoxification process.
- \* The severity of alcohol withdrawal ranges from mild through moderate to severe. When withdrawal is accompanied by profound disorientation, confusion and hallucinations, it is known as *delirium tremens* (DT's).
- \* Early recognition and correct management of the initial, milder stages of withdrawal is crucial in prevention of its progression into the severe, life-threatening stages.

## **ADMISSION & ASSESSMENT PROCEDURE**

**This procedure uses information provided by:-**

Patient's history  
Physical and mental status  
Biological markers.

### **Nursing Tools for Assessment**

Drink Check indicates hazardous levels of alcohol intake  
Index of Suspicion for Alcohol Withdrawal  
Alcohol Withdrawal Scale

### **Index of Suspicion for Alcohol Withdrawal:**

- Alcohol intake of 80 grams (8 standard drinks) or more per day on a regular basis.
- Even smaller amounts of alcohol if taken in conjunction with other central nervous system depressants.
- Previous episodes of alcohol withdrawal.
- Alcohol related reason for current admission.
- Previous history of alcohol related disease (e.g. alcoholic hepatitis, alcoholic cardiomyopathy, pancreatitis).
- Physical appearance indicating alcohol abuse (e.g. parotid swelling, Cushingoid face, facial telangiectasia; eyes reddened or jaundiced sclera, spider naevi, palmar erythema).
- Pathology results showing raised serum GGT and raised mean cell volume
- Symptoms such as anxiety, agitation, or retching which might be due to an alcohol withdrawal syndrome.

Alcohol and other drug use history should contain the following information:

(Use drug history form. Pages 7 & 8, Section 2)

Type of alcohol and other drugs  
Frequency of use  
Average daily intake  
Duration of use  
Time and amount of last dose  
Route of administration (for drugs other than alcohol, e.g. heroin or amphetamines).

## **MANAGEMENT OF ALCOHOL WITHDRAWAL**

### **The management focuses on five major problem areas:**

1. Potential for progression to severe withdrawal.
2. Potential for injury (to self or others) or self-destructive behaviour due to altered mental state.
3. Potential for dehydration, electrolyte and nutritional imbalance.
4. Potential for seizures.
5. Presence of concurrent illness which masks or mimics withdrawal.

### **GOAL**

- Early identification of change in clinical condition and rapid institution of appropriate treatment if change occurs.
- Nil injury.
- Hydration maintained
- Patient maintains balanced nutritional intake.
- Establishment of differential diagnosis.
- Change in drinking behaviour.

### **NURSING INTERVENTIONS**

- Monitor the patient's withdrawal status (AWS Scale. Pages 4 & 5, this section) 4 hourly for at least 72 hours. If score increases by 5 in 4 hour period or if reaches 8, increase observation and contact medical officer.
- Administer medication as prescribed, utilize Valium regime as per guidelines and assess effectiveness of medication
- Provide safe environment, low stimulus environment. A quiet room is best.
- Use night lights to reduce confusion.
- Approach in calm, confident manner. Use non threatening manner.
- Minimise number of staff attending to patient.
- Explain interventions and medication, in distinct, clear speech.
- Reassure frequently - tell the patient the symptoms will pass.
- Remain with patient to calm him/her down.
- Frequent supervision / Ensure patient safety.
- Explain perceptual errors. Frequent reality orientation.
- Restore and maintain metabolic and nutritional equilibrium, assess and review dietary requirements and nutritional intake.
- Administer thiamine and added vitamins as prescribed.
- Observe seizure precautions.
- Assess for existence of concurrent illness if indicated.
- Teach about physiological, psychological and social effects of alcohol use.
- Encourage a desire for a drug free life style.
- Inform about support services and facilitate referral to specialist services.
- Where appropriate, involve family and significant others.

## **USE OF ALCOHOL WITHDRAWAL SCALE (AWS)**

If patient's history or presentation suggests a possibility of withdrawal, the patient must be placed on an Alcohol Withdrawal Scale (AWS) chart (See next page for chart)

### **1. Presentation to the Accident and Emergency Department.**

Initiate patient observations and nursing assessment.

Commence hourly AWS monitoring.

Contact Medical Officer for assessment if

(a) The AWS increases by 5 points or more over a 4 hour period  
(eg. Goes from 2 to 7 within 4 hours).

or

(b) If the AWS total score reaches 8.

### **2. Hospitalised patients:**

Monitor the patient 4th hourly unless on medication e.g. Valium regime, monitor according to regime, using AWS, for at least three days.

If the total score reaches 5, monitor hourly

Notify the Medical Officer if the total score reaches 8.

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Medical Record No:

Surname:

Other Names:

DOB/Sex:

Doctor/Ward:

**ALCOHOL WITHDRAWAL  
SCALE**

⓪ <u>Perspiration</u> 0 No abnormal sweating	1 Moist skin	2 Localised beads of sweat eg. On face or chest.	3 Whole body wet from perspiration	4 Profuse maximal sweating: Clothes, linen etc. are wet.
⓪ <u>Tremor</u> 0 No tremor	1 Slight intentional tremor	2 Constant slight tremor of upper extremities	3 Constant marked tremor of extremities	4
⓪ <u>Anxiety</u> 0 No apprehension or anxiety	1 Slight apprehension	2 Apprehensive, understandable fear. eg. of withdrawal symptoms	3 Anxiety occasionally accentuated to a state of panic	4 Constant panic-like anxiety
⓪ <u>Agitation</u> 0 Rests normally during day, no sign of agitation	1 Slight restlessness, cannot sit or lie still, awake when others sleep.	2 Moves constantly, looks tense, wants to get out of bed but obeys requests to stay in bed	3 Constantly restless, gets out of bed for no obvious reason.	4
⓪ <u>Hallucinations</u> 0 No evidence of hallucinations	1 Distortions of real objects. Aware that not real if pointed out	2 Appearance of totally new objects or perceptions. Aware that not real if pointed out	3 Believes the hallucination are real. Still orientated in place in person	4 Believes to be in a totally non-existent environment. Preoccupied and cannot be diverted or reassured
⓪ <u>Pulse Rate</u> 0 Rate below 90/min	1 Rate 90-109/min	2 Rate 110-129/min	3 Rate 130-149/min	4
⓪ <u>Orientation</u> 0 Fully orientated in time, place and person.	1 Oriented in person but not sure of time or place.	2 Oriented in person but disoriented in time and place	3 Disoriented in time, place and person. There may be periods of lucidity	4 Disoriented in time, place and person, no meaningful contact can be obtained

ALCOHOL WITHDRAWAL SCALE SCORE:

1									
2									
3									
4									
5									
6									
7									
TOTAL									
TIME									
DATE									

SCORE GRAPH

SCORE									
16									
15									
14									
13									
12									
11									
10									
9									
8									
7									
6									
5									
4									
3									
2									
1									
TIME									
DATE									

**INSTRUCTIONS**

Chart score in each category....  
Add scores to give a total

Score 0-4

**SCORING KEY**

- 0-4 Mild Withdrawal Syndrome
- 5-9 Moderate Withdrawal Syndrome
- 10-14 Severe Withdrawal Syndrome

## **GUIDELINES FOR DIAZEPAM REGIME FOR USE IN ALCOHOL DETOXIFICATION**

The diazepam regime is used in conjunction with the AWS Score. The AWS is an indicator in the severity of the patient's alcohol withdrawal symptoms and is then used as a guide for the administration of diazepam.

### **MILD**

**AWS= SCORE 1-4**

Sedation for mild withdrawal syndrome should not be necessary in quiet surroundings, but may be indicated for patients in highly distracting environments, who are immobilised or undergoing investigations. Dose will depend on severity of withdrawal, body weight and presence of any concurrent disease. If sedation is considered necessary give 5-10mg diazepam every 6-8 hours for the first 48 hours.

### **MODERATE TO SEVERE**

**AWS= SCORE 5-14**

For patients without concurrent disease give 20mg Diazepam every 2hrs until settled. No more than 120mg should be given in first 12 hours. 5-10mg Diazepam 6-8 hourly is then usually needed. This is usually tailed off after 3-5 days.

### **VERY SEVERE**

**AWS= SCORE 15+**

This is a medical emergency. Specialist management should be obtained promptly and the patient should be nursed in a High Dependency Unit.

An intravenous injection of diazepam of 10mg, repeated if necessary up to twice in the first 30 minutes. Thereafter give 10-20 mg slowly IV every 6 hours or a maintenance dose of 1-5mg per hour by continuous infusion. There is a danger of apnoea in the first 2-3 minutes after administration of diazepam.

The dosage to be prescribed individually on normal prescription chart.

After 24 hours patients can usually be switched to oral medication; 10-20mg every 6 hours usually suffices and is tailed off after 3-5 days.

Reference: NSW Health Department, Guidelines for Nursing Management of Patients Who are Intoxicated or Withdrawing from Alcohol, CEIDA, NSW Department of Health, 1989, p. 8.

## PHARMACOLOGICAL TREATMENT

Aims to combat acute withdrawal symptoms without over sedation of the patient. It is based on the principle of titration of medication dosage to the severity of withdrawal. The drug most commonly used is diazepam because of its cross-tolerance with alcohol and anti-convulsant properties.

Thiamine deficiency is common in patients who abuse alcohol and is thought to be a major cause of Wernicke-Korsakoff's syndrome. Because a high carbohydrate load exacerbates thiamine deficiency, administration of glucose should be accompanied by parenteral thiamine Hcl 100mg. Thiamine should be given before or simultaneously.

### SPECIAL PRECAUTIONS

***Special precautions need to be taken before sedating patients who have any of the problems listed below:-***

**1. Chronic liver disease.**

It is essential to determine that the patient has withdrawal syndrome and not alcoholic encephalopathy. Injudicious sedation is dangerous.

The dose of the sedative needs to be far smaller than normal.

The advice of a specialist physician is necessary.

**2. Chronic airflow limitation.**

The patient with respiratory failure should not be sedated.

The advice of a specialist physician is necessary.

**3. No oral intake ('nil by mouth')**

Give 10mg diazepam IV followed by 1-5mg per hour as necessary.

Consult specialist physician.

## **ADDITIONAL MEDICATIONS**

### **a) Thiamine**

Thiamine 100mg three times per day orally  
OR  
Thiamine 100mg IM daily for 3 days

### **b) Symptomatic Medication**

Nausea and Vomiting	Metoclopramide 10mg IM or orally 4th Hourly prn. Metoclopramide not to exceed 40mg in 24 hrs.
Tactile Hallucinations	Serenace 5mg 4 hourly prn oral or IM.
Diarrhoea	Lomotil i-ii tabs orally 4 hourly as required.

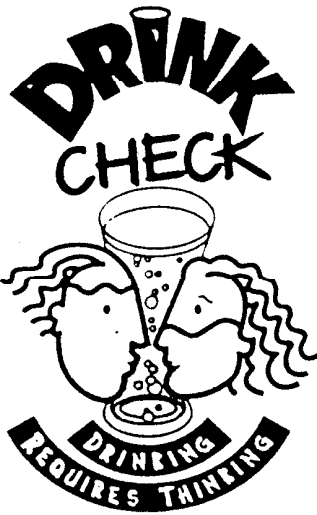
## **MAJOR TRANQUILLIZERS**

Major tranquillizers are no longer prescribed routinely or as single therapy for the management of alcohol withdrawal. Their use is an adjunct to chlormethiazole or diazepam for the control of hallucinations, paranoid ideation and severe agitation. Haloperidol (Serenace) is the most commonly used and dosage regimes are as follows:

For severe alcohol withdrawal (AWS 10+) give 2.5 - 5mg Serenace orally, repeated once after 1 hour if necessary, then 1-5 mg every 6 hours thereafter, as indicated. When necessary give by intramuscular or intravenous injection. Dosage is 0.5 - 2mg for mildly disturbed patients, 5-10mg for the severely disturbed, repeated after 1 hour if necessary and then 1-5 mg every 6-8 hours, as indicated.

## **ANTICONSULSANTS**

There is no evidence that anti-convulsants like phenytoin (Dilantin) are effective in the prevention of alcohol withdrawal fits. Only if patients have been taking them immediately prior to presentation should they be continued, or if the medical officer prescribes them because of idiopathic epilepsy or the presence of a focal lesion in the brain.



**A STANDARD DRINK CONTAINS 10grams OF PURE ALCOHOL**  
 Each of these is 1 STANDARD drink...

<b>2 MIDDIES LITE</b> Low Alcohol beer 370ml = 1 Standard Drink	<b>1 MIDDY</b> of ordinary beer. 285 ml = 1 Standard Drink	<b>1 GLASS of WINE</b> 120 ml = 1 Standard Drink	<b>1 NIP of SPIRITS</b> 30 ml = 1 Standard Drink	<b>1 GLASS of PORT or SHERRY</b> 60 ml = 1 Standard Drink
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Each of these is equal to 1 1/2 STANDARD drinks...

<b>1 STUBBIE</b> bottle of ordinary beer. 375ml = 1 1/2 Standard Drinks	<b>1 CAN</b> of ordinary beer. 375ml = 1 1/2 Standard Drinks	<b>1 SCHOENER</b> of ordinary beer. 475ml = 1 1/2 Standard Drinks
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PLEASE PLACE A TICK IN THE BOX NEXT TO YOUR ANSWER.

Are you...  
 Male      **Age group**       Under 20       20-29       30-39       40-49       50-59       60-69       70+  
 Female

**1** How often do you have a drink containing alcohol?  
 never       monthly or less       2 to 4 times a month       2 to 3 times a week       4 or more times a week

**2** How many 'standard' drinks containing alcohol do you have on a typical day when you are drinking?  
 1 or 2       3 or 4       5 or 6       7 to 9       10 or more

**3** How often do you have six or more drinks on one occasion?  
 never       less than monthly       monthly       weekly       daily or almost daily

**4** How often during the last year have you found that you were not able to stop drinking once you had started?  
 never       less than monthly       monthly       weekly       daily or almost daily

**5** How often during the last year have you failed to do what was normally expected from you because of drinking?  
 never       less than monthly       monthly       weekly       daily or almost daily

**6** How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?  
 never       less than monthly       monthly       weekly       daily or almost daily

**7** How often during the last year have you had a feeling of guilt or remorse after drinking?  
 never       less than monthly       monthly       weekly       daily or almost daily

**8** How often during the last year have you been unable to remember what happened the night before because you had been drinking?  
 never       less than monthly       monthly       weekly       daily or almost daily

**9** Have you or someone else been injured as a result of your drinking?  
 no       yes, but not in the last year       yes, during the last year

**10** Has a relative, a friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?

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**DRUG HISTORY**

Medical Record No:

Surname:

Other Names:

DOB/Sex:

Doctor/Ward:

DRUG (specify)	Frequency of Current Use	Average Daily Intake*	Duration of Use	Time amount and route of last dose
ALCOHOL	Daily Weekly Less	< 40g 40-80g 80-120g	1-5 yrs 5-10 yrs >10 yrs	
TOBACCO	Daily Weekly Less	up to 20 20-40 40-60	1-5 yrs 5-10 yrs >10 yrs	
ANALGESICS	Daily Weekly Less	Nil 1-3 4-6 7+	1-5 yrs 5-10 yrs >10 yrs	
NARCOTICS	Daily Weekly Less		0-1 yrs 1-5 yrs 5-10 yrs	
PRESCRIBED MEDICATION	Daily Weekly Less			
PRESCRIBED MEDICATION	Daily Weekly Less			
PRESCRIBED MEDICATION	Daily Weekly Less			
OVER THE COUNTER MEDICATION	Daily Weekly Less			
CANNABIS	Daily Weekly Less		0-1 yrs 1-5 yrs 5-10 yrs	
OTHER	Daily Weekly Less		0-1 yrs 1-5 yrs 5-10 yrs	

Refer to ready reckoner overleaf for methods of recording quantities. PTO

1. **ALCOHOL** All quantities are approximate.

NOTE: each standard drink contains approximately the same amount of alcohol					
<b>BEER</b>			<b>LOW ALCOHOL BEER</b>		
Middy		10g	Middy		7g
Schooner		15g	Schooner		10g
Can/Tin/Stubbie		13g	Can/Tin/Stubbie		8g
Bottle		28g	Bottle		15g
<b>TABLE WINE</b>		<b>FORTIFIED WINE</b>		<b>SPIRITS</b>	
Glass (150mls)	10g	Glass	10g	Glass	10g
Bottle	71g	Bottle	105g	Bottle	224g
2 litre flagon	193g	2 litre flagon	283g		

2. **TOBACCO**

Count in cigarette units

3. **ANALGESICS**

Count in doses taken

4. **CAFFEINE**

Percolated coffee	100 - 150 mg per cup
Instant coffee	80 - 100 mg per cup
Decaffeinated coffee	2 - 4 mg per cup
Tea	60 - 80 mg per cup
Cocoa	50 mg per cup
Chocolate	30 mg per cup
Cola Drink	40 - 60 mg per glass
Many over-the-counter cold preparations	30 mg per tablets
Stimulants and weight control tablets	100 mg per tablets

5. **PRESCRIBED MEDICATION**

State name of drug, quantity and frequency of use

6. **OVER THE COUNTER MEDICATION**

State name of drug, quantity and frequency of use

7. **CANNABIS**

Not easily quantified. State method of administration (joint, bong) and how much on any one occasion of use.

8. **ILLEGAL DRUGS**

Not easily quantified due to "cutting".  
State dollar cost of use per day and how many administrations in one day.