

# Alcohol Withdrawal Standing Order (CIWA) [1161]

## General

## Nursing

### Vital Signs

[X] Vital Signs-Per unit Protocol	Routine, Per unit protocol CIWA-Ar Alcohol Withdrawal Assessment
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## Nursing

[ ] Use the CIWA-Ar Alcohol Withdrawal Assessment Tool to assess the patient's need for symptom based treatment.	Routine, Until discontinued, Starting S
[ ] Document alcohol withdrawal score and treatment and reassess on flowsheet.	Routine, Until discontinued, Starting S
[ ] Assess the need for seizure and aspiration precautions.	Routine, Until discontinued, Starting S
[ ] Discontinue IV	Routine, Once Discontinue maintenance IVF.

## IV Fluids

### IV Fluids

[ ] Banana Bag Options	100 mL/hr, intravenous, daily
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## Symptom Based Treatment

### Moderate Symptoms (Score less than 8)

[ ] Moderate symptoms: For CIWA score less than 8 - No treatment, reassess patient in 4 hours and document and score on MAR.	Routine, Until discontinued, Starting S
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### Moderate Symptoms (Score 9-15)

[ ] Moderate symptoms: for CIWA score 9-15 -- Document score and reassess patient in 4 hours.	Routine, Until discontinued, Starting S
[ ] LORazepam (ATIVAN) Oral or IV	<b>"Or" Linked Panel</b>
[ ] LORazepam (ATIVAN) tablet	1 mg, oral, every 4 hours PRN, agitation, for CIWA score 9-15 Give the tablet if the patient can tolerate oral medication. Indication:
[ ] LORazepam (ATIVAN) injection	1 mg, intravenous, every 4 hours PRN, agitation, for CIWA score 9-15 Give if unable to take oral OR symptoms inadequately controlled on oral medication.

### Severe Symptoms (Score GREATER than 15)

[ ] Severe symptoms: for CIWA score greater than 15 - Document score and reassess patient in 4 hours.	Routine, Until discontinued, Starting S
[ ] Notify Physician if CIWA greater than 20.	Routine, Until discontinued, Starting S, If CIWA greater than 20.
[ ] LORazepam (ATIVAN) Oral or IV	<b>"Or" Linked Panel</b>
[ ] LORazepam (ATIVAN) tablet	2 mg, oral, every 4 hours PRN, agitation, for CIWA score GREATER than 15 Indication:
[ ] LORazepam (ATIVAN) injection	2 mg, intravenous, every 4 hours PRN, agitation, for CIWA score GREATER than 15 Give if unable to take oral OR symptoms inadequately controlled on oral medication.

## Medications

## If NO IV Access

<input type="checkbox"/> thiamine (B1) IV Push Once followed by Oral Daily Starting Tomorrow	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> thiamine (B-1) injection	100 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> thiamine tablet	100 mg, oral, daily, Starting S+1
<input type="checkbox"/> folic acid (FOLVITE) tablet	1 mg, oral, daily
<input type="checkbox"/> multivitamin with minerals tablet	1 tablet, oral, daily
<input type="checkbox"/> chlordiazepoxide (LIBRIUM) capsule	<b>"Or" Linked Panel</b>
<input type="checkbox"/> For CIWA score 9-15 - chlordiazepoxide (LIBRIUM) capsule	5 mg, oral, 3 times daily For CIWA scores 9-15. Indication:
<input type="checkbox"/> For CIWA score GREATER than 15 - chlordiazepoxide (LIBRIUM) capsule	10 mg, oral, 3 times daily For CIWA scores GREATER than 15. Indication:
<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours
<input type="checkbox"/> ibuprofen (ADVIL, MOTRIN) tablet - Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.	400 mg, oral, 4 times daily Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

## Labs

### Labs Today

<input type="checkbox"/> CBC with differential	Once
<input type="checkbox"/> Alcohol level, blood	Once
<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Hepatic function panel	Once
<input type="checkbox"/> hCG, serum, quantitative	Once
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:
<input type="checkbox"/> Urine drugs of abuse screen	Once

## Cardiology

## Imaging

## Other Studies

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

## Consults

<input type="checkbox"/> Consult to social work - Patient requesting rehab placement	Reason for Consult: Other Specify Specify: Patient requesting rehab placement.
<input type="checkbox"/> Consult to social work - Alcohol and Drug resources	Reason for Consult: Other Specify Specify: Alcohol and Drug resources. Alcohol and Drug resources.

## Additional Orders