

Alcohol Withdrawal Floor Treatment

Perform BAWs assessment, then perform intervention based on BAWs score			
Time interval for next BAWs assessment is based on the current BAWs score			
BAWS	Intervention	Alternatives	Reassess
0-2	None		q4h x 24 hours, then q6h x 24 hours, then discontinue protocol
3-5	CDZ 50 mg PO	Diazepam 10 mg IV Lorazepam 2 mg IV	q4h
6-8	CDZ 100 mg PO	Diazepam 20 mg IV Lorazepam 4 mg IV	q1h If BAWs not <6 in 1 hour, MICU consult
9 or higher	Diazepam 20 mg IV+ CDZ 100 mg PO RRT activation		
CDZ: chlordiazepoxide			
Lorazepam traditionally favored in liver failure, however if symptom-triggered protocol above is followed, any benzodiazepine is safe/effective			
Administer thiamine 500 mg IV TID x 3 days, then thiamine 100 mg and oral multivitamin with folate daily			
Ask patient if they use opioids or nicotine every day; if so, they will require treatment of opioid and nicotine withdrawal and, if the patient is willing, treatment of the underlying use disorder			
Many patients with alcohol use disorder will benefit from anti-craving therapy after withdrawal management is complete. Options include naltrexone 50 mg daily (avoid if opioid dependent or liver failure) and gabapentin 300 mg TID (avoid if renal insufficiency)			

Brief Alcohol Withdrawal Scale

	0 None	1 Mild	2 Moderate	3 Severe
Tremor	No tremor	Not visible, but can be felt	Moderate, with arms extended	At rest, without arms extended
Diaphoresis/ Sweats	No sweats	Mild, barely visible	Beads of sweat	Drenching sweats
Agitation <small>Richmond Agitation-Sedation Scale</small>	RASS = 0 Alert and calm	RASS = +1 Restless, anxious, apprehensive, movements not aggressive	RASS = +2 Agitated, frequent non-purposeful movement	RASS = +3 or +4 Very agitated or combative, violent
Confusion/ Orientation	Orientation to person, place, time	Disoriented to time (e.g., by more than 2 days or wrong month or wrong year) or to place (e.g., name of building, city, state), but not both	Disorientation to time and place	Disorientation to person
Hallucinations (visual, auditory, tactile)	None	Mild (vague report, reality testing intact)	Moderate (more defined hallucinations)	Severe (obviously responding to internal stimuli, poor reality testing)