Consult Behavioral Health. ____________________________ Reason: __________________________________

Consult Addiction Medicine ____________________________ Reason: ___________________________________.

Consult Social Work for assessment and aftercare for alcohol use disorder.

MEDICATIONS:

NUTRITIONAL SUPPORT

☐ Thiamine 100 mg in 50 ml Normal Saline IV piggyback times 1 dose. (Administer over 15-30 minutes.)
☐ Thiamine 100 mg orally daily on days two and three
☐ Folic Acid 1 mg orally once daily for three days
☐ Multivitamin 1 tablet/capsule orally daily for three days
☐ If patient NPO add Thiamine 100 mg, Folic Acid 1 mg, multivitamin 10 ml to first IV bag daily for three days.
☐ IV fluid ___________________________________________________at _________ml/hour.
☐ Magnesium Sulfate Replacement per policy (For Adult ICU Patients only)
☐ Magnesium Sulfate □1 gm □ 2 gm OR □ 4 gm IV piggyback times one over 6 hours.

Wernicke Korsakoff Syndrome Treatment

☐ Thiamine 200 mg in 50 ml Normal Saline IV piggyback times 1 dose. (Administer over 15-30 minutes.)

ANTI-PHYCHOTIC/ANTI-AGITATION MEASURES (only as adjunctive therapy after adequate sedative use.)

☐ Haloperidol (Haldol) 5mg orally or IM every 4 hours as needed (maximum dose: 15 mg/day.)
(for hallucinations, delusions, agitation not adequately controlled by Lorazepam)
(Caution: may lower seizure threshold. QTc should be less than 450 msec.)
☐ Other: ____________________________________________________________________________________

ANTI-EMETICS: (Phenothiazines may lower seizure threshold and are not recommended).

☐ Ondansetron (Zofran) 4 mg orally every 6 hours as needed for nausea or vomiting
☐ Ondansetron (Zofran) 4 mg IV every 6 hours as needed for nausea or vomiting
☐ Other: ____________________________________________________________________________________

ANTI-PHYRETICS/ANALGESICS: (Select one): Caution re: GI Bleeding with NSAID.

☐ Acetaminophen (Tylenol) 325 mg orally every 4 hours as needed for temperature greater than 100°F or for pain.
(maximum dose 2 gm/day for first 5 days.) Caution re: Hepatotoxicity.
☐ Ibuprofen (Motrin) 400 mg orally every 6 hours as needed for temperature greater than 100°F or for pain.
☐ Other: ____________________________________________________________________________________

Allergy/Sensitivities and Reactions:

☐ Consult Behavioral Health. ____________________________ Reason: __________________________________

☐ Consult Addiction Medicine ____________________________ Reason: ___________________________________.

☐ Consult Social Work for assessment and aftercare for alcohol use disorder.

MEDICATIONS:

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(Caution: may lower seizure threshold. QTc should be less than 450 msec.)
☐ Other: ____________________________________________________________________________________

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☐ Other: ____________________________________________________________________________________

ANTI-PHYRETICS/ANALGESICS: (Select one): Caution re: GI Bleeding with NSAID.

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(maximum dose 2 gm/day for first 5 days.) Caution re: Hepatotoxicity.
☐ Ibuprofen (Motrin) 400 mg orally every 6 hours as needed for temperature greater than 100°F or for pain.
☐ Other: ____________________________________________________________________________________

Form transmitted to pharmacy: Date/Time: _________________  By: __________

Original - Chart                  Copy - Transmit or Send to Pharmacy
ALCOHOL WITHDRAWAL PREVENTION/TREATMENT ORDERS
PHENOBARBITAL PAGE 2 OF 2

**NURSING**
- Do not use CIWA scale in mechanically ventilated patients.
- DO NOT USE phenobarbital for patients with a phenobarbital allergy.
- Call physician:
  - If blood pressure less than 90/60 mmHg, respiratory rate less than or equal to 8; pulse oximetry less than or equal to 90%
  - If patient continues to have significant alcohol withdrawal symptoms with increasing CIWA score while on the protocol.
  - Consider stopping protocol if CIWA score less than 4 for 24 hours after treatment stops.
  - Once stable for 24 hours, to consider longer-acting medication therapy or tapering over 72 hours.
- If CIWA score is 0-4 or patient is not receiving phenobarbital, repeat CIWA every 4 hours until stable for 72 hours.
- Document CIWA score, treatment and reassessment.
- Do NOT hold phenobarbital if patient is sleeping. Wake patient if sleeping to repeat CIWA.
- Include vital signs and pulse oximetry with each CIWA assessment.
- Seizure Precautions
- Fall Precautions
- Nursing to provide Alcohol Recovery patient education material and review with patient prior to discharge.
- Oral medication is preferred unless the patient is NPO, unable to swallow or quicker action is required.

**TIMED PHENOBARBITAL DOSING:** (obtain CIWA score prior to medicating patient)
- Administer Phenobarbital 130 mg IM/PO now and REPEAT dose in 4 hours.

<table>
<thead>
<tr>
<th>Total Time Elapsed from Start (hours)</th>
<th>Repeat CIWA one hour after each dose for response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Same or / Increasing</td>
</tr>
<tr>
<td>6 hours</td>
<td>130 mg IM/PO x 1</td>
</tr>
<tr>
<td>8 hours</td>
<td>130 mg IM/PO x 1</td>
</tr>
<tr>
<td>12 hours</td>
<td>60 mg IM/PO x 1</td>
</tr>
<tr>
<td>16 hours</td>
<td>45 mg IM/PO x 1</td>
</tr>
<tr>
<td>20 hours</td>
<td>30 mg IM/PO x 1</td>
</tr>
<tr>
<td>26 hours and thereafter</td>
<td>30 mg IM/PO every 6 hours</td>
</tr>
<tr>
<td>CIWA 20 or greater</td>
<td></td>
</tr>
</tbody>
</table>

CIWA 20 or greater, call RAPID Response Team to evaluate and contact Intensivists.

Emergency Verbal Order or Telephone Order / Read back by:
- Prescriber’s Printed Name:
- Noting Nurse’s Signature:
- Prescriber’s Signature:
  - Complete Call Back Number
    - ( ) __ __ __ - __ __ __ __

Form transmitted to pharmacy: Date/Time: ____________ By: ____________

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