



# Welcome

Alcohol Withdrawal Order  
Set Changes

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# 2020 ASAM Guidelines



## • Highlights

- Assess risk of withdrawal severity: PAWSS
- Classification of withdrawal severity
  - Mild (CIWA < 10)
  - Moderate (CIWA 10-18)
  - Severe (CIWA 19+)
- Front loading: symptom-triggered or fixed dose
- Fixed dose tapers NOT preferred
- Phenobarbital: preferred alternative for severe withdrawal

# New Order Set Review



12352



Order Sets & Panels ^

ID

Name



12352

SYSTEM ALCOHOL WITHDRAWAL - 12352



# New Order Set Review

- Step 1: Prospective Risk Assessment
  - Considers PAWSS score + additional risk factors
  - Considers current withdrawal symptom severity

## SYSTEM ALCOHOL WITHDRAWAL - 12352 ^

Please merge this order set with Base Admission

Additional Risk Factors for severe/complicated withdrawal

- \* History of severe/complicated withdrawal
- \*Acute medical, psychiatric, or surgical illness
- \*Severe coronary artery disease
- \*Signs or symptoms of withdrawal concurrent with a positive blood alcohol content

- [See last filed PAWSS](#)

- [Document PAWSS](#)

# Prospective Risk Assessment



## Prediction of Alcohol Withdrawal Severity Scale (PAWSS)

Maldonado et al., 2014

### Part A: Threshold Criteria:

(1 point either)

1. Have you consumed any amount of alcohol (i.e., been drinking) within the last 30 days?

OR did the patient have a "+" BAL upon admission?

IF the answer to either is YES, proceed with test: \_\_\_\_\_

### Part B: Based on patient interview:

(1 point each)

2. Have you ever experienced previous episodes of alcohol withdrawal? \_\_\_\_\_

3. Have you ever experienced alcohol withdrawal seizures? \_\_\_\_\_

4. Have you ever experienced delirium tremens or DT's? \_\_\_\_\_

5. Have you ever undergone of alcohol rehabilitation treatment? \_\_\_\_\_

(i.e., in-patient or out-patient treatment programs or AA attendance)

6. Have you ever experienced blackouts? \_\_\_\_\_

7. Have you combined alcohol with other "downers" like benzodiazepines or

barbiturates during the last 90 days? \_\_\_\_\_

8. Have you combined alcohol with any other substance of abuse

during the last 90 days? \_\_\_\_\_

### Part C: Based on clinical evidence:

(1 point each)

9. Was the patient's blood alcohol level (BAL) on presentation > 200? \_\_\_\_\_

10. Is there evidence of increased autonomic activity?

(e.g., HR > 120 bpm, tremor, sweating, agitation, nausea) \_\_\_\_\_

Total Score: \_\_\_\_\_

# PAWSS

# ONCE PER ADMISSION ASSESSMENT

# 4+ = HIGH RISK

Alcohol. 2014;48(4):375-390.

Alcohol. 2015;50(5):509-518.



# New Order Set Review

- Click the “See last filed PAWSS” to see the last documented values for each section & total score, if one exists
- Click “Document PAWSS” to get a pop-up window in the order set to chart the patient’s score

# New Order Set Review



Flowsheet Pop-Up

Have you ever experienced blackouts?

0=No

1=Yes



Have you ever experienced alcohol withdrawal seizures?

0=No

1=Yes



Have you ever experienced delirium tremens or DT's?

0=No

1=Yes



Have you combined alcohol with other "downers" like benzodiazepines or barbiturates, during the last 90 days?

0=No

1=Yes



Have you combined alcohol with any other substance of abuse, during the last 90 days?

0=No

1=Yes



Part C: Clinical Evidence:

Was the patient's blood alcohol level (BAL) on presentation  $\geq 200$ ?

0=No

1=Yes



Is there evidence of increased autonomic activity?

0=No

1=Yes



(e.g., HR  $> 120$  bpm, tremor, sweating, agitation, nausea)

Total Score

Total Score

6

Maximum score = 10. This instrument is intended as a SCREENING TOOL. The greater the number of positive findings, the higher the risk for the development of AWS.

A score of  $\geq 4$  suggests HIGH RISK for moderate to severe (complicated) AWS; prophylaxis and/or treatment may be indicated



# New Order Set Review

- Any of the following agents can be utilized.
  - Diazepam
  - Lorazepam
  - Phenobarbital (level 3 or 4 areas only)
  - Chlordiazepoxide
- General guidance on selection is present.

## *Benzodiazepines are the preferred first-line agents*

- *Diazepam (onset: 1-3 min IV, half-life: 60-174 hours)*
- *Lorazepam (onset: 15-20 min IV/20-30 min PO, half-life: ~14 hours) consider if over age 65 or significant liver disease.*
- *Phenobarbital (onset: 5 min IV/60 min PO, half-life: 53-118 hours) alternative to benzodiazepines for providers experienced with its use.*
- *Chlordiazepoxide (onset: 30 min, half-life: 24-95 hours) alternative agent ONLY in patients who can take PO medications.*
- *For all agents, consider decreased doses and longer dosing intervals in patients at higher risk of respiratory depression.*



# New Order Set Review

- Step 2: Choose the appropriate section based on the patient's current level of symptoms and/or their risk for severe/complicated withdrawal

- LOW RISK (PAWSS 0-3 without risk factors AND current CIWA less than 10)
- MODERATE RISK (PAWSS 0-3 with risk factors OR CIWA 10-18)
- HIGH RISK (PAWSS 4 or greater OR CIWA 19 or greater)

## SYSTEM ALCOHOL WITHDRAWAL - 12352

Please merge this order set with Base Admission

### Additional Risk Factors for severe/complicated withdrawal

- \* History of severe/complicated withdrawal
- \* Acute medical, psychiatric, or surgical illness
- \* Severe coronary artery disease
- \* Signs or symptoms of withdrawal concurrent with a positive blood alcohol content

 Additional risk factors

# New Order Set Review



RISK	Front-loading	Symptom-triggered	Breakthrough
LOW	None	Yes, tiered	Yes
MODERATE	Single-dose	Yes, tiered	Yes
HIGH	•Single OR Multi-dose	Yes, non-tiered •Higher dose •More frequent	Yes



# New Order Set Review

When do I give a BREAKTHROUGH PRN?

- Whenever the patient has severe symptoms (CIWA 19 or greater/RASS +2 or greater) and the standard PRN is not due.
  - Usually because insufficient time has passed
- Notify provider if BREAKTHROUGH PRN is ineffective at providing symptom relief.
  - Keep onset of action in mind.



# New Order Set Review

- Step 3: Choose your target parameter (CIWA vs. RASS)
  - RASS is only an option in areas where nursing is trained in its use (e.g. ICU)
- This process instruction explains to nursing what to assess, when to assess it, and how to respond.
  - It is a nursing order and not in the admin instructions.

## LOW RISK (PAWSS 0-3 without risk factors AND current CIWA less than 10)

Patient is LOW RISK for Alcohol withdrawal based on PAWSS score and risk factors

Routine, ONGOING, Starting today at 1405, Until Specified

Monitor CIWA or RASS

Monitor CIWA

Routine, ONGOING, Starting today at 1405, Until Specified, If CIWA 9 or less, repeat assessment in 4 hours If CIWA 10-18 give PRN if due and repeat assessment in 2 hours. If CIWA 19 or greater, give PRN if due, if not due give BREAKTHROUGH PRN and repeat assessment in 1 hour. Contact provider if no relief from BREAKTHROUGH PRN. Monitor CIWA PRN for signs of severe distress or agitation.

Monitor RASS

Routine, ONGOING, If RASS 0 or less, repeat assessment in 4 hours If RASS +1, give PRN if due and repeat assessment in 2 hours. If RASS +2 or greater, give PRN if due, if not due give BREAKTHROUGH PRN and repeat assessment in 1 hour. Contact provider if no relief from BREAKTHROUGH PRN. Monitor RASS PRN for signs of severe distress or agitation.



# New Order Set Review

- If CIWA 9 or less, repeat assessment in 4 hours UNLESS patient is high-risk and within the first 24 hours of treatment, then repeat assessment in 2 hours.
- If CIWA 10-18 give PRN if due and repeat assessment in 2 hours.
- If CIWA 19 or greater, give PRN if due, if not due give BREAKTHROUGH PRN and repeat assessment in 1 hour. Contact provider if no relief from BREAKTHROUGH PRN.
- Monitor CIWA PRN for signs of severe distress or agitation.

## ▼ CONTINGENCY (System Alcohol Withdrawal)

- ✓ Notify Provider for heart rate greater than 130  
Routine, ONGOING, Starting today at 1030, Until Specified
- ✓ Notify Provider if patient develops delirium, confusion, or is difficult to arouse  
Routine, ONGOING, Starting today at 1030, Until Specified
- ✓ Notify Provider if no relief from BREAKTHROUGH PRN  
Routine, ONGOING, Starting today at 1030, Until Specified



# New Order Set Review

How does nursing know if my patient is High Risk?

- There is a nursing order in the High Risk section that indicates the level of risk
- Medications in the High Risk section also label the patient as High Risk in the admin instructions.

 HIGH RISK (PAWSS 4 or greater OR CIWA 19 or greater)

 Patient is HIGH RISK for Alcohol withdrawal based on PAWSS score and risk factors  
Routine, ONGOING, Starting today at 1420, Until Specified

# New Order Set Review



- Step 4: Select a treatment pathway
  - Each pathway displays first the primary agent and route along with the breakthrough agent (always IV).
- The Low Risk section does not include front-loading.

LOW RISK (PAWSS 0-3 without risk factors AND current CIWA less than 10)

diazePAM PO and diazePAM IV

diazePAM 5 mg or 10 mg PO

diazePAM (VALIUM) tablet 5 mg  
5 mg, Oral, EVERY 2 HOURS PRN, Starting today at 1409, Until Discontinued, CIWA 10-18 or RASS +1

Or

diazePAM (VALIUM) tablet 10 mg  
10 mg, Oral, EVERY 2 HOURS PRN, Starting today at 1409, Until Discontinued, CIWA 19 or greater or RASS +2 or greater

diazePAM (VALIUM) inj syringe 10 mg  
10 mg, IV Push, EVERY 1 HOUR PRN, Starting today at 1409, Until Discontinued, breakthrough for CIWA 19 or greater or RASS +2 or greater

diazePAM IV and diazePAM IV

LORazepam PO and LORazepam IV

LORazepam IV and LORazepam IV

chlordiazePOXIDE PO and diazePAM IV



# New Order Set Review

- The Moderate Risk section adds phenobarbital.
- Each pathway has a single front-loading dose.

MODERATE RISK (PAWSS 0-3 with risk factors OR CIWA 10-18)

diazePAM PO and diazePAM IV

diazePAM (VALIUM) tablet 10 mg  
10 mg, Oral, NOW, 1 dose, today at 1420

diazePAM 5 mg or 10 mg PO

diazePAM (VALIUM) tablet 5 mg  
5 mg, Oral, EVERY 2 HOURS PRN, Starting today at 1410, Until Discontinued, CIWA 10-18 or RASS +1

**or**

diazePAM (VALIUM) tablet 10 mg  
10 mg, Oral, EVERY 2 HOURS PRN, Starting today at 1410, Until Discontinued, CIWA 19 or greater or RASS +2 or greater

diazePAM (VALIUM) inj syringe 10 mg  
10 mg, IV Push, EVERY 1 HOUR PRN, Starting today at 1410, Until Discontinued, breakthrough for CIWA 19 or greater or RASS +2 or greater

diazePAM IV and diazePAM IV

LORazepam PO and LORazepam IV

LORazepam IV and LORazepam IV

PHENobarbital IV and PHENobarbital IV (Level of Care 3 or 4 only)

chlordiazePOXIDE PO and diazePAM IV



# New Order Set Review

- Per policy, phenobarbital can only be given in Level 3 or Level 4 care areas.
  - Premier Pharmacy Monitoring and Administration of Select Medications policy

Level 3: May be administered in Advanced Care beds with the capability to provide a minimum frequency of monitoring of every 4 hours, including Emergency Department and Procedural Areas.

Level 4: May be administered in Critical Care beds, the Emergency Department, and Procedural Areas with the capability to provide a minimum frequency of monitoring of every 1 hour.



# New Order Set Review

- The High Risk section adds the option for multi-dose front-loading & seizure precautions.
- Symptom-triggered doses are higher doses & no longer tiered.

HIGH RISK (PAWSS 4 or greater OR CIWA 19 or greater)

diazePAM PO and diazePAM IV

Front Loading

diazePAM (VALIUM) tablet 10 mg  
10 mg, Oral, NOW, 1 dose, today at 1420

diazePAM (VALIUM) 10 mg PO every 1 hour x 3 doses  
10 mg, Oral, EVERY 1 HOUR for 3 doses

Symptom Triggered Therapy

diazePAM (VALIUM) tablet 10 mg  
10 mg, Oral, EVERY 2 HOURS PRN, Starting today at 1411, Until Discontinued, CIWA 10 or greater or RASS +1 or greater

diazePAM (VALIUM) inj syringe 10 mg  
10 mg, IV Push, EVERY 1 HOUR PRN, Starting today at 1411, Until Discontinued, breakthrough for CIWA 19 or greater or RASS +2 or greater

Seizure precautions

Routine, ONGOING, Starting today at 1415, Until Specified

diazePAM IV and diazePAM IV

LORazepam PO and LORazepam IV

LORazepam IV and LORazepam IV

PHENobarbital IV and PHENobarbital IV (Level of Care 3 or 4 only)

# New Order Set Review



- The High Risk section also includes 3 different options for phenobarbital front-loading.

HIGH RISK (PAWSS 4 or greater OR CIWA 19 or greater)

- chlordiazePOXIDE PO and diazePAM IV
- diazePAM PO and diazePAM IV
- diazePAM IV and diazePAM IV
- LORazepam PO and LORazepam IV
- LORazepam IV and LORazepam IV

PHENobarbital IV and PHENobarbital IV (Level of Care 3 or 4 only)

 Front Loading

- PHENobarbital 130 mg IV now  
130 mg, IV Push, NOW
- PHENobarbital 4 mg/kg (IBW) IVPB once, then 3 mg/kg every 3 hours x 2 doses
- PHENobarbital 10 mg/kg (IBW) IVPB once  
10 mg/kg/dose, Intravenous, ONCE

Symptom Triggered Therapy

- PHENobarbital injection 130 mg  
130 mg, IV Push, EVERY 1 HOUR PRN, Starting today at 1109, Until Discontinued, CIWA 10 or greater or RASS +1 or greater
- PHENobarbital injection 130 mg  
130 mg, IV Push, EVERY 1 HOUR PRN, Starting today at 1109, Until Discontinued, breakthrough for CIWA 19 or greater or RASS +2 or greater

Seizure precautions  
Routine, ONGOING, Starting today at 1110, Until Specified



# New Order Set Review

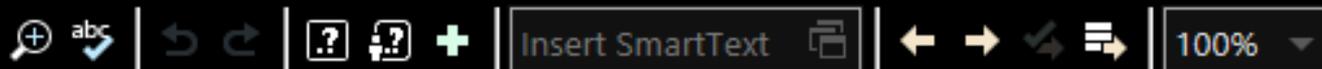
When do I start giving PRN doses with multi-dose front-loading?

- PRNs in the High Risk section contain admin instructions to hold until all front-loading is complete
- BREAKTHROUGH PRNs may still be given

Reference Links:

• [Clinical Info Adult-Lexicomp](#)

Admin Instructions:



The patient is high-risk for severe or complicated alcohol withdrawal

Hold until Front Loading has been completed



# New Order Set Review

- Choose High Dose thiamine, or PO, if more appropriate for your patient.

## ▼ THIAMINE AND VITAMINS (System Alcohol Withdrawal)

Thiamine - Typical or High Dose

Thiamine Typical Dose

thiamine (vitamin B1) injection solution 100 mg  
100 mg, IV Push, DAILY, First dose today at 1010, Until Discontinued

thiamine (vitamin B1) 100 mg PO two times a day  
100 mg, Oral, \*TWO TIMES A DAY

Thiamine High Dose - if patient is confused, ataxic, or has nystagmus

Consider in critically ill patients - folic acid (FOLATE) 1 mg PO daily  
1 mg, Oral, DAILY

vitamins multiple therapeutic w/ minerals (THERAGRAN-M) tablet 1 Tab  
1 Tab, Oral, DAILY, First dose today at 1010, Until Discontinued

# New Order Set Review

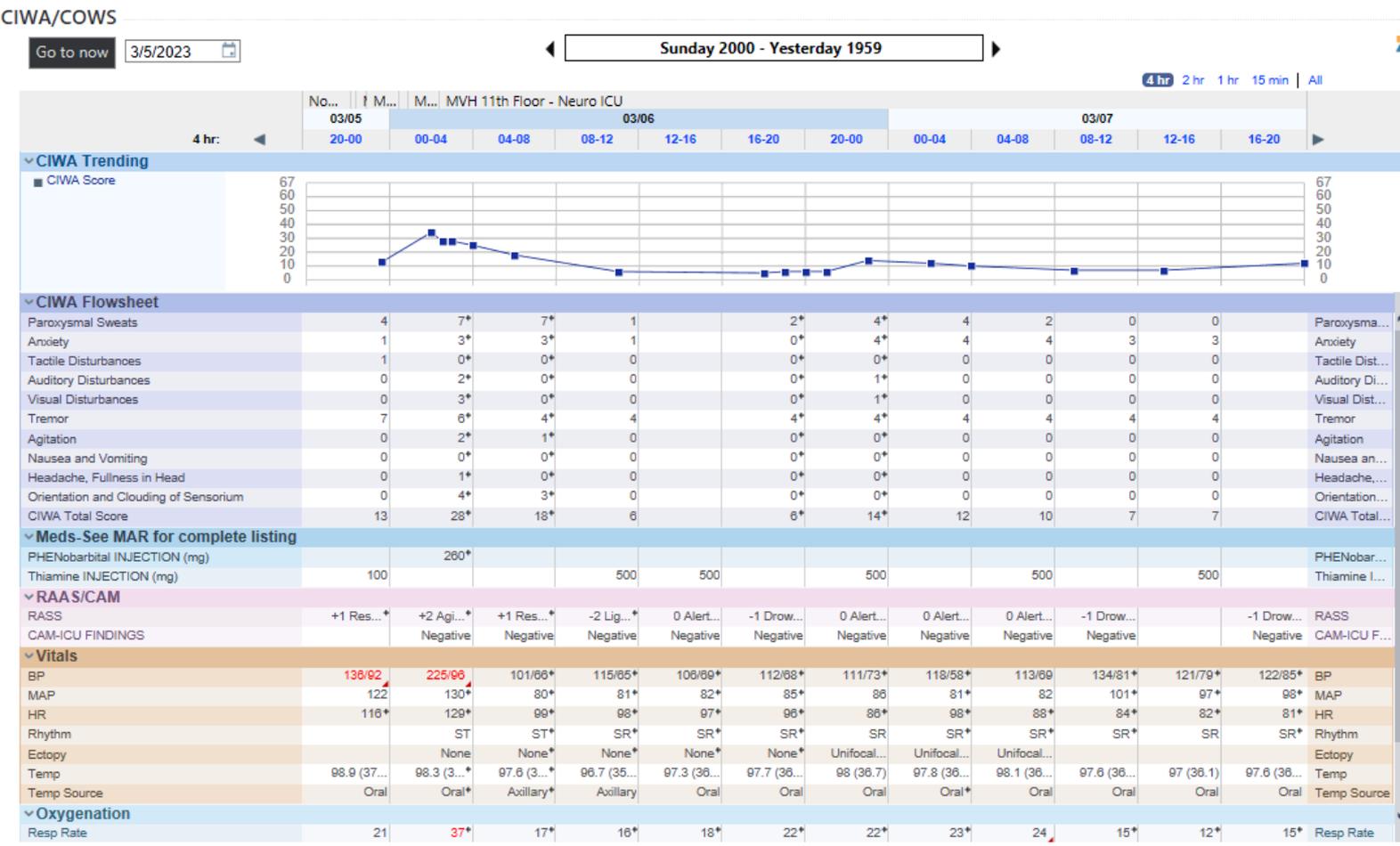


- To facilitate monitoring for these patients a new CIWA/COWS report has been available in Epic since earlier this year.
- See next slide.



# New Order Set Review

- Improved CIWA/COWS Report- separate from order set



# Your Questions?



- Email: [nsfox@premierhealth.com](mailto:nsfox@premierhealth.com)
- Office Phone: 937-208-6019
- Anticipated Go-Live Date: 1/24/24

## Pharmacy Grand Rounds Video Recording

