

Appendix 2 - Integrated Care Pathway for Alcohol Withdrawal Syndrome - Inpatient Care

The Pennine Acute Hospitals 
NHS Trust

Care Pathway for Alcohol Withdrawal Syndrome In-patient Care

Patient Details

Name _____

DOB _____

No. _____

Affix sticker if available

Please see Alcohol Withdrawal Syndrome Policy (CPME144) before commencing patient on ICP.

<u>Patient Inclusion Criteria</u>		<u>YES</u>	<u>Initials</u>
<u>1</u>	Alcohol dependent individual requiring medication to safely stop alcohol use		
<u>2</u>	Patient at risk of deterioration and requires close monitoring		
<u>3</u>	Patient is on an alcohol detoxification program at time of admission		

N.B. Patients requesting an admission purely for an alcohol detoxification should be directed to community services via their G.P. and not admitted unless medically unwell.

Date referred to Alcohol Liaison Team

Date seen by Alcohol Liaison Team

Ward ICP start date and time _____

Initial Observations		
Initial Observations	Recorded By:	Time:

Pulse:	BP:	RR:	GCS:	Temp:
SPO2:	%O2:	BM:	Weight:	EWS:
CIWA-Ar Score on Arrival:				

Signature Bank (All Staff signing are agreeing to having read full Policy)
Medical and Nursing Staff

Signature	Print	Signature	Print

Alcohol Use Disorders Identification Test- Consumption (AUDIT-C)

Patients should be assessed initially using the Alcohol Use Disorders Identification Test- Consumption (AUDIT-C). Should be completed in A+E.

1. How often does the patient have a drink containing alcohol?					Score
Never	Monthly or less	2-3 times a month	2-3 times a week	>4 times a week	
0	1	2	3	4	

2. How many units does the patient have on a typical day whilst drinking?					Score
1 or 2	3 to 4	5 to 6	7 to 9	10 +	
0	1	2	3	4	

3. How often does the patient have 6 or more Units if female or 8 or more if male on a single occasion in the last year?					Score
Never	Less than	Monthly	Weekly	Daily or almost	
0	1	2	3	4	

AUDIT C Total Score	
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Total score 0-4	Low risk of alcohol harm - positive reinforcement
Total score 5-8	Give feedback and brief advice - Contact Alcohol Liaison Team
Total Score 9-12	Consider alcohol dependency asses for signs of AWS Contact Alcohol Liaison Team

Alcohol History: To be completed by Alcohol Liaison Team

SUITABLE FOR TAIL END DETOX YES NO
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Recognising Alcohol Withdrawal Syndrome

Evidence of risk of Alcohol Withdrawal

Risk Factors for Alcohol Withdrawal

Previous history of severe withdrawals	Past or current history of DT's
Past or current history of seizures	Current severe withdrawal
Significant physical or psychiatric history	CIWA-Ar >10

All of the above indicate a high risk of withdrawals

Patients should be assessed using the CIWA-Ar score.

Nice Guidelines (2010) recommend a symptom triggered approach to care.

Guidelines

1. Assess patient using AUDIT-C. Follow scoring procedure
2. Assess patient using CIWA-Ar score.
3. Depending on score follow directed pathway.
4. Patients must be assessed at the right time, and given the right dose of medication (as per pathway).
5. Nursing staff must ensure this happens even if they have to wake the patient up.
6. Ensure all changes in patient care, patient deterioration and movement in pathways are documented.
7. Notify medical staff and Alcohol Liaison Team if any deterioration noted.
8. Ensure all patients who are on hospital detox are referred to Alcohol Liaison Team.
9. Remember a proper detoxification is not just about pharmacology.
10. Staff must always be assessing for signs of Wernicke's Encephalopathy, if in doubt a presumptive diagnosis must be made (follow Vitamin flow chart)
11. ICP must be started on admission or as soon as withdrawal symptoms are noted.
12. Keep ICP with patient's notes

Time of admission e.g. in A&E, MEU etc.

Time since last drink before scoring started

Doctors Signature _____

Score	Category of Withdrawal
1 – 4	Follow White Pathway
5 – 15	Mild – Follow Amber Pathway
16 – 25	Moderate – Follow Orange Pathway
>25	Severe – Follow Red Pathway

Clinical Dimension Question and/or Observation	Score Range 0-7	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time
Nausea/Vomiting Ask "Do you feel sick?" Observe for vomiting	0 = No nausea, no vomiting 1 = Mild nausea, no vomiting 4 = Intermittent nausea with dry heaves 7 = Constant nausea, frequent dry heaves and vomiting	0 - 7	0 - 7	0 - 7	0 - 7	0 - 7	0 - 7	0 - 7	0 - 7	0 - 7	0 - 7	0 - 7	0 - 7	0 - 7	0 - 7	0 - 7	0 - 7
Tremor Arms extended and fingers spread apart	0 = No tremor 1 = Not visible, but can be felt fingertip to fingertip 4 = Moderate with patients arms extended 7 = Severe, even with arms not extended																
Paroxysmal Sweats Observation	0 = No sweat visible 1 = Barely perceptible sweating, palms moist 4 = Beads of sweat obvious on forehead 7 = Drenching sweats																
Anxiety Ask "Do you feel nervous?" Observation	0 = Normal activity 1 = Mildly Anxious 3 = Moderately anxious, or guarded so anxiety is inferred 7 = Equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions																
Agitation Observation	0 = Normal activity 1 = Somewhat more than normal activity 4 = Moderately fidgety and restless 7 = Paces back and forth during most of the interview or constantly thrashes about																
Tactile Disturbances Ask "Have you any itching, pins and needle sensations, burning or numbness, or do you feel bugs crawling on or under your skin?" Observation	0 = None 1 = Very mild itching, pins & needles, burning or numbness 4 = Moderately severe hallucinations 7 = Continuous hallucinations																

Clinical Dimension Question and/or Observation	Score Range 0-7	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time	Date & Time
Auditory Disturbances Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing you? Are you hearing things you know are not there?" Observation	0 = Not present 1 = Very mild harshness or the ability to frighten 4 = Moderately severe hallucinations 7 = Continuous hallucinations																	
Visual Disturbances Ask "Does the light appear to be bright? Is the colour different? Does it hurt your eyes? Are you seeing anything that is disturbing you? Are you seeing things you know are not there?" Observation	0 = Not present 1 = Very mildly sensitive 4 = Moderately severe hallucinations 7 = Continuous hallucinations																	
Headache, Fullness in head Ask "Does your head feel different? Does it feel like there is a band around your head?"	0 = Not present 1 = Very mild 2 = Mild 4 = Moderately severe 7 = Extremely severe																	
Orientation and clouding of sensorium Ask "What day is this? Where are you? Who am I?"	0 = Orientated and can do serial additions 1 = Cannot do serial additions or is uncertain about date 2 = Disorientation for date by no more than 2 calendar days 3 = Disorientation for date by more than 2 calendar days 4 = Disorientated for place and/or person																	
Total:																		
Dose of Chlordiazepoxide administered:																		
Initials																		

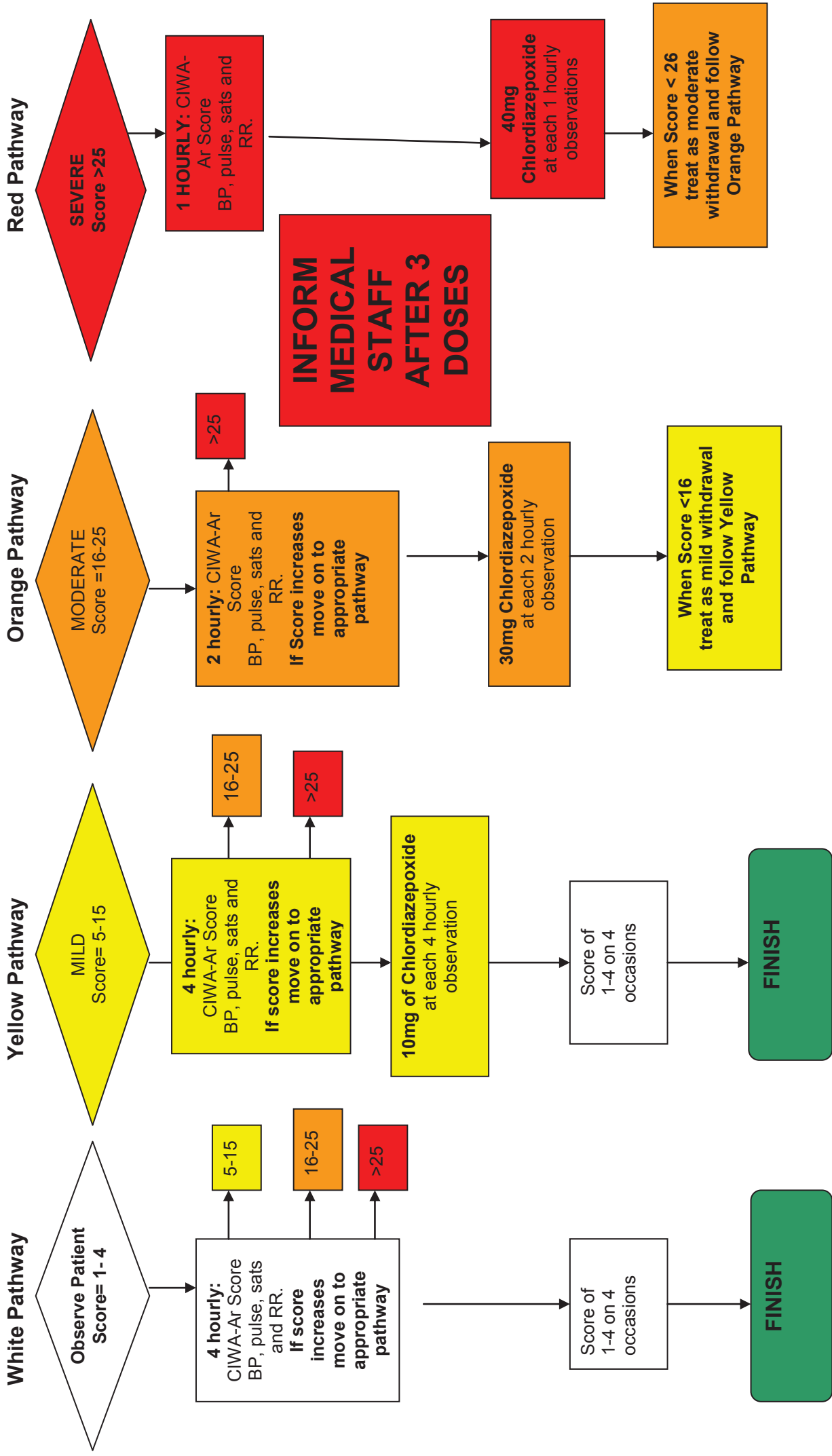
CIWA-Ar Score	Category of Withdrawal
1-4	Follow White Pathway
5-15	Mild- Follow Yellow Pathway
16-25	Moderate- Follow Orange Pathway
>25	Severe- Follow Red Pathway

For All Pathways

- If giving Glucose infusion of any kind, Pabrinex must be given first
- Treat patient as an individual using symptom triggered approach move through pathways appropriately.
- Ensure the patient has been referred to the Alcohol Liaison Team if available on site
- It is imperative to ensure the patient is assessed frequently and on time. Using appropriate pathway to reassess. If concerned always seek medical advice and alert Alcohol Liaison team if available on site.
- Inform Medical Staff if the patient is administered **240mg** of Chlordiazepoxide in a 24 hour period.
- Inform medical staff if the patient becomes over sedated
- Remember patients may require treatment for up to ten days
- Successful detoxification treatment is not purely pharmacological we must ensure adequate support and appropriate management of withdrawals, assess motivation, aftercare arrangements and suitability for discharge.

CONTINUE FLOW CHART UNTIL PATIENT IS ON WHITE PATHWAY AND HAS SCORED 4 OR LESS 4 TIMES, THEN DISCONTINUE.

Pathway for Alcohol Withdrawal Syndrome



Complicated Withdrawal

Delirium Tremens

- The use of intramuscular/intravenous/oral Lorazepam (0.5-1mg up to a maximum of 8mg in 24 hours) may be required to control withdrawal symptoms as second line intervention. Oral Lorazepam should be offered as first before IM or IV
- If psychotic symptoms persist, use Haloperidol 0.5-5mg oral/IM every six hours. Maximum dose is 18mg in 24 hours (caution: Haloperidol known to decrease seizure threshold)
- In severe withdrawals, investigate for dehydration, electrolyte disturbances and concurrent conditions, such as hypoglycaemia, gastrointestinal bleeding or head injury.

Anti-Convulsant Therapy

In the acute situation the patient's symptoms must be controlled by administration of IV Lorazepam 0.5-1mg. To control seizure activity repeat dose as necessary (maximum 4mg). Do NOT offer Phenytoin to treat alcohol withdrawal seizures.

If alcohol withdrawal seizures develop in a person during treatment for acute alcohol withdrawal, review their withdrawal drug regimen.

Management Algorithm for Vitamin Supplementation & Prevention and/or Treatment for Wernicke's encephalopathy

Are Any ONE or more from the list below present?

Acute confusion
Decreased consciousness level
Memory Disturbances
Ataxia/unsteadiness

Ophthalmoplegia
Nystagmus
Unexplained Hypotension with hypothermia

YES

NO

Presume Wernicke's Encephalopathy

Are there any other risk factors that suggest Wernicke's Encephalopathy?

Intercurrent illness
DT'S
Alcohol related seizures
IV Glucose Infusion
Alcohol Withdrawal

Peripheral neuropathy
Drinking >20units daily
Recent diarrhea/vomiting
Signs of malnutrition
Poor diet/NBM

Pabrinex IV infusion

2 pairs of vials TDS for 3 days, then if the patient remains confused treatment should be extended by 1 pair of Pabrinex OD for a further 5 days.

Then PO Thiamine 50mg QDS and Vitamin B Com Strong 2 tabs TDS.

YES

NO

Pabrinex IV infusion

1 pair of vials TDS for 3 days

Then PO Thiamine 50mg QDS and Vitamin B Com Strong 2 tabs TDS.

PO Thiamine 50mg QDS and Vitamin B Com Strong 2 tabs TDS

Action	Met	Variance
Nursed in low stimulus environment?		
Bloods and IV access		
Referred to Alcohol Team on day of admission		
IV Pabrinex as per flow chart		
Continual CIWA-Ar Assessment		
Chlordiazepoxide as per flow chart		
Nutrition Assessment		
All changes in care documented in notes		
Regular medical reviews		
Patient required one to one watching		
Any deterioration medical staff informed		

Multidisciplinary notes regarding care of Alcohol Withdrawal