Oldham Saving lives, Improving lives

NHS
Oldham Care Organisation
Northern Care Alliance NHS Group

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Guidelines for starting patients on the Alcohol Withdrawal Pathway

Is your patient at risk of alcohol withdrawal?

- Identified to drink at an increased level (e.g. using AUDIT-C tool)
- Previous history of severe withdrawals/delirium tremens (including alcohol withdrawal seizures)
- Recent alcohol excess or sudden cessation of alcohol

Symptoms typically occur within 6-8 hours of last drink and commonly peak at 10-30 hours

NB: Significant physical (including seizures, liver disease) or psychiatric history can increase sensitivity to alcohol withdrawal

YES

Do they have any signs and symptoms of alcohol withdrawal (CIWA-Ar score)?

Tremor	Tactile disturbance
Sweating	Auditory disturbance
Nausea & vomiting	Visual disturbance
Anxiety	Headache
Agitation	Orientation

NO → **Monitor on the alcohol pathway**

YES

STOP
Are there any other potential causes for the patient's symptoms?

e.g. Trauma, Blood loss, Pneumonia, Sepsis, Head injury/intracranial bleed

NO → **Start treatment on the alcohol pathway**

- Reassess as per the alcohol pathway
- Please be aware of the risk factors associated with benzodiazepines use (see below)

YES

Investigate and treat any underlying/concurrent clinical problem

Ensure that appropriate investigations (e.g. bloods, BM, CT etc.) and monitoring are in place

Patients ***may still require treatment*** for alcohol withdrawal but may be at increased risk of sedation/ respiratory depression (see below)

Risk factors for sedation

- > 65 years of age
- Hepatic dysfunction or cirrhosis
- Concomitant/recent use of opioids, benzodiazepines or other sedatives
- Head injury

Risk factors for respiratory depression

- Pneumonia
- Coexisting pulmonary disease
- Rib fractures/ Pulmonary contusion(s)
- Chest tube(s)