

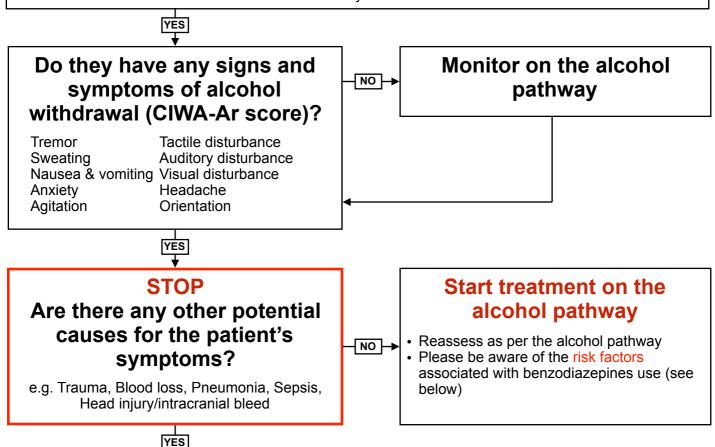
# Guidelines for starting patients on the Alcohol Withdrawal Pathway

#### 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



### 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)