

# University of Michigan

## Alcohol Withdrawal Guidelines Overview

The following document contains the University of Michigan Alcohol Withdrawal Guidelines. These guidelines were developed through an intensive collaborative effort by physicians and nurses representing all medical and surgical sub-specialties within the institution. The guidelines are intended to be applied to adult patients (18 years of age or older) experiencing alcohol withdrawal.

If consultation is needed to provide care for a patient in alcohol withdrawal, please contact the General Medicine Consult Attending (pager #31610). Please direct questions regarding the guidelines' content or format to Dr. Michael Lukela (e-mail: [mlukela@umich.edu](mailto:mlukela@umich.edu); pager #11006) or Dr. Satyen Nichani (e-mail: [satyen@umich.edu](mailto:satyen@umich.edu); pager #15612).

A brief synopsis of the guidelines' content is provided below. It is strongly recommended that these documents be reviewed in the order they are presented.

The **Alcohol Withdrawal Guidelines Flowsheet (#1 below)** provides a flow diagram that depicts the algorithm used for treating alcohol withdrawal. It begins with the selection of the appropriate alcohol withdrawal protocol (e.g. mild/moderate or severe) following assessment by the clinician. Clinicians are then directed through the guidelines via a flowchart that outlines the frequency of assessment and recommendations for treatment.

The **Michigan Alcohol Withdrawal Severity (MAWS) Assessment Scale (#2 below)** is the scoring scale used by nurses to develop a MAWS score. The MAWS score is used to determine withdrawal severity and to consistently guide further assessment and therapy.

**Clinician Instructions (#3 below)** consist of a written description of the alcohol withdrawal guidelines flowsheet, including recommended dosing parameters for medications used within the guidelines. In addition, recommended dosing instructions/guidelines are provided for patients requiring maintenance (i.e. scheduled) therapy during treatment of their withdrawal.

**Nursing Instructions (#4 below)** consists of a written description of the alcohol withdrawal guidelines flowsheet assessment strategy used by the nurses to implement the appropriate monitoring and therapies as directed by the guidelines.

**Nursing Flowsheet (#5 below)** is the template used by nurses to monitor and track MAWS scores, vital signs, and medications used during the treatment of a patient in alcohol withdrawal.

**CareLink Order Sets (#6 below)** provide a written description, including "screen shots" that detail the process of using CareLink to order different components of the guidelines.

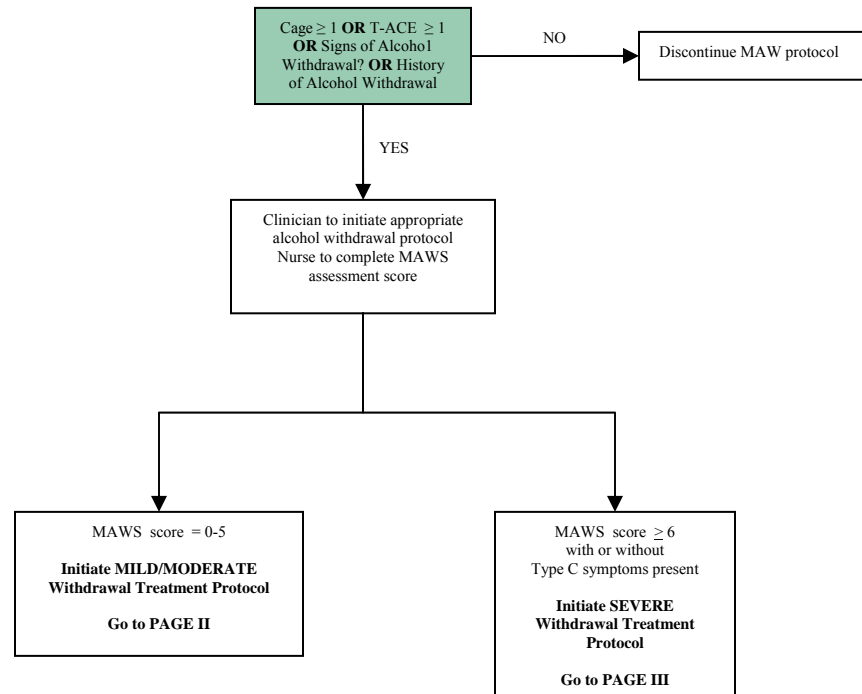
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## **Alcohol Withdrawal Guidelines Flowsheet**

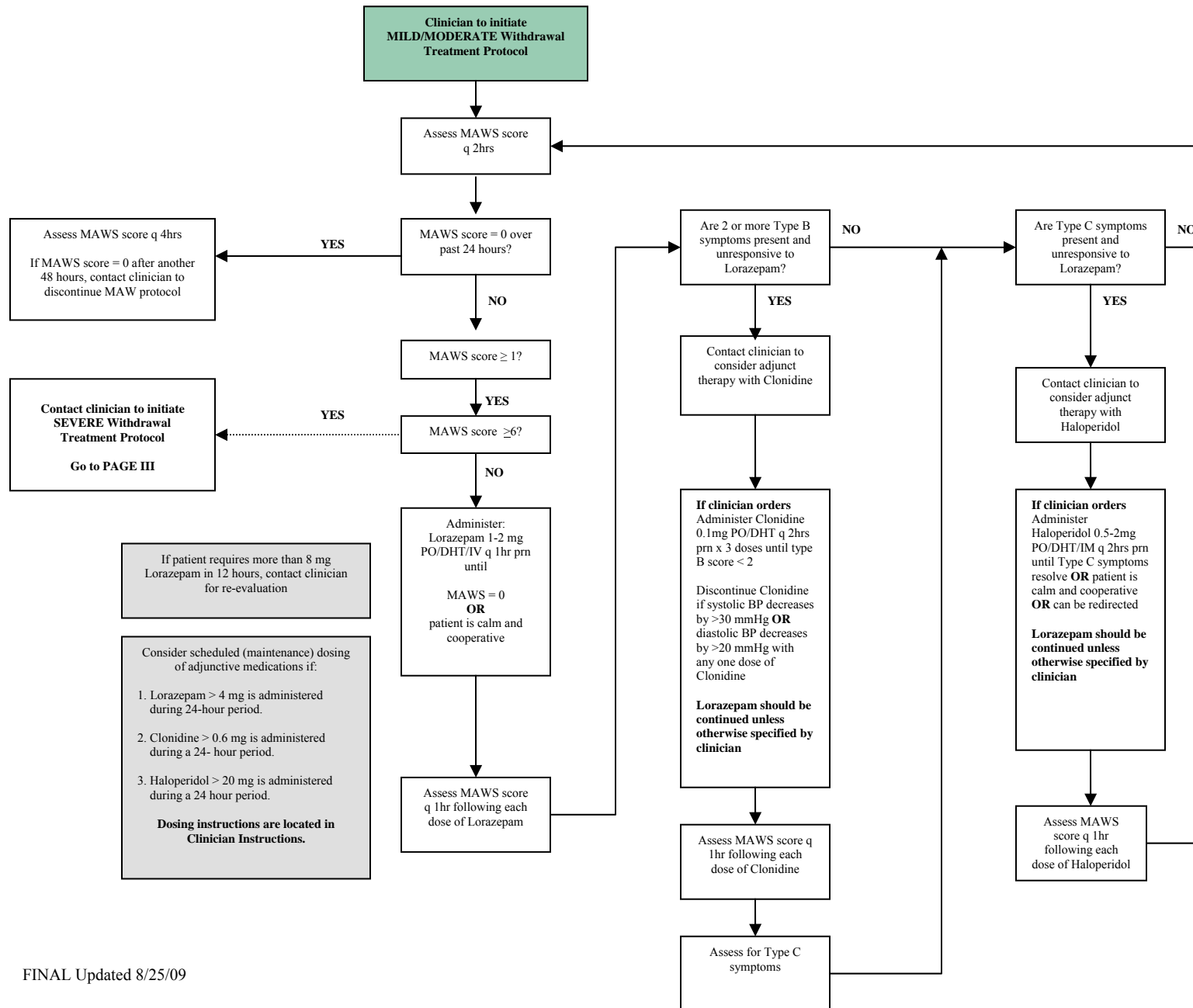
# ADULT Michigan Alcohol Withdrawal (MAW) Guidelines

## INITIAL ASSESSMENT (PAGE I)



# ADULT Michigan Alcohol Withdrawal Guidelines

## MILD-MODERATE Withdrawal (PAGE II)



If patient requires more than 8 mg Lorazepam in 12 hours, contact clinician for re-evaluation

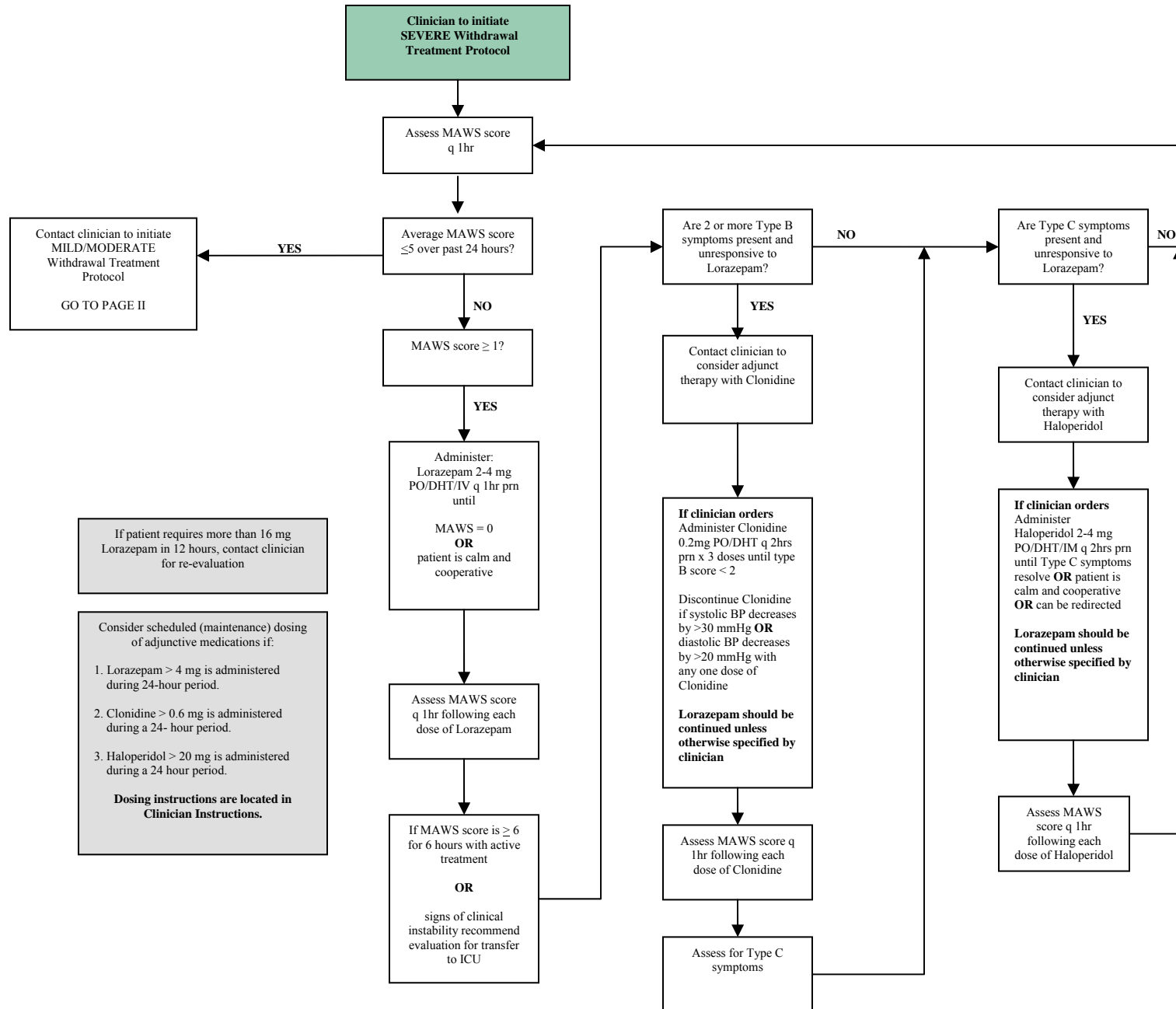
Consider scheduled (maintenance) dosing of adjunctive medications if:

1. Lorazepam > 4 mg is administered during 24-hour period.
2. Clonidine > 0.6 mg is administered during a 24- hour period.
3. Haloperidol > 20 mg is administered during a 24 hour period.

**Dosing instructions are located in Clinician Instructions.**

# ADULT Michigan Alcohol Withdrawal Guidelines

## SEVERE Withdrawal (Page III)



If patient requires more than 16 mg Lorazepam in 12 hours, contact clinician for re-evaluation

Consider scheduled (maintenance) dosing of adjunctive medications if:

- Lorazepam > 4 mg is administered during 24-hour period.
- Clonidine > 0.6 mg is administered during a 24-hour period.
- Haloperidol > 20 mg is administered during a 24-hour period.

**Dosing instructions are located in Clinician Instructions.**

**Michigan Alcohol Withdrawal Severity (MAWS)  
Assessment Scale**

## ADULT MICHIGAN ALCOHOL WITHDRAWAL SEVERITY (MAWS) ASSESSMENT SCALE

<b>Type A Symptoms (CNS Excitation)</b>			<b>Does patient appear</b>
a. Anxious or nervous	0	1	If MAWS score $\geq 1$ , administer lorazepam as ordered q 1hr prn until MAWS score = 0 OR patient is calm and cooperative. Continue to assess patient every 1-2 hours per protocol.
b. Restless	0	1	
c. Bothered by bright light	0	1	
d. Bothered by sounds	0	1	
Assign one point for each symptom group (a-d), maximum points: 4			
<b>Type B Symptoms (Adrenergic Hyperactivity)</b>			<b>Does patient have</b>
e. Nausea or vomiting	0	1	If MAWS score is $\geq 2$ with presence of 2 or more <b>Type B</b> symptoms <u>not responsive to lorazepam</u> , contact clinician to consider adjunct therapy with clonidine.  If clinician orders administer clonidine as ordered q 2hr prn x 3 doses until type B score < 2. Discontinue clonidine if systolic BP decreases by >30 <b>OR</b> diastolic BP decreases by >20 with any one dose.  <b>Lorazepam should be continued if MAWS <math>\geq 1</math> unless otherwise specified by clinician</b>
f. Tremor visible with or without arms extended	0	1	
g. Sweat visible on palms or forehead	0	1	
h. SBP $\uparrow$ 30mmHg over baseline or >170mmHg <b>OR</b> DBP $\uparrow$ 20mmHg over baseline or >100mmHg	0	1	
i. Heart rate > 110	0	1	
Assign one point for each symptom group (e-i), maximum points: 5			
<b>Type C Symptoms (Delirium)</b>			<b>Assess for <i>acute change from baseline</i>** Does the patient demonstrate</b>
j. Inappropriate behavior AND cannot be redirected <b>OR</b> k. Disinhibited AND cannot be redirected <b>OR</b> l. Disoriented - cannot state name, date, where they are, how long hospitalized <b>OR</b> m. Hallucinations (auditory, tactile, and/or visual) AND cannot be redirected  <div style="text-align: right;"><b>Max points: 1</b></div>	0	1	**Assess for history of dementia to identify any baseline patient behavioral characteristics that may be misclassified as Type C symptoms.  <u>List baseline characteristics here:</u> 1. 2. 3. 4.  If MAWS score $\geq 1$ with presence of <b>Type C</b> symptoms <u>not responsive to lorazepam</u> , contact clinician to consider adjunct therapy with haloperidol.  If clinician orders administer haloperidol as ordered q 2hr prn until Type C symptoms resolve <b>OR</b> patient is calm and cooperative <b>OR</b> can be redirected.  <b>Lorazepam should be continued if MAWS <math>\geq 1</math> unless otherwise specified by clinician</b>
*Note: although patients may have more than one Type C symptom, the total maximum points assigned for scoring is 1.			
<b>Michigan Alcohol Withdrawal Severity (MAWS) Score (Sum of Type A, B, C scores (maximum of 10 points))</b>			

## **Clinician Instructions**



**CLINICIAN INSTRUCTIONS**  
ADULT Michigan Alcohol Withdrawal Guidelines  
Updated 8/25/09

**GENERAL THERAPY RECOMMENDATIONS**

The guidelines are intended to be applied to adult patients (18 years of age or older) experiencing alcohol withdrawal. Treatment of alcohol withdrawal with Lorazepam is considered first-line therapy. Clonidine and/or Haloperidol may be considered as adjunctive therapy. Lorazepam should continue if adjunctive therapy is initiated unless specifically directed otherwise by the patient's clinician.

Michigan Alcohol Withdrawal Severity (MAWS) score of  $\geq 6$ , indicates SEVERE alcohol withdrawal. Otherwise, patients may be treated using the MILD-MODERATE treatment protocol.

**Withdrawal Severity**

Total score of  $\leq 1$  is no or minimal withdrawal

Total score of 2 – 5 is mild to moderate withdrawal

Total score of  $\geq 6$  is severe withdrawal

Consider consultation from General Medicine (General Medicine Attending pager #31610) to assist in management of patients in alcohol withdrawal not responsive to conventional therapy or inability to use lorazepam for initial therapy.

**SUGGESTED DRUG WITHHOLDING CLINICAL PARAMETERS**

**1. Lorazepam:**

- a. Sedation score  $\geq 2$  (out of 4); Respiratory Rate  $< 10$ ; Oxygen saturation  $< 90\%$ .
- b. Generally considered safe for use during pregnancy; use with caution during first trimester.

**2. Clonidine:**

- a. Systolic BP  $\leq 130$ ; Diastolic BP  $\leq 70$  mmHg; Heart Rate  $\leq 60$  beats per minute.
- b. Generally considered safe for use during pregnancy; use with caution during first trimester.

**3. Haloperidol:**

- a. Sedation score  $\geq 2$  (out of 4); Respiratory Rate  $< 10$ ; Oxygen saturation  $< 90\%$ .
- b. If duration of Haloperidol use exceeds 48 hours, recommend repeat EKG to monitor QTc interval. c. Consider avoiding further use of Haloperidol if QTc interval  $> 450$  ms.
- d. Consider avoiding Haloperidol use in patients with Parkinson's disease or African American race (given increased risk of tardive dyskinesia).
- e. Generally considered safe for use during pregnancy; **avoid** administration of Haloperidol during first trimester of pregnancy.

**CLINICIAN INSTRUCTIONS**  
ADULT Michigan Alcohol Withdrawal Guidelines  
Updated 8/25/09

**MILD or MODERATE ALCOHOL WITHDRAWAL**  
(MAWS Assessment Scale score between 0 and 5)

1. Clinician to order and review baseline EKG.
2. If patient has MAWS Assessment Scale score between 1 and 5, nurse to administer Lorazepam 1-2 mg PO/DHT/IV every 1 hr prn until MAWS Assessment Scale score is 0 **OR** patient is calm and cooperative.
3. If patient requires  $\geq 8$  mg Lorazepam in 12 hours, nurse to contact clinician for re-evaluation.
  - a. If contacted by nursing, clinician may continue therapy with current guidelines, supplement with additional dose(s) of Lorazepam, or escalate to SEVERE withdrawal guidelines.
  - b. If patient required  $\geq 4$ mg of Lorazepam during a 24-hour period, initiate scheduled Lorazepam every 6 hrs [see **Maintenance Recommendations: Lorazepam**].
4. If patient has no symptoms after 24 hrs from last Lorazepam dose (MAWS Assessment Scale score is 0), frequency of assessment will decrease to every 4 hrs until 48 hours **OR** discharge.
5. If patient continues to have 2 or more **TYPE B** symptoms present on the MAWS Assessment Scale that are not responsive to Lorazepam, clinician to consider **adjunctive** therapy with Clonidine.
  - a. Evaluate patient to rule out contributing factors (e.g. hypoglycemia, electrolyte abnormality, dehydration, cardiac problems, etc.).
  - b. Dosing of Clonidine is 0.1mg PO/DHT every 2 hrs to a maximum of 3 doses (0.3 mg total) to achieve Type B score  $< 2$ .
  - c. Discontinue Clonidine if systolic blood pressure (SBP) decreases by  $> 30$  mmHg **OR** diastolic blood pressure (DBP) decreases by  $> 20$  mmHg with any **one** dose of Clonidine.
  - d. If patient required  $\geq 0.6$  mg Clonidine during a 24-hour period, initiate scheduled Clonidine 0.1 mg every 6 hrs [see **Maintenance Recommendations: Clonidine**].
6. If patient continues to have **clinically significant TYPE C** symptoms present on the MAWS Assessment Scale that are not responsive to Lorazepam, clinician to consider **adjunctive** therapy with Haloperidol.
  - a. Evaluate patient to rule out contributing factors (e.g. hypoglycemia, electrolyte abnormality, dehydration, cardiac problems, etc.). Consider avoiding the use of Haloperidol in patients with Parkinson's disease and/or African American race.
  - b. Dosing of Haloperidol is 0.5-2 mg PO/DHT/IM every 2 hours until **TYPE C** symptoms resolve **OR** patient is calm and cooperative **OR** can be redirected.
  - c. Nurse to monitor patient every 1 hr following each dose of Haloperidol and contact clinician if patient develops fever, new hypertension, dystonic reaction, or fails to respond to Haloperidol.
  - d. If patient required  $\geq 20$ mg of Haloperidol in past 24 hour period, initiate scheduled Haloperidol [see **Maintenance Recommendations: Haloperidol**]
7. If patient has MAWS Assessment Scale  $\geq 6$  (SEVERE withdrawal), following multi-disciplinary team evaluation, transfer to telemetry bed. Initiate guidelines for SEVERE withdrawal with new order set (see instructions on CareLink Order Sets). Consider evaluation for transfer to ICU if MAWS Assessment Scale  $\geq 6$  following 6 hours of therapy **OR** signs of clinical instability (e.g. SBP  $< 85$  or  $> 185$ ; HR  $> 125$ ; RR  $> 30$ ; inability to protect airway).

**CLINICIAN INSTRUCTIONS**  
ADULT Michigan Alcohol Withdrawal Guidelines  
Updated 8/25/09

**SEVERE ALCOHOL WITHDRAWAL**  
(MAWS Assessment Scale score  $\geq 6$ )

1. Admit to telemetry bed or ICU. Consider evaluation for transfer to ICU if MAWS Assessment Scale  $\geq 6$  for  $> 6$  hours **OR** clinical instability.
2. Clinician to order and review baseline EKG.
3. If patient has MAWS Assessment Scale score  $\geq 1$ , nurse to administer Lorazepam 2-4 mg PO/DHT/IV every 1 hr prn until MAWS Assessment Scale score  $< 1$  **OR** patient is calm and cooperative.
4. If patient requires  $> 16$  mg Lorazepam in 12 hours, nurse to contact clinician for re-evaluation.
  - a. If contacted by nursing, clinician may continue therapy with current guidelines, supplement with additional dose(s) of Lorazepam, or evaluate for transfer to ICU.
5. If patient continues to have 2 or more **TYPE B** symptoms present on the MAWS Assessment Scale that are not responsive to Lorazepam, physician to consider **adjunctive** therapy with Clonidine. Nurse to assess patient using MAWS Assessment Scale every 1 hrs.
  - a. Evaluate patient to rule out contributing factors (e.g. hypoglycemia, electrolyte abnormality, dehydration, cardiac problems, etc.).
  - b. Dosing of Clonidine is 0.1-0.2mg PO/DHT every 2 hrs to a maximum of 3 doses (0.6 mg total) to achieve Type B score  $< 2$ .
  - c. Discontinue Clonidine if systolic blood pressure (SBP) decreases by  $> 30$  mmHg **OR** diastolic blood pressure (DBP) decreases by  $> 20$  mmHg with any **one** dose of Clonidine.
  - d. If **TYPE B** symptoms do not respond to Clonidine, clinician may continue therapy with current guidelines, supplement with additional dose(s) of Clonidine, or evaluate for transfer to ICU.
  - e. If patient required  $\geq 0.6$  mg Clonidine during a 24-hour period, initiate scheduled Clonidine 0.1 mg every 6 hrs [see **Maintenance Recommendations: Clonidine**].
6. If patient continues to have **clinically significant TYPE C** symptoms present on the MAWS Assessment Scale that are not responsive to Lorazepam, clinician to consider **adjunctive** therapy with Haloperidol.
  - a. Evaluate patient to rule out contributing factors (e.g. hypoglycemia, electrolyte abnormality, dehydration, cardiac problems, etc.). Consider avoiding the use of Haloperidol in patients with Parkinson's disease and/or African American race.
  - b. Dosing of Haloperidol is 2-4 mg PO/DHT/IM every 2 hours until **TYPE C** symptoms resolve **OR** patient is calm and cooperative **OR** can be redirected.
  - c. Nurse to monitor patient every 1 hr following each dose of Haloperidol and contact clinician if patient develops fever, new hypertension, dystonic reaction, or fails to respond to Haloperidol.
  - d. If patient required  $\geq 20$ mg of Haloperidol in past 24 hour period, initiate scheduled Haloperidol [see **Maintenance Recommendations: Haloperidol**]
7. If patient has MAWS Assessment Scale  $\geq 6$  (severe withdrawal) following 6 hours of therapy **OR** signs of clinical instability (e.g. SBP  $< 85$  or  $> 185$ ; HR  $> 125$ ; RR  $> 30$ ; inability to protect airway), recommend evaluation for transfer to ICU.
8. When patient has stabilized (MAWS Assessment Scale  $\leq 5$  for a 24 hr period), initiate protocol for MILD-MODERATE withdrawal with new order set (see instructions on CareLink Order Sets).

**CLINICIAN INSTRUCTIONS**  
ADULT Michigan Alcohol Withdrawal Guidelines  
Updated 8/25/09

**MAINTENANCE RECOMMENDATIONS: LORAZEPAM**

1. If patient required < 4mg of Lorazepam during a 24-hour period, continue Lorazepam 1-2 mg every 1 hr prn until MAWS Assessment Scale score is 0 **OR** patient is calm and cooperative.
2. If patient required  $\geq$  4mg of Lorazepam during a 24-hour period, initiate scheduled Lorazepam at 50% of the previous day's requirement split into 4 divided doses. Doses should be administered every 6 hrs. Continue Lorazepam 1-2mg every 1 hr prn until MAWS Assessment Scale score is 0 **OR** patient is calm and cooperative.
3. When patient has stable or decreasing MAWS Assessment Scale score for a 24 hour period (PRN dosing < 4 mg in previous 24 hrs), may begin to taper Lorazepam. During taper, total scheduled Lorazepam dose should be decreased by 25% daily as tolerated and PRN dosing continued.
4. Continue MAWS Assessment Scale scoring every 2 hrs during taper. If patient develops signs of withdrawal during taper, increase Lorazepam to prior maintenance dose and do not reattempt tapering until patient has demonstrated stable or decreasing MAWS Assessment Scale score for a 24-hour period.

**MAINTENANCE RECOMMENDATIONS: CLONIDINE**

1. If patient required < 0.6 mg Clonidine during a 24-hour period, continue Clonidine 0.1 mg every 6 hrs prn until **TYPE B** score is < 2.
2. If patient required  $\geq$  0.6 mg Clonidine during a 24-hour period, initiate scheduled Clonidine 0.1 mg every 6 hrs.
3. Discontinue Clonidine if systolic blood pressure (SBP) decreases by > 30 mmHg **OR** diastolic blood pressure (DBP) decreases by > 20 mmHg with any one dose of Clonidine and contact physician.
4. When patient has stable or decreasing **TYPE B** score for a 24-hour period, may begin to taper Clonidine. To initiate taper, increase dosing interval of Clonidine to 0.1 mg every **8 hours** for a 24-hour period.
5. To continue taper, if patient remains with stable or decreasing **TYPE B** score for a 24-hour period, increase dosing interval of Clonidine to 0.1 mg every **12 hours** for a 24-hour period.
6. To continue taper, if patient remains with stable or decreasing **TYPE B** score for a 24-hour period, increase dosing interval of Clonidine to 0.1 mg every **24 hours** for a 24-hour period.
7. Clonidine may be discontinued when patient's **TYPE B** score is < 2. If patient develops signs of withdrawal during taper (i.e. an increase in **TYPE B** symptoms), increase Clonidine to prior maintenance dose and do not reattempt tapering until patient has demonstrated stable or decreasing **TYPE B** score for a 24-hour period.

**CLINICIAN INSTRUCTIONS**  
ADULT Michigan Alcohol Withdrawal Guidelines  
Updated 8/25/09

**MAINTENANCE RECOMMENDATIONS: HALOPERIDOL**

1. If patient required < 20 mg of Haloperidol during a 24-hour period, continue Haloperidol 0.5-2 mg every 2 hrs prn. Continue monitoring every 2 hours until **TYPE C** score is 0 **OR** patient is calm and cooperative **OR** can be redirected.
2. If patient required  $\geq$  20mg of Haloperidol in past 24 hour period, begin scheduled Haloperidol at 50% of the previous day's total requirement split into 4 divided doses administered every 6 hrs. Continue Haloperidol 0.5-2 mg every 2 hrs prn until **TYPE C** score is 0 **OR** patient is calm and cooperative **OR** can be redirected.
3. When patient has stable or decreasing **TYPE C** score for a 24-hour period, may begin to taper Haloperidol. To initiate taper, reduce Haloperidol dose by 25% daily as tolerated. Continue prior PRN dosing.
4. Continue MAWS Assessment Scale scoring every 2 hrs during taper. If patient develops signs of withdrawal during taper, increase Haloperidol to prior maintenance dose and do not reattempt tapering until patient has demonstrated stable or decreasing **TYPE C** score for a 24-hour period.
5. If duration of Haloperidol use exceeds 48 hours, recommend repeat EKG to monitor QTc interval. Consider avoiding further use of Haloperidol if QTc interval > 450 ms.

## **Nursing Instructions**

**NURSING INSTRUCTIONS**  
ADULT Michigan Alcohol Withdrawal Guidelines  
Updated 6/15/09

**GENERAL THERAPY RECOMMENDATIONS**

The guidelines are intended to be applied to adult patients (18 years of age or older) experiencing alcohol withdrawal. Treatment of alcohol withdrawal with Lorazepam is considered first-line therapy. Clonidine and/or Haloperidol may be considered as adjunctive therapy. Lorazepam should continue if adjunctive therapy is initiated unless specifically directed otherwise by the patient's clinician.

Michigan Alcohol Withdrawal Severity (MAWS) score of  $\geq 6$  indicates SEVERE alcohol withdrawal. Otherwise, patients may be treated using the MILD-MODERATE treatment protocol.

**Withdrawal Severity**

Total score of  $\leq 1$  is no or minimal withdrawal

Total score of 2 – 5 is mild to moderate withdrawal

Total score of  $\geq 6$  is severe withdrawal

**CONSIDER WITHHOLDING MEDICATIONS IF:**

**1. Lorazepam:**

- a. Sedation score  $\geq 2$  (out of 4); Respiratory Rate  $< 10$ ; Oxygen saturation  $< 90\%$ .
- b. Generally considered safe for use during pregnancy; use with caution during first trimester.

**2. Clonidine:**

- a. Systolic BP  $\leq 130$ ; Diastolic BP  $\leq 70$  mmHg; Heart Rate  $\leq 60$  beats per minute.
- b. Generally considered safe for use during pregnancy; use with caution during first trimester.

**3. Haloperidol:**

- a. Sedation score  $\geq 2$  (out of 4); Respiratory Rate  $< 10$ ; Oxygen saturation  $< 90\%$ .
- b. If duration of Haloperidol use exceeds 48 hours, recommend repeat EKG to monitor QTc interval. Consider avoiding further use of Haloperidol if QTc interval  $> 450$  ms.
- c. Consider avoiding Haloperidol use in patients with Parkinson's disease and/or African American race (given increased risk of tardive dyskinesia).
- d. Generally considered safe for use during pregnancy; **avoid** administration of Haloperidol during first trimester of pregnancy.

**NURSING INSTRUCTIONS**  
ADULT Michigan Alcohol Withdrawal Guidelines  
Updated 6/15/09

**MILD or MODERATE ALCOHOL WITHDRAWAL**  
(MAWS Assessment Scale score between 0 and 5)

1. Prophylactic vitamin supplements to patients at risk for withdrawal:
  - a. Thiamine 100 mg PO/DHT/IV daily for 7 days.
  - b. Folic acid 1 mg PO/DHT/IV daily for 7 days.
  - c. Multivitamin PO/DHT daily for 7 days.
  
2. Screen patients for alcohol usage.
  - a. Nurse – response to question on alcohol usage from admission assessment (FHPA)
  - b. Clinician - Administer CAGE questionnaire.
  - c. If CAGE score  $\geq 1$  or T-ACE  $\geq 1$ , or patient reports excessive alcohol use, initiate social work, consult for assessment of ETOH cessation counseling during admission/post-discharge.
  
3. Assess patient using MAWS Assessment Scale every 2 hrs. and after each PRN dose of medication (lorazepam, clonidine or haloperidol).
  - a. Include vital signs (heart rate, BP, respiratory rate) and pulse oximetry.
  - b. If patient has MAWS Assessment Scale score between 1 and 5, administer Lorazepam 1-2 mg PO/DHT/IV every 1 hr prn until MAWS Assessment Scale score is 0 **OR** patient is calm and cooperative.
  - c. If patient requires  $\geq 8$  mg Lorazepam in 12 hours, contact clinician for re-evaluation.
  - d. If patient has no symptoms after 24 hrs from last Lorazepam dose (MAWS Assessment Scale score is 0), decrease frequency of assessment to every 4 hrs for 48 hours **then discontinue**.
  - e. **If symptoms recur, resume monitoring.** If patient remains on maintenance (scheduled) doses of medication, continue to monitor MAWS Assessment Scale at least every 4 hours.
  
4. If patient displays 2 or more **TYPE B** symptoms on the MAWS Assessment Scale that are not responsive to Lorazepam, contact clinician to consider **adjunctive** therapy with Clonidine.
  - a. If clinician orders, dosing of Clonidine is 0.1mg PO/DHT every 2 hrs to a maximum of 3 doses (0.3 mg total) to achieve Type B score  $< 2$ . If the Type B score remains  $\geq 2$ , contact clinician for further orders.
  - b. Continue MAWS Assessment Scale scoring and patient monitoring every 1 hr following each dose of Clonidine. Discontinue Clonidine if systolic blood pressure (SBP) decreases by  $> 30$  mmHg **OR** diastolic blood pressure (DBP) decreases by  $> 20$  mmHg with any **one** dose of Clonidine and contact clinician.
  
5. If patient displays **clinically significant** Type C symptoms outside patient's baseline level of functioning that are not responsive to Lorazepam, contact clinician to consider **adjunctive** therapy with Haloperidol. (Clinician must review EKG to assess QT interval prior to ordering haloperidol.)
  - a. If clinician orders, dosing of Haloperidol is 0.5-2 mg PO/DHT/IM every 2 hours until **TYPE C** symptoms resolve **OR** patient is calm and cooperative **OR** can be redirected.
  - b. Continue MAWS Assessment Scale scoring and patient monitoring every 1 hr following each dose of Haloperidol. Contact clinician if patient develops fever, new hypertension, dystonic reaction, or fails to respond to Haloperidol.
  
6. If patient has MAWS Assessment Scale  $\geq 6$  (SEVERE withdrawal), contact clinician to consider SEVERE withdrawal protocol and transfer to telemetry bed. Consider evaluation for transfer to ICU if MAWS Assessment Scale  $\geq 6$  following 6 hours of active treatment **OR** signs of clinical instability (e.g. SBP  $< 85$  or  $> 185$ ; HR  $> 125$ ; RR  $> 30$ ; inability to protect airway). Initiate Rapid Response if patient displays signs of clinical instability.



**NURSING INSTRUCTIONS**  
ADULT Michigan Alcohol Withdrawal Guidelines  
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**SEVERE ALCOHOL WITHDRAWAL**  
(MAWS Assessment Scale score  $\geq$  6)

1. Prophylactic vitamin supplements to patients at risk for withdrawal:
  - a. Thiamine 100 mg PO/DHT/IV daily for 7 days.
  - b. Folic acid 1 mg PO/DHT/IV daily for 7 days.
  - c. Multivitamin PO/DHT daily for 7 days.
2. Screen patients for alcohol usage.
  - a. Nurse – response to question on alcohol usage from admission assessment (FHPA)
  - b. Clinician - Administer CAGE questionnaire.
  - c. If CAGE score  $\geq$  1 or T-ACE  $\geq$  1, or patient reports excessive alcohol use, initiate social work, consult for assessment of ETOH cessation counseling during admission/post-discharge.
3. Assess patient using MAWS Assessment Scale every 1 hrs. Include vital signs (heart rate, BP, respiratory rate) and pulse oximetry.
  - a. If patient has MAWS Assessment Scale score  $>$  1, administer Lorazepam 2-4 mg PO/DHT/IV every 1 hr prn until MAWS Assessment Scale score  $<$  1 OR patient is calm and cooperative.
  - b. If patient requires  $>$  16 mg Lorazepam in 12 hours, contact clinician for re-evaluation.
4. If patient displays 2 or more TYPE B symptoms on the MAWS Assessment Scale that are not responsive to Lorazepam, contact clinician to consider adjunctive therapy with Clonidine. Continue to assess patient using MAWS Assessment Scale every 1 hrs.
  - a. If clinician orders, dosing of Clonidine is 0.1-0.2mg PO/DHT every 2 hrs to a maximum of 3 doses (0.6 mg total) to achieve Type B score  $<$  2. If the Type B score remains  $>$  2, contact clinician for further orders.
  - b. Continue MAWS Assessment Scale scoring and blood pressure monitoring every 1 hr following each dose of Clonidine. Discontinue Clonidine if systolic blood pressure (SBP) decreases by  $>$  30 mmHg OR diastolic blood pressure (DBP) decreases by  $>$  20 mmHg with any one dose of Clonidine and contact clinician.
  - c. If TYPE B symptoms do not respond to Clonidine, contact clinician. Consider evaluation for transfer to ICU.
5. If patient displays clinically significant Type C symptoms outside patient's baseline level of functioning that are not responsive to Lorazepam, contact clinician to consider adjunctive therapy with Haloperidol. Continue to assess patient using MAWS Assessment Scale every 1 hrs. (Clinician must review EKG to assess QT interval prior to ordering haloperidol.)
  - a. If clinician orders, dosing of Haloperidol is 2-4 mg PO/DHT/IM every 2 hours until TYPE C symptoms resolve OR patient is calm and cooperative OR can be redirected.
  - b. Continue MAWS Assessment Scale scoring and patient monitoring every 1 hr following each dose of Haloperidol. Contact clinician if patient develops fever, new hypertension, dystonic reaction, or fails to respond to Haloperidol. Consider transfer to ICU.
6. If patient has MAWS Assessment Scale  $>$  6 (SEVERE withdrawal) following 6 hours of active treatment OR signs of clinical instability (e.g. SBP  $<$  85 or  $>$  185; HR  $>$  125; RR  $>$  30; inability to protect airway), contact physician. Recommend evaluation for transfer to ICU.
7. When patient has stabilized (MAWS Assessment Scale  $<$  5 for a 24 hr period), notify clinician to consider protocol for MILD-MODERATE withdrawal.
8. Initiate social work consult for assessment of alcohol cessation counseling during admission/post-discharge if not done previously.

## **Nursing Flowsheet**



## **CareLink Order Sets**

**PHYSICIAN INSTRUCTIONS**  
ADULT Michigan Alcohol Withdrawal Guidelines  
Updated 6/15/09

## **INSTRUCTIONS FOR CARELINK ORDER SETS**

### **Initiating Orders**

1. Search terms for order sets in CareLink include “alcohol”, “alcohol withdrawal”, “EtOH” or “AWS”.
2. There are three available order sets: 1) “AWS initiation - Mild/Moderate Withdrawal; 2) “AWS initiation - Severe Withdrawal”; and 3) “AWS Maintenance/Adjunctive Therapy”.
3. Select “AWS initiation Mild/Moderate Withdrawal” order set for Mild/Moderate withdrawal (MAWS score <6) or “AWS initiation - Severe Withdrawal” order set for Severe withdrawal (MAWS score ≥6.)
4. The “AWS - Maintenance/Adjunctive Therapy” order set is used for ordering adjunctive medications (Clonidine or Haloperidol) or maintenance therapy (Lorazepam, Clonidine or Haloperidol). Orders in this set are stratified separately for Mild/Moderate withdrawal or Severe withdrawal. **This order set should not be used alone, and is used in addition to either the Mild/Moderate or Severe order sets.**

### **Changing Order Sets**

1. The following steps are necessary for proper maintenance and avoidance of duplicate/conflicting orders between sets.
2. Changing between the “AWS – Mild/Moderate Withdrawal” and “AWS – Severe Withdrawal” orders
  - a. Discontinuing the old order set:
    - i. Within the “Orders” tab in CareLink, locate the “Display Format” drop down menu in the left-hand pane, and select the “Order Sets” option. This will result in all orders to sort under their respective order sets in the right-hand pane.
    - ii. To discontinue an order set, right-click on the name of the order set in the right-hand pane, and select “Discontinue/Cancel”.
  - b. Initiating a new order set:
    - i. To initiate the new order set, see instructions for “Initiating Orders” above.
    - ii. If an EKG has been obtained previously, this order may be unchecked.
    - iii. If a social work consult has been requested previously, this order may be unchecked.
3. Changing the “AWS – Maintenance/Adjunctive Therapy” orders
  - a. Sort orders by order sets as described in step 2(a)(i) above.
  - b. Right-click the name of the order set and choose “Discontinue/Reorder”.

OMPFT-DEV-KEPPLER, TWO (Teresa Keppler Analyst)

Allergies: No Known Allergies

Requested By:  Me  Other: Source: 

Session

Type: Standard ACTIVE orders Reason: Manual Entry 

Searching for ...

aws

Order	Cost
<b>AWS Initiation - Mild/Mod. Withdrawal</b>	
<b>AWS Initiation - Severe Withdrawal</b>	
If patient already has the AWS Mild/Moderate Withdrawal Initiate order set placed, go to the Orders tab to discontinue the entire set before placing this set.	
<b>AWS Maintenance/Adjunctive Therapy</b>	

Add...

View...

Item Info...

Message...

Expert Dosing...

Edit...

Delete

Copy...

Add Specimen...

Indication...

Mark as Done

Submit Order(s) for OMPFT-DEV-KEPPLER, T...

Hide Worksheet

Cancel

Help

Notify Clinician

Order	Parameter	Special Instructions
<input checked="" type="checkbox"/> <b>Notify Clinician for</b>	Clinical instability	
<input checked="" type="checkbox"/> <b>Notify Clinician for</b>	patient who requires > or = 8 mg Lorazepam in 12 hours	Physician to consult AWS protocol.
<input checked="" type="checkbox"/> <b>Notify Clinician for</b>	Persistent TYPE B symptoms* not responsive to Lorazepam	Physician to consider ADJUNCTIVE therapy with Clonidine...
<input checked="" type="checkbox"/> <b>Notify Clinician for</b>	Persistent TYPE C symptoms* not responsive to Lorazepam	Physician to consider ADJUNCTIVE therapy with Haloperidol...
<input checked="" type="checkbox"/> <b>Notify Clinician for</b>	MAWS* score > or = 6 (severe withdrawal)	Physician to consider initiating SEVERE withdrawal protocol...
<input checked="" type="checkbox"/> <b>Notify Clinician for</b>	MAWS* = 0 for 72 hours	Contact physician to discontinue AWS protocol...

Nursing

Order	Parameter	Frequency	Special Instructions
<input checked="" type="checkbox"/> <b>Assess</b>	patient using MAWS*	Q2H	Including blood pressure, heart rate, respiratory rate, and oxygen...

If patient is sedated or is requiring all 3 medications (lorazepam, clonidine, and haloperidol) for treatment of AWS, consider an evaluation for ICU management.

Medications

Order	Ordering Info	Dose	From	To	UOM	Route	Frequency	PRN	PRN Reason	Additional Info
<input checked="" type="checkbox"/> <b>thiamine</b>	for 7 days	100			mg	oral	daily	<input type="checkbox"/>		
<input type="checkbox"/> thiamine IVPB UH	for 7 days	100			mg	IV	daily	<input type="checkbox"/>		
<input checked="" type="checkbox"/> <b>folic acid</b>	for 7 days	1			mg	oral	daily	<input type="checkbox"/>		
<input type="checkbox"/> folic acid injection	for 7 days	1			mg	IV	daily	<input type="checkbox"/>		
<input checked="" type="checkbox"/> <b>multivitamin tablet</b>	for 7 days	1			tablet	oral	daily	<input type="checkbox"/>		
- Initial therapy (lorazepam) - 2 item(s)										
<input checked="" type="checkbox"/> <b>lorazepam_</b>			1	2	mg	IV/PO	every 1 hour	<input checked="" type="checkbox"/>	MAWS score >...	May be...
<input type="checkbox"/> lorazepam	liquid		1	2	mg	oral	every 1 hour	<input checked="" type="checkbox"/>	MAWS score >...	May be...

Cardiology

Order	Priority	Requested Date	Indication	Right Sided	Rhythm Strip	Special Instructions
<input checked="" type="checkbox"/> <b>EKG Adult 12Lead</b>	Routine	03-30-2009	Assess QT interval	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol withdrawal

Last Review: 01-29-2009

Last Revised: 01-29-2009

OMPFT-DEV-KEPPLER, TWO (Teresa Keppler Analyst)

Allergies: No Known Allergies

Requested By:  Me  Other:  Source:

Session  
 Type: Standard ACTIVE orders Reason:

Manual Entry  Searching for ...

aws

Order	Cost
<b>AWS Initiation - Mild/Mod. Withdrawal</b>	
<b>AWS Initiation - Severe Withdrawal</b>	
If patient already has the AWS Mild/Moderate Withdrawal Initiate order set placed, go to the Orders tab to discontinue the entire set before placing this set.	
<b>AWS Maintenance/Adjunctive Therapy</b>	

- Add...
- View...
- Item Info...
- Message...
- Expert Dosing...

<b>AWS Initiation - Mild/Mod. Withdrawal</b>				
EKG Adult 12 Lead - Routine once, Special Instructions: Alcohol withdrawal	03-30-2009	Routine	Pending	
Notify Clinician for - Clinical instability	03-30-2009		Pending	
Notify Clinician for - patient who requires > or = 8 mg Lorazepam in 12 hours, Physician to consult AWS protocol.	03-30-2009		Pending	
Notify Clinician for - Persistent TYPE B symptoms* not responsive to Lorazepam, Physician to consider ADJUNCTIVE therapy with Clonidine. This can be ordered through the AWS Maintenance/Adjunctive Therapy order set. *Michigan Alcohol Withdrawal Severity Assessment Scale.	03-30-2009		Pending	
Notify Clinician for - Persistent TYPE C symptoms* not responsive to Lorazepam, Physician to consider ADJUNCTIVE therapy with Haloperidol. This can be ordered through the AWS Maintenance/Adjunctive Therapy order set. *Michigan Alcohol Withdrawal Severity Assessment Scale.	03-30-2009		Pending	
Notify Clinician for - MAWS* score > or = 6 (severe withdrawal), Physician to consider initiating SEVERE withdrawal protocol. Recommend transfer to telemetry bed. Consider evaluation for transfer to ICU if MAWS* assessment scale > or = 6 following 6 hours of therapy OR signs of clinical instability. *Michigan Alcohol Withdrawal Severity Assessment Scale.	03-30-2009		Pending	
Notify Clinician for - MAWS* = 0 for 72 hours, Contact physician to discontinue AWS protocol. *Michigan Alcohol Withdrawal Severity Assessment Scale.	03-30-2009		Pending	
Assess - patient using MAWS*, Q2H, Including blood pressure, heart rate, respiratory rate, and oxygen saturation. Additionally, assess 1 hour after treatment of Type A, B, or C symptoms. If MAWS = 0 for 24 hours decrease frequency of assessment to every 4 hours. *Michigan Alcohol Withdrawal Severity Assessment Scale.	03-30-2009		Pending	
thiamine - 100 mg tablet oral daily, stop after 7 Days	03-30-2009	Routine	Pending	04-06-2009 10:43
folic acid - 1 mg tablet oral daily, stop after 7 Days	03-30-2009	Routine	Pending	04-06-2009 10:43
multivitamin tablet - 1 tablet oral daily, stop after 7 Days	03-30-2009	Routine	Pending	04-06-2009 10:43
<b>Initial therapy (lorazepam)</b>				
lorazepam (multiroute) - (Ativan) 1 - 2 mg IV/PO every 1 hour PRN MAWS score > or = 1 May be administered IV or PO. Administer as needed until patient is calm and cooperative OR MAWS score = 0. Assess MAWS 1 hour after administration.	03-30-2009	Routine	Pending	

- Edit...
- Delete
- Copy...
- Add Specimen...
- Indication...
- Mark as Done



# AWS Maintenance Adjunctive Therapy

If patient is sedated or is requiring all 3 medications (lorazepam, clonidine, and haloperidol) for treatment of AWS, consider an evaluation for ICU management.

## Adjunctive Medications:

Order	Ordering Info	Dose	From	To	UOM	Route	Frequency	PRN	PRN Reason	Additional Info
- Mild/Moderate Withdrawal: - 2 item(s)										
<input type="checkbox"/>	clonidine	0.1			mg	oral	every 2 hours	<input checked="" type="checkbox"/>	Type B score = or...	Administer up to 3...
<input type="checkbox"/>	haloperidol (multiroute)	EKG REQUIRED	0.5	2	mg	IM/PO	every 2 hours	<input checked="" type="checkbox"/>	clinically significant...	May be administered...
- Severe Withdrawal: - 2 item(s)										
<input type="checkbox"/>	clonidine	0.2			mg	oral	every 2 hours	<input checked="" type="checkbox"/>	Type B score = or...	Administer up to 3...
<input type="checkbox"/>	haloperidol (multiroute)	EKG REQUIRED	2	4	mg	IM/PO	every 2 hours	<input checked="" type="checkbox"/>	clinically significant...	May be administered...

## Maintenance Medications:

Order	Ordering Info	Dose	From	To	UOM	Route	Frequency	PRN	PRN Reason	Additional Info
- Maintenance (lorazepam) - 1 item(s)										
<input type="checkbox"/>	lorazepam (multiroute)	>= 4 mg/24 hours...			mg	IV/PO	every 6 hours	<input type="checkbox"/>		May be administered IV
- Maintenance (clonidine) - 2 item(s)										
<input type="checkbox"/>	clonidine	< 0.6 mg/24 hours	0.1		mg	oral	every 6 hours	<input checked="" type="checkbox"/>	Type B score > 0	Stop clonidine if SBP...
<input type="checkbox"/>	clonidine	>= 0.6 mg/24 hours	0.1		mg	oral	every 6 hours	<input type="checkbox"/>		Stop clonidine if SBP...
- Maintenance (haloperidol) - 1 item(s)										
<input type="checkbox"/>	haloperidol...	>= 20 mg/24 hours...			mg	IM/PO	every 6 hours	<input type="checkbox"/>		May be administered...

Last Review:

Last Revised: 01-07-2009



Chart: This Chart  
 Since: 08-30-2006  
 Start of This Chart  
 To:  
 Status/Priority: Active/Hold/Suspend  
 Order Selection: All  
 Display Format: Requested By details  
 Sort Sequence: Entered Date/Ti  
 Show...

Not all orders are being shown. Orders: All Status: Active/Hold/Suspend 27 orders

Date/Time	Requested By	Order Set	Order Details	Date	Status
03-10-2009 00:00	Kepler, Teresa CDT (Analyst)	<b>Carotid Blowout Precautions</b>	Type and Screen - Phlebotomy AM Collect	03-10-2009 06:00	Pending Collection
03-13-2009 00:00	Kepler, Teresa CDT (Analyst)	<b>Carotid Blowout Precautions</b>	Type and Screen - Phlebotomy AM Collect	03-13-2009 06:00	Pending Collection
03-16-2009 00:00	Kepler, Teresa CDT (Analyst)	<b>Carotid Blowout Precautions</b>	Type and Screen - Phlebotomy AM Collect	03-16-2009 06:00	Pending Collection
03-19-2009 00:00	Kepler, Teresa CDT (Analyst)	<b>Carotid Blowout Precautions</b>	Type and Screen - Phlebotomy AM Collect	03-19-2009 06:00	Pending Collection
03-30-2009 10:46	Kepler, Teresa CDT (Analyst)	<b>AWS Initiation - Severe Withdrawal</b>	EKG Adult 12 Lead - Routine once, Special Instructions: Alcohol withdrawal	03-30-2009 Routine	Active
			Notify Clinician for - Clinical instability	03-30-2009	Active
			Assess - patient using MAWS*, every 1 hour, including blood pressure, heart rate, respiratory rate, and oxygen saturation.	03-30-2009	Active
			*Michigan Alcohol Withdrawal Severity Assessment Scale.		
			Notify Clinician for - patient who requires > or = 16 mg Lorazepam in 12 hours, Consult MAWS* protocol.	03-30-2009	Active
			*Michigan Alcohol Withdrawal Severity Assessment Scale.		
			Notify Clinician for - Persistent TYPE B symptoms* not responsive to Lorazepam, Physician to consider ADJUNCTIVE therapy with Clonidine. This can be ordered using the AWS Maintenance/Adjunctive Therapy order set.	03-30-2009	Active
			*Michigan Alcohol Withdrawal Severity Assessment Scale.		
			Notify Clinician for - Persistent TYPE C symptoms* not responsive to Lorazepam, Physician to consider ADJUNCTIVE therapy with Haloperidol. This can be ordered using the AWS Maintenance/Adjunctive Therapy order set.	03-30-2009	Active
			*Michigan Alcohol Withdrawal Severity Assessment Scale.		
			Notify Clinician for - MAWS* score > or = 6 OR signs of clinical instability following 6 hrs of tx., Physician to consider transfer to ICU.	03-30-2009	Active
			*Michigan Alcohol Withdrawal Severity Assessment Scale.		
			Notify Clinician for - MAWS* score < or = 5 for past 24 hours, Contact physician to discontinue ENTIRE AWS Initiation - Severe Withdrawal order set and place AWS Initiation - Mild/Mod. Withdrawal order set.	03-30-2009	Active
			*Michigan Alcohol Withdrawal Severity Assessment Scale.		
			thiamine - 100 mg tablet oral daily, stop after 7 Days	03-30-2009 Routine	Active
			Unverified By Pharmacy		
			folic acid - 1 mg tablet oral daily, stop after 7 Days	03-30-2009 Routine	Active
			Unverified By Pharmacy		
			multivitamin tablet - 1 tablet oral daily, stop after 7 Days	03-30-2009 Routine	Active
			Unverified By Pharmacy		
			<b>Initial Therapy (lorazepam)</b>		
			lorazepam (multiroute) - (Ativan) 2 - 4 mg IV/PO every 1 hour PRN MAWS score > or = 1	03-30-2009 Routine	Active
			Administer as needed until patient is calm and cooperative OR MAWS score = 0.		
			Unverified By Pharmacy		

Display format of "Requested By details" groups orders by order set. You can then right-click on the order set name to take action on the entire set entered during that session (ex: discontinue or discontinue/reorder the entire set)

Notify Clinician

Order	Parameter	Special Instructions
<input checked="" type="checkbox"/> <b>Notify Clinician for</b>	Clinical instability	
<input checked="" type="checkbox"/> <b>Notify Clinician for</b>	patient who requires > or = 16 mg Lorazepam in 12 hours	Consult MAWS* protocol...
<input checked="" type="checkbox"/> <b>Notify Clinician for</b>	Persistent TYPE B symptoms* not responsive to Lorazepam	Physician to consider ADJUNCTIVE therapy with Clonidine...
<input checked="" type="checkbox"/> <b>Notify Clinician for</b>	Persistent TYPE C symptoms* not responsive to Lorazepam	Physician to consider ADJUNCTIVE therapy with...
<input checked="" type="checkbox"/> <b>Notify Clinician for</b>	MAWS* score > or = 6 OR signs of clinical instability...	Physician to consider transfer to ICU. *Michigan Alcohol...
<input checked="" type="checkbox"/> <b>Notify Clinician for</b>	MAWS* score < or = 5 for past 24 hours	Contact physician to discontinue ENTIRE AWS Initiation ...

Nursing

Order	Parameter	Frequency	Special Instructions
<input checked="" type="checkbox"/> <b>Assess</b>	patient using MAWS*	every 1 hour	Including blood pressure, heart rate, respiratory rate, and oxygen...

If patient is sedated or is requiring all 3 medications (lorazepam, clonidine, and haloperidol) for treatment of AWS, consider an evaluation for ICU management.

Medications

Order	Ordering Info	Dose	From	To	UOM	Route	Frequency	PRN	PRN Reason	Additional Info
<input checked="" type="checkbox"/> <b>thiamine</b>	for 7 days	100			mg	oral	daily	<input type="checkbox"/>		
<input type="checkbox"/> thiamine IVPB UH	for 7 days	100			mg	IV	daily	<input type="checkbox"/>		
<input checked="" type="checkbox"/> <b>folic acid</b>	for 7 days	1			mg	oral	daily	<input type="checkbox"/>		
<input type="checkbox"/> folic acid injection	for 7 days	1			mg	IV	daily	<input type="checkbox"/>		
<input checked="" type="checkbox"/> <b>multivitamin tablet</b>	for 7 days	1			tablet	oral	daily	<input type="checkbox"/>		
- Initial Therapy (lorazepam) - 2 item(s)										
<input checked="" type="checkbox"/> <b>lorazepam (multiroute)</b>			2	4	mg	IV/PO	every 1 hour	<input checked="" type="checkbox"/>	MAWS score > or = 1	Administer as...
<input type="checkbox"/> lorazepam	liquid		2	4	mg	oral	every 1 hour	<input checked="" type="checkbox"/>	MAWS score > or = 1	Administer as...

Cardiology

Order	Priority	Requested Date	Indication	Right Sided	Rhythm Strip	Special Instructions
<input checked="" type="checkbox"/> <b>EKG Adult 12 Lead</b>	Routine	03-30-2009	Assess QT interval	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol withdrawal

Last Review: 01-29-2009

Last Revised: 01-29-2009



Chart:

Since:

To:

Status/Priority:

Order Selection:

Display Format:

Sort Sequence:

Show Link Details

Not all orders are being shown. Orders: All Status: Active/Hold/Suspend 12 orders

Medications, General	Date	Status	Disc/Stop
thiamine - 100 mg tablet oral daily, stop after 7 Days Unverified By Pharmacy	03-30-2009 Routine	Active	04-06-2009 10:45
folic acid - 1 mg tablet oral daily, stop after 7 Days Unverified By Pharmacy	03-30-2009 Routine	Active	04-06-2009 10:45
multivitamin tablet - 1 tablet oral daily, stop after 7 Days Unverified By Pharmacy	03-30-2009 Routine	Active	04-06-2009 10:45
lorazepam (multiroute) - (Ativan) 2 - 4 mg IV/PD every 1 hour PRN MAWS score > or = 1 Administer as needed until patient is calm and cooperative OR MAWS score = 0. Unverified By Pharmacy	03-30-2009 Routine	Active	
Nursing Notify Clinician	Date	Status	Disc/Stop
Notify Clinician for - patient who requires > or = 16 mg Lorazepam in 12 hours, Consult MAWS* protocol. *Michigan Alcohol Withdrawal Severity Assessment Scale.	03-30-2009	Active	
Notify Clinician for - Persistent TYPE B symptoms* not responsive to Lorazepam, Physician to consider ADJUNCTIVE therapy with Clonidine. This can be ordered using the AWS Maintenance/Adjunctive Therapy order set. *Michigan Alcohol Withdrawal Severity Assessment Scale.	03-30-2009	Active	
Notify Clinician for - Persistent TYPE C symptoms* not responsive to Lorazepam, Physician to consider ADJUNCTIVE therapy with Haloperidol. This can be ordered using the AWS Maintenance/Adjunctive Therapy order set. *Michigan Alcohol Withdrawal Severity Assessment Scale.	03-30-2009	Active	
Notify Clinician for - MAWS* score > or = 6 OR signs of clinical instability following 6 hrs of tx., Physician to consider transfer to ICU. *Michigan Alcohol Withdrawal Severity Assessment Scale.	03-30-2009	Active	
Notify Clinician for - MAWS* score < or = 5 for past 24 hours, Contact physician to discontinue ENTIRE AWS Initiation - Severe Withdrawal order set and place AWS Initiation - Mild/Mod. Withdrawal order set. *Michigan Alcohol Withdrawal Severity Assessment Scale.	03-30-2009	Active	
Notify Clinician for - Clinical instability	03-30-2009	Active	
Nursing Monitoring/Assessment	Date	Status	Disc/Stop
Assess - patient using MAWS*, every 1 hour, Including blood pressure, heart rate, respiratory rate, and oxygen saturation. *Michigan Alcohol Withdrawal Severity Assessment Scale.	03-30-2009	Active	
Cardiology	Date	Status	Disc/Stop
EKG Adult 12 Lead - Routine once, Special Instructions: Alcohol withdrawal	03-30-2009 Routine	Active	