

Alcohol Withdrawal Treatment Algorithm

[Richmond Agitation Sedation Scale (RASS)				
Ī	Score	Term	Description		
Initiate	+4	Combative	Overtly combative, violent, immediate danger to staff		
Treatment	+3	Very agitated	Pulls or removes tube(s) or catheter(s); aggressive		
_	+2	Agitated	Frequent non-purposeful movement, fights ventilator		
Goal	+1	Restless	Anxious, apprehensive, but movements not aggressive		
	0	Alert and calm	Alert and calm		
RASS	-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to voice (>10 sec)		
	-2	Light sedation	Briefly awakens with eye contact to voice (<10 sec)		
	-3	Moderate sedation	Movement or eye opening to voice (but no eye contact)		
	-4	Deep sedation	No response to voice, but movement or eye opening to physical stimulation		
Ī	-5	Unarousable	No response to voice or physical stimulation		
	4	No End-o	Severe agitation (RASS ≥ 3) <u>or</u> organ damage (e.g. AMS, STEMI) <u>or</u> Unable to take PO		
Oral A Chloro severit	gents for Alcohol liazepoxide PO 25	Withdrawal i-100 mg q1h (based on	Parenteral Agents for Alcohol Withdrawal Diazepam IV 10 mg q 3-5 min prn Preferred agent due to rapid onset and longer duration of action, up		

- · The preferred due to long duration
- Lorazepam PO 1-4 mg q 1h
- Consider in patients with significantly impaired liver function.
- **Dosing and Treatment Escalation**
- Dosing is symptom-triggered with goal to maintain RASS score of 0 to -1.
- If patient does not show improvement after 3 doses, or if patient is worsening, consider supplementing with a dose of parenteral benzodiazepine.
- Preferred agent due to rapid onset and longer duration of action, up to 200 mg max cumulative dose to achieve initial control.
- Lorazepam IV 1-2 mg q 10 min prn
 - Consider if significantly impaired liver function, up to 40 mg max cumulative dose to achieve control.
- Midazolam IM 5-10 mg q 15 min

Can be used IM initially for patients without IV access.

Dosing and Treatment Escalation

- Dosing is symptom-triggered with goal RASS score of 0 to -1
- While attempting to achieve RASS goal, continue to escalate doses by doubling until maximum cumulative total dose is reached.
- If unable to achieve RASS goal after escalating to maximum cumulative dose, go to <u>Treatment-Resistant Alcohol Withdrawal</u> box.
 Once RASS goal achieved attempt to transition to oral docing
- Once RASS goal achieved, attempt to transition to oral dosing.



Preferred agent for initial treatment. Can progress to higher doses. Intubation likely

- Propofol IV bolus: 0.5 mg/kg q5 min, or infusion: 0.1 mg/kg/min
- · Monitor respiratory status closely and titrate dose to clinical effect. Intubation required

Characteristics of Benzodiazepines								
	Chlordiazepoxide PO	Diazepam IV	Lorazepam PO	Lorazepam IV	Midazolam IM			
Equipotent Dose	50 mg	10 mg	1.5 mg	1 mg	3 mg			
Onset	20 min	1-3 min	30 min	5-10 min	15 min			
Peak	1-2 hrs	5-10 min	1-2 hr	30 min	30 min			
Duration	~24 hrs	12-24 hrs	4-8 hrs	2-6 hrs	2-4 hrs			

Guidelines are intended to be flexible. They serve as recommendations, not rigid criteria. Guidelines should be followed in most cases, but depending on the patient, setting, circumstances or factors, guidelines can and should be tailored to fit individual needs.