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|--|----------------------|---------------|-------------------|
| [] HOSPITAL GROUP <h2 style="text-align: center; margin: 0;">ALCOHOL WITHDRAWAL CHART (CIWA-Ar) FOR ALCOHOL ONLY</h2> WARD: _____ CONSULTANT: _____ | SURNAME _____ | UMRN _____ | |
| | GIVEN NAMES _____ | DOB _____ | GENDER _____ |
| | ADDRESS _____ | | POSTCODE _____ |
| | TELEPHONE _____ | | |

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|-----------------------------|---|
| Mandatory Checklist: | Alcohol Withdrawal Seizure History (consider regular benzodiazepine*): Yes <input type="checkbox"/> No <input type="checkbox"/> Date/Time Last Alcohol Consumed: _____ Co-existing illness (reduce dose*): <input type="checkbox"/> Hepatic impairment or contraindication for diazepam (consider lorazepam*) <input type="checkbox"/> Regular thiamine prescribed* <input type="checkbox"/> Serum magnesium checked +/- replaced <input type="checkbox"/> |
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Clinical Institute Withdrawal Assessment for - Alcohol reviewed (CIWA-Ar)

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|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date | | | | | | | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | | | | |
| Nausea and Vomiting (0-7) | | | | | | | | | | | | | | | | | | | |
| Tremor (0-7) | | | | | | | | | | | | | | | | | | | |
| Paroxysmal Sweats (0-7) | | | | | | | | | | | | | | | | | | | |
| Anxiety (0-7) | | | | | | | | | | | | | | | | | | | |
| Agitation (0-7) | | | | | | | | | | | | | | | | | | | |
| Tactile Disturbances (0-7) | | | | | | | | | | | | | | | | | | | |
| Auditory Disturbances (0-7) | | | | | | | | | | | | | | | | | | | |
| Visual Disturbances (0-7) | | | | | | | | | | | | | | | | | | | |
| Headache (0-7) | | | | | | | | | | | | | | | | | | | |
| Orientation (0-4) | | | | | | | | | | | | | | | | | | | |
| TOTAL SCORE: (max 67) | | | | | | | | | | | | | | | | | | | |

ORAL BENZODIAZEPINE IN USE DIAZEPAM LORAZEPAM

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|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Oral Dose given (mg) | | | | | | | | | | | | | | | | | | | |
| Nurse Initials | | | | | | | | | | | | | | | | | | | |
| Daily Medical Review (signed) | | | | | | | | | | | | | | | | | | | |
| Referral to Alcohol and Drug Service | Referred by: _____ To: _____ Date: _____ | | | | | | | | | | | | | | | | | | |

Oral Dosing Guide (reduce dose for age and/or comorbidities*)

THIS IS NOT A PRESCRIPTION - REFER TO THE WA HOSPITAL MEDICATION CHART

| Symptoms | CIWA-Ar Score | Oral Dose | | CIWA-Ar Frequency |
|-----------------------------------|---------------|---------------|--------------|--|
| | | Diazepam | Lorazepam | |
| <i>Mild</i> | 0-8 | NIL | NIL | Record CIWA-Ar score and repeat in FOUR hours |
| <i>Moderate</i> | 9-14 | 5 – 15 mg | 1 – 3 mg | Record CIWA-Ar score and repeat in TWO hours |
| <i>Severe</i> | 15 or more | 20 mg | 4 mg | Record CIWA-Ar and repeat in ONE hour. If no reduction in score discuss with Medical Officer |
| Usual maximum per 24 hours | | 100 mg | 20 mg | Seek medical review if maximum dose reached |

- Physiological observations must be recorded on the Adult Observation and Response Chart at each assessment
- Clinical features of alcohol withdrawal may overlap with signs of other illnesses. Consider other medical and psychiatric conditions when assessing patients. Policies guiding activation of medical emergency teams for the deteriorating patient still apply.
- This chart **MUST** be reviewed and signed daily by treating medical team
- **Medications MUST be prescribed on the WA Hospital Medication Chart**
- This Chart is ceased when at least 48 hours have elapsed since alcohol cessation AND the total score is 8 or less on FOUR CONSECUTIVE occasions

DO NOT WRITE IN MARGIN

MR ### ALCOHOL WITHDRAWAL CHART (CIWA-Ar)

ALCOHOL WITHDRAWAL CHART (CIWA-Ar)

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| <p>NAUSEA AND VOMITING – Ask “Do you feel sick to your stomach? Have you vomited?” Observation.</p> <p>0 no nausea and no vomiting 1 mild nausea with no vomiting 2 3 4 intermittent nausea with dry heaves 5 6 7 constant nausea, frequent dry heaves and vomiting</p> | <p>TACTILE DISTURBANCES – ask “Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?” Observation.</p> <p>0 none 1 very mild itching, pins and needles, burning or numbness 2 mild itching, pins and needles, burning or numbness 3 moderate itching, pins and needles, burning or numbness 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations</p> |
| <p>TREMOR – Arms extended and fingers spread apart. Observation.</p> <p>0 no tremor 1 not visible, but can be felt fingertip to fingertip 2 3 4 moderate, with patient’s arms extended 5 6 7 severe, even with arms not extended</p> | <p>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 to you? Are you hearing things that you know are not there?” Observation.</p> <p>0 not present 1 very mild harshness or ability to frighten 2 mild harshness or ability to frighten 3 moderate harshness or ability to frighten 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations</p> |
| <p>PAROXYSMAL SWEATS – Observation.</p> <p>0 no sweat visible 1 barely perceptible sweating, palms moist 2 3 4 beads of sweat obvious on forehead 5 6 7 drenching sweats</p> | <p>VISUAL DISTURBANCES – Ask “Does the light appear to be too bright? Is its colour different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there? Observation.</p> <p>0 not present 1 very mild sensitivity 2 mild sensitivity 3 moderate sensitivity 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations</p> |
| <p>ANXIETY – Ask “Do you feel nervous?” Observation.</p> <p>0 no anxiety, at ease 1 mildly anxious 2 3 4 moderately anxious, or guarded, so anxiety is inferred 5 6 7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions</p> | <p>HEADACHE, FULLNESS IN HEAD – Ask “Does your head feel different? Does it feel like there is a band around your head?” Do not rate for dizziness or light headedness. Otherwise, rate severity.</p> <p>0 not present 1 very mild 2 mild 3 moderate 4 moderately severe 5 severe 6 very severe 7 extremely severe</p> |
| <p>AGITATION – Observation.</p> <p>0 normal activity 1 somewhat more than normal activity 2 3 4 moderately fidgety and restless 5 6 7 paces back and forth during most of the interview, or constantly thrashes about</p> | <p>ORIENTATION AND CLOUDING OF SENSORIUM – Ask “What day is this? Where are you? Who am I?”</p> <p>0 orientated and can perform serial additions 1 cannot do serial additions or is uncertain about date 2 disorientated for date by no more than 2 calendar days 3 disorientated for date by more than 2 calendar days 4 disorientated for place / or person</p> |

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THIAMINE*: patients with alcohol withdrawal and clear mental state should receive thiamine IV 300 mg daily for 3 days, then PO 100 mg TDS. Consider IV 500mg TDS for patients with features of Wernicke’s encephalopathy. IM thiamine is a suitable alternative for patients without IV access.

*Chart to be used in association with WA Health AOD Withdrawal Management Practice and Pathways and/or site-specific Alcohol and other Drug management guidelines.
 Treatment recommendations do not cover all clinical scenarios and do not replace the need for clinical judgement.

References:
 Sullivan et al (1989) The revised Clinical Institute Withdrawal for Alcohol scale- revised (CIWA-Ar) British Journal of Addiction. 84: 1353-1357 Haber P, Lintzeris N, Proude E, Lopatko O. Guidelines for the treatment of Alcohol Problems. (2009). Australian Government. Department of Health and Aging.
 Western Australian Drug and Alcohol Authority, (2015), A Brief Guide to the Assessment and Treatment of Alcohol Dependence; 17-18.