MANAGEMENT OF ALCOHOL WITHDRAWAL

Ensure patients are nursed in an adequately lit, quiet area

**MILD SYMPTOMS**
- eg tense, irritable, poor concentration. If suspicion of withdrawal review regularly

**MODERATE SYMPTOMS**
- eg tachycardia, nausea, tremor, sweats, anxious, headache, flu-like symptoms, seizures

**SEVERE SYMPTOMS**
- eg confusion, visual or auditory hallucinations, irrational thoughts/fears, bizarre, aggressive or unco-operative behaviour

Alcohol intake <50 units/week

>50 units/week or previous history of alcohol withdrawal

Encourage fluids

Symptoms not subsided

Continue to observe

No medication required on discharge

### VITAMIN SUPPLEMENTATION FOR PREVENTION AND MANAGEMENT OF WERNICKE/KORSAKOFF

**Treatment:** IV Pabrinex: Required if patient:
- i) vomiting / is malnourished or at risk of malnourishment
- ii) at risk of decompensated liver disease

**Dose:** IV Pabrinex 2 pairs of (no 1 and 2) (20mls), then 8 hourly until oral intake adequate, for up to 3 days then switch to oral thiamine

**Prophylaxis:** ORAL Thiamine: If i) and ii) not an issue prescribe oral thiamine

**Dose:** thiamine 300mg stat dose on admission then 300mg once daily.

▶ CSM Advice on Pabrinex
- Administer over at least 10 minutes
- Facilities for treating anaphylaxis should be available

### REVIEW PATIENT AT LEAST TWICE DAILY

- For signs of major toxic side effects
  - (a) Benzodiazepines. **Beware risk of respiratory depression:** Monitor pulse, oximetry and respiratory rate.
  - (b) Haloperidol extra pyramidal side effects this can be reversed with procyclidine (5-10mg IV).
- To convert to oral diazepam as soon as possible or reduce dose of haloperidol
- To increase/reduce medication according to response (**Do not reduce doses overnight**)
- Titrate dose down as symptoms reduce.

### ON DISCHARGE PRESCRIBE:

- Thiamine 300mg once daily if chronic alcohol problem (GP to review need)
- 24-48 hours reducing dose of diazepam ONLY if under supervision by GP and patient committed to abstinence. Refer to Alcohol Liaison Nurse for clarification. (☎ 21396)

### SPECIAL NOTES

1. Thiamine/Pabrinex should always be given **BEFORE** the administration of dextrose fluids to avoid precipitating Wernicke Syndrome. Therefore the first IV infusion should be made up in sodium chloride 0.9%
2. Reality orientation and reassurance is encouraged.
3. For complicated cases or cases that are difficult to control seek specialist advice, i.e.
   - RIE: consult Psychiatric Team, Duty Clinical Toxicologist or the Duty Psychiatrist (REH)
   - WGH: consult Liaison Psychiatry (bleep 8454) or the Duty Psychiatrist (REH)
   - SJH: consult Liaison Psychiatry team (bleep 3017) or Duty Psychiatrist (bleep 3063) or the on call consultant via switchboard.
4. These guidelines may not be appropriate in the peri-operative period.

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**Strengths/Preparations available:**
- Diazepam tablets 2mg, 5mg, 10mg
- Diazepam syrup 2mg/5ml, 5mg/5ml
- Diazemuls injection 5mg/ml
- Haloperidol ampoule(s) 20mg/2ml
- Haloperidol ampoule(s) 5mg/ml
- Haloperidol capsule(s) 500mcg
- Haloperidol liquid 2mg/ml
- Midazolam ampoules 10mg/2ml
- Midazolam ampoules 10mg, 5ml
- Procyclidine ampoules 5mg/ml

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