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

Alcohol intake <50 units/week

Encourage fluids

Continue to observe

No medication required on discharge

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

>50 units/week or previous history of alcohol withdrawal

Oral diazepam 10-40mg up to four times daily and when required (if necessary) titrated to response (max. 160mg/24 hours. If patient >70 years max. 40mg/24 hours). If no response after 160mg, continue with diazepam and go to **Step 2** of **SEVERE SYMPTOMS**. If patient >70 years and requires doses higher than 40mg seek senior medical staff review.

Symptoms not Subsided

Symptoms not subsided

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

Step 1. TO GAIN CONTROL
Intravenous diazemuls by slow injection. Up to 40mg in divided doses during the first 30 minutes whilst monitored. If patient >70 years and requires doses higher than 40mg seek senior medical staff review. **Beware risk of respiratory depression:** Monitor pulse, oximetry and respiratory rate
If no response consider adjunctive therapy below
Adjunctive therapy - haloperidol 2-10mg IM or IV (If patient >70 years use half adult dose).
Step 2. TO MAINTAIN CONTROL
Haloperidol (oral) 5mg twice daily increasing to 5mg four times daily if required.(If patient >70years 0.5 to 1.5mg once or twice daily)
Step 3. IF PERSISTENT SEVERE AGITATION
Contact admitting consultant to discuss further treatment, other options are
(i) midazolam infusion IV (0.03-0.2 mg/kg/hr)
Consider transfer to higher dependency unit.
Consult ITU consultant or anaesthetist if appropriate

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)is 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.**

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

Approved by D&T: December 2011

Preparation Date: December 2011
Review Date: December 2013