ALCOHOL INTOXICATION AND WITHDRAWAL

ACUTE ALCOHOL RELATED COMPLAINTS

Alcohol Withdrawal Syndrome (AWS)

Request for Detox

Assess the patient for AWS

ABCDEF

Check BM

see notes!

Signs of Delirium or Wernicke

Yes

No

> 12

< 6

≥ 13

GCS

≤ 13

IV Fluid (Saline)

Pabrinex IV

Neuro Obs

Consider CT Head

Regular Observation

(One hourly)

Yes

Recovered?

Discharge Info Leaflet

ABG

Consider other Dg

Refer for admission according to Dg

De/C Home advice re community support

Fix Dose Regimen Chlordiazepoxide + Pabrinex

IV Fluid Symptom Triggered Chlordiazepoxide + Pabrinex

Admit to CDU AWS Pathway

Refer to Medics

Consider:
- Head injury,
- CVA
- C-Spine injury
- Overdose (narc., BZD, TCA, etc)
- Accidental overdose (ethyleneglicol)
- Hypothermia
- Hypothyreosis
- Sepsis

see notes below:

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see notes below:
1. **Patient who appears to be drunk might have serious underlying condition or injuries.**

- All patients with a reduced GCS → follow the “Unconsciousness / Reduced GCS” protocol for initial assessment and management
- Look for OTHER causes of delirium, drunkenness-like behaviour:
  - Hypoxia
  - Hypercapnia
  - Hypoglycaemia
  - Intoxication of other substances (ethylene glycol, methanol)
  - CVE
  - Post-ictal status
  - Encephalopathy
  - Sepsis
- Look for injuries:
  - carefully check for head and C-spine injuries,
  - check for signs of basal skull fracture (haemotympanon)
  - keep a low threshold for CT scan if unsure
  - all patients must have a full head to toe examination to describe all bruises, deformities.
  - If GCS<13 consider CT scan of head +/- C-spine and other areas as clinically indicated. Involve ED senior!

2. **Use this guideline for ADULTS (age > 16) only**

  - all patients age < 16 presented with alcohol related problem (intoxication or withdrawal) must be referred to the Paediatric team for management and safeguarding.

3. **Identify the signs of Delirium Tremens (DT) early**

  - Delirium is a medical emergency
    - Severely confused, agitated with other signs of AWS
    - Acute psychotic syndromes
    - No other medical reason for delirium (see above)
  - Initiate IV fluid, Pabrinex IV and benzodiazepine IV (diazepam 10 mg every 30-60 min. In case of liver impairment, give lorazepam 0.5 – 1.0 mg every 30 – 60 min instead of diazepam)
  - Urgent medical referral for admission

4. **Identify the signs of Wernicke Encephalopathy (WE) early**

  - Wernicke Encephalopathy is a medical emergency
    - Ataxia, ophtalmoplegia
    - Confusion, memory disturbances
    - Reduced GCS
    - Hypothermia
    - Hypotension
  - Assess airway, breathing, circulation. Call anaesthetist if airway is unsecure
  - Initiate IV Fluid and start IV Pabrinex immediately
    - Two pairs of Pabrinex ampules TDS
Don’t give Pabrinex and Glucose together as it could worsen WE
- Urgent referral for medical admission

5. We use the modified CIWA Score to assess the severity of AWS
- See the Scoring sheet on the Intranet
- Score below 6 is mild AWS → no need for hospital admission
- Score between 6-12 is moderate → need observation
- Score above 12 is severe AWS → need hospital admission

6. We do not offer detox service
- Patients with no signs of AWS or modified CIWA score < 6 should be discharged home for community detox service follow up
- If modified CIWA is between 1 – 6 and appointment with GP or community alcohol service will likely take longer than 24 hours consider prescribing Chlordiazepoxide tbl 10 - 20 mg QDS for a maximum of 3 days. Do not give prescription for more than 3 days.

7. Moderate AWS could be admitted to CDU for treatment and observation
- if the modified CIWA score is between 6 – 12 the patient could be admitted to the CDU for further care: use the Alcohol Withdrawal Admission Proforma to check the eligibility criteria and follow the Management Guideline (CDU protocols on the Intranet)
  - initiate IV fluid (N Saline)
  - Prescribe Pabrinex IV
  - Dose of Chlordiazepoxide PO (given in ED):

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<tr>
<th>Daily Alcohol consumption</th>
<th>Chlordiazepoxide PO</th>
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<td>45 mg QTD</td>
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<tr>
<td>15 – 25 unit</td>
<td>20 mg QTD</td>
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Additional 20 mg PO might be needed according to symptoms

8. Severe AWS must be referred for admission
- patients with severe AWS (modified CIWA > 12) must be admitted to the medical ward
  - initiate IV fluid (N Saline)
  - Prescribe Pabrinex IV
  - Dose of Chlordiazepoxide PO (given in ED):

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9. Seizure is a common complication
- patients with alcohol related seizure must be managed during their seizure under the same principles as any seizures
  o protect airway
  o administer oxygen
  o protect patient from injuries
  o the tonic-clonic fits last usually for a few minutes only. If prolonged, see “status epilepticus” protocol
  o re-assess the patient (ABCDE) after the fit and monitor until GCS recovers
- patients after the fit must have
  o AWS assessed (modified CIWA score)
  o patient could be discharged home with community follow up:
    ▪ if fully recovered and:
      ▪ CIWA < 6 and
      ▪ similar alcohol related fits are known in PMH
  o First (presumably) alcohol related fit should be referred to medical admission