

## Guidelines for the Management of Acute Alcohol Withdrawal Syndrome (AWS)

**Take an Adequate Alcohol History, Establish current intake**

**Complete Alcohol Screening Tool and Refer to Alcohol Care Team (see Appendices 3&4) \***

There is no need to treat individuals who have only abused for a few days and do not have objective signs of AWS unless clinical history suggests otherwise i.e., AWS seizures. For periodic drinkers with heavy bouts for week or less inform patient they may feel nervous / anxious and have trouble sleeping for a few nights.

**All Patients must have the following investigations taken and reviewed as a matter of urgency**  
U & E's K, Mg & PO<sub>4</sub>    LFTs + GGT    FBC    Clotting Screen    Blood Glucose    Folate / B12

**Are there any features of Alcohol Withdrawal?**

Tremor    Sweating    Hallucination    Disorientation    Agitation

The GMAWS can be used to assess severity at time intervals determined by the most recent score - see Appendix One

**NO**

**YES**

**Are any of the following risk factors for progression to severe withdrawal present?**

High regular established alcohol intake (men >15 u / day; women > 10 u / day; over 65 > 10 u/ day)  
History of severe withdrawal  
History of seizures / Delirium tremens  
Respiratory alkalosis

**NO**

**YES**

No treatment necessary but continue to monitor.  
- AWS usually begin 4-12 hours after cessation but may take up to a day or two, usually peaking in intensity by day2. If discharged advise to continue alcohol and reduce slowly

**Has the clinical area been trained to use the Symptom-triggered withdrawal protocol and the GMAWS tool (see Appendix 1)?**

**NO**

**YES**

Prescribe using Order Set on Lorenzo by ticking order set box and typing "Alcohol" in search bar (see Appendix 2 or if electronic prescribing unavailable Appendix 5)

Choose High or Low dose dependent on severity, choose Pabrinex dose (Appendix 6) and replace Mg intravenously if <0.50 mmol/l

Add haloperidol 5-10mg iv/im with first dose of lorazepam for all patients with severe withdrawal (GMAWS score 9-10)

**Has the patient remained agitated, or become more agitated despite following the treatment offered by the Order Set on Lorenzo?**

**YES**

Refer to GMAWS tool in Appendix One which recommends dosing and intervals based on severity of withdrawal symptoms and should guide use of additional PRN dosing.

Development of Guideline	Dr Austin – Consultant Gastroenterology
In consultation with	James Kerr – Divisional Pharmacist
Approved by	Medicine division – December 2023
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Key Contact	Dr A Austin

### Appendix One

The Glasgow Modified Alcohol Withdrawal Score (GMAWS) is a validated tool which can be used at intervals to assess the severity of withdrawal symptoms and guide the administration of benzodiazepines.

#### Glasgow Modified Alcohol Withdrawal Score (GMAWS)

Score	
	<b>Tremor</b>
0	No tremor
1	On movement
2	At rest
	<b>Sweating</b>
0	No sweat visible
1	Moist
2	Drenching sweats
	<b>Hallucination</b>
0	Not present
1	Present but rational
2	Fixed and irrational
	<b>Orientation</b>
0	Orientated
1	Vague, detached
2	Disorientated, no contact
	<b>Agitation</b>
0	Calm
1	Anxious
2	Panicky
	<b>Total</b>

**DO NOT USE SCORING TOOL IF  
PATIENT INTOXICATED; MUST BE AT  
LEAST 8 HOURS SINCE LAST DRINK**

Score	Action	
<b>0</b>	Repeat score in 2 hours (Discontinue after scoring on 4 consecutive occasions, except if less than 48hrs since last drink)	
<b>1-3</b>	Give lorazepam 2mg oral/iv	Repeat score in 2 hours
<b>4-8</b>	Give lorazepam 4mg oral/iv	Repeat score in 1 hour
<b>9-10</b>	Give lorazepam 4mg oral/iv and haloperidol 5-10mg im/iv	Repeat score in 1 hour

**Consider iv lorazepam 2mg every 10 mins as required until adequate sedation achieved;  
MONITOR SEDATION EVERY 15 MINS**

## Appendix Two

Lorenzo screen shots for prescribing for alcohol withdrawal - REMEMBER TO TICK  
"search order sets" to bring up the AWS regimen

The screenshot shows the 'Create/Amend inpatient prescription' interface. At the top, there are navigation links: '>> Create/Amend inpatient prescription >> Print'. Below this is a header bar with the title 'Create/Amend inpatient prescription'. The main area is divided into sections. On the left, there's a 'Recorded medication' section with a 'Search' button. Below it is a 'Quick links' dropdown menu. A search bar contains the text 'alcohol' and a 'Search drug catalogue' button. Below the search bar are radio buttons for search criteria: 'Search order sets' (checked), 'Begins with', and 'Any word'. A section titled 'Create multiple component item' contains a list of search results: 'Alcohol high Dose Withdrawal Regimen Patient with Severe Symptoms Only' and 'Alcohol Standard Withdrawal Regimen'. On the right side, there's a sidebar titled 'Inpatient Enc...' and 'Inpatient pr...'. The bottom of the screen shows navigation links: 'Other links', 'Links', 'Observations/Results', and 'Reconcile'. There is also an 'Add to favourite' button.

### Appendix Three

Lorenzo screenshots for alcohol screening tool - complete screening tool found under Clinical Indicators tab and if prompted refer to Alcohol Care Team

<span>Overview</span> <span>Floor plan</span> <b><span>Clinical Indicators</span></b> <span>Monthly workload</span> <span>Weekly workload</span> <span>Ward Events</span> <span>Management View</span> <span>Bed manager vi</span>							
Patient details		Service point details	AKIrs	VTE	SmkAI	Activity	Chart
<input type="checkbox"/> TESTINGONLYAGAIN ▶ Thisisatest, Male, 20/02/1976, 81525979		T1 Test Ward, T1 Bed 3		0h...	0h...		

**Alcohol**

Does the patient drink alcohol?  Yes  No

**AUDIT-C questionnaire (Score max 12)**

How often has the patient had a drink containing alcohol in the past year?

Never  
 Monthly or less  
 2 to 4 times per month  
 2 to 3 times per week  
 4 or more times per week

How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

1 or 2  
 3 or 4  
 5 or 6  
 7 to 9  
 10 or more

How often did you have six or more drinks on one occasion in the past year?

Never  
 Less than monthly  
 Monthly  
 Weekly  
 Daily or almost daily

**Total: /12**

## Appendix Four How to make a referral to the Alcohol Care Team on Lorenzo

Having completed the screening tool and scoring 5 or higher referral to Alcohol Care Team is required - see below - click the box highlighted in red.

The **Place request** window will open (as with when requesting diagnostic tests).

Once the referral has been made, the referral will be visible in the View Tab within Results as placed.

TIENTRACK ,Outboundtest 01-Jan-1974 48 yrs 81514692							Allergies /ADRs No known aller	
Encounter context: Inpatient, DUMMY Care Provider DQ, GENERAL MEDICINE, GEN...							EPR filtered by: (None)	
Information is only available from your own organisation until Legitimate Relationship controls are operating.								
View Tabular View Results Table Radiology Blood Gases Micro Haem and Coag Biochem Imm Blood Bank Clini Meas Histo								
Unseen (0) Grouped results								
Sort by (None) Filter by (None)								
Requeste...	Sample/...	Result R...	Request to be perfo...	Investigation Name	Specimen S...	Request Status		
04/08/2022 16:04			04/08/2022 16:04	Alcohol dependency referral	Not Applicable	Placed		
04/08/2022 16:03			04/08/2022 16:03	Tobacco Dependency Referral	Not Applicable	Placed		

## Appendix Five

Dose ladder for lorazepam when electronic sources unavailable

**Lorazepam regime prescribed on variable dose section and vitamin supplementation should always be considered alongside – see over**

Time	Very Severe symptoms only	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
08.00	2mg	1mg	1mg	0.5mg	0.5mg	0.5mg			S
12.00	2mg	1mg	0.5mg	0.5mg	0.5mg	0.5mg	0.5mg		T
18.00	2mg	1mg	0.5mg	0.5mg	0.5mg				O
22.00	2mg	1mg	1mg	0.5mg	0.5mg	0.5mg	0.5mg	0.5mg	P

- Initial dose should be titrated up to meet clinical signs.
- Standard dose - Initial 1mg QDS is sufficient for almost all cases.
- Reduced dose - mild symptoms and elderly frail patients - consider starting detox as per 'Day 2' and observe.
- **Very severe symptoms** – may need up to 2mg QDS to control, therefore an extra day of detoxification may be required as indicated above.
- Regular recorded T & BP and observe for breakthrough AWS. Severity of withdrawals do not correlate simply with consumption levels.

# Appendix Six: Management algorithm for electrolyte/ vitamin supplementation in the prevention/ treatment of Wernickes Encephalopathy

