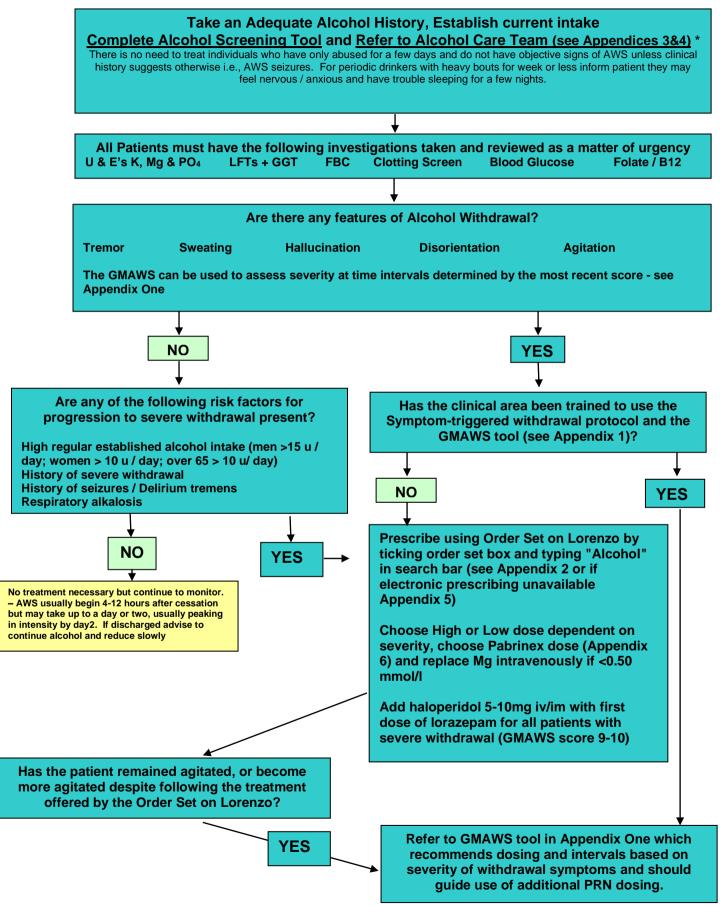
# Guidelines for the Management of Acute Alcohol Withdrawal Syndrome (AWS)



Development of Guideline	Dr Austin – Consultant Gastroenterology
In consultation with	James Kerr – Divisional Pharmacist
Approved by	Medicine division – December 2023
Review date	December 2024
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	
	Tremor
0	No tremor
1	On movement
2	At rest
_	Sweating
	S Cutting
0	No sweat visible
1	Moist
2	Drenching sweats
	Hallucination
0	Not present
1	Present but rational
2	Fixed and irrational
	Orientation
0	Orientated
1	Vague, detached
2	Disorientated, no contact
-	
	Agitation
0	Calm
1	Anxious
2	Panicky
	Total

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

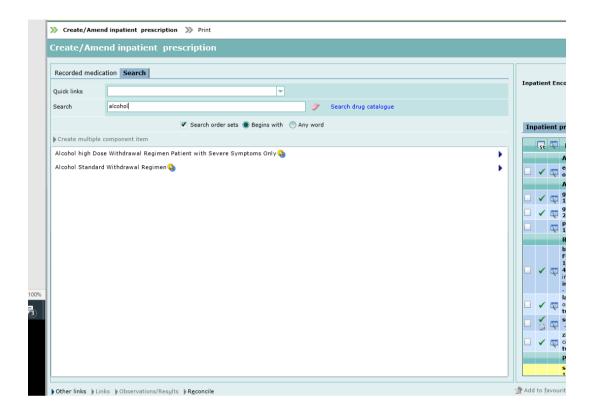
Score	Action	
0	Repeat score in 2	hours (Discontinue
	after scoring on 4	
	occasions, except	if less than 48hrs
	since last drink	
1-3	Give lorazepam	Repeat score in 2
	2mg oral/iv	hours
4-8	Give lorazepam	Repeat score in 1
	4mg oral/iv	hour
9-10	Civa lorazonam	Papast score in 1
9-10	Give lorazepam 4mg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

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





# **Appendix Three**

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

Overview Floor plan Clinical In	ndicators	Monthly workload	W	eekly worklo	ad	Ward E	vents	Mana	gement View	Bed man	agei
Patient details	Service po	int details		AKIrs	VT	E	SmkA	4	Activity	Chart	
TESTINGONLYAGAIN Thisisatest, Male, 20/02/1976, 81525979	T1 Test Wa	rd, T1 Bed 3				0h	<b>]</b> 0	h			
Alcohol											
Does the patient drink alcohol?					•	Yes	0	No			
AUDIT-C questionnaire (Score max	12)										
How often has the patient had a dri					000	Never Monthly or 2 to 4 time 2 to 3 time 4 or more t	s per me s per we	ek			
How many drinks containing alcoho drinking in the past year?	əl did you ha	ve on a typical day wh	en y	ou were	000	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 o	ne occasion in the pas	t yea	ar?	ŏ	Never Less than r	nonthly				
					ŏ	Monthly Weekly Daily or alr	nost dai	ly			



## 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.

H 4 Page 1 of 1 - Smoking and Alcohol Asses • • H 📀 🖃 🗆 Finalise	Generate document 🗌 Mark as significant 🗌 Send for authorisation 🔊
Actual date of assessment 28/07/2022 11:59	TH,Hubson (Role:Clinicz 🔹 📝 🗾 🤌 😿 📚 Copy 🔜 Saved: 12:44
Total: /12	9
Give the following advice, alcohol leaflet and refer to the Alcohol Care T Have you thought about reducing your alcohol consumption, even a sma benefits including consuming less calories, better sleep and improved m	Il reduction would give you increased health
Tick to confirm advice has been given to patient (including written information)	Advice Given
All patients scoring 5 or higher must be referred to the Alcohol Care Team	Refer Patient
To submit the referral: Click the button on the right, enter alcohol depend	lency referral in the search box>
No records entered	

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

Place request - Sel	t your request(s) using power search or quick links -	undefined
Power Search	4	
Search Type Request item		
Alcohol dependency referr		

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

T.	IE	NTF	RAC	к,	Du	tboundte	st 01-Ja	an-1974	48 y	rs 81514692	2						
				<u> </u>											Allergie	s / AC	Rs No known aller
inc	coun	ter co	ontext	: Inp	atio	ent, DUMMY	Care Provid	der DQ, GENI	ERAL M	IEDICINE, GEN	- 🧷 Y	🧟 EPR filte	ered by: (	None	:)		
fo	rma	tion	is on	ly ava	ilab	le from your	own organis	ation until Le	gitimat	te Relationship cor	ntrols a	re operat	ing.				
v	/ien	/ T	abula	r View	/ R	lesults Table	Radiology	Blood Gases	Micro	Haem and Coag	Bioche	m Imm	Blood B	ank	Clini Meas	Histo	)
<u>:kr</u>	nowl	edge	<u>d (0)</u>		L	JnSeen (0)	Grouped	l results									
up	o by	- (	(None	:)								Filter by	▼ (None	)			
6	ŧ	1	<b>v</b> ?	6	Ê	Requeste	Sample/	Result R.	F	Request to be perfo	. In	vestigatio	n Name	•	Specimen S	•	Request Status
Γ						04/08/2022				04/08/2022 16:04	)	Alcohol	dependen	су	Not Applicabl		Placed
						16:04				04/08/2022 16:04	re	ferral			пот Аррисари	e	Placed
						04/08/2022					)	Tobacco					
						16:03				04/08/2022 16:03	D	ependency	/ Referral		Not Applicabl	e	Placed



### **Appendix Five**

Dose ladder for lorazepam when electronic sources unavailable

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		Т
18 <b>.00</b>	2mg	1mg	0.5mg	0.5mg	0.5mg				0
2.00	2mg	1mg	1mg	0.5mg	0.5mg	0.5mg	0.5mg	0.5mg	P
•	Initial dose Standard d			•		Ŭ		ses.	

- 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



