



For Back Up Use

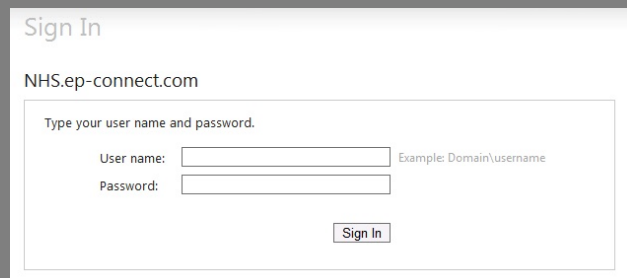
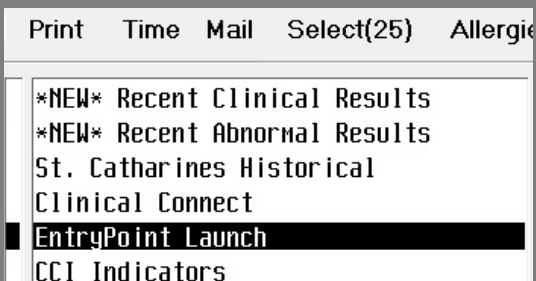
This copy of the Orderset is for Information & BackUp purposes only.

It is intended for use during downtimes.

**For daily use, please access the version on
EntryPoint**

To launch EntryPoint, go to PCI (Patient Care Inquiry) in Meditech. Look for “EntryPoint Launch” and follow the instructions. Log in using your PACS (or Outlook) username and password in lowercase.

Thanks.





Height _____ cm Weight _____ kg

Allergies _____

| Management of Alcohol Withdrawal in the Adult Patient Order Set | | M | K | O |
|--|--|---|---|---|
| Orders Processed Date (dd/mm/yyyy) | Diet | | | |
| | <input type="checkbox"/> DAT <input checked="" type="checkbox"/> Encourage oral fluids <input type="checkbox"/> Other: _____ | | | |
| Time (hhmm) | Vitals/Monitoring | | | |
| | Implement CIWA-Ar Protocol (ASSMT014) | | | |
| By | <input type="checkbox"/> Temp, HR, RR, BP, SpO ₂ q1h <input type="checkbox"/> Temp, HR, RR, BP, SpO ₂ q _____ minutes Select one option below: <input type="checkbox"/> until CIWA score is less than 10 OR <input type="checkbox"/> for _____ hours | | | |
| Status | <input checked="" type="checkbox"/> Notify MD if respiratory rate is less than 10 per minute <input checked="" type="checkbox"/> Continuous pulse oximetry required if IV benzodiazepine is given | | | |
| Processing Reviewed by | CIWA Monitoring and Scoring | | | |
| | <input checked="" type="checkbox"/> Initiate CIWA-Ar Scoring and Monitoring 1. For Initial CIWA-Ar score = 0 <input checked="" type="checkbox"/> Repeat CIWA in 2 hours and 4 hours <input checked="" type="checkbox"/> If 4 hour score = 0, discontinue protocol 2. If CIWA-Ar score = 1 – 9 <input checked="" type="checkbox"/> Continue supportive care <input checked="" type="checkbox"/> Repeat CIWA q2h x 3 <input checked="" type="checkbox"/> If CIWA scores continue to be less than 10, discontinue protocol 3. For CIWA-Ar score greater than or equal to 10 <input checked="" type="checkbox"/> Repeat CIWA score q1h until score is less than 10, then decrease monitoring to q2h x 3 scores <input checked="" type="checkbox"/> Document all CIWA-Ar scores and vital signs on the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) Record Form (ASSMT014) <input checked="" type="checkbox"/> Always awaken patient for assessment <input checked="" type="checkbox"/> Ensure patient is fully awake when scoring <input checked="" type="checkbox"/> Alcohol hallucinosis treatment same as Standard Alcohol Withdrawal Protocol | | | |
| Status | | | | |
| Faxed by | Lab Investigations (If clinically indicated) | | | |
| | <input type="checkbox"/> CBC <input type="checkbox"/> Creatinine <input type="checkbox"/> Urea <input type="checkbox"/> Random Glucose <input type="checkbox"/> Na, K, Cl, TCO ₂ <input type="checkbox"/> Magnesium <input type="checkbox"/> ALT, ALP, Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> Ethanol <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Additional Labs: _____ | | | |

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm) Read Back

Rev. 12/2015/V9 ORD92



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Height _____ cm Weight _____ kg

Allergies _____

| Management of Alcohol Withdrawal in the Adult Patient Order Set | | M | K | O |
|--|---|---|---|---|
| Orders Processed Date (dd/mm/yyyy) | Diagnostics | | | |
| | Cardiology | | | |
| | <input type="checkbox"/> ECG (to assess QT interval) <input type="checkbox"/> ECG daily x 2 days if QT interval prolonged | | | |
| Time (hhmm) | IV Therapy | | | |
| | IV Fluid | | | |
| | <input type="checkbox"/> No IV <input type="checkbox"/> sodium chloride 0.9% at _____ mL/h <input type="checkbox"/> Other: _____ | | | |
| By | Other IV Orders | | | |
| | <input type="checkbox"/> Saline lock <input checked="" type="checkbox"/> Reassess IV requirements q24h | | | |
| Status | Medications | | | |
| | Standard Alcohol Withdrawal Protocol based on CIWA-Ar score (for patients less than 75 years of age) | | | |
| Processing Reviewed by | (Administer for CIWA-Ar scores greater than 10) | | | |
| | ***No numerical maximum dose, total dose based on CIWA score/clinical response*** | | | |
| Status | Dosing Recommendations: | | | |
| | ***diazepam 10 – 20 mg PO q1h OR 5 – 20 mg IV q1h*** | | | |
| | <input type="checkbox"/> diazepam _____ mg PO q _____ h <input type="checkbox"/> diazepam _____ mg IV q _____ h <input checked="" type="checkbox"/> Administer diazepam until CIWA score is less than 10 <input checked="" type="checkbox"/> Contact MD if CIWA is greater than or equal to 10 after 3 doses <input checked="" type="checkbox"/> Monitor RR and SpO ₂ with IV administration of diazepam <input checked="" type="checkbox"/> Hold if drowsy | | | |
| Faxed by | If History of Alcohol Withdrawal Seizures | | | |
| | <input type="checkbox"/> diazepam 20 mg PO q1h x 3 doses OR <input type="checkbox"/> diazepam 20 mg IV q1h x 3 doses <input checked="" type="checkbox"/> Monitor RR and SpO ₂ with IV administration of diazepam <input checked="" type="checkbox"/> Hold if drowsy <input checked="" type="checkbox"/> THEN select and follow the Standard Alcohol Withdrawal Protocol according to the CIWA-Ar score as above | | | |

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Height _____ cm Weight _____ kg

Allergies _____

Management of Alcohol Withdrawal in the Adult Patient Order Set

M K O

Orders
Processed
Date
(dd/mm/yyyy)

Medications Continued...

For Patients with Advanced Liver Disease/ Severe COPD / Respiratory Illness / Elderly Patients (75 years of age or older) / Methadone or High Dose Opioids

Dosing Recommendations:

LORazepam 1 – 4 mg PO/SL/IM

LORazepam 0.5 – 1 mg if IV route OR for a patient with COPD

- LORazepam _____ mg PO/SL q1 – 4h
- LORazepam _____ mg IV q1 – 4h
- LORazepam _____ mg IM q1 – 4h
- Administer LORazepam until CIWA score is less than 10
- Contact MD if CIWA is greater than or equal to 10 after 3 doses
- RR and SpO₂ monitoring required for IV route
- Hold if drowsy

Time (hhmm)

By

Status

If Delirium Tremens:

Administration of antipsychotics not recommended

Consider PCU/ICU consult

- diazepam 10 – 20 mg PO q30min x 4 doses
- diazepam 10 – 20 mg IV q30min x 4 doses
- Monitor RR and SpO₂ with IV administration of diazepam
- Hold if drowsy
- Contact MRP after fourth dose to obtain additional diazepam orders

Processing
Reviewed by

Status

Faxed by

If Delirium Tremens with Advanced Liver Disease/ Severe COPD / Respiratory Illness / Elderly Patients (75 years of age or older) / Methadone or High Dose Opioids:

Dosing Recommendations:

LORazepam 1 – 4 mg, PO, SL or IM

LORazepam 0.5 – 1 mg if IV route or for a patient with COPD

- LORazepam _____ mg PO or SL q1 – 4h
- LORazepam _____ mg IV q1 – 4h
- LORazepam _____ mg IM q1 – 4h
- RR and SpO₂ monitoring required for IV route
- Hold if drowsy
- Contact MRP after fourth dose to obtain additional LORazepam orders

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Height _____ cm Weight _____ kg

Allergies _____

| Management of Alcohol Withdrawal in the Adult Patient Order Set | | M | K | O |
|---|--|---|---|---|
| Orders Processed Date (dd/mm/yyyy) Time (hhmm) By Status Processing Reviewed by Status Faxed by | <div style="background-color: #f2f2f2; padding: 2px;">Other Medications</div> <input type="checkbox"/> thiamine 100 mg IV daily x3 days <input type="checkbox"/> thiamine 100 mg PO daily x3 days <input type="checkbox"/> thiamine 100 mg IM daily x3 days <input checked="" type="checkbox"/> First dose of thiamine must be given prior to administration of any IV dextrose <input type="checkbox"/> multivitamins 1 tablet PO daily <input type="checkbox"/> multivitamins 10 mL IV daily <input type="checkbox"/> folic acid 1 mg PO daily x 5 days | | | |
| | <div style="background-color: #f2f2f2; padding: 2px;">Supportive Care</div> <input checked="" type="checkbox"/> Offer fluids, food, blankets, dry gown, reassurance, and quiet/low light environment <input type="checkbox"/> Observation level: <input type="checkbox"/> constant <input type="checkbox"/> close (q15minutes) <input type="checkbox"/> routine (q30minutes) | | | |

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If Telephone Order _____ Read Back
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm)



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