

Alcohol Withdrawal & Clinical Institute Withdrawal Assessment of Alcohol Scale Revised Version (CIWA-Ar)

Toolbox Session Template

- How to Administer

Please use I.D. label or block print

| HO SPITAL GROUP | | SURNAME | | UMRN | |
|--|---|-----------------------------------|--------------|--|-----------|
| ALCOHOL WITHDRAWAL CHART (CIWA-Ar) FOR ALCOHOL ONLY | | GIVEN NAMES | | DOB | GENDER |
| WARD: _____ | | ADDRESS | | | POSTCODE |
| CONSULTANT: _____ | | | | | TELEPHONE |
| Mandatory Checklist: | Alcohol Withdrawal Seizure History (consider regular benzodiazepine*): Yes <input type="checkbox"/> No <input type="checkbox"/> Date/Time Last Alcohol Consumed: _____ Co-existing illness (reduce dose*): <input type="checkbox"/> Hepatic impairment or contraindication for diazepam (consider lorazepam*) <input type="checkbox"/> Regular thiamine prescribed* <input type="checkbox"/> Serum magnesium checked +/- replaced <input type="checkbox"/> | | | | |
| Clinical Institute Withdrawal Assessment for - Alcohol reviewed (CIWA-Ar) | | | | | |
| Date | | | | | |
| Time | | | | | |
| Nausea and Vomiting (0-7) | | | | | |
| Tremor (0-7) | | | | | |
| Paroxysmal Sweats (0-7) | | | | | |
| Anxiety (0-7) | | | | | |
| Agitation (0-7) | | | | | |
| Tactile Disturbances (0-7) | | | | | |
| Auditory Disturbances (0-7) | | | | | |
| Visual Disturbances (0-7) | | | | | |
| Headache (0-7) | | | | | |
| Orientation (0-4) | | | | | |
| TOTAL SCORE: (max 67) | | | | | |
| ORAL BENZODIAZEPINE IN USE | | <input type="checkbox"/> DIAZEPAM | | <input type="checkbox"/> LORAZEPAM | |
| Oral Dose given (mg) | | | | | |
| Nurse Initials | | | | | |
| Daily Medical Review (signed) | | | | | |
| Referral to Alcohol and Drug Service | Referred by: _____ To: _____ Date: _____ | | | | |
| Oral Dosing Guide (reduce dose for age and/or comorbidities*) | | | | | |
| THIS IS NOT A PRESCRIPTION - REFER TO THE WA HOSPITAL MEDICATION CHART | | | | | |
| Symptoms | CIWA-Ar Score | Oral Dose | | CIWA-Ar Frequency | |
| | | Diazepam | Lorazepam | | |
| Mild | 0-8 | NIL | NIL | Record CIWA-Ar score and repeat in FOUR hours | |
| Moderate | 9-14 | 5 – 15 mg | 1 – 3 mg | Record CIWA-Ar score and repeat in TWO hours | |
| Severe | 15 or more | 20 mg | 4 mg | Record CIWA-Ar and repeat in ONE hour. If no reduction in score discuss with Medical Officer | |
| Usual maximum per 24 hours | | 100 mg | 20 mg | Seek medical review if maximum dose reached | |

Insert HSP barcode here

DO NOT WRITE IN MARGIN

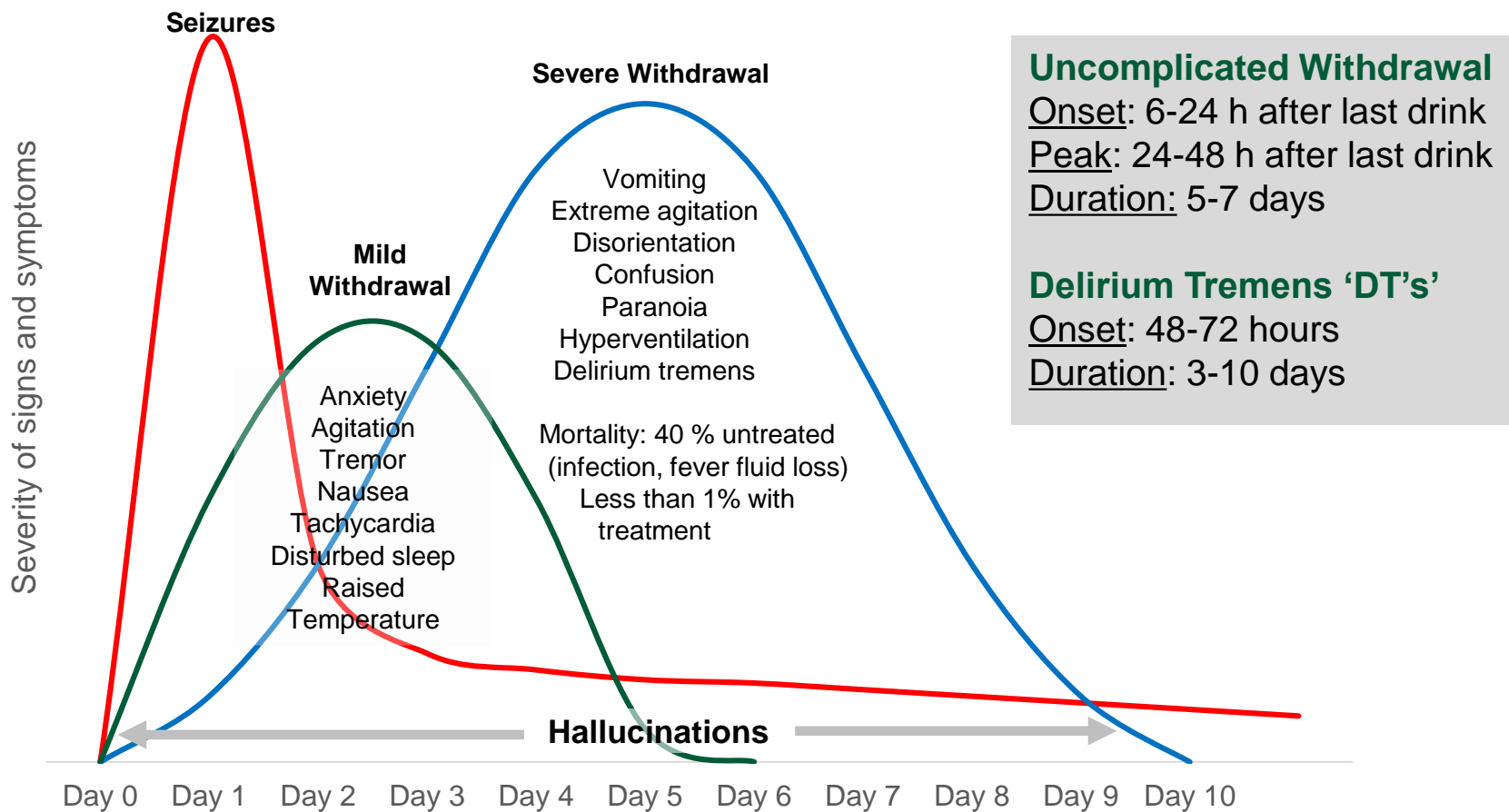
MR ### ALCOHOL WITHDRAWAL CHART (CIWA-Ar)

Alcohol Withdrawal 101



- **Alcohol withdrawal**
 - Onset 6-24 hours after the last drink
 - May be delayed in polysubstance use (e.g. benzos)
 - Can occur with raised BAL in some patients.
- Alcohol Withdrawal can be severe and **life threatening**
 - **Delirium tremens ('the DTS')** occurs in 5% of patients
 - Medical illness in a patient with prolonged alcohol dependence.
 - **Wernicke's encephalopathy**
 - Acute, reversible neuropsychiatric condition due to thiamine deficiency
 - Classic triad (not always present)
 - Cerebellar ataxia,
 - Ocular abnormalities (nystagmus, VIth nerve palsy)
 - Confusion / altered mental state
- Have a **low threshold** for diagnosis and thiamine

Progress and Alcohol Withdrawal Symptoms



How to Administer CIWA-Ar

Ensure **mandatory checklist** is completed

| | |
|-----------------------------|---|
| Mandatory Checklist: | Alcohol Withdrawal Seizure History (consider regular benzodiazepine*): Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Date/Time Last Alcohol Consumed: <u>7/03/2021</u> Co-existing illness (reduce dose*): <input type="checkbox"/> |
| | Hepatic impairment or contraindication for diazepam (consider lorazepam*) <input type="checkbox"/> |
| | Regular thiamine prescribed* <input checked="" type="checkbox"/> Serum magnesium checked +/- replaced <input checked="" type="checkbox"/> |

- **Thiamine**

- Poor oral bioavailability - reduced by 70% in intoxication and malnutrition
- Alert patients with alcohol withdrawal: **Thiamine IV 300mg**
 - IM thiamine is suitable for patients without IV access
- Patients with **altered mental state: Thiamine IV 500mg**
- Give thiamine before glucose to avoid precipitating Wernicke's encephalopathy

- **Magnesium** replacement: low Mg impairs thiamine utilisation

- **Benzodiazepines:** Lorazepam should be considered if there is hepatic impairment, respiratory depression, head injury or contraindication for diazepam

Scoring

| | |
|-----------------------------|------|
| Date | 7/03 |
| Time | 0700 |
| Nausea and Vomiting (0-7) | 2 |
| Tremor (0-7) | 3 |
| Paroxysmal Sweats (0-7) | 3 |
| Anxiety (0-7) | 2 |
| Agitation (0-7) | 2 |
| Tactile Disturbances (0-7) | 0 |
| Auditory Disturbances (0-7) | 0 |
| Visual Disturbances (0-7) | 0 |
| Headache (0-7) | 2 |
| Orientation (0-4) | 0 |
| TOTAL SCORE: (max 67) | 14 |

Total score once completed all 10 items



Tips for Assessment

Tremor

- Observe patient with extended arms and fingers spread
- Put the patient's hands on your own to feel the tremor
- Provide a cup of water to observe the tremor
- **Mild tremor (1-2)**: fine, flutter like movements
- **Moderate tremor (3-4)**: brings cup to mouth with 1 hand but noticeable tremor
- **Severe tremor (5-6)**: requires 2 hands to bring cup to mouth
- **Full body tremor (7)**: patient can't stand unassisted and has tremors all over, including the tongue

Paroxysmal sweats

- Visualise/touch the patient's palms, back of the neck and forehead
- **Mild sweat (1-2)**: detect moisture
- **Moderate sweat (3-4)**: detect sweat on the forehead and palms, clothing is damp
- **Severe sweat (6-7)**: clothing and bedding are wet, patient is wet and clammy
- **Full body sweat (7)**: clothing and bedding are soaked

Dosing Guide and Frequency

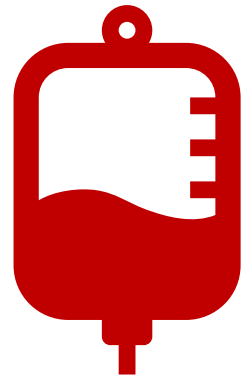
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|--|---|---|-----------|---|
| ORAL BENZODIAZEPINE IN USE | | <input type="checkbox"/> DIAZEPAM | | |
| | | <input checked="" type="checkbox"/> LORAZEPAM | | |
| Oral Dose given (mg) | 15mg | | | |
| Nurse Initials | JM | | | |
| Daily Medical Review (signed) | L F | | | |
| Referral to Alcohol and Drug Service | Referred by: Jane Mary RN To: HSP AOD Service Date: 7/03/2021 | | | |
| Oral Dosing Guide (reduce dose for age and/or comorbidities*) | | | | |
| THIS IS NOT A PRESCRIPTION - REFER TO THE WA HOSPITAL MEDICATION CHART | | | | |
| Symptoms | CIWA-Ar Score | Oral Dose | | CIWA-Ar Frequency |
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| Usual maximum per 24 hours | | 100 mg | 20 mg | Seek medical review if maximum dose reached |

- Indicate **which** is being used
- Ensure dosing is recorded **here** and in **Medication Chart**
- Medications **MUST** be prescribed on the WA Hospital Medication Chart
- The chart should be reviewed and signed daily by the treating medical team

• **Dose and Frequency** of assessment is dictated by **total score**

- **Assessment occurs around the clock** – wake the patient if sleeping.
- **Physiological observations** must be recorded on the Adult Observation and Response Chart at each assessment
- Can be ceased when **at least 48 hours** have elapsed since alcohol cessation **AND** the total score is **8 or less** on **FOUR CONSECUTIVE** occasions

Scenario



Patient A is a 55 year old male presenting to the emergency department in alcohol withdrawal. He has a history of moderate to severe withdrawal symptoms but no seizures

Question 1: At 0800hrs he has a CIWA-Ar score of 16 and 20mg PO of diazepam is given. When would you complete the next set of observations and CIWA-Ar?

- a. QID
- b. In one hour
- c. In two hours

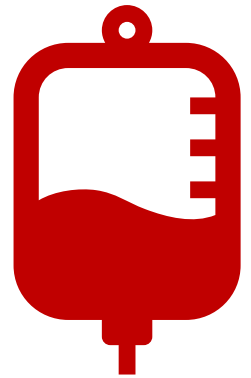
Question 2: At his next CIWA-Ar assessment he scores 20. What should you do?

- a. Give 20mg of diazepam and repeat in one hour
- b. Give lorazepam instead of diazepam
- c. Discuss presentation and CIWA-Ar scores with Medical Officer

Question 3: Through the day you notice he is confused at times and is ataxic when walking. The most appropriate thiamine regime is

- a. 200mg thiamine PO
- b. 500mg IV TDS
- c. 200mg IV TDS

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More Information..

- For more information see Department of Health Alcohol and Other Drugs Withdrawal Management Practice and Pathways Document
- Local HSP Alcohol and Other Drugs Policy
- Contact your HSP AOD Service for an Alcohol and Withdrawal Management Education Session