(place patient label here)  Patient Name:  Order Set Directions:  > (√)- Check orders to activate; Orders with pre-checked box ☑ will to pre-printed order set where changes such to pre-printed order set where set where the pre-printed order set where set	
Diagnosis:	
Allergies with reaction type:	
Nursing Orders  Assess CIWA-Ar  ☑ every 4 hours until CIWA-Ar score is less ☑ 15-30 minutes after each IV LORazepan ☑ 30-60 minutes after each oral LORazep Vital signs not per unit standard ☑ every 4 hours until CIWA-Ar score is less ☑ prior to each LORazepam dose Assess neurologic status ☑ every 4 hours (with vital signs) ☑ Notify provider for CIWA-Ar scores greater initiation of the LORazepam (ATIVAN) dos ☑ Notify provider if CIWA-Ar scores greater ☑ Notify provider if patient history of post-tr provider unaware ☑ Notify provider if patient has history of alco ☑ Seizure precautions ☑ HOLD LORazepam (ATIVAN) for any of the	s than 8 for 24 hours (with vital signs)  (ATIVAN) dose  am (ATIVAN) dose  s than 8 for 24 hours  than 20 for any one period and for transfer to critical care prior to ling for CIWA-Ar greater than 20
ordered  □ 20 mEq KCL per Liter @ millilite (BANANA BAG) if ordered  □ mEq KCL per Liter @ m	gement venous infusion; Begin after MVI fluid infusion (BANANA BAG) if r/hour continuous intravenous infusion; Begin after MVI fluid infusion lliliter/hour continuous intravenous infusion; Begin after MVI fluid
	Folic Acid 1 mg, Thiamine 100 mg (BANANA BAG) 1000 mL ravenous infusion once Hold maintenance IV fluids during until

Initials

infusion complete

BAG WITH MAGNESIUM) 1000 mL

Sodium Chloride 0.9% IV with MVI 10 mL, Folic Acid 1 mg, Thiamine 100 mg, Magnesium 2 grams (BANANA

□ \_\_\_\_\_ milliliter/hour continuous intravenous infusion once Hold maintenance IV fluids during infusion

(place patient label here)
Patient Name:

## ENEFIS HEALTH SYSTEM enef

**PROVIDER ORDERS** 

- Order Set Directions:

  > (√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.
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  - Initial each page and Sign/Date/Time last page

For patients taking oral

thiamine (loading dose) PICK ONE if not already given in ER:

- □ 100 milligram intramuscularly once
- □ 100 milligram intravenously once

thiamine (maintenance dose)

- □ 100 milligram tablet orally once a day times 3 days; Begin day following thiamine loading dose multivitamin with minerals
  - □ 1 tablet orally once a day

## Withdrawal Prophylaxis Regimen

- Patients with a history of seizures, delirium tremens, or prolonged, heavy alcohol consumption, who are minimally symptomatic or asymptomatic and are admitted to the hospital for other reasons, can be prophylactically treated with oral chlordiazepoxide.
  - chlordiazePOXIDE (LIBRIUM)
    - □ 50 milligram orally every 8 hours for 1 day then 25 milligram every 6 hour for 2 days. Hold and Notify provider if CIWA-Ar score greater than 8 and LORazepam (ATIVAN) dosing is initiated.

## Active Withdrawal Treatment - LORazepam (ATIVAN) Dosing Protocol

CIWA-Ar Score 8-14

LORazepam (ATIVAN)- oral

☑ 1 milligram orally every hour for 2 doses for CIWA-Ar score 8-14; INITIAL DOSE

\* \*Then \* \*

LORazepam (ATIVAN)- oral

- ☑ 1 milligram orally every 2 to 4 hours as needed to keep CIWA-Ar score less than 8; Maintenance as needed dosing (if score increases by 2 or more use dosing for 15-20 score)
- \*\*OR\*\*

LORazepam (ATIVAN)- IV

- ☑ 1 milligram intravenously every hour for 2 doses for CIWA-Ar score 8-14; INITIAL DOSE
- \* \*Then \* \*

LORazepam (ATIVAN)- IV

☑ 1 milligram intravenously every 2 to 4 hours as needed to keep CIWA-Ar score less than 8; Maintenance as needed dosing (if score increases by 2 or more use dosing for 15-20 score)

CIWA-Ar Score 15-20

LORazepam (ATIVAN)- oral

☑ 2 milligram orally every hour for 2 doses for CIWA-Ar score 15-20; INITIAL DOSE

\* \*Then \* \*

LORazepam (ATIVAN)- oral

- ☑ 2 milligram orally every 2 to 4 hours as needed to keep CIWA-Ar score less than 8; Maintenance as needed dosing (if score increases by 2 or more use dosing for greater than 20 score)
- \*\*OR\*\*

LORazepam (ATIVAN)- IV

☑ 2 milligram intravenously every hour for 2 doses for CIWA-Ar score 15-20; INITIAL DOSE

\* \*Then \* \*

LORazepam (ATIVAN)- IV

☑ 2 milligram intravenously every 2 to 4 hours as needed to keep CIWA-Ar score less than 8; Maintenance as needed dosing (if score increases by 2 or more use dosing for greater than 20 score)

Initia	

(place patient label here) Patient Name:  Patient Name:
Order Set Directions:  > (√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.  > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made  > Initial each page and Sign/Date/Time last page  PROVIDER ORDERS
<ul> <li>CIWA-Ar Score greater than 20</li> <li>☑ Notify provider prior to initiation of the LORazepam (ATIVAN)-IV dosing for CIWA-Ar greater than 20 LORazepam (ATIVAN)-IV</li> <li>☐ 3 milligram intravenously FIRST DOSE NOW for CIWA-Ar score greater than 20; May repeat every 30 minutes while awaiting transfer to critical care</li> <li>Continuous Infusions         <ul> <li>LORazepam (ATIVAN)</li> <li>☐ 1 milligram/hour continuous intravenous infusion AND titrate to target RASS score of 0 during the day -2 during the night; BEGIN IN ICU</li> <li>dexmedetomidine 100 mcg/mL IV (PRECEDEX)</li> <li>☐ 0.2 microgram/kilogram per hour continuous intravenous infusion AND titrate in increments of 0.2 microgram/kilogram per hour every 5 minutes to target RASS score of 0 during day and -2 during night MAX 1.5 microgram/kilogram per hour, BEGIN IN ICU</li> </ul> </li> </ul>
Antidiarrheal Agents/Dyspepsia alum-mag hydroxide-simeth 400 mg-400 mg-40 mg/5 mL oral susp (MINTOX)  ☐ 15-30 milliliter orally every 4 hours as needed for gastrointestinal upset loperamide (IMODIUM)  ☐ 4 milligram orally once as needed for diarrhea for first observed loose stool then  ☐ 2 milligram orally as needed for diarrhea following each loose stool. Do not exceed 16 milligram in 24 hours
Laboratory  Obtain the following labs on admit if not already done in ER  □ CBC/AUTO DIFF □ Comprehensive metabolic panel □ Magnesium (Mg) level, serum □ Phosphorus level, serum □ LIVER PANEL □ DIC SCREEN □ URINE DRUG SCREEN □ ALCOHOL, ETHYL LEVEL
Morning Draw  Complete blood cell count with automated white blood cell differential Comprehensive metabolic panel Magnesium (Mg) level, serum Phosphorus level, serum
Consults  □ Consult care coordination Reason for consult: □ Consult Behavioral Health regarding alcohol withdrawal