(place patient label here)

Patient Name:

Order Set Directions $(\sqrt{)}$ - Check orders to activate: Orders with pre-checked box \square 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

Diagnosis:

Allergies with reaction type:

Behavioral Health Alcohol Withdrawal

- This order set must be used with an admission order set if patient not already admitted.
- This order set is intended for use in patients admitted to Behavioral Health ONLY

Nursing Orders

- Assess CIWA-Ar
 - every 4 hours until CIWA-Ar score is less than 8 for 24 hours (with vital signs), while awake ☑ 30-60 minutes after each oral LORazepam (ATIVAN) dose
- Vital signs not per unit standard
 - ☑ every 4 hours until CIWA-Ar score is less than 8 for 24 hours, while awake
 - ☑ prior to each LORazepam dose
- Assess neurologic status
 - □ every 4 hours (with vital signs)
- ☑ Point of Care Breathalyzer Alcohol Concentration (BrAc) on admission
- ☑ Notify provider for CIWA-Ar scores greater than 20 for any one period and for transfer to critical care prior to initiation of the ativan dosing for CIWA-Ar greater than 20
- Notify provider if CIWA-Ar scores greater than 15 for 24 hours $\mathbf{\nabla}$
- Notify provider if patient history of post-traumatic or idiopathic seizure disorder (non-alcohol related) if $\mathbf{\nabla}$ provider unaware
- ☑ Notify provider if patient has history of alcohol withdrawal related seizures if provider unaware
- ☑ Seizure precautions
- ☑ HOLD LORazepam (ATIVAN) for any of the following: excessive sedation, oxygen saturation less than 90%, SBP less than 90 mmHg, heart rate less than 50 bpm; respiratory rate less than 10 bpm, ataxia or slurred speech and notify provider
- Vitamins
 - thiamine (loading dose) if not already given in ER:
 - □ 100 milligram intramuscularly 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 x 3 doses THEN 25 milligram orally every 6 hour x 8 doses then D/C 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)

Version 3 7/2/15

PROVIDER ORDERS

BENEFIS HEALTH SYSTEM

HOSPITALS

Je.



(place patient label here)

Patient Name: _



- Order Set Directions:
 - > (√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.
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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)

Benzodiazepines / Antipsychotics:

- haloperidol lactate (HALDOL)
 - ☑ 5 milligram intramuscularly once as needed for delirium /agitation/hallucination symptoms not relieved by LORazepam prn dosing. [GIVE WITH LORazepam] Notify provider if repeat dose is needed
- LORazepam (ATIVAN)
 - 2 milligram intramuscularly once as needed for delirium /agitation/hallucination symptoms not relieved by LORazepam prn dosing. [GIVE WITH Haldol] Notify provider if repeat dose is needed

Antidiarrheal Agents /Dyspesia

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 LEVEL, PLASMA
 - D PHOSPHORUS LEVEL, PLASMA
 - □ LIVER PANEL
 - URINE DRUG SCREEN
 - □ ALCOHOL, ETHYL LEVEL

Morning Draw

- □ CBC/AUTO DIFF
- □ COMPREHENSIVE METABOLIC PANEL
- D PHOSPHORUS LEVEL, PLASMA
- □ MAGNESIUM LEVEL, PLASMA

Date:_____Time:___