

(place patient label here)

Patient Name: \_\_\_\_\_



PROVIDER ORDERS

**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

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**ED Alcohol Withdrawal  
Nursing Orders**

Version 2 4/2/19

**Assess CIWA-Ar**

- every 4 hours minimum until CIWA-Ar score is less than 8 for 24 hours (with vital signs)
- 15-30 minutes after each IV LORazepam (ATIVAN) dose
- 30-60 minutes after each oral LORazepam (ATIVAN) dose

**Vital signs not per unit standard**

- every minimum 4 hours until CIWA-Ar score is less than 8 for 24 hours
- prior to each LORazepam dose

**Assess neurologic status**

- every minimum 4 hours (with vital signs)
- Ethanol (EtOH), breath, point-of-care measurement
- Seizure precautions

**Notify provider**

- IF CIWA-Ar scores greater than 15
- IF patient history of post-traumatic or idiopathic seizure disorder (non-alcohol related) if provider unaware
- IF patient has history of alcohol withdrawal related seizures if provider unaware

**Notify provider**

- IF CIWA-Ar greater than 20 sp that provider may order ED Alcohol Withdrawal CIWA-Ar > 20 Meds

**IV/ Line Insert and/or Maintain**

- Peripheral IV insert/maintain
- Saline lock with saline flush BID

**Vitamins**

**For NPO patients**

Sodium Chloride 0.9% IV with MVI 10 mL, Folic Acid 1 mg, Thiamine 100 mg (BANANA BAG) 1000 mL

- \_\_\_\_\_ milliliter/hour continuous intravenous infusion once Hold maintenance IV fluids until infusion complete

Sodium Chloride 0.9% IV with MVI 10 mL, Folic Acid 1 mg, Thiamine 100 mg, Magnesium 2 grams (BANANA BAG WITH MAGNESIUM) 1000 mL

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

**For patients not receiving the BANANA BAG**

- Pick ONE thiamine loading dose  
thiamine (loading dose)
  - 100 milligram intramuscularly once
  - 100 milligram intravenously once
  - 100 milligram orally once
- multivitamin with minerals
  - 1 tablet orally once

**IV Fluids-Maintenance**

Dextrose 5% and 0.9% Sodium Chloride IV

- \_\_\_\_\_ milliliter/hour continuous intravenous infusion

Initials \_\_\_\_\_

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**Medications**

**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)

**CIWA-Ar Score greater than 20**

LORazepam (ATIVAN)- IV

- 3 milligram intravenously FIRST DOSE NOW for CIWA-Ar score greater than 20; May repeat every 30 minutes

**Laboratory**

**Obtain the following labs STAT**

- |  |   |
|--|---|
| <input type="checkbox"/> CBC/AUTO DIFF                 | <input type="checkbox"/> PT (PROTIME AND INR) |
| <input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL | <input type="checkbox"/> PTT                  |
| <input type="checkbox"/> MAGNESIUM LEVEL, PLASMA       | <input type="checkbox"/> ALCOHOL, ETHYL LEVEL |
| <input type="checkbox"/> PHOSPHORUS LEVEL, PLASMA      | <input type="checkbox"/> URINE DRUG SCREEN    |
| <input type="checkbox"/> LIVER PANEL                   |   |

**Radiology and Diagnostic Tests**

ED ECG (ED Provider Only)

- stat Reason for exam: \_\_\_\_\_

**Consults**

- Consult Behavioral Health Reason for consult: alcohol withdrawal

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_