PRISMA HEALTH

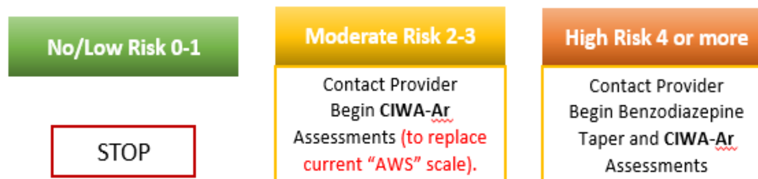
Physician practice alert

The following document outlines the new workflow to be utilized within Prisma Health–Upstate hospitals to identify patients at risk for alcohol withdrawal, assess the severity of withdrawal symptoms, identify moderate to high risk patients and begin preventative treatment when indicated.

New Process for Alcohol Withdrawal Screening

Patients presenting to the hospital setting will be assessed for potential for alcohol withdrawal using the **Prediction of Alcohol Withdrawal Severity Scale (PAWSS).**

Note: In the Emergency Department PAWSS will be performed after patient has met above criteria and boarding in ED for ≥12 hours or admitted with primary alcohol-related complaint.



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When to Screen Patients

The following patients should be screened using the PAWSS:

- Patients in Emergency Department with admission or observation order (after order has been active 12 hours).
- Direct admissions (admission or observation status)
- Post-op admissions
- Patients with primary alcohol related problem

What to Do with the PAWSS Score		
No/Low Risk (0 or 1)	Moderate Risk (2 or 3)	High Risk (4 or greater)
• No further screening or assessment needed. • Notifying primary team NOT indicated for withdrawal risk	• Contact primary team (BPA will fire) • CIWA-Ar Assessment q4 hours or per orders • Primary team may determine additional orders needed	• Contact primary team (BPA will fire) • CIWA-Ar Assessment q4 hours or per orders • Patient will be placed on medication taper • Primary team may determine additional orders needed

The Prediction of Alcohol Withdrawal Severity Score Screenshot

Accordion Expanded View All 1m 5m

	1000
Part A: Threshold Criteria	
Have you consumed any amount of alcohol (i.e., been drinking) within the last 30 days?	Yes
Did the patient have a "+" BAL upon admission?	No
Part B: Based on patient interview	
Have you ever experienced previous episodes of alcohol withdrawal?	0
Have you ever experienced alcohol withdrawal seizures?	0
Have you ever experienced delirium tremens or DT's?	0
Have you ever undergone alcohol rehabilitation treatment?	0
Have you ever experienced blackouts?	0
Have you ever combined alcohol with other "downers" over the last 90 days?	0
Have you combined alcohol with any other substance of abuse over the last 90 days?	0
Part C: Based on Clinical Evidence	
Was the patient's Blood Alcohol Level (BAL) on presentation >200	0
Is there evidence of increased autonomic activity?	0
PAWSS Total Score	0

Question has an N/A option if a BAL has not yet been drawn.

- **A "yes" to each question = 1 point (max of 11 points)**
- **If the answer to question one is "no", then the interview can stop.**

No/Low Risk: 0 or 1

Moderate Risk: 2 or 3

High Risk : 4 or greater

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Clinical Institute for Withdrawal Assessment Scale (CIWA-Ar) Screenshot

Flowsheets

File | Add Rows | LDAAvatar | Cascade | Add Col | Insert Col | Data Validate | Hide Device Data | Last Filed | Reg Doc | Graph | Go to Date | More

Screenings | Pain/Med Reassessment | Non-Violent Restraints | Vent Doc | AWS | Blood Admin | CIWA-Ar Score

Cosign Report | Accordion | Expanded | View All

1m 5m 10m 15m 30m 1h 2h 4h 8h 12h 24h Based On: 0700 Reset Now

Admission (Current) fro...

Jump To (Alt+Comma)	12/18/18 0749	1100		Last Filed
CIWA-Ar				
Temp	98 (36.7)			98 (36.7)
Heart Rate	75			75
Resp	18			18
BP	110/75			110/75
Nausea and Vomiting				
Tremor				
Paroxysmal Sweats				
Anxiety				
Agitation				
Tactile Disturbances				
Auditory Disturbances				
Visual Disturbances				
Headache, Fullness in Head				
Orientation & Clouding of Sensorium				
CIWA-Ar Total				
Monitoring/ Reassessment Frequency				

12/18/18 0749

Nausea and Vomiting

Select Single Option: (F5)

- 0=No nausea and no vomiting
- 1=Mild nausea with no vomiting
- 2
- 3
- 4=Intermittent nausea with dry heaves
- 5
- 6
- 7=Constant nausea, frequent dry heaves and vomiting

Comment (F6)

Group Information

NOTE: Use the scale codes below and place a score in the appropriate column that best describes the patient's signs and symptoms. Complete form as ordered by physician.

Row Information

Ask "Do you feel sick to your stomach? Have you vomited?" Record observation.

Clinical Institute for Withdrawal Assessment (CIWA-Ar)

When CIWA-Ar Assessments are ordered:

- CIWA Assessments should occur at least **once every 4 hours.**
- Reassess scores of **≥ 8** using the CIWA following the timeframes corresponding with the score.
- **RN to Contact the primary team** of consecutive CIWA-Ar **scores of ≥ 15.**
- If 6 consecutive (24 hours) CIWA scores of **≤ 7**, then CIWA assessments can be **discontinued**.

CIWA-Ar Score	Medication	Frequency of Monitoring/ Reassessment with CIWA-Ar
<8	None	Every 4 hours x 6 (24 hours) If CIWA-Ar remains less than 8, then stop
8-14	Lorazepam 1mg	Reassess in 2 hours
15-20	Lorazepam 2mg	Reassess in 1 hour
21-30	Lorazepam 3mg	Reassess in 1 hour
31-45	Lorazepam 4mg	Reassess in 1 hour
Break through symptoms	Lorazepam 2mg	Reassess in 30 minutes

NOTE: A set of vitals should be obtained with each CIWA assessment

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Patient Scoring High Risk on PAWSS

A Fixed dosing taper will be ordered based on patient's intake status, age, and hepatic functioning (see chart).

AND

The CIWA-Ar workflow previously discussed will be implemented as well.

	☐ Patients < 65 y/o taking PO medications WITHOUT severe hepatic dysfunction	☐ Patients < 65 y/o NOT taking PO medications WITHOUT severe hepatic dysfunction	☐ Patients < 65 y/o WITH severe hepatic dysfunction	☐ Patients > 65 y/o
Day 1	Chlordiazepoxide 50mg PO QID	Lorazepam 2mg IV QID	Lorazepam 2mg IV/PO QID	Lorazepam 1mg IV/PO TID
Day 2	Chlordiazepoxide 50mg PO TID	Lorazepam 2mg IV TID	Lorazepam 2mg IV/PO TID	Lorazepam 1mg IV/PO BID
Day 3	Chlordiazepoxide 25mg PO TID	Lorazepam 1mg IV QID	Lorazepam 2mg IV/PO BID	Lorazepam 0.5mg IV/PO TID
Day 4	Chlordiazepoxide 25mg PO BID	Lorazepam 1mg IV TID	Lorazepam 1mg IV/PO BID	Lorazepam 0.5mg IV/PO BID
Day 5	Chlordiazepoxide 10mg PO BID	Lorazepam 1mg IV BID	Lorazepam 1mg IV/PO qHS	Lorazepam 0.5mg IV/PO qHS
Day 6	Chlordiazepoxide 10mg PO qHS	Lorazepam 0.5mg IV BID	Lorazepam 0.5mg IV/PO qHS	
Day 7		Lorazepam 0.5mg IV qHS		

NOTE: When an order has IV or PO, the preferred route is PO. IV should only be utilized in cases where a patient becomes NPO or cannot tolerate PO during the taper.

IMPORTANT POINTS

- When screening a patient with the PAWSS, nursing should **contact the primary team if the score is 2 or more**.
- When screening a patient using the CIWA, **if two consecutive scores greater than 15**, nursing should contact the primary team to discuss this patient's treatment.
- If a patient is on a benzodiazepine taper and **it is time for their next dose, but they are sedated**, the primary team should be contacted to discuss holding that dose.
- The screenings should occur as ordered. This includes at nighttime or when the patient appears to be sleeping for **continuous monitoring**.