PHYSICIAN’S PREPRINTED ORDERS

ALCOHOL WITHDRAWAL ADMISSION ORDERS (CIWA-Based)

1. Other Diagnosis __________________________________________

2. ☐ Place in EIRMC Hospitalist Program  ☐ Admit as an inpatient to _________  ☐ Telemetry
   ☐ Place as outpatient with observation services to ________________  ☐ Telemetry

3. Allergies:
   ☐ NKDA  ☐ Other___________________________________________

4. Code Status  ☐ Full  ☐ Do Not Resuscitate

5. Vital Signs:
   ☐ Q 1 hr  ☐ Q 2 hr  ☐ Q 4 hr
   ☐ Neuro Checks Q __________  ☐ Other_______________________
   ☐ CIWA assessment on admission
   Record score in patient’s chart.
   Notify provider if CIWA score stays above 20.
   Notify provider if any seizure activity occurs.
   Notify provider if any new onset delirium and/or hallucinations.
   May wake patient to perform assessments as ordered.
   When 3 consecutive CIWA scores are <8, may discontinue CIWA checks.
   If CIWA <8 – q 4 hour assessment
   If CIWA 8-15 – q 2 hour assessment
   If CIWA >15 – q 1 hour assessment

6. Activity:  ☐ Up ad lib  ☐ BRP  ☐ Fall Precautions
   ☐ Other___________________________________________________

7. Diet:  ☐ Regular  ☐ Other__________________________________

8. ☐ O2 @ _______ L/min  ☐ Titrate from _____ to ______

9. Smoking Cessation counseling if indicated

10. Vaccines: Pneumovax IM and seasonal Flu vaccine, if indicated

11. DVT Prophylaxis
   ☐ Lovenox _________ mg SubQ every _______ hr
   ☐ Arixtra _________ mg SubQ every _______ hr
   ☐ Heparin 5000 units SubQ every 8 hr
   ☐ SCDs bilaterally
   ☐ Contraindication:
   ☐ NO MECHANICAL OR PHARMACOLOGICAL VTE PROPHYLAXIS INDICATED
     ☐ Patient is low risk and ambulatory
     ☐ The risk of mechanical or pharmacological VTE prophylaxis outweighs the benefit
     ☐ Patient is already anti-coagulated
     ☐ Patient refusal

12. IV:  ☐ Saline Lock IV  ☐ IV _________@ _______/hr

13. Supplements – First dose now if not given in ER
   ☐ Thiamine 100 mg tab po daily; folic acid 1 mg tab po daily, and Therapeutic multiple vitamin 1 tab po daily
   ☐ NS 1000 ml w/ 100 mg thiamine, mg folic acid, 2g magnesium sulfate, and 1 amp Adult MVI IV daily

14. Medications
   Benzodiazepines (hold for sedation score ≥ 3 per scale)
   ☐ Lorazepam (consider for abnormal liver function or elderly)
     Give 1-4 mg IV every _______hr prn for CIWA score 8-15
     Give _______mg IV every _______hr prn for CIWA score >15
   ☐ Chlordiazepoxide
     Give _______mg PO every _______ hr prn for CIWA score 8-15
     Give _______mg PO every _______ hr prn for CIWA score >15
   ☐ Other__________________________

Antidote/Rescue
   ☐ Flumazenil
     0.2 mg IV q 1 minute prn to reverse benzodiazepine-induced sedation (Max total dose 1 mg). Give over 15 seconds.
   Do not use on patients on chronic benzodiazepine therapy.

Other Medications:
   ☐ Zofran 4 mg IV or PO q 4 hr severe nausea
   ☐ Colace 100 mg PO BID with 8 ounces of water
   ☐ Metamucil 1 packet with water q daily or BID q prn
   ☐ Dulcolax 10 mg PR q now q daily q prn
   ☐ Other______________________________________________________

   ☐ Nicotine patch _________ mg transderm q 24 hr

   ☐ Morphine _________ mg IV q _______ hr pm severe pain
   ☐ Fentanyl _________ mcg IV q _______ hr pm severe pain
   ☐ Hydrocodone/APAP _________ mg q _______ hr prn moderate pain
   ☐ PCA (see order sheet)
   ☐ Other
   ☐ Consult Pain Management Service

15. In AM:
   ☐ CXR, PA and Lat  ☐ CXR, Portable
   ☐ Other__________________________________________________

16. Labs, in AM:
   ☐ CBC & diff  ☐ Chem 13  ☐ Urine Drug
   ☐ BAL  ☐ Chem 7  ☐ Screen
   ☐ GGT  ☐ Magnesium  ☐ Lactate
   ☐ Lipase  ☐ Phosphorous  ☐ Ammonia
   ☐ PT/INR  ☐ Other_________________________________________

Signature

Date  Time

*POS* EIMC 603921 August 2013 – pg 1 of 2
Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)

Patient: ____________________ Date: ________________ Time: __________________

Pulse or heart rate, taken for one minute: __________________ Blood pressure: __________

NAUSEA AND VOMITING -- Ask "Do you feel sick to your stomach? Have you vomited?" Observation.
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

TACTILE DISTURBANCES -- Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.
0 none
1 very mild itching, pins and needles, burning or numbness
2 mild itching, pins and needles, burning or numbness
3 moderate itching, pins and needles, burning or numbness
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

VISUAL DISTURBANCES -- Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.
0 not present
1 very mild sensitivity
2 mild sensitivity
3 moderate sensitivity
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

TREMOR -- Arms extended and fingers spread apart. Observation.
0 no tremor
1 not visible, but can be felt fingertip to fingertip
2
3
4 moderate, with patient's arms extended
5
6
7 severe, even with arms not extended

ANXIETY -- Ask "Do you feel nervous?" Observation.
0 no anxiety, at ease
1 mild anxious
2
3
4 moderately anxious, or guarded, so anxiety is inferred
5
6
7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

HEADACHE, FULLNESS IN HEAD -- Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.
0 not present
1 very mild
2 mild
3 moderate
4 moderately severe
5 severe
6 very severe
7 extremely severe

AGITATION -- Observation.
0 normal activity
1 somewhat more than normal activity
2
3
4 moderately fidgety and restless
5
6
7 paces back and forth during most of the interview, or constantly thrashes about

ORIENTATION AND CLOUDING OF SENSORIUM -- Ask "What day is this? Where are you? Who am I?"
0 oriented and can do serial additions
1 cannot do serial additions or is uncertain about date
2 disoriented for date by no more than 2 calendar days
3 disoriented for date by more than 2 calendar days
4 disoriented for place/or person

Total CIWA-Ar Score ______
Rater's Initials ______

Signature ________________________________

Date ____________ Time ________________

*POS* EIMC 605921 rev August 2013 – pg 2 of 2