

**OLIVE VIEW-UCLA MEDICAL CENTER
MEDICAL ADMINISTRATION
POLICY & PROCEDURE**

**NUMBER: 2099
VERSION: 4**

**SUBJECT/TITLE: STANDARDIZED PROCEDURE: ALCOHOL WITHDRAWAL
PROTOCOL**

POLICY:

1. Function(s)

Adult medical/surgical patients, who are diagnosed with Acute Alcohol Withdrawal, and placed on the Alcohol Withdrawal Protocol, will be admitted to the Stepdown Unit (SDU) or the Intensive Care Unit (ICU)

The Registered Nurse in the ICU or SDU will complete the Alcohol Withdrawal Severity Assessment Scale and will follow the standardized procedure after the physician enters the order for the Alcohol Withdrawal Protocol in the Medical Record/EHR.

A Registered Nurse in the Department of Emergency Medicine (DEM), who is certified in the Alcohol Withdrawal Protocol, may follow the Standardized Procedure pending patient admission to the SDU or ICU.

2. Circumstances

- a. **Setting** Stepdown Unit (SDU) and Intensive Care Unit (ICU)
Department of Emergency Medicine (DEM)
- b. **Supervision** SSNI/Charge Nurse, SSNII and Nurse Manager.
A medical intern, resident and attending is available at all times for consultation.
- c. **Patient Conditions** Patients with a diagnosis (primary or secondary) of acute alcohol withdrawal.
- d. **Other** All new patients admitted to SDU and ICU, or boarding in the DEM, pending admission, should first be evaluated by a physician

PURPOSE: To standardize the care and treatment of patients in Acute Alcohol Withdrawal and prevent complications.

DEPARTMENTS: **MEDICAL ADMINISTRATION, ICU, SDU AND DEM NURSING**

DEFINITIONS: Alcohol withdrawal continues to be a major health problem. Alcohol dependence occurs in 15-20% of primary care & hospitalized patients. Early withdrawal symptoms may be minor: anxiety, mild agitation, tremor, insomnia, mild

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tachycardia and hypertension. Untreated, these symptoms can become severe and sometimes fatal. Severe symptoms include hallucinations, seizures and arrhythmias.

In addition there can be other complications. In our facility the diagnosis of alcohol withdrawal accounts for as high as 30-50% of all patients who are in restraints. These patients also spend more days in restraints than other patients.

Patients in Alcohol Withdrawal have an increase in fall occurrence. Thrombocytopenia is commonly seen among alcoholic patients admitted to the hospital, which can increase the risk of bleeding from a fall.

PROCEDURE:

- Upon admission to SDU or ICU, in addition to General Admission Power Plan, the physician places/enters the “ICU Alcohol Withdrawal Olive View” Power Plan The physician places the patient on ATIVAN SCALE “A”
- The registered nurse completes the Alcohol Withdrawal Severity Assessment Scale:
 1. A severity assessment is completed Q 4 hours and PRN. The patient is re-scored in 30 mins. after IV Ativan is administered. The patient is re-dosed based on the reassessment score
 2. After Ativan is given, the Nurse will do the following:
 - 30 minutes after the initial IV dose, re-assess the severity score. If the respiratory rate is ≥ 12 and the severity score is ≥ 6 , administer doses of Ativan on SCALE “A.”
 - If the Score continues to be ≥ 6 for 2 hours, and respiratory rate ≥ 12 , contact the MD to increase the Ativan dosing to SCALE “B” (**The nurse must have an order by the physician in the Medical Record/EHR to use SCALE “B”**).
 3. If the patient is intubated, and placed on a continuous Ativan Infusion, the nurse does not have to complete the Alcohol Withdrawal Severity Scale. (**The patient must be in ICU**)
 4. If Score ≤ 5 x 24 hours, the nurse will contact physician to consider discontinuing the “ICU Alcohol Withdrawal Olive View” Power Plan. The physician may also consider transferring the patient to a lower level of care.

EDUCATION Patient/Family

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The nurse will instruct the patient and/or family, as appropriate, regarding the Alcohol Withdrawal Protocol.

DOCUMENTATION

- The Registered Nurse will document the Alcohol Severity Assessment on the Alcohol Withdrawal Severity Assessment Scale. This form is scanned into the Medical Record/EHR.
- Medication(s) will be documented on the patient's Medication Administration Record.
- Patient/Family teaching will be documented in the Medical Record/EHR.

REQUIREMENTS FOR CERTIFICATION FOR PERFORMANCE OF STANDARDIZED PROCEDURE:

1. Education: Registered Nurse License
2. Training: Established clinical competencies, specifically for ICU, SDU and/or DEM
3. Experience: Minimum 6 months experience as a California Registered Nurse
4. Other: (Not applicable)
5. Initial Evaluation: Eligibility of Registered Nurse in the implementation of standardized practice will be determined by:
 - a. Clinical competency in the care of ICU, SDU and/or DEM patients.
 - b. Documented attendance of inservice and understanding of purpose and legal responsibility in the implementation of standardized practice.
6. On-going Evaluation
Should be conducted by Nurse Manager or designee

References:

Smith, M.F. Pharmacological Management of Alcohol Withdrawal. JAMA (1997) Vol. 278 (2)

Wetterling, T., Kanitz, R.D., Besters, B., Fischer, D., Zeffass, B., Ulrich, J., Spranger, H., Driessen, M. A New Rating Scale for the Assessment of Alcohol Withdrawal Syndrome. Alcohol and Alcoholism. (1997). Vol. 32(6):753-760.

Reoux, J., Miller, K. Routine Hospital Alcohol Detoxification Practice Compared to Symptom Triggered Management with an Objective Withdrawal Scale. The American Journal on Addictions. (2000). Vol. 9, (6): 135-144

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