

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
DO NOT USE ABBREVIATIONS**

DOCTORS ORDERS ALCOHOL WITHDRAWAL ROUTINE ORDERS	CHECK OFF/ INITIALS
Observe closely for dehydration (dry mouth/mucous membranes, low blood pressure, elevated pulse, thirst); encourage fluids (8 ounces four times daily)	
VITAL SIGNS: Check every 4 hours or more often if clinically indicated, until stable for 24 hours, then check each shift CIWA assessment on admission and once per shift: Notify physician if greater than 8.	
DIET: _____	
MEDICATIONS: (Physician to indicate medications to be ordered. If not checked, not ordered)	
<input type="checkbox"/> Thiamine 100 mg by mouth daily (give Intravenous if unable to take by mouth). (administer prior to receiving any Glucose/Dextrose Intravenously).	
<input type="checkbox"/> Multi-vitamin 1 tablet by mouth daily. Folic Acid 1 mg by mouth daily.	
<input type="checkbox"/> Acetaminophen (Tylenol®) 650 mg by mouth every 4 hours as needed for pain.	
OR	
<input type="checkbox"/> Ibuprofen (Motrin®) 600 mg by mouth every 6 hours as needed for pain.	
<input type="checkbox"/> Zolpidem (Ambien®) 10 mg by mouth at bedtime as needed for sleep.	
<input type="checkbox"/> Promethazine (Phenergan®) 25 mg suppository rectally every 6 hours as needed for vomiting.	
OR	
<input type="checkbox"/> Promethazine (Phenergan®) 25 mg Intramuscularly every 6 hours as needed for vomiting.	
WITHDRAWAL MEDICATIONS: High Risk Due to Alcohol or Sedative Hypnotics: (Selection of regimen based on CIWA score)	
<input type="checkbox"/> Chlordiazepoxide (Librium®) 100 mg by mouth every 6 hours times 24 hours, then 50mg by mouth every 6 hours times 48 hours	
OR	
<input type="checkbox"/> Chlordiazepoxide (Librium®) 100 mg by mouth upon admission to unit, then Chlordiazepoxide (Librium®) 50 mg by mouth every 6 hours times 24 hours, then Chlordiazepoxide (Librium®) 25 mg by mouth every 6 hours times 24 hours	
<input type="checkbox"/> If blood pressure greater than 140/90 or pulse greater than 100 give additional dose of Chlordiazepoxide (Librium®) 25 mg by mouth every 3 hours as needed.	
For patients with Cirrhosis: (Substitute for Chlordiazepoxide (Librium®)) (Selection of regimen based on CIWA score)	
<input type="checkbox"/> Oxazepam (Serax®) 30 mg by mouth every 6 hours times 24 hours, then Oxazepam (Serax®) 30 mg by mouth every 8 hours times 48 hours.	
OR	
<input type="checkbox"/> Oxazepam (Serax®) 15 mg by mouth every 6 hours times 24 hours, then Oxazepam (Serax®) 15 mg by mouth every 8 hours times 48 hours.	
<input type="checkbox"/> If blood pressure greater than 140/90 or pulse greater than 100 give additional dose of Oxazepam (Serax®) 15 mg by mouth every 3 hours as needed.	

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RECOMMENDATIONS, NOT ORDERS *** PHYSICIAN <u>MUST</u> ORDER ***	
Delirium Tremors Recommendations: <ul style="list-style-type: none"> • Lorazepam (Ativan®) 1-2 mg by mouth or Intravenously every 5 minutes as needed. • Propofol (Diprivan®) Intravenously if refractory to benzodiazepines. 	
Seizure Prophylaxis: If the patient has a known use/abuse of Benzodiazepines or has experienced seizures with previous withdrawals for alcohol then consider seizure prophylaxis.	

Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:
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Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Fax to Pharmacy