

# Managing alcohol withdrawal in ED

By Riley Smith



# Clinical Institute Withdrawal Assessment (CIWA-Ar)

- Tool used to assess severity of alcohol withdrawal symptoms
- Takes into account 10 factors
- Must be as OBJECTIVE as possible
- 8/10 questions rely on patients report. ie. subjective assessment.

# DHB Policy

## 2.7 Clinical assessment of alcohol withdrawal

Tremor, anxiety and sweating are the most sensitive markers of alcohol withdrawal and may be used as primary indicators of withdrawal severity, and are indicative of acute withdrawal (17).

**Diazepam or lorazepam should be commenced promptly or the withdrawal regimen reviewed urgently where these symptoms are present.**

# OBJECTIVE ASSESSMENT

- **Paroxymal sweats.** Look for any clamminess, visible beads of sweat, sweat marks on clothing.
- **Tremor.** Ask patient to put arms outstretched in front of them. Another useful way to assess this is if a patient appears to be seeking benzodiazepines (ie. scoring up on all subjective questions), ask them to place their hands on their knees.
- Even if someone is scoring low on the CIWA, these two factors should be heavily weighted in how much medication they are given.

# BENZODIAZEPINES

- Diazepam OR Lorazepam (depending on LFT's)
- Oxazepam no longer used
- **Don't be shy!**
- Patients who have been abusing alcohol for a long time are likely to have a risk of withdrawal seizures. Higher doses of benzodiazepines reduce this risk.

# PABRINEX

- **Wernicke's encephalopathy**

Vitamin B deficiencies can result in Wernicke's encephalopathy. This is a REVERSIBLE biochemical effect on the CNS caused by depleted B vitamins reserves. This can also be associated with long-term, permanent morbidity in the form of Korsakoff's psychosis.

- This is reversible with high doses of Thiamine (B1) and pyridoxine (B6), delivered in pabrinex.

# Key points to take home

- Even if someone has a high blood ethanol level, they may still be withdrawing!
- Long-term alcoholics will begin withdrawal not long after they have last consumed, and therefore the risk of seizures increases as their ethanol level comes down.
- Be as OBJECTIVE as possible. This makes the withdrawal assessment more accurate regardless of which RN is completing it.
- Please don't use the old AWS form, the CIWA has replaced this in the DHB policy.