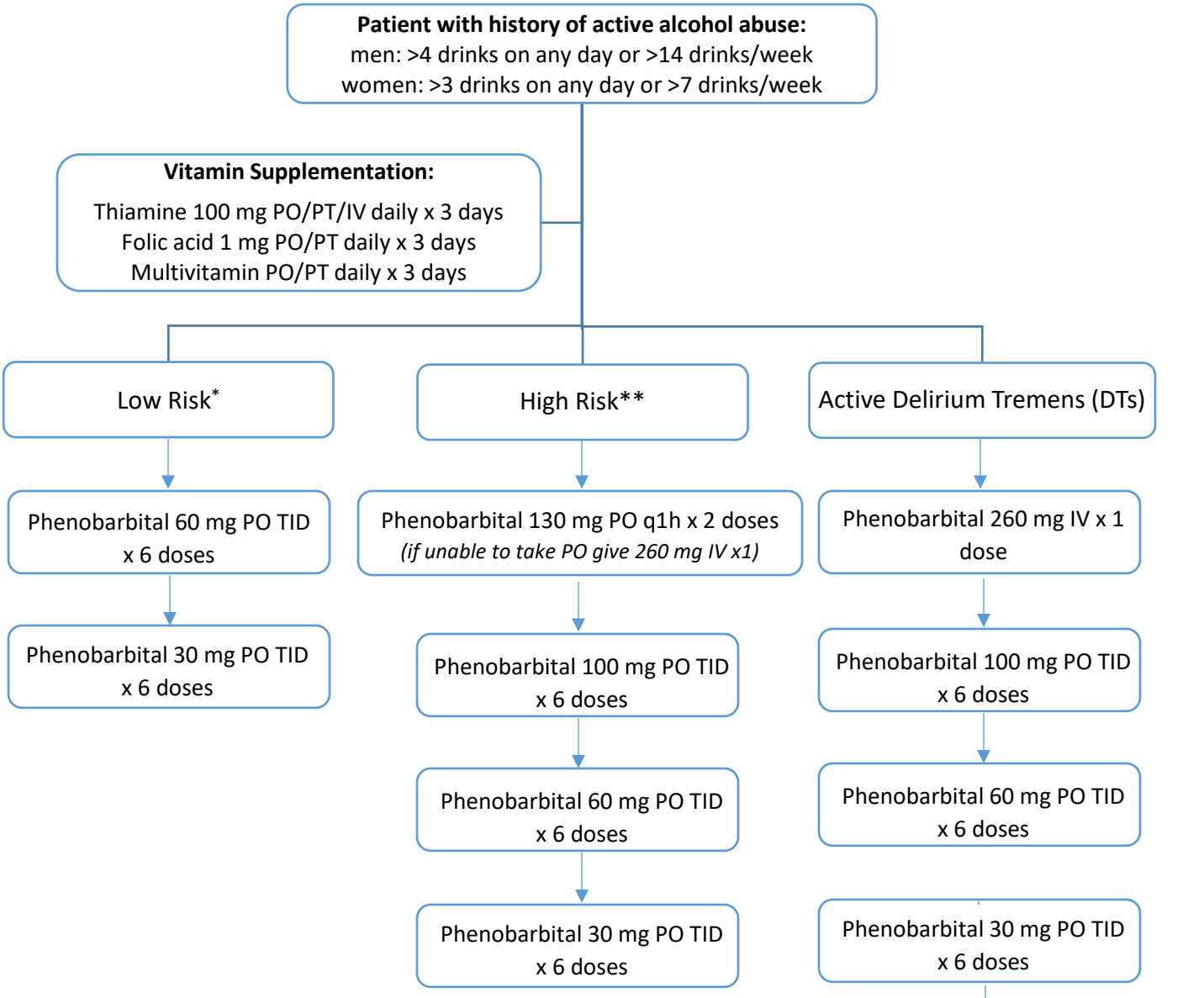
VANDERBILT UNIVERSITY
MEDICAL CENTER

DIVISION OF ACUTE CARE SURGERY

Alcohol Withdrawal Prevention Guideline

Alcohol Withdrawal:

- For INTUBATED patients, if receiving a propofol or midazolam infusion, **NO ADDITIONAL** therapy required while on these infusions.
- EXCLUDED patients: On essential medications that interact with phenobarbital (e.g. HIV meds), hepatic encephalopathy, on phenobarbital chronically, pregnant



*Positive Audit C but **NO** history of DTs or AW seizures

**One of the following:

- History of alcohol withdrawal seizures
- History of DTs
- BAC >200
- BAC >100 plus alcohol withdrawal symptoms

Additional Information

- PO dosing preferred unless acute symptom management required, lack of enteral access, or patient unable to swallow safely. PO:IV conversion is 1:1.
- Breakthrough withdrawal symptoms despite maintenance regimen: phenobarbital 65 mg IV q1h prn to goal RASS 0 to -1.
- Hold dose if RASS ≤ -2 or RR ≤ 12 and notify provider
- Avoid benzodiazepines

Considerations

- **Soft max cumulative dose: 20 mg/kg (IBW); max cumulative dose: 30 mg/kg (IBW)**
    - **Patients with IBW <70 kg may need alterations to taper to ensure they do not exceed dose limit.**
- If agitation/delirium persists after a total cumulative phenobarbital dose of 20 mg/kg, consider other diagnoses and give additional phenobarbital doses cautiously. **Consult Addiction Psych.**
- If agitation/delirium persists after a total cumulative phenobarbital dose of 30 mg/kg do not give further phenobarbital.

Alcohol Withdrawal Presentation

- **Signs and symptoms of alcohol withdrawal**

Nausea/vomiting	Anxiety/agitation
Tremor	Visual, tactile, or auditory disturbances
Paroxysmal sweats	Clouded sensorium
Tachycardia (> 100 BPM) and hypertension	Seizures

- The above symptoms of withdrawal may present within 6-48 hrs after cessation of alcohol and may progress to DTs if untreated.

- **Active Delirium Tremens**
    - DTs consists of alcohol withdrawal symptoms **AND** acute delirium
    - 5% of patients will develop DTs. This typically presents 48-72 hArs after the last drink but has been reported up to 96 hrs later.
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    - Symptoms of DTs include tachycardia, hypertension, fevers, increased respiratory rate/respiratory alkalosis, visual/auditory hallucinations, and marked agitation. These symptoms may last up to 5 days. The untreated mortality rate may be up to 15%, largely due to the risk of aspiration. As a result, the need for a secure airway should be discussed in patients experiencing DTs

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