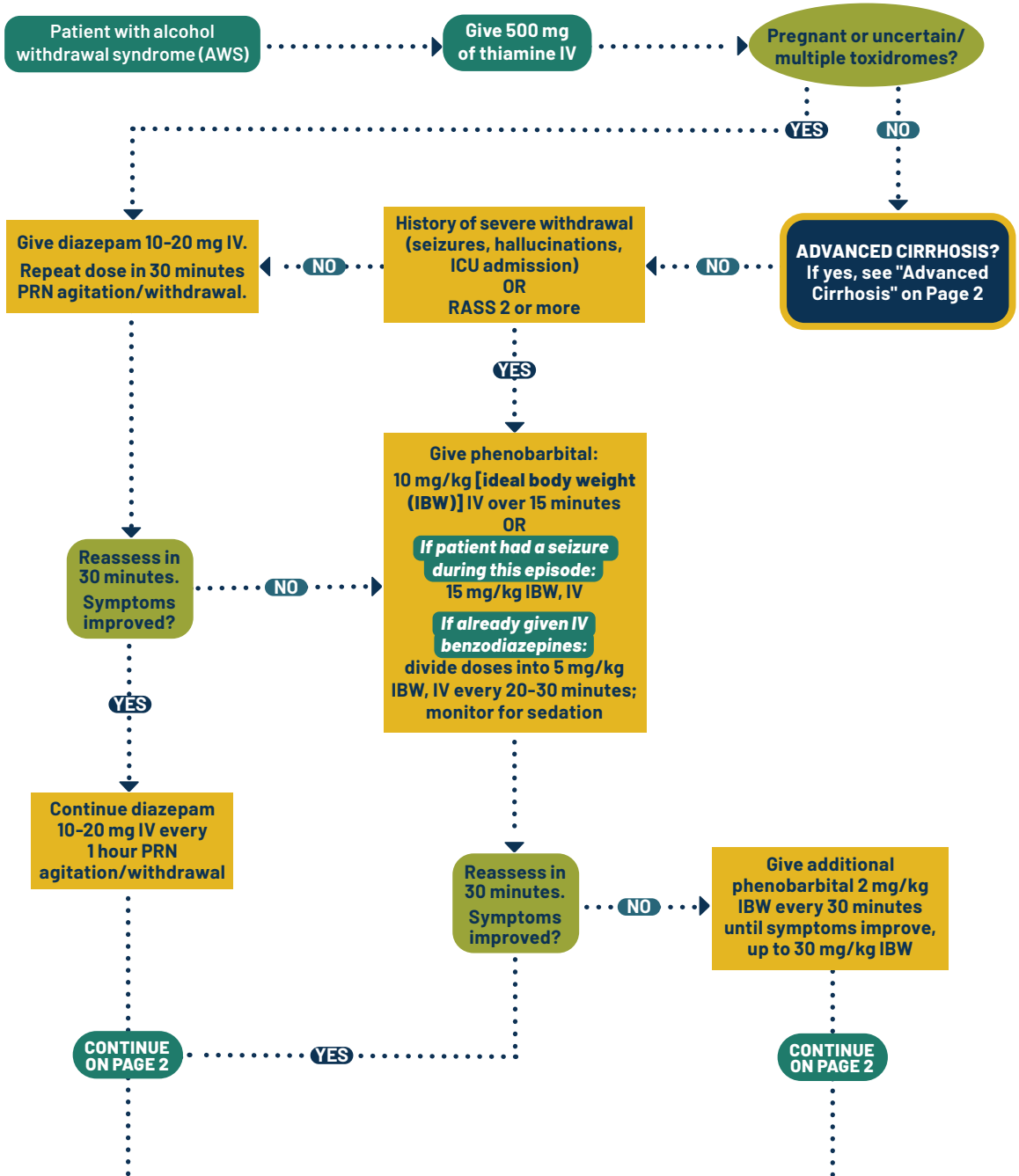
ScalaNW

Alcohol Withdrawal

Emergency Department Management of Alcohol Withdrawal Syndrome



Considerations

Consider differential diagnoses, including non-accidental trauma, subdural hemorrhage, alcoholic ketoacidosis, sepsis, delirium, other acute intoxication or withdrawal, and hypo- or hyper-glycemia.

Assess for Wernicke's encephalopathy, which is underdiagnosed in this population; **early treatment with IV thiamine is critical.**

Consider admission for patients with history of complicated alcohol withdrawal syndrome (AWS).

Do not use phenobarbital in patients who:
- Are pregnant
- Have uncertain or multiple toxidromes.

Consider expert consultation.

Phenobarbital doses are calculated by Ideal Body Weight (IBW), not actual weight. Max dose of 30mg/kg/day is recommended.

IV administration of diazepam or phenobarbital is recommended to better titrate to and assess effect.

The RASS score is simple, quick, and intuitive, and performs as well as a CIWA for AWS.

Program Partners

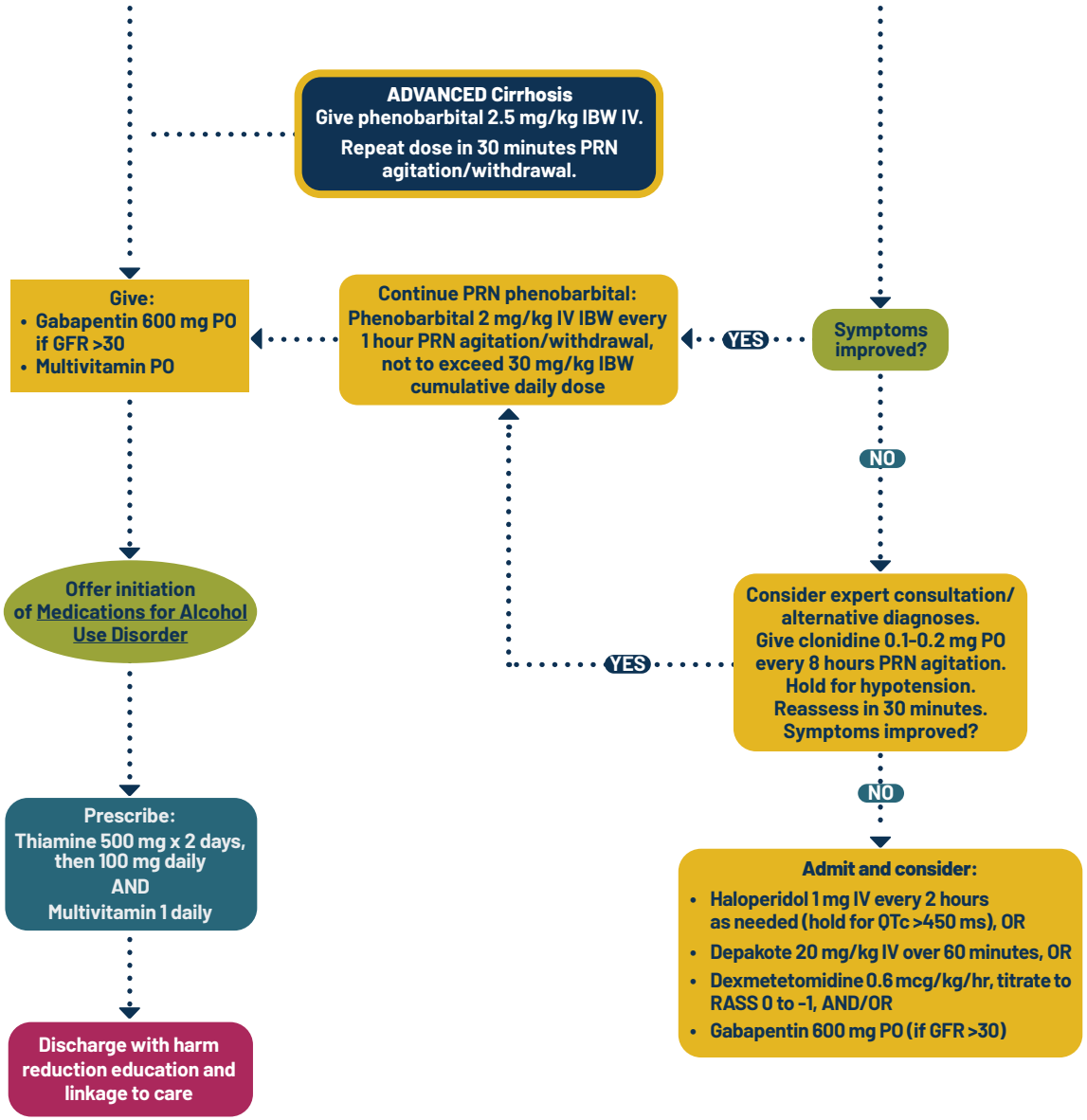
Washington State Health Care Authority

ADAI Addictions, Drug & Alcohol Institute

UW Medicine Department of Emergency Medicine

University of Washington Psychiatry & Behavioral Sciences

Psychiatry Consultation Line (PCL)



Considerations for Discharge

RASS -1 to 0 two hours or more after last dose of medications.

Able to return if worsening.

Able to attend follow up or transfer to withdrawal management facility.