

UW Medicine | VALLEY MEDICAL CENTER

Alcohol Withdrawal: Inpatient Management

Questions? Contact 'Alcohol Withdrawal Consult Provider' via secure messaging

RISK OF SAWS*

+4 Points

- Active severe SAWS (CIWA ≥ 20)
- History of ICU admissions for SAWS
- History of alcohol withdrawal seizures or delirium tremens (DTs)
- BAL >0.1 g/dL with signs of withdrawal AND elevated MCV or AST:ALT ratio

+1 Point

- Recent and chronic active alcohol use
- Binge drinking about 3x per week (men: >5 or women: >4 drinks in 2hrs)
- BAL >0.1 g/dL with signs of withdrawal
- Elevated MCV or AST:ALT ratio
- History of alcohol related injuries (falls, head injury, bone fractures, etc.)
- Age >40

RISK OF SEDATION OR RESPIRATORY COMPROMISE**

- Greater than 10mg of lorazepam equivalents in the last 12 hours
- Current PNA or other respiratory issue
- Rib fractures or chest wall injury
- Current opiate administration
- Administration of general anesthesia in the last 12 hours
- Cirrhosis or Child-Pugh Score of >8

CONTRAINDICATIONS TO CIWA-Ar

- Current delirium/encephalopathy/AMS
- Active psychosis
- Severe anxiety disorder/symptoms
- Risk for or current active opioid withdrawal

CONTRAINDICATIONS TO STP† (when using CIWA-Ar)

- History of alcohol withdrawal delirium (delirium tremens)
- History of alcohol withdrawal seizures (or primary seizure disorder)
- History of ICU admission for SAWS

†STP: Symptom triggered protocol

