



**ALCOHOL DETOX
PROTOCOL**

DATE: _____ DIAGNOSIS: Acute Alcohol Intoxication

ADMIT TO: Medical Unit CCU Primary CCU Secondary Psychiatry

ATTENDING PHYSICIAN: _____

ALLERGIES: _____

ACTIVITIES: Bedrest Bedrest with Commode BRP with assistance Up ad lib

DIET: _____

FLUIDS: Saline lock with routine flushes
 Other: _____

VITAL SIGNS: Every four hours Every eight hours

Monitor every four to eight hours with CIWA-Ar until score is less than ten for 24 hours; additional assessments as needed; monitor closely following medications

MEDICATION FOR WITHDRAWAL PREVENTION (choose one of the following)

- Chlordiazepoxide (Librium) PO 50 mg every six hours for four doses, then 25 mg every six hours for eight doses **OR**
- Diazepam (Valium) PO 10 mg every six hours for four doses, then five milligrams every six hours for eight doses **OR**
- Lorazepam (Ativan) PO two milligrams every six hours for four doses, then one milligram every six hours for eight doses

MEDICATION FOR WITHDRAWAL TREATMENT (when CIWA-Ar is equal to or greater than 10: choose one of the following)

- Chlordiazepoxide (Librium) PO 50 to 100 mg every hour **OR**
- Diazepam (Valium) PO 10 - 20 mg every hour **OR**
- Lorazepam (Ativan) Pot three to six milligrams every hour

MEDICATIONS PRN FOR AGITATION, HALLUCINATIONS, OR IF UNRESPONSIVE TO ORAL TREATMENT (requires close monitoring and equipment and ability to start respiratory support immediately if needed; choose one of the following)

- Haloperidol (Haldol) IM/IV two to five milligrams **OR**
- Haloperidol IM/IV two to five milligrams with Lorazepam (Ativan) IV/IM two to four milligrams **OR**
- Diazepam (Valium) IM/IV five milligram slowly, may repeat once after five minutes; if insufficient response, increase to 10 mg every five minutes for two doses; if still insufficient response, increase to 20 mg every five minutes

OTHER MEDICATIONS:

Thiamine 100 mg IV/IM time one dose, then 100 mg PO daily
Folic Acid one milligram PO daily

OTHER ORDERS: (cross out any unused lines)

Physician Signature: _____ Date/Time: _____



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