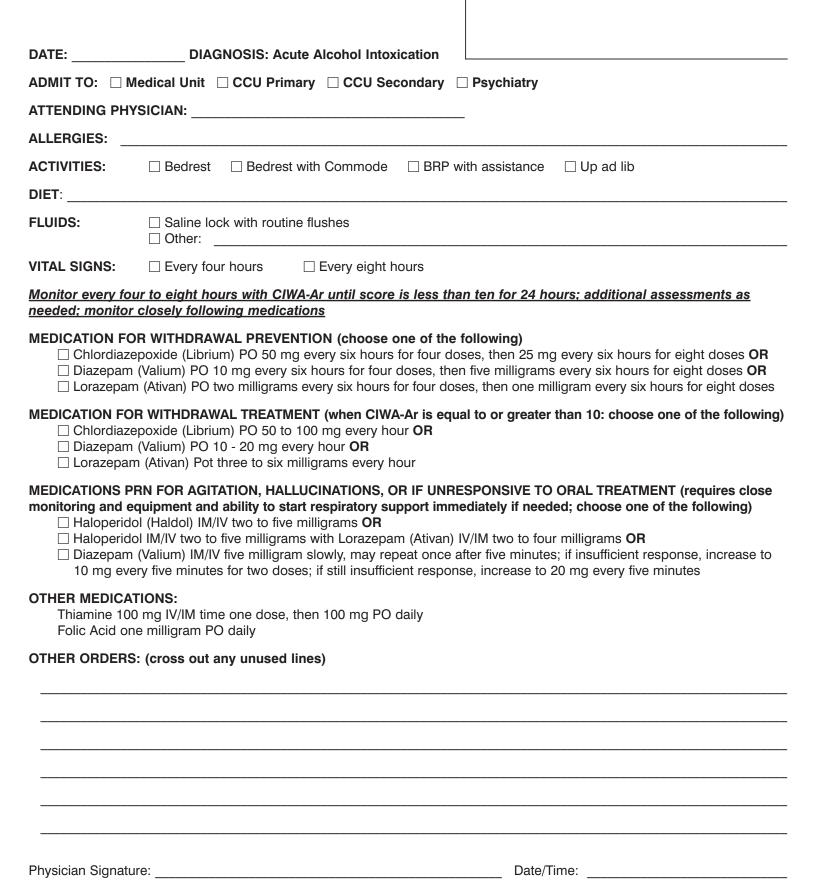


FORM 322-0631 Rev. 3/06





WHITE: MEDICAL RECORD YELLOW: PHARMACY ALCOHOL DETOX ORDERS



Physician Signature: _

FORM 322-0631 Rev. 3/06



DATE:	DIAGNOSIS: Acute Alcohol Intoxication
ADMIT TO: ☐ Medical Unit ☐ CCU Primary ☐ CCU Secondary ☐ Psychiatry	
ATTENDING PHYS	SICIAN:
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)	
-	

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Date/Time: