

# Alcohol withdrawal in the primary care setting – Patient handout

## Why do I need to plan a withdrawal?

- If you drink alcohol regularly your brain gets used to the relaxing effects. When you stop drinking the opposite occurs, your brain has a 'hyper-excitable' response, in severe cases this can lead to seizures, delirium tremens (the DTs) or even death
- The first two days are typically when the most severe withdrawal symptoms occur. Diazepam is the medication that helps calm the brain, preventing seizures and the DTs and improves the withdrawal symptoms
- A person may be safe to withdraw at home if they have no other major health issues including seizures, mild to moderate alcohol intake and no other substance use. Your doctor will review you during and after the withdrawal to ensure safety

## What do I need for a withdrawal?

- A support person to help you with medications, withdrawal symptoms and seeking urgent medical attention if needed
- A safe place to stay during the withdrawal
- A pharmacist to dispense the diazepam
- Two weeks of thiamine prior to your withdrawal and thiamine three times a day during withdrawal

## Withdrawal symptoms you might feel over the next week are:

- Anxiety or stress, a racing heart, tremulous hands, high blood pressure, nausea, vomiting, reflux, difficulty sleeping and raised temperature
- These symptoms will peak in the first 2-3 days and improve over the rest of the week. This time is also when you are at the highest risk of seizures
- The DTs can occur from day 4 if the withdrawal has not been well controlled
- Do your CIWA/AWS score at breakfast, lunch, dinner and before bed (visual review by support person more frequently? 4 hours inc overnight?)
- Take the diazepam regularly as per the 'Diazepam regular schedule' chart

## Self care:

- Drink at least 2L water per day
- Eating small light meals that are protein rich
- Use strategies for cravings
- Use relaxation techniques
- Keep your environment calm and soothing to you

## Emergencies:

- If you have any **seizures, confusion, feeling more anxious and irritated, start seeing things or hearing things that aren't there** you need to seek urgent medical attention, **call 000** and attend the emergency department
- Call Lifeline if any self harm or suicidal thoughts on 131114 (24/7)
- Patient state based Clinical Advisory Service number: .....
- Family Drug Support (FDS) - 1300 368 186 (24/7)

Diazepam regular schedule	
<b>Day 1</b>	<ul style="list-style-type: none"><li>• Take _____ of diazepam _____ times per day</li><li>• Review with your doctor</li><li>• See the practice nurse first to assess the withdrawal</li><li>• It is important to take the diazepam as directed, if the symptoms are getting worse you may need extra diazepam to control them (<b>see below</b>)</li></ul>
<b>Day 2</b>	<ul style="list-style-type: none"><li>• Take _____ of diazepam _____ times per day</li><li>• Take the diazepam as directed, if the symptoms are getting worse you may need extra diazepam (<b>see below</b>)</li></ul>
<b>Day 3</b>	<ul style="list-style-type: none"><li>• Take _____ of diazepam _____ times per day</li><li>• Review with your doctor. See the practice nurse first to assess the withdrawal</li><li>• Take the diazepam as directed, if the symptoms are getting worse you may need extra diazepam (<b>see below</b>)</li></ul>
<b>Day 4</b>	<ul style="list-style-type: none"><li>• Take _____ of diazepam _____ times per day</li><li>• Take the diazepam as directed, if the symptoms are getting worse you may need extra diazepam (<b>see below</b>)</li></ul>
<b>Day 5</b>	<ul style="list-style-type: none"><li>• Take _____ of diazepam _____ times per day</li><li>• Take the diazepam as directed, if the symptoms are getting worse you may need extra diazepam (<b>see below</b>)</li><li>• Review with your doctor. See the practice nurse first to assess the withdrawal</li></ul>
<b>Day 6</b>	<ul style="list-style-type: none"><li>• Cease diazepam and commence naltrexone daily, or acamprosate 2 tablets three times per day as per your GP</li></ul>
<b>If you take the diazepam and one hour later your CIWA or AWS score is:</b>	
<ul style="list-style-type: none"><li>• '<b>moderate</b>' then you should take an extra _____ of diazepam or,</li><li>• '<b>severe</b>' then you should take an extra _____ of diazepam instead</li></ul>	
<b>Call the practice and ask to speak to the nurse if you have any concerns or questions on _____</b>	
Other medications in addition to diazepam:	
<ul style="list-style-type: none"><li>• Metoclopramide 10mg three times per day for nausea</li><li>• Paracetamol or ibuprofen for pain (avoid in liver disease/reflux/bleeding)</li><li>• Loperamide for diarrhoea – 2mg after each loose stool (&lt;8/day)</li></ul>	

METRO COMMUNITY DRUG SERVICE DRUG AND ALCOHOL YOUTH SERVICE			Affix Client Label Here
ALCOHOL WITHDRAWAL ASSESSMENT			
DATE OF ADMISSION _____ / _____ / _____		Seizure History Yes <input type="checkbox"/> NO <input type="checkbox"/>	
WITHDRAWAL DAY			
TIME			
BAL			
BP 240			
230			
TEMP 220			
TEMP ● 40° 210			
39° 200			
38° 190			
37° 180			
36° 170			
35° 160			
150			
BP Y PULSE 140			
130 130			
120 120			
110 110			
100 100			
PULSE ● 90 90			
80 80			
70 70			
60 60			
50 50			
40 40			
1. Nausea and Vomiting			
2. Tremor			
3. Paroxysmal sweats			
4. Anxiety			
5. Agitation			
6. Tactile Disturbances			
7. Auditory Disturbances			
8. Visual Disturbances			
9. Headache			
10. Orientation			
TOTAL (Max 67)			
DIAZEPAM DOSE (mg)			
NURSE INITIALS			
Withdrawal Symptoms	CIWA-Ar score	Diazepam dose	CIWA-Ar frequency
Mild	0 - 8	NIL	CIWA-Ar prior to medication
Moderate	9 - 14	5 - 15 mg	CIWA-Ar prior to medication
Severe	15 or more	20mgs	CIWA-Ar repeated in 1 hr - If no reduction in score discuss with MO.

Next Step version of the Revised Clinical Institute Withdrawal for Alcohol scale (CIWA-Ar)

CIWA-Ar	
<p><b>1. NAUSEA AND VOMITING</b> – Ask " Do you feel sick to your stomach? Have you vomited? Observation.</p> <p>0 no nausea and no vomiting 1 mild nausea with no vomiting 2 3 4 intermittent nausea with dry heaves 5 6 7 constant nausea, frequent dry heaves and vomiting</p>	<p><b>6. TACTILE DISTURBANCES</b> – Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.</p> <p>0 none 1 very mild itching, pins and needles, burning or numbness 2 mild itching, pins and needles, burning or numbness 3 moderate itching, pins and needles, burning or numbness 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations</p>
<p><b>2. TREMOR</b> – Arms extended and fingers spread apart. Observation.</p> <p>0 no tremor 1 not visible, but can be felt fingertip to fingertip 2 3 4 moderate, with patient's arms extended 5 6 7 severe, even with arms not extended</p>	<p><b>7. AUDITORY DISTURBANCES</b> – Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation.</p> <p>0 not present 1 very mild harshness or ability to frighten 2 mild harshness or ability to frighten 3. moderate harshness or ability to frighten 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucination 7 continuous hallucinations</p>
<p><b>3. Paroxysmal sweats</b> – Observation</p> <p>0 no sweat visible 1 barely perceptible sweating, palms moist 2 3 4 beads of sweat obvious on forehead 5 6 7 drenching sweats</p>	<p><b>8. VISUAL DISTURBANCES</b> – Ask "Does the light appear to be too bright? Is its colour different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.</p> <p>0 not present 1 very mild sensitivity 2 mild sensitivity 3 moderate sensitivity 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations</p>
<p><b>4. ANXIETY</b> – Ask "Do you feel nervous?" Observation.</p> <p>0 no anxiety, at ease 1 mildly anxious 2 3 4 moderately anxious, or guarded, so anxiety is inferred 5 6 7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions</p>	<p><b>9. HEADACHE, FULLNESS IN HEAD</b> – Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or light headedness. Otherwise, rate severity.</p> <p>0 not present 1 very mild 2 mild 3 moderate 4 moderately severe 5 severe 6 very severe 7 extremely severe</p>
<p><b>5. AGITATION</b> – Observation.</p> <p>0 normal activity 1 somewhat more than normal activity 2 3 4 moderately fidgety and restless 5 6 7 paces back and forth during most of the interview, or constantly thrashes about</p>	<p><b>10. ORIENTATION AND CLOUDING OF SENSORIUM</b> – Ask "What day is this? Where are you? Who am I?"</p> <p>0 oriented and can do serial additions 1 cannot do serial additions or is uncertain about date 2 disoriented for date by no more than 2 calendar days 3 disoriented for date by more than 2 calendar days 4 disoriented for place/or person</p>
<p>The CIWA-Ar scale measures 10 symptoms. Scores of less than 9 indicate minimal to mild withdrawal. Scores of 9 to 15 indicate moderate withdrawal (marked autonomic arousal); and scores of 15 or more indicate severe withdrawal (impending delirium tremens).</p>	

The CIWA-Ar alcohol withdrawal assessment tool should be discontinued after 5 to 7 days