

<b>Reference Number:</b> UHB 202 <b>Version Number:</b> 3		<b>Date of Next Review:</b> 1 <sup>st</sup> October 2023 <b>Previous Trust/LHB Ref Number:</b> N/A
<b>Symptom-Triggered Alcohol Detoxification in C&amp;V UHB Hospitals - Guideline</b>		
<b>Introduction and Aim</b> This document sets out the usual way to conduct an alcohol detoxification in an inpatient setting through the UHB.		
<b>Objective</b> To standardise alcohol detoxification practice in hospital settings – in line with NICE CG100		
<b>Scope</b> This guideline applies to the usual management of alcohol detoxification in all Cardiff and Vale UHB inpatient settings. Rationale for divergence from this guideline should be documented in patient records.		
<b>Equality Impact Assessment</b>	An Equality Impact Assessment has not been completed.	
<b>Documents to read alongside this Procedure</b>	Guideline for the care of substance using women and their babies <a href="http://www.wales.nhs.uk/sitesplus/documents/864/Acute%20Pain%20Guidelines%20Adult.pdf">http://www.wales.nhs.uk/sitesplus/documents/864/Acute%20Pain%20Guidelines%20Adult.p df</a> Management of patients/visitors in possession of alcohol or unprescribed/ illegal substances policy & procedure <a href="http://www.cardiffandvaleuhb.wales.nhs.uk/opensdoc/210821">http://www.cardiffandvaleuhb.wales.nhs.uk/opensdoc/210821</a> Nice CG 100 guidelines <a href="https://www.nice.org.uk/guidance/CG100/chapter/1-Guidance">https://www.nice.org.uk/guidance/CG100/chapter/1-Guidance</a>	
<b>Approved by</b>	Corporate Medicines Management	
<b>Accountable Executive or Clinical Board Director</b>	Title of post holder	
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<b>Disclaimer</b> If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the <b>Governance Directorate</b> .		

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
2	19/02/2016	12/07/2016	Follows new format for UHB documents Now has one page flowchart in appendices Covers hospital settings other than UHL and UHW Section on alcohol withdrawal seizures Section on discharge
3	01/04/2022	01/04/2022	Follows new format for UHB documents Now has one page flowchart in appendices Covers hospital settings other than UHL and UHW

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## Symptom-Triggered Alcohol Detoxification

### Introduction

This method of detoxification is an alternative to fixed-dose treatment strategy and should be used only when training has been completed by nursing and medical staff. It is of potential benefit as the duration of detoxification is reduced although there is a requirement for more monitoring of withdrawal symptoms (NICE, 2010)

With this method patients with overt or suspected alcohol withdrawal are objectively assessed for presence of significant withdrawal at regular intervals. Severity of withdrawal is assessed using a standardised scale – The CIWA-Ar (Sullivan et al, 1989).

If found to have significant alcohol withdrawal, the patient is given a stat dose of diazepam 20mg. This procedure of standardised assessment and treatment is repeated every ninety minutes until the patient is no longer in withdrawal and detoxification is complete

### Inclusion Criteria

Alcohol-dependent adult patients requiring treatment of withdrawal

Patients with a history of previous alcohol-withdrawal seizures or delirium tremens

### Exclusion Criteria

Patients with severe liver impairment or other major physical illness. Medical assessment must be sought prior to initiation of CIWA-Ar in cases of severe liver impairment as metabolism of diazepam and its metabolites may be dramatically slowed

### When to initiate the scale

The patient reports alcohol withdrawal symptoms or shows signs of alcohol withdrawal.

The patient's history indicates a likelihood of withdrawal reaction:

- 1) drinking large amounts of alcohol over a long period of time
- 2) history of withdrawal symptoms
- 3) last drink within the past 12 hours.

If such a history is not evident, observe informally for signs of withdrawal as people may deny dependent drinking.

### How to use the CIWA-Ar scale

The prescribing practitioner should prescribe diazepam 20mg to be given for CIWA-Ar scores of 11 or more. All other sedative hypnotics already prescribed for the patient should continue to be prescribed at the same doses and times, on a regular basis in the "regular medication" section of the prescription sheet.

Take the scale with you when assessing the patient. Ask each question as it appears on the CIWA-Ar and assign a score to each item. Speak slowly and clearly and reword questions, if necessary.

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Adjust the score based on the subjective and objective signs and symptoms. Add up the number of points and assign a total score.

Take the vital signs. These are not factored into the overall scoring but they provide important clinical information. Slight elevation of these signs is common. Please record Vital Signs and Neurological Observations separately every 90 minutes

Medical review at 200mg or every 24 hours should be noted on the 'as required' section of the prescription sheet.

### **What to do next**

If CIWA-Ar score is 11 or over administer Diazepam 20mg po stat

If the CIWA-Ar score is under 11 do not administer medication

After 90 minutes, reassess symptoms of withdrawal, using the CIWA-Ar again. If CIWA-Ar score is 11 or over administer diazepam 20mg po stat. Patient can be reassessed sooner than 90 minutes if previous score was below 11 and symptoms have worsened.

Repeat the process every 90 minutes until CIWA-Ar score is under 11 on 3 consecutive occasions. At this point formal detoxification is complete and CIWA-Ar assessments may be stopped.

Continue then to monitor informally including monitoring vital signs and neurological observations to ensure there is no re-emergence of symptoms.

If the patient is asleep (usually at night) at the time of their scheduled CIWA-Ar then the CIWA-Ar should be suspended and their respiratory rate should be checked and noted. The patient should be returned to every 90 minutes and their respiratory rate rechecked and noted. On waking, the CIWA-Ar should resume until three consecutive CIWA-Ar scores have fallen below 11.

### **What to expect generally**

Expect that a significant minority of patients will not require diazepam at all as CIWA-Ar score will be under 11 from the outset. Expect a median duration of detoxification of 8 hours.

### **What if CIWA-Ar score remains above 11 after 24 hours?**

Some patients may remain symptomatic despite prolonged (i.e. >24 hours) CIWA-Ar monitoring and Benzodiazepine treatment. In such cases, the diagnosis of Alcohol Withdrawal should be medically reviewed. Look for other causes (i.e. benzodiazepine dependence, drug seeking behaviour, organic agitation as part of delirium or other cause). Discontinue detoxification, consider other drug treatment strategies and if necessary investigate further.

### **Seizures**

Alcohol is a common cause of epileptic seizures. Well managed alcohol detoxification reduces, but does not completely prevent alcohol withdrawal seizures. Episodes are usually

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experienced as a single tonic clonic seizure. Management is as per NICE CG137, the guidance describing when active treatment is required. Secondary prevention of further seizures (risk between 13-24%) is recommended: give diazepam 20mg orally and restart or continue CIWA-Ar scored alcohol withdrawal detoxification procedure.

### **Remember Pabrinex**

Wernicke-Korsakoff Syndrome (WKS) is a neurological syndrome of Vitamin B deficiency that may have serious sequelae.

Prophylaxis against Wernicke-Korsakoff Syndrome should be given to all alcohol dependent patients as follows: Pabrinex (Ampoules I & II) I.V. two pairs three times daily for 3 days. Pabrinex should be diluted in 100ml saline infused over 30 minutes.

In patients with signs of possible WKS, (i.e. acute delirium, ataxia, gaze palsy), give 2 pairs of Pabrinex (Ampoules I & II) I.V. three times daily and continue beyond three days for as long as symptoms are improving.

### **When to refer for assistance?**

If symptoms continue for longer than 24 hours please refer for medical review. For repeat attendees please refer to Substance Misuse Liaison Nursing Team.

For those wanting assistance with changing drinking behaviours please refer to Substance Misuse Liaison Nursing Team.

For referrals the following information is required by telephone to internal extension: 44901. Patients – Name, Hospital number/Date of Birth, Ward, Referral details.

The Substance Misuse Nursing Team covers only the acute settings in University Hospital Llandough and University Hospital of Wales. Advice in mental health settings can be sought from Pinwydd (Pine) Ward, Hafan Y Coed Hospital (see useful contacts) or through E-DAS (Entry to Drug and Alcohol Services) for Cardiff & Vale TEL: 0300 300 7000 for potential community assessment / treatment referrals if discharged from acute setting.

### **Discharge**

Ideally any patient commencing a symptom triggered alcohol detoxification as an inpatient should be allowed to complete it (adjudged to be three consecutive CIWA-Ar scores under 11).

If discharging a patient part way through an alcohol detoxification, the rationale for discharge should be explained in the patient record.

Thiamine 100mg TDS should be include in TTH and advice to GP.

### **Training**

Please approach your ward manager / clinical lead to arrange CIWA-Ar training and ensure that you update training annually.

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## Appendix 1

### CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT FOR ALCOHOL (CIWA-Ar) (Sullivan et al., 1989)

Patient \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Pulse \_\_\_\_ (for one min.)

<b>NAUSEA AND VOMITING</b> – Ask “Do you feel sick to your stomach? Have you vomited?” <b>Observation</b> <b>0</b> No nausea <b>1</b> Mild nausea with no vomiting <b>2</b> <b>3</b> <b>4</b> Intermittent nausea with dry heaves <b>5</b> <b>6</b> <b>7</b> constant nausea, frequent dry heaves and vomiting	<b>TACTILE DISTURBANCES</b> – Ask “Have you any itching, pins and needles, any burning, or numbness or do you feel bugs crawling under your skin?” <b>0</b> None <b>1</b> Very mild itching, pins and needles, burning or numbness <b>2</b> Mild itching, pins and needles, burning or numbness <b>3</b> Moderate itching, pins and needles, burning or numbness <b>4</b> Moderately severe hallucinations <b>5</b> Severe hallucinations <b>6</b> Extremely severe hallucinations <b>7</b> Continuous hallucinations
<b>TREMOR</b> – arms extended and fingers spread apart. <b>Observation</b> <b>0</b> No tremor <b>1</b> Not visible, but can be felt fingertip to fingertip <b>2</b> <b>3</b> <b>4</b> Moderate, with patient’s arms extended <b>5</b> <b>6</b> <b>7</b> severe, even with arms not extended	<b>AUDITORY DISTURBANCES</b> – Ask “Are you more aware of sounds around you? Are they harsh? Do they frighten you?” <b>0</b> Not present <b>1</b> Very mild sensitivity <b>2</b> Mild harshness or ability to frighten <b>3</b> Moderate harshness or ability to frighten <b>4</b> Moderately severe hallucinations <b>5</b> Severe hallucinations <b>6</b> Extremely severe hallucinations <b>7</b> Continuous hallucinations
<b>PAROXYSMAL SWEATS</b> – Observation <b>0</b> No sweat visible <b>1</b> Barely perceptible sweating, palms moist <b>2</b> <b>3</b> <b>4</b> Beads of sweat obvious on forehead <b>5</b> <b>6</b> <b>7</b> Equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions	<b>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 that you know are not there?” <b>Observation</b> <b>0</b> Not present <b>1</b> Very mild sensitivity <b>2</b> Mild sensitivity <b>3</b> Moderate sensitivity <b>4</b> Moderately severe hallucinations <b>5</b> Severe hallucinations <b>6</b> Extremely severe hallucinations <b>7</b> Continuous hallucinations
<b>ANXIETY</b> – Ask “Do you feel nervous?” <b>Observation</b> <b>0</b> No anxiety <b>1</b> Mildly anxious <b>2</b> <b>3</b> <b>4</b> Moderately anxious, or guarded so anxiety is inferred <b>5</b> <b>6</b> <b>7</b> Equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions	<b>HEADACHE, FULLNESS IN HEAD</b> – Ask “Does your head feel different? Does it feel like there is a band around our head?” Do not rate for dizziness or light-headedness. Otherwise rate severity <b>0</b> Not present <b>1</b> very mild <b>2</b> mild <b>3</b> moderate <b>4</b> moderately severe <b>5</b> severe <b>6</b> very severe <b>7</b> extremely severe
<b>AGITATION</b> – Observation <b>0</b> Normal activity <b>1</b> Somewhat more than normal activity <b>2</b> <b>3</b> <b>4</b> Moderately fidgety and restless <b>5</b> <b>6</b> <b>7</b> Paces back and forth during most of the interview, or constantly thrashes out	<b>ORIENTATION AND CLOUDING OF SENSORIUM</b> – Ask “What day is this/ Where are you? Who am I?” <b>0</b> Orientated and can do serial additions <b>1</b> Cannot do serial additions or is uncertain about date <b>2</b> Disorientated for date by no more than two calendar days <b>3</b> Disorientated for date by more than two calendar days <b>4</b> Disorientated for place and/or person

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Appendix 2

‘Symptom Triggered Therapy’ Alcohol Detoxification Monitoring - form

Name \_\_\_\_\_ NHS No. \_\_\_\_\_ Date \_\_\_\_\_

SYMPTOMS								
Date /Time (Sign)								
1. Nausea								
2. Tremor								
3. Sweats								
4. Anxiety								
5. Agitation								
6. Tactile								
7. Auditory								
8. Visual								
9. Headache								
10. Orientation								
Total								

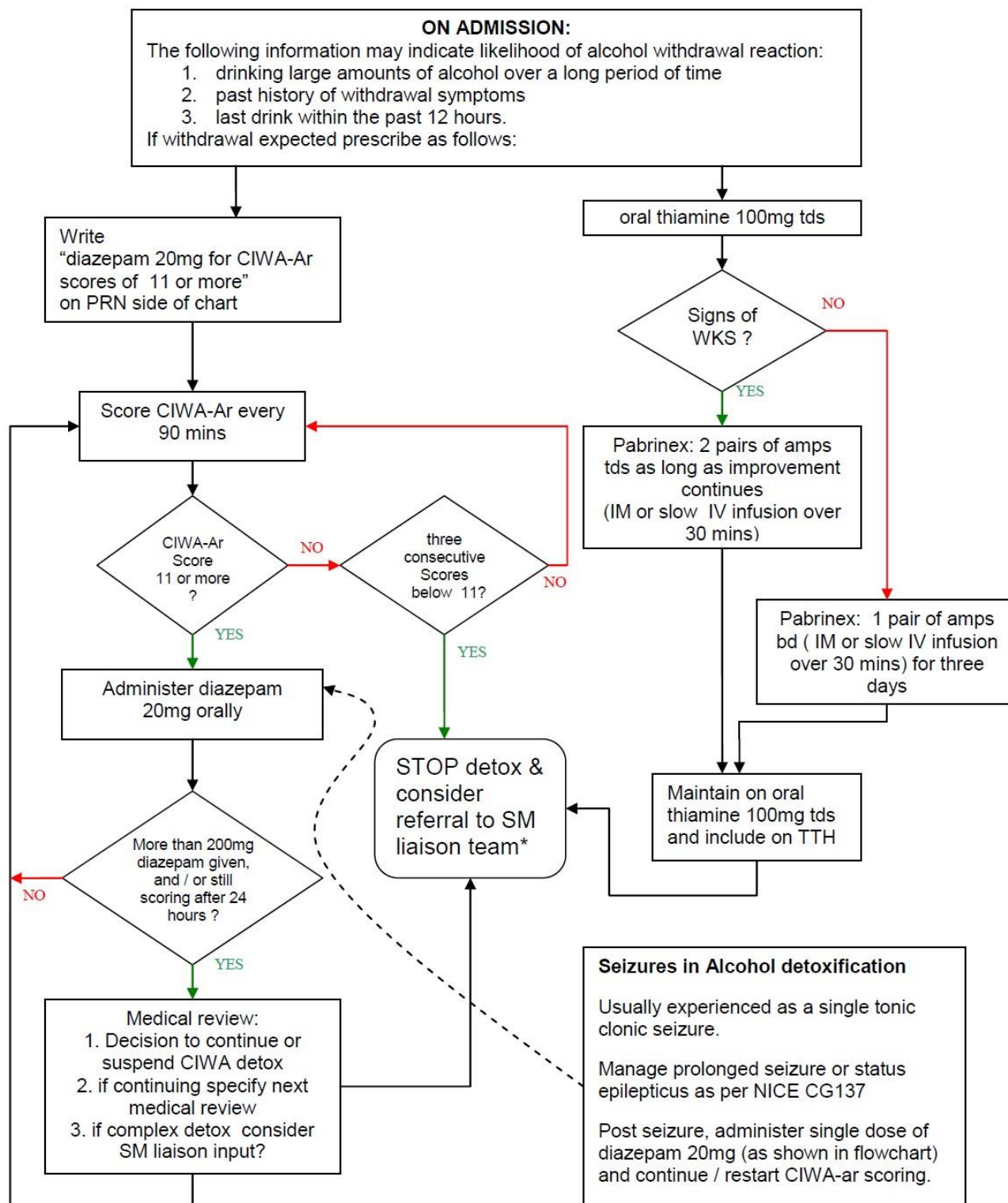
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## Appendix 3 Symptom Triggered Alcohol Detoxification



**NHS**  
WALES  
**GIG**  
CYMRU

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board



### Acronyms:

CIWA-Ar – Clinical Institute Withdrawal Assessment – Alcohol Revised  
WKS – Wernicke Korsakoffs Syndrome (consider if ANY of acute delirium, ataxia, gaze palsy)  
TTH – to take home (discharge medication)  
IM – intramuscular IV – intravenous

### \* Substance Misuse (SM) liaison contacts

For:

Mental health patients: – contact Pinwydd 24830  
Patients in other areas: – contact 44901

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National Institute of Clinical Excellence (2010) Alcohol-use disorders: Diagnosis and clinical management of alcohol-related physical complications. NICE clinical guidance 100. Available at [www.nice.org.uk/cg100](http://www.nice.org.uk/cg100) [NICE guideline]

National Institute of Clinical Excellence (2012) The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care. NICE clinical guidance 137. Available at [www.nice.org.uk/cg137](http://www.nice.org.uk/cg137) [NICE guideline]

## Useful contacts

Substance Misuse Liaison Team  
Room 104, First Floor  
Monmouth House  
UHW  
**Ext: 44901**

Pinwydd (Pine) Specialist Substance Misuse Inpatient Unit  
Hafan Y Coed,  
UHL  
**Ext: 24830 or 24840**

EDAS  
Entry to Drug and Alcohol Services Cardiff and Vale  
**Tel: 0300 300 7000**  
<http://www.e-das.wales.nhs.uk>

The All Wales Drug and Alcohol Helpline (DAN)  
**Tel: 0808 808 2234**