

<ol style="list-style-type: none"> 1. Perform baseline CIWA-Ar 2. Administer dose based on score 3. If score is ≤ 7, perform routine assessments Q 4 H 4. If score is ≥ 8, return to step 1 in hour 	CIWA-Ar	Standard Lorazepam Dosing	Chlordiazepoxide Dosing
	≤ 7	None	None
	8-12	1mg PO/IV	25 mg PO
	13-16	2mg PO/IV	50 mg PO
	17-20	3mg PO/IV	75mg PO
	>20	4mg PO/IV	100 mg PO

Give either lorazepam OR chlordiazepoxide based on score

<ol style="list-style-type: none"> 1. Perform baseline CIWA-Ar 2. Administer dose based on score 3. If score is ≤ 7, perform routine assessments Q 4 H 4. If score is ≥ 8, return to step 1 in hour 	CIWA-Ar	Reduced Lorazepam Dosing
	≤ 7	None
	8-12	0.5mg PO/IV
	13-16	1mg PO/IV
	17-20	3mg PO/IV
	>20	4mg PO/IV

Reduced dose protocol recommended for elderly (age >65) or frail patients

PEARLS

1. The CIWA-Ar is a validated scoring tool for alcohol withdrawal. It should be used for non-ICU patients and ICU patients who can respond to questions.
2. For patients in the ICU who are in severe withdrawal and cannot respond to questions, the MINDS protocol should be used. The MINDS protocol is an alcohol withdrawal scoring tool which has been studied in the ICU setting.
3. Check vital signs and arousability (RASS score) q 4 hours or based on protocol.
4. Other causes for delirium and agitation must always be considered (i.e. hypoxia or sepsis).
5. Patients who require aggressive treatment of agitation and anxiety may be best treated in areas where extensive monitoring is available.
6. If seizure occurs, evaluate patient for transfer to TCU or ICU.
7. Patients who are being treated for alcohol withdrawal should not receive a neuroleptic (i.e. haloperidol) or dexmedetomidine for agitation unless they have first been aggressively treated with benzodiazepines.
8. May consider use of haloperidol in addition to lorazepam in patients experiencing hallucinations. Doses > 5 mg or (20 mg/day) require cardiac monitoring of QT interval.
9. IV administration of lorazepam may be necessary in certain patients and these patients must be monitored q 1 hour for respiratory depression, especially when receiving high individual doses.
10. Patients who are belligerent when inebriated may exhibit excitation from benzodiazepines; may consider the additional use of haloperidol, beta-blockers, or clonidine for these patients.
11. Chlordiazepoxide should generally be avoided in patients with significant liver disease, renal disease, or the elderly.
12. Thiamine should be given prior to the administration of any dextrose-containing IV solutions to prevent Wernicke's encephalopathy.