Acute Alcohol Withdrawal Protocol: An Interdisciplinary Approach
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**Background:** Successful management of alcohol withdrawal is dependent upon frequent and systematic monitoring with validated tools employed by trained nursing and medical personnel who can conscientiously and reliably rate withdrawal signs and symptoms as frequently as every hour. Personnel must also perform corollary vital signs and pulse-oximetry since changes in these readings represent concomitant markers of withdrawal and treatment response and may mandate physician re-evaluation and adjunctive treatment-decision making. Alcohol withdrawal delirium is one of the most serious manifestations of alcohol withdrawal. Evidence suggests that appropriate care improves morbidity and mortality. The key to successful management is consistent ratings of withdrawal features because standardized management methodologies link such ratings of withdrawal signs and symptoms to simultaneous administration of medications to treat the withdrawal state.

**Problem:** Prior alcohol withdrawal protocol was not optimally standardized despite the use of the Clinical Institute Withdrawal Assessment (CIWA) tool. Lack of standardization led to inconsistency in medication administration, frequency of monitoring, reliability of scoring, and consequent sub-optimal outcomes.

**Strategy:** Creation of an interdisciplinary team whose goal was to develop a revised alcohol withdrawal protocol which includes the following key elements: management methodology that links systematic ratings with medication administration; inclusion of the modified Richmond Agitation Sedation Scale (mRASS) to monitor sedation; use of an integrated flow sheet incorporating date, time, vital signs, rating scale scores, medication choice, route of medication administration and documentation that medication was administered; determination of a High Risk/Low Risk patient categorization schema; symptom-triggered/PRN versus fixed dose prescribing guidelines for ICU consultation, and education and training of nurses and physicians including non-dual addiction issues and associated risks of over-sedation.

**Practice Change:** Oversight of new alcohol withdrawal protocol by Nursing Education Department. When a patient is placed on the protocol, Nursing Education reviews documentation 24/7 and provides real time education to staff about proper operationalization of the protocol.

**Evaluation:** To date Nursing Education has monitored protocol compliance in over 1700 alcohol withdrawal patient-days from May 29, 2010 to present.

**Results:** Preliminary feedback from and observation of nursing and physicians support significant improvement in alcohol withdrawal management and documentation. More formal data collection is ongoing and will be

**Recommendations:** To simplify the Nurse Education Department role, designate specific units to cohort these patients. Nursing staff on such units, bolstered by the Nursing Education Department, will rapidly become expert at management of alcohol withdrawal patients by virtue of high volume exposure. Additionally consider assigning a roving Nurse Practitioner to support care.

**Lessons Learned:**
1. Interdisciplinary team constructed the protocol with input from medicine, nursing, psychiatry, and the ICU. These promoted necessary buy-in from all stake holders.

2. Efforts to streamline the comprehensive integrated flowsheet paid dividends in efficiency of clinical information analyses.

3. Initial efforts to cohort patients failed because of insufficient pre-rollout planning.
Bibliography:

