

Cork University Hospital
Liaison Psychiatry & Emergency Department (CDU)

**GUIDELINE FOR SYMPTOM-TRIGGERED / FRONT-LOADING
ALCOHOL DETOXIFICATION USING THE CIWA-A SCALE AND
DIAZEPAM**

This method of detoxification is an alternative to the fixed dose treatment strategy in standard use currently. It is of potential benefit as duration of detoxification is reduced although there is a requirement for more monitoring of withdrawal symptoms.

It may be used in selected alcohol-dependent adult patients for the treatment of withdrawal in CDU only.

Patients with dependency on other drugs in addition to alcohol are not suitable for this treatment. Nor are patients with severe liver impairment or other major physical illness. Other patients with alcohol dependency including those with a history of previous alcohol-withdrawal seizures or delirium tremens *are* suitable for this treatment in CDU.

1. When to use the CIWA-A scale

The CIWA-A is a standardised assessment scale for symptoms of alcohol withdrawal. The scale should be administered when the client's history indicates a likelihood of withdrawal reaction - large amounts of alcohol over a long period of time, history of withdrawal symptoms, last drink within the past 12 hours. If such a history not evident, observe informally until symptoms occur as not all people develop withdrawal symptoms.

2. How to use the CIWA-A scale

Take the scale with you when assessing the patient. Ask each question as it appears on the CIWA-A and assign a score to each item. Speak slowly and clearly and reword questions, if necessary. Do not verbally contradict what the client tells you.

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.

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

3. What to do next

- If CIWA-A score >10, give diazepam 20mg po stat.
- If the CIWA-A score is \leq 10 give no medication.
- After 90 minutes, reassess symptoms of withdrawal, using the CIWA-A again (as above) and if CIWA-A score >10 give diazepam 20mg po stat
- Repeat the above process every 90 minutes until CIWA-A score < 10 on 2 consecutive occasions
- Continue then to monitor informally to ensure there is no re-emergence of symptoms

4. What to expect

Expect that a large minority may not require diazepam at all as CIWA-A score <10 from the outset. Expect a mean duration of detoxification of @ 8 hours.

APPENDIX 2: CIWA-Ar SCALE (CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT FOR ALCOHOL)

NAUSEA & VOMITING: Ask "Do you feel sick to your stomach? Have you vomited?" <i>Observation.</i> 0 no nausea/vomiting 1 2 3 4 intermittent nausea with dry heaves 5 6 7 constant nausea, frequent dry heaves & vomiting				TACTILE DISTURBANCES: Ask: "have you any itching, pins and needles sensations, any burning, any numbness or do you feel bugs crawling on or under your skin?" <i>Observation.</i> 0 none 1 very mild itching, pins and needles, burning or numbness. 2 mild itching, pins and needles, burning or numbness. 3 moderate pins and needles, burning or numbness. 4 moderately severe hallucinations. 5 severe hallucinations. 6 extremely severe hallucinations. 7 continuous hallucinations.			
Score	Score	Score	Score				
TREMOR: <i>Observation. Arms extended and fingers spread apart</i> 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				AUDITORY DISTURBANCES: Ask: "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing you? Are you hearing things you know are not there?" <i>Observation.</i> 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 hallucinations. 7 continuous hallucinations			
PAROXYSMAL SWEATS <i>Observation.</i> 0 no sweat visible 1 barely perceptible sweating, palms moist 2 3 4 beads of sweat obvious on forehead 5 6 7 drenching sweats				VISUAL DISTURBANCES: 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?" <i>Observation.</i> 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			
ANXIETY: Ask: "Do you feel nervous?" <i>Observation.</i> 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 as seen in severe delirium or acute schizophrenic reactions				HEADACHE, FULLNESS IN HEAD: Ask: "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. 0 not present 1 very mild 2 mild 3 moderate 4 moderately severe 5 severe 6 very severe 7 extremely severe			
AGITATION: <i>Observation.</i> 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 interview, or constantly thrashes about				ORIENTATION & CLOUDING OF SENSORIUM: Ask: "What day is this? Where are you? Who am I?" 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 and/or person			
Time: _____	Total Score		(Temp): _____ BP: _____ HR: _____ Resps: _____ Initials: _____				
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Time: _____	Total Score		(Temp): _____ BP: _____ HR: _____ Resps: _____ Initials: _____				