ALTERNATIVE VALIUM LOAD PROTOCOL FOR ALCOHOL DETOX for Detox & CSU

ALLERGIES:

DATE	TIME	ALTERNATIVE VALIUM LOAD PROTOCOL FOR ALCOHOL DETOX (NOTE: *This protocol should be used for clients with a known history of Delirium Tremens or Alcohol Withdrawal Seizures.)*
		1. Weight on admission and then daily. 2. Follow standing orders for PRN medications 3. Initiate seizure precautions for duration of detoxification treatment 4. Start MVI 1 tab po qd x 7 days 5. Start thiamine 100mg po qd x 3 days 6. In addition to the above orders and standing comfort orders, patient may additionally have: A. promethazine 25mg po/pr q4-6h PRN nausea/vomiting OR B. Ondansetron 4mg SL q8h PRN nausea/vomiting 7. Nurses monitor patient using CIWA scoring protocol and document CIWA per unit requirement and administer diazepam (Valium) as follows: A. For clients with a history of alcohol seizures and an initial CIWA score of 15 or less : • Notify provider • Give first dose now without waiting for CIWA score to reach >15. Use caution if client is noticeably intoxicated or BAL >/= 200. • Give 2 additional doses of diazepam q1h for a total of 3 doses (60mg total) • Assess the client's CIWA score every hour while awake and 1 hour after third dose. After the third dose, give the diazepam q1hr prn per the CIWA score until a maximum total of five (5) doses. HOLD diazepam if patient is asleep or somnolent. DO NOT wake client to assess CIWA score. Assess the CIWA when the patient awakens. • Assess client 1 hour after the 5th dose. If asleep, complete CIWA on waking. If CIWA remains above 15 after 100mg total diazepam or 24h, notify provider to assess for additional doses diazepam. Assess q1hr. If CIWA score is 14 or less, follow the CIWA protocol instructions for that score in section C.

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B. For all others :

- CIWA score 20 or greater: administer diazepam 20mg PO q1h x 3 doses. Repeat CIWA with each administration. HOLD IF ASLEEP OR SOMNOLENT. Reassess CIWA again 1 hour after last dose. If CIWA remains > 15 may administer up to 2 additional doses 20mg 1 hour apart.
- CIWA score 15 to 19: Repeat CIWA assessment in 1 hour, if score 15-19 the second time, administer diazepam 20mg po q1h x 3 doses HOLD IF ASLEEP OR SOMNOLENT:
    - Continue CIWA assessment every hour until patient CIWA 14 or less or patient has had total cumulative diazepam dose of 100mg (5 doses of 20mg). If the patient is asleep, do NOT wake the patient to assess the CIWA score; reassess CIWA score when the patient awakens.
    - Assess patient 1hr after the 5th dose. If asleep, complete the CIWA assessment upon waking. If the CIWA remains above 15, notify the on-call provider to assess patient for additional doses of diazepam. If CIWA score is 14 or less, follow the CIWA protocol instructions for the score in section C.

C. Further CIWA Protocol instructions upon completion of section A or B above

- CIWA score 10 to 14: Complete CIWA assessment every 2 hours while awake. If the patient is asleep, complete CIWA assessment when patient awakens.
- CIWA score less than 10: Complete CIWA assessment every 4 hours while awake. If the patient is asleep, complete the CIWA assessment when the patient awakens.
- Continue CIWA a minimum of every four hours (while awake) for 48 hours after the time of first diazepam dose.

RN SIGNATURE: DATE: TIME:

PROVIDER SIGNATURE: DATE: TIME:

CLIENT NAME: Medical Records #: