

Physician Orders ADULT

Delirium Tremens Treatment Protocol Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
This protocol is intended for the TREATMENT of a patient in ACTIVE Delirium Tremens (Alcohol Withdrawal Syndrome). Discontinue Prophylaxis Order Set prior to ordering Treatment doses.		
Patient Care		
<input type="checkbox"/>	Transfer Patient	T;N, MD request for care continuity, Bed Type: Critical Care
<input type="checkbox"/>	DT Treatment Protocol Orders	
<input type="checkbox"/>	Sedation Goal per Riker Scale	T;N, Goal: 4 (Calm/Cooperative), DT Treatment Protocol
<input type="checkbox"/>	Sedation Goal Assessment per Riker Scale	T;N, q2h, Goal: 4 (Calm/Cooperative), per DT Treatment Protocol
<input type="checkbox"/>	Nursing Communication	T;N, DT Treatment Protocol: Document date and time of active delirium tremens (DT's) onset. _____, Comment: Date/Time of Active Delirium Tremens _____.
<input type="checkbox"/>	Nursing Communication	T;N, DT Treatment Protocol: Early alcohol withdrawal symptoms requiring MD notification: dry heaves, drenching sweats, agitation, panic, seizures, visual, tactile and/or auditory hallucinations, confusion, disorientation, agitation and/or marked tremor.
<input type="checkbox"/>	Nursing Communication	T;N, DT Treatment Protocol: Assess and document Riker Scale Score prior to administration of ALL lorazepam or haloperidol doses. Hold doses for Riker Score less than 4.
<input type="checkbox"/>	Nursing Communication	T;N, DT Treatment Protocol: Verify EKG obtained before administering haloperidol.
<input type="checkbox"/>	Nursing Communication	T;N, DT Treatment Protocol: If Riker Goal not achieved within one hour, contact the physician for possible dosage/interval changes to lorazepam and/or haloperidol.
<input type="checkbox"/>	Nursing Communication	T;N, DT Treatment Protocol: All prior benzodiazepines orders prior to the ones ordered by this protocol should be discontinued.
<input type="checkbox"/>	Nursing Communication	T;N, DT Treatment Protocol: If MD has not discontinued Prophylaxis Order Set - Discontinue per Condition Met
Medications/DT Treatment Protocol Reference Text		
<input type="checkbox"/>	.DT Treatment Protocol Ref. Text	See Reference Manual, N/A, N/A, Routine
PRN Medications for Delirium Tremens Symptoms Treatment		
NOTE: Discontinue ALL previous benzodiazepine orders prior to ordering below.		
<input type="checkbox"/>	LORazepam	4 mg, Injection, IV Push, q15min, PRN Alcohol Withdrawal Symptoms, Routine, Comment: Riker Goal=4. Hold dose if patient sedated or Riker score less than 4. (DT treatment protocol)
<input type="checkbox"/>	haloperidol	5 mg, Injection, IV Push, once, PRN Alcohol Withdrawal Symptoms, Routine, (for 1 dose), Comment: Riker Goal=4. Use if Riker score not achieved after lorazepam 12mg given and contact MD for further orders. (DT Treatment Protocol)
Supplement Medication		
<input type="checkbox"/>	thiamine	100 mg, Tab, PO, QDay, Routine, (for 3 dose)
<input type="checkbox"/>	folic acid	1 mg, Tab, PO, QDay, Routine, (for 3 dose)
<input type="checkbox"/>	multivitamin	1 tab, PO, QDay, Routine



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Supplement Medication continued		
NOTE: If patient unable to tolerate PO, Order both thiamine and folic acid IV orders below		
<input type="checkbox"/>	thiamine	100 mg, Injection, IV Piggyback, QDay, PRN If unable to take PO, Routine, (for 3 dose)
<input type="checkbox"/>	folic acid	1 mg, Injection, IV Piggyback, QDay, PRN If unable to take PO, Routine, (for 3 dose)
Diagnostic Tests		
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: Stat, Baseline Haloperidol Monitoring
Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Physician, If Riker score is less than or equal to 2 or respirations less than 8 per minute for increased monitoring., per DT Treatment Protocol
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Physician, If QTc interval is greater than 450 ms to discontinue haloperidol and discuss alternative treatment., per DT Treatment Protocol
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Physician, If patient is actively seizing or after 1 hour of treatment and Riker Goal of 4 is not achieved., per DT Treatment Protocol

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Date	Time	Physician's Signature	MD Number