

## Physician Orders ADULT: BEH Withdrawal Syndrome Protocol Plan

Initiate Orders Phase			
	ets/Protocols/PowerPlans		
☑	Initiate Powerplan Phase Phase: BEH Withdrawal Syndrome Protocol Phase, When to Initiate:		
BEH W	/ithdrawal Syndrome Protocol Phase		
Patient	t Care		
☑	Delirium Tremens Precautions		
☑	Sedation Goal per Riker Scale Goal: 4 (Calm/Cooperative)		
	Nursing Communication BEH Withdrawal Syndrome Protocol: Assess and document Riker scale prior to administration of each scheduled or PRN dose of lorazepam and haloperidol. Hold dose if Riker score less than 4.		
☑	Nursing Communication BEH Withdrawal Syndrome Protocol: Document date and time of DT onset.		
Medica	ations		
☑	+1 Hours thiamine 100 mg, Tab, PO, QDay, Routine, (for 3 day )		
$\overline{\mathbf{\nabla}}$	+1 Hours folic acid		
_	1 mg, Tab, PO, QDay, (for 3 day )		
$\checkmark$	+1 Hours multivitamin		
_	1 tab, Tab, PO, QDay, Routine If patient unable to tolerate PO, order Thiamine and Folic Acid IM below:(NOTE)*		
	+1 Hours thiamine		
	100 mg, Injection, IM, QDay, PRN If unable to take PO, Routine, (for 3 day )		
	+1 Hours folic acid 1 mg, Injection, IM, QDay, PRN If unable to take PO, Routine, (for 3 day)		
	If patient is low risk for DT, has COPD or other respiratory illnesses, order lorazepam 1mg from the following orders below:(NOTE)*		
$\checkmark$	+1 Hours LORazepam		
	1 mg, Tab, PO, q1h, PRN Alcohol Withdrawal Symptoms, Routine Comments: HOLD if Riker score less than 4, for low risk DT to maintain a calm awake state Riker = 4		
$\mathbf{\nabla}$	+1 Hours LORazepam		
	1 mg, Injection, IM, q1h, PRN Alcohol Withdrawal Symptoms, Routine Comments: HOLD if Riker score less than 4, may give if unable to tolerate PO for low risk		
	DT to maintain a calm awake state Riker = 4		
	If patient is High Risk for DT which is defined as: Prior history of alcohol withdrawal or DT, history of withdrawal seizures, daily consumption of large quantities (more than 2 drinks per day) of alcohol, patient exhibits signs/symptoms of early alcohol withdrawal, Order additional scheduled Lorazepam PO or IM below:(NOTE)*		
	Lorazepam PO for High Risk DT Prophylaxis, place BOTH orders below:(NOTE)*		
	+1 Hours LORazepam		
	2 mg, Tab, PO, q4h, Routine, (for 12 dose ) Comments: HOLD if Riker score less than 4		
$\Box$	LORazepam		
	1 mg, Tab, PO, q6h, Routine, (for 6 dose ) Comments: HOLD if Riker score less than 4		
_	Lorazepam IM for High Risk DT Prophylaxis, place BOTH orders below:(NOTE)*		
	+1 Hours LORazepam		
_	2 mg, Injection, IM, q4h, Routine, (for 12 dose ) Comments: HOLD if Riker score less than 4		
	LORazepam		
	EH Withdrawal Syndrome Protocol Plan 20344 Page 1 of 2 M0811 PP Rev062618		



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	1 mg, Injection, IM, q6h, Routine, (for 6 dose ) Comments: HOLD if Riker score less than 4 Alternative regimen for chlordiazepoxide for High Risk DT Prophylaxis (not recomn impairment), place ALL three orders below:(NOTE)*	nended for use in hepatic	
	+1 Hours chlordiazePOXIDE 50 mg, Tab, PO, q4h, PRN Alcohol Withdrawal Symptoms, Routine, (for 2 dose) Comments: MAX DOSE 300 mg in 24 hours, Notify MD if patient requires more than MA DOSE		
	+1 Hours chlordiazePOXIDE		
	50 mg, Tab, PO, q6h, Routine, (for 4 dose ) Comments: HOLD if Riker score less than 4, MAX DOSE 300 mg ; patient requires more than MAX DOSE	in 24 hours, Notify MD if	
	chlordiazePOXIDE		
	25 mg, Tab, PO, q6h, Routine, (for 8 dose ) Comments: HOLD if Riker score less than 4, MAX DOSE 300 mg patient requires more than MAX DOSE	in 24 hours, Notify MD if	
Consu	onsults/Notifications/Referrals		
J	Notify Physician-Continuing Notify For: at onset or if patient in DTs.		
D	Date Time Physician's Signature	MD Number	
DEF - GOAL IND - INT - 1	Report Legend: EF - This order sentence is the default for the selected order OAL - This component is a goal ID - This component is an indicator IT - This component is an intervention /S - This component is an IV/ Set		

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-required order