



Delirium Tremens PROPHYLAXIS Protocol

Reference Text

Use of this protocol requires MD authorization.

This protocol is intended for the **PREVENTION** of Alcohol Withdrawal Syndrome, and is **NOT** for the treatment of ACTIVE Alcohol Withdrawal Syndrome.

DTs occur when early alcohol withdrawal symptoms are not promptly recognized and treated.

Treatment with benzodiazepines should reduce or eliminate withdrawal symptoms.

Patient Care Orders:

- > Implement Alcohol Withdrawal Syndrome (DT) Precautions
- > Riker Score Assessment q4h.
- > Riker score should also be documented prior to administration of any DT medication doses, Scheduled or PRN.
- > Riker Score Goal: 4
- > DO NOT administer ANY doses if patient is sedated or Riker score is less than 4. Contact MD if Riker score is 2 or less.
- > **NOTIFY MD:** If patient begins to experience alcohol withdrawal delirium (Delirium Tremens) or continues to have symptoms despite prophylaxis regimen, NOTIFY MD immediately for initiation of Delirium Tremens TREATMENT Protocol and need to transfer to ICU for DT Treatment.
- > **NOTIFY MRT:** If MD does not respond within 10 minutes of the onset of Delirium Tremens (acute alcohol withdrawal) Call MRT.

Medication Orders:

Patient at **LOW RISK** for alcohol withdrawal delirium:

- Lorazepam 1 mg PO q1h PRN for early withdrawal symptoms or Riker score greater than or equal to 5. (Treatment Duration: 10 days) ***Per Protocol-** may place order and administer IV Lorazepam if patient unable to take PO.

Comment: DO NOT administer ANY doses if patient is sedated or Riker score is less than 4. Contact MD if Riker score is 2 or less.

Patient at **HIGH RISK** for alcohol withdrawal delirium:

- **Scheduled Lorazepam PO for High Risk DT PROPHYLAXIS:**

Days 1 and 2: Lorazepam 2 mg PO q4h X 12 doses

Days 3 and 4: Lorazepam 1 mg PO q6h X 8 doses

***Per Protocol-** may place order and administer IV Lorazepam if patient unable to take PO.

- **PRN Lorazepam for Early Withdrawal Symptoms:**

Lorazepam 1 mg PO q 1hr PRN for Early Withdrawal Symptoms or Riker Score greater than or equal to 5. (Treatment Duration: 10 days) ***Per Protocol-** may place order and administer IV Lorazepam if patient unable to take PO.

Comment: DO NOT administer ANY doses if patient is sedated or Riker score is less than 4. Contact MD if Riker score is 2 or less.

Supplement Medication for ALL DT Protocol Patients:

- Thiamine 100 mg PO QDay X 3 days
- Folic Acid 1 mg PO Qday X 3 days
- Therapeutic multivitamin, 1 tablet PO Qday

***Per Protocol-** may place orders below and administer if patient unable to take PO.

- Thiamine 100 mg IV Qday X 3 days
- Folic Acid 1 mg IV in NS 100mL Qday X 3 days

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Riker Sedation/ Agitation Level	Description
(7) Dangerous Agitation	Pulls at IV; Tries to remove catheters; Climbs over bedrail; Strikes staff; Thrashes from side to side
(6) Very agitated	Does not calm despite frequent verbal reminding of limits; Requires physical constraints
(5) Agitated	Anxious or mildly agitated; Calms down to verbal instructions
(4) Calm & Cooperative	Calm; Awakens easily; Follows commands ← Sedation Goal
(3) Sedated	Difficult to arouse; Awakens to verbal stimuli or gentle shaking but drifts off again; Follows simple commands
(2) Very Sedated	Arouses to physical stimuli but does not communicate or follow commands; May move spontaneously
(1) Unarousable	Minimal or no response to noxious stimuli; Does not communicate or follow commands

Early Alcohol Withdrawal Symptoms to monitor for all patients:

- **GI Complaints:** Nausea, vomiting, anorexia
- **Peripheral Nervous System Hyperactivity:** Tremor, tachycardia, tachypnea, hypertension, fever and diaphoresis
- **Central Nervous System Complaints:** anxiety, insomnia, restlessness, light/sound sensitivity, headache

Low Risk: No prior history of alcohol withdrawal symptoms ("shakes") or DT, patient consumes minimal amounts of alcohol (less than or equal to 2 drinks per day), patient DOES NOT exhibit signs/symptoms of early alcohol withdrawal.

High Risk: Prior history of alcohol withdrawal or DT, history of withdrawal seizures, daily consumption of large quantities of alcohol (more than 2 drinks per day), patient exhibits signs/symptoms of early alcohol withdrawal.

Delirium Tremens (alcohol withdrawal delirium) requiring physician notification:

Early alcohol symptoms (see above) **AND**

Dry heaves, drenching sweats, agitation, panic, seizures, visual, tactile, and/or auditory hallucinations.

Confusion, disorientation, agitation and/or marked tremor.