

Developing a standardized protocol for treatment of mild-to-moderate alcohol withdrawal in the DHMC ED

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Introduction

Patients presenting to the ED with mild-to-moderate alcohol withdrawal are currently treated on a case-by-case basis, with providers using clinical judgement to guide treatment in the absence of a standard protocol. We conducted a literature review of current guidelines for the treatment of mild-to-moderate withdrawal in outpatient and ambulatory settings, and administered a survey to DHMC ED providers to gauge how they currently manage their patients with mild-to-moderate alcohol withdrawal. We found that a standardized protocol for care of these patients would be appropriate, and have taken steps to work with the ED and Addiction Treatment Center at DHMC to formulate protocols and discharge plans for these patients.

Background

Alcohol withdrawal is a potentially life-threatening condition. Treatment of alcohol withdrawal depends on the severity of the patient's symptoms, the patient's history, and whether signs of severe withdrawal (e.g. delirium tremens) are present. Notably, the CIWA-Ar scale can be used to characterize a patient's withdrawal as very mild, mild, moderate, or severe based on scoring, and is used to determine whether pharmacological therapy is appropriate.

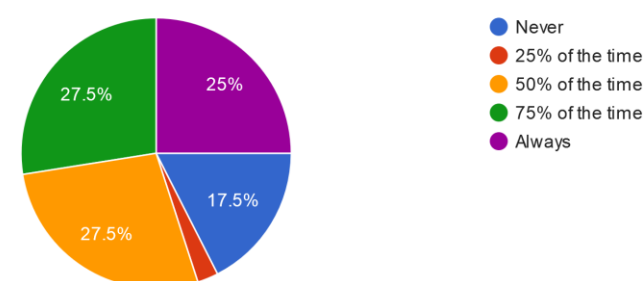
Our focus is on the treatment of mild-to-moderate alcohol withdrawal; severe withdrawal is an indication for admission to an inpatient unit. Benzodiazepines, phenobarbital, and gabapentin are the most widely accepted medications used to treat alcohol withdrawal, with benzodiazepines having an extensive history of proven efficacy in clinical trials and thus being first-line treatment. In addition, patients are evaluated for dehydration and vitamin deficiencies and treated accordingly.

Survey Findings

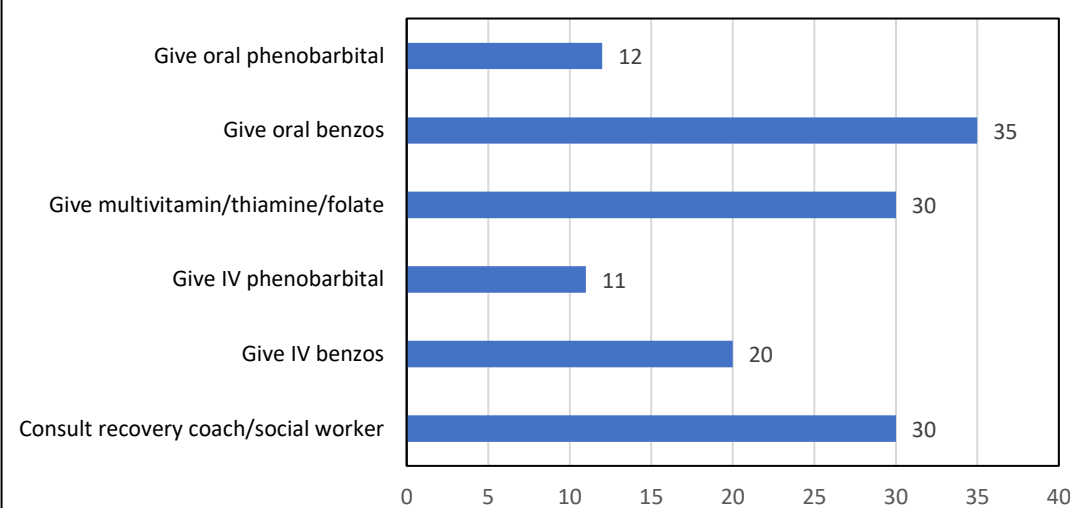
A 10-item survey was sent to providers at the DHMC ED. We wanted to understand how providers evaluate, manage, and discharge patients presenting to the ED with mild-to-moderate alcohol withdrawal.

A total of 42 providers were surveyed; 21 were attendings, 16 were residents, and 5 were APPs.

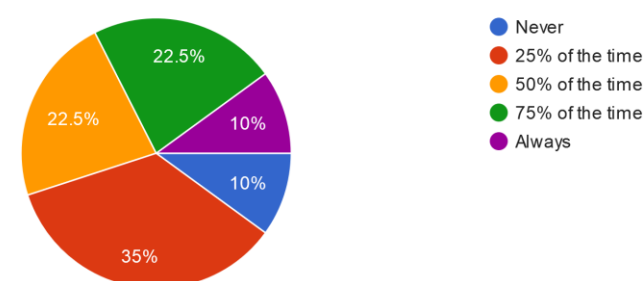
How often do you use a scale/scoring system like the CIWA-Ar to screen for patients with alcohol withdrawal?
 40 responses



How do you manage patients with mild-to-moderate alcohol withdrawal in the ED who do not require medical admission? (check all that apply)



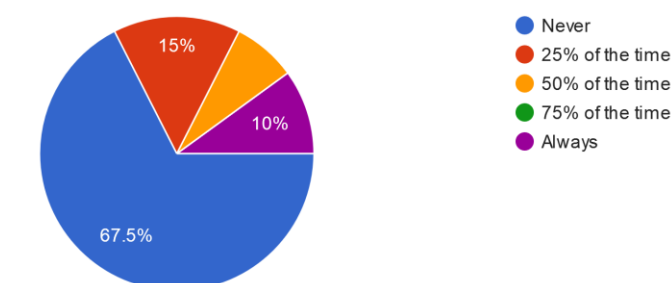
How often do you discharge patients with mild-to-moderate alcohol withdrawal with a prescription for a short course of medication(s) to treat their withdrawal symptoms?
 40 responses



*In terms of the medications prescribed at discharge, providers overwhelmingly preferred chlordiazepoxide (89% of responses), and the median length of prescription was 3 days.

Survey Findings (cont.)

How often do you discharge patients with mild-to-moderate alcohol withdrawal with a prescription or a recommendation for a multivitamin, thiamine and folic acid?
 40 responses



Conclusions/Next Steps

There was considerable variance in providers' evaluation, management, and discharge of patients with mild-to-moderate alcohol withdrawal. In addition, many providers expressed interest in a standardized protocol for these patients and clarity regarding recommended treatment/discharge instructions.

We have taken steps to create such a standardized protocol through meetings with the Addiction Treatment Center and conversations with DHMC ED physicians. A "dot phrase/smart set" to be used in the DHMC EMR is currently being finalized. Provider education on different options for pharmacological regimens to treat alcohol withdrawal may be a good next step.

References

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