A newly created order set will replace our old alcohol withdrawal order set and this version has better monitoring and management of the patient built in. Along with the orders, Mount Nittany nursing staff will change how they screen for patients who are at risk of an alcohol withdrawal incident.

Here is how this will flow.

At intake, nurses will screen for alcohol use. For patients who have had alcohol in the last 30 days, a scoring tool will be used.\(^1\) Patients with a positive risk based on this will then be evaluated for any signs of active alcohol withdrawal.\(^2\) Once these assessments are complete, the attending physician will be notified for patients at risk, or who have early withdrawal symptoms.

When you are called about a patient at risk, the new order set called Alcohol Withdrawal AWWS should be used. The first orders direct nurses on the ongoing screening for symptoms and the frequency of this is based on patient scores. Patients who do not develop withdrawal eventually stop being assessed. Patients developing symptoms get more frequent assessments.

Options for ordering labs and other diagnostic tests are provided if these have not already been done. We also provide options for a Banana Bag and additional Thiamine if you feel it is needed.

For patients at risk, but not having withdrawal symptoms, there is evidence that adding prophylactic Gabapentin to their med regimen is beneficial at preventing clinical withdrawal. Gabapentin is ordered based on weight and estimated Creatinine Clearance. We've typed out the medication protocol for you in the order set.

In addition to Gabapentin for at risk patients, ordering a single PRN dose of Ativan, to be used if the patient starts to exhibit active withdrawal symptoms is advisable. The order set provides both PO and IV doses. You can order them both.

If a patient progresses and shows signs of active withdrawal, the nurses will administer the single dose of Ativan and then call you for further orders. You can use the same order set for Withdrawal Management medications. Options are provided for Ativan and for Librium and doses are based on the severity of symptoms. It is also worth noting that patients experiencing active withdrawal have increased mortality. Once a patient needs repetitive doses of a med for withdrawal, it is advisable to move the patient to a telemetry or ICU bed.

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\(^1\) Prediction of Alcohol Withdrawal Severity Scale (PAWSS). Use of this tool provides an evidence-based level of risk of withdrawal.

\(^2\) Alcohol Withdrawal Syndrome Scale (AWSS)
Here is a schematic view of how to use the Alcohol Withdrawal AWWS order set:

1. Patient Admitted
2. Nurse performs Intake Alcohol Screen (PAWSS)
3. Nurse notifies physician that patient is at risk
4. Provider uses alcohol withdrawal AWSS order set
5. Order surveillance and notification parameters
6. Order gabapentin and the at-risk dose of ativan
7. Nurse monitors patient for signs of withdrawal
8. No withdrawal; routine care
9. Withdrawal symptoms
10. Consider transfer to telemetry or ICU