



always there.

Adult Critical Care (ICU and ED) Alcohol Withdrawal

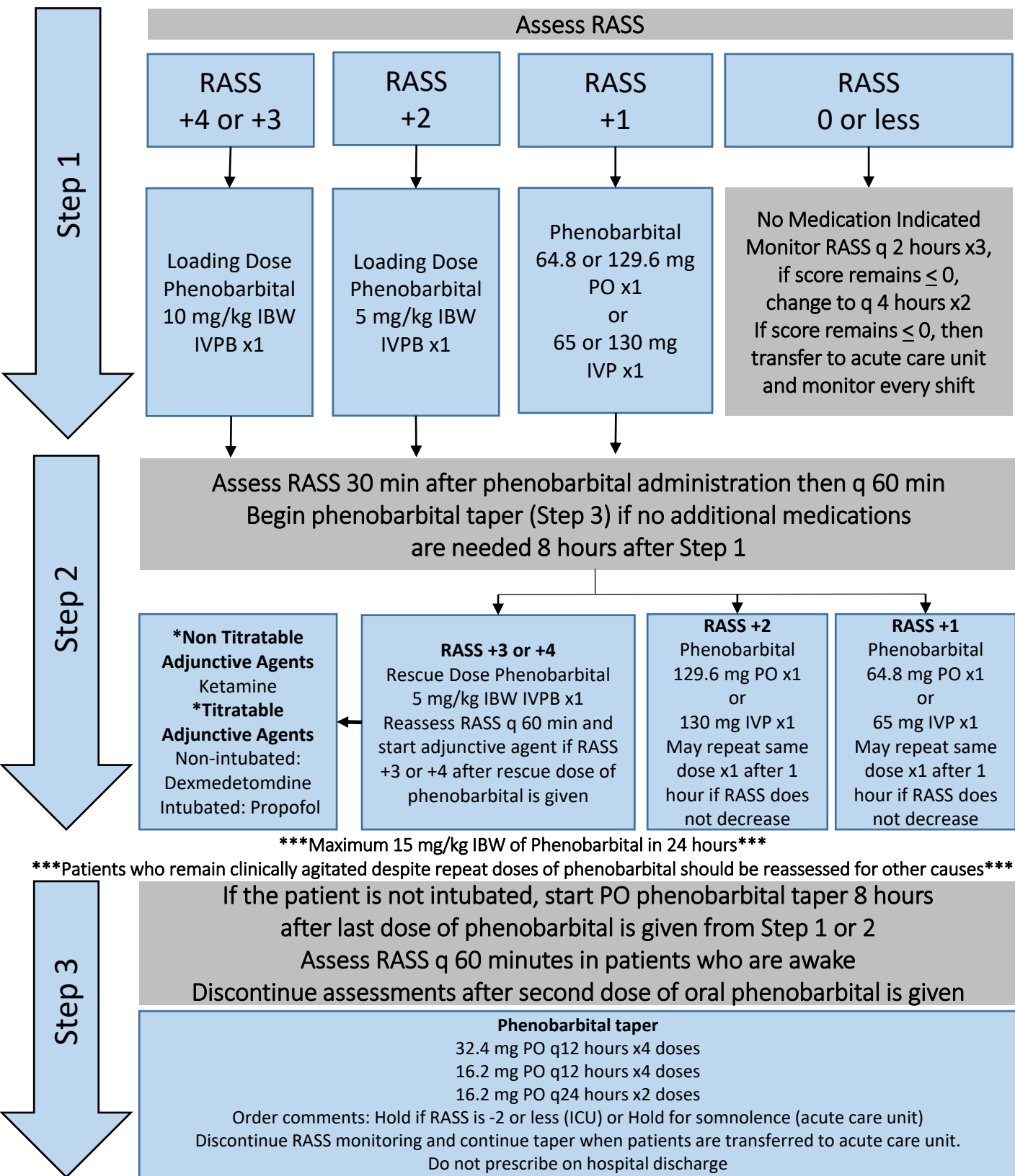
Physician Driven Guidelines

Not to supersede clinical judgment

Dosing recommendations are not available for special populations (e.g. hepatic impairment, elderly, etc.)

Use with caution in patients with previous benzodiazepine exposure

All patients receive thiamine 100 mg IV daily x3 days (higher doses are needed in patients with suspected Wernicke's encephalopathy), folic acid 1 mg IV/PO daily and multivitamin daily



***Adjunctive Agents Dosing Guidelines:**

Ketamine 0.3 mg/kg/hour (do not titrate)

Dexmedetomidine: Start at 0.2 mcg/kg/hour and titrate up/down by 0.1 mcg/kg/hour every 30 minutes for goal RASS 0 to -1

Propofol: Start 5 mcg/kg/min and titrate up/down at 5 mcg/kg/min increments every 5 minutes for goal RASS 0 to -1

In patients not requiring adjunctive agents, discontinue RASS assessment 6 hours after the second dose of oral phenobarbital taper is given

May discontinue hourly assessments 6 hours after adjunctive agents have been stopped

See site specific policy for IVP administration

Phenobarbital is a CYP3A4 Enzyme Inducer (watch for drug-drug interactions)

Phenobarbital dose based on ideal body weight (IBW)

Male				Female			
Height (inches)	IBW (male)	10 mg/kg	5 mg/kg	Height (inches)	IBW (female)	10 mg/kg	5 mg/kg
60	50	455	195	60	45.5	455	195
61	52.3	520	260	61	47.8	455	195
62	54.6	520	260	62	50.1	455	195
63	56.9	520	260	63	52.4	520	260
64	59.2	585	260	64	54.7	520	260
65	61.5	585	260	65	57	520	260
66	63.8	650	325	66	59.3	585	260
67	66.1	650	325	67	61.6	585	260
68	68.4	650	325	68	63.9	650	325
69	70.7	715	325	69	66.2	650	325
70	73	715	325	70	68.5	650	325
71	75.3	715	325	71	70.8	715	325
72	77.6	780	390	72	73.1	715	325
73	79.9	780	390	73	75.4	715	325
74	82.2	780	390	74	77.7	780	390
75	84.5	845	390	75	80	780	390
76	86.8	845	390	76	82.3	780	390
77	89.1	845	390	77	84.6	845	390
78	91.4	910	455	78	86.9	845	390

Pharmacist to modify order based on the above dosing table without having to contact the physician
In general, most doses are rounded down to the nearest vial size
Phenobarbital available in 65 mg and 130 mg vials

The Richmond Agitation-Sedation Scale (RASS)

Score	Term	Description
+4	Combative	Overtly combative, violent, immediate danger to staff
+3	Very agitated	Pulls or removes tube(s) or catheter(s); aggressive
+2	Agitated	Frequent non-purposeful movement, fights ventilator
+1	Restless	Anxious but movements not aggressive vigorous
0	Alert and calm	
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to voice (>10 seconds)
-2	Light sedation	Briefly awakens with eye contact to voice (< 10 seconds)
-3	Moderate sedation	Movement or eye opening to voice (but no eye contact)
-4	Deep sedation	No response to voice, but movement or eye opening to physical stimulation
-5	Unarousable	No response to voice or physical stimulation