

# A Multidisciplinary Approach to Improving the Treatment of Alcohol Withdrawal Syndrome

Nicole Vitti BSN, MPA, RN & Deana Brown BSN, RN  
Norwalk Hospital, Norwalk, CT



**PURPOSE:** To create an interdisciplinary team at Norwalk Hospital to improve the care of alcohol withdrawal patients using benzodiazepine tapering schedules with breakthrough doses; instead of symptom triggered management.

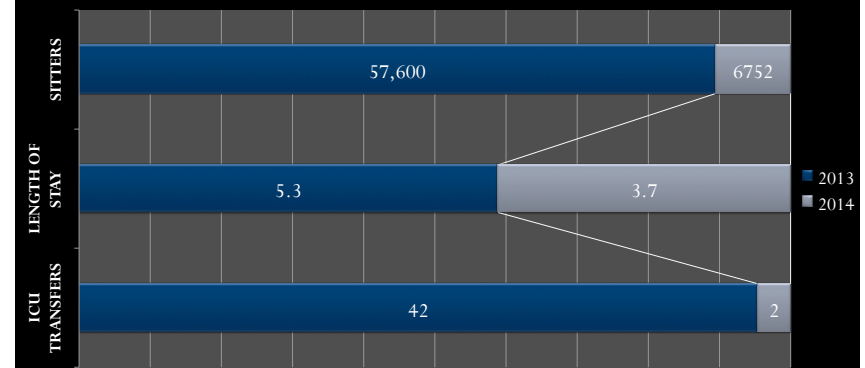
## BACKGROUND

- **Alcohol withdrawal syndrome** is a potentially life threatening condition that can occur in people who have been drinking heavily for weeks, months, or years and then either stop or significantly reduce their alcohol consumption.
- Prior to this protocol, patients were treated with symptomatic management.
- Symptoms include: increased anxiety, irritability, agitation, tremors, tachycardia, elevated BP, seizures, and delirium tremens.

## TREATMENT PROTOCOL

- 8-East, a Med-Surg unit was identified as the receiving floor for all detox patients unless ICU care was required.
- RN staff was provided education by nurses from psychiatry regarding this specific patient population and treatment.
- Patients are assessed and medicated hourly using the Sedation Agitation Scale (SAS).
- Patient is started on a standing dose of either chlordiazepoxide (Librium) or lorazepam (Ativan).
- Haldol is ordered PRN for confusion or delirium.
- Patients are repleted with folic acid, thiamine and multivitamin daily.
- Electrolyte levels monitored closely and repleted accordingly.
- Benzos are tapered 20-25% a day, starting days 2-5 of withdrawal.

## OUTCOMES



## FINDINGS

Over a period of **12 months** there is sustained:

- Decrease in length of stay from **5.3 days to 3.7 days**
- **36% decrease** in sitter hours from **57,600 hours to 6,752 hours.**
- **62% decrease** in the number of code greens (behavioral codes) requiring security interventions
- **95% decrease** in ICU transfers from **42 in a year to 2 transfers.**
- The reduction in average LOS saved **\$609,889**
- The reduction in ICU transfers saved **\$855,246.**
- The reduction in sitter hours saved **\$14,400.**
- These endpoints totaled a direct cost savings to the institution of approximately **\$1,479,535.**

SAS Score	Symptoms	Protocol Dosing
7 (Dangerous Agitation)	Pulls at IV; Tries to remove catheters; Climbs over side rails; Strikes staff; Thrashes	PRN 3mg of Ativan (Notify MD, consider need for higher dosing)
6 (Very Agitated)	Does not calm despite frequent, verbal reminding of limits. Requires physical constraints.	PRN 2mg Ativan or 50mg of Librium
5 (Agitated)	Anxious or mildly agitated; Attempts to sit up; Calms to verbal instructions; Tachycardia; Hypertension, tremors, diaphoresis.	PRN 1mg Ativan or 25mg of Librium
<b>4 (Calm)</b>	<b>Awakens easily; follows commands; Comfortable. GOAL FOR PATIENT.</b>	<b>No PRN, continue with standing dose</b>
3 (Sedated)	Difficult to arouse; Awakens to verbal stimuli or gentle shaking but drifts off again; Follows simple commands.	No PRN, continue with standing dose
2 (Very Sedated)	Arouses to physical stimuli but does not communicate or follow commands; may move spontaneously.	Consider holding standing dose
1 (Unarousable)	Minimal or no response to noxious stimuli; Does not communicate or follow commands	Hold standing dose (Notify MD)

**Contact Information**  
Nicole Vitti: nicole.vitti@wchn.org  
Deana Brown: deana.piccirella@wchn.org