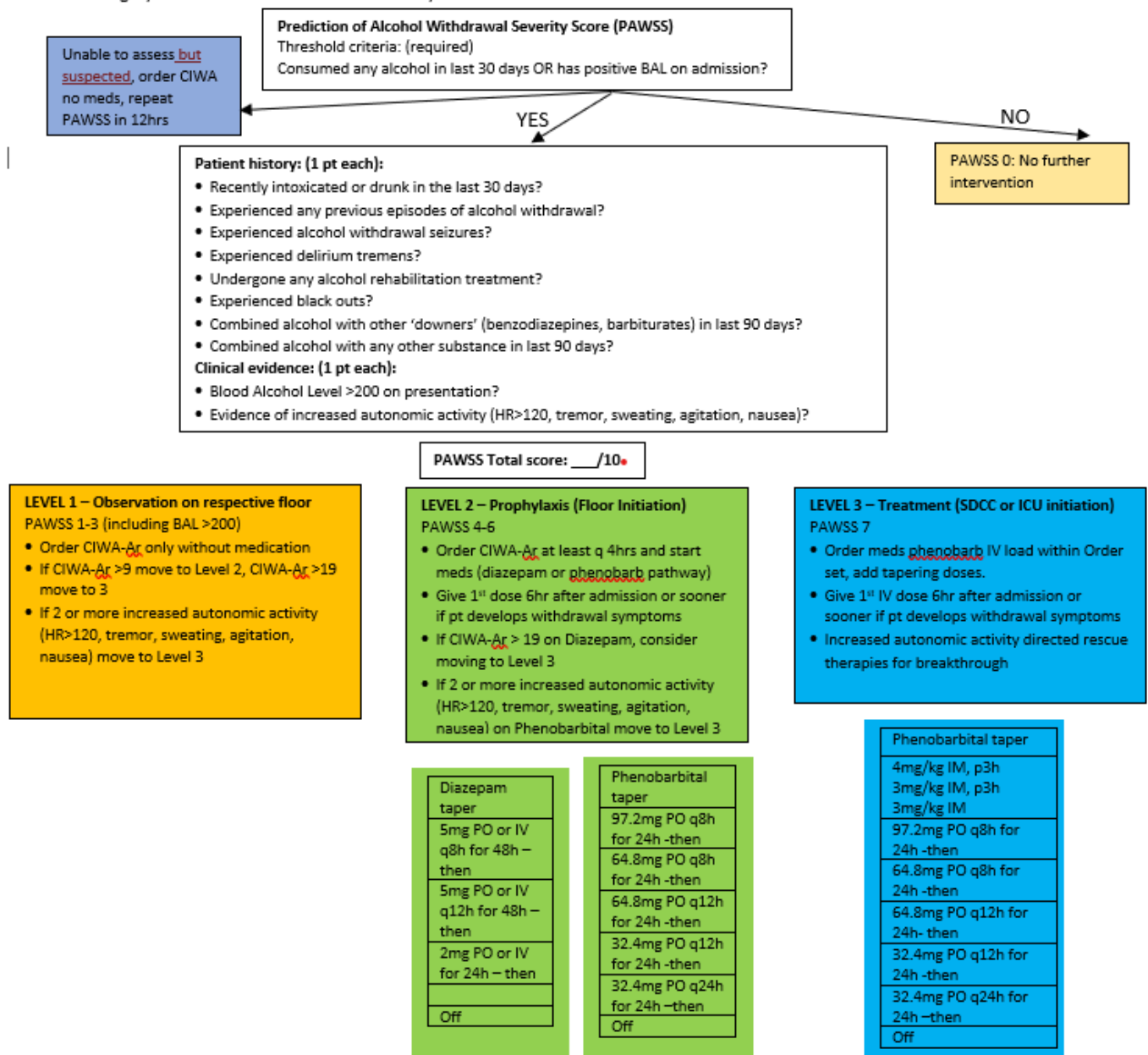


# Alcohol Withdrawal Pathway-PAWSS

## Acute Care Surgery Alcohol Withdrawal Clinical Pathway



PAWSS  $\geq 4$  with history of poor response to benzodiazepines OR alcohol withdrawal seizures OR history of phenobarbital taper OR CIWA-Ar score greater than 8 for 6 consecutive measurements, CIWA-Ar score greater than 15 for 3 consecutive measurements, OR received 12 mg or more of Lorazepam in 3 hours

AND Must have a definite history of severe, steady alcohol intake up until the time of admission, felt to be at significant risk from alcohol withdrawal, no active neurologic problems, no risk factors for over-sedation due to phenobarbital

- Admit patient to SDCC or SICU
- Order Phenobarbital Taper
  - o Treatment taper as above
  - o Breakthrough dosing : 65mg IM or PO q6H prn if at least 2: HR>95, SBP>165 or DBP>95, diaphoretic, visible tremor

Relative exclusions to Phenobarbital guideline:

1. Fulminant liver failure (cirrhosis-recommend discussion w/ Pharmacy)
  2. Renal impairment
    - a. Creatinine clearance  $\leq 30$  ml/min
    - b. ESRD
  3. Coagulopathy (For IM route – can change to IV or PO route)
    - a. Therapeutic anticoagulation
    - b. Platelets < 50,000
    - c. INR >2
  4. History of acute intermittent porphyria
- \*Contact pharmacy if taking home antiepileptic or HIV medications

Relative exclusions to Diazepam guideline:

1. Active neurologic problems not related to alcohol withdrawal
2. Caution in patients with depressed mental status
3. Risk factors for over-sedation
  - a. On phenobarbital
  - b. On high-dose opioids
  - c. On drugs that may cause respiratory suppression
  - d. Airway obstruction or severe OSA (consider placing in ICU) if need to use
4. Myasthenia gravis
5. Acute narrow angle glaucoma and open angle glaucoma
6. \*Morbid obesity (leads to prolonged action – consider decreasing dose)

Notable Phenobarbital Drug Interactions: Consult Pharmacy

- a. Drastic reduction in efficacy, phenobarbital use contraindicated
  - i. HIV medications
  - ii. TB medications
  - iii. Hepatitis C medications
  - iv. Signal transduction inhibitors (typically end in "nib")
  - v. Antifungals (excluding echinocandins and amphotericin)
  - vi. Nifedipine and nimodipine
  - vii. Macitentan
- b. Reduction in efficacy, consider avoiding phenobarbital
  - i. DQACs
  - ii. Second generation anti-psychotics
  - iii. Tricyclic antidepressants
- c. \*Reduction in efficacy, dose adjustment and therapeutic drug monitoring may be required
  - i. Phenytoin (may also increase phenobarbital exposure)
  - ii. Levetiracetam
  - iii. Warfarin
  - iv. Carbamazepine
  - v. Lamotrigine
  - vi. Everolimus and sirolimus
- d. On oral contraceptives (makes oral contraceptives ineffective, warn female patients)

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