

COVID 19: Phenobarbital SEWS EtOH Withdrawal Protocol

(Age < or = 70, No Overt Liver Failure,

Denver Health
Alcohol Withdrawal Protocol
(Severity of Ethanol Withdrawal Scale)
Inpatient Units

Nursing Orders:

- Place patient on continuous pulse ox if RASS -1 or lower
- Elevate HOB if RASS -1 or lower
- Notify provider if RASS -2 or lower
- Awaken patient to assess SEWS score
- Do not administer Phenobarbital if patient sedated (RASS equal to -1 or lower)
- Reassess patient in 30 min if RASS -1 or lower
- If > or = 260 mg Phenobarbital in 1 hour, assess for sedation using RASS in 30 min
- If total Phenobarbital > or = 780mg within 24 hours or 3 doses within 3 hours, face-to- face provider evaluation required before continue the protocol
- If signs/symptoms result in SEWS assessment earlier than scheduled, call provider to determine treatment strategy and time of next SEWS assessment.

SEWS & RASS Assessment Frequency:

- | | |
|---|----------------------|
| <input checked="" type="checkbox"/> SEWS = 0 | Next SEWS in 4 hours |
| <input checked="" type="checkbox"/> SEWS = 1-6 (MILD) | Next SEWS in 4 hours |
| <input checked="" type="checkbox"/> SEWS = 7-12 (MODERATE) | Next SEWS in 1 hour |
| <input checked="" type="checkbox"/> SEWS > or = 13 (SEVERE) | Next SEWS in 30 min |

If SEWS = 0 for 48 hours, call provider to discontinue SEWS protocol.

Protocol expires after 10 days

Vitamins:

- Thiamine 100 mg PO Daily x 3 Days
- Folic Acid 1 mg PO Daily x 3 Days
- Multivitamin one tab Daily

If unable to take PO:

- Yellow bag IV Daily x 3 Days
 - Thiamine 100 mg
 - Multivitamin 10 mL
 - Folic Acid 1 mg

Provider ALERT:

Consider alternative diagnoses for cause of patient's Autonomic Hyperactivity or Mental Status Changes.
(e.g. sepsis, hepatic encephalopathy).

Phenobarbital only recommended when age < or = 70, No Overt Hepatic Failure (Jaundice, Ascites, Spider Angioma), No End Stage Renal Failure, and No Pregnancy

If SEWS Score 1 to 6 (MILD)

Phenobarbital 130mg PO Q4hr PRN SEWS 1-6

Hold Phenobarbital if RASS equal to -1 or lower

If > or = 260 mg Phenobarbital in 1 hour, assess for sedation using RASS in 30 min

If total Phenobarbital > or = 780mg within 24 hours or 3 doses within 3 hours, face-to- face provider evaluation required before continue the protocol

If SEWS Score 7 to 12 (MODERATE)

Phenobarbital 130 mg IV Q 60 min PRN SEWS 7-12

Hold Phenobarbital if RASS equal to -1 or lower

If > or = 260 mg Phenobarbital in 1 hour, assess for sedation using RASS in 30 min

If total Phenobarbital > or = 780mg within 24 hours or 3 doses within 3 hours, face-to- face provider evaluation required before continue the protocol

If SEWS Score > or = 13 (SEVERE)

Phenobarbital 130 mg IV Q 30 min PRN SEWS > or = 13

Hold Phenobarbital if RASS equal to -1 or lower

If > or = 260 mg Phenobarbital in 1 hour, assess for sedation using RASS in 30 min

If total Phenobarbital > or = 780mg within 24 hours or 3 doses within 3 hours, face-to- face provider evaluation required before continue the protocol

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SEWS Symptom Scale (Severity of Ethanol Withdrawal Scale)

	Yes
ANXIETY: Do you feel that something bad is about to happen to you right now?	3
NAUSEA <u>and</u> DRY HEAVES or VOMITING?	3
SWEATING (includes moist palms, sweating now)?	2
TREMOR: with arms extended, eyes closed	2
AGITATION: fidgety, restless, pacing	3
ORIENTATION: Name, place, date All three Only two Only one or none	0 1 3
HALLUCINATIONS Visual, tactile, olfactory, gustatory (any)	3
VITAL SIGNS: <u>ANY</u> of the following Pulse >110 Diastolic BP >90 Temp >99.6 °F or 37.6 °C	3
TOTAL SCORE =	
1-6 (MILD) 7-12 (MODERATE) 13 or Greater (SEVERE)	

*** Hold Drug if Sedated (i.e. Hold drug if RASS equal to -1 or lower)
(RASS) Richmond Agitation Sedation Scale**

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
+1	Restless	Anxious, apprehensive, but movements not aggressive
0	Alert & Calm	Alert and calm
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to <i>voice</i> (>10sec)
-2	Light Sedation	Briefly awakens with eye contact to <i>voice</i> (<10sec)
-3	Moderate Sedation	Movement or eye opening to <i>voice</i> (but no eye contact)
-4	Deep Sedation	No response to voice, but movement or eye opening to <i>physical</i> stimulation

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-5	Unarousable	No response to <i>voice or physical</i> stimulation
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