Appendix 1. Clinical Institute Withdrawal Assessment for Alcohol scale, revised (CIWA-Ar)

Patient:	Date:	Time:	(24 hour clock, midnight = 00:00)	
Pulse or heart rate, tal	ken for one minute:	Blood pressure:		
NAUSEA AND VOMITING Ask "Do you feel sick to your stomach? Have you vomited?" Observation. 0 no nausea and no vomiting 1 mild nausea with no vomiting 2 3 4 intermittent nausea with dry heaves 5 6 7 constant nausea, frequent dry heaves and vomiting		TACTILE DISTURBANCES Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation. 0 none 1 very mild itching, pins and needles, burning or numbness 2 mild itching, pins and needles, burning or numbness 3 moderate itching, pins and needles, burning or numbness 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations		
TREMOR Arms extended and fingers spread apart. Observation. 0 no tremor 1 not visible, but can be felt fingertip to fingertip 2 3 4 moderate, with patient's arms extended 5 6 7 severe, even with arms not extended		AUDITORY DISTURBANCES Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation. 0 not present 1 very mild harshness or ability to frighten 2 mild harshness or ability to frighten 3 moderate harshness or ability to frighten 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations		
PAROXYSMAL SWE 0 no sweat visible 1 barely perceptible swe 2 3 4 beads of sweat obvious 5 6 7 drenching sweats	eating, palms moist	bright? Is its coanything that i not there?" Ob 0 not present 1 very mild sensitiv 3 moderate ser 4 moderately s 5 severe halluc	nsitivity ity nsitivity evere hallucinations cinations vere hallucinations	
0 no anxiety, at ease 1 mild anxious 2 3 4 moderately anxious, of 5	you feel nervous?" Observation. or guarded, so anxiety is inferred nic states as seen in severe delirium or ctions	different? Doe		

Supplementary data for Ng K, Dahri K, Chow I, Legal M. Evaluation of an alcohol withdrawal protocol and a preprinted order set at a tertiary care hospital. *Can J Hosp Pharm* 2011;64(6):436-445.

AGITATION Observation.	ORIENTATION AND CLOUDING OF SENSORIUM Ask	
0 normal activity	"What day is this? Where are you? Who am I?"	
1 somewhat more than normal activity	0 oriented and can do serial additions	
2	1 cannot do serial additions or is uncertain about date	
3	2 disoriented for date by no more than 2 calendar days	
4 moderately fidgety and restless	3 disoriented for date by more than 2 calendar days	
5	4 disoriented for place/or person	
6		
7 paces back and forth during most of the interview, or constantly		
thrashes about		
	Total CIWA-Ar Score	
	Rater's Initials	
	Maximum Possible Score	

The CIWA-Ar is not copyrighted and may be reproduced freely. This assessment for monitoring withdrawal symptoms requires approximately 5 minutes to administer. The maximum score is 67 (see instrument). Patients scoring less than 10 do not usually need additional medication for withdrawal.

Sullivan, J.T.; Sykora, K.; Schneiderman, J.; Naranjo, C.A.; and Sellers, E.M. Assessment of alcohol withdrawal: The revised Clinical Institute Withdrawal Assessment for Alcohol scale (CIWA-Ar). *British Journal of Addiction* 84:1353-1357, 1989.

Supplementary data for Ng K, Dahri K, Chow I, Legal M. Evaluation of an alcohol withdrawal protocol and a preprinted order set at a tertiary care hospital. *Can J Hosp Pharm* 2011;64(6):436-445.

Appendix 2. Protocol for initial management of alcohol withdrawal. Copyright ©2008 Vancouver Coastal Health. Reproduced by permission.

Vancouver CoastalHealth VGH/UBCH/GFS							
PHYSICIAN'S OR		ADDRESSOGRAPH					
			PRIOR TO WRITING ORDERS MENT – INTERNAL MEDIC	INE			
INITIAL ALCOHOL	(items with check boxe			(Page 1 of 2)			
Date:	Time:			Time Processed RN/LPN Initials			
CONSULTS:				Comments			
CDRT Referral							
MONITORING:							
ALCOHOL WITHDRAWAL MO Initiate CIWA-Ar	ONITORING PROTOCO	DL					
Call physician if initial CIWA-Ar initiate treatment;	score is equal or above	e 10 to confirm o	diagnosis of alcohol withdrawal and to				
Continue CIWA-Ar Q1H until so then continue CIWA-Ar Q6H x		secutive measur	rements,				
	If CIWA-Ar score remains below 10, continue ONCE DAILY x 72 hours then discontinue. Resume CIWA-Ar if alcohol withdrawal returns.						
ALCOHOL WITHDRAWAL PR	N BENZODIAZEPINE	ADMINISTRAT	ON GUIDELINE				
CIWA-Ar Score	Lorazepam	PRN	Reassess				
0 to 9	No Medica	tion	Q1H x 3, then Q6H x 24 hours, Then Q24H x 72 hours				
10 to 19	1 or 2 mg Q1	H PRN	Q1H until score below 10				
20 or greater	2 or 3 mg Q1I	I PRN	Q30 to 45 MIN until score below 20				
Call physician if: PRN doses administered reach 20 mg or greater of lorazepam over a 24 hour time period; CIWA-Ar score greater than 20; a change in score of greater than 10; or intention to medicate below CIWA-Ar score of 10; Patient is confused or agitated; Patient experiences seizure; Heart rate greater than 120 bpm; SBP greater than 180 mm Hg; or DBP greater than 120 mm Hg Prescriber's Signature Printed Name Rev. Aug-08 College ID							
			College ID				

Supplementary data for Ng K, Dahri K, Chow I, Legal M. Evaluation of an alcohol withdrawal protocol and a preprinted order set at a tertiary care hospital. *Can J Hosp Pharm* 2011;64(6):436-445.

654

Vancouver			
CoastalHealth			
VGH / UBCH / GFS			
PHYSICIAN'S ORDERS	ADDRESSOGRAPH		
COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS			
INITIAL ALCOHOL WITHDRAV	RAWAL MANAGEMENT – INTERNAL MEDICINE		
(items with check	boxes must be selected to be ordered)	(Page 2 of 2)	
Date: Time:		Time Processed	
MEDICATIONS:		RN/LPN Initials Comments	
thiamine 100 mg PO or IV DAILY x 3 days folic acid 5 mg PO or IV DAILY x 3 days multivitamin 1 tab PO DAILY or 10 mL IV DAILY			
Regular benzodiazepine* (select one): ☐ lorazepam 1mg PO or SL or IV o *OR* ☐ lorazepam 2 mg PO or SL or IV			
OR			
☐ diazepam 5 mg PO or IV or IM T	ID		
OR			
☐ diazepam 10 mg PO or IV or IM	TID		
benzodiazepine dose tapered.	nent for Alcohol (CIWA-Ar) score 0 to 9, call MD to have regular may be preferred if patient is greater than 60 years old or has ere lung disease.)		
PRN: ☐ lorazepam 1 to 3 mg PO or SL or IV or IM Q	1H PRN CIWA-Ar score (see monitoring)		
Prescriber's Signature Printed Nan ETOHWDMED Rev. Aug-08			

Supplementary data for Ng K, Dahri K, Chow I, Legal M. Evaluation of an alcohol withdrawal protocol and a preprinted order set at a tertiary care hospital. *Can J Hosp Pharm* 2011;64(6):436-445.

654