

ADULT ALCOHOL WITHDRAWAL (PHENOBARBITAL)

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician / prescriber. Boxed orders () require physician / prescriber check mark () to be initiated.

- Recommend consultation with Addictions Medicine (BCCSU 24/7 line – 1-778-945-7619)

Inclusion Criteria for PHENobarbital in Alcohol Use Disorder:

- History of benzodiazepine resistant alcohol withdrawal on previous admissions

Exclusion Criteria:

- Not recommended if patient has received greater than 100 mg of diazepam or 10 mg of LORazepam in the Emergency Department
- Drug-Drug interaction with patient's current medication
- Lack of local inpatient clinical expertise with PHENobarbital in alcohol withdrawal
- Decompensated Cirrhosis, Liver Failure, Pregnancy, current Antiviral use

1. ALLERGIES: see #826234 – Allergy and Adverse Reaction Record

2. CODE STATUS / MOST

Refer to completed Medical Orders for Scope of Treatment (MOST) #829641

3. CONSULTS

- Substance Use Connections (if available) – social worker or nurse to connect patient to community substance use resources
- Addictions Medicine (if available)
- BCCSU 24/7 Addictions Consult line 1-778-945-7619
- Social Work
- Intensivist
- Internal Medicine
- Other: _____

4. DIET

Diet Type (choose one): General Other _____

Diet Texture (choose one): General Other _____

5. ACTIVITY

Activity as tolerated

6. MONITORING

- CIWA-Ar (#814549) baseline score and PRN as per protocol
- Respiratory Rate must be assessed prior to each dose of PHENobarbital
- Vital signs (T, BP, HR, RR, SpO₂) Q4H and PRN as per CIWA-Ar
- Glasgow Coma Scale (GCS) PRN

7. LABORATORY (all urgent priority)

- CBC, Lytes 4, creatinine, Glucose random, urea, Alk Phos, ALT, AST, Bilirubin Total, GGT, Ca, Mg, Phos, Ethanol, lipase
- Acetaminophen, Salicylate, Osmol
- Urine Analysis
- Other: _____

8. DIAGNOSTICS

ECG 12 Lead Urgent

Date (dd/mm/yyyy)	Time	Prescriber's Signature	Printed Name or College ID#

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9. INTRAVENOUS Therapy and Hydration

- Saline lock
- IV Normal Saline at _____ mL/hr
- IV Ringer's Lactate at _____ mL/hr
- Other: _____

10. MEDICATIONS

Thiamine:

- thiamine 100 mg PO/IV ONCE DAILY

****OR****

If Wernicke Encephalopathy suspected (one or more of confusion, ataxia or nystagmus):

- thiamine 500 mg IV TID x 3 days then 250 mg IV DAILY x 4 days then 100 mg PO DAILY

PHENobarbital

- discontinue ALL previous benzodiazepine orders
- Calculate ideal body weight (IBW): _____ (Male: 50 kg + (2.3 kg (Height in inches minus 60))
(Female: 45.5 kg + (2.3 kg (Height in inches minus 60)))
- Calculate maximum PHENobarbital cumulative dose (20 mg/kg of IBW): _____

LOADING DOSE

AVOID loading dose if other CNS depressants received, decreased LOC, or uncertain diagnosis of alcohol withdrawal

- PHENobarbital _____ mg (10 mg/kg of IBW) IV x 1 dose

DOSE PER SYMPTOM ASSESSMENT

- PHENobarbital as per CIWA-Ar score below, start 30 minutes after loading dose IF ordered;
 - Nurse to document cumulative PHENobarbital dose in MAR, including loading dose and ED doses if applicable:

Medication	CIWA-Ar Score		
	0 to 9	10 to 19	20 or greater
<input type="checkbox"/> PHENobarbital	No medication	120 mg IV Q1H **OR** 100 mg PO Q1H	240 mg IV Q1H **OR** 200 mg PO Q1H
	Q4H	Q1H until score less than 10	Q1H until score less than 10

- Nursing:
- Nurse to notify MRP and discontinue PHENobarbital when maximum cumulative dose reached
 - If respiratory rate is less than 8 per min, hold medication and notify prescriber
 - Treatment goal is mild sedation (rouses easily) and CIWA-Ar score less than 10
 - If GCS less than 8, notify prescriber

ADJUNCTIVE MEDICATIONS:

- ondansetron 4 mg PO/IV Q8H PRN nausea/vomiting
- acetaminophen 1,000 mg PO/OG Q6H PRN ****OR**** 650 mg PR Q6H PRN for pain/fever (maximum 4,000 mg acetaminophen from all sources in 24 hours)
- loxapine 2.5 to 5 mg IM/SUBCUT/PO Q6H PRN for hallucinations, consider using only if PHENobarbital alone not effective

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11. Disposition Support

All patients initiated on PHENobarbital require admission to either medical unit or intensive care unit

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