

MANAGED ALCOHOL PROGRAM (MAP) PRE-PRINTED ORDER

Acute Care

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.

1. **ALLERGIES:** See Allergy / ADR record

2. **CODE STATUS / MOST**

Medical Orders for Scope of Treatment (MOST) #829641

3. **CONSULTS**

Managed Alcohol must be ordered by Addiction Medicine Team or a prescriber in direct consult with Addiction Medicine

Addiction Medicine Consult Team (AMCT)

Addiction Medicine Physician Consulted: _____

Indication for MAP Initiation

Enrolled in community managed alcohol program

Suspected or confirmed COVID19 positive patient at risk of leaving against medical advice

4. **MONITORING**

- Monitor patient per Nursing Clinical Practice Standard; Managed Alcohol-Inpatient
- Initiate Managed Alcohol Administration Record (#829658)
- CIWA-Ar Assessment score BID with vital signs

5. **LABORATORY**

Serum ethanol, CBC, electrolytes, BUN and creatinine daily x 3 then weekly

AST, ALT, alk phos, total bilirubin, INR, LDH, GGT x 1 then weekly

6. **MEDICATIONS**

• Discontinue all **ALCOHOL WITHDRAWAL ORDERS**

Discontinue all **benzodiazepines, zopiclone, and zolpidem**

• ONLY alcohol procured through IH can be provided as listed below:

Alcohol	Dose
Vodka	50 mL
Beer	341 to 355 mL = 1 can

Vodka 50 mL PO Q _____ H PRN to a max of _____ doses / 24 hrs (do not exceed 18 doses / 24 hours)

Beer 341 to 355 mL (1 can) PO Q _____ H PRN to a max of _____ doses / 24 hrs (do not exceed 18 doses / 24 hours)

- Discontinue next scheduled alcohol dose and contact AMCT if **one** of the following signs are present: patient unsteady on feet and / or appears unstable; has slurred speech and / or slow verbal responses

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