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Call treating team or on-call doctor immediately if the patient is not settling. If there is any confusion, disorientation or perceptual disturbances reported, the treating team should consider the possibility of Wernicke's encephalopathy or other concurrent medical disorders, and consult specialist medical staff (Consultant Physician's Team) on duty for assistance if necessary.

IMPORTANT NOTES FOR MEDICAL OFFICERS:

(1) Seizure history or risk:
Prescribe an initial loading regime of diazepam for patients with a past history of alcohol withdrawal seizures or Delirium Tremens (DTs). Prescribe 10-20mg diazepam QDS plus the PRN doses above until patient settles, maximum 120mg over 12 hours.

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Multivitamin & mineral preparations daily (e.g. Centrum plus Vitamin B1 - one of each, oral daily).

While using the Alcohol Withdrawal Scale (AWS), the following are important:

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3. Give only oral diazepam except under medical supervision. Also, do not give diazepam to drowsy or sleeping patients.

4. Please notify ATODS, or other local liaison team, during normal working hours that you have someone on the AWS, so they can visit and arrange follow-up.

2. ADDITIONAL GUIDELINES FOR MEDICAL STAFF

Investigate for common co-morbidity:

Other dependence - Urine drug screen and full drug & alcohol history are essential.

Trauma - Head trauma a particular risk.

Electrolyte disturbance - Check U/Es, Mg²⁺ and phosphate. Treat low K⁺, Mg²⁺, or phosphate with supplements.

Liver and Pancreas - Check LFTs & Lipase. Establish cause of any abnormality & treat according to guidelines.

Bleeding & coagulopathy - Check FBC, INR, FOBs (for oesophageal varices or other GI bleed).

Give Vit K if INR > 1.3.

Sepsis - Blood cultures and broad spectrum antibiotics if patient is pyrexial or appears generally unwell.

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Use of anti-psychotics & anti-convulsants:

In severe alcohol withdrawal with hallucinations, it is advisable to supplement the diazepam regime with an anti-psychotic, such as risperidone 1mg bid or olanzapine 5mg - 10mg daily (with review at 48 hours). Anti-convulsants such as carbamazepine may reduce the benzodiazepine requirement for seizure control.

Symptomatic relief:

Nausea - Metoclopramide 10mg B/24 prn.

Gastritis - an antacid and/or a proton-pump inhibitor for more severe gastritis.

Diarrhoea - Kaolin mixture 15-20ml B/24 prn.

Pain - Paracetamol.

Insomnia - cyproheptadine 4mg nocte prn (when diazepam not required).

For a detailed explanation of the Alcohol Withdrawal Scale and all items appearing on the AWS form, refer to: "Clinical Protocols for Detoxification in Hospitals and Detoxification facilities 2002" (Section 4).

Type in "Detoxification" in the QHEPS Search Box or enter URL: http://www.health.qld.gov.au/atods/documents/24904.pdf

Developed by Gold Coast ATODS and HADS, RBWH (2007).
# ALCOHOL WITHDRAWAL SCALE (AWS)

## Pupil Guide
Pupil size (visual comparison):

- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

## AWS Scoring Key

<table>
<thead>
<tr>
<th>Item</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Perspiration</td>
<td>0: No sweating, 1: Moist palms only, 2: Beads on face, chest, 3: Whole body moist, 4: Profuse, clothes wet</td>
</tr>
<tr>
<td>2. Tremor</td>
<td>0: No tremor, 1: Positional hand tremor, 2: Constant slight tremor, 3: Constant marked tremor</td>
</tr>
<tr>
<td>3. Anxiety</td>
<td>0: Calm, 1: Uneasy, 2: Agitated, 3: Fearful, slow to calm</td>
</tr>
<tr>
<td>4. Agitation</td>
<td>0: Able to read, 1: Unsettled, fidgety, 2: Restless, tossing, turning, 3: Excitable, pacing</td>
</tr>
<tr>
<td>5. Temperature</td>
<td>0: ≤37.0°C, 1: 37.1°C – 37.5°C, 2: 37.6°C – 38.0°C, 3: 38.1°C – 38.5°C, 4: &gt;38.5°C</td>
</tr>
<tr>
<td>6. Hallucinations</td>
<td>0: No hallucinations, 1: Infrequent, aware, 2: Frequent, disoriented</td>
</tr>
<tr>
<td>7. Orientation</td>
<td>0: Fully orientated, 1: Unorientated, 2: Unsure of time, place, person, 3: Unsure of time, uncertain orientation</td>
</tr>
</tbody>
</table>

## Observation Frequency
2-hourly OBS during the first 12 – 24 hours if the AWS is expected to rise quickly (as with heavy drinkers) or:
- AWS 1–4 Mild
- AWS 5–9 Moderate
- AWS 10–14 Severe
- AWS 15+ Very severe

## Medical Review Required if:
- AWS ≥10
- Conscious level ≤2
- RR ≥11/min
- Signs of hypoxia or increasing distress
- Past history of withdrawal seizures or delirium tremens
- Full medical assessment initially and after 6th dose
- Medical review at least 4-hourly while AWS ≥10

## Date & Time of Last Alcohol Use

<table>
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<tr>
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<th>Time</th>
</tr>
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<td></td>
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## Past History of Withdrawal Seizures or Delirium Tremens
Yes / No

## Blood Alcohol Level (BAL)

## Blood Pressure

## Pulse

## Temperature

## Respiratory Rate (RR)

## SaO₂ (when ordered)

## Conscious Level
1: Alert, obeys, oriented
2: Confused, responds to speech
3: Stuporous, responds to pain
4: Semi-comatose
5: Comatose

## Pupils
Size in mm (see guide above)

## AWS Scorecard

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## Total
(Total Items 1 – 7)

## Observation Frequency
(see ratings above)

## Diazepam Given
(see 1. Treatment Protocol overleaf)

## Accumulated Diazepam Total
Circle 12hr & 24hr totals – restart after 24hrs
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