Alcohol Withdrawal:
- For INTUBATED patients, if receiving a propofol or midazolam infusion, **NO ADDITIONAL** therapy required while on these infusions.
- EXCLUDED patients: On essential medications that interact with phenobarbital (e.g. HIV meds), hepatic encephalopathy, on phenobarbital chronically, pregnant

Patient with history of active alcohol abuse:
- men: >4 drinks on any day or >14 drinks/week
- women: >3 drinks on any day or >7 drinks/week

Vitamin Supplementation:
- Thiamine 100 mg PO/PT/IV daily x 3 days
- Folic acid 1 mg PO/PT daily x 3 days
- Multivitamin PO/PT daily x 3 days

**Low Risk***
- Phenobarbital 60 mg PO TID x 6 doses
- Phenobarbital 30 mg PO TID x 6 doses

**High Risk**
- Phenobarbital 130 mg PO q1h x 2 doses (if unable to take PO give 260 mg IV x1)
- Phenobarbital 100 mg PO TID x 6 doses
- Phenobarbital 60 mg PO TID x 6 doses
- Phenobarbital 30 mg PO TID x 6 doses

**Active Delirium Tremens (DTs)**
- Phenobarbital 260 mg IV x 1 dose
- Phenobarbital 100 mg PO TID x 6 doses
- Phenobarbital 60 mg PO TID x 6 doses
- Phenobarbital 30 mg PO TID x 6 doses

If unable to manage withdrawal symptoms with bolus and taper, consider dexmedetomidine infusion

*Positive Audit C but **NO** history of DTs or AW seizures

**One of the following:**
- History of alcohol withdrawal seizures
- History of DTs
- BAC >200
- BAC >100 plus alcohol withdrawal symptoms
Additional Information

- PO dosing preferred unless acute symptom management required, lack of enteral access, or patient unable to swallow safely. PO:IV conversion is 1:1.
- Breakthrough withdrawal symptoms despite maintenance regimen: phenobarbital 65 mg IV q1h prn to goal RASS 0 to -1.
- Hold dose if RASS ≤ -2 or RR ≤ 12 and notify provider
- Avoid benzodiazepines

Considerations

- **Soft max cumulative dose**: 20 mg/kg (IBW); max cumulative dose: 30 mg/kg (IBW)
  - Patients with IBW <70 kg may need alterations to taper to ensure they do not exceed dose limit.
- If agitation/delirium persists after a total cumulative phenobarbital dose of 20 mg/kg, consider other diagnoses and give additional phenobarbital doses cautiously. **Consult Addiction Psych.**
- If agitation/delirium persists after a total cumulative phenobarbital dose of 30 mg/kg do not give further phenobarbital.

Alcohol Withdrawal Presentation

- **Signs and symptoms of alcohol withdrawal**
  - Nausea/vomiting
  - Tremor
  - Paroxysmal sweats
  - Tachycardia (> 100 BPM) and hypertension
  - Anxiety/agitation
  - Visual, tactile, or auditory disturbances
  - Clouded sensorium
  - Seizures

- The above symptoms of withdrawal may present within 6-48 hrs after cessation of alcohol and may progress to DTs if untreated.

- **Active Delirium Tremens**
  - DTs consists of alcohol withdrawal symptoms AND acute delirium
  - 5% of patients will develop DTs. This typically presents 48-72 hrs after the last drink but has been reported up to 96 hrs later.
  - Typically presents 48-72 hrs after the last drink, but has been reported up to 96 hrs later
  - Symptoms of DTs include tachycardia, hypertension, fevers, increased respiratory rate/respiratory alkalosis, visual/auditory hallucinations, and marked agitation. These symptoms may last up to 5 days. The untreated mortality rate may be up to 15%, largely due to the risk of aspiration. As a result, the need for a secure airway should be discussed in patients experiencing DTs
References:


