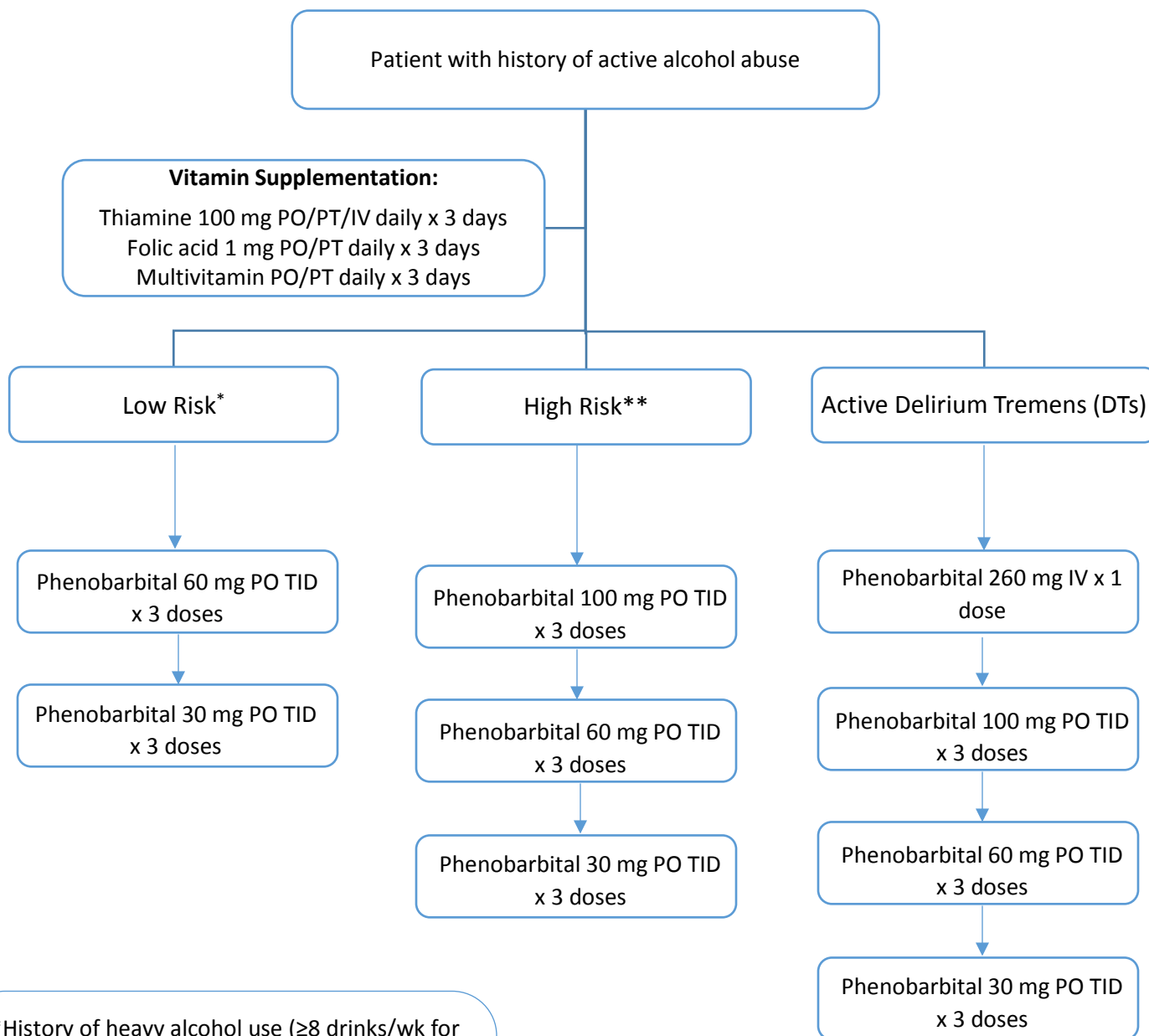


Trauma Substance Abuse Guidelines

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



*History of heavy alcohol use (≥ 8 drinks/wk for women or ≥ 15 drinks/wk for men) **OR** alcohol abuse with active signs/symptoms of withdrawal (not meeting high risk criteria)

History of alcohol withdrawal seizures **OR history of DTs

- For breakthrough symptoms, give phenobarbital 65 mg IV q 1 hour to a target RASS of -1 to 0.
- If a patient develops active delirium tremens after starting the phenobarbital taper, transition to the beginning of the “Active Delirium Tremens” pathway.
- If agitation/delirium persists after a total cumulative phenobarbital dose of 20 mg/kg, do not give further phenobarbital. Consider a different diagnosis (see TICU delirium/agitation PMG).

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.
 - 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.
 - 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

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- Oks M, Cleven KL, Healy L, et al. The safety and utility of phenobarbital use for the treatment of severe alcohol withdrawal syndrome in the medical intensive care unit. *J Int Care Med*. June 2018, doi: 10.1177/0885066618783947.
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