**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

**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

**Patient with history of active alcohol abuse**

**Low Risk***
- Phenobarbital 60 mg PO TID x 3 doses
- Phenobarbital 30 mg PO TID x 3 doses

**High Risk****
- Phenobarbital 100 mg PO TID x 3 doses
- Phenobarbital 60 mg PO TID x 3 doses
- Phenobarbital 30 mg PO TID x 3 doses

**Active Delirium Tremens (DTs)**
- Phenobarbital 260 mg IV x 1 dose
- Phenobarbital 100 mg PO TID x 3 doses
- Phenobarbital 60 mg PO TID x 3 doses
- Phenobarbital 30 mg PO TID x 3 doses

*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

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


