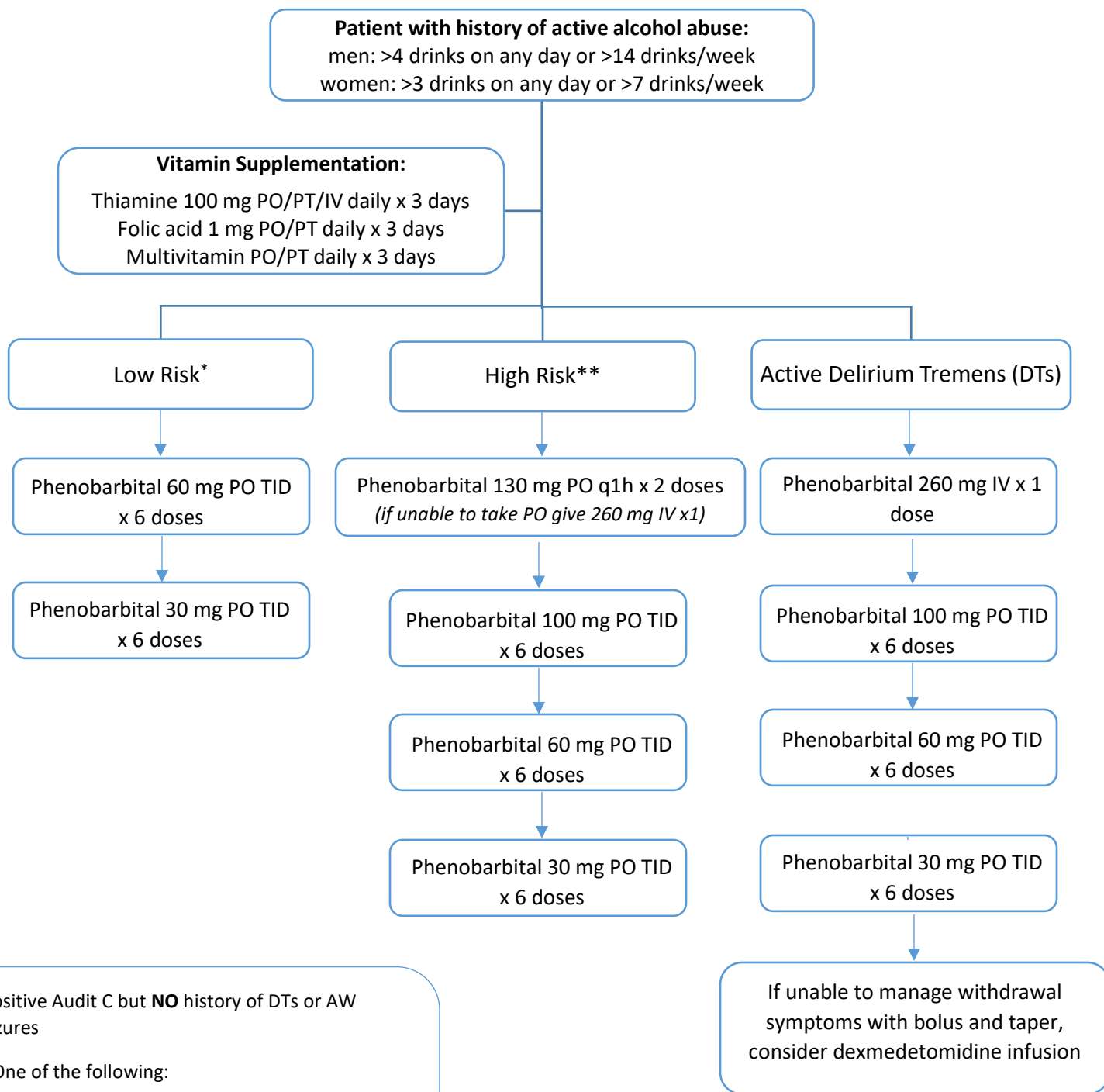


DIVISION OF ACUTE CARE SURGERY  
**Trauma Alcohol Withdrawal Guidelines**

**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, pregnant



\*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  $\leq$  -2 or RR  $\leq$  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	Anxiety/agitation
Tremor	Visual, tactile, or auditory disturbances
Paroxysmal sweats	Clouded sensorium
Tachycardia (> 100 BPM) and hypertension	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 hArs 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:

- Tidwell WP, Thomas TL, Pouliot JD, et. al. Treatment of alcohol withdrawal syndrome: phenobarbital vs CIWA-AR protocol. *Am J Crit Care* 2018;27(6):454-460.
- Nisavic MD, Nejad SH, Isenberg BM, et al. Use of phenobarbital in alcohol withdrawal management- A retrospective comparison study of phenobarbital and benzodiazepines for acute alcohol withdrawal management in general medical patients. *Psychosomatics*. 2019;60(5):458-467.
- 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.
- Ammar MA, Ammar AA, Rosen J, Kassab HS, Becher RD. Phenobarbital Monotherapy for the Management of Alcohol Withdrawal Syndrome in Surgical-Trauma Patients. *Annals of Pharmacotherapy*. 2021;55(3):294-302. doi:10.1177/1060028020949137.
- Kodadek, Lisa M, Freeman Jennifer J, Tiwary Devesh, et. al. Alcohol-Related Trauma Reinjury Prevention with Hospital-Based Screening in Adult Populations: An Eastern Association for the Surgery of Trauma Evidence-Based Systematic Review. *J Trauma Acute Care Surg*. 2020;88(1):106–12. <https://doi.org/10.1097/TA.0000000000002501>