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|  <p>Connecticut Valley Hospital Nursing Policy and Procedure</p> | <p>SECTION B: THE NURSING PROCESS</p> <p>CHAPTER 6: ADMISSION, NURSING ASSESSMENT, NURSING RE-ASSESSMENT</p> <p>POLICY AND PROCEDURE: 6.8 WITHDRAWAL ASSESSMENT</p> |
| <p>Authorization: Nursing Executive Committee</p> | <p>Date Created: 02/28/2017 Date Effective: 03/02/2017 Scope: Registered Nurses</p> |

PURPOSE: To provide a safe, medically managed withdrawal from alcohol, opiates and sedative-hypnotics.

POLICY: The assessment and medicating of withdrawal signs and symptoms is standardized using nationally recognized assessment scales. Patients in Addiction Services will be assessed and medicated for alcohol, opiate and sedative-hypnotic withdrawal using the Clinical Institute Withdrawal Scale (CIWA-Ar) for alcohol withdrawal, Clinical Institute Narcotic Scale (CINA) for opiate withdrawal and the Sedative - Hypnotic Withdrawal Scale for sedative - hypnotic withdrawal.

Alcohol Withdrawal

Calculating severity of withdrawal using CIWA-Ar alcohol withdrawal flow sheet

- At top of form document patients name, MPI#, admission date and admission breathalyzer.
- Note vital signs results as indicated on CIWA-Ar flow sheet.
- Note severity of each symptom and document in appropriate column of CIWA-Ar flow sheet.
- Enter "0" if no symptom present.
- If patient is asleep at time of review, place "S" in box at the bottom of each cell in the appropriate column. "S" is counted as zero when totaling score.
- Add numbers in each box for that assessment and document tallied results in "Total Score" box on CIWA-Ar flow sheet.
- Enter the initials in the "Nurse Rater's Initial box"
- Flow sheet should be completed as part of the admission process in the screening/admission office then twice on day shifts, twice on evening shifts to coincide with medication times and twice on night shift for the first 3 days then once on each shift until detoxification is complete unless prolonged detoxification indicated by physician.

- If detoxing patients dependent on **both** alcohol and benzodiazepine, then initiate only the CIWA-Ar withdrawal flow sheet as both require same medication regime.

Scoring the different types of Alcohol Withdrawal:

Minimal withdrawal: CIWA-Ar score 0-5

Mild withdrawal: CIWA-Ar score 6-9

Mild to Moderate withdrawal: CIWA-Ar 10-12

Moderate to Severe withdrawal: CIWA-Ar 13-19

Severe withdrawal: CIWA-Ar 20 (Delirium Tremens (DTs) threatened - medical emergency)

Hold Lorazepam / Chlordiazepoxide / Oxazepam / Diazepam medication and notify physician if respiratory rate equal to or less than 10 breaths /minute, client has difficulty handling oral secretions or over- sedation occurs.

Notify MD if CIWA-Ar Scale total score is higher than 12, HR is greater than 120 or lower than 55, BP is greater than 150/100 or lower than 90/60

Opiate Withdrawal

Calculating severity of withdrawal using CINA opiate withdrawal flow sheet

- At top of form document patients name, MPI#, and admission date
- Note vital signs result as indicated on CINA flow sheet
- Note severity of each symptom and document in appropriate column of CINA flow sheet.
- Enter "0" if no symptom present.
- If patient is asleep at time of review, place "S" in box at the bottom of each cell in the appropriate column. "S" is counted as zero when totaling score.
- Add numbers in each box for that assessment and document tallied results in "Total Score" box on CINA flow sheet.
- Enter the initials in the "Nurse Rater's Initial box."
- Flow sheet should be completed as part of the admission process in the screening/admission office then twice on day shifts, twice on evening shifts to coincide with medication times and twice on night shift for the 3 days then, once on each shift until detoxification is complete unless prolonged detoxification indicated by physician.

Scoring the different types of OpiateWithdrawal

Mild withdrawal: CINA score 0-11

Moderate withdrawal: CINA score 12-24

Severe withdrawal: CINA score 25-31

Hold Methadone / Buprenorphine medication and notify physician if respiratory rate equal to or less than 10 breaths /minute, patient has difficulty handling oral secretions or over sedation occurs.

Notify MD if the CINA is higher than 18, HR is greater than 120 or lower than 55, BP is greater than 150/100 or lower than 90/60.

Sedative - Hypnotic Withdrawal

Calculating severity of withdrawal using Sedative - Hypnotic withdrawal flow sheet

- At top of form document patient's name, MPI# and admission date
- Note vital signs result as indicated on Sedative- Hypnotic flow sheet
- Note severity of each symptom and document in appropriate column of Sedative- Hypnotic flow sheet.
- Enter "0" if no symptom present.
- If patient is asleep at time of review, place "S" in box at the bottom of each cell in the appropriate column. "S" is counted as zero when totaling score.
- Add numbers in each box for that assessment and document tallied results in "Total Score" box on Sedative- Hypnotic flow sheet.
- Enter the initials in the "Nurse Rater's Initial box"
- Flow sheet should be completed as part of the admission process in the screening/admission office then twice on day shifts, twice on evening shifts to coincide with medication times and twice on night shift for the first 3 days then once on each shift until detoxification is complete unless prolonged detoxification indicated by physician.
- If detoxing patients dependent on **both** alcohol and benzodiazepine then initiate only the CIWA-Ar withdrawal flow sheet as both require same medication regime.

Scoring the different types of Sedative- Hypnotic withdrawal:

Mild withdrawal: Sedative- Hypnotic score 1-17

Moderate withdrawal: Sedative- Hypnotic score 18-34

Severe withdrawal: Sedative- Hypnotic score 35-51

Hold Lorazepam / Diazepam medication and notify physician if respiratory rate equal to or less than 10 breaths /minute, client has difficulty handling oral secretions or over sedation occurs.

Notify MD if Sedative Hypnotic Scale Total Score is higher than 26, HR is greater than 120 or lower than 55, BP is greater than 150/100 or lower than 90/60.

Reviewer(s)

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