How to Manage Alcohol Withdrawal in Inpatient Settings

Criteria for Inpatient Detox

Inpatient managed withdrawal is best for patients with significant consistent alcohol use daily for months, history of seizures, significant medical issues, severe concurrent mental illness, and unstable home environment/poor outpatient reliability (see "How to Predict Severity of Alcohol Withdrawal").

Symptom-Triggered Withdrawal Protocol (CIWA Protocol)

Symptom-triggered protocols are the most commonly used method for inpatient managed withdrawal. In this method you use a scale to measure withdrawal symptoms, and then you dose medications based on the severity of the symptoms.

Symptom-triggered protocols have a number of advantages that make them popular: They allow flexibility in increasing or decreasing benzo dosing based on real-time patient need; they are safer in severe withdrawal when you may need to use very high benzo doses to prevent complications like seizures; and they allow for shorter admissions for patients with less severe withdrawal. Disadvantage: Patients may become adept at faking or exaggerating withdrawal symptoms to get more benzos.

- Clinical Institute Withdrawal Scale (CIWA) assessment on admission and every two to six hours depending on severity of symptoms
- Initial loading dose of benzo given on admission (eg, Librium 50 mg or Valium 20 mg PO; or Serax 30 mg or Ativan 1 mg for those with liver disease)
- Sliding scale given based on CIWA scores:
  - 0–4: Absence of withdrawal, no medication
  - 5–11: Mild withdrawal, Librium 25 mg or Serax 15 mg
  - 12–20: Moderate withdrawal, Librium 50 mg or Serax 30 mg
  - >20: Severe withdrawal, Librium 75 mg or Serax 45 mg
- CIWA discontinued when patient scores below 5 for 24 hours
- Typical detox lasts three to four days

Scheduled Dosing

In some cases, inpatients will do better with scheduled tapers. This is especially true for patients who appear to be amplifying their symptoms to obtain more medications, or who have underlying anxiety disorders leading them to request benzos to treat anxiety as opposed to withdrawal.

Here is a typical scheduled dose protocol using Librium (five-day protocol; can be shorter if withdrawal symptoms are milder):

- Loading dose of Librium 50 mg on admission (or Valium 20 mg, Serax 30 mg, Ativan 1 mg depending on preference and patient characteristics)
- Day 1: Librium 50 mg QID
- Days 2 and 3: Librium 50 mg PO TID
- Day 4: Librium 50 mg PO BID
- Day 5: Librium 50 mg PO at bedtime (last day of Librium)

Hybrid Management (Scheduled Plus CIWA)

Start on scheduled dosing but order CIWA assessments in addition. This allows staff to increase the benzodiazepine dose if the CIWA is high, or to decrease the dose if the patient seems oversedated.

Comfort Medications

Many psychiatric hospitals have a list of standard as-needed comfort meds that are sometimes added to manage symptoms of withdrawal. In general, we discourage their use, because if your patient is reporting breakthrough withdrawal symptoms of anxiety, jitteriness, insomnia, etc., the better solution is to increase the dose of the benzodiazepine. However, if you choose to supplement benzos with other agents, here is a reasonable menu of choices.

- For anxiety:
  - Clonidine 0.1 mg PO Q6 hours as needed; hold for systolic blood pressure <90 or heart rate <60
  - Hydroxyzine 25–50 mg Q6 hours as needed
- For insomnia:
  - Trazodone 50 mg PO QHS as needed
- For nausea:
  - Ondansetron 4 mg PO or IM Q8 hours as needed