

GWUH Phenobarbital Guideline for Alcohol Withdrawal Syndrome (Floor)

To ease the implementation of phenobarbital and minimize deviation to nursing and pharmacy workflow, we will adopt a similar usage of Lorazepam based CIWA-Ar treatment and introduce Phenobarbital when patients reached CIWA 14.

CIWA 8-10 Ativan 1 mg

CIWA 11-3 Ativan 2 mg, or phenobarbital 130 mg IV

CIWA >14 Phenobarbital 260 IV mg

If in the subsequent hour, the patient's score CIWA 14 or more, patient will receive another 260 mg IV phenobarbital.

If in the third hour, the patient's CIWA score is 14 or above, nursing staff will need to call a provider to bedside for further evaluation of the symptoms of AWS and will prescribe other adjuncts vs another dose of phenobarbital (130 mg vs 260 mg). Adjuncts used can be lorazepam, Haldol, clonidine, precedex, gabapentin, Seroquel, etc.

Maximum dose for phenobarbital is 20 mg/kg

Once the patients' CIWA is stabilizing/ decreasing (usually in 1-2 days), Phenobarbital taper dose can be used.

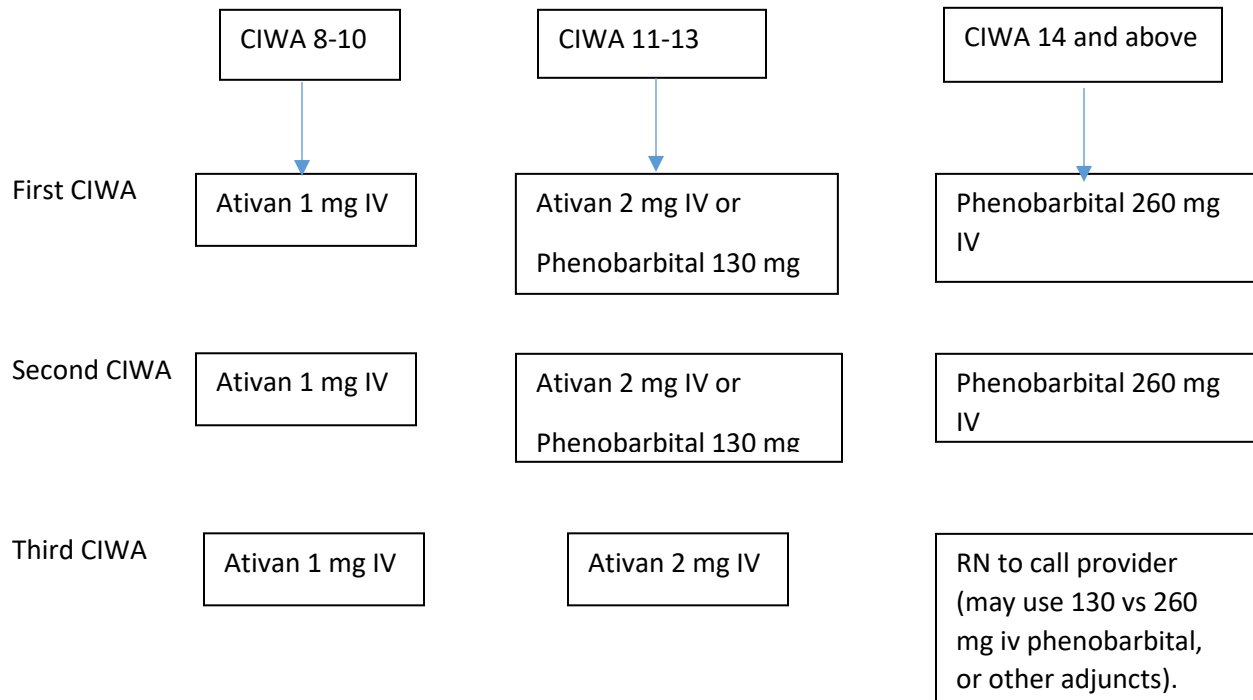
60 po mg 4 times daily, Ativan prn, call physician if CIWA >14

60 mg po tid, Ativan prn, call physician if CIWA >14

60 mg po bid, Ativan prn, call physician if CIWA >14

60 mg po daily, Ativan prn, call physician if CIWA >14

GWUH Phenobarbital based Alcohol Withdrawal Syndrome Treatment



After CIWA stabilize, start phenobarbital taper while inpatient

60 po mg 4 times daily, Ativan prn, call physician if CIWA >14

60 mg po tid, Ativan prn, call physician if CIWA >14

60 mg po bid, Ativan prn, call physician if CIWA >14

60 mg po daily, Ativan prn, call physician if CIWA >14

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