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	Preintervention (n = 135)	Postintervention (n = 32)	P Value
Duration of AWS treatment (days)*	8.0 [5.0-12.0]	5.0 [4.0-6.0]	<0.01
Mechanical ventilation†	77 (57.0)	10 (31.3)	0.01
Mechanical ventilation days†	8 [4-10]	5 [2-9]	0.12
Required brain imaging‡	41 (31.9)	15 (46.9)	0.15
Pneumonia§	51 (37.8)	8 (25.0)	0.22
ICU length of stay (days)†	7 [4-11]	4 [2-7]	0.02
Hospital length of stay (days)†	13 [9-18]	9 [6-13]	0.01
ICU mortality¶	3 (2.2)	1 (3.1)	0.58
Seizures during AWS treatment	0	0	—

Abbreviations: AWS, alcohol withdrawal syndrome; ICU, intensive care unit.  
\*Median [interquartile range].  
†n (%).  
‡Magnetic resonance imaging or computed tomography of the brain.



CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT  
FOR ALCOHOL (CIWA)

addressograph

Client/Patient Name: \_\_\_\_\_

Health Record #: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

<b>NAUSEA &amp; VOMITING:</b> Ask "do you feel sick to your stomach?" Have you vomited?" Observation. 0 No nausea/vomiting 1 2 3 4 Intermittent nausea with dry heaves 5 6 7 constant nausea, frequent dry heaves & vomiting score score score score <b>TREMOR:</b> Arms extended and fingers spread apart. Observation. 0 No tremor 1 Not visible, but can be felt fingertip to fingertip 2 3 4 moderate, with patient's arms extended 5 6 7 severe, even with arms not extended <b>PAROXYSMAL SWEATS:</b> 0 no sweat visible 1 barely perceptible sweating, palms moist 2 3 4 beads of sweat obvious on forehead 5 6 7 acute panic as seen in severe delirium or acute schizophrenic reactions <b>ANXIETY:</b> Ask "do you feel nervous?" 0 no anxiety, at ease. 1 Mildly anxious 2 3 4 Moderately anxious, or guarded, so anxiety is inferred. 5 6 7 acute panic as seen in severe delirium or acute schizophrenic reactions <b>AGITATION:</b> observation. 0 Normal activity 1 somewhat more than normal activity 2 3 4 moderately fidgety and restless 5 6 7 paces back and forth during most interview, or constantly thrashes about	<b>TACTILE DISTURBANCES:</b> Ask: "have you any itching, pins and needles sensations, any burning, any numbness or do you feel bugs crawling on or under your skin?" Observation. 0 None 1 Very mild itching, pins and needles, burning or numbness. 2 Mild itching pins and needles, burning or numbness. 3 Moderate pins and needles, burning or numbness. 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations <b>AUDITORY DISTURBANCES:</b> Ask: "are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing you? Are you hearing things you know are not there?" Observation. 0 not present 1 very mild harshness or ability to frighten 2 mild harshness or ability to frighten 3 moderate mild harshness or ability to frighten 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations <b>VISUAL DISTURBANCES:</b> Ask: "does the light appear to be too bright? Is its color different? Does does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation. 0 not present 1 very mild sensitivity 2 mild sensitivity 3 moderate sensitivity 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations <b>HEADACHE, FULLNESS IN HEAD:</b> Ask: "does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity. 0 note present 1 very mild 2 mild 3 moderate 4 moderately severe 5 severe 6 very severe 7 extremely severe <b>ORIENTATION &amp; CLOUDING OF SENSORIUM:</b> Ask: "What day is this? Where are you? Who am I?" 0 oriented and can do serial additions. 1 Cannot do serial additions or is uncertain about date 2 Disoriented for date by no more than 2 calendar days 3 Disoriented for date by more than 2 calendar days 4 Disoriented for place and/or person
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Time: \_\_\_\_\_ Total Score (max score=67) \_\_\_\_\_ Temp: \_\_\_\_\_ B/P: \_\_\_\_\_ / \_\_\_\_\_ Apex rate: \_\_\_\_\_ Resps: \_\_\_\_\_ Initials: \_\_\_\_\_  
Time: \_\_\_\_\_ Total Score (max score=67) \_\_\_\_\_ Temp: \_\_\_\_\_ B/P: \_\_\_\_\_ / \_\_\_\_\_ Apex rate: \_\_\_\_\_ Resps: \_\_\_\_\_ Initials: \_\_\_\_\_

Patient: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ (24-hour clock, midnight = 00:00)

Pulse or heart rate, taken for one minute: \_\_\_\_\_ Blood pressure: \_\_\_\_\_

NAUSEA AND VOMITING

Ask "Do you feel sick to your stomach? Have you vomited?" Observation.

- 0 No nausea and no vomiting
- 1 Mild nausea with no vomiting
- 2
- 3
- 4 Intermittent nausea with dry heaves
- 5
- 6
- 7 Constant nausea, frequent dry heaves and vomiting

TACTILE DISTURBANCES

Ask "Have you had any itching, pins and needles sensations, burning, or numbness, or do you feel like bugs are crawling on or under your skin?" Observation.

- 0 None
- 1 Very mild itching, pins and needles, burning or numbness
- 2 Mild itching, pins and needles, burning or numbness
- 3 Moderate itching, pins and needles, burning or numbness
- 4 Moderately severe hallucinations
- 5 Severe hallucinations
- 6 Extremely severe hallucinations
- 7 Continuous hallucinations

TREMOR

Arms extended and fingers spread apart. Observation.

- 1 Not visible, but can be felt fingertip to fingertip
- 2
- 3
- 4 Moderate, with patient's arms extended
- 5
- 6
- 7 Severe, even with arms not extended

AUDITORY DISTURBANCES

Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation.

- 0 Not present
- 1 Very mild harshness or ability to frighten
- 2 Mild harshness or ability to frighten
- 3 Moderate harshness or ability to frighten
- 4 Moderately severe hallucinations
- 5 Severe hallucinations
- 6 Extremely severe hallucinations
- 7 Continuous hallucinations

PAROXYSMAL SWEATS

Observation.

- 0 No sweat visible
- 1 Barely perceptible sweating, palms moist
- 2
- 3
- 4 Beads of sweat obvious on forehead
- 5
- 6
- 7 Drenching sweats

VISUAL DISTURBANCES

Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.

- 0 Not present
- 1 Very mild sensitivity
- 2 Mild sensitivity
- 3 Moderate sensitivity
- 4 Moderately severe hallucinations
- 5 Severe hallucinations
- 6 Extremely severe hallucinations
- 7 Continuous hallucinations

ANXIETY

Ask "Do you feel nervous?" Observation.

- 0 No anxiety, at ease
- 1 Mildly anxious
- 2
- 3
- 4 Moderately anxious, or guarded, so anxiety is inferred
- 5
- 6
- 7 Equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

HEADACHE, FULLNESS IN HEAD

Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.

- 0 Not present
- 1 Very mild
- 2 Mild
- 3 Moderate
- 4 Moderately severe
- 5 Severe
- 6 Very severe
- 7 Extremely severe

AGITATION

Observation.

- 0 Normal activity
- 1 Somewhat more than normal activity
- 2
- 3
- 4 Moderately fidgety and restless
- 5
- 6
- 7 Paces back and forth during most of the interview, or constantly thrashes about

ORIENTATION AND CLOUDING OF SENSORIUM

Ask: "What day is this? Where are you? Who am I?"

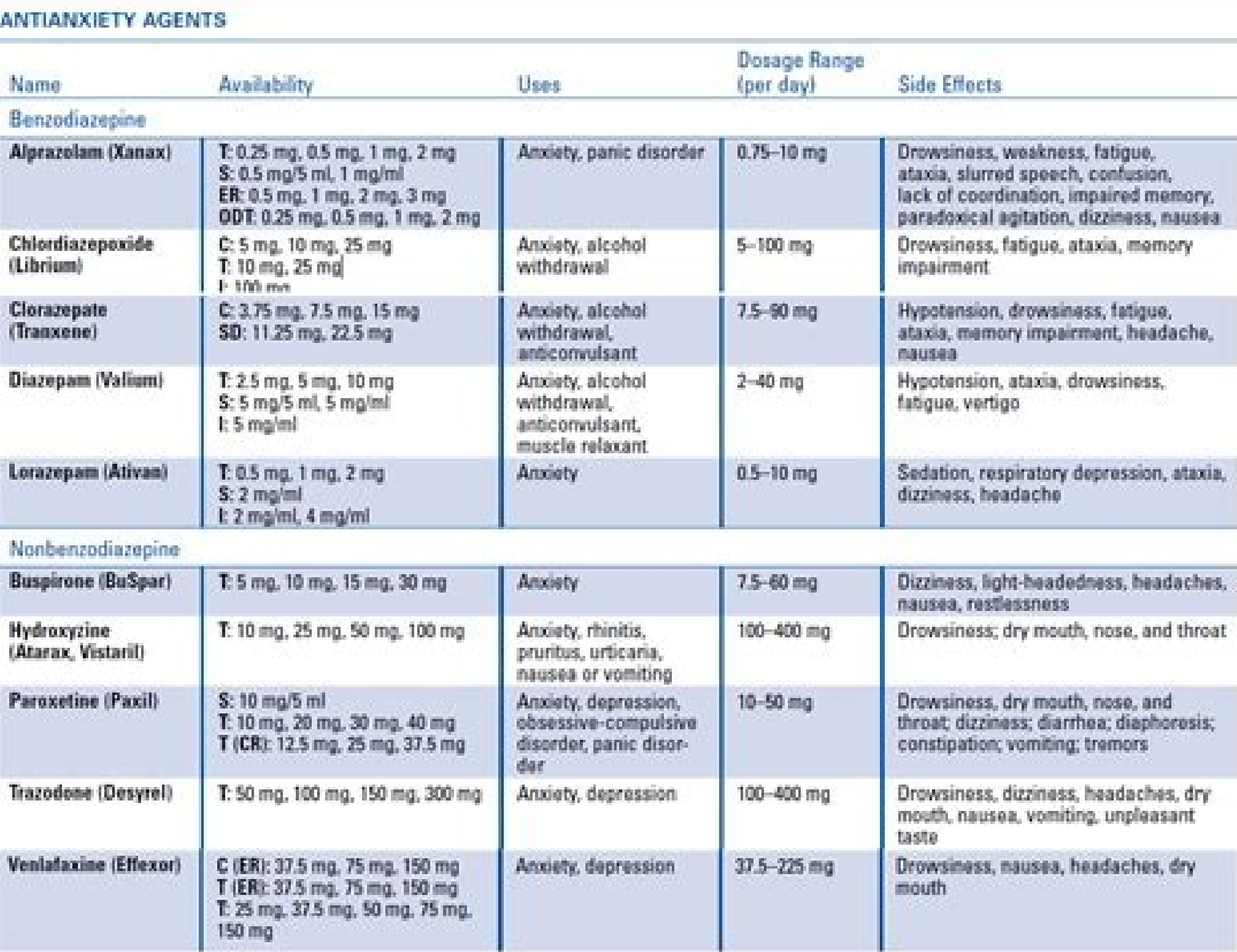
- 0 Oriented and can do serial additions
- 1 Cannot do serial additions or is uncertain about date
- 2 Disoriented with date by no more than two calendar days
- 3 Disoriented with date by more than two calendar days
- 4 Disoriented with place or person

Total CIWA-Ar score: \_\_\_\_\_

Rater's initials: \_\_\_\_\_

Maximum possible score is 67





What is acute alcohol withdrawal. Alcohol withdrawal syndrome treatment guidelines. How to treat acute alcohol withdrawal.

05/11/2022) The symptoms of Klonopin withdrawal are similar to alcohol withdrawal. You can expect to feel edgy, irritated, and flu-ish. ... The acute withdrawal stage begins in the days following your last dose. ... Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings, 12/04/2022 : This was a collaboration between an acute hospital and the liaison psychiatry team. Our team implemented an alcohol withdrawal management protocol which reflects NICE recommendations. The project involved a baseline audit, then an ongoing audit of notes of patients who required alcohol withdrawal management during the baseline and pilot phases.





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