



CLINICAL GUIDELINE

Glasgow Assessment and Management of Alcohol (GMAWS) Adult Inpatients GGC

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Does this version include changes to clinical advice:	Yes/No
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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

<p>Please Attach Patient Label</p> <p>CHI: _____ CRN: _____</p> <p>Name: _____ Dob: _____</p> <p>Address: _____</p> <p>Postcode: _____</p>	<p>Estimated Weekly Alcohol Units : _____ Daily Units x Number of Days per Week Excessive Weekly Consumption >14 units/week</p> <p>Estimated Date / Time Of Last Drink: _____ (If ≥ 5 Days, Re-consider Alcohol Withdrawal Status)</p> <p>Presents with or has had previous alcohol withdrawal seizures/ severely agitated withdrawal:</p> <p style="text-align: center;">YES: <input type="checkbox"/> NO: <input type="checkbox"/></p>
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IS IT ALCOHOL WITHDRAWAL?

Consider alternative diagnoses such as delirium, encephalopathy, traumatic brain injury especially if symptoms atypical or prolonged (≥5 days since last alcohol)

<p>Fast Alcohol Screening Tool - FAST:</p> <p style="text-align: center;">Note : <u>1 drink = 1 unit of alcohol</u></p> <p>1. MEN: How often do you have EIGHT or more drinks on one occasion? WOMEN: How often do you have SIX or more drinks on one occasion?</p> <p>Never <input type="checkbox"/>₀ Less than monthly <input type="checkbox"/>₁ Monthly <input type="checkbox"/>₂ Weekly <input type="checkbox"/>₃ Daily or almost daily <input type="checkbox"/>₄</p> <p>2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p>Never <input type="checkbox"/>₀ Less than monthly <input type="checkbox"/>₁ Monthly <input type="checkbox"/>₂ Weekly <input type="checkbox"/>₃ Daily or almost daily <input type="checkbox"/>₄</p> <p>3. How often during the last year have you failed to do what was normally expected of you because of drinking?</p> <p>Never <input type="checkbox"/>₀ Less than monthly <input type="checkbox"/>₁ Monthly <input type="checkbox"/>₂ Weekly <input type="checkbox"/>₃ Daily or almost daily <input type="checkbox"/>₄</p> <p>4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?</p> <p>No <input type="checkbox"/>₀ Yes, on one occasion <input type="checkbox"/>₂ Yes, on more than one occasion <input type="checkbox"/>₄</p>	<p>Score of 3 or more: FAST Positive</p> <p style="text-align: center;">Total <input style="width: 40px; height: 40px;" type="text"/></p> <p>FAST Positive? Yes No <input type="checkbox"/> <input type="checkbox"/></p>
<p>FAST 0-2: Negative: No action required.</p> <p>FAST 3-8: Hazardous Drinking: Advise regarding safe drinking levels and offer information leaflet / advice.</p> <p>FAST 9-16: Probable Dependent Drinking: Advice as above and consider referral to Addiction Liaison Service.</p>	

EXCEPTIONAL PATIENT GROUP WITH CO-MORBIDITY?

Be aware of Patients with Co-morbidities presenting with features of Alcohol Withdrawal, especially:

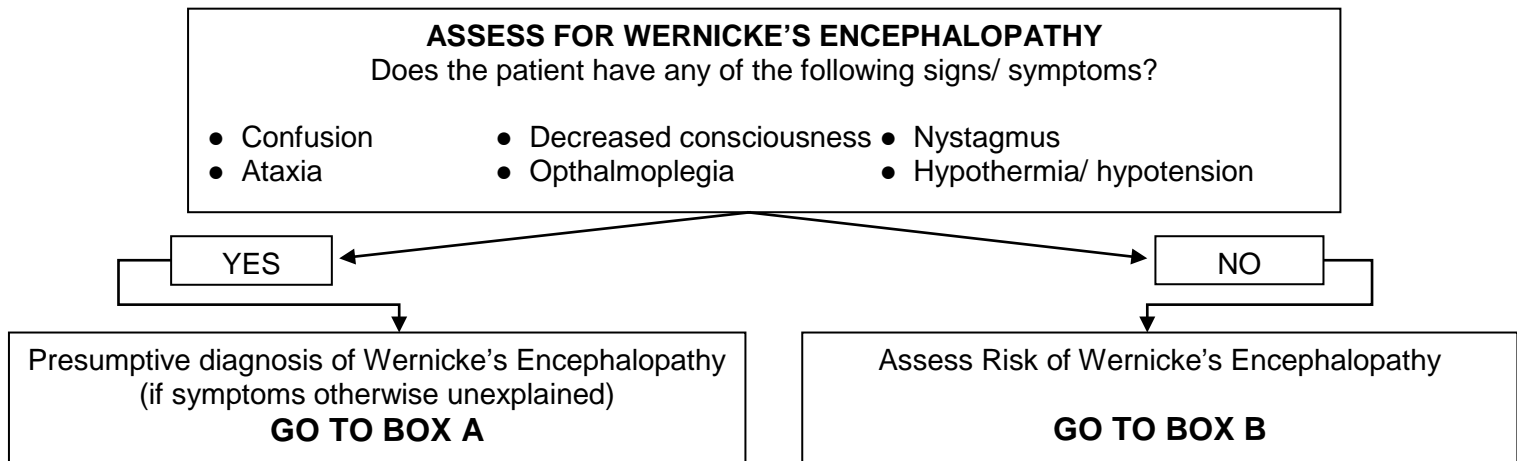
- Patients with evidence of liver disease: especially jaundice, encephalopathy
- Patients with other co-morbidity (ie COPD, pneumonia, cerebrovascular disease, reduced GCS, elderly >70, head Injury; pregnancy)

REFER TO SECTION 3 (PAGE 3) FOR MANAGEMENT ADVICE

PLEASE INSERT IN PATIENT'S CASE RECORD ON COMPLETION OF TREATMENT

Prophylaxis and Treatment of Wernicke-Korsakoff Syndrome

The guidance applies to all alcohol use disorders; hazardous, harmful and dependent.



BOX A	Day 1-2	Day 3-5	Day 6 onwards
<p>Presumptive Diagnosis of Wernicke's Encephalopathy: This requires <u>URGENT</u> treatment</p>	<p>Pabrinex IV: 2 pairs of vials three times a day. Magnesium Check Serum Magnesium <u>URGENTLY</u> and give intravenous replacement if deficient.</p>	<p>Pabrinex IV/IM 1 pair of vials three times a day</p>	<p>Change to oral Thiamine 50mg four times a day or continue IV/IM Pabrinex at discretion of Medical Team</p>

BOX B	RISK FACTORS for WERNICKE'S	
	Risk Factors	Severe Risk Factors
<p>Assessment of Risk of Wernicke's Encephalopathy</p>	<p>Weight loss (MUST=1) Poor diet or vomiting for <5 days Alcoholic Liver Disease Presents with Seizure Age ≤18 or ≥65</p>	<p>Severe Weight loss (MUST≥2) Poor Diet or vomiting for >5 days</p>

No Risk Factors	One Risk factor	Two or more Risk Factors or any single Severe Risk Factor
<p>Oral Thiamine 50mg four times a day</p>	<p>Pabrinex IV/IM 1 pair of vials three times a day for 24 hours then change to oral Thiamine 50mg four times a day</p>	<p>Pabrinex IV/IM 1 pair of vials three times a day for 48 hours then change to oral Thiamine 50mg four times a day</p>

Check Magnesium in all patients and correct deficiency

Important notes

- If oral thiamine is indicated but a patient is unable to take medicines by mouth, then consult your ward pharmacist: NG administration may be possible or IM Pabrinex® (1 pair of vials once daily) are alternatives
- Intravenous Pabrinex® should be administered over 30 minutes
- Anaphylaxis is a rare complication of IV Pabrinex® administration and even more uncommon with IM administration. Monitor patient for wheeze, tachycardia, breathlessness and skin rash. Facilities for the administration of adrenaline and other resuscitation should be available.
- Additional vitamin supplementation as clinically indicated by responsible medical team in the context of a general nutritional assessment.
- Discontinuation of oral thiamine should be considered for patients who have been abstinent for 3 months and who have an adequate dietary intake.

Management of Alcohol Withdrawal Syndrome

1. DEPENDENT DRINKING ON SCREENING - HIGH RISK

EXCEPTIONAL PATIENT GROUP WITH CO-MORBIDITY?

- Patients with evidence of liver disease: especially jaundice, encephalopathy
- Patients with other co-morbidity (ie COPD, pneumonia, cerebrovascular disease, reduced GCS, elderly >70, head injury; pregnancy)

YES

NO

1. DEPENDENT DRINKING ON SCREENING - HIGH RISK

Any 2 of the following:

- Presents with or has had previous withdrawal seizures or severely agitated withdrawal
- High screening score (FAST ≥ 12)
- High initial symptom score (GMAWS ≥ 4)

YES

NO

**FIXED DOSE TREATMENT (Section 2)
PLUS
SYMPTOM TRIGGERED TREATMENT
(GMAWS)**

**SYMPTOM TRIGGERED TREATMENT
(GMAWS)**

For exceptional patient groups see Section 3

2. FIXED DOSE TREATMENT REGIME: Oral Diazepam (see Section 5 for patients unable to tolerate oral):

INITIAL DOSE: 20mg Diazepam 6 hourly

REDUCE DOSE: If after 24 hours no additional symptom triggered treatment has been required
OR

If after ≥ 48 hours of treatment GMAWS less than 4

REDUCING DOSE: (Not to be prescribed 24hrs in advance. Step down only if GMAWS remains less than 4)

- 15mg Diazepam 6 hourly for 24 hours
- 10mg Diazepam 6 hourly for 24 hours
- 5mg Diazepam 6 hourly for 24 hours
- 5mg Diazepam 12 hourly for 24 hours

3. EXCEPTIONAL PATIENT GROUPS: SYMPTOM TRIGGERED TREATMENT ONLY

- Patients with evidence of liver disease especially jaundice or encephalopathy: use oral **Lorazepam** in a symptom triggered fashion: 1-2 mg (up to 12mg in 24 hours, when senior medical review is required as below)
- Patients with other co-morbidity (i.e. COPD, pneumonia, cerebrovascular disease, reduced GCS, elderly (>70), head injury): use Lorazepam as above **OR** Diazepam at 50% of standard GMAWS dose
- In pregnancy use Diazepam at 50% of standard GMAWS dose with senior medical review if more than 30mg required in 24 hours

REVIEW PRESCRIPTION if patient is excessively drowsy

SENIOR MEDICAL REVIEW (ST3 or above) REQUIRED for diagnostic review and possible adjunctive therapy

(Section 4): - If patient requires more than 120mg Diazepam in 24 hours

- If patient still requiring full dose treatment 96 hours after last alcohol ingestion

4. SEVERE WITHDRAWAL (aggressive/ uncontrollable/ dangerous behaviour)¹

- Intravenous Diazemuls up to 40mg over first 30 minutes (up to 2mg/minute; flumazenil to be available) (Section 5)
- Adjunctive therapy with Haloperidol 2-5mg IM in first instance and response assessed (refer to alcohol withdrawal section in the GGC Therapeutics Handbook regarding Haloperidol and patients with prolonged QTc)
- Consultation regarding intensive care support may be necessary in extreme situations

5. PATIENTS UNABLE TO TOLERATE ORAL MEDICATION / PARENTERAL BENZODIAZEPINES

- Patients unable to tolerate oral medication may receive parenteral therapy as an alternative at 50% of the oral dose in the first instance, and response assessed
- Intravenous benzodiazepines should be administered by an experienced member of medical (FY2 or above) or nursing staff who have completed the appropriate Competency Training to administer IV sedation

6. MONITORING

- All patients should be closely observed for signs of over-sedation with regular observations
- Exceptional Patient Groups (Section 3), patients with Severe Withdrawal (Section 4) and patients requiring parenteral sedation (Section 5) require close monitoring (NEWS) ideally with one-to-one nursing care

Glasgow Modified Alcohol Withdrawal Scale (GMAWS)

Treatment Option: **GMAWS Only** **GMAWS & Fixed Dose**

Date																			
Time																			
Tremor 0) No tremor 1) On movement 2) At rest																			
Sweating 0) No sweat visible 1) Moist 2) Drenching sweats																			
Hallucination 0) Not present 1) Dissuadable 2) Not dissuadable																			
Orientation 0) Orientated 1) Vague, detached 2) Disorientated, no contact																			
Agitation 0) Calm 1) Anxious 2) Panicky																			
Score																			
Treatment																			
Staff Signature																			

Score: (Do not use scoring tool if patient intoxicated, must be at least 8 hours since last drink.)

- 0 :Repeat Score in 2 hours (Discontinue after scoring on 4 consecutive occasions, except if less than 48hrs after last drink)
- 1 – 3 :Give 10mg Diazepam: Repeat Score in 2 hours
- 4 – 8 :Give 20mg Diazepam : Repeat Score in 1 hour
- 9 – 10 :Give 20mg Diazepam : Repeat Score in 1 hour

EXCEPTIONAL PATIENT GROUPS: SYMPTOM TRIGGERED TREATMENT
 Patients with evidence of liver disease especially jaundice or encephalopathy: use oral **Lorazepam** 1-2 mg
 Patients with other co-morbidity (i.e. COPD, pneumonia, cerebrovascular disease, reduced GCS, elderly (>70), head injury): use Lorazepam as above **OR** Diazepam at 50% of standard GMAWS dose.
 In pregnancy use Diazepam at 50% of standard GMAWS

PATIENTS MAY REQUIRE TO BE WOKEN FOR CONTINUING ASSESSMENT

CO-EXISTING ILLNESS MAY AFFECT SCORE: SEEK MEDICAL ADVICE IF IN DOUBT

FIXED DOSING & SYMPTOM TRIGGERED DOSING MUST BE NO LESS THAN 1 HOUR APART

All patients should have regular observations documented. Patients receiving high doses of Diazepam should be assessed regularly for over sedation. If a patient requires more than 120 mg of diazepam or 12 mg of lorazepam in 24 hrs a senior medical review and consideration of adjunct therapy (Section 4) is required

APPROXIMATE ORAL BENZODIAZEPINE EQUIVALENCE: 10mg Diazepam = 1mg Lorazepam = 25mg Chlordiazepoxide
 Patients should not be discharged on regular benzodiazepine