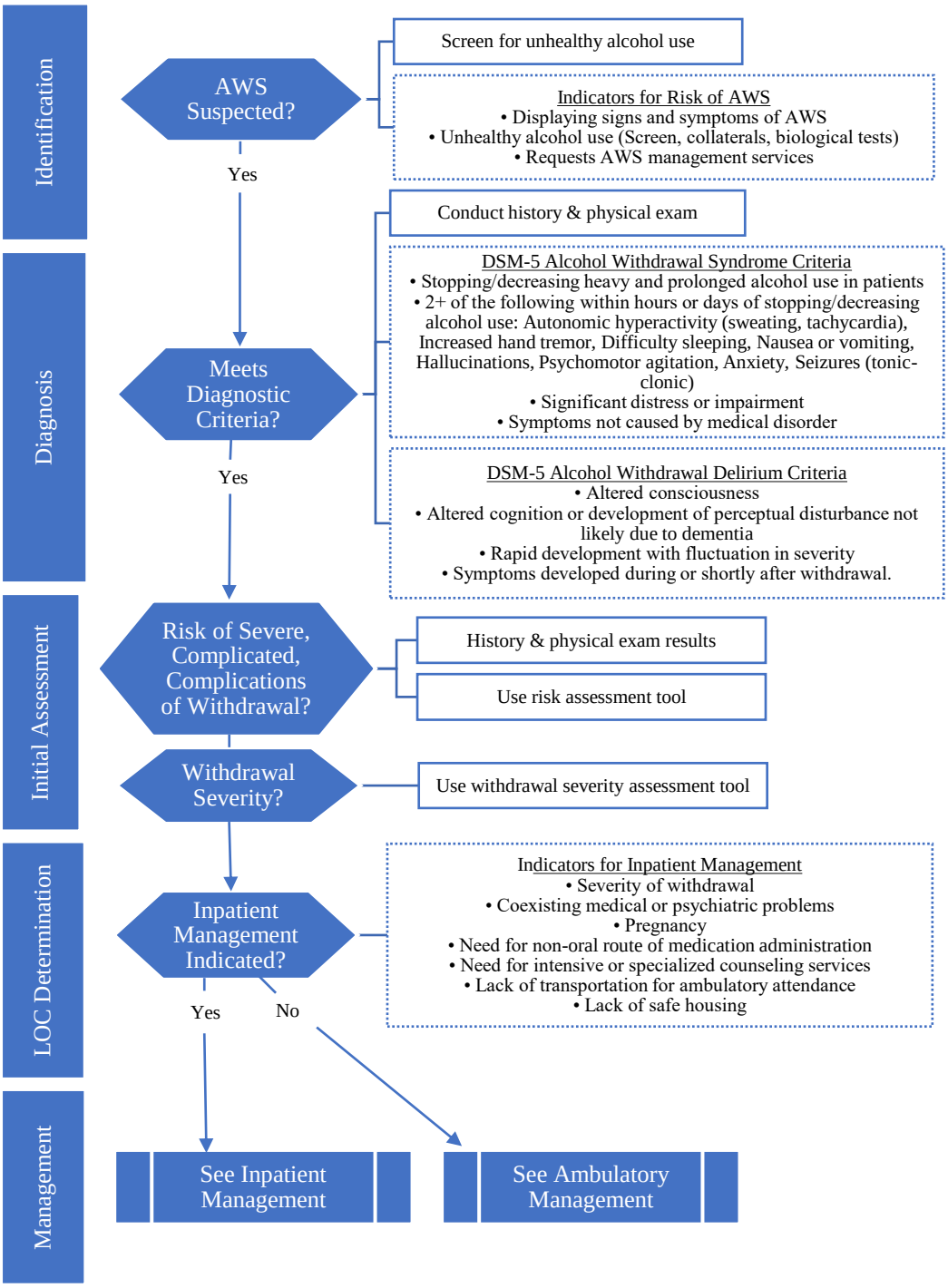
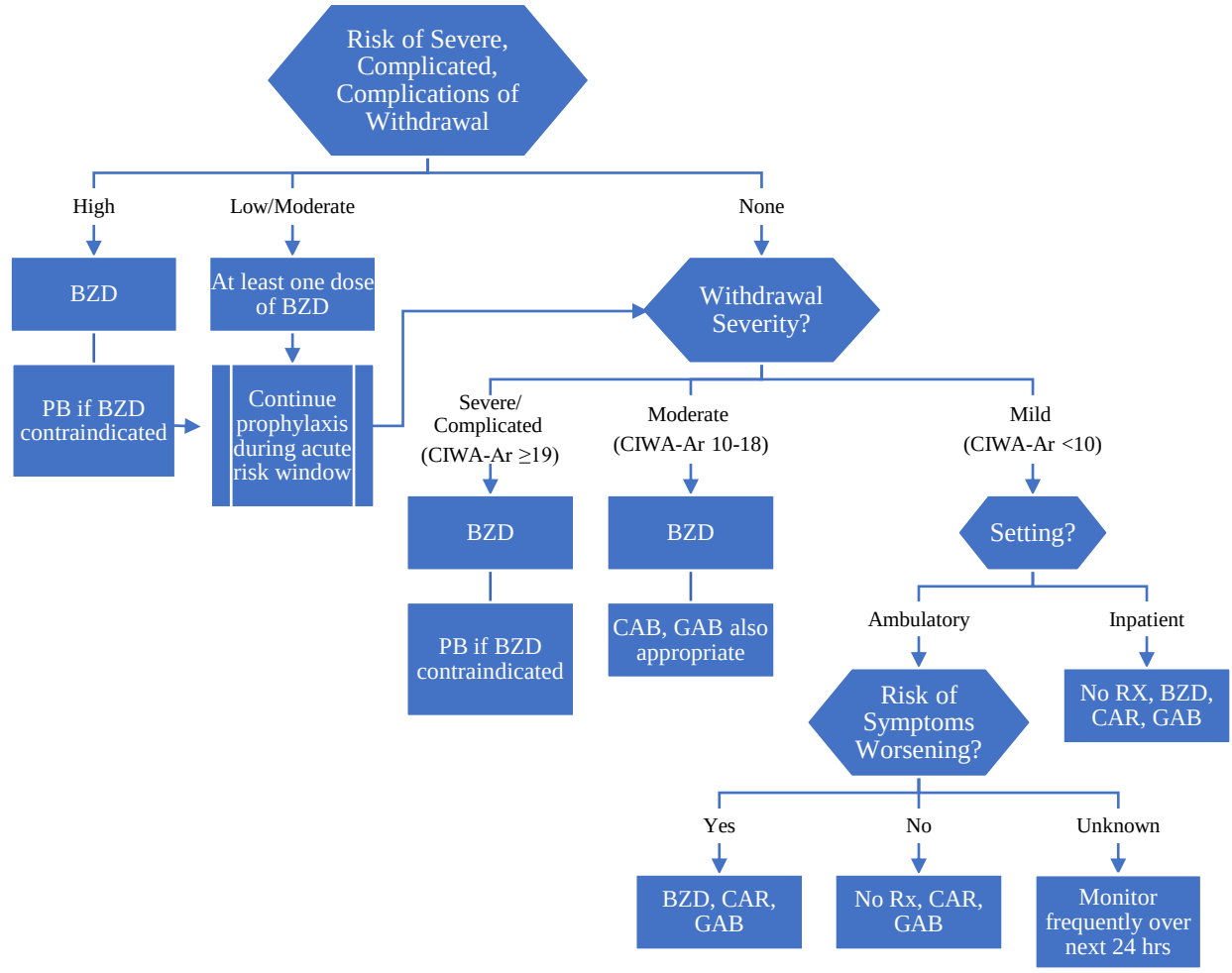
IV. Flowcharts

A. Full Protocol



B. Pharmacotherapy



BZD, Benzodiazepine; CAB, Carbamazepine; GAB, Gabapentin; No Rx, No medication (supportive care alone), PB, Phenobarbital.

C. Ambulatory Management

Monitoring

- Frequency:
  - Arrange for daily check-in for up to five days
  - If can't attend daily, can check-in via phone or video chat on alternating days for some patients
- Assess:
  - Withdrawal severity using validated scale
  - Vital signs
  - Orientation, sleep and emotional status including suicidal thoughts
  - If taking withdrawal medication, signs of over-sedation
  - Continued alcohol or other substance use

Consider Transfer to More Intensive Level of Care if:

- Worsening withdrawal severity
- Worsening medical or psychiatric problems
- Agitation or severe tremor despite multiple doses of medication
- Over-sedation
- Return to alcohol use
- Syncope, unstable vital signs (low/high blood pressure, low/high heart rate)

Supportive Care

- Advise patients and caregivers regarding:
  - Common signs and symptoms and how they will be treated
  - Identifying signs of worsening symptoms
  - Taking thiamine, multivitamins, staying hydrated
  - Creating a low-stimulation environment at home
  - Importance of taking medications as prescribed
  - Possible need to transfer if ambulatory management is not safe or effective
- Treat other conditions found during initial assessment or follow-up with Primary Care

Pharmacotherapy

- See Pharmacotherapy Protocol

AUD Treatment Engagement

- As cognitive status permits:
  - Initiate Alcohol Use Disorder (AUD) treatment if available or refer to other provider
  - Offer to initiate medication for AUD (e.g., acamprosate, disulfiram, or naltrexone) or refer to other provider

Ongoing Care (Follow-up)

- AUD treatment:
  - If not initiated, provide referral for AUD treatment and counseling
  - If initiated, arrange ongoing prescription for AUD medications
- Medical care:
  - Advise follow-up with Primary Care regarding unresolved conditions found during initial assessment

D. Inpatient Management

Monitoring

- Frequency:
  - If mild withdrawal, observe up to 36 hours
  - Else, at least every 1-4 hours for 24 hours, as clinically indicated. Then every 4-8 hours for 24 hours, as clinically indicated.
- Assess:
  - Withdrawal severity using validated scale
  - Vital signs
  - Orientation, sleep and emotional status including suicidal thoughts
  - If taking withdrawal medication, signs of over-sedation

Supportive Care

- Assess need for:
  - Thiamine
  - Hydration
  - Electrolyte/other nutrition correction
- Use existing safety measures and protocols (e.g., assess risk for fall/syncope)
- Treat other conditions found during initial assessment or follow-up with Primary Care

Pharmacotherapy

- See Pharmacotherapy Protocol

AUD Treatment Engagement

- As cognitive status permits:
  - Initiate Alcohol Use Disorder (AUD) treatment if available
  - Offer to initiate medication for AUD (e.g., acamprosate, disulfiram, or naltrexone)

Ongoing Care (Follow-up)

- AUD treatment:
  - If not initiated, provide referral for AUD treatment and counseling
  - If initiated, arrange ongoing prescription for AUD medications
- Medical care:
  - Advise follow-up with Primary Care regarding unresolved conditions found during initial assessment