IV. Flowcharts

A. Full Protocol

**Identification**

- AWS Suspected?
  - Yes

**Diagnosis**

- Meets Diagnostic Criteria?
  - Yes

  - Conduct history & physical exam
    - DSM-5 Alcohol Withdrawal Syndrome Criteria
      - Stopping/decreasing heavy and prolonged alcohol use in patients
      - 2+ of the following within hours or days of stopping/decreasing alcohol use: Autonomic hyperactivity (sweating, tachycardia), Increased hand tremor, Difficulty sleeping, Nausea or vomiting, Hallucinations, Psychomotor agitation, Anxiety, Seizures (tonic-clonic)
      - Significant distress or impairment
      - Symptoms not caused by medical disorder

- DSM-5 Alcohol Withdrawal Delirium Criteria
  - Altered consciousness
  - Altered cognition or development of perceptual disturbance not likely due to dementia
  - Rapid development with fluctuation in severity
  - Symptoms developed during or shortly after withdrawal.

**Initial Assessment**

- Risk of Severe, Complicated, Complications of Withdrawal?
  - Yes

- Withdrawal Severity?
  - Yes

  - History & physical exam results
    - Use risk assessment tool

  - Use withdrawal severity assessment tool

- Inpatient Management Indicated?
  - Yes

  - Indicators for Inpatient Management
    - Severity of withdrawal
    - Coexisting medical or psychiatric problems
    - Pregnancy
    - Need for non-oral route of medication administration
    - Need for intensive or specialized counseling services
    - Lack of transportation for ambulatory attendance
    - Lack of safe housing

  - See Inpatient Management

  - No

- See Ambulatory Management
B. Pharmacotherapy

Risk of Severe, Complicated, Complications of Withdrawal

- High
  - BZD
  - PB if BZD contraindicated

- Low/Moderate
  - At least one dose of BZD
  - Continue prophylaxis during acute risk window

- None
  - Withdrawal Severity?
    - Severe/Complicated (CIWA-Ar ≥19)
      - BZD
      - PB if BZD contraindicated
    - Moderate (CIWA-Ar 10-18)
      - BZD
      - CAB, GAB also appropriate
    - Mild (CIWA-Ar <10)
      - Setting?
        - Ambulatory
          - Risk of Symptoms Worsening?
            - Yes
              - BZD, CAR, GAB
            - No
              - No Rx, CAR, GAB
        - Inpatient
          - No RX, BZD, CAR, GAB
      - Unknown
        - Monitor frequently over next 24 hrs

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

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