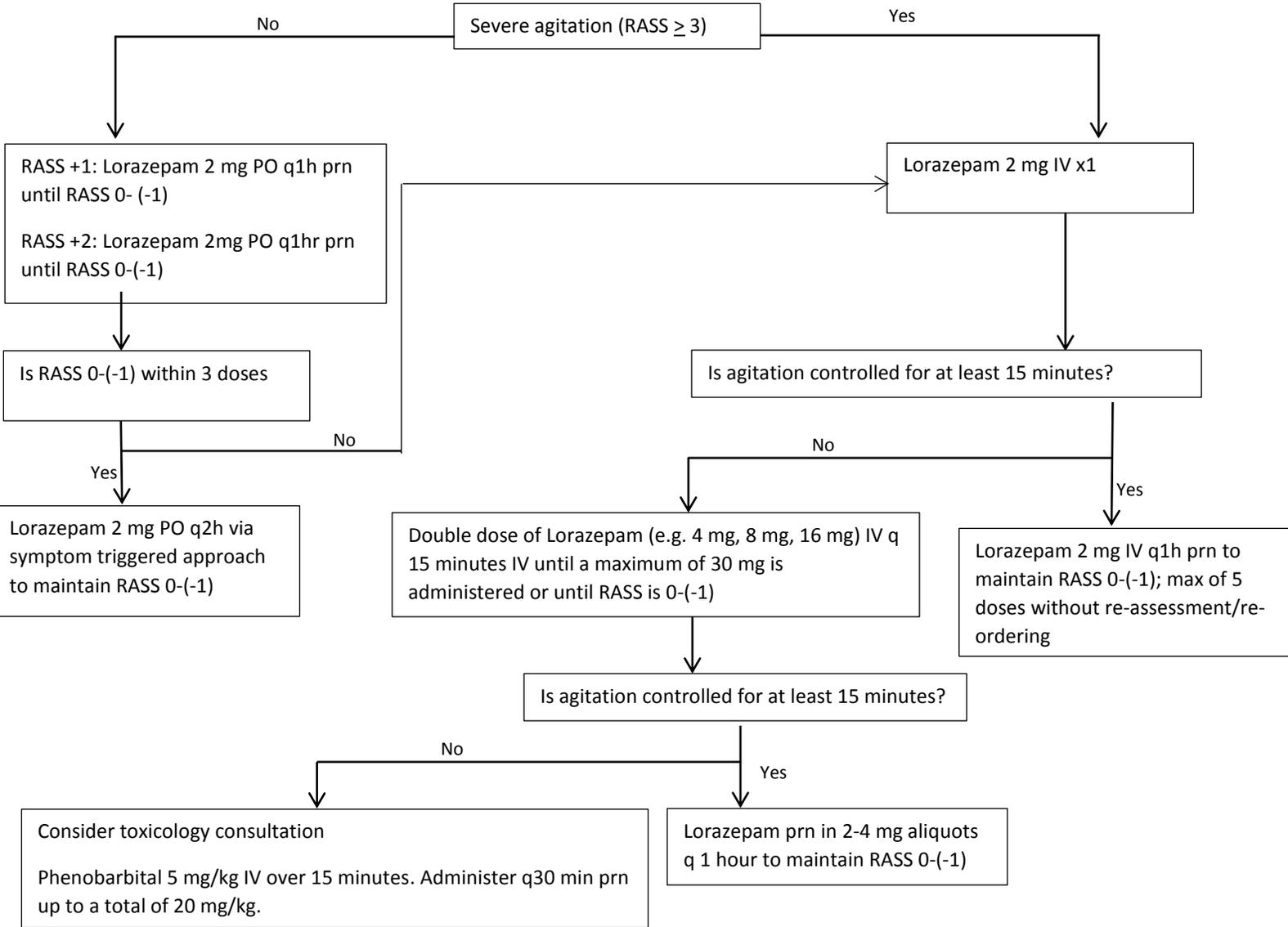


ALCOHOL WITHDRAWAL - ICU



*All patients should receive thiamine (PO or IV daily)

*The routine use of antipsychotics (e.g. haloperidol) should be discouraged if the patient has no prior history of psychosis

*In the absence of overt neuromuscular agitation, fever should not be assumed to be from alcohol withdrawal; the clinician is advised to search for infectious etiologies

*If mechanical ventilation is required, propofol should not be considered an alternative to lorazepam or phenobarbital

Richmond Agitation Sedation Scale

Score	Term	Description
+4	Combative	Overtly combative, violent, immediate danger to staff
+3	Very agitated	Pulls or removes tubes/catheters; aggressive
+2	Agitated	Frequent non-purposeful movement; fights ventilator
+1	Restless	Anxious, apprehensive, but movements not aggressive
0	Alert and calm	Alert and calm
-1	Drowsy	Not fully alert, but has sustained awakening (eye opening/eye contact) to voice (> 10 seconds)
-2	Light sedation	Briefly awakens with eye contact to voice (< 10 seconds)
-3	Moderate sedation	Movement or eye opening to voice, but no eye contact
-4	Deep sedation	No response to physical stimulation
-5	Unarousable	No response to voice or physical stimulation