



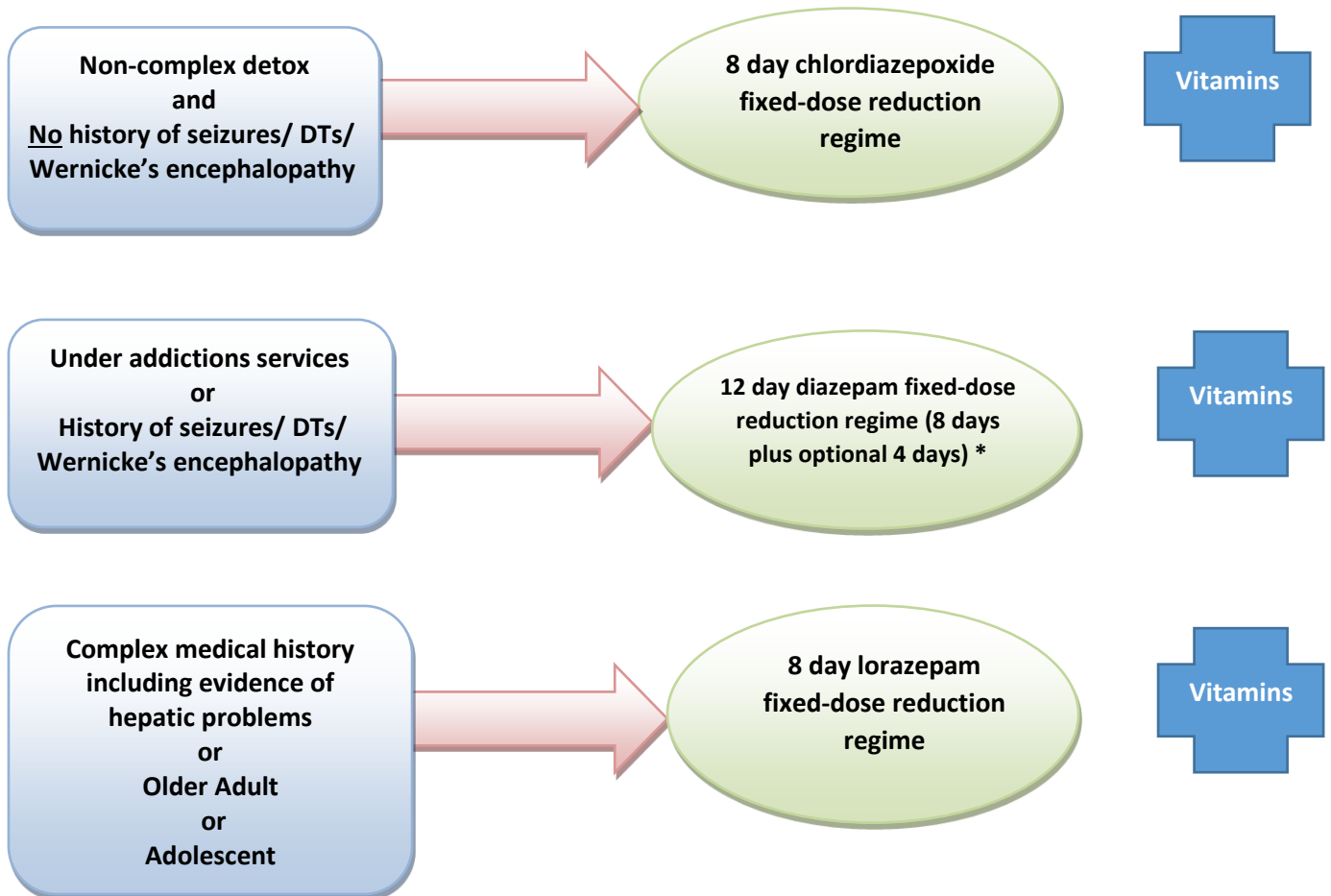
**Guidance for the Management of Alcohol Withdrawal
within NHS Lanarkshire Mental Health & Learning Disabilities
Inpatient Services**

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Change Record			
Date	Author	Change	Version no.
Oct 2020	L Templeton	Updated to reflect new HEPMA prescription bundles	2
Sep 2022	A Bhatia A Brodie T Coyle P MacQuire L Mitchell L Templeton	Updated to recommend fixed-dose regimes as preferred method for detox in MHLN wards Include adolescents in lorazepam treatment option	3

**Guidance for the Management of Alcohol Withdrawal
Within NHS Lanarkshire Mental Health & Learning Disabilities Inpatient Services**



Choice of regime for managing alcohol withdrawal

Fixed-dose benzodiazepine medication regimes are the preferred method in the management of assisted alcohol withdrawal within NHS Lanarkshire's Mental Health & Learning Disabilities inpatient settings.

Patients transferred from acute wards to a mental health ward may have been started on GMAWS (Glasgow Modified Alcohol Withdrawal Scale) during an acute admission and will require medical review on transfer to ensure ongoing safe prescribing and following these guidelines.

The following alcohol withdrawal regimes are available for use within NHS Lanarkshire's Mental Health & Learning Disabilities (MH&LD) inpatient wards *click on hyperlinks*; (paper versions for information only, preferred model of prescribing is within HEPMA). [Prescribing benzodiazepine fixed-dose regimes on HEPMA](#)

- [Chlordiazepoxide fixed-dose reduction regime MHL](#)
- [Diazepam fixed-dose reduction regime MHL](#)
- [Lorazepam fixed-dose reduction regime MHL](#)

The choice of regime may be dictated by local practice, medical history and prescriber preference.

The fixed-dose regime should be commenced at the most suitable dose for the patient - not all patients will require starting at day 1 of the regime.

As required use of benzodiazepines

When fixed-dose regimes are used to manage alcohol withdrawal, as required benzodiazepines may be required in addition to the regular fixed-doses to manage symptoms of withdrawal. The dose of as required medication should be decreased in line with the reduction in fixed dose regime.

Vitamins

The potential for nutritional deficiency with dependent alcohol use is well recognised. Thiamine deficiency is common in individuals who are dependent on alcohol and appropriate vitamin supplementation is essential to mitigate the risk of developing Wernicke's encephalopathy and Korsakoff's psychosis.

Parenteral vitamins

Individuals undergoing detoxification with benzodiazepines should be prescribed high dose parenteral vitamins in conjunction with their reduction regime. Within NHS Lanarkshire's MH&LD wards, the minimum standard dose of parenteral vitamins is; **Intramuscular Pabrinex one pair of ampoules (1&2) daily for 5 days**

It may be appropriate to consider the use of higher doses of IV Pabrinex in certain circumstances. This should be discussed on a case by case basis with a senior clinician. It is important to consider that most RMNs are not IV trained and the use of IV Pabrinex in MH&LD wards will rely on availability of medical staff or ANPs. It may also be appropriate to consider extending the use of parenteral vitamins for longer periods in some cases, which again should be discussed on an individual basis with senior clinicians.

Oral vitamins

Following the completion of parenteral vitamins, oral thiamine should be commenced for the patient. The recommended dose of **thiamine is 50mg four times a day**. This is optimal dosing as thiamine's absorption is rate limited by active transport in the gut with a small percentage of available thiamine being absorbed at any one time. Therefore, giving larger doses less often will result in poorer absorption. In individuals with significant history of alcohol abuse, consideration should be given to continuing thiamine indefinitely.

There is no evidence to support the prescribing of vitamin B compound strong tablets as vitamin supplementation in alcohol dependency.

Prescribing fixed dose-regimes on HEPMA

For wards using HEPMA, all 3 fixed dose-regimes should be prescribed via the protocol tab on HEPMA.

- Chlordiazepoxide fixed-dose reduction regime
- Diazepam fixed-dose reduction regime
- Lorazepam fixed-dose reduction regime

Prescribing via the protocol tab generates a prescription 'bundle' and will populate the specific fixed-dose benzodiazepine reduction, as well as prescribe the 'as required' benzodiazepines and the standard minimum of 5 days of intramuscular Pabrinex followed by oral thiamine to commence immediately after.

These are the agreed NHSL standard regimes and should be suitable for the majority of patients, however, if appropriate the protocols can be edited on a patient by patient basis at the point of prescribing based on clinical need, for example;

- If starting at day 1 of the regime is not required following a detailed alcohol history, the first days can be removed from the regime.
- The last 4 days of the diazepam detox are optional and can be removed from the prescription order.
- If it is deemed appropriate to use a higher dose of parenteral vitamins, the frequency of Pabrinex can be changed.

[Prescribing benzodiazepine fixed-dose regimes on HEPMA](#)

Appendix 1: Fixed dose reduction regimes (for info only)- preferred model of prescribing within HEPMA

Prescribing benzodiazepine fixed-dose regimes on HEPMA

CHI no: _____
 First name: _____ DOB: ____/____/____
 Last name: _____ Sex: M F
 Address: _____

 or attach addressograph label here

Hospital: _____ NHS Lanarkshire
 Ward: _____

Chlordiazepoxide Fixed Dose Reduction Regime

Prescribe 'chlordiazepoxide as charted' on the patient's inpatient prescription

Consultant Psychiatrist: _____

Day	Date	0700 - 0900	Administered by (Signature)	1200 - 1400	Administered by (Signature)	1600 - 1800	Administered by (Signature)	2200 - 2400	Administered by (Signature)	'As required doses'
1		20 mg		20mg		20mg		20mg		Max 60mg/ 24 hours
2		20 mg		20 mg		20 mg		20 mg		
3		15 mg		15 mg		15 mg		15 mg		Max 30mg/ 24 hours
4		15 mg		15 mg		15 mg		15 mg		
5		10 mg		10 mg		10 mg		10 mg		Max 20mg/ 24 hours
6		10 mg		10 mg		10 mg		10 mg		
7		5 mg		5 mg		5 mg		5 mg		
8		5 mg		5 mg		5 mg		5 mg		

CHI no: _____
 First name: _____ DOB: ____/____/____
 Last name: _____ Sex: M F
 Address: _____

 or attach addressograph label here

Hospital: _____ NHS Lanarkshire
 Ward: _____

Diazepam Fixed Dose Reduction Regime

Prescribe 'diazepam as charted' on the patient's inpatient prescription

Consultant Psychiatrist: _____

Day	Date	0700 - 0900	Administered by (Signature)	1200 - 1400	Administered by (Signature)	1600 - 1800	Administered by (Signature)	2200 - 2400	Administered by (Signature)	'As required doses'
1		20mg		20mg		20mg		20mg		Max 60mg/ 24 hours
2		20mg		20mg		20mg		20mg		
3		15mg		15mg		15mg		15mg		Max 40mg/ 24 hours
4		15mg		15mg		15mg		15mg		
5		10mg		10mg		10mg		10mg		Max 20mg/ 24 hours
6		10mg		10mg		10mg		10mg		
7		5mg		5mg		5mg		5mg		Max 10mg/ 24 hours
8		5mg		5mg		5mg		5mg		
Optional	9	2mg		2mg		2mg		2mg		
	10	2mg		2mg		2mg		2mg		
	11	2mg						2mg		
	12	2mg						2mg		

CHI no: _____
 First name: _____ DOB: ____/____/____
 Last name: _____ Sex: M F
 Address: _____

 or attach addressograph label here

Hospital: _____ NHS Lanarkshire
 Ward: _____

Lorazepam Fixed Dose Reduction Regime

Prescribe 'Lorazepam as charted' on the patient's inpatient prescription

Consultant Psychiatrist: _____

Day	Date	0700 - 0900	Administered by (Signature)	1200 - 1400	Administered by (Signature)	1600 - 1800	Administered by (Signature)	2200 - 2400	Administered by (Signature)	'As required doses'
1		2mg		2mg		2mg		2mg		Max 6mg/ 24 hours
2		2 mg		2 mg		2 mg		2 mg		
3		1.5 mg		1.5 mg		1.5 mg		1.5 mg		Max 3mg/ 24 hours
4		1.5 mg		1.5 mg		1.5 mg		1.5 mg		
5		1 mg		1 mg		1 mg		1 mg		Max 2mg/ 24 hours
6		1 mg		1 mg		1 mg		1 mg		
7		0.5 mg		0.5 mg		0.5 mg		0.5 mg		
8		0.5 mg						0.5 mg		

- * Prescribe any 'as required' doses on the As Required section of the Prescription *
- * Ensure parenteral vitamins are prescribed *



Prescribed by: (PRINT NAME) _____ Designation: _____
 Signature: _____ Date: ____/____/____ Time: ____:____ (24 hour)