

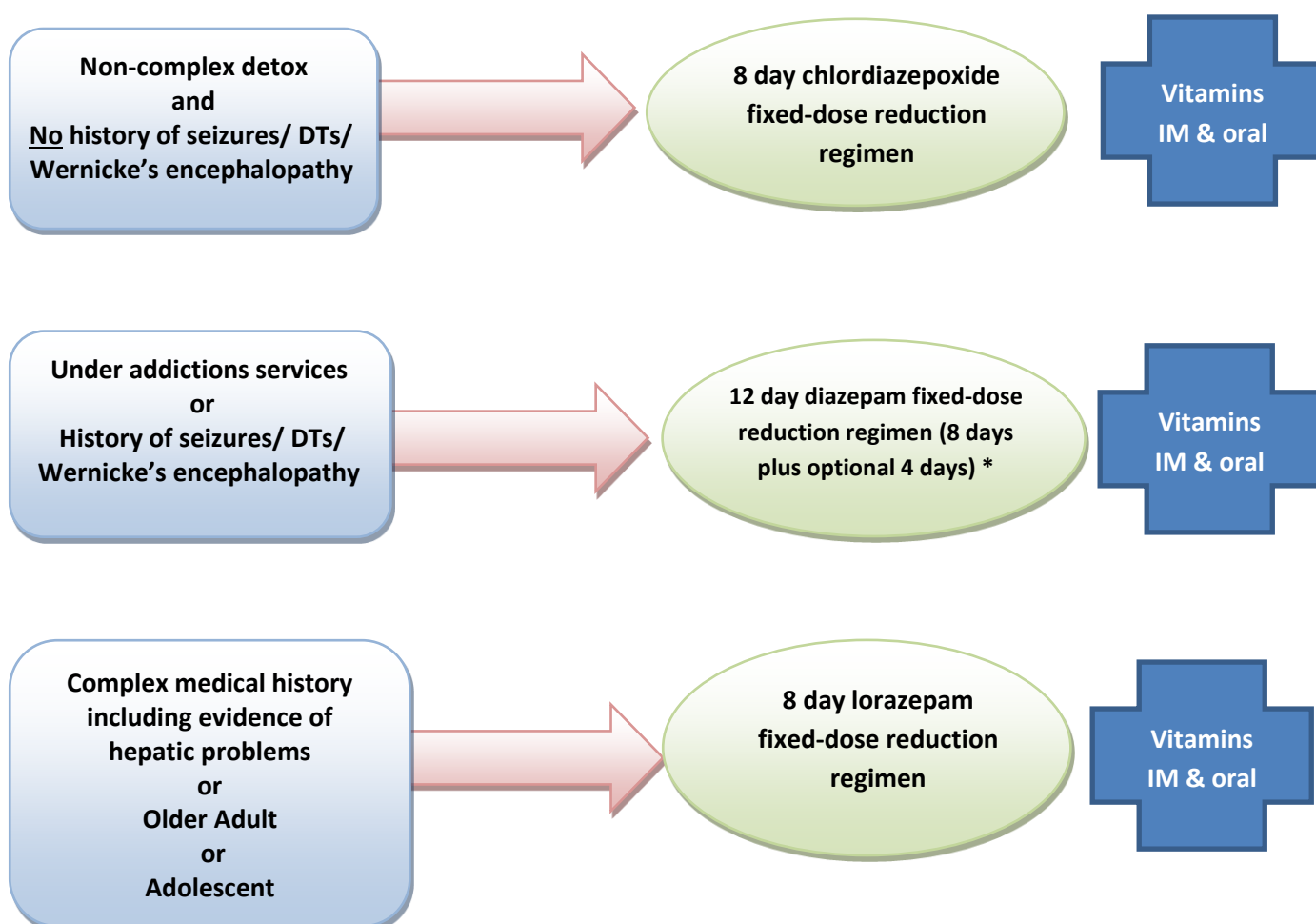
ALCOHOL WITHDRAWAL MANAGEMENT within NHS LANARKSHIRE MENTAL HEALTH & LEARNING DISABILITY INPATIENT SERVICES



TARGET AUDIENCE	Nursing, medical and pharmacy staff working within Mental Health & Learning Disability services
PATIENT GROUP	Patients admitted to a MHLD inpatient setting and requiring management of assisted alcohol withdrawal

Clinical Guidelines Summary

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



1. Choice of regimen for managing alcohol withdrawal

Fixed-dose benzodiazepine medication regimens 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 regimens are available for use within NHS Lanarkshire's Mental Health & Learning Disabilities (MH&LD) inpatient wards (*Appendix 2- Fixed dose reduction regimens*)

- Chlordiazepoxide fixed-dose reduction regimen MHL D
- Diazepam fixed-dose reduction regimen MHL D
- Lorazepam fixed-dose reduction regimen MHL D

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

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

These protocols should be prescribed within HEPMA (*Appendix 3 -Prescribing benzodiazepine fixed dose regimens on HEPMA*)

2. As required use of benzodiazepines

When fixed-dose regimens 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 regimen.

3. 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.

3a. Parenteral vitamins

Individuals undergoing detoxification with benzodiazepines must be prescribed high dose parenteral vitamins in conjunction with their reduction regimen. Within NHS Lanarkshire's MH&LD wards, the minimum standard dose of parenteral vitamins is;

Intramuscular thiamine 250mg (1 ampoule) daily for 5 days

Note: From mid-2025, intramuscular vitamins B&C high potency injection is no longer available in the UK and IM thiamine is to be used as an alternative.

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Intravenous vitamins B&C high potency injection will remain available. It may be appropriate to consider the use of higher doses of IV vitamins B&C high potency injection 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 vitamins B&C high potency injection 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.

3b. 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.

4. Prescribing fixed dose-regimens on HEPMA

All three fixed dose-regimens should be prescribed via the protocol tab on HEPMA (*Appendix 3 - Prescribing benzodiazepine fixed dose regimens on HEPMA*)

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 thiamine followed by oral thiamine to commence immediately after.

These are the agreed NHSL standard regimens 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 regimen is not required following a detailed alcohol history, the first days can be removed from the regimen.
- 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 thiamine can be changed.

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Appendices

Appendix 1: Governance information for Guidance document

Lead Author(s):	Lorna Templeton
Endorsing Body:	ADTC
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Responsible Person (if different from lead author)	

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author/ Authors	Lorna Templeton, Lead Pharmacist -MHLD
Consultation Process / Stakeholders:	MHLD Drug & Therapeutics Committee
Distribution	NHSL MH&LD medical staff, inpatient nursing and pharmacy teams NHS L clinical guideline website and app

CHANGE RECORD			
Date	Lead 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 regimens as preferred method for detox in MHLD wards Include adolescents in lorazepam treatment option	3
Apr 2025	L Templeton	Update to reflect change of parenteral vitamins from vitamins B&C high potency injection to thiamine. Change of format in line with new CG template. Addition of HEPMA guide as appendix	4

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Appendix 2: Fixed dose reduction regimens (for info only) - preferred model of prescribing within HEPMA

CHI no. _____
First name _____ DOB _____
Last name _____ Sex: ☐ M ☐ F
Address _____

or attach addressograph label here

Hospital: _____ **NHS**
Ward: _____ Lanarkshire

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**
Ward: _____ Lanarkshire

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**
Ward: _____ Lanarkshire

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)

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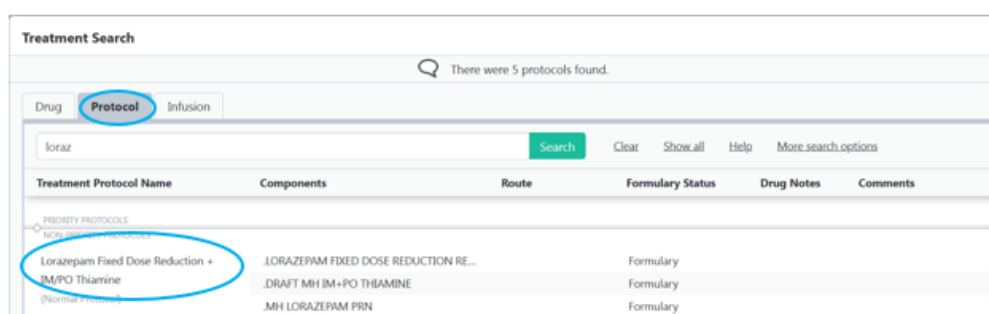
Appendix 3: Prescribing benzodiazepine fixed dose regimens on HEPMA

- The following benzodiazepine fixed-dose regimens can be prescribed via the protocol tab on HEPMA as a prescription 'bundle';

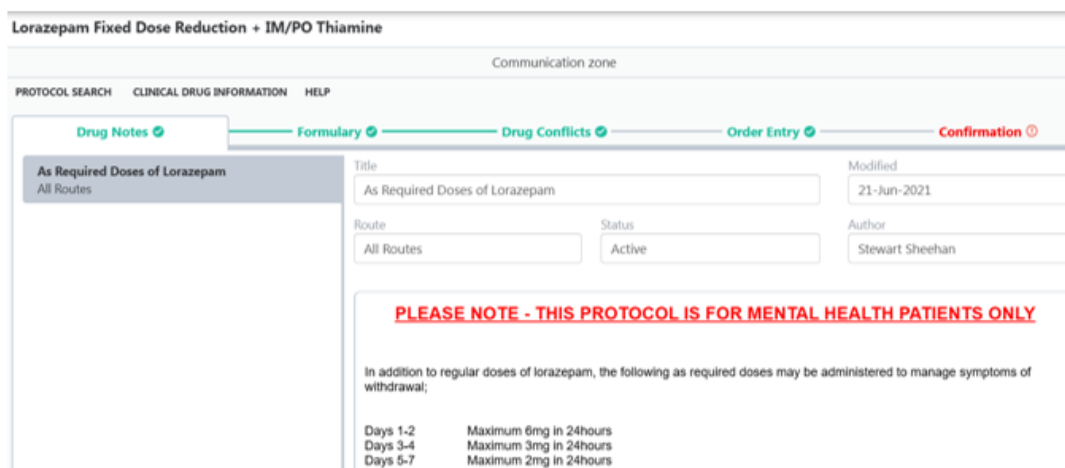
- Chlordiazepoxide fixed-dose reduction regimen + IM thiamine + oral thiamine (MH)
- Diazepam fixed-dose reduction regimen + IM thiamine + oral thiamine e (MH)
- Lorazepam fixed-dose reduction regimen + IM thiamine + oral thiamine (MH)

Each protocol will populate the specific **fixed-dose benzodiazepine** reduction regimen, 'as required' **benzodiazepines** and the standard minimum of 5 days of **parenteral vitamins** followed by **oral thiamine** to commence immediately thereafter.

- Pick the appropriate fixed-dose reduction regimen via the 'Protocol' tab;



- The first screen will present a note with the recommended maximum 'as required' meds that can be administered in addition to the fixed-dose reduction. This note will also present when 'as required' doses are administered and charted by nursing staff.



Days	Maximum dose
Days 1-2	Maximum 6mg in 24hours
Days 3-4	Maximum 3mg in 24hours
Days 5-7	Maximum 2mg in 24hours

- The standard protocol will be populated in the order entry tab to include;
 - fixed-dose reduction of benzodiazepines
 - 5 days of parenteral vitamins (intramuscular IM thiamine 250mg)
 - thiamine 50mg four times a day (to commence after course of parenteral vitamins has finished)
 - 'as required' benzodiazepines.

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- In the event that any part of the reduction regimen needs edited based on clinical need, this should be done within order entry. For example, if following a detailed alcohol history, it is deemed appropriate to start the regimen at a lower dose, day 1 and 2 of the reduction regimen can be removed by deleting an entire line. Or the as required doses of benzodiazepines could be removed.

The screenshots show the 'Lorazepam Fixed Dose Reduction + IM/PO Thiamine' order entry interface. The top screenshot shows the 'Order Entry' tab with a list of drugs on the left and order details on the right. The bottom screenshot shows the same interface with the 'LORAZEPAM 1 mg Tablets' line highlighted in red and labeled 'Deleted'.

- Where a change to the dose, frequency or duration of parenteral vitamins is indicated, this can also be done at the order entry tab.

The screenshot shows the 'Lorazepam Fixed Dose Reduction + IM/PO Thiamine' order entry interface with several fields circled in blue. The circled fields include: '250 mg' for Dose, '1' for Frequency, 'ONCE daily at 7am' for Frequency, 'Intramuscular' for Route, '14-Apr-2025' for Start on, '14:41' for Time, '5' for Days of treatment, and 'DNU.THIAMINE 50 mg in 1ml Injection' for the drug name.

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- Note that the parenteral vitamins are prescribed as a morning dose. This means the first IM vitamins available for administration on the protocol will be on the first morning after the protocol is prescribed. Consider prescribing a stat dose on the first day if appropriate.
- Consider the time of the day when the protocol is prescribed. If the protocol is prescribed in the early evening, only one dose of the first day's fixed-dose regimen will be available to administer that night. It may be more appropriate to prescribe stat doses and commence the regimen from the following day.



- If the standard protocol bundle is suitable, go to confirmation tab and click confirm. This will populate the inpatient Rx tab with the fixed-dose reduction regimen, as required benzodiazepines as well as parenteral and oral vitamins.

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE DRUG CLINICAL INFORMATION PATIENT NOTES HELP									
Inpatient Rx				Monitoring & Assessment			Conflict Log		
Discharge Rx				Short Term Leave Rx			Administrative		
Discontinued Rx									
Sort Items by: Order Add/Modify date				A-Z			View: [icon]		
BIM Chapter				Order start date			Legend		
Order type									
ETHNOR PROTOCOL									
LORAZEPAM 1 mg Tablets									
Dose 1 mg				Rx on 14-Apr-2025 14:41			Route Oral		
LORAZEPAM 1 mg Tablets									
Dose 0.5 mg				Rx on 14-Apr-2025 14:41			Route Oral		
							Last administration <none>		
							Directions Every 2 hours		
							Administration History		
REGULAR							VDO PROTOCOL		
DNU THIAMINE 50 mg in 1ml Injection									
Dose 250 mg				Start on 15-Apr-2025 07:00			Route Intramuscular		
							Directions ONCE daily at 7am		
THIAMINE 50 mg Tablets									
Dose 50 mg				Start on 20-Apr-2025 07:00			Route Oral		
							Directions FOUR times daily - 7am,1pm,6pm,10pm		
REGULAR							VDO PROTOCOL		
LORAZEPAM 1 mg Tablets									
Dose 2 mg				Start on 14-Apr-2025 18:00			Route Oral		
							Directions FOUR times daily - 7am,1pm,6pm,10pm		
LORAZEPAM 1 mg Tablets									
Dose 1.5 mg				Start on 16-Apr-2025 07:00			Route Oral		
							Directions FOUR times daily - 7am,1pm,6pm,10pm		
LORAZEPAM 1 mg Tablets									
Dose 1 mg				Start on 18-Apr-2025 07:00			Route Oral		
							Directions FOUR times daily - 7am,1pm,6pm,10pm		
LORAZEPAM 1 mg Tablets									
Dose 0.5 mg				Start on 20-Apr-2025 07:00			Route Oral		
							Directions FOUR times daily - 7am,1pm,6pm,10pm		
LORAZEPAM 1 mg Tablets									
Dose 0.5 mg				Start on 21-Apr-2025 07:00			Route Oral		
							Directions TWICE daily at 7am and 10pm		

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