

## Alcohol Withdrawal Scenario

### Alcohol Withdrawal SBAR

**Situation:** Mrs. Rhoda Smith, 70-year-old, female was admitted to your nursing unit late yesterday evening for gastric distress. Reports abdominal pain, occasional dark stools and previous history of gastritis.

BP	HR	Resp	Temp	O2 Sats	Pain
168/92	112	24	99.8	98% on ra	2

Video of patient will be used for data collection and observation.

**Background:** Mrs. Smith begins to present with what appears to be possible acute alcohol withdrawal. Video will demonstrate collection of alcohol use assessment and the completion of CIWA-Ar.

#### **Assessment:**

Students will answer the following questions:

1. Other than gastritis, what other problem do you anticipate she is experiencing?
2. What standardized assessment tools do you anticipate using for Mrs. Smith?
3. What would you anticipate for findings with her vital signs?
4. After completion of the CIWA-Ar, what is your immediate nursing plan of care?

#### **Recommendations:**

Students will complete a CIWA-Ar on the patient.

Students will cluster assessment findings.

Students will develop a nursing plan of care for the patient.

Students will initiate communication with other members of the healthcare team as appropriate.

Student will initiate care of the patient.

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### Resources:

Lorazepam Drug Info: <https://www.drugs.com/pro/lorazepam-injection.html>

Dilute with equal part of either sterile water for infusion, normal saline or D5W

Stage	Symptoms
Minor	Anxiety, tremor, insomnia, headache, palpitations, gastrointestinal disturbances, diaphoresis, orientated to time, place, and person.
Moderate to Severe	Mild symptoms and diaphoresis, increased systolic blood pressure, tachypnea, tachycardia, confusion, mild hyperthermia, hallucinations (visual, tactile, and/or auditory) and illusions, although remains oriented to time, place, and person
DTs (delirium tremens)	Moderate symptoms and disorientation to time, place, and person, impaired attention, agitation, hallucinations (visual, tactile, and/or auditory), potential seizures

Blood Alcohol Level	Blood Alcohol Accumulation	Effects
0.05 mg %	1-2 drinks	Changes in mood and behavior; impaired judgment
0.08 mg %	5-6 drinks	Legal level of intoxication in most states. Clumsiness in voluntary motor activity
0.20 mg %	10-12 drinks	Depressed function of entire motor area of the brain, causing staggering and ataxia; emotional lability
0.30 mg %	15-19 drinks	Confusion, stupor
0.40 mg %	20-24 drinks	Coma
0.50 mg %	25-30 drinks	Death caused by respiratory depression

Lab	Patient	Ref. Range
<b>H &amp; H</b>		
Hemoglobin	11.2 g/dL	Female: 12-16 g/dL Male: 15-18 g/dL
Hematocrit	35%	Female: 37-48% Male: 45-52%

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Lab	Patient	Ref. Range
<b>Liver Function Tests</b>		
Total bilirubin	0.9	0.2-1.2 mg d/L
Albumin	4.0	3.5-5.0 g/dL
Ammonia	45	15-45 mcg N/dL
Alkaline phosphatase (ALP)	78	38-126 U/L
Aspartate aminotransferase (AST)	350	10-30 U/L
Alanine aminotransferase (ALT)	380	10-40 U/L
Glutamyl transpeptidase (GGT)	29	0-30 U/L
Cholesterol (serum)	123	< 200 mg/dL