**Severe Alcohol Withdrawal with agitation / Delerium Tremens**

(Please also read Trust guidelines on Alcohol Withdrawal)

Agitation in a patient with alcohol withdrawal can lead to serious consequences (patient self harm, harming of staff or other patients). **On-going confusion, particularly with disorientation and hallucinations, is of serious concern.** It should be prevented by the use of benzodiazepines in all those at risk of developing withdrawal. If however a patient is deteriorating with significant agitation, confusion or hallucinations then **prompt action is required.**

**Involve senior nurse, Medical registrar, security and contact ICU SPR.**

It is important to have sufficient nursing staff available so that the patient is not left unattended. If the patient is likely to abscond or is a threat to others then security may be required to restrain a patient (patient cannot be sectioned but can be held under common law).

Ideally prompt intervention with medication can resolve a situation before physical restraint is required. A consistent, reassuring manner is helpful. Avoid verbal confrontation if possible.

Oral medication can take some time to establish control**. At any stage if the situation deteriorates consider involving ICU team.**

NICE (CG100 June 2010) recommends offer oral lorazepam as first-line treatment. If symptoms persist or oral medication is declined, give parenteral lorazepam or haloperidol .

Therefore if situation is stable and patient will take oral medication prescribe (and ensure dispensed and taken) Lorazepam 2mg PO.

**Ensure patient is not left unsupervised and re-asses within 15 minutes**

If symptoms persist or oral medication is declined then add haloperidol 5mg IV / IM and a further dose of Lorazepam 2mg IV.

**Ensure patient is not left unsupervised and re-asses within 15 minutes**

If symptoms do not resolve then add a further dose of Haloperidol 5mg IV / IM.

Ensure patient is not left unsupervised and re-asses within 15 minutes

**At this point consider the need for more intensive IV sedation. This should be done in conjunction with the ICU team.**

It is reasonable to use midazolam IV, but only by individuals who have experience (eg ICU SPR) and with facilities to reverse over sedation **(flumazenil must be on the ward (locate and confirm this at the same time as locating the midazolam).** Resuscitation facilities with ambubag must be available before midazolam is given and the potential

to transfer to ICU should also be assessed since the patient may need on-going ICU monitoring / sedation once the initial emergency situation is controlled.

At any stage if physical restraint is required or IV sedation with more than 1 dose of lorazepam or Haloperidol is required then escalate to ICU involvement with consideration of IV rapid sedation. Inform medical consultant at this stage. If delirium tremens or agitation develops in a person during treatment for acute alcohol withdrawal, review their withdrawal drug regimen once control of the situation has been established.

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