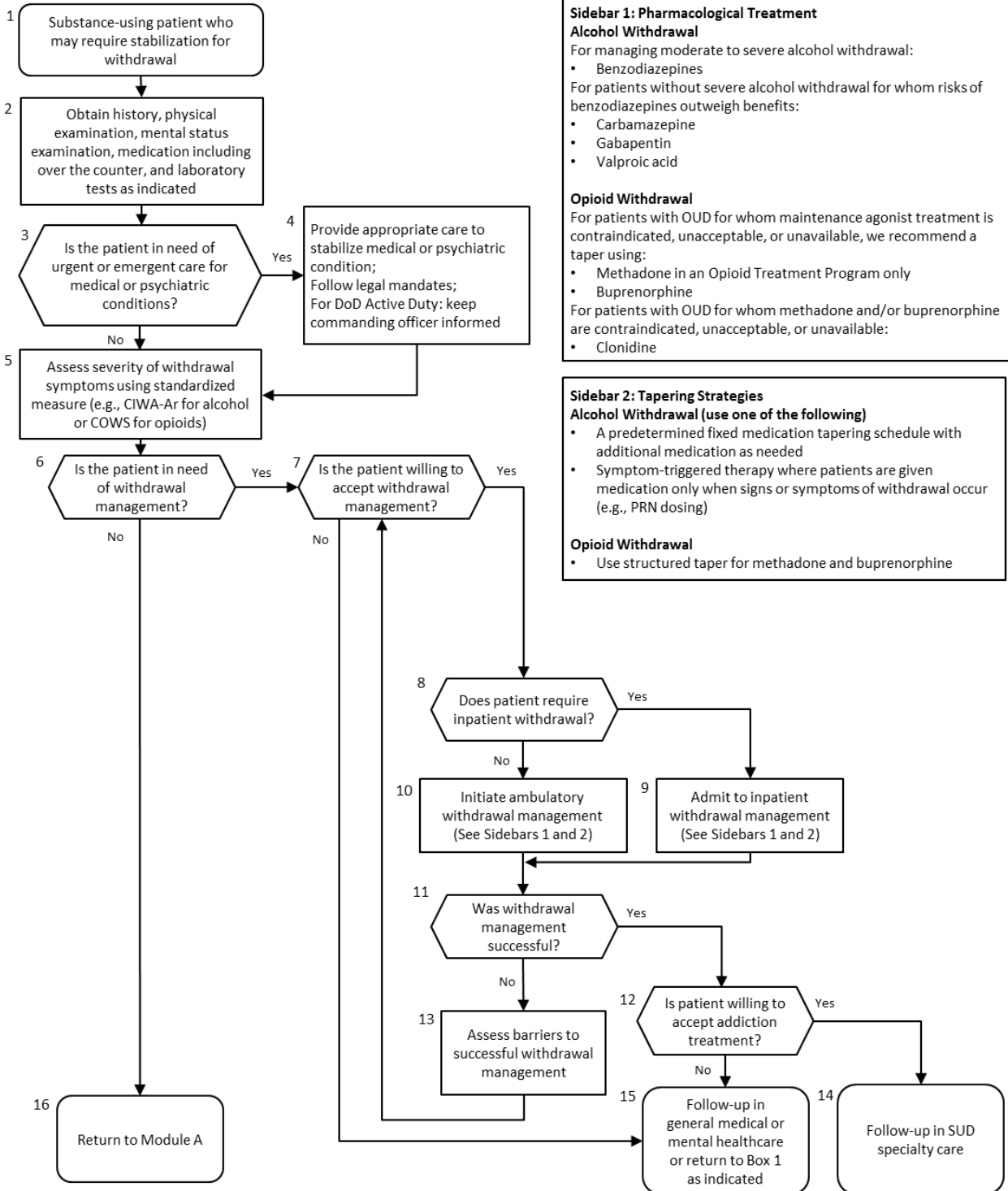


**Stabilization Pocket Card**

**Stabilization Algorithm**



**Sidebar 1: Pharmacological Treatment**

**Alcohol Withdrawal**  
 For managing moderate to severe alcohol withdrawal:  
 • Benzodiazepines  
 For patients without severe alcohol withdrawal for whom risks of benzodiazepines outweigh benefits:  
 • Carbamazepine  
 • Gabapentin  
 • Valproic acid

**Opioid Withdrawal**  
 For patients with OUD for whom maintenance agonist treatment is contraindicated, unacceptable, or unavailable, we recommend a taper using:  
 • Methadone in an Opioid Treatment Program only  
 • Buprenorphine  
 For patients with OUD for whom methadone and/or buprenorphine are contraindicated, unacceptable, or unavailable:  
 • Clonidine

**Sidebar 2: Tapering Strategies**

**Alcohol Withdrawal (use one of the following)**  
 • A predetermined fixed medication tapering schedule with additional medication as needed  
 • Symptom-triggered therapy where patients are given medication only when signs or symptoms of withdrawal occur (e.g., PRN dosing)

**Opioid Withdrawal**  
 • Use structured taper for methadone and buprenorphine

**Abbreviations**  
 AUD: alcohol use disorder; CIWA-Ar: Clinical Institute Withdrawal Assessment for Alcohol-Revised; COWS: Clinical Opiate Withdrawal Scale; DoD: Department of Defense; OUD: opioid use disorder; PRN: as needed

## Clinical Institute Withdrawal Assessment of Alcohol (CIWA-Ar)

### Patient and Time Information

Name, date, time, pulse or heart rate taken for one minute, and blood pressure

### Items

<p><b>Nausea and vomiting:</b> Ask, "Do you feel sick to your stomach? Have you vomited?" Observation.</p> <p>0: No nausea and no vomiting            1: Mild nausea with no vomiting            2            3            4: Intermittent nausea with dry heaves            5            6            7: Constant nausea, frequent dry heaves and vomiting</p>	<p><b>Tactile disturbances:</b> Ask, "Have you had any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.</p> <p>0: None            1: Very mild itching, pins and needles, burning or numbness            2: Mild itching, pins and needles, burning or numbness            3: Moderate itching, pins and needles, burning or numbness            4: Moderately severe hallucinations            5: Severe hallucinations            6: Extremely severe hallucinations            7: Continuous hallucinations</p>
<p><b>Tremor:</b> Arms extended and fingers spread apart. Observation.</p> <p>0: No tremor            1: Not visible, but can be felt fingertip to fingertip            2            3            4: Moderate, with patient's arms extended            5            6            7: Severe, even with arms not extended</p>	<p><b>Auditory disturbances:</b> Ask, "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation.</p> <p>0: Not present            1: Very mild harshness or ability to frighten            2: Mild harshness or ability to frighten            3: Moderate harshness or ability to frighten            4: Moderately severe hallucinations            5: Severe hallucinations            6: Extremely severe hallucinations            7: Continuous hallucinations</p>
<p><b>Paroxysmal sweats:</b> Observation.</p> <p>0: No sweat visible            1: Barely perceptible sweating, palms moist            2            3            4: Beads of sweat obvious on forehead            5            6            7: Drenching sweats</p>	<p><b>Visual disturbances:</b> Ask, "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.</p> <p>0: Not present            1: Very mild sensitivity            2: Mild sensitivity            3: Moderate sensitivity            4: Moderately severe hallucinations            5: Severe hallucinations            6: Extremely severe hallucinations            7: Continuous hallucinations</p>

### Clinical Institute Withdrawal Assessment of Alcohol (CIWA-Ar)

<p><b>Anxiety:</b> Ask, "Do you feel nervous?" Observation.            0: No anxiety, at ease            1: Mild anxious            2            3            4: Moderately anxious, or guarded, so anxiety is inferred            5            6            7: Equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions</p>	<p><b>Headache, fullness in head:</b> Ask, "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.            0: Not present            1: Very mild            2: Mild            3: Moderate            4: Moderately severe            5: Severe            6: Very severe            7: Extremely severe</p>
<p><b>Agitation:</b> Observation.            0: Normal activity            1: Somewhat more than normal activity            2            3            4: Moderately fidgety and restless            5            6            7: Paces back and forth during most of the interview, or constantly thrashes about</p>	<p><b>Orientation and clouding of sensorium:</b> Ask, "What day is this? Where are you? Who am I?"            0: Oriented and can do serial additions            1: Cannot do serial additions or is uncertain about date            2: Disoriented for date by no more than 2 calendar days            3: Disoriented for date by more than 2 calendar days            4: Disoriented for place/or person</p>
<b>Scoring</b>	
<p>Total CIWA-Ar Score _____            Rater's Initials _____            Maximum Possible Score: 67</p>	<p>Interpret sum of total scores as follows:</p> <ul style="list-style-type: none"> <li>■ Minimal or absent withdrawal: ≤9</li> <li>■ Mild to moderate withdrawal: 10-19</li> <li>■ Severe withdrawal: ≥20</li> </ul>

## Clinical Opiate Withdrawal Scale (COWS)

### Patient and Time Information

Name, date, time, reason for this assessment

### Items

<p><b>Pulse Rate:</b> Record Beats per Minute Measured after patient is sitting or lying for one minute 0: Pulse rate 80 or below 1: Pulse rate 81-100 2: Pulse rate 101-120 4: Pulse rate greater than 120</p>	<p><b>Gastrointestinal Upset:</b> Over Last 1/2 Hour 0: No gastrointestinal symptoms 1: Stomach cramps 2: Nausea or loose stool 3: Vomiting or diarrhea 5: Multiple episodes of diarrhea or vomiting</p>
<p><b>Sweating:</b> Over Past 1/2 Hour not Accounted for by Room Temperature or Patient Activity 0: No report of chills or flushing 1: Subjective report of chills or flushing 2: Flushed or observable moistness on face 3: Beads of sweat on brow or face 4: Sweat streaming off face</p>	<p><b>Tremor Observation of Outstretched Hands</b> 0: No tremor 1: Tremor can be felt, but not observed 2: Slight tremor observable 4: Gross tremor or muscle twitching</p>
<p><b>Restlessness Observation During Assessment</b> 0: Able to sit still 1: Reports difficulty sitting still, but is able to do so 3: Frequent shifting or extraneous movements of legs/arms 5: Unable to sit still for more than a few seconds</p>	<p><b>Yawning Observation During Assessment</b> 0: No yawning 1: Yawning once or twice during assessment 2: Yawning three or more times during assessment 4: Yawning several times/minute</p>
<p><b>Pupil Size</b> 0: Pupils pinned or normal size for room light 1: Pupils possibly larger than normal for room light 2: Pupils moderately dilated 5: Pupils so dilated that only the rim of the iris is visible</p>	<p><b>Anxiety or Irritability</b> 0: None 1: Patient reports increasing irritability or anxiousness 2: Patient obviously irritable/anxious 4: Patient so irritable or anxious that participation in the assessment is difficult</p>
<p><b>Bone or Joint Aches if Patient was Having Pain Previously, only the Additional Component Attributed to Opiate Withdrawal is Scored</b> 0: Not present 1: Mild diffuse discomfort 2: Patient reports severe diffuse aching of joints/muscles 4: Patient is rubbing joints or muscles and is unable to sit still because of discomfort</p>	<p><b>Gooseflesh Skin</b> 0: Skin is smooth 3: Piloerection of skin can be felt or hairs standing up on arms 5: Prominent piloerection</p>
<p><b>Runny Nose or Tearing Not Accounted for by Cold Symptoms or Allergies</b> 0: Not present 1: Nasal stuffiness or unusually moist eyes 2: Nose running or tearing 4: Nose constantly running or tears streaming down cheeks</p>	

### Clinical Opiate Withdrawal Scale (COWS)

Scoring	
Total COWS Score _____ Rater's Initials _____ Maximum Possible Score: 48	Interpret sum of total scores as follows: <ul style="list-style-type: none"> <li>■ Mild withdrawal: 5-12</li> <li>■ Moderate withdrawal: 13-24</li> <li>■ Moderately severe withdrawal: 25-36</li> <li>■ Severe withdrawal: &gt;36</li> </ul>

Patients Appropriate for Inpatient Medically Supervised Withdrawal Management	
Patients for Whom Inpatient Medically Supervised Withdrawal Management is Recommended	Patients for Whom Inpatient Medically Supervised Withdrawal Management is Suggested
Patients with any of the following conditions: <ul style="list-style-type: none"> <li>■ History of delirium tremens or withdrawal seizures</li> <li>■ Inability to tolerate oral medication</li> <li>■ Co-occurring medical conditions that would pose serious risk for ambulatory withdrawal management (e.g., severe coronary artery disease, congestive heart failure, liver cirrhosis)</li> <li>■ Severe alcohol withdrawal (i.e., CIWA-Ar score <math>\geq 20</math>)</li> <li>■ Risk of withdrawal from other substances in addition to alcohol (e.g., sedative hypnotics)</li> </ul>	Patients with at least moderate alcohol withdrawal (i.e., CIWA-Ar score $\geq 10$ ) and any of the following conditions: <ul style="list-style-type: none"> <li>■ Recurrent unsuccessful attempts at ambulatory withdrawal management</li> <li>■ Reasonable likelihood that the patient will not complete ambulatory withdrawal management (e.g., due to homelessness)</li> <li>■ Active psychosis or severe cognitive impairment</li> <li>■ Medical conditions that could make ambulatory withdrawal management problematic (e.g., pregnancy, nephrotic syndrome, cardiovascular disease, lack of medical support system)</li> </ul>

Abbreviation: CIWA-Ar: Clinical Institute Withdrawal Assessment for Alcohol (revised version)

## Sedative-hypnotic Conversion Table

Generic Name	Approximate Equivalents to Diazepam 10 mg or Phenobarbital 30 mg <sup>1</sup>	Time to Peak Plasma level (in Hours)	Half-life Parent Drug (in Hours) <sup>2</sup>	Metabolite Activity (Maximal Half-life in Hours) <sup>3</sup>
Alprazolam	1 mg	1-2	12 ± 2	Inactive
Chlordiazepoxide	25 mg	1-4	10 ± 3.4	Active (up to 120)
Clonazepam	1 mg	1-4	23 ± 5	Inactive
Clorazepate	15 mg	Variable	2 ± 0.9	Active (up to 120)
Diazepam	10 mg	1-2	43 ± 13	Active (up to 120)
Estazolam	1 mg	0.5-0.6	10-24	Inactive
Flurazepam	15 mg	0.5-1.0	74 ± 24	Active (up to 100)
Lorazepam	2 mg	2-4	14 ± 5	Inactive
Oxazepam	30 mg	2-3	8.0 ± 2	Inactive
Quazepam	10 mg	1.5	39	Active (up to 75)
Temazepam	15 mg	2.5	11 ± 6	Inactive
Triazolam	0.25 mg	1-2	2.9 ± 1.0	Inactive
Eszopiclone	15 mg	1	6	Active (<parent)
Zaleplon	20 mg	1	1	Inactive
Zolpidem	20 mg	1.6	2	Inactive
Butalbital	50 mg	1-2	35	Inactive
Pentobarbital	100 mg	0.5-1	15-50	Inactive
Phenobarbital	30 mg	1+	53-140	Inactive
Meprobamate	400 mg	2-3	10	Inactive
Carisoprodol	350 mg	1-3	2	Active (see Meprobamate)
Choral hydrate	250 mg	0.5	<1	Active (up to 94)

Abbreviation: mg: milligrams

<sup>1</sup> Withdrawal doses of diazepam or phenobarbital are those sufficient to suppress most withdrawal symptoms and may not reflect therapeutic dose equivalency.

<sup>2</sup> Half-life of active metabolite(s) may differ.

<sup>3</sup> Primary route of barbiturate elimination is renal excretion.