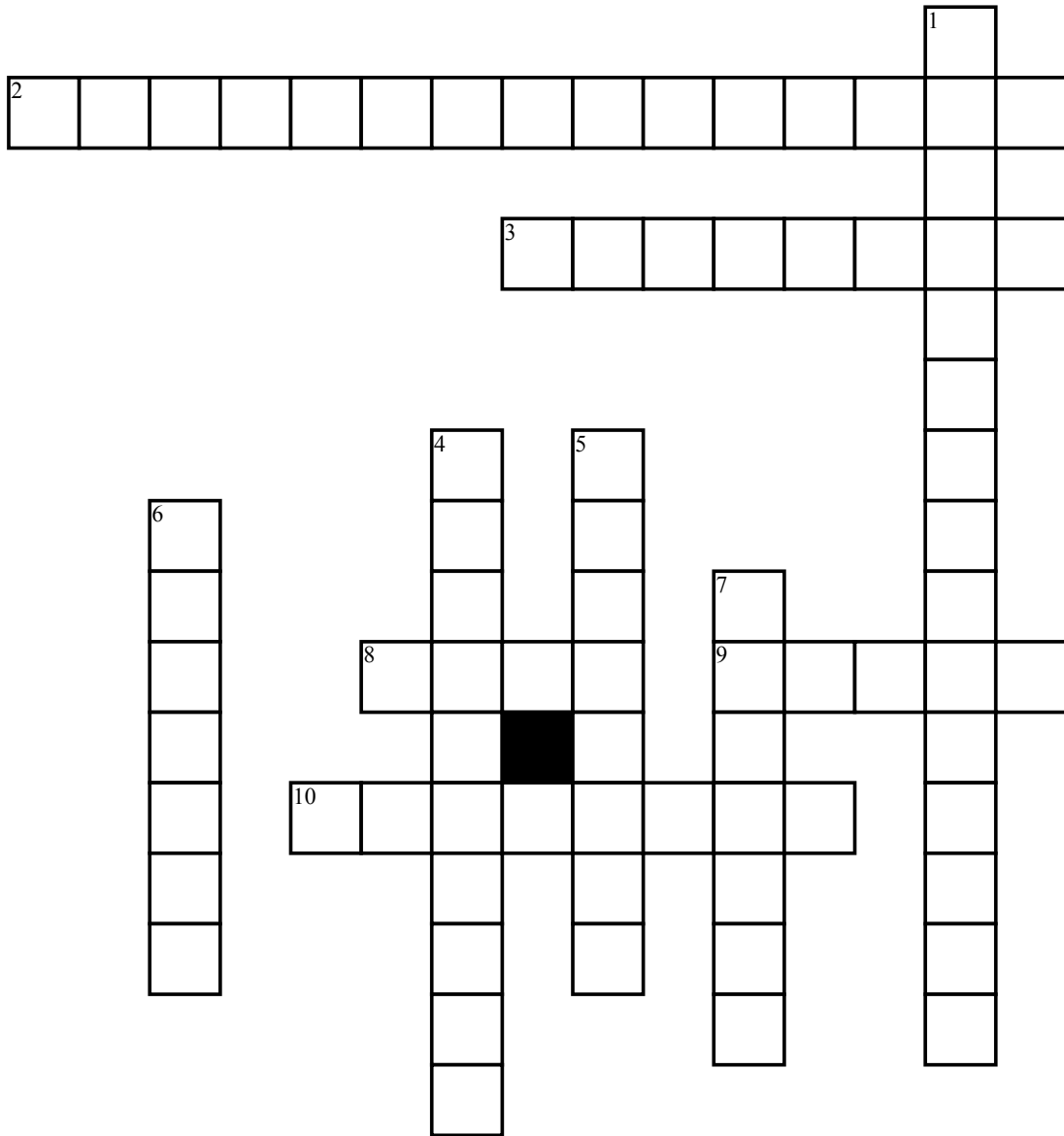


# Adult Alcohol Withdrawal Protocol



**Across**

- 2. One of the nursing communication orders that is part of the alcohol withdrawal protocol is that a CIWA score should be obtained every two hours until the patient does not require \_\_\_\_\_ therapy for two times.
- 3. CIWA assessment \_\_\_\_\_ should be 96 hours.
- 8. When determining initial patient placement in regards to alcohol withdrawal, it is important for the \_\_\_\_\_ score to be determined.
- 9. The \_\_\_\_\_ titration protocol may be used in patients with moderate to severe alcohol withdrawal in ED or ICU only.
- 10. CIWA stands for \_\_\_\_\_ Institute Withdrawal Assessment for alcohol.

**Down**

- 1. If a patient is \_\_\_\_\_ unstable or displays high risk features, then he or she should be transferred to an ICU bed.
- 4. According to the standard titration protocol, a CIWA score of less than 10 indicates that the nurse should \_\_\_\_\_ NO medication.
- 5. \_\_\_\_\_ is a nutritional supplement that should be administered to all patients as per the alcohol withdrawal protocol.
- 6. The \_\_\_\_\_ dose of Lorazepam that should be given in a 24 hour period is 12mg for patients on the alcohol withdrawal protocol on the Medical-Surgical unit.
- 7. If an ICU patient's CIWA remains \_\_\_\_\_ than 20 for 6 hours, the nurse should contact the provider for more details.