

Evaluation of Phenobarbital Loading Series in an Alcohol Withdrawal Protocol in a Rural Community Hospital

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BACKGROUND

- According to the 2017-2019 National Survey on Drug Use and Health, 5% of Kentucky's population struggled with alcohol use disorder (AUD) in the past year.¹
- Fifty percent of patients with AUD will experience alcohol withdrawal syndrome (AWS) when discontinuing or decreasing alcohol intake.
- Minor symptoms of AWS include insomnia, sweating, anxiety and headaches.
- Hallucinations, delirium tremens and seizures are symptoms exhibited during severe withdrawal.
- Historically, benzodiazepines (BZD) have been the drug of choice for AWS.
- Success of BZDs for the treatment of AWS is often limited due to their short-half lives that require frequent re-dosing, risk of oversedation and development of BZD resistance in patients with recurrent exposure.

OBJECTIVES

The purpose of this retrospective study is to evaluate the effectiveness of the hospital approved alcohol withdrawal protocol.

Primary Objective:

- Evaluate the appropriateness of lorazepam dose based on Clinical Institute Withdrawal Assessment – Alcohol revised (CIWA-Ar) score reported

Secondary Objectives:

- Evaluate length of time it took for patients to receive a dose of lorazepam following scoring
- Evaluate overall length of hospital stay

METHODS

Design: Single center, retrospective, chart review evaluating the impact of phenobarbital loading dose series in a revised alcohol withdrawal treatment protocol

Performance Site: St. Claire Regional Medical Center, Morehead, Kentucky

Inclusion Criteria: All patients whom where 18 years or older, had as needed lorazepam ordered along with the alcohol withdrawal protocol.

Exclusion Criteria: Patients that received benzodiazepine once one orders, had scheduled lorazepam ordered, had scheduled phenobarbital doses for seizures not related to alcohol withdrawal or had lorazepam as needed for agitation or anxiety ordered.

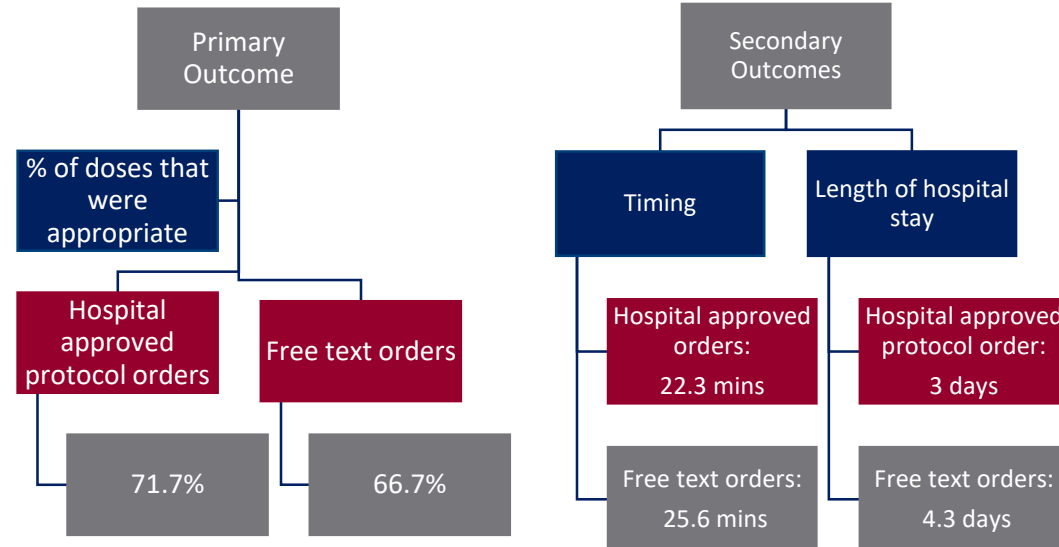
Recruitment: Report generated from clinical informatics of alcohol withdrawal protocol orders from January 1, 2023 through June 30, 2023.

RESULTS

201 CHARTS REVIEWS

158 CHARTS EXCLUDED

43 CHARTS INCLUDED IN ANALYSIS



CLINICAL IMPLICATIONS

- This data will be used to evaluate the effectiveness of our hospital's alcohol withdrawal protocol in order to guide appropriate protocol revisions and educational materials for members of the healthcare team to ensure patients are receiving optimal care.

FUTURE DIRECTION

Additional education on alcohol withdrawal while transitioning from inpatient to outpatient

Resources for pharmacists working in recovery services

Development of a pharmacist managed alcohol withdrawal protocol

DISCLOSURES & ACKNOWLEDGEMENTS

The authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have direct or indirect interest in the subject matter of this presentation.

Megan Sample, PharmD: Nothing to disclose
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REFERENCES

1. Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Kentucky, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA-20-Baro-19-KY. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.