

SCREEN FOR ALCOHOL WITHDRAWAL SYNDROME (AWS)

The following screening questions determine who might be *at risk for developing* alcohol withdrawal syndrome (AWS) and identify those who should not abruptly stop alcohol use. In such cases, where high risk is established, treatment and/or alternate access to alcohol is warranted. *Any use of alcohol by a pregnant woman is dangerous due to the potential risks to the fetus, with > risk of premature labor in the 3rd trimester. Formal withdrawal management (WM) should be a priority; access to alcohol should be a secondary recommendation.*

SCREENING QUESTIONS FOR AWS RISK

How often do you drink alcohol?

- Everyday
- 2-3 times/week

How much do you drink per occasion?

- Heavy alcohol use is considered 8+ drinks/week for women;
- 15+ drinks/week for men (CDC)

How long have you been drinking alcohol in this quantity/frequency?

2 weeks – 1 mo. = high risk

Steady, heavy drinking increases risk especially for those ≥65yo

When did you last drink alcohol?

Onset of mild AWS begins 6-12 hrs. after last use with moderate to severe AWS occurring 12-24 hrs. and thereafter.

Do you currently take other medications/drugs?

Benzos/barbiturates = high risk; medications can be an indicator of coexisting medical conditions that increase risk.

Have you ever experienced any of the following symptoms after several days of not drinking alcohol?

- Delirium tremens, confusion, hallucinations
- Seizures
- Blackouts

Current shakes and sweats, accompanied by history of the above = high risk

Do you currently have any of the following medical conditions?

- Seizure disorder
- High Blood Pressure
- Cardiac complications
- Liver/cirrhosis

Females:

Are you currently pregnant or possibly pregnant? *Prioritize treatment; alcohol access as last resort.*

SCREENING QUESTIONS FOR ACTIVE AWS

Are you currently experiencing any of the following symptoms?

- anxiety
- increased hand tremor;
- insomnia;
- nausea or vomiting;
- +(sweating, rapid heartbeat);
- +fever (>100.4F)
- +transient visual, tactile, auditory hallucinations or illusions/confusion;
- +psychomotor agitation; anxiety;
- seizures

Mild withdrawal – symptoms noted referral to ambulatory/traditional WM if available and/or provide emergency access to alcohol

Moderate withdrawal – mild symptoms + symptoms noted referral to ambulatory/traditional WM if available and/or provide emergency access to alcohol

Severe withdrawal – all previously symptoms + symptoms noted referral to residential/inpt WM if available; refer to ED; and/or provide emergency access to alcohol