



Improving CIWA Protocol Implementation through Nurse Education

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BACKGROUND

Approximately 33% of Intensive Medical Care Unit (IMCU) staff is newly hired within the past year. Variation in the implementation of the Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA) protocol may exist. Literature reports minimization of variation in practice leads to the highest quality of outcomes. Always striving to keep the patient safe and ensure the most appropriate evidence based care is an integral focus of Sentara Healthcare's commitment to improving health every day.

PROBLEM

Sentara Healthcare's CIWA protocol is based on the most current evidence based practice. Random sampling of staff reveals variation in IMCU nursing knowledge of CIWA protocol when caring for patients with Alcohol Withdrawal Syndrome. The authors seek to minimize variation in the implementation of the CIWA protocol to improve both the safety and the quality of care for patients.

PROBLEM

- ▶ Approximately 33% of Intensive Medical Care Unit (IMCU) staff is newly hired within the past year.
- ▶ SNVMC IMCU nurses do not know where to find the 3 CIWA protocols.
- ▶ SNVMC IMCU nurses do not have a good working knowledge of what the CIWA protocols contain.
- ▶ SNVMC IMCU nurses lack knowledge of what is best practice for caring for patients suffering from Alcohol Withdrawal Syndrome.

METHODS

- Literature search
- Survey of a broad cross-section of the entire staff for baseline awareness and knowledge was conducted.
- PowerPoint presentation on Sentara's CIWA Protocol Post-test survey to measure for awareness and knowledge following the intervention.
- Data Analysis

Literature Findings

- ▶ Benzodiazepines (Ativan) is the "gold standard" for treating AWS.
- ▶ Some evidence suggests that titrating the Ativan dose based on the patient's clinical presentation leads to a decrease in the length of stay. (Sentara follows this evidence by using the CIWA - Ag.)
- ▶ Thiamine should be given prior to dextrose to prevent Wernicke's Encephalopathy
- ▶ Haldol should be given for agitation, hallucinations and/or confrontational behavior.

Where to find/What are the CIWA protocols?

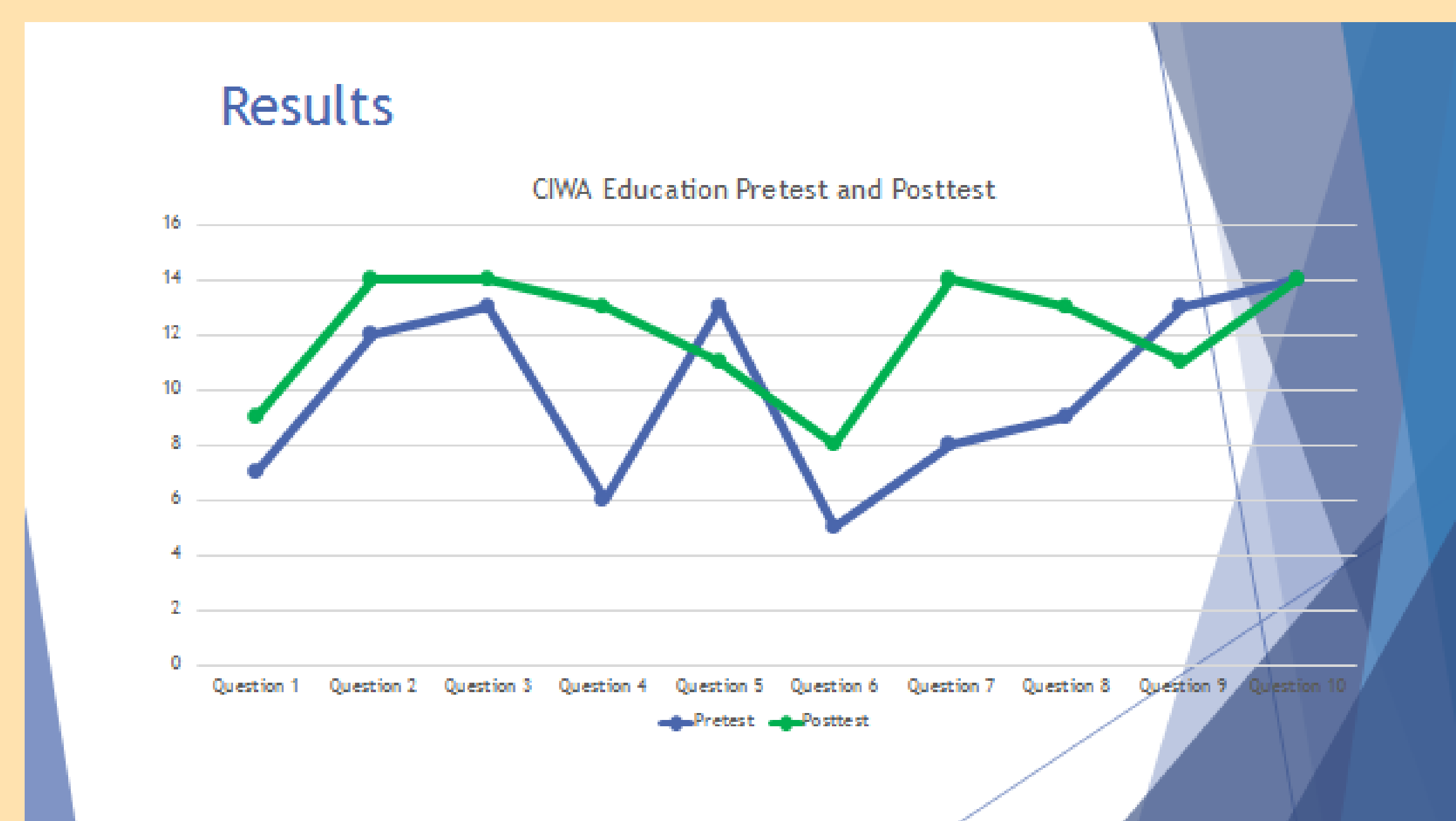
- ▶ SNVMC CIWA protocols are found under the Order Sets in EPIC
- ▶ (Note: it is NOT Found on Compliance 360.)
- ▶ It is a series of 3 different order sets:
 - CIWA phase one - for mild withdrawal (MED/SURG/PCU)
 - CIWA phase two - for major to severe withdrawal (IMCU/ICU)
 - CIWA weaning protocol - for titrating off Ativan when alcohol withdrawal syndrome (AWS) has resolved

Things to Remember about SNVMC CIWA Protocol

- ▶ Goals: patient is calm, responding to questions and breathing independently.
- ▶ Reassess and check vital signs every 4 hours for a CIWA score below 10.
- ▶ Reassess and check vital signs every 30 minutes for a CIWA score at or above 10.
- ▶ When initiating Ativan gtt, continue PO Ativan at the previous dose. (Patient taking 3 mg Ativan PO prior to Ativan gtt. Continue 3 mg PO Ativan while on the Ativan gtt).
- ▶ Wake patient for each assessment, do not hold Ativan for sleep.
- ▶ Hold Ativan doses for excessive sedation and/or respiratory rate less than 12. Notify MD.
- ▶ Haldol is given for agitation, hallucination, confrontational behavior or if escalating doses of Ativan does not relieve symptoms.
- ▶ Ativan must be tapered off as the patient demonstrates recovery, do not stop suddenly.

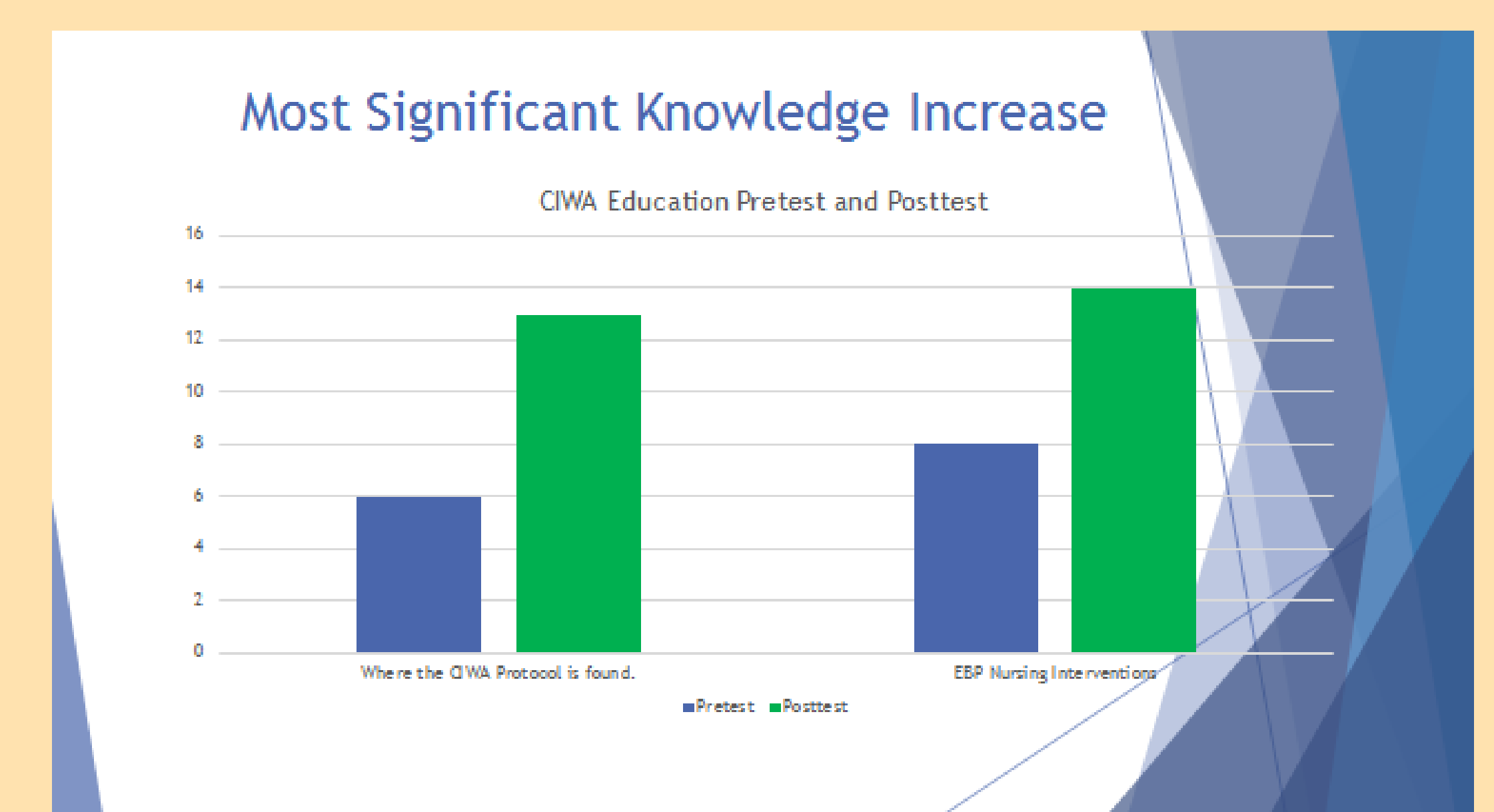
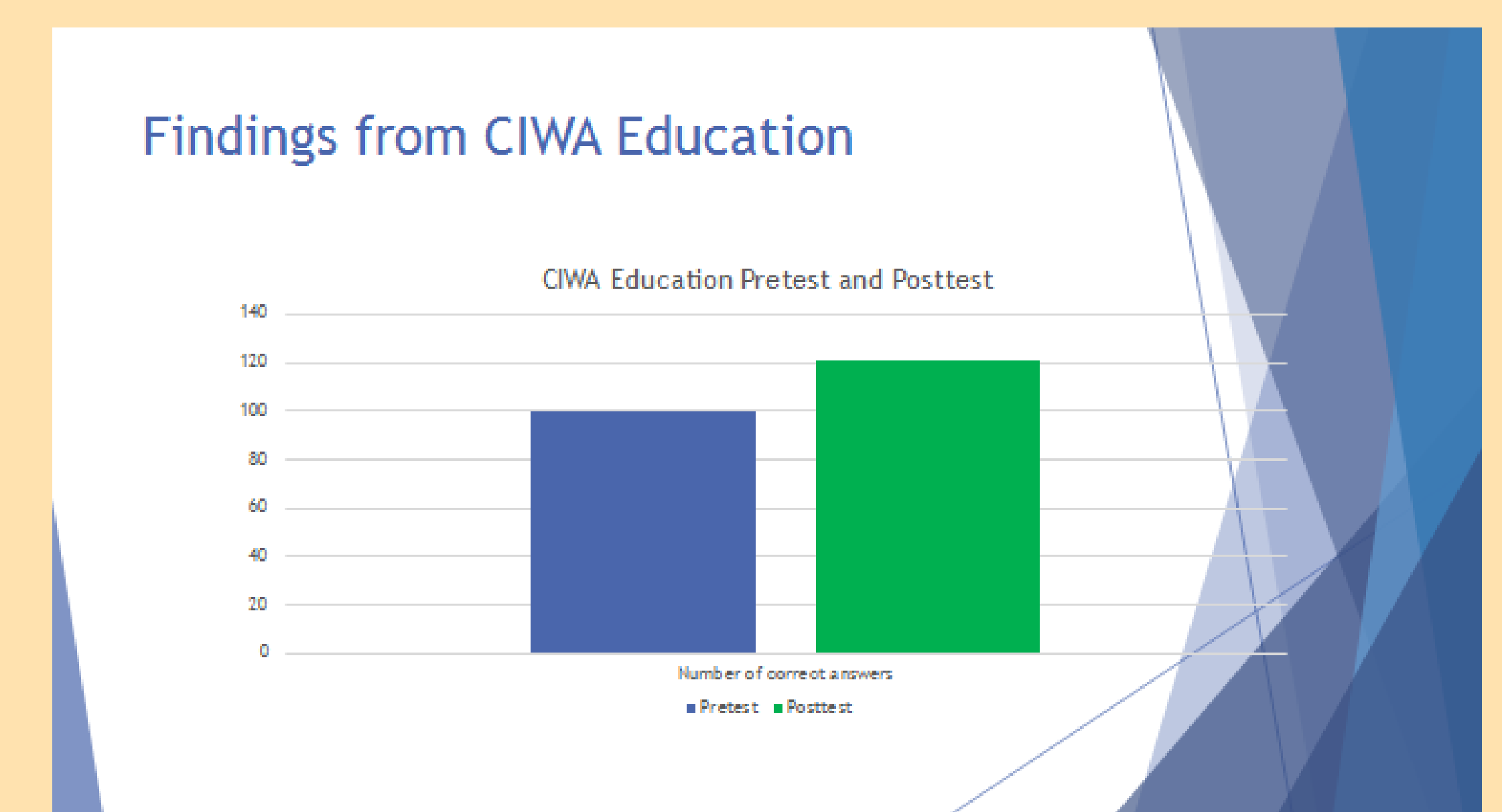
RESULTS

Following the educational presentation IMCU nurses demonstrated a 15% increase in awareness and knowledge of what is considered best evidence based practice when caring for patients with Alcohol Withdrawal Syndrome and of Sentara's CIWA protocol.



CONCLUSIONS

Adherence to the current evidence based CIWA protocol improves the practice culture and provides more positive outcomes for patients receiving care. Best practice highlighted the possible need to align the current order set to reflect the advisement to administer thiamin prior to administration of any dextrose to prevent the possible onset of Wernicke's encephalopathy. This recommendation will be explored further for evidence to support this change.



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