Patients with Chronic Alcohol Misuse on the AMU

Assess nutritional status for risk of re-feeding syndrome & Wernicke’s encephalopathy
- weight loss
- recent nutritional intake
- concurrent use of thiamine
(see guidance on electrolyte replacement & prevention of re-feeding syndrome)

Alcohol Withdrawal Prevention
Ask nursing staff to commence alcohol withdrawal monitoring chart
Prescribe oral diazepam according to initial score. Nursing staff will review as per monitoring chart. Patients may require doses up to 120mg!

Re-Feeding & Wernicke’s
Patients at significant risk of re-feeding or Wernicke’s:
- IV Pabrinex 2 vials BD for 3 days then change to oral
Patients not at risk of re-feeding or Wernicke’s:
- oral thiamine 100mg TDS

Consider & offer nicotine withdrawal prevention (see nicotine withdrawal guidance)

!!!! BEWARE !!!!
Wernicke’s encephalopathy can be precipitated by a large glucose (e.e. hypostop/IV dextrose) or carbohydrate load in susceptible patients
Always give pabrinex first or simultaneously when treating at alcohol misuse patients for hypoglycaemia

Wernicke’s Encephalopathy
Confusion, ataxia & ophthalmoplegia
Treatment of suspected Wernicke’s is with IV Pabrinex FOUR vials 3 times daily

AMU Team January 2010 (for revision January 2011)