MOMs +

(Maternal Overdose Matters)

Alcohol Withdrawal Inpatient OB Order Set

CLINICAL PEARLS

Patients should be screened for **polysubstance use including OUD. Naloxone** should be **ordered** as needed in case of patient self-administration of illicit substance that could potentially contain opioids. **Naloxone should be sent home at discharge** in case of future intake of a substance that could (knowingly or unknowingly) contain an opioid.

Use **caution** not to initiate **naltrexone** in patients who have **taken an opioid in the past 7 days.** Naltrexone may be started once 7 days have elapsed.

Naltrexone is first line for treatment of **alcohol use disorder**, in patients who require medication to abstain from alcohol use.

Acamprosate may be considered for patients who have **not had success with naltrexone alone**, in place of or in addition to naltrexone.

Naltrexone and acamprosate are both **category C** medications, and risks of use should be considered.

Acamprosate is favored in patients with **liver impairment.**

There is a **small risk of teratogenicity** with **benzodiazepine** use in the **first trimester.** Risk is balanced in presence of risks of Fetal Alcohol Syndrome.

Use of a **short-acting benzodiazepine** is **recommended** in the **late third trimester** to minimize the risks of newborn benzodiazepine intoxication.

ALCOHOL WITHDRAWAL MANAGEMENT

☑ **Thiamine 100 mg Tablet**
Administer 100 mg orally daily (may give IV if not tolerating PO)

☑ **Prenatal Vitamin Tablet**
Administer 1 tablet orally daily

☑ **Folic Acid 1 mg Tablet**
Administer 1 mg orally daily

☐ **Lorazepam 1 mg Tablets**
Administer 2 mg orally once as <u>loading dose</u>
May consider ordering if patient has history of complicated or severe alcohol withdrawal (seizure, hallucinations, delirium tremens). Initiate regardless of CIWA/MINDS score. Hold for sedation.

Initiate scheduled lorazepam treatment below once CIWA>9 or MINDS>8

☐ **Lorazepam 1 mg Tablets**
Administer 1 mg orally every hour as needed for CIWA>9/ MINDS>8
Notify provider if 4 consecutive hourly doses are given

Consider consult with addiction specialist if not well controlled with lorazepam

COMFORT TREATMENTS (+/-)

☐ Clonidine 0.1 mg orally q4h PRN restlessness, hot/cold flashes or anxiety
☐ Hydroxyzine 25-50 mg orally q6h PRN anxiety or insomnia
☐ Ondansetron 4 mg orally q6h PRN nausea
☐ Dicyclomine 10 mg orally TID PRN abdominal cramping
☐ Trazodone 50-100 mg orally qHS PRN insomnia
☐ Acetaminophen 500-1000 mg orally q6h PRN headache, pain
☐ Gabapentin 300 mg orally TID PRN restless legs, anxiety, agitation
☐ Promethazine 12.5-25 mg orally q6h PRN nausea (if preferred to ondansetron, or not having success with ondansetron)

NALOXONE INPATIENT ORDERS

☑ **Naloxone 0.4 mg Injection Solution**
Administer 0.4 mg IV as needed for respiratory depression, and notify provider

☑ **Naloxone 4 mg Nasal Spray**
Administer 4 mg nasally as needed for respiratory depression if no IV access, and notify provider

NALTREXONE CONSIDERATIONS:
It is **acceptable** to begin naltrexone with **mild LFT elevations** <5x ULN. LFT's should be **rechecked 3 days after initiating** naltrexone to ensure they are stable.

Vivitrol: If patient is receiving once monthly **injectable naltrexone**, the last dose should be given at **34-35 weeks**, and restarted postpartum.

Oral naltrexone should be **stopped 72 hours prior** to **induction** of labor or **scheduled c-section**, or **at first sign of labor**. As naltrexone is an **opioid antagonist**, it can interfere with the action of opioids that are often used in labor and delivery.

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MAINTENANCE TREATMENT

☐ Naltrexone 25 mg Tablets
Administer 25 mg orally at bedtime
May increase to 50 mg orally at bedtime after 3 days
May be initiated at onset of hospital admission

☐ Acamprosate 333 mg Tablets
Administer 333 mg- 666 mg orally TID
Initiate once patient is no longer in active withdrawal

LABORATORY (IN ADDITION TO STANDARD OB LABORATORY ORDERS)

☐ HIV
☐ Hepatitis B Antigen & Antibody
☐ Hepatitis C Antibody with reflex RNA
☐ RPR/Treponema
☐ Urine screen for Chlamydia/Gonorrhea, Trichomonas
☐ CMP
☐ CBC
☐ INR
☐ LFT's, at baseline and after 3 days if starting naltrexone

INFECTIOUS DISEASE CONSIDERATIONS

☐ Treat/ refer for treatment of sexually transmitted infections
☐ Offer PrEP for patients with injection use, partners with injection use and/or transactional sex/ sex work

CONSULTS

☐ Pain Management/Anesthesia
☐ NICU Team
☐ Nursery/Pediatrics
☐ Case Management or Social Work
☐ Peer Support Specialist
☐ Education on naloxone take home kit (Nursing/Pharmacy)
☐ Education on maintenance treatment (Nursing/Pharmacy)

AFTERCARE

☑ Outpatient SUD Provider for continued maintenance treatment
☑ Outpatient Behavioral Health Services
☑ Navigation Team Harm Reduction Services
☑ Peer Support Services
☐ Outpatient Prenatal Care/ Postpartum Care
☐ Outpatient Pediatric/ Family Medicine
☑ **Naloxone 4 mg Nasal Spray- Take Home Kit**
Administer 4 mg nasally as needed for opioid overdose
Dispense at discharge
☑ **Continue inpatient vitamins (MVI, Thiamine, Folic Acid) and any maintenance treatment initiated**