

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?

- Every day
- 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 ≥65 yo**

When did you last drink alcohol?

Onset of mild AWS begins 6-12 hrs after last use.

Moderate to severe AWS occurs 12-24 hrs and thereafter.

Do you currently take other medications/drugs?

Benzos/barbiturates = high risk

Other 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

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