PHS

Physician's Orders for Alcohol or Benzodiazepine Medical Withdrawal

Patient Name: Woolley Heidi (Last / First / MI)

Birthdate: 9/21/73

Date Seen: 3/27/11

Inmate Number: 844775 Location:

Time Seen: 1050

Med Allergies: ○NKDA ☒List: Sulfa

1. Admit ○N ○Y: ○Infirmary ○Holding ○Observation ☒Other: MD
2. Diagnosis: ☒Alcohol W/D ○Benzo W/D ○Alcohol & Benzo W/D ○Other: _____
3. Condition: ○Good ☒Fair ○Other: _____
4. W/D Scale: Initiate CIWA-Ar and document score prior to withdrawal med administration
5. Vitals: ○q 2 hrs x ___ BP ☒q 4 hrs x 8 THr ○q 8 hrs x ___ ○q 12 hrs x ___ ○q shift x ___
6. Activity: ☒Normal ADLs ○Other: _____
7. Nursing: ☐I/Os ☒N ○Y ☐Other: _____
8. Diet: ○Regular diet ☒Other: clear Liquids x 24 hours
9. Labs: ☒Urine pregnancy test: ☒Neg ○Pos ○NA ☐Urine Dip ☐Other: _____
10. Seizure precautions
11. Notify physician if patient exhibits significant mental status changes
12. Hold medication for respirations < 10, increased lethargy or depressed mental status
13. See provider next available sick call

Time: 1100 (am) / pm

Date: 3-27-11

B. WHITE, RN

Nurse Stamp or Print

MEDICATIONS FOR ALCOHOL OR BENZODIAZEPINE WITHDRAWAL

☒ Thiamine 100 mg po qd x 10 days

☒ Multi Vitamin 1 po qd x 10 days

Age ≤ 65 and no significant liver or respiratory disease	Age > 65 and/or significant liver and/or respiratory disease
PICK ONE: ORDER 1 ☒ Diazepam (Valium) 10 mg po 3 times/day x 2 days **then** Diazepam (Valium) 10 mg po 2 times/day x 2 day **then** Diazepam (Valium) 10 mg po at night x 1day	**ORDER 4** ○ Lorazepam (Ativan) 2 mg po 3 times/day x 2 days **then** Lorazepam (Ativan) 2 mg po 2 times/day x 2 days **then** Lorazepam (Ativan) 2 mg po 1 time/day x 1 day
OR: ORDER 2 ○ Diazepam (Valium) 15 mg po 2 times/day x 2 days **then** Diazepam (Valium) 10 mg po 2 times/day x 1 day **then** Diazepam (Valium) 5 mg po 2 times/day x 1 day **then** Diazepam (Valium) 5 mg po at night x 1 day	**OR: ORDER 5** ○ Lorazepam (Ativan) 1 mg po 3 times/day x 2 days **then** Lorazepam (Ativan) 1 mg po 2 times/day x 2 days **then** Lorazepam (Ativan) 1 mg po 1 time/day x 1 day
OR: ORDER 3 ○ Diazepam (Valium) 10 mg po 3 times/day x 2 days **then** Diazepam (Valium) 5 mg po 2 times/day x 2 day **then** Diazepam (Valium) 5 mg po at night x 1 day	☐ Promethazine (Phenergan) 25 mg po/IM four times /day prn x 4 days for nausea or vomiting ☐ Other: _____

Benzodiazepine withdrawal may require extended Treatment:

Short acting benzodiazepine withdrawal peaks in 2-4 days & lasts 4-7 days

Long acting benzodiazepine withdrawal peaks in 4-7 days & lasts 7-14 days

Additional Orders: _____

Unit: Bullees

Nurse Signature:

T.O. Dr. Reddy - B White RN

Practitioner Signature

Print/Stamp

Date: 3/27/11

Time: 1050 AM / PM

Physician's Orders for
Opioid Medical Withdrawal

Patient Name: Wooley Heidi (Last / First / MI)

Birthdate: 9/21/73

Date Seen: 3/27/11

Inmate Number: 844775 Location: UCF

Time Seen: 1050

Med Allergies: ○NKDA ☒List: Sulfa

1. Admit: ○N ○Y: ○Infirmary ○Observation ○Holding ☒Other: MED
2. Diagnosis: ☒Opioid ☐Heroin ☐Methadone ☐Other: _____
3. Condition: ○Good ☒Fair ○Other: _____
4. W/D Scale: Initiate COWS and document score prior to withdrawal med administration
5. Vitals: BP QTHR. ○q 2 hrs x ___ ○q 4 hrs x ___ ○q 8 hrs x ___ ○q 12 hrs x ___ ○q shift x ___
6. Activity: ☒Normal ADLs ○Bedrest ○Other: _____
7. Nursing: Seizure Precautions ○N ☒Y I/Os ○N ○Y Neuro checks ○N ○Y: q __ hrs x __
8. Diet: ○Regular diet ☒Clear liquids x 24hrs days >>>Advance as tolerated ○Other: _____
9. Labs: ☒Urine pregnancy test: ☒Neg ○Pos ○NA ☐Urine Dip ☐Other: _____
10. Notify physician if patient exhibits significant mental status changes
11. Hold medication for respirations < 10, increased lethargy or depressed mental status
12. See provider at next available sick call

MEDICATIONS FOR MODERATE TO SEVERE OPIOID WITHDRAWAL (COWS > 10)
(Check all that apply)

☒Clonidine 0.1 mg po 3 times/day x 4 days **then**
Clonidine 0.1 mg po 2 times/day x 4 days **then**
Clonidine 0.1 mg po at night x 4 days

Hold if systolic BP < 100

☒Tylenol 650 mg po 3 times/day prn x 7 days for myalgias

☒Pepto Bismol ~~30 cc~~ TJ po bid prn x 7 days

☒Hydroxyzine pamoate (Vistaril) 25 mg po 4 times/day prn x 7 days for anxiety / agitation - **OR**

☐Vistaril 50 mg po 4 times/day prn x 7 days for anxiety / agitation

☒Loperamide (Immodium) 2 mg after each loose BM x 3 days for diarrhea (max 16 mg /24 hours)

☒Promethazine (Phenergan) 25 mg po/IM 4 times/day prn x 3 days for nausea or vomiting

☒Dicyclomine (Bentyl) 20 mg po 4 times/day prn x 3 days for abdominal cramping

Additional Orders:

☒**Verbal Orders** Practitioner: Dr Reday - BWhiten Date/Time: 3/27-11 AM / PM

Practitioner Signature — Print/Stamp

Date: ___/___/___ Time: _____ AM / PM

Nurse's Signature: Bwhite — Print/Stamp: B. WHITE, RN

Nurse Stamp or Print: B. WHITE, RN

Date: 3/27-11 Time: 1100 am pm

Unit: Bwhite

Facility Name

Month/Year of Charting: March 2011

Hour | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Lopressor 50mg PO BID X30

10W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 D/C 28 29 30 31

22W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

Initials: BW | Start Date: 3-27 | Stop Date: 4-27 | Prescriber: Reddy | RX #:

Clonidine 0.2mg PO x 1 now

11W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 D/C

Initials: BW | Start Date: 3-27 | Stop Date: 3-27 | Prescriber: Reddy | RX #:

Valium 10mg PO TID X2days

10CW 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 D/C 28

1600

22W

Initials: BW | Start Date: 3-27 | Stop Date: 3-28 | Prescriber: Reddy | RX #:

Then

Valium 10mg PO BID X2days

10CW 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

22W

Initials: BW | Start Date: 3-29 | Stop Date: 3-30 | Prescriber: Reddy | RX #:

Then

Valium 10mg PO HS X1day

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

22W

Initials: BW | Start Date: 3-31 | Stop Date: 3-31 | Prescriber: Reddy | RX #:

Thiamine 100mg PO QDay X10day

10W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 D/C 28 29 30 31

Initials: BW | Start Date: 3-27 | Stop Date: 4-5 | Prescriber: Reddy | RX #:

Diagnosis

Allergies Sulfa

Housing Unit:

Patient ID Number: 844775

Patient Name: Wooley Heidi

Nurse's Signature	Initial
Bulbert	B

Nurse's Signature	Initial

Date of Birth: 9-21-73

Documentation Codes

1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock
8. Medication Held
9. No Show
10. Other

Facility Name

Month/Year of Charting: March 2011

Hour: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Multivitamin 1 PO daily x10days

Initials: BW | Start Date: 3-27 | Stop Date: 4-5 | Prescriber: Reddy | RX #:

Clonidine 0.1mg PO TID x4days Hold BP sys <100

10CW 16CW 22CW

Initials: BW | Start Date: 3-27 | Stop Date: 3-30 | Prescriber: Reddy | RX #:

~~Hes~~ Clonidine 0.1mg PO BID x4days Hold sys BP <100

10CW 22CW

Initials: BW | Start Date: 3-31 | Stop Date: 4-1 | Prescriber: Reddy | RX #:

Tylenol 650mg PO TID PRN x7days

10CW 16CW 22CW

Initials: BW | Start Date: 3-27 | Stop Date: 4-3 | Prescriber: Reddy | RX #:

Pepto Bismol TI PO BID PRN x7days

10CW 22CW

Initials: BW | Start Date: 3-27 | Stop Date: 4-2 | Prescriber: Reddy | RX #:

Distavil 25mg PO QID PRN x7days

05CW 10CW 16CW 22CW

Initials: BW | Start Date: 3-27 | Stop Date: 4-2 | Prescriber: Reddy | RX #:

Diagnosis

Allergies Sulfa

Housing Unit:

Patient ID Number: 844775

Patient Name: Wooley Heidi

Nurse's Signature	Initial	Nurse's Signature	Initial
Beulus	BW		

Date of Birth: 9-21-73

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Medication	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Imodium 2mg	P																															
p̄ each Loose BM	R																											(x)				
x 3 days	N																															
max 16mg/24hr																																
	Initials: BW	Start Date: 3-27										Prescriber: Reddy																				
		Stop Date: 3-30										RX #:																				
Phenergan 25mg	0500																															
PO/IM QID prn	1000																											(x)				
x 3 days	1600																															
	2200																															
	Initials: BW	Start Date: 3-27										Prescriber: Reddy																				
		Stop Date: 3-30										RX #:																				
Benadryl 20mg	0500																															
PO QID PRN	1000																											(x)				
x 3 days	1600																															
	2200																															
	Initials: BW	Start Date: 3-27										Prescriber: Reddy																				
		Stop Date: 3-30										RX #:																				
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Diagnosis

Allergies: Sulfa

Housing Unit:

Patient ID Number: 844775

Patient Name: Wooley Heidi

Nurse's Signature	Initial	Nurse's Signature	Initial
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Date of Birth: 9-21-73

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