Appendix 4 - Chlordiazepoxide Fixed Reducing Dose Chart: (Lower Risk)

Addressograph Label

| Name: | DoB: | Ward: | CHI: | Consultant: |
|-------|------|-------|------|-------------|
| | | | | |

| Day | Date | Drug | Prescribed Dose | Route | Administration Times Given by (initials) | | | Prescriber's Signature and Name | |
|-----|------|------------------|-----------------|-------|--|------------|------------|------------------------------------|--|
| | | | | | 0800 hours | 1200 hours | 1800 hours | 2200 hours | |
| 1 | | Chlordiazepoxide | 30mg | Oral | | | | | |
| 2 | | Chlordiazepoxide | 20mg | Oral | | | | | |
| 3 | | Chlordiazepoxide | 20mg | Oral | | | | | |
| | | Chlordiazepoxide | 10mg | Oral | | | | | |
| 4 | | Chlordiazepoxide | 10mg | Oral | | | | | |
| 5 | | Chlordiazepoxide | 10mg | Oral | | | | | |

PRESCRIBE

On drug chart: "Chlordiazepoxide according to Reducing Dose Chart".

And "

Chlordiazepoxide 20-50mg as required, as per GMAWS score (250mg maximum, including regular + PRN dose in 24 hours)"; review

use daily

CONSIDER

Is this the right chart?

Are nursing staff monitoring with GMAWS? Has IV vitamin B&C or IM thiamine been started? Is this regimen being reviewed?

- This chart is for patients in alcohol withdrawal assessed as being at high risk of complications from Benzo's
- Breakthrough symptoms should be assessed using the GMAWS and treated
- All patients in alcohol withdrawal are at risk of Wernicke's Encephalopathy
- Must be reviewed daily and considered if needs adjusted