Clinical Institute Withdrawal Assessment (CIWA) within the Emergency Department

Stephanie Lum, BSN, RN, USL, TNCC; VA Portland Health Care System, Portland OR

Introduction

The Clinical Institute Withdrawal Assessment (CIWA) is an effective and formalized way to care for alcohol withdrawal patients. The CIWA assessment is composed of 10 alcohol withdrawal signs and symptoms, a RASS score, and current vital signs. Based on the combination of patient findings, a score is obtained driving medication administration and other medical interventions. The CIWA is used nationwide in inpatient and outpatient settings and is proven to effectively treat and decrease the duration of alcohol withdrawal.

The precipitating patient care concern was patients presenting to the Emergency Department (ED) with the potential of, or those actively withdrawing from alcohol had no formal treatment plan within the VA Portland Health Care System (VAPORHCS) ED setting. VAPORHCS currently has unit specific CIWA protocols for inpatients (i.e., Med/Surg, PACU, ICU, and Psych) and these protocols do not meet the clinical needs of patients within the ED.

ED providers are tailoring the plan of care for these patients on a case by case bases. By creating and implementing an ED specific CIWA protocol, all patients who present with alcohol withdrawal symptoms will receive standardized care. Protocols clearly state the responsibilities of all care team members. Initiating an ED specific CIWA protocol will meet the needs of this patient population and provide a smooth transition across the continuum of care within the hospital, from ED to Inpatient Units to discharge.

Review of the evidence indicated that best practice is for ED providers to determine whether a patient requires close monitoring for alcohol withdrawal, and if so, initiating a CIWA protocol. The initial CIWA assessment is to be preformed by nursing and reported to the provider. Based on the patient's initial CIWA score the provider will order medications and/or fluids as needed. Nurses are required to reassess CIWA no later than two hours post medications administration or as needed.

Objectives

- Establish a standardized way to care and treat patients with the potential of, or those actively withdrawing from alcohol within the ED setting.
- Clearly define expectations and responsibilities of ED nurses and ED providers.
- Provide smooth transitions between care areas as the Veteran progresses along his or her continuum of care.

Methods

In order to create a standardized plan of care for alcohol withdrawal patients within the VAPORHCS ED a CIWA Protocol was created and implementation using a multiphase approach.

Phase 1. Documentation

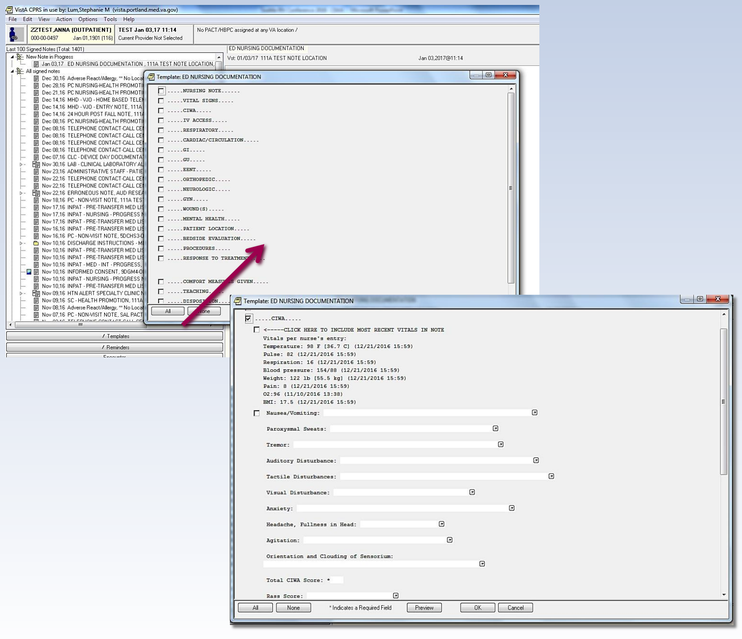
- The protocol was developed based on evidence review, benchmarking similar facilities, evaluation of current inpatient CIWA protocols, and collaboration with multi-disciplinary team members.
- Electronic templates for documentation were created for nurses and providers with assistance from the health informatics department.
- Paper templates were created for documentation when and if the electronic charting system is down.

Phase 2. Education

- Nurses and providers were in-serviced using the CIWA protocol, screen shots of documentation and clearly defined responsibilities when it comes to the treatment and care of patients with the potential or in active withdrawal from alcohol.
- The 15 minute in-services were provided in group and one-on-one as needed to reach 80% of the staff.

Phase 3. Implementation

- The "go-live" happened through a coordinated effort between nurses, providers and health informatics department.
- This is the initial phase of the desired CIWA Protocol and subsequent phases will be rolled out in the near future.



Results

- Though the creation and implementation of ED specific CIWA Protocol RNs and Providers now have a systematic and proven reliable assessment tool to treat and care for patients with the potential of or active withdrawal from alcohol.
- Utilization of the CIWA assessment has allowed for Nurses and Providers to identify a patient's progression through the alcohol withdrawal process leading to early recognition of decompensation and further need for medication and other medical interventions.
- Inpatients Nurses and Providers now have a baseline CIWA score when transferred from ED to inpatient.

Number of CIWA Assessments Ordered (2016)

Discussion

The VAPORHCS ED CIWA Protocol is still in its early phases but is being utilized to its fullest capacity. With the implementation of subsequent phases, the protocol will transition from paper medication/nursing orders to electronic orders allowing for a more streamline process. Currently the CIWA is also incorporative in the "Mental Health High Risk" note for easy access.

References

A. Lopez, personal communication, February 2, 2016.

Bryant, H., Griffin, B., & Wooten-Bibb, T. (July 2016). Alcohol Withdrawal Protocol (AWP) - Severe-Critical-Care Only. Retrieved from http://moss.portland.med.va.gov/PSites/PCS/IESD/CCU/ETOH Withdrawal Protocol/Alcohol Withdrawal (Severe) CCU Protocol 2016.docx.

Francis, S., Kirkpatrick, K., & Pfund, A. (November 2016). Alcohol Withdrawal. Retrieved from http://moss.portland.med.va.gov/PSites/PCS/IESD/CCU/ETOH Withdrawal Protocol/Alcohol Withdrawal Protocol 2013.docx.

N. McKeown, personal communication, January 15, 2016.

Acknowledgements

Molly C. Archer, MS, RN, ACNS-BC, CNS-PP
Tiffany Simpson, BSN, RN
Nathanael McKeown , MD
Annette Lopez, MD
VA ED RN's

This material is the result of work supported with resources and the use of facilities at the VA Portland Health Care System.

This project was reviewed by the VA Portland Health Care System Research and Development Service and it was determined to not be research. No further research approvals were required.

The contents of this presentation do not represent the views of the U.S. Department of Veterans Affairs or the United States Government.

Contact Information

Stephanie Lum, Stephanie.lum@va.gov

VA Portland Health Care System
Keeping the PROMISE
Magnet Hospital for Nursing Excellence
MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Defining EXCELLENCE in the 21st Century