Alcohol Withdrawal Nursing Care Plan Template

PATIENT INFORMATION AND ASSESSMENT

Name: _____ Gender: _____

Age: _____ Date of Admission: _____ dd / mm / yyyy

History of Alcohol Use:

Previous Withdrawal Episodes and Stages - Last known dates and their stages

Co-ingestions or Comorbidities:

CIWA-Ar Score: _____

Other Findings, Additional Notes, Differential Diagnosis (if any)

SYMPTOM ASSESSMENT

Stage I – Hyperactivity:

- [ ] Tremors
- [ ] Anxiety
- [ ] Nausea
- [ ] Headaches

Stage II – Hallucinations and Seizure Activity:

- [ ] Agitation
- [ ] Increased heart rate
- [ ] High blood pressure
- [ ] Visual, auditory, or tactile hallucinations
- [ ] Tonic-clonic seizures

Stage III – Delirium Tremens (DTs), Confusion, Fever, and Anxiety:

- [ ] Prolonged, vivid hallucinations
- [ ] Severe agitation
- [ ] Extreme confusion
- [ ] High fever
- [ ] Tachycardia
- [ ] Hypertension

TREATMENT PLAN, DETOXIFICATION METHOD, SUPPORTIVE CARE

Medication, Dosage, and Administration Schedule

Medication: _____ Time: _____

Dosage: _____ Administration Method: _____

Additional notes:

MONITORING AND ASSESSMENT

CIWA-Ar Monitoring Schedule:

Vital Signs Monitoring:

Neurological Assessment:

COMPLICATIONS AND CONTINGENCY PLANS

Seizure Prophylaxis:

Management of Delirium Tremens:

Referral to Specialist (if needed):

CARE TEAM NOTES

Care Team Notes

DISCHARGE PLANNING

Medication Instructions (if applicable):

Abstinence Support Resources:

Follow-up Appointment Schedule: