CMO REPORT

FROM THE DESK OF
Amy Tucker, MD, MHCM, Chief Medical Officer, Upstate University Hospital
Associate Dean for Clinical Affairs, College of Medicine

UPSTATE UNIVERSITY HOSPITAL

March 30, 2023

Happy Doctors' Day!

On behalf of University Hospital Administration, I would like to wish each of our physicians a Happy National Doctors' Day! Every day you go the extra mile to provide excellent clinical care and compassion to our patients, to create an outstanding learning environment for our learners, and to push the frontiers of medical knowledge. We appreciate and celebrate you!

Candida Auris Fungus Update

By Paul Suits

Candida auris is a potentially invasive and highly pathogenic fungal infection which is increasing in frequency in New York and most commonly seen in patients who are:

- severely ill.
- with histories of long stays in the hospital (especially the ICU).
- with histories of frequent antibiotic and/or antifungal use; and
- with requirement for invasive ventilation or vascular access lines.

Candida auris is highly concerning because:

- it can have a high mortality.
- can spread efficiently between people and from objects and surfaces to people; and
- may be resistant to some or all the available anti-fungal treatments.

What can you do?

- Consider infection *Candida auris* in your high-risk patients who present with findings consistent with infection (bloodstream, skin and soft tissue, central line, etc.) and who may not have another identifiable source.

- Engage your infectious diseases and infectious diseases pharmacist colleagues in the care of your patient EARLY.

- Alert the lab if you are thinking about a *Candida auris* infection. Upstate's microbiology lab has 2 methods to identify *Candida auris*.

- Call infection control immediately if there is a positive so we can implement surveillance screening and specific isolation techniques.

- WASH YOUR HANDS between every patient encounter (this includes moving in and out of patient rooms without direct patient contact).

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- Strictly and thoroughly follow institutional DISINFECTION processes and procedures. We routinely use the EPA approved chemicals for our disinfection procedures.

For more information, please visit:

- Centers for Disease Control and Prevention *Candida auris*
- Governor Hochul Highlights Efforts to Protect New Yorkers from Candida Auris Fungus

It is likely not a matter of IF but WHEN *Candida auris* appears in CNY, please remain vigilant.

Resources and Treatment Options for COVID Positive Patients

By Nancy Walklett

The Influenza-Like Illness (ILI) Clinic at University Health Care Center (UHCC) closed in February after significant decreases in volume, limitations on available therapies, and the widespread accessibility of preferred therapies like Paxlovid. Please consider the following resources and treatment options for your COVID positive patients.

- **COVID positive patients can call the following hotlines for guidance and treatment options:**
  - NYS Department of Health launched a new free hotline for those who test positive for COVID. All New Yorkers outside of New York City, regardless of income or health insurance coverage who test COVID-19 positive, are eligible to be evaluated for treatment by calling the 24-hour hotline 888-TREAT-NY (888-873-2869) or completing an evaluation at the NYS COVID-19 Express Care Therapeutics Access website, which includes a telemedicine visit. *New York City residents should call 212-COVID-19.*
  - Upstate Public Health Hotline- 315-464-3979 or Email: PublicHealthInfo@upstate.edu
- **Remdesivir infusion sites for high-risk patients that do not qualify for first line treatment options like Paxlovid:**
  - Upstate Home Care-please call 315-437-1627 for availability.
  - Upstate Hospital at Home- Patients identified by Diane Nanno's group. *Limited access due to the following patient requirements: Medicare Onondaga County Residents Only, Patients Must be an inpatient (IP) or Emergency Department (ED) Boarder, Peripherally Inserted Central Catheter (PICC) Preferred.*

Care of Incarcerated Individuals / Patients in Custody

By Kelly Dolan

This is a reminder to not discuss discharge dates or follow up appointments in front of incarcerated individuals/patients in custody or with their visitors or family members. This is to avoid potentially harmful pre-planning on the part of the patient in custody or their family members. Please refer to policy P-11 for other information related to your responsibilities while caring for incarcerated individuals.

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Pharmacy Shortage and Backorder Updates

By Peter Aiello and Joe Burczynski

Recent pharmaceutical supply chain disruptions have increased national drug shortages dramatically, which can compromise or delay medical treatment and increase the overall risk of medication errors. Raw material shortages, manufacturing and quality problems, transportation delays and low profit margin product discontinuations have become routine.

The Chief Medical Officer and Upstate Pharmacy leadership are seeking to keep our Upstate clinicians informed about the most critical drug shortages affecting our organization and offer substitutions whenever possible. Sometimes substitutions are not possible due to severe supply chain constraints or sole-source manufacturers no longer producing products at all. Please ensure communication with the Pharmacy Department regarding product substitutions recommendations.

Drug	Description of Issue	Substitution Recommendations
Pyridoxine (Vitamin B6) Intravenous Formulation	The IV formulation is backordered and currently unavailable at either Campus due to an issue with a sole-source manufacturer of the product.	Oral pyridoxine tablets are available and can be substituted.
Methylprednisolone Intravenous Formulation	Backordered across all strengths, sporadic shipments of various vial sizes are arriving.	Oral corticosteroid formulations: methylprednisolone, prednisolone, prednisone
Hydrocortisone Intravenous Formulation	Backordered across all strengths, sporadic shipments of various vial sizes are arriving.	Oral hydrocortisone
Lidocaine with epinephrine	Remains on backorder across all strengths and formulations. There will be times when pharmacy cannot supply the requested formulation. It is imperative to communicate with the Inpatient Pharmacy if desired strength is not available.	Lidocaine without epinephrine Bupivacaine with or without epinephrine

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B&O Suppositories	**No longer manufactured, pulled from the market** – ability to order has been removed from Epic as this product is no longer available across both UUH and UCH campuses.	
Ketamine	All strengths remain on backorder as of 3/23/23 with sporadic fulfillment of pending orders across all strengths.	Benzodiazepines Barbiturates Propofol Etomidate Opioids
BCG	Backordered, extremely small quantities are released on an unpredictable basis.	None
Methotrexate	Backordered, receiving sporadic shipments at this time, inventory is stable across both campuses at this time	
Cisplatin	Backordered, receiving sporadic shipments to maintain patient care needs. Please contact Cancer Center pharmacy for specifics.	
Simethicone Liquid Drops	Backordered, industry-wide shortage, there is a chance that pharmacy will not be able to supply, will provide additional updates in further updates.	Simethicone tablets/capsules

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Alcohol Withdrawal Management

By the Substance Use Disorder Committee

The SUNY Upstate Substance Use Disorder Committee is nearing completion of the Alcohol Withdrawal Management project, changing from use of CIWA-ar to GMAWS for scoring and management.

This will apply to adult patients only, admitted to Downtown and Community Campus adult units. It may be used in the Intensive Care Units (ICUs) and will not take the place of the Adult MICU (6H/6I) Severe Alcohol Withdrawal Pilot (CM A-39). Pediatric patients on pediatric floors will continue to use Pediatric Alcohol Withdrawal Care Guidelines (CM A-44), which does include CIWA=ar.

Attached please find a short introductory slide deck with voice thread, with additional education available. Please reach out to the Addiction Consult Team per AMION with questions or for additional information.

G.R.O.S.S. (Getting Rid of Stupid Stuff)

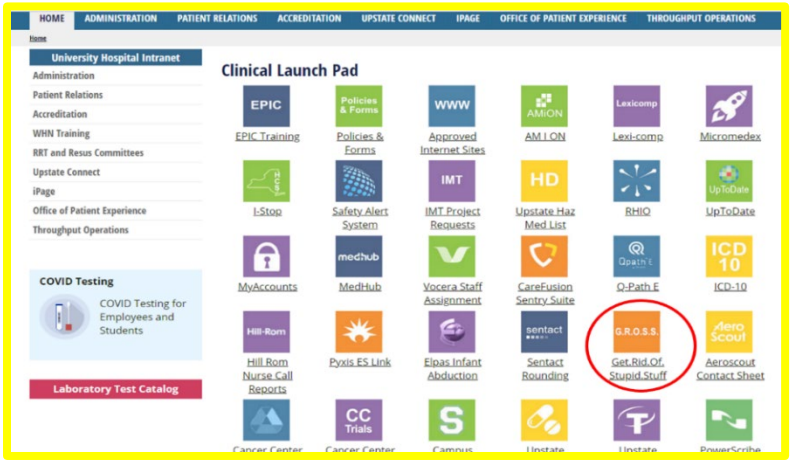
By Dr. Leslie Kohman

Do extra clicks, silly rules, and pointless processes drive you crazy every day at work?

Introducing…G.R.O.S.S (Getting Rid of Stupid Stuff), an Upstate wellness initiative.

This program is endorsed by the American Medical Association (AMA) and allows Upstate to quality for the Joy in Medicine Silver Award.

When, in the course of your daily work you run into something stupid (a task, barrier, outdated mandate) that slows you down, go to the iPage, then Clinical Launch Pad, and click on the G.R.O.S.S button (bottom right, orange icon). Then answer the query and, if possible, cite the policy involved. The G.R.O.S.S team will triage your input and work to resolve with the appropriate department.



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New Infection Control Communication Secure Chat Group in EPIC

By Paul Suits

EPIC has added a new secure chat called Infection Control Communication (UH/CC) group. The group chat is used by clinicians and nurses when communicating patient related issues. Please see attached tip sheet for details.

Clinical Documentation Improvement (CDI) Tip for March 2023

By the CDI Physician Advisory Group

A major role of the CDI Specialist is to ensure documentation is clear and consistent related to all diagnoses being worked up, monitored, and treated during admission. When documentation is unclear, queries are required. Updating documentation to reflect conditions are improving, resolved with treatment, or ruled out can reduce the need to query! Please see the attached tip sheet for more information. For questions, please contact the CDI Hotline at 315-464-5455.

Peer Supporter Training

By Dr. Leslie Kohman

Bassett Healthcare Network will host peer supporter training with Dr. Jo Shapiro on the following dates and times:

- May 8: 11 am - 1:30 pm
- May 11: 1 pm - 3:30 pm

Please email clinicianpeertopeer@bassett.org with the names and email addresses of anyone interested in participating. The training is for people who are interested in volunteering as a peer supporter. Leaders and others interested in learning important supportive skills are welcomed and encouraged to attend. Those who have taken this training previously are also encouraged to enroll as a refresher.

Outstanding Physician Comments

Comments from grateful patients receiving care on the units and clinics at Upstate:

Adult Hematology Oncology: **Dr. Alina Basnet** – compassionate, kind, knowledgeable. **Dr. Sam Benjamin** shows compassion, interested in hearing about how I felt afterwards, discussed surgery and future appointments/treatments/scans, takes the time to answer my questions (which are usually more than a few). That allows me to feel very informed about my health and treatment options. If I have any concerns or worries, I always feel like I can bring them up and they will be addressed. Does it 'on my level' and in a way that I can understand. As far as trust in the skill of the care providers, I have complete confidence. I learned that the cancer had spread and as a result my medications had to be changed. Thankfully, I had a good response to the medications that **Dr. Sam Benjamin** switched me to, which made me a good candidate for surgery. I attribute that to **Dr. Sam Benjamin's** knowledge and expertise! At this very appointment, I told **Dr.**

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Sam Benjamin how incredibly grateful I am to him and the rest of the team for the wonderful care they provide. Despite having cancer, I rest a little easier because I have complete trust in my care provider! Thank you, **Dr. Sam Benjamin**!

Boarder at Community: **Dr. Jay Brenner** was the first doctor to see me in the ER waiting room. Got me a bed ASAP after seeing my triage information.

Breast Care Center: **Dr. Lisa Lai** seems very caring, compassionate yet professional. I would definitely recommend her. I feel **Dr. Lisa Lai** truly listened to me, she was very clear and thorough with her explanations, and very efficient regarding setting up care I needed ASAP.

Community Campus – Virtual: **Dr. Satish Krishnamurthy** gets an A+ in my book.

ED at Community: **Dr. Jay Brenner** was top notch. **Dr. Jay Brenner** was professional, courteous, and I could tell that he made every attempt to get to me and likely all the patients as quickly as he could while maintaining a patient and unrushed demeanor. I appreciated that he counseled me on his plan of attack, and we stayed communicating about it throughout my visit. **Dr. Risa Farber-Heath** – absolutely wonderful! **Dr. Samantha Jones** was amazing and informed me in my care. **Dr. Samantha Jones** listened to me as a patient, addressed my concerns, and cared for me appropriately. She sent me home feeling like I got great care and was taken care of and would be okay.

Family Medicine at Community: Love **Dr. Maryanne Arienmughare** – truly professional and I have every confidence she has my best interest in mind when she treats me. **Dr. Maryanne Arienmughare** is wonderful! She has such a calming presence. I have been going to **Dr. R Eugene Bailey** for 28 years, he has always been the best. He listens to you and treats you like a person, not just a patient. **Dr. Igor Kraev** is very thorough in his care for his patients. **Dr. Catherine White** was excellent. So glad to have her as PCP.

Gamma Knife: **Dr. Satish Krishnamurthy** and **Dr. Michael Mix** – wonderful!

GEM: **Dr. Deepali Sharma** – my time with her was brief, but she was very compassionate with other patients.

GYNONC MI: **Dr. W Douglas Bunn** – exemplary professional. **Dr. W Douglas Bunn** – what a sweetheart! **Dr. Mary Cunningham** made me feel relaxed, which is not easy when you know you have cancer and need surgery. **Dr. Mary Cunningham** listened to what I had to say and answered all of my questions. She explained my condition to me in a way that I understood it. She explained what procedure had to happen and all of the risks involved.

Heart and Vascular Center: **Dr. Hani Kozman** explained everything and made me feel at ease for the operation I had done.

Inclusive Health Services: **Dr. Angana Mahapatra** was amazing! Very caring, very thorough, she really listened and helped me with all my medical conditions.

Joslin Center for Diabetes: **Dr. Barbara Feuerstein** is so kind, knowledgeable, and wonderful. **Dr. Barbara Feuerstein** is always so busy, yet she never leaves anything unresolved. She is the best doctor in the whole wide world. **Dr. Vishwanath Pattan** has taken very good care of me since he was assigned to my case in the Fall 2021. I have been so pleased with his phone calls, messages in my chart and this recent appointment in person. I feel his care and concern for my well-being has reassured me many times.

Multidisciplinary Programs Cancer Center: **Dr. Jeffrey Albright** demonstrates that he truly cares for his patients. **Dr. Jeffrey Albright** is an excellent physician and answered all my questions. He gave me a clear explanation of my follow up program. **Dr. Michael Archer** is so thorough and kind. **Dr. Michael Archer** was detailed and very easy to talk to and understand. **Dr. Michael Archer**

impressed during my visit. He was very informative, cordial, unhurried, and responsive to my questions. **Dr. Mashaal Dhir** was instrumental in finding the diagnosis of my rare condition – thank you very much! **Dr. Kristin Kelly** is wonderful! She explains everything and makes sure I understand. She's a great doctor!

Pediatric Multispecialty Clinic: **Dr. Mariko Yabe-Gill** is, without exaggeration, the best doctor we have ever seen. I truly mean this. I wish all of our doctors were as amazing as her. I don't have enough time to go over every detail of her excellence, but she listened, was knowledgeable, explained everything, asked all the right questions, linked my son's health issues with other problems he has had and that others in the family have had. Importantly for my son, she asked what he preferred to be called and only called him that for the rest of the visit. I didn't feel rushed in any way, but she answered all questions succinctly and well and got us out of there in a reasonable amount of time. Our visit with **Dr. Mariko Yabe-Gill** was the highlight of my week!

Pediatric Surgery: **Dr. Tamer Ahmed** has always cared so well for her since she was two years old (she is now 14). He has always gone above and beyond to make sure she understood everything and if she had any questions. Being released is bitter-sweet because we are going to miss him so much, but the future holds so much for her because of **Dr. Tamer Ahmed**! Thank you so much for everything you did for her and our family.

Radiation Oncology: I absolutely loved working with **Dr. David Pinter**. I was encouraged to seek a second opinion and thankfully landed in the hands of **Dr. David Pinter**.

Rheumatology Clinic: **Dr. Jihad Ben Gabr** is great! She is the best doctor I have seen in a very, very long time. Thank you!! **Dr. Jihad Ben Gabr** impressed me the most. I've been to Boston for cancer treatments/care and they're top notch. **Dr. Jihad Ben Gabr** is the same caliber as Boston, top notch! **Dr. Hiroshi Kato** was extremely thorough in trying to establish the correct diagnosis and treatment plan. **Dr. Hom Neupane** – no matter what the visit is, he can ease my worries and makes me feel that I am not just a number chart. He really cares about his patients' healthcare needs.

SUNY Upstate – Virtual: I would recommend phone visits with **Dr. Syed Bukhari** to anyone. Discussions with **Dr. Syed Bukhari** were all extremely clear and easy to understand and I would highly recommend him to anyone! **Dr. Syed Bukhari** arranged the phone call, had an assistant call before the appointment time to make sure I was home and available, clearly explained the results of my latest blood test, and answered all my questions. **Dr. Melanie Comito** was wonderful. We would highly recommend her. **Dr. Abha Harish** is really excellent, she is always helpful for us. **Dr. Rupali Singla** carefully reviewed all my medications and explained instructions clearly.

Surgery – UH: **Dr. Tomas Mujo** is a very patient man, always feel safe.

Surgical Subspecialties at Community: **Dr. Jeffrey Albright** – impressive, thoughtful, analytic, and open. **Dr. Timothy Shope** has been very reassuring from the first day I met him, throughout a surgical procedure, and the aftercare I received. **Dr. Mackenzie Trovato** is very caring.

UHCC – Neurology: **Dr. Sara Ali** is the best! **Dr. Sara Ali** is one-of-a-kind and my favorite doctor of all time. She is brilliant, kind, professional, interested in my concerns, a great listener and a wonderful person. **Dr. Anuradha Duleep** listened to my concerns, answered my questions, and was very informative. She offered treatment options going forward, depending how I progress with time. **Dr. Corey McGraw** and his team were great. They help me and explain to me everything without any problems. **Dr. Jenny Meyer** has a very good way of giving the patient excellent descriptions of the treatment required and answering all questions I might have in very understandable terms. Always leave feeling that I understand the treatment plan and that I have received very good medical care.

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University Cardiology: **Dr. Robert Carhart** is the best!!! Love **Dr. Robert Carhart** – professional, friendly, good sense of humor, thorough, concerned. Great doctor. Have gone to him for many years. **Dr. Robert Carhart** – impressive. I honestly want to praise **Dr. Robert Carhart** to continue to help me feel better. Wonderful! **Dr. Sakti Pada Mookherjee** is the greatest!

University Center for Vision Care: He has been with **Dr. Katharine Liegel** since he was less than a week old and she has always been amazing. We will follow her anywhere.

University Internists: **Dr. Tingyin Chee** continues to supply excellent care for me as she listens well and gives me information that I can understand as well as explaining the reasoning related to my health concerns. **Dr. Tingyin Chee** is great. Very personable and seems genuinely interested in my well-being. **Dr. Vincent Frechette** is a very caring physician! **Dr. Danielle Kochen** was extremely helpful. **Dr. Danielle Kochen** read my information the night before and made changes to my medication based on my record. She was very prepared for my visit. She also called me personally with my results.

Upstate Brain & Spine Center: **Dr. Harish Babu** showed a great amount of respect and support and showed he truly cared about my situation in all phases. **Dr. Timothy Beutler** was calming and clearly explained options for treatment. I trust his judgement and appreciate his time spent with me.

Upstate Pediatrics: **Dr. Ellen Schurman** always impresses. This was our first-time seeing **Dr. Yekaterina Okhman** in the office. She has the best bedside manner I have seen in a long time. It was refreshing to not feel rushed and truly be able to discuss the problem going on with my child.

University Pediatric & Adolescent Center: **Dr. Jenica O'Malley** is exceptional.

2East at Community: **Dr. Jennifer Marziale** – the BEST, exceptional!

05B: **Dr. Kristin Kelly** is the best! **Dr. Kristin Kelly** – came to see me on her day off. **Dr. Joseph Valentino** explained everything so I could understand it. He was very helpful explaining what was wrong with me. **Dr. Joseph Valentino** – awesome!

6th Floor at Community: I survived because of **Dr. Kevin Setter.** **Dr. Zachary Telgheder** was nice and checked on me a couple of times.

08E: **Dr. Mashaal Dhir** – excellent, couldn't have been treated any better.

08G: **Dr. Debanik Chaudhuri** in Cardiology took the time to come to the ER and see me, discuss my condition and connect with me on a human level. His caring turned the tide on whether or not I went forward with the cardiac stenting. I was terrified of being in an OR situation, and he took the time to reach me where I was and help me understand the physiological necessity of the procedure. He is a great MD and warm, caring person. **Dr. Jason Wallen** – best of the best!

09F: **Dr. Julius Gene Latorre** was cheerful and compassionate and kind. He lifted my spirits with his friendly manner and his smile. **Dr. Julius Gene Latorre** was an excellent communicator who took the time to listen to my concerns and explain clearly to me what was going on. I am thankful to have had him as my neurologist. I am forever grateful to **Dr. Julius Gene Latorre** for his kindness and positive attitude. His smile and wave made my days brighter and I can still smile picturing that. He was always patient and listened attentively.

09G: **Dr. Jeffrey Albright** was very attentive, compassionate, and thorough in her diagnosis, treatment, and care with me during my stay.

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10E: **Dr. Ian Dargon** and **Dr. Sang Hwa Himchak** showed sincere care, listening, and communicative great bed manner. They spearheaded to coordinate my care and I really appreciate their expertise and professionalism. **Dr. Mahesh Nepal** – saved my life from the nasty COVID disease.

Best,
Amy

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Infection Preventionist

Secure Chat

Infection Control Communication (UH/CC) Group

TRAINING CENTER OF EXCELLENCE
UPSTATE MEDICAL UNIVERSITY

EPIC SYSTEM UPDATE

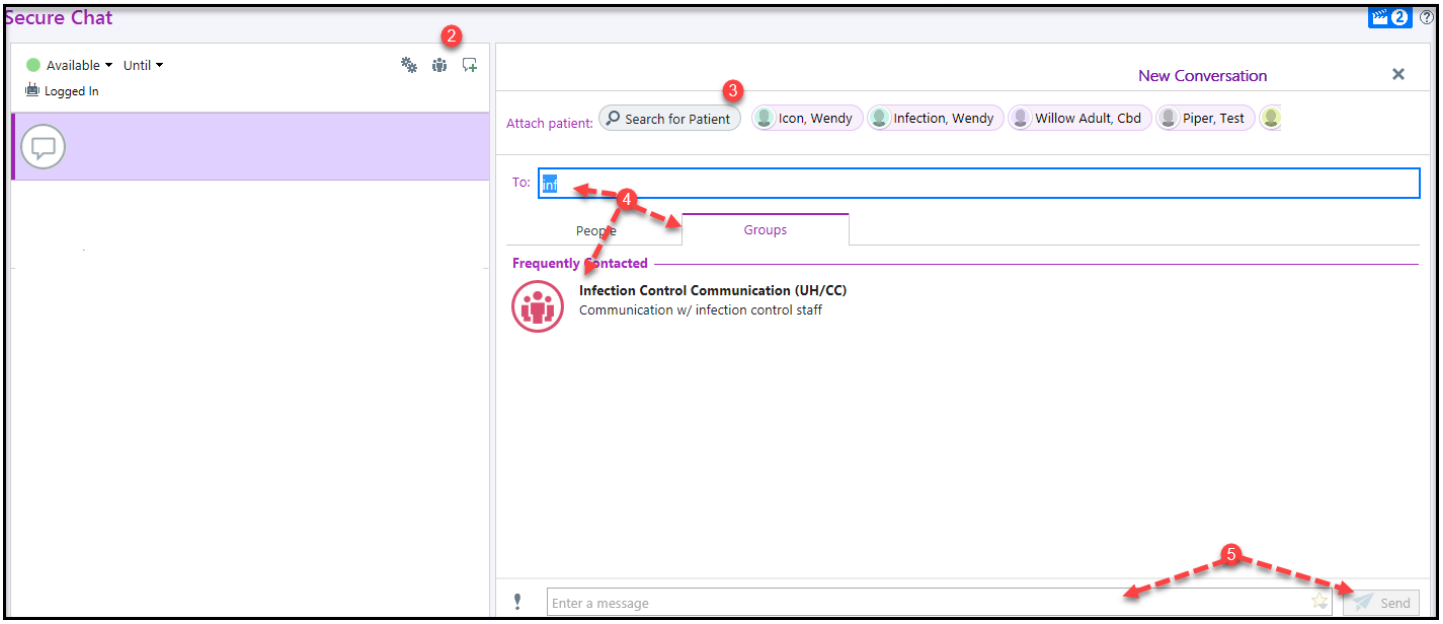
Overview of Feature / Changes

Effective Tuesday, 03/28/23: All Infection Preventionists have been added to the **Infection Control Communication (UH/CC)** Secure Chat Group**.** This group will be used by Providers and Nurses when communicating patient related issues.

NOTE: Providers and Nurses are instructed to utilize the **Infection Control Communications (UH/CC)** chat group in Epic as a tool to communicate with the infection control team on patient related issues with isolation mismatches, removal of precautions, patient reportable communicable diseases, blood and body fluid exposures, communicable disease exposures, or other diseases that require Infection Control input for patient management and throughput.

Start a New Group Conversation

1. Go to the **Secure Chat** activity.
2. Select the **chat bubble** to start a new conversation.
3. **Search for a patient** in the Attach Patient field to **attach a patient to the conversation**.
4. In the **To** field, start typing the name of the group and tap the **Group** tab to select the **Infection Control Communications (UH/CC)** group.
5. **Enter a message** in the field at the bottom, then tap **Send**.
6. The conversation will appear in the Conversations list.



Resources

Chat Securely in Hyperspace

Bugsy SUB: Secure Chat Infection Control Communication (UH/CC) Group
TCOE Created: 03.22.2023 CBD*JAR **AC Approved**: 03.24.2023 WJ
TCOE Revised: 03.24.2023 CBD*INI

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CDI Tip of the Month – Documentation Consistency

Diagnoses are reported based on the documentation of providers who deliver direct patient care. A major role of the CDI Specialist is to ensure documentation related to all diagnoses being worked up, monitored, and treated during admission is clear and consistent.

When documentation is unclear or conflicting, a query is required.

To avoid or reduce the need to query for clarification:

- Review the Attending Attestation of Progress Notes and documentation of Consultants, updating subsequent notes accordingly.
- Update copied documentation to reflect conditions are improving, resolved with treatment, or ruled out to reduce the need to query. This also represents best documentation practice.
- If uncertain conditions remain uncertain at the time of discharge, document as "suspected, likely, probable, consistent with, or compatible with" in the Discharge Summary.
- Clinical diagnoses can be captured using "evidence of" when a diagnosis is supported by the patient's clinical picture, symptoms, and response to treatment.

Example:
"Sepsis work up positive" is not clear that sepsis is a confirmed diagnosis
"Evidence of sepsis" is treated as a confirmed diagnosis

March 2023
e-mail: cdi@upstate.edu
phone: 315-247-6920

ALCOHOL WITHDRAWAL MANAGEMENT AT SUNY UPSTATE

2022/2023 TRANSITION FROM CIWA-AR TO GMAWS

SUBSTANCE USE DISORDER COMMITTEE

PRACTICE CHANGE!

Alcohol Withdrawal management has been inconsistent.

CIWA-ar, current tool, will only be used on Pediatric patients on Pediatric floors.

GMAWS goes live on April 3 for use with all adult patients on adult floors.

Alcohol Withdrawal Assessment Scoring Guidelines (CIWA - Ar)

Nausea/Vomiting - Rate on scale 0 - 7

0 - None
1 - Mild nausea with no vomiting
2
3
4 - Intermittent nausea
5
6
7 - Constant nausea and frequent dry heaves and vomiting

Tremors - have patient extend arms & spread fingers. Rate on scale 0 - 7.
0 - No tremor
1 - Not visible, but can be felt fingertip to fingertip
2
3
4 - Moderate, with patient's arms extended
5
6
7 - severe, even w/ arms not extended

Anxiety - Rate on scale 0 - 7
0 - no anxiety, patient at ease
1 - mildly anxious
2
3
4 - moderately anxious or guarded, so anxiety is inferred
5
6
7 - equivalent to acute panic states seen in severe delirium or acute schizophrenic reactions.

Agitation - Rate on scale 0 - 7
0 - normal activity
1 - somewhat normal activity
2
3
4 - moderately fidgety and restless
5
6
7 - paces back and forth, or constantly thrashes about

Paroxysmal Sweats - Rate on Scale 0 - 7.
0 - no sweats
1- barely perceptible sweating, palms moist
2
3
4 - beads of sweat obvious on forehead
5
6
7 - drenching sweats

Orientation and clouding of sensorium - Ask, "What day is this? Where are you? Who am I?" Rate scale 0 - 4
0 - Oriented
1 – cannot do serial additions or is uncertain about date

2 - disoriented to date by no more than 2 calendar days

3 - disoriented to date by more than 2 calendar days
4 - Disoriented to place and / or person

Tactile disturbances - Ask, "Have you experienced any itching, pins & needles sensation, burning or numbness, or a feeling of bugs crawling on or under your skin?"
0 - none
1 - very mild itching, pins & needles, burning, or numbness
2 - mild itching, pins & needles, burning, or numbness
3 - moderate itching, pins & needles, burning, or numbness
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Auditory Disturbances - Ask, "Are you more aware of sounds around you? Are they harsh? Do they startle you? Do you hear anything that disturbs you or that you know isn't there?"
0 - not present
1 - Very mild harshness or ability to startle
2 - mild harshness or ability to startle
3 - moderate harshness or ability to startle
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Visual disturbances - Ask, "Does the light appear to be too bright? Is its color different than normal? Does it hurt your eyes? Are you seeing anything that disturbs you or that you know isn't there?"
0 - not present
1 - very mild sensitivity
2 - mild sensitivity
3 - moderate sensitivity
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Headache - Ask, "Does your head feel different than usual? Does it feel like there is a band around your head?" Do not rate dizziness or lightheadedness.

0 - not present
1 - very mild
2 - mild
3 - moderate
4 - moderately severe
5 - severe
6 - very severe
7 - extremely severe

Shortcomings of CIWA-ar:

- Overly subjective and room for false elevation of symptoms. (i.e. HA and no apap or nsaid taken)
- Time consuming for nursing
- Doesn't take into account objective findings
- Duration of use not addressed
- Commonly used for all patients including those with AMS

Benefits of CIWA-ar:

- Validated and widely used tool.
- Familiarity with it.

INTRODUCING:

THE GLASGOW MODIFIED ALCOHOL WITHDRAWAL SCALE:

A COMPREHENSIVE ALCOHOL MANAGEMENT PROTOCOL FOR USE IN GENERAL HOSPITALS.

The GMAWS Scale

(Mnemonic: "The patient has A HOST of withdrawal symptoms")

Symptom	Score + 0	Score + 1	Score + 2
Agitation	Calm	Anxious	Panic
Hallucination	Not present	Present but rational	Fixed and irrational
Orientation	Oriented	Vague, detached	Disoriented. No contact
Sweating	No sweat	Moist	Drenching sweats
Tremor	No tremor	Tremor on movement	Tremor at rest

TOTAL SCORE: /10

Higher scores correlate with higher risk and worse outcomes

GMAWS

Glasgow Modified Alcohol Withdrawal Scale (GMAWS)

Treatment options: GMAWS only ☐ GMAWS & Fixed Dose ☐

Date																			
Time																			
Tremor																			
0 No tremor																			
1 On movement																			
2 At rest																			
Sweating																			
0 No sweat visible																			
1 Moist																			
2 Drenching sweats																			
Hallucination																			
0 Not present																			
1 Dissuadable																			
2 Not dissuadable																			
Orientation																			
0 Orientated																			
1 Vague, detached																			
2 Disorientated, no contact																			
Agitation																			
0 Calm																			
1 Anxious																			
2 Panicky																			
Score																			
Treatment																			
Staff Signature																			

Use Medication per order set/protocol

Patients may require to be woken for continuing assessment

Co-existing illness may affect score: seek medical advice if in doubt

Fixed dosing and symptom triggered dosing must be no less than 1 hour apart

All patients should have regular observations documented. Patients receiving high doses of Diazepam should be assessed regularly for over-sedation
Regular MEWS/SEWS - Frequency 1-4 hrs (GCS, Respiration Rate, Oxygen Saturation, Pulse, Blood Presssure)

TREATMENT & RE-ASSESSMENT PROTOCOL: (CM A-22)
MEDICAL PROVIDER TO ORDER "ALCOHOL WITHDRAWAL PROTOCOL"
* RE-ASSESSMENT EVERY 1-2 HOURS BY RN
PROVIDERS: PLEASE USE THE ORDER SET FOR ALL ORDERS!

GMAW Score	Treatment: **DIAZEPAM** (Age <65, Total Bilirubin <2.0)	Treatment: **LORAZEPAM** (Age> 65, Total Bilirubin > 2.0 or hepatic compromise, Significant comorbid conditions)	Re-assessment/Monitoring
0	NO TREATMENT	NO TREATMENT	Repeat score in 2 hours
1-3	Diazepam 10 mg po/IV	Lorazepam 2 mg PO/IV	Repeat score in 2 hours
4-8	Diazepam 20 mg po/IV	Lorazepam 4 mg PO/IV	Repeat score in 1 hour • If elevated for > 4 hours, notify provider to consider higher level of care
9-10	Diazepam 20 mg po/IV	Lorazepam 4 mg PO/IV	Notify provider; repeat score in 1 hour. Treatment team to consider ICU consult
Patient may exit protocol if the following criteria are met: (Both criteria must be met) • On protocol for no less than 96 hours • Maintained a GMAWS score of "0" for four (4) consecutive assessments			

Orders

Clear All Orders

Alcohol Withdrawal Procedure (GMAWS) IP

Manage User Versions Remove Order Sets

Per Alcohol Withdrawal Procedure PROC CM A-22C

All Medication Management is determined by the Medical Provider and per policy.
Medication for the treatment of withdrawal in ICU setting will be determined by the ICU Attending

Treatment of alcohol withdrawal will be initiated using the "Alcohol Withdrawal Protocol" and entering orders in the EMR from this order set

All medications and labs should be ordered using this order set. Avoid ordering individually whenever possible

Provider to Order:

--- If "Yes" to any of the following, Medical Provider initiate GMAWS Protocol with LORAZEPAM:
- Age >65
- Hepatic Disease (Bilirubin >2, jaundice)
- Significant co-morbidity

--- If "No", initiate GMAWS Protocol with DIAZEPAM

PLEASE NOTE: **PO is preferred administration route whenever possible**

Exiting the protocol:
1. The patient must have been on the protocol for a period of no less than 96 hours AND
2. The patient must have reached and maintained a GMAWS score of less than zero for 4 consecutive assessments.
3. An order to discontinue the protocol is to be written by the Medical Provider.

- CM A-22 - Adult Alcohol Withdrawal Protocol

▾ Protocol Orders

▸ Protocol Medications (CC)

▾ Protocol Order(s)

- ☑ Initiate Alcohol Withdrawal Protocol
  Routine, ONCE, today at 1533, For 1 occurrence
  See alcohol withdrawal protocol CM A-22
- ☐ Labs to Initiate Alcohol Withdrawal Protocol (PROC_CM_A-22C)
- ☐ Notify Primary Team
  CONTINUOUS for 3 days
- ☑ Contact Medical Provider for GMAWS 4-8 for 4 hours
  Routine, CONTINUOUS, Starting today at 1533, Until Wed 4/5, For 30 days
- ☑ Contact Medical Provider for GMAWS greater than 8
  Routine, CONTINUOUS, Starting today at 1533, Until Wed 4/5, For 30 days

▾ Benzodiazepine Administration initiate once GMAWS score >= 0: All Adult Inpatient Units

▸ Select a Benzodiazepine Management

Click for more

▾ Discontinue the Alcohol Withdrawal Protocol

▾ Discontinue the Alcohol Withdrawal Protocol

To exit the protocol the patient must meet both of the below criteria

- GMAWS 0 for four consecutive assessments
- >96 hours since last alcohol use

- ☑ Discontinue the Alcohol Withdrawal Protocol once patient has met criteria: See Comments
  Routine, UNTIL DISCONTINUED, Starting today at 1533, Until Wed 4/5, For 30 days
  To exit the protocol the patient must meet both of the below criteria GMAWS 0 for four consecutive assessments >96 hours since last alcohol use

▾ Additional SmartSet Orders

▾ Protocol Medications (CC)

- ☐ thiamine (B-1) tablet
  100 mg, Oral, Daily Standard, for 30 days
- ☐ THERA/BETA-CAROTENE tablet
  1 tablet, Oral, Daily Standard, for 30 days
- ☐ folic acid (FOLVITE) tablet
  1 mg, Oral, Daily Standard, for 30 days
- ☑ Vitamin and Electrolyte Management
  - ☑ NaCl infusion 0.9 % ($)
    at 100 mL/hr, Intravenous, Continuous, Starting today at 1545, For 10 hours
  - ☑ thiamine (B-1) injection 100 mg
    100 mg, Intravenous, Once, today at 1545, For 1 dose
    Can be given IV Push in critical care areas. All other areas please mix in 50 mL sodium chloride 0.9 % and infuse over 30 minutes.
  - ☑ magnesium sulfate 16 mEq in 50 mL in water IVPB
    16 mEq, Intravenous, Once, today at 1545, For 1 dose
    16 mEq = 2 g magnesium sulfate
  - ☑ multivitamin tablet 1 tablet
    1 tablet, Oral, Once, today at 1545, For 1 dose
  - ☑ folic acid (FOLVITE) tablet 1 mg
    1 mg, Oral, Once, today at 1545, For 1 dose

▾ Benzodiazepine Administration initiate once GMAWS score >= 0: All Adult Inpatient Units

▾ Select a Benzodiazepine Management

- ○ Medication Management with Lorazepam (Age >= 65 or Bilirubin > 2 or significant co-morbidities (ie: impaired hepatic function, cirrhosis, intrinsic liver disease, jaundice))
- ○ Medication Management with Diazepam (Age < 65 and Total Bilirubin < 2)

Medication Management with Lorazepam (Age >= 65 or Bilirubin > 2 or significant co-morbidities (ie; impaired hepatic function, cirrhosis, intrinsic liver disease, jaundice))

Lorazepam 2 mg PO or IV Panel for GMAWS 1-3

LORazepam (ATIVAN) tablet 2 mg
2 mg, Oral, Every 2 hours PRN, Other, Alcohol Withdrawal for GMAWS 1-3, Starting today at 1653, For 3 days

LORazepam
- Frequency of **12 doses/day** exceeds recommended maximum of **8 doses/day**

Or

LORazepam (ATIVAN) injection 2 mg
2 mg, Intravenous, Every 2 hours PRN, Other, Alcohol Withdrawal for GMAWS 1-3, Starting today at 1653, For 3 days

LORazepam
- Frequency of **12 doses/day** exceeds recommended maximum of **8 doses/day**

Lorazepam 4 mg PO or IM Panel for GMAWS 4-8

LORazepam (ATIVAN) tablet 4 mg
4 mg, Oral, Every 1 hour PRN, Other, Alcohol Withdrawal for GMAWS 4-8, Starting today at 1653, For 3 days

LORazepam
- Daily dose of **96 mg** (4 mg Every 1 hour PRN) exceeds recommended maximum of **24 mg** by **300%**
- Frequency of **24 doses/day** exceeds recommended maximum of **8 doses/day**

Or

LORazepam (ATIVAN) injection 4 mg
4 mg, Intravenous, Every 1 hour PRN, Other, Alcohol Withdrawal for GMAWS 4-8, Starting today at 1653, For 3 days

LORazepam
- Daily dose of **96 mg** (4 mg Every 1 hour PRN) exceeds recommended maximum of **24 mg** by **300%**
- Frequency of **24 doses/day** exceeds recommended maximum of **8 doses/day**

Lorazepam 4 mg PO or IM Panel for GMAWS 9-10

Lorazepam 4 mg PO or IM Panel for GMAWS 9-10

LORazepam (ATIVAN) tablet 4 mg
4 mg, Oral, Every 1 hour PRN, Other, Alcohol Withdrawal for GMAWS 9-10, Starting today at 1653, For 3 days

LORazepam
- Daily dose of **96 mg** (4 mg Every 1 hour PRN) exceeds recommended maximum of **24 mg** by **300%**
- Frequency of **24 doses/day** exceeds recommended maximum of **8 doses/day**

Or

LORazepam (ATIVAN) injection 4 mg
4 mg, Intravenous, Every 1 hour PRN, Other, Alcohol Withdrawal for GMAWS 9-10, Starting today at 1653, For 3 days

LORazepam
- Daily dose of **96 mg** (4 mg Every 1 hour PRN) exceeds recommended maximum of **24 mg** by **300%**
- Frequency of **24 doses/day** exceeds recommended maximum of **8 doses/day**

Notify Primary Team; Parameters: Other Parameters: Other Parameters: GMAWS Score 9-10
Routine, CONTINUOUS, Starting today at 1654, Until Thu 3/9, For 3 days
Whom To Notify: Primary Team
Parameters: Other Parameters
Other Parameters: GMAWS Score 9-10

Medication Management with Diazepam (Age < 65 and Total Bilirubin < 2)

Discontinue the Alcohol Withdrawal Protocol

Discontinue the Alcohol Withdrawal Protocol

To exit the protocol the patient must meet both of the below criteria

- GMAWS 0 for four consecutive assessments
- >96 hours since last alcohol use

Medication Management with Diazepam (Age < 65 and Total Bilirubin < 2)

Diazepam 10 mg PO or IV Panel for GMAWS 1-3

diazePAM (VALIUM) tablet 10 mg
10 mg, Oral, Every 2 hours PRN, Alcohol Withdrawal for GMAWS 1-3, Starting today at 1654, For 3 days

diazePAM
- Daily dose of **120 mg** (10 mg Every 2 hours PRN) exceeds recommended maximum of **60 mg** by **100%**
- Frequency of **12 doses/day** exceeds recommended maximum of **8 doses/day**

Or

diazePAM (VALIUM) injection 10 mg
10 mg, Intravenous, Every 2 hours PRN, Alcohol Withdrawal for GMAWS 1-3, Starting today at 1654, For 3 days

diazePAM
- Daily dose of **120 mg** (10 mg Every 2 hours PRN) exceeds recommended maximum of **40 mg** by **200%**
- Frequency of **12 doses/day** exceeds recommended maximum of **8 doses/day**

Diazepam 20 mg PO or IM Panel for GMAWS 4-8

diazePAM (VALIUM) tablet 20 mg
20 mg, Oral, Every 1 hour PRN, Alcohol Withdrawal for GMAWS 4-8, Starting today at 1654, For 3 days

diazePAM
- Daily dose of **480 mg** (20 mg Every 1 hour PRN) exceeds recommended maximum of **60 mg** by **700%**
- Frequency of **24 doses/day** exceeds recommended maximum of **8 doses/day**

Or

diazePAM (VALIUM) injection 20 mg
20 mg, Intravenous, Every 1 hour PRN, Alcohol Withdrawal for GMAWS 4-8, Starting today at 1654, For 3 days

diazePAM
- Single dose of **20 mg** exceeds recommended maximum of **10 mg** by **100%**
- Daily dose of **480 mg** (20 mg Every 1 hour PRN) exceeds recommended maximum of **40 mg** by **1,100%**
- Frequency of **24 doses/day** exceeds recommended maximum of **8 doses/day**

Diazepam 20 mg PO or IM Panel for GMAWS 9-10

Diazepam 20 mg PO or IM Panel for GMAWS 9-10

diazePAM (VALIUM) tablet 20 mg
20 mg, Oral, Every 1 hour PRN, Alcohol Withdrawal for GMAWS 9-10, Starting today at 1654, For 3 days

diazePAM
- Daily dose of **480 mg** (20 mg Every 1 hour PRN) exceeds recommended maximum of **60 mg** by **700%**
- Frequency of **24 doses/day** exceeds recommended maximum of **8 doses/day**

Or

diazePAM (VALIUM) injection 20 mg
20 mg, Intravenous, Every 1 hour PRN, Alcohol Withdrawal for GMAWS 9-10, Starting today at 1654, For 3 days

diazePAM
- Single dose of **20 mg** exceeds recommended maximum of **10 mg** by **100%**
- Daily dose of **480 mg** (20 mg Every 1 hour PRN) exceeds recommended maximum of **40 mg** by **1,100%**
- Frequency of **24 doses/day** exceeds recommended maximum of **8 doses/day**

Notify Primary Team: Parameters: Other Parameters: Other Parameters: GMAWS Score 9-10
Routine, CONTINUOUS, Starting today at 1655, Until Thu 3/9, For 3 days
Whom To Notify: Primary Team
Parameters: Other Parameters
Other Parameters: GMAWS Score 9-10

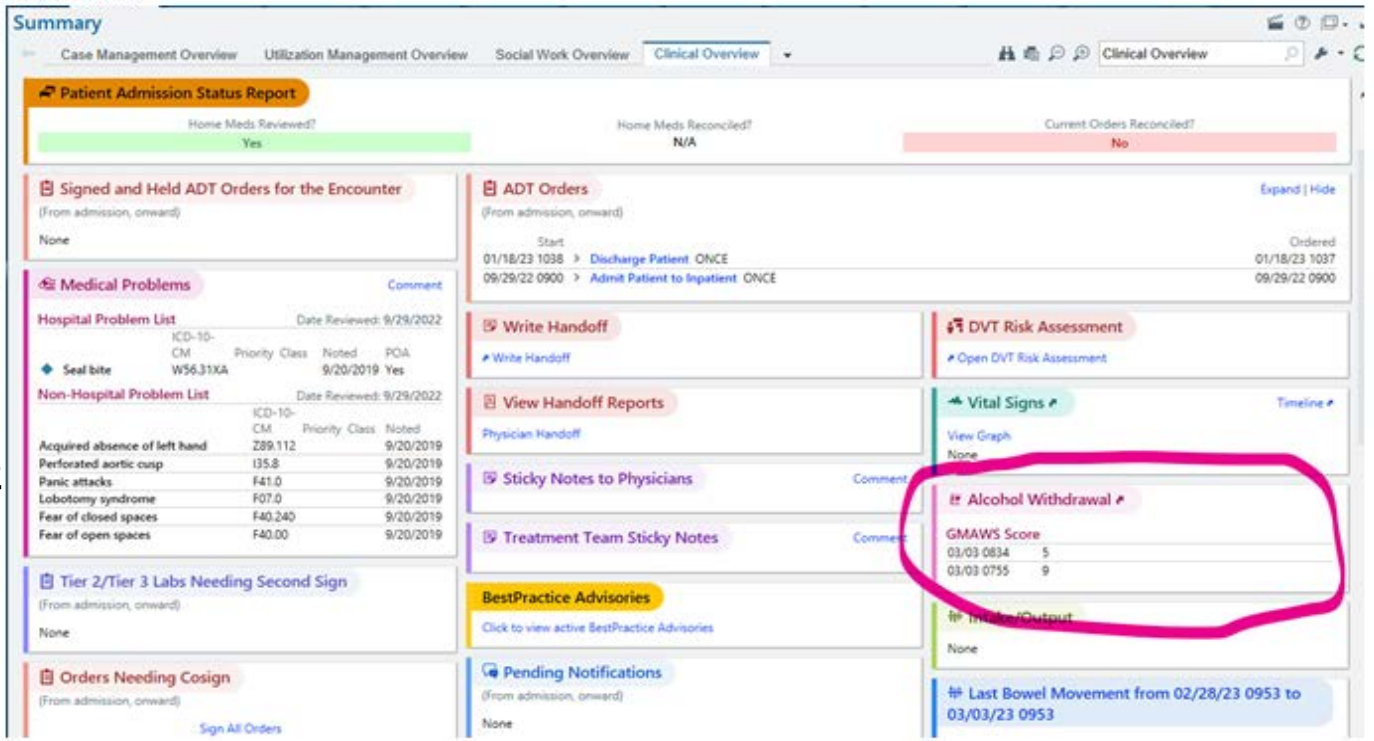
Discontinue the Alcohol Withdrawal Protocol

Discontinue the Alcohol Withdrawal Protocol

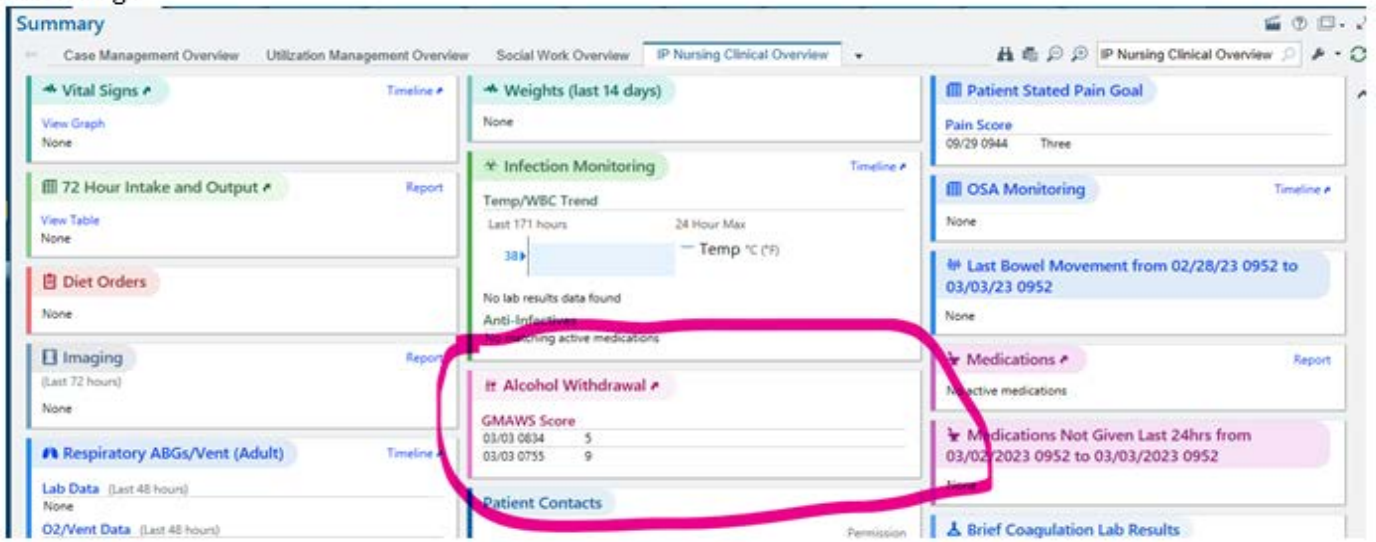
To exit the protocol the patient must meet both of the below criteria

Scores easily accessible for viewing

IP Provider:



IP Nursing:



WHAT ABOUT LOADING DOSE OF BENZO?

PATIENT MAY RECEIVE "LOADING DOSE" OF BENZODIAZEPINE IN THE ED AND/OR AT THE DISCRETION OF THE TEAM.

Benzodiazepine Equivalent Doses

Short-acting *(half-life of drug and metabolites < 6 hours)*
Oxazepam 20 mg

Intermediate-acting *(half-life of drug and metabolites 6-24 hours)*
Alprazolam 0.5 mg
Lorazepam 1 mg

Long-acting *(half-life of drug and metabolites > 24 hours)*
Chlordiazepoxide 25 mg
Clonazepam 0.5 mg
Diazepam 10 mg

Example: 4 mg of lorazepam per day is equivalent to about 40 mg of diazepam per day.

Table 1 Characteristics of Benzodiazepines Used for AWS

	Available Route of Dose	Relative Equivalent Potency	Onset of Action (After Oral Administration)	Peak Blood Levels (Hours)	Half-Life (Hours)	Duration of Action	Metabolism
Chlordiazepoxide	PO	10	Intermediate	0.5–2	24–48	Long	Hepatic
Clorazepate	PO, IM	7.5	Rapid	0.5–2	48 (active metabolite)	Short	Hepatic
Diazepam	PO, IM, IV, PR	5	Rapid	Oral: 0.25–2.5 IM: 1 IV: 0.01	30–60	Long	Hepatic
Lorazepam	PO, IM, IV	1	Intermediate	Oral: 2 IM: ≤3	12–18	Short to medium	Hepatic
Midazolam	PO, IM, IV	2	Rapid	Oral: 0.2–2.5 IM: 0.5–1	2–7	Short	Hepatic, gut

Pharmacology of benzodiazepines used to treat anxiety symptoms/disorders

Drug	Adult oral total daily dose (mg)*	Comparative potency (mg)¶	Onset after oral dose (hours)	Metabolism	Elimination half-life (hours)Δ
Alprazolam	0.5 to 6	0.5	1	CYP3A4 to minimally active metabolites.	11 to 15 16 (older adults) 20 (hepatic impairment) 22 (obesity)
Alprazolam extended release	0.5 to 6 once daily	0.5	1		
Bromazepam◇§	6 to 30	7.5	1	CYP1A2. No active metabolite.	8 to 20
Chlordiazepoxide§	5 to 100	10	1	CYP3A4 to active metabolites.	30 to 100 Prolonged in older adults and hepatic impairment
Clonazepam	0.5 to 4	0.25 to 0.5	0.5 to 1	CYP3A4. No active metabolite.	18 to 50
Clorazepate	15 to 60	7.5	0.5 to 1	CYP3A4 to active metabolite.	36 to 200
Diazepam	4 to 40	5	0.25 to 0.5	CYP2C19 and 3A4 to active metabolites.	50 to 100 Prolonged in older adults and renal or hepatic impairment
Lorazepam immediate release	0.5 to 6 0.5 to 4 (hypnotic)	1	0.5 to 1	Non-CYP glucuronidation in liver. No active metabolite.	10 to 14
Lorazepam extended release	1 to 6 mg¥	1	0.5 to 1	Non-CYP glucuronidation in liver. No active metabolite.	13 to 27
Oxazepam	30 to 120 15 to 30 (hypnotic)	15 to 30	1 to 2	Non-CYP glucuronidation in liver. No active metabolite.	5 to 15
Prazepam◇§	15 to 60	15	2 to 3	CYP3A4 to active metabolites.	30 to 200 Prolonged in older adults

Data on drug metabolism and activity of metabolite(s) are for assessment of potential for CYP drug interactions and risk of accumulation. Risk of accumulation is greater, and dose reduction necessary, for older or debilitated adults and for patients with renal or hepatic insufficiency.

* Range of usual **total** daily dose for treatment of adults with anxiety or panic disorder typically given in divided doses two to four times daily.

¶ Important: Data shown are approximate equal potencies relative to lorazepam 1 mg orally and are NOT recommendations for initiation of therapy or for conversion between agents.

Δ Half-life of parent drug and pharmacologically active metabolite, if any.

◇ Not available in the United States.

§ Use only when other preferred agents are unavailable or not tolerated.

¥ To be used only when converting from immediate release lorazepam. Total daily dose is equal to the current total daily dose of immediate release lorazepam. Dose is given once daily in the morning after discontinuing immediate dose lorazepam tablets the night before.

WHAT ABOUT: GABAPENTIN OR VALPROIC ACID?

- NOT STANDARD PRACTICE OR PART OF ORDER SET
- SOME EFFICACY FOR SOME PATIENTS; MORE EDUCATION AVAILABLE.
- ADDICTION CONSULT/SOMETIMES MEDICAL TOXICOLOGY CONSULT CAN HELP

QUESTIONS? DISCUSSION?

- GO LIVE DATE IS SET FOR MONDAY APRIL 3
- NURSING EDUCATION ONGOING
- ADDICTION TEAM WILL BE AVAILABLE TO ANSWER QUESTIONS
- 315-213-0368, PER AMION

REFERENCES

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- MCPHERSON A, BENSON G, FORREST EH. APPRAISAL OF THE GLASGOW ASSESSMENT AND MANAGEMENT OF ALCOHOL GUIDELINE: A COMPREHENSIVE ALCOHOL MANAGEMENT PROTOCOL FOR USE IN GENERAL HOSPITALS. QJM. 2012 JUL;105(7):649-56. DOI: 10.1093/QJMED/HCS020. EPUB 2012 FEB 10. PMID: 22328545.
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