



**Table 1: Alcohol Hangover (F10.120)**

- Poorly defined but universally understood; occurs the morning after a night of heavy drinking.
- In general, starts <12 hours after a binge of <24 hours.
- Sx: fatigue, thirst, headache, nausea, concentration problems, apathy, loss of appetite, dizziness, vomiting, heart pounding/racing.
- Requirements: HR<130, BP<160/100, RR<24, T<100.4, ambulatory, GCS=15, appropriate history, no tremor, no anxiety, no significant comorbidities.

**Table 2: Inpatient Criteria**

- CIWA>12, despite treatment with PB/BZD.
- Requiring high-dose sedatives or IV infusion to maintain CIWA<12.
- GCS<8 or hemodynamic instability.
- Persistent hyperthermia (T>100.4 F).
- Respiratory insufficiency (hypoxia, hypercapnia, etc.).
- Marked acid-base disturbance.
- Cardiac disease (heart failure, arrhythmia, evidence of ischemia, etc.).
- Severe electrolyte abnormality.
- Severe renal insufficiency or requiring high volume fluids.
- Evidence of rhabdomyolysis.
- Potentially serious infection (PNA, wounds, etc.).
- Severe GI pathology (GI bleed, pancreatitis, etc.).
- Severe psychomotor agitation (high risk to self or others, gravely disabled, etc.).
- Evidence concerning for Wernicke-Korsakoff Syndrome (oculomotor dysfunction, ataxia, severe malnutrition).
- Withdrawal despite very elevated serum ethanol.

**Table 3: Phenobarbital Contraindications**

- Absolute: Hx allergy, adverse reactions, or porphyria
- Relative: current significant sedative level (including EtOH, BZD, or anti-psychotics)

**Table 4: Phenobarbital (PB) Protocol**

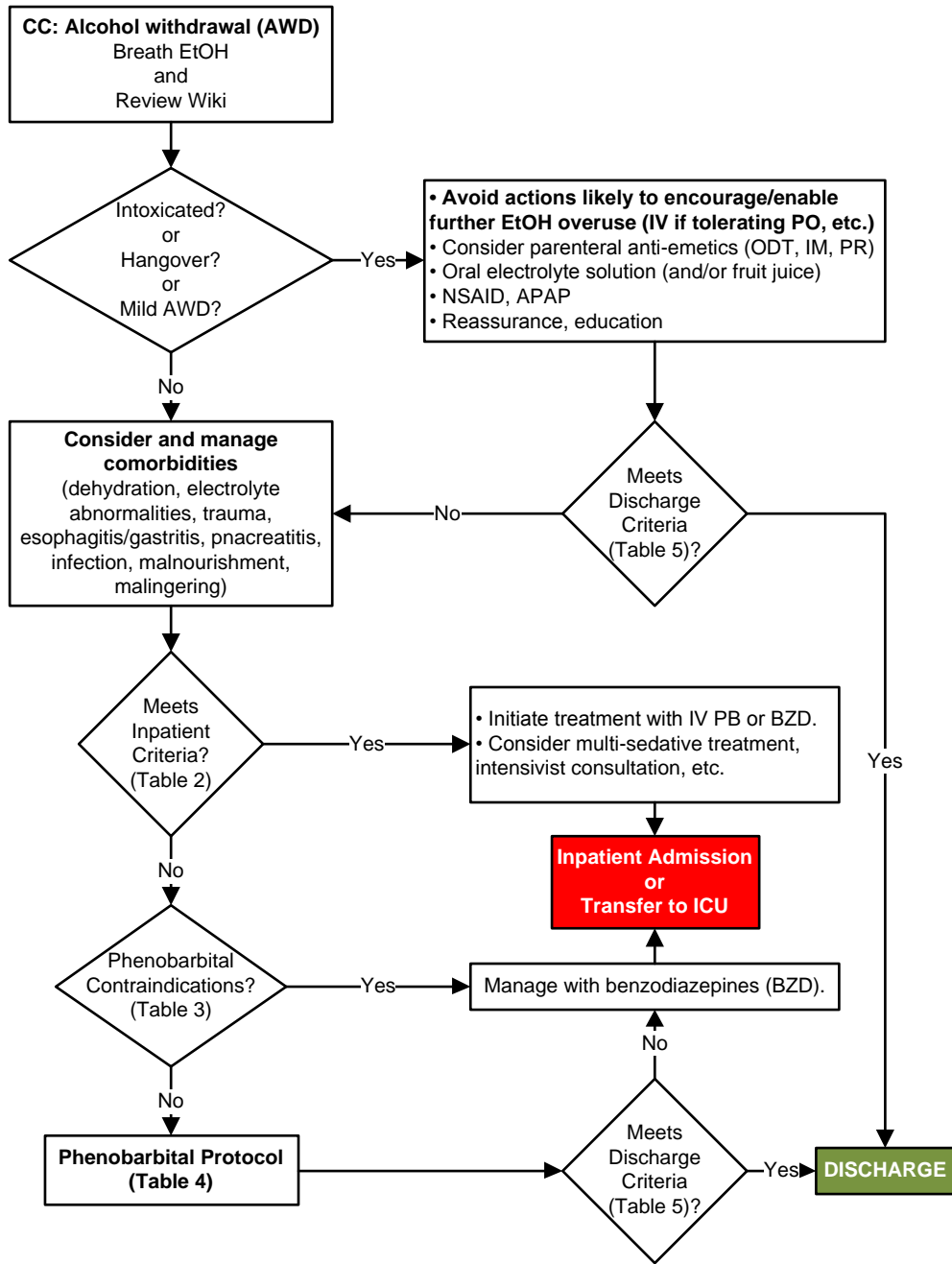
- Phenobarbital 260 mg IV then phenobarbital 130 mg IV every 30-40 minutes until CIWA score ≤ 12. No discharge meds.
- OR (for very large/small patients)
- Phenobarbital 4 mg/kg IV (rounded to nearest 130 mg) then phenobarbital 2 mg/kg IV every 30 minutes until CIWA score ≤ 12. No discharge meds.
- OR
- Either of the above via IM injection, with subsequent doses very 60-90 minutes.

- Adverse Effects:
- Transient asymptomatic hypotension
  - Transient ataxia
  - Transient lethargy

**Table 5: Discharge Criteria**

- No inpatient criteria present (Table 2).
- CIWA score <12.
- Awakens to voice or light touch.
- Oriented with no delirium.
- Ambulatory without assistance.
- Taking liquids without vomiting.
- No co-administered sedatives/anti-psychotics.
- No seizures after treatment.
- Likely compliant with important outpatient medications (including antibiotics, etc.).

Please see the Wiki for more information:  
[Alcohol Withdrawal in the YK Delta Phenobarbital for Alcohol Withdrawal](#)



This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.  
Approved by MSEC 10/9/19.  
If comments about this guideline, please contact Megan\_Young@ykhc.org.