Dependent drinker

- **Not in withdrawal**
  - **Mild/moderate symptoms**
    - Do not admit to hospital

- **In withdrawal**
  - **Symptoms are severe or high risk of developing severe symptoms, seizures or DTs**
    - Admit to hospital
  - **Younger than 16 years of age**
    - Admit to hospital for physical and psychological assessment
  - **Considered vulnerable (frail, cognitive impairment, poor social support, multiple comorbidities, 16 & 17 year olds)**
    - Consider admitting to hospital for medically assisted withdrawal

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Follow a symptom-triggered regimen for AAW drug therapy where appropriate assessment and monitoring is available. (Assessment and monitoring should be done according to specified protocols. Consider using a tool such as CIWA-Ar as an adjunct to clinical judgement). Provide more regular monitoring and dose adjustment for people who have a history of benzodiazepine dependence, positive blood alcohol concentration, are older than 65, have hepatic encephalopathy and have respiratory disease and are at risk of respiratory depression.

- **Develops DTs**
  - Give oral lorazepam. If symptoms persist or oral medication refused, offer parenteral lorazepam, haloperidol or olanzapine

- **Develops seizures**
  - Use a quick-acting benzodiazepine (such as lorazepam) to reduce likelihood of further seizure. Do not prescribe anti-convulsants.

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Refer to specialised alcohol services and advise to avoid home detox

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Consider vulnerable (frail, cognitive impairment, poor social support, multiple comorbidities, 16 & 17 year olds)

Give oral lorazepam. If symptoms persist or oral medication refused, offer parenteral lorazepam, haloperidol or olanzapine

Use a quick-acting benzodiazepine (such as lorazepam) to reduce likelihood of further seizure. Do not prescribe anti-convulsants.

Review underlying management.