

Alcohol Withdrawal Syndrome Team-Based Clinical Pathway

Day 0: Intake

Psychoeducation provided

Performed by: _____
[] Goals for treatment
[] Need for follow-up scheduling
[] Commons issues during treatment
[] Other:

Appropriate pharmacotherapy prescribed

Performed by: _____
[] Front loading, office medications
[] Home prescriptions
[] Regimen patient education
[] Other:

Preferred assessment modality established
and follow-ups scheduled

Performed by: _____
[] In-office availability
[] Telehealth availability
[] Procedures for follow-up assessment
[] Other:

Behavioral interventions as needed

Performed by: _____
[] 12-step program
[] Individual or group counseling
[] Office-based interventions
[] Other:

Day 1: Repeat Assessment

Complete CIWA-Ar or SAWS

Clinical assessment

Day 2: Repeat Assessment

Complete CIWA-Ar or SAWS

Clinical assessment

Day 3: Repeat Assessment

Complete CIWA-Ar or SAWS

Clinical assessment

Day 4: Repeat Assessment

Complete CIWA-Ar or SAWS

Clinical assessment

Day 5: Repeat Assessment

Complete CIWA-Ar or SAWS

Clinical assessment

Assess for further assessment
and treatment needs

Performed by: _____
Criteria for escalation:

Performed by: _____
Criteria for escalation:

Performed by: _____
Criteria for escalation:

Performed by: _____
Criteria for escalation:

Performed by: _____
Criteria for escalation:

Team Members	Skills	Additional Notes
[] Prescribing Clinician(s)		
[] Nursing		
[] Behavioral Health Provider(s)		
[] Other team members:		

Alcohol Withdrawal Treatment Plan

Name: _____

DOB: _____

Clinic Contact: _____

My treatment goals:

Day 1

Date: _____

Medication	
Behavioral Support	
Appointment Time	

Day 2

Date: _____

Medication	
Behavioral Support	
Appointment Time	

Day 3

Date: _____

Medication	
Behavioral Support	
Appointment Time	

Day 4

Date: _____

Medication	
Behavioral Support	
Appointment Time	

Day 5

Date: _____

Medication	
Behavioral Support	
Appointment Time	