



High dependency unit protocol for management of delirium tremens

This protocol assumes that a correct diagnosis has been made and that other major causes of confusion (e.g., acute subdural haematoma, hepatic encephalopathy) have been excluded.

1 Continuous nursing care in a high dependency unit

Delirium tremens can be a life-threatening condition, and management needs to be tailored to the individual patient.

2 Effective sedation with benzodiazepines

Aim to have the patient in a state resembling light sleep, from which he/she can be readily aroused.

Oral dosing is preferable, but intravenous (IV) sedation with diazepam (or midazolam) is usually necessary.

- Give 10–20 mg diazepam IV initially over 2–3 minutes, observing the patient continuously, repeat after 30 minutes if not settled, and repeat again if necessary after a further 30 minutes.
- Thereafter give 10–20 mg IV every two hours for six hours to maintain sedation, as necessary. Continue with 10–20 mg IV every 6 hours until 24 hours have elapsed since initial sedation. The diazepam should be supplemented in most cases by a major tranquilliser (see below).
- After 24 hours the patient can usually be switched to an oral diazepam regimen (typically 20 mg every six hours for two days, then tailing off over five days).
- Occasionally, patients need much larger doses of diazepam (or other benzodiazepine) to achieve and maintain sedation. Consult a specialist physician or intensive care specialist when larger doses are required.

3 Major tranquillisers

May be required for hallucinations and paranoid delusions, or for extreme agitation not responding to benzodiazepines.

An appropriate initial dose is 2.5–10 mg haloperidol, oral or intramuscular (IM), repeated after one hour if necessary, and then every 6 hours as required.

4 Intravenous fluids

To maintain plasma volume.

5 Potassium supplements

60–240 mmol per day, depending on serum potassium levels.

6 Magnesium supplements

50–100 mmol per day.

7 Thiamine

100 mg IM/IV daily is mandatory.

Administer before any dextrose solutions or oral carbohydrate are given.

8 Prompt treatment of concurrent medical problems**9 Restraint**

Used judiciously to prevent injury.

10 Reassurance

Staff should have a calm non-threatening manner.

11 Uncluttered environment

Reduce noise and any other external stimulation.