

EVALUATION OF A REVISED ALCOHOL WITHDRAWAL PROTOCOL ON BENZODIAZEPINE USE AND OUTCOMES IN THE ICU (B3), Scott Mueller, Ty Kiser, Rob MacLaren, Doug Fish. University of Colorado Denver, Aurora, CO (Scott.Mueller@uchsc.edu) IRB Approval is received.

Alcohol dependence is independently associated with higher in-hospital morbidity and mortality. If not treated appropriately 50% of patients who abuse alcohol will develop alcohol withdrawal syndrome (AWS) compared to 25% of those treated prophylactically. Studies suggest that managing patients at risk for AWS with a symptom-triggered benzodiazepine based protocol may reduce the total amount of benzodiazepine given and shorten the duration of therapy when compared to fixed dose schedules. This retrospective study compares a cohort of patients treated for alcohol withdrawal with a previously used alcohol withdrawal protocol (AWP) from March through August 2008 versus a newly revised AWP from September 2008 through March 2009. ICD-9 codes, protocol and chlordiazepoxide use will be evaluated for potential subject enrollment. The primary endpoint is mean daily benzodiazepine use. Secondary endpoints include median clinical institute withdrawal assessment and Riker scores, need for and length of intubation, ICU length of stay, time requiring the AWP, need for a benzodiazepine infusion, haloperidol use, and incidence of hallucination, delirium or seizure. Baseline characteristics will be compared. Data will be analyzed using appropriate

statistics. A p-value of 0.05 or less will be considered statistically significant. Results will be presented.