Step 1: Calculate Initial MINDS Score

**MINDS ≥ 20**  
*Prescriber must Assess Patient*

- Lorazepam 5 mg IVP  
  Reassess MINDS in 15 min

- Lorazepam 4mg IVP  
  Reassess MINDS in 30 min

- Lorazepam 2mg IVP  
  Reassess MINDS in 30 min

- No benzodiazepine  
  Reassess MINDS in 60 min

**MINDS 15 – 19**

- Lorazepam 4mg IVP  
  Reassess MINDS in 60 min

**MINDS 5 – 15**

- Lorazepam 2mg IVP  
  Reassess MINDS in 2 hrs

**MINDS < 5**

- No benzodiazepine  
  Reassess MINDS in 2 hrs

**Step 2: MINDS REASSESSMENT**

**MINDS ≥ 20**  
*Prescriber must Assess Patient*

- Lorazepam 5 mg IVP  
  Reassess MINDS in 30 min

- Lorazepam 4mg IVP  
  Assess MINDS q1h  
  Lorazepam 4mg IVP q30min PRN  
  MINDS 15-19

- Lorazepam 2mg IVP  
  Assess MINDS q2h  
  Lorazepam 2mg IVP q1h PRN  
  MINDS 5-15

- No benzodiazepine  
  Assess MINDS q2h

When MINDS 5 – 15  
*≥ 20 x 3 consecutive assessments, reassess MINDS q4 hours*

**MINDS 15-19, 5-15 and <5:**  
Each time the MINDS score is assessed you should start back at the top of Step 2

**GO TO Step 3**

- ICU team to consider adjucitive agents and non-pharmacologic methods to mitigate alternate causes of symptoms:
  - Opiate analgesics
  - Haloperidol
  - Atypical antipsychotics
  - Anti-epileptics
  - Anti-hypertensives

Created 9-27-13 JLG
Hospital of the University of Pennsylvania
Surgical ICU Alcohol Withdrawal Guideline

Step 3: Lorazepam Infusion
***Check serum osmolality daily while using infusion***

Lorazepam 15mg IVP
Initiate lorazepam infusion at 5mg/hour
Reassess MINDS in 20 min

- MINDS ≥ 20
  - Prescriber must reassess
    - Lorazepam 10mg IVP
    - Increase Lorazepam infusion rate by 2.5mg/hour, up to max rate of 20mg/hour
    - Reassess MINDS in 20 min

- MINDS 15 – 19
  - No change in infusion rate
    - Reassess MINDS in 60 min

- MINDS < 15
  - Decrease rate by 2.5mg/hour every 2 hours
    - Until titrated off
    - Reassess MINDS every 2 hrs

- Once Lorazepam infusion stopped, go back to Step 2 with reassessment score

***Maximum recommended Lorazepam infusion rate of 20mg/hour. If patient requires higher dose, diagnosis of AWD must be re-evaluated by prescriber and attending physician.***

References: