Institution Name: Al Masarra Hospital					
Document Title: Benzodiazepines Prescribing Guideline for substances use patients					
Approval Process					
	Name	**Title / Designation**	**Institution**	**Date**	**Signature**
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Acronyms

AMRH	Al Masarra Hospital
OPD	Out Patient Department
BNZ	Benzodiazepines
ED	Emergency Department
P.O	Per oral
I.V	Intravenous
HS	Take at bed time
CIWA-b	Clinical Institute Withdrawal Assessment Scale -benzodiazepines
LAMA	Leave against medical advice

Benzodiazepines Prescribing Guideline for Substance Users Patients

1. Introduction

Benzodiazepines (BNZ) can be prescribed for cases of substances and alcohol use disorders if clinically indicated when benefits outweigh the risk of abuse. Benzodiazepines are preferably given under supervision and for a short duration when prescribed for patients with misuse potentials.

2. Scope

This document is applicable to all doctors, psychiatrists, residents, nursing staff and pharmacists in Al Masarra Hospital (AMRH).who have involvement in the treatment of patients with alcohol/BNZ/ illicit substances misuse/potential misuse.

3. Purpose

3.1 To provide general guidance for doctors at AMRH in prescribing benzodiazepine for patients with alcohol/BNZ/ illicit substances misuse/potential misuse attending AMRH triage, Outpatient department (OPD) or inpatients.

3.2 To limit unnecessary benzodiazepines prescriptions for clients with misuse potentials.

4. Definitions

4.1. Benzos: Benzodiazepines are a class of depressant drugs within Anxiolytics ,sedatives and hypnotic group which are listed in schedule IV controlled substances (e.g.Diazepam, Clonazepam, Midazolam, etch.,)

4.2. Internal Committee**:** consists of HoD addiction, treating specialist, other addiction specialist and clinical pharmacist

4.3. insomnia: difficulty in falling asleep, staying asleep, or getting a quality sleep.

5. Guidelines

5.1. There are many indications for prescribing benzodiazepines (benzos) among substance user patients attending in AMRH. This guideline will describe benzodiazepines prescribing indications in different setting such as inpatient (IP), outpatient (OPD), and emergency department (ED).

5.2. Inpatient prescribing indications are induction of sleep, treatment of alcohol withdrawal state, treatment of Benzodiazepines (benzos) withdrawal state, and treatment of anxiety disorders.

5.2.1. *Induction of sleep*. If a patient during withdrawal state from substance use/misue, is suffering from insomnia, or with poor night sleep quality such as sleep of less than 4 hours, or interrupted; BNZ shall be prescribed for a short term.

5.2.1.2. Short term prescription can be facilitated as Tab. Diazepam 10mg HS for 7 days then to taper-off to 5 mg HS for 7 days then to discontinue; or Tab. Midazolam 7.5 mg for 14 days then to discontinue specially in clients with impaired liver function if benefits outweigh the risk.

5.2.1.2 No benzodiazepines should be prescribed to client for sleep induction upon discharge from hospital.

5.2.2. *Treatment of Alcohol withdrawal state.* Benzodiazepines Detoxification regimen doses are determined according to the severity of withdrawal symptoms as mentioned in alcohol withdrawal treatment guideline. *(Refer to Alcohol Withdrawal Treatment Guideline AMRH/AP/GUD/001/Vers.01)*

5.2.2.1. If patient is discharged as against medical advice (LAMA) and is on high doses of benzodiazepine, tapering off will be prescribed upon discharge within a period of 1-2 days under supervision of close family member, along with an advice instruction that patient will attend ED or OPD clinic for reassessment and/or for further tapering off if patient remained abstinent from alcohol.

5.2.2.2 Short acting Benzodiazepines like Lorazepam or Midazolam are preferred over long acting in special cases where Diazepam is contraindicated such as in cases of liver failure, liver cirrhosis, jaundice, COPD, or Bronchial Asthma.

5.2.3. *Treatment of Benzodiazepines (benzos) withdrawal state*. This occurs due to benzodiazepines dependence or misuse such as clonazepam, midazolam, alprazolam etch., use.

5.2.3.1. In patient with benzodiazepines moderate-severe dependence necessitates a full evaluation of benzodiazepine use, duration and severity and risk of withdrawal seizure, concomitant substance use, and concomitant medical and mental disorders, as well as the completion of current medication history before offering a planned admission for inpatient benzodiazepines withdrawal.

5.2.3.2. Tapering begins with prescribing a different BNZ agent, excluding the abused drug, preferably with long acting properties.

5.2.3.3. Observe patient for possibility of benzodiazepines withdrawal symptoms and its severity using Benzodiazepines withdrawal scale (CIWA-b) and document observations of patient's progress in Kardex . (*See Appendix 1 for CIWA Form-B)*

5.2.3.4. Duration of tapering can lasts up to weeks or few months depending on assessment of severity of dependence and withdrawal, together with the doctor's clinical judgment.

5.2.3.5. Upon discharge, continue tapering-off as OPD with clear documentation of the agreed duration of tapering. Outpatient prescriptions should only be given under supervision of a reliable family member.

5.2.3.6. A urine drugs screening test is mandatory on patient's next follow-up OPD visit. If a urine drug screening shows a negative benzodiazepines screening result; and/or the test result shows a positive result for any other illicit substances, the benzodiazepine prescription will be discontinued and an inpatient detoxification program will be offered to the patient.

5.2.4. *Treatment of Anxiety disorders.* During acute agitation, secondary to substance induced such as stimulants or cannabis induced psychosis, benzodiazepines like clonazepam, lorazepam and diazepam are indicated.

5.2.4.1. Benzodiazepines can be prescribed in low doses for short duration such as in 2-4 weeks. Clonazepam is usually prescribed in divided doses of 0.5 mg bid to qid in the first 3-5 days, to control severe agitation Dose can be adjusted in special circumstances as per clinical judgment.

5.2.4.3. Avoid prescribing benzodiazepines if a patient presents an alcohol or opioids intoxication, or in state of respiratory depression.

5.3. Outpatient prescribing guideline

5.3.1. For Opioid Use Disorder Cases, avoid Benzodiazepines prescription as much as possible. If the patient's condition requires sedative medications, start with non-benzodiazepines hypnotics (e.g., antihistamines, Amitriptyline, Melatonin,etc). Consider drug-drug interaction and contraindications before prescribing. BNZ can be prescribed only in selected cases of opioid use disorder if benefits outweigh the risk of abuse e.g., in patients with concomitant alcohol, stimulants, or benzodiazepines dependence but should only be given under supervision of reliable caregiver and for maximum of 5 days.

5.3.2. For Alcohol use disorder cases, with alcohol intoxication as it appears by clinical assessment and by alcohol blood level, avoid prescribing any BNZ; also assess further severity of withdrawal symptoms, risk of complicated withdrawal and review criteria for inpatient detoxification through addiction clinic for arrangement.

5.3.2.1. Plan an outpatient or inpatient alcohol detoxification and initiate benzodiazepines regimen according to Alcohol Withdrawal Treatment Guideline. *(Refer to Alcohol Withdrawal Treatment Guideline AMRH/AP/GUD/001/Vers.01)*

5.2.3.2.2. If a patient is candidate for INPATIENT detoxification and refused admission and instead requested for an outpatient detoxification treatment, counsel him and his family for the need of hospitalization for detoxification. Alternative option is to start outpatient detox under supervision of family (benzodiazepines regimen will be dispensed for maximum of 48-72 hrs) with an instruction advice that the patient attends ED/clinic for re-evaluation for further tapering. If both options are still declined, patient can then sign the LAMA form.

5.3.3. If a patient presents with risk of suicide, homicide, aggression or psychotic manifestations, admission should be done in general psychiatry ward under addiction department care.

5.3.4. *For benzodiazepines dependent cases*, from inpatients, a patient is prescribed with OPD maintenance benzodiazepines, wherein doses are to be continued and planning of future care should be discussed with the patient; weighing the risk versus the benefits; with random urine drug screening to be done during OPD follow-up

visits. (Note: Immunoassay urine screening test will not detect some of prescribed benzodiazepines e.g. clonazepam, bromazepam, and midazolam in case of suspicion of high of benzodiazepines abuse, so contact laboratory for possible arrangement of chromatography screening test)

5.3.4.1. . *Follow Guidelines 5.2.3.1. to 5.2.3.3.*

5.3.4.2. In special cases, refer patient to Internal Committee for addiction related cases, to assess the justification of prescribing versus discontinuing the benzodiazepine to determine the doses, duration and the need for admission.

5.3.4.3. If a patient is noncompliant or have missed follow-ups for more than 3 months, re-assess the patient's current substances use and benzodiazepines dependence and decide accordingly about prescribing benzodiazepines otherwise, refer patient to internal committee for assessment and evaluation.

5.4. <u>Emergency Department</u> Prescribing Protocol

5.4.1. Avoid prescribing benzodiazepines from ED in absence of clear indication.

5.4.2. Follow the same outpatient benzodiazepines prescribing guideline except the duration of prescription which should not exceed 7 days.

5.4.3. In the absence of medical or psychiatric emergency, patient who missed two or more consecutive OPD appointments, shouldn't be prescribed with any benzodiazepines and should be directed to health information department to get an outpatient regular appointment from treating doctor.

5.4.4. Benzodiazepines can be prescribed for follow up patients who are currently in remission as proved by their last OPD visit examination notes and with confirmed a negative urine drug screening test for other substance but positive for benzodiazepines (with diazepam prescription) for a duration not more than 7 days

6. Responsibilities

6.1. Doctors shall:

6.1.1. Perform comprehensive clinical assessment for substance use patients and indications of prescribing benzodiazepines.

6.1.2. Document all clinical assessment of patients and management plan in electronic file in Al Shifa system.

6.1.3. Adjust benzodiazepines prescribed doses as per clinical indications

6.1.4. Refer patient to internal committee when indicated

6.2. Nursing staff shall

6.2.1. Complete nursing procedures including vital signs check before and after administration of benzodiazepines doses in ED or in the wards.

6.2.2. Observe for benzodiazepines withdrawal symptoms and its severity by using Benzodiazepines withdrawal scale (CIWA-b) and document observations of patients progress in Kardex

6.2.3. Administer medications as prescribed when patient is conscious and vitally stable.

6.2.4. Report any related incidents in Incident Reporting System (IRLS)

6.3**.** Clinical Pharmacist shall:

6.3.1. Advise about drug-drug interaction for referred patient with medical comorbidities or with concomitant medications in active prescription of the patient.

6.3.2. Participate as a member in internal committee for referred patients when indicated

6.3.3. Provide health information and awareness about BNZ misuse for patients with dependence potentials.

7. Document History and Version Control Table

Document History and Version Control			
Version	**Description of Amendment**	**Author**	**Review Date**
1	Initial Release	Dr.Asila Al-Zaabi	March 2026
2	Update		
Written by	**Reviewed by**	**Approved by**	
Dr.Asila Al-Zaabi	Ph. Sharifa Al Ruzaiqi	Dr. Bader Al Habsi	

8. Related Documents

8.1 Appendix 1. CIWA (Clinical Institute Withdrawal Assessment Scale) for Benzo Form-B.

8.2. Appendix 2. Audit Tool

8.3. Appendix 3. Document Request Form

8.4. Appendix 4. Document Validation Checklist

9. References

Title of book/Journal/articles/Website	Author	Year of publication	Page
Benzodiazepines Use Protocol in Addiction Department	Addiction Dept. Al Masarra Hospital	2016	
The Maudsley Prescribing Guidelines	David Taylor HarryMcConnell		
NICE guidance: Benzodiazepine/Hypnotics de-prescribing	NICE		
Manual of clinical psychopharmacology	Alan F.Schatzberg Charles deBattista		

10. Appendices.

Appendix 1.CIWA-B (Clinical Institute Withdrawal Assessment Scale) for -Benzodiazepine

Patient ID/ Name:

Objective Physiological Assessment (by the clinician/clinical nurse)						
For each of the following items, please circle the number which best describes the severity of each symptom or sign.						
1	Observe for <u>restlessness and agitation</u>	0 None, normal activity	1 ----	2 Restless	3 ----	4 Paces back & forth, unable to sit still
2	Observed for tremors. Ask patient to extend arms with fingers apart	0 No tremor	1 Not visible, can be felt in fingers	2 Visible but mild	3 Moderate, with arms extended	4 Severe, with arms not extended
3	Observe for sweating, feel palms	0 No sweating visible	1 Barely perceptible sweating, palms moist	2 Palms and forehead moist, reports armpit sweating	3	
Patient Self-Report						
For each of the following items, please circle the number that best describes the patient's response/how you feel						
4	Do you feel irritable?	0 Not at all	1 ---	2 ---	3 ---	4 Very much so
5	Do you feel fatigued (tired)?	0 Not at all				4 Unable to function due to fatigue
6	Do you feel tense?	0 Not at all				4 Very much so
7	Do you have difficulties concentrating?	0 No difficulty				4 Unable to concentrate
8	Do you have any loss of appetite?	0 No loss				4 No appetite, unable to eat
9	Have you/do you have any numbness or burning in your hands, face, or feet?	0 No numbness				4 Intense burning or numbness
10	Do you feel your heart racing (palpitation)?	0 No disturbance				4 Constant racing
11	Does your head feel full or achy?	0 Not at all				4 Severe headache
12	Do you feel muscle aches or stiffness?	0 Not at all				4 Severe stiffness or pain

13	Do you feel anxious, nervous, or jittery?	0 Not at all				4 Very much so
14	Do you feel upset?	0 Not at all				4 Very much so
15	How restful was your sleep last night?	0 Very restful				4 Not at all
16	Do you feel weak?	0 Not at all				4 Very much so
17	Do you think you had enough sleep last night?	0 Yes, very much so				4 Not at all
18	Do you have any visual disturbances? (sensitivity to light, blurred vision)	0 Not at all				4 Very sensitive to light, blurred vision
19	Are you fearful?	0 Not at all				4 Very much so
20	Have you been worrying about possible misfortunes lately?	0 Not at all				4 Very much so
21	How many hours of sleep do you think you had last night?					
22	How many minutes do you think it took you to fall asleep last night?					

Total CIWA-B **Score:** __________ **Level:** __________	Interpretation of Scores: *Sum of items 1-20* *1-20 = mild withdrawal* *21-40 = moderate withdrawal* *41-60 = severe withdrawal* *61-80 = very severe withdrawal*

Additional Assessments										
Date										
Time										
Blood Pressure										
Pulse										
Temperature (per axilla)										
Respirations										
ALERT/ORIENTED, OBEYS COMMANDS? (If NO, complete GCS (Glasgow Coma Scale) score/status	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*
	No	*No*	*No*	*No*	*No*	*No*	*No*	*No*	*No*	*No*
Pupil Size/Reaction (in mm) Left Eye										
Right Eye										

Tool Citation:

Busto, U. Sykora, K. and Sellers, E. A clinical scale to assess benzodiazepine withdrawal. Journal of Clinical Psychopharmacology, 1989.(6): 412-416.

Drug & Alcohol Services South Australia

Appendix 2.Audit Tool

Department:							**Date**	
S.N.	**Audit Process**	**Standard / Criteria**	**Yes**	**Partial**	**No**	**N/A**	**Comment**	
1.	Document review	Does the benzo prescribed in OPD performed as per clinical indications in this guideline?						
2.	Document review	Is Outpatient prescribing guideline for OPD follow-up visits being followed?						
3.	Document review	Is Emergency Department Prescribing guideline for substances user patients being applied in ed?						
4.	Document review	Are comprehensive assessment and management plan clearly documented in the patient file by the admitting doctor?						
5.	Document review	Is the Treatment of Benzodiazepines (benzos) withdrawal state applied appropriately for hypnotic dependent patient?						
6.	Document review	Does benzo withdrawal regimen written with clear clinical plan for discontinuation?						
7.	Document review	Are vital signs: Temp, B.P, PR and P.R monitored by staff in the first 24 hrs of admission and documented in Kardex as directed by the admitting doctor?						
8.	Document review	Is CIWA-b assessment tool for monitoring the severity of withdrawal done and documented in Kardex?						
9.	Document review	Is reassessment done by doctors when required within 24 hrs of admission?						
10.	Document review	Does high dose benzos prescription tapered down upon discharge AMA and under supervision of caregiver?						

Appendix 3.Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Dr.Asila Al-Zaabi	Date of Request	March 2023
Institute	Al Masarra Hospital	Mobile	-
Department	Addiction Department	Email	UmSadeen700@gmail.com
The Purpose of Request			
☑ Develop New Document	☐ Modification of Document	☐ Cancelling of Document	
1. Document Information			
Document Title	Benzodiazepines Prescribing Guideline for Substance User Patients		
Document Code	AMRH/AP/GUD/003/Vers.01		
Section B: Completed by Document Controller			
☑ Approved	☐ Cancelled	☐ Forward To:……………..	
Comment and Recommendation: *proceed with the document*			
Name	Kunooz Al Balushi	Date	March 2023
Signature	[signature]	Stamp	

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Appendix 4.Document Validation Checklist

Document Validation Checklist					
Document Title: Benzodiazepine Prescribing Guideline for Substance User Patients		**Document Code:** AMRH/AP/GUD/003/Vers.01			
No	Criteria	**Meets the Criteria**			**Comments**
		Yes	**No**	**N/A**	
1.	**Approved format used**				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	**Document Content**				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)			✓	
3.	**Well defined procedures and steps**				
3.1	Procedures in orderly manner			✓	
3.2	Procedure define personnel to carry out step			✓	
3.3	Procedures define the use of relevant forms			✓	
3.4	Procedures to define flowchart			✓	
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	**General Criteria**				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations ………… For implementation ..✓…….. More revision ……. To be cancelled……………					
Reviewed by: Kunooz Al Balushi		**Reviewed by:** Maria Claudia Fajardo-Bala			

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