

# What Nursing Facilities Should Know About Alcohol Withdrawal

Alcohol withdrawal occurs when a person stops drinking or significantly decreases their alcohol intake after long-term use.<sup>1</sup> Nursing facility staff should recognize the signs and symptoms of alcohol withdrawal and ensure the resident receives appropriate treatment. Alcohol withdrawal can be life-threatening and should be treated by a medical professional.<sup>2</sup>

## Signs and Symptoms of Alcohol Withdrawal

Alcohol withdrawal has a broad range of symptoms including:



**Sweating**



**Rapid Heart Rate**



**Nausea**



**Vomiting**



**Irritability**



**Depression**



**Anxiety**

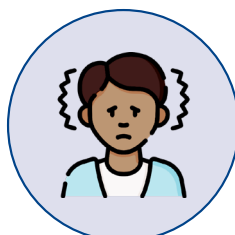


**Cravings**



**Difficulty Sleeping**

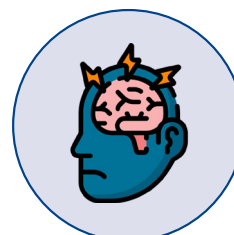
## Severe Signs and Symptoms of Alcohol Withdrawal



**Delirium Tremens**



**Hallucinations**



**Seizures**

## When Alcohol Withdrawal Symptoms are Detected

Notify the attending physician. The attending physician will provide guidance and, when appropriate, an order to start the detoxification process.



## Nursing Facility Detoxification

If the resident has mild withdrawal symptoms and is being detoxed on-site, the assigned nursing facility staff should provide the following support:

- **Assessment and Monitoring.** Conduct a comprehensive assessment and closely monitor vital signs, including heart rate, blood pressure and respiratory rate.
- **Seizure Prevention.** Administer appropriate medications (e.g., benzodiazepines) to prevent seizures, a potential complication of alcohol withdrawal symptoms.
- **Delirium Prevention.** Identify residents at high risk for delirium tremens and implement interventions, including pharmacological support.
- **Fluid and Electrolyte Balance.** Monitor and maintain adequate fluid intake and electrolyte balance to prevent dehydration and address any imbalances caused by alcohol withdrawal.
- **Pharmacologic Support.** Administer medications, such as benzodiazepines or anticonvulsants, to manage alcohol withdrawal symptoms, including anxiety, agitation, insomnia and tremors.
- **Psychological Support.** Provide psychological support, counseling, and behavioral interventions to address the emotional and psychological challenges.
- **Nutritional Support.** Ensure proper nutrition and address any nutritional deficiencies caused by alcohol abuse and poor dietary habits.
- **Safety Measures.** Implement safety protocols to prevent self-harm, falls or accidents during the withdrawal process.
- **Education and Relapse Prevention.** Provide resident education on the consequences of alcohol consumption, teach coping skills and relapse prevention strategies to support long- term recovery.<sup>3</sup>

## Inpatient Detoxification

If detoxification is not appropriate in the nursing facility, the resident is a candidate for inpatient detoxification. The physician and nursing facility staff should initiate an involuntary transfer to a facility equipped to provide safe detoxification for the resident.

## Emergency Transfers

When a resident is temporarily transferred on an emergency basis to an acute care facility, notice of the transfer may be provided to the resident and resident representative as soon as practicable. Copies of notices for emergency transfers must also still be sent to the ombudsman, but they may be sent when feasible, such as in a list of residents on a monthly basis.

When a resident is emergently transferred to acute care, these scenarios are considered facility-initiated transfers, not discharges. F 623 §483.15 <sup>4</sup>

**The goal of detoxification is to provide residents with a safe and humane way to withdraw from substances.**



### References:

1. National Institute of Health
2. An Overview of Outpatient and Inpatient Detoxification
3. 5 Alcohol Withdrawal Nursing Care Plans
4. CMS State Operations Manual: Appendix PP- Guidance to Surveyors for Long-Term Care Facilities