

August 13, 2024

ALCOHOL WITHDRAWAL MANAGEMENT

1. PURPOSE

The purpose of this notice is to standardize and improve alcohol withdrawal management across the VA healthcare system by establishing comprehensive written guidance. This interim policy is in response to the Office Inspector General, Report 21-01488, Veteran Health Administration Needs More Written Guidance to Better Manage Inpatient Management of Alcohol Withdrawal, dated January 4, 2024:

<https://www.vaig.gov/reports/national-healthcare-review/veterans-health-administration-needs-more-written-guidance>. **AUTHORITY:** 38 U.S.C. § 7301(b).

2. LOCAL DOCUMENT REQUIREMENTS

Department of Veterans Affairs (VA) medical facilities are required to develop and maintain, at minimum, a VA medical facility standard operating procedure (SOP) for the assessment and treatment of alcohol withdrawal (see paragraph 4).

3. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall Veterans Health Administration (VHA) compliance with this notice.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this notice to each of the Veterans Integrated Service Networks (VISN).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all within that VISN.

(3) Overseeing VISNs to ensure the effectiveness of and compliance with this notice.

c. **Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer is responsible for:

(1) Supporting the Specialty Care Program Office (SPCO), National Hospital Medicine Program, with implementation and oversight of this notice.

(2) Supporting the development of mitigation or corrective actions to address noncompliance with this notice.

d. **Chief Officer, Specialty Care Program Office.** The Chief Officer, Specialty Care Program Office is responsible for supporting the National Program Executive Director (NPED), VHA Hospital Medicine in executing their responsibilities as outlined in this directive.

e. **National Program Executive Director, VHA Hospital Medicine.** The National Program Executive Director, VHA Hospital Medicine is responsible for:

(1) Collaborating with the Executive Director, Office of Mental Health to establish the minimum standards for VA medical facility standard operating procedures regarding alcohol withdrawal management.

(2) Ensuring that the standards specified by this directive are being implemented and collaborating with VISN Directors to ensure corrective action is taken when noncompliance is identified.

(3) Maintaining a SharePoint toolkit for alcohol withdrawal management SOP resources. **NOTE:** See paragraph 4 for link to resources and Model SOP.

(4) Collaborating with VISN Directors to identify persistent or systemic noncompliance, risks, and other issues, including failure to establish or implement corrective action plans.

f. **Executive Director, Office of Mental Health.** Executive Director, Office of Mental Health is responsible for:

(1) Collaborating with NPED, VHA Hospital Medicine to establish the minimum standards for VA medical facility standard operating procedures regarding alcohol withdrawal management.

(2) Collaborating with NPED, VHA Hospital Medicine to maintain the SharePoint toolkit for alcohol withdrawal management.

g. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing the Assistant Under Secretary for Health for Clinical Services and the Assistant Under Secretary for Health for Operations when barriers to compliance are identified. **NOTE:** See paragraph 6.

(2) Overseeing corrective actions to address noncompliance at the VISN and VA medical facilities within the VISN.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and taking corrective action if noncompliance is identified. See paragraph 6.

(2) Ensuring that, at a minimum, the VA medical facility has an SOP in place with specific guidance for the treatment of Veterans with alcohol withdrawal.

i. **VA Medical Facility Chief of Staff and Associate Director for Patient Care Services.** The VA medical facility Chief of Staff and the Associate Director for Patient Care Services are responsible for:

(1) Overseeing the development of the local SOP necessary for compliance with this notice.

(2) Determining which VA medical facility Clinical Service Chiefs (especially Nursing) are involved in the care of patients with alcohol withdrawal to ensure their participation in developing the local SOP.

j. **VA Medical Facility Clinical Service Chiefs.** VA medical facility Clinical Service Chiefs involved in the care of patients with alcohol withdrawal are responsible for:

(1) Developing and approving the content of locally developed documents on assessment and treatment of alcohol withdrawal necessary for compliance with this notice.

(2) Ensuring that locally developed documents on the assessment and treatment of alcohol withdrawal are widely shared in accordance with this notice.

4. STANDARD OPERATING PROCEDURE REQUIREMENTS

a. Facilities must develop an SOP for the management of Veterans with alcohol withdrawal meeting the requirements outlined in this paragraph. **NOTE:** *Medical center policies (MCPs) are also permissible. A Model SOP is available here:*

<https://dvagov.sharepoint.com/sites/vhahospitalmedicine/awm?OR=Teams-HL&CT=1713890360844&xodata=MDV8MDJ8fDIyNTU2YWQ0YmU1NTQ5OTAyZTc5MDhkY2JhZWJkZTdjfGU5NWYxYjIzYWJhZjQ1ZWU4MjFkYjdhYjI1MWFiM2JmfDB8MHw2Mzq1OTA3Njk0MjQ2OTA0NTJ8VW5rbm93bnxUV0ZwYkdac2IzZDhleUpXSWpvaU1DNHdMakF3TURBaUxDSIFJam9pVjJsdU16SWIMQ0pCVGIJNklrMWhhV3dpTENKWFZDSTZNBjA9fDB8fHw%3d&sdata=OXhGcU9jMWI1cFpxY0J5amwzcnkwVU9JWEJhZk1sOU5ETIU2TWxGVkhHQT0%3d&clickparams=eyJiWC1BcHBOYW1lIiA6IENaWNYb3NvZnQgT3V0bG9vaylsICJYLUFwcFZlcnNpb24iIj0gIjE2LjAuMTY3MzEuMjA3MzgiLCAiT1MilDoglIdpbmRvd3MilH0%3D>. *A toolkit of recommended resources is available to help meet this requirement at*

<https://dvagov.sharepoint.com/sites/vhahospitalmedicine/awm>. *These are internal VA websites that are not available to the public.*

b. VA medical facility local documents must contain the following content:

(1) Address diagnosis of alcohol withdrawal and when to initiate the alcohol withdrawal protocol. **NOTE:** *Alcohol withdrawal severity scores are non-specific and should not be used to establish a diagnosis of alcohol withdrawal.*

(2) Use of a validated scale for initial and ongoing assessment and documentation of alcohol withdrawal severity and associated patient management.

(3) Guidance on level of care (ambulatory, inpatient, intensive care unit (ICU), residential) and when transfer of care is indicated.

(4) Guidance to nurses regarding communication with prescribers based on changes in severity of withdrawal, including when that communication should be followed by prescriber face-to-face patient evaluation.

(5) Guidance for determining the frequency of patient reassessments.

(6) Guidance regarding the evaluation of concurrent medical and psychiatric conditions at appropriate stages of care, for example, military sexual trauma and psychiatric disorders such as posttraumatic stress disorder or other non-alcohol substance use disorders, which can underlie alcohol use disorder and associated instances of alcohol withdrawal, as well as cardiovascular, hepatic, and renal function to guide treatment.

(7) Guidance on when to seek consultation from specialists (e.g., addiction medicine or addiction psychiatry trained specialists).

(8) Guidance on initiating pharmacotherapy for Alcohol Use Disorder (AUD), ideally prior to discharge if hospitalized.

(9) Care coordination recommendations for Alcohol Use Disorder treatment services to support successful transition to outpatient care, including options for residential AUD treatment as available (also see VHA Directive 1160.04, VHA Programs for Veterans with Substance Use Disorders, dated December 8, 2022, Appendix B).

5. TRAINING

a. All staff involved in ordering and implementing alcohol withdrawal care must be trained on their facility's alcohol withdrawal SOP (or alternate local document as described in paragraph 4.a.), including clinical components of the severity scale.

b. All staff administering, interpreting, and applying the validated alcohol withdrawal severity scale used by their facility (e.g., CIWA-Ar) must complete standardized training to ensure accurate and consistent use. Potential training resources to assist facilities in doing so are located at

<https://dvagov.sharepoint.com/sites/vhahospitalmedicine/awm/SitePages/ExampleTrainings.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

6. IMPLEMENTATION SCHEDULE: This notice will be effective 120 days after publication. Facilities will have 120 days from the publication date of this notice to create or update their facility Alcohol Withdrawal SOP and to establish standardized training as described in paragraph 5. Completion of the requirements will be documented through

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an attestation process at <https://forms.office.com/g/Mrc8gtmQ1k> and will require the facility to upload their SOP.

7. All inquiries concerning this action should be addressed to the Office of Specialty Care, Hospital Medicine Program (11SPEC 11) at vha11spec11hospitalmedicine@va.gov.

8. This VHA notice will expire and be archived on August 31, 2025.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Erica Scavella, M.D., FACP, FACHE
Assistant Under Secretary for Health
for Clinical Services/Chief Medical Officer

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