Princeton House Behavioral Health Clinical Institute Withdrawal Assessment (CIWA-Ar)

Print Name/Signature/Title		Initial Place Patient Label Her							
						Ψ.			
			Date:		T	T			
			Time:						Г
	Ten	nperature-	>						
		art Rate	>						
Respirations>									
Nausea & Vomitng	0-No nausea or vor	od Pressur	<u>'8></u>		+-	-	-		-
Ask "Do you feel sick to your stomach?	1-Mild nausea with no vomiting 4-intermittent nausea with dry heaves				1		l		
Have you vomitted? Observation				1 1	1	1	1	ļ.	1
	7-Constant nauses, dry heaves & vomiting					ļ			
Tremors	0-No tremor			1 1	ı	ı	l		İ
Arms extended & fingers spread apart	1-not visible, but can be felt 4-Moderate with patient's arm extended			1 1	1	1	,		1
Observatiuon	4-Moderate with pa 7-severe, even with	itient's am	extended	1 1	1				l
Paravyamal Swaata	0-No sweat visible	arms not	exterioed		+	 		_	
Paroxysmal Sweats		e cuestica		1	1	1		1	1
Coservation	bservation 1-Barely perceptible sweating 4-Beads of sweat on forehead					'			l
	7-Drenching sweat		•	<u> </u>			,		
Anxiety	0-No anxiety								
Ask "Do you feel nervous?	1-Mildly anxious				1		1		
Observation	4-Moderately anxious			1 1	l				×
	7-Acute panic attac	*				-			_
Agitation	0-Normal Activity				1	1			
Observation	1-More than normal activity				1	1		1	
	4-Moderately fidget	•	iess	1					- 0
	7-Paces back and	forth				-		_	
Tactile Disturbances	0-None		4	1 1		,			
Ask "Have any itching, pins & needles	1-Very mild itching, pins and needles			1 1		1		1 1	
sensations, buring, numbness, or do	4-Moderately severe hallucinations 7-Continuous severe hallucinations				1				
you feel bugs crawling. Observation		re nallucin	ations		-	 			
Auditory Disturbances	0-Not present	- f -l-bl-			İ				
Ask "Are you more aware of sounds around you? Are they harsh, frightening,	1-Mild harshness or frightening 4-Moderate harshness/hallucinations								
disturbing, or you know they are not there?	7-Severe or continuous hallucinations								
Visual Disturbances	0-None	,							
Ask "Does light appear bright, hurt your	1-Very mild sensitiv	vitv			1				
eyes or seeing anything disturbing you	4-Moderately severe hallucinations			1 1					
know is not there? Observation	7-Continuous hallu			<u> </u>		<u></u>			
Headache, Fuliness in Head	0-Not present		-			1			
Ask "Does your head feel different or like	1-Very mild			1 1		1			
there is a band around your head? Do not	4-Moderately sever					1			
rate for dizziness or lightheadedness	7-Extremely severe				-		_		
Orientation & Sensorium	0-Oriented and can		Delice and the second	1.	1				
Ask" What day is this? Where are you? Who am !?	1-Cannot do serial additions-date uncestain 2-Disoriented to date by 2 or less days								
3-Disoriented to date by more than 2 da									
	4-disoriented for place or person				1	1			
Severe ≥ 15 = Ativan 3mg			Total						
Moderate 8-14 = Ativan 2mg	,*			1	1				
			Score		+	-	_		
Mild < 7 = Ativan 1 mg		, ,	Initials						
Other Clinical Comments:				{					
<u> </u>									

Princeton House Behavioral Health Clinical Opiold Withdrawal Scale (COWS)

Mild 5-12 = Methadone 5mg or Suboxone 2mg Other Clinical Comments:

Print Name/Signature/Title		Initial		Place	Patie	nt La	bel H	ere		
			1						<u> </u>	
		5.7	Date:				<u></u>			
			Time:			L				
		emperature	>	•						
		Respirations	> ·				_			
		Blood Pressu	Jre>		,					,
Resting Pulse Rate	0-pulse rate 80 c						Γ.			
Measure after pt. Is sitting or lying	s sitting or lying 1-pulse rate 81-100 2-pulse rate 101-120			1		i				1
for one minute				1	l	Į	1	١.		i
		4-pulse rate greater than 120 0-no report of chills or flushing					├──	-	-	-
Sweating	0-no report of ch	and of chills o	r flushina	ľ.	١.		1			ŀ
Over past 1/2 hour not accounted for by room temp, or pt. activity	1-subjective report of chills or flushing 2-flushed or observable moistness of face			1			1			l
by room temp. or pr. activity	3-beads of swea	t on brow or								
	4-sweat streaming	ng off face		-	· -	<u> </u>	-	-	4	-
Restlessness	0-able to sit still			1	1		1	1	1	
Observation during assessment	1-reports difficult	ty sitting still	, but is able to	1	1	l				
	3-frequent shifting 5-unable to sit st	ng movemer	seconds	1 .		1				
Pupil size	0-pupils pinned	or normal si	e for room light	+						
Pupii size	1-pupils possibly	larger than	normal		ļ ·			1		!
· ·	2-pupils modera	tely dilated						1		1
	5-pupils dilated of	only rim of in	is visible	—			-	├		
Bone or Joint aches	0-not present			4	ļ	ŀ.,	1	1		i
if pt. has prior pain, rate only component	1-mild diffuse discomfort			į .				1	1	
related to opiate withdrawal	2-pt reports seve			1	i	ĺ	1	1		1
	4-pt rubbing join	ts/muscles	inable sit	+-		-	┼	┼─	-	-
Runny nose or tearing	0-not present	2.00		ľ		1	[1 .	1	l
Not accounted for by cold symptoms	1-nasal stuffiness or unusually moist eyes				1		1	1		
or allergies	2-nose running or tearing 4-nose constantly running tears streaming				1	1		1		
Gl upset	0-no GI sympton									
Over last 1/2 hour						1				1
Total Maria				1	ł	l			'	l
				.l	1			1	1.0	
		des of diarm	eaor vomiting	-	-	+	+	+	-	-
Tremor	0-no tremor		changed			1		1 .	1	l
Observation of outstretched hands	1-tremor can be felt, but not observed 2-slight tremor observable 4-gross tremor or muscle twitching			1	l		1	1		
,					1.			1		
Yawning	0-no yawning			1	1		1			
Observation during assessment	1-yawning once or twice					1		1		İ
	2-yawning 3 or more times			1.	1	1	1	1		
, ,	4-yawning several time/minute				_	<u> </u>	-			<u> </u>
Anxiety or Irritability	0-none		me de la la		1	1	1			[
		1-pt reports increasing irritability/anxiety 2-pt. obviously anxious				1			1	l
	4-pt so irritable/a		22022		1		1			l
Gooseflesh skin	0-skin is smooth		633033	 	 	 	1	1		_
COCSCIESTI SKIII	3-piloerection can be felt hairs standing up 5- prominent piloerection				ł	1				
				1						
			Total Score	1			1			
				+		 	 -	+		-
Moderate Severe 25-36 =methadone 15mg or Suboxone 6mg Initials										
Moderate 13-24 = Methadone 10mg or Subs	oxone 4mg									

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