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|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| CLINICAL INSITUTE WITHDRAWAL ASSESSMENT (CIWA) | DATE | | | | | | | | | | | | | | | | | | |
| | TIME | | | | | | | | | | | | | | | | | | |
| | PULSE | | | | | | | | | | | | | | | | | | |
| | BP | | | | | | | | | | | | | | | | | | |
| Instructions for Nursing: 1. Assess patient and select ONE SCORE for each of the ten variables 2. ADD each score from the ten variables to obtain a TOTAL score 3. Record TOTAL score on Alcohol Withdrawal Assessment Scale | | | | | | | | | | | | | | | | | | | |
| Nausea and vomiting | | | | | | | | | | | | | | | | | | | |
| Tremor | | | | | | | | | | | | | | | | | | | |
| Tactile Disturbances | | | | | | | | | | | | | | | | | | | |
| Auditory Disturbances | | | | | | | | | | | | | | | | | | | |
| Paroxysmal Sweats | | | | | | | | | | | | | | | | | | | |
| Visual Disturbances | | | | | | | | | | | | | | | | | | | |
| Anxiety | | | | | | | | | | | | | | | | | | | |
| Headache or Fullness in Head | | | | | | | | | | | | | | | | | | | |
| Agitation | | | | | | | | | | | | | | | | | | | |
| Orientation | | | | | | | | | | | | | | | | | | | |
| Total Score | | | | | | | | | | | | | | | | | | | |
| Assessors Initials | | | | | | | | | | | | | | | | | | | |

ASSESSMENTGUIDELINES
Clinical Institute Withdrawal Assessment

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|---|---|--|
| NAUSEA AND VOMITING: Ask: "Do you feel sick to your stomach? Observation: | | |
| 0 no nausea and no vomiting | 3 | 6 |
| 1 mild nausea with no vomiting | 4 intermittent nausea with dry heaves | 7 constant nausea, frequent dry heaves and vomiting |
| 2 | 5 | |
| TREMOR: Arms extended and fingers spread apart. Observation: | | |
| 0 no tremor | 3 | 6 |
| 1 not visible, but can be felt | 4 moderate, with patient's arms extended | 7 severe, even with arms not extended |
| 2 | 5 | |
| TACTILE DISTRUBANCES: Ask: "Have you any itching, pins & needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation: | | |
| 0 none | 3 moderate itching, pins & needles, burning or numbness | 6 extremely severe hallucinations |
| 1 very mild itching, pins & needles, burning or numbness | 4 moderately severe hallucinations | 7 continuous hallucinations |
| 2 mild itching, pins & needles, burning or numbness | 5 severe hallucinations | |
| AUDITORY DISTRUBANCES: Ask: "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things that you know aren't there?" Observation: | | |
| 0 not present | 3 moderate harshness or ability to startle | 6 extremely severe hallucinations |
| 1 very mild harshness or ability to startle | 4 moderate hallucinations | 7 continuous hallucinations |
| 2 mild harshness or ability to startle | 5 severe hallucinations | |
| PAROXYSMAL SWEATS: Observation: | | |
| 0 no sweat visible | 3 | 6 |
| 1 barely perceptible sweating, palms moist | 4 beads of sweat obvious on forehead | 7 drenching sweats |
| 2 | 5 | |
| VISUAL DISTRUBANCES: Ask: "Does the light appear to be too bright? Is its color different than normal Does it hurt your eyes are you seeing anything that disturbs you or that you know isn't there?" Observation: | | |
| 0 not present | 3 moderate sensitivity | 6 extremely severe hallucinations |
| 1 very mild sensitivity | 4 moderately severe hallucinations | 7 continuous hallucinations |
| 2 mild sensitivity | 5 severe hallucinations | |
| ANXIETY: Ask: "Do you feel nervous?" Observation: | | |
| 0 no anxiety | 3 | 6 |
| 1 mildly anxious | 4 moderately anxious or guarded, so anxiety is inferred | 7 equivalent to acute panic states seen in severe delirium |
| 2 | 5 | |
| HEADACHE, FULLNESS IN HEAD: Ask: "Does your head feel different? Does it feel like there is a band around your head?" Do not rate dizziness or light-headedness. Otherwise, rate severity. Observation: | | |
| 0 not present | 3 moderate | 6 very severe |
| 1 very mild | 4 moderately severe | 7 extremely severe |
| 2 mild | 5 severe | |
| AGITATION: Observations: | | |
| 0 normal activity | 3 | 6 |
| 1 somewhat more than normal activity | 4 moderately fidgety and restlessness | 7 paces back and forth during most of the interview |
| 2 | 5 | constantly thrashes around |
| ORIENTATION AND CLOUDING OF SENSORIUM: Ask: "What day is this? Where are you? Who am I?" Observation: | | |
| 0 orientated and can do serial additions | 3 disorientated to date by more than 2 calendar days | |
| 1 cannot do serial additions or is uncertain about date | 4 disorientated for plane and/or person | |