



# Alcohol Withdrawal Assessment Flowsheet

## CIWA-Ar

Using the CIWA-Ar Scale, record the score of each item, then total the scores. Record the action(s)\* taken and the result.

<b>Assessment Protocol</b> a. Vitals, CIWA-Ar Assessment on initiation and BEFORE each Benzodiazepine dose. THEN; b. Continue CIWA-Ar q1h until score less than 10 x 3 consecutive measurements. THEN; c. If score remains less than 10 continue q4h x 2 then q8h x 6. If score remains less than 10 continue CIWA-Ar once daily x 72 hours. Then discontinue. IF score greater than 10 at ANY TIME, go to (b) above.	DATE (DD/MM/YYYY)																				
	TIME (24HOUR)																				
	PULSE																				
	RESPIRATORY RATE																				
	SpO2																				
	Blood Pressure																				
<b>Assess and rate each of the following (CIWA-Ar Scale)</b>																					
<b>Nausea/Vomiting</b> ..... (0-7) 0-none; 1-mild nausea; 4-intermittent nausea; 7-constant nausea, frequent dry heaves and vomiting																					
<b>Tremor</b> ..... (0-7) 0-none; 1-not visible but can be felt; 4-moderate with arms extended; 7-severe, even with arms not extended																					
<b>Anxiety</b> ..... (0-7) 0-none, at ease; 1-mildly anxious; 4-moderately anxious or guarded; 7-equivalent to acute panic state																					
<b>Agitation</b> ..... (0-7) 0-normal activity; 1-somewhat normal activity; 4-moderately fidgety/restless; 7-paces or constantly thrashes about																					
<b>Paroxysmal Sweats</b> ..... (0-7) 0-no sweats; 1-barely perceptible sweating, palms moist; 4-beads of sweat obvious on forehead; 7-drenching sweat																					
<b>Orientation</b> ..... (0-4) 0-oriented; 1-uncertain about date; 2-disoriented to date by no more than 2 days; 3-disoriented to date by greater than 2 days; 4 – disoriented to date and/or person																					
<b>Tactile Disturbances</b> ..... (0-7) 0-none; 1-very mild itch, tingling, numbness; 2-mild itch, tingling, burning, numbness; 3-moderate itch, tingling, burning, numbness; 4-moderate hallucinations; 5-severe hallucinations; 6-extremely severe hallucinations; 7-continuous hallucinations																					
<b>Auditory Disturbances</b> ..... (0-7) 0-not present; 1-very mild harshness/ability to startle; 2-mild harshness/ability to startle; 3-moderate harshness/ability to startle; 4-moderate hallucinations; 5-severe hallucinations; 6-extremely severe hallucinations; 7-continuous hallucinations																					
<b>Visual Disturbances</b> ..... (0-7) 0-not present; 1-very mild sensitivity; 2-mild sensitivity; 3-moderate sensitivity; 4-moderate hallucinations; 5-severe hallucinations; 6-extremely severe hallucinations; 7-continuous hallucinations																					
<b>Headache</b> ..... (0-7) 0-not present; 1-very mild; 2-mild; 3-moderate; 4-moderately severe; 5-severe; 6-very severe; 7-extremely severe																					
<b>TOTAL CIWA-Ar Score/Initials:</b>		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
<b>Scale for Scoring:</b> Total Score    0-9..... = absent or minimal withdrawal 10-19..... = mild to moderate withdrawal More than 19..... = severe withdrawal		Indications for PRN Medication:    a. Total CIWA-Ar score 10 or higher (symptom triggered method)																			

## CIWA-Ar Assessment Flowsheet: Patient Questions

These are possible questions to ask a patient during an assessment when using the CIWA-Ar scoring tool.

Assess and rate each of the following (CIWA-Ar Scale)	Questions:
<b>Nausea/Vomiting</b> 0-none; 1-mild nausea; 4-intermittent nausea with dry heaves; 7-constant nausea, frequent dry heaves and vomiting	“Do you feel sick to your stomach? Have you vomited?”
<b>Tremor</b> 0-none; 1-not visible but can be felt; 4-moderate with arms extended; 7-severe, even with arms not extended	Extend your arms and spread your fingers apart.
<b>Anxiety</b> 0-none, at ease; 1-mildly anxious; 4-moderately anxious or guarded; 7-equivalent to acute panic state	“Do you feel nervous?”
<b>Agitation</b> 0-normal activity; 1-somewhat normal activity; 4-moderately fidgety/restless; 7-paces or constantly thrashes about	<i>Observe patient</i>
<b>Paroxysmal Sweats</b> 0-no sweats; 1-barely perceptible sweating, palms moist; 4-beads of sweat obvious on forehead; 7-drenching sweat	<i>Observe patient</i>
<b>Orientation</b> 0-oriented; 1-uncertain about date; 2-disoriented to date by no more than 2 days; 3-disoriented to date by greater than 2 days; 4 – disoriented to date and/or person	“What day is this? Where are you? Who am I?”
<b>Tactile Disturbances</b> 0-none; 1-very mild itch, tingling, numbness; 2-mild itch, tingling, burning, numbness; 3-moderate itch, tingling, burning, numbness; 4-moderate hallucinations; 5-severe hallucinations; 6-extremely severe hallucinations; 7-continuous hallucinations	“Have you any itching, pins and needles sensation, any burning or numbness or do you feel bugs crawling on your skin?”
<b>Auditory Disturbances</b> 0-not present; 1-very mild harshness/ability to startle; 2-mild harshness/ability to startle; 3-moderate harshness/ability to startle; 4-moderate hallucinations; 5-severe hallucinations; 6-extremely severe hallucinations; 7-continuous hallucinations	“Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing you? Are you hearing things you know are not there?”
<b>Visual Disturbances</b> 0-not present; 1-very mild sensitivity; 2-mild sensitivity; 3-moderate sensitivity; 4-moderate hallucinations; 5-severe hallucinations; 6-extremely severe hallucinations; 7-continuous hallucinations	“Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing you? Are you seeing things you know that are not there?”
<b>Headache</b> 0-not present; 1-very mild; 2-mild; 3-moderate; 4-moderately severe; 5-severe; 6-very severe; 7-extremely severe	“Does your head feel different? Does it feel like there is a band around your head?” Do not rate for dizziness or light-headedness.