

OBSERVATIONS

	Date												
	Time												
Breath alcohol testing													
Blood glucose reading													
Temperature													
Pulse													
Respiration rate													
Blood pressure													

ALCOHOL WITHDRAWAL ASSESSMENT SCORE

Nausea and vomiting													
Tremor													
Paroxysmal sweats													
Anxiety													
Agitation													
Tactile disturbances													
Auditory disturbances													
Visual disturbances													
Headache, fullness in head													
Orientation and clouding of sensorium													
Total score													

Nursing Management:

- Nurse in a quiet, evenly lit environment.
- Provide reassurance and explanation.
- Re-orientate the person if confused.
- Ensure adequate hydration.

ALCOHOL WITHDRAWAL ASSESSMENT SCALE

<p>Nausea and vomiting</p> <p>Ask "Do you feel sick in the stomach? Have you vomited?" Observation</p> <ul style="list-style-type: none"> 0 No nausea and no vomiting 1 Mild nausea with no vomiting 2 3 4 Intermittent nausea, with dry retching 5 6 7 Constant nausea, frequent dry retching and vomiting 	<p>Tactile disturbances</p> <p>Ask "Have you any itching, pins and needles sensations, any burning, any numbness or do you feel bugs crawling under your skin?" Observation</p> <ul style="list-style-type: none"> 0 None 1 Very mild itching, pins and needles, burning or numbness 2 Mild itching, pins and needles, burning or numbness 3 Moderate itching, pins and needles, burning or numbness 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations
<p>Tremor</p> <p>Arms extended, elbows slightly flexed and fingers spread. Observation</p> <ul style="list-style-type: none"> 0 No tremor 1 Not visible, but can be felt fingertip to fingertip 2 3 4 Moderate 5 6 7 Severe, even with arms not extended 	<p>Auditory disturbances</p> <p>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 you know are not there?" Observation</p> <ul style="list-style-type: none"> 0 Not present 1 Very mild sensitivity 2 Mild sensitivity 3 Moderate sensitivity 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations
<p>Paroxysmal sweats</p> <p>Observation</p> <ul style="list-style-type: none"> 0 No sweat visible 1 Barely perceptible sweating, palms moist 2 3 4 Beads of sweat obvious on forehead 5 6 7 Drenching sweats 	<p>Visual disturbances</p> <p>Ask "Does the light appear to be too bright? Is its colour different? Does it hurt your eyes? Are you seeing things you know are not there? Observation</p> <ul style="list-style-type: none"> 0 Not present 1 Very mild sensitivity 2 Mild sensitivity 3 Moderate sensitivity 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations
<p>Anxiety</p> <p>Ask "Do you feel nervous?" Observation</p> <ul style="list-style-type: none"> 0 No anxiety, at ease 1 Mildly anxious 2 3 4 Moderately anxious or guarded so anxiety is inferred 5 6 7 Equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions 	<p>Headache, fullness in the head</p> <p>Ask "Does your head feel different? Does it feel as though there is a band around your head?" Do not rate for dizziness or light headedness. Otherwise rate severity.</p> <ul style="list-style-type: none"> 0 Not present 1 Very mild 2 Mild 3 Moderate 4 Moderately severe 5 Severe 6 Very severe 7 Extremely severe
<p>Agitation</p> <p>Observation</p> <ul style="list-style-type: none"> 0 Normal activity 1 Somewhat more than normal activity 2 3 4 Moderately fidgety and restless 5 6 7 Paces back and forth during most of the interview or constantly thrashes about 	<p>Orientation</p> <p>Ask "What day is this? Where are you? Who am I?" Observation</p> <ul style="list-style-type: none"> 0 Orientated and can do serial additions <p>Ask person to perform serial addition of 3s up to 30 e.g 3, 6, 9...</p> <ul style="list-style-type: none"> 1 Cannot do serial addition or is uncertain about date 2 Disorientated by date by no more than 2 calendar days 3 Disorientated for date by more than 2 calendar days 4 Disorientated for place and/or person

This withdrawal Assessment Scale for Alcohol (CIWA-Ar) was developed by the Addiction Research Foundation Clinical Institute, Toronto

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