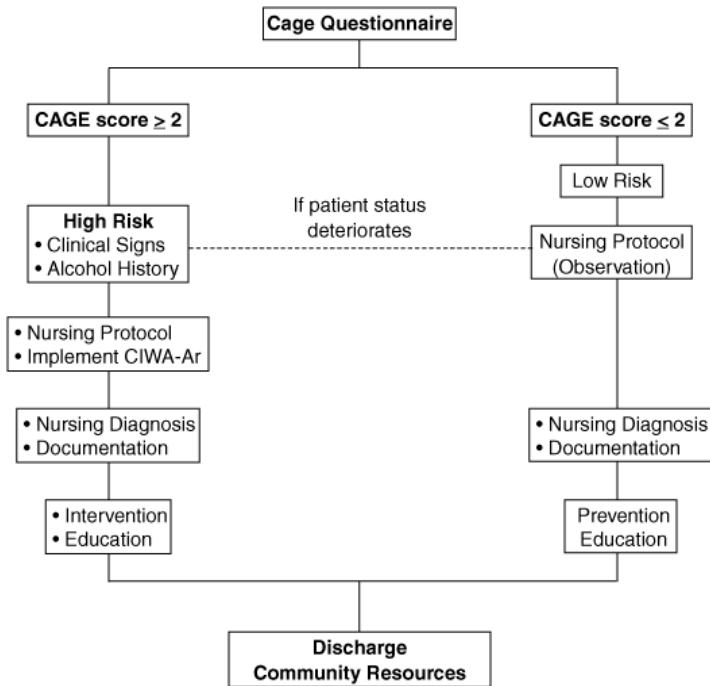


CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT FOR ALCOHOL USE

Patient Label

Date:									
Time:									
1. NAUSEA AND VOMITING" Ask "Do you feel sick to your stomach? Have you vomited?" Observation									
0 No nausea/vomiting									
1 Mild nausea with no vomiting									
4 Intermittent nausea with dry heaves									
7 Constant nausea, frequent dry heaves, vomiting									
2. TREMOR Arms extended and fingers wide apart. Observation									
0 No tremor									
1 Not visible, but can be felt fingertip to fingertip									
4 Moderate, with patient's arms extended									
7 Severe, even with arms not extended									
3. PAROXYSMAL SWEATS - Observation									
0 No sweat visible									
2 Barely perceptible, palms moist									
4 Beads of sweat visible on forehead									
7 Drenching sweats									
4. ANXIETY - Ask "Do you feel nervous?" Observation									
0 No anxiety 1 Mild 4 Moderate									
7 Equivalent to acute panic states									
5. AGITATION - Observation									
0 Normal activity									
2 Somewhat more than normal activity									
4 Moderately fidgety and restless									
7 Paces back and forth during most of the interview, or constantly thrashes about									
6. TACTILE DISTURBANCES - Ask "have you any itching, pins and needles sensation, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation									
0 None 1 Very mild itching, pins and needles, burning or numbness									
2 Mild 3 Moderate 4 Moderately severe hallucinations									
5 Severe 6 Extremely severe 7 Continuous									

Decision Tree
Identification and management of patients with an
Alcohol Dependency



How to Use CIWA

1) Obtain the alcohol history using the "History of Alcohol Form"

- Date & time of last drink
- Amount & type of alcohol consumed
- Pattern of use (daily consumption, weekends only)
- Whether patient has ever experienced tremors, alcohol amnesia, seizures, hallucinations)
- Previous treatment for alcohol dependency and the outcome(s)

2) Implement CIWA-Ar Tool Hourly

If the CIW A-Ar score is less than 10 on 3 consecutive hourly readings:

- Continue CIW A-Ar every 6 hrs for the next 24 hrs
- If score remains < 10, continue CIW A-Ar once daily X 72 hrs, then discontinue
- Resume CIW A-Ar if the patient's withdrawal symptoms return

Once CIW A-Ar Tool is implemented, classify the withdrawal according to severity.

For example: MILD: a score between 10 & 20

SEVERE: a score greater than 20

IF THERE HAS BEEN AN INCREASE IN THE CIWA-Ar SCORE OF 10 OR MORE POINTS BETWEEN ASSESSMENTS, OR THE CIWA-Ar SCORE IS > 20, NOTIFY THE PHYSICIAN IMMEDIATELY!

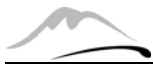
If the CIW A-Ar score is ≥ 10 continue to assess according to the following guidelines:

Mild stage: (CIW A-Ar score 10 & 20) assess CIWA-Ar Q 1h

- Severe stage: (CIW A-Ar score > 20) assess CIWA-Ar Q 30-45 min.

Assess for potential complications of high risk patients (CIW A-Ar > 10-20)

- Seizure Activity
- Hydration status, including I&O
- Injury to self & others
- Aspiration secondary to vomiting
- AWOL risk
- Ongoing alcohol consumption while in hospital



CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT FOR ALCOHOL USE

Patient Label

Date:										
Time:										
7. AUDITORY DISTURBANCES - Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation										
0 Not present 1 Very mild harshness or ability to frighten										
2 Mild 3 Moderate 4 Moderately severe hallucinations										
5 Severe 6 Extremely severe 7 Continuous										
8. VISUAL DISTURBANCES-- Ask "Does the light appear to be too bright? Is its color different? Does It hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things YOU know are not there?" Observation										
0 Not present 1 Very mild sensitivity 2 Mild 3 Moderate										
4 Moderately severe hallucinations 5 Severe										
6 Extremely severe 7 Continuous										
9. HEADACHE, FULLNESS IN HEAD- Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or light-headedness. Otherwise rate severity.										
0 Not present 1 Very mild 2 Mild 3 Moderate 4 Moderately severe										
5 severe 6 Very severe 7 Extremely severe										
10. ORIENTATION AND CLOUDING OF SENSORIUM - Ask "What day is this? Where are You? Who am I?"										
0 Oriented and can do serial additions										
1 Cannot do serial additions or is uncertain about date										
2 Disoriented for date by no more than 2 calendar days										
3 Disoriented for date by more than 2 calendar days										
4 Disoriented for place and/or person										
MAXIMUM POSSIBLE SCORE = 67	TOTAL SCORE: (ADD POINTS)									
	BP:									
	Pulse:									
	O2 Sat:									
	Signature									