

CVH-648
New 5/18

CONNECTICUT VALLEY HOSPITAL
ADDICTION SERVICES DIVISION
Alcohol Withdrawal Flow Sheet

Patient Name: _____

MPI # _____ *Print or Addressograph I*

Admission Date: _____

Admission Breathalyzer: _____

CIWA-Ar	DATE																	
	TIME																	
PULSE RATE:																		
BLOOD PRESSURE:																		
TEMPERATURE:																		
RESPIRATION:																		
NAUSEA OR VOMITING: Ask, "Do you feel sick to your stomach or have you vomited since last observation. 0 = None 1 = Mild nausea with no vomiting or retching 4 = Intermittent nausea with dry heaves 7 = Constant nausea, frequent dry heaves & vomiting.																		
HAND TREMOR: Arms extended & fingers spread apart. Observation: 0 = None 1 = Not visible but can be felt fingertip to finger tip 4 = Moderate 7 = Severe even with arms not extended																		
SWEATS: Observe 0 = None 1 = Barely perceptible sweating 4 = Beads of sweat obvious on forehead 7 = Drenching sweats																		
ANXIETY: Ask, "Do you feel nervous or anxious?" Observation: 0 = None 1 = Mild 4 = Moderate 7 = Severe, equivalent to panic state																		
AGITATION: Observe. 0 = None 1 = Somewhat more than normal activity 4 = Moderately fidgety & restless 7 = Paces back & forth during most of the interview, or constantly thrashes about																		
TACTILE DISTURBANCES: Ask "Have you any itching, pins and needles sensations, any burning, any numbness or do you feel bugs crawling on or under your skin? 0 = None 1 = Very Mild Itching, Pins & Needles, Burning Or Numbness 2 = Mild Itching, Pins & Needles, Burning Or Numbness 3 = Moderate Itching Pins & Needles, Burning or Numbness 4 = Moderately Severe Hallucinations 5 = Severe Hallucinations 6 = Extremely Severe Hallucinations 7 = Continuous Hallucinations																		
AUDITORY DISTURBANCES: 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? 0 = None 1 = Very Mild Harshness Or Ability To Frighten 2 = Mild Harshness Or Ability To Frighten 3 = Moderate Harshness Or Ability To Frighten 4 = Moderately Severe Hallucinations 5 = Severe Hallucinations 6 = Extremely Severe Hallucinations 7 = Continuous Hallucinations																		
VISUAL DISTURBANCES: Ask, "Does the light appear to be too bright? Is it different colors? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there? 0 = None 1 = Very Mild Sensitivity 2 = Mild Sensitivity 3 = Moderate Sensitivity 4 = Moderately Severe Hallucinations 5 = Severe Hallucinations 6 = Extremely Severe Hallucinations 7 = Continuous Hallucinations																		
HEADACHE: Ask, "Does your head feel different? Does your head feel full? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness 0 = None 1 = Very Mild 4 = Moderate 7 = Severe																		
ORIENTATION AND CLOUDING: 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 no more than 2 calendar days 4 = disoriented for place/person																		
Total Score:																		
Nurse Raters Initials:																		

Scoring: 0-5 W/O Withdrawal 6-9 Mild 10 - 12 Mild to Moderate 13 - 19 Moderate to Severe 20 Severe >15 DT's Threatened

*Notify MD if CIWA Scale total score is higher than 12, HR is greater than 120 or lower than 55, BP is greater than 150/100 or lower than 90/60.