

CVH-650
New 5/18

CONNECTICUT VALLEY HOSPITAL
ADDICTION SERVICES DIVISION
Opiate Withdrawal Flow Sheet

Patient Name: _____ MPI # _____
Print or Addressograph Imprint

Admission Date: _____

CINA	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 4 = Intermittent nausea with dry heaves 6 = Constant nausea, frequent dry heaves & vomiting.																	
GOOSE FLESH: Observe 0 = None 1 = Occasional goose flesh but not elicited by touch, not permanent 2 = Prominent gooseflesh, in waves and elicited by touch 3 = Constant goose flesh over flesh and arms																	
SWEATS: Observe 0 = None 1 = Barely perceptible sweating, palms moist 2 =beads of sweat on forehead 3 = drenching sweats																	
RESTLESSNESS: Observe 0 = None 1 = Somewhat more than normal activity, moves legs up & down, shifts positions occasionally 2 = Moderately fidgety & restless, shifting position frequently 3 = Gross movements most of the time or constantly thrashes about																	
HAND TREMOR: Arms extended & fingers spread apart. Observation: 0 = None 1 = Not visible but can be felt fingertip to finger tip 2 = Moderate with patient's arms extended 3 = Severe even with arms not extended																	
LACRIMATION: Observe 0 = None 1 = Eyes watering, tears at corner of eyes 2 = Profuse tearing from eyes over face																	
NASAL CONGESTION: Observe 0 = None 1 = Frequent sniffing 2 = Constant sniffing with watery discharge																	
YAWNING: Observe 0 = None 1 = Frequent 2 = Constant uncontrolled yawning																	
ABDOMINAL CHANGES: Ask, "Do you have any pain in your abdomen?" 0 = None 1 = Reports waves of abdominal cramps pain 2 = Cramps abdominal pain and diarrheal movements																	
CHANGES IN TEMPERATURE: Ask, "Do you feel hot or cold?" 0 = None 1 = Reports feeling cold, hands cold and clammy to touch 2 = Uncontrollable shivering/chills																	
MUSCLE ACHES: Ask, "Do you have any muscle cramps (body aches)?" 0 = No muscle aching reported arm and neck muscles soft at rest 1 = Mild muscle pains 2 = moderate 3 = Reports severe muscle pains, muscles of legs arms and neck in constant state of contraction																	
Total																	
Nurse Raters Initials:																	

Scoring: 0 - 11 = Mild 12-24 = Moderate 25- 30 = Severe
***Notify MD if the CINA is higher than 18, HR is greater than 120 or lower than 55, BP is greater than 150/100 or lower than 90/60.**