

CVH-649
New 5/18

CONNECTICUT VALLEY HOSPITAL
ADDICTION SERVICES DIVISION
Sedative - Hypnotic Withdrawal Flow Sheet

Patient Name: _____ MPI # _____
Admission Date: _____
Print or Addressograph Imprint

	DATE																	
	TIME																	
Pulse:																		
Blood Pressure:																		
Temperature:																		
Respiration:																		
HAND TREMOR: Arms extended & fingers spread apart. Observation: 0 = None 1 = Not visible but can be felt fingertip to finger tip 2 = Moderate 3 = Severe even with arms not extended																		
SWEATS: Observe 0 = None 1 = Barely perceptible sweating 2 = Beads of sweat obvious 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																		
ANXIETY: Ask, "Do you feel nervous or anxious?" Observation: 0 = None 1 = Mild 2 = Moderately 3 = Severe, equivalent to panic state																		
HALLUCINATIONS: Ask, "Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" 0 = None 1 = Mild 2 = Severe 3 = Continuous																		
VISUAL DISTURBANCES: Ask, "Does the light appear to be too bright? Is it different colors? Does it hurt your eyes?" 0 = None 1 = Mild 2 = Moderate 3 = Severe																		
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 2 = Moderate 3 = Severe																		
MUSCLE ACHES: Ask, "Do you have any muscle cramps?" 0 = None 1 = Mild muscle pains 2 = Moderate 3 = Reports severe muscle pains, muscles of legs arms and neck in constant state of contraction																		
Do you feel irritable? 0 = None 1 = Mild 2 = Moderate 3 = Severe																		
Do you feel tense? 0 = None 1 = Mild 2 = Moderate 3 = Severe																		
Do you feel fatigued? 0 = None 1 = Mild 2 = Moderate 3 = Severe																		
Do you feel upset? 0 = None 1 = Mild 2 = Moderate 3 = Severe																		
Do you have difficulty concentrating? 0 = None 1 = Mild 2 = Moderate 3 = Severe																		
Do you have loss of appetite? 0 = None 1 = Mild 2 = Moderate 3 = No desire to eat																		
Is your heart racing? 0 = No racing 1 = Occasional 2 = Frequently 3 = Heart racing continually																		
Do you feel weak? 0 = None 1 = Some weakness 2 = Weak on exertion 3 = Fatigued all the time																		
Do you think you had enough sleep last night? 0 = Slept enough 1 = A little tired/tossed & turn 2 = moderately tired/awake for periods of time 3 = feels exhausted, no sleep																		
Total																		
Nurse Raters Initials:																		

Scoring: 1 - 17 = Mild 18 - 34 = Moderate 35 - 51 = Severe

*Notify MD if Sedative Hypnotic Scale Total Score is higher than 26, HR is greater than 120 or lower than 55, BP is greater than 150/100 or lower than 90/60.