

## Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score...

Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Time (military) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Resting Pulse Rate:</b> _____ beats/minute <ul style="list-style-type: none"> <li>• Measured after patient is sitting or lying for 1 minute</li> <li><input type="checkbox"/> 0... pulse rate 80 or below</li> <li><input type="checkbox"/> 1... pulse rate 81-100</li> <li><input type="checkbox"/> 2... pulse rate 101-120</li> <li><input type="checkbox"/> 4... pulse rate greater than 120</li> </ul>	<b>GI Upset:</b> <ul style="list-style-type: none"> <li>• Over last ½ hour</li> <li><input type="checkbox"/> 0...no GI symptoms</li> <li><input type="checkbox"/> 1...stomach cramps</li> <li><input type="checkbox"/> 2...nausea or loose stool</li> <li><input type="checkbox"/> 3...vomiting or diarrhea</li> <li><input type="checkbox"/> 5...multiple episodes of diarrhea or vomiting</li> </ul>
<b>Sweating:</b> <ul style="list-style-type: none"> <li>• Over past ½ hour not accounted for by room temperature or patient activity.</li> <li><input type="checkbox"/> 0...no report of chills or flushing</li> <li><input type="checkbox"/> 1...subjective report of chills or flushing</li> <li><input type="checkbox"/> 2...flushed or observable moistness on face</li> <li><input type="checkbox"/> 3...beads of sweat on brow or face</li> <li><input type="checkbox"/> 4...sweat streaming off face</li> </ul>	<b>Tremor:</b> <ul style="list-style-type: none"> <li>• Observation of outstretched hands</li> <li><input type="checkbox"/> 0...No tremor</li> <li><input type="checkbox"/> 1...tremor can be felt, but not observed</li> <li><input type="checkbox"/> 2...slight tremor observable</li> <li><input type="checkbox"/> 4...gross tremor or muscle twitching</li> </ul>
<b>Restlessness:</b> <ul style="list-style-type: none"> <li>• Observation during assessment</li> <li><input type="checkbox"/> 0...able to sit still</li> <li><input type="checkbox"/> 1...reports difficulty sitting still, but is able to do so</li> <li><input type="checkbox"/> 3...frequent shifting or extraneous movements of legs/arms</li> <li><input type="checkbox"/> 5...Unable to sit still for more than a few seconds</li> </ul>	<b>Yawning:</b> <ul style="list-style-type: none"> <li>• Observation during assessment</li> <li><input type="checkbox"/> 0...no yawning</li> <li><input type="checkbox"/> 1...yawning once or twice during assessment</li> <li><input type="checkbox"/> 2...yawning three or more times during assessment</li> <li><input type="checkbox"/> 4...yawning several times/minute</li> </ul>
<b>Pupil size:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0...pupils pinned or normal size for room light</li> <li><input type="checkbox"/> 1...pupils possibly larger than normal for room light</li> <li><input type="checkbox"/> 2...pupils moderately dilated</li> <li><input type="checkbox"/> 5...pupils so dilated that only the rim of the iris is visible</li> </ul>	<b>Anxiety or Irritability:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0...none</li> <li><input type="checkbox"/> 1...patient reports increasing irritability or anxiousness</li> <li><input type="checkbox"/> 2...patient obviously irritable anxious</li> <li><input type="checkbox"/> 4...patient so irritable or anxious that participation in the assessment is difficult</li> </ul>
<b>Bone or Joint aches:</b> <ul style="list-style-type: none"> <li>• If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</li> <li><input type="checkbox"/> 0...not present</li> <li><input type="checkbox"/> 1...mild diffuse discomfort</li> <li><input type="checkbox"/> 2...patient reports severe diffuse aching of joints/muscles</li> <li><input type="checkbox"/> 4...patient is rubbing joints or muscles and is unable to sit still because of discomfort</li> </ul>	<b>Gooseflesh skin:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0...skin is smooth</li> <li><input type="checkbox"/> 3...piloerection of skin can be felt or hairs standing up on arms</li> <li><input type="checkbox"/> 5...prominent piloerection</li> </ul>
<b>Runny nose or tearing:</b> <ul style="list-style-type: none"> <li>• Not accounted for by cold symptoms or allergies</li> <li><input type="checkbox"/> 0...not present</li> <li><input type="checkbox"/> 1...nasal stuffiness or unusually moist eyes</li> <li><input type="checkbox"/> 2...nose running or tearing</li> <li><input type="checkbox"/> 4...nose constantly running or tears streaming down cheeks</li> </ul>	<ul style="list-style-type: none"> <li>• The total score is the sum of all 11 items...</li> </ul> <p style="text-align: right; font-size: 1.2em;">Total Score: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p>

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal