

Affix Patient Label here or record:

Name:

NHS No:

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Hosp No:

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D.O.B:

D	D
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M	M
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Y	Y	Y	Y
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 Male ☐ Female ☐

ALCOHOL WITHDRAWAL ASSESSMENT FORM

Clinical Institute Withdrawal Assessment for Alcohol, revised (CIWA-Ar)

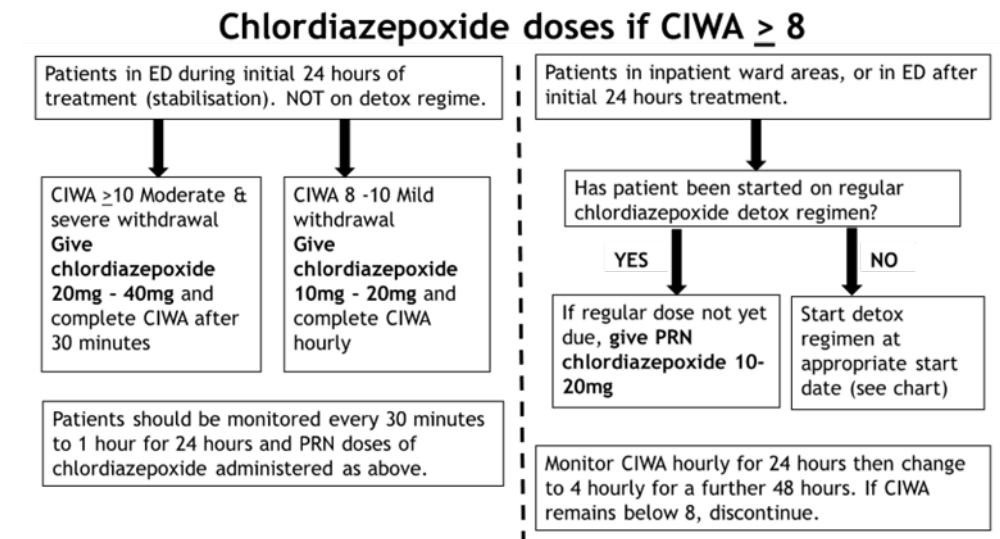


Alex		WRH	
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<div>a) Nausea and vomiting</div> <div>0 No nausea or vomiting</div> <div>1</div> <div>2</div> <div>3 Intermittent nausea with dry heaves</div> <div>4</div> <div>5</div> <div>6</div> <div>7 Constant nausea, frequent dry heaves and vomiting</div>	<div>f) Headache</div> <div>0 Not present</div> <div>1 Very mild</div> <div>2 Mild</div> <div>3 Moderate</div> <div>4 Moderately severe</div> <div>5 Severe</div> <div>6 Very severe</div> <div>7 Extremely severe</div>
<div>b) Paroxysmal sweats</div> <div>0 No sweats visible</div> <div>1 Barely perceptible sweating, palms moist</div> <div>2</div> <div>3</div> <div>4 Beads of sweat obvious on forehead</div> <div>5</div> <div>6</div> <div>7 Drenching sweats</div>	<div>g) Auditory disturbances</div> <div>0 Not present</div> <div>1 Very mild harshness or ability to frighten</div> <div>2 Mild harshness or ability to frighten</div> <div>3 Moderate harshness or ability to frighten</div> <div>4 Moderately severe hallucinations</div> <div>5 Severe hallucination</div> <div>6 Extremely severe hallucinations</div> <div>7 Continuous hallucinations</div>
<div>c) Anxiety</div> <div>0 No anxiety, at ease</div> <div>1</div> <div>2</div> <div>3</div> <div>4 Moderately anxious, guarded</div> <div>5</div> <div>6</div> <div>7 Acute panic state, consistent with severe delirium or acute schizophrenia</div>	<div>h) Visual disturbances</div> <div>0 Not present</div> <div>1 Very mild photosensitivity</div> <div>2 Mild photosensitivity</div> <div>3 Moderate photosensitivity</div> <div>4 Moderately severe visual hallucinations</div> <div>5 Severe visual hallucinations</div> <div>6 Extremely severe visual hallucinations</div> <div>7 Continuous visual hallucinations</div>
<div>d) Agitation</div> <div>0 Normal activity</div> <div>1 Somewhat more than normal activity</div> <div>2</div> <div>3</div> <div>4 Moderately fidgety and restless</div> <div>5</div> <div>6</div> <div>7 Paces back and forth during most of the interview or constantly thrashes about</div>	<div>i) Tactile disturbances</div> <div>0 None</div> <div>1 Very mild paraesthesias</div> <div>2 Mild paraesthesias</div> <div>3 Moderate paraesthesias</div> <div>4 Moderately severe hallucinations</div> <div>5 Severe hallucinations</div> <div>6 Extremely severe hallucinations</div> <div>7 Continuous hallucinations</div>
<div>e) Tremor</div> <div>0 No tremor</div> <div>1 Not visible, but can be felt at fingertips</div> <div>2</div> <div>3</div> <div>4 Moderate when patient's hands extended</div> <div>5</div> <div>6</div> <div>7 Severe, even with arms not extended</div>	<div>j) Orientation</div> <div>0 Oriented and can do serial additions</div> <div>1 Cannot do serial additions</div> <div>2 Disoriented for date by no more than 2 calendar days</div> <div>3 Disoriented for date by more than 2 calendar days</div> <div>4 Disoriented for place and / or patient</div>

Total score is a simple sum of each item score (maximum score is 67).

8 - 10	Mild Withdrawal
10 - 15	Moderate Withdrawal
>15	Severe Withdrawal



Date	Time	a	b	c	d	e	f	g	h	i	j	Total	Heart Rate

Please also document CIWA score on Sunrise flowsheets (Nursing Risk Assessments)

Proof
Only Do
Not Scan

Proof
Only Do
Not Scan

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D	D
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M	M
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Y	Y	Y	Y
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 Male ☐ Female ☐

ADULT CHLORDIAZEPOXIDE PRESCRIPTION CHART FOR ALCOHOL WITHDRAWAL SYNDROME

CHECKLIST for admitting clinician			
Regular Chlordiazepoxide prescribed		Follow guideline for the prophylaxis or treatment of Wernicke's encephalopathy (see WAHT-A&E-031)	
PRN Chlordiazepoxide prescribed		Alcohol Liaison Nurse referral	

	CHLORDIAZEPOXIDE	ROUTE: PO	Prescriber Signature:	Date:	Pharmacy:															
MUST TICK ONE BOX →	SEVERE (CIWA >15) TICK TO START ON DAY 1	MODERATE (CIWA 10 - 15) TICK TO START ON DAY 3	MILD (CIWA 8 - 10) TICK TO START ON DAY 5																	
	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>																	
Day	<u>DAY 1</u>	<u>DAY 2</u>	<u>DAY 3</u>	<u>DAY 4</u>	<u>DAY 5</u>	<u>DAY 6</u>	<u>DAY 7</u>	<u>DAY 8</u>	<u>DAY 9</u>	<u>DAY 10</u>										
Date																				
Time	Dose	Nurse	Dose	Nurse	Dose	Nurse	Dose	Nurse	Dose	Nurse	Dose	Nurse	Dose	Nurse	Dose	Nurse	Dose	Nurse	Dose	Nurse
09:00	40mg		40mg		30mg		30mg		20mg		20mg		10mg		10mg		10mg			
13:00	40mg		30mg		30mg		20mg		20mg		10mg		10mg							
18:00	40mg		30mg		30mg		20mg		20mg		10mg		10mg		10mg					
22:00	40mg		40mg		30mg		30mg		20mg		20mg		10mg		10mg		10mg		10mg	
Once started on regular detox regimen, continue to administer doses as per chart unless otherwise advised by clinician or ALN																				

WHEN REQUIRED (PRN) DRUGS			Date	Time	Dose	Sig.	Date	Time	Dose	Sig.	Date	Time	Dose	Sig.	Date	Time	Dose	Sig.
Drug CHLORDIAZEPOXIDE		Dose 10-20mg	Route Oral															
Pharmacy	Maximum 250mg in 24 hours including regular																	
	Signature	Start date																

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