

Affix Patient Label here or record:

Name:

NHS No:

Hosp No:

D.O.B: / / Male Female

ALCOHOL WITHDRAWAL ASSESSMENT FORM

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



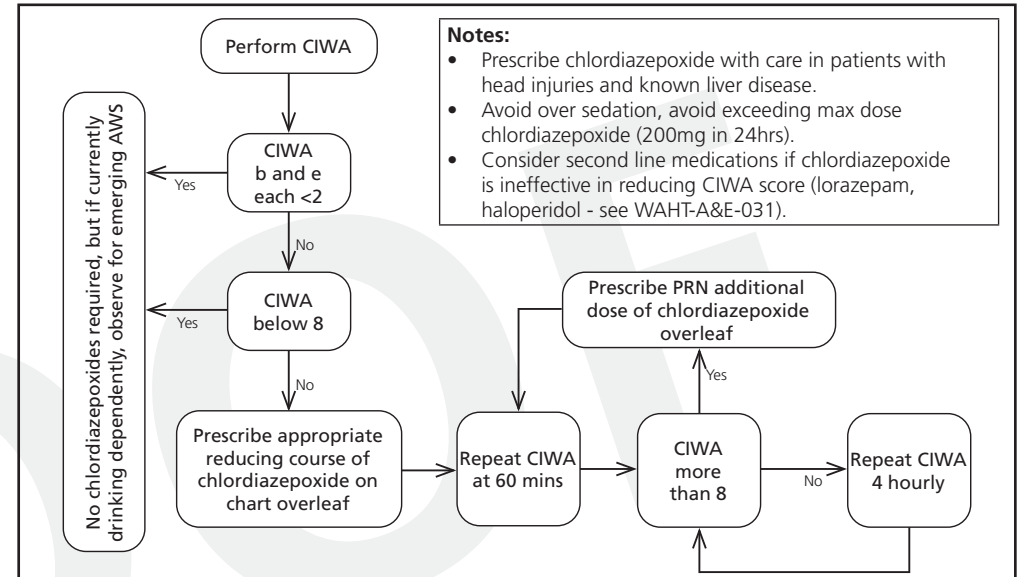
**Worcestershire
Acute Hospitals**
NHS Trust

Alex WRH

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

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



- Notes:**
- Prescribe chlordiazepoxide with care in patients with head injuries and known liver disease.
 - Avoid over sedation, avoid exceeding max dose chlordiazepoxide (200mg in 24hrs).
 - Consider second line medications if chlordiazepoxide is ineffective in reducing CIWA score (lorazepam, haloperidol - see WAHT-A&E-031).

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

Patients scoring less than 10 do not usually need additional medication for withdrawal



Affix Patient Label here or record:

Name:
 NHS No:
 Hosp No:
 D.O.B: // Male Female

ADULT CHLORDIAZEPOXIDE PRESCRIPTION CHART FOR ALCOHOL WITHDRAWAL SYNDROME

CHECKLIST for admitting doctor		
Regular Chlordiazepoxide prescribed		Pabrinex® I+II, 2-3 pairs TDS IV until Wernicke's excluded clinically
PRN Chlordiazepoxide prescribed		After 5 days - Thiamine 100mg BD- TDS PO
Alcohol Liaison Nurse referral		

CHLORDIAZEPOXIDE		ROUTE: PO				PHARMACY: Restricted stock item				Date:		Initials:								
SEVERE (CIWA >15) START HERE ↓		MODERATE (CIWA 10 - 15) START HERE ↓				MILD (CIWA 8 - 10) START HERE ↓														
Day	1				1				1											
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	
	Dr Signature		Dr Signature		Dr Signature		Dr Signature		Dr Signature		Dr Signature		Dr Signature		Dr Signature		Dr Signature		Dr Signature	

WHEN REQUIRED (PRN) DRUGS			Date	Time	Dose	Sig.	Date	Time	Dose	Sig.
Drug	Dose	Route								
CHLORDIAZEPOXIDE	10-20mg	Oral								
Pharmacy	Maximum									
	200mg in 24 hours including regular									
	Signature		Start date							

