

Sedative and Hypnotic Withdrawal Worksheet Instrument: Modified CIWA-A

This document is at: <http://www.doctorm.org/docs/detox.pdf>

Patient:
The trigger point for this protocol is <u>6</u> .

Symptoms & Signs:	Date/Time					
<u>Intoxication Signs:</u>						
Nystagmus	+					
Ataxia	+					
Slurred Speech	+					
Respirations < 14 or > 24	+					
Intoximeter	+					

Give only one score for each block.

<u>Withdrawal Signs:</u>						
Hallucinations	4					
Disorientation	4					
Temperature > 100	2					
Pulse > 100 Sitting/Standing	2					
SBP > 160 DBP > 100 Sitting/Standing	3					
Orthostasis	1					
Nausea	1					
Vomiting	3					
Diaphoresis	1					
Tremor	1					
Anxiety	1					
Insomnia	1					
Total						
RN						
MD						
Medication: See instructions on reverse.						
Weight						

Sedative and Hypnotic Withdrawal Worksheet Instrument: Modified CIWA-A

Instructions:

- 1) Assessment and vital signs should be done on admission, then Q 2 hours until stable, then Q 4 hours for 24 hours. Then every 8 hours for 24 hours. This schedule may have to be altered according to patient condition and physicians order. This work sheet should also be completed before giving routine detoxification medications to ensure patient is not over medicated.
- 2) If any signs of intoxication is noted, withhold scheduled detoxification medication until you confer with the physician.
- 3) For vital signs with lying and standing measurements, give only one score. E.g. 102/110 score = 2.
- 4) Circle any abnormal measurements then total scores by referring to the rate column, list actual scores not totals.
- 5) Orthostasis, when pulse increases more then 10 BPM or BP decreases more then 10 mm HG when patient position changes from sitting to standing.
- 6) PRN detoxification medication should only be given if the patient meets a score of 6 or greater or otherwise specified by physician.
- 7) Evidence of vomiting must be witnessed and documented to receive a score for this section > Vomiting <.

Note:

- 1.) Dosage adjustment may be necessary according to clinical response.
- 2.) The physician should write day 2-6 medication orders.
- 3.) For Xanax and Halcion dependence give reported doses during first 24 hours, until assessed by MD unless patient shows signs of intoxication. Consultation to an addiction psychiatrist is strongly advised.
- 4.) Skip dose if there are signs or symptoms of intoxication.
- 5.) Nystagmus: Rapid rhythmic repetitious involuntary (unwilled) eye movements. Nystagmus can be horizontal, vertical or rotary.
- 6.) Ataxia: Wobbliness. Ataxia is incoordination and unsteadiness due to the brain's failure to regulate the body's posture and regulate the strength and direction of limb movements. Ataxia is usually a consequence of disease in the brain, specifically in the cerebellum which lies beneath the back part of the cerebrum.
- 7.) Rhinorrhea: Medical term for a runny nose. From the Greek words "rhinos" meaning "of the nose" and "rhoia" meaning "a flowing."

Sedative and Hypnotic Withdrawal Worksheet
Instrument: Modified CIWA-A

Recommended Detoxification Schedule: The physician will choose Librium or Ativan and carry one through the entire protocol.

Day 1: Give Librium 50 mg or **Ativan 2.0 mg** po q 4 hours prn total withdrawal signs and symptoms ≥ 6 . Call MD if higher doses are required.

Day 2: Give the 24 hours requirement (determined in Day 1) in TID dosing, plus Librium 25 mg or Ativan 1.0 mg po q 4 hours. PRN withdrawal ≥ 6 for 4 days or as ordered by MD.

Day 3: Give approximately 75% of Day 1 total requirement in TID dosing.

Day 4: Give approximately 50% of day 1 total in TID dosing.

Day 5: Give approximately 25% of Day, 1 total in HS dosing.

Day 6: Discontinue or give test dose in QD format.

Opioid Withdrawal Worksheet Instrument: Modified CIWA-D

Patient: _____

The trigger point for this protocol is 7.

Signs and Symptoms:	Date/ Time:												
Intoxication Signs:													
Drowsiness	+												
Pupil Constriction	+												
Vital Signs: Normal or Depressed	+												
Mental Clouding	+												

Give only one score for each block.

Withdrawal Signs:													
Temp > 100	2												
Heart Rate > 100 Sitting /standing	3												
Sitting/standing SBP > 160 DBP > 100	3												
Orthostasis	2												
Dilated Pupils > 5mm.	3												
Nausea	1												
Vomiting	3												
Anorexia	1												
Diaphoresis / Gooseflesh	1												
Yawning / Rhinorrhea	1												
Muscle Cramping	1												
Insomnia	1												

Total													
RN													
MD													
Medications given: Refer to instructions on revise.													
Weight													

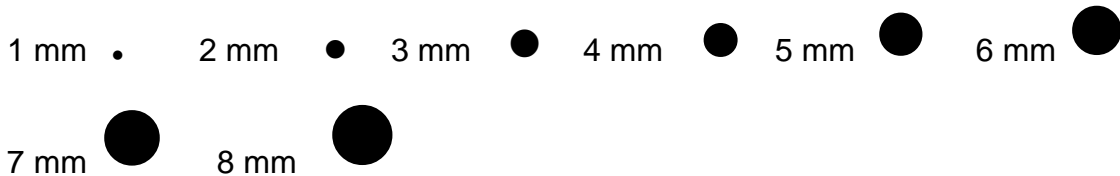
Opioid Withdrawal Worksheet

Instrument: Modified CIWA-D

Note:

1. Dosage adjustment may be necessary according to clinical response.
2. After one (1) day, MD may write routine medication orders.
3. Skip a dose if there are signs or symptoms of intoxication.

Pupil scale



Intoxication < 3 mm / Withdrawal > 5 mm

Intoxication

If signs or symptoms present (+)

* If (+), then PRN or schedule dose of medication skipped.

Withdrawal

- 1) For vital signs with sitting/standing measurement, give only one score.
E.g. heart rate = sitting 102 / standing 110 score = 2
- 2) Circle abnormal measurements then total scores by referring to rating column.
E.g. Temp 102 = 3 Orthostasis + = 2 Total score = 5
- 3) PRN detoxification medication should only be given if the patient meets a score of 7 or greater or otherwise specified by the physician.

Orthostasis: Pulse increase greater than 10 BPM or blood pressure decreases greater than 10 mm HG when standing.

Signature:

Opioid Withdrawal Worksheet

Instrument: Modified CIWA-D

Recommended Opioid Detoxification Schedule: The physician will choose methadone or clonidine and carry one through the entire protocol.

Never use 2 detoxification protocols at the same time. Hold one substance constant and withdraw from the other.

Day 1:

Choice #1: Methadone: give methadone 10 mg po q4h prn total withdrawal signs and symptoms ≥ 7 . Call MD if higher doses are needed.

Choice #2: Clonidine: Give Clonidine 0.10 mg. q4h prn total withdrawal signs and symptoms ≥ 7 . Call MD if higher doses are needed.

Day 2:

Choice #1: Methadone: Give the 24 hour requirement (as determined in Day 1) in bid dosing

Choice #2: Clonidine: Give Clonidine 0.10 mg po q4h prn total withdrawal signs and symptoms ≥ 7 . Call MD if higher does are needed.

Day 3:

Choice #1: Methadone Decrease the dose by 5 mg/day or 20% (whichever is less) of the previous day's dose, starting with the am dose.

Choice #2: Clonidine: Give Clonidine 0.10 mg po q4h prn total withdrawal signs and symptoms ≥ 7 . Call MD if higher does are needed.

Day 4:

Choice #1: Methadone: Decrease the dose by 5 mg/day or 20% (whichever is less) of the previous day's dose, starting with the am dose.

Choice #2: Clonidine: If WD signs and symptoms are < 7 then start tapering Clonidine by 0.1 mg/d until off

Day 5:

Choice #1: Methadone: Decrease the dose by 5 mg/day or 20% (whichever is less) of the previous day's dose, starting with the am dose.

Choice #2: Clonidine: If WD signs and symptoms are < 7 then start tapering Clonidine by 0.1 mg/d until off

Day 6:

Choice #1: Methadone: Continue taper as above

Choice #2: Clonidine: If WD signs and symptoms are < 7 then start tapering Clonidine by 0.1 mg/d until off.