Department of Corrections
WASHINGTON STATE

PATIENT I.D. DATA:
(name, DOC #, birthdate)

INFIRMARY/EXTENDED OBSERVATION UNIT
ALCOHOL WITHDRAWAL ASSESSMENT (CIWA-Ar)

INSTRUCTIONS: The nurse will assess the patient using this tool on admission to the infirmary for alcohol detoxification. Subsequent assessments will be done every two hours thereafter while the score is 26 or greater.

Facility/Unit							
Date (m/d/yy)							
Time (24-hour)							
Temperature							
Blood Pressure							
Respirations							
Pulse							
Nausea and Vomiting: Do you feel sick to your stomach? Have you vomited?							
No nausea and no vomiting 0							
Mild nausea with no vomiting 1							
2							
3							
Intermittent nausea with dry heaves 4							
5							
6							
Constant nausea, freq. dry heaves, vomiting 7							
Tremor: arms extended and fingers spread apart – observe							
No tremor 0							
Not visible, but can be felt fingertip to fingertip 1							
2							
3							
Moderate with patient's arms extended 4							
5							
6							
Severe even with arms not extended 7							
Paroxysmal Sweats: observe							
No sweat visible 0							
Barely perceptible sweating, palms moist 1							
2							
3							
Beads of sweat obvious on forehead 4							
5							
6							
Drenching sweats 7							
Anxiety: Do you feel nervous?							
No anxiety, at ease 0							
Mild anxiety 1							
2							
3							
Mod. anxious/guarded so anxiety is inferred 4							
5							
6							
Equivalent to acute panic state as seen in severe delirium/acute schizo. reactions 7							
Agitation: observe							
Normal activity 0							
Somewhat more than normal 1							
2							
3							
Moderately fidgety and restless 4							
5							
6							
Paces back and forth during most of interview or constantly thrashes about 7							
Sub-total (sum of all items)							

INFIRMARY/EXTENDED OBSERVATION UNIT ALCOHOL WITHDRAWAL ASSESSMENT (CIWA-Ar)

PATIENT I.D. DATA:
(name, DOC #, birthdate)

Date (m/d/yy)							
Sub-total from front							
Tactile disturbances: Do you have any itching, pins and needles sensations, burning, numbness, or do you feel bugs crawling on or under your skin?							
Not present 0							
Very mild itching, pins/needles, burning, or numbness 1							
Mild itching, pins/needles, burning, or numbness 2							
Moderate itching, pins/needles, burning, or numbness 3							
Moderately severe hallucinations 4							
Severe hallucinations 5							
Extremely severe hallucinations 6							
Continuous hallucinations 7							
Auditory Disturbances: Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing you? Are you hearing things that you know are not there?							
Not present 0							
Very mild harshness or ability to frighten 1							
Mild harshness or ability to frighten 2							
Moderate harshness or ability to frighten 3							
Moderately severe hallucinations 4							
Severe hallucinations 5							
Extremely severe hallucinations 6							
Continuous hallucinations 7							
Visual Disturbances: Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing you? Are you seeing things that you know are not there?							
Not present 0							
Very mild sensitivity 1							
Mild sensitivity 2							
Moderate sensitivity 3							
Moderately severe hallucinations 4							
Severe hallucinations 5							
Extremely severe hallucinations 6							
Continuous hallucinations 7							
Headache, Fullness in Head: Does your head feel different? Does it feel like there is a band around your head? (Do not rate dizziness or lightheadedness.)							
Not present 0							
Very mild 1							
Moderate 2							
Moderately severe 4							
Severe 5							
Very severe 6							
Extremely severe 7							
Orientation and Clouding of Sensorium: What day is this? Where are you? Who am I?							
Oriented and can do serial additions 0							
Cannot do serial additions or is uncertain about date 1							
Disoriented for date by no more than two calendar days 2							
Disoriented for date by more than two calendar days 3							
Disoriented for place and/or person 4							
Total Score (sum of all items)							

Call practitioner if Total Score is ≥ 26

Initials of Person Completing Assessment							
Action Taken							
Time Next Assessment Due*							

* 26 or greater, every 2 hours