

To Be Completed By: Demo Client

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Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)

1. Nausea & Vomiting: Ask, "Do you feel sick to your stomach? Have you vomited?" Observation:

0-No nausea & no vomiting

1-Mild nausea with no vomiting

2

3

4-Intermittent nausea with dry heaves & vomiting

5

6

7-Constant nausea, frequent dry heaves & vomiting

2. Tremor: Arms extended and fingers spread apart. Observation:

0-No tremor

1-Not visible but can be felt fingertip to fingertip

2

3

4-Moderate, with patient's arm extended

5

6

7-Severe, even with arms not extended

3. Paroxysmal Sweats. Observation:

0-No sweat visible

1

2

3

4-Beads of sweat obvious on forehead

5

6

7-Drenching sweat

4. Anxiety: Ask, "Do you feel nervous?" Observation:

0-No anxiety

1

2

3

4-Moderately anxious, or guarded, so anxiety is inferred

5

6

7-Equivalent to acute panic states, as seen in severe delirium or acute schizophrenic reactions

5. Agitation: Observation:

0-Normal activity

1

2

3

4-Moderately fidgety and restless

5

6

7-Paces back and forth during most of the interview, or constantly thrashes about

6. Tactile Disturbances: Ask, "Have you any itching, pins & needles sensations, any burning, any numbness, or do you feel bugs crawling under your skin?" Observation:

0-None

1-Very mild itching, pins & needles, burning or numbness

2-Mild itching, pins & needles, burning or numbness

3-Moderate itching, pins & needles, burning or numbness

4-Moderately severe hallucinations

5-Severe hallucinations

6-Extremely severe hallucinations

7-Continuous hallucinations

7. Auditory Disturbances: Ask, "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation:

0-Not present

1-Very mild harshness or ability to frighten

2-Mild harshness or ability to frighten

3-Moderate harshness or ability to frighten

4-Moderately severe hallucinations

5-Severe hallucinations

6-Extremely severe hallucinations

7-Continuous hallucinations

8. Visual Disturbances: Ask, "Does the light appear to be too bright? Is the color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation:

0-Not present

1-Very mild sensitivity

2-Mild sensitivity

3-Moderate sensitivity

4-Moderately severe hallucinations

5-Severe hallucinations

6-Extremely severe hallucinations

7-Continuous hallucinations

9. Headache, Fullness in head: Ask, "Does your head feel different? Does it feel like there is a band around your head?" Do not rate dizziness or lightheadedness. Otherwise, rate severity.

0-Not present

1-Very mild

2-Mild

3-Moderate

4-Moderately severe

5-Severe

6-Very severe

7-Extremely severe

10. Orientation and clouding of sensorium: Ask, "What day is this? Where are you? Who am I?" Observation:

- 0-Oriented and can do serial additions
- 1-Cannot do serial additions and is uncertain about date
- 2-Disoriented for date by no more than 2 calendar days
- 3-Disoriented for date by more than 2 calendar days
- 4-Disoriented for place and/or person