

# WITHDRAWAL ASSESSMENT SCALE

NAME	HOSPITAL #
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<b>Temperature (per axilla)</b> 1 98.6-99.5 F                      2 99.5-100.4 F                      3 Greater than 100.4			
<b>Pulse (beats per minute)</b> 1 90-95                      3 100-105                      5 110-120 2 95-100                      4 105-110                      6 Greater than 120			
<b>Respiration rate (inspirations per minute)</b> 1 20-24                      2 Greater than 24			
<b>Blood pressure (diastolic)</b> 1 95-100 mmHg                      4 106-109 mmHg 2 100-103 mmHg                      5 109-112 mmHg 3 103-106mmHg                      6 Greater than 112 mmHg			
<b>Nausea and vomiting (Do you feel sick? Have you vomited?)</b> 0 None                      4 Intermittent nausea with dry heaves 2 Nausea                      6 Nausea, dry heaves, vomiting			
<b>Tremor (arms extended, fingers spread)</b> 0 No tremor                      4 Moderate with arms extended 2 Not visible                      6 Severe even with arms extended			
<b>Sweating (observation)</b> 0 No visible sweat                      4 Beads of sweat visible 2 Barely perceptible, palms moist                      6 Drenching sweat			
<b>Tactile disturbances</b> 0 None 2 Mild itching or pins and needles or numbness 4 Intermittent tactile hallucinations (for example, bugs crawling) 6 Continuous tactile hallucinations			
<b>Auditory disturbances (loud noises, hearing voices)</b> 0 Not present 2 Mild harshness or ability to frighten (increased sensitivity) 4 Intermittent auditory hallucinations (appears to hear things you cannot) 6 Continuous auditory hallucinations (shouting, talking to unseen persons)			

<b>Visual disturbances</b> <b>(photophobia, seeing things)</b> 0 Not present 2 Mild sensitivity (bothered by lights) 4 Intermittent visual hallucinations (occasionally sees things you cannot) 6 Continuous visual hallucinations (seeing things constantly)			
<b>Hallucinations</b> 0 None 1 Auditory, tactile or visual only 2 Non-fused auditory or visual 3 Fused auditory and visual			
<b>Clouding of sensorium</b> <b>(What day is this? What is this place?)</b> 1 Orientated 2 Disoriented for date by no more than two days 3 Disoriented for date 4 Disorientated for place (re-orientate if necessary)			
<b>Quality of contact</b> 0 In contact with examiner 2 Seems in contact, but is oblivious to environment 4 Periodically becomes detached 6 Makes no contact with examiner			
<b>Anxiety</b> <b>(Do you feel nervous?) (observation)</b> 0 No anxiety; at ease 2 Appears anxious 4 Moderately anxious, or guarded 6 Overt anxiety (equal to panic)			
<b>Agitation</b> <b>(observation)</b> 0 Normal activity 2 Somewhat more than normal activity 4 Moderately fidgety and restless 6 Pacing, or thrashing about constantly			
<b>Thought disturbances</b> <b>(flight of ideas)</b> 0 No disturbance 2 Does not have much control over nature of thoughts 4 Plagued by unpleasant thoughts constantly 6 Thoughts come quickly and in a disconnected fashion			
<b>Convulsions</b> <b>(seizures or fits of any kind)</b> 0 No 6 Yes			
<b>Headache</b> <b>(Does it feel like a band around your head?)</b> 0 Not present 2 Mild 4 Moderately severe 6 Severe			
<b>Flushing of face</b> 0 None 1 Mild 2 Severe			
<b>Total</b>			
<b>Date</b>			
<b>Time</b>			