

Name/Practice Name

OPIOID WITHDRAWAL RECORD (Induction Form)

(Adapted from Clinical Opioid Withdrawal Scale)

Patient Name _____ Treatment Start Date _____

Circle the number/description which best corresponds to your patient's present symptoms

Parameter	Baseline Observation Administer 1st Dose _____mg Time given _____am/pm	1st Dose Observation _____min. after 1st dose	1st Dose, 2nd Observation (if needed) _____min. After 1st dose	2nd dose (if needed) _____mg Time given _____am/pm	2nd Dose Observation _____min. After 2nd dose
Resting pulse rate _____beats/min <i>Measure after patient is sitting lying for 1 minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	0 1 2 4	0 1 2 4	0 1 2 4	0 1 2 4	0 1 2 4
Sweating <i>Over past 30 minutes; not accounted for by room temperature or patient activity</i> 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Restlessness <i>Observation during assessment</i> 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	0 1 3 5	0 1 3 5	0 1 3 5	0 1 3 5	0 1 3 5
Tremors <i>Observation of outstretched hands</i> 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching	0 1 2 4	0 1 2 4	0 1 2 4	0 1 2 4	0 1 2 4
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	0 1 2 5	0 1 2 5	0 1 2 5	0 1 2 5	0 1 2 5

	Baseline Observation	1st Dose Observation	1st Dose, 2nd Observation	2nd dose	2nd Dose Observation
GI upset <i>Over last 30 minutes</i> 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting	0 1 2 3 5	0 1 2 3 5	0 1 2 3 5	0 1 2 3 5	0 1 2 3 5
Anxiety or irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable/anxious 4 patient so irritable/anxious that participation in assessment is difficult	0 1 2 4	0 1 2 4	0 1 2 4	0 1 2 4	0 1 2 4
Bone or joint aches <i>If patient was having pain previously, gauge the additional component attributed to opioid withdrawal only</i> 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/ muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	0 1 2 4	0 1 2 4	0 1 2 4	0 1 2 4	0 1 2 4
Yawning <i>Observation during assessment</i> 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute	0 1 2 4	0 1 2 4	0 1 2 4	0 1 2 4	0 1 2 4
Runny nose or tearing <i>Not accounted for by cold symptoms or allergies</i> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	0 1 2 4	0 1 2 4	0 1 2 4	0 1 2 4	0 1 2 4
Gooseflesh skin 0 skin is smooth 3 skin piloerection can be felt or hairs standing up on arms 5 prominent piloerection	0 3 5	0 3 5	0 3 5	0 3 5	0 3 5
Total Score _____ Total score is the sum of all 11 items <ul style="list-style-type: none"> • 5-12 = mild • 13-24 = moderate • 25-36 = moderately severe • >36 = severe withdrawal 	_____	_____	_____	_____	_____

Wesson, D. R., & Ling, W. (2003). The Clinical Opiate Withdrawal Scale (COWS). *Journal of Psychoactive Drugs*, 35(2), 253-259.