# Appendix 1. Clinical Institute Withdrawal Assessment for Alcohol scale, revised (CIWA-Ar)

<table>
<thead>
<tr>
<th>Patient:</th>
<th>Date:</th>
<th>Time:</th>
<th>Blood pressure:</th>
</tr>
</thead>
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<td>(24 hour clock, midnight = 00:00)</td>
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### Nausea and Vomiting

- **Ask** "Do you feel sick to your stomach? Have you vomited?" Observation.
- 0 no nausea and no vomiting
- 1 mild nausea with no vomiting
- 2
- 3
- 4 intermittent nausea with dry heaves
- 5
- 6
- 7 constant nausea, frequent dry heaves and vomiting

### Tactile Disturbances

- **Ask** "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.
- 0 none
- 1 very mild itching, pins and needles, burning or numbness
- 2 mild itching, pins and needles, burning or numbness
- 3 moderate itching, pins and needles, burning or numbness
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

### 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 arms extended
- 5
- 6
- 7 severe, even with arms not extended

### 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

### Paroxysmal Sweats

- **Observation.**
- 0 no sweat visible
- 1 barely perceptible sweating, palms moist
- 2
- 3
- 4 beads of sweat obvious on forehead
- 5
- 6
- 7 drenching sweats

### Visual Disturbances

- **Ask** "Does the light appear to be too bright? Is its 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

### Anxiety

- **Ask** "Do you feel nervous?" Observation.
- 0 no anxiety, at ease
- 1 mild anxious
- 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

### Headache, Fullness in Head

- **Ask** "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for 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

AGITATION -- Observation.

0 normal activity
1 somewhat more than normal activity
2
3
4 moderately fidgety and restless
5
6
7 paces back and forth during most of the interview, or constantly thrashes about

ORIENTATION AND CLOUDING OF SENSORIUM -- Ask

"What day is this? Where are you? Who am I?"

0 oriented and can do serial additions
1 cannot do serial additions or 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/or person

Total CIWA-Ar Score
Rater's Initials
Maximum Possible Score 67

The CIWA-Ar is not copyrighted and may be reproduced freely. This assessment for monitoring withdrawal symptoms requires approximately 5 minutes to administer. The maximum score is 67 (see instrument). Patients scoring less than 10 do not usually need additional medication for withdrawal.


<table>
<thead>
<tr>
<th>CIWA-Ar Score</th>
<th>Lorazepam PRN</th>
<th>Reassess</th>
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<tbody>
<tr>
<td>0 to 9</td>
<td>No Medication</td>
<td>Q1H x 3, then Q6H x 24 hours, Then Q24H x 72 hours</td>
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<tr>
<td>10 to 19</td>
<td>1 or 2 mg Q1H PRN</td>
<td>Q1H until score below 10</td>
</tr>
<tr>
<td>20 or greater</td>
<td>2 or 3 mg Q1H PRN</td>
<td>Q30 to 45 MIN until score below 20</td>
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Call physician if:

- PRN doses administered reach 20 mg or greater of lorazepam over a 24 hour time period;
- CIWA-Ar score greater than 20, a change in score of greater than 10, or intention to medicate below CIWA-Ar score of 10;
- Patient is confused or agitated;
- Patient experiences seizure;
- Heart rate greater than 120 bpm;
- SBP greater than 180 mm Hg; or DBP greater than 120 mm Hg

**Supplementary data for Ng K, Dahri K, Chow I, Legal M. Evaluation of an alcohol withdrawal protocol and a preprinted order set at a tertiary care hospital. Can J Hosp Pharm 2011;64(6):436-445.**

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**MEDICATIONS:**
- thiamine 100 mg PO or IV DAILY x 3 days
- folic acid 5 mg PO or IV DAILY x 3 days
- multivitamin 1 tab PO DAILY or 10 mL IV DAILY

Regular benzodiazepine* (select one):
- ☐ lorazepam 1 mg PO or SL or IV or IM QID
  - OR*
  - ☐ lorazepam 2 mg PO or SL or IV or IM QID
  - OR*
  - ☐ diazepam 5 mg PO or IV or IM TID
  - OR*
  - ☐ diazepam 10 mg PO or IV or IM TID

If Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) score 0 to 9, call MD to have regular benzodiazepine dose tapered.
*Regular benzodiazepine: lorazepam may be preferred if patient is greater than 60 years old or has documented cirrhosis, hepatitis, or severe lung disease.

**PRN:**
- ☐ lorazepam 1 to 3 mg PO or SL or IV or IM Q1H PRN CIWA-Ar score (see monitoring)