# Opiate Withdrawal Flow Sheet

<table>
<thead>
<tr>
<th>Date</th>
<th>CINA</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient Name:** ___________________________  **MPI #** ____________________________

**Admission Date:** ___________________________

**Connecticut Valley Hospital**  **Addiction Services Division**

**Drugs in Opiate Withdrawal:**
- **Pulse Rate:**
- **Blood Pressure:**
- **Temperature:**
- **Respiration:**
- **Nausea or Vomiting:** Ask “Do you feel sick to your stomach or have you vomited since last observation.”
  - 0 = None
  - 1 = Mild
  - 2 = Intermittent nausea with dry heaves
  - 3 = Constant nausea, frequent dry heaves & vomiting.

**Goose Flesh:**
- 0 = None
- 1 = Occasional goose flesh but not elicited by touch, not permanent
- 2 = Prominent gooseflesh, in waves and elicited by touch
- 3 = Constant goose flesh over flesh and arms

**Sweats:**
- 0 = None
- 1 = Barely perceptible sweating, palms moist
- 2 = Beads of sweat on forehead
- 3 = Drenching sweats

**Restlessness:**
- 0 = None
- 1 = Somewhat more than normal activity, moves legs up & down, shifts positions occasionally
- 2 = Moderately fidgety & restless, shifting position frequently
- 3 = Gross movements most of the time or constantly thrashes about

**Hand Tremor:**
- 0 = None
- 1 = Visible but can be felt fingertip to finger tip
- 2 = Moderate with patient’s arms extended
- 3 = Severe even with arms not extended

**Lacrimation:**
- 0 = None
- 1 = Eyes watering, tears at corner of eyes
- 2 = Profuse tearing from eyes over face

**Nasal Congestion:**
- 0 = None
- 1 = Frequent sniffing
- 2 = Constant sniffing with watery discharge

**Yawning:**
- 0 = None
- 1 = Frequent
- 2 = Constant uncontrolled yawning

**Abdominal Changes:** Ask, “Do you have any pain in your abdomen?”
- 0 = None
- 1 = Reports waves of abdominal cramps pain
- 2 = Cramps abdominal pain and diarrheal movements

**Changes in Temperature:** Ask, “Do you feel hot or cold?”
- 0 = None
- 1 = Reports feeling cold, hands cold and clammy to touch
- 2 = Uncontrollable shivering/chills

**Muscle Aches:** Ask, “Do you have any muscle cramps (body aches)?”
- 0 = No muscle aching reported arm and neck muscles soft at rest
- 1 = Mild muscle pains
- 2 = Moderate
- 3 = Reports severe muscle pains, muscles of legs arms and neck in constant state of contraction

**Total**

**Nurse Raters Initials:**

**Scoring:**
- 0 - 11 = Mild
- 12-24 = Moderate
- 25-30 = Severe

*Notify MD if the CINA is higher than 18, HR is greater than 120 or lower than 55, BP is greater than 150/100 or lower than 90/60.*