



**Queensland
Government**

Metro North Mental Health - Alcohol and Drug Service
Biala Acute Care Service

AMPHETAMINE WITHDRAWAL SCALE

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

LAST AMPHETAMINE USE - Date: / / Time: : AM / PM

Ratings: 0 None	1 Mild	2 Moderate	3 Severe	DATE															
				TIME															
				BAL															
Do you feel tired?																			
Are you sleeping a lot?																			
Is your mood low?																			
Are you easily annoyed?																			
Do you feel anxious?																			
Do you have aches / pains?																			
Is your appetite poor?																			
Are you hearing and/or seeing unusual / disturbing things?																			
Do you feel suspicious / mistrustful of others?																			
Is your concentration on tasks poor?																			
TOTAL																			
BLOOD PRESSURE																			
PULSE																			
TEMPERATURE																			
RESPIRATIONS																			
CONSCIOUS LEVEL		1. Alert, obeys, oriented. 2. Confused, response to speech. 3. Stuporous, response to pain. 4. Semi-comatose. 5. Comatose.																	
PUPILS	LEFT		Size																
	RIGHT		Reaction																
			Size																
		Reaction																	
		+ Reactive		- No Reaction		Scale (mm)		1	2	3	4	5	6	7	8				
		B Brisk		S Sluggish				•	•	•	•	•	•	•	•				
MEDICATION GIVEN?																			
NURSE INITIALS																			

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Source: RBWH

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TOTAL

BLOOD PRESSURE

PULSE

TEMPERATURE

RESPIRATIONS

CONSCIOUS LEVEL
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 2. Confused, response to speech.
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