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

AMDHETAMINE

(Affix identification	label here)

URN:

Family name:

Given name(s):

WITHDRAWAL SCALE					Address:									
WITHDRAWAL SCALE						Date of birth:						\square M	F	
LAST AMPHETAMINE USE - Date://					Time:: AM / PM									
				DATE										
Ratings:														
0		2		TIME										
None	Mi	d Moderate	e Severe	BAL										
Do you fee	el tired?													
Are you sl	leeping	a lot?												
ls your mo	ood low	?												
Are you ea	asily an	noyed?												
Do you fee	el anxio	us?												
Do you ha	ave ache	es / pains?												
Is your ap	petite p	oor?												
Are you he things?	earing a	nd/or seeing ur	nusual / distu	ırbing										
Do you fee	el suspi	cious / mistrust	ful of others?)										
Is your co	ncentra	tion on tasks po	or?											
				TOTAL										
BLOOD P	RESSU	RE												
PULSE														
TEMPERA	ATURE													
RESPIRA	TIONS													
CONSCIOUS CONSCIOUS 1. Alert, obeys, oriented. 2. Confused, response to speech. 3. Stuporous, response to pain.														
LEVEL		 Semi-coma Comatose. 												
	LEFT	•	Size											
DI IDII O			Reaction											
	RIGHT Size Reaction													
PUPILS	+ Reactive - No Reaction B Brisk S Sluggish					e ¹	2	3	4	5	6	7	8	
MEDICAT	ION GIV	/EN?												
														-
NURSE IN	IRSE INITIALS													

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v1.00 - 05/2015 Source: RBWH

A SECOND	Queensland Government
	Government

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

	(Affix identification label here)												
URN:													
Family name:													
Given name(s):													
Address:													
Data of hirth:	9	Pov:	N_										

AMPHETAMINE WITHDRAWAL SCALE			Address:												
WITTERWAL GOALL					Date of birth:						Sex: M F				
LAST AMPHETAMINE USE - Date://					Time: : AM / PM										
Ratings:				DATE											
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None	e Mi	ld Moderate	e Severe	BAL											
Do you fe	el tired?)													
Are you s	leeping	a lot?													
Is your mo	ood low	?													
Are you e	asily an	noyed?													
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Do you ha	ave ach	es / pains?													
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Are you h things?	earing a	and/or seeing ur	nusual / distu	rbing											
	el suspi	cious / mistrustf	ful of others?												
Is your co	ncentra	tion on tasks po	or?												
				TOTAL											
BLOOD P	PRESSU	JRE													
PULSE															
TEMPERA	ATURE														
RESPIRA	TIONS														
CONSCIOUS LEVEL 1. Alert, obeys, oriented. 2. Confused, response to speech. 3. Stuporous, response to pain. 4. Semi-comatose. 5. Comatose.															
PUPILS	LEFT		Size Reaction												
	RIGH	RIGHT													
	+ Reactive - No Reaction B Brisk S Sluggish			Scal (mm				4		6	7	8			
MEDICAT	TION GI	VEN?													
NURSE II	NITIALS	3													