



Queensland Government

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

# BENZODIAZEPINE WITHDRAWAL SCALE (CIWA-B)

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

LAST BENZODIAZEPINE USE - Date: ..... / ..... / ..... Time: ..... : ..... AM / PM

AMOUNT LAST 24 HOURS: Name: ..... Dose: .....

Ratings: 0 1 2 3 4 None Mild Moderate Severe Very Severe	DATE																				
	TIME																				
	BAL																				
Do you feel irritable?																					
Do you feel fatigued (tired)?																					
Do you feel tense?																					
Are you having difficulties concentrating?																					
Do you have loss of appetite?																					
Is there numbness in your face and/or hands?																					
Is your heart racing?																					
Does your head feel full / achy?																					
Are your muscles aching / cramping / stiff?																					
Do you feel anxious?																					
Do you feel upset?																					
Do you feel that your sleep was not restful last night?																					
Do you feel weak?																					
Do you feel you did not have enough sleep last night?																					
Are your eyes blurred / light sensitive?																					
Are you fearful?																					
Are you worrying about possible misfortunes?																					

**NURSE TO RECORD THIS SECTION** (see reverse for physical observations)

PERSPIRATION	0. Nil 1. Moist skin 2. Beads on face and body 3. Profuse, whole body wet																					
TREMOR	0. No tremor 1. Tremor can be felt in fingers 2. Visible tremor but mild 3. Moderate tremor, arms out 4. Severe, arms not extended																					
RESTLESSNESS & AGITATION	0. None, normal activity 1. Uneasy 2. Restless 3. Excitable-Purposeless action 4. Pacing, unable to sit still																					
<b>TOTAL SCORE</b>																						

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v1.00 - 01/2015  
Source: RBWH

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		<b>DATE</b>																	
		<b>TIME</b>																	
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																	
		Reaction																	
	RIGHT	Size																	
		Reaction																	
+ Reactive      - No Reaction B Brisk            S Sluggish		Scale (mm)    1    2    3    4    5    6    7    8 																	
MEDICATION GIVEN?																			
NURSE INITIALS																			

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