



**Queensland
Government**

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

CANNABIS WITHDRAWAL SCALE

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

LAST CANNABIS USE - Date: / / **Time:** : AM / PM

Ratings: 0 None	1 Mild	2 Moderate	3 Severe	DATE													
				TIME													
				BAL													

Do you feel anxious?

Is your appetite poor?

Do you feel that your sleep was not restful last night?

Do you feel irritable?

Is your mood up and down?

Are you having hot and cold flushes?

Do you feel suspicious / mistrustful of others?

Are you hearing and/or seeing unusual / disturbing things?

Does your head feel full / achy?

Are your hands shaking / trembling?

Are you sweating?

Is your concentration 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 Reaction													
	RIGHT	Size Reaction													

+ Reactive B Brisk	- No Reaction S Sluggish	Scale (mm)	1 •	2 •	3 •	4 •	5 •	6 •	7 •	8 •
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MEDICATION GIVEN?

NURSE INITIALS

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All clinical form creation and amendments must be conducted through Health Information Services

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Source: RBWH

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