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

(Affix identification	label her	e)

URN:

Family name:

SUBJECTIVE OPIOID WITHDRAWAL SCALE						Given name(s): Address:									
						Date of birth:						Sex: M F I			
LAST OPIATE USE - Date:// Til					ne:	:	Al	M / PM							
Ratings:				DATE											×
0	1		3	TIME											×
None	Mil	d Moderate	Severe	BAL											Х Х
Do you ha	ve naus	sea or are you v	omiting?												×
Do you ha	ve stom	nach cramps?													×
Do you ha	ve leg c	cramps and/or r	estless legs?)											X
Are you ha	aving ho	ot or cold flushe	s or shivering	g?											×
Is your hea	art pour	nding?													×
Do you ha	ve mus	cle tension?													×
Do you ha	ve ache	es and pains?													×
Are you ya	wning o	often?													
Do you ha	ve a rur	nny nose and/o	r weepy eyes	s?											' S.
Did you have sleeping problems last night?															<u>,</u>
				TOTAL											SUBJECT
BLOOD PRESSURE SUPINE														< T	
BLOOD PI	RESSU	RE ERECT													<u> </u>
PULSE															0
TEMPERA	TURE														≦
RESPIRAT	TIONS														I
PERSPIRATION 0. Nil 1. Moist skin 2. Beads on face and body 3. Profuse, whole body wet															
	LEFT		Size Reaction												
DUD" C	RIGHT Size Reaction												SCAL		
PUPILS	+ Reactive - No Reaction B Brisk S Sluggish				Scal (mm			_	4	5	6	7	8		T
MEDICATI	ION GIV	/EN?													
NURSE INITIALS															

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

v1.00 - 05/2015 Source: RBWH

THE PARTY OF THE P	Queensland
	Queensland Government

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

SUBJECTIVE OPIOID

	(Affix identification la	bel her	e)	
URN:				
Family name:				
Given name(s):				
Address:				
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\	WITH	IDRAWAL	. SCALE		Addres	s:							
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LAST OPI	ATE US	SE - Date:	11	Tir	ne:	:	A	И / PM					
				DATE									
Ratings:	1	2	3	TIME									
None	Mil			BAL									
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Do you ha	ve stom	ach cramps?											
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