

# Benzodiazepine Withdrawal Scale BWS-C (CIWA-b)



<b>DATE:</b>	<b>DOB:</b>	<b>ID#:</b>
<b>NAME:</b>		

<b>Nurse Initials</b>				<b>If one or more vital sign reading(s) meet criteria below, NOTIFY PROVIDER.</b>
<b>Time</b>				
Blood Pressure				BP: (S) ≥180 or ≤ 90; (D) ≥110 or ≤ 60
Pulse				P: ≥ 110 or <60 over 10 min
Respiratory rate				R: ≤ 10 or ≥ 20 over 3 min
Temperature				T: >100.4° F
Pulse Oximetry				O2: < 95%
Fluids accepted (Y) Yes or (N) No				
Suicide Ideation (Y) Yes or (N) No				Question: Are you having thoughts of suicide?

NOTE: Patient must verbalize their refusal to participate in evaluation.

<b>Appears irritable</b> 0-not at all 1 2 3 4 very much so				<b>Feels weak</b> 0-not at all 1 2 3 4 very much so			
<b>Appears fatigued</b> 0-not at all 1 2 3 4 unable to function				<b>Enough sleep last night?</b> 0-very much so 1 2 3 4 not at all			
<b>Appears to have difficulty concentrating</b> 0-not at all 1 2 3 4 unable to concentrate				<b>Feels afraid</b> 0-not at all 1 2 3 4 very much so			
<b>Fails to finish their meal because of loss of appetite, nausea or vomiting</b> 0-not at all 1 2 3 4 no appetite, unable to eat				<b>Worried about possible misfortunes lately?</b> 0-not at all 1 2 3 4 very much so			
<b>Numbness or burning on face, hands, or feet</b> 0-not at all 1 2 3 4 intense burning/numbness				<b>Appears tense</b> 0-not at all 1 2 3 4 very much so			
<b>Do you have any nightmares?</b> 0-not at all 1 2 3 4 not at all restful				<b>Appears upset</b> 0-not at all 1 2 3 4 very much so			
<b>Head feels full or achy</b> 0-not at all 1 2 3 4 severe headaches				<b>Heart racing (palpitations)</b> 0-not at all 1 2 3 4 constant palpitations			
<b>Muscle aches or stiffness</b> 0-not at all 1 2 3 4 severe stiffness or pain				<b>Feels anxious, nervous or jittery</b> 0-not at all 1 2 3 4 very much so			
<b>Restlessness / agitation</b> 0-not at all 1 2 restlessness 3 4 paces back and forth, unable to sit still				<b>Visual disturbances (sensitivity to light/ blurred vision)</b> 0-not at all 1 2 3 4 very sensitive to light / blurred vision			
<b>Sweating</b> 0 no sweating visible 1 barely perceptible sweating, palms moist 2 palms & forehead moist, reports armpit sweating 3 beads of sweat visible on forehead 4 severe drenching sweats				<b>Tremors</b> 0-no tremor, 1 not visible, but can be felt 2 visible but mild 3 moderate with arms extended 4 severe, even without arms extended			

**\* Notify Provider for Score ≥ 20**

**TOTAL SCORE**

<b>Initial</b>	<b>Signature</b>	<b>Initial</b>	<b>Signature</b>	<b>Initial</b>	<b>Signature</b>