

Patient	Date	Time (24h)	Pulse (1 min)	Blood pressure
NAUSEA AND VOMITING Ask “Do you feel sick to your stomach? Have you vomited?” Observation.		TREMOR Arms extended and fingers spread apart. Observation.		
0 no nausea and no vomiting 1 mild nausea with no vomiting 2 3 4 intermittent nausea with dry heaves 5 6 7 constant nausea, frequent dry heaves and vomiting		0 no tremor 1 not visible, but can be felt fingertip to fingertip 2 3 4 moderate, with patient’s arms extended 5 6 7 severe, even with arms not extended		
PAROXYSMAL SWEATS Observation.		ANXIETY Ask “Do you feel nervous?” Observation.		
0 no sweat visible 1 barely perceptible sweating, palms moist 2 3 4 beads of sweat obvious on forehead 5 6 7 drenching sweats		0 no anxiety, at ease 1 mildly anxious 2 3 4 moderately anxious, or guarded, so anxiety is inferred 5 6 7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions		
AGITATION Observation.		TACTILE DISTURBANCES Ask “Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?” Observation.		
0 normal activity 1 somewhat more than normal activity 2 3 4 moderately fidgety and restless 5 6 7 paces back and forth during most of the interview, or constantly thrashes about		0 none 1 very mild itching, pins and needles, burning or numbness 2 mild itching, pins and needles, burning or numbness 3 moderate itching, pins and needles, burning or numbness 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations		
AUDITORY DISTURBANCES Ask “Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?” Observation.		VISUAL DISTURBANCES Ask “Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?” Observation.		
0 not present 1 very mild harshness or ability to frighten 2 mild harshness or ability to frighten 3 moderate harshness or ability to frighten 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations		0 not present 1 very mild sensitivity 2 mild sensitivity 3 moderate sensitivity 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations		
HEADACHE, FULLNESS IN HEAD Ask “Does your head feel different? Does it feel like there is a band around your head?” Do not rate for dizziness or lightheadedness. Otherwise, rate severity.		ORIENTATION AND CLOUDING OF SENSORIUM Ask “What day is this? Where are you? Who am I?”		
0 not present 1 very mild 2 mild 3 moderate 4 moderately severe 5 severe 6 very severe 7 extremely severe		0 oriented and can do serial additions 1 cannot do serial additions or is uncertain about date 2 disoriented for date by no more than 2 calendar days 3 disoriented for date by more than 2 calendar days 4 disoriented for place and/or person		

TOTAL CIWA-AR SCORE

Maximum possible score 67

INTERPRETATION

Under 8	Minimal to mild withdrawal
8–15	Moderate withdrawal, marked autonomic arousal
15+	Severe withdrawal, impending delirium tremens

Thresholds follow local protocol. Patients scoring under 10 do not usually need additional medication for withdrawal, and symptom-triggered dosing commonly begins in the 8 to 10 range. Scores above 15 are associated with increased risk of seizure and delirium. Use your facility’s protocol for the dosing threshold and reassessment interval; the ranges above are the published categories, not a dosing order.

Documentation. Record each assessment with time, item scores, total, and the action taken. Serial CIWA–Ar scores are the evidence that supports a withdrawal-management level of care under concurrent review.