

GREAT ORMOND STREET HOSPITAL FOR SICK CHILDREN NHS TRUST
OPIOID and BENZODIAZEPINE WITHDRAWAL OBSERVATION CHART

Patient ID Sticker

Date weaning regime commenced..... Dose at start of weaning: Opioid
Benzodiazepine

Circle one; 20% weaning regime or 10% weaning regime

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| DATE and TIME | | | | | | | | | | | | | |
| OPIOID DRUG INFUSION DOSE/ ORAL DOSE | | | | | | | | | | | | | |
| BENZODIAZEPINE INFUSION DOSE/ORAL DOSE | | | | | | | | | | | | | |
| BOLUS DRUGS GIVEN IV/ORAL TIME | | | | | | | | | | | | | |

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| CHOOSE ONE : Crying/agitated < 25% of Interval | 2 | | | | | | | | | | | | |
| Crying/agitated 26-75% of Interval | 3 | | | | | | | | | | | | |
| Crying/agitated > 75% of Interval | 5 | | | | | | | | | | | | |
| CHOOSE ONE : Sleeps < 25% of Interval | 3 | | | | | | | | | | | | |
| Sleeps 26-75% of Interval | 2 | | | | | | | | | | | | |
| Sleeps > 75% of Interval | 1 | | | | | | | | | | | | |
| CHOOSE ONE: (Neonates only) Hyperactive moro | 2 | | | | | | | | | | | | |
| Markedly hyperactive moro | 3 | | | | | | | | | | | | |
| CHOOSE ONE : Pupils < 4mm | 0 | | | | | | | | | | | | |
| Pupils > 4mm | 1 | | | | | | | | | | | | |
| CHOOSE ONE: Mild tremors | 1 | | | | | | | | | | | | |
| Moderate | 3 | | | | | | | | | | | | |
| Severe tremors | 5 | | | | | | | | | | | | |
| Movement disorder | 1 | | | | | | | | | | | | |
| Tonic-clonic seizures | 5 | | | | | | | | | | | | |
| Hallucinations (verbal child) | 1 | | | | | | | | | | | | |
| Temperature 37.2 - 38.4 | 1 | | | | | | | | | | | | |
| Temperature > 38.4 | 2 | | | | | | | | | | | | |
| Extubated/IMV : RR > 60 If <2 years or RR > 40 If >2years | 2 | | | | | | | | | | | | |
| Intubated : Suction > twice/interval Extubated : Suction > twice/interval | 2 | | | | | | | | | | | | |
| Sweating | 1 | | | | | | | | | | | | |
| Frequent yawning (>3-4/Interval) | 1 | | | | | | | | | | | | |
| Sneezing (>3-4/Interval) | 1 | | | | | | | | | | | | |
| Nasal stuffiness | 1 | | | | | | | | | | | | |
| Emesis | 2 | | | | | | | | | | | | |
| Projectile vomiting | 3 | | | | | | | | | | | | |
| Loose stools | 2 | | | | | | | | | | | | |
| Watery stools | 3 | | | | | | | | | | | | |
| Other Symptoms (please specify) | 1 | | | | | | | | | | | | |
| Other symptoms (please specify) | 1 | | | | | | | | | | | | |
| TOTAL SCORE | | | | | | | | | | | | | |
| Initials of person scoring Nurse Assessment of Withdrawal Yes or No | | | | | | | | | | | | | |

GUIDELINE FOR THE OPIOID AND BENZODIAZEPINE WITHDRAWAL OBSERVATION CHART

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| Use of Form | To assess signs and symptoms of opioid and benzodiazepine withdrawal. |
| Eligibility | Any patient who exhibits signs of withdrawal and <u>ALL</u> neonates, infants and children who receive opioid and/or benzodiazepine for more than 5 days. |
| Scoring interval | Score the patient every 4 hours . However, if the patient exhibits signs of withdrawal as indicated by scores >10 then increase the scoring to every 2 hours . Decrease the scoring period to every 4 hours if the scores are constantly below 10 for 2 scores. The interval therefore refers to the length of time between scores. Score any signs observed within the period. Write the score in the box for each scoring interval. |
| Drug infusions/Bolus | Record any opioid and/or benzodiazepine infusions and their dosage mcg/kg/hr or min. If on bolus doses of morphine or Lorazepam these should be recorded. Record dosages, frequency and route. Record any other analgesia or sedation given, such as Triclofos or Paracetamol or other drugs such as Clonidine. |
| Date | Write the month/day/year for each analgesia/sedative dose administered. |
| Time Given | Write the time given for each analgesia/sedative dose administered. |
| Drug | Write the abbreviation of the drug given. F=Fentanyl, MS=Morphine, Mid=Midazolam, Lor=Lorazepam. |

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| CHOOSE ONE: Crying / agitated <25% of Interval Crying / agitated 26-75% of Interval Crying / agitated >75% of Interval | Choose the item that best describes the amount of time the patient was crying or agitated within the scoring period, i.e. every 2-4 hours. Note: The intubated infant may exhibit a “cry face” without audible sound, which should be scored. |
| CHOOSE ONE: Sleeps <25% of Interval Sleeps 26-75% of Interval Sleeps >75% of Interval | Choose the item that best describes the amount of time the patient was sleeping within the scoring period. |
| CHOOSE ONE: (Neonates only) Hyperactive moro Markedly hyperactive moro | Score 2 points if patient has some arm and/or leg extension when touched or when disturbed by loud noises. Score 3 points if patient has marked arm and/or leg extension that is accompanied by crying behaviour, hyper-alert state, or continued arm and/or leg tremors after being startled. |
| CHOOSE ONE: Pupils <4mm Pupils >4mm | Indicate the average pupil size for the scoring period. |
| CHOOSE ONE: Mild Tremors Moderate Severe tremors | Disturbed: Score 1 point if patient has mild tremors when disturbed. Score 3 points if patient has moderate to severe tremors when disturbed. Score 5 points if patient has severe tremors unrelated to being disturbed. Movements are continuous, unrelated to environmental stimuli and cannot usually be stopped by flexion of the limb. |
| Movement disorder | This may be hard to assess in the infant and young child. Symptoms may include tremulousness and weakness, muscle twitches or chorioathetosis. |
| Tonic-clonic seizures | Score 5 points if patient present with seizures. |
| Hallucinations (verbal child) | Please record the presence of hallucinations as reported by the older verbal child. |
| Temperature 37.2 - 38.4 Temperature > 38.4 | Choose the average temperature within the scoring period. Score 1 point if temperature 37.2-38.4. Score 2 point if temperature >38.4. |
| Extubated/IMV: RR >60 If <2 years RR<40 If > 2 years | In the intubated patient on IMV rate or the extubated patient score if respiratory rate >60 in child under 2 years of age or if >40 for the child over 2 years of age. |
| Suction > twice/interval | In the intubated patient, score if ETT suctioning performed 2 or more times within the scoring period. In the extubated patient score if oropharyngeal suctioning performed 2 or more times within the scoring period. |
| Sweating | Score if sweating is not related to environment (i.e. room temperature, lights, clothing, etc.). |
| Frequent yawning (>3-4/Interval) | Score if patient exhibits frequent yawning greater than 3 times within the scoring period. |
| Sneezing (>3-4/Interval) | Score if patient sneezes greater than 3 times within the scoring period. |
| Nasal stuffiness | Score 1 point if patient has nasal congestion or drainage. |
| Emesis | Score if patient has emesis/gagging/retching that appears unrelated to changes in feeding regimen. |
| Projectile vomiting | Score if patient has projectile vomiting during the scoring period. |
| Loose stools | Score if the patient has diarrhoea or loose stools that appears unrelated to changes in feeding regimen (i.e. do not score for “breast milk stools”) or is increased from the previous period. |
| Watery stools | Score if the patient has frequent or explosive, watery diarrhoea during the scoring period. |
| Other symptoms (please specify) | Please include symptoms such as hypertension, tachycardia, facial grimacing, poor social interaction, poor visual tracking, dystonic postures, tongue thrusting, anxiety as communicated by the older child and any others you observe. Parents perceptions may also be included. |
| Other Symptoms | |
| TOTAL SCORE | Add (vertically) the points for the scoring period. Write in the total score box. |
| Initials of person scoring Nurse Assessment of withdrawal Yes or No | Circle Yes or No to indicate your subjective assessment of whether or not the patient is in withdrawal. If you assessment does not match the total score (i.e. if the score <10 and you think the patient has withdrawal), describe your assessment and the discrepancy. |