Opioid & Benzodiazepine Withdrawal Non-ITU Observation Chart

NB: For further details see overleaf and patients' Weaning Care Plan

Place Pt ID label here													
name						hospital no. Date					weaning commenced		
Score 1 point for ea						ach symptom					Comments Write letter corresponding to symptom(s) present eg. S, D, T		
date	time	Tremors	Movement disorder	Hallucin- ations	Crying / agitation more than 1 out of 4 hrs	Pupils >4 mm	Sweating not related to environment or pyrexia	Diarrhoea unexplained by feeding	TOTAL SCORE Max=7	Clinical judgement In withdrawal? Yes/No	S sleeplessness H hypertension T tachycardia F facial grimacing		G tongue thrusting A anxiety (communicated by older children) O other–give details
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