

**ALCOHOL WITHDRAWAL
ASSESSMENT SCALE
FLOW SHEET (AWAS)**

Do not write in this box



DT0100

PATIENT LABEL

Date:														
Time:														
Vitals: Temperature														
Pulse														
Respirations														
Blood Pressure														
Sleeping														
Tremors														
Tachycardia														
Hypertension														
Sweating														
Temperature														
Nausea/Vomiting														
Agitation														
Orientation														
Insomnia														
Total Score:														
Hallucinations														
Convulsions														
Initials:														

Symptom Severity Scale

TREMORS: Arms extended, fingers spread

- 0 Not present
- 1 Tremor felt by examiner but not visible
- 2 Mild visible tremor
- 3 Marked visible tremor

SWEATING:

- 0 Not present
- 1 Mild, barely visible
- 2 Moderate
- 3 Marked, clothing or bedding soaked

ORIENTATION:

- 0 Oriented x4
- 1 Detached ,partially aware of examiner, vague on time/place
- 2 Sometimes out of contact, hyper alert
- 3 Intermittent confusion and orientation

TACHYCARDIA:

- 0 Less than 80 beats/min
- 1 80-100 beats/min
- 2 101-130 beats/min
- 3 Over 130 beats/min

NAUSEA/VOMITING

- 0 Not present
- 1 Nausea only
- 2 Vomiting once or occasionally
- 3 Frequent vomiting, "dry heaves"

INSOMNIA:

- 0 Sound asleep
- 1 Up or awake(or per shift)
- 2 Awake half the night
- 3 Awake all night

HYPERTENSION

- 0 Systolic less than 150mm
Diastolic less than 90
- 1 Systolic 150 to 175 mm
Diastolic 91-100
- 2 Systolic 176 to 200
Diastolic 101-110
- 3 Systolic over 200mm

TEMPERATURE

- 0 Less than 99.5 F
- 1 99.5-100.2
- 2 100.3-101.3
- 3 Greater than 101.3 F

AGITATION:

- 0 Not present
- 1 Activity increased
- 2 Restless "fidgety"
- 3 Restless, pacing

HALLUCINATIONS: Record presence of visual, auditory or tactile. Do not score

CONVULSIONS: Record as present. Do not score

Initials/ Signature
