



Objective Opioid Withdrawal Assessment Scale (OOWS)

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Facility:

Last Opiate Use - Date: / / Time: : AM / PM

Observe the patient during a **5 minute observation period** then indicate a score for each of the opioid withdrawal signs listed below. Add the scores for each item to obtain the total score.

			Date															
			Time															
			Bal															
1.	Yawning	0. no yawns 1. > 1 yawn																
2.	Rhinorrhoea	0. < 3 sniffs 1. > 3 sniffs																
3.	Piloerection (observe arm)	0. absent 1. present																
4.	Perspiration	0. absent 1. present																
5.	Lacrimation	0. absent 1. present																
6.	Tremor (hands)	0. absent 1. present																
7.	Mydriasis	0. absent 1. ≥ 3 mm																
8.	Hot and Cold Flushes	0. absent 1. shivering / huddling for warmth																
9.	Restlessness	0. absent 1. frequent changes of position																
10.	Vomiting	0. absent 1. present																
11.	Muscle Twitches	0. absent 1. present																
12.	Abdominal Cramps	0. absent 1. holding stomach																
13.	Anxiety	0. absent 1. mild-severe																
Total																		

Scale (mm)	Blood pressure supine			
• 1	Blood pressure erect			
• 2	Pulse			
• 3	Temperature			
• 4	Respirations			
• 4	Perspiration	0 Nil 1 Moist Skin 2 Beads on face & body 3 Profuse, whole body wet		
• 5	Pupils	+ Reactive - No Reaction B Brisk S Sluggish	Left	Size
				Reaction
			Right	Size
				Reaction
• 8	Medication given?			
	Nurse initials			

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Source: Handelsman, L., Cochrane, K. J., Aronson, M. J., Ness, R., Rubinstein K.J., Kanof, P.D. (1987) Two New Rating Scales for Opiate Withdrawal. American Journal of Alcohol Abuse, 13, 293-308.