



Queensland Government

## Subjective OPIOID Withdrawal Scale (SOWS)

(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

Ratings: Record score for how you feel <i>now</i>				Date											
0	1	2	3	Time											
nil	mild	moderate	severe	Bal											

Do you have nausea or are you vomiting?																
Do you have stomach cramps?																
Do you have leg cramps or restless legs?																
Are you having hot or cold flushes or shivering?																
Is your heart pounding?																
Do you have muscle tension?																
Do you have aches and pains?																
Are you yawning often?																
Do you have a runny nose and/or weepy eyes?																
Did you have sleeping problems last night?																

**Total**

Scale (mm)	Blood pressure supine																
	Blood pressure erect																
	• 1	Pulse															
	● 2	Temperature															
	● 3	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												
	● 6				Reaction												
	● 7			Right	Size												
	● 8				Reaction												
	Medication given?																
	Nurse initials																

SUBJECTIVE OPIOID WITHDRAWAL SCALE

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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

## Guide to the use of the Subjective Opioid Withdrawal Scale (SOWS)

### Administration of SOWS rating scale

The SOWS scale is the patient's assessment of their withdrawal symptoms – that is, a patient self-evaluation. Patients are asked if they have suffered the symptoms in the past 24 hours and to rate each symptom according to severity.

Each item is rated on a 4 point scale:

0 = none    1 = mild    2 = moderate    3 = severe

As this is a patient self-evaluation, the nurse's role is to assist the patient to complete the task, not do it for them nor interpret their symptomatology.

For most patients, the 10 items in SOWS will take less than 1 minute to complete.

SOWS item	Symptom domain
1. Feeling sick (nauseated)	Nausea, vomiting
2. Stomach cramps	Abdominal cramps, diarrhoea
3. Muscle spasms/twitching	Leg cramps, restless legs
4. Feeling of coldness	Hot and cold flushes, cold peripheries
5. Heart pounding	Jumping of heart in chest
6. Muscular tension	Stiff neck, shoulders (tightness)
7. Aches and pains	Headache, painful joints, general aches, backache
8. Yawning	Not related to lethargy
9. Runny eyes/nose	Runny nose, redness/itching of eyes and nose, vision obscured from runny eyes
10. Insomnia, problems sleeping	Nightmares, early morning wakening (complete in relation to previous night), difficulty falling asleep, fatigue

**The symptom domains are included as a guide only and to aid clarification for the patient. If the patient feels they know how to complete the SOWS, then no input from the nurse may be required.**

A suggested interpretation of the SOWS scores

Severity	SOWS scores
Mild	1–10
Moderate	11–20
Severe	21–30