

NLTC - OPIATE WITHDRAWAL SYMPTOM ASSESSMENT KEY

Client Initials:

DATE																		
TIME of ASSESSMENT and/or DOSE																		
MEDICATION DOSE																		
IMPORTANT: Notify the office or on-call staff if <i>while at rest</i> your blood pressure is over 140/90 or pulse is over 90																		
BLOOD PRESSURE																		
RESTING PULSE RATE																		
0 – 10 CRAVING SCORE	0-1	2-3		4-5		6-7			8-9			10						
	no desire to use	stress, anxiety, negative feelings		thoughts of using, but I can cope		urgent thoughts of using, staying in control is a real struggle			significant suffering, on the verge of using			using feels inevitable						
CURRENT CRAVING SCORE																		
HIGHEST Craving Score LAST 24 hour																		
0 – 3 SYMPTOM SCORING	0 = ABSENT 1 = MILD 2 = MODERATE 3 = SEVERE see reverse side for symptom scoring guidelines																	
List your own symptom that always triggers use:																		
EMOTIONAL																		
depression/sadness																		
irritability/anger																		
anxiety/restlessness																		
bad mood																		
obsessive thoughts																		
self-hatred/feelings of worthlessness																		
Sense of impending doom or death																		
PHYSICAL																		
sweating/chills																		
yawning or muscle spasms																		
watery eyes or runny nose																		
goosebumps/skin crawling																		
restless legs/"electric shocks" legs																		
stomach pain/stomach cramps																		
nausea/vomiting																		
loose stool/diarrhea																		
bone pain/joint aches																		
trouble sleeping/insomnia																		
other (list)																		
other (list)																		

PLEASE BRING COMPLETED FORMS TO ALL APPOINTMENTS

revised 5/12

**NEW LEAF TREATMENT CENTER OPIATE WITHDRAWAL ASSESSMENT KEY
SCORING GUIDELINES**

EMOTIONAL

depression or sadness	1= sad	2= fearful	3= withdrawn or having suicidal thoughts
irritability/anger	1= argue with family/friends	2= inappropriate responses	3= verbally or physically abusive
anxiety	1= anxious but not tearful	2= anxious AND tearful	3= panic
restlessness	1= fidgets while seated	2= cannot sit still	3= pacing, can't sit down
bad mood	1= occasional negative feelings	2= feeling negative most of the time	3= increased severity & frequency of negative feelings
obsessive thoughts	1= recurring thought or speech	2= persistent thought or speech	3= cannot stop repetitive thought or speech
self-hatred or feelings of worthlessness	1= occasionally feel disappointed with myself /neg. self-talk	2= I am very disappointed in myself and, more negative self-talk	3= I hate myself and feel utterly worthless
sense of impending doom or death	1= a vague sense that something bad might happen	2= mounting sense that something bad might happen	3= death or destruction feels like a real possibility

PHYSICAL

Resting pulse rate	1= rate 90 or below	2= rate 90 – 100	3= pulse rate 100 or above
sweating or chills	1= feel more warm and/or chilled than average/appropriate for environment	2= skin very moist, periodic chills	3= profuse sweating and/or chills and shivering
yawning	1= occasional yawning	2= frequent yawning	3= near constant yawning
muscle spasms	1= neck/shoulders only	2= spasms in arms or legs	3= muscle jerks arms/legs
watery eyes	1= unusually moist eyes	2= some tear drops	3= tears are streaming down cheeks
runny nose	1= nasal stuffiness	2= nose running	3= nose constantly running
goosebumps	1= occasional goosebumps	2= periodic goosebumps	3= obvious, constant goosebumps
skin crawling	1= mild discomfort	2= burning	3= significant burning and discomfort
restless legs “electric shocks” legs	1= legs feel mildly restless mild tingling sensation	2= moderate restlessness/occasional shooting or electric sensations	3= legs constantly restless and uncomfortable, electric shocks or other shooting pains
stomach pain or cramps	1= slight stomachache	2= stomach pain, occasional cramps	3= severe stomach pain and cramping
nausea/vomiting	1= stomach is a little queasy	2= nausea	3= vomiting
loose stools/diarrhea	1= occasional loose stool	2= frequent loose stools	3= serious diarrhea
bone pain/joint aches	1= mild aching	2= significant discomfort and aching	3= unable to sit still because of the pain
insomnia	1= slept less than 8 hours	2= slept less than 4 hours	3= slept less than 2 hours

DURING THE BUPRENORPHINE INDUCTION PROCESS FILL OUT THE ASSESSMENT KEY:

Every 20 minutes	After each dose of medication	Anytime withdrawal symptoms become noticeable or cravings for opiates are significant
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The correct dose of buprenorphine: keeps withdrawal symptoms at 0-1 and craving scores < 5.

Withdrawal symptom scores of 2 – 3 and/or craving scores above 5: indicate additional buprenorphine is needed.

CONTACT THE OFFICE OR ON-CALL STAFF:

• Craving Score 6 or above	• Resting pulse over 90	• blood pressure over 140/90
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Proceed with caution whenever starting a new medication. Seek emergency care if any adverse side effects develop.

Serious adverse reactions can occur if buprenorphine is used improperly.

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