

Clinical Opioid Withdrawal Scale (COWS)

Patient name: _____ Opioid(s) last used: _____ Date & time opioid(s) last used: _____	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	Time:
Resting Pulse Rate (bpm): <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 2 pulse rate 101-120 1 pulse rate 81-100 4 pulse rate greater than 120				
Sweating: <i>Over past ½ hour not accounted for by room temperature or patient activity.</i> 0 no report of chills or flushing 3 beads of sweat on brow or face 1 subjective report of chills or flushing 4 sweat streaming off face 2 flushed or observable moistness on face				
Restlessness: <i>Observation during assessment</i> 0 able to sit still 5 Unable to sit still for more than a few 1 reports difficulty sitting still, but is able to do so seconds 3 frequent shifting or extraneous movements of legs/arm				
Pupil size: 0 pupils pinned or normal size for room light 2 pupils moderately dilated 1 pupils possibly larger than normal for room light 5 pupils dilated, only the rim of iris visible				
Bone or Joint aches: <i>If patient was having pain previously, only the additional component is scored</i> 0 not present 4 patient is rubbing joints or muscles and is 1 mild diffuse discomfort unable to sit still because of discomfort 2 patient reports severe diffuse aching of joints/ muscles				
Runny nose or tearing: <i>Not accounted for by cold symptoms or allergies</i> 0 not present 4 nose constantly running or tears 1 nasal stuffiness or unusually moist eyes streaming down cheeks 2 nose running or tearing				
GI Upset: <i>Over last ½ hour</i> 0 no GI symptoms 3 vomiting or diarrhea 1 stomach cramps 5 Multiple episodes of diarrhea or vomiting 2 nausea or loose stool				
Tremor: <i>Observation of outstretched hands</i> 0 No tremor 2 slight tremor observable 1 tremor can be felt, but not observed 4 gross tremor or muscle twitching				
Yawning: <i>Observation during assessment</i> 0 no yawning 2 yawning \geq 3 times during assessment 1 yawning once or twice during assessment 4 yawning several times/minute				
Anxiety or irritability: 0 none 4 patient so irritable or anxious that 1 patient reports increasing irritability or anxiousness participation in the assessment is difficult 2 patient obviously irritable anxious				
Gooseflesh skin: 0 skin is smooth 5 prominent piloerection 3 piloerection of skin can be felt, arm hairs standing up				
Total score (Please chart in nursing notes): Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; greater than 36 = severe				
Initials: _____				