SUBSTANCE ABUSE
REFERRAL CRITERIA AND ASSESSMENT

The Ambulatory Detox Program (ADP) is a voluntary program to meet the detoxification needs of adult Kaiser Permanente members who are actively abusing and/or are dependent on alcohol, opiates (heroin and prescription narcotics), and benzodiazepines (e.g. alprazolam, clonazepam, diazepam)-in order to minimize hospitalizations in those patients who have an adequate sober support system in place for detoxification and subsequent treatment.

Patients who are actively using COCAINE, MARIJUANA, & AMPHETAMINES are NOT appropriate referrals for the Ambulatory Detox Program, because medical detoxification is not necessary with these substances. However; these patients SHOULD be referred for substance abuse evaluation and treatment by calling the number below to schedule an intake evaluation as soon as possible:

Glenlake Behavioral Health Department
(770) 677-7370
Monday through Friday
8:30 am-5:00pm

Also, these patients do NOT require inpatient hospitalization in almost all cases, unless medical complications mandate hospitalizations at a medical hospital for primarily medical problems.

Procedure for referral to ADP: (Please complete form in its entirety before faxing)

Patient Name: __________________ HRN: ________________________
Patient Phone #: _________________   Provider Name __________________
Provider Phone #:________________   Provider Pager #: _______________

Step 1: Complete CIWA (Alcohol withdrawal scale) and/or COWS (opiate withdrawal scale) on pages 3-4. Place score here:

CIWA______________ COWS_________________

Step 2: Obtain patient’s vital signs:
Pulse_____   B/P_____   Temp_____   Resp_____   Pain (0/10 scale) _____
SUBSTANCE ABUSE
REFERRAL CRITERIA AND ASSESSMENT (cont):

Step 3: Determine the following:

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
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<tbody>
<tr>
<td>1.</td>
<td>_____  Patient has CIWA greater than or equal to 10, or COWS greater than or equal to 25, or temp greater than 101.3F.</td>
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<td>2.</td>
<td>_____  Patient has history of withdrawal seizures or delirium tremens.</td>
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<td>3.</td>
<td>_____  Patient has no sober social support or means of transportation to get to &amp; from Glenlake for first days of program (Patient CANNOT drive self to start ADP!)</td>
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<td>4.</td>
<td>_____  Patient has a history of MI, stroke, or seizures.</td>
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<td>5.</td>
<td>_____  Patient has a medical condition requiring hospitalization.</td>
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<td>6.</td>
<td>_____  Patient has a blood pressure &gt;160/110 or pulse&gt;110</td>
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<td>7.</td>
<td>_____  Patient is at risk of harm to self or others(suicidal or homicidal-refer for psychiatric hospitalization)</td>
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<td>8.</td>
<td>_____  Patient is dependent on more than one drug which requires medical detoxification (alcohol, opiates, benzodiazepines).</td>
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<td>9.</td>
<td>_____  Patient has medical problems would interfere with detoxification (e.g. TB, HIV, syphilis, hepatitis)</td>
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<td>10.</td>
<td>_____  Patient has failed previous outpatient detox attempts.</td>
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<td>11.</td>
<td>_____  Patient is pregnant.</td>
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<td>12.</td>
<td>_____  Patient is under 18 or over 65 years of age.</td>
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<td>13.</td>
<td>_____  Patient does not voluntarily wish to come to ADP daily.</td>
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IF ANY OF THE ABOVE IS **TRUE**, THE REFERENCING PROVIDER SHOULD CALL ONE OF THE FOLLOWING PSYCHIATRIC HOSPITALS TO AUTHORIZE A 23-HOUR OBSERVATION INPATIENT DETOX FOR PATIENT:

PEACHFORD HOSPITAL  (770) 454-5592
RIDGEWOOD INSTITUTE (770) 431-7082
ANCHOR HOSPITAL    (770) 991-6044

IF ALL OF THE ABOVE IS **FALSE**, PATIENT IS APPROPRIATE FOR GLENLAKE ADP. PLEASE FAX THIS FORM TO (770) 677-7389, GIVE PATIENT ADP INSTRUCTION SHEET AND DIRECTIONS, AND CALL (770) 677-7370, OPTION 1, M-F 8:30 AM-5:00PM TO ARRANGE FOR AN ADP INTAKE APPOINTMENT TIME.

Thank you for your time to make a difference for your patient!
Addiction Research Foundation Clinical Withdrawal Assessment for Alcohol (CIWA-A Scale)

**Patient:** ____________________________  **HRN:** _____________________________  **Date:** ________  **Time:** _________________  **Pulse or heart rate, taken for 1 minute:** __________________  **Blood Pressure:** _________

### Nausea and Vomiting
- **Observation:**
  - 0 no nausea and no vomiting
  - 1 mild nausea and no vomiting
  - 2 intermittent nausea with dry heaves
  - 3 constant nausea, frequent dry heaves and vomiting

### Tremor
- **Observation:**
  - 0 no tremor
  - 1 not visible, but can be felt fingertip to fingertip
  - 2 moderate, with patient’s arms extended
  - 3 severe, even with arms not extended

### Paroxysmal Sweats
- **Observation:**
  - 0 no sweats visible
  - 1 barely perceptible sweating, palms moist
  - 2 beads of sweat obvious on forehead
  - 3 drenching sweats

### Anxiety
- **Observation:**
  - 0 no anxiety, at ease
  - 1 mildly anxious
  - 2 moderately anxious, or guarded, so anxiety is inferred
  - 3 equivalent to acute panic states, as seen in severe delirium or acute schizophrenic reactions

### Agitation
- **Observation:**
  - 0 normal activity
  - 1 somewhat more than normal activity
  - 2 moderately fidgety and restless
  - 3 paces back and forth during most of interview, or constantly thrashes about

### Tactile Disturbances
- **Observation:**
  - 0 none
  - 1 very mild itching, pins and needles, burning or numbness
  - 2 mild itching, pins and needles
  - 3 moderate itching, pins and needles, burning or numbness
  - 4 moderately severe hallucinations
  - 5 severe hallucinations
  - 6 extremely severe hallucinations
  - 7 continuous hallucinations

### Auditory Disturbances
- **Observation:**
  - 0 not present
  - 1 very mild harshness or ability to frighten
  - 2 mild harshness or ability to frighten
  - 3 moderate harshness or ability to frighten
  - 4 moderately severe hallucinations
  - 5 severe hallucinations
  - 6 extremely severe hallucinations
  - 7 continuous hallucinations

### Visual Disturbances
- **Observation:**
  - 0 not present
  - 1 very mild sensitivity
  - 2 mild sensitivity
  - 3 moderate sensitivity
  - 4 moderately severe hallucinations
  - 5 severe hallucinations
  - 6 extremely severe hallucinations
  - 7 continuous hallucinations

### Headache, Fullness in Head
- **Observation:**
  - 0 not present
  - 1 very mild
  - 2 mild
  - 3 moderate
  - 4 moderately severe
  - 5 severe
  - 6 very severe
  - 7 extremely severe

### Orientation and Coupling of Sensorium
- **Observation:**
  - 0 oriented and can do serial additions
  - 1 cannot do serial additions or is uncertain about date
  - 2 disoriented by date no more than 2 calendar days
  - 3 disoriented for date by more than 2 calendar days
  - 4 disoriented for place and person

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**Total CIWA-A score:** [________________]
**Rater’s Initials:** [______________]
**Maximum Possible Score:** 67
Clinical Opiate Withdrawal Scale (COWS)

For each item, circle that number that best describes the patient’s signs or symptoms. Rate on just the apparent relationships to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increases pulse rate would not add to the score.

Error!

| Patient Name: ____________________________ Date & Time: ____________________________ |
| HRN: ____________________________ |

### Resting Pulse Rate:
- _Beats / Minute_
  - Measured after patient is sitting or lying for one minute
  - 0 Pulse rate 80 or below
  - 1 Pulse rate 81-100
  - 2 Pulse rate 101-120
  - 3 Pulse rate greater than 120

### GI Upset:
- Over last 1/2 hour
  - 0 No GI upset
  - 1 Stomach cramps
  - 2 Nausea or loose stools
  - 3 Vomiting or diarrhea
  - 5 Multiple episodes of vomiting or diarrhea

### Sweating:
- Over past 1/2 hour not accounted for by room temperature or patient activity.
  - 0 No report of chills or flushing
  - 1 Subjective report of chills or flushing
  - 2 Flushed or observable moistness on face
  - 3 Beads of sweat on brow or face
  - 4 Sweat streaming off face

### Tremor:
- Observation of outstretched hands
  - 0 No tremor
  - 1 Tremor can be felt, but not observed
  - 2 Slight tremor observable
  - 4 Gross tremor or muscle twitching

### Restlessness:
- Observation during assessment
  - 0 Able to sit still
  - 1 Reports difficulty sitting still, but is able to do so
  - 3 Frequent shifting or extraneous movements of legs / arms
  - 5 Unable to sit still for more than a few seconds

### Yawning:
- Observation during assessment
  - 0 No yawning
  - 1 Yawning once or twice during assessment
  - 2 Yawning three or more times during assessment
  - 4 Yawning several times / minute

### Pupil Size:
- Anxiety or Irritability:
  - 0 None
  - 1 Patient reports increasing irritability or anxiousness
  - 2 Patient obviously irritable / anxious
  - 4 Patient so irritable or anxious that participation in the assessment is difficult

### Bone or Joint Aches:
- Gooseflesh Skin:
  - 0 Skin is smooth
  - 1 Piloerrection of skin can be felt or hairs standing on end
  - 2 Prominent piloerrection

### Running Nose or Tearing:
- Not accounted for by cold symptoms or allergies
  - 0 Not present
  - 1 Nasal stuffiness or unusually moist eyes
  - 2 Nose running or tearing
  - 4 Nose constantly running or tears streaming down cheeks

### TOTAL SCORE:
- The total score is the sum of all 11 items

Score: 5-12=Mild 13-24=Moderate 25-36=Moderately Severe More than 36=Severe Withdrawal