

# Clinical Institute Withdrawal Assessment for Alcohol (CIWA) - myAvatarNX

1/7/2025

**Purpose:** This form is used to assist providers in managing a person’s alcohol withdrawal symptoms.

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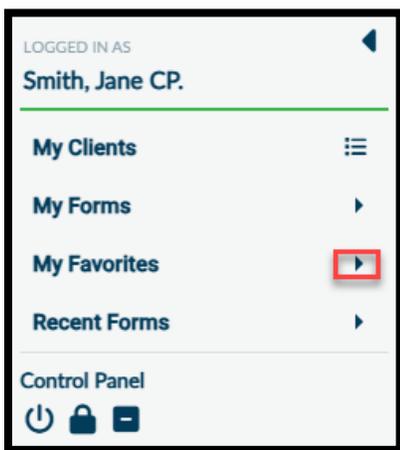
## Accessing Clinical Institute Withdrawal Assessment for Alcohol (CIWA)

There are multiple ways to access the **CIWA** form.

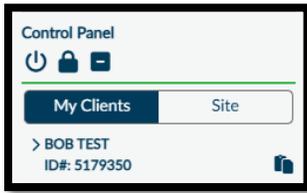
To access the form through the **What can I help you find?** Search, type CIWA in the box.



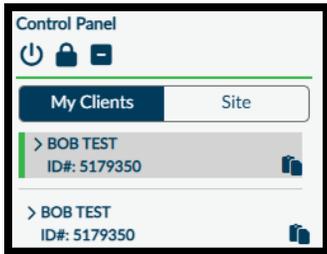
If you have it saved as a **My Favorites**, you can access the form through there.



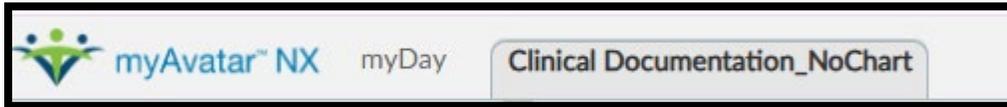
To access the form through the client dashboard, select the appropriate client through **My Clients**. If the client’s name does not appear in the **My Clients** section, type the name (last name, first name) in the **What can I help you find?** box as shown in the image above.



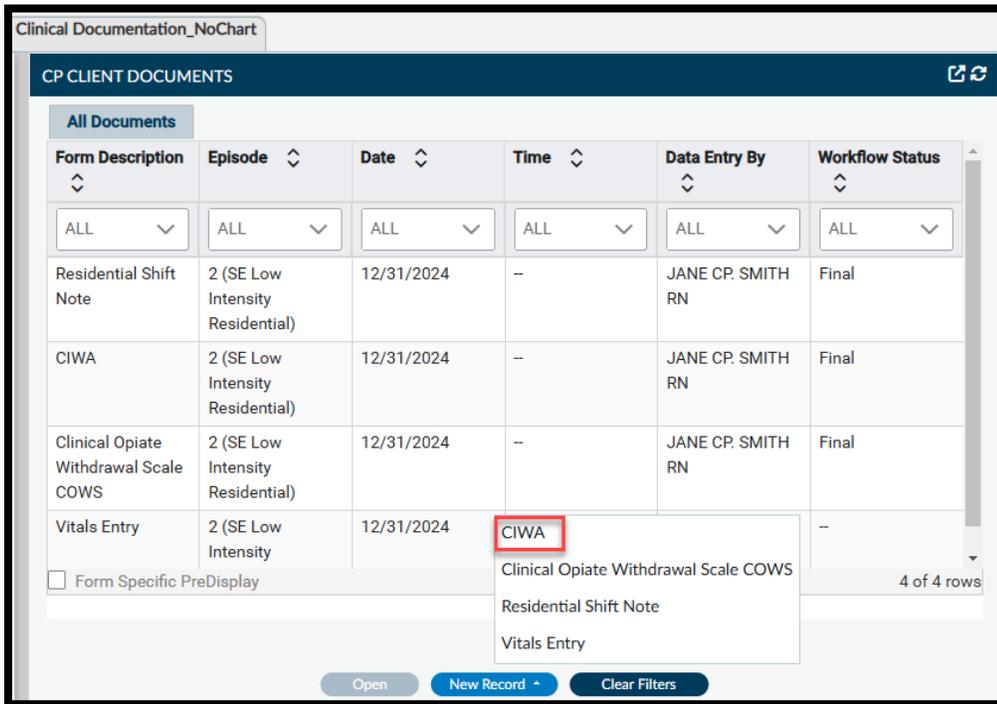
Single click on the client's name to highlight them.



Single click **Clinical Documentation\_NoChart**.



The **Clinical Documentation\_NoChart** will open. Click **New Record** and then **CIWA**.



## Completing Clinical Institute Withdrawal Assessment for Alcohol (CIWA)

Select the **Episode** to document in and click **Ok**.

Home > Select Client > Select Episode >

Selected Client : BOB TEST (005179350)

Select Episode

Name: BOB TEST  
ID: 5179350  
Sex: Male  
Date of Birth: 01/29/1950

Episode	Program	Start	End
2	SE Low Intensity Residential	12/30/2024	

To enter a new assessment, select **Add**

To edit a current assessment, select **Edit**

To delete a current assessment, select **Delete**. Delete should only be used when an assessment has been entered in error.

Add Edit Delete Cancel

The form has 1 tab as shown below. It important to complete all fields/sections. If any section is left blank, the overall score will not calculate accurately.

CIWA

CIWA

The screenshot shows a digital assessment form with the following sections and options:

- Assessment Date:** A date selection field with 'T' and 'Y' buttons.
- Assessment Time:** A time selection field with 'Current Time', 'H', 'M', and 'AM/PM' options.
- Pulse or heart rate, taken for one minute:** A text input field.
- Blood Pressure:** A text input field.
- Nausea and Vomiting:** Radio buttons for 0 (No nausea and no vomiting), 1 (Mild nausea with no vomiting), 2, 3, and 4 (Intermittent nausea with dry heaves).
- Tremor:** Radio buttons for 0 (No tremor), 1 (Not visible, but can be felt fingertip to fingertip), 2, 3, 4 (Moderate, with patients arm extended), 5, 6, and 7 (Drenching sweat).
- Anxiety:** Radio buttons for 0 (No anxiety, at ease), 1 (Mild anxiety), 2, 3, 4 (Moderate anxiety, or guarded so anxiety is inferred), 5, and 6.
- Agitation:** Radio buttons for 0 (Normal activity), 1 (Somewhat more than normal activity), 2, 3, and 4 (Moderately fidgety and restless).
- Tactile Disturbances:** Radio buttons for 0 (Not present), 1 (Very mild itching, pins and needles, burning or numbness), 2 (Mild itching, pins and needles, burning or numbness), 3 (Moderate itching, pins and needles, burning or numbness), 4 (Moderately severe hallucinations), 5 (Severe hallucinations), 6 (Extremely severe hallucinations), and 7 (Continuous hallucinations).
- Visual Disturbances:** Radio buttons for 0 (Not present), 1 (Very mild sensitivity), 2 (Mild sensitivity), 3 (Moderate sensitivity), 4 (Moderately severe hallucinations), 5 (Severe hallucinations), 6 (Extremely severe hallucinations), and 7 (Continuous hallucinations).
- Auditory Disturbances:** Radio buttons for 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), and 7 (Continuous hallucinations).
- Headache, Fullness in Head:** Radio buttons for 0 (Not present), 1 (Very mild), 2 (Mild), 3 (Moderate), 4 (Moderately severe), 5 (Severe), 6 (Very severe), and 7 (Extremely severe).
- Orientation and Clouding Sensorium:** Radio buttons for 0 (Oriented and can do serial additions), 1 (Can not do serial additions or is uncertain about the date), 2 (Disoriented for date by no more than 2 calendar days), 3 (Disoriented for date by more than 2 calendar days), and 4 (Disoriented by place or person).
- Cumulative Score:** Radio buttons for 0 (CIWA-AR Score is 15 or Greater), 1 (CIWA-AR Score is 8 to 14), and 2 (CIWA-AR Score is 7 or Less). Below this is a note: "Patients scoring less than 10 do not usually need additional medication for withdrawal."
- Draft/Final:** Radio buttons for 0 (Draft) and 1 (Final).

**Complete the fields as instructed below:**

Enter the **Assessment Date**.

Enter the **Assessment Time**.

Enter the **Pulse or heart rate, take for one minute**

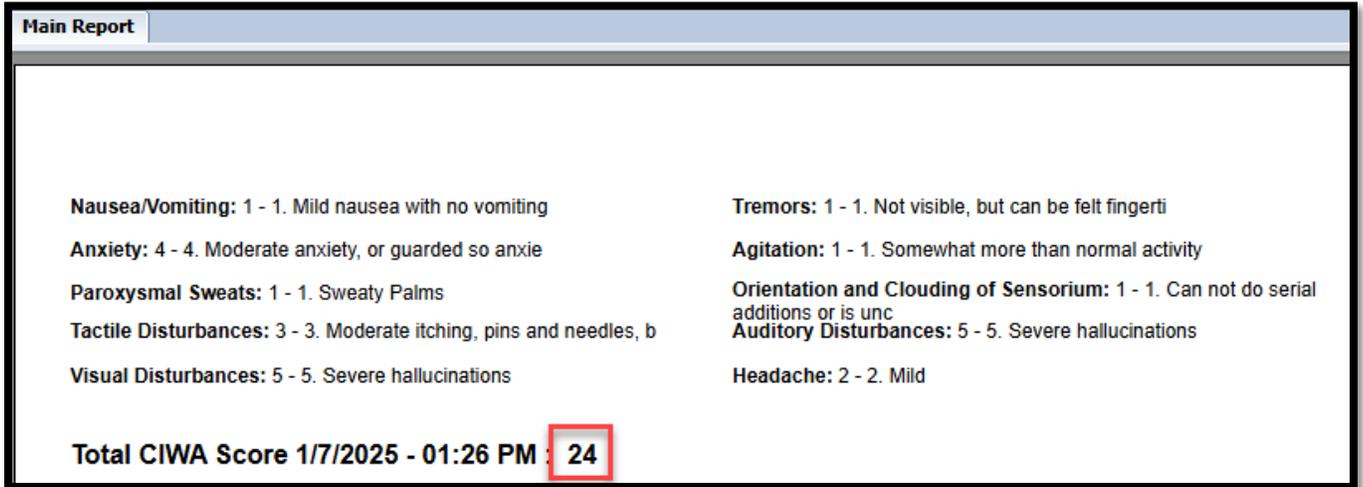
Enter the **Blood Pressure**

Select the appropriate radio button in each section.

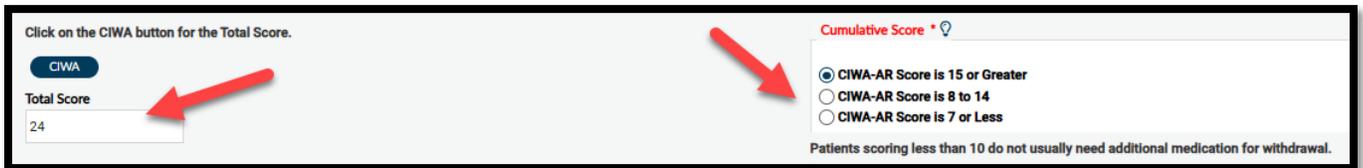
After all sections are complete, click **CIWA**.



A report will generate and appear in a separate window. The report will include the overall score.



Enter the score in the **Total Score** box and select the appropriate radio button from the **Cumulative Score** section.

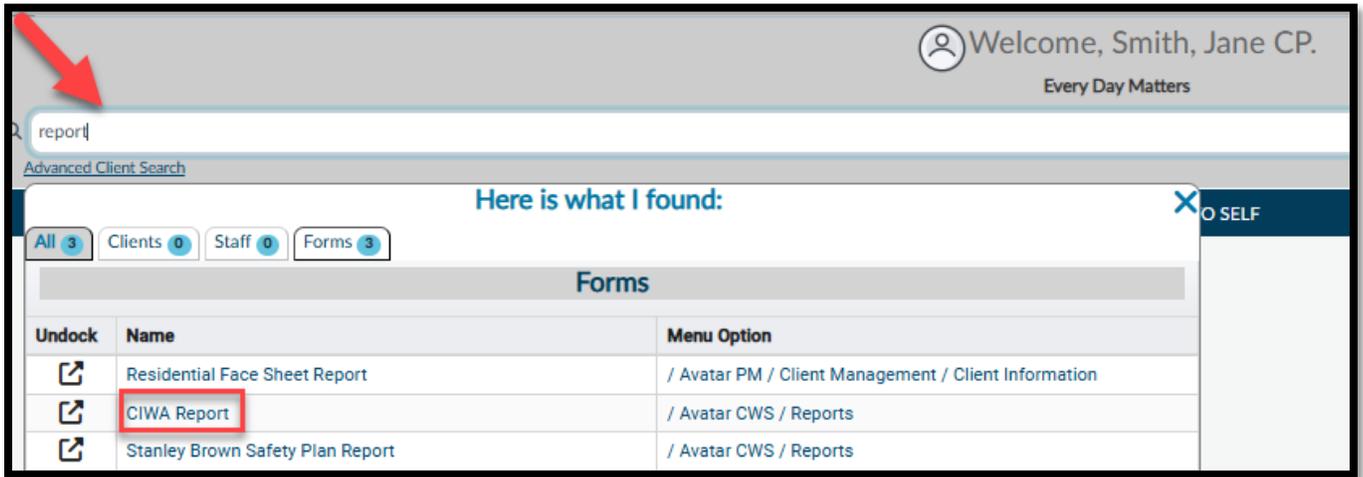


Click **Final** and **Submit**.

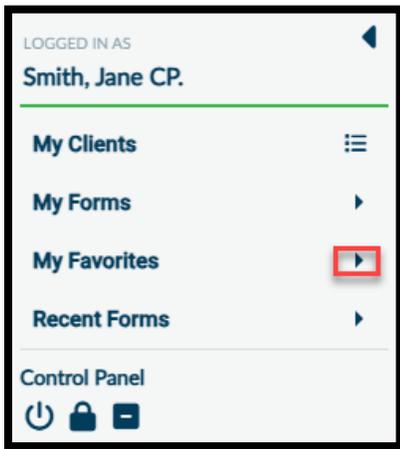
## Accessing Clinical Institute Withdrawal Assessment for Alcohol (CIWA) Report

There are multiple ways to access the **CIWA Report**.

To access the form through the **What can I help you find?** Search, type CIWA or Report in the box.



If you have it saved as a **My Favorites**, you can access the form through there.



Begin by clicking **CIWA Report**

The page below opens. Enter all information and then click **Process**.



A report will generate and appear in a separate window. The report will include all information entered on the form.

Main Report



# CIWA Report

<b>Client Name:</b> TEST,BOB	<b>Client ID #:</b> 5179350	<b>Date of Birth:</b> 1/29/1950
<b>Episode:</b> SE Low Intensity Residential (2)	<b>Admission Date:</b> 12/30/2024	<b>CIWA-AR Score:</b> 24

<b>Assessment Date</b>	1/7/2025
<b>Pulse or heart rate, taken for one minute</b>	96
<b>Blood Pressure</b>	120/80
<b>Nausea and Vomiting</b>	1. Mild nausea with no vomiting
<b>Tremor</b>	1. Not visible, but can be felt fingertip to fingertip
<b>Paroxysmal Sweats</b>	1. Sweaty Palms
<b>Anxiety</b>	4. Moderate anxiety, or guarded so anxiety is inferred
<b>Agitation</b>	1. Somewhat more than normal activity
<b>Tactile Disturbances</b>	3. Moderate itching, pins and needles, burning or numbness
<b>Auditory Disturbances</b>	5. Severe hallucinations
<b>Visual Disturbances</b>	5. Severe hallucinations
<b>Headache, Fullness in Head</b>	2. Mild
<b>Orientation and Clouding Sensorium</b>	1. Can not do serial additions or is uncertain about the date
<b>Cumulative Score</b>	CIWA-AR Score is 15 or Greater
<b>Draft/Final</b>	Final

Jane Cp. Smith, RN	1/7/2025, 01:32 PM
Signature and Credentials	Date and Time