St. Clair County Community Mental Health Authority

The Clinical Opiate Withdrawal Scale (COWS)

Individual:
Case #:
Date of Birth:

For each item, write in the number that best describes the patient's signs or symptom. Rate on just the apparet relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulise rate would not add to the score.

Enter score at time zero, 30 minutes after first dose, 2 hours after first dose, etc.

TIMEC		
TIMES:		

		SCORE	SCORE	SCORE	SCORE
	Resting Pulse Rate: (record beats per min.)				
1	Measured after patient is sitting ot lying for one min.				
	0 = pulse rate 80 or below				
	1= pulse rate is 81-100				
	2= pulse rate is 101-120				
	3= pulse rate is greater than 120				
	Sweating:				
	Over past 1/2 hour not accounted for by room temperature or				
2	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				
	Restlessness:				
	Observation during assessment				
2	0 = able to sit still				
3	1 = reports difficulty sitting still, but is able to do so				
	3 = frequent shifting or extraneous movement of legs/arms				
	5 = Unable to sit still for more than few seconds				
	Pupil Size				
	0 = pupils pinned or normal size for room light				
4	1 = pupils possibly larger than normal for room light				
	2 = pupils moderately dilated				
	5 = pupils so dilated that only the rim of the iris is visable				
	Bone or Joint aches:				
5	If patient was having pain previously, only the additional				
	component attributed to opiates withdrawal is scored				
	0 = not present				
	1 = mild diffuse discomfort				
	2 = patient reports severe diffuse aching of joints / muscles				
	4 = patient is rubbing joints or muscles and is unable to sit still				
	because of discomfort				

Health-Medical Form: #04-0369 Reviewed Date: 6/1/2023

EHR: Health Services, Other Health Documents, Suboxone Referral/SOWS,OOWS,COW

	Runny nose or tearing:			
6	Not accounted for by cold syptoms 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			
	GI Upset:			
	over last 1/2 hour			
	0 = no GI symptoms			
7	1 = stomach cramps			
	2 = nausea or loose stool			
	3 = vomiting or diarrhea			
	5 = multiple episodes of diarrhea or vomiting			
8	Tremor:			
	observation of outstreched hands			
	0= no tremor			
O	1= tremor can be felt, but not observed			
	2= slight tremor observable			
	4= gross tremor or muscle twitching			
	Yawning:			
	observation during assesment			
9	0= no yawning			
J	1= yawning one or twice during assesment			
	2= yawning three or more times during assesment			
	4= yawning serveal times/minutes			
	Anxiety or Irrirability:			
	0= none			
10	1= patient reports increasing irritability or anxiousness			
	2= patient obviously irritable anxious			
	4= patient so irritavle or anxious that participation in			
	the assessment is difficult			
11	Gooseflesh skin			
	0= skin is smooth			
	3= piloerrection of skin can be felt or hairs standing up on arms			
<u> </u>	5= prominent piloerrection		Total Scor	

Total Score:

Initials of person completing assesment:

	5-12 = Mild	
SCORE:	13-24= Moderate	
SCORE:	25-36 Moderately severe	
	more than 36 = Servere withdrawal	

Health-Medical Form: #04-0369 Reviewed Date: 6/1/2023

EHR: Health Services, Other Health Documents, Suboxone Referral/SOWS,OOWS,COW