

# Recognising opioid withdrawal

## Clinical Opiate Withdrawal Scale (COWS)

The Clinical Opiate Withdrawal Scale is a clinician-administered tool used to assess a patient's level of opiate withdrawal.

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

Patient name: \_\_\_\_\_ Reason for assessment: \_\_\_\_\_

SCORE

<b>Resting pulse rate (..... beats/minute):</b> <i>Measured after the patient is sitting or lying for one minute</i>			
0 = pulse rate 80 or below	2 = pulse rate 101–120		<input type="checkbox"/>
1 = pulse rate 81–100	4 = pulse rate greater than 120		
<b>Sweating:</b> <i>Over past ½ hour (not to be accounted for by room temperature or patient activity)</i>			
0 = no report of chills or flushing	2 = flushed or observable moistness on face	4 = sweat streaming off face	<input type="checkbox"/>
1 = subjective report of chills or flushing	3 = beads of sweat on brow or face		
<b>Restlessness:</b> <i>Observation during assessment</i>			
0 = able to sit still	3 = frequent shifting or extraneous movements of legs/arms	5 = unable to sit still for more than a few seconds	<input type="checkbox"/>
1 = reports difficulty sitting still, but is able to do so			
<b>Pupil size:</b>			
0 = pupils pinned or normal size for room light	2 = pupils moderately dilated	5 = pupils so dilated that only the rim on the iris is visible	<input type="checkbox"/>
1 = pupils possibly larger than normal for room light			
<b>Bone or joint aches:</b> <i>If the patient was having pain previously, only the additional component attributed to opiate withdrawal is scored</i>			
0 = not present	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	<input type="checkbox"/>
1 = mild diffuse discomfort			
<b>Runny nose or tearing:</b> <i>Not to be accounted for by cold symptoms or allergies</i>			
0 = not present	2 = nose running or tearing	4 = nose constantly running or tears streaming down cheeks	<input type="checkbox"/>
1 = nasal stuffiness or unusually moist eyes			
<b>GI upset:</b> <i>Over last ½ hour</i>			
0 = no GI symptoms	2 = nausea or loose stool	5 = multiple episodes of diarrhoea or vomiting	<input type="checkbox"/>
1 = stomach cramps	3 = vomiting or diarrhoea		
<b>Tremor:</b> <i>Observation of outstretched hands</i>			
0 = no tremor	2 = slight tremor observable	4 = gross tremor or muscle twitching	<input type="checkbox"/>
1 = tremor can be felt, but not observed			
<b>Yawning:</b> <i>Observation during assessment</i>			
0 = no yawning	2 = yawning three or more times during assessment	4 = yawning several times/minute	<input type="checkbox"/>
1 = yawning once or twice during assessment			
<b>Anxiety or irritability:</b>			
0 = none	2 = patient obviously irritable or anxious	4 = patient so irritable and anxious that participation in the assessment is difficult	<input type="checkbox"/>
1 = patient reports increasing irritability or anxiousness			
<b>Gooseflesh skin:</b>			
0 = skin is smooth	3 = piloerection of skin can be felt or hairs standing up on arms	5 = prominent piloerection	<input type="checkbox"/>
Observer's initials: _____			
			<b>Total score:</b>
			(The total score is the sum of all 11 items) <input type="checkbox"/>

**COWS Score:** 5–12 = mild; 13–24 = moderate; 25–36 = moderately severe; >36 = severe withdrawal.

**SOWS Score:** 1–10 = mild; 11–20 = moderate; 21–30 = severe withdrawal.

Note: The total score is a sum of item rating and ranges from 0–64.

Reference: Wesson DR and Ling W. *J Psychoactive Drugs* 2003;35:253–9.

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## Subjective Opiate Withdrawal Scale (SOWS)

Please complete the questions below by circling each of the 16 items according to how you feel now.

*Remember to only circle one number for each question.*

Symptom	Not at all	A little	Moderately	Quite a bit	Extremely
1. I feel anxious	0	1	2	3	4
2. I feel like yawning	0	1	2	3	4
3. I am perspiring	0	1	2	3	4
4. My eyes are teary	0	1	2	3	4
5. My nose is running	0	1	2	3	4
6. I have goosebumps	0	1	2	3	4
7. I am shaking	0	1	2	3	4
8. I have hot flushes	0	1	2	3	4
9. I have cold flushes	0	1	2	3	4
10. My bones and muscles ache	0	1	2	3	4
11. I feel restless	0	1	2	3	4
12. I feel nauseous	0	1	2	3	4
13. I feel like vomiting	0	1	2	3	4
14. My muscles twitch	0	1	2	3	4
15. I have stomach cramps	0	1	2	3	4
16. I feel like using now	0	1	2	3	4
<b>Subtotal scores:</b>					
<b>Total score:</b>					

Reference: Handelsman L. *et al. Am J Drug Alcohol Abuse* 1987;13:298–308.

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