

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct visit patient label

Prescriber to write Patient's name and NHI:

Date:	Time:	Information from patient record, previous 12 hours												
		Any loose / watery stools		Any vomiting / retching / gagging		Temperature > 37.8 °C		2 minute pre-stimulus observation			1 minute stimulus observation			
		No = 0 Yes = 1	No = 0 Yes = 1	No = 0 Yes = 1	Asleep or awake & calm = 0 awake & distressed = 1		None/Mild = 0 Moderate/Severe = 1		No = 0 Yes = 1		None/Mild = 0 Moderate/Severe = 1		None or 1 = 0 ≥2 = 1	
					Tremor		Any sweating		Uncoordinated/repetitive movement		Yawning or sneezing		Startle to touch	
					Normal = 0 Increased = 1		Post-stimulus recovery		Time to gain calm state		Total Score (0-12). If WAT-1 ≥ 3 follow withdrawal algorithm		Name & Signature:	
					<2min = 0 2-5min = 1 >5min = 2									

P A E D I A T R I C W I T H D R A W A L - A S S E S S M E N T A N D P R E S C R I P T I O N

CR8993

WITHDRAWAL ASSESSMENT TOOL (WAT-1) INSTRUCTIONS					
TO BE READ IN CONJUNCTION WITH THE PATIENT'S NATIONAL MEDICATION CHART AND THE STARSHIP WITHDRAWAL OF ANALGESIA AND SEDATION CLINICAL GUIDELINE					
<ul style="list-style-type: none"> Start WAT-1 scoring from the first day of weaning in patients who have received opioids +/- or benzodiazepines by infusion or regular dosing for periods >5 days Continue twice daily scoring early in each nursing shift (e.g. at 08:00 and 20:00 ± 2 hours) until 72 hours after the medicines have ceased WAT-1 scoring should be completed at least once per shift or more frequently if clinically indicated <p>Obtain information from patient record (this can be done before or after the stimulus)</p> <ul style="list-style-type: none"> Score 1 if any loose or watery stools were documented in the past 12 hours; score 0 if none were noted Score 1 if any vomiting or spontaneous retching or gagging were documented in the past 12 hours; score 0 if none were noted Score 1 if the most frequently occurring temperature documented was greater than 37.8 °C in the past 12 hours; otherwise score 0 <p>2 minute pre-stimulus observation - patient at rest</p> <ul style="list-style-type: none"> Score 1 if awake and distress observed during the 2 minutes prior to the stimulus; score 0 if asleep or awake and calm/cooperative. Score 1 if moderate to severe tremor observed during the 2 minutes prior to the stimulus; score 0 if no tremor (or only minor, intermittent tremor) Score 1 if any sweating during the 2 minutes prior to the stimulus; otherwise score 0 Score 1 if moderate to severe uncoordinated or repetitive movements such as head turning, leg or arm flailing or torso arching observed during the 2 minutes prior to the stimulus; score 0 if no (or only mild) uncoordinated or repetitive movements Score 1 if more than 1 yawn or sneeze observed during the 2 minutes prior to the stimulus; otherwise score 0 <p>1 minute stimulus observation</p> <ul style="list-style-type: none"> Use progressive stimuli to elicit patient response <ul style="list-style-type: none"> Calm voice, call patient's name If no response call patient and gently touch patient If no response assess patient response to noxious procedure such as suctioning or pressure to nail bed Score 1 if moderate to severe startle occurs when touched during the stimulus; score 0 if none (or mild) Score 1 if tone increased during the stimulus; otherwise score 0 <p>Post-stimulus recovery - observation period</p> <ul style="list-style-type: none"> Score 2 if it takes greater than 5 minutes following stimulus; score 1 if achieved within 2 to 5 minutes; otherwise score 0 <p style="text-align: center;">Sum the 11 numbers in the column for the total WAT-1 score (0-12) Withdrawal Syndrome = WAT-1 score ≥ 3</p> <p style="text-align: center;">Follow Treatment of Withdrawal Algorithm if patient WAT-1 score is ≥ 3</p>					
Name & Designation (family & given)	Signature	Reg no.	Name & Designation (family & given)	Signature	Reg no.

For administration sample signatures, please refer to the patient's National Medication Charge.

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**Paediatric Withdrawal
Assessment and Prescription**

WEIGHT

CHART #

WEANING
START DATE:

**REFER TO PATIENT NATIONAL MEDICATION CHART FOR
DETAILS ON ALLERGIES AND ADVERSE DRUG REACTIONS**

Day #	Date	Give	Time	Give	Time	Give	Time	Give	Time	Give	Time	Give	Time	Give	Time	Give	Time	Give	Time
<p>ORIGINAL MEDICINE Medicine: _____ Route: _____ /24hrs 24hr dose: _____ /24hrs Duration of original medicine: _____ days Prescriber's signature _____</p>																			
<p>WEANING MEDICINE Medicine: _____ Route: _____ mg/24hrs Frequency: Q _____ H _____ mg Start dose: _____ mg Rescue dose: _____ mg (Prescribe both doses daily) Days on medicine % daily dose reduction 5-10 days 20% <input type="checkbox"/> <input type="checkbox"/> > 10 days 10% <input type="checkbox"/> <input type="checkbox"/> (please tick) To cancel: signature, date, time</p>																			
<p>Rescue Dose - PRN Route: _____ Prescriber's signature _____ Rescue doses - PRN: Max 2 doses in 24 hrs</p>																			

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