CIWA-Ar Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026 · Reproduces no scale text or anchors

The CIWA-Ar is a 10-item nurse-administered alcohol-withdrawal severity scale totaling 0 to 67 (the scale itself is free to use, and no law sets any threshold or interval). Defensible charting is a decision trace: validity gates, components with times, separate vitals, the named order set and its band, doses or holds with clocks, reassessment, and handoff.

Time-stamped total with components the number cannot stand alone
Do: actual bedside time (label late entries), total /67, all 10 component values in the flowsheet.
Pitfall: bare totals; a 2025 study found unassessable components blocked a valid total in 34.2% of paired checks.

The two validity gates recent use + communicative
Do: chart recent alcohol use (how known) and that the patient is alert, communicative, understands the questions.
Pitfall: in one review only 48% on symptom-triggered therapy met both; 14% could not communicate at all.

Separate objective observations the total holds no vital sign
Do: record BP, pulse, RR, SpO2, temperature, sedation and arousability alongside, never inside, the score.
Pitfall: a falling total charted as proof of safety; oversedation and respiratory depression develop outside the score.

Confounders and attribution never zero-fill
Do: name the affected component and why: pain, delirium, head injury, baseline tremor, language; escalate if invalid.
Pitfall: silent zeros for unanswerable items, carried-forward ratings, or components nudged toward a dose.

Named order set and criterion thresholds are conventions
Do: name the order set + version/date and paraphrase the band actually met; hospitals trigger at 8, 10, or 12.
Pitfall: "CIWA above 8 requires benzodiazepines" charted as law; no statute or accreditor sets any threshold.

Medication or documented hold both directions need a trace
Do: drug, dose, route, exact time tied to the band; or the hold reason with provider notified, time, and response.
Pitfall: "Ativan given for CIWA," or a score-linked dose silently not given.

Reassessment, stop, handoff reviewers trace to the handoff
Do: due vs done times, repeat totals, the local stop criterion, and a handoff with trend, cumulative dose, next due.
Pitfall: "serial CIWA per protocol" with no clocks, or totals continued after the patient can no longer participate.

Before the note is signed

- [ ] Both validity gates charted (recent use, communicative)
- [ ] Every assessment has a bedside time and components
- [ ] Vitals and sedation recorded separately from the total
- [ ] Order set named with version; band paraphrased
- [ ] Doses carry exact times; holds carry reasons
- [ ] No zero-filled items; confounders addressed
- [ ] Handoff has trend, cumulative dose, next due, triggers

Drafting with AI

Give it the trace facts: times, totals with components, validity gates, vitals, the named order set and band, doses and times, response.

"Draft CIWA-Ar documentation: 08:00 score 12 valid, lorazepam 2 mg 08:05 under our order set band 10 to 15, 09:05 score 6, 13:05 score 4 stepped down, handoff with triggers."

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

0 to 67	**10 items**	**2 to 5 minutes**	**No legal threshold**
orientation item caps at 4	validated against CIWA-A	per administration	bands are conventions

CIWA-Ar Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no scale text.

Setting/unit: | Patient (initials): | Date: | Assessor and role:

Order set (name + version/date): | Criterion (ordered band, paraphrased):

Validity gates and last use

Recent alcohol use and how known · alert, communicative, understands the questions · interpreter service and language if used

Assessment (repeat per timepoint)

Actual bedside time (label late entries) · total ___/67 · all 10 component values in flowsheet

Separate observations

BP · pulse · RR · SpO2 · temperature · sedation and arousability (none of these are CIWA-Ar points)

Confounders and attribution

Affected components and why: pain, delirium, head injury, baseline tremor, language · never zero-fill; chart not interpretable instead

Decision and medication

Band met or not · drug, dose, route, exact administration time OR hold reason with provider notified, time, response

Reassessment and escalation

Due vs done times · repeat totals with response and adverse effects · notification trigger, person, time, orders

Stop, transition, and handoff

Local stop criterion met · any switch to CAM-ICU / RASS / MINDS with reason · last valid total, trend, cumulative dose, next due

Clinician (name and credentials): | Signature: | Date: