

## AWS Type Indicator

Patient: \_\_\_\_\_ Date mm/dd/yy \_\_|\_| Time: \_\_ : \_\_ AM/PM

Blood pressure systolic = \_\_\_\_\_ Blood pressure diastolic = \_\_\_\_\_

Pulse or heart rate taken over one minute = \_\_\_\_\_ Note any extra beats or skipped beats.

Estimated blood alcohol level \_\_\_\_\_ mg%

<b>Type A Symptoms (CNS Excitation)</b> <b>Does the patient appear:</b>	<b>Cannot Evaluate</b>	<b>No</b>	<b>Yes</b>
1. Anxious or nervous?			
2. Restless?			
3. Bothered by bright light?			
4. Bothered by loud sounds?			
Subtotal number of "Yes" responses for Type A only	<b>Subtotal:</b>		
<b>Type B Symptoms (Adrenergic Hyperactivity)</b>	<b>Cannot Evaluate</b>	<b>No</b>	<b>Yes</b>
5. Is nausea or vomiting present?			
6. Is a tremor visible with or without arms extended?			
7. Is sweat visible on palms or forehead?			
8. Is the systolic blood pressure greater than 140 mm Hg?			
9. Is the diastolic blood pressure greater than 90 mm Hg?			
10. Is the heart rate greater than 100 beats per minute?			
11. Are there extra or skipped beats on obtaining the apical pulse?			
Subtotal number of "Yes" responses for Type B only	<b>Subtotal:</b>		
<b>Type C Symptoms (Delirium)</b> <b>Does the patient:</b>	<b>Cannot Evaluate</b>	<b>No</b>	<b>Yes</b>
12. Respond inappropriately to questions?			
13. Report hearing noises that are not there?			
14. Report seeing something that is not there?			
15. Not know their name?			
16. Not know where they are?			
17. Not know how long they have been hospitalized?			
18. Not know the year?			
19. Not know the month?			
20. Not know the day of the week?			
Subtotal number of "Yes" responses for Type C only	<b>Subtotal:</b>		
Total number of "Yes" responses for Type A + Type B + Type C	<b>Grand Total:</b>		
<b>Rater's name:</b> _____			
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