

WITHDRAWAL ASSESSMENT TOOL VERSION 1 (WAT – 1)

	DATE	TIME																	
Information from patient record, previous 12 hours																			
Any loose /watery stools	No = 0																		
	Yes = 1																		
Any vomiting/wretching/gagging	No = 0																		
	Yes = 1																		
Temperature > 37.8°C	No = 0																		
	Yes = 1																		
2 minute pre-stimulus observation																			
State	SBS ₁ < 0 or asleep/awake/calm = 0																		
	SBS ₁ > +1 or awake/distressed = 1																		
Tremor	None/mild = 0																		
	Moderate/severe = 1																		
Any sweating	No = 0																		
	Yes = 1																		
Uncoordinated/repetitive movement	None/mild = 0																		
	Moderate/severe = 1																		
Yawning or sneezing	None or 1 = 0																		
	>2 = 1																		
1 minute stimulus observation																			
Startle to touch	None/mild = 0																		
	Moderate/severe = 1																		
Muscle tone	Normal = 0																		
	Increased = 1																		
Post-stimulus recovery																			
Time to gain calm state (SBS₁ < 0)	< 2min = 0																		
	2 - 5min = 1																		
	> 5 min = 2																		
Total Score (0-12)																			

WITHDRAWAL ASSESSMENT TOOL (WAT – 1) INSTRUCTIONS

- Start WAT-1 scoring from the **first day of weaning** in patients who have received opioids +/- benzodiazepines by infusion or regular dosing for prolonged periods (e.g., > 5 days). Continue twice daily scoring until 72 hours after the last dose.
- The Withdrawal Assessment Tool (WAT-1) should be completed along with the SBS1 at least once per 12 hour shift (e.g., at 08:00 and 20:00 ± 2 hours). The progressive stimulus used in the SBS1 assessment provides a standard stimulus for observing signs of withdrawal.

Obtain information from patient record (this can be done before or after the stimulus):

- **Loose/watery stools:** Score 1 if any loose or watery stools were documented in the past 12 hours; score 0 if none were noted.
- **Vomiting/wretching/gagging:** Score 1 if any vomiting or spontaneous wretching or gagging were documented in the past 12 hours; score 0 if none were noted
- **Temperature > 37.8°C:** Score 1 if the modal (most frequently occurring) temperature documented was greater than 37.8 °C in the past 12 hours; score 0 if this was not the case.

2 minute pre-stimulus observation:

- **State:** Score 1 if awake and distress (SBS₁: ≥ +1) observed during the 2 minutes prior to the stimulus; score 0 if asleep or awake and calm/cooperative (SBS₁ ≤ 0).
- **Tremor:** 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).
- **Sweating:** Score 1 if any sweating during the 2 minutes prior to the stimulus; score 0 if no sweating noted.
- **Uncoordinated/repetitive movements:** 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.
- **Yawning or sneezing > 1:** Score 1 if more than 1 yawn or sneeze observed during the 2 minutes prior to the stimulus; score 0 if 0 to 1 yawn or sneeze.

1 minute stimulus observation:

- **Startle to touch:** Score 1 if moderate to severe startle occurs when touched during the stimulus; score 0 if none (or mild).
- **Muscle tone:** Score 1 if tone increased during the stimulus; score 0 if normal.

Post-stimulus recovery:

- **Time to gain calm state (SBS₁ ≤ 0):** Score 2 if it takes greater than 5 minutes following stimulus; score 1 if achieved within 2 to 5 minutes; score 0 if achieved in less than 2 minutes.

Sum the 11 numbers in the column for the total WAT-1 score (0-12).

Curley et al. State behavioral scale: A sedation assessment instrument for infants and young children supported on mechanical ventilation. *Pediatr Crit Care Med* 2006;7(2):107-114.

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