Figure 1: Withdrawal Assessment Tool - Alpha-2 Agonist (WAT-A2A)

	0	, , , , , , , , , , , , , , , , , , , 			,									
Information from the patient's record, before the start of A2A weaning														
+	50%	:												
+	50%	:												
2-minute pre-stimulus observation Current HR														
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Withdrawal Assessment Tool - Alpha-2 Agonist (WAT-A2A) Instructions

Start WAT-A2A scoring from the first day of weaning in patients who have received dexmedetomidine and/or clonidine dosing, including transdermal patch for >5 days. The WAT-A2A should be completed at least once every 12 hours (e.g., at 08:00 and 20:00 ± 2 hours). Continue twice daily scoring until 24 hours after last dose of dexmedetomidine or 72 hours after the last dose of clonidine.

Before the start of A2A weaning, document the patient's baseline HR and DBP using the most recent 5 days of data from the patient's health record.

This is the most commonly occurring value for HR and DBP. Eliminate periods of pain, agitation, or events that alter vital signs. Note the +20% and +50% range values (Baseline value x 1.2 = +20%; Baseline value x 1.5 = +50%).

Before stimulating the patient, observe the patient for 2 minutes and record the following:

- **Current HR:** Score 0 if heart rate is at or near baseline. Score 1 if HR increased by 20% but less than 50%. Score 2 if HR is increased by more than 50%.
- **Current DBP**: Score 0 if diastolic BP is at or near baseline. Score 1 if diastolic BP increased by 20% but less than 50%. Score 2 if diastolic BP is increased by more than 50%.
- State behavior: Score 0 if patient asleep, awake or calm or SBS = 0, Score 1 if patient awake and distressed or SBS ≥ +1.
- **Tremor:** Score 0 if the patient exhibits no or only occasional tremors. Score 1 if patient exhibits persistent tremors.

Sum the four items for the total WAT-A2A score (0-6). Note numeric trends over time.

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