

Modified Objective Opiate Withdrawal Scale

Name: _____

	Induction Day 1	Induction Day 1	Induction Day 2	Induction Day 2				
Date								
Time								
Items	*Score 1 Point for Each Item							
1. Yawning								
2. Rhinorrhea								
3. Piloerection								
4. Perspiration								
5. Lacrimation								
6. Mydriasis								
7. Tremors (hands)								
8. Hot and Cold Flashes								
9. Restlessness								
10. Vomiting								
11. Muscle Aches								
12. Abdominal Cramps								
13. Anxiety								
Total Score:								
Initials								
B/P								
P								

***A Score of ≥ 3 is necessary for initial buprenorphine/naloxone administration**