

SOS - Sophia Observation withdrawal Symptoms-scale

(Children 0 – 16 years)

Date _____

Time _____

Observer _____

Sticker with
patient's name

Step 1

Explanation

- | | | |
|-------------------------------|----------------------------|---|
| Heart rate | <input type="text"/> /min. | Enter highest rate in past 4 hours if present, otherwise read the monitor first or feel pulse. |
| Breathing rate (tachypnoe) | <input type="text"/> /min. | Enter highest rate in past 4 hours if present, otherwise read the monitor first or count breathing. |
| Baseline value heart rate | <input type="text"/> /min. | Please turn over for instruction on determining baseline value. |
| Baseline value breathing rate | <input type="text"/> /min. | Please turn over for instruction on determining baseline value. |

Step 2

Tick if yes

Autonomic dysfunction

- | | | |
|---------------|--------------------------|--|
| 1 Tachycardia | <input type="checkbox"/> | Yes if heart rate exceeds baseline value by $\geq 15\%$. |
| 2 Tachypnea | <input type="checkbox"/> | Yes if breathing rate exceeds baseline value by $\geq 15\%$. |
| 3 Fever | <input type="checkbox"/> | Yes if body temperature exceeded $38.4\text{ }^{\circ}\text{C}$ in past 4 hours. |
| 4 Sweating | <input type="checkbox"/> | Not caused by room temperature, clothing, swaddling e.g. |

Central nervous system irritability

- | | | |
|--|--------------------------|--|
| 5 Agitation | <input type="checkbox"/> | Yes if child shows at least one of these signs: irritable, restless, agitated, fidgety. |
| 6 Anxiety | <input type="checkbox"/> | Unrest or anxious face (eyes wide open, eyebrows tense and raised). Behavior can vary from panicky to draw back. |
| 7 Tremors: (pick one) | | Slight, involuntary rhythmic movements of hand and/or feet. |
| • Spontaneous | <input type="checkbox"/> | Note: please turn over for instructions. |
| • In response to environmental stimuli | <input type="checkbox"/> | |

8 Motor disturbance: **(pick one of four)**

Slight muscle jerks: *Involuntary, of forearms/lower legs, muscle twitching.*

- | | |
|--|--------------------------|
| • Spontaneous | <input type="checkbox"/> |
| • In response to environmental stimuli | <input type="checkbox"/> |

Uncontrolled, robust movements: *Choreoathetosis of arms, legs and/or head.*

- | | |
|--|--------------------------|
| • Spontaneous | <input type="checkbox"/> |
| • In response to environmental stimuli | <input type="checkbox"/> |

- | | | |
|----------------------------|--------------------------|--|
| 9 Increased muscle tension | <input type="checkbox"/> | Clenched fists or tense clenched toes. |
| 10 Inconsolable crying | <input type="checkbox"/> | Yes if child cannot be consoled by parents or by offering distraction, e.g. pacifier, food; or game playing for older children. Score silent crying in intubated children. |
| 11 Grimacing | <input type="checkbox"/> | Eyebrows contracted and lowered, nasolabial fold visible. |
| 12 Sleeplessness | <input type="checkbox"/> | Sleeps not more than 1 hour at a stretch. |
| 13 Hallucinations | <input type="checkbox"/> | During the past 4 hours child seems to see, hear or feel things that are not there. |

Gastrointestinal dysfunction

- | | | |
|-------------|--------------------------|---|
| 14 Vomiting | <input type="checkbox"/> | At least once in past 4 hours, not related to feeding changes. |
| 15 Diarrhea | <input type="checkbox"/> | Watery stools, not related to feeding changes (do not score e.g. when the result of breastfeeding). |

Count ticked boxes

Maximum score is 15

Please turn over for further instructions