

Modified Minnesota Detoxification Scale (MINDS)**

Symptom	Score
Pulse (beats per minute)	
<90	0
90-110	1
>110	2
Diastolic blood pressure (mm Hg)	
<90	0
90-110	1
>110	2
*Tremor – Assess with patient’s arms extended and fingers spread.	
Absent	0
Slightly visible or can be felt fingertip to fingertip	2
Moderate – Noticeably visible with arms extended	4
Severe – Noticeable even with arms not extended	6
Sweat	
Absent	0
Barely; Moist palms	2
Beads visible	4
Drenching	6
*Hallucinations – Feeling crawling sensations over skin (tactile), hearing voices when no one has spoken (auditory), or seeing patterns, lights, beings, or objects that are not there (visual).***	
Absent	0
Mild – Mostly lucid, sporadic/rare hallucinations	1
Moderate/Intermittent – Hallucinating at times (when first waking up or in between conversations/pt care) with moments of lucidity but able to be reoriented	2
Severe, continuous while awake	3
*Agitation – Assess using the Richmond Agitation-Sedation Scale (RASS)	
Normal activity (RASS of 0)	0
Somewhat > normal (RASS of +1)	3
Moderately fidgety, restless (RASS of +2)	6
Pacing, thrashing (RASS of +3 or >)	9
*Orientation	
Oriented x3 (person/place/time OR at patient’s baseline)	0
Oriented x2	2
Oriented x1	4
Disoriented	6
*Delusions – Unfounded ideas that can be related to suspicions or paranoid thoughts, i.e patient believes their things have been stolen, or they are being persecuted unjustly***	
Absent	0
Present	6
Seizures	
Absent	0
Present	6

*Unable to assess secondary to over sedation, score = 0.

**MINDS adapted from Decarolis D, et al. Symptom-driven lorazepam protocol for treatment of severe alcohol withdrawal delirium in the Intensive Care Unit. *Pharmacotherapy* 2007; 27(4):510-518.