

IMPAIRMENT ASSESSMENT TOOL

Patient: _____ Date: _____ Time: _____

Impression (why doing assessment): _____

Check all that apply:

- Smell of alcohol on breath
- Appears "intoxicated"
- UDS obtained

Mental status:

- Oriented to person, time, place
- Disoriented to person
- Disoriented to time
- Disoriented to place
- Alert
- Drowsy
- Lethargic
- Inattentive
- Forgetful
- Stuporous
- Cooperative
- Combative

Mood:

- Normal
- Angry
- Elation

Emotional Status:

- Calm
- Friendly
- Evasive
- Fearful
- Anxious
- Irritable
- Withdrawn
- Euphoric
- Hostile

Speech:

- Spontaneous
- Sudden silences
- Articulation slow and deliberate
- Content clear
- Content not clear
- Logical progression
- Slurring
- Speech rate and rhythm slow
- Speech rate and rhythm rapid

Eyes:

- Nystagmus
- Poor eye contact
- Drooping lids
- Pupils constricted
- Pupils dilated
- Pupils equal
- Pupils unequal

Gait:

- Heel to toe steady
- Heel to toe unsteady

Finger to nose (eyes closed):

- Good
- Poor

Vital Signs:

- Temperature _____
- Pulse _____
- Blood pressure _____
- Diaphoretic
- CO Monitoring _____
- Breathalyzer _____

- Search Completed
- Contraband Found

List: _____

Plan For Care:

- Not impaired, no notification required
- Physician notified
- Counselor notified
- AOC notified

Orders:

- Medicate as prescribed
- Emergency evaluation at hospital
- Not impaired no orders needed

Signature/ Title: _____

File in patient medical record.