Faculty of Forensic & Legal Medicine

Pro Forma
Assessments (alcohol & drugs) under the RTA

Sep 2020 Review date Sep 2023 - check www.fflm.ac.uk for latest update

This form has been designed by Prof Ian Wall and updated by Dr Margaret Stark on behalf of the Faculty of Forensic & Legal Medicine (FFLM) for use by Healthcare Professionals (HCPs) who have been trained to the Quality Standards of Drug-Driving competencies as defined by the FFLM.

The form is provided to assist HCPs in determining whether a person has a condition, which may be due to drink or drugs. It is very important to try and establish the type of drug that has been used and whether this drug is prescribed (statutory medical defence). There is no requirement to establish impairment but if competent the HCP may provide an opinion.

The form is to be regarded as an aide-memoire and it is therefore not necessary for all parts of the form to be completed. Some details are included so as to aid possible subsequent assessment of fitness for detention in custody. On completion this form is the property of the examining HCP. It is not appropriate for any clinical assessment including taking samples to be video recorded.

1. General Details

Name __________________________________________
Address __________________________________________
Date of birth __________________________________________
Occupation __________________________________________
Police Station __________________________________________
Custody record No __________________________________________
PNC Warning __________________________________________
Arrest Date __________________________________________
Arrest time __________________________________________
Time called __________________________________________
Time arrived __________________________________________
Time examination started __________________________________________
Time examination completed __________________________________________
Time case completed __________________________________________

2. Background Information

Roadside breath test __________________________________________
Evidential breath readings __________________________________________
Drugwipe result __________________________________________
Information from arresting officer (PC _____________________________)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Consent (for Section 4 RTA Assessment)

Consent witnessed by __________________________________________

“My name is HCP ___________________________ and I have been asked to examine you to ascertain whether in my opinion, you have a condition which might be due to drink or drugs. You should be aware that any conversation with me might not be treated confidentially, as I may have to give a report to police and the court. You may decline this examination.”

“Do you agree to this examination?” YES □ NO □

If NO, make observations of accused’s behaviour __________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If YES, consider written consent

I consent to this examination as explained to me above:

Signed __________________________________________
4. Medical Consultation

Consultation commenced at ___________________ hours

History of recent events ____________________________________________

_________________________________________________________________

_________________________________________________________________

Current medical problems __________________________________________

_________________________________________________________________

_________________________________________________________________

Past medical history ______________________________________________

_________________________________________________________________

_________________________________________________________________

Hearing problems__________________________________________________

Visual problems __________________________________________________

Diabetes__________________________ Renal impairment________________________

Balance problems_________________________________________________

Asthma__________________________ Epilepsy__________________________

Motor neurone disease__________________________ Multiple sclerosis__________________________

Myotonic dystrophy__________________________ Parkinson’s disease__________________________

Sleep disorders__________________________ Hepatic impairment__________________________

Alcohol intake and times in the last 24 hours ____________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Weekly alcohol intake__________________________ Units per week

Time last ate__________________________ Time last slept__________________________

Past psychiatric history ____________________________________________

_________________________________________________________________

_________________________________________________________________

Previous self-harm attempts __________________________________________

_________________________________________________________________

_________________________________________________________________

Social history ______________________________________________________

_________________________________________________________________

_________________________________________________________________

Relevant educational history (to assess learning disability) ____________________________

_________________________________________________________________

_________________________________________________________________

Possible trauma - consider asking the following questions:

Have you had any fractures or dislocation to your bones or joints?

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Have you been injured in a road traffic collision? __________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Have you injured your head? __________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Have you been in a fight or assault? __________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Medication Dose Duration Route Last taken

| Prescribed | | | | |
| OTC medicines | | | | |
| Non-prescribed | | | | |
5. Medical Examination

Examined in presence of ___________________________

Specimen of handwriting ___________________________

General demeanour ________________________________________________________________

Areas of body examined for injuries

State of clothing ________________________________________________________________

(if relevant see body diagrams, photographs)

Mental state ________________________________________________________________

Speech ________________________________________________________________

Breath ________________________________________________________________

Mouth ________________________________________________________________

<table>
<thead>
<tr>
<th>Physical signs (as appropriate)</th>
<th>Vital signs</th>
<th>Chest</th>
<th>GIT</th>
<th>CNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle marks</td>
<td>RR</td>
<td>HS</td>
<td>Soft</td>
<td>Power</td>
</tr>
<tr>
<td>Shivering</td>
<td>SpO2</td>
<td>PN</td>
<td>Tender</td>
<td>Tone</td>
</tr>
<tr>
<td>Yawning</td>
<td>Temp</td>
<td>BS</td>
<td>LKKS</td>
<td>Reflexes</td>
</tr>
<tr>
<td>Rhinorrhoea</td>
<td>BP</td>
<td>Added sounds</td>
<td>Bowel sounds</td>
<td>Coordination</td>
</tr>
<tr>
<td>Gooseflesh</td>
<td>HR</td>
<td>VR</td>
<td></td>
<td>Gait</td>
</tr>
<tr>
<td>Lachrymation</td>
<td>ACVPU</td>
<td>PEFR</td>
<td></td>
<td>Romberg’s</td>
</tr>
<tr>
<td>COWS (score)</td>
<td>NEWS Total:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIWA (score)</td>
<td>Blood glucose</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other abnormal findings (F5, F6, F7, F8 from the PIT may be repeated)

Eye examination

Use this gauge or a printed laminate card to assess pupil size

Convergence YES □ NO □

Spectacles YES □ NO □

Contact Lens YES □ NO □

Other abnormal eye findings

Eye signs

<table>
<thead>
<tr>
<th>Eye signs</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conjunctiva</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupil size</td>
<td></td>
<td></td>
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<tr>
<td>Direct reflex</td>
<td></td>
<td></td>
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<tr>
<td>Indirect reflex</td>
<td></td>
<td></td>
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<tr>
<td>Visual acuity</td>
<td></td>
<td></td>
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<tr>
<td>Visual fields</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horizontal gaze nystagmus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vertical gaze nystagmus</td>
<td></td>
<td></td>
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<tr>
<td>Lack of smooth pursuit</td>
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<td></td>
</tr>
</tbody>
</table>
6. Conclusions
Is the person fit to be detained? YES □ NO □
If NO, make note of the reasons and subsequent action __________________________________________

Level of observation ________________________________

Is the person fit to be interviewed? YES □ NO □
If NO, make note of the reasons and advice provided __________________________________________

AA required YES □ NO □

“Is there a condition due to a drug?” YES □ NO □
If YES, make note of the findings in the history and examination which supports this __________________________________________

Police officer advised that a condition present that might be due to a drug at ________________ hours

Is there evidence of impairment? YES □ NO □
If YES, make note of this evidence __________________________________________

If there is a condition present that might be due to a drug, the police officer will proceed as on Form MG DD/B to request a sample.

7. Subsequent procedures

Blood or urine decision
Are there medical reasons for the sample not to be blood? YES □ NO □
If YES, make note of the reason (Officer will then proceed to require urine)

8. Consent for blood sample (Section 4 or Section 5A)

Consent witnessed by __________________________________________

“My name is HCP _________________________ and I have been asked to take a sample of blood from you which will be tested for alcohol and/or drugs”

“Do you agree to a blood test?” YES □ NO □

If NO, ask “Is there any medical reason why I should not obtain a sample of blood from you?”

Make notes of accused’s reasons __________________________________________

________________________________________

________________________________________

If YES, details as below

Blood specimen successfully taken at ________________ hours

Site __________________________________________

Blood specimen given to __________________________________________

at ________________________________ hours

Kit batch number __________________________________________

Expiry date __________________________________________

If venepuncture unsuccessful give reasons __________________________________________

________________________________________

________________________________________

(Police can still proceed with a urine requirement under Section 4 RTA on form MG DD/B.)

It is also useful to assist the Police Officer in completion of Form MG DD/E Drugs Sample Information Form.

For more information see Department for Transport Code of Practice for Preliminary Impairment Tests

Updated by Dr Margaret Stark and Prof Ian Wall
On behalf of the Faculty of Forensic & Legal Medicine
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