



Pro Forma

Assessments (alcohol & drugs) under the RTA

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This form has been designed by Prof Ian Wall and updated by Prof 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 _____)

Preliminary Impairment Test (PIT) results _____

Information from Police / Risk Assessment _____

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 Weekly alcohol intake _____ Units per week

History of recent events _____ Time last ate _____

_____ Time last slept _____

_____ Past psychiatric history _____

Current medical problems _____

Past medical history _____ Previous self-harm attempts _____

Hearing problems _____ Social history _____

Visual problems _____

Diabetes _____ Relevant educational history (to assess learning disability)

Renal impairment _____

Balance problems _____

Asthma _____ Possible trauma - consider asking the following question:

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

Motor neurone disease _____

Multiple sclerosis _____

Myotonic dystrophy _____

Parkinson's disease _____

Sleep disorders _____ Have you been injured in a road traffic collision? _____

Hepatic impairment _____

Alcohol intake and times in the last 24 hours _____

_____ Have you injured your head? _____

_____ Have you been in a fight or assault? _____

Allergies _____

Medication	Dose	Duration	Route	Last taken
Prescribed				
OTC medicines				
Non-prescribed				



5. Medical Examination

Examined in presence of _____ Specimen of handwriting _____

General demeanour _____

State of clothing _____ (if relevant see body diagrams, photographs)

Mental state _____

Areas of body examined for injuries

(if relevant see body diagrams, photographs)

Speech _____

Breath _____

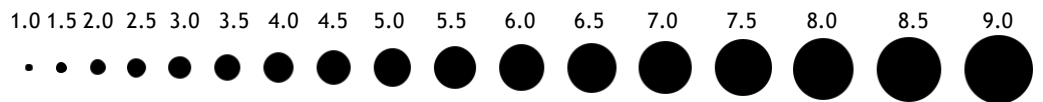
Mouth _____

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

Other abnormal findings _____

Eye examination

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



Eye signs	Right	Left
Conjunctiva		
Pupil size		
Direct reflex		
Indirect reflex		
Visual acuity		
Visual fields		
Horizontal gaze nystagmus		
Vertical gaze nystagmus		
Lack of smooth pursuit		

Convergence YES NO

Spectacles YES NO

Contact Lens YES NO

Other abnormal eye findings _____



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.