Tampa General Hospital

# OBSERVATION CHECKLIST

## Impaired Healthcare Worker Evaluation Form

This observation checklist should be completed if there is reasonable suspicion that a healthcare worker is impaired or under the influence of, in possession of, diverting and /or selling illegal drugs/alcohol while on duty or on TGH premises.

Date: _____ Time: _____

Healthcare Worker Name: _____

Social Security Number: _____ Department: _____

Home/Cell phone: _____Work phone: _____

**I. SUPERVISOR SECTION**

Complete this section and escort the healthcare worker to Employee Health (x7649) or to the Emergency Room if Employee Health is closed. Give a brief description of your observations leading to this referral (attach all supporting documentation): _____
_____
_____

**OBSERVATIONS (Check all that apply):**

- ☐ alcohol odor on breath
- ☐ unable to walk, falling
- ☐ disoriented to person, place or time
- ☐ excessively loud, profanity
- ☐ dilated/constricted pupils; glassy eyes
- ☐ tremors, shaking
- ☐ watery, red eyes
- ☐ documentation/suspicion of diversion of narcotics or other drugs at work
- ☐ staggering, unsteady, stumbling
- ☐ slurred speech, incoherent
- ☐ drowsiness, sluggish
- ☐ agitated, erratic behavior
- ☐ sweating, diaphoretic
- ☐ anger, hostility
- ☐ unkempt, sloppy
- ☐ possession of drugs/alcohol at work
- ☐ missing drugs at work
- ☐ other observations: _____
_____
_____

Escorted to (check): ☐ Employee Health ☐ Emergency Room on:
(date): _____ at (time): _____ ☐ a.m. ☐ p.m.

Supervisor: _____ Signature: _____
Print Name

Witness: _____ Signature: _____
Print Name

**Turn Over →→→→→→→→→→**

## II. PROVIDER SECTION: ☐ EMPLOYEE HEALTH ☐ EMERGENCY ROOM

This section should be completed by an Employee Health RN/ARNP or ECC physician/PA/ARNP:

Date: _____ Time: _____

### A. GAIT

☐ steady, smooth
☐ staggering, reeling
☐ stumbling, swaying
☐ unsteady
☐ unable to walk
☐ rigid, stiff

### B. BALANCE

1. Heel to toe: ☐ pass ☐ unable to perform
2. Hop on one leg: ☐ pass ☐ unable to perform
3. Romberg: ☐ negative ☐ positive

### C. COORDINATION

1. Thumb to fingers: ☐ pass ☐ unable to perform
2. Finger to nose: ☐ pass ☐ unable to perform
3. Finger to finger: ☐ pass ☐ unable to perform

### D. OBSERVATIONS (check all that apply):

☐ alcohol odor on breath
☐ slurred speech, incoherent
☐ agitated
☐ disoriented to person, place, time
☐ unkempt, sloppy
☐ drowsy, sluggish
☐ tremors, shaking
☐ sweating, flushed
☐ dilated or constricted pupils
☐ hostile, threatening
☐ other observations: _____
☐ no alcohol odor
☐ speech clear and coherent
☐ calm, cooperative
☐ oriented to name, date, place
☐ neat, clean
☐ alert
☐ crying
☐ erratic
☐ watery, bloodshot eyes
☐ excited, talkative

_____

_____

## III. PLAN

☐ Drug and/or alcohol testing ordered per Substance Abuse Testing Form.
☐ Able to transport self home.
☐ Unable to transport self home. Refer to Nurse Supervisor afterhours.
☐ Other:_____

Healthcare Provider Signature: _____ Date: _____

ECC Staff – Please give this form to the nursing supervisor after completion by ECC physician/ARNP/PA.

Afterhours Nurse Supervisor:

Arrange transportation home, if necessary, by calling United Cab and using vouchers provided.
Leave voice message for JoAnn Shea (x7692) or Carla Miller, HR, (x4320)
Provide this observation checklist, Substance Abuse Testing form, chain of custody form and supporting documentation to Employee Health by next working day.

04/04 Employee Health Services

*Source:* Tampa (FL) General Hospital.