CODE: JICH-E2

Kittery School Department
Substance Influence Evaluation

Student's Name: _____ Grade: _____

Age: _____ Sex: _____ Male _____ Female

Referred by: _____ Date/Time: _____

Level of Orientation: _____ Alert/Oriented _____ Confused
_____ Disoriented _____ Stupor

Physical Findings:
Blood Pressure: _____ Heart Rate: _____
Temperature: _____ Resp. Rate: _____
Other Physical Findings: _____ Tremors _____ Runny Nose _____ Red eyes
Physical Appearance: _____ Neat _____ Disheveled _____ Clean _____ Unclean

Have you taken any drugs or alcohol in the past 24 hours? _____ Yes _____ No
Do you smoke? _____Yes _____ No

Are you sick or injured? _____ Yes _____ No If yes, describe _____
_____

Do you have any medical problems? _____ Yes _____ No
Do you have any allergies? _____ Yes _____ No If yes, describe _____
Do you take any medications? _____ Yes _____ No If yes, describe _____
Did you take any medications today? _____Yes ____ No If yes, describe _____
_____

When did you eat last? _____When did you sleep last? _____For how long?_____

Anxiety level? 1 2 3 4 5 6 7 8 9 10 (determined by the student, 10 – high)

Speech: _____Normal _____Rambling _____ Slurred _____ Slow _____Deliberate _____ Talkative

Behavior: _____ Normal _____Hyperactive _____Irritable _____ Silly
_____Belligerent _____Restless _____ Slow _____Dazed

Balance: _____ Steady _____ Unsteady

Thought Process: _____ Remains focused _____ Wandering _____ Paranoia
_____ Delusions _____ Hallucinations _____ Confused

Pretend my pen is a candle and try to blow it out.
Odor: _____Cigarette _____ Marijuana _____ Alcohol _____ Chemical _____Vomitus
Oral and Nasal Inspection for debris, blisters, or discoloration:
Tongue _____ Nose _____ Mouth _____

Eye Exam: (Start ALL eye exams with the Left eye, moving stimulus to the right)

Pupil Size: Room Light _____mm

Eyes: _____ Normal _____ Bloodshot _____ Watery

Eyelids: _____ Normal _____ Droopy

Do you wear glasses? _____ Yes _____ No Please remove your glasses.

Do you wear contacts? _____ Yes _____ No Are you wearing them now? _____ Yes _____ No

Have you ever had any problems with your eyes? _____ Yes _____ No

Horizontal Gaze Nystagmus

1. Lack of Smooth Pursuit - hold stimulus 12-15 inches from the face slightly above eye level. *I want you to watch the tip of my pen with your eyes and your eyes only. Do not move your head. Continue to focus on my pen until I tell you to stop. Do you understand?*

Left eye: _____present _____not present Right eye: _____present _____not present

2. Maximum deviation – Check for nystagmus at maximum deviation (white is no longer showing at outer aspect of the eye) – start at center moving the stimulus to the right - back to center – then move to the left. Repeat procedure again.

Left eye: _____present _____not present Right eye: _____present _____not present

3. Onset Nystagmus prior to 45° -

Left eye: _____present _____not present Right eye: _____present _____not present

Vertical Nystagmus – move the stimulus straight up until no whites are showing at top of eye – hold for 4 seconds - move back to center and repeat.

Left eye: _____present _____not present Right eye: _____present _____not present

Lack of convergence – *I will be moving around your eyes and face with my pen, but I will not touch you. Watch the stimulus with your eyes only.* Start in center above students' eyebrow level. Move the stimulus to the right in 2 large circles around the students face, then move the stimulus quickly to the bridge of the nose without touching the student.

Lack of convergence _____present _____ not present

Dark Room Exam – *We are now going to go into the bathroom where the lights will be turned off. It is going to be dark. I will begin screening in about 90 seconds. I want you to always look at the same focal spot.* Always have another person in the room with you while performing this test.

1. **Near total darkness** – hold the pupillometer next to the temple, even with the eye, with your thumb almost completely covering the light – note pupil size.
2. **Direct Light** – Please look at the focal spot. Shine the light onto the orbit of the eye, just below the lower lashes for a **FULL 15 seconds** – note pupil size. Look for the reaction to the light. Look for:
   - **rebound dilation** (pupils pulsating, growing steadily larger with each pulse
   - **hippus** - the rhythmatic pulsation of the pupils as they dilate and constrict within fixed limits

Note the size change in chart below.

Pupil Size	Room Light	Darkness	Direct	Hippus Present/Not Present	Rebound Dilation Present/Not Present	Reaction to Light Brisk/Slow
Left eye						
Right eye						

Vital Signs: Blood Pressure _____ Heart Rate _____
Resp. Rate _____

Divided Attention Tasks:

Romberg Balance: *Stand with your hands and toes together and your arms straight down at your side. Stay in that position until I tell you to begin. When I tell you to begin I want you to tilt your head back slightly, close your eyes and estimate when 30 seconds has gone by. When you think 30 seconds has gone by, open your eyes, tilt your head forward and say stop. Do you understand the instructions?*
Check all that apply:

_____ Body Tremors
_____ Inability to close eyes completely
_____ Circular or jittery sway
_____ Counting to self
_____ Moves feet apart
_____ Not keeping arms at side
_____ Eyelid tremor
_____ Counting outloud
_____ Loses balance
_____ Using arms to balance

Walk and Turn: *Stand with your heels and toes together and arms straight down at your side. Stay in that position until I tell you to begin. When I tell you to begin I want you to take 9 heel toe steps in a straight line. Turn around taking small steps and walk back again taking 9 heel to toe steps. Look at your feet while walking and count your steps out loud. Don't stop walking until you complete the test. Do you understand the instructions?*
Check all that apply:

_____ Cannot keep balance
_____ Start too soon
_____ Stops walking
_____ Miss heel-toe
_____ Steps off line
_____ Raises arms

One Leg Stand: *Stand with your heels and toes together and arms straight down at your sides. Stay in that position until I tell you to begin. When I tell you to begin I want you to raise your (right/left) foot off the ground approximately 6 inches, point your toe so your foot is parallel to the ground and I want you to count by thousands. One thousand one, one thousand two, one thousand three and so forth, until I tell you to stop. Keep your arms at your sides. Keep your eyes on your feet. If you lose your balance and put your foot down, pick it up and continue counting from where you left off. Do you understand your instructions?*
Check all that apply:

Right	Left	
_____	_____	Sways while balancing
_____	_____	Uses arms for balance
_____	_____	Hopping
_____	_____	Puts foot down

Finger to Nose: *Stand with your feet together, arms by your side, close hands with index finger extended and rotate palms forward. When I say begin, tilt your head back slightly and close your eyes.*

I will tell you to bring the tip of an index finger to touch the tip of your nose. As soon as the finger touches the nose return your arm to your side. When I say right - use your right finger, left – use your left finger. Do you understand?

Check all that apply:

_____ Body tremors
_____ Starts too soon
_____ Swaying
_____ Cannot keep balance during instruction
_____ Eyelid tremors
_____ Inability to close eyes completely
_____ Used wrong hand

Vital Signs: Blood Pressure _____ Heart Rate _____
Resp. Rate _____

What medication, drug or type of alcohol have you been using?

Name _____
Route _____
Amount _____
Time Used _____
Location Used _____
Any other substances? _____

Assessment: _____ Impaired _____ Not Impaired

Referrals/Plan:

_____ Parent Notification
_____ Police/911 called
_____ Cottage Program- York Hospital referral

Additional Comments: _____
_____
_____
_____
_____

Evaluator's Signature: _____ Date: _____

Witness: _____ Date: _____