Ronald Reagan Medical Center

APPENDIX B

OBSERVATION CHECKLIST FOR REASONABLE SUSPICION DRUG TESTING

Complete this form in its entirety, sign, and include with documents from the external drug testing service

Name:	Dept:
Incident Date/Time	Location of Incident:
suspicion that a physician is under the contemporaneous pertinent behavior a	n an incident has occurred which provides reasonable influence of a prohibited drug or alcohol. All and physical signs or symptoms that lead you to reasonably d or is under the influence of a prohibited substance should by a second witness or reviewer.
Mark all applicable item(s) on this for have observed.	m and add any additional facts or circumstances that you
☐ Mood changes or issues	
 Appearing uncharacteristi 	cally down or depressed
 Appearing uncharacteristi 	cally euphoric or energetic
 Episodes of anger/irritabil 	lity/hostility/combativeness
 Notable increase in anxiet 	у
 Appearing overwhelmed 	
• Fatigue or appearance of	
Notable mood swings or v	
• Any other concerns or iss	ues related to mood
☐ Behavior changes or issues	
• Cognitive concerns (e.g. r	nemory, attention)
• Forgetfulness	
Flulike symptomsBizarre behavior	
Increase in talkativeness	
 Uncharacteristically quiet 	or withdrawn
· ·	change in habits or practices
	"partying", or other concerning behavior that occurs
outside of work, while at	
 Any other concerns or iss 	
☐ Hygiene or appearance issues	
Bloodshot and/or watery of	eyes
 Disheveled or dirty appea 	rance
 Consistently dilated or pin 	n-point pupils
 Odd smells (e.g. burnt lea 	ves, alcohol, malodorous smell)

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- Uncharacteristically reddened face
- Uncharacteristically pale appearance
- Noticeable and unexplained weight loss or gain
- Unexplained wounds (e.g. puncture marks, cuts, bruising)
- Any other concerns or issues related to hygiene/appearance
- ☐ Work attendance/timeliness changes or issues
 - Tardiness
 - Absenteeism
 - Frequent breaks
 - Missed appointments/deadlines
 - Unable to be contacted (ex. "broken pager")
 - Rounding or performing other work tasks at variable times, without obvious reason
 - Unexplained disappearances
 - Taking extra shifts (especially at night)
 - Appearing on site at work (e.g. in call rooms or office) without obvious reason
 - Any other concerns or issues related to work attendance/timeliness
- ☐ Quality of work concerns or issues
 - Medical/charting errors
 - Complaints from patients, colleagues, supervisors
 - Excessive open charts
 - Incomplete, unintelligible, or otherwise odd notes in charts
 - Prescribing wrong/inappropriate medications
 - Any other concerns or issues related to quality of work
- \square Concerns or issues related to access to or handling of controlled substances or other medications
 - Extra attention to patients receiving abusable medications
 - Signing out increasing amounts of narcotics or quantities inappropriate for the given case
 - Failure to document wastage/have wastage witnessed
 - Pharmaceutical waste analysis is out of standard range
 - Bringing medications home
 - Unexplained medications in pockets or personal belongings
 - Any other concerns or issues related to access to or handling of controlled substances

☐ Other (Please describe in detail):		

Please summarize the facts and circumstances of the incident and any other pertinent information. Attach additional sheets as needed. [Required]				
Observer				
Printed Name	Function/Title			
Timed Name	Tunction/Title			
G: 4 COI	Date /Time			
Signature of Observer	Date / I ime			
Reviewer or Second Observer				
Printed Name	Function/Title			
Reviewer or Second Observer	Date/Time			