

Sample Pre-dose Intoxication Assessment Forms

This appendix provides two intoxication assessment tools along with considerations for selecting the appropriate pre-dose assessment and dose dispensation approach. The assessment tool samples presented below facilitate two different approaches to managed alcohol dispensation.

- [Assessment Tool 1](#) facilitates a binary approach in which a client who displays any of the listed symptoms of intoxication will not receive their scheduled alcohol dose until reassessment in the next hour
- [Assessment Tool 2](#) presents a gradient for intoxication assessment, in which moderately intoxicated clients are offered a reduced dose while evidence of severe intoxication prompts withholding of the dose until the next assessment

Consideration for selecting pre-dose assessment and alcohol dispensation approach

Selection of the appropriate pre-dose intoxication assessment and alcohol dispensation approach will depend on a range of factors, including:

- Client's medical circumstances and needs
- Client's stated goals and preferences (recorded at intake or follow-up meetings, when the client's response is not informed by current intoxication or withdrawal symptoms)
- MAP setting and location; potential for accessing outside alcohol if dose is denied
- MAP capacity for monitoring clients' wellness in between doses

For example, a binary intoxication assessment tool may be more appropriate in a clinical (e.g., hospital or long-term care) setting where patient's complex medical needs necessitate more regimented alcohol management. On the other hand, day programs or less intensive housing-based (e.g., shelters, supportive housing) environments may allow the provision of reduced doses to clients who

exhibit mild-to-moderate signs of intoxication; this may reduce the risk of outside drinking and enhance program retention by accommodating client preferences.

It is recommended that the intoxication assessment and dose dispensation approach be discussed with the client during managed alcohol planning; clients should be assured that withholding a scheduled dose is not intended as a punitive action and is intended purely to ensure client safety. The agreed-upon approach should be recorded in the client agreement so that it can be revisited in follow-up meetings.

Managed alcohol providers may consider offering a non-alcoholic alternative (e.g., “near beer,” grape juice) to clients whose dose is withheld; this may help prevent the client from feeling excluded and enable them to participate in the social aspect of drinking as per their routine.

Assessment Tool 1 (*Binary assessment*)

(Adapted with gratitude from Alberta Health Services)

Assess and document prior to administration of prescribed alcohol.

Date (yyyy-mon-dd)						
Time (hh:mm)						
Speech 0: Converses normally (Unaltered from baseline) 1: Slurred and slowed speech, mumbling, disjointed, and/or unintelligible						
Coordination 0: Unaltered walking and movements (from baseline) 1: Staggering, unsteady, falling; difficulty coming to or maintaining a standing position						
Judgment and Mood 0: Oriented and focused; appropriate behavior, judgment, and emotion 1: Disoriented, confused, distractible; extremes of behavior (e.g., overly friendly, laughing intensely, short- tempered, aggressive)						
Level of Consciousness: 0: Alert and attentive 1: Nodding off, losing train of thought, difficult to rouse						
Total score						
Alcohol dose given						
Provider signature						

Instructions: If value equals 0, provide the dose.
If value is greater than 0, consider holding dose and reassess client in one hour.

Assessment Tool 2 (*graduated assessment allowing half doses*)

(Adapted with gratitude from the Sudbury MAP tool)

		COLUMN A and B		COLUMN C	COLUMN D
		Dose can be dispensed as scheduled		If client is presenting with any two of the following signs of intoxication, only half of a dose can be dispensed (if they are outside their normal behavioral patterns)	Dose should be withheld when the individual presents with any of the signs/symptoms listed in this column (if they are outside their normal behavioral patterns)
		COLUMN A	COLUMN B <i>Consider increased monitoring for clients displaying any of the following</i>		
CRITERIA	Speech	Normal	<i>Slurred and/or slowed</i>	<ul style="list-style-type: none"> • Mumbling • Repetitive statements 	<ul style="list-style-type: none"> • Disjointed • Incomprehensible • Loud, noisy speech • Crude/inappropriate comments or gestures
	Coordination	Regular walking and movements	<ul style="list-style-type: none"> • Tripping • Slow movements 	<ul style="list-style-type: none"> • Unsteady • Staggering 	<ul style="list-style-type: none"> • Difficulty sitting up straight • Falling off of chair • Difficulty coming to/or maintaining a standing position • Falling
	Mental Signs	Focused Expected behaviour, emotions, and judgments, based on knowledge of the client		Losing train of thought	<ul style="list-style-type: none"> • Confused • Agitated • Aggressive or argumentative • Disoriented • Drinking competitively • Overly friendly • Laughing intensely • Displaying mood swings • Lowered inhibitions
	Level Of Consciousness	Alert and attentive	Drowsy but easily roused	Nodding off	<ul style="list-style-type: none"> • Unable to follow/participate in conversation • Unable to perform any task