

## **North Carolina Board of Nursing's Suspected Impairment Checklist**

The attached guide is intended to assist in the documentation of observations and appearance of a nurse suspected of being impaired. The Board suggests using this checklist in a facility investigation of alleged impairment and is not all inclusive. Witnesses who observe concerning/suspicious behaviors are encouraged to write a detailed statement in conjunction with this checklist. Be certain to follow all facility policies and procedures related to internal facility investigations.

Helpful tips and overview for use:

- The form should be completed as soon as possible after the observations are made.
- Each witness is advised to complete, sign, and date this Impairment Checklist. Witnesses are those individuals who observed concerning signs of impairment and may include clinical and non-clinical staff.
- Supervisors/Managers should also complete this form when meeting with the nurse suspected of being impaired.





Check each observation and circle appropriate descriptors where applicable:

<b>Work Quality</b>	
Unable to follow work-related directions	
Unintelligible documentation	
Difficulty completing assigned tasks	
<b>Behavior</b>	
Confused and/or disoriented	
Disappearing from work area frequently/long periods of time	
Takes a break or visits the restroom after accessing controlled substances	
Observed ingesting or injecting an unknown substance	
Observed accessing the Automated Dispensing Cabinet or medication room when not on duty	
<b>Speech</b>	
Slurred	
Garbled	
Rambling	
Incoherent	
<b>Motor Coordination</b>	
Unsteady gait, loss of balance	
Falling/Tripping	
Shaking/tremors	
<b>Inappropriate Affect</b>	
Flat affect, unusually quiet and/or withdrawn	
<b>Emotion/Demeanor</b>	
Crying	
Unusually talkative, boisterous and/or laughing	
Increased irritability	
Loud, aggressive, and/or threatening	
<b>Change of Consciousness</b>	
Loss of consciousness	
Unusually sleepy	

Asleep	
Sudden illness	
<b>Physical Appearance</b>	
Disheveled clothing, hair and/or lack of hygiene	
Sweating	
Bloodshot eyes	
Pupillary changes i.e., pinpoint pupils or extremely large pupils	
<b>Odor</b>	
Odor of alcohol	
Odor of marijuana	
<b>Other</b>	

Witness Name and Title: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_