

Site EHR Example 1

Adol HM-SBIRT_TESTP2: Scott L. Davenport

Adolescent HM | S2BI | S2BI Results | 5-2-1-0 | Hearing Test | Depression

MONTHLY USE

Substance Abuse Screening: Adolescent (CRAFT) All NO ?

C - Have you ever ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or drugs? no yes

NO - Reinforce decision to avoid riding with impaired driver and follow up at next visit.
 YES - Ask teen to agree to avoid riding with driver who has used drugs/alcohol. Follow up at next visit. Involve parents if ris

R - Do you ever use alcohol or drugs to RELAX, feel better about yourself or fit in? no yes

A - Do you ever use alcohol/drugs while you are by yourself, ALONE? no yes

F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use? no yes

F - Do you ever FORGET things that you did while using alcohol or drugs? no yes

T - Have you gotten into TROUBLE while you were using alcohol or drugs? no yes

CRAFT Score: 2

Acute Risk Assessment: suicide ideation IV use combining drugs
 homicidal with plan or intent drug related hospital visit using drugs at lethal limits i.e. >14 drinks

If acute risk arrange for hospitalization or urgent evaluation by BHP. Ensure 1:1 for safety. Notify parents.

Brief Motivational Intervention (BMI) orders

Consider BHP referral for further assessment. Advise to stop.
 Identify problems with CRAFT. Identify benefits.
 Assist with plan: reduce use & high risk behaviors. Scheduled follow up visit.
 Ask to notify parents. Consider breaking confidentiality depending on risk.
 Referral to internal BHP

DSM5 Criteria for SUD: All NO

Use in larger amts or for longer periods than intended? no yes
 Unsuccessful efforts to cut down/quit? no yes
 Excessive time spent taking the drug? no yes
 Failure to fulfill major obligations? no yes
 Continued use despite social/interpersonal problems? no yes
 Important activities given up? no yes
 Recurrent use in physically hazardous situations? no yes
 Continued use despite physical/psychological problems? no yes
 Tolerance? no yes
 Withdrawal? no yes
 Craving? no yes **Score: 0**

Severity is designated according to the number of symptoms endorsed: 0-1: No diagnosis.

EPDS | Adol HM-SBIRT_TEST | Vital Signs

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) | Close

Site EHR Example 2

CRAFFT Screening Tool

CRAFFT Screening Tool

Patient declines to answer the CRAFFT Screening Questions.

Patient unable to complete.

Part A

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)? No Yes

2. Smoke any marijuana or hashish? No Yes

3. Use anything else to get high? No Yes

Part B

1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? No Yes

2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? No Yes

3. Do you ever use alcohol or drugs while you are by yourself, or ALONE? No Yes

4. Do you ever FORGET things you did while using alcohol or drugs? No Yes

5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? No Yes

6. Have you ever gotten into TROUBLE while you were using alcohol or drugs? No Yes

Goals/Comments:

Intervention:

Calculate Cancel