

SAMHDA

SUBSTANCE ABUSE & MENTAL HEALTH DATA ARCHIVE

Drug Abuse Warning Network (DAWN), 2005

*United States Department of Health and
Human Services. Substance Abuse and
Mental Health Services Administration.
Office of Applied Studies.*

DAWN Case Report

SAMHDA

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

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Definitions

CBHSQ

Center for Behavioral Health Statistics and Quality

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Summary

The Drug Abuse Warning Network (DAWN) is a nationally representative public health surveillance system that has monitored drug related emergency department (ED) visits to hospitals since the early 1970s. First administered by the Drug Enforcement Administration (DEA) and the National Institute on Drug Abuse (NIDA), the responsibility for DAWN now rests with SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ). Over the years, the exact survey methodology has been adjusted to improve the quality, reliability, and generalizability of the information produced by DAWN. The current approach was first fully implemented in the 2004 data collection year.

DAWN relies on a longitudinal probability sample of hospitals located throughout the United States. To be eligible for selection into the DAWN sample, a hospital must be a non-Federal, short-stay, general surgical and medical hospital located in the United States, with at least one 24-hour ED. DAWN cases are identified by the systematic review of ED medical records in participating hospitals. The unit of analysis is any ED visit involving recent drug use. DAWN captures both ED visits that are directly caused by drugs and those in which drugs are a contributing factor but not the direct cause of the ED visit. The reason a patient used a drug is not part of the criteria for considering a visit to be drug related. Therefore, all types of drug-related events are included: drug misuse or abuse, accidental drug ingestion, drug-related suicide attempts, malicious drug poisonings, and adverse reactions. DAWN does not report current medications (i.e., medications and pharmaceuticals taken regularly by the patient as prescribed or indicated) that are unrelated to the ED visit.

The DAWN public-use dataset provides information for all types of drugs, including illegal drugs, prescription drugs, over-the-counter medications, dietary supplements, anesthetic gases, substances that have psychoactive effects when inhaled, alcohol when used in combination with other drugs (all ages), and alcohol alone (only for patients aged 20 or younger). Public-use dataset variables describe and categorize up to 16 drugs contributing to the ED visit, including toxicology confirmation and route of administration. Administrative variables specify the type of case, case disposition, categorized episode time of day, and quarter of year. Metropolitan area is included for represented metropolitan areas. Created variables include the number of unique drugs reported and case-level indicators for alcohol, non-alcohol illicit, any pharmaceutical, non-medical use of pharmaceuticals, and all misuse and abuse. Demographic items include age category, sex, and race/ethnicity. Complex sample design and weighting variables are included to calculate various estimates of drug-related ED visits for the Nation as a whole, as well as for specific metropolitan areas, from the ED visits classified as DAWN cases in the selected hospitals.

Universe

The universe for the DAWN ED sample is all non-Federal, short-stay, general medical and surgical hospitals in the United States that operate one or more EDs 24 hours a day, 7 days a week. Specialty hospitals, hospital units of institutions, long-term care facilities, pediatric hospitals, hospitals operating part-time EDs, and hospitals operated by the Veterans Health Administration and the Indian Health Service are excluded. The universe of EDs is identified from the American Hospital Association's Annual Survey Database.

Data Type

Medical records

Data Source

Coded on-site case report

Additional Information for Study 33042

<http://datafiles.samhsa.gov>

Study Citation

We appreciate the [appropriate citation](#) for study documentation obtained from SAMHDA. The study description for this study includes a [suggested bibliographic citation](#) for the data.

Drug Abuse Warning Network (DAWN) Emergency Department Case Form

1. Facility ID

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2. Cross-reference (for facility use only) [REDACTED]

PATIENT INFORMATION

3. Date of Visit

MONTH	DAY	YEAR
		20

4. Time of Visit

HOUR	MINUTES

1 a.m.
2 p.m.
3 military

5. Age

--	--	--

1 Less than 1 year
8 Not documented

6. Patient's Home ZIP Code

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Otherwise, mark [x] one response:
1 No fixed address (e.g., homeless)
2 Institution (e.g., shelter/jail/hospital)
8 Not documented

7. Sex

1 Male
2 Female
8 Not documented

8. Race/Ethnicity
Mark [x] one or more:

White
 Black or African American
 Hispanic or Latino
 Asian
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Not documented

9. Case Description Describe how the drug(s) was related to the ED visit. Copy verbatim from the patient's chart when possible.

10. Chief Complaint Mark [x] all that apply:

<input type="checkbox"/> Overdose	<input type="checkbox"/> Seeking detox
<input type="checkbox"/> Intoxication	<input type="checkbox"/> Accident/injury/assault
<input type="checkbox"/> Seizures	<input type="checkbox"/> Abscess/cellulitis/skin/tissue
<input type="checkbox"/> Altered mental status	<input type="checkbox"/> Chest pain
<input type="checkbox"/> Psychiatric condition	<input type="checkbox"/> Respiratory problems
<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Digestive problems

Other (specify): _____

11. Substance(s) Involved Using available documentation, list all substances that caused or contributed to the ED visit. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names.

Route of Administration
Circle one:

	Oral	Injected	Inhaled, sniffed, snorted	Smoked	Other	Not documented
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1	2	3	4	5	6	7	8	9
C	2	0	0	0	2	9		

Substance (record verbatim)	Mark [x] if confirmed by toxicology test	Oral	Injected	Inhaled, sniffed, snorted	Smoked	Other	Not documented
	<input type="checkbox"/>	1	2	3	4	5	8
	<input type="checkbox"/>	1	2	3	4	5	8
	<input type="checkbox"/>	1	2	3	4	5	8
	<input type="checkbox"/>	1	2	3	4	5	8
	<input type="checkbox"/>	1	2	3	4	5	8
	<input type="checkbox"/>	1	2	3	4	5	8
Alcohol involved? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> Not documented	<input type="checkbox"/>	1	2	3	4	5	8

12. Type of Case
Mark [x] the first category that applies:

01 Suicide attempt
02 Seeking detox
03 Alcohol only (age < 21)
04 Adverse reaction
05 Overmedication
06 Malicious poisoning
07 Accidental ingestion
08 Other

13. Diagnosis List up to 4 diagnoses noted in the patient's chart. Do not list ICD codes.

1 _____ 3 _____
2 _____ 4 _____

14. Disposition Mark [x] one:

<p><i>Treated and released:</i></p> <p>01 <input type="checkbox"/> Discharged home 02 <input type="checkbox"/> Released to police/jail 03 <input type="checkbox"/> Referred to detox/treatment</p>	<p><i>Admitted to this hospital:</i></p> <p>04 <input type="checkbox"/> ICU/Critical care 05 <input type="checkbox"/> Surgery 06 <input type="checkbox"/> Chemical dependency/detox 07 <input type="checkbox"/> Psychiatric unit 08 <input type="checkbox"/> Other inpatient unit</p>	<p><i>Other disposition:</i></p> <p>09 <input type="checkbox"/> Transferred 10 <input type="checkbox"/> Left against medical advice 11 <input type="checkbox"/> Died 96 <input type="checkbox"/> Other 98 <input type="checkbox"/> Not documented</p>
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Drug Abuse Warning Network (DAWN) Emergency Department Case Form

Selected Reporting Guidelines and Instructions

I. Reporting Guidelines

The following abbreviated guidelines and instructions highlight certain reporting items. Please refer to the detailed instructions found in the Instruction Manual for Emergency Departments for further information.

Complete a DAWN form for every patient treated in the emergency department for a condition that was induced by or related to their ingestion or use of a drug. The relationship of drug use to the ED visit must be substantiated by the medical record (presenting complaint, assessment, and/or diagnosis). NOTE: Drug use includes appropriate or inappropriate use of legal or illegal drugs.

Rely on information documented in the chart/record.
Do not make any assumptions.

II. Abbreviated Instructions for Completing Selected Items

Item 11. Route of Administration

Using only the information available in the patient's chart, indicate how the drug was used/ingested. **Do not make any assumptions about how the drug was administered.** The response categories are:

1. **Oral** – Substance was swallowed.
2. **Injected** – Substance was administered via needle.
3. **Inhaled/sniffed/snorted** – Substance, regardless of form (gas, powder, etc.) was aspirated (taken into the respiratory system) through the nose or mouth.
4. **Smoked** – Substance was smoked (includes freebase).
5. **Other** – All other routes of administration.
6. **Not documented** – To be used whenever the route of administration is not documented in the patient's chart.

Item 12. Type of Case

There are eight types of reportable cases. Use the following decision rules, in the following order, to determine how a case should be coded. Select the first category that applies:

1. Does the chart indicate that the patient attempted to commit suicide by a drug overdose? If yes, the case is a **Suicide attempt**. If no, go to #2.
2. Does the chart indicate that the patient is seeking a referral to detox or drug treatment, or that they are requesting assistance with their drug problem? If yes, the case is **Seeking detox**. If no, go to #3.
3. Is the patient under age 21, and is alcohol the only substance documented in the record? If yes, the case is **Alcohol only (age < 21)**. If no, go to #4.

(continued next column)

4. Does the chart indicate that the patient was (a) taking a prescription or over-the-counter drug or dietary supplement as prescribed/labeled and (b) had an allergic reaction, adverse reaction, drug interaction, or drug toxicity? If yes, that case is an **Adverse reaction**. If no, go to #5.
5. Does the chart indicate that the patient took more than the prescribed/labeled amount of a prescription or over-the-counter drug or dietary supplement? For example, the patient tried to make up for a missed dose, forgot they had taken a dose, or treated symptoms that did not subside with the recommended dose. If yes, the case is an **Overmedication**. If no, go to #6.
6. Does the chart indicate a confirmed or suspected incident in which the patient was deliberately poisoned with drugs by another person? (This includes cases with known assailants as well as product tampering.) If yes, the case is **Malicious poisoning**. Otherwise, go to #7.
7. Does the chart indicate that the patient took the drug(s) accidentally or unknowingly? If yes, the case is **Accidental ingestion**. If no, go to #8.
8. Code as **Other** all cases that do not fit into categories 1-7 above. This final category will include all ED visits related to recreational use, drug abuse, drug dependence, withdrawal, and any misuse that cannot be classified above.

Item 14. Disposition

Select the one item that best represents the patient's disposition from the emergency department, based on documentation in the chart. The response categories are:

Treated and released – if the patient was discharged from this ED and was not admitted to this hospital or transferred elsewhere, indicate whether the patient was discharged home, released to police/jail, or referred to detox/treatment. If the patient was discharged home and referred to detox/treatment, mark only referred to detox/treatment.

Admitted to this hospital – if the patient was admitted to this hospital, choose the location that best represents the unit to which they were admitted: ICU/Critical care, Surgery, Chemical dependency/detox, Psychiatric unit, or Other inpatient unit.

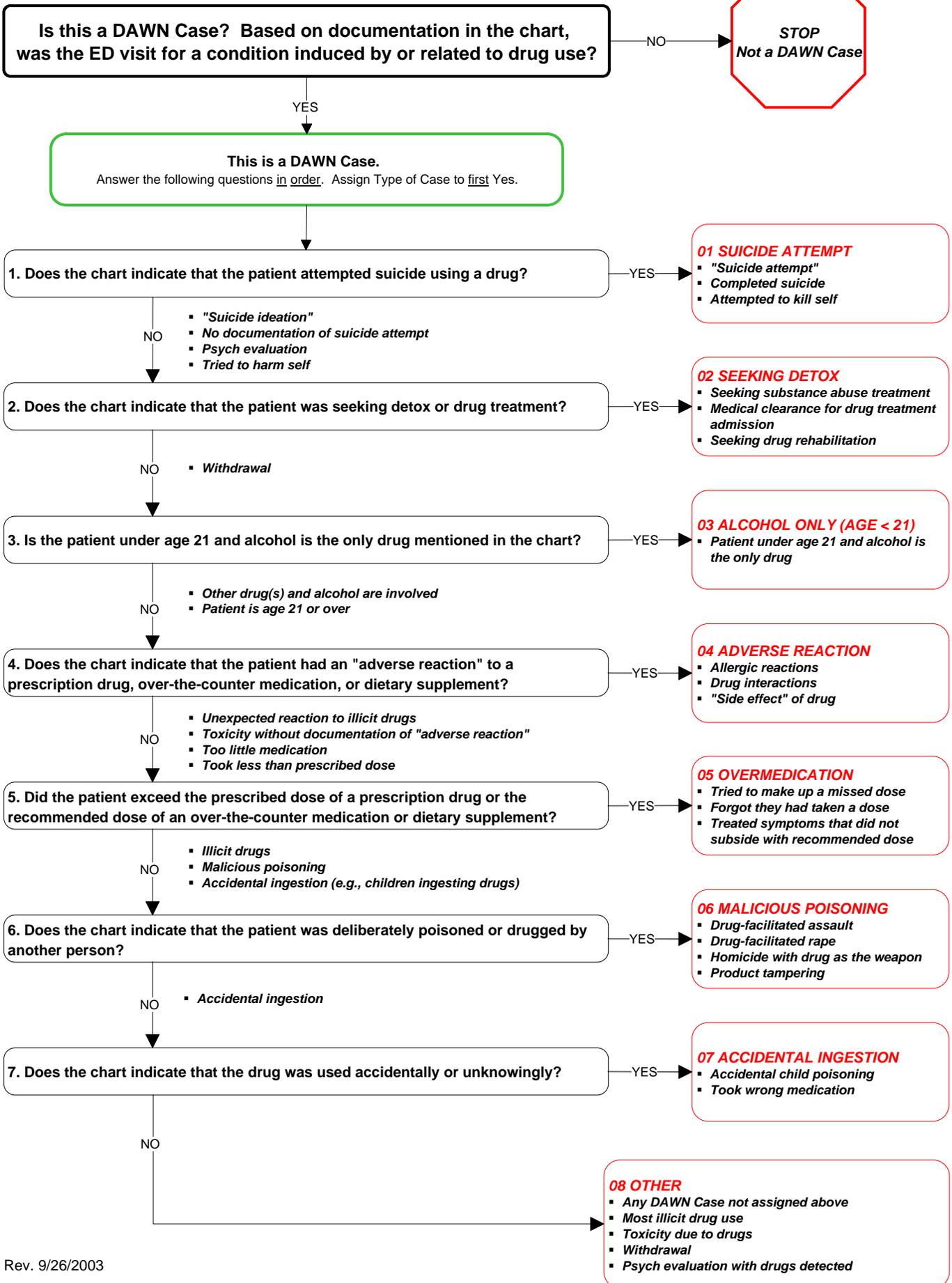
Other disposition – if none of the preceding categories apply, select from among the following:

- **Transferred** – the patient was transferred to another health care facility.
- **Left against medical advice** – the available documentation indicates that the patient left against the advice of ED staff.
- **Died** – the patient died after arriving in the ED but before being discharged, admitted, or transferred.
- **Other** – the discharge status is documented in the chart but does not fit into any of the preceding categories.
- **Not documented** – there is no information in the chart about the patient's disposition.

DAWN is operated by the Substance Abuse and Mental Health Services Administration (SAMHSA), of the U.S. Department of Health and Human Services, as required in Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4). DAWN is used to monitor trends in the adverse health consequences associated with drug use. Section 501(n) of the Public Health Service Act prohibits SAMHSA from using or disclosing DAWN data for any purpose other than that for which they were collected.

Public reporting burden for DAWN emergency departments is estimated at 12 minutes per case. This includes time for reviewing ED charts and completing case report and transmittal forms. Send comments regarding burden to SAMHSA Reports Clearance Officer, Paperwork Reduction Project 0930-0078, 5600 Fishers Lane, Rm 16-105, Rockville MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0078.

DAWN Decision Tree



ED Visits **NOT** Reportable to DAWN

- 1) **Patient left the ED without being treated** – The patient left the ED before treatment was initiated. Such charts often indicate “left without being seen” or LWBS. These include cases like:
 - A patient provided administrative information (e.g., insurance information) and symptoms, then got tired of waiting and left before treatment was initiated.
 - A patient came to pay a bill or to pick up medication for a CT scan scheduled for the next day.
- 2) **A non-pharmaceutical substance was consumed but not inhaled** – The non-pharmaceutical substance (e.g., Clorox®, paint, glue) was consumed by some means other than inhalation. Non-pharmaceuticals are reportable only if inhaled (e.g., inhaling paint fumes while painting a closet).
 - The patient drank turpentine. This is **NOT** a DAWN case.
 - The patient injected gasoline while high on PCP. This is a DAWN case, but only the PCP is reportable.
- 3) **Only a history of drug abuse is documented** – Such documentation may appear in the social history section of the chart or the chart may have a notation indicating “history of drug abuse.” If documentation points only to a history of drug use/abuse (e.g., a patient who is HIV+ with a history of IVDA) and there is no evidence of current use, it is **NOT** a DAWN case.
- 4) **Alcohol is the only substance involved and the patient is age 21 or over** – Cases involving alcohol and no other substance are reportable only if the patient is less than 21 years old. Alcohol is reportable for adults only when present in combination with another reportable substance.
- 5) **The only documentation of drug use is in toxicology test results** – Documentation of drug use must be present in the chief complaint, assessment, or diagnoses. Toxicology may pick up current medications taken for legitimate therapeutic purposes, or drugs taken some time ago and unrelated to the visit. Therefore, toxicology alone is not sufficient evidence to make a case reportable. For example:
 - A man slipped on a wet concrete floor and fractured his hip. The toxicology result is positive for opiates. There is no other evidence of opiate use. This is **NOT** a DAWN case.
- 6) **Drugs listed are not related to the visit** – There is no documentation in the chief complaint, assessment, or diagnosis to indicate that the ED visit was related to the use of drugs, either legal or illicit. Regular medications not related to the ED visits are NOT reportable to DAWN. For example:
 - A 24 year-old female passenger in a bus accident was taken to the ED with a broken leg. She is a daily cocaine user, but there is no indication her cocaine use was connected to the injury. This is **NOT** a DAWN case.
- 7) **There is no evidence of drug use** – The chief complaint, assessment, or diagnosis does not refer to any drug use. Examples may include:
 - Drug Seekers – Patients who visit the ED to acquire specific drugs for unconfirmed condition(s).
 - Under-medication – Patients who forget or stop taking prescribed medications. The patient may be treated in the ED for a condition related to not taking a medication. This is **NOT** a DAWN case.