Drug Abuse Warning Network (DAWN), 2005


DAWN Case Report
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Definitions

CBHSQ
   Center for Behavioral Health Statistics and Quality

Promise of confidentiality
   A promise to a respondent or research participant that the information the respondent provides will not be disseminated in identifiable form without the permission of the respondent; that the fact that the respondent participated in the study will not be disclosed; and that disseminated information will include no linkages to the identity of the respondent. Such a promise encompasses traditional notions of both confidentiality and anonymity. In most cases, federal law protects the confidentiality of the respondent's identity as referenced in the Promise of Confidentiality. Under this condition, names and other identifying information regarding respondents would be confidential.

Research subject
   A person or organization that participates in a research study. A research subject may also be called a respondent. A respondent is generally a survey respondent or informant, experimental or observational subject, focus group participant, or any other person providing information to a study.

SAMHDA
   Substance Abuse and Mental Health Data Archive

SAMHSA
   Substance Abuse and Mental Health Services Administration
Information about Copyrighted Content

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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.
1. Facility ID

2. Cross-reference
   (for facility use only)

PATIENT INFORMATION

3. Date of Visit
   MONTH   DAY   YEAR

4. Time of Visit
   HOUR   MINUTES
   1 a.m.  2 p.m.  3 military

5. Age
   □ Less than 1 year
   □ Not documented

6. Patient’s Home ZIP Code

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

7. Sex
   □ Male
   □ Female
   □ 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:
    □ Overdose
    □ Seeking detox
    □ Intoxication
    □ Accident/injury/assault
    □ Seizures
    □ Abscess/cellulitis/skin/tissue
    □ Altered mental status
    □ Chest pain
    □ Psychiatric condition
    □ Respiratory problems
    □ Withdrawal
    □ 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.

<table>
<thead>
<tr>
<th>Substance (record verbatim)</th>
<th>Oral</th>
<th>Injected</th>
<th>Inhaled, sniffed, snorted</th>
<th>Other</th>
<th>Not documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

Alcohol involved? □ Yes  □ No  □ Not documented

12. Type of Case
    Mark [x] the first category that applies:
    □ Suicide attempt
    □ Seeking detox
    □ Alcohol only (age < 21)
    □ Adverse reaction
    □ Overmedication
    □ Malicious poisoning
    □ Accidental ingestion
    □ Other

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

   1
   2
   3
   4

14. Disposition
    Mark [x] one:
    Treated and released:
    □ Discharged home
    □ Released to police/jail
    □ Referred to detox/treatment
    Admitted to this hospital:
    □ ICU/Critical care
    □ Surgery
    □ Chemical dependency/detox
    □ Psychiatric unit
    □ Other inpatient unit
    Other disposition:
    □ Transferred
    □ Left against medical advice
    □ Died
    □ Other
    □ Not documented
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.

SMA 100-1 REV. 12/2002
DAWN Decision Tree

Is this a DAWN Case? Based on documentation in the chart, was the ED visit for a condition induced by or related to drug use? 

YES

This is a DAWN Case. Answer the following questions in order. Assign Type of Case to first Yes.

1. Does the chart indicate that the patient attempted suicide using a drug?
   - "Suicide ideation"
   - No documentation of suicide attempt
   - Psych evaluation
   - Tried to harm self
   - "Suicide attempt"
   - Completed suicide
   - Attempted to kill self

2. Does the chart indicate that the patient was seeking detox or drug treatment?
   - Withdrawal

3. Is the patient under age 21 and alcohol is the only drug mentioned in the chart?
   - Other drug(s) and alcohol are involved
   - Patient is age 21 or over

4. Does the chart indicate that the patient had an "adverse reaction" to a prescription drug, over-the-counter medication, or dietary supplement?
   - Unexpected reaction to illicit drugs
   - Toxicity without documentation of "adverse reaction"
   - Too little medication
   - Took less than prescribed dose

5. Did the patient exceed the prescribed dose of a prescription drug or the recommended dose of an over-the-counter medication or dietary supplement?
   - Illicit drugs
   - Malicious poisoning
   - Accidental ingestion (e.g., children ingesting drugs)

6. Does the chart indicate that the patient was deliberately poisoned or drugged by another person?
   - Accidental ingestion

7. Does the chart indicate that the drug was used accidentally or unknowingly?

8. OTHER
   - Any DAWN Case not assigned above
   - Most illicit drug use
   - Toxicity due to drugs
   - Withdrawal
   - Psych evaluation with drugs detected

STOP
Not a DAWN Case

 Rev. 9/26/2003
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.