

DRIVING SAFETY SCREENING FOR HEALTH CARE PROVIDERS

September 2004

ANY OF THESE "RED FLAGS" SHOULD PROMPT FURTHER MEDICAL EVALUATION AND POSSIBLE REFERRAL FOR DRIVING SAFETY EVALUATION AND REMEDIATION:

- UNPREDICTABLE ATTACKS: Seizures, TIA/stroke, fainting or near-fainting, hypoglycemic attacks, vertigo, sleep attacks, etc.
- ACUTE ILLNESS: Any recent hospitalization or illness that leads to chronic alertness or thinking problems, debilitation, vertigo or loss of coordination.
- CHRONIC CONDITIONS
 - Neurologic disease, such as dementia, Parkinson's, peripheral neuropathy, multiple sclerosis, residual stroke deficits.
 - Musculoskeletal disease or weakness, including arthritis, amputation, or chronic debilitation due to multiple illness.
 - Cardiovascular or pulmonary disease associated with cognitive deficits, confusion, weakness, fatigue or blackouts.
 - Vision loss, caused by cataracts, retinal disease, macular degeneration, stroke, glaucoma and other diseases.
 - Mental health issues, including severe depression, psychosis, anxiety, bipolar disorder, alcohol or other drug abuse.
- MEDICATIONS OR COMBINATIONS OF MEDICATIONS THAT REDUCE COORDINATION OR ALERTNESS (polypharmacy)
- PATIENT/FAMILY MEMBER CONCERNS: Often, family or friends may notice functional impairments affecting driving before they become evident on physical exam.

IF "RED FLAGS" PRESENT, CONSIDER THE FOLLOWING:

- FUNCTIONAL ASSESSMENT: Determine level of functional impairment associated with the medical condition(s)
- MEDICATION ADJUSTMENT/REDUCTION: May help alertness
- SPECIALTY CONSULTATION: may control underlying chronic/acute condition or arrange rehabilitation/remediation
- REFER FOR DRIVING SAFETY EVALUATION: DMV can conduct a road test, but provides no remediation program if the patient fails. Driver rehabilitation specialists can assess patients' driving ability and provide remediation as needed. Vehicle equipment modifications may also be appropriate in these cases. A list of private programs providing individual assessment and remediation is available on www.bot.ca.gov.
- REPORT TO DMV/PUBLIC HEALTH: Current state regulations require reporting only when the condition affects driving safety and activities of daily living. If this is the case, it is best to counsel the patient on driving retirement and your legal obligation to report to the DMV or state public health office. **Note: As this is a public safety issue, HIPAA consent is NOT required when reporting an individual to DMV/Public Health.** Some factors to consider:
 - Adequate warning prior to seizure, fainting, etc, to pull off road.
 - Timing. For example, if attacks only occur in bed, then driving safety is likely unaffected.
 - Provocative factors. If other factors provoking disability are not present or can be controlled in the driving environment, driving safety may be unaffected.
 - Compliance with medical care, including medications, treatment for drug and alcohol abuse, etc.
 - Condition improving, worsening or resolving. For seizures, a 3-month seizure-free interval is increasingly found to be safe in many studies.
 - There are many kinds of driver license restrictions that the DMV can issue, including: no freeway driving; drive only from sunrise to sunset; use adequate support to ensure a proper driving position; or drive only on particular routes.
 - To download reporting forms, go to: <http://www.dmv.ca.gov/forms/formds.htm> (Form DS 699 - Request for Driver Reexamination)