

Tobacco, Alcohol, Prescription Medications, and Other Substance Tool (TAPS)

Part 1 (Modified from NIDA Quick Screen)

In the Past 12 Months, how often have you used the following?	NO	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
Alcohol - For men, 5 or more drinks a day - For women, 4 or more drinks a day					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Recreational Drugs for non-medical Reasons					

*If all answers are **"NO"** then you are done.

*If you answer **positive** to anything then continue onto Part 2. Cascade TAPS 2 for a positive.

Part 2 (Modified from ASSIST screen)

1. In the Past 3 Months:	Yes (=1)	NO (=0)
Did you smoke a cigarette containing tobacco?		
If "Yes"		
Did you smoke more than 10 cigarettes each day?		
Did you usually smoke within 30 minutes after waking?		
2. In the Past 3 Months:	Yes (=1)	NO (=0)
Did you have a drink containing alcohol?		
If "Yes"		
*Females		
Did you have 4 or more drinks containing alcohol in a day?		
*Males		
Did you have 5 or more drinks containing alcohol in a day?		
*One standard drink is about 1 small glass of wine (5oz), 1 beer (12oz), or 1 single shot of liquor		
Have you tried and failed to control, cut down or stop drinking?		
Has anyone expressed concern about your drinking?		
3. In the Past 3 Months	Yes (=1)	No (=0)
Did you use marijuana (hash, weed)		
If "Yes"		
Have you had a strong desire or urge to use marijuana at least once a week or more often?		
Has anyone expressed concern about your use of marijuana?		
4. In the Past 3 Months:	Yes (=1)	No (=0)
Did you use cocaine, crack, or methamphetamine (crystal meth)?		
Did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often?		
Has anyone expressed concern about our use of cocaine, crack, or methamphetamine (crystal meth)?		

5. In the Past 3 Months:	Yes (=1)	No (=0)
Did you use Heroin?		
Have you tried and failed to control, cut down or stop using heroin?		
Has anyone expressed concern about your use of heroin?		

6. In the Past 3 Months:	Yes (=1)	No (=0)
Did you use a prescription opiate pain reliever (for example, Percocet, Vicodin) not as prescribed or that was not prescribed for you?		
Have you tried and failed to control, cut down or stop using an opiate pain reliever?		
Has anyone expressed concern about your use of an opiate pain reliever?		

7. In the Past 3 Months:	Yes (=1)	No (=0)
Did you use a medication for anxiety or sleep (for example, Xanax, Ativan, or Klonopin) not as prescribed or that was not prescribed to you?		
Have you had a strong desire or urge to use medications for anxiety or sleep at least once a week or more often?		
Has anyone expressed concern about your use of medications for anxiety or sleep?		

8. In the Past 3 Months:	Yes (=1)	No (=0)
Did you use a medication for ADHD (for example, Adderall, Ritalin) not as prescribed or that was not prescribed for you?		
Did you use a medication for ADHD at least once a week or more often?		
Has anyone expressed concern about your use of a medication for ADHD?		

9. In the Past 3 Months:	Yes	No
Did you use any illegal or recreational drug (for example, ecstasy/molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana (spice'), whip-its, etc.)?		
If "yes" answering the following:		
In the past 3 months what were the other drugs you used?		

Determine if patient has substance use disorder and roles and responsibilities of caregivers.

TAPS Score	Pt. Care Needs	RN	SW
Question 1 Tobacco Score \neq / > 1 Nicotine Replacement	<ul style="list-style-type: none"> Nicotine Replacement therapy Therapeutic support Ongoing Assessment and support 	<ul style="list-style-type: none"> Make sure MD has ordered replacement therapy. Utilize replacement therapy to decrease agitation. 	No actions
Question 2 Alcohol Score \neq / > 1 CIWA Protocol	<ul style="list-style-type: none"> Ativan or other medications to prevent withdrawal. Therapeutic support Ongoing Assessment and support 	<ul style="list-style-type: none"> TAPS completed document. MD aware of patient alcohol use. CIWA scoring, ETOH withdrawal protocol if ordered, medicate as ordered. 	<ul style="list-style-type: none"> Therapeutic support Ongoing Assessment and support Referrals if applicable
Question 3 Cannabis score \neq / > 1	<ul style="list-style-type: none"> Assess further for rationale behind why the patient may use cannabis; anxiety, appetite stimulant, or to decrease nausea/vomiting. Therapeutic support Ongoing Assessment and support 	Based on rationale report to MD patient use of cannabis and potential need for other medications to treat patient as needed.	No actions
Question 4 Cocaine, crack, methamphetamine Score \neq / > 2 Screen into Pathway.	<ul style="list-style-type: none"> Request symptoms management medications. Ongoing assessment and support Document and notify MD of findings 	<ul style="list-style-type: none"> Substance Use Disorder, document and report to MD usage. Request symptoms management medications. Use COWS tool to assess and manage withdrawal. 	<ul style="list-style-type: none"> Therapeutic support Ongoing Assessment and support Referrals if applicable
Question 5 & 6 Heroin score \neq / > 2 Screen into Pathway	<ul style="list-style-type: none"> Screened into Opioid Use Disorder Pathway. Ongoing assessment and support Document and notify MD of findings 	<ul style="list-style-type: none"> OUD Pathway Medications Assisted Treatment COWS and use of medications to minimize withdrawal discomfort. 	<ul style="list-style-type: none"> Therapeutic support Ongoing Assessment and support Referrals if applicable

TAPS Score	Pt. Care Needs	RN	SW
<p>Question 7 Benzodiazepines score =/> 2</p>	<ul style="list-style-type: none"> • CIWA and talk to the patient. • Ongoing assessment and support • Document and notify MD of findings 	<ul style="list-style-type: none"> • Ativan or other medications as ordered to prevent withdrawal. • Therapeutic support • Ongoing Assessment and support 	<ul style="list-style-type: none"> • Therapeutic support • Ongoing Assessment and support • Referrals if applicable
<p>Question 8 & 9 Any yes</p>	<p>Document and inform Doctor</p>	<p>TAPS completed, assess further if need arises.</p>	<p>SW not involved related to substance use/no use disorder identified.</p>