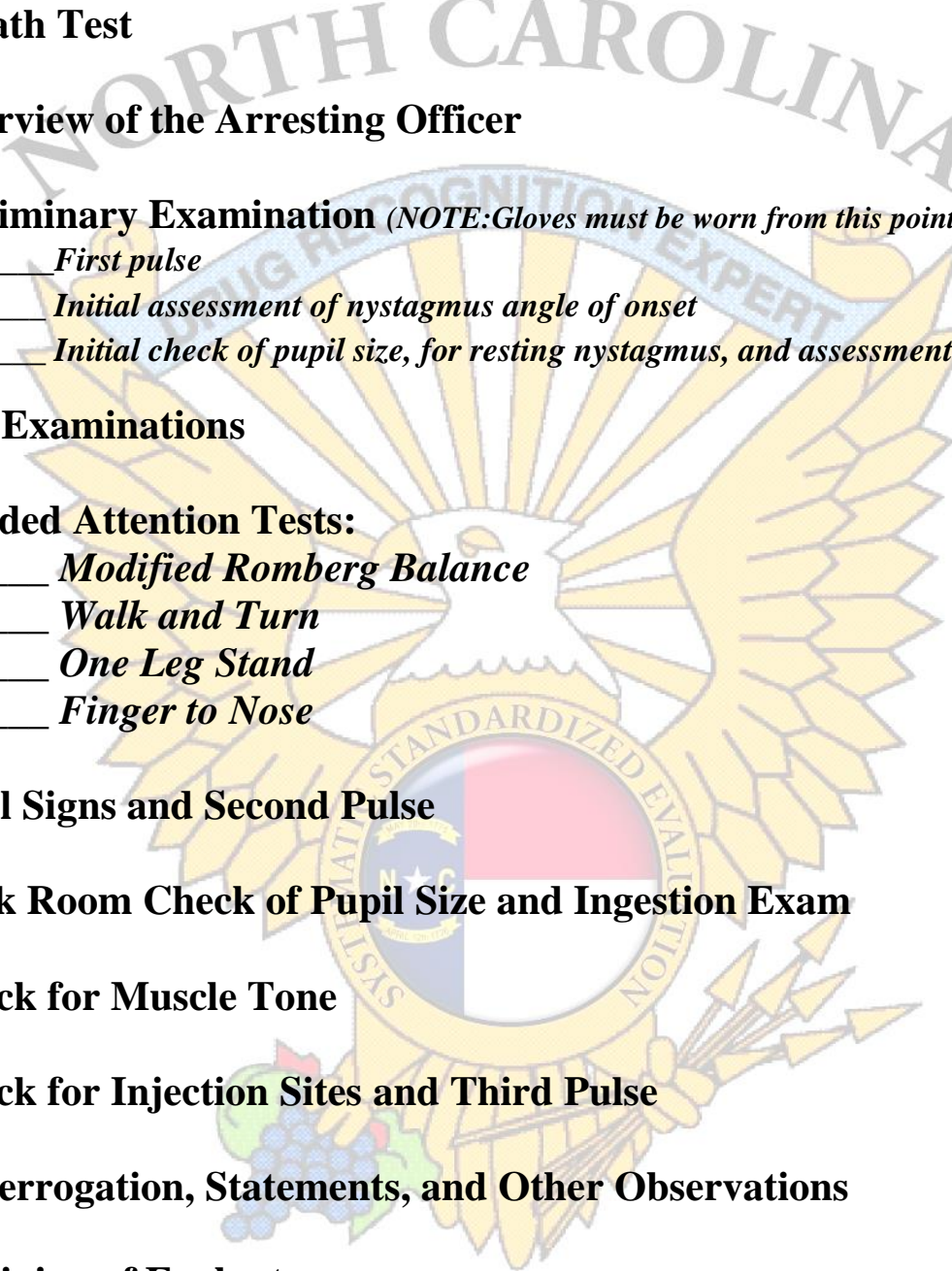


NORTH CAROLINA DRUG CATEGORY MATRIX

MAJOR INDICATORS	CNS DEPRESSANTS	CNS STIMULANTS	HALLUCINOGENS	DISSOCIATIVE ANESTHETICS	NARCOTIC ANALGESICS	INHALANTS	CANNABIS
HGN	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	NONE
VGN	PRESENT (HIGH DOSE)	NONE	NONE	PRESENT	NONE	PRESENT (HIGH DOSE)	NONE
LACK OF CONVERGENCE	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	PRESENT
PUPIL SIZE	NORMAL (1)	DILATED	DILATED	NORMAL	CONSTRICTED	NORMAL (4)	DILATED (6)
REACTION TO LIGHT	SLOW	SLOW	NORMAL (3)	NORMAL	LITTLE OR NONE VISIBLE	SLOW	NORMAL
PULSE RATE	DOWN (2)	UP	UP	UP	DOWN	UP	UP
BLOOD PRESSURE	DOWN	UP	UP	UP	DOWN	UP/DOWN (5)	UP
BODY TEMPERATURE	NORMAL	UP	UP	UP	DOWN	UP/DOWN/ NORMAL	NORMAL
MUSCLE TONE	FLACCID	RIGID	RIGID	RIGID	FLACCID	NORMAL OR FLACCID	NORMAL
GENERAL INDICATORS	DISORIENTED DROOPY EYELIDS (PTOSIS) DROWSINESS DRUNK-LIKE BEHAVIOR SLOW, SLUGGISH REACTIONS THICK, SLURRED SPEECH UNCOORDINATED UNSTEADY WALK	ANXIETY BODY TREMORS DRY MOUTH EUPHORIA EXAGGERATED REFLEXES EXCITED EYELID TREMORS GRINDING TEETH (Bruxism) INCREASED ALERTNESS INSOMNIA IRRITABILITY REDNESS TO NASAL AREA RESTLESSNESS RUNNY NOSE TALKATIVE	BODY TREMORS DAZED APPEARANCE DIFFICULTY WITH SPEECH DISORIENTED FLASHBACKS HALLUCINATIONS MEMORY LOSS NAUSEA PARANOIA PERSPIRING POOR PERCEPTION OF TIME & DISTANCE SYNESTHESIA UNCOORDINATED NOTE: WITH LSD, PILOERECTION MAY BE OBSERVED (GOOSE BUMPS, HAIR STANDING ON END)	BLANK STARE CONFUSION CHEMICAL ODOR (PCP) CYCLIC BEHAVIOR (PCP) DIFFICULTY WITH SPEECH DISORIENTED EARLY HGN ONSET HALLUCINATIONS INCOMPLETE VERBAL RESPONSES INCREASED PAIN THRESHOLD "MOON WALKING" NON-COMMUNICATIVE PERSPIRING (PCP) POSSIBLY VIOLENT SENSORY DISTORTIONS SLOW, SLURRED SPEECH SLOWED RESPONSES WARM TO THE TOUCH (PCP)	DEPRESSED REFLEXES DROOPY EYELIDS (PTOSIS) DROWSINESS DRY MOUTH EUPHORIA FACIAL ITCHING (caused by release of histamines) NAUSEA "ON THE NOD" PUNCTURE MARKS SLOW, LOW, RASPY SPEECH SLOW BREATHING SLOW DELIBERATE MOVEMENTS NOTE: TOLERANT USERS EXHIBIT RELATIVELY LITTLE PSYCHOMOTOR IMPAIRMENT	BLOODSHOT EYES CONFUSION DISORIENTED FLUSHED FACE INTENSE HEADACHES LACK OF MUSCLE CONTROL NON-COMMUNICATIVE ODOR OF SUBSTANCE POSSIBLE NAUSEA RESIDUE OF SUBSTANCE SLOW, THICK, SLURRED SPEECH (speech usually clears up quickly when substance is no longer being inhaled) WATERY EYES	ALTERATION IN THOUGHT FORMATION ALTERED TIME AND DISTANCE PERCEPTION BODY TREMORS BLOODSHOT EYES DISORIENTED DROWSINESS EYELID TREMORS EUPHORIA IMPAIRED MEMORY INCREASED APPETITE LACK OF CONCENTRATION MOOD CHANGES ODOR OF MARIJUANA REBOUND DILATION RELAXED INHIBITIONS SEDATION
DURATION OF EFFECTS	ULTRA-SHORT: A FEW MINUTES SHORT: UP TO 5 HOURS INTERMEDIATE: 6-8 HOURS LONG: 8-14 HOURS	COCAINE: 5-90 MINUTES METHAMPHETAMINE Up to 12 HOURS	DURATION VARIES WIDELY FROM ONE HALLUCINOGEN TO ANOTHER: LSD: 10-12 HOURS PSILOCYBIN: 2-3 HOURS	PCP: ONSET 1-5 MINUTES PEAK EFFECTS 15-30 MINUTES EXHIBITS EFFECTS UP TO 4-6 HOURS DXM: ONSET 15-30 MINUTES EFFECTS 3-6 HOURS	HEROIN: 4-6 HOURS METHADONE: UP TO 24 HOURS OTHERS: VARY	6-8 HOURS FOR MOST VOLATILE SOLVENTS ANESTHETIC GASES AND AEROSOLS- VERY SHORT DURATION	2-3 HOURS EXHIBIT AND FEEL EFFECTS NOTE: IMPAIRMENT MAY LAST UP TO 24 HOURS WITHOUT AWARENESS OF EFFECTS
USUAL METHODS OF ADMINISTRATION	INJECTED (occasionally) INSUFFLATION ORAL	INJECTED INSUFFLATION ORAL SMOKED	INSUFFLATION ORAL SMOKED TRANSDERMAL	INJECTED INSUFFLATION ORAL SMOKED TRANSDERMAL	INJECTED INSUFFLATION ORAL SMOKED TRANSDERMAL	INHALATION	ORAL SMOKED TRANSDERMAL
SIGNS OF OVERDOSE	CLAMMY SKIN COMA RAPID, WEAK PULSE SHALLOW BREATHING	AGITATION HALLUCINATIONS	CONVULSIONS HYPERTHERMIA INTENSE BAD "TRIP"	DEEP COMA SEIZURES AND CONVULSIONS	COLD, CLAMMY SKIN COMA CONVULSIONS SLOW, SHALLOW BREATHING	CARDIAC ARRHYTHMIA POSSIBLE PSYCHOSIS RESPIRATION CEASES SEVERE NAUSEA AND VOMITING RISK OF DEATH	ACUTE ANXIETY ATTACKS EXCESSIVE VOMITING FATIGUE PARANOIA POSSIBLE PSYCHOSIS
FOOTNOTE: THESE INDICATORS ARE THE MOST CONSISTENT WITH THE CATEGORY. KEEP IN MIND THAT THERE MAY BE VARIATIONS DUE TO INDIVIDUAL REACTION, DOSE TAKEN AND DRUG INTERACTIONS. 1. SOMA, QUAAALUDES AND SOME ANTIDEPRESSANTS USUALLY DILATE PUPILS 2. QUAAALUDES, ETOH AND SOME ANTIDEPRESSANTS MAY ELEVATE 3. CERTAIN PSYCHEDELIC AMPHETAMINES MAY CAUSE SLOWING 4. NORMAL, BUT MAY BE DILATED 5. DOWN WITH ANESTHETIC GASES, UP WITH VOLATILE SOLVENTS AND AEROSOLS 6. PUPIL SIZE POSSIBLY NORMAL					DRE AVERAGE RANGES PULSE: 60 - 90 BEATS PER MINUTE PUPIL SIZE: ROOM LIGHT- AVG: 4.0 MM RANGE: 2.5 - 5.0 MM NEAR TOTAL DARKNESS- AVG: 6.5 MM RANGE: 5.0 - 8.5 MM DIRECT LIGHT- AVG: 3.0 MM RANGE: 2.0 - 4.5 MM BLOOD PRESSURE: 120 - 140 mmHg SYSTOLIC 70 - 90 mmHg DIASTOLIC BODY TEMPERATURE: 98.6 +/- 1.0° F		

State of North Carolina

Drug Influence Evaluation Checklist

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- _____ 1. **Breath Test**
 - _____ 2. **Interview of the Arresting Officer**
 - _____ 3. **Preliminary Examination** (*NOTE: Gloves must be worn from this point on*)
 - _____ *First pulse*
 - _____ *Initial assessment of nystagmus angle of onset*
 - _____ *Initial check of pupil size, for resting nystagmus, and assessment of tracking ability*
 - _____ 4. **Eye Examinations**
 - _____ 5. **Divided Attention Tests:**
 - _____ *Modified Romberg Balance*
 - _____ *Walk and Turn*
 - _____ *One Leg Stand*
 - _____ *Finger to Nose*
 - _____ 6. **Vital Signs and Second Pulse**
 - _____ 7. **Dark Room Check of Pupil Size and Ingestion Exam**
 - _____ 8. **Check for Muscle Tone**
 - _____ 9. **Check for Injection Sites and Third Pulse**
 - _____ 10. **Interrogation, Statements, and Other Observations**
 - _____ 11. **Opinion of Evaluator**
 - _____ 12. **Toxicological Examinations**