

Drug Intoxication in Schools

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For latest slides and resources go to <https://sites.google.com/site/schoolimpairmenttalk/>

Your assessment challenges

1. Are they impaired from drugs or other medical cause?

Mimics of intoxications

Sleep deprivation
Primary psychosis
Drug Withdrawal
CNS infection
Seizure
Electrolyte abnormality

2. Where should they go from here?
 - Back to class
 - Principal's office or home to parents
 - Emergency room

Assessment of acute intoxication

History: What did you take?

Physical Exam

- Alertness / Wakefulness
- Confusion / Disorientation / Cognition
- Thought content
- Vital Signs
- Pupils
- Odor

Urine Drug Screen

Pattern Recognition = Toxidrome

When to go to the Emergency Room

1. Possible medical cause other than intoxication
2. Significantly abnormal vital signs
3. Violent behavior puts teen or others at risk
4. Possible suicidal intent
5. Potential for symptoms to progress

When NOT to go to the Emergency room

1. To "catch" the teen or prove they use drugs
2. To find out what they took
3. To get substance abuse evaluation or detox
4. To get established with counseling

TABLE 2A-5 -- Examples of Symptom Complexes, or Toxidromes

TOXIDROME	CONSCIOUSNESS	RESPIRATIONS	PUPILS	OTHER	TOXIC AGENT(S)
Anticholinergic	Agitation, hallucinations, or coma	Increased	Dilated	Fever, flushing Dry skin Urinary retention	Jimson weed Antihistamines
Opioid	Coma	Decreased	Pinpoint	Track marks Hypothermia Hypotension	Heroin Lortab, Vicodin, Percocet Oxydodone
Sedative/hypnotic	Coma	Decreased	Midsized or small	Hypothermia Decreased reflexes Hypotension	Sedatives, barbiturates
Sympathomimetic	Agitation, hallucinations	Increased	Dilated	Seizures Tachycardia Hypertension Diaphoresis Tremor Hyperreflexia	Cocaine Amphetamines Caffeine

Adapted from Shannon: Haddad and Winchester's Clinical Management of Poisoning and Drug Overdose, 4th ed.