

# Strengthening Provincial Guidance for Acute Assessment and Treatment of Child and Youth Substance Intoxication and Withdrawal



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## BACKGROUND

Illicit drug toxicity is the leading cause of death for individuals aged 10 to 18 years in British Columbia (BC). Partners across BC identified a need for updated provincial guidance to support the care of children and youth who present to acute care settings with substance intoxication and withdrawal.

## METHODS

- Analyzed administrative data on substance use presentations
- Updated literature review on best practices
- Environmental scan surveyed awareness and use of existing guidance
- Organizations across BC participated in multi-disciplinary provincial working groups to develop revised guideline content and supporting resources focused on a strengths based, anti-racist, and culturally safe approach to care

## RESULTS

- A new Provincial Child and Youth Substance Intoxication and Withdrawal Guideline and Tools for Acute Care Settings

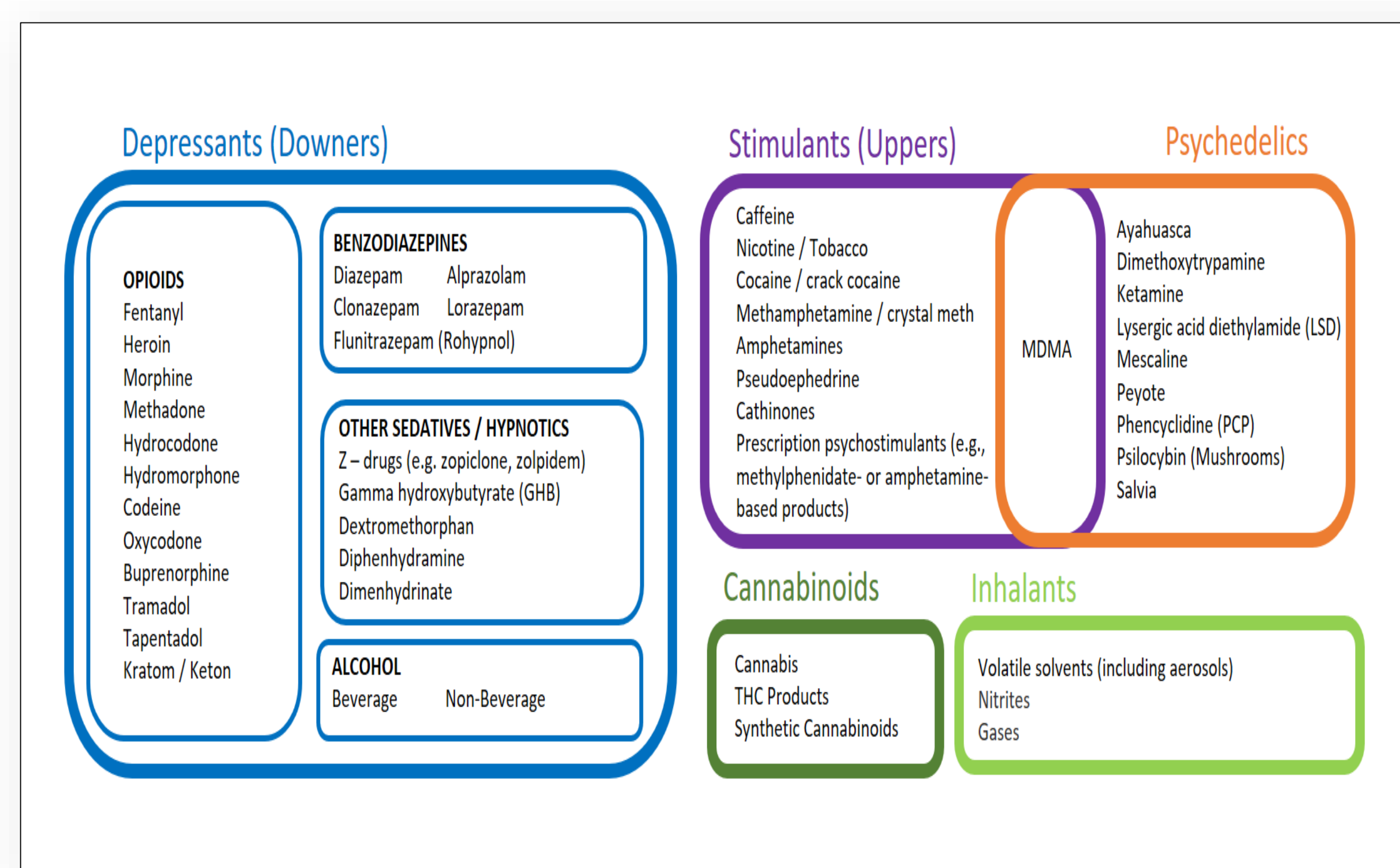
## YOUTH PARTNERSHIP

- The BC Centre on Substance Use Youth Health Advisory Council reviewed this guideline and contributed meaningful feedback from the perspective of young people with lived and living experience of substance use

## IMPLICATIONS

- Strengthened clinical guidance will support providers to deliver standardized, developmentally appropriate, and culturally safe care informed by best and wise practices
- A provincial implementation strategy will improve awareness and use of the guideline, and increase comfort and confidence in providing care to children and youth who use substances across acute care settings

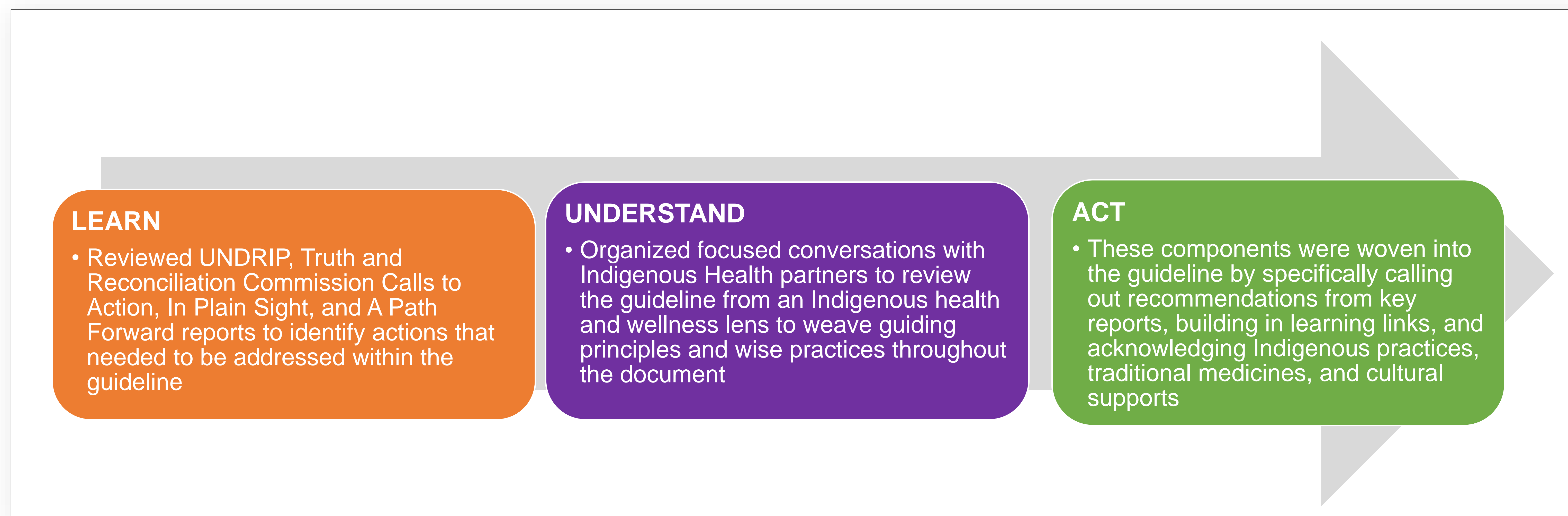
## A clearly defined scope



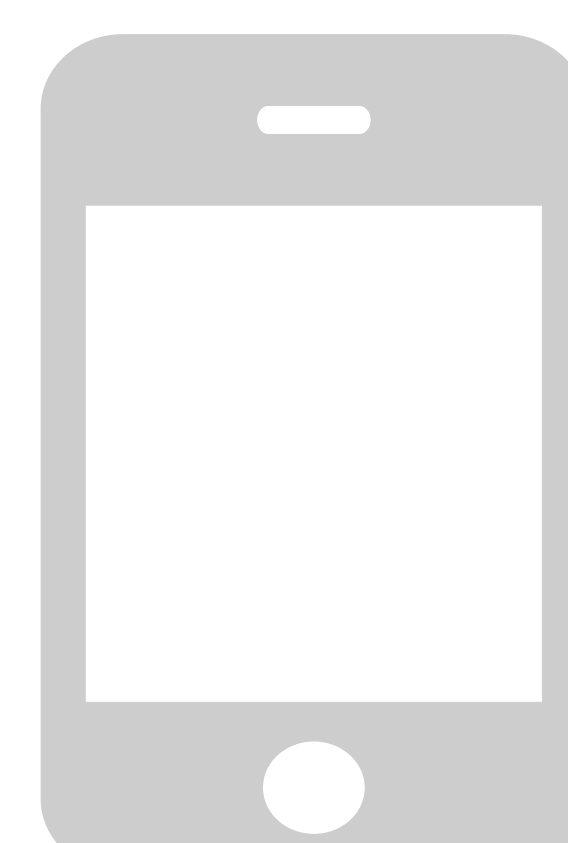
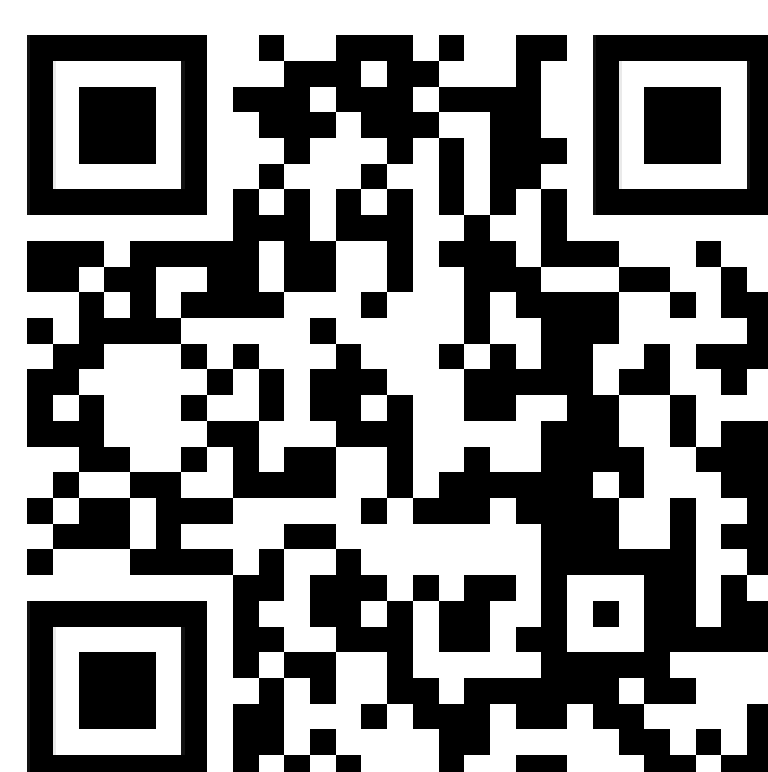
## Detailed, substance specific clinical guidance

SUBSTANCE	Vitals: Signs & Symptoms				Complications	Treatment Recommendations
	Temp	HR	BP	Resp Rate		
Stimulants (i.e., cocaine, crack, amphetamines, methamphetamines) (INTOXICATION) <i>For MDMA see MDMA specific section of table</i>	↑	↑	↑	↑	<ul style="list-style-type: none"> <li>Severe hyperthermia</li> <li>Central &amp; peripheral sympathomimetic effects</li> <li>Vasoconstriction</li> <li>Chest pain or cardiac arrhythmias</li> <li>Rhabdomyolysis</li> <li>Seizures</li> <li>Intracranial hemorrhage</li> <li>Cerebral edema</li> <li>Amphetamines, methamphetamines, cocaine, and MDMA all have risk of serotonin toxicity (serotonin syndrome), which if untreated can lead to multi-organ failure and death</li> <li>Synthetic cathinones (both salts) act similarly and have risk of serotonin syndrome</li> <li>Severe delirium</li> <li>Psychosis</li> </ul>	<p><b>Investigations &amp; Monitoring</b></p> <ul style="list-style-type: none"> <li>12 lead ECG Continuous cardiac monitoring</li> <li>Monitor temperature due to risk of hyperthermia and initiate cooling measures</li> <li>Monitor muscle tone and mental status</li> <li>Order point of care glucose</li> <li>Depending on clinical circumstances, consider the following investigations: serum pregnancy test, venous blood gas, lactate, urea and electrolytes/creatinine, anion gap, amylase lipase, creatinine, and creatine kinase, CBC, liver enzymes, blood cultures, testing for sexually transmitted and blood borne infections</li> <li>Consider intracranial imaging if any concern of vascular dissection</li> <li>Assess and monitor for psychosis. If a patient presents with symptoms of psychosis, psychiatry should be consulted</li> </ul> <p><b>Medications</b></p> <ul style="list-style-type: none"> <li>Antidote – nil</li> <li>Benzodiazepines are recommended to treat restlessness, agitation, hypertension, cardiovascular symptoms, and/or serotonin toxicity</li> <li>Consult with BC Drug and Poison Information Centre (1-800-567-8911) for other treatment options regarding serotonin toxicity</li> <li>Differentiating primary psychosis from stimulant induced psychosis in acute care may be difficult. May need to consult psychiatry to be able to rule out primary psychotic disorder from substance induced psychosis. Treatment with benzodiazepines and antipsychotics depends on severity of symptoms</li> <li>Refer to <a href="#">LHSC Chemical Restraint Algorithm</a> for increased agitation</li> <li>For more detailed guidance on treating stimulant use disorder refer to <a href="#">BCSU Stimulant Use Disorder Practice Update</a></li> </ul> <p><b>Supportive Care</b></p> <ul style="list-style-type: none"> <li>Provide environmental supports and minimize stimuli as appropriate and informed by the <a href="#">CHBC Least Restraint Hierarchy of Safety</a> and the patient's level of stability and monitoring requirements</li> <li>Offer to connect with indigenous cultural support if child/youth self-identifies as Indigenous</li> </ul>

## Building principles of cultural safety, anti-white supremacy, anti-Indigenous racism, and the rights of Indigenous Peoples into the guideline along with wise practices



**Robust clinical guidance will support providers to deliver standardized, developmentally appropriate, and culturally safe care informed by best and wise practices for children and youth who use substances in BC**



Scan the QR code to view the new provincial guideline



Provincial Health Services Authority

