

**M12****DRUG and ALCOHOL ABUSE**

EMS personnel must be aware that alcohol and drug ingestion can mask the symptoms of injury or illness. In addition, many injuries and illnesses can present as suspected alcohol and drug ingestion.

Violent behaviour, use of weapons, and the potential for injury sometimes accompany alcohol and drug ingestion to responding personnel. All responding personnel, including EMS, should bear this in mind when responding to a patient with suspected drug or alcohol abuse.

**GENERAL**

- personal protective equipment should be utilized as appropriate
- body substance isolation techniques and equipment should be utilized as appropriate
- scene assessment
  - ensure the scene is safe prior to entering
  - police may be required, especially if
    - the response is to a potential crime scene
    - there is a potential for violence
  - ensure safety for all EMS personnel and bystanders
  - continuously monitor the scene and be prepared to leave immediately
- primary survey
  - assess level of consciousness
  - assess and manage ABCs
  - protect the patient if seizure activity is present
- consider load and go
- secondary survey
  - treat injuries if the patient's condition permits
  - during the secondary survey exercise caution
    - the patient may have concealed weapons or objects which could be used to inflict injury or pose a hazard to EMS personnel
    - remove any weapons or hazardous objects from the patient only if safe to do so
- obtain a pertinent history
  - name of product or substance
  - amount ingested, injected, absorbed, or inhaled
  - were any remedies given to the patient
  - physical responses to substance – e.g. changes in level of consciousness, vital signs, vomiting
  - previous similar episodes
  - relevant medical history
  - allergies

- perform glucometry if EMS personnel are certified to do so and the patient has an altered mental status
  - initiate treatment as indicated
- protect the patient from self-injury if overactive
  - EMS personnel must be prepared to protect or remove themselves from the scene if the patient becomes violent
  - be prepared for sudden and severe mood swings and potential violent actions and outbursts by the patient
- consider hypothermia based on environmental factors (see Environmental Emergencies – Cold Related Guideline)
- support the patient and do not allow the patient to walk unassisted
- talk to the patient
  - use a quiet, supportive voice
  - reassure the patient
  - avoid accusations or judgmental statements
- treat for shock, if appropriate
- EMS personnel should not restrain the patient
  - refer to the Refusal of Care Guideline for procedure and documentation requirements related to patient restraint
- maintain high concentration oxygen delivery to the patient
  - assist ventilations if required
- load and go should be initiated if indicated
  - on scene times should be kept to a minimum
  - treat other life-threatening conditions en route
- transport the patient to the nearest appropriate health care facility
  - notify the receiving health care facility of the patient's status as soon as possible
  - transport patient in a position of comfort, injuries permitting
  - monitor and treat the patient en route
  - be prepared for the patient to vomit
  - additional surveys and treatments should be conducted en route
- document all actions including the decision to initiate load and go
- report all findings to the receiving facility staff, and document on the patient care report

**Unconscious Patient**

- refer to the Unconscious Patient Guideline
- load and go should be initiated immediately
- treat other life threatening conditions en route
- if certified to do so perform glucometry (as per treatment protocols)
  - initiate treatment, as per protocol, if required
- administer high concentration oxygen
  - assist ventilations if required

- be prepared for the patient to vomit or regurgitate
  - bring with the patient any vomitus, containers, tablets or capsules, liquids, syringe(s) or other items that could assist the medical staff to identify the substance that the patient may have taken
- any additional surveys should be conducted en route
- position the patient in the recovery position, if not contraindicated by injuries
- monitor the patient's cardiorespiratory status for changes
- report all findings to the receiving facility staff, and document on the patient care report

### **SPECIAL CONSIDERATIONS**

#### **Alcohol Abuse**

- if unconscious, treat as for an unconscious patient (see Unconscious Patient Guideline)
- monitor the patient for hyperactivity and protect the patient and EMS personnel
- assess for other injuries or illnesses
  - treat any injuries or illnesses as per the appropriate Guideline
- transport in quiet secure fashion
- monitor for seizures

#### **Alcohol Withdrawal Syndrome**

- patients who have a recent history of heavy drinking and who have stopped drinking for several hours to days may exhibit signs and symptoms of alcohol withdrawal syndrome
  - signs and symptoms can include diaphoresis, tachycardia, elevated blood pressure, confusion, tremors, restlessness, hallucinations, and seizures
- monitor the patient for hyperactivity and protect the patient and EMS personnel
- assess for other injuries or illnesses
  - treat any injuries or illnesses as per the appropriate Guideline
- transport in quiet secure fashion
- monitor for seizures

#### **Stimulants or Hallucinogens**

- ensure safety – patients may be violent
- reassure and calm the patient by using “talking down” techniques
- monitor the patient for hyperactivity and protect the patient and EMS personnel
- assess for other injuries or illnesses
  - treat any injuries or illnesses as per the appropriate Guideline
- transport in quiet secure fashion

#### **Depressants or Narcotics**

- if unconscious, treat as for an unconscious patient (see Unconscious Patient Guideline)
- monitor the patient for hyperactivity and protect the patient and EMS personnel
- assess for other injuries or illnesses
  - treat any injuries or illnesses as per the appropriate Guideline
- transport in quiet secure fashion
- monitor for respiratory depression and decreasing level of consciousness

**NOTE**

- diabetes, head injury, poisoning, and severe infection all produce symptoms that may resemble acute alcohol intoxication or the effects of drugs
- always consider the possible combination of alcohol with any drugs and the adverse effects possible
- be prepared to support the patient's cardiorespiratory function
- forcibly restraining an acutely agitated patient places the patient at significant risk of deterioration and even death
  - police officers should be requested to restrain patients and to accompany the restrained patient to the hospital in the ambulance
  - close monitoring of the restrained patient's vital signs and cardiorespiratory status is imperative
  - refer to the Refusal of Care Guideline for procedure and documentation requirements related to patient restraint

**NOTES :**