



TITLE

SUSPECTED STIMULANT OVERDOSE MANAGEMENT

SCOPE

Provincial: Injectable Opioid Agonist Therapy Program

DOCUMENT #

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APPROVAL AUTHORITY

Vice President, System Innovations & Programs

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Executive Director, Provincial Addiction and Mental Health

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Not applicable

PARENT DOCUMENT TITLE, TYPE AND NUMBER

Not applicable

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To provide direction to **health care professionals** with direction in the assessment and intervention of **patients** who display signs and symptoms of stimulant overdose while accessing the **Injectable Opioid Agonist Therapy (iOAT)** Program.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

- 1.1 This Protocol shall be initiated in **emergency situations** where a stimulant overdose is suspected.
- 1.2 The Physician or Nurse Practitioner on site or the **most responsible health practitioner (MRHP)** on-call shall be notified as soon as possible when stimulant overdose is suspected but this should not delay immediate initiation of this protocol.

2. Assessment

- 2.1 Whenever a stimulant overdose is suspected, the health care professional should attempt if possible to assess the patient's vital signs including:
 - a) Blood pressure (BP)

- b) heart rate; and
- c) respiratory rate.

2.2 The presence of one or more of the following symptoms/signs should alert **health care professionals** to the possibility that a patient is transitioning along the continuum to stimulant overdose:

- a) severe agitation (responses may vary for each patient from swearing, hallucinations, rapid pacing to violent behaviors);
- b) behaviour that poses risk to client or others, such as increased aggressiveness;
- c) complaints of severe headaches (measure of severe varies per patient);
- d) muscle rigidity, clenched jaw or teeth grinding;
- e) respiratory distress or apnea;
- f) seizure;
- g) chest pain or chest tightness;
- h) focal neurologic disturbance including: numbness or paralysis on one side of the body or blindness in one eye;
- i) loss of consciousness;
- j) BP greater than 160/100 (indicates hypertension of concern);
- k) pulse greater than 170 beats per minute (bpm);
- l) delusions (e.g., feeling paranoid, feeling watched or chased); or
- m) hallucinations (e.g., hearing voices, seeing objects or feeling bugs crawling on skin).

3. Intervention

- 3.1 If a stimulant overdose is suspected the health care professional shall initiate the protocol, withhold the medication dose(s) and seek direction from the Physician or Nurse Practitioner on site immediately or the on-call MRHP on-call regarding next steps which may include review of medications and whether to activate a call to Emergency Medical Services (EMS).
- 3.2 The medication dose adjustments or other treatment **orders** shall be determined by the **authorized prescriber** in consultation with the team or in a follow-up clinic visit with the patient and the Physician or Nurse Practitioner.

- 3.3 The following signs and symptoms indicate an emergent situation and may require, based on clinical judgment, the activation of an immediate call to EMS:
- a) patient is hypertensive with BP greater than 160/100 and pulse of greater than 170 bpm;
 - b) progressing respiratory distress (i.e., Oxygen (O2) Saturation less than 95 percent [%] on room air or O2 Saturation less than 90 percent [%] on oxygen per pulse oximetry);
 - c) patient has a seizure;
 - d) patient experiences other symptoms that indicate medical distress (e.g., losing consciousness, focal neurologic changes such as paralysis);
 - e) agitation beyond what is manageable by staff on site.
- 3.4 Protective Services should be called if symptom (e) is present and they will determine whether a call to the Police for assistance is warranted.
- 3.5 If awaiting the arrival of EMS, staff shall ensure that emergency supplies (e.g., airways, oxygen) are readily available and attend to the airway, breathing and circulatory needs of the patient according to standard Basic Cardiac Life Support (BCLS) standards.
- 3.6 Continue to monitor the patient and work to maintain a calm environment.
- 3.7 Do not physically restrain the patient. Physical restraint of someone who is experiencing a stimulant overdose will increase the level of CNS stimulation and may cause cardiovascular collapse and death.

4. Transfer of Care

- 4.1 The call to the 911 EMS dispatcher shall include a message that Police are not required if there are no concerns for patient or staff safety at this time. EMS dispatch will decide the resources required based on the details of the call
- 4.2 The transfer of care to EMS and the proposed transfer destination, if available, shall be recorded in the patient's health record.
- 4.3 Report shall be provided to the EMS providers at time of transfer.
- 4.4 If the patient refuses to be transferred to an Emergency Department with EMS, then the Physician or Nurse Practitioner on site or the MRHP on call shall be notified to determine next steps. A decision to monitor the patient on site shall be determined based on the patient's behavior, potential risks to the patient and staff and according to iOAT site capacity as determined by the Care Manager or delegate and in consultation with the team.

5. Post Overdose

- 5.1 The Physician or Nurse Practitioner shall be contacted to discuss plans for the care of the patient on site and the next clinic visit as indicated in Section 3.1 and 3.2.
- 5.2 If the patient is alert and able, the health care professional shall offer education related to what had occurred and discuss plans for next steps.
- 5.3 The Care Manager or delegate should arrange for a staff debriefing session following any overdose episode. This session should provide all staff and Physicians with the opportunity to discuss the steps taken, address any issues and identify areas for improvement and support for the future. The process for debriefing for the specific incident shall be at the discretion of the Care Manager or delegate based on assessment of the circumstances at the time.

6. Documentation

- 6.1 **Health care providers** shall document in the patient’s health record all interventions performed including:
 - a) observations and findings;
 - b) clinical treatment;
 - c) emergency procedures undertaken;
 - d) patient responses to treatment;
 - e) transfer information;
 - f) patient education and
 - g) follow-up.

DEFINITIONS

Authorized prescriber means a health care professional who is permitted by Federal and Provincial legislation, their regulatory college, Alberta Health Services, and practice setting (where applicable) to prescribe medications.

Emergency situation means a circumstance which requires health care that is necessary to preserve life, to prevent serious physical or mental harm, or to alleviate severe pain.

Health record means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

Health care Professional means a member of a regulated health discipline as defined by the *Health Disciplines Act* [Alberta] or the *Health Professions Act* [Alberta] who practices within the scope and role.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with AHS.

Injectable Opioid Agonist Therapy means the provision of supervised injectable hydromorphone as a treatment option for patients with severe opioid use disorder (OUD) that have been previously unsuccessful with current opioid agonist therapy options including oral medications (e.g., Methadone, Suboxone).

Most Responsible Health Practitioner means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice.

Order means a direction given by a regulated health care professional to carry out specific activity (-ies) as part of the diagnostic and/or therapeutic care and treatment, to the benefit of a patient. An order may be written (including handwritten and or electronic), verbal, by telephone or facsimile.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients, and outpatients.

REFERENCES

N/A

VERSION HISTORY

Date	Action Taken
TBD	Optional: Choose an item