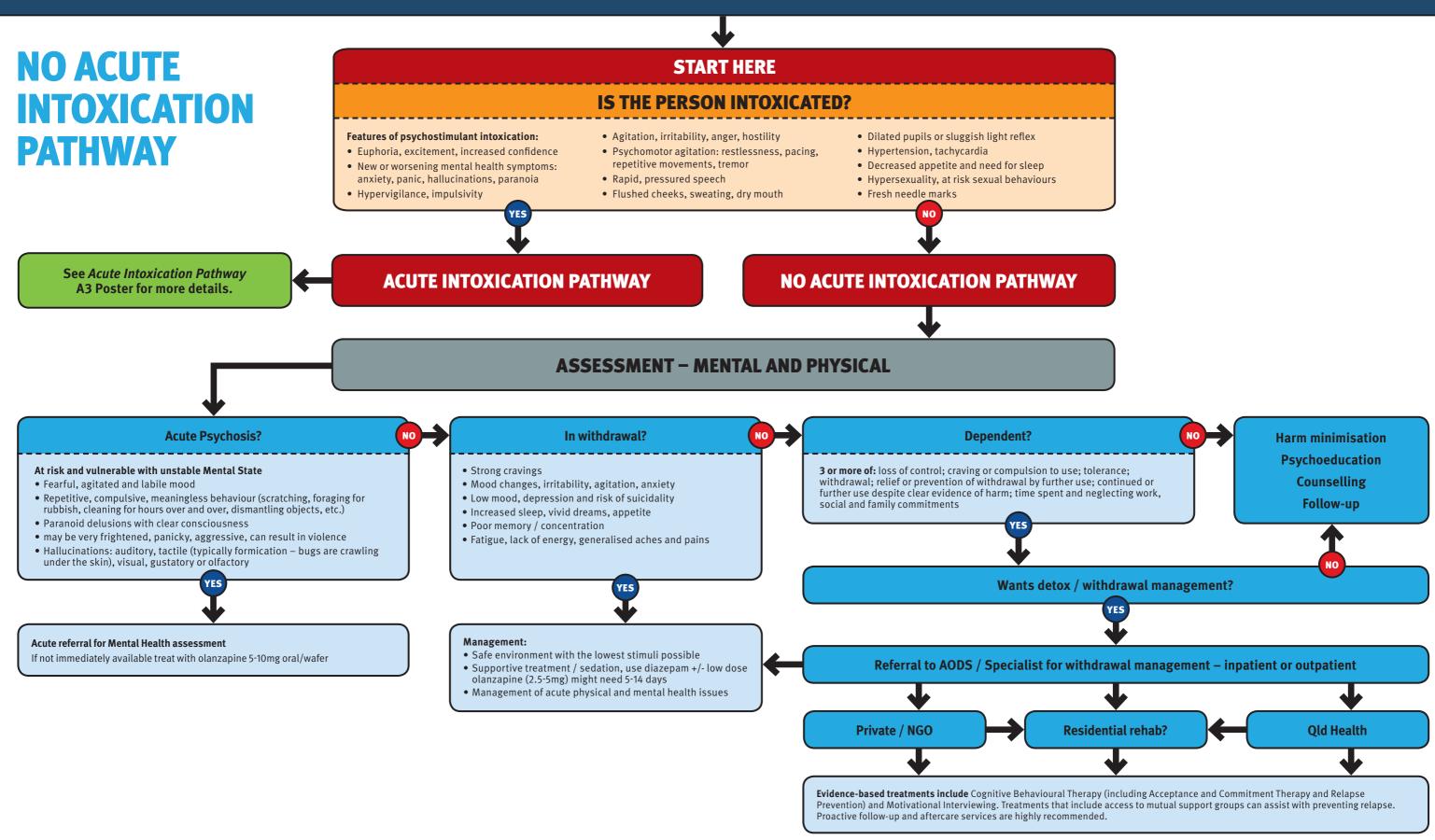
PSYCHOSTIMULANT EARLY INTERVENTION FLOWCHART Assessment: Confirm use and type of substance, frequency and length of use, mode of administration and time of last use.



MEDICAL COMPLICATIONS:

Dehydration or water intoxication: Monitor urine output check serum sodium

Cardiac chest pain: Use aspirin (avoid if BP > 160), oxygen and sublingual GTN. AVOID BETA BLOCKERS, they can worsen coronary vasoconstriction and AVOID CALCIUM CHANNEL BLOCKERS may trigger seizures.

Hypoglycaemia: Check BSL.

Haematuria / myoglobinuria.

Hypertension: Mostly transient, no specific treatment necessary. In extremes and possible neurovascular pathology use vasodilators: hydralazine, phentolamine or labetolol, NOT

Rhabdomyolysis: Check serum potassium, CK and urine for blood. Treat with good hydration, may need dialysis.

Seizures: Use benzodiazepines first then phenobarbitone. DO NOT USE PHENYTOIN IN DRUG INDUCED SEIZURES!

Serotonin toxicity (NB: increased risk if also taking antidepressants and serotoninergic medication): Supportive treatment, IV hydration, benzodiazepines and monitoring; in severe cases active cooling, paralysis and ventilation in ICU.

References: 'Addiction Medicine' Oxford Specialist Handbooks, Latt et al. 2009; 'Guidelines for the acute assessment and management of amphetamine-ltype stimulant intoxication and toxicity' St Vincent's Hospital (Melb.), Nexus, and the VDDI 2014; Management of patients with Acute Severe Behavioural Disturbance in Emergency Departments, NSW Health, August 2015; The DORM Study, Ann Emerg Med 2010;56:392-401.

Developed by Insight Clinical Support Services, July 2016. To download visit www.insightqld.org/meth-check This initiative is part of Queensland Health's response to 'ice' crystal methamphetamine

