Acute life-threatening harms related to illicit/non-medical use of opioids, stimulants, or sedatives

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REPORTING INFORMATION
(To be completed by the CPSP)

Report number:	
Month of reporting:	
Province:	
Today's date:	

Please complete the following sections for the case identified above. If the information asked for below is not readily available, please leave it blank. Strict confidentiality of information will be assured.

CASE DEFINITION FOR ACUTE LIFE-THREATENING HARMS RELATED TO ILLICIT/NON-MEDICAL USE OF OPIOIDS, STIMULANTS, OR SEDATIVES

Report any patient less than 18 years of age (up to their 18th birthday) requiring any of the following:
- Emergency department care, hospitalization, or admission to an intensive care unit (ICU)
- Resuscitation (e.g., naloxone) outside of hospital*

Due to either of the following:
- Use of an illicit/non-prescription opioid, stimulant, or sedative substance
- Non-medical use of a prescription opiate (e.g., codeine, hydromorphone, oxycodone), stimulant (e.g., psychostimulant), or sedative drug (e.g., benzodiazepine, barbiturate) (e.g., using prescription medication in a manner other than as prescribed, using prescription medication prescribed to someone else)

Exclusion criteria
- A condition due to inadvertent exposure to another person's substances (e.g., child accidentally ingesting an adult's substance)
- A condition resulting from use of an illicit substance during pregnancy/breastfeeding (information already captured elsewhere)
- A condition resulting from indicated use of medications prescribed to the patient for medical purposes
- A condition arising from accidental misuse of medications prescribed to the patient for medical purposes
- A condition resulting solely from the use of alcohol, cannabis, vaping, cigarettes, and/or tobacco products

**Children and adolescents who experienced a critical toxicity incident and received only emergency resuscitation outside of hospital at the time of the incident (e.g., community-based naloxone administration) are eligible for this study when they present for a first health care visit following resuscitation in the community.*

SECTION 1 – PROVIDER INFORMATION

1.1 Which one of the following best describes your practice?
- ❍ General paediatrician
- ❍ Adolescent medicine physician
- ❍ Emergency physician
- ❍ Paediatric emergency physician
- ❍ Psychiatrist
- ❍ Family physician
- ❍ Paediatric intensivist
- ❍ Non-physician prescriber (e.g., nurse practitioner, physician's assistant)
- ❍ Other, specify: _____

1.2 First 3 digits of the postal code of your practice: ___ ___ ___

1.3 Practice setting where you cared for this patient (select all that apply):

a)
- ❑ Urban
- ❑ Suburban
- ❑ Rural/Remote

b)
- ❑ Academic
- ❑ Non-academic

c)
- ❑ Medical inpatient hospital ward
- ❑ ICU
- ❑ Psychiatric inpatient hospital ward
- ❑ Emergency department/urgent care centre
- ❑ Outpatient clinic
- ❑ Other, specify: _____

SECTION 2 – PATIENT DEMOGRAPHIC INFORMATION AND SOCIAL CONTEXT

2.1 Month/year of birth: _____ /_____
MM YYYY

2.2 First 3 digits of the patient's postal code: ___ ___ ___

2.3 Sex assigned at birth: ❍ Male ❍ Female ❍ Intersex ❍ Unknown

2.4 Is the patient's self-identified gender trans, non-binary, or two-spirit? ❍ Yes ❍ No ❍ Not specified

2.5 Is the patient's self-identified sexual orientation lesbian, gay, bisexual, two-spirit, pansexual, asexual, or queer?
❍ Yes ❍ No ❍ Not specified

2.6 Does your practice setting collect patient-reported race/ethnicity/Indigenous identity data? ❍ Yes ❍ No ❍ Unknown

2.6.1 If *Yes*, which of the following best describes the patient- or family-reported racial or ethnic group? (Select ONE)

❍ Arab	❍ Black	❍ Chinese	❍ Filipino
❍ Japanese	❍ Korean	❍ Latin American	❍ White
❍ First Nations	❍ Inuit	❍ Métis	❍ Unknown/did not ask
❍ Southeast Asian (e.g., Vietnamese, Cambodian, Laotian)	❍ South Asian (e.g., East Indian, Pakistani, Sri Lankan)	❍ West Asian (e.g., Iranian, Afghan)	❍ Other, specify: _____

2.7 What is the preferred language of the patient? (Select ONE)

❍ French	❍ English	❍ Mandarin or Yue (Cantonese)
❍ Punjabi	❍ Unknown/did not ask	❍ Other, specify: _____

SECTION 3 – CO-EXPOSURES, COMORBIDITIES, AND RISK FACTORS

3.1 Are any of the following mental health or neurodevelopmental comorbidities present? (Select all that apply)

❑ Mood disorder	❑ Attention deficit/hyperactivity disorder	❑ Fetal alcohol syndrome
❑ Suicidality/self harm	❑ Autism spectrum disorder	❑ Other, specify: _____
❑ Psychotic disorder	❑ Substance induced psychosis	❑ None
❑ Anxiety disorder	❑ Eating disorder	❑ Unknown

3.2 Are any of the following other comorbidities present? (Select all that apply)

❑ Chronic (long-term) illness (e.g., asthma, diabetes, cancer)	❑ Other, specify:_____
❑ Physical disability	❑ None
❑ Sensory disability (e.g., hearing or vision)	❑ Unknown

SECTION 4 – CLINICAL PRESENTATION

4.1 Date of presentation: _____ /_____
MM YYYY

4.2 Substance(s) used by the patient leading to this presentation (select all that apply):

❑ Illicit opioids (e.g., heroin, fentanyl)	❑ Hallucinogens (e.g., LSD, PCP, psilocybin mushrooms)
❑ Prescription opioids (e.g., oxycodone, hydromorphone, codeine)	❑ Ketamine
❑ Medications for opioid use disorder (e.g., methadone, buprenorphine, slow-release oral morphine)	❑ MDMA/ecstasy
❑ Illicit stimulants (e.g., methamphetamine, cocaine/crack cocaine)	❑ Alcohol
❑ Prescription stimulants (e.g., amphetamines)	❑ Cannabis
❑ Sedatives (e.g., benzodiazepines, barbiturates)	❑ Tobacco products
❑ Other, specify: _____	❑ Unknown

4.2.1 Toxidrome(s) requiring medical intervention (select all that apply):

❑ Opioid overdose	❑ Symptomatic withdrawal
❑ Stimulant overdose/toxicity	❑ Other, specify: _____
❑ Sedative overdose	

4.2.2 To your knowledge, did the patient take the substance(s) with clear suicidal intent: ❍ Yes ❍ No ❍ Unknown

4.2.3 Route of exposure to substance(s) indicated (select all that apply):

❑ Ingestion	❑ Intramuscular injection	❑ Unknown
❑ Inhalation by nose (e.g., snorting, sniffing)	❑ Intravenous injection	
❑ Inhalation by mouth (e.g., smoking, vaping)	❑ Other, specify: _____	

4.3 Was a blood or urine drug screen completed? ❍ Yes ❍ No ❍ Unknown

4.3.1 If *Yes*, indicate all substances that screened positive:

❑ Amphetamine	❑ Methamphetamine	❑ Cocaine	❑ Benzodiazepine
❑ Barbiturate	❑ MDMA	❑ Ketamine	❑ THC
❑ Hydromorphone	❑ Fentanyl	❑ Methadone	❑ Morphine
❑ Oxycodone	❑ Tramadol	❑ Other opioid	❑ Other, specify: _____

4.4 Clinical signs and symptoms requiring intervention during encounter (select all that apply):

❑ Decreased level of consciousness	❑ Respiratory depression	❑ Cardiac arrest
❑ Delirium	❑ Drug-related psychosis	❑ Arrhythmia
❑ Gastrointestinal disturbance	❑ Tachycardia/palpitations	❑ Symptomatic withdrawal
❑ Seizures	❑ Rhabdomyolysis	❑ Other, specify: _____

SECTION 5 – TREATMENT AND OUTCOMES

5.1 Patient treatment location (select all that apply):

❑ Outpatient clinic ❑ Inpatient hospital ward ❑ Inpatient psychiatric unit
❑ Emergency department ❑ ICU/Paediatric ICU ❑ Other, specify: _____

5.1.1 How many days was the patient hospitalized? _____ day(s) ❍ Unknown ❍ Still admitted ❍ Not admitted

5.1.2 How many days was the patient in the ICU? _____ day(s) ❍ Unknown ❍ Still admitted ❍ Not admitted

5.2 Treatment provided:

5.2.1 Medical stabilization (select all that apply):

❑ Naloxone reversal ❑ Medication for opioid use disorder ❑ None
❑ Ventilation support ❑ Vasoactive drugs ❑ Unknown
❑ Flumazenil reversal ❑ Fluid resuscitation ❑ Other, specify: _____
❑ Withdrawal management medication (e.g., benzodiazepines, opioids, clonidine, anti-emetics)

5.2.1.1 Medication for opioid use disorder initiated during this visit (select ONE):

❍ Suboxone ❍ Methadone ❍ Unknown
❍ Slow release oral morphine ❍ Offered but declined ❍ Other, specify: _____
❍ Naltrexone ❍ None ❍ Not applicable/already on medication

5.2.2 Inpatient/encounter-based psychological/social interventions (select all that apply):

❑ Substance use counselling ❑ Adolescent medicine consult ❑ None
❑ Inpatient addictions consult ❑ Nurse-led education ❑ Unknown
❑ Addictions phone consult ❑ Harm reduction teaching/supplies ❑ Other, specify: _____
❑ Psychiatry consult ❑ Inpatient social work/counselling

5.3 Was the patient transferred to addiction-focused inpatient services (e.g., detox, residential)? ❍ Yes ❍ No ❍ Unknown

5.4 Was the patient discharged with a confirmed appointment with follow-up services? ❍ Yes ❍ No ❍ Unknown

5.5 Patient outcome at the end of clinical encounter/visit (select ONE):

❍ Discharged with full medical recovery (no medical complications)
❍ Discharged with ongoing health problem; specify: _____
❍ Remains in hospital
❍ Death; specify cause of death: _____
❍ Unknown

SECTION 6 – FURTHER INFORMATION

6.1 Are you willing to be contacted by the Canadian Paediatric Surveillance Program for further information on this questionnaire? ❍ Yes ❍ No

SECTION 7 – REPORTING PHYSICIAN

First name_____ Surname_____

Address_____

City_____ Province_____ Postal code_____

Telephone number_____ Fax number_____

E-mail_____ Date completed_____

Thank you for completing this form.