Serious and life-threatening events associated with non-medical (recreational) cannabis use in Canadian children and youth

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REPORTING INFO	
(To be completed by	y the CPSP)
Report number:	
Month of reporting:	
Province:	
Today's date:	
-	

Please complete the following sections for the case identified above. Strict confidentiality of information will be assured.

CASE DEFINITION FOR SERIOUS AND LIFE-THREATENING EVENTS ASSOCIATED WITH NON-MEDICAL (RECREATIONAL) CANNABIS USE IN **CANADIAN CHILDREN AND YOUTH**

Report any child or adolescent less than 18 years of age (up to the 18th birthday) presenting with a new health condition or a deteriorating chronic/previously diagnosed condition resulting in either hospitalization (inpatient, intensive care unit, psychiatric), permanent disability, or death, which was likely primarily caused by the use of cannabis for non-medical purposes.

This includes either intentional or unintentional exposure to cannabis by a child or adolescent, or a condition resulting from use by another individual, such as a friend or a parent/caregiver, who is under the influence of cannabis.

Exclusion criteria

- A condition resulting from cannabis use for non-medical purposes during pregnancy/breastfeeding
- A condition resulting from cannabis use for medical purposes

SECTION	ON 1 - PROVIDER		
1.1	Which of the following best describes your practice?		
	□ General paediatrician □ Paediatric subspecialist; specify:		
	□ Other; specify:		
1.2	First 3 digits of the postal code of your practice:		
1.3	Practice setting (check all that apply):		
	a) □ Urban □ Suburban □ Rural/Remote □ Does not apply		
	b) □ Academic □ Non-academic □ Does not apply		
	c) ☐ Medical inpatient hospital ward ☐ Intensive care unit (ICU) ☐ Psychiatric inpatient hospital ward		
	☐ Emergency department/Urgent care centre ☐ Other, specify:		
SECTION	ON 2 - CASE DEMOGRAPHIC INFORMATION		
2.1	Date of birth: / 2.2 Sex: Male Female		
	DD MM YYYY		
2.3	First 3 digits of patient's postal code:		
SECTIO	ON 3 – CLINICAL PRESENTATION		
3.1	Date of the reported event:/		
	DD MM YYYY		
3.2	Type of presenting condition:		
	☐ New/acute health condition ☐ Deterioration of chronic/previously diagnosed condition		

3.3	What is the primary presenting	conditio	n (check only one category)?		
	□ Unintentional injury	If yes:	 ☐ Motor-vehicle related If yes: ☐ Car ☐ ATV ☐ Motorcycle ☐ Other, specify: ☐ Fall ☐ Cut ☐ Drowning or near-drowning ☐ Poisoning/Intoxication (cannabis related) ☐ Other, specify: 		
	□ Intentional injury	If yes:	☐ Attempted suicide ☐ Self-harm ☐ Uncertain ☐ Other, specify:		
	□ Psychosis	If yes:	 □ Drug-induced psychosis <i>If yes</i>: □ First episode □ Recurrent □ Schizophrenia □ Other, specify 		
	☐ Affective/Anxiety disorder	If yes:	☐ Depressive ☐ Bipolar ☐ Anxiety ☐ Other, specify		
	☐ Gastrointestinal problem	If yes:	□ Cannabis hyperemesis syndrome □ Other, specify:		
	☐ Respiratory problem	If yes:	☐ Asthma attack (bronchospasm) ☐ Respiratory depression ☐ Other, specify:		
	☐ Cardiovascular problem	If yes:	□ Syncope □ Ischemia/Infarcts □ Other, specify:		
	☐ Neurologic problem	If yes:	☐ Seizure ☐ Other, specify:		
	□ Cannabis-related disorders (DSM 5)	If yes :	□ Cannabis intoxication □ Cannabis withdrawal □ Other, specify:		
	□ Other, specify:				
SECTI	ON A TREATMENT AND OUT	OMES			
SECTI 4.1	ON 4 - TREATMENT AND OUT		edition (check all that apply):		
4.1	Outcomes attributed to the reported condition (check all that apply): ☐ Hospitalization If yes, (check all that apply): ☐ Inpatient bed ☐ ICU/PICU bed ☐ Psychiatric bed Specify: Length of staydays ☐ Patient is still in the hospital				
	□ Confirmed permanent disability				
4.2	Treatment provided (check all that apply):				
	□ Does not apply (death prior to hospital)				
	☐ Physical	•	check all that apply:		
	•		☐ Adolescent medicine consultation		
		□ Vent	ilation assistance		
			pactive drugs		

		□ Blood tran	istusion, colloid so	lutions, or both		
		☐ Renal ass	□ Renal assistance (i.e., hemodialysis, hemofiltration, or both)□ Surgery <i>If yes</i>, specify:			
		☐ Surgery If				
		□ Other, sp∈	ecify:			
	☐ Mental/Psychosocial		all that apply:			
		□ Psychiatry	consultation			
		□ Other mer	ntal health professi	ional		
		If yes, che	eck all that apply: [□ Psychologist	☐ Social worker	
			!	☐ Addiction worker	☐ Youth protection worker	
		□ Other, spe	cify:			
SECT	ION 5 - CAUSALITY					
5.1	Regarding the primary prese (check only one): Possible	_		•	ional) purposes was the	
5.2	The primary condition resulte					
0.2	☐ Primary exposure of the p	•	• '	or inhalation)		
	☐ Secondary exposure of the			· ·	and smake)	
	☐ Cannabis exposure by an	•	• • • • • • • • • • • • • • • • • • • •	` •	,	
	•	•			,	
	<i>If yes</i> , exposure by: □ Pa	rent 🗆 Other ca	aregiver \Box Frier	na 🗆 Other, spec		
SECT	ION 6 - DETAILS OF CANNA	BIS EXPOSURE				
6.1	Cannabis exposure (check of		ntional □ Uninte	entional □ Unkno	wn	
6.2	Cannabis product(s) acquire ☐ Other, specify:			ent □ Parent/care	giver Friend	
6.3	Was the product(s) acquired □ Authorized Licensed Prod Purposes Regulations) □ Legally home grown/produ □ Unknown	ucers of Cannabi	is for Medical Purp	poses (under the Ac	cess to Cannabis for Medical	
	If legally acquired, product(s	s) information:	Product name/	/potency:		
			Licensed produ	ucer:		
			Lot/batch:			
			□ Unknown			
6.4	Route of exposure (check all	that apply):				
	Ingestion: ☐ Yes ☐ No ☐					
	· ·			to a Division I	□ B. D. S. S.	
	Inhalation: ☐ Yes ☐ No If	yes, (check all tha	at apply): ⊔ Smok	ing □ Vaping │	Dabbing	
			☐ Unkno	own 🔲 Other, sp	ecify:	
6.5	Product type: ☐ Marijuana (shredded buds and leaves)					
0.5	☐ Hashish					
	☐ Cannabis o	il				
		" cluding butane ha	ash oil BHO)			
	·	•	лэн Он, DHO)			
	· ·	er, wax, budder)				
	☐ Cannabis tincture/extract					
	I I (:annahie A	MINIOS UN TOOM OF	CAUGAL SUPCITAL			

□ Other s	necify:	Non-medical cannabis use in Can	adian children and youth – 4
			
	se: □ Does not apply (unir □ First use	if yes specify: □ Daily use □ Us □ Use at least one	·
TION 7 - CO-EXPOSURE TO	O OTHER SUBSTANCES		
☐ Alcohol ☐ Opioids ☐ Synthetic cannabinoids	☐ Amphetamines/Ecstasy s ("spice") ☐ Tobacco/Cigar	□ Benzodiazepines □ Cocaine	9
TION 8 – LABORATORY DA	ATA		
Testing performed to pro-	ve exposure to cannabis:		
Test	Conducted	Resul	ts
rine/qualitative technique	☐ Yes ☐ No ☐ Unknown☐ Unavailable in my setting	If yes: ☐ Positive ☐ Negative ☐ Unknown	
rine/quantitative technique	☐ Yes ☐ No ☐ Unknown☐ Unavailable in my setting	If yes: □ Positive □ Negative □ Unknown	If positive, list results:
lood/quantitative technique	☐ Yes ☐ No ☐ Unknown☐ Unavailable in my setting	If yes: ☐ Positive ☐ Negative ☐ Unknown	If positive, list results:
ther, pecify		If yes: □ Positive □ Negative □ Unknown	If positive, list results:
Prior hospitalization for a Significant past medical or Psychiatric condition; so Cardiac; specify: Respiratory; specify: Neurologic; specify: □ Other condition; specifor □ Unknown	cannabis-related condition: condition(s) contributing to the specify: cy:	primary presenting condition (che	
	☐ Unknown Frequency of cannabis used TION 7 - CO-EXPOSURE TO Other substance(s) used ☐ Alcohol ☐ Opioids ☐ Synthetic cannabinoids ☐ None ☐ Unsure/Unkr TION 8 - LABORATORY DA Testing performed to prove Test rine/qualitative technique Ilood/quantitative technique Ither, Decify	First use Prior history of use, Prior hospitalization for a cannabis-related condition; Psychiatric condition; specify: Psychiatric cyapeidre. Psychiatric cyapeidre.	Other, specify: Unknown Unknow

SECTION 10 - FURTHER INFORMATION

□ I agree to be contacted by the CPSP for further information on this questionnaire.□ I do not wish to be contacted by the CPSP for further information on this questionnaire.				
SECTION 11 - REPORTING PHYSICIAN				
First name	Surname			
Address				
City		Postal code		
Telephone number	Fax number			
E-mail	Date completed			

Thank you for completing this form.

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