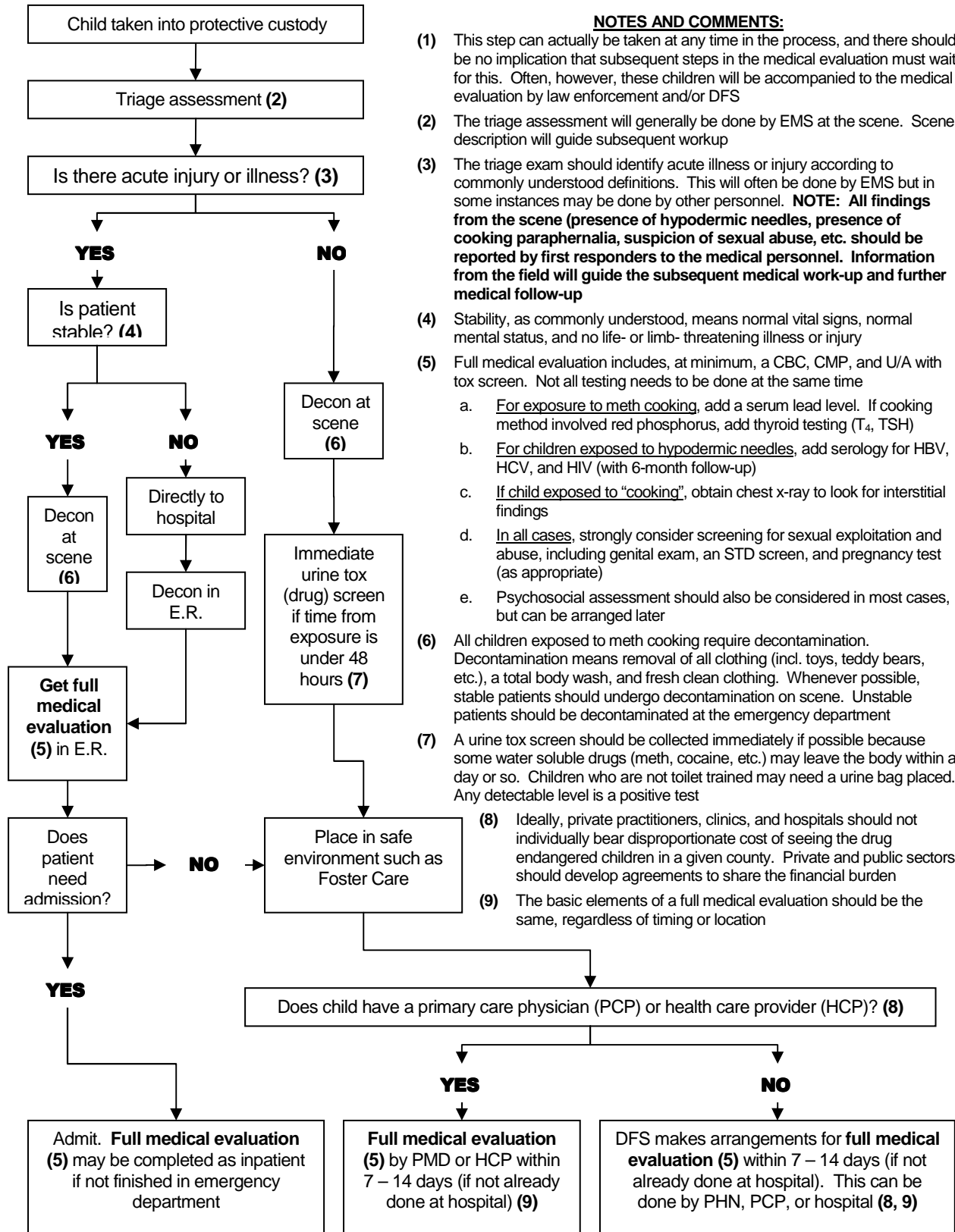


Medical Assessment Algorithm for Children from Methamphetamine Environments



NOTES AND COMMENTS:

- (1) This step can actually be taken at any time in the process, and there should be no implication that subsequent steps in the medical evaluation must wait for this. Often, however, these children will be accompanied to the medical evaluation by law enforcement and/or DFS
- (2) The triage assessment will generally be done by EMS at the scene. Scene description will guide subsequent workup
- (3) The triage exam should identify acute illness or injury according to commonly understood definitions. This will often be done by EMS but in some instances may be done by other personnel. **NOTE: All findings from the scene (presence of hypodermic needles, presence of cooking paraphernalia, suspicion of sexual abuse, etc. should be reported by first responders to the medical personnel. Information from the field will guide the subsequent medical work-up and further medical follow-up**
- (4) Stability, as commonly understood, means normal vital signs, normal mental status, and no life- or limb- threatening illness or injury
- (5) Full medical evaluation includes, at minimum, a CBC, CMP, and U/A with tox screen. Not all testing needs to be done at the same time
 - a. For exposure to meth cooking, add a serum lead level. If cooking method involved red phosphorus, add thyroid testing (T₄, TSH)
 - b. For children exposed to hypodermic needles, add serology for HBV, HCV, and HIV (with 6-month follow-up)
 - c. If child exposed to "cooking", obtain chest x-ray to look for interstitial findings
 - d. In all cases, strongly consider screening for sexual exploitation and abuse, including genital exam, an STD screen, and pregnancy test (as appropriate)
 - e. Psychosocial assessment should also be considered in most cases, but can be arranged later
- (6) All children exposed to meth cooking require decontamination. Decontamination means removal of all clothing (incl. toys, teddy bears, etc.), a total body wash, and fresh clean clothing. Whenever possible, stable patients should undergo decontamination on scene. Unstable patients should be decontaminated at the emergency department
- (7) A urine tox screen should be collected immediately if possible because some water soluble drugs (meth, cocaine, etc.) may leave the body within a day or so. Children who are not toilet trained may need a urine bag placed. Any detectable level is a positive test
- (8) Ideally, private practitioners, clinics, and hospitals should not individually bear disproportionate cost of seeing the drug endangered children in a given county. Private and public sectors should develop agreements to share the financial burden
- (9) The basic elements of a full medical evaluation should be the same, regardless of timing or location