

# Attachment A

## Drug Endangered Children Protocol: Initial Medical Assessment

(Completed by the physician and filed with Exposure and History forms in the child's medical record)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ Completed by: \_\_\_\_\_  
Phone: \_\_\_\_\_

Exposure to a meth lab involves many risks. Please address the following risk areas with a careful history and physical examination. *Document positive findings here. Use additional sheets if necessary.*

**A**buse

**B**ehavior and Mental Health

**C**are and Neglect

**D**evelopment

**E**xposure to Drugs or Chemicals

Unclothed, external body inspection for evidence of abuse:

External genital exam:

Evidence of abnormal behavior (e.g., aggressive, withdrawn, hyperactive, impulsive):

Signs of depression, anxiety, or other mental health problem:

Growth: Ht. \_\_\_\_\_ %ile \_\_\_\_\_ Wt. \_\_\_\_\_ %ile \_\_\_\_\_ H.C. \_\_\_\_\_  
%ile \_\_\_\_\_

Nutrition:

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Fine and gross motor development:

Language development:

Chronic infections or neglected chronic illness?

Neurological (e.g. abnormal pupils, eye movements, agitation, reflexes, tone, strength, sweating, seizures):

Cardiovascular: HR \_\_\_\_\_ Rhythm \_\_\_\_\_ BP  
\_\_\_\_\_

Respiratory (e.g. tachypnea, retractions, cyanosis): RR \_\_\_\_\_

History of physical abuse:

Other (e.g. jaundice, hepatomegaly, abnormal U/A):

\*\*\* Send urine for drug screen.

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## Purpose

Children living in association with a clandestine methamphetamine lab are at risk for many things including chemical exposure, physical abuse, neglect, developmental delay, mental health problems, and behavior problems. This protocol has been developed to guide appropriate initial evaluation and management. An exposure record is available to detail the chemicals and exposures noted at the site.

## Information and Consultation

Poison Center: **Toll free 1-800-222-1222**

## Types of Chemicals Used in Clandestine Methamphetamine Laboratories

Methamphetamine can be made using one of several different chemical processes. All start with ephedrine or pseudoephedrine, often in large amounts. Most methods include the use of **a)** solvents, including volatile organic compounds (VOCs), toxic alcohols, and ether; **b)** caustic compounds such as hydrochloric acid, sulfuric acid, sodium hydroxide, and anhydrous ammonia; **c)** volatile metals such as lithium or sodium; and, **d)** a variety of chemical salts. The “red phosphorous” method may involve exposure to phosphorous and heavy metals. Many steps are involved and they are often inexpertly performed. As a result, a person can easily be exposed to hundreds of different chemicals.

## Health Effects

Exposure to these chemicals may produce the symptoms of **a)** stimulant overdose (methamphetamine or ephedrine/pseudoephedrine); **b)** burns from caustic compounds (strong acids or bases, lithium, sodium, or anhydrous ammonia); **c)** pulmonary damage (anhydrous ammonia or other gases); **d)** CNS depression; **e)** cardiac sensitization (volatile organic compounds); and, **f)** other toxicity from exposures to metals, solvents, and other compounds. Potential effects depend on the *specific chemical* to which a person is exposed, the *route* of exposure, the *dose* of exposure, the *duration* of exposure, and *specific vulnerabilities* of the individual (e.g., children).

Methamphetamine is a long-acting synthetic amphetamine with sympathomimetic effects including:

- hypertension,
- tachycardia,

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- tachypnea,
- sweating, and
- dilated pupils.

Exposure may be by injection, snorting, smoking or ingestion. Toxic exposure can result in hypertensive crisis, tachydisrhythmias, agitation, paranoid ideation, seizures, and intercranial bleeding.

### **Management of a Child Exposed to a Methamphetamine Laboratory**

1. Stabilization: Attention to maintenance of a patent airway, oxygenation, and circulation.
2. Significant trauma or burns (including airway exposure to anhydrous ammonia with respiratory difficulty) should result in consultation with the trauma center and/or the burn center. (see below)
3. Screen child for risks outlined on the initial medical assessment on reverse side.
4. Collect a urine sample for drugs of abuse screening. Set aside a portion of urine for confirmation of positive results by GC/MS. *Observe chain of custody procedures for all samples!*
5. Perform additional lab work, ECG, X-rays, etc., when clinically indicated.
6. Contact the Poison Center for further information and guidance if a significant toxic exposure has occurred (See numbers above.)