

MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

PROUDLY SERVING ONEDIA HERKIMER AND MADISON COUNTIES

April 17, 2015

TO: All Midstate EMS Agencies, Midstate Emergency Depts.
Agency Medical Directors, and REMAC

FROM: John DeTraglia MD Regional Medical Director

RE: Patient Restraint Protocol

Due to recent epidemic of synthetic cannabinoids in the Central New York area, our pre-hospital patient restraint protocol has been temporarily altered, this is to keep our providers and patients safe.

The DOH as approved this protocol change to address the escalating and potentially dangerous situation.

As the Regional Medical Director, I want to assure quality care and safety for all our providers. This change simply offers one more avenue of safety for all.

Respectfully,

John DeTraglia MD

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PATIENT RESTRAINT

INTERMEDIATE

- Routine Medical Care
- Assess Blood Glucose
- Physical Restraint:
 - Appropriate physical restraints can be used but must be capable of IMMEDIATE RELEASE
 - Patient restraint must be in a manner to continuously monitor airway and vital signs
 - Restrain in supine position
 - **Medical Control MUST be contacted and advised of patient condition**



INTERMEDIATE STOP

CRITICAL CARE

- Chemical Restraint:
 - Midazolam 5 mg IV or 10 mg IM or IN for possible synthetic cannabinoids
 - Haloperidol 5mg slow IV or IM (**DO NOT ADMINISTER for patients who have used synthetic cannabinoids**)
Medical Control MUST be contacted to advise of patient condition
 - Diphenhydramine 50mg IV or IM if dystonic reactions occur



CRITICAL CARE STOP

PARAMEDIC



PARAMEDIC STOP

MEDICAL CONTROL ORDER

Critical Care Technician and Paramedic:

- Additional Midazolam

Key Points/Considerations

- Emergency personnel should involve law enforcement as early as possible.
- The above may be used for hemodynamically stable patients with a psychosocial condition exhibiting extreme anxiety and/or combative/ violent behavior, if the patient presents a substantial risk of bodily harm or injury to themselves.



April 16, 2014 - ALERT

Upstate NY Poison Center: Hospital and Pre-Hospital Care Provider Alert

Synthetic Cannabinoids: Increase Hospital Presentation

Synthetic Cannabinoids

Synthetic cannabinoids encompass a wide variety of chemicals that are synthesized to mimic the action of Δ^9 - tetrahydrocannabinol (THC), the active compound in marijuana. Initially developed by Dr. John W. Huffman (JWH products), these chemically distinct product products have grown to include a number of illicit and unknown chemicals. The chemicals are sprayed on a mixture of herbs, sold as “herbal incense”, and marketed lately under such names as K2, Spice and Spike. The patients in today’s alert reported using; **Geeked up, Ninja, Caution or Keisha Kole.**

Pharmacology

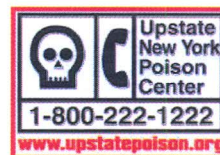
Synthetic cannabinoids are considered full agonists at the CB1 and CB2 receptors in the peripheral and central nervous system. Synthetic cannabinoids are not structurally similar to THC and have much greater binding affinity and receptor potency.

Toxic Clinical Manifestations

In addition to the stereotypical presentation of marijuana users, patients who use synthetic cannabinoid products can present with agitation, hypertension, paranoia, tachycardia, anxiety, tremors, seizures, drowsiness, slurred speech, mydriasis, electrolyte imbalances, nausea, vomiting, chest pain and heart palpitations. Patients who previously have no known psychiatric history may present with new onset drug-induced psychosis.

Management

Contact with the Poison Control Center (1-800-222-1222) should provide the basis for definitive patient care. There is no specific antidote for these agents. Restraint should be considered initially, especially in transport, due to their liable mental status. Most patients in case reports responded well to supportive care, but agitated patients may require **high doses of rapid acting sedatives (usually midazolam IM)** prior to establishing intravenous access and may require **high doses of IV benzodiazepines or other sedative hypnotic agents** for treatment of additional agitation and/or seizures. Once at a care facility, patients should have careful monitoring of vital signs, particularly temperature and laboratory assessment of acid-base balance, CK and others signs of muscle cell damage in agitated patients.. Finally, synthetic cannabinoids will not show up on a standard immunoassay drug screen. The metabolites can be detected via GC-MS.



April 16, 2015 – ALERT

Upstate NY Poison Center: Hospital and Pre-Hospital Care Provider Alert Substituted Amphetamines

Historically referred to as “Bath Salts”, substituted, amphetamines are now having a renewed interest in the form of the names “**Flakka**” or “**Gravel**” in southern Florida. Of note, we have **NOT** had confirmed cases of Flakka or Gravel used as terms for substituted amphetamine use in Upstate New York at this point. In Florida, this compound has been confirmed to be alpha- PVP.

***This Alert is a review of this topic for reference.*

Introduction

A substituted amphetamine for recreational use has historically had names such as “ivory wave”, “bath salts”, “plant growth stimulator” etc. The most recent of which is now “DOC” and “25 NBOME” and may soon include “Flakka” or “Gravel”. Chemical analyses indicate that the ingredients are quite diverse and include various substitutions of a basic amphetamine structure.

Pharmacology

Amphetamines modulate the pre-synaptic re-uptake and release of catecholamines which may include norepinephrine, dopamine and serotonin. The neurotransmitter involved in the particular amphetamine is dependent on the structure/function relationship of the various substitutions involved. Most have a large degree of cross-over effect, particularly after large doses where selectivity is lost.

Toxic Clinical Manifestations

Patients who present to the emergency department after the use of substituted amphetamines will most often have a sympathomimetic toxidrome. This will include symptoms such as hypertension, tachycardia, fever, and hyperventilation. Pupils may be dilated and skin may be diaphoretic. Life threatening complications including hyperthermia, rhabdomyolysis and seizures occur. In addition, serotonin and dopamine can add features of movement disorders and hyper tonicity. Hyponatremia is also reported after serotonin excess, especially if the patient has been using liberal amounts of free water.

Management

Contact with the Poison Control Center (1-800-222-1222) should provide the basis for definitive patient care. There is no specific antidote. Restraint should be considered initially, especially in transport, due to their labile mental status. Most patients in case reports responded well to supportive care, but agitated patients may require **high doses of rapid acting sedatives (usually midazolam IM)** prior to establishing intravenous access and may require **high doses of IV benzodiazepines or other sedative hypnotic agents** for treatment of additional agitation and/or seizures. Once at a care facility, patients should have careful monitoring of vital signs, particularly temperature and laboratory assessment of acid-base balance, CK and others signs of muscle cell damage in agitated patients.. Finally, synthetic amphetamine will not typically show up on a standard immunoassay drug screen. Some can be detected via GC-MS.