PART
ONE

# Child Health BC
## Provincial Substance Intoxication and Withdrawal Guideline (ages 0-19 years less a day)

## Initial Management in Emergent/Urgent Care Settings

## Background and Evidence

November 29, 2019

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### How to cite the CHBC Provincial Substance Intoxication and Withdrawal Guideline:

We encourage you to share these guidelines with others and we welcome their use as a reference. Please cite each document (part 1 and part 2) in the guideline in keeping with the citation on the table of contents of each of the two documents. If referencing the full guideline, please cite as:

Child Health BC *Provincial Substance Intoxication and Withdrawal Guideline; Initial Management of Substance Intoxication and Withdrawal in Emergent/Urgent Care Settings*. Vancouver, BC: Child Health BC, April 2018.

Child Health BC acknowledges the contribution of the Provincial Substance Intoxication and Withdrawal Working Group. See Part 1, Appendix A for a list of representatives.

This document outlines the methodology used to develop recommendations to support the initial management of children and youth who present to emergent/urgent care settings across British Columbia intoxicated or experiencing withdrawal. This provincial work was led by Child Heath BC (CHBC) in partnership with clinical and content experts, representing rural and urban centers within the various provincial health authorities. The Appraisal of Guidelines for Research and Evaluation II (AGREE II) instrument provided the methodological strategy for the development of this guideline (Brouwers et al, 2010). The following document reviews each component of the AGREE II instrument. The resulting work consists of a package of clinical support documents and educational tools that used together assist the emergency clinician in supporting the safety and autonomy of patients, staff and others by providing direction for the provision of child and youth centered care. They are not intended for inpatient use.

The provincial resource package includes:

**Guideline Bundle**

- Guideline Part One: Evidence and Background (this document)
- Guideline Part Two: Practical Summary and Tools

**Tools**

- The Clinical Institute Withdrawal Assessment for Alcohol–Revised scale (CIWA-Ar)
- The Clinical Opiate Withdrawal Scale (COWS)
- HEARTSMAP
- Alcohol withdrawal order set (0 days of age- 19 years less a day)

# Background

# Scope and Purpose

## Scope

This guideline is for use with Children and Youth up to 19 years of age less 1 day who present intoxicated or experiencing symptoms of withdrawal.

## Target User of this Guideline

This document applies to all staff working in Emergency/Urgent Care settings who care for children & youth 0 days of age up to 19 years of age less 1 day.

## Purpose

The goal of this document is to provide guidance and direction to physicians, nurse practitioners, nurses and other health care providers on the management of children & youth ages 0 days of age to 19 years of age less a day who present in emergency/urgent care settings in hospitals in BC with presentations related to substance use including:

- Alcohol
- Opiates
- Benzodiazepines
- Nicotine
- Other

To ensure that the principles of consent are applied appropriately and consistently in practice.

**To ensure that management of children and youth is provided a manner that is child/youth and family centred, supports trauma-informed practice, is culturally sensitive and based on the principles of harm reduction.**

## Methodology

The Appraisal of Guidelines for Research and Evaluation II (AGREE II) instrument provided the methodological strategy for the development of this guideline.

### Literature Search Strategy

A scoping review was completed as part of the guideline development. PubMed and CINAHL were searched using search terms “emergency” AND “substance withdrawal OR intoxication” AND “children or adolescents or youth or child or teenager”. Titles and abstracts were read for approximately 385 articles and in total, 26 articles were reviewed and included in this summary, as they were relevant to the guideline.

In addition to the literature review, an environmental scan was conducted which included a jurisdictional review of current health authority guidelines.

### Methods for Formulating Recommendations

Based on the results from the scoping literature review and the environmental scan, pediatric recommendations were determined by the provincial working group by seeking advice and consensus from clinical experts across the Health Authorities. A series of provincial meetings were held to review the guideline (Part Two) line by line and seek consensus. Draft documents were distributed to the working group members following each set of revisions and feedback was reviewed at the next meeting. Once a final draft was agreed upon by the provincial working group, the guideline and supporting tools were circulated for wider feedback within the Provincial Health Authorities and to content experts. Feedback was collected and final revisions were circulated to the group for consensus. Acceptance of the guideline was sought from the CHBC steering committee and the Provincial Emergency Services Advisory Council.

### Procedure for Updating the Guideline

This guideline will be reviewed every three years (or earlier if new evidence is published) by a multidisciplinary provincial advisory group consisting of clinical experts in emergency and mental health. This guideline will be reviewed again in 2021.

## Summary of Recommendations with Levels of Evidence

The following section will outline the key recommendations and assign a level of evidence based on the table below. This level of effectiveness rating scheme is based on the following: Ackley, B. J., Swan, B. A., Ladwig, G., & Tucker, S. (2008). Evidence-based nursing care guidelines: Medical-surgical interventions (p. 7). St. Louis, MO: Mosby Elsevier.

| Level of evidence (LOE) | Description |
|---|---|
| Level I | Evidence from a systematic review or meta-analysis of all relevant RCTs (randomized controlled trial) or evidence-based clinical practice guidelines based on systematic reviews of RCTs or three or more RCTs of good quality that have similar results. |
| Level II | Evidence obtained from at least one well-designed RCT (e.g. large multi-site RCT). |
| Level III | Evidence obtained from well-designed controlled trials without randomization (i.e. quasi-experimental). |
| Level IV | Evidence obtained from well-designed case-control or cohort studies |
| Level V | Evidence from systematic reviews of descriptive and qualitative studies (meta-synthesis) |
| Level VI | Evidence from a single descriptive or qualitative study. |
| Level VII | Evidence from the opinion of authorities and/or reports of expert committees. |

| Recommendation | Level of Evidence | Evidence |
|---|---|---|
| **Consent**<br><br>Obtain consent and authorization from child/youth or substitution decision maker where possible. In British Columbia, children and youth under 19 years of age do not need parental consent to receive treatment. Capacity to consent is determined based on the capacity to fully understand the treatment and possible consequences of treatment. A patient under 19 seeking treatment who is determined able to understand the treatment and give consent should not require parental (or substitute decision-maker) permission or notification. Informed consent and discussion of rationale for treatment should be documented. | The papers supporting this recommendation were Level VII | Expert opinion and provincial consensus.<br><br>Legislation:<br><br>Mental Health Act: Guide to the Mental Health Act of BC<br><br>Infants Act: The Infants Act of BC |
| **Principles**<br><br>Approaches to the management of children and youth presenting with intoxication and/or experiencing withdrawal should be developmentally-appropriate, child and youth-centered, trauma-informed, culturally appropriate, confidential, promote recovery, and include family involvement when appropriate. | The papers supporting this recommendation were Level V | Systematic review of literature and evidence (Secure Rooms and Seclusion Standards and Guidelines: A Literature and Evidence Review, BC MoH, 2012)<br><br>Sharma et al, 2016 |

| Recommendation | Level of Evidence | Evidence |
|---|---|---|
| **Screening**<br>All children and youth who present with substance intoxication or withdrawal symptoms should be screened for mental health substance use disorders. | The papers supporting this recommendation were Level VI | Virk, P., Stenstrom, R., & Doan, Q. (2018). Reliability testing of the HEARTSMAP psychosocial assessment tool for multidisciplinary use and in diverse emergency settings. *Paediatrics & Child Health*, 1–6. https://doi.org/10.1093/pch/pxy017<br>Diestelkamp et al 2015; Kiernan et al 2012; Newton et al 2013, Tait & Hulse, 2005 |
| **Assessment**<br>All children and youth who present with substance intoxication or withdrawal symptoms should undergo a thorough medical assessment including a substance use history.<br>Emergent presentations can include intoxication, withdrawal, an interaction between substances and medications or an exacerbation of mental illness in the context of substance use. | The papers supporting this article were Level VI | Kozer et al, 2009<br>Mabood et al, 2013<br>Bukstein et al, 2010 |
| **Management**<br>The Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) is recommended for managing alcohol withdrawal.<br>The Clinical Opiate Withdrawal Scale (COWS) is recommended for opioid withdrawal management.<br>Follow Health Authority standards for withdrawal management. | The papers supporting this recommendation were Level 1 | Sullivan et al, 1989<br>Kattimani S et al, 2013 |
| **Disposition**<br>Patients who appear to have stabilized after being intoxicated should be further assessed for any possibility of withdrawal - early identification and treatment for withdrawal can prevent potentially life-threatening complications.<br>Information and referral to take-home naloxone programs and other harm reduction services should be routinely offered to patients and, when appropriate, friends and family members as part of standard care for opioid use disorder. | Level VII | Expert Consensus |

# Appendix A: Acknowledgements

This group would like to acknowledge the many other health care professionals who contributed to the development of this guideline by sharing their expert opinion and by acting as reviewers. In addition to the working group members, Dr. Jana Davidson, Psychiatrist in Chief, Children's & Women's Mental Health Programs, PHSA, Associate Clinical Professor, Dept. of Psychiatry, University of British Columbia and Head of the Division of Child & Adolescent Psychiatry at UBC, Cynthia Russell, RN, MN(c), Clinical Nurse Specialist – Mental Health, First Nations Health Authority and Cheyenne Johnson, Director, Clinical Activities and Development, Director, Addiction Nursing Fellowship British Columbia Centre on Substance Use, Kevin Lorenz, BA, RPN Nurse Coordinator, Outpatient Services Compass and TOPS, Children and Women's Mental Health and Substance Use Program, BC Children's Hospital and Alice Virani, MA (Oxon), MS, MPH, PhD Director, Ethics Service, PHSA, Clinical Assistant Professor, Dept. of Medical Genetics, UBC who reviewed and provided input into the guidelines.

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## Appendix B: Applicability

Educational materials to support the implementation of this guideline were created by Child Health BC with the input of provincial partners.

The resource toolkit for staff and physicians includes:

- Child & Youth Mental Health & Substance Use Resources, January 2018.
- Key Ingredients of Child and Youth Mental Health and Substance Use Presentation by Dr. Jana Davidson, Vice-President Medical Affairs & Psychiatrist in Chief, Children's & Women's Mental Health Programs: http://mediasite.phsa.ca/Mediasite/Play/29d6522fc24d1fa8ad6516fdbe9a80 1d
- Caring for Children & Youth with Mental Health & Substance Use Concerns booklet January 2018.

Implementation strategies may vary between health authorities and individual sites with the consideration of factors such as: educational needs, service population, geographical location, operational structure and available resources.

# Appendix C: Editorial Independence

There are no conflicts of interest to report.

## i. Disclaimer

Child Health BC develops evidence-based clinical support documents that include recommendations for the care of children and youth across British Columbia. These documents are intended to give an understanding of a clinical problem, and outline one or more preferred approaches to the investigation and management of the problem. These documents are for guidance only and not intended as a substitute for the advice or professional judgment of a health care professional, nor are they intended to be the only approach to the management of a clinical problem. Healthcare professionals should continue to use their own judgment and take into consideration context, resources and other relevant factors. Neither Provincial Health Services Authority nor Child Health BC assume any responsibility or liability from reliance on or use of the documents.

# Appendix D: Resources

## Resources

1. The Kelty Mental Health Resource Centre
   http://www.keltymentalhealth.ca/

2. FamilySmart Resources:
   http://www.familysmart.ca/resources/

3. Learning Links
   https://learninglinksbc.ca/

4. Comprehensive Trauma Informed Practice Guide:
   http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

5. Healing Families, Helping Systems: A Trauma-Informed Practice Guide for working with children, youth and families
   http://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed_practice_guide.pdf

6. Mental Health Act: Guide to the Mental Health Act of BC is available @
   http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf

7. Mental Health Act Forms

8. Infants Act: The Infants Act of BC is available @
   http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96223_01

9. San'yas program website
   http://www.sanyas.ca/

10. Foundry offers young people ages 12-24 health and wellness resources, services and supports – online and through integrated service centres in six communities across BC.
    http://foundrybc.ca/

11. Drug and Alcohol Referral Line: Lower Mainland: 604-660-9382, BC: 1-800-663-1441, Yukon: 1-866-980-9099

12. BCCH Provincial Youth Concurrent Disorders Program:
    http://www.bcchildrens.ca/health-professionals/refer-a-patient/youth-concurrent-disorders-referral

13. Teen Drug Abuse:
    https://teens.drugabuse.gov/

14. Drug Cocktails for Youth: Provides information on drug/medication combinations: http://drugcocktails.ca/

15. From Grief to Action: When addiction hits home: http://fgta.ca/

16. Provincial Harm Reduction Program (includes Take Home Naloxone Resources): http://towardtheheart.com/

17. British Columbia Drug and Poison Information Centre (BC DPIC): http://www.dpic.org/

18. British Columbia Centre on Substance Use, B.C. Ministry of Health, & B.C. Ministry of Mental Health and Addictions. A Guideline for the Clinical Management of Opioid Use Disorder—Youth Supplement. Published June 13, 2018. Available at: http://www.bccsu.ca/care-guidance-publications/

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21. Child & Youth Mental Health and substance Use Concerns Booklet https://www.childhealthbc.ca/sites/default/files/caring_for_children_youth_with_mh_and_su_concerns_aug_2018_0.pdf

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