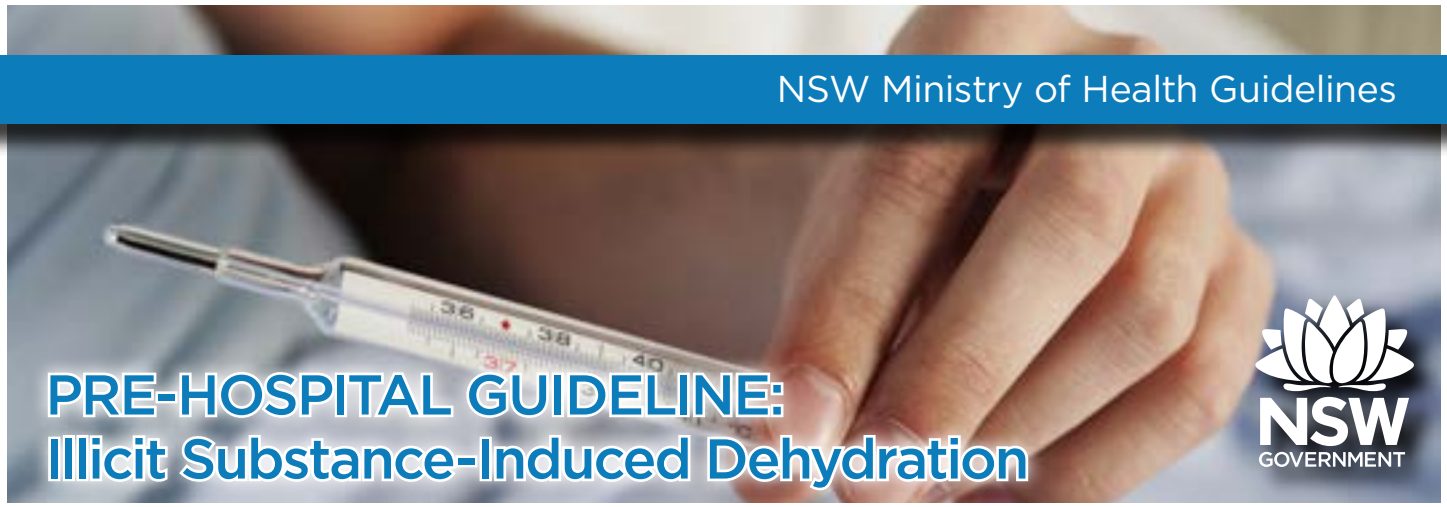


PRE-HOSPITAL GUIDELINE: Illicit Substance-Induced Dehydration

Dehydration results from an imbalance between fluid intake and output. It is exacerbated by high ambient temperature, increased or excessive exertion, decreased level of consciousness (LOC), increased metabolic rate, and raised body temperature. Patients who use illicit substances, particularly sympathomimetic drugs, are at increased risk of rapidly developing significant dehydration.

Early recognition and management of dehydration in patients with illicit substance toxicity is required to prevent progression to hypovolaemic shock.

Pre-Hospital Approach to Dehydration

Assess severity

Mild	**Moderate**	**Severe**
• Thirst • Dry mucous membranes • Tachycardia HR>100 • Decreased urine output	Mild symptoms plus: • Lethargy • Tachypnoea • Decreased skin turgour	Mild/Moderate symptoms plus: • Marked tachycardia HR>120 • Shock: altered LOC, poor peripheral perfusion
Administer cool oral fluids Regular 30min observations to assess reponse If tolerating oral fluids, determine appropriate disposition If unresponsive or unable to tolerate oral fluids administer IV compound sodium lactate as per moderate severity and transfer to hospital	Administer cool oral fluids if tolerated Regular 15min observations to assess reponse If unresponsive or unable to tolerate oral fluids, commence IV compound sodium lactate 500mL bolus followed by an infusion of 250mL/hr Transfer to hospital	Treat as per Shock guideline (see reverse) **Minimise time on scene and organise rapid transfer to hospital** IV fluid bolus 1000mL High flow oxygen Observations repeated at least every 5 minutes to assess response

Pre-Hospital Management of Shock States in Illicit Substance Toxicity

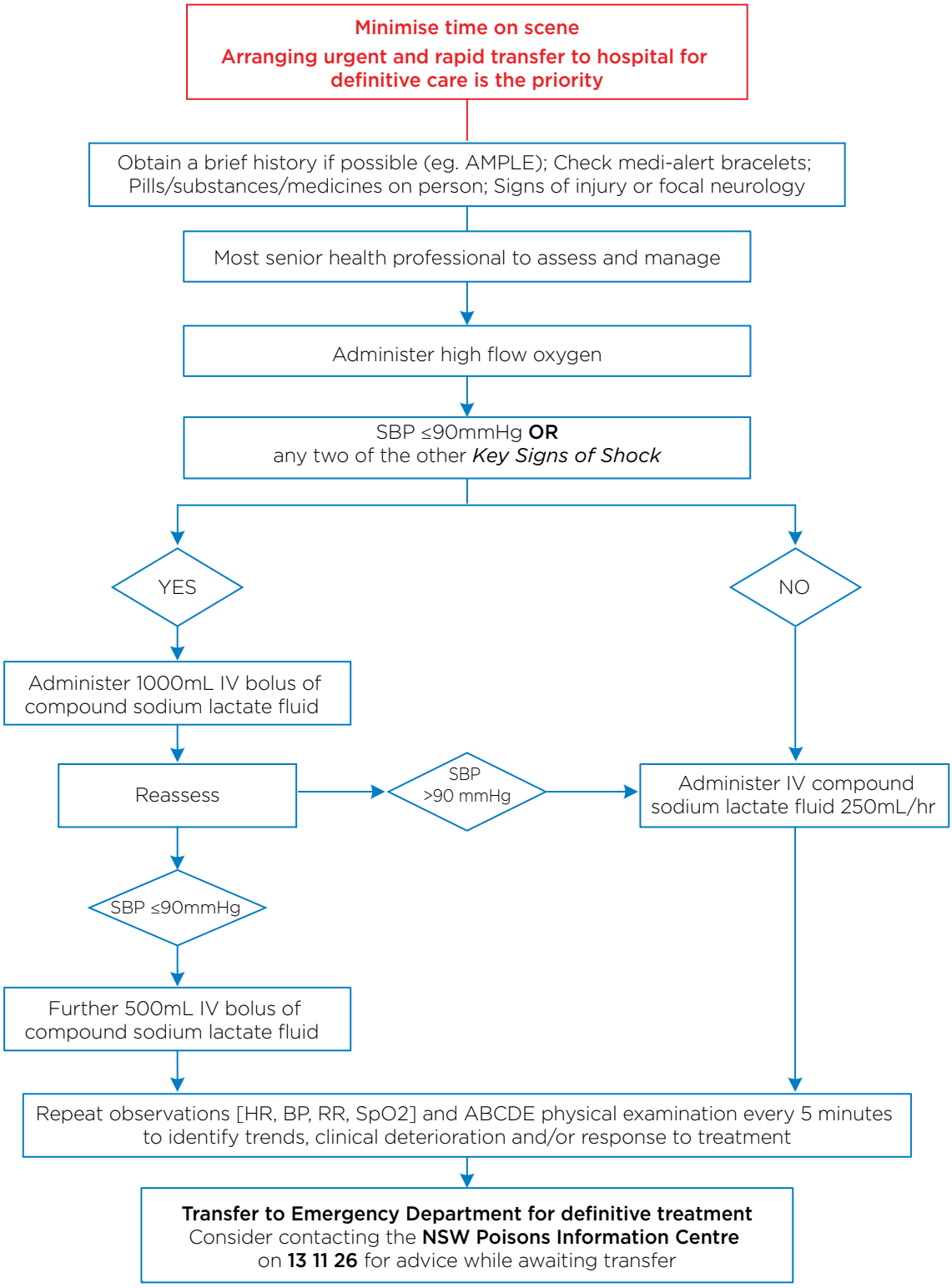
Shock is a state of inadequate tissue perfusion, and results from impairment or failure of the cardiac pump (cardiogenic shock), blood vessel function (vasodilatory shock) or inadequate circulating volume (hypovolaemic shock). Dehydration in patients with illicit substance toxicity can progress to hypovolaemic shock if not recognised and treated. Dehydration can also contribute to the severity of shock occurring secondary to the direct toxic effect of illicit substances (i.e. cardiogenic or vasodilatory shock). Additionally, patients with severe illicit substance toxicity may have suffered concurrent traumatic injury resulting in [potentially unrecognised] haemorrhage and hypovolaemic shock.

Early recognition and immediate management of any shock state is required to prevent progression to irreversible organ dysfunction and death.

Key Signs of Shock

- Hypotension: Systolic blood pressure <90mmHg BUT normal blood pressure does not exclude shock
- Tachypnoea: Respiratory Rate >22
- Tachycardia: Heart Rate >100
- Poor brain perfusion: decreased LOC, restlessness, agitation, confusion
- Poor skin perfusion: sweaty/clammy, capillary refill > 2sec, cold/pale OR warm/pink

Pre-Hospital Approach to Shock States



Clearly document all relevant history, observations, examination and interventions to facilitate rapid handover at receiving hospital

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