

Case Studies

May 2004: Substance Abuse Overdose and the Community

HPI: 15 year old white male presents to Emergency Department via EMS following apparent drug overdose. Patient is unresponsive GCS 4 patient was intubated in the field by paramedics. According to witnesses patient was inhaling fumes from a burning patch which was cut into pie pieces. Friend told EMS he believed the patch was called "Fenta?" something. EMS found a patch back, the patch was a Fentanyl (Sustain release patch). Other teens interviewed by EMS stated patch came from one of the teens grandparents who lived with them. Was apparently a regular occurrence with this group of teens but first attempt at smoking. Patient's mother arrives 10-15 minutes later relays no knowledge of his drug use.

Past Medical History: None.

Medications: None.

Allergies: No Known Allergies.

Immunizations: UTD.

Family History: Father is alcoholic and chronic marijuana use, maternal history of CAD, DM, HTN.

Social History: 15 year old white male lives with mother and grandfather limited contact with dad, limited financial means; plus smoking two year pack a day history; mother states no knowledge of ETOH or drug use.

Patient placed on ventilator, never stabilized; went into a systole; was coded for approximately 50 minutes; never revived, code was called. TOD 23:30.

For Discussion:

All Students:

1. What led this young man to drug use?
2. What social factors increased this patient risk for drug use?
3. What signs are typical to appear in teenage drug use?
4. What could have been done in the community to prevent this?
5. What intervention should the community attempt now to prevent any further deaths?
6. What resources are there available for drug dependent teens?