Medical Protocols for Children Found at Methamphetamine Lab Sites

#1 FIELD MEDICAL ASSESSMENT PROTOCOL

The field medical assessment is done to determine whether children discovered at the scene of a methamphetamine laboratory seizure are in need of ***emergency medical care.*** The assessment must be done by a medically trained person (e.g. EMT, PNP or PHN). If no medical personnel are available on-site, the child must be seen at a medical facility. In either case, a medical assessment should be done for each child ***within 2 hours*** of discovering children at a methamphetamine lab site.

#1 STEPS

1. For children with obvious injury or illness, call 911 or other emergency number.
2. For all children who are not obviously critical, perform field medical assessment consisting of:
   a. Vital signs (temperature, blood pressure, pulse, respirations)
   b. Pediatric Triangle of Assessment (Airway, Breathing, Circulation)
3. For life-threatening findings, seek immediate medical attention. (See Protocol #2) Transport to a facility capable of pediatric emergency response appropriate to findings.
4. A child's personal possessions should always be left at lab scene to avoid possible chemical/drug contamination in other settings. ***ONLY*** in cases of gross chemical/drug contamination is it necessary to remove a child's clothing and provide clean attire prior to removing the child from scene. (Soiled clothing remains at scene and is bagged as evidence.)
5. If there are no pressing clinical findings, short-term shelter or other secure placement should be implemented by child welfare personnel.

#2 IMMEDIATE CARE PROTOCOL

Problems requiring immediate care are those that cannot wait 24 hours to be treated at the baseline exam (discussed in Protocol #3). Immediate care must be provided as soon as possible after significant health problems are identified. Care should preferably be provided ***within 2 hours, but not later than 4 hours*** after the child is identified at a lab site. Immediate care may be provided in a hospital emergency room, or pediatric or urgent care facility depending on the severity/urgency of the problem and the time of day. If a field medical assessment was not completed (Protocol #1), children should be taken to an immediate care facility within 2 hours for the medical assessment.

#2 STEPS

1. Perform the field medical assessment (follow Protocol #1 if not already done in field).
2. Administer tests and procedures as indicated by clinical findings. **A urine specimen should be collected from each child within 12 hours of identification** because some chemicals/drugs are eliminated in a short time. Use appropriate chain of evidence procedures and request urine screen and confirmatory test results to be reported at ***any detectable level.***
3. Call Poison Control if clinically indicated (800-876-4766).
4. Follow baseline assessment (see Protocol #3) if appropriate to medical site and time permitting or schedule baseline assessment exam to be completed within 24 hours of lab seizure.
5. Secure the release of a child's medical records to child welfare workers to ensure ongoing continuity of care.
6. Child welfare personnel should evaluate placement options and implement short-term shelter for child.

#3 BASELINE ASSESSMENT PROTOCOL

The baseline assessment exam is done at a pediatrically certified facility within 24 hours of a lab seizure to ascertain a child's general health status. Prompt medical assessment is warranted due to the risk of toxicologic, neurologic, respiratory, dermatologic, or other adverse affects of methamphetamine lab chemical and/or stimulant exposure, and the high risk of neglect/abuse.

#3 STEPS

1. Obtain child's medical history by calling parents directly for this information or, if impossible, seek information from social workers who have taken medical histories.
2. Perform complete pediatric physical exam to include as much of the Early Periodic Screening, Detection, and Treatment (EPSDT) exam as possible. Pay particular attention to:
   a. Neurologic screen
   b. Respiratory rate
3. Call Poison Control if clinically indicated (800-876-4766)
4. Required Clinical Evaluations
   a. Temperature
   b. Liver function tests: SGPT, SGOT, Total Bilirubin and Alkaline Phosphatase.
   c. Kidney function tests: BUN and Creatinine
   d. Baseline electrolytes: Sodium, Potassium, Chloride and Bicarbonate
   e. CBC
   f. If not done earlier, a urine specimen should be collected. This should be done within 12 hours of identification of the child because some chemicals/drugs are eliminated in a short time. Urine screen and confirmatory test results should be reported at ***any detectable level.***

*Note: If **any** tests are run for forensic purposes, chain of evidence procedures with confirmatory test results **must** be used.*

If available and feasible for the child, the following tests may be added to above list:

Optional Clinical Evaluations
   g. Complete metabolic panel (Chem 20 or equivalent)
   h. Pulmonary function tests
   i. Oxygen saturation
   j. Heavy metals screens

*Note: heavy metal screen is indicated **only** if the methamphetamine lab was NOT ephedrine-reduction or cold-cook methods, eg: if phenyl-2-propanone method was used, or if clinically indicated.*

5. Conduct Suspected Child Abuse and Neglect (SCAN) team evaluation (if indicated).
6. Conduct a developmental screen. This is an initial age-appropriate screen, not a full-scale assessment; it may require a specialist.
7. Provide a mental health screen and crisis intervention services as clinically indicated. These services require a qualified pediatrician or mental health professional and may require a visit to a separate facility.
8. Secure the release of child(ren)'s medical records to child welfare worker.
   Note: Child welfare personnel may not have immediate legal access to certain health care records. Every effort should be made to facilitate transfer of medical records, by providing information about where, when, and to whom records should be transferred.

#3: steps 9-10 on back

9. For any positive findings, follow-up with appropriate care as necessary. **ALL** children must be provided long-term follow-up care (see Protocol #5) using specified schedule.
10. Long-term shelter and placement options should be evaluated and implemented by child welfare worker.

#4 INITIAL FOLLOW-UP CARE PROTOCOL

A visit for initial follow-up care occurs **within 30 days** of the baseline assessment to reevaluate the comprehensive health status of the child, identify any latent symptoms, and ensure appropriate and timely follow-up services as the child's care plan and placement are established. If possible, the visit should be scheduled late in the 30-day time frame for more valid developmental and mental health results.

#4 STEPS

1. Follow-up of any baseline test results.
2. Perform developmental examination (using instruments such as the Denver, Gesell, and Bayley) as indicated by developmental screen in Protocol #3.
3. Conduct mental health history and evaluation (requires a qualified pediatric professional).
4. If abnormal findings on any of the above, schedule intervention and follow-up as appropriate to the findings; then proceed with long-term follow-up protocol (see Protocol #5). If no abnormal findings, schedule visits per long-term follow-up care protocol (Protocol #5).
5. Adequacy of child's shelter/placement situation should be reviewed by child welfare worker and modified as necessary.

#5 LONG-TERM FOLLOW-UP CARE PROTOCOL

Long-term follow-up care is designed to 1) monitor physical, emotional and developmental health, 2) identify possible late developing problems related to exposure to the methamphetamine environment, and 3) provide appropriate intervention. At minimum, **a pediatric visit is required 12 months** after the baseline assessment. Children considered to be Drug Endangered Children (DEC) cases should receive follow-up services a minimum of 18 months post identification.

#5 STEPS

Required Components of Follow-up Care

1. Pediatric Care Visits. The visits should occur according to the American Academy of Pediatric's schedule.
   a. Follow-up of previously identified problems.
   b. Perform comprehensive (EPSDT) physical exam and laboratory examination with particular attention to:
      1. Liver function (repeat panel at first follow-up only).
      2. Respiratory function (history of respiratory problems, asthma, recurrent pneumonia, check for clear breath sounds).
      3. Neurologic evaluation.
   c. Perform full developmental screen.
   d. Perform mental health evaluation (requires a qualified mental health professional, pediatrician, licensed therapist, child psychologist or licensed child mental health professional).
2. Plan follow-up and treatment or adjust existing treatment for any medical problems identified. Medical records should continue to accompany the child's course of care.
3. Adequacy of child's shelter/placement situation should be reviewed by child welfare worker and modified as necessary.
4. Plan follow-up strategies for developmental, mental health or placement problems identified.

Optional Enhancements of Follow-up Care

1. Conduct pediatric care visits including developmental screen and mental health evaluation at 6, 12, and 18 months following the baseline assessment.
2. Conduct home visits by pediatrically trained PHN or other nurse, at 3, 9, 15, and 18 months post-baseline assessment. Ensure that home visits occur between the pediatric clinic visits until the last visit at 18 months.

IF YOUR COMMUNITY HAS ADDITIONAL SPECIFIC INSTRUCTIONS AND/OR LOCAL PHONE NUMBERS, AFFIX THE ATTACHED POUCH, INSERT INSTRUCTIONS AND PLACE IN THIS SPACE.

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This protocol was developed by the DEC Resource Center for the purpose of improving the multi-agency response to children found in clandestine methamphetamine labs. The DEC Resource Center disclaims liability for outcomes from use of this protocol or misuse of the sequential steps herein. 6/99