

NCCRED

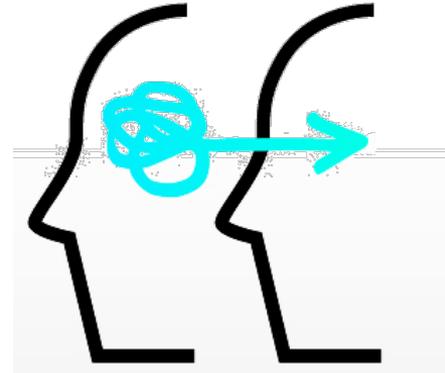
National Centre for Clinical
Research on Emerging Drugs

***“Brevity of data will take precedence”*: evolution
of a national minimum dataset of illicit and
emerging drugs in the emergency department.**

Symposium 2020

Innovations in therapeutic practice
20 November, 2020

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Centre for Clinical Research in Emergency Medicine



EDNA Toxicsurveillance System

AIM 1

Determine clinical patterns of toxicity associated with the illicit drugs and NPS involved in ED presentations, and how these relate to patient outcomes, including resource implications.



AIM 2

Develop standardised testing protocols with high sensitivity to identify new and emerging NPS, changes in patterns of use and highly toxic psychoactive substances.



AIM 3

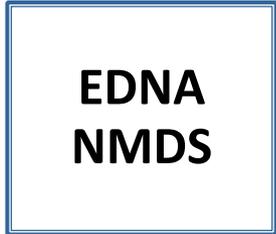
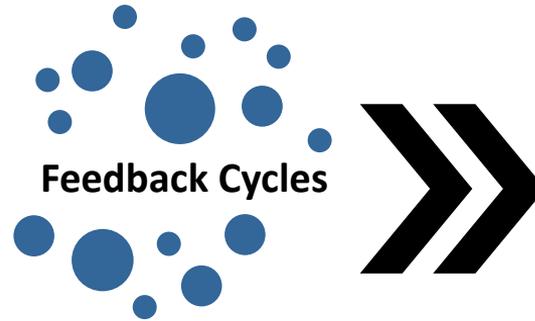
Establish an early warning system to disseminate clinical and toxicological evidence of illicit drugs of concern across key agencies, to inform rapid harm reduction responses.



EDNA National Collaborative Network



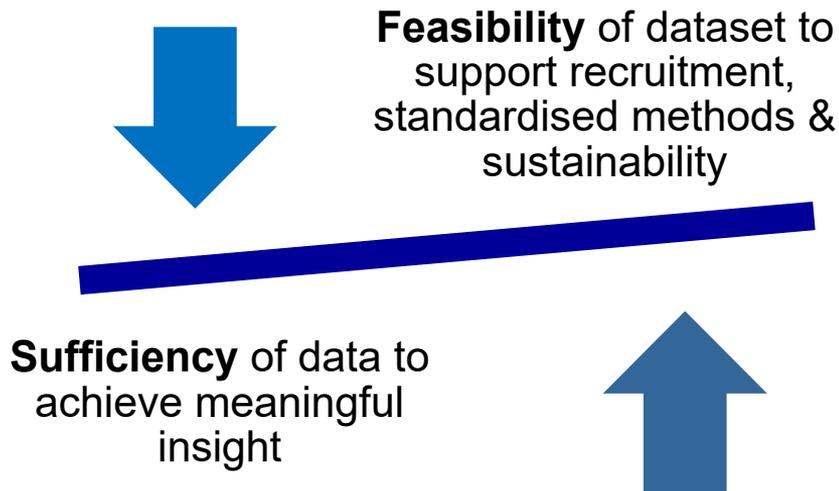
EDNA SENTINEL HOSPITAL SITES



Domains of Interest

- ED Triage Information
- Drug Exposure
- Clinical Findings
- Management
- Outcomes
- Analytical Findings

Guiding Principles



Key narratives from EDNA Steering Committee

“... this is really detailed info that is not attainable... **overcomplicates collection of data**”.

Data entry is not resourced in terms of clinical coders etc, and therefore **the national EDNA collection should be simple and clear**.

“... **barriers to recruitment** if we attempt to collect too much information”.

“... compromise ‘**clinician ease of completion**’ with very **worthy but exhaustive sets of data points**”.

“I think there is a fundamental question to answer in terms of what we want this process to deliver. A process that describes the causes of drug related hospital presentations and provides an early warning system (which needs **broad capture, a critical data only approach**, and **minimal ongoing requirements from treating clinicians** in order to maximise numbers), or a clinical evaluation of agents and treatment interventions (in which case enrolment numbers will drop off precipitously as the number of required data points increases)”.

EDNA Data Collection Model

ED Presentation

Early Warning System

Triage Details + Blood Sample

- ED Triage Date & Time
- Age
- Sex
- Setting of Drug Use
- Presenting Toxidrome
- Toxicology Results (lab)

Clinical Registry

Retrospective: Medical Records

Triage Information

- Mode of Arrival to ED
- Triage Scale
- First recorded vitals at presentation

Drug Exposure

- Reported drug exposure
- Drug use intent
- Ethanol consumption
- Known regular medications

Clinical Findings

- **most significant physiological parameters during first 24 hours*
- Min + max vitals recorded
- Autonomic examination
- Neurological examination
- Mental state during presentation

Management

- Pre-hospital interventions
- Hospital – pharmaceutical
- Hospital – non-pharmaceutical

Outcome

- ED Disposition
- ED Length of Stay
- Hospital Length of Stay

Analytical Results

- Name(s) of drugs detected
- Concentration level if available

Translation

EDNA will provide a benchmark model for standardising data collection, surveillance and reporting of illicit drug-related ED presentations in Australia.

This means developing a National Minimum Dataset that can be consistently replicated across sites, and minimise data collection burden on physicians.

... the kid in the candy store can wait.



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