Assessing the pain patient for intoxication

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My addiction exam algorithm

• Look at their pupils
• Look at their eye lids
• Listen to the cadence of their speech
• Listen to the content of their speech
• Look at their psychomotor activity
Two things cause small pupils:
Two things cause small pupils: sunlight and opioids
Opioid intoxication*

- Pinpoint pupils
- Eye lids partially obstructing BOTH pupils
- Slow and deliberate speech
- Slow movement
- Propensity to drift into sleep midsentence, while seated, wake up and finish the sentence
- Truncal stability
- Mildly defensive about sedation
- *“Nodding off”*
Heavy eyelids “Nodding off”
Typical remarks, demeanor

- Not inappropriate, random or rude
- They don’t ramble, they do drift off
- Often say “I didn’t sleep well last night” “my psych meds make me tired”
- Sometimes complain of pain
- Nonthreatening, low energy, generally relaxed

- Check their vitals especially respiratory rate and oxygen sat!
Opioid demo
Many things causing large pupils:
Three controlled substances causing large pupils: stimulants, benzos or opioid withdrawal
Benzo intoxication

• Slow, slurred speech
• Deliberately enunciated
• Unsteady, walk into walls and door frames
• Rumbly tangential, forget what they’re talking about
• Emotionally labile—flirt cry accuse laugh
• Poor judgment
• They do not sustain anger, and are usually nonthreatening
Benzo Intoxication

• They are blacking out. Make them write down anything important. Don’t expect them to recall specific details from that day
• They are unsafe to drive
• They are apt to divulge information upon request
• It is pointless to engage them in lengthy discussions or attempt therapy
• They are vulnerable to mixed drug overdoses
Benzo vs opioid intox

- Opioids—more sleep inducing
- Benzos—more ataxia inducing

- Opioids—left uninterrupted they fall asleep
- Benzos—left uninterrupted they keep talking

- Opioids—focus on pain
- Benzos—no focus

- Opioids—intact judgment
- Benzos—poor judgment
Opioid withdrawal

• Rare to see full physical withdrawal
• Sweaty, vomit, diarrhea
• Elevated HR and BP
• Restless anxious and focused on their pain
• Demanding opioids (or seeking them)
• Potentially threatening
• More likely they will walk out angrily
Stimulant intoxication

• Large pupils
• Hypervigilant, scanning the room
• Focused on self, and concern for persecution, sometimes suicidal
• Rapid speech, increased repetitive movement
• Sometimes inappropriately sexual
• Anger, raised voice, often threatening
• Increased blood pressure heart rate temperature
Stimulant intoxication

• Do not spend unneeded time with this person
• Do not argue with this person
• Offer them a sedative if they ought to stay before engaging them in conversation
• Allow them to leave, and invite them back (when sober)

• High risk: suicide, violence, heart attack, stroke, seizure, etc
Stimulant intox vs opioid wd

- Stim— focus on self
- Opioid wd— focus on pain/opioids

- Stim— repetitive automated movements
- Opioid wd— restless twitching

- Stim— scanning the room paranoid of others
- Opioid wd— anxious about themselves

- Stim— more apt to act out aggressively
- Opioid wd— potentially aggressive but only if desperate
• Nodding off:  
  https://www.youtube.com/watch?v=RRery6QYDys

• Acting like alpraz intox:  
  https://www.youtube.com/watch?v=qtVLSZ5MdG0

• Acting like stimulant intox:  
  https://www.youtube.com/watch?v=7PH35C7Fhq0

• Acting like opioid withdrawal:  
  https://www.youtube.com/watch?v=GaT5nPMyJVg
Thank you questions?