



Drug Endangerment Medical and Safety Screening Form

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DRUG ENDANGERED CHILD MEDICAL EVIDENCE CHECKLIST

Medical tests:

- Check vital signs
- Collect urine sample (if not collected by law enforcement; check for detectable levels of THC, opiates, amphetamines, cocaine, etc.)
- Collect hair sample if required by local DEC protocol
- Full body scan-check for bruising, burns, muscle tenderness, and signs of pipe burns, needle sticks, etc.
- Complete physical exam-including oral scan and skin check to determine medical, nutritional, and physical neglect
- Other tests-to be done as medically indicated to include but may not be limited to:
 - Sexual abuse exam
 - STI screening
 - HIV test
 - Hydration level
 - Blood pressure
 - Bowel sounds
 - Mental health screening
 - Other/Follow-up needed- _____

Circumstances of suspicion:

- Delayed treatment
- Unusual parental behavior
- History of parental substance abuse
- Sexual activity (including voluntary)
- Seizure
- Sexually transmitted infection (STI)
- Seizure
- Respiratory difficulty
- Increased BP
- Constipation
- Dehydration
- Fearfulness of child
- Over-attachment of child to staff
- Severe diaper rash
- Dried feces
- Poor hygiene
- Lice
- Scabies
- Cuts on feet
- Underweight
- Other-_____

If child abuse or environmental drug exposure is suspected, this must be reported to child protective services. Be sure to describe the harm to children in the categories of basic needs (food, clean water, clothing, medical care), safety (exposure to drug use, strangers), and emotional well-being (fear of parent, looking at parent before answering questions, asking to go home with staff). A copy of form and test results should be provided to child protection investigator and be maintained in the case file.

Child's Name : _____ Parent Name: _____

DOB: _____ Gender: M/F Race: _____

Identified hazardous exposure (i.e., mold, animal feces, lack of water or food, etc.):

| Please check to indicate knowledge of exposure to adult involvement in: | Known | Suspected |
|--|--------------|------------------|
| Marijuana grow | | |
| Marijuana smoking | | |
| IV drug use | | |
| Clandestine drug production: methamphetamine | | |
| Prescription drug abuse | | |
| Cocaine/crack cocaine smoke | | |
| Intranasal cocaine use (snorting) | | |
| Other: | | |

Law Enforcement signature: _____ Date: _____

Suspected drug exposure: _____

| Substance | Hair | Urine |
|------------------|-------------|--------------|
| THC | +/- | +/- |
| Cocaine | +/- | +/- |
| Opiates | +/- | +/- |
| Amphetamines | +/- | +/- |
| Methamphetamines | +/- | +/- |
| Methadone | +/- | +/- |
| Other: | +/- | +/- |

Vital signs: BP _____ HR _____ RR _____ T _____ O₂ Sat _____

Additional tests: _____

Expected date additional test results will be available: _____

Presentation to ER or medical facility (law enforcement, social services, family, etc.):

Needed follow-up: _____

Medical provider signature: _____ Date: _____

RECOMMENDED DRUG SCREENING STANDARD FOR CHILDREN

ZERO TOLERANCE

P-SCREEN PROCESSING LEVELS

| | |
|----------------------------|------------------|
| Amphetamines | 300 ng/ml |
| Cocaine | 100 ng/ml |
| Opiates | 100 ng/ml |
| Benzodiazepines | 200 ng/ml |
| Methadone | 200 ng/ml |
| Phencyclidine (PCP) | 25 ng/ml |
| Cannabinoids | 40 ng/ml |
| Oxycodone | 100 ng/ml |

PROCESSING THE HAIR SAMPLE

| SUBSTANCE TYPE | SCREENING LEVEL | CONFIRMATION LEVEL |
|--|------------------------|---------------------------|
| Amphetamines | 500 pg/mg hair * | 500 pg/mg hair |
| Cocaine | 500 pg/mg hair | 500 pg/mg hair |
| Opiates | 300 pg/mg hair | 300 pg/mg hair |
| Phencyclidine (PCP) | 300 pg/mg hair | 300 pg/mg hair |
| Marijuana (THC) | 1 pg/mg hair | 0.3 pg/mg hair |
| Expanded 5 Panel (not included in the regular 5 panel) | | |
| Oxycodone | 300 pg/mg | 300 pg/mg |
| Hydrocodone | 300 pg/mg | 300 pg/mg |
| Hydromorphone | 300 ng/mg | 300 ng/mg |

