

Case Study

Emergency Department Discharge

It is a busy Friday night. A 19 y/o male named Kyle has presented to the ED with abdominal pain and diarrhea. Upon examination, this was found to be due to acute opioid withdrawal, following Kyle's attempt to stop using fentanyl 'cold turkey' which he has been smoking daily. Kyle lives in a tent nearby, picks up daily construction work when he can on an 'on call' basis, and has never tried to stop using fentanyl previously. He does not have any prior knowledge of OAT types, has never accessed harm reduction services, and is not connected to any outreach or primary care. He reports he does not have any family in town, as he was kicked out of his parents' home in Alberta for using substances.

Kyle has started buprenorphine-naloxone in the ED and now reports feeling much better. He is ready for discharge.

Questions:

- 1) What discharge teaching and instructions will you give Kyle?
 - a. How would this change based on weekday vs weekend?
 - b. How would this change based on your location? (Rural vs urban)
- 2) What referrals are available to give to Kyle that might help him connect with follow up?
- 3) What barriers can you anticipate to Kyle connecting with a community provider?
- 4) How would your care of Kyle change if he was new to BC?