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NH-HAN 20140815-1



Increased Number of Psychotropic Intoxications Possibly Related to Synthetic Marijuana in Manchester

NH Division of Public Health Services (NH DPHS) recommends the following:

1. Be aware that within the last week an increase in psychotropic intoxications have been identified in the Manchester region (see HAN #20140813).
2. These intoxications are thought to have resulted from smoking synthetic marijuana products called "Spice", but the full composition of the currently circulating products are not yet known.
3. Law enforcement officers are removing the product from stores.
4. NH DPHS and partners request that emergency department clinicians report suspect cases of Spice intoxications to the NH DPHS.
5. Cases should be reported in the usual way by phone at 603-271-4496 (after hours 1-800-852-3345, x5300) or by completing the attached form and faxing it to the NH DPHS at 603-271-0545.
6. For the most current guidance regarding clinical management, call the Northern New England Poison Control Center at 1-800-222-1222.

For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345 ext.5300).

To change your contact information in the NH Health Alert Network, contact Denise Krol at 603-271-4596 or email Denise.Krol@dhhs.state.nh.us

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From: Elizabeth A. Talbot, MD – Deputy State Epidemiologist
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

Attachments: Psychotropic Intoxication Reporting Form

Psychotropic Intoxication Reporting

Reported by _____ Date: _____ Facility: _____

Patient Name _____ **Date of Birth** _____

Residence _____

Overdose Agent Information (please check all that apply):

Type of Agent	Where Purchased	When Consumed	Where consumed or where patient was found
<input type="checkbox"/> Bubblegum Smacked			
<input type="checkbox"/> Green Giant			
<input type="checkbox"/> Crazy Monkey			
<input type="checkbox"/> Other			

Clinical Symptoms (check all that apply):

- Seizure
- Altered mental status
- Respiratory depression

Other Symptoms

Admitted to Hospital: Yes No

Admitted to ICU: Yes No

Current clinical status _____

Public Health Nurse: _____ **Date:** _____