Treating drug users in hospital wards

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It seems likely that hospital wards will be admitting an increasing number of intravenous drug users over the coming years. Hal Satterthwaite offers hospital services a system of response to the needs of this population, based on a maintenance contract with individual patients. He argues that such contracts should be instigated as soon as is feasible after admission of the patient onto the ward.

This article will refer to people who are dependent on psychoactive drugs as drug users' rather than 'drug misusers'. It is felt that the term misuser carries with it values and assumptions which health professionals are currently being called upon to change.

*Nursing Standard*. 5, 6, 33-35. doi: 10.7748/ns.5.6.33.s39
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Potential drug–drug interactions among elderly patients admitted to medical ward of Ayder Referral Hospital, Northern Ethiopia: a cross sectional study. Prevalence of drug–drug interactions in geriatric patients at an ambulatory Prevalence of drug–drug interactions in geriatric patients at an ambulatory care pharmacy in a tertiary care teaching hospital. This study was launched to assess the prevalence of potential DDIs in the Internal Medicine ward of Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia.

Patients and methods: Cross-sectional data were gathered from the medical charts of 252 randomly selected patients who were admitted to the Internal Medicine ward during August 23 to October 23, 2013, and exposed to at least two concomitant. But even treating a common drug overdose “when the patient tells you what he took, when and how much ”can be a challenge. Patients’ symptoms might not match what you expect. And patients, even when treated “by the books,” may not turn around as quickly as you want. Those problems are common, said emergency physician and toxicologist Kennon Heard, MD, who spoke about treating drug overdoses at the Society of Hospital Medicine’s annual meeting in San Diego. “If the symptoms don’t fit the poisoning, treat the patient, not the poison,” said Dr. Heard, director of the medical toxicology fellowship program at Denver’s Rocky Mountain Poison and Drug Center. “Don’t worry about what patients