

Quick Diagnostic Checklist: Substance Use vs. Medical Emergency in High-Risk Clients

This checklist supports clinicians in urgent settings where high-risk individuals (e.g., unhoused, immunocompromised, IV drug users, chronic illness) may present with overlapping substance use and medical symptoms. Use this tool to help differentiate and triage appropriately.

Initial Observations	
	Observe for fever, profuse sweating, or recent vomiting.
	Assess for slurred speech, tremors, or seizure activity.
	Check for evidence of injection sites or abscesses.
	Ask about recent medication changes or missed prescriptions.
	Evaluate for severe confusion, hallucinations, or unconsciousness.
	Note sudden vs. gradual onset of symptoms
	Ask collateral sources about recent substance use or overdose history.
Red Flags – Immediate Medical Referral May Be Needed	
	Unresponsiveness or inability to answer basic questions.
	Irregular pupil size or response inconsistent with reported drug use.
	Neck stiffness, seizure, or extreme disorientation.
	Symptoms worsen despite Narcan or medical intervention.
	Rapid or dangerously fluctuating vital signs.
Next S	Steps Based on Findings
·	If RED FLAGS present: Refer to ER or medical crisis unit.
•	If substance use suspected with no red flags: Begin SUD screening and withdrawal protocol.
•	If uncertain: Consult with medical provider and consider labs (e.g., CBC, CMP, tox screen).
•	Document findings and re-evaluate within 1 hour if symptoms change or persist.
	Commonly Missed Diagnoses in High-Risk Clients
HIW	or Henetitis Floatralyta Rectorial infections Dehydration or heat Medication

HIV or Hepatitisrelated symptoms (fatigue, weight loss, confusion). Electrolyte imbalances (due to poor nutrition or chronic vomiting).

Bacterial infections from IV use (fever, skin lesions).

Dehydration or hear related illness.

Medication withdrawal (benzos, antidepressants).