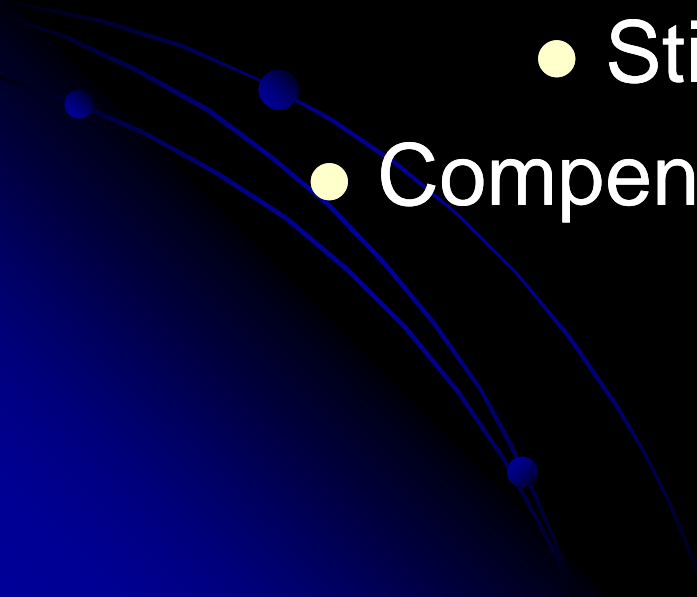


SCREENING & SAFETY IN IBOGAINE PATIENTS

CLARE WILKINS-DIRECTOR,
IBOGAINE ASSOCIATION
DR. ALONSO O. PEREZ



STRATEGIES

- Preparation
 - Develop situational attention
 - Stimulate team work
 - Compensate for stressful factors
- 

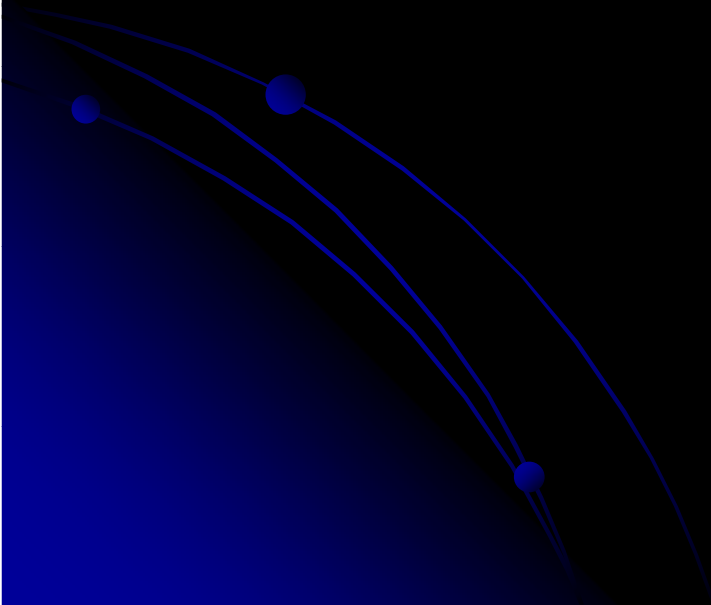


ANTICIPATION – PLANNING –
OPTIMIZATION - INFORMATION



< MORBIMORTALITY
> WELL-BEING OF THE PATIENT
> CARE QUALITY

- The cardiopulmonary function & the psychological state must be evaluated constantly



Objectives of the Evaluation:

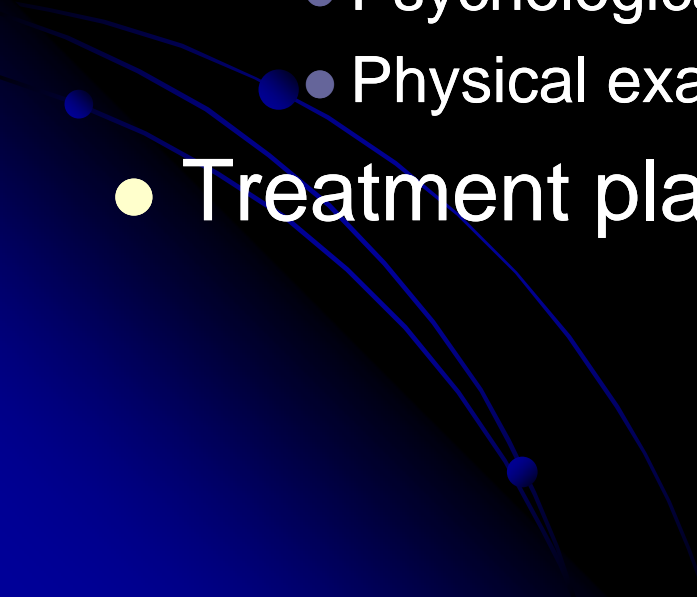
- Relationship between doctor-patient: To be a comfortable experience; to be aware of all current illness and comorbidities
- MEDICAL HISTORY & PARACLINICALS (Laboratory & Electrocardiogram)
- Therapeutic plan as a team
- Obtain the informed consent of the patient

MAIN OBJECTIVE:

SAFETY



SCREENING

- Contact by Phone & e-mail
 - Medical Exam / Para-Clinicals
 - Clinical history
 - Anamnesis (medical intake)
 - Psychological examination
 - Physical examination
 - Treatment plan
- 

SCREENING

● CLINICAL HISTORY

- Labor (employment)
- Current State:
 - **obesity, sedentaryism, etc.**
- Habits:
 - - alcoholism (abstinence syndrome, liver disease)
 - - nicotine
 - - BZD, Opiates, other drugs (tolerance, abstinence)
- Allergies and adverse reactions to medicines:
 - Allergic reactions
 - -Medicines: antibiotics, NSAI, Antidepressants, Muscle Relaxants (succinilcolina)
 - -Food

Screening

- Personal history

- Habits (alcohol, cigarettes, drugs)
- Use of medicines
- Psychological Factors (ie Depression, Mood Disorders)
- Illnesses (Cardiovascular and respiratory, UTI)
- Allergies and Cx (Surgeries)
- Pregnancy
- Acute Infections

- Family History

- HBP, Diabetes , Heart/Lung disease, Addiction

Screening

Illnesses that compromise
cardiopulmonary function:

- HEART FAILURE , CORONARY HEART DISEASE , ARRHYTHMIAS (cardiac disorder), PULMONARY VENOUS THROMBOEMBOLISM, VENOUS THROMBOSIS, RENAL FAILURE, ACTIVE INFECTIONS, PERIPHERAL NEUROPATHIES, THYROTOXICOSIS

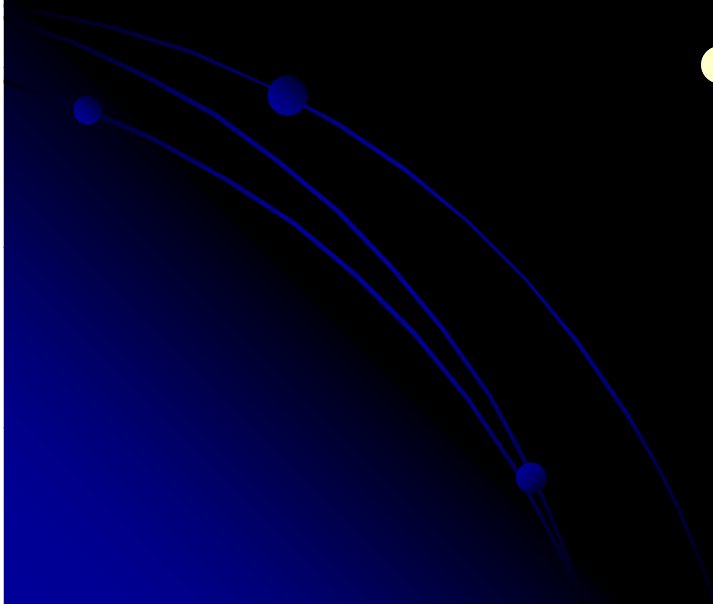
PHYSICAL EXAMINATION

- Cardiovascular
 - Arrhythmias
 - Pulses and peripheral perfusion, circulation
- Thorax
 - Depth of respiratory movements and respiratory frequency
 - Use of accessory muscles of respiration
 - Respiratory sounds (wheezing, crackles, rhonchi)
- Abdominal
 - Distention
- Extremities
 - Probable vascular accesses
 - swelling
- Neurological
 - Mental state
 - March and muscular force



General aspect

- Color (paleness, cianosis)
 - Nutritional state
 - Hydration
 - Mental state



COMPLEMENTARY TESTS

- They detect disorders not suspected by the clinical history
- Individualized

- LABORATORY

- ELECTROCARDIOGRAM : The normality in EKG does not exclude coronary heart disease; there are some abnormalities that lack relevancy in asymptomatic patients.

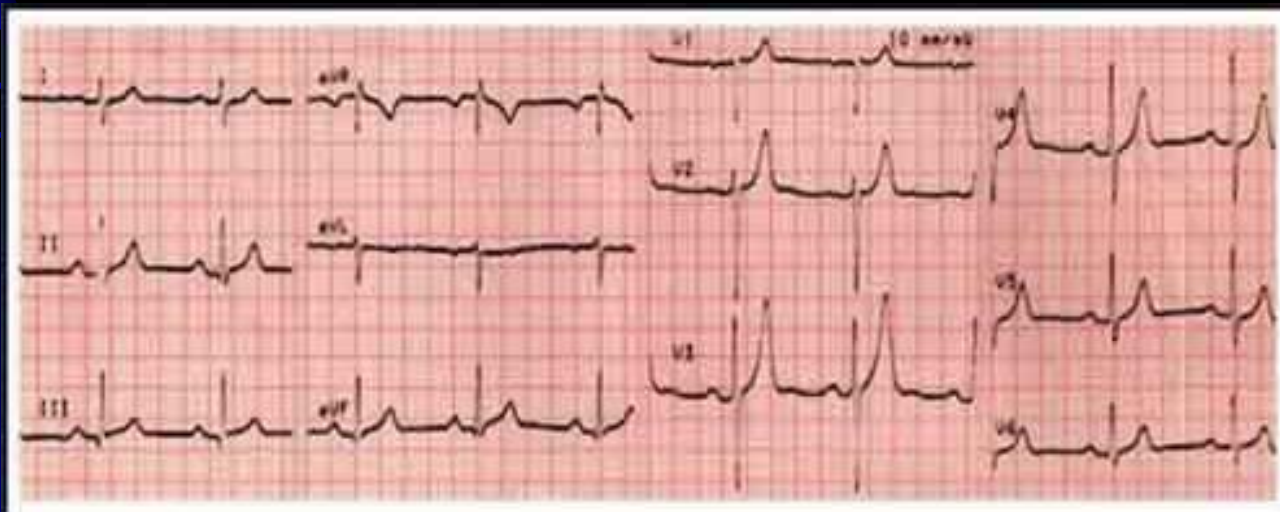
LABORATORY

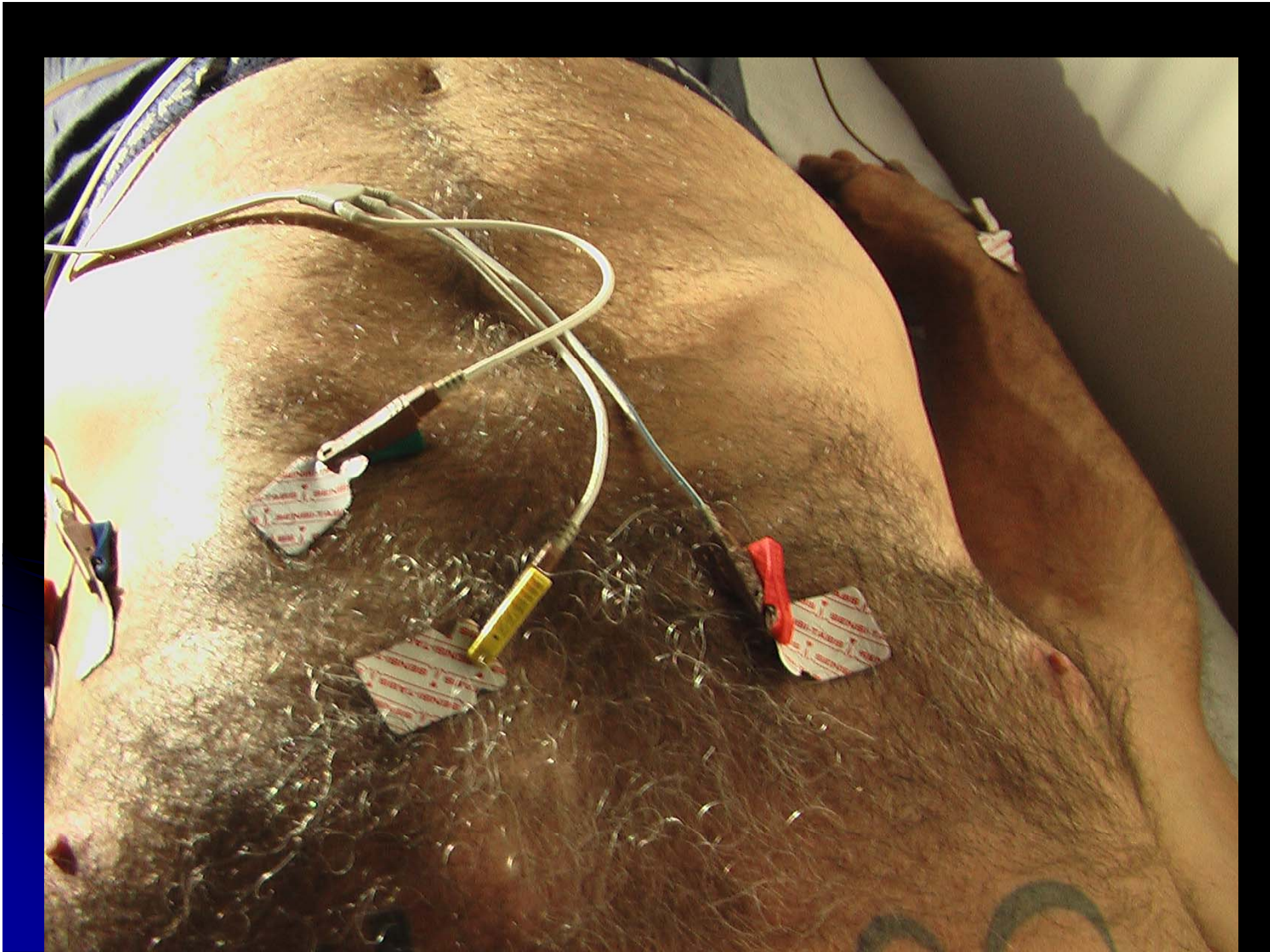
- They must be chosen according to the medical condition of the patient
 - Recommendations for a healthy patient
 - SMAC 21 PLUS AND CBC
 - WBC (infection)
 - RBC : Recent Hematocrito-hemoglobin (30 %)
 - QS (glucose,cholesterol,trig)
 - TGO, TGP, GGT (liver function)
 - CREATININE , BUN , UREA (RENAL FUNCTION)
 - TP,TPT (study of coagulation)
 - CARDIAC ENZYMES
 - URINE TEST



ELECTROCARDIOGRAM

- Dx, Tx
- Used for the detection of arrhythmias, acute myocardial infarction, ischemia, electrolytic imbalances & function of the pacemaker



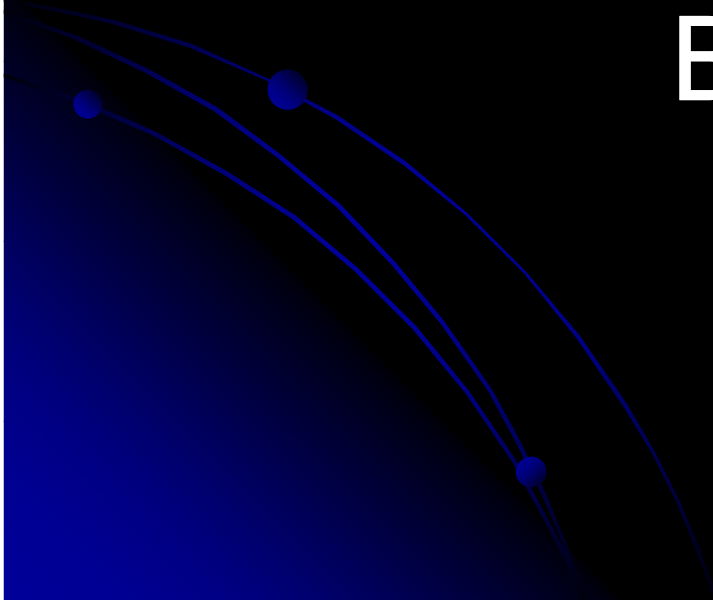






TREATMENT

- PREPARATIONS BEFORE BEGINNING



PREMEDICATION

- Prophylaxis for gastrointestinal symptoms:

- Omeprazol (Anti-Acid, Proton Inhibitor) 20 mg OA
- Meclizine & Piridoxine (antiemetic) 25/50mg OA
- Metoclopramide (Anti-Emetic, Pro Kinetic) 10 mg OA

- Blood Clot/PE Prevention:

- Heparin 5000 UI IV

HEP LOCK CATHETER

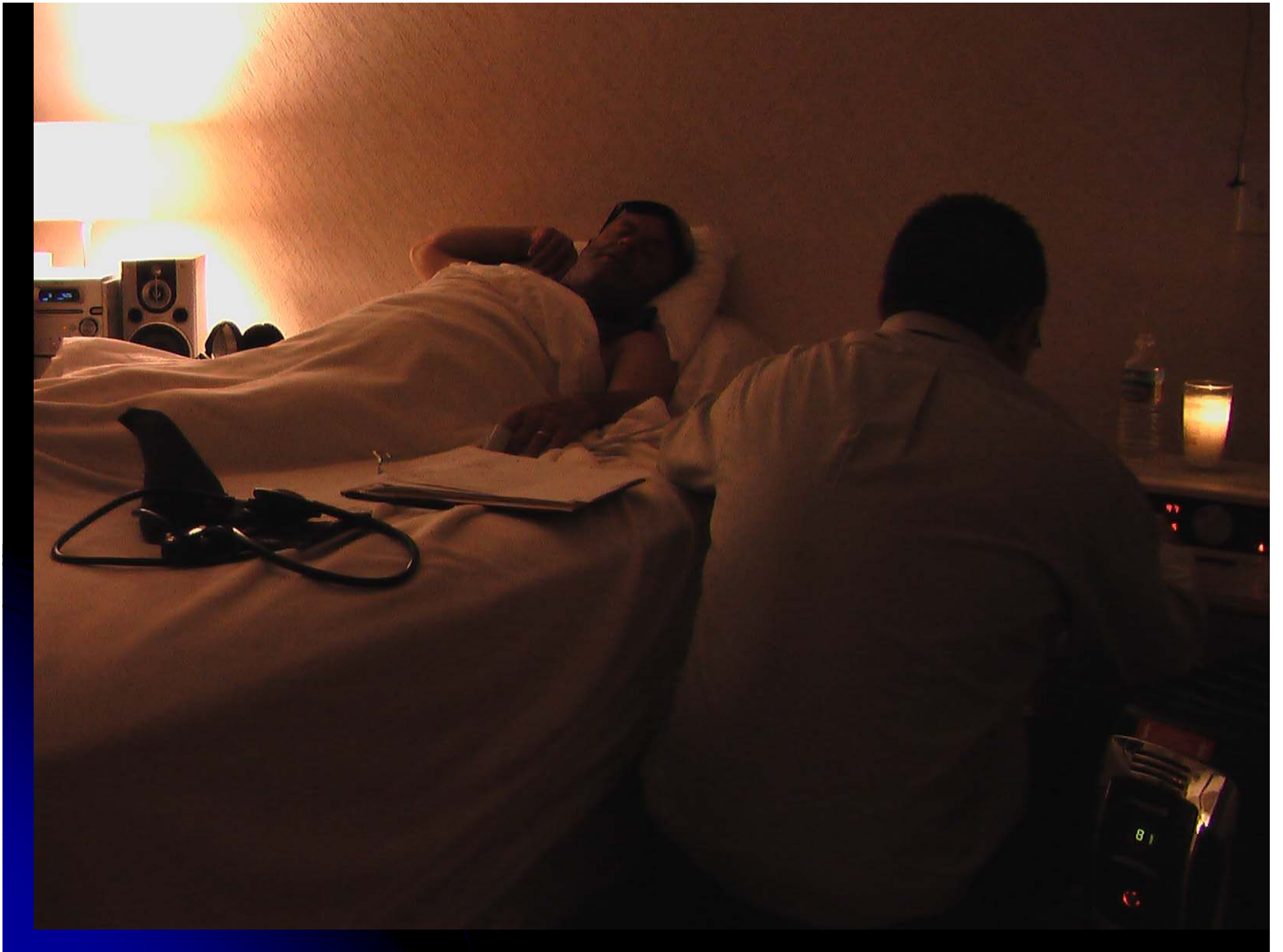


Monitorization:

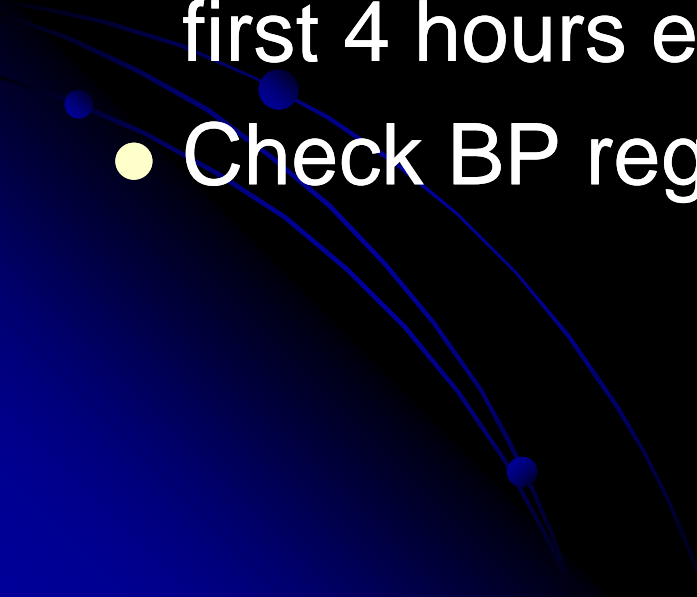
The first and most important monitor is the human observer

- Constant Vitals : HR, Pulse, BP, Respiration Rate
- Medicate for nausea
- 60 minutes: Test dose
- 30-45 minutes: Full dose





Monitorization:

- Monitor constantly
 - Initiate with BP, pulse & saturation of O₂
 - Note down pulse & saturation of oxygen first 4 hours every 15 minutes & check BP
 - Check BP regularly during Tx
- 



Monitorization:

Check for abstinence symptoms:

- Rhinorrhea, piloerection, mydriasis, yawning, lacrimation, tremors, hot or cold flashes, restlessness, vomiting, abdominal cramps, anxiety & muscle twitches

Ensure client's comfort & safety



