

Reducing Stigma and Improving Health Outcomes in Partnership with the BCCDC

Louise Nagy, National Director of Community Engagement and Environmental Sustainability



The opioid crisis in British Columbia is a public health emergency that has an impact on all of us; whether personally or through a friend or neighbour, in the province and Canada-wide.

From August to October, LifeLabs will be partnering with the BC Centre for Disease Control (BCCDC) Foundation to bring attention to this important issue. LifeLabs patient service centers will feature information about the overdose crisis, including messaging about reducing stigma towards those affected.



We all have a role to play in educating ourselves and changing the way we speak about and treat people who use substances. Substance use is a health issue, not a moral one. The BCCDC has developed a wide range of resources to provide insight on the overdose crisis.

Studies show that negative language discredits and discriminates, making people feel isolated and more likely to use drugs alone. When a person uses alone, he or she is less likely to access life-saving programs and services. Treating people who use substances with respect improves health outcomes and helps save lives.

WORDS MATTER

	4 GUIDELINES TO USING NON-STIGMATIZING LANGUAGE	
	Use people-first language	
Person who uses substances	Use language that reflects the medical nature	Drug user Addict
Person experiencing problematic substance use	Use language that promotes recovery	Abuser Junkie
Person experiencing barriers to accessing services	Avoid slang and idioms	Unmotivated Non-compliant
Positive test results Negative test results		Dirty test results Clean test results

VISIT TOWARDTHEHEART.COM FOR MORE INFORMATION

More information is available on the BCCDC Foundation website at <http://bit.ly/2H1AkiV>

Standard Outpatient Laboratory Requisition for Maternity Care

Dr Diana Whellams, MD, FRCPC, Microbiologist

Healthcare providers who care for pregnant patients may find it helpful to use a customized version of the Standard Outpatient Lab Requisition (SOPLR), the SOPLR for Maternity Care.

This requisition includes recommended tests based on weeks of pregnancy as per the Perinatal Services British Columbia Obstetric guideline as well as other common laboratory tests that might be indicated in pregnancy. Any additional tests can also be written into the “Other Tests and/or Patient Instructions” section on the lower right of the requisition.

A fillable PDF version of the SOPLR for Maternity Care can be found at LifeLabs.com in the “Requisitions” section.

Clinical Pearl: Asymptomatic Bacteriuria *Dr. Diana Whellams, MD, FRCPC, Medical Microbiologist*

Clinical Scenario: An 84 year-old man with severe dementia who lives in a long-term care facility experiences a fall one evening, but appears unhurt. Nursing notes indicate he seemed confused at the time of his fall and a urine sample was sent for culture. The patient's vital signs are stable and he denies dysuria or flank pain. The urine culture result returns as >10 M CFU/L *E coli* that is resistant to ampicillin but otherwise susceptible. Is treatment indicated?

Discussion: Earlier this year the Infectious Diseases Society of America (IDSA) updated their clinical practice guidelines for the management of asymptomatic bacteriuria to include recommendations for additional populations. The chart below summarizes some of the recommendations made in these guidelines:

Population	Recommendations for Asymptomatic Bacteriuria (ASB)
Pregnant women	SCREEN with urine culture in early pregnancy and TREAT
Patients undergoing urologic procedures with mucosal trauma	SCREEN with urine culture prior to surgery and TREAT with 1-2 doses of targeted antibiotic 30-60 minutes prior to surgery
Pediatric patients, healthy non-pregnant women, diabetic patients, renal transplant patients >1 month post-surgery, solid organ transplant patients, patients with impaired voiding following spinal cord injury, patients with indwelling urinary catheters, functionally impaired older patients or older patients in long-term care.	Screening for and treatment of ASB is NOT recommended in these populations

The guidelines also indicate that in older patients with functional/cognitive impairment who experience a fall or delirium, in the absence of genitourinary symptoms, fever or hemodynamic instability, observation and assessment for other causes is preferred over antimicrobial treatment of asymptomatic bacteriuria. (In cases where fever or other systemic symptoms suggestive of sepsis are present, broad spectrum antibiotic therapy IS recommended).

Since our patient doesn't have localizing symptoms and his vital signs are stable, it is reasonable to observe and search for other causes of his fall such as dehydration or medication changes rather than treat with antibiotics.

Reference: Nicolle et al, *Clinical Infectious Diseases*, Volume 68, Issue 10, 15 May 2019, Pages e83–e11.