EUDA
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Euro-DEN Plus

The European Drug Emergencies Network Plus Protocol

January 2026

Legal notice

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Contents

Introduction

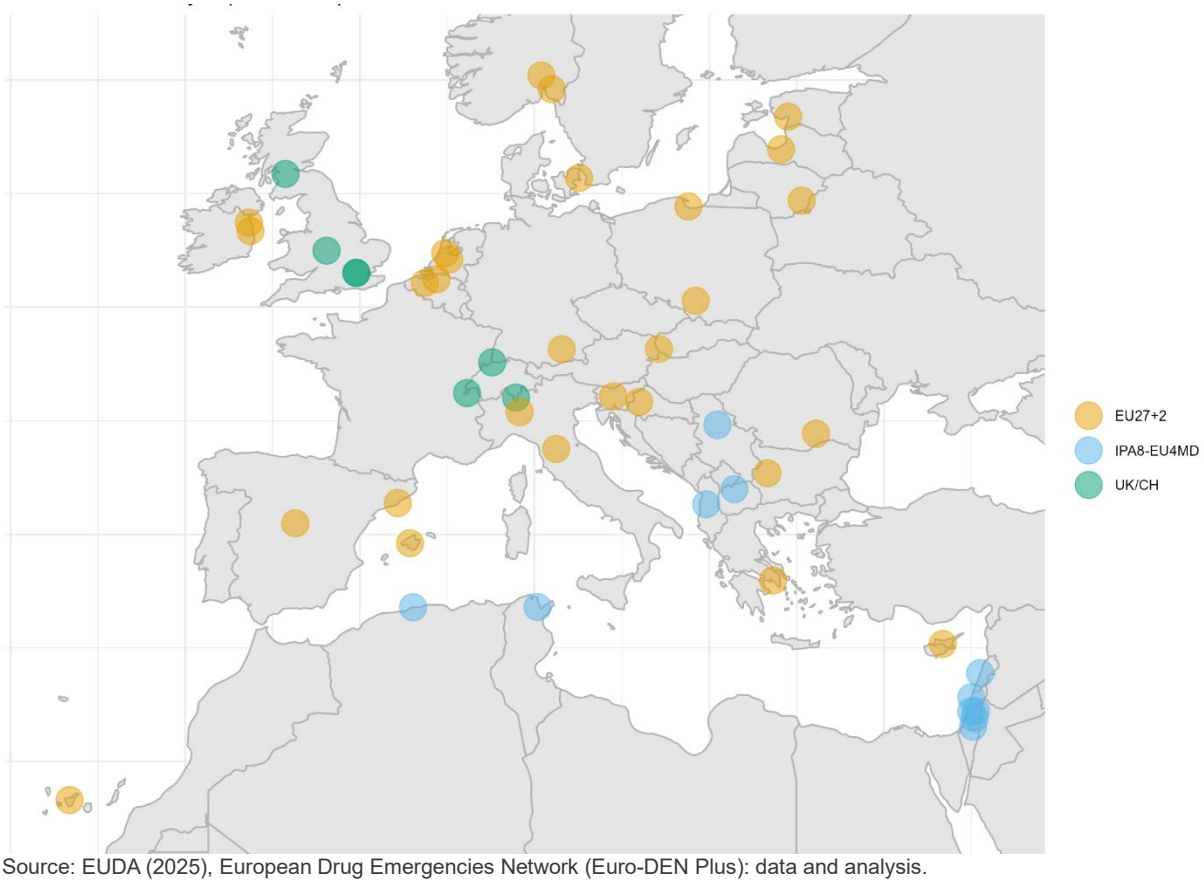
Illicit drugs and new psychoactive substances (NPS) are commonly used across Europe. Acute toxicity from their use, along with acute toxicity from the non-medical use (misuse) of prescription medicines, can lead to emergency department (ED) presentations with the potential for significant morbidity and/or mortality. For the purpose of this protocol, the term 'recreational drug' encompasses these three substance groups. A previous study showed that there are limited systematic data available at a national or international level on acute harm related to the use of recreational drugs (Heyerdahl et al., 2014). It is not possible to easily collect these data from national/central sources because of the limitations in the coding of acute drug toxicity using coding systems such as ICD-10 (Wood et al., 2019). This lack of systematic data on acute drug toxicity represented a significant gap in the public health understanding of the implications of drug use in Europe.

To address this gap, the European Drug Emergencies Network (Euro-DEN) project was set up in 2013, originally funded for 12 months by the DPIP/ISEC Programme of the European Union. The project has continued as the Euro-DEN Plus project, with support from the EMCDDA/EUDA. The aim of the project is to increase knowledge on ED presentations with acute toxicity related to the use of recreational drugs across Europe, in order to contribute, along with other sources of information, to monitoring and act as an early warning system on drug-related harms, as well as to inform responses and policies in Europe.

A network of sentinel centres across Europe was developed to collect systematic data on acute drug and NPS toxicity presentations. Data are collected using a purpose-built representative minimum dataset (Wood et al., 2014). These data are collected from routine hospital medical records, with no additional information collected over and above that collected as part of routine clinical care. Data were initially collected in an Excel spreadsheet (from 2013-2022). In 2022, the project adopted the secure and EU-approved REDCap online database for data collection. The data are collated by the Euro-DEN Plus coordinating centre in London, UK. The EUDA provides support with data quality control for the Euro-DEN dataset.

The initial Euro-DEN project involved 16 centres in 10 European countries. Over the lifetime of the Euro-DEN Plus project, 53 centres in 27 countries have contributed data. In 2025, there were 37 active centres in 21 countries, and over 90 000 presentations were recorded in the database. The description of the centres is available in the Source table section of the Euro-DEN Plus data explorer (EUDA, 2025). The location of the centres who reported data for the year 2024 is presented in the map below (Figure 1).

Figure 1. Location of the Euro-DEN Plus active centres



Source: EUDA (2025), European Drug Emergencies Network (Euro-DEN Plus): data and analysis.

Objectives

Primary objective

The primary objective of the Euro-DEN Plus project is to collect standardised data on acute drug toxicity presentations to EDs using a network of sentinel hospitals in Europe.

Secondary objectives

The secondary objectives of the Euro-DEN Plus project are to:

1. monitor trends and developments in acute drug and NPS toxicity in Europe, including demographics, clinical patterns of toxicity, outcomes and the drugs involved;

and

2. provide a better understanding of the implications of drug use across Europe through a sustainable knowledge base and knowledge infrastructure.

Ethical considerations

The data collected by the Euro-DEN Plus project are from routine hospital medical records and are considered sufficiently pseudonymised to be rendered anonymous under Recital 26

of the General Data Protection Regulation (GDPR) (European Union, 2016), and therefore individual patient consent is not required.

Each Euro-DEN Plus centre is responsible for obtaining the appropriate local governance approvals for the sharing of data and participation in the project.

The Euro-Den Plus network is committed to adapting to any future changes in the EU GDPR and related data protection and research regulations.

Project oversight and governance

The Euro-DEN Plus project is overseen and managed by the Euro-DEN Plus coordinating centre (Guy's and St Thomas' NHS Foundation Trust, London, UK) and supported by the European Union Drugs Agency (EUDA). In addition, there is a scientific review group which oversees data analysis and other projects within Euro-DEN Plus and reviews and approves all scientific outputs from Euro-DEN Plus before they are submitted for publication.

Methods

Study design

Euro-DEN Plus is a prospective, continuous, observational study using data collected from routine medical records of the sentinel hospitals which are part of the Euro-DEN Plus network. Data are collected on patient demographics, the drugs/NPS reported to have been used, the presence or absence of a series of defined clinical features, the treatment given and patient outcome (initial disposition (destination) from the emergency department and overall length of hospital stay).

Analytical confirmation of the drugs/NPS involved in the presentation is not routinely undertaken in most EDs, and therefore, this data is only collected if analytical confirmation is undertaken as part of routine clinical care.

Further details on data collection are to be found under the 'Data management and analysis' section.

Case definition

The unit of analysis is the case presentation and **not** the individual patient. Because of the anonymous nature of the Euro-DEN Plus dataset, repeated presentations from the same patient cannot be linked within the final Euro-DEN Plus dataset.

Inclusion criteria

Presentations included in the Euro-DEN Plus dataset are all presentations to the sentinel centre in which the patient has clinical features consistent with acute recreational drug toxicity and/or directly related to acute recreational drug use. The case definition is:

> *an individual who presents to the participating sentinel centre with symptoms and/or signs consistent with acute recreational drug toxicity and/or directly related to recreational drug use.*

This will include a patient who presents to the ED because of concerns related to an episode of recreational drug use, even if the patient has no clinical features at the time of presentation (i.e. a patient who has been unwell prior to attendance to the ED but is found to have no clinical symptoms or signs of acute toxicity on examination will also be included). In these presentations, the clinical symptoms and/or signs that the patient reported or was observed to have had prior to ED presentation are recorded (e.g. seizures in a nightclub).

Exclusion criteria

Presentations to the ED with any of the following are excluded from the study:

- Lone alcohol (ethanol) ingestion or intoxication, including cases involving 'spiked drinks' (i.e. drinks to which it is alleged a substance has been maliciously added), where patients have no clinical features of acute recreational drug toxicity.
- Body-packer presentations (i.e. intentionally swallowed/inserted securely wrapped packages of drugs, usually to smuggle into a country) or body-stuffer/body-pusher presentations (i.e. swallowed or inserted, poorly wrapped packets of drugs, usually to avoid detection by the police or similar),Clinical features consistent with an alternative medical diagnosis and not related to acute recreational drug toxicity.
- Presentations with trauma, unless the patient has clinical features of acute drug toxicity (e.g. hallucinations, agitation).
- Drug or alcohol (ethanol) withdrawal.
- Secondary complications of chronic drug use (e.g. infected injection sites, HIV/HBV/HCV, endocarditis) in which the patient has no evidence of acute recreational drug toxicity.
- Secondary complications of previous acute drug use complications (e.g. previous stroke secondary to hypertensive intracranial haemorrhage, aspiration pneumonia).
- An individual transferred through the ED for care to other areas of the participating centre (e.g. intensive care, surgery etc.) and not for a primary emergency evaluation.

Definitions and classifications of the substances

For the purpose of the Euro-DEN Plus project, a recreational drug is defined as:

> *a psychoactive compound that was taken for the purpose of recreational activities (rather than for medical purposes or as part of (deliberate) self-harm).*

The term 'recreational drug' is used to incorporate illicit drugs, NPS, and the non-medical use (misuse) of prescription medicines and other substances used for psychoactive effects. The term recreational drug is used in the Euro-DEN Plus project because it is a term that is routinely used by clinicians when managing these types of presentations, including in their clinical documentation in patient's medical records and in discussion with other clinicians about these types of issues.

The reporting of the recreational drugs associated with presentations is based on one or a combination of the following:

1. The patient's self-reported use
2. Information retrieved from witnesses
3. The opinion of the physician assessing the patient
4. The toxicologist/emergency physician reviewing the case record and undertaking data entry.

The types of drugs and substances included in the Euro-DEN Plus project are:

- Established, classified illicit drugs
- New (novel) psychoactive substances
- Plants, fungi or herbal/alternative medicines used for recreational/psychoactive purposes
- Licensed pharmaceutical preparations (available over the counter or on prescription) used for recreational purposes (also known as ‘non-medical use’ or ‘misuse’)
- Industrial and/or domestic products (solvents, glues, propellants etc.) used for recreational or psychoactive purposes.

The recreational drugs involved in Euro-DEN Plus presentations are classified into five groups:

1. Illicit drugs (‘drugs of abuse’, DOA)
2. New psychoactive substances (NPS)
3. Prescription medicines and those available on general sale (POM)
4. Other (O) such as chemicals like helium and butane
5. Unknown (U), where the substance has not been identified.

New psychoactive substances (NPS) are defined based on their inclusion in the EUDA European Database on New Drugs (EDND). The exception is ketamine which, although included in the EUDA EDND as an NPS, for the purposes of Euro-DEN Plus is included in the illicit drug category as most clinicians do not consider ketamine to be an NPS.

NPS are classified using the EUDA EDND system into 13 groups:

- Aminoindanes
- Arylalkyamines
- Arylcyclohexylamines
- Benzodiazepines
- Cannabinoids
- Cathinones
- Indolalkylamines (tryptamines)
- Opioids
- Others
- Phenethylamines
- Piperazine derivatives
- Piperidines and pyrrolidines
- Plants and extracts

In addition, there is an NPS unknown (NPS nk) group that is used when the drug is considered to be an NPS from the information included in the medical record, but it is not clear what type of NPS it is. A similar format is used if the class of NPS is documented but not the actual name, for example cathinones rather than mephedrone, would be documented as ‘Cathinone nk’. This is also used for prescription medicines: when the exact drug is not documented in the notes, but the drug class is recorded instead, for example ‘benzodiazepine’ rather than diazepam, this is recorded in the database as ‘Benzodiazepine nk’. Drug names and not brand names are used (e.g. diazepam not Valium, sildenafil not Viagra, cocodamol not Solpadol).

Some drugs are grouped together under one name, for example amyl nitrite and other volatile nitrites are entered as ‘Poppers’, and cannabis, ‘hash’, ‘weed’ or marijuana are entered as ‘Cannabis/Marijuana’. Slang drug names are not included, so ‘ecstasy’ is entered as MDMA and ‘crystal meth’ as methamphetamine; regional spellings are anglicised, so heroine, heroina or héroïne are entered as ‘Heroin’.

Data entry

Since 2022, the Euro-DEN Plus project moved to using the secure and EU-approved online database REDCap for data entry and collection. Screenshots of the Euro-DEN Plus REDCap database are shown in the appendix.

The individuals who undertake data entry in each sentinel ED are registered through the coordinating centre. They receive an individual username and a provisional password, required to log onto the REDCap database for data entry, and can access data from their own centre only.

Each Euro-DEN Plus centre has a unique two- or three-digit identifier. For each presentation entered into the REDCap database, a Euro-DEN Plus number is generated which is composed of three logic blocks: (a) the first two or three digits are the Euro-DEN Plus centre code; (b) the following three digits relate to the month of data collection (starting with 136 for January 2025); and (c) the last three digits are in sequential order of presentation, using 001 for the first presentation of the month, then 002, 003, etc. In addition to this Euro-DEN Plus number, REDCap automatically generates a separate unique number for each record entered, which is known as the ‘Record ID’. There is no direct patient identifier information in the Euro-DEN Plus number or REDCap Record ID.

An MS Excel Local ID spreadsheet for each month, pre-filled with the Euro-DEN Plus numbers described above is emailed to the centres bi-monthly by the coordinating centre. This is used by the centres to record the Euro-DEN Plus number with the local case identifier, such as hospital number. If further information about the presentation is required, the local centre can then trace the case while the collated Euro-DEN Plus dataset remains anonymised. **This spreadsheet is held only by the local centre and is not shared with any other local centre.** Also included in this spreadsheet is a formula to calculate the total length of stay using the presentation date and time and the hospital discharge date and time.

Study period

The study period is continuous from a hospital joining the Euro-DEN Plus project. Where possible, new centres start data collection at the beginning of the calendar year in which they join (in some cases this may mean some retrospective case identification and data entry). Data are collated by the coordinating centre annually for full analysis and the data are cleaned with the assistance of the EUDA. Continuous data entry is in place in some Euro-DEN Plus centres, and therefore 6-monthly data collation in those centres is currently being piloted.

Outputs

Euro-DEN Plus data have appeared in the EUDA European Drug Report since 2016, and since 2022 have been included in both the EUDA Statistical Bulletin and an online interactive data explorer tool on the EUDA website (EUDA, 2025).

The Euro-DEN Plus data are presented at international scientific and medical conferences and submitted for publication in peer-reviewed journals. By the end of October 2025, there had been over 30 peer-reviewed papers published by the Euro-DEN Plus group in a range of medical, scientific and other journals. A full list of published papers to date is available at: https://pubmed.ncbi.nlm.nih.gov/?term=euro-den. Additional ad hoc data analyses are undertaken for specific queries or projects at the request of the European Commission, European Union Drugs Agency, Reitox focal points or other national or international bodies.

Data management and analysis

Data variables

The Euro-DEN Plus pre-defined variables for data collection (the data entry codebook) are summarised in Table 1.

Table 1. Euro-Den Plus REDCap data entry codebook

Demographics, presentation and outcome details

Variable name	Description	Value
Euro-DEN Plus centre	Numerical code for centre, given when centre joins	Centre numbers start from 10 and increase consecutively
Year of presentation	Year patient attended ED	2013 onwards
Month of presentation	Month patient attended ED	January, February, March, April, May, June, July, August, September, October, November, December
3-digit case number	Last 3 digits of Euro-DEN number listed in Local ID spreadsheet. Start with 001 for the first entry of a new month, then 002, etc.	001-999
Euro-DEN Plus Number	Case identifier	Generated from above data
Day of week	Day patient attended ED	Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday
Time of day	Time of day patient attended ED	08.00-19.59 or 20.00-07.59
Age	Patient age at attendance	Completed years without fractions
Age unknown	Age unknown or not recorded	Unknown, Not recorded
Sex	Sex of patient	M, F, Other, Unknown, Not recorded
Sex other (please specify)	If Other is selected	Free text
Ambulance transfer to ER	If arrived at ED by ambulance	Yes, No, Not recorded
Ethanol co-ingested?	If the drugs taken with ethanol	Yes, No, Not recorded
Agent 1	Substance used by patient	Dropdown list The drug/agent list is available on request from the Euro-DEN Plus coordinating centre
Agent 2	Substance used by patient	Dropdown list
Agent 3	Substance used by patient	Dropdown list
Agent 4	Substance used by patient	Dropdown list
Agent 5	Substance used by patient	Dropdown list

Variable name	Description	Value
Agent 6	Substance used by patient	Dropdown list
See Definitions and classifications of the substances above for information on entering the agents. If more than six agents were used, enter the six most likely to contribute to the clinical picture; do not enter additional agents in field below		
Agent not on dropdown list	Substance not in list	Free text. Use only for drug or chemical name
Use only for drug or chemical name, no additional comments to be added in this box		
Length of stay	Total length of stay in hospital. For patients admitted include time in ward	Hours:minutes in numbers only, calculated in Local ID spreadsheet and transferred to REDCap database
Discharge from ED If patient is admitted, the field 'Died in hospital' will appear below.	How the patient was discharged from the ED If a patient is admitted and subsequently self-discharges, do NOT select self-discharge as this data point is collecting information on the discharge destination from the ED	Medically discharged Self-discharged Admitted to critical care Admitted to psychiatry Admitted to other service Death Not recorded Unknown
Died in hospital	If an admitted patient died	Yes, No, Unknown

Clinical features and treatments

Variable name	Description	Value ([1])
Cardiac arrest	If in cardiac arrest on arrival	Yes, No
If Yes, remember to select Yes for Arrhythmias in the next section and enter asystole, PEA arrest, or similar in free text Arrhythmia detail. Ensure no patient or healthcare provider identifiers are included		
Respiratory rate	Presentation respiratory rate in breaths per minutes	0-61
Heart rate	Presentation heart rate in beats per minute	0-241
Systolic BP	Presentation systolic blood pressure in mmHg	0-281
Diastolic BP	Presentation diastolic blood pressure in mmHg	0-181
Temperature	Presentation temperature in degrees centigrade	24.0-45.0
Lactate	Presentation blood lactate concentration in mmol/l	0.0-30.0
Conscious state at time of presentation	Presentation level of consciousness	GCS (Glasgow Coma Scale) 0-15 OR AVPU (Alert/Voice/Pain/Unconscious) OR Simple description (Alert/Drowsy/Coma) OR Conscious state unknown
Clinical features: 13 pre-defined specified symptoms/signs recorded before, on presentation and/or during the hospital admission. Select either Yes or No and do not leave blank or it will be considered missing data		
Agitation/aggression	Any episode or threat of disruptive behaviour, violence or a hostile lack of cooperation	Yes, No

Variable name	Description	Value ([1])
Anxiety	Any feelings of fear, apprehension or dread; or record in the medical notes of 'anxiety'	Yes, No
Chest pain	Any report that the patient is experiencing pain in or across the chest	Yes, No
Hallucinations	Any false or altered perceptions which are visual, auditory, tactile, olfactory or gustatory	Yes, No
Headache	Any pain in the head, whether generalised or in a specific area	Yes, No
Hyperthermia	A temperature of equal to or greater than 39 degrees centigrade, measured by any method	Yes, No
Hypertension	A systolic blood pressure of equal to or greater than 180 mmHg	Yes, No
Hypotension	A systolic blood pressure of equal to or less than 90 mmHg	Yes, No
Palpitations	Any report that the patient is aware of a rapid, pounding or racing heartbeat	Yes, No
Psychosis	Any episode of delusions accompanied by confusion, hallucinations and lack of insight; use the opinion of the treating clinician which has been documented in the patient's notes	Yes, No
Seizures	Any type of generalised tonic-clonic, myoclonic, partial or focal seizure that occurs once or more	Yes, No
Vomiting	Any expulsion of stomach contents by the patient	Yes, No
Arrhythmias	Presence of significant arrhythmias. Sinus tachycardia or sinus bradycardia is NOT a criterion for recording an arrhythmia	Yes, No
Arrhythmia detail	If Yes selected Remember to complete if patient in cardiac arrest	Free text. Ensure no patient or healthcare provider identifiers are included.
Lowest conscious state during medical care	Lowest level of consciousness before or during the stay in ED or admission. This must be equal to or lower than the conscious level on presentation	GCS (Glasgow Coma Scale) 0-15 OR AVPU (Alert/Voice/Pain/Unconscious) OR Simple description (Alert/Drowsy/Coma) OR Conscious state unknown
Treatment required	Any intervention, including oxygen and intravenous fluids (even if these are used so routinely that there may be no obvious clinical indication for their use) before or during the stay in ED or admission	Yes, No dropdown; if Yes giving the 5 options listed below
Intubation	Insertion of endotracheal tube (ET) into trachea	Yes pre-hospital, Yes hospital, No

Variable name	Description	Value ([1])
Sedation	Administration of any sedation (e.g. benzodiazepines, antipsychotics, etc.) by any route, for agitation, anxiety, intubation, etc.	Yes pre-hospital, Yes hospital, Yes both, No
Naloxone	Administration of naloxone by any route	Yes pre-hospital, Yes hospital, Yes both, No
Flumazenil	Administration of flumazenil	Yes pre-hospital, Yes hospital, Yes both, No
Other antidote/intervention	Administration of any other antidote. IV fluids or other supportive treatments should not be considered an antidote, nor should sodium bicarbonate unless it is used for sodium channel blockade If sedation has already been selected sedative drugs do not need to be entered here	Free text

([1]) For quantitative variables, data entry is not allowed with values outside the minimum/maximum shown in the table.

If available, analytical data for up to 10 drugs are recorded in the next section. If testing was done but nothing was detected, 'Nothing detected' in the 'Drug/substance detected' field is selected and the appropriate sample and method selected. The centres do not enter negative results for individual drugs nor drugs detected that were known to have been given to the patient therapeutically.

Analytical data collection

Variable name	Description	Value
Analytical testing	Any analysis that has taken place to detect the agents used by the patient	Yes, No, dropdown if Yes giving options below:
Drug/substance detected	Substance detected in sample	Dropdown list
Concentration/result	Concentration measured by analysis	Free text, number only
Units	Units of above result	mg/l µmol/l mg/ml g/l g/dl
Sample	Bodily fluid analysed	Blood, urine, other, unknown
Method	Type of analysis used	IA for immunoassay MS for mass spectrometry GC-MS for gas chromatography-mass spectrometry LC for liquid chromatography LC-MS for liquid chromatography-mass spectrometry LC-MS-QTOF for LC-MS quadrupole time-of-flight
Site specific information	For centre to record extra information for local needs. Not used in overall analysis and not accessed by the EUDA. Ensure no patient or healthcare provider identifiers are included.	Free text

Data flow

The data are downloaded from REDCap by the EUDA and analysed with the software R studio and validated in conjunction with the coordinating centre. Data management and analysis are then undertaken by the coordinating centre, supported by the EUDA.

Data analysis

Primary indicators

The main geographical units of analysis for the EUDA interactive data explorer tool are the Euro-DEN Plus centres as defined by region, country, city and hospital with the following indicators:

- Year of presentation
- Total number of presentations
- Percentage of all presentations aged less than 25 years
- Percentage of all presentations aged more than 45 years
- Percentage of females
- Break-down by age band and sex
- Outcomes by sex
- Percentage of total presentations for certain drugs reported (including, by 2025, cannabis, cocaine, heroin, methadone, buprenorphine, fentanyl and derivates, nitazenes, other opioids, amphetamine, methamphetamine, MDMA, GHB/GBL, ketamine, pregabalin, any benzodiazepine, any NPS, synthetic cannabinoids, any medicine)
- Percentage of total presentations for first to fifth other named drugs.

Additional data analysis and outputs

A wide variety of additional analyses of Euro-DEN Plus data are undertaken to address specific queries from the European Commission, EUDA and other national or international agencies. These collate and analyse specific data variables that are necessary to address the specific query.

Additionally, any Euro-DEN Plus centre may request to undertake data analysis to address a specific clinical query or academic question (for example the relationship of clinical features to specific drugs used), trends in drugs associated with specific patient populations (e.g. paediatric or elderly cohorts) or trends in drugs-related acute toxicity across the Euro-DEN Plus project (e.g. NPS-related presentations). The centre wishing to undertake the data analysis submits a project proposal form outlining the specific project they want to undertake, the data they wish to utilise and expected outputs from the data analysis. The Euro-DEN Plus coordinating centre initially screens this to ensure the project is not already being undertaken. It is then reviewed by the Euro-DEN Plus scientific review group to determine whether the Euro-DEN Plus data are appropriate for addressing the proposal. Once approved, the Euro-DEN Plus centre is supplied with the relevant dataset. This is shared on the condition that the data will not be used outside of the team undertaking the specific project and will be deleted once the project is completed.

By October 2025, there have been over 30 peer-reviewed papers from the Euro-DEN Plus project. The current agreement for authorship on these papers is based on the International Committee of Medical Journal Editors (ICMJE) authorship criteria. Those individuals that

proposed and undertake the project are named authors together with all the members of the Euro-DEN Plus scientific review group at the time of the project. The order of the named authors on any submitted manuscript is determined by the contribution of the named authors in the study. Typically, the first and last-named authors will be from the centre undertaking and supervising the data analysis and project. In addition, up to two members of each Euro-DEN Plus sentinel centre are recognised in a collaborative author group. In the unlikely circumstance that a journal does not allow a collaborative authorship, then those individuals that would have been included in the collaborative authorship will be listed in an acknowledgement section of the paper.

References

EUDA (2025), *European Drug Emergencies Network (Euro-DEN Plus): data and analysis*, https://www.emcdda.europa.eu/publications/data-factsheet/european-drug-emergencies-network-euro-den-plus-data-and-analysis_en.

European Union (2016), 'Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)', *Official Journal of the European Union* L, 119/1, https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32016R0679.

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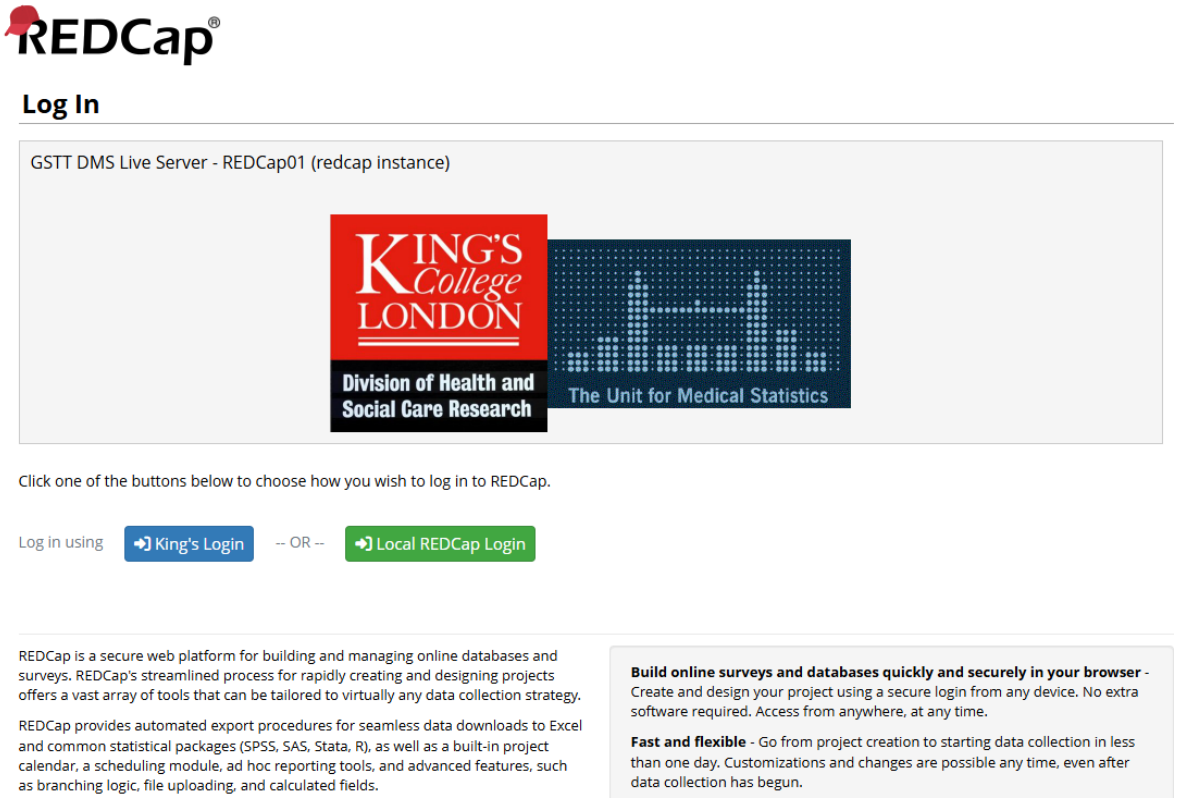
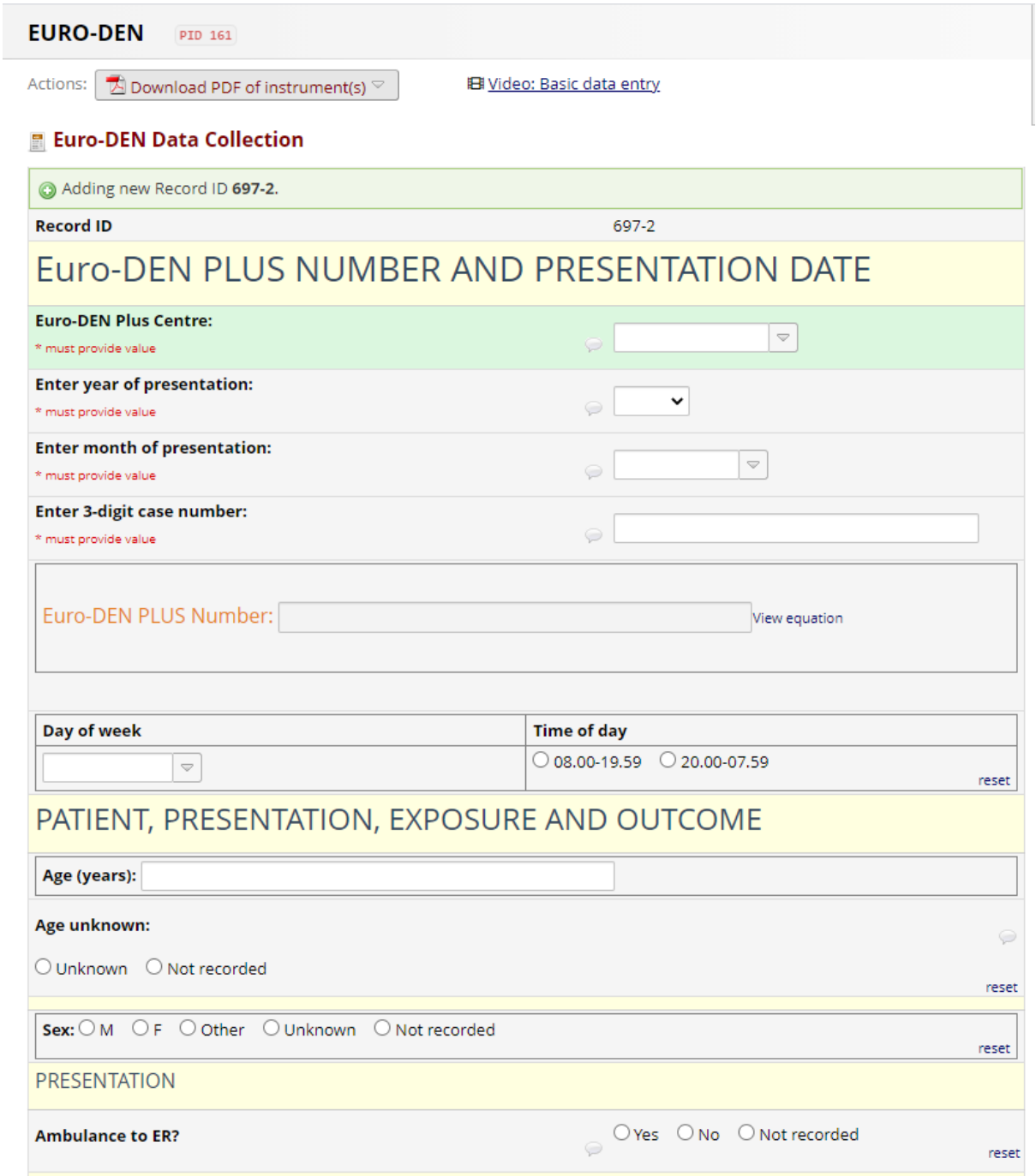
Appendix

Screen shots of Euro-DEN Plus REDCap

Log in page



The data entry fields are shown below.



AGENTS

Ethanol co-ingested? ○ Yes ○ No ○ Not recorded reset

Agent 1	
Agent 2	
Agent 3	
Agent 4	
Agent 5	
Agent 6	

UNLISTED DRUG / SUBSTANCE

- Enter any agent(s) that are not in the dropdown list:

OUTCOME

Length of stay (hours:minutes)	**Discharge from ER**

PRESENTING OBSERVATIONS

In cardiac arrest? ○ Yes ○ No reset

Enter presentation values if known (leave blank if not known):

Respiratory rate (per minute)		**Heart rate**	
Systolic BP (mmHg)		**Diastolic BP (mmHg)**	
Temperature degrees C		**Lactate (mmol/L)**	

CONSCIOUS STATE AT TIME OF PRESENTATION

CHOOSE **ONE** OF THE FOLLOWING FOUR OPTIONS TO DESCRIBE CONSCIOUS STATE:

○ GCS ○ AVPU ○ Simple description ○ Conscious state unknown reset

CLINICAL FEATURES

Agitation / aggression	○ Yes ○ No reset	**Hypertension**	○ Yes ○ No reset
Anxiety	○ Yes ○ No reset	**Hypotension**	○ Yes ○ No reset
Chest pain	○ Yes ○ No reset	**Palpitations**	○ Yes ○ No reset
Hallucinations	○ Yes ○ No reset	**Psychosis**	○ Yes ○ No reset
Headache	○ Yes ○ No reset	**Seizures**	○ Yes ○ No reset
Hyperthermia	○ Yes ○ No reset	**Vomiting**	○ Yes ○ No reset

Arrhythmias ○ Yes ○ No reset

LOWEST CONSCIOUS STATE DURING MEDICAL CARE (INCLUDING AT TIME OF PRESENTATION)

CHOOSE **ONE** OF THE FOLLOWING FOUR OPTIONS TO DESCRIBE LOWEST CONSCIOUS STATE:

○ GCS ○ AVPU ○ Simple description ○ Conscious state unknown reset

TREATMENT

Treatment required?

○ Yes ○ No reset

ANALYTICAL TESTING

ANALYTICAL TESTING? ○ Yes ○ No reset

SITE SPECIFIC INFORMATION

PLEASE ENSURE NO PATIENT / HEALTHCARE PROVIDER IDENTIFIERS ARE RECORDED

Additional site specific information:

Expand

Form Status

Complete? Incomplete

Lock this instrument?

If locked, no user will be able to modify this instrument for this record until someone with Instrument Level Lock/Unlock privileges unlocks it.

☐ Lock

Save & Exit Form | Save & Exit Record

– Cancel –