A 41-year-old woman with a history of bipolar I disorder, posttraumatic stress disorder, polysubstance abuse, and chronic pain secondary to syringomyelia presented to an emergency department with shortness of breath. As she developed progressive acute hypoxemic respiratory failure, she was intubated and mechanically ventilated. Chest computed tomography (CT) demonstrated a plastic pill bottle tucked under each breast (Figure 1) which contained oxycodone and hydroxyzine.

During subsequent clinical interviews, she disclosed that she had unintentionally overdosed with the intent to manage pain and anxiety while suffering from influenza, bacterial pneumonia, and sepsis. Her symptoms resolved with treatment including antibiotics.

Patients often present to the hospital with their own medications, but to our knowledge, no prior literature has documented patients hiding this medication. Although use of patients’ own medication (POM) in hospitals can facilitate medication reconciliation, POM may present a risk for medication errors. Opioids often represent a coping strategy for not only acute pain but also psychiatric distress in individuals with comorbid pain and psychiatric disorder, and these individuals are at greater risk of drug overdose. This case illustrates the risk of chronic opioid use, especially in individuals with complex biopsychosocial presentations, and suggests that, along with reviewing opioid prescribing practices, medical systems may benefit from reviewing policies on patients bringing their own medications to the hospital.

Figure 1. Contrast-enhanced CT scans
References