

## **Kansas Drug Category Matrix**



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Major	CNS	CNS	Hallucinogens	Dissociative	Narcotic	Inhalants	Cannabis
Indicators	Depressants	Stimulants		Anesthetics	Analgesics		
HGN	Present	None	None	Present	None	Present	None
Vertical Gaze	Present	None	None	Present	None	Present	None
Nystagmus	(High dose for					(High dose	
	that individual)					for that	
						individual)	
Lack of	Present	None	None	Present	None	Present	Present
Convergence							
Pupil Size	Normal (1)	Dilated	Dilated	Normal	Constricted	Normal (4)	Dilated (6)
Reaction to	Slow	Slow	Normal (3)	Normal	Little or None	Slow	Normal
Light	5 (0)				Visible		
Pulse Rate	Down (2)	Up	Up	Up	Down	Up	Up
Blood	Down	Up	Up	Up	Down	Up/Down (5)	Up
Pressure	N 1	7.7	**	***	D.	II ID I	N. I
Body	Normal	Up	Up	Up	Down	Up/Down/	Normal
Temperature	Fl! J	D:-:1	D:-:1	D:-:1	Planet d	Normal	N1
Muscle Tone	Flaccid	Rigid	Rigid	Rigid	Flaccid	Normal or	Normal
General	Disoriented	Anxiety	Body tremors	Blank stare	Constricted pupils	Flaccid Blood shot	Altered time/distance
Indicators	Droopy eyelids	Body tremors	Dazed appearance	Confusion	Depressed reflexes	Confusion	perception
indicators	Drowsiness Drunk-like behavior	Dry mouth Euphoric	Difficulty with speech Disoriented	Chemical odor Difficulty with speech	Drowsiness Droopy eyelids	Disoriented Flushed face	Alterations in thought formation
	Slow, sluggish reactions	Exaggerated reflexes	Flashbacks	Disoriented	(ptosis)	Intense headaches	Body Tremors
	Thick, slurred speech Uncoordinated	Excited Eyelid tremors	Hallucinations Memory loss	Early HGN Onset Hallucinations	Dry Mouth	Lack of muscle control	Bloodshot eyes Debris in mouth
	Unsteady walk	Grinding teeth	Nausea	Incomplete verbal	Euphoria Itching	Non-communicative	Disoriented
		(bruxism) Increased alertness	Paranoia	responses	Nausea "On the Nod"	Odor of substance	Eyelid tremors
		Increased alertness Insomnia	Perspiring Poor perception of time and	Increased pain threshold "Moon Walking"	Puncture marks	Possible nausea Residue of	Impaired memory Increased appetite
		Irritability	distance	Non-communicative	Slow, low raspy	substance	Lack of concentration
		Redness to nasal area Restlessness	Synesthesia Uncoordinated	Perspiring Possibly violent	speech Slowed breathing	Slow, thick, slurred speech	Mood changes Odor of Marijuana
		Runny nose	*NOTE	Sensory distortions	Track Marks		Panic reactions
		Talkative	*NOTE With LSD, piloerection may	Slow, slurred speech Warm to touch	*NOTE		Paranoia Possible Paranoia
			be observed (goose bumps,		Tolerant users exhibit		Possible vomiting
			hair standing on end)		relatively little psychomotor		Relaxed inhibition Sedation
			_		impairment		
Duration of	Ultra-Short:	Cocaine:	Duration varies	PCP Onset:	Heroin:	6-8 hours for	2-3 hours exhibit
Effects	A few minutes	5-90 minutes	widely from one hallucinogen to	1-5 minutes	4-6 hours	most volatile solvents	and feels effects
	Short:	Amphetamines:	another	Peak Effects:	Methadone:	SOIVEIRS	(impairment may
	Up to 5 hours	4-8 hours		15-30 minutes	Up to 24 hours	Anesthetic	last up to 24
	*		LSD: 10-12 hours			gases &	hours, without
	Intermediate:	Meth-		Exhibit effects	Others: Vary	Aerosols - very	awareness of
	6-8 hours	amphetamine:	Psilocybin: 2-3 hours	up to 4-6 hours		short duration	effect.)
	Longi	12 hours plus		DVM Ongst			
	Long: 8-14 hours			DXM Onset: 15-30 min.			
	0-14 110013			Effects 3-6 hours			
Usual	Injected	Insufflation	Injected	Eye drops	Injected	Insufflation	Oral
Methods of	(occasionally)	Injected	Insufflation	Injected	Insufflation		Smoked
Ingestion	Insufflation	Oral	Oral	Insufflation	Oral		Transdermal
	Oral	Smoked	Smoked	Oral	Smoked		
	01	A	Transdermal	Smoked	0.11.1	Conding or	
Overdose	Clammy skin	Agitation Hallucinations	Long intense "trip"	Long intense "trip"	Cold, clammy	Cardiac arrhythmia Possible psychosis	Excessive
Signs	Coma Dilated pupils	Increased body			skin Coma	Respiration ceases	vomiting Fatigue
	Rapid, weak pulse	temperature			Coma	Severe nausea or vomiting	Paranoia
	Shallow breathing	temperature			Slow, shallow	Risk of death	Possible
	Shanow bicacining				breathing		psychosis

**Footnote**: These indicators are the most consistent with the drug categories. Keep in mind that there may be variations due to individual reaction, dose taken and drug interactions.

- 1. SOMA, Quaaludes and some Antidepressants usually dilate pupils
- 2. Quaaludes, ETOH and some Antidepressants may elevate
- 3. Certain psychedelic amphetamines may cause slowing
- 4. Normal, but may be dilated
- 5. Down with anesthetic gases, up with volatile solvents and aerosols
- 6. Pupil size possibly normal

School Bus Safety Unit

**Normal Ranges** 

**Pulse** – 60-90 beats per minute

Pupil Size – Room Light - 2.5-5.0mm

Near Total Darkness - 5.0-8.5mm Direct Light - 2.0-4.5mm

Blood Pressure - 120-140 Systolic / 70-90 Diastolic

**Body Temperature** – 98.6 +/- 1 degree

Kansas leads the world in the success of each student.

Revised July 2022