



THE IMPAIRED PATIENT OR COLLEAGUE



Center for Lifelong Learning
UMDNJ School of Nursing
Prescribing Controlled Substances for
Advanced Practice Nurses


Definitions

- Substance Use: A reasonable ingestion of a mood-altering chemical substance or drug, for a clearly defined beneficial purpose, that is regulated by that purpose.




- Substance Misuse: An unreasonable ingestion of a mood-altering substance that is potentially harmful to the drug + mis-user or others, not for a well-defined beneficial purpose and is a random act.

- Substance Abuse: Unreasonable ingestion of a mood-altering substance that causes harm or injury to the abuser.




- Chemical Dependency: Impulsive ingestion of a mood-altering substance, not by reason or choice, unhealthy need or sick relationship.



Incidence

- 10% to 15% of health care workers are affected
- At risk due to:
 - ▣ Exposure and accessibility
 - ▣ Knowledge of pharmacology that leads to a false sense of control
 - ▣ Tendency to self medicate



Most abused medications....

- Opioids, which are most often prescribed to treat pain _
- CNS depressants, which are used to treat anxiety and sleep disorders _
- Stimulants, which are prescribed to treat the narcolepsy, attention-deficit hyperactivity disorder (ADHD), and obesity



Providers should note...

- Rapid increases in the amount of a medication needed
- Frequent requests for refills before the quantity prescribed should have been used
- Those addicted to prescription medications may engage in "doctor shopping,"

- Preventing or stopping prescription drug abuse is an important part of patient care.
- Health care providers should not avoid prescribing or administering strong CNS depressants and painkillers, if they are needed.

Pain Management

- Appropriate pain management, including opioids, should not be withheld in patients with current or past substance abuse disorders.
- A fear of triggering or worsening addictive disease should not preclude the use of effective therapy.
- Failure to provide effective pain management may ultimately reinforce addictive behavior.
- Respect all patients' rights to pain management.
- **No scientific evidence suggests that providing opioid analgesia worsens addictive disease.**

- **A guide to substance abuse services for primary care clinicians treatment improvement protocol (TIP) series, #24 U.S. Department of Health and Human Services**
 - Broaching the subject
 - Screening tools
 - Contracts/guidelines
 - When to refer
 - <http://text.nlm.nih.gov>

Physical and Behavioral Indicators of Chemical Dependency

- Personal
 - Deteriorating personal hygiene
 - Multiple physical complaints
 - Accidents
 - Personality and behavioral changes
 - Many prescriptions for self and family
 - Emotional crises

Home and Family

- • Behavior excused by family and friends
- • Drinking activities are a priority
- • Arguments/violent outbursts
- • Sexual problems
- • Extramarital affairs
- • Withdrawal from family and fragmentation of family
- • Neglect of children
- • Abnormal, illegal, anti-social actions of children
- • Separation or divorce
- • Unexplained absences from home



Medical/Physical

- Observable decline in physical health
- Weight changes
- Pupils either dilated or constricted; face flushed/bloated
- Emergency-room treatments: overdose, cellulitis, gastrointestinal problems, systematic infections, unexplained injuries, migraine headaches, auto accidents,
- Claims of having been "mugged" but without witnesses
- Inability to focus and track in a conversation
- Shakiness, tremors of hands
- Slurred Speech
- Unsteady gait
- Runny nose
- Nausea, vomiting, diarrhea



Friends and Community

- Personal isolation
- Embarrassing behavior
- Driving while intoxicated
- Legal problems
- Neglect of social commitments
- Unpredictable behavior such as inappropriate spending



Office/Health Care Practice Setting

- Workaholic behavior
- Disorganized schedule
- Unreasonable behavior
- Inaccessibility to patients and staff
- Frequent trips to the bathroom or other unexplained absences
- Decreased workload or workload intolerance
- Excessive drug prescriptions and supply
- Excessive ordering of drug supply
- Frequent complaints by patients regarding behavior such as altercations with patients/clients
- Prolonged lunch breaks
- Alcohol on breath
- Frequent absences or illness
- Sporadic punctuality

Other Professional Problems

- Frequent job changes or relocation
- Impatience for state licensure by endorsement prior to verification of credentials
- Unusual medical history
- Vague letters of reference
- Inappropriate qualifications
- Deterioration of relationship with patients/clients
- Increasing malpractice incidents
- Licensure issues

- Know the performance baseline from which a person has normally functioned.
- Negative behaviors and practice that clearly move away from the individual's performance baseline are common indicators
- Health care professionals struggle to maintain their professional standards
- They continue functioning for a long time in spite of their active addictions

Reasons why Peers, Supervisors, Employers Don't Identify the Chemically Dependent Health Care Professional

- Uncertainty or disbelief about signs and symptoms
- Reluctance or refusal to identify signs and symptoms
- Hoping that "things will get better"
- The possibility that legal sanctions might be applied
- Involvement with a chemically dependent colleague involves risk
- Enabling behavior
 - a. Ignoring
 - b. Covering up the consequences
 - c. Trying to protect
 - d. Making excuses
 - e. Doing the job for the affected health care professional

How can you tell?

- Unfortunately, early on there is virtually no detection means, because people who use drugs can continue to function to all appearances at high level until they take enough that it begins to impair either actual functioning or memory, which they somehow manage to cover up.



What to do?

- Confront the colleague
- Early intervention
 - Avoid disastrous consequences



Our Responsibility

- To our colleagues
 - Family
 - Divorce
 - Children
 - Financial
 - Profession
- To the public (patient consumer)
 - Potential for harm

Treatments

- **Inpatient/Residential Treatment:** This type of treatment usually consists of a minimum inpatient stay of at least 28 days.
- **Outpatient Treatment:** This type of treatment offers more flexibility and provides less disruption to the individual's everyday life than inpatient treatment.

Aftercare: This type of treatment is a vital extension of the primary treatment program ranging from one to two years in length. Aftercare usually involves individual weekly group meetings and may also include individual sessions with a treatment provider.



□ **Extended Treatment:** This type of treatment usually is recommended at the conclusion of a 28-day program. This treatment option is very structured and can range in length anywhere from two months to two years.

□ **Twelve-Step Meetings:** Alcoholics Anonymous (A.A.) and Narcotics Anonymous (N.A.) are self help recovery groups and are an integral part of maintaining sobriety.

NJSNA Peer Assistance
njsna.org

- **24 Hour Hotline 1-800-662-0108.**
- Resource Guide for employers
- Nurse Support Groups at various locations
- List of volunteer speakers
- List of approved service providers for Board of Nursing/employer ordered substance abuse evaluations.

Recovery and Monitoring Program
(RAMP-NJ)

- Established and administered by Institute for Nursing – Trenton
- Not disciplinary or treatment
- Offers advocacy with employers, BON, and other sanctioning agencies.
- Can self-select or be referred
- Participants required to:
 - Be active in evaluation and treatment programs
 - Sign monitoring and return-to-work contracts
 - Attend peer support group and 12-step program
 - Subject to random drug testing

