



ubstance use disorder (SUD) is a challenging and complex issue for the nursing profession. Supportive and educated supervisors and colleagues help to identify nurses with this disease, so they can receive the help they need promptly.

Concerned and preoccupied with your own responsibilities and duties, you may not always recognize the warning signs of an SUD in a nurse co-worker or colleague. You may misread cues and look for other explanations for behaviors. That's why many nurses with SUD are unidentified, unreported, untreated and may continue to practice where their impairment may endanger the lives of their patients.

CASE STUDY:

Karen i a killed emergenç depar men (ED) n r e in a ho pi al ha rea a large n mber of ra ma ic im . In her per onal life, he i r ggling i h i e of grief and loneline and feel like ork i herap beca e I can forge for a hile. One da he acciden all goe home i h a di carded opia e. She i an e per on admini ering pain medica ion o o her and ha i ne ed relief in her pa ien man ime af er he admini er he dr g . Tha nigh he i ired and oo o nd p o leep, o he hink here ho ld be no harm in elf-admini ering he morphine i hi once o pro ide relief and ome m ch needed leep. She ell her elf he ill no do i again....



A eek la er, Karen again find her elf i h a narco ic in her po e ion, and he p rpo el ake i home o elf-injec. Wi hin a hor period of ime, he i di er ing on a reg lar ba i and reali e he ill e perience i hdra al nle he injec reg larl . Karen find her elf orking e ra hif , ol n eering o medica e co- orker' pa ien ho need pain medica ion , and i ola ing from o her aff member in order o proc re and e he dr g . Fello n r e in he ED recogni e ome hing i rong, b kno ing ho high! charged he depar men ' en ironmen i , he a mei'j re.



Behavioral changes can be physical, including:

- Subtle changes in appearance that may escalate over time;
- Increasing isolation from colleagues;
- Inappropriate verbal or emotional responses; and
- Diminished alertness, confusion or memory lapses.

When nurses are using drugs and unable to obtain them from a treating health care provider, they may turn to the workplace for access or diversion, often causing narcotic discrepancies, such as:

- Incorrect narcotic counts;
- Large amounts of narcotic wastage;

A week later, Karen again finds herself with a narcotic in her possession, and she purposely takes it home to self-inject. Within a short period of time, she is diverting on a regular basis and realizes she will experience withhas been treated for an SUD eventually returns to work, it is important that you help to create a supportive environment that encourages continued recovery.

Nurses that educate themselves about the behavior changes, physical signs and signals of drug diversion will help not only their colleagues with SUD, but also protect patients.

NC BN DRE ORCE

Resources available free of charge at ncsbn.org/sud-nursing.

NCSBN's SUD toolkit (which includes brochures, posters, a book and two continuing education [CE] courses), was developed to ensure that nurses are armed with knowledge to help identify the warning signs of SUD in patients, nurses and the general public as well as provide guidelines for prevention, education and intervention.

The following online courses are offered **free of charge** at <u>learningext.com</u>:

"Understanding Substance Use Disorder in Nursing"



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