Recognizing the Nurse in Crisis

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Faculty

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Objectives

- · Define chemical dependency
- List three behavioral symptoms of a nurse in crisis
- List three physical symptoms of a nurse in crisis

Objectives

- List at least 2 of the most addictive drugs
- Discuss the implications of substance misuse on the patient, co-worker, and agency

Chemical Dependency

- One of the leading health problems in the United States
- Classified as an endemic in our society
- Causes of dependency are multi factorial

Chemical Dependency

- A treatable medical illness with recognizable symptomotology
- Characterized by physical or psychological dependence on mood altering substances; tolerance; and relapse
- · Costs of dependency are significant

The Disease

- Chemical dependency is a primary disease
 - Not a symptom of other diseases,i.e. stress
- Chemical dependency is chronic
 - It is a permanent condition

The Disease

- · Chemical dependency is progressive
 - If left untreated symptoms will worsen
- Chemical dependency is fatal
 - Associated with overdose, death, suicide and organ/system failure

Causes of Chemical Dependency

- · Genetic predisposition
- · Family and peer influence
- · Sexual abuse in childhood
- · Low self esteem
- · Self treatment of mental illness
- Stress
- · Injury/chronic pain

The Nurse in Crisis

- 6% to 8% of nurses misuse a substance
- Misuse among nurses statistically mirrors that of society as 10% of the general population has the disease of addiction
- Nurses are equally susceptible to alcoholism

The Nurse in Crisis

- Nurses are at a higher risk for drug addiction
- Chemically dependent nurses exist in all areas of nursing

Risk Factors for Substance Misuse Among Nurses

- · Strong need to care for others
- · Family history of alcohol problems
- Education regarding effects of medication
- · Accessibility to drugs
- · Pharmacologic optimism

Risk Factors for Substance Misuse Among Nurses

- Minimal reporting of impaired behaviors
- Lack of identification of dependency problem
- Role strain

Causes of Substance Misuse

- Loss of control
- Development of a compulsion or craving for a mood altering substance in an attempt to regain control
- Distortion in cognitive and emotional functioning
- · Belief in efficacy of drug
- Denial of problem

The Most Dangerous Addictive Drugs

- Cocaine/Crack
- •Ecstasy
- Ritalin
- Hallucinogens
- Marijuana
- •Stadol
- Inhalants
- ·Ultram
- Methamphetamine
- · Crystal Meth

Physical Symptoms of the Nurse in Crisis

- Shakiness
- Tremors
- · Slurred speech
- · Watery eyes
- · Constricted/dilated pupils
- Diaphoresis

Physical Symptoms of the Nurse in Crisis

- Unsteady gait
- · Runny nose
- · Nausea/vomiting/diarrhea
- · Weight loss/gain
- · Change in grooming
- Track marks

Behavioral Symptoms of the Nurse in Crisis

- Mood swings
- Inappropriate laughter
- Fatigue
- Hyperactivity
- Depression
- · Inability to concentrate
- Blackouts

Behavioral Symptoms of the Nurse in Crisis

- Accidents
- · Problems in relationships
- · Physical ailments
- · Insomnia
- Inappropriate number calls at work
- Agitation
- Withdrawal

Occupational Patterns of the Nurse in Crisis

- · Difficulty completing assignments
- · Unacceptable performance
- Poor documentation
- Medication errors
- · Unexplained absences

Symptoms of Amphetamine Misuse

- · Dilated pupils
- · Dry mucous membranes
- Excessive sweating and shakiness; increased heart rate, metabolism, rapid or irregular heart beat, heart failure
- · Reduced or loss of appetite

Symptoms of Amphetamine Misuse

- · Lack of sleep, insomnia
- Talkativeness, but conversation often lacks continuity; changes subjects rapidly
- Unusual energy, accelerated movements and activities, nervousness, insomnia

Symptom of Opiate Misuse

- · Pinpoint pupils
- Respiratory depression and arrest
- · Drowsiness, confusion, sedation,
- · Nausea and vomiting, constipation
- Apathy and decreased physical activity

Symptom of Opiate Misuse

- Short lived euphoria or feeling good effects
- Alert to drowsy
- Coma or death (result of overdose)
- Staggering gait (heroin)

Symptoms of Alcohol Misuse

- More irritable with patients and colleagues
 - -Withdrawn, mood swings
- Isolated
- Elaborate excuses for behavior such as being late for work
- · Black-outs
 - Complete memory loss for events, conversations, phone calls to colleagues

Symptoms of Alcohol Misuse

- · Euphoric recall of events
- Does minimal work necessary
- Difficulty meeting schedules & deadlines
- · Illogical or sloppy charting
- Increasingly absent from duty with inadequate explanations; long lunch hours, sick leave after days off

Costs of Substance Misuse

- · Costs to agency include
 - -Sick time
 - -Absenteeism
 - Decreased productivity
 - Cost of recruiting, hiring, and training new staff

Costs of Substance Misuse

- · Costs to the individual include
 - -Loss of licensure
 - -Loss of income
 - -Loss of health benefits
 - -Legal costs
 - Health risks associated with addiction

Patient Impact

- Neglect
- · Risk of injury
- · Breach of confidentially
- · Possible death

Co-Worker Impact

- Increased work load
- Risk of injury
- Lost of trust or confidence in co-worker
- Poor appraisal of projects or work that requires teamwork
- Decreased continuity of care

Agency Impact

- Risk of litigation
- Possible federal fines for breach of HIPPA
- · Increased insurance cost
- Increased cost of replacing impaired nurse
- Patient injury judgment cost
- · Poor agency image/perception
- Decrease ability to serve the public's health needs

References

 Dwyer, D. (2002). Why didn't I know? The Reality of Impaired Nurses.

Retrieved on December 1, 2008 from http://findarticles.com/p/articles/mi_qa390 2/is_200203/ai_n9046754

 Chemical Dependency and Health Care Professionals. (2005). Retrieved on December 1, 2008 from http://www.hhs.state.ne.us/CRL/chemguid e.pdf

References

- Guideline for Managers Working with Impaired Nurses. (n.d.). Retrieved on December 1, 2008 from http://www.ohnurses.org/Content/Navigati onMenu/Resources/PeerAssistanceGuideli nesforManagersofImpairedNurses/Impaire d_Nurses.pdf
- Pavlovich-Danis, S. (n.d.). The impaired nurse. Retrieved on December 2, 2008 from http://www.nurse.com/ce/CE153-60

References

- Raia, S. (2004). Understanding Chemical Dependency. Retrieved on December 5, 2008 from http://findarticles.com/p/articles/mi_qa408 0/is_200411/ai_n9466489
- Vernarec, E. (2001). Impaired Nurses:
 Reclaiming Careers. Retrieved on
 December 1, 2008 from
 http://www.cartercenter.org/news/docume
 nts/doc591.html

References

 Voluntary Disciplinary Alternative Program. (n.d.). Retrieved on December 1, 2008 from http://www.abn.state.al.us/main/VDAP/mai n-vdap.html