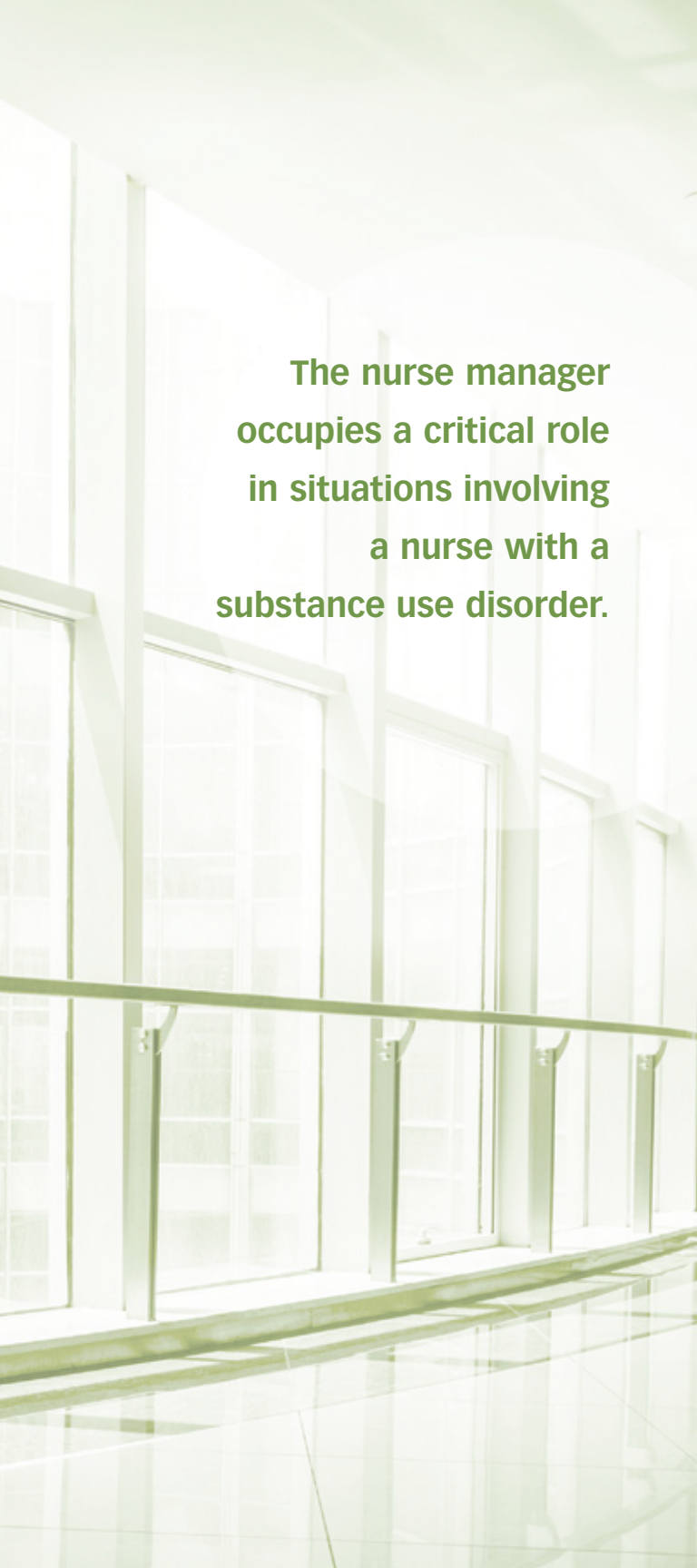


A Nurse Manager's Guide to

Substance Use Disorder in Nursing



NCSBN
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The background of the image is a bright, modern hospital corridor. It features large windows on the right side, allowing natural light to fill the space. A glass railing with metal supports runs along the left side of the corridor. The floor is made of large, light-colored tiles. The overall atmosphere is clean and professional.

**The nurse manager
occupies a critical role
in situations involving
a nurse with a
substance use disorder.**

As a nursing leader, you have an important responsibility—to keep patients and staff safe, while maintaining high standards of care on your nursing unit. A part of this responsibility includes communication with staff and the administration of your facility.

Substance use disorder (SUD) is rarely discussed on nursing units. Affected nurses are afraid of being caught and what the repercussions on their career may be. Other nurses on the unit may be unaware of the signs of SUD or may be uncertain about what to do, not wanting to jeopardize the career of a colleague. It is your responsibility to educate them, dispel myths and take action when needed.

**THIS BROCHURE WILL ASSIST YOU
IN RECOGNIZING:**

- Warning signs of an SUD in a nurse;
- Ethical and legal responsibilities of investigating and reporting a nurse with an SUD; and
- Steps necessary in transitioning a nurse who returns to work after treatment for an SUD.



The nurse manager occupies a critical role in situations involving a nurse with an SUD. When nurses think their supervisor knows how to detect an SUD and is willing to do something about it, SUD on the job decreases. The nurse manager's role in the process of removing the nurse from patient care is essential. Removal from practice will assist the nurse in focusing on care and treatment of the disorder, but more importantly, the earlier SUD is identified and the nurse is removed from patient care, the sooner patients are protected. By being armed with knowledge about SUD, you will protect patients and assist nurses in need.

BREAKING THE SILENCE ABOUT SUD

Although SUD is a progressive, chronic disease, it can be successfully treated. Through rehabilitation and monitoring programs, nurses can get the help they need.

No one is immune from developing an SUD. It can affect anyone regardless of age, ethnicity, gender, economic circumstance or occupation. Lack of knowledge about the facts surrounding SUD perpetuates negative stereotypes about those suffering with SUD. Since these negative stereotypes can impede the recovery process of the nurse,

education is the first step in creating a culture of acceptance and understanding about peers with SUD. A positive workplace can assist in maintaining recovery once the nurse returns to work.

The nurse manager should:

- Educate staff. Hold in-service education on SUD, disseminate resources, and inform staff of the manager's responsibility to identify nurses with signs of SUD and the importance of getting help;
- Dispel myths and misconceptions surrounding SUD;
- Ensure that the staff knows how to recognize the signs of SUD in a colleague;
- Maintain a confidential, open-door policy;
- Inform staff of the nurse practice act and regulations regarding SUD;
- Understand that a nurse with SUD needs support and treatment, not negativity and hostility from colleagues; and
- Have a policy in place on the unit that outlines SUD, as well as a procedure to follow should the manager or staff become aware of a nurse that may be impaired by SUD. This policy should include the following:
 - Process to report suspected impairment;
 - Maintenance of confidentiality (with the exception of mandatory reporting requirements to state and federal agencies);
 - Auditing process of medication records; and
 - Fitness for duty evaluations.

RECOGNIZING SIGNS AND SYMPTOMS

It's not always easy to recognize unsafe practices in a nurse with an SUD. It can be difficult to differentiate between the subtle signs of impairment and stress-related behaviors. Three things to scrutinize are behavior changes, physical signs and possible drug diversion.

Behavioral changes can include changes in job performance, such as:

- Absences from the unit for extended periods;
- Frequent trips to the bathroom;
- Arriving late or leaving early; or
- Making an excessive number of mistakes, including medication errors.

Behavioral changes can be physical, including:

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

When nurses are abusing drugs and are unable to obtain them from a treating health care provider, they may turn to the workplace for access, often causing narcotics discrepancies. These might include:

- Incorrect controlled substance counts;
- Large amounts of controlled substance wastage;
- Numerous corrections of medication records;
- Frequent reports of ineffective pain relief from patients;
- Offers to medicate co-workers' patients for pain;
- Altered verbal or phone medication orders; and
- Variations in controlled substance discrepancies among shifts or days of the week.

Loyalty, guilt and fear often prevent a nurse from reporting a colleague to the nurse manager.

Nurse managers and colleagues may misread these cues and consider other explanations for behaviors. In fact, many nurses with SUD are unidentified, unreported, untreated and continue to practice. Loyalty, guilt and fear often prevent a nurse from reporting a colleague to the nurse manager, but all nurses have a professional and ethical responsibility to do so in order to ensure the safety of patients. Prompt reporting will serve as a safeguard to prevent patient harm, and will help the nurse receive immediate care and treatment. Once a report has been made with the nurse manager, action by the manager must be taken immediately.

INVESTIGATION AND REPORTING

Although the method of investigation and intervention may differ according to facility policies and procedures, all jurisdictions require the nurse manager to act upon any report of, or suspicion of, SUD. Specific requirements for reporting to the board of nursing (BON), types of disciplinary actions, monitoring and nondisciplinary methods also differ depending on the jurisdiction. A BON may offer a monitoring or alternative-to-discipline (ATD) program for nurses that qualify for such a program. As a nurse manager, you must be aware of your nurse practice act and regulations regarding SUD. Each nurse practice act and/or nursing regulations define reportable events, direction about who to report to and consequences for failure to report. It is your responsibility to know these laws and regulations and respond appropriately.

RETURNING TO WORK

Facility policy, laws and regulations by the BON, as well as ATD policies and procedures, identify specific criteria for a nurse's return to practice. The return-to-work agreement establishes the terms and conditions of employment, including any practice restrictions, monitoring requirements, procedures in the event of a relapse and length of time the agreement is in effect.

A worksite monitor, often the nurse manager, supervises the return-to-work monitoring. Duties involved in worksite monitoring may include:

- Practice restrictions;
- Performance evaluations; and
- Behavioral evaluations.

Although SUD is treatable, the possibility of relapse is real. The nurse manager must continue to be aware of the same signs, symptoms and behavioral changes associated with SUD. If relapse is suspected, it is crucial to follow the reporting requirements in the return-to-work agreement, facility policies or jurisdiction's nurse practice act and regulations.

THE IMPORTANCE OF PREPARATION AND EDUCATION

Before facing the crucial and difficult situation of investigating a nurse suspected of an SUD or diversion, you, as the nurse manager, must be prepared and knowledgeable about your facility's policies and procedures, as well as your jurisdiction's nurse practice act and regulations regarding SUD. As a nursing leader, you should provide education to your staff regarding SUD and foster a positive workplace environment. Nurse managers can help their staff understand SUD and be prepared in the event a nurse develops SUD. Early recognition, reporting and intervention are fundamental for keeping patients safe from harm and helping colleagues recover. SUD is a challenging and complex issue for the nursing profession, but with supportive and educated supervisors and colleagues, nurses with this disease can receive the treatment and monitoring they need.

Ann is the nurse manager in a hospital emergency department (ED). She conducted an in-service on SUD last week, where she explained the signs and symptoms of a nurse with this chronic, but treatable, illness. Ann reminded the emergency room nursing staff that, according to the state's nurse practice act, they have a legal responsibility to report nurses suspected of SUD to the nurse manager, in addition to an ethical responsibility to help fellow nurses and protect patients. Ann concluded the in-service by reminding the team of her confidential, open-door policy.

Several days later, William, an ED nurse, approached Ann to express his concern about one of his colleagues, Karen. According to William, Karen has been acting different lately. Normally cheerful and reliable, Karen has been distant and withdrawn. She is often short-tempered and forgetful, yet she seems to pay extra attention to patients who have been ordered pain medication. William first thought that working in a busy ED was too stressful for Karen, but after the in-service, he's not so sure anymore. He realizes that speaking up is the right thing to do.

Immediately, Ann completes an audit of the unit's medication records. During her investigation of the medication records for Karen's patients, Ann discovers numerous discrepancies and falsified medication reports. Per hospital policy, she notifies her supervisor and appropriate hospital staff. Karen is removed from practice to receive treatment. A report is made to the board of nursing.

After completion of her initial treatment, Karen is able to return to work. Ann functions as the worksite monitor when Karen returns to work. The worksite monitor role ensures that the practice restrictions and reporting requirements are followed. Ann also offers Karen a positive environment to assist her in successfully completing her transition to the workplace.



NCSBN SUD RESOURCES

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 learningext.com:

“Understanding Substance Use Disorder in Nursing”

Developed as a companion to the video. Upon successful completion of the course, 4.0 contact hours are available.

“Nurse Manager Guidelines for Substance Use Disorder”

Upon successful completion of the course 3.0 contact hours are available.

Both courses are approved by the Alabama Board of Nursing.



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**Early recognition, reporting
and intervention are
fundamental for keeping
patients safe from harm and
helping colleagues recover.**

To find the board of nursing in your state/territory,
visit ncsbn.org/contactbon.

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