



Addressing some of the key factors when a patient is admitted with Substance Use Disorder

Script Language:

“Our goal is to provide everyone with the best medical care we can and to treat all of our patients with respect.”

“We know that our patients who use alcohol, drugs and tobacco value their health. What would it take for you to feel comfortable and not use alcohol, drugs or tobacco while you are in the hospital? “

“Can we come up with a plan together to keep you safe and comfortable while you are in the hospital?”

-Withdrawal management- Assure patients you will work to ensure they are not suffering from treatable symptoms of withdrawal.

-Cravings – Encourage them to share cravings/temptations they are having to use with you and assure them they will not be judged for having these.

-Safety plan -Discuss with them that many patients in the hospital bring things into the hospital that we do not want them to use during their inpatient stay, and if they have things we ask they turn these things over to staff. If not, then we request their belongings be searched as an added safety measure. If a search is not allowed, then their belongings will be safely held for them but not accessible to them during their inpatient stay.

Visitors- may be restricted based on their desires (request from them a list of persons they do not want to visit them) Discuss with them persons who they feel may put their convalescence/recovery at risk and ways to protect them during their hospitalization.

Potential Barriers to Being Therapeutic

Many people, including nursing staff, think of patients with substance use disorders as drug seeking, manipulative, hopeless, selfish, and lacking in the desire to change. This perspective makes engagement with the patient difficult, and the work can become unrewarding for the nurse. The nurse must challenge herself to reframe the way she is thinking about the patient’s behavior. There are several types of beliefs that the nurse can reframe:

- Seeing a patient as “med seeking.” Of course the patient is frequently requesting medications. This is the very way he has learned to cope when uncomfortable. The patient is probably not comfortable in the detoxification process.
- Seeing a patient as “manipulative.” All human beings try to get their needs met, and if someone is not skilled in making direct requests, she finds other ways to try to get what she is looking for. Many times patients do not have—and perhaps never learned—healthy communication skills.

- Seeing a patient as “selfish.” Patients with substance use disorders require self-centered behavior to secure the drug, to justify the use of drug, to hide the behavior, and to push away the shame and guilt. People have to learn to consider others as they recover.
- Seeing a patient as resistant to change. What appears to be a lack of desire for change may in fact be fear of change or lack of necessary skills to change. If a person is on an inpatient unit, there is some part of her that desires change. If the nurse is with her in the process, there is always hope, always another opportunity for recovery.
- Seeing a patient as “hopeless.” Change is a process that involves self-evaluation, experience, and development and practice of new life skills, among other things. It takes time to make a major life change, and few human beings do it perfectly the first time. If a person returns to treatment multiple times, the nurse can view this positively, as part of a process of learning and changing. Reframing the patient’s behavior and working from a positive perspective can help prevent the nurse from feeling frustrated and unrewarded.

Nursing Care Goals

Safety

- Provide a medically safe process of withdrawal from substances
- Prevent contraband from being brought to the unit, and prevent “sharing” of prescribed medications between patients (diversion)
- Prevent suicide attempts and aggression

Stabilization

- Increase patient comfort during the withdrawal process
- Help patients begin to visualize a life without addicting substances

Engagement

- Assist patients by engaging in treatment on the unit

Goals, Areas of Assessment, and Interventions for a Patient With Substance Use Disorders		
Goal	Assessment	Intervention
<i>Safety:</i> Provide a medically safe process of withdrawal from substances	<ul style="list-style-type: none"> ● Obtain information about patient’s history of complications during detoxification, including seizures and DTs ● Use a standardized 	<ul style="list-style-type: none"> ● Provide medications to stabilize vital signs

	<p>detoxification assessment scale every 1 to 4 hours to obtain and record vital signs and other withdrawal symptoms</p>	
<p><i>Stabilization:</i> Increase patient comfort during withdrawal process</p>	<ul style="list-style-type: none"> ● Observe how each patient is functioning and assess level of comfort ● Observe patient's use of comfort measures 	<ul style="list-style-type: none"> ● Offer non-addictive medications ● Offer comfort measures
<p><i>Stabilization:</i> Help patients begin to visualize a life without addicting substances.</p>	<ul style="list-style-type: none"> ● Assess readiness to visualize such a life ● Look for clues about what such a life would like for this particular patient 	<ul style="list-style-type: none"> ● Provide education and opportunities to visualize a different type of life ● Help patients learn to manage their emotions ● Help with goal setting ● Educate family members
<p><i>Treatment Engagement:</i> Assist patients to engage in treatment on the unit</p>	<ul style="list-style-type: none"> ● Assess patient's reason for coming in for treatment, readiness to engage in treatment, cognitive functioning, and past treatment experience 	<ul style="list-style-type: none"> ● Use motivational enhancement techniques ● Tailor interventions for patients with impaired cognitive functioning ● Use past treatment experiences as important information ● Build trust ● Do not compel the use of labels, make assumptions, or force confrontations ● Facilitate participation in group therapy ● Encourage engagement in unit

		activities
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Reference:

Damon, L. (2012). *Inpatient Psychiatric Nursing : Clinical Strategies & Practical Interventions*. New York: Springer Publishing Company. (The specific chapter on SUDs is on pages 205-240)

Therapeutic Language for Nurses:

Words Matter: The language of Addiction and Live Saving Treatments by Sarah Wakeman, MD, FASAM, Medical Director, Massachusetts General Hospital Substance Use Disorder Initiative <https://www.health.harvard.edu/blog/words-matter-language-addiction-life-saving-treatments-2016081510130>

Dr. Kelly’s presentation: <http://www.nadcp.org/sites/default/files/2014/CG1.pdf>

Instead of:	Try:
Addict	Person with a substance use disorder
Addicted to _____	Has a _____ use disorder OR Has a substance use disorder involving _____
Addiction	Substance Use Disorder
Alcoholic	Person with an alcohol use disorder
Clean	Abstinent
Clean Screen	Substance-free or Tested negative for Substance use
Dirty	Actively using or Positive for Substance Use
Dirty Screen	Tested positive for Substance Use

Drug Habit	Substance Use Disorder
Drug/Substance Abuser	Person with a Substance Use Disorder OR Person who uses drugs
Former/Reformed Addict/ Alcoholic	Person in Recovery OR Person in long-term recovery
Opioid Replacement or Methadone Maintenance or Medication-assisted treatment	Medication Treatment**

**The term “Medication-assisted treatment” has a negative view and connotation. Friedmann & Schwartz explain that this terminology makes someone feel as though “pharmacotherapy-induced remission is less valuable than *real* recovery,” and that this view ends up stigmatizing “patients, providers and the therapy itself” (Friedmann & Schwartz, 2012).