

Substance Abuse Disorders: A Guide for Managers and Supervisors by Peer Assistance Services, Inc., and Kate Ciluffo, RN, January 2011

- ◆ **Organizational Indicators**

- ◆ Failure to keep Schedule II and selected III, IV, and V controlled substances locked at all times.
- ◆ Leaving narcotic keys and prescription pads in plain view and unsecured.
- ◆ Failure to limit those individuals having access to narcotic keys.
- ◆ Signing out narcotics and carrying on person or leaving in unsecured location.
- ◆ Carelessness in conducting end-of-shift inventory.
- ◆ Failure to discard controlled substances appropriately, including failure to obtain witness to wasted substances.
- ◆ Healthcare professionals sharing or revealing their controlled substances access code to automated drug dispenser.
- ◆ Lax adherence to waste policies.
- ◆ Lack of scheduled routine audits with the pharmacy department as a regular quality assurance activity.
- ◆ Inadequate adherence to routinely scheduled pharmacy and/or Pyxis audits.
- ◆ Key personnel not receiving pharmacy or Pyxis audit reports or not receiving audit reports in a timely fashion.
- ◆ Lack of periodic policy review and staff in-service about SUD and drug diversion.
- ◆ A culture of enabling may exacerbate a SUD.

- ◆ **SUD Indicators – Behavioral Signs**

- ◆ Tends to give more medications, always uses maximal dose.
- ◆ Volunteers to give medications.
- ◆ Exhibits an increased level of waste and breakage.
- ◆ Shows strong interest in patient's pain control, the narcotic cabinet and use of pain-control substances.
- ◆ Requests to work evenings, nights, or weekends (shifts where there is less activity and supervision).
- ◆ Exhibits increased anxiety, mood swings, inappropriate crying or anger.
- ◆ Demonstrates problems interacting with peers and supervisors.
- ◆ Exhibits forgetfulness or memory lapses.
- ◆ Makes frequent trips to the bathroom or other unexplained, brief absences.
- ◆ Disappearance into the restroom immediately after accessing narcotic cabinet.
- ◆ Exhibits social avoidance.
- ◆ "Job shrinkage" – the healthcare professional increasingly does minimum work necessary for the job.
- ◆ Demonstrates absenteeism, tardiness, and increased use of sick leave.
- ◆ Gives elaborate or inadequate excuses for tardiness or absence, including long lunch hours or use of sick leave immediately after days off.
- ◆ Demonstrates difficulty meeting schedules and deadlines.
- ◆ Illogical and erroneous charting.
- ◆ Deteriorating handwriting.
- ◆ Comments regarding marital, economic, health, employment or other problems.
- ◆ Complains of frequent illness, minor accidents, and emergencies.
- ◆ Changing patient assignments for no apparent reasons.

- ♦ Leaves work frequently without explanation.
- ♦ Experiences rapid mood changes from irritation to depression to euphoria.
- ♦ Appears at work on days off or consistently comes to work early and stays late.
- ♦ Requests assignment that facilitates access to drugs.
- ♦ Elaborate implausible excuses for behavior.

- ♦ **SUD Indicators – Physical Symptoms**

- ♦ Shakiness and/or hand tremors.
- ♦ Slurred speech.
- ♦ Watery eyes dilated or constricted pupils.
- ♦ Diaphoresis.
- ♦ Unsteady gait.
- ♦ Runny nose.
- ♦ Nausea, vomiting, diarrhea.
- ♦ Weight loss or gain.
- ♦ Change in dress – suddenly wearing long sleeves or lab coats.
- ♦ Deterioration in grooming and increasing carelessness about personal appearance.
- ♦ Smell of alcohol on breath.
- ♦ Excessive use of breath mints, chewing gum, or mouthwash.
- ♦ Needle marks on arms.