

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.