

SUBSTANCE DEPENDENCE/ABUSE REHABILITATION

DSM-IV

ALCOHOL USE DISORDERS

303.90 Alcohol dependence

305.00 Alcohol abuse

AMPHETAMINE (OR AMPHETAMINE-LIKE) USE DISORDERS

304.40 Amphetamine dependence

305.70 Amphetamine abuse

CANNABIS USE DISORDERS

304.30 Cannabis dependence

305.20 Cannabis abuse

COCAINE USE DISORDERS

304.20 Cocaine dependence

305.60 Cocaine abuse

HALLUCINOGEN USE DISORDERS

304.60 Hallucinogen dependence

305.30 Hallucinogen abuse

INHALANT USE DISORDERS

304.60 Inhalant dependence

305.90 Inhalant abuse

NICOTINE USE DISORDERS

305.10 Nicotine dependence

OPIOID USE DISORDERS

304.00 Opioid dependence

305.50 Opioid abuse

PHENCYCLIDINE USE DISORDERS

304.90 Phencyclidine dependence

305.90 Phencyclidine abuse

SEDATIVE, HYPNOTIC, OR ANXIOLYTIC SUBSTANCE USE DISORDERS

304.10 Sedative, hypnotic, or anxiolytic dependence

305.40 Sedative, hypnotic, or anxiolytic abuse

POLYSUBSTANCE USE DISORDER

304.80 Polysubstance dependence

(For other listings, consult *DSM-IV* manual.)

Many drugs and volatile substances are subject to abuse (as noted in previous plans of care). This disorder is a continuum of phases incorporating a cluster of cognitive, behavioral, and physiological symptoms that include loss of control over use of the substance and a continued use of the substance despite adverse consequences. A number of factors have been implicated in the predisposition to abuse a substance (e.g., biological, biochemical, psychological [including developmental], personality, sociocultural and conditioning, and cultural and ethnic influences). However, no single theory adequately explains the etiology of this problem.

This plan of care addresses issues of dependence and is to be used in conjunction with plans of care relative to acute intoxication/withdrawal from specific substance(s).

CLIENT ASSESSMENT DATA BASE

Refer to appropriate acute plan of care regarding involved substance(s).

DIAGNOSTIC STUDIES

Drug (including-alcohol) Screen: Identifies drug(s) being used.

Addiction Severity Index (ASI) Assessment Tool: Produces a “problem severity profile” of the patient, including chemical, medical, psychological, legal, family/social and employment/support aspects, indicating areas of treatment needs.

Other Screening Studies (e.g., Hepatitis, HIV, TB): Depend on general condition, individual risk factors, and care setting.

NURSING PRIORITIES

1. Provide support for decision to stop substance use.
2. Strengthen individual coping skills.
3. Facilitate learning of new ways to reduce anxiety.
4. Promote family involvement in rehabilitation program.
5. Facilitate family growth/development.
6. Provide information about condition, prognosis, and treatment needs.

DISCHARGE GOALS

1. Responsibility for own life and behavior assumed.
2. Plan to maintain substance-free life formulated.
3. Family relationships/enabling issues being addressed.
4. Treatment program successfully begun.
5. Condition, prognosis, and therapeutic regimen understood.

NURSING DIAGNOSIS

May Be Related to:

Possibly Evidenced by:

Desired Outcomes/Evaluation Criteria— Client Will:

DENIAL ineffective

Personal vulnerability; fear; difficulty handling new situation

Learned response patterns; cultural factors, personal/family value systems

Delay in seeking, or refusal of, healthcare attention to the detriment of health/life

Does not perceive personal relevance of symptoms or danger, or admit impact of condition on life pattern; projection of blame/responsibility for problems

Use of manipulation to avoid responsibility for self

Verbalize awareness of relationship of substance abuse to current situation.

Engage in therapeutic program.

Verbalize acceptance of responsibility for own behavior.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Ascertain by what name client would like to be addressed.

Shows courtesy and respect, giving the client a sense of orientation and control.

Convey attitude of acceptance of client, separating individual from unacceptable behavior.

Promotes feelings of dignity and self-worth.

Ascertain reason for beginning abstinence, involvement in therapy.

Provides insight into client's willingness to commit to long-term behavioral change and whether client even believes that he or she *can* change. **Note:** If treatment is court-ordered, client may just be "doing time" until case is resolved and therefore may not be fully committed to the program. (Denial is one of the strongest and most resistant symptoms of substance abuse.)

Review definition of drug dependence and categories of symptoms (e.g., patterns of use, impairment caused by use, tolerance to substance).

This information helps client make decisions regarding acceptance of problem and treatment choices.

Answer questions honestly and provide factual information. Keep all promises.

Creates trust, which is the basis of the therapeutic relationship.

Provide information about addictive use versus experimental, occasional use; biochemical/genetic disorder theory (genetic predisposition); use activated by environment; pharmacology of stimulant; compulsive desire as a lifelong occurrence.

Progression of use continuum in the addict is from experimental/recreational to addictive use. Comprehending this process is important in combating denial. Education may relieve client of guilt and blame and may help awareness of recurring addictive characteristics.

Discuss current life situation and impact of substance use.

First step in decreasing use of denial is for client to see the relationship between substance use and peer group. Use confrontation with caring. personal problems.

Confront and examine denial/rationalization in peer group. Use confrontation with caring.

Because denial is the major defense mechanism in addictive disease, confrontation by peers can help the client accept the reality of adverse consequences of behaviors and that drug use is a major problem. Caring attitude preserves self-concept and helps decrease defensive response.

Provide information regarding effects of addiction on mood/personality.

Individuals often mistake effects of addiction on mood/personality for its cause and use this to justify or excuse drug use.

Confront use of anger, rationalization, or projection.

Anger is often a response of defensiveness, and pointing this out to the client can help him or her to accept feelings underlying anger. These defense mechanisms prolong the stage of denial that problems exist in client's life because of substance use.

Remain nonjudgmental. Be alert to changes in behavior (e.g., restlessness, increased tension).

Provide positive feedback for expressing awareness of denial in self/others.

Maintain firm expectation that client attend recovery support/therapy groups regularly.

Encourage and support client's taking responsibility for own recovery (e.g., development of alternative behaviors to drug urge/use). Assist client to learn own responsibility for recovering.

Confrontation can lead to increased agitation, which may compromise safety of client/staff.

Necessary to enhance self-esteem and to reinforce insight into behavior.

Attendance is related to admitting need for help, to working with denial, and for maintenance of a long-term drug-free existence.

Denial can be replaced with responsible action when client accepts the reality of own responsibility.

NURSING DIAGNOSIS**May Be Related to:****Possibly Evidenced by:****Desired Outcomes/Evaluation Criteria—
Client Will:**

COPING, INDIVIDUAL, ineffective

Personal vulnerability

Negative role modeling; inadequate support systems

Previous ineffective/inadequate coping skills with substitution of drug(s)

Altered social patterns/participation

Impaired adaptive behavior and problem-solving skills

Decreased ability to handle stress of illness/hospitalization

Financial affairs in disarray; employment difficulties (e.g., losing time on job/not maintaining steady employment, poor work performance, on-the-job injuries)

Verbalization of inability to cope/ask for help

Identify ineffective coping behavior/consequences, including use of substances as a method of coping.

Use effective coping skills/problem-solving.

Initiate necessary lifestyle changes.

ACTIONS/INTERVENTIONS**Independent**

Review program rules, philosophy, expectations.

RATIONALE

Having information provides opportunity for client to cooperate and function as member of group/milieu, enhancing sense of control and sense of success.

Determine understanding of current situation and previous/other methods of coping with life's problems.

Set limits and confront client's efforts to get caregiver to grant special privileges, making excuses for not following through on behaviors agreed on and attempting to continue drug use.

Be aware of staff attitudes, feelings, and enabling behaviors.

Encourage verbalization of feelings, fears, anxieties.

Explore alternative coping strategies.

Assist client to learn/encourage use of relaxation skills, guided imagery, visualizations.

Structure diversional activity that relates to recovery (e.g., social activity within support group), wherein issues of being chemically free are examined.

Use peer support to examine ways of coping with drug hunger.

Encourage involvement in therapeutic writing. Have client begin to write autobiography.

Discuss client's plans for living without drugs.

Provides information about degree of denial; acceptance of personal responsibility/commitment to change; identifies coping skills that may be used in present situation.

Client has learned manipulative behavior throughout life and needs to learn a new way of getting needs met. Following through on consequences of failure to maintain limits can help the client to change ineffective behaviors.

Lack of understanding, judgmental/enabling behaviors can result in inaccurate data collection and nontherapeutic approaches.

May help client begin to come to terms with long-unresolved issues.

Client may have little or no knowledge of adaptive responses to stress and needs to learn other options for managing time, feelings, and relationships without drugs.

Helps client to relax, develop new ways to deal with stress, enhances problem-solving.

Discovery of alternative methods of coping with drug hunger can remind client that addiction is a lifelong process and opportunity for changing patterns is available.

Self-help groups are valuable for learning and promoting abstinence in each member, using understanding and support, and peer pressure.

Therapeutic writing can enhance participation in treatment; serving as a release for grief, anger, and stress; provides a useful tool for monitoring client's safety; and can be used to evaluate client's progress. Autobiographical activity provides an opportunity for the client to remember and identify sequence of events in his or her life that relate to current situation.

Provides opportunity to develop/refine plans. Devising a comprehensive strategy for avoiding relapses helps move client into maintenance phase of behavioral change.

Collaborative

Administer medications as indicated, e.g.:

disulfiram (Antabuse);

This drug can be helpful in maintaining abstinence from alcohol while other therapy is undertaken. By inhibiting alcohol oxidation, the drug leads to an accumulation of acetaldehyde with a highly unpleasant reaction if alcohol is consumed (or even absorbed through the skin via colognes or shaving preparations).

acamprosate;

Helps to prevent relapses in alcoholism by lowering the activity of receptors for the excitatory neurotransmitter glutamate. This agent may become the drug of choice as it does not make the user sick if alcohol is consumed; it has no sedative, anti-anxiety, muscle relaxant, or antidepressant properties, and produces no withdrawal symptoms.

methadone (Dolophine);

This drug is thought to blunt the craving for/diminish the effects of opioids and is used to assist in withdrawal and long-term maintenance problems. It can allow the individual to maintain daily activities and ultimately withdraw from drug use.

naltrexone (Revia), Nalmefene (Revex).

Used to suppress craving for opioids and may help prevent relapse in the client abusing alcohol. Current research suggests that naltrexone suppresses urge to continue drinking by interfering with alcohol-induced release of endorphins. **Note:** Nalmefene has fewer side effects than naltrexone.

Encourage involvement with self-help resources (e.g., Alcoholics/Narcotics Anonymous).

Puts client in direct contact with support systems necessary for managing sobriety/drug-free life as meetings are available at many different times and places in most communities.

NURSING DIAGNOSIS

May Be Related to:

Possibly Evidenced by:

POWERLESSNESS

Substance addiction with/without periods of abstinence

Episodic compulsive indulgence; attempts at recovery

Lifestyle of helplessness

Ineffective recovery attempts; statements of inability to stop behavior/requests for help

Continuous/constant thinking about drug and/or obtaining drug

Alteration in personal, occupational, and social life

**Desired Outcomes/Evaluation Criteria—
Client Will:**

Admit inability to control drug habit, recognize powerlessness over addiction.

Verbalize acceptance of need for treatment and awareness that willpower alone cannot control abstinence.

Engage in peer support.

Demonstrate active participation in program.

Regain and maintain healthy state with a drug-free lifestyle.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Use crisis intervention techniques to initiate behavioral changes:
Assist client to recognize problem exists; discuss in a caring, nonjudgmental manner how drug has interfered with life.

Client is more amenable to acceptance of need for treatment at this time.
In the *precontemplation phase*, the client has not yet identified that drug use is problematic. While client is hurting, it is easier to admit substance use has created negative consequences.

Involve client in development of treatment plan using problem-solving process in which client identifies goals for change and agrees to desired outcomes.

During the *contemplation phase*, the client realizes a problem exists and is thinking about a change in behavior. The client is committed to the outcomes when the decision-making process involves solutions that are promulgated by the individual.

Discuss alternative solutions.

Brainstorming helps creatively identify possibilities and provides sense of control. During the *preparation phase*, minor action may be taken as individual organizes resources for definitive change.

Assist in selecting most appropriate alternative.

As possibilities are discussed, the most useful solution becomes clear.

Support decision and implementation of selected solutions.

Helps the client to persevere in process of change. During the *action phase*, the client engages in a sustained effort to maintain sobriety, and mechanisms are put in place to support abstinence.

Explore support in peer group. Encourage sharing about drug hunger, situations that increase the desire to indulge, ways that substance has influenced life.

Client may need assistance in expressing self, speaking about powerlessness, and admitting need for help, to face up to problem and begin resolution.

Assist client to learn ways to enhance health and structure healthy diversion from drug use (e.g., maintaining a balanced diet; getting adequate rest; exercising [e.g., walking, jogging, long-distance running]; and acupuncture, biofeedback, deep meditative techniques).

Provide information regarding understanding of human behavior and interactions with others (e.g., transactional analysis).
prophecies.

Assist client in self-examination of spirituality, faith.

Instruct in and role-play assertive communication skills.

Provide treatment information on an ongoing basis.

Collaborative

Refer to/assist with making contact with programs for ongoing treatment needs (e.g., partial hospitalization drug treatment programs, Narcotics/Alcoholics Anonymous, peer support group).

Learning to empower self in constructive areas can strengthen ability to maintain recovery. These activities help restore natural biochemical balance, aid detoxification, and manage stress, anxiety, use of free time, increasing self-confidence and thereby improving self-esteem. **Note:** Exercise promotes release of endorphins, creating a feeling of well-being.

Understanding these concepts can help the client begin to deal with past problems/losses and prevent repeating ineffective coping behaviors and self-fulfilling

Although not necessary to recovery, surrendering to and faith in a power greater than oneself has been found to be effective for many individuals in substance recovery; may decrease sense of powerlessness.

Effective in assisting in ability to refuse use, to stop relationships with users and dealers, to build healthy relationships, and regain control of own life.

Helps client know what to expect and creates opportunity for client to be a part of what is happening and make informed choices about participation/outcomes.

Continuing treatment is essential to positive outcome. Follow-through may be easier once initial contact has been made.

NURSING DIAGNOSIS

May Be Related to:

Possibly Evidenced by:

NUTRITION: altered, less than body requirements

Insufficient dietary intake to meet metabolic needs for psychological, physiological, or economic reasons

Weight loss; weight below norm for height/body build; decreased subcutaneous fat/muscle mass

Reported altered taste sensation; lack of interest in food

Poor muscle tone

Sore, inflamed buccal cavity

Laboratory evidence of protein/vitamin deficiencies

**Desired Outcomes/Evaluation Criteria—
Client Will:**

Demonstrate progressive weight gain toward goal, with normalization of laboratory values and free of signs of malnutrition.

Verbalize understanding of effects of substance abuse and reduced dietary intake on nutritional status.

Demonstrate behaviors, lifestyle changes to regain and maintain appropriate weight.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Assess height, weight, age, body build, strength, activity level. Note condition of oral cavity.

Provides information about individual on which to base caloric needs/dietary plan. Type of diet/foods may be affected by condition of mucous membranes and teeth.

Obtain anthropometric measurements (e.g., triceps skinfold).

Calculates subcutaneous fat and muscle mass to aid in determining dietary needs.

Note total daily calorie intake; maintain a diary of intake, as well as times and patterns of eating.

Information about client's dietary pattern will help identify nutritional needs/deficiencies.

Evaluate energy expenditure (e.g., pacing or sedentary), and establish an individualized exercise program.

Activity level affects nutritional needs. Exercise enhances muscle tone, may stimulate appetite.

Provide opportunity to choose foods/snacks to meet dietary plan.

Enhances participation/sense of control, may promote resolution of nutritional deficiencies, and helps evaluate client learning of dietary teaching.

Recommend monitoring weight weekly.

Provides information regarding effectiveness of dietary plan.

Collaborative

Consult with dietitian.

Useful in establishing individual dietary needs/plan and provides additional resource for learning.

Review laboratory studies, as indicated (e.g., glucose, serum albumin/prealbumin, electrolytes).

Identifies anemias, electrolyte imbalances, other abnormalities that may be present, requiring specific therapy.

Refer for dental consultation as necessary.

Teeth are essential to good nutritional intake and dental hygiene/care is often a neglected area in this population.

NURSING DIAGNOSIS**SELF ESTEEM, chronic low****May Be Related to:**

Social stigma attached to substance abuse, expectation that one control behavior

Negative role models; abuse/neglect, dysfunctional family system

Life choices perpetuating failure; situational crisis with loss of control over life events

Biochemical body change (e.g., withdrawal from alcohol/other drugs)

Possibly Evidenced by:

Self-negating verbalization, expressions of shame/guilt

Evaluation of self as unable to deal with events; confusion about self, purpose or direction in life

Rationalizing away/rejecting positive feedback, exaggerating negative feedback about self

**Desired Outcomes/Evaluation Criteria—
Client Will:**

Identify feelings and underlying dynamics for negative perception of self.

Verbalize acceptance of self as is and an increased sense of self-worth.

Set goals and participate in realistic planning for lifestyle changes necessary to live without drugs.

ACTIONS/INTERVENTIONS**RATIONALE****Independent**

Provide opportunity for and encourage verbalization/discussion of individual situation.

Client often has difficulty expressing self and has even more difficulty accepting the degree of importance substance has assumed in life and its relationship to present situation.

Assess mental status. Note presence of other psychiatric disorders (dual diagnosis).

Many clients use substances in an attempt to obtain relief from depression or anxiety, which may predate use and/or be the result of substance use. Approximately 60% of substance-dependent clients have underlying psychological problems, and treatment for both is imperative to maintain abstinence.

Spend time with client. Discuss client's behavior/use of substance nonjudgmentally.

The nurse's presence conveys acceptance of the client as a worthwhile person. Discussion provides opportunity for insight into the problems substance abuse has created for the client.

Provide information for positive actions and encourage client to accept this input.

Observe family interactions/SO dynamics and level of support.

Encourage expression of feelings of guilt, shame, and anger.

Help the client acknowledge that substance use is the problem and that problems can be dealt with without the use of drugs. Confront the use of defenses (e.g., denial, projection, rationalization).

Ask the client to list and review past accomplishments and positive happenings.

Use techniques of role rehearsal.

Collaborative

Involve client in group therapy.

Formulate plan to treat other mental illness problems. (Refer to appropriate CP as indicated.)

Administer antipsychotic medications as necessary.

Failure and lack of self-esteem have been problems for this client, who needs to learn to accept self as an individual with positive attributes.

Substance abuse is a family problem, and how the members act and react to the client's behavior affects the course of the disease and how the client sees self. Many unconsciously become "enablers," helping the individual to cover up the consequences of the abuse. (Refer to ND: Family Process, altered: alcoholism.)

The client often has lost self-respect and believes that the situation is hopeless. Expression of these feelings helps the client begin to accept responsibility for self and take steps to make changes.

When drugs can no longer be blamed for the problems that exist, the client can begin to deal with the problems and live without substance use. Confrontation helps the client accept the reality of the problems as they exist.

There are things in everyone's life that have been successful. Often when self-concept is low, it is difficult to remember these successes or to view them as successes.

Assists client to practice developing skills to cope with new role as a person who no longer uses or needs drugs to handle life's problems.

Group sharing helps encourage verbalization, as other members of group are in various stages of abstinence from drugs and can address the client's concerns/denial. The client can gain new skills, hope, and a sense of family/community from group participation.

Clients who seek relief for other mental health problems through drugs will continue to do so once discharged. The substance use and mental health problems need to be treated together to maximize abstinence potential.

Prolonged/profound psychosis following LSD or PCP use can be treated with these drugs, as this condition may be the result of an underlying functional psychosis that has now emerged. **Note:** Avoid the use of phenothiazines, as they may decrease seizure threshold and cause hypotension in the presence of LSD/PCP.

NURSING DIAGNOSIS**May Be Related to:****Possibly Evidenced by:****Desired Outcomes/Evaluation Criteria—
Family Will:****FAMILY PROCESS, altered: alcoholism [substance abuse]**

Abuse of substance(s); resistance to treatment

Family history of substance abuse

Addictive personality

Inadequate coping skills, lack of problem-solving skills

Anxiety, anger/suppressed rage; shame and embarrassment

Emotional isolation/loneliness; vulnerability; repressed emotions

Disturbed family dynamics; closed communication systems, ineffective spousal communication and marital problems

Altered role function/disruption of family roles

Manipulation; dependency; criticizing; rationalization/denial of problems

Enabling to maintain drinking (substance abuse); refusal to get help/inability to accept and receive help appropriately

Verbalize understanding of dynamics of enabling behaviors.

Participate in individual family programs.

Identify ineffective coping behaviors and consequences.

Initiate and plan for necessary lifestyle changes.

Take action to change self-destructive behaviors/alter behaviors that contribute to partner's/SO's addiction.

ACTIONS/INTERVENTIONS**RATIONALE**

Independent

Review family history; explore roles of family members, circumstances involving drug use, strengths, areas of growth.

Explore how the SO has coped with the client's habit (e.g., denial, repression, rationalization, hurt, loneliness, projection).

Determine understanding of current situation and previous methods of coping with life's problems.

Assess current level of functioning of family members.

Determines areas for focus, potential for change.

The person who enables also suffers from the same feelings as the client and uses ineffective methods for dealing with the situation, necessitating help in learning new/effective coping skills.

Provides information on which to base present plan of care.

Affects individual's ability to cope with situation.

Determine extent of enabling behaviors being evidenced by family members; explore with each individual and client.

Provide information about enabling behavior, addictive disease characteristics for both the user and nonuser.

Identify and discuss sabotage behaviors of family members.

Encourage participation in therapeutic writing, e.g., journaling (narrative), guided or focused.

Provide factual information to client and family about the effects of addictive behaviors on the family and what to expect after discharge.

Encourage family members to be aware of their own feelings, look at the situation with perspective and objectivity. They can ask themselves: "Am I being conned? Am I acting out of fear, shame, guilt, or anger? Do I have a need to control?"

Provide support for enabling partner(s). Encourage group work.

Assist the client's partner to become aware that client's abstinence and drug use are not the partner's responsibility.

Help the recovering (former user) partner who is enabling to distinguish between destructive aspects of behavior and genuine motivation to aid the user.

Note how partner relates to the treatment team/staff.

Explore conflicting feelings the enabling partner may have about treatment (e.g., feelings similar to those of substance abuser [blend of anger, guilt, fear, exhaustion, embarrassment, loneliness, distrust, grief, and possibly relief]).

Enabling is doing for the client what he or she needs to do for self (rescuing). People want to be helpful and do not want to feel powerless to help their loved one to stop substance use and change the behavior that is so destructive. However, the substance abuser often relies on others to cover up own inability to cope with daily responsibilities.

Awareness and knowledge of behaviors (e.g., avoiding and shielding, taking over responsibilities, rationalizing, and subserving) provide opportunity for individuals to begin the process of change.

Even though family member(s) may verbalize a desire for the individual to become substance-free, the reality of interactive dynamics is that they may unconsciously not want the individual to recover, as this would affect the family members' own role in the relationship. Additionally, they may receive sympathy/attention from others (secondary gain).

Serves as a release for feelings (e.g., anger, grief, stress); helps move individual(s) forward in treatment process.

Many clients/SOs are unaware of the nature of addiction. If client is using legally obtained drugs, he or she may believe this does not constitute abuse.

When the enabling family members become aware of their own actions that perpetuate the addict's problems, they need to decide to change themselves. If they change, the client can then face the consequences of own actions and may choose to get well.

Families/SOs need support as much as the person who is addicted to produce change.

Partners need to learn that user's habit may or may not change despite partner's involvement in treatment.

Enabling behavior can be partner's attempts at personal survival.

Determines enabling style. A parallel exists between how partner relates to user and to staff, based on partner's feelings about self and situation.

Useful in establishing the need for therapy for the partner. This individual's own identity may have been lost—she or he may fear self-disclosure to staff and may have difficulty giving up the dependent relationship.

Involve family in discharge referral plans.

Drug abuse is a family illness. Because the family has been so involved in dealing with the substance abuse behavior, family members need help adjusting to the new behavior of sobriety/abstinence. Incidence of recovery is almost doubled when the family is treated along with the client.

Be aware of staff's enabling behaviors and feelings about client and enabling partner(s).

Lack of understanding of enabling and codependence can result in nontherapeutic approaches to clients and their families.

Collaborative

Encourage involvement with self-help associations such as Alcoholics/Narcotics Anonymous, Al-Anon, Alateen, and professional family therapy.

Puts client/family in direct contact with support systems necessary for continued sobriety and assists with problem resolution.

NURSING DIAGNOSIS

May Be Related to:

Possibility Evidenced by:

**Desired Outcomes/Evaluation Criteria—
Client Will:**

SEXUAL dysfunction

Altered body function: neurological damage and debilitating effects of drug use (particularly alcohol and opiates)

Progressive interference with sexual functioning

In men: A significant degree of testicular atrophy is noted (testes are smaller and softer than normal), gynecomastia (breast enlargement), impotence/decreased sperm counts

In women: Loss of body hair; thin, soft skin, and spider angioma (elevated estrogen); amenorrhea/increase in miscarriages

Verbally acknowledge effects of drug use on sexual functioning/reproduction.

Identify interventions to correct/overcome individual situation.

ACTIONS/INTERVENTIONS

Independent

Ascertain client's beliefs and expectations. Have client describe problem in own words.

Encourage and accept individual expressions of concern.

Provide education opportunity (e.g., pamphlets, consultation from appropriate persons) for client to learn effects of drug on sexual functioning.

RATIONALE

Determines level of knowledge; identifies misperceptions, learning needs.

Most people find it difficult to talk about this sensitive subject and may not ask directly for information.

Much of denial and hesitancy to seek treatment may be decreased with sufficient and appropriate information.

Provide information about individual's condition.

Sexual functioning may have been affected by drug (alcohol) intake or physiological and/or psychological factors (such as stress). Information will assist client to understand own situation and identify actions to be taken.

Provide information about effects of substance use on the reproductive system/fetus (e.g., increased risk of premature birth, brain damage, and fetal malformation). Assess drinking/drug history of pregnant client.

Awareness of the negative effects of alcohol/other drugs on reproduction may motivate client to stop using drug(s). When client is pregnant, identification of potential problems aids in planning for future fetal needs/concerns.

Discuss prognosis for sexual dysfunction (e.g., impotence/low sexual desire).

In about 50% of cases, impotence is reversed with abstinence from drug(s); in 25%, the return to normal functioning is delayed; in approximately 25% impotence remains.

Collaborative

Refer for sexual counseling, if indicated.

Couple may need additional assistance to resolve more severe problems/situations. Client may have difficulty adjusting, if drug has improved sexual experience (heroin decreases dyspareunia in women/premature ejaculation in men). Furthermore, the client may have engaged enjoyably in bizarre, erotic sexual behavior while under the influence of stimulant drug(s); client may have found no substitute for the drug, may have driven a partner away, and may have no motivation to adjust to sexual experience without drugs.

Review results of sonogram, if client is pregnant.

Assesses fetal growth and development to identify possibility of fetal alcohol syndrome (FAS) and future needs.

NURSING DIAGNOSIS

KNOWLEDGE deficit [LEARNING NEED] regarding condition, prognosis, treatment, self care and discharge needs

May Be Related to:

Lack of information; information misinterpretation

Cognitive limitations/interference with learning (other mental illness problems/organic brain syndrome); lack of recall

Possibly Evidenced by:

Statements of concern; questions/misconceptions

Inaccurate follow-through of instructions/development of preventable complications

Continued use in spite of complications/"bad trips"

**Desired Outcomes/Evaluation Criteria—
Client Will:**

Verbalize understanding of own condition/disease process, prognosis, and treatment plan.

Identify/initiate necessary lifestyle changes to remain drug-free.

Participate in treatment program.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Be aware of and deal with anxiety of client and family members.

Anxiety can interfere with ability to hear and assimilate information.

Provide an active role for the client/SO in the learning process (e.g., discussions, group participation, role-playing).

Learning is enhanced when persons are actively involved.

Provide written and verbal information as indicated. Include list of articles and books related to client/family needs and encourage reading and discussing what they learn.

Helps client/SO make informed choices about future. Bibliotherapy can be a useful addition to other therapeutic approaches.

Assess client's knowledge of own situation (e.g., disease, complications, and needed changes in lifestyle).

Assists in planning for long-range changes necessary for maintaining sobriety/drug-free status. Client may have street knowledge of the drug but be ignorant of medical facts.

Time activities to individual needs.

Facilitates learning, as information is more readily assimilated when pacing is considered.

Review condition and prognosis/future expectations.

Provides knowledge base on which client can make informed choices.

Discuss relationship of drug use to current situation.

Often client has misperception (denial) of real reason for admission to the psychiatric (medical) setting.

Discuss effects of drug(s) used, e.g., PCP is deposited in body fat and may reactivate (flashbacks) even after long interval of abstinence; alcohol use may result in mental deterioration, liver involvement/damage; cocaine can damage postcapillary vessels, increase platelet aggregation, promote thromboses and infarction of skin/internal organs, cause localized atrophic blanche of sclerodermatous lesions.

Information will help client understand possible long-term effects of drug use.

Discuss potential for reemergence of withdrawal symptoms from stimulant abuse as early as 3 months or as late as 9–12 months after discontinuing drug use.

Inform client of effects of disulfiram (Antabuse) in combination with alcohol intake and importance of avoiding use of alcohol-containing products (e.g., foods/candy, cough syrups, mouthwash, aftershave/cologne).

Review specific aftercare needs (e.g., PCP user should drink cranberry juice and continue use of ascorbic acid); alcohol abuser with liver damage should refrain from drugs/anesthetics or use of household cleaning products detoxified in the liver.

Discuss variety of helpful organizations and programs that are available for assistance/referral.

Even though symptoms of intoxication may have passed, client may manifest denial, drug hunger, and periods of “flare-up,” in which a delayed recurrence of withdrawal symptoms occurs (e.g., anxiety, depression, irritability, sleep disturbance, compulsiveness with food [especially sugars]).

Interaction of alcohol and Antabuse results in nausea and hypotension, which may produce fatal shock. Clients taking Antabuse are sensitive to alcohol on a continuum, with some being able to drink while taking the drug and others having a reaction with only slight exposure to alcohol. Reactions also appear to be dose-related.

Promotes individualized care related to specific situation. Cranberry juice and ascorbic acid enhance clearance of PCP from the system. Substances that have the potential for liver damage are more dangerous in the client with impaired liver function.

Long-term support is necessary to maintain optimal recovery. Psychosocial needs, as well as other issues, may require addressing.