

# Management of Patients with Substance Abuse/ Dependence in Inpatient Setting

Sreeja .I



*Summary: The Nurse will encounter patients with substance abuse problems during practice and must be prepared to assess, implement, and evaluate nursing care of their patients. The nurse working with a patient who abuses alcohol or any other substance needs to develop a prioritized plan of care for each stage of the recovery process. Patient safety and health care are always the first priority, so the nurse focuses on treating and supporting the patient through the drug withdrawal process called detoxification. In subsequent stages of recovery the nurse focuses on education concerning the substance abuse/dependence process; physical, psychologic and psychosocial ramifications of continuing to use substances; relationship skills training, anger management and self esteem building.*

## **Introduction**

Substance abuse is a chronic, relapsing, disabling health condition with both genetic and societal implications. Substance abusers may be in treatment multiple times before they achieve prolonged abstinence. This poses unique challenges for health care professionals since they play an important role in helping patients achieve recovery and stay drug-free.

## **Inpatient care**

Generally inpatient care is used to provide a

structured treatment program for those who are severely impaired or debilitated, those who fail in OPD treatment effort, and those who have serious medical or psychiatric problems and/or are in an acute state of crisis. It is typically short term, 2-4 weeks and is followed by extended aftercare for 6-12month. Substance abusers differ greatly with respect to both severity of dependence and the biologic, social and psychological features of their abuse. Management of acute withdrawal, evaluation of overall health status, physical and environmental support, psychological support, and pharmacological support are the focus of

inpatient treatment.

## **Nursing process to substance abuse and dependency disorders.**

### **1. Assessment**

Care for a substance abusing patient starts with an assessment to determine which substance he is abusing. Signs and symptoms vary with the substance and dosage.

Assessment should include details of substance use, associated complications, high risk behaviors, past abstinence attempts, reason for treatment seeking, motivation level, presence of co-morbid psychiatric illness, premorbid personality, physical examination, recognizing emergency conditions like intoxication, overdose, withdrawal syndrome, and recognizing behavioral defenses. Patient care must be based not only on the data gathered during the assessment process but also on a revision of that data as new information becomes available.

### **2. Nursing diagnosis for Substance Related Disorder**

The most frequently used nursing diagnosis when caring for patients with substance related disorder is as follows

#### **Nursing diagnosis**

- Anxiety
- Acute confusion
- Ineffective coping
- Ineffective denial
- Interrupted family process
- Dysfunctional family process
- Risk for injury

- Impaired memory
- Imbalanced nutrition
- Disturbed sensory perception
- Sexual dysfunction
- Disturbed sleep pattern
- Risk for suicide
- Disturbed thought process
- Risk for self directed violence
- Impaired social interaction
- Hopelessness
- Self esteem disturbance
- Altered role performance

### **3. Planning**

During the acute phase of drug intoxication and detoxification, care focuses on maintaining the patient's vital functions, ensuring his safety, and easing discomfort. The domain of detoxification refers not only to the reduction of the physiological and psychological features of withdrawal syndromes, but also to the process of interrupting the momentum of compulsive use in persons diagnosed with substance dependence. This phase should increase the patient's readiness for and commitment to substance abuse treatment and foster a solid therapeutic alliance between the patient and care provider. Ongoing treatment is needed thereafter to maintain abstinence. Actual change requires the development of a clear, mutually acceptable treatment plan that structures specific interventions to meet the needs of the individual. This is facilitated by establishing a supportive, non-judgmental relationship that encourages active participation.

The nurse should be aware that it is rare for a

dependent person to suddenly stop substance use forever. Most try at least once and usually several times to use the substances in a controlled way. It is important for them to know that they should return to treatment as soon as possible if they relapse. These issues should be addressed openly in the planning process.

#### **4. Implementation**

Substance abusers often come into contact with the health care system because of a physiological crisis. It may be related to the overdose, withdrawal, allergy, toxicity. Nursing interventions vary depending on the nature of the current problems and their severity. The immediate needs often of an emergent nature, as well as long range goals of treatment and after care must be considered. The most important intervention for patients with substance related problem is to act as a therapeutic agent.

##### **A. Dealing with drug overdose**

Whether intentional or accidental, a drug overdose is life threatening.

No intoxicated patient should ever be allowed to leave a hospital setting. All such persons should be referred to the appropriate detoxification setting if possible, although there are legal restrictions that forbid holding persons against their will under certain conditions.

##### **Treatment**

A patient with signs of respiratory depression receives oxygen or intubation and mechanical ventilation. He is attached to a cardiac monitor, and a 12 lead ECG is taken. Urine, blood, and vomitus specimens are obtained for toxicology screening. Restraints may be applied to prevent him from harming himself or others.

##### **Emergency nursing interventions**

- Take appropriate steps to stop further drug absorption. If the patient ingested the drug, induce vomiting or use gastric lavage, as ordered. You may administer activated charcoal to help adsorb the substance, and use a saline cathartic to speed its elimination.
- Frequently reassess patient's airway, breathing, and circulation. Keep oxygen, suction equipment, and emergency airway equipment nearby. Be prepared to perform cardiopulmonary resuscitation, if necessary.
- Watch for complications. Stay alert for shock, indicated by decreased blood pressure and a faint, rapid pulse. Reassess respiratory rate and depth, and auscultate breath sounds frequently. Know that dyspnoea and tachypnea may warn of impending respiratory complications, such as pulmonary edema or aspiration pneumonia. A patient with rhonchi or decreased breath sounds probably has aspiration pneumonia.
- Carefully monitor heart rate and rhythm. The patient's neurologic status may change as his body metabolizes the drug. Hence, frequently assess neurologic function.
- You may detect hypothermia or hyperthermia, so expect to use either extra blankets or a hypothermia mattress, as indicated.
- If the overdose was accidental, recommend a rehabilitation program for substance abuse. If it was intentional, refer the patient to crisis intervention for psychological counseling.

##### **B. During withdrawal/detoxification period**

Detoxification is an important first step in substance-abuse treatment. It has three goals:

- initiating abstinence,
- reducing withdrawal symptoms and severe complications
- retaining the patient in treatment

Evidence suggests that offering intense, supportive care can reduce withdrawal symptoms rapidly. The patient always should be treated with respect and dignity. The substances abused must be determined early in treatment, because there are substantial differences in complications and in the management of withdrawal from alcohol and sedatives, opiates, and stimulants. Although the initial symptoms of withdrawal— for example, dysphoria, insomnia, anxiety, irritability, nausea, agitation, tachycardia, and hypertension — are similar for all three classes of drugs, complications and therefore treatment can differ greatly. (Refer Table 2)

- Administer medications, as ordered, to decrease withdrawal symptoms. Monitor and record their effectiveness.

- Continuously monitor the patient's vital signs and urine output. Watch for complications of overdose and withdrawal, such as cardiopulmonary arrest, seizures, and aspiration.
- Remove harmful objects from the room. Institute appropriate measures to prevent suicide attempts and assaults, according to facility policy.
- Institute seizure precautions.
- Administer drugs carefully to prevent hoarding. Check the patient's mouth to ensure that he has swallowed oral medication. Closely monitor visitors who might supply him with drugs.
- Maintain the safety of the patient and others (chemical or mechanical restraints may be necessary) because the patient may exhibit unanticipated out of control, violent or assaultative behaviour.
- Support the patient in meeting/metabolic needs either orally or IV depending on the patient's ability to take and retain fluid, to

**Table 1**

**Key interventions for abuse and dependence problem**

- Meet physical needs during detoxification.
- Address the physiological problem resulting from substance dependence in the same manner as these needs would be met in any person.
- Monitor the effects of the therapies that may be prescribed to control the substance use.
- Teach patients about the disease and its progression.
- Focus on patient's strengths, and help patient build on them.
- Help patient's problem solve the dilemmas they fear.
- Encourage focus on the present and the future, not on the past.
- Behave toward patients in a consistent manner, confronting them in a nonjudgmental, nonpunitive manner if they break the rules of the treatment setting
- Involve family members in the treatment process.

**Table 2**  
**Summary of Intoxication, Overdose, Withdrawal Symptoms and Complications, Pharmacotherapy of Commonly Abused Drugs**

<p><b>Intoxication</b>  <b>Alcohol</b>                      Impaired motor coordination,                      Euphoria/anxiety/dysphoria,                      Sensation of slowed time,                      Poor judgement, Conjunctival                      injection, Dry mouth,                      Tachycardia</p>	<p><b>Withdrawal symptoms</b>  <b>Withdrawal Symptoms</b>                      Visible tremors, insomnia, impaired                      appetite, nausea and vomiting, tachycardia,                      diaphoresis, delirium tremens.  <b>Overdose</b>                      Unconsciousness, coma, respiratory                      depression</p>	<p><b>Complications</b>                      Alcoholic Hepatitis, Cirrhosis,                      Esophagitis, Acute gastritis, Pancreatitis,                      Malabsorption,                      Nutritional deficiencies,                      Thrombocytopenia, Cardiomyopathy,                      Hypertension                      Wernicke- Korsakoff syndrome,                      Dementia, Cerebellar degeneration,                      Peripheral neuropathy, Myopathy, Head                      injury, Ketoacidosis, Hypoglycaemia,                      Hypocalcaemia, Hypomagnesaemia</p>	<p><b>Pharmacotherapy</b>  <b>Detoxification</b>                      Diazepam                      Chlordiazepoxide                      Thiamine                      Long term treatment                      Disulfiram                      Acamprosate                      Naltrexone</p>
<p><b>Opiate</b>                      Euphoria, Apathy, dysphoria                      Psychomotor changes                      Impaired judgement, Miosis,                      drowsiness, Slurred speech,                      Lowered sensorium</p>	<p><b>Withdrawal Symptoms</b>                      Abdominal cramps, nausea, vomiting,                      anorexia, profuse sweating, dilated pupils,                      hyperactive bowel sounds, irritability,                      tremors, watery eyes, runny nose, yawning,                      bone pain, diffuse muscle aches, drug                      craving.  <b>Overdose</b>                      Unconsciousness, coma, respiratory                      depression, circulatory depression,                      respiratory arrest, cardiac arrest, death;                      anoxia can lead to brain abscess.</p>	<p>Cellulitis, Thrombophlebitis,                      Endocarditis, Septicaemia, Hepatitis B                      and C,AIDS, Pulmonary Hypertension,                      Chronic bronchitis, Respiratory                      infections                      Nutritional deficiencies, Multiple                      vitamin deficiencies, Poor immune                      status, Recurrent infections.</p>	<p><b>Detoxification</b>                      Buprenorphine                      Dextropropoxyphene                      Morphine                      Nitrazepam                      Long term treatment                      Opioid agonist – methadone,                      buprenorphine, morphine                      Antagonist- naltrexone</p>
<p><b>Cannabis</b>                      Drowsiness, red eyes                      Dry mouth, euphoria, anxiety,                      increased appetite, suspiciousness,                      light headedness, social                      withdrawal, illusion                      hallucination with insight</p>	<p><b>Withdrawal Symptoms</b>                      Restlessness, irritability, sleep difficulties.  <b>Overdose</b>                      Toxic psychosis</p>	<p>Pulmonary problems, interference with                      reproductive hormones, may cause fetal                      abnormalities.</p>	<p>Symptomatic treatment                      Benzodiazepines.</p>
<p><b>Sedative, hypnotics &amp; anxiolytics</b>                      Drowsiness, ataxia (poor muscle                      coordination), hypotension,                      increased self confidence,                      relaxation, slurred speech.</p>	<p><b>Withdrawal symptoms</b>                      Head ache, confusion, seizures,                      anxiety and panic attacks, hypertension,                      nausea, vomiting, inability to sleep                      properly, depression.  <b>Overdose</b>                      Unconsciousness, coma, respiratory                      depression, death.</p>	<p>Drowsiness, lack of motivation, clouded                      thinking, memory loss, changes in                      personality and emotional responses,                      weight gain, insomnia, increased risk of                      accidents.</p>	<p>Long acting benzodiazepines</p>

provide adequate hydration as needed.

- Increase carbohydrate intake and offer straws or other edible or nonedible but safe objects/products to chew on (hard candies, gums) to decrease some of the patients cravings for illicit substances and satisfy the patients oral needs.
- Provide emotional support to the patient/family/significant others to establish trust and include those important to the patient in the treatment programme.

### **C. When Acute Episode has resolved**

- Establish a trusting, caring, empathetic yet firm therapeutic relationship to help the patient improve reflections and deal with thoughts of guilt and remorse.
- Carefully monitor and promote adequate nutrition. Initiate vitamin and mineral replacement as prescribed because low level of vitamin B and other vitamins and minerals such as A, C, D, E and K, iron, Mg, Zn may also be affected with chronic alcohol ingestion.
- Intervene for secondary medical complications or residual effects of substance use exhibited by the patient.
- Teach the patient, family and significant others about substance abuse, symptoms, management, treatment and prevention individually and as group members.
- Enhance motivation for change and to maintain that positive change.
- Help the patient to acquire self knowledge and learn how to cope with frustration in more appropriate ways.
- Teach stress management techniques such as aerobic activity, meditation, deep breathing, or relaxation exercises, talking with a staff member, friend or other recovering

person.

- Assist the patient in establishing a new or different social support system by putting him or her in touch with community organizations where the patient may find alternative housing, make new friends and experience opportunities to build inner strength and develop drug free coping measures.
- Promoting healthy activities
  - encourage patient to develop health promoting habits
  - make aware that boredom, loneliness, can be a cause for relapse
  - exercise program, yoga, meditation are useful activities.
- Help patient identify external and internal triggers that may precipitate cravings and thus lead to drug use.
- Advise patient and caregivers that relapse is common and to resume treatment in case of relapse at the earliest.
- Refer the patient for rehabilitation as appropriate. Give him a list of available resources.

### **D. Management of Behavioral Problems**

- Develop self-awareness and an understanding and positive attitude towards the patient. Control your actions to his undesirable behaviors- commonly, psychological dependency, manipulation, anger, frustration, and alienation. Nursing interventions for specific behavioral problems have been mentioned in Table 3.

<b>Table 3</b>	
<b>Problem</b>	<b>Nursing Interventions</b>
<b><i>Denial</i></b>	<ul style="list-style-type: none"> <li>- Never reinforce the denial</li> <li>- Use constructive confrontation tailored to the anxiety of the patient</li> <li>- have a caring attitude</li> <li>- use matter of fact approach</li> <li>- focus on the present</li> <li>- Reflect back feeling-both implied and expressed</li> <li>- Avoid labeling terms</li> <li>- Use open-ended, specific factual questions</li> <li>- Never discuss inaccurate explanations of problems with patient</li> <li>- If unsuccessful, leave but try later</li> </ul>
<b><i>Manipulation</i></b>	<ul style="list-style-type: none"> <li>- Set firm and clearly defined sets of behaviour</li> <li>- Make expectation clear to the patient</li> <li>- Patient centered limits-in the best interest of the patient</li> <li>- Tell the consequences clearly</li> <li>- Remain firm and consistent as the patient tests the limits</li> <li>- Allow the patient to vent feelings</li> <li>- Offer positive reinforcement for strength</li> <li>- Explain the limits discussed with the patient to maintain consistency</li> </ul>
<b><i>Hostility</i></b>	<ul style="list-style-type: none"> <li>- Let the patient know that the anger is heard</li> <li>- You seem very angry about this</li> <li>- Try to connect the hostility to what happened just before the feeling</li> <li>- Be alert for the clues that escalation into violence is taking place</li> <li>- Remain calm &amp; get help with assisting the patient to regain control</li> </ul>
<b><i>Need to control</i></b>	<ul style="list-style-type: none"> <li>- Recognize that need to control exist and use it in the care of patients</li> <li>- Patient with leadership qualities can organize patient activities</li> <li>- Channel patient's talent's in a socially acceptable manner</li> <li>- Give simple instructions on how to cope with specific situation</li> </ul>
<b><i>Drug seeking behaviour</i></b>	<ul style="list-style-type: none"> <li>- Assess appropriately before administering drugs</li> <li>- Warm milk, relaxation technique, and reduction in caffeine consumption are other options</li> </ul>

### **E. Working with dual diagnosis patients: mental illness and substance abuse**

The dual diagnosis patient needs treatment for both disorders. The problem is that the substance abuse and mental health fields have developed approaches that appear to conflict with each other. For instance, many substance abuse counselors rely on direct confrontation of behavior. Such an

approach could be detrimental to a person with severe mental illness. Because both mental illness and substance abuse are chronic, relapsing conditions, the course of treatment can be expected to take considerable time. Stages of treatment have been identified and are used as the basis for treatment planning in many dual diagnosis program today. Interventions appropriate to each stage have been identified and are listed with goals in Table 4 (Drake et al 1996).

**Table 4**  
**Treatment Stages, Goals and Interventions for Dually Diagnosed Patients**

<b>Stage of treatment</b>	<b>Suggested goals</b>	<b>Interventions</b>
<b>Engagement</b>	Development of working relationship between patient and nurse	Intervene in crisis, help with practical living problems, establish rapport with family members, demonstrate caring and support, listen actively.
<b>Persuasion</b>	Patient acceptance of having a substance abuse problem and the need for active change strategies	Help analyse pros and cons of substance use, educate patient and family, arrange peer group discussions, persuade patient to comply with medication regimen (motivational interviewing skills are particularly helpful during this stage)
<b>Active treatment</b>	Abstinence from substance use and compliance with medication.	Help change thinking patterns, friends, habits, behaviors, and living situations as necessary to support goals; teach social skills; encourage patient to develop positive social supports, monitor urine and breath for substances; offer medications.
<b>Relapse prevention</b>	Absence or minimization of return to substance abuse.	Reinforce abstinence, compliance, and behavioral changes; identify risk factors and help patient practice preventive strategies; continue laboratory monitoring.

## F. Working with Co-dependency

Co-dependence is a maladaptive coping pattern of family members or others closely related to the abuser that results from prolonged exposure to the behaviour of the alcohol or drug dependent person and is characterized by boundary distortions, poor relationship and poor friendship skills, compulsive and obsessive behaviour, inappropriate anger, sexual maladjustment, and resistance to change. The nurse should accept the patient's view of the problem as a legitimate starting point for a therapeutic alliance. Then the patient can be helped to understand how behaviour that once allowed survival in a dysfunctional family no longer serves this purpose. The nurse can help the patient move gradually away from anger and fear and toward responsibility for self-fulfillment.

### Evaluation

The purpose of evaluation in the nursing process is to ascertain changes that occur as a result of nursing and interdisciplinary interventions. The nurse observes for changes in the patients' behaviors and responses to treatment and interventions using the outcome criteria. It is important to recognize that resolutions of the acute phase is merely the first step in treatment. Many patients relapse during the rehabilitation process. For this reason it is difficult to predict the time when patients will be motivated sufficiently to change their lifestyle and accept their illness. Evaluation must be an ongoing process. As people attain sobriety, they internalize a commitment to change their lifestyle, which often affects their relationships with family, significant others and co-workers.

## Conclusion

Nurses play an important role in education efforts as well as in individual observation, assessment, and therapy related to substance abuse. In recent years, a variety of educational programs have been applied with promising results. The most effective prevention strategies are those that are part of a broader, more general effort to promote overall health and success. Health compromising behaviors are often interconnected and have common antecedents. Prevention efforts that focus on changing only one behaviour are less likely to be successful. Successful programs are those that have promoted parenting skills, social skills among distractible children, academic achievement, and skills to resist peer pressure.

### Suggested Reading material

1. Boyd Mary Ann: Psychiatric nursing. Contemporary practice. 2<sup>nd</sup> edn. Lippincott William and Wilkin. 638-651.
2. C. Birger Judith, Broome Barbara. (2003): Psychiatric nursing made incredibly easy. 1<sup>st</sup> edn 410-412
3. Katherine M. Fortinash, Patricia A, Holoday Worret. (2000) :Psychiatric mental health nursing. 3<sup>rd</sup> edn. Mosby. 311-319.
4. Lal Rakesh.(2005): Substance use disorder manual for physicians. 1<sup>st</sup> edn. NDDTC, AIIMS, New Delhi. 30-36
5. Morrison Valfare. (2001): Foundations of mental health care. 3<sup>rd</sup> edn. 298-300.
6. Stuart Wgail W, Laraia Michele T. (2005): Principles and practice of psychiatric nursing. 8<sup>th</sup> edn. 473-513.
7. Thomas R. Kosten, M.D., and Patrick G. O'Connor, M.D., M.P.H. (2003): Management of Drug and Alcohol Withdrawal. 348(18), 1786-1795.

## Suggested slide material

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### Slide 1

#### Introduction

- Substance abuse is a chronic, relapsing, disabling health condition
- Substance abusers may be in treatment multiple times before they are successful at prolonged recovery

### Slide 2

#### Indication for inpatient treatment

- Severe withdrawal states e.g. delirium
- those who are severely impaired or debilitated
- Medical-complication or health damage related to drug/alcohol use.
- Obvious psychopathology
- Geographical distance from the centre.
- Failure of outpatient treatment

### Slide 3

#### Steps in management

- Management of acute withdrawal
- Evaluation of overall health status
- Physical and environmental support
- Psychological support
- Pharmacological support

### Slide 4

#### Assessment

- details of drug use
- complications associated with drug use,
- high risk behaviors,
- past abstinence attempts,
- reason for treatment seeking,
- motivation level of individual.

### Slide 5

#### Assessment(contd)

- presence of comorbid psychiatric illness,
- premorbid personality,
- physical examination,
- nurses' attitude towards the patient with substance abuse,
- recognizing emergency conditions like intoxication, overdose, withdrawal syndrome recognizing behavioral defenses.

### Slide 6

#### Nursing diagnosis

- Anxiety
- Acute confusion
- Ineffective coping
- Ineffective denial
- Interrupted family process
- Dysfunctional family process
- Risk for injury

#### **Slide 7**

##### **Nursing diagnosis (contd)**

- Sexual dysfunction
- Disturbed sleep pattern
- Risk for suicide
- Disturbed thought process
- Risk for self directed violence
- Impaired social interaction
- Hopelessness
- Self esteem disturbance
- Altered role performance

#### **Slide 8**

##### **Planning**

- Patient's safety must be established & care provided humanely.
- Develop a therapeutic relationship
  - accepting, nonjudgmental, caring attitude
  - nonthreatening and supportive
- Help the patient recognize abuse of substances
- Involve family members in the care of patient

#### **Slide 9**

##### **Interventions**

- Dealing with drug overdose
- During drug withdrawal/detoxification period
- After acute episode has resolved
- Working with codependency
- Working with dually diagnosed patients

#### **Slide 10**

##### **Interventions (contd)**

- Maintaining safety
- Managing anxiety
- Teaching effective coping strategies
- Enhancing self esteem
- Improving socialization
- Promoting healthy activities

#### **Slide 11**

##### **Behavioral problems**

- Excessive use of denial
- Use of manipulation
- Hostility
- Need to control
- Drug seeking behaviour while in a treatment setting

#### **Slide 12**

##### **Drug seeking behaviour**

- Assess appropriately before administering drugs
- Warm milk, relaxation technique, and reduction in caffeine consumption are other option.

#### **Slide 13**

##### **Evaluation**

- Safely undergoes detoxification and withdrawal
- Recognizes use of substance as detrimental
- Connects use of substance to problem encountered
- Patient and family agreed to continued treatment