

What to Do

According to Delaware state law (24 Del. C. §1930), you have a duty to report individuals who are unable to practice medicine with reasonable skill or safety to patients by reason of excessive use or abuse of drugs, including alcohol.

Reporting your suspicions is the first step, albeit one of the hardest steps, in helping a colleague to get the care they need. First, don't jump to conclusions! Symptoms of drug or alcohol use may be due to another ailment, side effects from a prescribed medicine, personal issues or any number of explanations. Before reporting your suspicions:

- Consider the signs of substance abuse that lead you to believe that your colleague is impaired. Has there been a noticeable change in disposition or habits? Do other colleagues mention or complain about the lack of performance, overly helpfulness in performing certain tasks (related to drugs)?
- Document your suspicion facts-date, time, situation and observations.

Then, contact your supervisor or human resource department to confidently share your concern for the suspected impaired nurse. Follow the policies/protocols of your employer for reporting suspected colleagues.

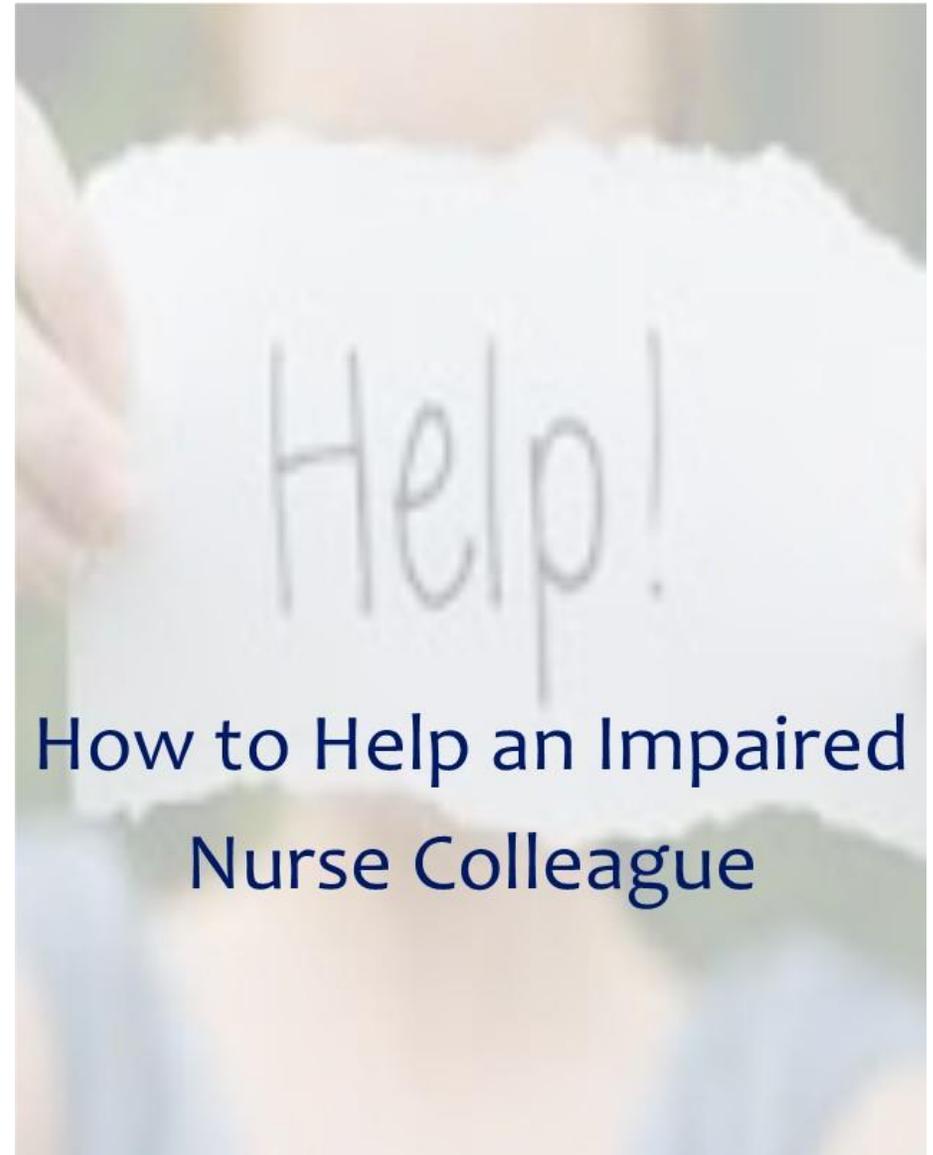
If your employer does not have a policy for reporting, contact the Delaware Board of Nursing and/or the Delaware Health Professionals' Monitoring Program (DHPMP) and submit a third party referral.

Once your referral is received, a letter is sent to the suspected impaired colleague informing him/her that a third party referral has been made. After receiving an overview of the program and enrollment forms that must be signed and returned, the colleague is then referred for an evaluation to establish appropriate treatment recommendations.

Delaware law allows the Board of Nursing to keep your identity confidential. It also affords immunity of civil and criminal prosecution for good faith reporting. (24 Del. C. §1731A)

Call the Delaware Board of Nursing at (302) 744-4500.
For more information go to www.delawaremonitoring.com or call (855) 575-9350.

While taking the first step can be very emotional and trying, it is the first step in assisting your friend/colleague in getting the help they need. It is your compassion for your friend/colleague that could save their job and/or their nursing license but more importantly their life and that of their patients. **Take action!**



Opening

Integrity is vital to a nurse and the profession. It speaks to character and virtue of the nurse. It lends itself to the confidence patients put in the nursing care they receive throughout their lives. For a nurse who is suffering from addiction or impairment, this may be reason enough for hiding, ignoring or denying the problem.

How Big is the Problem?

According to a recent report, in 2013 there are 22.4 million adults (9.4%) using illicit drugs; 134 million adult drinkers with 24% of them binge drinkers and 6.8% classified as heavy drinkers. The report also concluded that there are 20.3 million adults with a substance abuse disorder. "The American Nurses Association estimates that 6-8% of nurses use drugs or alcohol to the extent that is sufficient to impair their professional performance" (National Council of State Boards of Nursing, 2011). Fewer than 10% of nurses with substance use disorders will ever seek or receive treatment.

Colleagues are the first to **recognize** an impaired peer. Recognizing the signs of impairment is the first step to **helping** a nurse friend/colleague.

Recognizing the Signs of Substance Abuse/Addiction Absenteeism

- Excessive number of sick days
- Absent without notification
- Pattern of absence e.g. before/after a weekend
- Frequent disappearances
- Long unexplained absences
- Improbable excuses for absences
- Frequent trips to the bathroom
- Frequent trips to drug stockroom
- Excessive time spent near drug supply

Work Performance

- Unreliable in keeping appointments
- Performance fluctuates between high/low
- Mistakes are made due to inattentiveness
- Ordinary tasks require greater effort/more time
- Heavy wastage of drugs
- Sloppy record keeping/Suspect ledger entries/Drug shortages
- Inappropriate prescriptions
- Deterioration in charting
- Patients complain about lack of pain relief

Personal

- Confusion/Memory Loss
- Difficulty concentrating/Recalling details
- Interpersonal skills strained
- Personality changes (mood swings, suspiciousness, unexplained irritability)
- Increase in personal/professional isolation
- Deterioration in appearance/handwriting
- Wearing long sleeves when inappropriate
- Inability to change plans
- Poor judgment/Bad decisions
- Rarely admits errors or accepts blame for errors

Physical

- Hand tremors
- Sweating
- Marked nervousness
- GI Upset/Headache
- Slurred speech
- Increased anxiety
- Unsteady gait
- Heavy use of mints/mouthwash
- Clumsiness
- Flushed face
- Watering/Red eyes

Helping a Nurse Friend/Colleague

Communicating the Problem

Don't assume that someone will 'take care of it'. According to research, many nurses felt confident that a supervisor would intervene without them having to say anything. Take the initiative to **document** and to confidentially report suspicions to a supervisor (according to organizational policy). It is better to be the third person to **report it** than to not have it reported at all.

Dealing with Reactions

Reporting an impaired nurse friend/colleague can be very difficult and emotional. The feeling of being disloyal is valid. Reviewing statements indicative of the five stages of grief may help you put your feelings into perspective and **do what is right** for your colleague and the patients.

Denial: "It was just one mistake. She's going through a tough time. She/he hurt her/his back a few months ago and the doctor ordered the pain medication." Ignore or discount the evidence.

Anger: "Why did he/she have to put me in this situation? I can't believe I covered for her and I got blamed for her mistake." Highlight the injustice. Blame someone or something else for the loss.

Bargaining: "The next time she comes in late... " Negotiate a better deal, gain time.

Depression: "I miss my friend. We have been together since nursing school." Act helpless.

Acceptance: "It's going to be OK. She/he is getting the help they need to overcome their addiction, she will be healthier and I know what I did was right for her and the patients. I hope we can still be friends." Acknowledge the problem, understand and accept what you can and cannot change, and move on.

Keeping Patients Safe Above All

The sense of loyalty may also branch into concern about the personal cost and/or repercussions to the nurse with a substance abuse problem. Rather than consider the immediate costs to your colleague losing her/his job or nursing license, consider the effects on **patient care and safety** if you keep silent or don't take action to help the impaired nurse.

There is a real possibility that an impaired nurse may cause harm to patients and in the worse cases, death. This could lead to wrongful death suits and litigation and a possibility of having the nursing license revoked. In the end, the impaired nurse, the patient and family lose. The only thing gained may be a sense of guilt in not having taken **action to help** your nurse colleague.

Breaking Down Barriers

Don't let your nurse friend/colleague be one of the 10% who never receive treatment! Help **break the barriers** attached to the stigma of addiction and help a nurse, friend, colleague suffering from abuse/addiction to **get the help** needed while maintaining his/her nursing license.