

# Is Your Nursing Colleague Impaired?

## Part Two: Reporting and Rehabilitation

### Drug Abuse Indicators

- Errors in documentation & patient care
- Illegible handwriting
- Failure to do a narcotic count
- Uses the maximum PRN dosage when other nurses use less
- Work habits deteriorate
- Prefers units with high narcotic use
- RARELY absent—needs access to drugs
- Frequently takes bathroom breaks
- Pinpoint pupils, runny nose, watery eyes, diaphoresis, etc.
- May be sleepy or hyper while working
- Offers to help distribute meds to other nurses' patients
- Patients complain of no pain relief
- Prefers PMs and night shifts

### Alcohol Abuse Indicators

- Alcohol odor on breath
- Tremors of the hands
- Emotional instability/mood swings
- Lapses in memory or confusion
- Sleepiness or dozing off at work
- Increased tardiness & absenteeism
- Complains of personal/financial problems
- Work habits deteriorate
- May withdraw from colleagues
- May have transportation issues if convicted of DWI (driving while impaired)
- Erratic job history; multiple employers
- Slowed, thick speech
- Errors of judgment
- Excessive use of mouthwash/mints

## Documentation

### Informal

- Is done by a concerned colleague.
- Is usually written, but may include talking to supervisor.
- Must be accurate, confidential, clear and conveyed in a professional tone.
- Can be a narrative summary, journal entries or an incident report.
- Should focus on facts that are objective, specific and detailed with dates, time, place & a description of behaviors or incidents.
- Does not draw conclusions.
- Includes the corroboration of other colleagues if possible.
- Should be turned over to supervisor/nurse manager.

### Formal

- Is the responsibility of supervisor/nurse manager and should reflect the protocol of the organization.
- May draw on your documentation and that of others.
- Should be carefully considered, based on facts and part of a planned strategy to refer the impaired nurse to appropriate resources.

## Types of Support

### Alternative-to-discipline programs

- Vary by state
- Regard chemical dependency as a treatable illness
- Offer the nurse a structured approach to recovery, keeping hi/her license, and returning to work
- Help remove barriers to reporting because the intended outcome is rehabilitation and return-to-work
- Make the nurse accountable for meeting specific criteria for treatment, recovery and return-to-work
- Monitor nurse over a designated period
- May include referral to a Peer Assistance Program that provides nurse with personal support of a nursing colleague
- May help nurse to retain license if certain criteria and conditions are met
- Promote patient safety through retention of a qualified and healthy nursing workforce

### Employee Assistance Programs

EAPs are generally provided by employers or jointly by employers and unions. These programs vary considerably in design and scope. Some focus only on substance abuse problems; others undertake a 'broad brush' approach to a range of employee and family problems. Some include proactive prevention and health and wellness activities, as well as problem identification and referral, and some are actively linked to the employee health benefit structure.

## Peer Assistance Programs

The availability of peer assistance programs for impaired nurses varies by state; contact your state board of nursing. Peer assistance programs typically offer support and advocacy, not treatment.

### FIGURE 1 Sample Return-to-Work Agreement<sup>1</sup>

Date  
Employee Name  
Address

Dear \_\_\_\_\_ (employee name):

Your return-to-work date has been designated as \_\_\_\_\_ (date). Please report to your nurse manager on this day at \_\_\_\_ AM/PM (time) with this signed agreement. Read the letter in its entirety before signing the agreement. Your signature on this document is required for you to return to work. If you have any questions, please contact the human resources department at \_\_\_\_\_ (telephone number).

These are terms to which you will agree in order to return to work and to retain your position at \_\_\_\_\_ (facility name).

Per our agreement, I will work \_\_\_\_\_ hours per day, \_\_\_\_\_ times a week on the \_\_\_\_\_ (day or evening) shift. I will not ingest any substances (ie, drugs, alcohol) that may alter my mood or affect my performance, and I will disclose any medications prescribed to me that may have the potential to do so. I understand that supervised, random urine and blood tests will be performed to assess my compliance during my recovery period, and I agree to such interventions performed by the hospital. I also expect the hospital to maintain my privacy and keep all information obtained confidential, although I understand it may be necessary to share the results with my nurse manager.

I will continue to participate in my \_\_\_\_\_ (self-help group, peer-assistance meetings, individual counseling sessions) \_\_\_\_\_ times each week. I will advise my nurse manager when the frequency of these meetings changes or they are terminated (ie, when the counselor and I agree on the final date). I give permission for my nurse manager to contact \_\_\_\_\_ (counselor) for updates on my progress during my treatment regimen.

I understand that my job performance will be monitored daily and that an evaluation will be conducted on a weekly basis initially, with less frequent meetings thereafter as determined by the nurse manager. It is expected that my evaluation will be at least "satisfactory" in order for me to maintain my position.

I will not be allowed to administer or count controlled substances. It is the nurse manager's responsibility to determine when it will be appropriate for me to return to performing these job functions.

I fully understand that if I fail the blood or urine random tests; discontinue my counseling sessions without the agreement of the counselor; fail in performing my job as required; abuse substances (ie, drugs, alcohol); or have any disciplinary action taken against me that I may be suspended, terminated from my position, and/or reported to the state board of nursing.

As an active participant in my recovery, I will maintain contact and seek the support and advice of my nurse manager as I feel I might be relapsing.

I am willingly signing this contract, recognizing my obligations and accountability for my actions.

\_\_\_\_\_  
Signature of nurse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of nurse manager/human resources manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of counselor

\_\_\_\_\_  
Date

1. N B Fisk, D A Devoto, "The nurse employee who uses alcohol/other drugs," Nurse Managers Bookshelf 2 (December 1990) 122.

## References

- Abbot, C.A. (1987). The impaired nurse, *AORN Journal*, 46 (6): 1, 104-8,112-5.
- American Nurses Association (ANA). (2001). The Center for Ethics & Human Rights. *Code of ethics for nurses with interpretive statements*. ANA: Silver Spring, MD.
- American Nurses Association (ANA). (1997). The profession's response: Voluntary programs encourage impaired nurses to admit problem. *ED Management*, 9, 147-148.
- American Nurses Association, *Nursing World 2006*. Who we are: Constituent member associations. Retrieved 12/20/06 from: <http://www.nursingworld.org/cmas/cmaaddr.cfm>
- Blaire, P.D. (2002). Report impaired practice—STAT. *Nursing Management*, 33, 24-51.
- Booth, D., & Carruth, A.K. (1998). Violations of the nurse practice act: Implications for nurse managers. *Nursing Management*, 29, 35-39.
- Colorado Nurse Health Program. (2006). Save your license. Save your life. Retrieved 12/20/06 from <http://www.cnhp.com/>
- Dunn, D. (2005, October). Substance abuse among nurses—Defining the issue. *AORN*, 82 (4), 573-596.
- Dunn, D. (2005, November). Substance abuse among nurses—Intercession and intervention. *AORN*, 82 (5), 777-804.
- Fisk, N.B., & Devoto, D. A. (1990) The nurse employee who uses alcohol/other drugs. *Nurse Managers Bookshelf*, 2: 122.
- Florida Nurses Association. (2006). I.P.N., Intervention project for nurses. Retrieved 12/20/06 from <http://www.ipnfl.org/>
- Massachusetts Nurses Association. (2006). Help for nurses with substance abuse problems. Peer Assistance Program. Retrieved 10/06/06 from <http://www.peerassistance.com/about.htm>
- National Council of State Boards of Nursing, links to individual boards. 2006. Retrieved 12.20/06 from <http://www.ncsbn.org/>
- National Council of State Boards of Nursing, Inc. (2005). *Confronting colleague chemical dependency*. CE course Workbook & Reference Guide. Retrieved 10/06 from [www.learningext.com](http://www.learningext.com)
- Pavlovich-Danis, S. J. (2006) The impaired nurse. *Nursing Spectrum/Nurseweek* CE: Course-CE153d, retrieved 7/11/06 from [http://www2.nurseweek.com/CE/Self-tudy\\_modules/tools/print.html?CCID=3045](http://www2.nurseweek.com/CE/Self-tudy_modules/tools/print.html?CCID=3045)
- Smith, L. (2003), *Nursing World/AJN*, Issues Update: Nurses & addictions. Retrieved 7/19/06 from <http://www.nursingworld.org/ajn/2003/sept/prtissues.htm>
- Taylor, A. (2003). Support for nurses with addiction is often lacking among colleagues. *American Nurse*, 35,10-11.
- US Dept. of Health and Human Services, Substance Abuse & Mental Health Services Administrations, Division of Workplace Programs, Drug-free Workplace Programs. (2006). retrieved 12/10/06 from <http://www.workplace.samhsa.gov/DrugFreeWP/EAPgms.html>
- Wisconsin Nurses Association. (1993). Identification of impaired nursing practice: the puzzle of chemical dependency. (video recording), Madison, WI: Wisconsin Nurses Association.
- Wisconsin Nurses Association. (2006). Peer Assistance. Retrieved 12/20/06 from: <http://www.wisconsinnurses.org/content.asp?id=19>

Content Author:

Mary Jo Willis, MS; University of Wisconsin-Madison School of Nursing

