Nursing Law and Rules:
The Impaired Nurse

presented by
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Disclosures/disclaimers

- I am not a lawyer
  This presentation is not meant to offer legal advice. If needed, please consult an attorney with expertise in this area.

- The planners and speaker have no conflicts of interest or biases to declare.

- One contact hour of Category A continuing nursing education will be awarded to those who attend 80% of this program and submit a completed evaluation form.

- This program is not coprovided. There is no commercial support or sponsorship.
Stories

- We know stories but seldom discuss them
- Any red flags here?

- Joe, a PACU nurse, is 30 minutes late minus his tankard of coffee – you detect the odor of alcohol and wonder about his brand of mouthwash or cologne
- Rose, an ortho nurse with 2 years experience but new to your hospital, asked to work night shift, offers to pass all meds for all three teams freeing up others to take new admits
- Dee, an ED nurse for 20 years, has had many personal crises lately; charting has become illegible, work habits have declined; defensive when questioned about inability to finish her required QI duties; missed work 7 times in the last month due to “illness”
More stories

- Janet, a nurse for 4 years, doesn’t seem to care much about her appearance anymore, has been in a daze most of her shift.

- Dave’s patient told you, when you answered the call light, that she didn’t get any pain relief from the shot she received over an hour ago. When you find Dave, he is coming out of the bathroom with a syringe in his hand.

- Two oncoming night shift nurses show up to report more animated than usual. In conversation they admit that they both came directly from a going-away party at Applebees. They both admitted to drinking but said they’d have extra coffee to “balance their chemicals”.

Any concerns?
Impaired nurse - definition

- Is it just drug diversion or something more?
  - Only street drugs?
  - Easily recognized?
  - Drug addiction is voluntary?
  - Short term treatment is all that is needed?
Impaired nurse - incidence

Substance abuse occurs across all generations, cultures, and occupations. Nurses are not at higher risk than the public sector.

One in 10, or 10-15%, of all nurses may be impaired or in recovery.

Nurses in certain stressful specialties are more prone to substance use – ED and critical care nurses are 3 times as likely to use cocaine and marijuana as nurses in other specialties.
Impaired nurse

- Becomes dysfunctional in ability to provide safe, appropriate patient care.

- Concerning because addiction is a disease yet the addicted nurse remains responsible for actions when working.

- Practice with a questioning attitude – you need to know what signs and symptoms should set off an alarm in your mind.
Signs/symptoms

- Brief, unexplained absences from the nursing unit
- Rounding at odd hours
- Med errors
- Isolation from peers
- Mood changes after meals/breaks
- Frequent reports from patients of lack of pain relief
- Narcotic/Pyxis obsession, offering to medicate co-workers patients
- Wasted narcotics attributed to a single nurse
- Increased narcotic sign-outs
- Discrepancies with the narcotic record and/or the patient record
- Altered verbal or telephone med orders
- Decreased quality of care, documentation; arriving late to work and asking to leave early
Physical signs

- Shakiness, tremors, fatigue, slurred speech
- Frequent use of mouthwash, gum, or breath mints
- Watery eyes, constricted/dilated pupils, frequent runny nose
- Diaphoresis
- Unsteady gait
- Frequent nausea, vomiting, diarrhea
- Weight gain or loss
- Change in grooming
Behavior changes

- Frequent mood changes, outbursts of anger, defensiveness
- Inappropriate laughter, hyper/hypoactivity
- Lack of concentration, blackout periods
- Justify the addiction to ‘relax’, ‘need to escape reality’
- Cold weather clothing in warm weather to hide track marks
- Frequent accidents or emergencies
- Personal relationship issues
- Insomnia, frequent complaints of pain
- Denial of a problem, frequent lying
- Decreased judgment in/of their own performance
When to act

- Is suspicion enough?
- Should fear of reprisal keep you from reporting?
- Nurses have an ethical and moral duty to patients, colleagues, the profession of nursing, and the community to take action.
Consider the following:

- Do not ignore poor performance
- Do not lighten or change the nurse’s patient assignment
- Do not accept excuses
- Do not allow yourself to be manipulated or fear confronting a nurse if patient safety is in jeopardy
What to do

- As a peer nurse
What to do

- As a manager
What the OBN will do

- Discipline
What the OBN will do

- Diversion
What the OBN will do

- PIIP
Treatment
Resources

- The Impaired Nurse Resource Center available at http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Work-Environment/impairednurse

- Peer Advocacy for Impaired Nurses, LLC available at www.peeradvocacyforimpairednurses.com

- Ohio Revised Code 4723 Nurse Practice Act available at http://codes.ohio.gov/ORC/4723

- Nursing Rules from the OBN available at http://codes.ohio.gov/OAC/4723