

Admission of a patient with a history of drug abuse

Introduction

Drug abuse and dependence, which can occur at any age, causes physical, mental, emotional, or social harm. Drugs subject to abuse include opioids, stimulants, depressants, anxiolytics, and hallucinogens. (See *Commonly abused substances*.)

Drug users seldom seek treatment specifically for their drug problems. Instead, they may seek emergency treatment for drug-related injuries or complications, such as a motor vehicle accident, burns from freebasing, overdose, physical deterioration from illness or malnutrition, or symptoms of withdrawal. Friends, family members, or law enforcement officials may bring a patient to the psychiatric facility because of respiratory depression, unconsciousness, acute injury, or a psychiatric crisis.

The needs of patients who abuse drugs vary depending on the setting and the reason for seeking care. For example, a patient with a history of drug abuse who is admitted to an acute care facility has needs specific to the reason for admission, his medical history, as well as his drug abuse. A patient who presents to the emergency department with signs and symptoms of overdose needs to be evaluated and transferred to a psychiatric facility for more specific care after he's medically stable. A rehabilitation facility may have established policies for admission, such as requiring that the patient commit to a contract and be evaluated for an individualized therapy plan.

COMMONLY ABUSED SUBSTANCES		
Commonly abused substances include cannabinoids, depressants, hallucinogens, and stimulants.		
Substance	Signs and symptoms of use	Signs and symptoms of withdrawal
Cannabinoids		
Marijuana <ul style="list-style-type: none"> • <i>Street names:</i> pot, grass, weed, Mary Jane, roach, reefer, joint, muggles, Acapulco gold, Texas tea, Yesca, hemp, reefer • <i>Routes:</i> ingestion, smoking • <i>Dependence:</i> psychological • <i>Duration of effect:</i> 2 to 3 hours • <i>Medical uses:</i> antiemetic for chemotherapy 	<ul style="list-style-type: none"> • Acute psychosis; agitation; amotivational syndrome; anxiety; asthma; bronchitis; conjunctival reddening; decreased muscle strength; delusions; distorted sense of time and self-perception; impaired cognition, short-term memory, and mood; incoordination; increased systolic pressure when supine; orthostatic hypotension; paranoia; spontaneous laughter; tachycardia; and vivid visual imagery 	<ul style="list-style-type: none"> • Chills, decreased appetite, increased rapid-eye-movement sleep, insomnia, irritability, nervousness, restlessness, tremors, and weight loss

<i>Depressants</i>		
<p>Barbiturates (phenobarbital, secobarbital)</p> <ul style="list-style-type: none"> • <i>Street names:</i> for barbiturates—barbs and downers; for amobarbital—blue angels and blue devils; for phenobarbital—goofballs and purple hearts; for secobarbital—reds and red devils • <i>Routes:</i> ingestion and injection • <i>Dependence:</i> physical and psychological • <i>Duration of effect:</i> 1 to 16 hours • <i>Medical uses:</i> anesthetic, anticonvulsant, sedative, hypnotic 	<ul style="list-style-type: none"> • Absent reflexes, blisters or bullous lesions, cyanosis, depressed level of consciousness (LOC) (from confusion to coma), fever, flaccid muscles, hypotension, hypothermia, nystagmus, paradoxical reaction in children and elderly people, poor pupil reactions to light, and respiratory depression 	<ul style="list-style-type: none"> • Agitation, anxiety, fever, insomnia, orthostatic hypotension, tachycardia, and tremors • <i>With rapid withdrawal:</i> anorexia, apprehension, hallucinations, orthostatic hypotension, tonic-clonic seizures, tremors, and weakness
<p>Benzodiazepines (alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flurazepam, lorazepam, midazolam, oxazepam, quazepam, temazepam, triazolam)</p> <ul style="list-style-type: none"> • <i>Street names:</i> dolls, yellow jackets, and dog bones • <i>Routes:</i> ingestion and injection • <i>Dependence:</i> physical and psychological • <i>Duration of effect:</i> 4 to 8 hours • <i>Medical uses:</i> anxiolytic, anticonvulsant, sedative, hypnotic 	<ul style="list-style-type: none"> • Ataxia, drowsiness, hypotension, increased self-confidence, relaxation, and slurred speech • <i>With overdose:</i> confusion, coma, drowsiness, and respiratory depression 	<ul style="list-style-type: none"> • Abdominal cramps, agitation, anxiety, diaphoresis, hypertension, tachycardia, tonic-clonic seizures, tremors, and vomiting

<p>Opiates (<i>codeine, heroin, morphine, meperidine, and opium</i>)</p> <ul style="list-style-type: none"> • <i>Street names:</i> for heroin—junk, horse, H, smack, Chinese white, and Mexican mud; for morphine—morph, M, and microdots • <i>Routes:</i> for codeine, meperidine, and morphine—ingestion, injection, and smoking; for heroin—ingestion, injection, inhalation, and smoking; for opium—ingestion and smoking • <i>Dependence:</i> physical and psychological • <i>Duration of effect:</i> 3 to 6 hours • <i>Medical uses:</i> for codeine—analgesia and antitussive; for heroin—none; for morphine and meperidine—analgesia; for opium—analgesia and antidiarrheal 	<ul style="list-style-type: none"> • Anorexia, arrhythmias, clammy skin, constipation, constricted pupils, decreased LOC, detachment from reality, drowsiness, euphoria, hypotension, impaired judgment, increased pigmentation over veins, lack of concern, lethargy, nausea, needle marks, respiratory depression, seizures, shallow or slow respirations, skin lesions or abscesses, slurred speech, swollen or perforated nasal mucosa, thrombotic veins, urine retention, and vomiting 	<ul style="list-style-type: none"> • Abdominal cramps, anorexia, chills, diaphoresis, dilated pupils, hyperactive bowel sounds, irritability, nausea, panic, piloerection, runny nose, sweating, tremors, watery eyes, and yawning
<p>Hallucinogens</p>		
<p>Lysergic acid diethylamide</p> <ul style="list-style-type: none"> • <i>Street names:</i> LSD, acid, blue dots, cube, D, owsleys, gel tabs, and microdot • <i>Routes:</i> ingestion, smoking • <i>Dependence:</i> possibly psychological • <i>Duration of effect:</i> 8 to 12 hours • <i>Medical uses:</i> none 	<ul style="list-style-type: none"> • Abdominal cramps, arrhythmias, chills, depersonalization, diaphoresis, diarrhea, distorted visual perception and perception of time and space, dizziness, dry mouth, fever, grandiosity, hallucinations, heightened sense of awareness, hyperpnea, hypertension, illusions, increased salivation, muscle aches, mystical experiences, nausea, palpitations, seizures, tachycardia, and vomiting 	<ul style="list-style-type: none"> • None

<p>Phencyclidine</p> <ul style="list-style-type: none"> • <i>Street names:</i> PCP, hog, angel dust, peace pill, dummy mist, aurora, bust bee, guerilla, rocket fuel • <i>Routes:</i> ingestion, injection, and smoking • <i>Dependence:</i> possibly psychological • <i>Duration of effect:</i> 30 minutes to several days • <i>Medical uses:</i> veterinary anesthetic 	<ul style="list-style-type: none"> • Amnesia; blank stare; cardiac arrest; decreased awareness of surroundings; delusions; distorted body image; distorted sense of sight, hearing, and touch; drooling; euphoria; excitation and psychoses; fever; gait ataxia; hallucinations; hyperactivity; hypertensive crisis; individualized unpredictable effects; muscle rigidity; nystagmus; panic; poor perception of time and distance; possible chromosomal damage; psychotic behavior; recurring coma; renal failure; seizures; sudden behavioral changes; tachycardia; and violent behavior 	<ul style="list-style-type: none"> • None
<p>Stimulants</p>		
<p>Amphetamines</p> <ul style="list-style-type: none"> • <i>Street names:</i> for amphetamine sulfate—bennies, cartwheels, and grennies; for methamphetamine—speed, meth, and crystal; and for dextroamphetamine sulfate—dexies, hearts, and oranges • <i>Routes:</i> ingestion and injection • <i>Dependence:</i> psychological • <i>Duration of effect:</i> 1 to 4 hours • <i>Medical uses:</i> hyperkinesis, narcolepsy, and weight control 	<ul style="list-style-type: none"> • Altered mental status (from confusion to paranoia), coma, diaphoresis, dilated reactive pupils, dry mouth, exhaustion, hallucinations, hyperactive deep tendon reflexes, hypertension, hyperthermia, paradoxical reaction in children, psychotic behavior with prolonged use, seizures, shallow respirations, tachycardia, and tremors 	<ul style="list-style-type: none"> • Abdominal tenderness, apathy, depression, disorientation, irritability, long periods of sleep, and muscle aches, or suicide (with sudden withdrawal)

<p>Cocaine</p> <ul style="list-style-type: none"> • <i>Street names:</i> coke, flake, snow, nose candy, hits, gold dust, toot, crack (hardened form), rock, and crank • <i>Routes:</i> ingestion, injection, sniffing, and smoking • <i>Dependence:</i> psychological • <i>Duration of effect:</i> 15 minutes to 2 hours; with crack, rapid high of short duration followed by down feeling • <i>Medical uses:</i> local anesthetic 	<ul style="list-style-type: none"> • Abdominal pain; alternating euphoria and fear; anorexia; cardiotoxicity, such as ventricular fibrillation or cardiac arrest; coma; confusion; diaphoresis; dilated pupils; excitability; fever; grandiosity; hyperpnea; hypotension or hypertension; insomnia; irritability; nausea and vomiting; pallor or cyanosis; perforated nasal septum with prolonged use; pressured speech; psychotic behavior with large doses; respiratory arrest; seizures; spasms; tachycardia; tachypnea; visual, auditory, and olfactory hallucinations; and weight loss 	<ul style="list-style-type: none"> • Anxiety, depression, and fatigue
---	--	--

Equipment

- Assessment form

Implementation

1. Confirm the patient's identity using two patient identifiers according to your facility's policy.³
2. Obtain a complete admission history, including information about the type of drug used, amount of use, length of time the drug has been abused, and the last dose taken. If this information isn't immediately available because of the patient's condition or because family members aren't available to provide a history, obtain the information as soon as possible.
3. Examine the patient for signs and symptoms of drug use, drug-related complications, and clues to the type of drug ingested (if unknown). Note any needle marks or tracks. Keep in mind that the patient may attempt to conceal or disguise injection sites with tattoos or by selecting an inconspicuous site such as under the nails.
4. Review the patient's medical history. Suspect drug abuse if he reports a history of pain or chronic illness but refuses a diagnostic workup. *The patient may be attempting to obtain drugs by feigning illness.* Also be alert for a history of overdose or a high tolerance for potentially addictive drugs.
5. Determine whether the patient has a history of human immunodeficiency virus (HIV) or hepatitis, *which may indicate I.V. drug abuse.*
6. If the patient admits to drug use, try to determine the extent to which this behavior interferes with his normal functioning. Note whether he expresses a desire to overcome his dependence on drugs.

7. Search the patient's belongings for drugs. If you find illicit drugs, give them to the security department to put in a secure safe. If you find prescription medication that the patient may be abusing, place it in a secure, locked area, such as the medication room or pharmacy. (See the "Searching a patient's room on a psychiatric unit" procedure.)
8. Follow the specific treatment plan needed for the patient. Keep in mind that the patient's history of drug abuse may affect outcomes. The treatment plan may need to be adjusted accordingly.
9. Document the procedure.⁴

Special Considerations

- Cultural beliefs may affect drug use. For example, some Native Americans use hallucinatory drugs to help spiritual experiences. Therefore, use and abuse must be carefully distinguished. They believe that certain drugs (like Peyote) help the person have a spiritual experience
- Evaluate visitors *who may supply drugs to the patient*. Prohibit visitors if necessary.

Complications

If the patient with a history of drug abuse manages to self-administer a drug, the patient may experience uncontrollable behavior, altered mental status, or respiratory arrest.

Documentation

Document any information that the patient supplies concerning his drug use, such as the type of drug abused, amount used, and last dose taken. Record whether any drugs were discovered on admission and where they were sent for safekeeping. If a security form was supplied, place it in the patient's chart. Document physical assessment findings that may indicate drug abuse. If it's discovered that the patient is self-medicating, document the events, any treatments provided, outcomes, and who was notified of the situation.

References

1. American Psychiatric Association (2006, May 5). "American Psychiatric Association Practice Guidelines: Psychiatric Evaluation of Adults, Second Edition," [Online]. Accessed April 2020 via the Web at http://www.psychiatryonline.com/pracGuide/pracGuideChapToc_1.aspx.
2. American Psychiatric Nurses Association and American Nurses Association. *Scope and Standards of Psychiatric Mental Health Nursing Practice*. Silver Spring, Md.: American Psychiatric Nurses Association and American Nurses Association, 2007.
3. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard NPSG.01.01.01. Oakbrook Terrace, Ill.: The Joint Commission, 2010.
4. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard RC.01.03.01. Oakbrook Terrace, Ill.: The Joint Commission, 2010.

5. Mohr, W.K. *Psychiatric-Mental Health Nursing: Evidence-Based Concepts, Skills, and Practices*, 7th ed. Philadelphia: Lippincott Williams & Wilkins, 2008.
6. Townsend, M., *Psychiatric Mental Health Nursing Concepts of Care in Evidence-Based Practice*, 6th ed. Philadelphia: F.A. Davis, 2008.

Admission of a patient with a history of drug abuse

1. Confirm the patient's identity.
2. Obtain a complete admission history, including specifics about the drug abused.
3. Examine the patient for signs and symptoms of drug use, drug-related complications, and the type of drug ingested.
4. Review the patient's medical history.
5. Determine whether the patient has history of human immunodeficiency virus or hepatitis.
6. If the patient admits to drug use, try to determine the extent to which this behavior interferes with his normal functioning.
7. Search patient belongings for any drugs.
8. Follow the specific treatment plan needed for the patient.
9. Document the procedure.