

Substance Use

Consumption of medicines, recreational drugs, or other materials likely to cause mood changes and/ or psychological/ physical dependence, illness, and disease.

Signs/ Symptoms:

- | | |
|---|---|
| <ul style="list-style-type: none"> ▪ Abuses over-the-counter/ prescription medications ▪ Uses "street"-recreational drugs ▪ Abuses alcohol ▪ Smokes/ uses tobacco products ▪ Difficulty performing normal routines | <ul style="list-style-type: none"> ▪ Reflex disturbances ▪ Behavior change ▪ Exposure to cigarette/ cigar smoke ▪ Buys/ sells illegal substances ▪ Other |
|---|---|
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KBS rating considerations:

Knowledge

Consider knowledge of:

- harm to self/others
- benefits of not using
- treatment options and how to access

Behavior

Consider:

- Amount of use
- Cutting down
- Cessation program
- Implementing self-help behaviors
- Binge drinking

Status

Consider:

- s/s of health status impairment
 - s/s of ADL/ relationship/law problems r/t use
 - Finances and health of family
 - Acceptance of personal responsibility (doesn't deny use when tests positive)
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Guidelines & Notes:

Postpartum or Parenting client: If you open a postpartum or parenting client and the client smokes, identify Substance Use as an Actual Problem. Only put it on your careplan if you intend to intervene. Otherwise indicate, "low priority", "other provider" or "self-care".

Rating Status at Admission:

- A woman who knowingly used drugs or alcohol during pregnancy should have a status rating of 1 at admission. This applies even if the use occurred prior to admission.
- A pregnant woman who never used drugs, alcohol or tobacco or stopped once she found out she was pregnant should have a status rating of 5 at admission.
- Risk for relapse: A woman who quit using once she found out she was pregnant should have a status rating of 5 regardless of her risk. If she relapses the problem must be reassessed.

Rating Status at Discharge:

- A woman who knowingly used drugs or alcohol during pregnancy and quits should have a discharge status rating of 5.

Behavior and Status Ratings when client uses more than one type of substance

Use the rating that applies to the greatest usage.

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	Unaware of negative effects of substance use on health status to self or others	Knows some dangers of substance use to self and some treatment options	Aware that there is short term and long term harm of substance use, knows treatment options	Understands danger of substance use to self, not others, knows some of benefits of cutting down: health, financial, social	Aware of dangers of substance use to self and others; understands benefits of not using to self and others
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Smoking Behavior	Chain smoker	Smokes at least 1 but less than 2 ppd	Smokes 1/2 to 1 ppd	Smokes less than 1/2 ppd	Does not use tobacco; does not expose self to second hand smoke.
Alcohol Behavior	Binge drinking or more than 1 drink/day, drives under influence Any alcohol use by "recovering alcoholic"	Frequent drinking 1 drink/day	Occasional drinking, 3-5 drinks/week	Social drinking with friends, 1-2 drinks less than 1x/week	Does not use alcohol
Drug Behavior	Can not control use of alcohol, tobacco/other drugs; increases use to obtain desired effects Any drug use by "recovering" addict"	Frequent drug use	Occasional drug use	Infrequent marijuana use, never with children present	Does not use illegal drugs and does not misuse legal drugs
Substance use in pregnancy	Any substance use once knew she was pregnant.				No use or stopped when she found out she was pregnant
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Not interested in changing behavior or receiving treatment; not able to meet family, social, or work obligations	Considers changing behavior, investigates treatment options; meets a few family, social, or work obligations	Prepares to change behavior, receives treatment sporadically; meets most family, social, and work obligations	Taking appropriate action to change behavior, attending treatment program most of the time; meets most family, social, and work obligations	Not using substances; meets family, social, and work obligations consistently

Substance Use Alcohol/Drugs: (pg 337)

Consumption of medicines, recreational drugs, or other materials likely to cause mood changes and/or psychological/physical dependence, illness, and disease.

Signs/Symptoms

- Abuses over-the-counter / prescription medications
- Uses "street" recreational drugs
- Abuses alcohol
- Difficulty performing normal routines
- Reflex disturbances
- Behavior change
- Buys/sells illegal substances
- Smokes/uses tobacco products
- Exposure to cigarette/cigar smoke
- Other

KBS rating considerations:

- Knowledge**
(What client knows)
- Consider knowledge of:
- Harm to self/others
 - Benefits of not using
 - Cessation/treatment or support group options and how to access
 - Knowledge of potential association between substance use and abuse of others

- Behavior**
(What client does)
- Consider client's:
- Amount of use
 - Cutting down
 - Implementing self-help behaviors
 - Use of Cessation/treatment program/Support Groups

- Status**
(How the client is)
- Consider:
- Health status impairment
 - Cessation/treatment program or support group
 - Reflex disturbances/Withdrawal symptoms
 - Impairments to employment, finances, relationships, and family life from usage patterns
 - Legal problems from usage

Guidelines & Notes:

- **Substance Abuse** refers to the loss of control with substance usage and consequences from substance usage
- KBS the "most serious" concern such as alcohol abuse, , or prescription drug/other medication abuse, or illegal substances abuse

Reference:

- Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR).2000, Washington DC: American Psychiatric Association

Substance Use - Alcohol/Drugs

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Client's Knowledge	<ul style="list-style-type: none"> Unaware of negative effects of substance abuse on self or others Has no knowledge of treatment options 	<ul style="list-style-type: none"> Has minimal knowledge of dangers of substance abuse to self and others Has some awareness of treatment options but is not interested in them 	<ul style="list-style-type: none"> Is aware of the dangers of substance abuse to self, and others Knows some benefits of cutting down usage patterns Knows some treatment options or support groups 	<ul style="list-style-type: none"> Understands benefits of not abusing substances Knows treatment options & cessation support groups and states how to access them 	<ul style="list-style-type: none"> Readily articulates problems that can happen with substance abuse
	Extreme Concern	Significant Concern	Moderate Concern	Minimal Concern	No Concern
Client's Drug - Alcohol Behavior	<ul style="list-style-type: none"> Frequently abuses legal or illegal substances and frequently engages in behavior while under the influence of legal or illegal substances that endangers self or others Not interested in changing behavior or receiving treatment 	<ul style="list-style-type: none"> Often abuses legal or illegal substances and often engages in behavior while under the influence that endangers self or others Considers changing behavior 	<ul style="list-style-type: none"> Occasionally abuses legal or illegal substances and occasionally engages in behavior while under the influence that endangers self or others Prepares to change behavior or is taking steps to change usage 	<ul style="list-style-type: none"> Rarely abuses legal or illegal substance and rarely engages in harmful behaviors when using substances Taking appropriate actions to decrease substance usage 	<ul style="list-style-type: none"> Does not abuse legal or illegal substances
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Client's Status	<ul style="list-style-type: none"> Frequently experiences tremors, blackouts, sleep disruptions, cognitive changes, emotional instability, or agitation from substance abuse Frequently experiences legal, financial, employment, or family problems from substance abuse Not engaged in substance cessation/treatment programs or supports 	<ul style="list-style-type: none"> Often experiences tremors, blackouts, sleep disruptions, cognitive changes, emotional instability, or agitation from substance abuse Often experiences legal, financial, employment, or family problems from substance abuse Has limited experience is seeking out substance cessation/treatment programs or supports 	<ul style="list-style-type: none"> Occasionally experiences sleep disruptions, cognitive changes, emotional instability, or agitation from substance abuse Occasionally experiences legal, financial, employment, or family problems from substance abuse Actively seeking information or attempts use of treatment services or substance cessation/treatment support program 	<ul style="list-style-type: none"> Rarely experiences sleep disruptions, cognitive changes, emotional instability, or agitation from substance usage Rarely experiences legal, financial, employment or family problems from substance usage Engages in treatment services or support for substance cessation/treatment 	<ul style="list-style-type: none"> Has no physical, emotional, or behavior problems from using medications/alcohol or is not using substances Consistently meets family, social and work obligations

Substance Use - Tobacco: (pg 337)

Consumption of medicines, recreational drugs, or other materials likely to cause mood changes and/or psychological/physical dependence, illness, and disease.

Signs/Symptoms

- Smokes/uses tobacco products
- Exposure to cigarette/cigar smoke
- Abuses over-the-counter / prescription medications
- Uses "street" recreational drugs
- Abuses alcohol
- Difficulty performing normal routines
- Reflex disturbances
- Behavior change
- Buys/sells illegal substances
- Other

KBS rating considerations:

<u>Knowledge</u> (What client knows)	<u>Behavior</u> (What client does)	<u>Status</u> (How the client is)
Consider knowledge of: <ul style="list-style-type: none"> • Harm to self/others • Benefits of not using • Treatment options and how to access 	Consider client's: <ul style="list-style-type: none"> • Amount of use • Cutting down • Cessation program • Implementing self-help behaviors 	Consider: <ul style="list-style-type: none"> • S/S of health status impairment • Withdrawal symptoms

Guidelines & Notes:

- Use this KBS tool for tobacco usage only. Use the Substance Use-Alcohol/Drugs KBS if there are drugs, illegal substances or alcohol abuse concerns.

Substance Use - Tobacco

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Client's Knowledge	<ul style="list-style-type: none"> • Unaware of negative effects of tobacco use on health status to self. • Unaware of negative effects of 2nd hand smoke to self or others. • Unaware of benefits of tobacco cessation and resources 	<ul style="list-style-type: none"> • Knows some dangers of tobacco use/exposure to self and others. • Knows some cessation support options. • Little knowledge on benefits of tobacco cessation and resources 	<ul style="list-style-type: none"> • Understands danger of tobacco use to self and others. • Knows some benefits of cutting down: health, financial, social • Some knowledge on benefit of tobacco cessation and resources 	<ul style="list-style-type: none"> • Aware that there is short term and long-term harm of tobacco use to self and others • Knows some benefits of quitting: health, financial, social. • Knows tobacco cessation and resources 	<ul style="list-style-type: none"> • Aware of dangers of tobacco use to self and others • Understands benefits of not smoking to self and others. • Understands importance of protecting self from 2nd hand smoke.
	Extreme Concern	Significant Concern	Moderate Concern	Minimal Concern	No Concern
Client's Behavior	<ul style="list-style-type: none"> • Frequently uses tobacco products • Smokes continuously or is a chain smoker • Not interested in changing tobacco usage 	<ul style="list-style-type: none"> • Often uses tobacco products. • Smokes frequently throughout the day or at least 1 pack per day • Considers changing tobacco usage 	<ul style="list-style-type: none"> • Sometimes uses tobacco products • Smokes ½ to 1 packs per day • Prepares changing tobacco usage or is taking steps to change 	<ul style="list-style-type: none"> • Rarely uses tobacco products • Smokes sporadically or less than ½ pack per day • Taking appropriate steps to change tobacco usage 	<ul style="list-style-type: none"> • Does not use tobacco products • Does not expose self to second hand smoke.
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Client's Status	<ul style="list-style-type: none"> • Unable to control or limit tobacco usage • Not interested in tobacco cessation plan or programs 	<ul style="list-style-type: none"> • Having difficulty in attempts to control or limit tobacco usage • Experiences withdrawal symptoms or is fearful of withdrawal symptoms if decreases tobacco use • Investigates or considers tobacco cessation options/programs. 	<ul style="list-style-type: none"> • Some withdrawal symptoms with changes in tobacco use • Sporadically follows cessation plan or attempts to use tobacco cessation program 	<ul style="list-style-type: none"> • Minimal problems with tobacco withdrawal when decreasing usage • Following tobacco cessation plan or is engaged in a tobacco cessation program 	<ul style="list-style-type: none"> • Not using tobacco.