TABLE 14-7 Psychoactive Substances: A Profile Summary

CLASS OF DRUGS	SYMPTOMS OF USE	THERAPEUTIC USES	SYMPTOMS OF OVERDOSE	TRADE NAMES	COMMON NAMES
CNS Depressants Alcohol	Relaxation, loss of inhibitions, lack of concentration, drowsiness, slurred speech, sleep	Antidote for methanol consumption; ingredient in many pharmacological concentrates	Nausea, vomiting; shallow respirations; cold, clammy skin; weak, rapid pulse; coma; possible death	Ethyl alcohol, beer, gin, rum, vodka, bourbon, whiskey, liqueurs, wine, brandy, sherry, champagne	Booze, alcohol, liquor, drinks, cocktails, highballs, nightcaps, moonshine, white lightening, firewater
Other (barbiturates and nonbarbiturates)	Same as alcohol	Relief from anxiety and insomnia; as anticonvulsants and anesthetics	Anxiety, fever, agitation, hallucinations, disorientation, tremors, delirium, convulsions, possible death	Seconal, Amytal, Nembutal Valium Librium Noctec Miltown	Red birds, yellow birds, blue birds Blues/yellows Green & whites Mickies Downers
CNS Stimulants Amphetamines and related drugs	Hyperactivity, agitation, euphoria, insomnia, loss of appetite	Management of narcolepsy, hyperkinesia, and weight control	Cardiac arrhythmias, headache, convulsions, hypertension, rapid heart rate, coma, possible death	Dexedrine, Didrex, Tenuate, Bontril, Ritalin, Focalin, Meridia DC'd., Provigil	Uppers, pep pills, wakeups, bennies, eye-openers, speed, black beauties, sweet As
Cocaine	Euphoria, hyperactivity, restlessness, talkativeness, increased pulse, dilated pupils, rhinitis		Hallucinations, convulsions, pulmonary edema, respiratory failure, coma, cardiac arrest, possible death	Cocaine hydrochloride	Coke, flake, snow, dust, happy dust, gold dust, girl, cecil, C, toot, blow, crack
Opioids	Euphoria, lethargy, drowsiness, lack of motivation, constricted pupils	As analgesics; antidiarrheals, and antitussives; methadone in substitution therapy; heroin has no therapeutic use	Shallow breathing, slowed pulse, clammy skin, pulmonary edema, respiratory arrest, convulsions, coma, possible death	Heroin Morphine Codeine Dilaudid Demerol Dolophine Percodan Talwin Opium	Snow, stuff, H, harry, horse M, morph, Miss Emma Schoolboy Lords Doctors Dollies Perkies Ts Big O, black stuff

Hallucinogens	Visual hallucinations, disorientation, confusion, paranoid delusions, euphoria, anxiety, panic, increased pulse	LSD has been proposed in the treatment of chronic alcoholism, and in the reduction of intractable pain	Agitation, extreme hyperactivity, violence, hallucinations, psychosis, convulsions, possible death	LSD PCP Mescaline DMT STP, DOM MDMA Ketamine MDPV	Acid, cube, big D Angel dust, hog, peace pill Mesc Businessman's trip Serenity and peace Ecstasy, XTC Special K, vitamin K, kit kat Bath Salts
Cannabinols	Relaxation, talkativeness, lowered inhibitions, euphoria, mood swings	Marijuana has been used for relief of nausea and vomiting associated with antineoplastic chemotherapy and to reduce eye pressure in glaucoma	Fatigue, paranoia, delusions, hallucinations, possible psychosis	Cannabis Hashish	Marijuana, pot, grass, joint, Mary Jane, MJ Hash, rope, Sweet Lucy

TABLE 14-8 Summary of Symptoms Associated With the Syndromes of Intoxication and Withdrawal

CLASS OF DRUGS	INTOXICATION	WITHDRAWAL	COMMENTS
Alcohol	Aggressiveness, impaired judgment, impaired attention, irritability, euphoria, depression, emotional lability, slurred speech, incoordination, unsteady gait, nystagmus, flushed face	Tremors, nausea/vomiting, malaise, weakness, tachycardia, sweating, elevated blood pressure, anxiety, depressed mood, irritability, hallucinations, headache, insomnia, seizures	Alcohol withdrawal begins within 4–6 hrs after last drink. May progress to delirium tremens on 2nd or 3rd day. Use of Librium or Serax is common for substitution therapy.
Amphetamines and related substances	Fighting, grandiosity, hypervigilance, psychomotor agitation, impaired judgment, tachycardia, pupillary dilation, elevated blood pressure, perspiration or chills, nausea and vomiting	Anxiety, depressed mood, irritability, craving for the substance, fatigue, insomnia or hypersomnia, psychomotor agitation, paranoid and suicidal ideation	Withdrawal symptoms usually peak within 2–4 days, although depression and irritability may persist for months. Antidepressants may be used.
Caffeine	Restlessness, nervousness, excitement, insomnia, flushed face, diuresis, gastrointestinal complaints, muscle twitching, rambling flow of thought and speech, cardiac arrhythmia, periods of inexhaustibility, psychomotor agitation	Headache	Caffeine is contained in coffee, tea, colas, cocoa, chocolate, some over-the-counter analgesics, "cold" preparations, and stimulants.
Cannabis	Euphoria, anxiety, suspiciousness, sensation of slowed time, impaired judgment, social withdrawal, tachycardia, conjunctival redness, increased appetite, hallucinations	Restlessness, irritability, insomnia, loss of appetite, depressed mood, tremors, fever, chills, headache, stomach pain	Intoxication occurs immediately and lasts about 3 hours. Oral ingestion is more slowly absorbed and has longer-lasting effects.
Cocaine	Euphoria, fighting, grandiosity, hypervigilance, psychomotor agitation, impaired judgment, tachycardia, elevated blood pressure, pupillary dilation, perspiration or chills, nausea/vomiting, hallucinations, delirium	Depression, anxiety, irritability, fatigue, insomnia or hypersomnia, psychomotor agitation, paranoid or suicidal ideation, apathy, social withdrawal	Large doses of the drug can result in convulsions or death from cardiac arrhythmias or respiratory paralysis.
Inhalants	Belligerence, assaultiveness, apathy, impaired judgment, dizziness, nystagmus, slurred speech, unsteady gait, lethargy, depressed reflexes, tremor, blurred vision, stupor or coma, euphoria, irritation around eyes, throat, and nose		Intoxication occurs within 5 minutes of inhalation. Symptoms last 60–90 minutes. Large doses can result in death from CNS depression or cardiac arrhythmia.
Nicotine		Craving for the drug, irritability, anger, frustration, anxiety, difficulty concentrating, restlessness, decreased heart rate, increased appetite, weight gain, tremor, headaches, insomnia	Symptoms of withdrawal begin within 24 hours of last drug use and decrease in intensity over days, weeks, or sometimes longer.
Opioids	Euphoria, lethargy, somnolence, apathy, dysphoria, impaired judgment, pupillary constriction, drowsiness, slurred speech, constipation, nausea, decreased respiratory rate and blood pressure	Craving for the drug, nausea/vomiting, muscle aches, lacrimation or rhinorrhea, pupillary dilation, piloerection or sweating, diarrhea, yawning, fever, insomnia	Withdrawal symptoms appear within 6–8 hours after last dose, reach a peak in the 2nd or 3rd day, and subside in 5–10 days. Times are shorter with meperidine and longer with methadone.

TABLE 14-8 Summary of Symptoms Associated With the Syndromes of Intoxication and Withdrawal—cont'd

CLASS OF DRUGS	INTOXICATION	WITHDRAWAL	COMMENTS
Phencyclidine and related substances	Belligerence, assaultiveness, impulsiveness, psychomotor agitation, impaired judgment, nystagmus, increased heart rate and blood pressure, diminished pain response, ataxia, dysarthria, muscle rigidity, seizures, hyperacusis, delirium		Delirium can occur within 24 hours after use of phencyclidine, or may occur up to a week following recovery from an overdose of the drug.
Sedatives, hypnotics, and anxiolytics	Disinhibition of sexual or aggressive impulses, mood lability, impaired judgment, slurred speech, incoordination, unsteady gait, impairment in attention or memory disorientation, confusion	Nausea/vomiting, malaise, weakness, tachycardia, sweating, anxiety, irritability, orthostatic hypotension, tremor, insomnia, seizures	Withdrawal may progress to delirium, usually within 1 week of last use. Long-acting barbiturates or benzodiazepines may be used in withdrawal substitution therapy.

Assessment Tools

Nurses are often the individuals who perform the admission interview. A variety of assessment tools are appropriate for use in chemical dependency units. A nursing history and assessment tool was presented in Chapter 7 of this text. With some adaptation, it is an appropriate instrument for creating a database on clients who abuse substances. Box 14-1 presents a drug history and assessment that could be used in conjunction with the general biopsychosocial assessment.

The Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar) is an excellent tool that is used by many hospitals to assess risk and severity of withdrawal from alcohol. It may be used for initial assessment as well as ongoing monitoring of alcohol withdrawal symptoms. A copy of the CIWA-Ar is presented in Box 14-2.

Other screening tools exist for determining whether an individual has a problem with substances. Two such tools developed by the APA for the diagnosis of Alcoholism include the

BOX 14-1 Drug History and Assessment*

1. When you were growing up, did anyone in your family drink alcohol or take other kinds of drugs?
2. If so, how did the substance use affect the family situation?
3. When did you have your first drink/drugs?
4. How long have you been drinking/taking drugs on a regular basis?
5. What is your pattern of substance use?
   a. When do you use substances?
   b. What do you use?
   c. How much do you use?
   d. Where are you and with whom when you use substances?
6. When did you have your last drink/drug? What was it and how much did you consume?
7. Does using the substance(s) cause problems for you? Describe. Include family, friends, job, school, or other.
8. Have you ever experienced injury as a result of substance use?
9. Have you ever been arrested or incarcerated for drinking/using drugs?
10. Have you ever tried to stop drinking/using drugs? If so, what was the result? Did you experience any physical symptoms, such as tremors, headache, insomnia, sweating, or seizures?
11. Have you ever experienced loss of memory for times when you have been drinking/using drugs?
12. Describe a typical day in your life.
13. Are there any changes you would like to make in your life? If so, what are they?
14. What plans or ideas do you have for seeing that these changes occur?

**To be used in conjunction with general biopsychosocial nursing history and assessment tool (Chapter 7).*

common to primary substances abusers. Individuals are encouraged to discuss their personal problems.

Mack and associates (2003) have stated,

> The dual diagnosis patient often falls through the cracks of the treatment system. Severe psychiatric disorders often preclude full treatment in substance abuse clinics or self-help groups. The addition of other [psychiatric] disorders to a substance use disorder greatly complicates diagnosis and makes treatment more difficult. (p. 359)

Continued attendance at 12-step group meetings is encouraged on discharge from treatment. Family involvement is enlisted, and preventive strategies are outlined. Individual case management is common, and success is often promoted by this close supervision.

Diagnosis/Outcome Identification

The next step in the nursing process is to identify appropriate nursing diagnoses by analyzing the data collected during the assessment phase. The individual who abuses or is dependent on substances undoubtedly has many unmet physical and emotional needs. Table 14-9 presents a list of client behaviors and the NANDA International (NANDA-I) nursing diagnoses that correspond to those behaviors, which may be used in planning care for the client with a substance use disorder.

Outcome Criteria

The following criteria may be used for measurement of outcomes in the care of the client with substance-related disorders.

The Client:

- has not experienced physical injury.
- has not caused harm to self or others.
- accepts responsibility for own behavior.
- acknowledges association between personal problems and use of substance(s).
- demonstrates more adaptive coping mechanisms that can be used in stressful situations (instead of taking substances).
- shows no signs or symptoms of infection or malnutrition.
- exhibits evidence of increased self-worth by attempting new projects without fear of failure and by demonstrating less defensive behavior toward others.

TABLE 14-9 Assigning Nursing Diagnoses to Behaviors Commonly Associated With Substance-Related Disorders

BEHAVIORS	NURSING DIAGNOSES
Makes statements such as, "I don't have a problem with (substance). I can quit any time I want to." Delays seeking assistance; does not perceive problems related to use of substances; minimizes use of substances; unable to admit impact of disease on life pattern	Ineffective denial
Abuse of chemical agents; destructive behavior toward others and self; inability to meet basic needs; inability to meet role expectations; risk taking	Ineffective coping
Loss of weight, pale conjunctiva and mucous membranes, decreased skin turgor, electrolyte imbalance, anemia, drinks alcohol instead of eating	Imbalanced nutrition: Less than body requirements/deficient fluid volume
Risk factors: Malnutrition, altered immune condition, failing to avoid exposure to pathogens	Risk for infection
Criticizes self and others, self-destructive behavior (abuse of substances as a coping mechanism), dysfunctional family background	Chronic low self-esteem
Denies that substance is harmful; continues to use substance in light of obvious consequences	Deficient knowledge
For the client withdrawing from central nervous system (CNS) depressants: Risk factors: CNS agitation (tremors, elevated blood pressure, nausea and vomiting, hallucinations, illusions, tachycardia, anxiety, seizures)	Risk for injury
For the client withdrawing from CNS stimulants: Risk factors: Intense feelings of lassitude and depression; "crashing," suicidal ideation	Risk for suicide