

# IDENTIFICATION OF IMPAIRED NURSING PRACTICE

Review the following categories and associated behaviors. Place a check next to all that pertain to the nurse you are concerned about. Observe for patterns and repetition of behavior. These behaviors may indicate alcohol or drug use/abuse or emotional/personal issues interfering with their ability to practice safely. Document behaviors, errors and counseling sessions (formal or informal) thoroughly and consistently.

## **ABSENTEEISM:**

- Leaving duty assignment without permission
- Excessive use or abuse of sick leave
- Frequent absences before/after a day off
- Late reporting to work or after a break
- Leaving work early
- Unusual excuses for absenteeism
- "On the job absenteeism"
- Frequent or lengthy periods spent in restroom
- Fails to tell coworkers when they leave the unit

- Tremors, anxiety
- "Spacey" affect
- Sneezing, sniffing, watery eyes
- Slurred speech
- Ataxia, staggered gait
- Frequent use of breath mints
- Keeps glass of fluid or purse with her
- Unexplained bruising or blood spots on clothing
- May be sleepy or doze off while on duty

## **WORK PERFORMANCE**

- Inconsistent productivity
- Quality of work declines
- Cannot meet deadlines
- Errors in charting, quality declines
- Poor nursing judgments or decisions
- Difficulty remaining focused and on task
- Unusually forgetful
- Careless accidents on the job
- Repeated mistakes
- Takes longer to complete familiar tasks
- Complaints from patients, families, coworkers
- Takes less demanding assignments
- Refuses job assignments
- Difficulty following directions
- Increasing difficulty handling complex assignments
- General lowered job efficiency, enthusiasm
- Volunteers for extra hours especially night or evening shifts

## **ON THE JOB RELATIONSHIPS**

- Over-reacts to perceived criticism
- Avoids peers
- Lying and exaggerating
- Fails to inform peers of meds given to their patients
- Asks peers to cosign narcotic waste at end of shift
- Wide mood swings, irritability
- Borrows money from coworkers
- Shares numerous family problems
- Blames others for errors

## **APPEARANCE/ BEHAVIORS**

- Decline in personal appearance
- Unkempt, disheveled on arrival to work
- Odor of alcohol noted by peers
- Red, glassy eyes
- Diaphoretic

## **MISCELLANEOUS SIGNS**

- Patient complaints of decreased medication effectiveness when administered by this nurse
- Patient denies receiving meds
- Wastage by this nurse not cosigned or is unobserved
- Uses maximum PRN dosage when other nurses use less
- Removes maximum dose of narcotic and wastes excess
- Frequent waste, breakage, spills, pt refusal
- Administers narcotics early or minimum time span for patient
- Medicates other nurses' patients
- Uses IM meds vs oral medications
- Discrepancies in charting of times given on MAR, PRN and nursing notes
- Seeks larger doses or increased frequency from doctors for patients
- Volunteers to count narcotics
- Incorrect narcotic counts
- Defensive about medication practices especially aggressive pain management
- Removes narcotics for patient already discharged/transferred
- Adulteration or substitution of narcotics
- History of legal consequences related to alcohol and drug use (OWI, Public Intox, Possession of Controlled Substances, Fraudulent Prescriptions, etc)

*You can best help your peer by reporting your concerns and observations to your supervisor. Do not compromise your own practice and standards to cover up the errors of the troubled nurse. The WORST thing you can do is ignore the signs and symptoms and DO NOTHING.*

*Know your agency's policies regarding substance abuse and a drug free workplace!*