

NAME _____

Substance Dependence/Abuse

Date	Problem	Goal/Outcome	Interventions	Date	Evaluation	NOTES
	<p>Related To:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Diagnosis _____ (state) <input type="checkbox"/> Hx of Inpatient treatment (date of last admission) _____ <input type="checkbox"/> Family Hx <input type="checkbox"/> Hx Drug Abuse (drug of choice _____) <input type="checkbox"/> Mental Illness <input type="checkbox"/> Peer Pressure <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Emotional distress <input type="checkbox"/> Other (list) <p>AEB:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical Dependence/Withdrawal <input type="checkbox"/> Psychological Dependence <input type="checkbox"/> Legal Problems <input type="checkbox"/> Impaired work/social/family functioning 	<ul style="list-style-type: none"> <input type="checkbox"/> No withdrawal symptoms <input type="checkbox"/> No drug use <input type="checkbox"/> Balance nutritional intake daily <input type="checkbox"/> No harm to self or others <input type="checkbox"/> Performs ADLs daily <input type="checkbox"/> Takes meds as ordered QD <input type="checkbox"/> VS WNL QD <input type="checkbox"/> Verbalizes adaptive coping methods <input type="checkbox"/> Other (list) 	<p><u>NURSING</u></p> <ol style="list-style-type: none"> 1. Assess psych functioning, including SI/HI _____ (state frequency) 2. Assess Review of Systems(frequency) _____ 3. Assess for signs/symptoms of withdrawal 4. Facilitate attendance/participation in support group(s) 5. Other (state) <p><u>DELEGATE</u></p> <ol style="list-style-type: none"> 1. Meds as ordered 2. VS QD 3. Encourage ADLs 4. Monitor I & O 5. Monitor for: <ul style="list-style-type: none"> • seizures • lack of ADLs • SI/HI 6. Encourage balanced intake 7. Weigh _____ 		<p><i>(Address all items listed in "goal/outcome" column. If goal not met, revise plan)</i></p>	

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	<input type="checkbox"/> Financial Problems <input type="checkbox"/> Medical Problems (specify) <input type="checkbox"/> SI/HI <input type="checkbox"/> Other (list)		(frequency) 8. Other (list)			
RN SIGNATURE:			DATE:			