

Nursing: A Concept-Based Approach to Learning (NCCLEB)
Concept 2 Addiction Behaviors

About Addiction Behaviors

1) During a class for teens, a participant admits to frequently being promiscuous. The teenager questions whether there is an increased likelihood of becoming addicted to alcohol as a result of this behavior." What information should be provided to the patient?

1. There is extensive data to support the existence of an addictive personality.
2. Addiction is due to heredity only.
3. There is a relationship between addiction and personalities who engage in risky behaviors."
4. The patient is not at an advanced enough age to make this determination.

Answer: 3

Explanation: 3. No specific addictive personality exists. Many addicts, however, have several characteristics in common. There are a wide variety of addictive behaviors, one of which is engaging in risky behavior such as promiscuity. Addiction may have a genetic component, but that is not the only way addiction occurs. Age does not play a factor in this scenario.

Nursing Process: Implementation

Patient Need: Health Promotion and Maintenance

Cognitive Level: Applying

Learning Outcome: 1. Summarize the physiological and psychological processes that contribute to addiction behaviors.

2) A nursing instructor is teaching her students about addiction. The biopsychosocial model by George Engel is accepted as a comprehensive theory for the process of addiction. The instructor knows the students understand this theory when they state: (Select all that apply).

1. "There is a moral factor involved in the development of addiction."
2. "Addiction occurs due to a lack of emotional attachment."
3. "There is a psychological factor to the development of addiction."
4. "There is a biological factor to the development of addiction."
5. "There are social factors that contribute to the development of addiction"

Answer: 3, 4, 5

Explanation: The biopsychosocial explanation of addiction is supported by current research and takes a more holistic view of the problem. The biopsychosocial explanation links biological, psychological, and social factors as contributing to the development of addiction. The view of addiction as a moral disease is nontherapeutic. Viewing addiction as only a behavioral or emotional problem oversimplifies a complex issue

Nursing Process: Implementation

Patient Need: Psychosocial Integrity

Cognitive Level: Analyzing

Learning Outcome: 2. List factors affecting addiction behavior.

3) During visitation on the unit, the nurse is observing the family dynamics of an adolescent patient who has an addiction problem and recognizes that the family is experiencing behaviors consistent with codependence. Which of the following problems might the nurse expect this family to manifest on an ongoing basis?

1. Enabling
2. Impatience
3. Frustration intolerance
4. Argumentative behaviors

Answer: 1

Explanation: 1. Codependents often engage in enabling behavior, which is any action a person takes that consciously or unconsciously facilitates substance dependence. While impatience, frustration intolerance, and argumentative behaviors may be present in this family, they are generally not related to the cycle of codependence and addiction.

Nursing Process: Implementation

Patient Need: Psychosocial Integrity

Cognitive Level: Applying

Learning Outcome: 3. Identify commonly occurring addiction behaviors and their related treatments.

4) A patient involved in a minor accident reports having used "crystal" an hour ago. The patient denies having used the drug before. Based upon your knowledge, what manifestations can be anticipated?

1. The patient might report feelings of increased strength and intelligence.
2. The patient will display increased strength and cognition.
3. The patient will be drowsy.
4. The patient will exhibit hallucinations and paranoia.

Answer: 1

Explanation: 1. Crystal is a form of methamphetamine. It will promote feelings of increased strength and intelligence. These are simply the patient's impressions, and are not present in reality. Drowsiness is not anticipated for this patient. Hallucinations and paranoia might be seen in an individual who has been using crystal for a long period of time.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Applying

Learning Outcome: 4. Explain common physical assessment procedures used to assess patients with addiction behaviors across the life span.

5) A new nurse orienting to the unit is preparing to assist with obtaining data for a screening tool to determine whether a patient is addicted to alcohol. Based upon your knowledge, which of the following tools will be used? (Select all that apply.)

1. B-DAST
2. CAGE questionnaire
3. MAST
4. CIWA-ar
5. COWS

Answer: 2, 3, 4

Explanation: The CAGE questionnaire, MAST (Michigan Alcohol Screening Test), and CIWA-ar (Clinical Institute Withdrawal Assessment of Alcohol Revised) are all used to assess for alcohol-related problems. The B-DAST (Brief Drug Abuse Screening Test) is used to assess for addiction to substances other than alcohol. COWS (Clinical Opiate Withdrawal Scale) is useful for assessing patients who are experiencing opiate withdrawal.

Nursing Process: Implementation

Patient Need: Psychosocial Integrity

Cognitive Level: Understanding

Learning Outcome: 5. Outline diagnostic and laboratory tests to determine the individual's addiction status.

6) The patient enters the emergency department with signs of drug use. The patient reports having ingested Percocet." Which of the following medications will be indicated to manage a potential overdose?

1. Narcan
2. Diazepam
3. Haldol
4. Vitamin B₁₂

Answer: 1

Explanation: 1. Percocet is a type of opiate. Narcan is used to treat an overdose of opiates. Diazepam can be prescribed to manage signs of an overdose. Haldol can be administered to manage an overdose of phencyclidine piperidine (PCP). Vitamin B₁₂ is used to manage the neurologic symptoms that might accompany a nitrate overdose.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Analyzing

Learning Outcome: 6. Explain management of addiction behaviors and their etiologies.

7) At a neighborhood clinic the nurse is teaching a group of families with members who are substance abusers. What knowledge of psychobiology will the nurse give the families to help them understand the cause of substance abuse?

1. Hereditary, as well as complex environmental influences, predisposes one to substance dependence.
2. Relapse is a common feature of substance abuse.
3. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are accepted treatment approaches.
4. Patients with a substance dependence cannot be held accountable for their actions.

Answer: 1

Explanation: 1. Knowing the psychobiology aspects of heritability and predisposition to substance dependence, as well as the complex environmental influences, helps diminish stigma. Acknowledging relapse, treatment approaches, and behavioral intentions does not address the psychobiology of the illness.

Nursing Process: Implementation

Patient Need: Psychosocial Integrity

Cognitive Level: Applying

Learning Outcome: 7. Demonstrate the nursing process in providing culturally competent and caring interventions across the life span for individuals with addiction behavior.

8) The patient with a history of alcohol abuse is being discharged. The physician has prescribed disulfiram (Antabuse). The patient asks how the medication works to control his alcoholism. Which of the following statements by the nurse is most correct?

1. "The medication will help curb your craving for alcohol."6"
2. "The medication will reduce the anxiety you might experience during this difficult time."
3. "The medication will prevent seizures and other symptoms of withdrawal."
4. "The medication will cause illness if taken and alcohol is ingested."

Answer: 4

Explanation: 4. Disulfiram (Antabuse) is used in the management of patients with alcohol dependence. The medication will prevent the body from breaking down alcohol, and will cause illness if taken and alcohol is then ingested. The medication does not reduce the craving for alcohol, lessen anxiety, or prevent the onset of seizures.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Understanding

Learning Outcome: 8. Identify pharmacological interventions used when caring for individuals with addiction behaviors.

Exemplar 2.1: Alcohol Abuse

1) A formerly homeless patient has been treated for alcoholism. The patient's physical examination reveals the patient is underweight and malnourished. Which of the following medications does the nurse expect the physician to prescribe to manage the patient's nutritional status?

1. Multi-vitamin with folic acid
2. Narcan
3. Methadone
4. Sertraline (Zoloft)

Answer: 1

Explanation: 1. A patient with alcohol dependence may suffer from numerous nutritional deficiencies including deficiencies in thiamine, folic acid, vitamin A, magnesium, and zinc. A multi-vitamin may be prescribed to help with these deficiencies. Narcan is used to manage an opiate overdose. Methadone is prescribed to manage heroin cravings. Sertraline (Zoloft) is used to reduce anxiety and stabilize the mood.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Applying

Learning Outcome: 1. Describe the pathophysiology, psychopathology, etiology, clinical manifestations, and direct and indirect causes of alcohol abuse.

2) During a routine physical, the nurse asks the Roman Catholic male patient about alcohol use. The patient denies using alcohol. The patient reports his father was an alcoholic and wonders about the likelihood of becoming an alcoholic as well. What responses by the nurse are correct? (Select all that apply.)

1. "You are right to avoid alcohol use."
2. "You will likely become an alcoholic."
3. "When comparing religion and alcoholism, Roman Catholics have the highest incidence of alcoholism."
4. "You should be fine to drink."
5. "There are studies that support a genetic link for developing alcoholism."

Answer: 3, 5

Explanation: Religious background may correlate with the likelihood a person will abuse alcohol. Since this man is Roman Catholic the response by the nurse is correct. Studies have identified a link between biologic factors and the development of an addiction. Although the patient does have an increased risk, advising the patient to avoid drinking or that becoming an alcoholic will most likely occur is inappropriate. Giving the patient permission to drink does not address the question being posed by the patient.

Nursing Process: Implementation

Patient Need: Psychosocial Integrity

Cognitive Level: Applying

Learning Outcome: 2. Identify risk factors associated with alcohol abuse.

3) A college student attends a seminar on alcohol abuse. The seminar states that alcohol is associated with erectile dysfunction. The student wonders why there is an association between alcohol consumption and pregnancy. The nurse plans a response based upon which concept?

1. Alcohol is a central nervous system depressant that decreases inhibitions.
2. Erectile dysfunction occurs only after years of alcohol abuse.
3. Alcohol is a sexual stimulant.
4. Erectile dysfunction occurs only in men older than 50.

Answer: 1

Explanation: 1. Alcohol is implicated in behaviors leading to undesired pregnancy because it is a central nervous system depressant and affects judgment and can decrease inhibitions. Situational erectile dysfunction often occurs when the male partner is drunk. Alcohol is not a sexual stimulant. Chronic erectile dysfunction is more common in older men, and alcohol abuse is associated with this problem.

Nursing Process: Implementation

Patient Need: Health Promotion and Maintenance

Cognitive Level: Analyzing

Learning Outcome: 3. Illustrate the nursing process in providing culturally competent care across the life span for individuals who abuse alcohol.

4) The nurse has completed her assessment of an alcoholic patient admitted with esophagitis. Which of the following is the nursing priority for this patient?

1. Ineffective Coping
2. Disturbed Thought Processes
3. Imbalanced Nutrition: Less Than Body Requirements
4. Disturbed Sensory Perception

Answer: 3

Explanation: 3. An alcoholic patient with esophagitis is at risk for imbalanced nutrition, less than body requirements. Ineffective coping is a potential diagnosis used in substance abuse. Disturbed thought processes and disturbed sensory perceptions are diagnoses used for delusions, hallucinations, and illusions that may occur during delirium tremens.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Applying

Learning Outcome: 4. Formulate priority nursing diagnoses appropriate for an individual who abuses alcohol.

5) The nurse is discussing a plan of treatment for a patient with alcohol addiction who does not have insurance. In planning treatment for this patient, the nurse would most likely refer the patient to:

1. A medical detoxification program
2. A residential rehabilitation program
3. A self-help group such as Alcoholics Anonymous
4. A nutritionist

Answer: 3

Explanation: 3. Self-help recovery groups such as Alcoholics Anonymous (AA) have a solid record of helping people overcome alcohol addictions and are available at no cost. A medical detoxification program or residential rehabilitation program may be helpful, but such treatment is expensive, and even with insurance, it is typically not covered. There are no known food linkages to alcohol addiction, although, the nurse might consider a nutritionist at some point during recovery.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Analyzing

Learning Outcome: 5. Create a plan of care for individuals who abuse alcohol and their family members.

6) The nurse is caring for an alcoholic patient who is being discharged from a detoxification program to a residential rehabilitation center. The nurse knows that an appropriate outcome for this patient includes: (Select all that apply.)

1. The patient will agree to enter an alcoholic treatment facility.
2. The patient will remain sober.
3. The patient will experience no complications as a result of alcohol withdrawal.
4. The patient will obtain optimal nutritional status.
5. The patient will participate in support groups such as AA after discharge.

Answer: 2, 4, 5

Explanation: Goals of patient care depend on the needs of the patient. The patient being discharged from a detoxification center to a residential treatment facility will have goals to remain sober, to obtain optimal nutritional status, and participate in support groups such as AA after discharge. The patient has already sought treatment and is no longer at risk for complications from alcohol withdrawal at this point in the treatment process.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Analyzing

Learning Outcome: 6. Assess expected outcomes for an individual who abuses alcohol.

7) A patient is being treated for alcohol dependence. During the treatment, the patient reports having been treated and undergone detoxification three times in the past. The nurse knows that which of the following is true for this patient?

1. Aging can impact the ability of the body to handle detoxification from alcohol and drugs.
2. Increased difficulty with alcohol detoxification is likely the result of an addiction to another substance at the same time.
3. The dependency might have been greater this time.
4. The withdrawal may be greater this time.

Answer: 4

Explanation: 4. Subsequent episodes of withdrawal tend to get progressively worse due to kindling. Kindling refers to long-term changes in brain neurotransmission that occur after repeated detoxifications. Aging does not play a role in the process. There is no evidence to support the suspicion that the patient is addicted to additional substances or has an increased degree of dependence.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Applying

Learning Outcome: 7. Discuss therapies used in the collaborative care of an individual who abuses alcohol.

8) The nurse is collecting data from a patient regarding alcohol use history. What question will provide the greatest amount of information?

1. Are you a heavy drinker?
2. How many alcoholic beverages do you drink each day?
3. Drinking doesn't cause any problems for you, does it?
4. Is alcohol use a concern for you?

Answer: 2

Explanation: 2. Open-ended questions will elicit the greatest amount of information. Asking closed questions that can be answered with a "yes" or "no," such as those in the other options, will limit the information obtained.

Nursing Process: Implementation

Patient Need: Psychosocial Integrity

Cognitive Level: Applying

Learning Outcome: 8. Employ evidence-based caring interventions for an individual who abuses alcohol.

Exemplar 2.2: Nicotine Abuse

1) The 70-year-old patient with heart disease tells the nurse, "I am sick because I sinned by smoking cigarettes." What is the nurse's best response to this dying patient?

1. "You are correct, but it is too late to do anything about it now."
2. "Cigarette smoking was desirable when you began smoking. We didn't know about the problems it could cause."
3. "Why don't we call the hospital chaplain and you can pray about your sins?"
4. "Smoking cigarettes isn't a sin. There are many worse habits you could have."

Answer: 2

Explanation: 2. This patient is in distress and is seeking forgiveness. The nurse should offer this forgiveness and a reason the forgiveness is valid. If the nurse tells the patient that it is too late to do anything about the problem, there is a possibility that distress will increase. Suggesting that the hospital chaplain be called for prayer reinforces that smoking cigarettes is a sin. Saying there are worse habits minimizes the patient's concerns and does not offer forgiveness.

Nursing Process: Implementation

Patient Need: Psychosocial Integrity

Cognitive Level: Applying

Learning Outcome: 1. Describe the pathophysiology, etiology, clinical manifestations, and direct and indirect causes of nicotine addiction.

2) The nurse is giving a health promotion class to adolescents. In counseling an adolescent about lifestyle choices, the nurse discusses the fact that the most preventable cause of adult death in the United States is which of the following?

1. Alcohol abuse
2. Sedentary lifestyle
3. Smoking
4. Drug abuse

Answer: 3

Explanation: 3. Although alcohol abuse, a sedentary lifestyle, and drug abuse are preventable causes of mortality in the United States, smoking is now the number one cause of preventable death and disease for both men and women.

Nursing Process: Implementation

Patient Need: Health Promotion and Maintenance

Cognitive Level: Applying

Learning Outcome: 2. Identify risk factors associated with nicotine addiction.

3) The nurse is caring for a Native American patient. The nurse is aware that smoking is acceptable in this culture. For this culture, smoking is part of a ritual to denote what concepts?: (Select all that apply.)

1. Peace
2. Spirituality
3. Communication
4. Loyalty
5. Love

Answer: 1, 2, 3

Explanation: The Native American culture will often use a peace pipe to communicate peace, spirituality, and communication. The peace pipe is not used to communicate loyalty and love. The nurse may need to respect the patient's view of smoking as an important ritual.

Nursing Process: Implementation

Patient Need: Health Promotion and Maintenance

Cognitive Level: Analyzing

Learning Outcome: 3. Illustrate the nursing process in providing culturally competent care across the life span for individuals with nicotine addiction.

4) The nurse has completed gathering data on a patient with esophageal cancer due to years of nicotine abuse. Which of the following is the nurse likely to choose as the priority nursing diagnosis for this patient?

1. Ineffective Airway Clearance
2. Disturbed Body Image
3. Decisional Conflict
4. Situational Social Isolation

Answer: 1

Explanation: 1. The nurse should anticipate that the patient with esophageal cancer may have issues with airway edemas and therefore an ineffective airway clearance. This is the priority nursing diagnoses of those listed. There is no evidence that is the patient has a disturbed body image or experiences decisional conflict or social isolation.

Nursing Process: Implementation

Patient Need: Psychosocial Integrity

Cognitive Level: Applying

Learning Outcome: 4. Formulate priority nursing diagnoses appropriate for an individual with nicotine addiction.

5) A nurse working at a clinic in a community serving mostly young adults is planning an educational session on wellness. In order to promote wellness regarding tobacco use, the nurse plans to:

1. Educate the group to recognize and resist the marketing efforts of tobacco companies.
2. Tell this group that smoking is unacceptable.
3. Make sure the group is aware of the increased risk of liver disease and cancer of the esophagus.
4. Counsel the group regarding addiction.

Answer: 1

Explanation: 1. Smoking is a type of drug abuse prevalent in young adults and can lead to lung cancer and cardiovascular disease. The nurse's role regarding smoking in this situation is to serve as a role model by not smoking, provide educational information regarding the dangers of smoking, help make smoking socially unacceptable, suggest resources such as hypnosis, and assist with lifestyle training and behavior modification to patients who desire to stop smoking. Simply telling the group that smoking is unacceptable is not effective in promoting wellness. Discussing esophageal cancer and liver disease is inappropriate for a single educational session; lung cancer and cardiovascular disease are the primary health threats that should be discussed. Because this is an educational presentation for a group and not a one-on-one session, counseling is inappropriate.

Nursing Process: Implementation

Patient Need: Health Promotion and Maintenance

Cognitive Level: Applying

Learning Outcome: 5. Create a plan of care for individuals with nicotine addiction and their family members.

6) A patient has been admitted with chronic obstructive pulmonary disease (COPD) and has asked the nurse for help and information regarding nicotine addiction and ways to quit smoking. The nurse will evaluate the treatment and determine that a goal has been met when the patient states:

1. "I will taper off smoking gradually."
2. "I will keep a pack of cigarettes in my closet in case I need it."
3. "I will chew sugar-free gum when I want a cigarette."
4. "I will eat a snack when I am feeling nervous."

Answer: 3

Explanation: 3. The patient has expressed the intention to use a healthy coping mechanism—chewing sugar-free gum—when the urge to smoke arises. This conforms with one goal for patients who are attempting to deal with addiction: stating adaptive coping mechanisms to use when stressed. Tapering off smoking and keeping cigarettes close by are examples of the patient who is not wholly committed. Eating when stressed may lead the patient to substitute eating for smoking, which is a form of denial.

Nursing Process: Implementation

Patient Need: Psychosocial Integrity

Cognitive Level: Analyzing

Learning Outcome: 6. Assess expected outcomes for an individual with nicotine addiction.

7) The nurse at a smoking cessation workshop is working with patients who want to quit smoking. At the first meeting, the nurse outlines a plan of treatment that includes other members of the healthcare team who will be invited to speak to the group. Which of the following professionals would the nurse consider an asset to this group?

1. A neighborhood dentist
2. A psychiatrist
3. A lawyer
4. A yoga instructor

Answer: 4

Explanation: 4. Patients who show a readiness to deal with any addiction will face stress. A yoga instructor can help members of the group learn relaxation techniques as an alternative therapy. A dentist would not be appropriate for this group. A psychiatrist would be cost prohibitive. Since smoking is not illegal, a lawyer would not be of much help for this group.

Nursing Process: Implementation

Patient Need: Psychosocial Integrity

Cognitive Level: Analyzing

Learning Outcome: 7. Discuss therapies used in the collaborative care of an individual with nicotine addiction.

8) In educating a patient about smoking cessation, the nurse should keep in mind that: (Select all that apply.)

1. Most persons quit smoking several times before they are successful.
2. Bupropion (Zyban) is used to suppress the craving for tobacco.
3. A piece of nicotine gum should be chewed for 5 minutes of every waking hour.
4. There is no adverse risk if the patient chooses to smoke while wearing a nicotine patch.
5. Alternative therapies should be considered to help reduce stress that accompanies smoking cessation.

Answer: 1, 2, 5

Explanation: When teaching patients about smoking cessation, the nurse should emphasize that most persons who quit smoking try to quit several times before they are successful. Bupropion is used to suppress the craving for tobacco and is a viable option for this patient. The proper use of nicotine gum is to take one piece when the urge to smoke occurs, up to 9 to 12 times daily. The gum should be chewed several times to soften it and then held in the buccal space for at least 30 minutes to absorb the medication. A patient wearing a nicotine patch must not smoke because of increased risk for cardiovascular problems including myocardial infarction. The nurse should always consider alternative therapies in addition to traditional therapies as they may help the patient deal with the stress that accompanies smoking cessation.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Applying

Learning Outcome: 8. Employ evidence-based caring interventions for an individual with nicotine addiction.

Exemplar 2.3: Prenatal Substance Exposure

1) The nurse is caring for a pregnant woman who admits Ecstasy use on a regular basis. The patient states, "Everybody knows that alcohol is bad during pregnancy, but what's the big deal about Ecstasy?" The best response by the nurse is: "Ecstasy:

1. "Leads to deficiencies of thiamine and folic acid, which help the baby develop."
2. "Has been associated with long-term impaired memory and learning in the child."
3. "Produces babies with small heads and short bodies with brain function alterations."
4. "Produces intrauterine growth restriction and meconium aspiration."

Answer: 2

Explanation: 2. Little is known about the effects of Ecstasy on pregnancy. Preliminary research does suggest that ecstasy is associated with long-term impaired memory and learning in the child. The impact on the timing of Ecstasy use by the pregnant woman during critical brain development may be a critical issue. Alcohol, not ecstasy, causes deficiencies of thiamine and folic acid. Folic acid helps prevent neural tube defects. Cocaine can cause a baby to have a small head with brain alterations. Heroin can cause intrauterine growth retardation and meconium aspiration.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Applying

Learning Outcome: 1. Describe the pathophysiology, etiology, clinical manifestations, and direct and indirect effects of prenatal substance use on both the mother and the fetus.

2) A patient, with admitted use of cocaine during pregnancy, has just experienced an abruptio placentae. The father of the baby asks the nurse why this has happened to them. Which of the following would the nurse tell the father is a risk factor for this to occur?

1. Maternal cocaine use
2. Maternal smoking
3. The mother having low levels of folic acid
4. Genetic history

Answer: 1

Explanation: 1. Maternal cocaine consumption during pregnancy puts the woman at risk for abruptio placentae. Cocaine is also associated with preterm birth, low birth weight, neonatal irritability, neonatal depression, SIDS, and developmental delays. Teratogens are medications known to adversely affect normal cellular development in the embryo or fetus. Folic acid is necessary for normal neural tube development. Genetic history does not affect the risk for spontaneous abortion.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Applying

Learning Outcome: 2. Identify risk factors associated with prenatal substance use.

3) The nurse is collecting data on prenatal patients at a clinic on a Native American reservation in Arizona. One patient has risk factors for substance abuse. Which of the following physical appearances by this patient is suggestive of substance abuse? (Select all that apply.)

1. Patient has dilated pupils.
2. Patient appears underweight.
3. Patient is dressed in jeans and a t-shirt
4. Patient has an odor of alcohol on her breath
5. Patient has frequent accidents or falls

Answer: 1, 2, 4

Explanation: Physical signs of substance abuse include dilated or constricted pupils, inflamed nasal mucosa, evidence of needle "track marks" or abscesses, poor nutritional status, slurred speech or staggering gait, and an odor of alcohol on the breath. Frequent accidents or falls are behavioral signs of substance abuse. Wearing a jeans and t-shirt is not indicative of substance abuse.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Analyzing

Learning Outcome: 3. Illustrate the nursing process in providing culturally competent care across the life span for individuals who abuse substances during pregnancy.

4) A 20-year-old woman is at 28 weeks' gestation. Her prenatal history reveals past drug abuse, and urine screening indicates that she has recently used heroin. The nurse should formulate the nursing diagnosis recognizing that the fetus is at increased risk for which of the following?

1. Congenital anomalies
2. Diabetes mellitus
3. Abruption placentae
4. Intrauterine growth retardation (IUGR)

Answer: 4

Explanation: 4. Women who use heroin place their fetus at an increased risk for developing intrauterine growth retardation (IUGR). Congenital anomalies often occur with the use of lithium during pregnancy. Diabetes is an endocrine disorder that is unrelated to drug use and abuse. Abruption placentae is a condition the mother can experience and is seen more commonly with cocaine and crack use.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Applying

Learning Outcome: 4. Formulate priority nursing diagnoses appropriate for an individual who abuses substances during pregnancy and her newborn.

5) The nurse is doing preconception counseling with a 28-year-old woman with no prior pregnancies. Which of the following statements made by the patient indicates to the nurse that the patient has understood the teaching?

1. "I can continue to drink alcohol throughout my pregnancy."
2. "I don't need to stop drinking alcohol until my pregnancy is confirmed."
3. "A beer once a week will not damage the fetus."
4. "I can't drink alcohol while breastfeeding, since it will pass into breast milk."

Answer: 4

Explanation: 4. Women should discontinue drinking alcohol when they attempt to become pregnant. It is not known how much alcohol will cause fetal damage; therefore, any amount of alcohol, even one beer, during pregnancy is contraindicated. Alcohol passes readily into breast milk; therefore, it should be avoided, or the milk should be pumped and dumped after alcohol consumption.

Nursing Process: Implementation

Patient Need: Health Promotion and Maintenance

Cognitive Level: Applying

Learning Outcome: 5. Create a plan of care for pregnant women who abuse substances during pregnancy and their family members.

6) A pregnant woman admits to intravenous drug use. She had a negative HIV screening test just after missing her first menstrual period. The nurse would suspect that the patient needs to be retested for HIV if which of the following symptoms occur?

1. Hemoglobin of 11 g/dL and a rapid weight gain
2. Elevated blood pressure and ankle edema
3. Shortness of breath and frequent urination
4. Unusual fatigue and oral thrush

Answer: 4

Explanation: 4. The patient who is HIV-positive would have a suppressed immune system and would experience symptoms of fatigue and opportunistic infections such as oral thrush. The patient with HIV would be anemic and anorexic. The patient would have a decrease in blood pressure, and no ankle edema. Shortness of breath and frequent urination do not indicate a need to retest for HIV.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Applying

Learning Outcome: 6. Assess expected outcomes for both the mother who abuses substances during pregnancy and her fetus.

7) The nurse participating in the care of pregnant adolescents who are at risk because of substance abuse has presented a program to them to promote wellness. Which of the following statements, if made by the pregnant adolescent, indicates that she understands her increased risk of physiologic complications during pregnancy?

1. "I should seek prenatal care at some point in the pregnancy."
2. "My anemia and eating mostly fast food are not important."
3. "I need to take good care of myself by participating in vigorous exercise."
4. "Drinking alcohol and smoking marijuana can harm my baby."

Answer: 4

Explanation: 4. Pregnant adolescents are at great risk for complications such as pregnancy-induced hypertension, anemia, preterm birth, low-birth-weight infants, and fetal harm from cigarette smoking, alcohol consumption, or the use of street drugs. Early and regular prenatal care is the best intervention to prevent complications or to detect them early, to minimize the harm to both the teen and her fetus. Pregnant adolescents are at great risk for complications such as anemia. Vigorous exercise would not necessarily promote a healthy pregnancy and does not indicate an understanding of the increased risk for an adolescent who is at risk for substance abuse.

Nursing Process: Implementation

Patient Need: Health Promotion and Maintenance

Cognitive Level: Applying

Learning Outcome: 7. Discuss therapies used in the collaborative care of an individual who abuses substances while pregnant.

8) A 19-year-old pregnant patient tells the nurse that she and her husband are going to a fiftieth wedding anniversary party for her grandparents this weekend. The patient asks the nurse if it will be okay to have a few glasses of wine at the party. Which of the following would be the best reply by the nurse?

1. "Drinking a few glasses of wine will not be a problem."
2. "Alcohol during pregnancy can cause the baby to be born without limbs."
3. "Wine is acceptable but not hard liquor."
4. "Drinking any alcoholic beverages during pregnancy puts your baby at risk for injury."

Answer: 4

Explanation: 4. Drinking any alcohol, no matter what type and what quantity, during pregnancy increases the risk for accidents and damage to the infant. Mothers are encouraged to drink no alcohol at all during pregnancy. Wine can put the mother and fetus at risk as much as hard liquor.

Nursing Process: Implementation

Patient Need: Health Promotion and Maintenance

Cognitive Level: Applying

Learning Outcome: 8. Employ evidence-based caring interventions for an individual who abuses substances while pregnant.

Exemplar 2.4: Substance Abuse

1) The nurse is caring for a patient that has been diagnosed with a cocaine addiction. The nurse knows that which of the following disorders often accompanies an addiction of this nature?

1. Anxiety
2. Weight gain
3. Diabetes
4. Kidney stones

Answer: 1

Explanation: 1. Anxiety and depressive disorders frequently occur with substance abuse. More than 90% of individuals who commit suicide have a depressive or substance abuse disorder.

Weight gain, diabetes, and kidney stones are not linked to substance abuse.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Applying

Learning Outcome: 1. Describe the pathophysiology, etiology, clinical manifestations, and direct and indirect causes of substance abuse.

2) A nursing instructor is teaching her class about the role of dopamine and substance abuse. The instructor knows that the student understands the role of dopamine when the student states:

1. "Dopamine increases opioid transmission and this reinforces the cycle of substance abuse."
2. "Dopamine causes changes in brain neurotransmission that enhances the cycle of substance abuse."
3. "The dopamine D(3) receptor is involved in drug-seeking behaviors."
4. "The dopamine D(1) and D(2) receptors are responsible for co-occurring disorders."

Answer: 3

Explanation: 3. Although most studies have focused on the role of dopamine D(1) and dopamine D(2) receptors in sustaining the addictive danger of drugs, recent studies also have shown that the dopamine D(3) receptor is involved in drug-seeking behavior. Ethanol, not dopamine, increases opioid transmission and reinforces the cycle of substance abuse. Dopamine does not cause changes in brain neurotransmission that enhances the cycle of substance abuse. D(1) and D(2) receptors are not responsible for co-occurring disorders.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Analyzing

Learning Outcome: 1. Describe the pathophysiology, etiology, clinical manifestations, and direct and indirect causes of substance abuse.

3) A male college student is brought to the emergency department by his friends. One of the friends explain that the patient reported taking "black beauties" and "brew" before refusing to communicate any further. The nurse's greatest concern for the patient that requires close observation is for:

1. Seizure activity.
2. Respiratory depression.
3. Signs of withdrawal.
4. Signs of hallucinations.

Answer: 2

Explanation: 2. "Black beauties" are barbiturates, which are central nervous system depressants. "Brew" is a street term for alcohol. Barbiturates and alcohol are a lethal combination. The patient who has ingested both items is at risk for varying degrees of sedation, up to coma and death. Seizure activity, signs of withdrawal, and signs of hallucinations do not pose as great a risk for this patient as respiratory depression.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Analyzing

Learning Outcome: 2. Identify risk factors associated with substance abuse.

4) A 16-year-old teenager is being seen in a free clinic for a pelvic examination. The nurse is screening the patient for risk factors for substance abuse. Which of the following answers by the teenager are considered risk factors for substance abuse? (Select all that apply.)

1. "I became sexually active at the age of 13."
2. "I smoke cigarettes on a daily basis."
3. "I get all A's and B's in school."
4. "I drink alcohol with my friends on the weekends."
5. "I use my seat belt every time I ride in a car."

Answer: 1, 2, 4

Explanation: Early sexual activity, smoking cigarettes, and drinking alcohol are all risk factors for teenage substance abuse. Getting good grades and wearing a seat belt are not risk factors for substance abuse.

Nursing Process: Implementation

Patient Need: Health Promotion and Maintenance

Cognitive Level: Applying

Learning Outcome: 3. Illustrate the nursing process in providing culturally competent care across the life span for individuals with substance abuse disorders.

5) A nurse is concerned about potential substance abuse by a coworker. The nurse determines that the patients on the unit are at risk for injury based on which of the following nursing behaviors?

1. The nurse in question frequently requests the largest patient care assignment for the shift.
2. The nurse in question prefers not to be the "medication nurse" on the shift.
3. The nurse in question declines to take scheduled breaks.
4. The nurse in question frequently volunteers to give medications to patients.

Answer: 4

Explanation: 4. Frequently volunteering to give medications or having excessive medication wasting could be a sign that a nurse is using or diverting drugs. The nurse who is unable or unwilling to manage a large patient care assignment or who requests to administer medications could be a substance abuser. Taking frequent or lengthy breaks might signal substance abuse.

Nursing Process: Implementation

Patient Need: Safe, Effective Care Environment

Cognitive Level: Analyzing

Learning Outcome: 4. Formulate priority nursing diagnoses appropriate for an individual with a substance abuse disorder.

6) A family member of a woman addicted to alcohol and opioids says, "I don't understand the reason for Naltrexone treatment for my daughter. Won't she just get high off of that?" What is the best explanation for this family member?

1. "Naltrexone will cause your daughter to become violently ill if she drinks alcohol or abuses drugs."
2. "Naltrexone won't allow your daughter to get drunk when she drinks."
3. "Naltrexone diminishes the cravings your daughter will feel for alcohol and opioids."
4. "Naltrexone is less potent than the street drugs your daughter is currently taking and therefore safer."

Answer: 3

Explanation: 3. Naltrexone diminishes the cravings for alcohol and opioids. Disulfiram, not naltrexone, will cause a person to become violently ill when alcohol is consumed.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Applying

Learning Outcome: 5. Create a plan of care for individuals with a substance abuse disorder and their family members.

7) A patient who is attending a Narcotics Anonymous (NA) program asks the nurse what the most important initial goal of attending the meetings is. Which of the following is the best response by the nurse?

1. Learn problem-solving
2. Take a moral inventory of self
3. Admit to having a problem
4. Make amends to people they have hurt

Answer: 3

Explanation: 3. The initial outcome for patients in substance abuse programs is to admit they have a problem with drugs or alcohol. Patients will be unable to participate fully in a recovery program until they can admit that they have a substance abuse problem, admit the extent of that problem, and acknowledge how abuse has impacted their life. Learning problem-solving is a later outcome for a substance abuse program. Taking a moral inventory and making amends are the fourth and eighth steps of Narcotics Anonymous and would not be initial outcomes.

Nursing Process: Implementation

Patient Need: Psychosocial Integrity

Cognitive Level: Applying

Learning Outcome: 6. Assess expected outcomes for an individual with a substance abuse disorder.

8) A patient is admitted to the Emergency Department after snorting phencyclidine piperidine (PCP). The healthcare provider has determined that the patient overdosed on the drug. What actions does the nurse anticipate will be done to care for this patient? (Select all that apply.)

1. Induce vomiting
2. Obtain materials to assist with lavage
3. Initiate seizure precautions
4. Initiate an IV
5. Administer ammonium chloride

Answer: 3, 4, 5

Explanation: The patient has taken an overdose of phencyclidine piperidine (PCP), which can produce an adrenaline-like response, or "speed" reaction. PCP overdose is associated with possible hypertensive crisis, respiratory arrest, hyperthermia, and seizures. The patient will require an IV line. The patient will need to have seizure precautions such as padded side rails initiated. The patient may also be given ammonium chloride to acidify the urine to help excrete the drug. Vomiting is induced for overdoses of alcohol, barbiturates, and benzodiazepines. Lavage would be an inappropriate treatment for inhalation of any substance. Narcan is a narcotic antagonist administered for opiate overdose.

Nursing Process: Implementation

Patient Need: Physiological Integrity

Cognitive Level: Analyzing

Learning Outcome: 7. Discuss therapies used in the collaborative care of an individual with a substance abuse disorder.

9) After an assessment of a new patient, a nursing student expresses a belief that drug addiction is not a real illness as they did it to themselves. The staff nurse should respond with which of the following statements?

1. "Sometimes a patient doesn't show much effort."
2. "You are right. I don't know why we bother."
3. "It is important to remain nonjudgmental when caring for any patient, even a drug addict.."
4. "We are legally obligated to provide care."

Answer: 3

Explanation: 3. Nurses must provide a nonjudgmental attitude with their patients in order to promote trust and respect. Even if a patient is not currently making much effort toward management of addiction disorders, the development of a trusting relationship with the nurse helps to set the stage for movement toward recovery in the future. While it is true that nurses are legally obligated to provide care, this response is not patient-focused and is therefore inappropriate.

Nursing Process: Implementation

Patient Need: Psychosocial Integrity

Cognitive Level: Applying

Learning Outcome: 8. Employ evidence-based caring interventions for an individual with a substance abuse disorder.