|  |  |  |
| --- | --- | --- |
| **Date** | **My Preferences and Needs** | |
|  | **I have a history of substance use disorder.**  *As evidenced by:*   * Use of/addiction to prescription drugs. My drug(s) of choice is/was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Use of/addiction to illegal drugs. My drug(s) of choice is/was:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Use of/addiction to alcohol | |
| **Date** | **My Goals** | **Target Date** |
|  | * I will not use the substances that I am/was addicted to through next review. * I will work with a therapist/counselor to help me with my SUD through next review. * I will demonstrate an understanding that substance use is not permitted in the facility evidenced by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through next review. * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Date** | **Support I Need** | **Discipline** |
|  | * Educate me on ways to utilize coping skills to deal with feelings of desire for my preferred substance. * Account for any traumas in my past that may influence my substance use and help me avoid triggers. * Offer me a behavioral contract if I am cognitively able to consent, and only if it will encourage me to follow this plan of care. * Provide regular opportunities for: * Physical activity * Daily decision making * Socialization * Leisure activities consistent with my interests * Report any changes in my mood status to my physician. * Report any suspected use of substances to my physician. * Contact emergency services immediately if I exhibit any signs of overdose, and administer opioid reversal agents as indicated. * Support my strengths and provide me with positive affirmations. * Encourage and allow me to openly express my feelings, and to express fears and worries. * Obtain an order for a Psychologist or licensed therapist of my choice and/or Psychiatrist to evaluate and treat me. Provide services based upon my/ responsible party approval and physician’s order. * Administer medications that are prescribed to me as part of my medication –assisted treatment (MAT) and observe for side effects. * Assist me in attending support groups with others who also have substance use disorder. * Encourage frequent contact with family and friends that are supportive of my recovery and do not encourage substance use, as desired by me. * Encourage my family to be an active part in my care plan and discharge planning process so that I have an active support system in the community, as desired by me. * Educate me on the risks of leaving the facility to seek out substances and/or early, unplanned discharge. * Upon discharge, provide appropriate referrals and discharge instructions. * Promote homelike environment, when possible use familiar objects from home, or objects with sentimental value, family pictures, etc. * If I have any suicidal ideations, immediately report them to my charge nurse and social worker. * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | SS, NSG, ACT  SS, NSG  SS, NSG  SS, NSG, ACT  NSG, SS  NSG, SS  NSG  ALL  NSG, SS  NSG/SS  NSG  SS  SS,NSG,ACT  SS  SS, NSG  SS, NSG  ALL  ALL |