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| --- | --- |
| **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.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **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, ACTSS, NSGSS, NSGSS, NSG, ACTNSG, SSNSG, SSNSGALLNSG, SSNSG/SSNSGSSSS,NSG,ACTSSSS, NSGSS, NSGALLALL |