

SUPERIOR HEALTH Quality Alliance

Substance Use Disorder Person-Centered Care Plan Example

Problem/Strengths	Goals	Interventions	Who/Date
 I have a substance use disorder (SUD) that is not currently well managed. Even though I am afraid of failing, my strength(s) is my willingness to make changes to improve my life. I have maintained periods of recovery in the past. Many of my family and social supports also struggle with substance use. My triggers for substance use are pain/discomfort, increased stress, loneliness, and feeling isolated. I need help identifying painrelieving alternatives to medication. 	 My goals are to: Attend a self-help group such as Narcotics Anonymous (NA) two to three times/week. Find a sponsor at Narcotics Anonymous that I can reach out to for support. Participate in activities that reduce my triggers and decrease my pain. Get an assessment and recommendation for substance use disorder (SUD) treatment. Create a list of positive (in recovery) social supports who can visit me without triggering me. Increase my activity level and improve my safety. 	 Arrange transportation to NA meetings. 	Social Services (within 7-14 days)
		 Identify activities of interest to me and encourage my attendance at activities that target stress reduction and social connections. Identify activities that provide pain relief (music, watercolor painting, funny movies, massage) 	Activities (within 7 days of admission)
		 Coordinate a referral to a local treatment program. 	Social Services (60-90 days)
		 Arrange transportation to and from the treatment program. 	Nursing/Social Services (ongoing)
		 Support communication with visitors who are not on my list of positive supports. 	Nursing (within 24-48 hours)
		 Obtain an order for a PT/OT consult for pain and decreased mobility. Obtain an order for naloxone. 	Nursing (within 24-48 hours)
		Notify the physician of changes in condition.	Nursing (ongoing)

Care Plan Example Case Study

Angela ("Angie") is an XX-year-old female referred to the facility with decreased mobility due to diabetes-related neuropathy and several recent falls. She has had several back surgeries in the past. In addition to her medical diagnoses, Angie is currently in recovery from substance use disorder (SUD). Upon admission, she shared that she did have a recent setback that was exasperated by increased back and neuropathic foot pain and increased loneliness and isolation related to her declining mobility. She has recently been hospitalized for her diabetes and completed detox at that time but has not been actively engaged in a treatment program or attended a self-help group for several years. Angie shared that when she is using, she does not really have a "drug of choice" but that she will use "anything that makes the pain go away." She is willing to discuss her SUD openly and is motivated to regain her stable recovery because she wants to maintain positive relationships with her adult children.