

Patient Name: Ms. XX

Date of Birth: 00/00/0000

Date of Admission: 00/00/0000

Ms. XX is a xx-year-old, married APRN referred to xxxx by XXXX on 00/00/000. She had attempted to pick up prescriptions that she prescribed for herself, to include clonazepam and Percocet, from her pharmacy on 00/00/0000. The prescriptions were not provided to Ms. XX and the pharmacist told her there were “concerns” about the prescriptions. On 00/00/00, Ms. XX was requested to meet with her clinical director and manager and it was explained that there were concerns about her prescribing for herself and her husband. She was advised to contact Mr. XX at the XX and was subsequently referred to XXXX for a multidisciplinary comprehensive assessment on 00/00/0000. In this assessment, she met criteria for substance use disorder, anxiety and a mood disorder and was recommended to admit to a treatment program for professionals approved by XX.

Regarding her fraudulent prescription-writing, Ms. XX portrayed her pattern of obtaining drugs over years as a matter of convenience, to spare herself and others some formalities associated with standard diagnosis and treatment. The ethical erosions that have ensued are unfortunate and she is advised to adhere to professionalism requirements of an APRN.

Ms. XX successfully completed treatment at xxxx Institute from 00/00/0000 through 00/00/0000. She attended all programming, daily 12 Step meetings and weekly phone sessions with her husband. Ms. XX was honest about her feeling states and progress during treatment and made efforts to achieve maximum wellbeing. Ms. XX is a dedicated nurse valued by her institution, and a loving wife and mother and has voiced relief and optimism about treatment and recovery. She has established sobriety at xxx, however, she is advised to continue her efforts in recovery as stated below.

Safety Assessment

Ms. XX is currently safe to practice nursing with reasonable skill and safety and advised to implement the following recommendations:

Treatment Recommendations:

1. Professional Monitoring

Ms. XX is advised to participate in professional monitoring with UPHP for five years. If she relapses, she is advised to be re-evaluated for recommendations going forward. Ms. XX will return to xxx in 3-6 months for a follow-up.

2. Individual Psychotherapy

Ms. XX is advised to engage in weekly individual psychotherapy following treatment in a professional's program with a XX-approved psychotherapist.

3. Support Groups

Ms. XX is advised to participate in regular 12 Step meetings with a sponsor. *Consultations with an Addiction Psychiatrist.* Ms. XX is advised to regularly consult with an addiction psychiatrist approved by XX for medication management of psychiatric diagnoses, to include insomnia. If insomnia persists she is advised to obtain a sleep study.

4. Professionalism Issues

Ms. XX is advised to discontinue self-prescribing, prescribing for family and friends and curb-siding with colleagues and consult with a PCP for all medications and prescriptions.

5. Optimize Overall Wellbeing

Ms. XX is advised to optimize her wellbeing with the incorporation of non-chemical coping skills such as meditation, yoga, etc. She is advised to consult an endocrinologist for an accurate diagnosis and the need for continued xxxx, and an ENT for chronic allergy-like symptoms. If Ms. XX has a resurgence/worsening of chronic pain issues, she is advised to follow up with a multidisciplinary functional rehabilitation program. In addition, she is advised to have an ongoing and documented relationship with an internist or family practitioner utterly familiar with his entire health history.

Sincerely;
XXXX