

## **PRACTICE QUESTION: Impaired Practice**

Question:

*I am in the process of evaluating a nurse with a history of chronic pain who uses large doses of narcotics in combination with prescribed Methadone for pain.*

*Please let me know if the Board has specific regulations regarding oxycodone and methadone in clinically practicing nurses.*

*Because this evaluation is for possible reasonable suspicion/fitness for duty, I need to relay to this nurse if there are any Board issues she needs to consider in determining fitness for practice.*

Response:

There is no statute or regulation addressing specific medications in nursing practice (i.e., oxycodone, methadone, etc). However the following (potential violations) may be relevant:

NPA 8-316 (a) (7)(ii) Provides professional services while under the influence of alcohol or using and narcotic or controlled dangerous substance (CDS) as defined in 5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication

NPA 8-316 (a) (19) is addicted to or habitually abuses narcotic or controlled dangerous substance (CDS) as defined in 5-101 of the Criminal Law Article

Code of Ethics COMAR 10.27.19.02 C (8) using, possessing, supplying, administering prescription drugs or controlled dangerous substance (CDS) without valid medical indication

C (9) reporting for employment under the influence of alcohol or a CDS

C (10) reporting for employment under influence of an illicit drug

Any practicing nurse needs to consider what the Nurse Practice Act and COMAR states when consuming alcohol, taking medications or substances that could be considered controlled dangerous substances, using illicit or any substance that affects mood, attention, alertness, judgment, decision-making etc. The nurse who is being treated for chronic pain or substance use disorder and is taking any such substances (methadone, buprenorphine, etc) alone or in combination with other substances, may be at additional risk due to interaction and cumulative effects. A frank and open discussion with a provider experienced in treating individuals requiring these medications, and an honest appraisal of their effect on fitness for duty is essential for the safety of both the nurse and any clients under his or her care.

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