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Inhalant Abuse

Patient name: _____

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Admission: _____

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- I. The client/caregiver can define inhalant abuse or “huffing.”**
- Deliberately sniffing, inhaling, or huffing concentrated amounts of household products to produce a quick “high.” They also depress the central nervous system.
 - This form of substance abuse is usually seen in late childhood and early adolescence. Studies show that one in five students have used inhalants by the time they reach 8th grade.
 - Inhalant abuse is growing in popularity because
 - They are inexpensive.
 - They are available in the home, the grocery store, the hardware store, pharmacies, and even school.
 - They can be easily concealed in outer clothing, backpacks, closets, lockers, and so forth.
 - They offer a very quick “high.”
- II. The client/caregiver can list signs and symptoms of inhalant abuse.**
- Strong link between inhalant abuse and problems in school
 - Paint or stains on body or clothing
 - Red or runny eyes or nose
 - Chemical breathe odor
 - Drunk, dazed, or dizzy appearance
 - Nausea and loss of appetite
 - Anxiety, excitability, and irritability
- III. The client/caregiver can list products that can be used as inhalants.**
- Model airplane glue, rubber cement, and household glue
 - Spray paint, aerosol hairspray, air freshener, deodorant, fabric protector, computer keyboard cleaner, and video head cleaners
 - Nail polish remover, paint thinner, correction fluid, toxic markers, lighter fluid, gasoline, and carburetor cleaner

- D. Vegetable cooking spray, dessert topping spray (whipped cream), and whippets**
- E. Nitrous oxide, butane, propane, and helium**
- IV. The client/caregiver can list possible complications or results of inhalant abuse.**
- “Sudden sniffing death syndrome” can occur with use of any inhalant and even the first time it is used.
 - Brain damage
 - Cell death of the brain
 - Permanent personality changes
 - Memory impairment
 - Hallucinations
 - Learning disabilities
 - Muscle damage
 - Loss of coordination
 - Tremors and uncontrollable shaking
 - Muscle wasting
 - Reduced muscle tone and strength
 - Peripheral nervous system
 - Numbness
 - Tingling sensation or total paralysis
 - Bone marrow
 - Leukemia
 - Liver, lung, and kidney damage
 - Vision and hearing impairment
- V. The client/caregiver can discuss measures to use when someone is “huffing.”**
- Remain calm and do not panic.
 - If the person is unconscious or not breathing, call for help and start CPR.
 - If the person is conscious, keep him or her calm and in a well-ventilated room.
 - Do not argue with or excite the abuser when he or she is under the influence.
 - Excitement or stimulation can cause hallucinations or violence.
 - Activity or stress may cause heart problems leading to “sudden sniffing death.”
 - Check the area for clues to what was used.

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- H. Seek professional help for the abuser from the school nurse, counselor, physician, and so forth.

VI. The client/caregiver can discuss measures to prevent inhalant abuse.

- A. Start talking. Talk about the products that could be used, and emphasize the dangerous results.
- B. Be educated regarding the products and methods of use. Learn the signs and symptoms of inhalant abuse.
- C. Encourage your child to bring questions and concerns to you for discussion.
- D. Set limits, and state that you will not tolerate use of inhalants.
- E. Be involved with your child's friends and activities. Know where they are and what they are doing.

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- F. Promote an awareness of inhalant abuse to others, such as teachers or coaches.

RESOURCES

Substance Abuse and Mental Health Services Administration

National Inhalant Prevention Coalition
www.inhalants.org

National Institute on Alcohol Abuse and Alcoholism
www.niaaa.nih.gov/

REFERENCES

- Hitchcock, J. E., Schubert, P. E., & Thomas, S. A. (2003). *Community health nursing: Caring in action*. Clifton Park, NY: Thomson Delmar Learning.
- Varcarolis, E. M. (2006). *Manual of psychiatric nursing care plans*. St. Louis: Saunders Elsevier.