

Louisiana State Board of Nursing

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Relapse Prevention Plan Data Set

Please include all areas listed below in your Plan.

- ✓ Express your understanding of addiction.
- ✓ State your consequences of relapse.
- ✓ Describe Support System and your “PROGRAM”:
 - Sponsor: length of sobriety; contacts per week (telephone & face-to-face)
 - Home group: name, time & location
 - Participation in AA/NA activities
 - Coworkers – aware of addiction/supportive
- ✓ Address ways you stay healthy/take care of self/leisure activities
- ✓ Insight/Awareness
 - Identify personal signs/behaviors of stress
 - Identify causes of stress -> ID specific triggers
 - Accepts Feedback:
 - Family – aware of addiction/supportive
 - Friends – aware of addiction/supportive
- ✓ Signs & Symptoms of addictive behavior known/delineated by RN
 - Identify specific S/S of relapse BEHAVIOR that proceeds: DOC ideation/use, etc.
 - What you do when begin to exhibit same – (ie: contact sponsor, AC/RNP Group leader, speak to family/friends/coworkers). Outline steps to take if negative behaviors surface.
 - Identify potential high-risk situations (work & social) and how you handle them [including your plan if you have to take any controlled medications]
 - Back-up Plan: Family, friends and Co-workers are aware of Relapse Signs, Symptoms, and Negative Behaviors and what actions they will take.

Please have your RNP Group Facilitator sign RPP to verify it was presented for feedback in group prior to submitting to Board.