

## THE CORRECTIONAL NURSE

Inspiring

### Professional Correctional Nursing Practice

July 2020

Hi Lori,

I hope this finds each of you healthy and doing well, and not lowering your COVID precautions just yet! Here in Florida, cases are greatly increasing, as they are in Arizona, Texas and many other places. Stay safe and use common sense!

Today, I start with a question. What do you do when your vital sign machine gives you a reading that is below or above the expected normal range, like a blood pressure of 160/108 or 170/120 or 90/64; or a pulse of 124 or 56? I hope that your answer was "repeat the measure without the machine." Abnormal blood pressures should always be verified with a manual measurement, and listening with your own ears is the ultimate verification! If the pulse was from the machine or palpated radially, use your stethoscope and auscultate the patient's heart at its apex ("apically"). Remember to document all of your actions, including the "machine" readings as well as your manual verification readings.

If you are not using a machine, and you are doing manual readings, then a repeat measure is still indicated. Wait a few minutes in between blood pressure checks, as repeated inflation of the cuff can affect the pressure in the arm. If you are using a finger pulse oximeter to measure pulse, then obtain a repeat measure using your stethoscope to auscultate the heart as described previously.

It cannot be stated too often that vital signs are very important for providers diagnosing our patients and for nurses to provide their ongoing care. If our treatment plan is based upon faulty information, then chances are good that it will not help the patient, and in some cases, may actually hurt them, as in the case of the patient who was really normotensive but was given Clonidine for a false increased blood pressure reading (machine), who then became hypotensive, passed out, fell against the metal bunk, and had to have 24 stitches and stay 2 days in medical observation with Q 4 hour nursing evaluations for his head injury. That one incorrect blood pressure measurement not only caused pain and suffering to the patient, but also increased nursing staff's responsibilities for the next 48 hours. All of this could have been avoided if the nurse obtaining the high blood pressure reading with the machine had just taken a minute to verify it manually.

I hope the next time you get an abnormal reading, low or high, blood pressure or pulse, that you take the time to obtain repeat measurements manually. It is important to your patient's well-being!

#### Newsworthy Notes

The [American Correctional Nurses Association](#) is going strong, but we need you! Membership is open and everyone is invited to become a member! Dues are \$50 annually. There are also Affiliate memberships for corporations and individuals that support Correctional Nursing, but who are not, themselves, correctional nurses. Check out the [ACNA website](#) for up-to-date information on such things as the need for committee members, the upcoming Board election, and our **Inaugural Poster sale**. Remember, the ACNA is the professional organization for **ALL** Correctional Nurses - LPNs, RNs and APRNs!

The NCCHC Mental Health Conference July 20 - 21 will be held virtually. More information can be found on their [website](#).

The [American Correctional Association](#) conference that was to be held in August has been canceled.

Just a reminder that I have posted our past Newsletters on the CorrectionalNurse.Net website as a Newsletter Archive, and have included links to the current Newsletter on each site in hopes that anyone whose copy gets lost in the SPAM nebula will still have access to it.

Thanks for all you do, and Be Safe!!

## CorrectionalNurse.Net

This month, the [CorrectionalNurse.Net BLOG](#) will feature practice information about Heat-Related Illness. Our professional topic will be Bullying and Incivility. As always, announcements for new blog posts will be posted on FaceBook.

Please **FOLLOW US** and check back often to ensure that you get notification of new posts!

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## Correctional Nurse Educator

This month our featured, discounted class is [Bullying and Incivility for the Correctional Nurse](#). While I hope that it will *never* apply to you, I do hope that you find it interesting!

[VISIT THE CORRECTIONAL NURSE EDUCATOR NOW](#)

## Nursing Behind the Wall

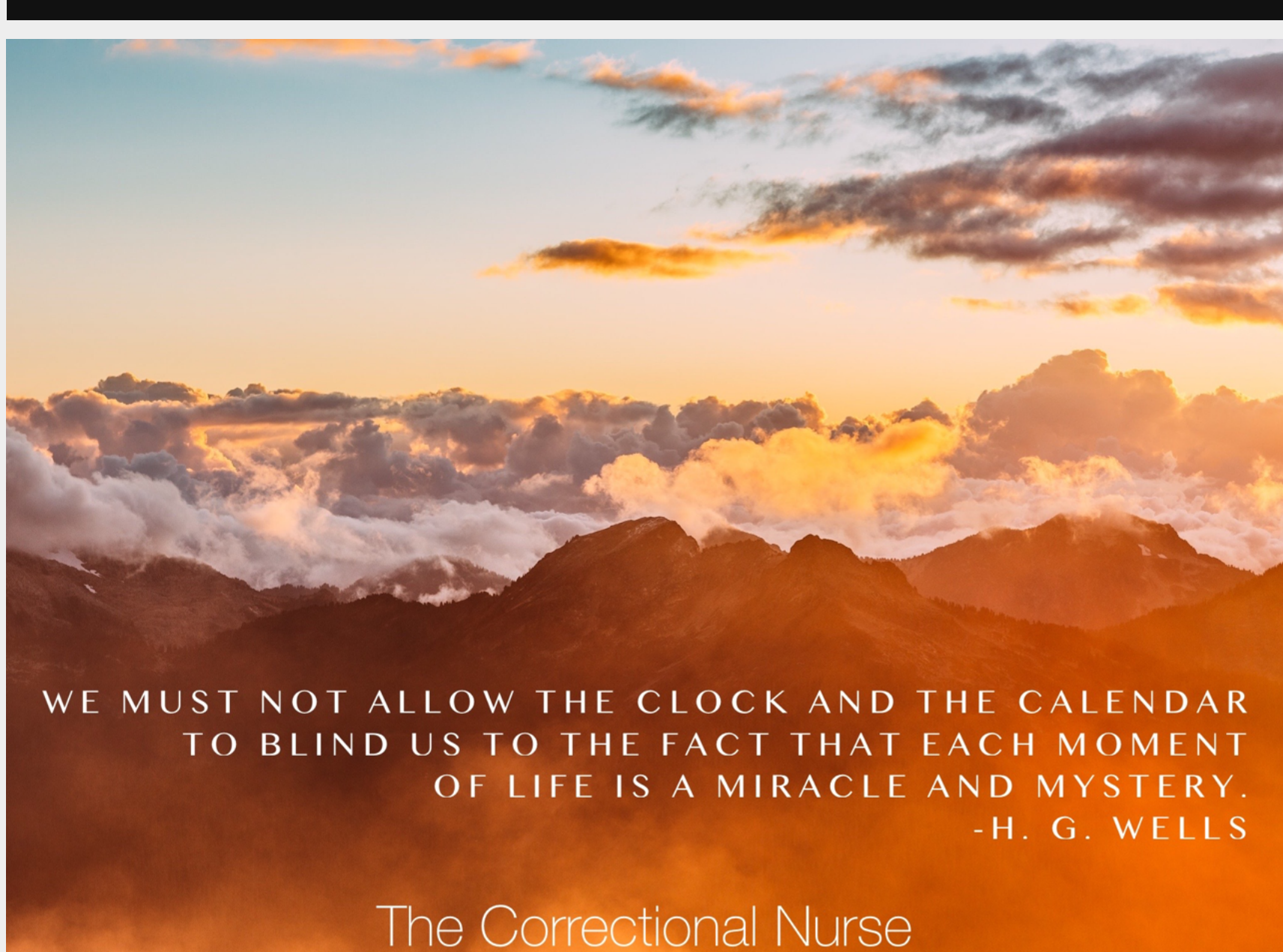
This month at [Nursing Behind the Wall](#), you will meet Mr. Stone, a patient who presents with weakness and confusion after being in the rec yard.

[VISIT NURSING BEHIND THE WALL NOW](#)

In closing, I appreciate you taking the time to read this newsletter, and I hope that you will find our sites interesting and educational. Our profession of Correctional Nursing is unique and sometimes challenging, but always very important to our patients. The impact we make is far-reaching, even if it is not always evident as we care for our patients. I have ALWAYS been proud to say that I am a Correctional Nurse – I hope that you are as well!

*Lori*

## Inspiration



The Correctional Nurse

**CorrectionalNurse.Net**

West Palm Beach  
FL 33407 United States



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