



THE CORRECTIONAL NURSE

Inspiring

Professional Correctional Nursing Practice

March 2021

Happy March!

Picture this. You are the nurse passing medication and Ms. Jones comes to the cart and shows you a small cut on her right hand. She asks for a band-aid, and you give it to her, reminding her to keep the cut clean and to drop a sick call if it gets worse. The following two days you are off, but she continues to request and get band-aids from the medication cart nurses. When you return to work and begin passing medications on her unit, Ms. Jones approaches the cart and you see right away she does not look good. She is diaphoretic, walking slowly and holding her right arm in her left. On closer look, her right hand is reddened with 2+ swelling on the dorsum. There is a central, pus-filled lesion about 2.5 centimeters in diameter. You stop medication line and get Ms. Jones to the medical clinic, where it is determined that she must go to the emergency department for diagnostics and treatment. She ultimately received intravenous antibiotics and wound debridement that required a three day stay in the hospital.

Ms. Jones told the clinic nurse practitioner who saw her and determined that she needed to go to the emergency department that she had been "treated" for three days, but when the chart was reviewed, there was absolutely no documentation that Ms. Jones had any interaction with healthcare staff. You and the other nurses who treated (yes, treated!) Ms. Jones during the medication line are questioned, and state that you "only" gave a band-aid to Ms. Jones. Is that all you did?

No, giving a patient something as simple as a band-aid requires an evaluation, which in fact, you did do that first day when you looked at the cut. The problem began when you did not document the encounter, especially the size, location and condition of the wound at that time, in the patient's health record. The subsequent nurses who simply gave Ms. Jones a band-aid when asked also erred, because they, too, provided a treatment to Ms. Jones that required an evaluation of the wound and documentation in the health record.

If they had done an evaluation, rather than just gave her the band-aid that she requested, perhaps the infection would have been identified sooner and Ms. Jones would not have required the complex care in the hospital that she did.

I am sure that many reading this will immediately say that you told Ms. Jones to drop a sick call slip if she got worse, and so the responsibility was hers, but that is not 100% true because nursing staff provided treatment to her which required an assessment/evaluation and certainly required documentation in the health record that was not done. A better practice would be to give nothing "extra" from the medication cart and instead, ensure everyone is seen in Nurse Sick Call, where a proper and thorough evaluation can be done, and a treatment plan can be developed and implemented.

Newsworthy Notes

The NCCHC conference is FREE this year - a gift to you from NCCHC! It will take place April 27-28, 2021. Please take advantage of this great opportunity by [registering here](#). I look forward to "seeing" you there!

Don't forget to check back often on the [American Correctional Nurses Association website](#), where new announcements of interest are posted often. All are welcome to join!!

Remember that you can find our past Newsletters on the CorrectionalNurse.Net website in the Newsletter Archive.

Thanks for all you do, and Be Safe!!

CorrectionalNurse.Net

This month, [CorrectionalNurse.Net](#) will discuss the patient with nausea and vomiting.

We will also continue our professional practice discussion with a post about the heart and mind of a Correctional Nurse. As always, announcements for new blog posts will be posted on our FaceBook pages.

Please [FOLLOW US](#) and check back often to ensure that you get notification of new posts!

[VISIT CORRECTIONALNURSE.NET NOW](#)

Correctional Nurse Educator

Our 50% off featured class this month is [Abdominal Assessment: Nausea and Vomiting for the Correctional Nurse](#).

I hope that you enjoy it!

[VISIT THE CORRECTIONAL NURSE EDUCATOR NOW](#)

Nursing Behind the Wall

This month at [Nursing Behind the Wall](#), you will meet Mr. Castro, a gentleman with nausea, vomiting and dizziness.

[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



LEARN FROM YESTERDAY,

Live for today.

HOPE FOR TOMORROW. THE IMPORTANT
THING IS NOT TO STOP
QUESTIONING. -ALBERT EINSTEIN

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