

THE CORRECTIONAL NURSE

Inspiring

Professional Correctional Nursing Practice

January 2021

I read recently that most people are happy that 2020 has ended, hoping that the unprecedented times and the massive death toll will quickly become a blurb in the history books. I encourage you to keep 2020 upmost in your mind as you go about your daily routines and care for your patients! This pandemic is far from over, even with the initiation of the vaccine program, and we must remain vigilant. Continue your infection control practices and don't become complacent! As Correctional Nurses, we have the means and opportunity to share our knowledge about health with our patients and colleagues through our interactions and teachings, which will truly impact lives and communities. Please don't assume that everyone knows everything they need to know "by now" [as I overheard recently at a facility]. Instead, remember that knowledge is reinforced and learned through multiple educational sessions.

This month, I also wanted to talk a little about documentation, and share an experience I had with a student recently.

Documentation... What can I say that is new, different and interesting? I am fairly confident that what I will share with you here you have heard many times before. Documentation is one of the most important things we do (right up there with patient education), and yet, some nurses believe that it is a nuisance and takes away from the time they can spend on actual patient care. Reframe those thoughts, and include documentation as an integral and very important part of your patient care! If not done thoroughly, continuity of care and patient outcomes may be jeopardized. I would like to share an example.

Mr. Sanchez was seen in the clinic for a "red leg" and was ultimately diagnosed by a provider with cellulitis. When he returned to the clinic five days later as the result of a self-initiated visit, the student caring for him came out of the exam room and presented the patient to me. Her report included that Mr. Sanchez said it was "improving" and that his limp had pretty much gone away, and he was wondering about the blood pressure medication that the person who examined him "for the leg" had said she would be ordering for him, but he had not yet started to receive. I, of course, asked her what was documented in the health record from the previous visit.

She read terms like "pretty large" area on left leg; "elevated blood pressure today" (no number was documented) and "very bad" pain. There was no mention of any impairment to mobility (did he present with the limp that was now better at the previous visit?). The plan then included contacting the provider and returning to the clinic as needed. There was no documentation after that noting if the provider was contacted; what the provider was told; and finally, what the provider ordered for Mr. Sanchez. Mr. Sanchez did say that he had been given some pill to fight the infection, and the medication administration record included a current order for Bactrim DS, with no indication for use noted in the order.

There was no prescription for anti-hypertension medication and no order for blood pressure checks. He was not enrolled in chronic care clinic. Because of the failure of the previous nurse to document clearly and with specifics, on the day he was seen by us, we could not objectively judge that the cellulitis was improving, nor could we compare pain levels. We had no idea what the other provider's treatment plan was for the hypertension (or even what the "elevated" blood pressure was!), and so we began anew, ordering blood pressure checks every day for five days, then three times a week with a follow up appointment in 10 days for evaluation of potential hypertension. The student measured the area of cellulitis, obtained a complete set of vital signs that included a pain level number for his pain level today (1 to 10 scale), and provided patient education about his treatment plan for both the cellulitis and the elevated blood pressure. Mr. Sanchez verbalized understanding of all.

The additional time it took the student to measure, mark with a circle, and document "8 cm diameter area of cellulitis on anterior left thigh, skin intact," "pain 2 to 3 on a 1 to 10 scale, with movement only, otherwise zero" and our plan to monitor his blood pressure and return in 10 days to determine the need for medication/enrollment in chronic disease clinic was minimal, but was critical to the next person evaluating Mr. Sanchez's cellulitis and determining his need for additional care. It was also priceless to Mr. Sanchez!

Please consider your documentation of a patient encounter as part of the encounter itself, and be thorough and specific, yet succinct, and include those measures and key findings from the physical examination that you would need to determine changes in your patient's condition when they return to the clinic.

I want to take this moment to thank you for allowing me into your Inbox (or SPAM folder, as the case may be) and thank you for the support and appreciation you have shown for The Correctional Nurse Educator, Nursing Behind the Wall, CorrectionalNurse.Net, and The Correctional Nurse Newsletter. I am so grateful for it!

I wish for you and all those surrounding you
peace, love and good health in 2021.

Newsworthy Notes

The Correctional Nursing: Scope and Standards of Practice is still available!! It can be found on the ANA website, and I encourage all to get a copy (it is available in both printed and electronic form).

The American Correctional Association is holding its Hybrid 2021 ACA Winter Conference on February 4-9, 2021. Onsite activities will include Board of Governors, Delegate Assembly, General Session, Plenaries, Accreditation Panels and other specialized events. Virtual activities will include all workshops, Exhibit Hall and simulcast of Orlando sessions. More information is available on the [ACA website](#).

Don't forget to check back often on the [American Correctional Nurses Association website](#), where new announcements of interest are posted often. Currently there is a wonderful video of President Deborah Shelton with greetings to all for 2021.

REMEMBER: All Correctional Nurses are welcome to join!!

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 present a Correctional Nurse Clinical Update about Asthma.

We will also continue our professional practice discussion about the new Correctional Nursing: Scope and Standards of Practice. 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 [Asthma I 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 Ms. Walker, a patient presenting with an exacerbation of her asthma.

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

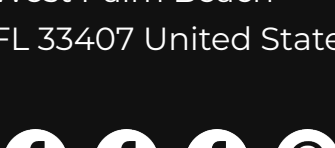
The things you do for yourself are gone when you are gone, but the things you do for others remain as your legacy.

-Kale Ndukwe Kalu

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