

Professional Correctional Nursing Practice

March 2022

I was recently on-call for a facility with many new-tocorrections nurses, and I found myself conducting a minitraining every time one of them called me for the first time; I was very happy to do it. We discussed what information I needed as the on-call provider to start my differential diagnoses formulation and then to develop my treatment plan for that patient. This included verified vital signs (meaning if any measure was abnormal, manual measurements must be taken before they called if appropriate (blood pressure, pulse); a brief patient health history from the health record and a description of the presenting problem; objective findings that included lung, cardiovascular and abdominal evaluation for just about every complaint; and the nurse's observation of the patient.

I also instructed them to document that they contacted me (by name), and what they told me and my response. I also documented the encounter in the health record, even if it was only a brief note stating who called me, what the overall assessment was, and the treatment plan. My instructions always include patient education and followup. There have been a few times when I was adding my documentation of the encounter and found that the nursing note included information that I was not told. In these instances, my note was more detailed with regard to what I was told, and a conversation was held with the nurse.

I have seen many processes implemented at different facilities regarding contacting the on-call provider. Many include a form for the nursing staff, like an <u>SBAR</u>, that organizes the information they need to tell the provider so that the call is efficient and effective. Both nursing staff and the provider staff had input into the form development so that it was thorough but not "too much." In some cases, the form is scanned into the health record, and in others, the form is actually part of the electronic health record and is completed there. Whichever method you use to structure your provider report, it is very important that this information is recorded in the health record.

What do you do at your facility? If you have any practice pearls to offer, please share them with me and I will include them in our next newsletter!

**Teaser for the 2022 NCCHC Fall Conference: My colleagues Sue Smith and Renee Dahring, and I, are planning a roundtable presentation about "Being On-Call." It promises to be an interesting conversation full of tips and tricks!

Newsworthy Notes

The National Commission on Correctional Health Care will hold its Spring Conference on April 9-12, 2022 in Atlanta. Members of the Nursing Advisory Council have been asked to present their 4-part webinar series, How to Achieve Success as a Correctional Nurse Manager, originally held during the month of August 2021, as a pre-conference session on Sunday April 10th. Get all the information on the NCCHC website. We invite you to join us!

The <u>American Jail Association</u> is holding its national conference in Long Beach, CA on May 21-25, 2022.

The American Correctional Nurses Association is busy planning activities for 2022, including six accredited continuing education offerings. Check out the website.

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 at **CorrectionalNurse.Net** our clinical discussion will include Clinical Communication. Our professional practice discussion

will continue with Strategies to Avoid Bias in Documentation. As always, announcements for new blog posts will be posted on

our FaceBook pages and on Instagram. Please FOLLOW US and check back often to ensure that you get notification of new posts!

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Correctional Nurse Educator

Our 50% off featured class this month at The Correctional Nurse **Educator** is **Sickle Cell Disease for the Correctional Nurse**. I hope that you enjoy it!

Remember that The Correctional Nurse will work with your group to provide accredited continuing education classes at a

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discounted and affordable cost.

Nursing Behind the Wall

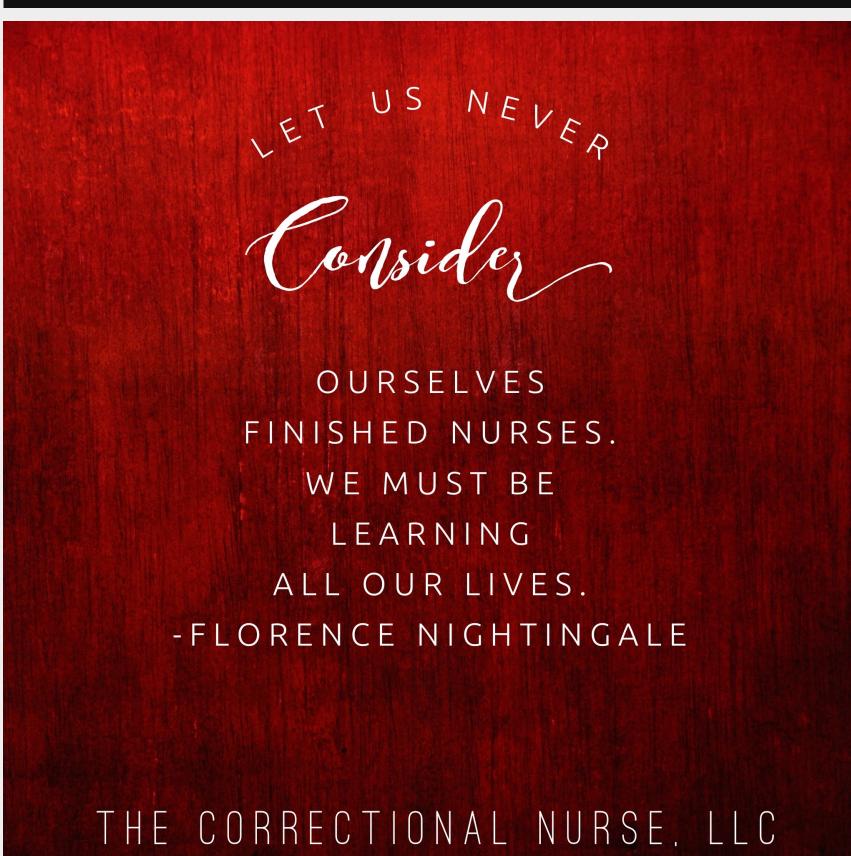
This month at **Nursing Behind the Wall**, you will meet Mr. Powell, a gentleman with frequent urination.

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 farreaching, 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!



Inspiration



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