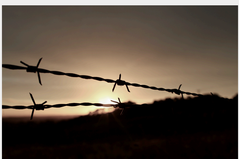


THE CORRECTIONAL NURSE

Inspiring

Professional Correctional Nursing Practice

April 2022

In keeping with our documentation topics from the last couple of months, I wanted to share one other phenomenon I see very often when I review health records – the use of words/phrases that look good on paper but are meaningless. I have coined the term "empty phrases" for them.

The first: "will continue to monitor."
I learned this in nursing school and have used it myself in my career without thinking it through. I was taught it was a protective phrase that should be part of your nursing plan for almost any patient, but what does it really mean? Without a description of what will be monitored, how that monitoring will be done, and how often it will occur, it is meaningless. Even more so, when you document that you will "continue to monitor" your patient, you assume responsibility for following up on your patient's condition. When "will continue to monitor" is written in a health record, there should be documentation of a subsequent evaluation by the nurse, or else the nursing plan was not followed. An example of proper documentation for monitoring a patient who is at risk for withdrawal is, "Continue to monitor every shift with a CIWA evaluation per the Withdrawal Protocol."

The second: "no acute distress." [also written as "no apparent distress" and "NAD"]
What does that mean? Unless you have a policy/procedure that describes what acute distress, apparent distress, and "NAD" is for your agency, it is better to document the presentation and behavior of the patient that indicates to you he is in no acute distress. For example, you might state that your patient has a steady gait, answers all questions appropriately, and is alert and oriented x 4 (person, place, time, and situation); or you might state that he is doubled over, unable to stand up straight because of the 10/10 pain he reports experiencing in his abdomen; or you might describe your patient as hyperventilating at 28 breaths per minute with an unsteady gait and unable to answer the questions being asked. [As an aside, if we have "acute" distress, is there a "chronic" distress that is, perhaps, not as concerning?]

The third: "within normal limits"
This is used often, without documentation of what the "normal limits" are. I think we intend to say, "within the expected parameters," meaning the parameters set by either our protocols or our nursing education that define what a well person would have. For example, a pulse of 60 - 100 beats per minute is expected. A pulse above 100 beats per minute is tachycardia, and a pulse lower than 60 is considered bradycardia. Both of these measures are abnormal and unexpected, and if a patient presents with one of these, a consultation with a provider is required. However, if we have a patient who we know well whose pulse is typically 105 and who is taking medication for tachycardia, and they come to clinic and their pulse is measured at 104 beats per minute, we could say that her pulse is within expected parameters (for this patient), but we could not say it is within normal limits, as anything above 100 beats per minute is abnormal. In this instance, a provider would still have to be contacted because the patient's vital signs fell inside the parameters for calling, but an important part of the report you give would be the past vital signs and medications prescribed, so that the provider could develop an appropriate, individualized treatment plan for the patient. The word "normal" is also used often to describe skin, lungs, heart, chest, bowel sounds, and many more physical findings, but it is very subjective - my perception of what is normal may be quite different from yours. It is always better to describe the patient's presentation.

Some reading this might say that my concerns about use of these phrases are exaggerated. I remind you that health record documentation must be precise. You are describing the patient and his/her/their presentation so that subsequent caregivers understand exactly how the patient presented at that point in time. This helps determine whether the patient is improving, worsening, or experiencing a totally different issue when next being evaluated, all of which impact on the patient's treatment plan and care. Your documentation also supports your choices for nursing actions for that patient.

Please make sure your words are meaningful.

Newsworthy Notes

ATTENTION! For all of you waiting for the 2022 Nurses Week Bundle from The Correctional Nurse Educator, the wait is almost over! This year, again, we will offer 9 classes, 19.5 continuing education hours, for the hugely discounted price of $75.00 (regular price $239.55). This price will **only** be available from May 6th - May 12th, after which it will be available for $134.95. These classes are accredited and accepted by NCCHC and ACA toward the continuing education hours for certification and by Boards of Nursing for continuing education licensure renewal requirements.

The National Commission on Correctional Health Care will hold its Spring Conference on April 9-12, 2022 in Atlanta. The 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 American Jail Association is holding its national conference and Jail Expo - Adapt and Excel - in Long Beach, CA on May 21-25, 2022.

The American Correctional Association will hold its 152nd Congress of Corrections in New Orleans, LA August 4-7, 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 Arthritis. Our professional practice discussion will include patient safety.

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!

VISIT CORRECTIONALNURSE.NET NOW

Correctional Nurse Educator

Our 50% off featured class this month at The Correctional Nurse Educator is ***Arthritis 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 discounted and affordable cost.

VISIT THE CORRECTIONAL NURSE EDUCATOR NOW

Nursing Behind the Wall

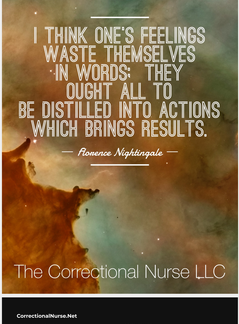
This month at Nursing Behind the Wall, you will meet Finn, a juvenile who has a lump on his neck and fever.

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



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