

Professional Correctional Nursing Practice

September 2022

It's hard to believe that summer is just about over, but I am looking forward to the cooler weather of the Fall!

I recently read an <u>article</u> that discussed co-signing health records and taking responsibility for the information contained in it. Simply put, we all review and sign documents associated with our patients' care and treatment. These documents include outside provider records; return from hospital records; lab and x-ray results; and other staff members' entries in the health record, like Intake screenings, Initial Health Assessments, vital sign logs, blood glucose readings and others. I have heard individuals say they are simply signing the documents "so they can be filed in the health record," but this is not true.

When you sign any of these forms or others that may be used at your facility, you are verifying that you have reviewed the content of the document and have acted on anything requiring action/follow-up. If you sign and don't verify that any required follow-up has been scheduled or occurred, then you can be held liable for that patient's outcome. For example, when you co-sign the Initial Health Assessment, be sure that the patient was ordered blood pressure checks or glucose checks as his/her/their presentation and history required; was placed on withdrawal monitoring if there was a risk of withdrawal identified; was enrolled in chronic care clinic as his/her/their history and presentation indicated; had a thorough physical and mental health assessment in which any unexpected finding was addressed; and any follow-up noted as needed during the Intake screening or the Initial Health Assessment or during your review was either done or scheduled.

personally have reviewed Intake screenings and found patients who presented with extremely high blood pressures in intake for whom the nurse took no action, not even a repeat measurement prior to them leaving intake, and I have had the patient called to medical for vital signs immediately. Once I became aware that the individual may be hypertensive and had an unaddressed very high blood pressure, the responsibility was mine to make sure appropriate monitoring and treatment occurred.

Also be weary of electronic health records that have the ability to select and sign-off multiple records at once. It may seem like a "time saver," but if you are not reading each document you are signing, you run the serious risk of missing something important. I once did an audit at a facility and noted that the Nurse Practitioner signed off on many blank Initial Health Assessments. When further investigated, the Health Assessment nurse was far behind, and so as not to look behind, she figured out that their electronic health record would count an H&P completed when the encounter was initiated, not necessarily when the H&P form was complete. If the nurse practitioner had looked at the documents she was reviewing, the problem would have been identified much sooner than it was and the many, many individuals who did not receive their Initial Health Assessment would have.

I am sure you are saying, Yikes!, that will take a lot of time that I don't have, but I assure you it is very important that you actually review each document as your signature verifies you did, primarily for your patient who deserves an appropriate and accurate treatment plan, but also for your professional practice and liability.

Remember, once you sign your name on the form, you become responsible for the content and outcomes.

#### Newsworthy Notes

The American Correctional Nurses Association is busy its organizing upcoming Board of Directors election and planning member activities for 2023. Check out the website.

NCCHC Fall Conference is being held October 22-26, 2022 in Las Vegas. Your link to the agenda and registration can be found <u>here</u>.

The ACA Winter Conference is set for January 27-31, 2023 in Orlando, Florida. Preliminary information can be found <u>here.</u>

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 Dental Care. Our professional practice discussion will include

Identifying a Good Place to Work. 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**

ALOHA to the nurses of the Hawaii Department of Public Safety, the latest group to contract with The Correctional Nurse to provide monthly continuing education specialized for Correctional Nurses! We are so excited to be working with you!

Remember that The Correctional Nurse will work with your group to provide accredited continuing education classes at a discounted and affordable cost.

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

VISIT THE CORRECTIONAL NURSE EDUCATOR NOW

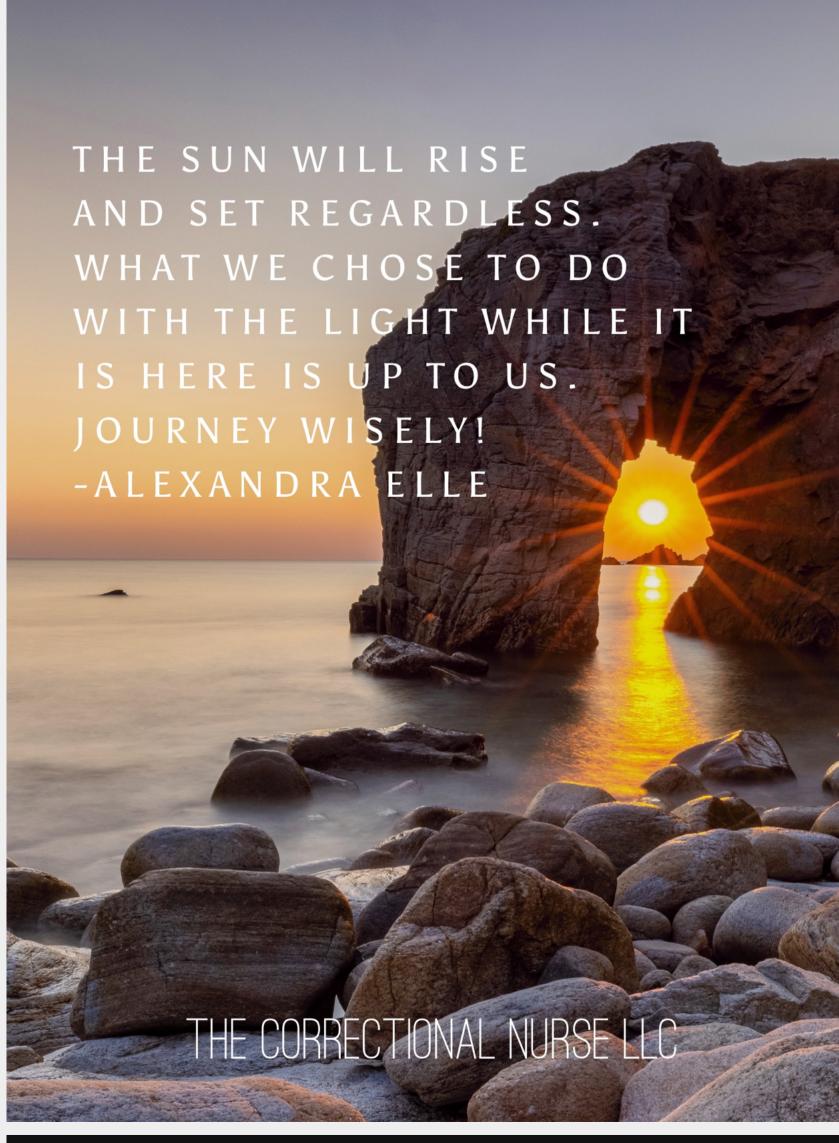
## **Nursing Behind the Wall**

This month at Nursing Behind the Wall, you will meet Mr. Villegos, a gentleman with abdominal pain.

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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