



THE CORRECTIONAL NURSE

Inspiring

Professional Correctional Nursing Practice

January 2023

Happy New Year! I had a different topic for today's newsletter, but as often happens, something came up that just begs sharing with you! Hopefully, it will make you see what great care we give our patients as compared to individuals in the community. With her permission, I am sharing what happened to my sister last week.

She was becoming increasingly tired with even a little exertion, and called her primary care office for an appointment. They gave her one for January 30th, and so I told her to call back and emphasize the acute issue. She did, and got an appointment for the next day [if she was incarcerated, with those symptoms she would have been seen by someone that day and at a minimum a provider would have been notified]. Her only medical history is hypertension, for which she takes a medication every morning. She went to the lab from the primary care office, and they drew "stat" labs at about 1500 hours. At 2030 hours the primary care doctor called her at home and told her he just got the labs, and to go to the ED, her hemoglobin was 5.4 [In my experience, stat labs at the facility are usually resulted in 2 hours or less]. She was concerned about the cost, as she is a teacher and has a very high co-pay requirement, and so wanted to go after midnight. The doctor's response was that he will pray she makes it until then! [if she was incarcerated, the provider would have issued the order to go to the ED and she would have gone, regardless of concern for payment]. She went to the ED just after midnight and was evaluated by physician #1, who told her that she would be admitted for 2-3 days so they could do the transfusions and also get the tests done to try to find out why this happened. A couple of hours later another physician came in and told her he was her doctor now and was only admitting her for observation while she got the transfusion and then she could leave with a referral to a hematologist.

A little while later, the nurse hung the unit of blood and had saline concurrently running in her other arm. When the unit was finished, the physician ordered more lab tests to determine if she needed another unit. The labs were drawn, and two hours later my sister asked the nurse when the results would be available, to which the nurse replied that they were sent "downtown" and the results would not be available for 2-3 days! When my sister pointed out that the plan included getting those results to determine whether another unit would be needed, the nurse shrugged her shoulders and left the room.

They decided to infuse a second unit. This time, the blood was running without concurrent saline, although the bag was at the bedside. When my sister asked why the saline was not being run like during the first unit, the nurse's reply was "we don't always do it the same way." I find it very difficult to believe that there was no policy or protocol for the administration of blood and blood products at the hospital. But at a minimum, these nurses should have been providing patient education before my sister had the chance to question the care/nursing interventions that were being done differently. [One of the most important things we do as correctional nurses is patient education. Our protocols always include patient education, and I think overall, patient education is one of our strengths as professionals. If my sister were incarcerated, all aspects of the care being provided would have been explained [yes I know we would not be transfusing on-site, but you know what I mean!]].

I could go on about other disconcerting nursing care issues that occurred, like no one thinking about her morning hypertension medication, or giving her something to eat (she wasn't discharged until 1330 hours) or seeing that she had to improvise by rolling her sweater and placing it under her hand/wrist so that the IV would infuse properly and helping her with an appropriate solution, but this story is longer than I expected already! Really, no nurse who had an interaction with my sister assumed the role of patient advocate. I think we, in corrections, do that exceedingly well, perhaps because we know that our patients already have an obstacle to obtaining healthcare by being in an environment where they cannot access healthcare services independently.

When my sister was discharged, the hospital provider had already called her pharmacy and ordered ferrous sulfate to be administered twice a day. This is a usual order for "usual" anemia. However, my sister's labs showed an exceedingly high level of iron in her blood, and she definitely did not need to have supplemental iron, but here again, the nurse discharging her did not notice this, even when my sister texted me and I told her that this was not needed and the nurse needed to double-check with the provider, pointing out the lab results. However, that was not done; instead the nurse just said that is what the doctor ordered and you should take it. She also commented that I was not a provider there (which is true 🙄, but I sure wish I lived closer to her!)

I shared this experience with you not to bash our colleagues working in hospitals, but to recognize how really good we are in correctional nursing. Perhaps, it is easier for us to be more patient focused because we work in a closed environment. Perhaps it is because we are part of a team, both with our healthcare providers and staff, and custody staff, that wants to provide appropriate healthcare to our patients. Perhaps, it is because correctional nurses have more spunk and tenacity, and will do what they need to do to advocate for their patients and provide necessary, appropriate healthcare.

Thanks for all you do each and every day!

Newsworthy Notes

The American Correctional Nurses Association continues planning activities for 2023. If you are not a member yet, please consider joining! If you are interested, they are always looking for volunteers to help on committees. Check out the [website!](#)

The ACA Winter Conference is set for January 27-31, 2023 in Orlando, Florida. Information can be found [here](#).

The NCCHC Virtual Conference is available on its [website](#), in case you were not able to join live in Las Vegas in October. It will be available through January 30th.

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 posts include the top ten posts from 2023, ethical dilemmas and a legal history of correctional nursing.

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 [Red Eye for the Correctional Nurse](#). I hope 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 Ms. Sloan, a woman with heart palpitations.

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



what lies
behind you
and what
lies ahead
of you pales
in comparison
to what lies
inside of you
-ralph waldo emerson

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