



THE CORRECTIONAL NURSE

Inspiring

Professional Correctional Nursing Practice

April 2023

This month I wanted to discuss our clinical practice. First and foremost, regardless of your licensure (LPN, RN, APRN), all nurses must adhere to their scope of practice. Consider scope of practice to be the parameters of your nursing activities. It may vary based on the state in which you are practicing, and so today with our multistate licenses, it is even more important that nurses know the applicable scope of practice for the state in which they are working. This is also important when providing telehealth encounters. Scope of practice is informed by the state nurse practice act; the policies and procedures of your facility/employer; the Correctional Nurse: Scope and Standards of Practice and any other applicable nursing standards document; and of course, the individual nurse's education and training. While there are some "scope" decisions that are easy to make, others may be a little tricky.

Clearly LPNs and RNs do not make medical diagnoses, nor do they prescribe medication, and in situations when this is asked of you, it is easy to defer to a provider. But, what about when the task you are asked to perform is within your licensure and scope of practice, but you have not been properly trained to perform it? In these situations, you are not qualified to do the action and are required to refuse. For example, you are asked to start an IV for a patient who is dehydrated. LPNs and RNs in your state can establish intravenous access for the administration of fluids and medication, but you have never been trained in IV insertion and care. However, you have seen colleagues do it many times, and it didn't look that difficult, so you go ahead and attempt the insertion. It takes two tries, but you are successful. The patient complains of pain during and after the procedure. You run the fluids wide open for a bolus and leave the patient to conduct other nursing tasks. About an hour later, an officer calls you because the patient's arm is "ginormous." When you return to the patient, you see that the IV has infiltrated and the fluid has made his arm double the usual size. Needless to say, the patient is quite upset. You contact a provider, and the issue is addressed. The patient has not had any recurrent problem as a result of the infiltration, and all is well (so you think). Three weeks later you receive a notice from your Board of Nursing that a complaint has been filed against you. Six months later, after an investigation that included you having to testify at a Board hearing, the Board of Nursing issues sanctions against your license and a monetary fine, citing that you did not have the education and training to initiate intravenous access and care, and by doing so, you practiced outside of your scope. Remediation includes training in scope of practice, nursing ethics and intravenous access.

Please consider your scope of practice and your education and training the next time you are asked to perform a new nursing intervention or one you have not done in a long time.

Newsorthy Notes

The American Correctional Nurses Association continues planning for 2023. If you are interested, they are always looking for volunteers to help on committees. Check out the [website!](#)

Upcoming conferences include The National Commission on Correctional Health Care Spring Conference - April 29-May 2; NCCHC Mental Health Conference - July 15-16; the American Correctional Association Conference - August 3-6; and the American Jail Association - May 20-24.

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](#) we are finishing up our discussion of the Correctional Nurse Manifesto and will also discuss Documentation Tips.

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 [Sprains and Strains 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 Mr. Owens, a patient with toe 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 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 Correctional Nurse LLC

The world is full of magical things patiently waiting for our wits to grow sharper
Bertrand Russell

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