

THE CORRECTIONAL NURSE

Inspiring

Professional Correctional Nursing Practice

September 2023

A couple of months ago I received an email from a correctional nurse who was very distraught because an incarcerated person had made a complaint against her and she believed that she was going to be fired. She wrote to ask me what she should do. After telling her that I cannot tell her what to do, she had to decide that herself, I asked if she wanted to share more about the complaint. First, it is important to know that she was a nurse new to corrections. I am sharing the story here actually at her request, so that others can learn from her misfortune. The story is very interesting to me because I have used this (general) scenario in presentations, and now (unfortunately) I have a real situation that I can share. So the story...

Nurse A had been employed at the county jail for about 3 months. She had covered Booking, Nurse Sick Call and medication administration and she felt her orientation was thorough. On this day, she went to pass meds and Mr. J had throat lozenges prescribed by the provider for a sore throat. He also had Tylenol prescribed. Nurse A had the Tylenol, which she administered, but the throat lozenges had not arrived from the Pharmacy. That day, she told Mr. J she would check with the Pharmacy to see what was going on with the lozenges. Of course, it was a Friday afternoon and there was no answer at the pharmacy...Nurse A worked on Saturday, and again no lozenges, and no one answering at the pharmacy. Mr. J received his Tylenol, but complained a lot about his sore throat. He knew the lozenges were ordered, but no one could tell him where they were, and he was in "excruciating pain." Nurse A felt very bad about Mr. J's condition, and so before she came to work on Sunday, she stopped at the local pharmacy and bought throat lozenges. During medication administration, Nurse A very proudly told Mr. J that she had gone to the local pharmacy and purchased his lozenges because she was concerned about his pain. Mr. J wanted the whole bag, but Nurse A only gave his the prescribed dose, one lozenge now and one for later. Mr. J was not happy, but Nurse A held her ground and continued with medpass.

On Monday, Ms. A was scheduled for a day off, but her supervisor called her in because "there was a complaint about your medpass yesterday." Nurse A arrived at the jail, and found out that Mr. J had lodged a grievance against her for not giving him all the throat lozenges [I know - you are saying WHAT??!]. Nurse A explained what had happened with the pharmacy not sending the lozenges, and she felt bad that he did not have them, so she went out and bought them. She believed she did nothing wrong because he only got the prescribed dose, and they were over-the-counter medications purchasable without a prescription if he had been on the street. The supervisor informed Nurse A that her actions breached the policies and procedures and fraternizing with an inmate was prohibited. She replied that she was not fraternizing, she was making sure her patient received his medication as ordered by the provider. The supervisor ended the conversation by saying that she had to discuss it with the Jail Administrator, but she thought Nurse A would be banned from the facility and therefore, would be fired from her job.

That is when Nurse A contacted me. She told me she was just caring for her patient, and he turned on her. She asked me what to do, and I explained that I could not give her guidance and she needed to discuss it with someone in her company. I did say that giving an incarcerated person something that you brought in for them is against every facility policy that I know of! I did ask her if she was given an orientation to custody issues, inmate manipulation, etc. but she did not answer in her responding email. She wrote me two days later to share that she, indeed, had been fired and she actually asked me to share her story so that others would not fall into the same circumstances.

I think it bears repeating often that we must show our caring for our patients in other ways, like being on time with medpass and doing what you say you will do. We also must make sure that all nurses are oriented to the correctional environment before they start their first shift. This should be a mandatory annual update as well. I have one client who has me give the Inmate Manipulation class from The Correctional Nurse Educator annually in May every year as part of their contract, and I still get feedback from the nurses there that they have experienced attempts to be manipulated, but they have identified what was occurring because of the class and was able to stop the situation before it began. Even if you are a seasoned correctional nurse, I encourage you to take a moment and think about the potential for manipulation in your facility, and then identify quickly if it is happening to you or someone you know.

Newsworthy Notes

The American Correctional Nurses Association continues its call for nominations. This year, open positions are President-Elect, Secretary, and one At-Large Board Member. If you don't want to run for office, but want to be more involved, consider working on one of the many committees at ACNA. Check out the [website!](#)

You may have noticed that this newsletter is early (YAY!!) for September, but I wanted to let everyone know about a great opportunity.

On Wednesday August 30, 2023 at 1930 hours (ET), Mary Muse, President of ACNA and nationally known speaker on Correctional Nursing will be presenting a webinar with Daniel LaVoie, MD about Effective Communication Between Correctional Nurses and Medical Providers. It will be held in conjunction with the American College of Correctional Physicians. The webinar is free, and the link can be found on the [ACNA website](#). Please consider attending - I am sure you will have many interesting take-aways!

Upcoming conferences include the NCCHC Fall Conference September 30th - October 4, 2023 in Las Vegas.

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 will be discussing HIV and Dental issues.

As usual, 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 [Dental Concepts for the Correctional Nurse](#). I hope you enjoy it!

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

VISIT THE CORRECTIONAL NURSE EDUCATOR NOW

Nursing Behind the Wall

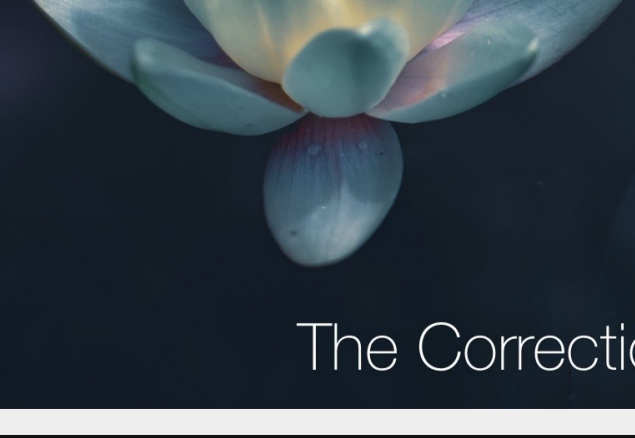
This month at [Nursing Behind the Wall](#) you will meet Ms. Walker, a woman with Asthma.

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 best and most BEAUTIFUL THINGS IN the world cannot be seen OR EVEN TOUCHED - they must BE FELT WITH THE HEART. -Helen Keller

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