



# THE CORRECTIONAL NURSE

Inspiring

## Professional Correctional Nursing Practice

April 2024

This month I wanted to bring you reminders concerning the care and monitoring of individuals in a restraint chair/restraints. Most problems with the use of restraint chairs occur because it is used as the solution to a problem rather than a short-term intervention in a larger treatment plan. While I understand that most incidents of restraint chair use are initiated by our custody colleagues, as correctional nurses we must advocate for our patients and keep them safe. If you have a restraint chair at your facility, it is of utmost importance that you have a policy and procedure in place that addresses not only how to restrain someone safely (for the officers), but the circumstances in which it can be used, and what type of monitoring has to occur while someone is in the chair. Restraints are never used for punishment!

There are risks with restraint use that should be considered at all times. The use of force necessary to establish control of a violent and combative person, especially if this person is large, can result in broken bones or neck or back injury. Death during physical restraint can result from asphyxiation, aspiration, cardiac arrest, seizures, and other reasons. This is why continuous monitoring of a restrained person's health status is so important and should be initiated early in the process.

Correctional nurses should be called to evaluate the health status of a person once they are restrained. At a minimum, correctional nurses are expected to do the following for their patient in a restraint chair/being restrained:

- Determine if the patient is in distress – take initial vital signs, especially respirations and heart rate, and assess level of consciousness
- Check that restraints are not so tight as to restrict normal chest expansion
- Check that limb and shoulder restraints do not have the body in a poor alignment that could cause avoidable injury
- Check for any body injury that may have resulted from the takedown. Get a report from the officer in charge about the pre-restraint experience to determine if there are any particular body areas that need specific attention
- Verify that the patient is being continually monitored by custody staff while in restraint – this can be by streaming video (providing someone is watching it), and should also include direct visualization every 15 minutes. Respirations and level of consciousness should be monitored
- Establish that the patient is not accessible by other incarcerated persons who could harm him/her/them.
- Set up a regular schedule of nursing visits per your policy and procedure – every 2 hours, at a minimum.

Remember that all the health problems of immobility may occur in a fully restrained patient. Even after immediate injury is avoided there remains increasing risk of other perils as time goes on. Just like bed rest, restraint can lead to the following conditions:

- Dehydration
- Deep venous thrombosis (DVT)
- Pulmonary embolism
- Pressure ulcers
- Urinary tract infections
- Neuropathy
- Muscle wasting
- Constipation

To help avoid the hazards of immobility, nurses caring for the restrained patient should, at a minimum, do the following at each two hour check:

- Monitor vital signs and assess level of consciousness
- Check each limb for circulation and neurovascular status
- Release limbs one at a time and move each through a normal range of motion
- Offer fluids and toileting

All these interventions will likely require officer assistance, and as a patient advocate, correctional nurses can establish rapport with officer colleagues to make suggestions and encourage interventions on behalf of the patient. We should also consider scheduling an urgent mental health consult to develop a treatment and management plan to deal with the behaviors that initiated the need for physical restraint.

Stay Safe and keep our patients safe!

### Newsworthy Notes

The next American Correctional Nurses Association OPEN FORUM to be held on April 18, 2024. Our topic will be Correctional Nursing in Jails. We have been having some very interesting conversations, and I invite you to become a member of ACNA and attend our Open Forum. Check out the [website!](#)

#### Upcoming conferences

PLAN NOW for the NCCHC Spring 2024 Conference to be held in St. Louis, MO April 27-30th.

American Jail Association conference in Fort Lauderdale, FL May 18-22, 2024

## CorrectionalNurse.Net

This month at [CorrectionalNurse.Net](#) we will be discussing alcohol withdrawal and our Correctional Nursing Seven Guiding Principles.

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 one of our updated classes - Sickle Cell Disease for the Correctional Nurse. I hope you enjoy it!

I am working on our Nurse's Week Bundle for 2024. If you have any requests for what to include, please let me know. The Bundle will be available for purchase at the ridiculous price of \$75.00 for 19 continuing education credits, but only during Nurses Week - May 6-12, 2024. After that, it will be available at the still-very-reduced price of \$149.00.

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](#) we will be discussing Mental Health and Alcoholism.

[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!

*Rori*

## Inspiration



If I asked people what they want, they would have said faster horses

Henry Ford

The Correctional Nurse, LLC

