

# THE CORRECTIONAL NURSE

Inspiring

## Professional Correctional Nursing Practice

June 2024

I was recently speaking with a colleague about a patient who staff thought was withdrawing, but instead, ended up having an acute abdomen. In the documented encounters, nurses very clearly only considered the withdrawal situation of the patient and disregarded the obvious signs and symptoms that would not be expected in a withdrawing patient's presentation. Their actions demonstrated clinical bias. So, I thought this month in the newsletter I would remind everyone to be very careful to identify their own clinical biases and ensure that their patient is receiving a thorough and appropriate evaluation when they present to Nurse Sick Call or are the subject of an emergency response.

Back in March of this year, I wrote a blog post about clinical bias and used the following scenario:

*A 42-year-old female patient submits a sick call request about her ankle, and she is seen in Nurse Sick Call. She thinks she sprained it when she stumbled while walking to the exercise yard one morning a couple days ago. A chart review indicates she is a Type II diabetic and is on a combination of metformin and glipizide. She was recently treated for a vaginal yeast infection with fluconazole (Monostat). She has no other acute or chronic conditions of note. Her ankle is only slightly swollen and is painful when she bears weight.*

The nurse in that situation obtained a detailed history of the incident, conducted a thorough physical evaluation, analyzed all the information and came to an astute conclusion - the patient took a misstep because she became dizzy due to taking Glipizide, a Type II oral diabetic medication that can cause hypoglycemia, and fluconazole, a medication that potentiates the hypoglycemia. What might have happened if a few of the common clinical biases had been active?

- **Availability Bias:** If the pavement is, in fact, uneven on the way to the exercise yard and the nurse has had other patients stumble or fall there, it might be easy to conclude that this is a musculoskeletal issue rather than a medication issue without getting further information.
- **Premature Closure Bias:** Availability bias might then lead to a premature closure of the investigation before seeking out all possible causes. Here, the nurse would focus entirely on the ankle presentation and not obtain any additional subjective and evaluation data (like other symptoms she had experienced that day (dizziness) and a blood sugar level).
- **Confirmation Bias:** Once deciding that this was a musculoskeletal injury, the nurse might limit the assessment to the ankle and not pursue any medical causes of the stumble; in essence, trying to find evidence that "fits" the musculoskeletal conclusion. Similarly, **Anchoring Bias** would occur if the nurse was presented with signs/symptoms that didn't actually "fit" the decision that this was a straightforward musculoskeletal issue and chose to disregard them.

Correctional nurses must demonstrate excellent patient assessment skills and must always consider all the signs and symptoms present. If some of your findings don't support your thought process when evaluating your patient, then perhaps, something else is going on. Appropriate patient care requires obtaining a thorough history of the episode and presenting signs and symptoms, and consultation with a provider as needed. Identifying potential clinical bias in your practice and avoiding it is imperative to patient safety and positive outcomes.

### Newsworthy Notes

The next American Correctional Nurses Association OPEN FORUM will be held on June 20, 2024. Our topic will be Homelessness and how it affects our correctional nursing practice and our patients' outcomes. 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

[NCCHC Mental Health Conference](#) in Puerto Rico July 21st and 22nd.

[The 154th Congress of Correction](#) (American Correctional Association) will be held August 15-18, 2024 in Nashville, TN.

## CorrectionalNurse.Net

This month at [CorrectionalNurse.Net](#) we will be discussing Systemic Lupus Erythematosus (Lupus) and Correctional Nurse fatigue.

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 *Correctional Nurse Basics: Respiratory System*. I hope you enjoy it!

Our Nurse's Week Bundle for 2024 is still available - 9 classes, 20 continuing education hours, for the 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.

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## Nursing Behind the Wall

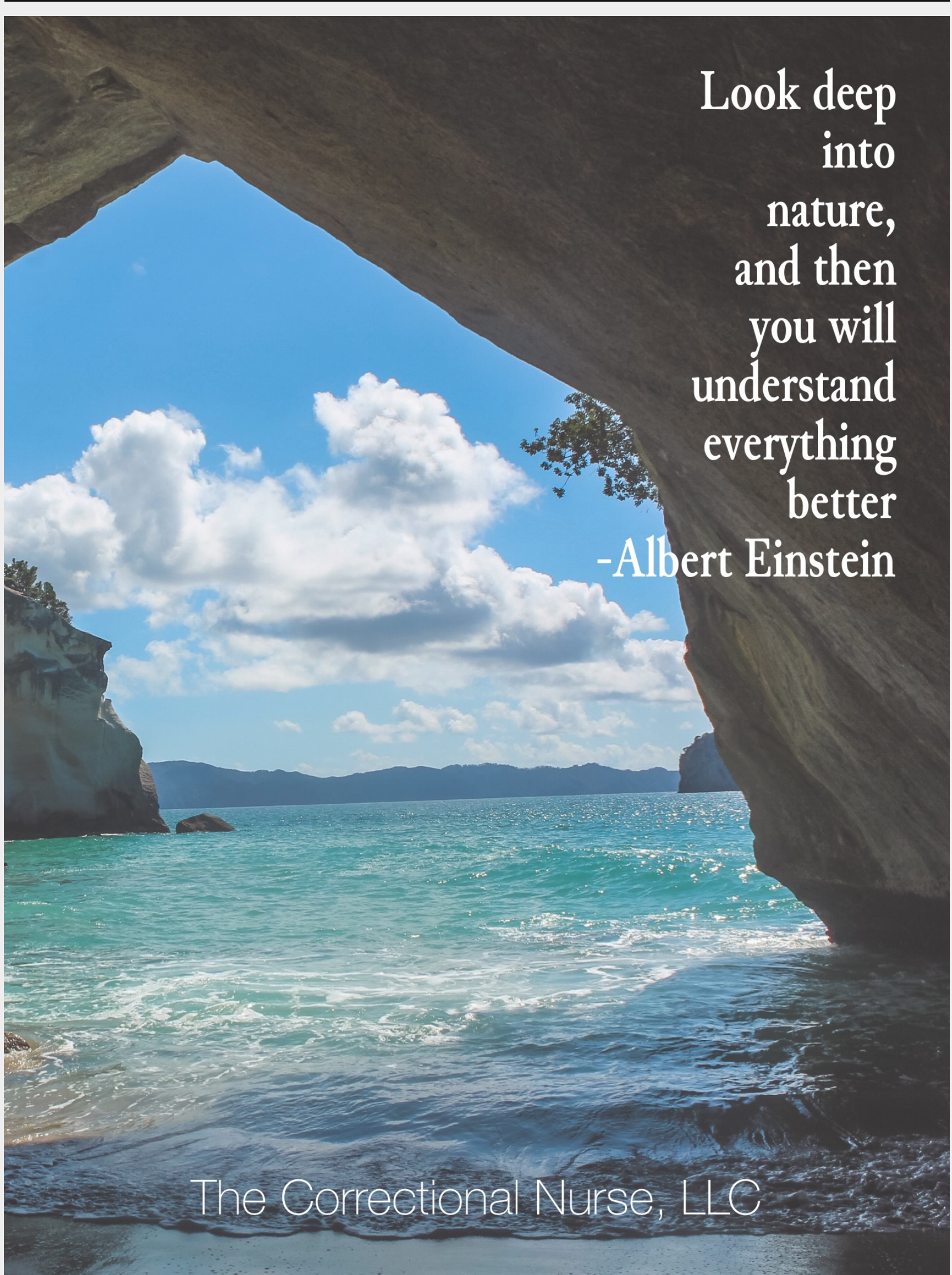
This month at [Nursing Behind the Wall](#) we will be discussing Mr. Stone, a gentleman with a heat-related illness.

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



Look deep into nature, and then you will understand everything better  
-Albert Einstein

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