



# THE CORRECTIONAL NURSE

Inspiring

## Professional Correctional Nursing Practice

October 2024

Our Inspiration this month is a quote from Mother Teresa about the impact of words, and I have always believed that words are powerful, not only when spoken, but when written. As healthcare professionals, we must be diligent to use non-stigmatizing and non-biased language in our health record documentation. I recently reviewed documentation of a patient encounter in a health record that clearly conveyed the personal opinion of the nurse about the patient and his presenting complaint.

Please read the following:

"Patient is a 38-year-old black male who came to the medical unit via wheelchair after he allegedly had a seizure and fell off the top bunk. He is an opiate and benzodiazepine addict, long term, with at least four failed rehab attempts in the last two years. He supposedly had a seizure and rolled off the top bunk and is now demanding pain medication. He admits to trying to get "anything" (drug) from his cellmates to help with the detox, but "no one had anything" that could help. Right now, he has only mild symptoms that are not even bad enough to warrant the comfort medication available under the protocol. He is drug seeking and nothing will be ordered at this time per the provider. Mr. Jones was very angry when he left the medical unit."

There was no physical assessment done, and no plan and no patient education documented. As the next health professional to see the patient in clinic, do you have preconceived opinions about the patient after reading this entry in the health record? Did you make a judgment about the complaint for which he is being seen today, continued abdominal pain, even before you completed your evaluation? Could you potentially miss a very serious condition because of this?

How could the encounter have been documented in a more neutral, non-stigmatizing manner? Consider this...

"38 year-old male arrives to the medical unit via wheelchair after reported seizure and fall from the top bunk. History includes substance use disorder (last use reported as three days ago on day of arrest). COWS and CIWA scores indicate mild withdrawal. Patient requests medication for pain at this time.

[The physical examination is done and thoroughly documented, including vital signs measured, heart, lung, abdomen, neurological and body assessment for signs and symptoms of trauma. All evaluations are within expected parameters. There are no signs and symptoms of trauma.]

Plan: continue to monitor patient per the COWS and CIWA protocols; Tylenol per Withdrawal Protocol PRN for discomfort; encourage hydration; low bunk profile.

Patient education: Patient instructed in the usual/expected course of detoxification; reassurance provided; immediately report any seizure activity to officers/medical staff for further evaluation and return to clinic; return to clinic as needed. Patient verbalized understanding of all.

Patient ambulated without difficulty back to housing unit."

In the second example, facts are presented without words that reflect the author's personal feelings and which could present a biased picture of the patient to other healthcare professionals.

\*\*I will admit that I changed the scenario at the end slightly, because I do believe that if the patient had been given an appropriate examination and patient education, the anger exhibited in the first encounter would not occur in the second.

Research conducted by [Yasgur](#) and [Goddu](#), et al indicates that the use of stigmatizing and biased language in a health record resulted in a reduced level of pain medication being prescribed for patients, and in general, conveyed the health professional's attitude towards the patient. If the attitude was negative, which it often was, the potential for stigma and disparate care was increased.

In your practice, I encourage you to always check your words. Are they unbiased? Do they convey the facts in a neutral way, and do they convey the situation without extraneous information unrelated to the current encounter?

### Newsworthy Notes

The next American Correctional Nurses Association OPEN FORUM will be held on October 17, 2024. Check the ACNA Website for the topic of the month. 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](#) Fall Conference in Las Vegas, NV October 19-23, 2024.

[ACA](#) Winter Conference January 10-14, 2025 in Orlando, FL

## CorrectionalNurse.Net

This month at [CorrectionalNurse.Net](#) we will be discussing skin assessments and professional activities for correctional nurses.

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!

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## Correctional Nurse Educator

Our 50% off featured class this month at [The Correctional Nurse Educator](#) is *Skin Assessment II 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 Mr. Ramus, a patient detoxing from alcohol and methamphetamines who becomes confused.

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



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