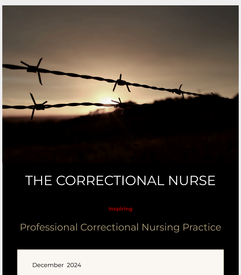

THE CORRECTIONAL NURSE

inspiring

Professional Correctional Nursing Practice

December 2024

Recently, I was tasked with a health record review concerning the care provided to individuals admitted to a county jail as it specifically related to risk of withdrawal, placement on a monitoring protocol and subsequent monitoring. For the most part, people were identified as at risk for withdrawal from drugs and/or alcohol based on their completed receiving screening and were appropriately placed on that facility's Withdrawal Protocol. I was glad to see that we now do monitor people who are at risk, and don't wait until they exhibit symptoms to act. However, I also noted very obvious signs of clinical bias and the influence of assumptions on the nurses' thought processes as I reviewed the subsequent evaluations and wanted to share them with you so that hopefully, awareness will be raised.

Biases are rooted in human nature and are hard to avoid. Here are a few important biases of which you should be aware when making clinical judgments.

Premature closure is one of the most common errors. In this bias, healthcare professionals make a quick "diagnosis" (often based on pattern recognition), fail to consider other possible conditions, and stop collecting data (jump to conclusions).

Anchoring bias is the tendency to focus on the first piece of information we receive, and potentially exclude other disconfirming information.

Confirmation bias occurs when healthcare professionals selectively accept clinical data that support a desired hypothesis and ignore data that do not. For example, if a patient is acting erratically and an officer shares a high breathalyzer reading, a correctional nurse may decide that the behavior is due to the alcohol ingestion without considering that there are also signs of a head injury.

Availability bias results in overweighing evidence that comes easily to mind. This could be recent evidence or what we perceive as meaningful events. For example, when the flu has hit a facility and a patient comes to sick call with fever, chills, and general body aches, the natural diagnosis would be flu. However, there are other diagnoses with these symptoms and this patient may, instead, have tuberculosis, Lyme disease, or acute sinusitis. A thorough history and physical evaluation must be done to ensure that there are no other signs/symptoms that must be considered. Another example of availability bias occurs when the nurse has had previous encounters with a patient who they believe embellishes the true symptoms and he/she/they automatically decide this patient does not need to be seen this time.

Assumptions

Assumptions about what is and isn't present can also affect our thinking and judgment. A simple example can underscore how assumptions can get us tripped up. Consider this puzzle that you must solve. A donkey is tied to a 6-foot rope. A bale of hay is 8 feet away from the donkey. Without biting through the rope, how can the donkey get to the bale of hay? Answer: He just walks over to it. There is no mention that the rope is anchored to the ground. Most people hearing this story, though, assume that the donkey is tethered. Sometimes we need to see what is not there as well as what is there when evaluating a patient.

Getting back to the audit, what I saw in subsequent evaluations (COWS/CIWA) was an ignoring of signs and symptoms that may have been indicative of an underlying, potentially serious issue, like sharp abdominal pain, headache with blurred vision, chest tightness and pain, and reported seizure-like activity. While the nurses did document these unexpected findings in the health record, they did not report them to a provider, nor did they do anything to follow-up. When asked, the nurses involved said they knew the patient was going to be "uncomfortable" during withdrawal and they were "being medicated" for that; nothing else could be done. When asked what they would do if a patient who was not on the Withdrawal Protocol had the same complaints, they appropriately identified that these concerning signs and symptoms would most certainly be reported to a provider and followed-up.

I am not sure why they believed, for example, a patient withdrawing from opiates could not also have a bleeding ulcer or be in hypertensive crisis or was having a stroke, but I am hopeful if they encounter a withdrawing patient who also has unexpected findings in the future, they will do an appropriate evaluation and contact a provider if indicated.

I wish you and yours a very Happy and Safe Holiday Season!

Newsworthy Notes

The next American Correctional Nurses Association OPEN FORUM will be held in January 2025 as the Correctional Nursing Scope and Standards of Practice workgroup is meeting at our usual OPEN FORUM time. 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

ACA Winter Conference January 10-14, 2025 in Orlando, FL

NCCHC Spring Conference April 5 - 8, 2025 in Louisville, KY

American Jail Association May 17-21, 2025 in Fort Worth, TX

CorrectionalNurse.Net

This month at CorrectionalNurse.Net we will be discussing the clinical topic of Asthma and professional topics like Patient Education and Health Literacy.

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 *Ear Conditions 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

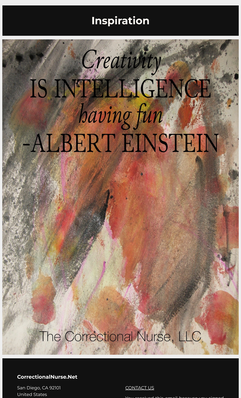
This month at **Nursing Behind the Wall** you will meet Mr. Flannery, a patient with facial numbness.

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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