



THE CORRECTIONAL NURSE

Inspiring

Professional Correctional Nursing Practice

February 2025

You are the nurse passing medication and Ms. Dailey comes to the cart and shows you a small cut on her right forearm that she says occurred from the bed frame when she was climbing up on her bunk. She asks for a band-aid, and you give it to her, reminding her to keep the cut clean and to drop a sick call if it gets worse. The following three days you are off, but she continues to request and get band-aids from the medication cart nurses. When you return to work and begin passing medications on her unit, Ms. Dailey approaches the cart, and you see right away she does not look good. She is diaphoretic, walking slowly and holding her right arm in her left. On closer look, her right forearm is reddened and the area around the cut has 2+ swelling. The "small cut" is now a pus-filled lesion about 2.5 centimeters in diameter. You stop medication line and get Ms. Dailey to the medical clinic, where it is determined that she must go to the emergency department for diagnostics and treatment. She ultimately received intravenous antibiotics and wound debridement that required a three day stay in the hospital. She returned to the facility with orders for daily wound care and a return to the specialist in a week.

Ms. Dailey told the clinic nurse practitioner who saw her and determined that she needed to go to the emergency department that she had been "treated" for four days by the nurses, but when the chart was reviewed, there was absolutely no documentation that Ms. Dailey had any interaction with healthcare staff. You and the other nurses who treated (yes, treated!) Ms. Dailey during the medication line are questioned, and each states that they "only" gave a band-aid to Ms. Dailey. Is that all you did?

No, giving a patient something as simple as a band-aid requires an evaluation, which in fact, you did do that first day when you looked at the cut. The problem began when you did not document the encounter, especially the size, location and condition of the wound at that time, in the patient's health record. The subsequent nurses who simply gave Ms. Dailey a band-aid when asked also significantly erred, because they, too, provided a treatment to Ms. Dailey that required an evaluation of the wound and documentation in the health record.

If they had done an evaluation, rather than just given her the band-aid that she requested, perhaps the infection would have been identified sooner, and Ms. Dailey would not have required the complex care in the hospital that she did.

I am sure that many reading this will immediately say that you told Ms. Dailey to drop a sick call slip if she got worse, and so the responsibility was hers, but that is not 100% true because nursing staff provided treatment to her which required an assessment/evaluation and certainly required documentation in the health record that was not done. A better practice would be to give nothing "extra" from the medication cart and instead, ensure everyone is seen in Nurse Sick Call, where a proper and thorough evaluation can be done, and a treatment plan can be developed and implemented.

What are your thoughts?

Newsworthy Notes

The next American Correctional Nurses Association OPEN FORUM will be held in February 2025. 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!](#)

The ACNA will also be presenting a webinar on February 6, 2025 about the Principles of Leadership. Speakers include Mary Muse, Heather Norman, Deborah Shelton and me. It offers one hour of continuing education credit and is free to members. In addition, ACNA is now opening its webinars to non-members for a nominal fee of \$20 per credit. I hope you will join us!

Upcoming conferences

[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 clinical topics related to Dental Care and Emergency Response.

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 from our *Correctional Nurse Basics series: The Immune System*. 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 that are specifically for Correctional Nurses.

VISIT THE CORRECTIONAL NURSE EDUCATOR NOW

Nursing Behind the Wall

This month at [Nursing Behind the Wall](#) you will meet Mr. Harrison, a patient with a lump in his throat.

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 PURPOSE OF LIFE

Is not to be happy.

IT IS TO BE USEFUL, TO BE
HONORABLE, TO BE
COMPASSIONATE,
TO HAVE IT MAKE SOME DIFFERENCE
THAT YOU HAVE LIVED
AND LIVED WELL.
-RALPH WALDO EMERSON



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