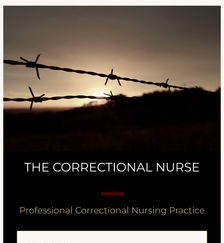


# THE CORRECTIONAL NURSE

Inspiring

## Professional Correctional Nursing Practice

September 2026

In early August, ICU nurse Meghan Collins testified in the highly publicized trial of Lindsay Clancy in Massachusetts. Nursing social media quickly took notice, not because Collins was dramatic or particularly forceful, but because she was neither. She was calm, precise, and remarkably clear about what she had observed, what she had documented, and the boundaries of her professional role.

At one point, when questioned about a patient's condition, Collins simply stated, "I do not diagnose."

Four words. And perhaps one of the best reminders of professional nursing practice I have heard in a long time. Nurses assess. We gather data, identify changes in condition, recognize patterns, determine nursing priorities, intervene within our scope of practice, communicate significant findings, implement treatment plans, monitor the patient's response, and evaluate whether those interventions are effective. Nursing assessment is extraordinarily important precisely because it has its own purpose. We do not need to turn our findings into a medical diagnosis to demonstrate clinical knowledge, judgment, or expertise.

That distinction is especially important in correctional nursing.

Correctional nurses often practice with significant autonomy. A provider may not be physically present. The nurse may be the healthcare professional who first evaluates a patient reporting chest pain, vomiting, withdrawal symptoms, shortness of breath, abdominal pain, or a change in mental status. The nurse's responsibility is not to decide what condition the patient has. It is to conduct an appropriate nursing assessment, recognize concerning findings, take appropriate nursing action, and communicate clearly when the patient requires provider evaluation or a higher level of care.

Collins's testimony also provided another important reminder: the value of meticulous documentation.

The events about which she testified had occurred years earlier. She did not need to reconstruct the encounter from memory or attempt to remember exactly what she had been thinking that day. Her documentation reflected what she had observed and what she had done.

That is what a good health record should do.

We sometimes talk about documentation as though its primary purpose is protection from litigation. Certainly, accurate documentation may become very important if care is questioned later. But defensive documentation should never be the reason we document well.

We document because the next nurse needs to understand what happened. The provider needs accurate information upon which to make clinical decisions. The patient's condition may change, and the healthcare team needs a reliable record against which to compare later findings. Documentation supports continuity of care and communicates the nursing process.

And sometimes, years later, that same documentation becomes the nurse's voice.

There is another lesson in Collins's testimony that I hope correctional nurses take to heart. She did not speculate. She did not stretch beyond what she knew. She did not attempt to make her nursing care sound more sophisticated by claiming conclusions that were outside her role. She described her observations, her nursing actions, and the information contained in the health record.

There is tremendous professional strength in that kind of clarity.

Excellent correctional nursing does not require us to be the provider, the diagnostician, or anything other than what we are.

It does require us to practice nursing exceptionally well. Assess carefully. Recognize what matters. Communicate clearly.

Document what you found, what you did, and what you were unable to obtain or complete and why. Then, if someone asks about that care years later, the record can speak for you.

Stay safe and stay well.

Lori

### Newsworthy Notes

**Exciting News for our sites**

The Correctional Nurse Educator, CorrectionalNurse .Net and Nursing Behind the Wall websites are all getting a "face-lift" and a server upgrade in the next few weeks. While it is challenging my technical abilities, I am learning a lot and am very excited for our new "look."

**Upcoming Conferences**

The American College of Correctional Physicians will hold its annual education conference in Dallas, TX September 18-20, 2026.

The WACHSA /Western Correctional Health Care Conference will be held in San Diego this year - October 21-23, 2026. Please join us in beautiful San Diego!

The National Commission on Correctional Health Care will hold its Fall Conference in Las Vegas, NV October 24-28, 2026.

The American Correctional Nurses Association is holding its 2026-2027 election during September 2026. If you are a member, please review the biographies and choose the candidates you feel will represent you on the ACNA Board of Directors in the coming 2 years. If you are not a member, we sincerely invite you to join the only national organization for correctional nurses of all licensures.

In addition, we will hold our Member Meeting on October 27, 2026 at the NCCHC Fall conference in Las Vegas. Please join us for the installation of new officers, meeting other members and sharing light appetizers.

The American Correctional Association will hold it's Winter Conference in Phoenix, Arizona January 7-10, 2027.

## CorrectionalNurse.Net

This month at CorrectionalNurse.Net we will be discussing Asthma and when the patient just doesn't "look right."

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

This month our 50% off class is Bullying and Incivility for the Correctional Nurse.

### New Learning Opportunities

Don't forget we have new classes available at The Correctional Nurse Educator. These new courses and updates reflect the challenges correctional nurses face daily and provide the knowledge and skills to meet them with confidence.

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

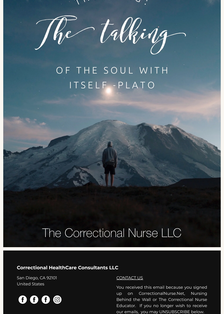
This month at Nursing Behind the Wall we will continue with our new format for the clinical judgment case scenarios for 2026 with the story of Mr. Thomas, a gentleman experiencing early alcohol withdrawal. Please take a minute and let me know your thoughts!

VISIT NURSING BEHIND THE WALL NOW

In closing, thank you for being part of this community and for taking the time to read this newsletter. I hope you continue to find our sites timely, practical, and meaningful to your work. Correctional nursing is a distinct specialty, often complex, frequently challenging, and critically important to the health and dignity of the patients we serve. The care you provide has a lasting impact, even when it goes unseen or unacknowledged. I have always been proud to say that I am a correctional nurse, and I hope you share that same sense of professional pride in the vital work you do every day!

Lori

## Inspiration

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