

Nursing Behind the Wall

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When non medical people ask me what I do for a living the usual response is "...that's interesting?!" When nurses ask the most common response is "Why?" I am a corrections nurse, and over the years I have found that the general nursing community has no idea what we do. This article will hopefully grant some insight.

Most nurses rarely consider corrections as a specialty, if they even realize that jails/prisons employ nurses. Of course, when you think about it, it makes sense right? The inmates can't just call and make an appointment with their PCP, or go to the hospital. I actually fell into corrections because another nurse I met during a clinic suggested that I would be a good fit, it sounded interesting to me so I sent my resume to the jail, and they hired me. Now five years later, I am still interested in the field, but find that most nurses have no idea what I do for a living. Unfortunately our failures are front page news, and our successes are never heard of especially by the general public. So as I stated in my intro, the intention of this article is to shed some light on what it means to be a corrections nurse, and possibly improve on any stereotypes, or misgivings that people may have.



Working in a correctional setting is very challenging, and rewarding. As nurses we are given a great deal of autonomy, more so than in any other specialty. Usually the providers are there only a couple of days a week in small institutions, and in larger ones they are only there during day shift and on call at night, so the nurses keep everything going. We provide care for hundreds if not thousands of inmates with only a staff in the double digits if we are lucky. The buck stops with us. For example, I work nights in a busy inner city county jail with a census usually between 1500-1700 inmates, during the 12am to 8am shift I am the only RN with 2 LPNs and 1 MA (if I'm lucky). We rely on strong assessment skills, and sound clinical decision making. Which leads me to the first misgiving about corrections nurses, that we are all hospital rejects who couldn't nurse our way out of a paper bag.

Sadly, this specialty is looked down on by many nurses. Most likely because you never hear in the news about the corrections nurse who diagnosed the inmate with DM, or saved the inmate from brain death, you only hear about the bad stuff, some type of negligence which had a bad outcome. I won't get on a soap box about that type of thing, but the media never gets the full story. The truth of the matter is I have met some of the best nurses while being "locked up." They can assess their butts off, because unlike any other area of practice, our population manipulates for a living, and I'm not just talking about simple drug seeking behavior. I could write a book about inmates and motivations for manipulation, but that is not the purpose of this article.

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What I love about working behind bars is the fact that I get to be so many kinds of nurse. One minute I'm an ER nurse dealing with a traumatic head injury after an altercation, the next I am an L&D nurse assessing contractions, then I'm a psych nurse talking the kid who just got locked up for the first time down from a ledge of despair/suicide. You really never know what will walk, or be dragged through the door by 12 angry corrections officers next.

Now a word about the population. They range in age from juvenile to geriatric, come from every social economical class, and are in jail for everything from unpaid fines to murder. And I treat them all. They come in with chronic illness, or get diagnosed while under my care. Most of my patients have some type of mental illness or substance abuse history, and come in having not had any medical care since the last time they were in jail. I don't deal with just one kind of patient, which means I have to keep up on all of my skills. This leads me to my next point, just because I work in a jail doesn't mean I can't start an IV or place a foley. I do everything from tube feeds to EKGs and usually don't have a tech to help out.

Does it bother you to take care of the really bad guys? No, I try never to find out what they have done. It doesn't change my job, which is to render quality medical care within my scope of practice, and in accordance with my company policy. Sometimes that cannot be avoided, I turn on the news and find out who my new patient is. This isn't the specialty for the nurse who wants to have a deep connection with their patients. That's not to say that I don't care for the people I treat, but it is on another level, and my satisfaction comes from realizing that I am taking care of the people that society wants to forget. Almost a blessing (for those of you who are religious). Also, I don't want to sound like I am defending what crime they committed, it's not about them, it's about me and my practice.

One of the best things about my job is the amount of teaching that I do. My patients don't go on the web and try to teach me about a disease they spent five minutes looking up. Most of them have had very little education at all let alone know the first thing about health maintenance, or disease prevention. I spend a lot of time trying to educate these guys, so that when they are back "on the street" they can control their HTN or DM. That is part of the rewards.

Working behind the wall is not for the faint of heart. It takes a special type of nurse to deal with what we do everyday, while avoiding becoming jaded, or institutionalized ourselves. Corrections nurses have strong assessment skills, are able to handle stress well, and thrive under pressure. We wear many hats, and play many roles to our clients. We are rarely thanked for what we do, but the thanks we get always comes from a very real place. If this sounds like you, please come and join us, you may never want to make parole.

