Dear Mary

by Mary Annas

Dear Mary is a monthly feature in which readers can ask about any nursing care issue that concerns them. Answers will be supplied by Mary Annas or a consulting nurse, physician, lawyer, or ethicist where appropriate. Readers are also invited to comment on the answers. Letters to Dear Mary may be handwritten. All inquiries should be addressed to Mary Annas, Nursing Law & Ethics, P.O. Box 9026, JFK Station, Boston, MA 02114.

Dear Mary,

I am an R.N. who has been working in the emergency room of a large community hospital for two months. The first week that I worked I was somewhat surprised at one custom of our department. We start shift at 8:00 and meet at 7:30 in the cafeteria, leaving a minimal staff on the unit to cover in case we are needed. This has grown into "rounds" for the day and night staff. We discuss patients whose status has changed or who have come in during the night.

At first I accepted this because I was new and also because it seemed efficient and a good time to have a team conference, but something happened a few weeks ago that I feel badly about and makes me question this practice.

A patient had been admitted during the night and we were discussing the plan of care for the day staff. The person giving the report used the patient's name, not knowing that her family was seated at a nearby table. They were obviously upset and left quickly, before anything could be done. They heard information second-hand that they should have heard first-hand. I felt uncomfortable in this situation and yet as a new member of the department felt that it was not my place to intervene. What should or could I have done?

Ron
Denver

Dear Ron,

A good rule to follow is *never* talk about a patient's status in public areas of the hospital, except in an emergency. Find a private place for discussion of patients' cases, especially when you're using names. Your concern about upsetting relatives is valid, but it's even more important to maintain your duty of confidentiality to the patient. And in a community hospital you are more likely to be near people who are acquainted with the patient.

Though it's difficult to speak up as a new employee, you could have said that the information should be discussed elsewhere and left the area if others continued to talk in public. As far as the family is concerned there is little you could have done, but I think the person speaking should have contacted them to explain and apologize. Also, the patient's physician should have been informed about the incident in order to clarify information about the patient's condition, if necessary.

Though regrettable, the incident affords the staff an opportunity to evaluate the propriety of informal rounds and lets you express your opinion clearly on the matter.

Dear Mary,

I am a nurse who works in a grammar school. My job usually consists of fairly routine tasks such as weighing and measuring children or giving injections and assisting at annual physicals. However, when I have to make a quick judgment about emergency care I become very nervous and don't have much confidence in my decisions. Recently, I had a boy with a head injury and, at the same time, a little girl with a bleeding knee that I thought required stitches. I kept the boy in my office to watch him and sent the girl to the hospital. Her mother was a student there and I had someone call her and tell her to meet her daughter at the EW.

It turned out that both children were all right but the girl's mother was furious with me. She said that any nurse should have been able to handle a "simple abrasion that didn't even require stitches." She had been called out of class and ran to the EW with the names of good orthopedic surgeons in mind, thinking that her daughter's knee was seriously injured. She was right: I should have been able to handle it. I have had my job for 25 years and like it, but feel intimidated and flustered when I have more than one emergency at a time. Have you any suggestions?

Susan
Beverly Hills

Dear Susan,

The situation you describe is difficult for all concerned: child, parent, and nurse. But remember, anyone who doesn't usually have to cope with emergencies might feel pressured when one arises. The important thing is to equip yourself so you can handle such situations with competence and confidence when they do come up.

In this particular instance it sounds as if you acted properly. It's always better to err on the side of caution, and you do say that you thought the knee required stitches. The mother may have expressed anger at you because she was scared. You don't say what message was given to her on the phone, but its content may have had some bearing on her reaction. Coping with her reaction is also part of your job and you might want to discuss the situation with her now to reassure her about it.

Additionally, it may make the situation less frantic if you explain to children what you are doing as you assess and treat them. Children can sense panic in an adult very quickly and may become fearful themselves. Calmly telling them what you are doing and why may reassure them and boost your own sense of control.

In general, you might want to make a critical assessment of your skills. You may need to update your training. One possibility is to take a refresher course in first aid at your local Red Cross. Your state nursing association may also have on-going refresher courses and in-service education designed specifically for school nurses. Education doesn't stop with graduation for any of us. All nursing professionals can profit from continuing education.

Dear Mary,

I had a patient who was two days post-op after a hernia repair. Her condition was stable and she was progressing well. After I administered her ordered pain medication, she asked me to hand her two other prescription medicines from her bed table. I explained that I couldn't give them to her since there was no written order for them. At that she became upset, insisting that she had been taking them for 20 years for gout. I told her I'd call her doctor and request an order for the pharmacy to dispense them or to allow her to keep them in her bedside table. When she expressed anger at the "stupidity" of this policy I explained, as gently as I could, that it was sometimes difficult for me, as a student, to take independent action, especially about drugs, but that I would talk to her primary nurse and to my instructor to see if we could give her the medication before her physician answered my page.

She seemed calmer and accepted this. The primary nurse did give her the med and the order was later written that she could take them herself. Do you think I handled this situation properly?

June
New York City

(Continued on page 5)

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Health Law Notes

Health Law Notes is a regular feature of Nursing Law & Ethics written by co-editor George J. Annas. Each month Professor Annas explores the legal implications of a recent court decision, statute or regulation that has special relevance for nursing practice.

How to Find the Law

by George J. Annas, J.D., M.P.H.

The purpose of this column is not to teach you how to use the law library to perform legal research (something very few lawyers know how to do efficiently), but to give you enough information so that you can locate the legal materials cited in *Nursing Law & Ethics*. To locate most references cited in this newsletter, you will have to use a law library. The first rule of research in any unfamiliar library is, of course, to ask the reference librarian for assistance.

All law schools have substantial libraries, as do many local bar associations. To obtain admission to the law library of your local law school, you may need special permission from the school or the assistance of a law student. Once inside, you will discover the principal problem with writing about "the law" in the United States: each of the 50 states has its own court system and legislature, and therefore, each has its own set of statutes and case reporters. Superimposed on this structure is a system of federal district courts and federal appeals courts. Over them all is the United States Supreme Court. In addition, there are not only the statutes of the United States (which are in a set of books called *U.S. Code Annotated*), but also the regulations adopted under federal statutes by the executive branch of government such as the FDA, HHS, and the Department of Agriculture. (These are set forth in another set of books called the *Code of Federal Regulations*.)

The legal literature you are most likely to be interested in locating is *statutes*, *court decisions* (case law), *regulations*, *legal periodicals*, and *legal encyclopedias*. Each of these will be discussed briefly.

Statutes

Statutes are arranged by state, each having its own set of books (usually 50-100 volumes). These statutes are usually arranged by subject matter, and each provision of the statute has a number. If you know the number, the task of locating the statute is not difficult. If you do not, look up the subject matter in the index to the set. Note that since new statutes are passed each year, these volumes have "pocket parts" at the back in which current material is kept.

Court Decisions

If you are looking for a particular case, you probably have the case name and citation. For example, the famous *Darling* case, referred to a number of times in *Nursing Law & Ethics* already, is properly cited as *Darling v. Charleston Community Memorial Hospital*, 33 Ill. 2d 326, 211 N.E. 2d 253 (1965), *cert. denied*, 383 U.S. 946 (1966). To locate this case in the library, either find the set of books for the state of Illinois or the set labeled "Northeastern Reports" (abbreviated N.E.). In the Illinois set, locate the second series (2d). (Most states begin renumbering their reports after volume 200 or 300, but some do not.) Within that set, find volume 33. The *Darling* case begins in volume 33 at page 326 (or in the N.E. 2d series in volume 211, page 253). The final part of the citation refers to the fact that the United States Supreme Court refused to hear an appeal. This refusal can be found in the United States Supreme Court reports, volume 383, at page 946. The year in parenthesis following the case is the year in which it was decided.

Regulations

Regulations are promulgated under statutory authority. Federal regulations are collected in the Code of Federal Regulations, parts of which are changed almost daily. These changes are reported in the *Federal Register*. State regulations are found in various, non-uniform state publications. In most states, locating regulations will be very difficult.

Legal Encyclopedias

Corpus Juris Secundum (the one Perry Mason used) and *American Jurisprudence* are usually located side by side in a conspicuous part of the library. They are, as the name implies, general works on various aspects of the law, arranged alphabetically by subject matter.

Legal Periodicals

The other type of legal material cited in many of the footnotes in *Nursing Law & Ethics* is *legal periodicals*. These are usually published at individual law schools and are named after these law schools. For example, 54 *B.U.L. Rev.* is the fifty-fourth volume of the set of Boston University's Law Reviews. As with case citations, the volume number appears *before* the name of the journal, the page number immediately after the journal's name. There is a rather unsophisticated and spotty index to these periodicals called the *Guide to Legal Periodicals* that is arranged by subject matter and author's last name.

For those desiring detailed information on legal research, reference should be made to one or both of the following excellent volumes: M. Price & H. Bitner, *Effective Legal Research* (4th ed.), Little, Brown, Boston, 1979; or J. Jacobstein & R. Mersky, *Pollock's Fundamentals of Legal Research* (4th ed.), Foundation Press, Brooklyn, N.Y., 1973. Those interested in a more detailed treatment of the various aspects of law making should see R. Covington *et al.*, *Cases and Materials for a Course on Legal Methods*, Foundation Press, Mineola, N.Y., 1969.

Dear Mary *Continued*

Dear June,

You didn't tell me if you removed the medication from her table while waiting for the physician to answer. If you did, it probably contributed to her agitation. I believe it is wrong to "strong-arm" a patient out of almost any medication that she's been taking for a long time. I think that explaining hospital policy is a good approach, since it tells patients what your ground rules are. And it's important for you to tell them that their attending physician can write orders for any medication that they need. Hopefully, the physician is readily accessible for any questions.

If you did not remove the medication, I agree completely with what you did, especially consulting your instructor and the primary nurse. This reassures patients that students are not solely responsible for their care, and also avoids a potentially troublesome situation for you.

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