

BOARD OF REGISTERED NURSING

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**THE REGISTERED NURSE AS PATIENT ADVOCATE
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Through the years the registered nurse often has been the first to recognize situations which are not in the best interest of the patient and to report these situations to persons who could effect change -- for example, to report a questionable drug order to the physician who wrote the order or to report an incompetent health care provider to a nursing supervisor. Some RNs have not recognized these as instances of patient advocacy and have wondered how it would be possible to be both patient advocate and valued employee. As a rule, the two roles are not incompatible because in most instances the employer, the nursing supervisor and the physician are as anxious as the RN to act in the patient's behalf.

Reporting patient abuse is another example of patient advocacy. In 1985, in response to a request by the California Attorney General, the board adopted the position that failure of an RN to report known or suspected instances of client abuse -- physical, emotional, and sexual -- constitutes unprofessional conduct and is ground for discipline by the BRN.

The Board's policy suggests that procedures may be established within agencies to facilitate reporting. In developing such procedures, it would be important to provide channels both for the reporting of situations requiring nursing decisions and of those requiring medical decisions. Some problems would be handled entirely within the nursing channel; others requiring medical judgment, such as whether an ordered treatment regimen is appropriate for the patient, would be referred for medical decision. Usually a staff nurse would report a situation to an immediate nursing supervisor, who would then have the responsibility to handle the problem appropriately.

If the reporting nurse, after reporting abuse, is not satisfied that the patient's interests are being safeguarded, the nurse must pursue the matter further within the appropriate reporting channel and if still not satisfied, must report outside the agency. The board's policy warns that reporting duties are an individual responsibility and that no supervisor or administrator may impede or inhibit the process or subject the reporting RN to any sanction for making the report.

The board has developed guidelines for content of patient abuse courses, which are available without cost upon request.