Think about your ink

My ward manager says it is a legal requirement for all my notes to be written in black ink, and I could be legally liable if I write in any other colour. Is this right?

During my nursing career, I did what you do – blue or black for day shifts and red ink for night shifts. This allowed us to quickly find an entry as the night shifts stood out from the day entries.

In intensive care units, blue, red and green ink were often used for recording physiological parameters – such as green for central venous pressure and blue for blood pressure – so they could be tracked easily.

Your ward manager is both right and wrong; your employer may have a policy regarding writing notes that stipulates the colour of ink that needs to be used. If so, you need to follow this. If not, the following two points apply:

» There is no legal rule that says what colour ink you have to use, but black or blue is generally preferred because they photocopy well.

» Red and green inks do not photocopy as well on black and white photocopiers, meaning it can be impossible to see what has been written.

Legal liability

Regarding your legal liability, your ward manager is likely referring to the fact that if you were asked to discuss your written notes in a situation where everyone had a photocopy of them, they would not be able to read what you had written, which could cause problems.

Unless you have a good reason not to, I would suggest using black ink for your notes and records.

Black or blue ink is generally preferred because they photocopy well

Marc Cornock

Let’s hope for a fresh start with Jeremy Hunt

Working in the health service prepares you for dealing with the unexpected. But even the most experienced nurse would be taken aback by the amount of uncertainty facing the country at the moment.

Following the European Union referendum result, there has been division. One of our members, Dave Dawes, perhaps put it best during the EU debate at this year’s congress in Glasgow. He said that following the referendum, nurses would be needed ‘like never before to help wounds heal’.

I know that the nursing community can lead by example here, as we have done so often in the past.

We are facing uncertainties in the NHS around safe staffing and workforce planning. We were astonished at the recent comments made by NHS Improvement chief executive Jim Mackey which suggested a return to the days when finances trumped patient care.

Nurses and patients will want reassurances they will never have to experience dangerous staffing levels because of finance-driven cuts. At a time of change, there is something to be said for continuity, and the RCN remains committed to working with health secretary Jeremy Hunt.

But we are also hopeful of a fresh start, and more positive relations with the nursing workforce than we have seen previously.

Now more than ever, we all need to work together.

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