Diversion Time

LPENA Delegates 2012

LPENA was well represented at the 2012 General Assembly

LPENA had a great showing at the 2012 General Assembly in San Diego. Voting on bylaw changes and resolutions were (from left to right) Kim Sickler, Julie Rossie, Karen Kosmala, Patrice Christensen, Colleen Vega, Connie Yolum, Diane St Denis, and Jan Ogar.

Kim & Colleen presented their resolution, which passed with a few amendments.

The 2013 Assemblies will be in Nashville... Mark your calendar!
General Assembly 9/17-19
Scientific Assembly 9/19-21

2013 LPENA Officers

President: Colleen Vega
President-elect: Diane St. Denis
Immediate Past President: Connie Yolum
Secretary: Leslie Chin (AKA Nurse Chin)
Treasurer: Anne Marcotte
Director at Large: Cathy Marlatt
Chapter Representative to the State Council: Julie Rossie

Job descriptions will be sent out in the near future so we can recruit new officers for the future. We also have opportunities for committees.

Bring your expertise or be mentored so you can make a difference in your practice!

A FLASH FROM THE PAST!!!

Once upon a time, Loma Prieta Emergency Nurses Association (chapter #232), a VERY FINE CHAPTER, had a pin. It showed a seismic read-out, symbol of our oft shaking ground. These were sold, traded, and handed out to new members when they attended meetings.

Alas, there are no more pins left to give out. However, if you ever wondered where the logo came from that sits atop the meeting notices, it was from our pin.
Perhaps, one day, we will resurrect this little symbol. But until then, feel free to cut this out, glue it to an old piece of jewelry, and wear it with pride.
"Nurse (Leslie) Chin", our secretary, "in perpetuity", keeps an accurate record of our activities and ensures that all are aware of the next meeting date. She also has a lovely hand at designing “our” greeting cards; be they birthday or sympathy, for our chapter members and special folks.

Our state representative, Julie Rossie, brings us the latest news from the State ensuring that we are involved and active participants in state matters. Julie wears a second hat; that of Trauma and Injury Prevention coordinator as an active member in the Trauma Education Consortium (TEC).

Cathy Marlatt, member at large, actively supports our dining habits by picking excellent dining spots for the group.

My special right hand is Diane St. Denis who coordinates our communications and gets the word out to all ENA members, even if those members are not always present at meetings. Hope springs eternal!

The dedication of Jan Ogar is an inspiration; she monitors government affairs closely for their impact on Emergency Nursing and then brings succinct reports back to the chapter meetings; so that we can be politically astute.

Last but not least, the members who continue to attend meetings and bolster the team, even after retirement: Martha Peck, Karen Kosmala and Jean Parrish

Connie is the Critical Care Nurse Specialist in the Nursing Education Dept at O’Connor Hospital. She is the 2012 President of Loma Prieta Chapter

Young men are apt to think themselves wise enough, as drunken men are apt to think themselves sober enough."

--Lord Chesterfield, British statesman
Friday the 13th and Emergency-Room Visits

By Christopher Shea

Is this study as clear-cut and reassuring as the authors seem to think it is?

A new article examines whether Friday the 13th produces more emergency-room visits than other days, using data from six hospitals, over 7 years. Thirteen categories of injuries and illnesses were analyzed:

Although the fear of Friday the 13th may exist, there is no worry that an increase in volume occurs on Friday the 13th compared with the other days studied. Of 13 different conditions evaluated, only penetrating traumas were seen more often on Friday the 13th. For those providers who work in the ED, working on Friday the 13th should not be any different than any other day.

To repeat: Nothing unusual about that allegedly cursed day, except a high number of penetrating traumas.

Only one gonorrhea drug left for routine cases: CDC

By Julie Steenhuyzen
CHICAGO | Thu Aug 9, 2012 2:15pm EDT

(Reuters) - Health officials are urging doctors to stop using a key antibiotic to treat routine cases of gonorrhea due to signs of bacterial resistance, leaving one treatment left for the sexually transmitted disease.

The U.S. Centers for Disease Control and Prevention said on Thursday it no longer recommends the use of cefixime, marketed under the brand name Suprax by Lupin Ltd, because it is becoming less effective. That leaves the injectable generic antibiotic ceftriaxone, used in combination with another antibiotic, as the last treatment option.

"The change in antibiotic treatment guidelines we are making today is a critical pre-emptive strike to preserve the last effective treatment option," said Dr. Gail Bolan, director of the CDC’s Sexually Transmitted Disease Prevention division.

"This will not solve the problem of drug-resistant gonorrhea once and for all, but may buy us time to allow researchers & drug developers to develop new treatments," Bolan told reporters in a telephone briefing.

Until new treatments reach the market, experts say the best way to reduce the risk of drug-resistant gonorrhea is to rapidly diagnose the disease and fight it with combinations of two or more types of antibiotics at the same time.

(continued on page 4)

LEADERSHIP CONFERENCE HEADS TO FT LAUDERDALE IN 2013

Leadership Conference will be in Ft Lauderdale Feb 27-Mar 3. The educational portion is Mar 1-3, while the Chapter & State Leaders meet pre-session.

Starting in 2014, there will only one annual conference, combining leadership & general/scientific assemblies into one conference.

PAGE 3
This technique is used in the treatment of some other infections like tuberculosis in an attempt to make it more difficult for the bacteria to learn how to overcome the drugs.

**SUPERBUG STRAINS**

If left untreated, gonorrhea can lead to pelvic inflammatory disease, ectopic pregnancy, stillbirths, severe eye infections in babies and infertility in both men and women.

In the United States, there are approximately 300,000 reported cases of gonorrhea each year, but because infected people often have no symptoms, the actual number of cases is likely closer to 700,000, Bolan said.

So-called "superbug" drug-resistant strains of gonorrhea accounted for almost one in 10 cases of sexually transmitted disease in Europe in 2010, more than double the rate of the year before, health officials from the Stockholm-based European Centre for Disease Prevention and Control said in June.

Dr. Robert Kirkcaldy of the CDC said there have so far been no U.S. cases of "untreatable" gonorrhea, in which the germ resists all known treatments, but U.S. laboratory data suggest resistance is beginning to emerge.

The guidelines also recommend that healthcare providers closely monitor their patients for treatment failure, and retest patients with persistent symptoms with a culture-based gonorrhea test, which can identify antibiotic-resistant infections.

Doctors said cefixime may be needed as an alternative treatment option in some cases. If ceftriaxone is not readily available, providers may prescribe a dual therapy of cefixime plus one of two other antibiotics: azithromycin or doxycycline.

In addition to closely monitoring for resistance nationally, CDC said it is working with the World Health Organization to monitor for emerging resistance on the global level.

The agency is also collaborating with the National Institutes of Health to test new combinations of existing drugs.

(Additional reporting by Kate Kelland in London; Editing by Michele Gershberg)

------------------------

**Great Idea for Our New Grads...**

From California Healthline

Monday, August 13, 2012

Sutter Health Program Hires New Nurses, Gives Additional Training

A nurse residency program at Sutter Health medical centers in the Sacramento area is hiring new nurses and providing them additional training, Capital Public Radio's "KXJZ News" reports.

The program, called RN STRONG, aims to help nurses who might be struggling to find employment after graduating from nursing school.

**New Nurses Face Job Shortage**

According to "KXJZ News," recent data show that more than one in five nursing school graduates in California is unable to find a job within one year of graduation.

David Auerbach, a health economist with the RAND Corporation, said that nursing schools have nearly doubled their number of graduates across the U.S.

He said, "It's this impressive growth in nursing school output hitting right in the [economic] recession, which is causing people to hang onto jobs and not retire."

Auerbach noted that it might be difficult for new nurses to find jobs over the next few years.

**Palliative Care Resolution**

Colleen Vega, Garret Chan, and Kim Sickler submitted a resolution about palliative care at the General Assembly in San Diego. It passed with minimal revisions. Keeping in mind that palliative care is not necessarily end of life care or comfort care, this resolution is about educating our patients about options they have in caring for their chronic illness.

By Colleen Vega

Everyday, seriously ill patients are frequently treated in the Emergency Department (ED) for exacerbations of their underlying medical condition (Eby, 2008). These medically complex patients are in a crisis, suffering from uncontrolled, burdensome symptoms.
Gonorrhea Neisseria bacteria

(continued from page 4)

Acute exacerbations of their symptoms are not uncommon to ED nurses: the chronic obstructive pulmonary disease patient in respiratory distress, the cancer patient with retracted vomiting, or the end stage liver disease patient with ascites. The Center of Disease Control and Prevention (CDC) reports chronic diseases account for 70 percent of all deaths (Kung et al., 2008) and close to a quarter of a million patients died en route to or in a U.S. ED in 2006 (Pitts et al., 2008). The ED nurse plays an important role in managing these patients and their future hospital course. When we envision an ED setting, we see heroic resuscitations and aggressive interventions, however, this may not be the trajectory for a patient with a chronic illness. For some ED patients with chronic and advance disease, aggressive resuscitations and traditional life-prolonging interventions offered by emergency providers may not address the symptoms for which they sought emergency care. Instead, these patients would be better managed by palliative and end of life care.

The Center of Advancement of Palliative Care (CAPC) defines palliative care as “a specialized medical care

focused on providing patients relief from symptoms, pain, and stress of a serious illness, whatever the diagnosis”. Palliative care can be offered to any patient, at any stage of an illness, and in conjunction with curative treatments. The goal of palliative care is to optimize quality of life for the patient and their family. ED nurses have the ability to play an important role in providing palliative care to any patient who is suffering. The Emergency Nurses Association (ENA) has been one of the many institutions that have strongly supported End-of-life care. In 2002, the ENA released a position statement affirming that ED nurses are in a “position to assist patients and their families in making difficult decisions and to improve quality of life for patients at the end of life.” Although ENA has identified End-of-life as a clinical practice we have not established a position on palliative care. This resolution is a call for action from emergency nurses to focus their efforts on educating and improving practice of palliative care in the ED.

References:


Assessed February 29, 2012