

Diversions Time

Holiday Party a Success!

Dinner this year was an delicious pot luck of ethnic dishes.



Standing, L_R: Leslie Chin, Diane St. Denis, Martha Peck, Cathy Marlatt, Jean Parrish, Julie Rossie, Anne Marcotte, Toni Robinson, Kelly Johnson. Kneeling: Karen Kosmala, Genny Carter (traveler from Atlanta) Missing: Zaklina < Jean Johnson, Key Largo, FL (Kelly's mom)

Our holiday party was held at the home of Karen Kosmala. Each person brought a dish based on their ethnic background. This made for a different and unusual

dinner for us. Anne Marcotte had her gift stolen repeatedly as everyone tried to avoid getting the dreaded 'boob' hat, which was eventually 'won' by Jean Parrish.

HiNi Vaccinations

Santa Clara County had multiple HiNi vaccination clinics held at the Fairgrounds as well as local county clinics. At the Fairgrounds, volunteers from Medical Volunteers for Disaster Response (MVDR, the county MRC) as well as the Red Cross, assisted with vaccinations, safety, registration, screening, & other activities. They also had Sheriff's Office, AMR, and other agencies assisting. Each clinic at the Fairgrounds vaccinated over 5,000 people per day (except the last one in Dec, which was a cold, rainy day). Diane St. Denis & Connie Yokum participated as MVDR members.



2010 LPENA BOARD OF DIRECTORS & COMMITTEE CHAIRS

President: Kelly Johnson, SUH

Immediate Past President: Julie Rossie, RMC

President-elect: Kim Sickler, RMC

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GAC/EMS: Jan Ogar, SMCoEMS

Trauma/Injury Prevention: Julie Rossie, RMC

DO IT ANYWAY

People are often unreasonable, irrational, and self-centered. Forgive them anyway.

If you are kind, people may accuse you of selfish, ulterior motives. Be kind anyway.

If you are successful, you will win some unfaithful friends and some genuine enemies. Succeed anyway.



If you are honest and sincere people may deceive you. Be honest and sincere anyway.

What you spend years creating, others could destroy overnight. Create anyway.

If you find serenity and happiness, some may be jealous. Be happy anyway.

The good you do today, will often be forgotten. Do good anyway.

Give the best you have, and it will never be enough. Give your best anyway.

In the final analysis, it is between you and God.

It was never between you and them anyway.

Mother Teresa



It's Not too Early..... to think about being an officer or committee chair for 2011. Now is the time to contact an incumbent to find out what is involved in becoming an officer or chair. As we 'mature' several of the BOD members are considering retirement, and we will need people to replace them. There is not a huge time commitment involved to be on the BOD.

We are also interested in finding people with an interest in Government Affairs, EMS, Injury Prevention, & Education. If you don't think you can chair a committee, feel free to be a part of the committee. The Education Chair can always use help putting together the Annual ENA Update in May.

SAVE THE DATE.....

Once again the annual LPENA clinical update is scheduled for May 20, 2010. We are planning a challenging day of endocrine mysteries. We will tweak your interest with thyroid, parathyroid, adrenals, and pancreatic emergency issues... everything you ever wanted to know about glands, hormones and other mysteries of the human body. Save the date and come and learn with us.



President's Message by Kelly Johnson



Happy New year ! 2010 also brings with it a new decade. The last ten years in medicine continues to bring amazing discoveries and technologies

that give better and longer lives to many patients. At the same time the healthcare "industry" and now the economy has combined to leave many people with little to no healthcare coverage. Emergency Departments , as we never say no, are often the only place for access to care. Just when youve discharged the umpteenth pt who would have been better seveded by a PMD, in comes the patient who waited way to long and is extremely ill with a preventable or curable disease. And theres just no where else for them to go. Most EDs today require full time social work-

ers or case managers to help the new cancer patient navigate his way to treatment and help place the elderly person who can no longer live alone. Healthcare reform has been slow and fraught with infighting and politics and resistant to real change.

With the closing of mental institutions across the country, we have a growing number of mentally ill presenting to us in crisis. Psychiatric Emergency departments have become common to provide emergent care to these patients who can be quite frightening to our general patient population.

911 and Katrina were eye opening events for our country and our departments. The federal funding poured out for disaster preparedness, classes on mass casualty and bioterrorism, then SARS and H1N1. Our world is now one big incubator as travel makes it so easy for germs to get about. Did we luck out with the virulence of H1N1? Or did the rapid response of public education and vaccination lead us to be below the epidemic threshold, as the CDC reports for the week of Dec 27 to Jan 2 .

ENA is with us all the way. Working with our colleagues and other public service agencies to develop policy, guidelines and promote Evidence Based Practice helping us deliver safe practice/safe care.

2010 is ENA's ruby anniversary . 40 years of developing Emergency Department Nursing Practice. To celebrate this event, National's goal is to become 40,000 members strong. Recruitment drives are on with monthly gift drawings and and state competition. Will you be the one to bring in the 40,000th member ??

Im looking forward to some great state council locations starting right here in San Francisco. Our update looks to be coming along and National is in San Antonio this year. Bring on the new members would love to beat Texas on home field.
Have a great year.
Kelly

2010 CalENA Meetings

This year, CalENA will meet 4 times. The Board of Directors meets on Thursday afternoon and the State Council meeting is on Friday, all day. The board meetings are open for all who wish to attend.

The morning session on Friday is spent in committee meetings. The State Council meeting follows lunch. The meeting is generally over by 1500-1530. This is the perfect opportunity to network with colleagues from all over the state and to find out what is happening in different hospitals & jurisdictions. We also follow legislation and EMS issues. There are plenty of opportunities to have your say in your practice. Check the CalENA website for more details. www.calena.net.

Jan 14-15 San Francisco, Hyatt Fisherman's Wharf

May 10-11 Palm Springs (in conjunction with CFED West. *This meeting is Monday/Tuesday, preceding CFED West*

August 12-13 Lodge at Sonoma

Nov 11-12 Shorebreak, Huntington Beach

These are some great locations. Take your loved ones and make it a weekend.

National Meetings

Leadership this year is in Chicago, Feb 17-21... Brrrr. One of the most important parts of the conference is the Candidates Forum. Since there is no way to meet all the candidates who are running for national office in person, this is the only opportunity to hear them speak & to ask questions afterward.

General & Scientific Assemblies will be in San Antonio, Tx again. General Assembly is Sept 22-23, followed by National, Sept 23-25. Think about delegate points now. More to follow

Do You Have What It Takes?



Challenging and rewarding flight nurse opportunities with the industry leader await you at our newest Mercy Air base, Fort Hunter Liggett in Monterey County California.

The autonomy to perform in an advanced scope of practice while working for the largest and one of the most modern fleets in the air medical industry are some of the many rewarding benefits of joining the Air Methods medical team. The Fort Hunter Liggett base, which operates a BK-117 aircraft, requires flight nurses to have a minimum of five years critical care/emergency nursing experience.



Visit AirMethods.com for the complete flight nurse job description and to submit a resume.



New Nurse Testing Standard Raises Bar

Sarah Kearns, for HealthLeaders Media, January 18, 2010

The amount of care required by hospitalized patients seems to grow every year, and many nurses in the field question whether recently-graduated nurses are sufficiently prepared to take on the demanding task.

Josephine Nappi, MA, RN, director, nursing professional development for nursing education at Memorial Sloan-Kettering Cancer Center, in New York, NY, agrees there is an added amount of care needed for those who are hospitalized.

"Our patient acuity rises daily, our aged population presents additional challenges, and at the same time knowledge and technology increase exponentially. Individuals new to our profession must translate what they have learned in their basic nursing programs into practice rapidly," says Nappi.

The [National Council of State Boards of Nursing \(NCSBN\)](#) considers this a major issue and recently raised the passing standard on the National Council Licensure Examination for Regis-

tered Nurses (NCLEX-RN) to ensure new nurses are sufficiently ready to take on the growing needs of sicker patients.

The higher passing standard was voted on in December 2009 and will go into effect on April 1, 2010. Nurses will be granted a passing grade with a -0.16 as opposed to a -0.21.

Joanie Alston Lovelace, MBA, RN, NHA, resident services administrator at Barclay Friends in West Chester, PA., believes that "a test score does not always reflect the knowledge level of an individual."

"The new nurses coming out of school today are very 'book' smart, however they lack the hands-on experience of the 'old' school nurses," says Lovelace. "There needs to be more clinical time incorporated into the learning process. The new nurses also are not truly prepared for what they will face in a new position. In school, they have maybe three patients to take care of in their last year of school and when they are in the work setting they could have as many as 15." (editorial comment: Thank goodness we have ratios in CA! We 'mature' nurses remember the days when we had 15 patients!)



Cal ENA State Council Meets in San Francisco

CalENA met at Fisherman's Wharf for the first Board & State Council meeting of 2010. The board meeting, which is open to anyone wishing to attend was held Thursday afternoon. Topics at the board meeting are carried forth to the entire state council.

The State Council met Friday. Some of the things that were discussed are: *From the treasurer:* We do not follow standardized accounting procedures, so the board has decided to hire an accountant on the recommendation from our last tax auditor. What this will mean for the chapters is this: instead of an annual R&E for tax purposes, each chapter will submit a monthly "check register." Travel reimbursement is based on the federal government's amount of 50¢ per mile. Requests for Emergency Nurses Week grant monies must be received by Sept 20 this year. The State Council will match chapter expenses up to \$300 towards celebrating Emergency Nurses Week.

Magnet Mail should be up and running by the end of the month. Your emails will not

come from ocalena once this new system is in place.

Look for changes to the *Injury Prevention Institute* in the near future. These changes will come from National.

The May CalENA meeting will be in conjunction with CFED West again in Palm Springs. ENA meets Monday & Tuesday, the 10th & 11th, followed by CFED West, a multidisciplinary educational offering.

East Bay Chapter will have a Drowning Prevention Event in March. You can check for details on the East Bay Chapter link at www.calena.net.

San Diego Chapter is planning to partner with 3 other professional organizations (med surg nurses, critical care nurses, & ortho nurses) to put on a CE offering to include all 4 "cultures" of nurses.

Government Affairs has gotten a big boost by the Sacramento Chapter. They have pledged to be more involved with the legislature, and have taken the lead with some very innovative ideas. They will be sponsoring a "Take Your Legislator to the ED" chapter challenge, and will be focusing on the chapters who have legislators on the health committee. They will

also be sponsoring an educational event during the Leg Days Mar 17 & 18. It was also decided that CalENA will partner with American Heart Assoc to submit a bill revising the regulations surrounding AEDs. GAC also discussed violence in the ED and penalties for assaulting a health care worker. Did you know that if you are assaulted on the job, it is the same as any citizen being assaulted, but if you are assaulted outside your workplace while rendering assistance, the penalties are stiffer? Other health care workers (EMTs and paramedics) are already covered on the job, as are police, fire, and other responders. However, with the work that will go into the AED work, it was decided to hold off working on this until next year, at the beginning of a new 2 year session, which will allow more time to work on the bill.

Leadership in Practice, chaired by our own Julie Rossie, will be addressing the needs of bariatric patients, as well as how to implement the regulatory issues brought forth by JCAHO & CMS.

Trauma Committee, now chaired by Gail Dodge, recognized John Fazio and Nita Ruiz-Contreras for their 20+ years of

service & mentorship on the trauma committee. Nita was ill and could not be there for the presentation, but John graciously accepted the awards. He & Nita have been business partners for many years, and have educated so many ED nurses in TNCC and other classes.



Pictured with the award are, L_R, Angela Shannon, John Fazio, and Gail Dodge.

Pediatric Committee discussed using IOs more frequently for very sick children, and wondered how many RNs were doing the insertions.

Historian, Liz Taylor, will soon be a contributor to the Monitor. Gail Dodge also is the go-to person to archive all old ENA stuff you have packed away in boxes in your garage. If you have some 'historical' LPENA materials you want to save, Gail can be reached at gdodgern@adelphia.net. We can also send electronic copies

of minutes, etc, so LPENA can live on in perpetuity.

There was a discussion at the end of the meeting about Haiti, and the Council voted to donate \$1000 to the Red Cross if there are no conflicts with the 501c3 regulations.

This only touched on all that was discussed at the meeting.

LPENA had a great showing... 9 of our members were there.



From bottom to top: Diane St. Denis, Jan Ogar, Julie Rossie, Kelly Johnson, Debby Rogers, Patrice Christensen, & Jackie Magnuson. Missing: Karen Kosmala & Kim Sickler

Lastly, there were 3 visitors to the state council meeting... Tiffany Strever, our board liaison to National, Joann Lazerus from Texas, and Jim Hoelz, Blue Jay Consulting cofounder. All stated their intent to run for National office... Tiffany for Secretary-Treasurer, Joanne for President, and Jim for Director.

What Symptoms to Look for in Women of Different Races with AMI and CHD

by Kim Sickler, CNS, RN

Women often manifest different symptoms in regards to AMI and CHD. In 2003 an article was published in Circulation, The American Heart Association (AHA) journal. It cited the most common prodromal and acute symptoms experienced by women (McSweeney et al., 2003). This month the American Journal of Critical Care (AJCC) published an article further supporting these finding and breaking down these symptoms by race (McSweeney et al., 2010). Both of these studies concluded that women on average report five prodromal symptoms; fatigue, sleep disturbances, shortness of breath, indigestion and anxiety. The AHA article reported that 45% of women surveyed rated sleep disturbances and fatigue as severe. They also reported having at least one of these prodromal symptoms for at least a month daily or several times a week preceding their AMI (McSweeney et al., 2003). The AJCC article found similar results but also noted that minorities reported more prodromal

symptoms than whites (McSweeney et al., 2010).

Importantly, both studies found that women infrequently reported chest pain/discomfort. In the AHA article only 29.7% of women reported actually experiencing chest discomfort and in the AJCC study 28% of Hispanic, 38% of black and 42% of white women did not report any chest pain/discomfort during the actual AMI. This finding is significant for ED Nurses and Physicians, because chest pain is the very symptom that nurse and physicians rely on to initiate rapid life saving interventions. Although nurses and physicians have been taught to look for other symptoms like shortness of breath (SOB), abnormal skin signs, and cardiac history, they rely on the symptom of chest pain to be the determinant finding. In fact a recent study found that only 35% of clinicians assess patients for atypical symptoms, like abnormal skin signs and SOB (Then, Rankin, & Fofnoff, 2001). The acute MI without chest pain was always thought to be reserved for the diabetic patient. Both of these

studies cited above, a study by Canto et al in 2000, and Shlipak et al in 2001, showed that women without diabetes experienced AMI without any symptoms of chest pain. According to McSweeney et al (2003) “lack of chest pain may be a major reason why women have more unrecognized AMIs than men or are mistakenly diagnosed and discharged from EDs, because clinicians continually assess for chest pain as the primary symptom of AMI.”

We, as nurses need to recognize the non-chest pain symptoms that women most often possess. We need to incorporate questions that reflect women’s cardiac symptomatology into our routine triage assessment. That way we can evaluate women in general and women of different races to appropriately diagnose and rule out AMI.

Prodromal Symptoms by race (top 5) (McSweeney JC, 2010)

Black	Hispanic	White
Unusual Fatigue	Unusual Fatigue	Unusual Fatigue
Sleep Disturbances	Anxiety	Sleep Disturbances
Anxiety	Sleep Disturbances	Shortness of Breath
Frequent Indigestion	Shortness of Breath	Anxiety
Heart Racing	Heart Racing	Any Chest pain/Discomfort

Acute symptoms by race (top 5) (McSweeney JC, 2010)

Black	Hispanic	White
Shortness of Breath	Any Chest Pain/Discomfort	Any Chest Pain/Discomfort
Any Chest Pain/Discomfort	Shortness of Breath	Shortness of Breath
Felt Weak	Unusual Fatigue	Felt Weak
Unusual Fatigue	Felt Weak	Unusual Fatigue
Dizziness	Chest Pain/Discomfort High Chest	Cold Sweat

