The San Diego Wave ✋

The SD Emergency Nurses Association Newsletter

Volume 10, Issue 2

June 3, 2007

Calendar for 2007

San Diego Chapter | **State/National Meetings**

note changes

June 7, 2007
SD ENA Chapter Meeting
Wm. Gephart, FNP, Speaker
"The Coming Paradigm Shift with Tourniquets"
at Rady Children's Educational Bldg.
3665 Kearney Villa Road, San Diego
1730-1930

August 9, 2007, Cal ENA State Board Meeting, **San Diego**

August 10, 2007
SD ENA Chapter's
Tour of the Hospital Ship
The Mercy ***see note at bottom

August 10, 2007, Cal ENA State Council Meeting, **San Diego**
at the Hilton on 1960 Harbor Island Drive, San Diego 92101

September 5, 2007
SD ENA Chapter goes to the
Last Day at the Del Mar Races

September 26-27, 2007, **ENA National General Assembly**, Salt Lake City
September27-29, 2007, *ENA Scientific Assembly,* Salt Lake City

October 11, 2007
SD ENA Chapter Meeting
Tri City Medical Center is hosting
Emergency Nursing Appreciation Dinner
Speaker, Sponsor, CE
1630-1830

November 8, 2007, Cal ENA State Board Meeting, Los Angeles
November 9, 2007, Cal ENA State Council Meeting, Los Angeles

November 14, 2007
SD ENA Chapter Meeting at Rady Children's Educational Building
address + time as above

December 6, 2007 π
Christmas Hi Tea

***note for the Mercy Tour, all persons going need to contact Cathy Tylka760-751-1520 or tylka_dascomb@Juno.com provide their name **+** car license # or you can ride the trolley

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San Diego ENA Nursing Scholarship Application for Spring 2007

Please complete this application in order to apply for a scholarship being offered by the San Diego ENA.

Requirements include 1) Current ENA membership, 2) Current professional licensure as an LVN, RN, EMT,
or EMT-P in the state of California, and 3) Current enrollment or acceptance in an accredited undergraduate
or graduate nursing program.You may answer the questions on a separate page and attach them to the
application. Please limit your answers to no more than a total of 3 pages. Applications must be received
no later than **October 15 2007**, for the fall.

Along with this application, your letter of intent should include answers to the following:
- How nursing will benefit from your education
- How the community will benefit from your education
- Describe any training/ volunteer work you have had in the ED or prehospital care.

Include a photocopy or other proof of enrollment or acceptance into a NLN Accredited School.

Name____

Phone Number____________________

Address____

City_____________________ Zip___________

School Enrolled in______________________________

Year of Graduation________________

Year and Semester of Study__________________________

Submit your application for the scholarship to: Linda Chessmore
2339 Bar Bit Road
Spring Valley, Ca. 91978
Or Fax to
858-939-3477

(This application may be photocopied and distributed)

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A special Thank You to Maureen Phillips who was able to secure us the new SD ENA PO Box 306, Descanso, Ca., 91916. It seems the other mail box turned into a Bingo Parlor!

EMERGENCY NURSES
EXPLORE EXCITING NEW OPPORTUNITIES

THE COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
is seeking nurses experienced in prehospital, emergency department or quality improvement to join a dynamic team dedicated to providing optimal prehospital and disaster emergency care!

QUALITY ASSURANCE SPECIALIST Positions require:
Current CA RN license
Eighteen months of fulltime ED trauma, disaster or critical care and quality improvement experience
MICN, ACLS, CEN or CCRN certification preferred
Apply on-line from the job/current recruitment section at
http://www.sdcounty.ca.gov
Visit EMS website: www.sdcountyems.com
For more information contact Marcy Metz @ 619-285-6546

San Diego Chapter Supported Y-ME

3.Y-Me National Breast Cancer Mother's Day Walk to Empower at Mission Bay was a big success. By May 13th, $230,000 had been raised with more money yet to be counted. Ami Intime (French for bosom buddy) is one of the top ten fund raisers for the Family Teams. The funds raised will go to support the educational programs and toward the 24 hour hot line, in 150 different languages and staffed by volunteer breast cancer survivors. Team Captain Susan Morse and Team Member Cathy Tylka both surpassed their fund raising goals with the generous donations that included San Diego ENA and CAL ENA members. Maureen Phillips joined the team along with other friends supporting loved ones who are current survivors. The team tee shirt included shoulder patches honoring dear friends and two nurses that are currently faced with breast cancer diagnoses. Susan and Cathy wish to thank all the ENA members who have helped support the wonderful programs that provide

empowerment to those undergoing breast cancer treatment so that no one needs to face breast cancer alone. PLEASE REMEMBER, annually, 2000 men are diagnosed with breast cancer. For additional information, go to www.y-me.org.

From Susan Morse

07 educational offerings

CEN Review

June 1+2, 2007
contact Cathy McJannet at
619-435-1087 or
cathy.mcjannet@usa.net

TNCC

June 1-2, 2007,
TREF Course, San Diego,
Contact Dot Kelley at 619-260-7285 or
Kelley.Dorothy@scrippshealth.org

August 2-3, 2007,
TREF Course, San Diego,
Contact Peggy Sale at 760-739-3692 or
peggy.sale@PPH.org

August 3-4, 2007
Riverside County Regional Medical Center
Moreno Valley
contact Gail Dodge at
909-472-2680 c
or gdodge@adelphia.net

September 22 + 23, 2007
Menifee Valley Medical Center
Menifee, Ca
contact Gail Dodge at
909-472-2680 c
or gdodge@adelphia.net

October 5-6, 2007
TREF Course, San Diego,
contact Kathi Ayres at 858-939-3200 or
kathi.ayers@sharp.com

October 5 + 6, 2007
Methodist Hospital
Arcadia, Ca
contact Gail Dodge at
909-472-2680 c
or gdodge@adelphia.net

November 2-3, 2007
TREF Course, San Diego
contact Sue Cox at 858-966-4010 or
scox@chsd.org

November 2-3, 2007
Eisenhower Medical Center
Rancho Mirage
contact Gail Dodge at
909-472-2680 c
or gdodge@adelphia.net

or Cathy Tylka at 760-751-1520 or
tylka_dascomb@Juno.com as a
Resource only

ENPC

June 15 + 16, 2007
Rancho Springs Medical Center
Murietta, Ca., contact Gail Dodge at
909-472-2680 c
or gdodge@adelphia.net

June 22 + 23, 2007
Methodist Hospital
Arcadia, Ca., contact Gail Dodge at
909-982-6406 h or 909-472-2680 c
or gdodge@adelphia.net

July 13 + 14, 2007
Eisenhower Medical Center
Rancho Mirage, Ca., contact Gail Dodge at
909-472-2680 c
or gdodge@adelphia.net

July 27 + 28, 2007
Rady Childrens Medical Center
San Diego, Ca., contact Marty Hays
at 619-464-8680 or chay2@cox.net

October 5+6, 2007
Rady Childrens Medical Center
San Diego, Ca.,contact Marty Hays
at 619-464-8680or chay2@cox.net

October 27+ 28, 2007
Ridgecrest Regional Medical Center
Ridgecrest, Ca., contact Gail Dodge at
909-472-2680 c
or gdodge@adelphia.net

What is ROC?

The Resuscitation Outcomes Consortium (ROC) was created in 2005 to help determine which treatments work when people have cardiac arrest or major injury. ROC consists of 10 Regional Clinical Centers and a Data Coordinating Center. These centers provide the structure for conducting large collaborative trials of promising scientific and clinical advances designed to improve resuscitation outcomes. The ROC investigators collaborate with Emergency Medical Services (EMS) system providers in their region. The regions include Alabama, Dallas, Iowa, Milwaukee, Pittsburgh, Portland, San Diego County, Seattle-King County as well as the Canadian sites in Toronto, Vancouver and Ottawa.

ROC Investigators conduct collaborative trials of variable size and duration (equally directed towards the cardiac and trauma populations) to promote the rapid evaluation of promising treatments on behalf of the public. Trials may evaluate existing or new therapies (such as drugs to control inflammation, fluids to restore blood pressure, drugs to stop bleeding, methods to protect the brain from low oxygen levels, and alternative methods of delivering CPR or defibrillation).

Currently in San Diego County the Hypertonic Resuscitation following Traumatic Injury is actively enrolling subjects from sever traumatic incidents. In the summer of 2007 it is anticipated that the cardiac arrest trial, PRIMED will begin. All trial interventions are done by pre hospital personal after extensive training sessions. The hospitals receiving the patients enrolled in these trials are made aware of the subject˛s involvement so that the follow through data can be collected.

Why was ROC formed?

The ROC provides a collaborative network for research in the areas of cardiopulmonary arrest and severe injury that will rapidly lead to improvements in clinical practice. The focus on pre-hospital (EMS-based) and early hospitalization interventions recognizes the critical importance of this time frame.

Out-of-hospital cardiac arrest and life-threatening injury, including traumatic brain injury, warrant investigation by the ROC team of researchers for several reasons:

The mechanisms by which injury occurs at the cellular level are similar whether the heart˛s function is compromised (as in a cardiac arrest) or traumatic injury occurs.

Protection and optimization of cellular function in these life-threatening states are time-dependent. That is, the earlier the underlying problem is treated, the better the outcome.

EMS systems allow paramedics and other healthcare professionals to initiate life-extending treatments at the earliest possible moment.

Investigations performed in multiple settings (e.g., urban, suburban, and rural with different patient demographics) and involving large numbers of subjects are best. These trials can guide treatment in most settings. Large studies also allow rapid completion of trials, thus allowing trial results to more quickly guide clinical practice.

Who is funding the project?

The National Heart, Lung and Blood Institute (the lead Federal Government sponsor of this program) at the National Institutes

American Heart Association

National Institute of Neurological Disorders and Stroke

The Institute of Circulatory and Respiratory Health (ICRH) of the Canadian Institutes of Health Research

Defense Research and Development Canada

How can I learn more about ROC?

Visit the ROC website at www.uwctc.org and click on ROC.

San Diego County site Principal Investigator is Dr. Daniel Davis and site Coordinator is Donna Kelly who can be reached at the San Diego ROC Research Center at 619-471-0616.

Update on 911 Conference

-due to changes in dates on the part of the State Meetings, we also have changed our dates, we are moving
our annual 911 Conference into early 2008.
- come join the committee, at this time we are determining the places
- we have narrowed dates down to to the Spring of 2008
- Leann has graciously accepted another year of being in charge of this fun, fun, fun committee!

The 2007 Board and Committees

Linda Chessmore - President
619-741-6402
2339 Bar Bit Rd.
Spring Valley, Ca. 91978
chessmore.linda@scrippshealth.org

Susan Morse - Secretary +
Community Outreach Chair
760-599-0550
2828 Foothill
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pfafff@cox.net

Linda Broyles - Treasurer
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Linda Rosenberg - President Elect
858-395-4447 cell
858-939-3427 work
linda.rosenberg@sharp.com

Rico Jackson -Past President
7646 Westbrook Avenue
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jacksonrn@cox.net

Leann Lovett - Floom
911 Committee Chair
9723 W. Canyon Terrace, Unit 1
San Diego 92123
858-829-9300
llovett12@hotmail.com

San Diego Emergency Nurses Association
PO Box 306
Descanso, Ca. 91916

Emily Edgeworth Chadsey -
911 Committee Co-Chair
340 Hart Dr., #34
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619-401-3205
speedygonzalez81@hotmail.com

Linda Nicolson -
911 Funding Coordinator
858-243-6951
3196 Carnegie Place
San Diego, Ca. 92122
lnichols1@san.rr.com

Corrine Hollings - September,
Day at Races Chair

619-656-0035
4260 Collings Rd.
Bonita, Ca. 99102
msjaguarxk8@yahoo.com

Louise Hummel - December, Hi Tea Contact
760-944-2892
1659 Orchard Wood Rd.
Encinitas, Ca. 92024
emergencyrnlouise@gmail.com

Cathy Tylka - Newsletter
760-751-1520
27653 Alps Lane
Escondido, Ca. 92026
tylka_dascomb@Juno.com

Case Study – Altered Mentation

Leslie Eldridge, RN, BS, CEN and Edited by Dr. Mark Kramer

Prehospital course:
Medics respond to a private residence for a patient who complained of rib pain. The patient appeared to be upset about other problems; was hyperventilating; uncooperative; and not responding to calming measures. Medication vials evaluated, pill count appeared to match prescribed dose. Patient status, exam, history, and treatment were as follows:

B: 28
R: Talking to herself, crying, at times incomprehensible
I: Open spontaneously
M: Able to move all extremities

Vital signs:
Pulse: 125, corresponds with STAC on the monitor
RR: 24, effective
BP: 178/88
Sa02: 100% RA
RBS: 183

History: Unknown; recent death of mother, stress.
Meds: Nexium, Alprazolam, Ranitidine, Soma
Allergies: Unknown

Secondary assessment:
Carpal pedal spasms

Treatments:
EKG
Sa02
RBS
Restraints

Based on the pre-hospital report, what is your working diagnosis?

Emergency department course:

Upon arrival to ED:
Pt was obtunded, thrashing about in bed, diaphoretic, hyerpneic, with carpal pedal spasms present. She was mumbling and not responsive to verbal stimulus.

Head, neck, chest, abdomen, and pelvis – all negative on examination with exception of excessive secretions in the back of the oropharynx. Lungs were relatively clear; upper airway sounds were transmitted. The patient intermittently stiffened; unclear if related to seizure activity or hyperpnea.

ED vital signs:

Pulse: 120-170, STAC
RR: 29
BP: 136/103
Sa02: 90% RA; 98% on high flow 02

Hospital course:

- EKG and high flow oxygen
- Frequent suctioning to clear copious (foaming) secretions
- IV established in the left arm; fluid bolus for HR and diaphoresis
- Continual monitoring of V/S
- Labs and ABG drawn
- CT scan ordered to r/o ICB
- Received Ativan 1mg IVP

Due to level of agitation, excessive secretions, and questionable ability to protect own airway, the patient was

Intubated. Prior to going to CT scan, the patient's BP dropped to 65/23, followed by cardiac arrest and asystole.

CPR was initiated; patient received multiple boluses, epinephrine and sodium bicarbonate with return & subsequent loss of pulses. Patient was asystolic and CPR continued without return of pulses or electrical activity. Patient was pronounced dead approximately two hours after arrival to the ED.

Laboratory results (were not available until postmortem - ED) revealed the following:

				ABG:	
Hematocrit:	40.9	WBC:	18.4		
Segs:	81	Bands:	6	**pH:**	**7.1**
Platelets:	710K	**INR:**	**2.5**	PC02:	32.9
Glucose:	**37**	Bun:	27	P02:	106
Creatinine:	**2.5**	**Potassium:**	**6.8***	HC03:	11.7
Bicarb:	**14**	AST:	94	BE:	-15.8
ALT:	78	CPK:	356	%02 Hgb:	93
CPK-MB:	17.7	Troponin:	< 0.1		
Salicylate:	**99**	Tox screen:	+ benzos & opitates		

According to California Government Code 27491: Deaths due to known or suspected as resulting in whole or in part from or related to accident or injury, either old or recent, are under the jurisdiction of the Medical Examiner.

The Medical Examiner determined the cause of death to be: excessive and potentially fatal use of aspirin.

Review of Salicylate (Aspirin or ASA) Toxicity/Pathophysiology:
The National Heath Survey, Series 13, No. 69, reported approximately 11,000 salicylate overdoses during 1979 (McCarthy, 1979). In 1998, the American Association of Poison Control Centers' annual report indicated a total of 14, 253 salicylate exposures reported; 33 resulted in death (Kreplick, 2005). Mortality rate is 1% for acute overdose, and 25% for patients with chronic intoxication (Kreplick, 2005).

Salicylate ingestion results in (Kreplick, 2005):

- metabolic block at oxidative phosphorylation, leading to acidosis
- an increase in oxygen consumption and carbon dioxide production
- accelerated activity of glycolytic and lipolytic pathways
- depletion of hepatic glycogen
- hyperpyrexia

Acid-base disturbances vary and are dependent on patient age and severity of intoxication (Kreplick, 2005).

Stimulation of the brain stem, respiratory center, causes deep, panting respirations that result in respiratory alkalosis, often seen with even mild toxicity. Metabolic acidosis with compensatory respiratory alkalosis is seen with acute intoxication. Potassium shifts from the intracellular space to the extracellular space and excretion of hydrogen ions produces acidic urine (Kreplick, 2005).

Salicylates have a toxic effect on the central nervous system; symptoms related to toxicity include confusion and irritation (initially), followed by lethargy, stupor, and convulsions (Kitt, et al, 1995).

More severe toxicity is seen in infants, the elderly, or those with co-existing morbidities. The amount ingested is related to the level of toxicity (Kreplick, 2005):

Level	Amount
No toxicity to mild:	<150mg/kg
Mild to moderate:	150-300mg/kg
Serious:	301-500mg/kg
Potentially lethal:	>500mg/kg

The history of acute, witnessed, or intentional overdose is usually easy to obtain; however, obtaining a history from a psychiatric, elderly, or chronic overdose patient may be difficult. Chronic ingestion may be manifested by agitation, delirium & the appearance of anxiety, tachypnea, and hallucinations (Kreplick, 2005). For elderly individuals, it may be difficult to ascertain whether mental status is related to an infectious process or organic brain disease.

Psychiatric patients may exhibit symptoms of worsening illness (mania, psychosis) (Kreplick, 2005). Though obtaining an accurate history may be difficult, it is recommended that prehospital providers gather, from the scene, all prescription and over-the-counter medications (OTC); and thoroughly question family members or bystanders in an attempt to determine whether the patient suffers from chronic pain states or other conditions that may warrant the use of aspirin or OTC medications.

Signs and symptoms associated with salicylate toxicity are numerous; the following is an abbreviated version of the list retrieved from http://www.emedicine.com/EMERG/topic514.htm :

Hyperventilation; pulmonary edema; respiratory arrest; apnea. Tachycardia; hypotension; ventricular dysrhythmias; asystole; QT prolongation; flattened T waves (related to hypokalemia), and hemodynamic deterioration secondary to respiratory depression.
CNS depression; seizure; irritability; confusion; hyperactivity; hallucinations; nausea; vomiting, elevated PT; disseminated intravascular coagulation (DIC); diaphoresis; tinnitus; dehydration; hypocalcemia; hypokalemia; acidosis, and alteration in glucose levels

Prehospital management of salicylate toxicity:

Stabilize and maintain the airway – intubate if necessary
Support breathing; apply supplemental oxygen for patients with hypoxemia from aspirin induced pulmonary edema; monitor capnography if available
EKG monitoring for ventricular dysrhythmias, perform 12 lead EKG
Start a large bore IV and administer fluids based on BP parameters (* be cautious in cases of salicylate induced pulmonary edema)
Based on patient presentation, may consider sodium bicarbonate
Neuro checks, seizure precautions
Monitor blood sugar closely. Initial hyperglycemia may give way to hypoglycemia and worsening CNS symptoms (Kreplick, 2005)
Unless contraindicated (obtunded or unable to maintain own airway), Charcoal

The medical examiners investigation revealed that the patient had a history of chronic, severe back pain s/p surgical intervention, frequent falls, and use of prescription pain medication. Though the patient had told paramedics of the recent death of a close family member, that information was determined to be false; perhaps a hallucination. It is unknown whether the aspirin overdose was accidental or intentional, chronic or acute.

As symptoms of acute salicylate toxicity mimic anxiety and other psychological disorders, it is imperative that pre-hospital providers and medical personnel remain vigilant in their efforts to obtain an accurate history while maintaining a high index of suspicion in all cases where the patient presents with an altered mental status.

*Hyperkalemia most likely related to acidosis (pH 7.1).

References

Kitt, S., Selfridge-Thomas, J., Proehl, J & Kaiser, J. (1995). *Emergency nursing: A physiologic and clinical perspective*. (2nd Ed.). Philadelphia: W.B. Saunders Company.

Kreplick, L. (2005, August). Toxicity, Salicylate. Retrieved April 13, 2007, from: http://www.emedicine.com/EMERG/topic514.htm

McCarthy, E. (1979). Inpatient utilization of short-stay hospitals, by diagnosis, United States, 1979. Retrieved April 13, 2007, from: http://www.cdc.gov/nchs/data/series/sr_13/sr13_069.pdf

http://clinicalcases.blogspot.com/2004/02/salicylate-toxicity-presenting-with.html

EMERGENCY NURSES ASSOCIATION
CHAPTER 228
California State Council Meeting Highlights
April 19, 2007
South Lake Tahoe

Prepared by Linda Rosenberg**:**

1. Welcome	**Introductions**	
2. Approval of minutes	Approved January meeting minutes from San Francisco	
3. Old Business	A1 Discussion 2006 Achievement Award A2 2007 National Award Nominations discussed A3 Emergency Nurses Week Chapter Scholarships A4 Completion of Bylaws & Standardized Procedures A5 Website Update- Approved a proposal to renovate the ENA web page	**Application deadlines May 31st** **Seclected Jason Moretz to redesign the CA Web page** **You can see a sample at:** **http://www.nc-ena.com/cal%20ena%20home.htm**
4. Treasurer's Report	A1 Jackie Magnuson reviewed the Wells Fargo Account Summary A2 Business Checking Account Summary A3 Ecommerce A4 Reimbursement of expences and 2008 Budgets	**San Diego Chapter needs to open a Wells Fargo acct.** **Close the Washington Mutual acct.**
	A1 2007 Budgets are due by the July 12th meeting	**San Diego Chapter-is budget submitted?**

5. New Business	A2 STEMI Updates from different areas discussed A3 ENAF Raffle (Silent Auction) Reminder to check the ENA website A4 2008 Board Nominations are due A5 2008 Board Meeting locations discussed A6 Delegate Application Forms were available	**All delegate applications should be completed, signed by your chapter president and submitted as soon as possible to Ellie**

	A7 Recruitment & Retention Committee changed name back to "Membership Committee" A8 Voted to have only 4 scheduled Board Meeting in 2008 with Santa Barbara and Sacramento being 2 of the locations	**Encapera**
6. Chapter Reports	A1 Chapter 228 A2 "911" Conference- would like to correspond with the next State Board Meeting in July. A3 Speaker on ROC for CE's on May 10th Chapter 228 meeting A4 Chapter 228 tries to meet every other month	
7. Judy Kelleher (ENA Founder)	A1 Has moved to an assisted living environment and she would love to hear from ENA members. Just drop her a note at: 10711 Thornton Road, Apt. 220 Stockton, CA 92509	