

North Texas AMSN – CHAPTER 205: NEWSLETTER

www.ntmedsurgnurse.org

Mission: Promote Excellence in Adult Health

Vision: Recognition as worldwide leader for Medical-Surgical nursing

President's Message

It's Autumn!

As we journey into the fall of the year, our hearts and minds look forward to a new season. Autumn brings cooler temperatures and a well-deserved break from the long hot summer. Is YOUR PASSION for EXCELLENCE in NURSING ready for a well deserved 'shot in the arm'? Does your LOVE of NURSING need a boost? As seasons change, we must continue to "Raise the Bar" in Nursing Excellence. Make certain to use the cooler temperatures to heat up our desires to learn more each day with each patient experience. So, as we start to change the scenery in our homes, offices and facilities... continue to FOCUS on providing the Best Quality Nursing Care to our patients! Re-energize your commitment to Educate, Mentor and Serve our Patients and NOT forget ourselves! Enjoy the leaves as the season changes. As leaves fall from the trees fill your nursing and lawn bags with piles of memories and cherish them for all eternity.



Medical Surgical Nurses...Raise the Bar in Nursing Excellence!

Joyce

CEs and Good Eats

► "Trends in Obesity"

When: November 9, 2006 6:30pm - 7:30 pm

Where: Medical City- Dallas 7777 Forest Lane, Dallas, TX 75230
City Hall, 2nd Floor Care Tower E

Who: Susan Gallagher Camden, PhD, RN
Bariatric Nurse Expert, Houston, TX

► **2007 CE Programs TBA.** Quarterly membership meetings with CE will continue in the months of February, May, August & November.

► **NEED CE soon?** Scan chapter website's **HOME PAGE** or select **MED-SURG NEWS** to view more CE opportunities in your area...

► **Want to promote a CE event?** Contact Barbara Warren. She is the KEY contact to your Chapter's website. Email her at www.BarbaraW@ntmedsurgnurse.org.

Chapter Recognition ...



► "Medical Ethics Mystery Theater –

Crucial Conversations" was this quarter's Educational Activity. AMSN Advisory Board Member and Manager of Clinical Education at the Medical Center of Plano **Robbie Hays, BSN, RN, CMSRN** was the skillful moderator of three scenes adeptly presented by the actors and actresses from the Departments of Human Resources, Pharmacy and Nursing. This well-attended event held everyone's attention with a mix of laughter, surprise, and interactive attendee discussions of "interaction do's and don'ts" after each vignette. We want to thank **Medical Center of Plano** for hosting this quarter's membership meeting and our sponsor, **King Medical**, for meeting a most basic need: 'Good Eats'!

► **Chapter 205 had representation at the 15th AMSN Annual Convention in Philadelphia, Pa.** Chapter President **Joyce Winbush, Marketing/ Publicity Chair Barbara Warren, Carolyn Schaeffer, and 2006 DFW Great 100 Nurse, Anita Kubin** enjoyed many diverse and enriching presentations. More than 1/2 the convention posters displayed EBNP. Browse our website to see sights of Convention and Philadelphia they enjoyed.

Check This Out.....

► **Here's an interactive tool you might like!** Manipulate variables that affect the oxy-hemoglobin dissociation curve and you can see the impact it has on the patient.
<http://www.ventworld.com/resources/oxydisso/oxydisso.html>

► **Preceptors! Need help teaching prioritization? Do you want helpful games and mnemonics?** Investigate informative article below in NSD, July/August 2006. (Synopsis below.)

Title: [Teaching Prioritization Skills: A Preceptor Forum](#)

Authors: Joyce L. Nelson MS, APRN, BC, et al.

Overview: Nursing practice has become a complex endeavor. New graduate nurses are often overwhelmed by the details of practice and struggle to set priorities as they make the transition from assignment with a preceptor to independence. Orientees have choices to make throughout a shift and often struggle with what to do first. Preceptors voiced concern that orientees needed more support and mentoring in developing strategies for establishing priorities and sequencing nursing actions. Games and mnemonics to help build skills early in the orientation process are shared in detailed manner.

Source: *Journal for Nurses in Staff Development (JNSD)* 22(4): 172-178, July/August 2006.

Med-Surg Nurses...Making a Difference!

- ▶ **Med/Surg nurses involved in nation-wide project to Transform Care at the Bedside!** Thank you, **Mary Viney, RN, MSN, CNAA, Past President of South Central AMSN and Vice President Nursing Services, Seton Family of Hospitals** for communicating how her Med-Surg nurses are **Making a Difference**. Two Texas hospitals are taking part in the Robert Wood Johnson Foundation project to improve patient care and nursing environments in Med/Surg units across the United States. **Seton Northwest Hospital** in Austin (Mary's hospital) and **MD Anderson Cancer Center** in Houston are **2 of only 10 pilot project sites across the nation**. The Institute for Healthcare Improvement (IHI) is the sponsor organizing this project. Want to know the whole story? Visit our website, then select **Med-Surg News // Articles**.



Greta Pardue, MN, RN's application approved by the Texas SBNE!

Greta will be **Making a Difference** by serving on the National Council of State Nursing (NCSBN) NCLEX Examination Item Development Panel. Her application will remain active for 2-years. Greta is the Treasurer of North Texas AMSN-Chapter 205 and also holds a leadership position in the

Philippine Nurses Organization-North Texas Chapter. Congratulations!

- ▶ **What nurse do YOU know that is Making a Difference?** Email the Editor and share your news at www.BarbaraW@ntmedsurgnurse.org.

Safe Care...Safe Passage

- ▶ **Make a difference!!** Support, don't resist, process changes that will promote **SAFE CARE-SAFE PASSAGE** in your facility.
- ▶ **195,000 people die each year in hospitals because of medical mistakes.** Only ~10% of healthcare professionals speak up when they have concerns. It is imperative that hospitals create cultures of safety by increasing the frequency and skill of their communication.

Medication Error! Misheard Telephone Order

Situation: The pharmacist received a call during the night from a nurse working on a ventilator unit. The nurse told the pharmacist that she had a new order for 50 mEq of potassium phosphate for a "now" dose. When the pharmacist questioned the dose, the nurse stated that she was sure the MD had ordered that much when he called. Because of the error-prone nature of ordering phosphate salts, especially by telephone order, the nurse called the MD to re-clarify. As it turns out, the MD had ordered 15 mEq, but the nurse had heard "50" mEq. Although the nurse had read back the order to the MD, the error still occurred.

Recommendation: **Read back all oral orders, stating numeric dose in single digits**, such as "one-five" for 15 and "five-zero" for 50 for **ABSOLUTE** accuracy and understanding.

Source: [Institute for Safe Medication Practices](#), *Nurse Advise-ERR*, Vol. 4, Issue 6, June 2006.

Safe Care...Safe Passage (cont)

- ▶ **Tubing and catheter misconnection errors are often under-reported problems in healthcare organizations.** Given the reality of and potential for **life-threatening consequences**, increased awareness and analysis of these errors, many of which are caught and corrected before a patient is injured, can lead to dramatic **improvement in patient safety**.

Recommendations and strategies from **Joint Commission** to health care organizations to **reduce tubing misconnection errors**:

1. Always trace a tube or catheter from the patient to the point of origin before connecting any new device or infusion.
2. Recheck connections and trace all patient tubes and catheters to their sources upon the patient's arrival to a new setting or service as part of the hand-off process.
3. Route tubes and catheters having different purposes in different, standardized directions (I.V. lines routed toward the head; enteric lines toward the feet).
4. Inform non-clinical staff, patients, and their families that they must get help from clinical staff whenever there's a real or perceived need to connect or disconnect devices or infusions.
5. For certain high-risk catheters (epidural, intrathecal, arterial), don't use catheters that have injection ports, and label them.
6. Avoid using a standard luer syringe to administer oral medications or enteric feedings.
7. Emphasize the risk of tubing misconnections in orientation and training curricula.
8. Identify and manage conditions and practices that may contribute to health care worker fatigue, and take appropriate action.

Courtesy **Joint Commission International Center for Patient Safety**

Medication Error! Omission R/T NPO order

Situation: Mrs. Owens is admitted for neurosurgery in the morning. She is NPO after midnight. You hold all medications, including her anti-seizure Rx, which she usually takes at midnight and 6 a.m. Surgery is delayed in the morning, so you decide to help her shower. While showering, Mrs. Owens experiences a generalized seizure. Were her blood levels within a therapeutic range to prevent seizures? Even missing two doses could affect it. Many surgery patients are permitted to take medications with a sip of water, even when they are NPO.

Recommendation: **Always clarify with the surgeon and anesthesiology provider before withholding significant medications.**

Source: [Clinical Drug Therapy: Rationales for Nursing Practice](#), 8th ed., AC Abrams, Lippincott Williams & Wilkins, 2006



Legislative Factoid....

► **Are You Aware...?**

... Medicare restricts reimbursement for mobility devices (wheelchairs, scooters, etc.) to those needed to function within the home. People whose disabilities limit their ability to function in the community without such assistive devices are excluded, as are those with limited ability to get around within the home.

In the words of the National Multiple Sclerosis Society "people with MS and other chronic illnesses may be forced to become prisoners in their own homes hampering employment opportunities, and leading to increased isolation, diminished access to medical care, reduced quality of life and possible premature institutionalization." This clearly discriminates against the disabled.

Contact our Senators on this issue. **Make a Difference!** Refer to the following resources for more information:

► **United Spinal Association**

[Senator Bingaman to Introduce "In the Home" Bill](#)

► **National Multiple Sclerosis Society**

[Medicare Wheelchair Coverage Factsheet](#)

► **Medicare Rights Center**

[Medicare's "In the Home" Coverage Standard for Wheelchairs—An Update](#)

► **American Association of People with Disabilities**

[Centers for Medicare and Medicaid Services \(CMS\) released new Medicare coverage criteria for wheelchairs and other mobility devices](#)

Evidence-Based Resources.....

► **Why are we assessing bowel sounds to determine GI motility in abdominal surgery patients?** This evidence-based nursing practice (EBNP) article on the value of assessing bowel sounds in the December 2005 American Journal of Nursing will have you looking at other objective data. Read the article titled, "Listening to Bowel Sounds: An Evidence-Based Practice Project" and see how EBNP bedside research can impact YOUR nursing practice TODAY! **IDEA:** Verify the research findings at YOUR facility!

► **6.3 CE Opportunity October 20, 2006**

Where: Presbyterian Hospital of Dallas
8200 Walnut Hill Lane, Dallas, TX 75231

When: Friday, October 20 [8:00am – 3:15pm]

Who: Marianne Chulay, DNSc, RN, FAAN

Topic: "Evidenced Based Practice at the Bedside Seminar"

Cost: \$60 (includes parking, seminar materials, and breakfast)



Adult Health Alert.....

► **Warning from the FDA:** Ibuprofen can interfere with the anti-platelet effect of low-dose aspirin (81 mg per day), potentially rendering aspirin less effective when used for cardio-protection and stroke prevention. Health care professionals should advise consumers and patients regarding the appropriate concomitant use of ibuprofen and aspirin.

Chapter 205-Development....

► **Chapter 205 has established and maintains excellence within the guiding principles for fundraising. Between incredibly loyal friends and new sponsors, and adhering to fiscally reporting practices, Chapter 205 is it's 3rd year debt-free.** North Texas AMSN, Chapter 205 needs and welcomes your support. Since North Texas AMSN, Chapter 205 is a non-profit organization, your gift, whatever the size, is Tax Deductible to the IRS.

► **Methods of giving can be in the form of cash gifts, usually by check made payable to:**

North Texas AMSN-Chapter 205
PO BOX 515682 Dallas, Texas 75251

ATTN: Treasurer, Greta Pardue

► **Other methods of giving include** Tributes/Memorial Gifts, Planned Giving, Charitable Annuities and Trusts, Property, Insurance Policies, Life Estates, etc

Contact Us . . . info@NTMEDSURGNURSE.ORG

Visit Us . . . www.NTMEDSURGNURSE.ORG



New email Address?
Tell ME! Tell ME!

To register, call Shonte Castle at (214) 345-8318.



Humor Bite courtesy of Tammy Shaw, RN, CMSRN – 7R

