At 0645 on October 29, 2012 Sinai Hospital went on Code Yellow. Hurricane Sandy was quickly approaching the Baltimore area and the hospital needed to prepare for the natural disaster. The code was to communicate a disaster that affects patients already in the hospital as well as communicating a disaster that brings in more patients than the hospital can typically handle during normal procedures. The command center and HOC were utilized as resources and telephone trees were activated in order to prepare for the storm.

My shift began at 1100. I was contacted before my shift to bring an overnight bag because I would be required to stay overnight in the hospital until the Code Yellow was cleared. The previous night shift were assigned a sleeping arrangement all throughout the hospital and were to return to the ER at 1900.

The hospital was fully stocked with supplies and staff, and meal passes were provided. Sinai ER-7 was ready to take on the day!

Initially it was like any other day in the ER but around 1300 the storm came in full throttle. The lights began to flicker for about two hours until the hospital completely lost power and the generators were activated. Many hospital staff were advised to not come to work at this point due to the severe weather and many patients were strongly cautioned on their commute. Eventually the Maryland Transportation Administration had suspended all transportation until the State of Emergency was cleared.

We received numerous traumas including a man who fell off of his ladder trying to repair his leaky roof, MVCs, cardiac arrests, and respiratory arrests. Ventilated patients who were living at home or in rehabilitation centers and had lost power were bagged and rushed to Sinai to restore adequate oxygenation. At one point we had seven ambulances come into our ambo bay at once, which was beginning to flood. Maintenance staff members guarded the bay in order to efficiently remove the water to prevent any accidents or injuries from EMS and patients entering or exiting the ER.

At about midnight I was finally relieved from my shift and assigned to a room in the ER with another nurse. Many of the rooms in the hospital had signs on them saying “Occupied, please do not disturb” in order to ensure the staff members received 8 full hours of sleep. Unfortunately, I was awoken many times in the night from trauma alarms, ambulance arrivals, Code calls, and other overhead notifications. At 0730, I woke up to an overhead alarm stating that the Code Yellow had been cleared.

It’s not easy working during a natural disaster, especially in an area that doesn’t have much experience with them. Although it was a scary time, it was also an exciting experience as a new nurse because I was able to bond with a lot of the ER staff which really promoted teamwork and helped us provide the best care to our patients!
Where You Live Should Not Determine Whether You Live

What if I told you that there were more slaves today than ever before in history? What if I also told you that the global commercial sex trade exploits one million children every year, with the average age of a trafficked victim being 12-14 years old?

I could rattle off hundreds of different statistics, but the truth is that behind these statistics are faces, faces of young girls whose futures are largely determined based upon where they were born.

Take for example Shanti, a three-year-old orphan forced to fend for herself in a brothel in India. She was born and raised in a brothel because her mother was taken from her home country of Nepal and sold to a brothel in India where she was forced to work as a sex slave; she later died from her work. Shanti, with no one to advocate for her, was destined to the same dismal future as her mother… I firmly believe that where you live should not determine whether you live. When I heard about the realities of modern day slavery, I wanted to do something now. There was no other option to me; it became a priority. Even though I was in the midst of my junior year in the nursing program, it did not put on hold the responsibility to be voices for the millions of young girls who were currently trapped and did not have voices for themselves. As nursing students, we learn to be advocates for our patients, but as human beings whose rights for freedom are secure, I believe we are called to be advocates for the vulnerable whose rights for freedom have been stolen.

These young girls become enslaved in a variety of ways. Some girls are taken advantage of and abducted at a young age (recorded as young as 4-5 years old).

UD Alum Help To End PKD

Have you ever heard of PKD (polycystic kidney disease)? Many people don’t know what it is. Several UD alum are determined to bring PKD to the forefront and they have made a PKD cure their finish line. They have worked diligently since ’04 to educate, advocate, raise funds, offer support to those dealing with PKD, and do whatever it takes to accomplish the goal of ending PKD.

So what is PKD? PKD is one of the world’s most common, life-threatening genetic diseases, often resulting in kidney failure and death. Approximately one in 500 persons have PKD regardless of age, gender, ethnic origin, or race. Surprisingly, more children and adults are affected by PKD than all of the following diseases combined: Down Syndrome, Muscular dystrophy, sickle cell anemia, and cystic fibrosis. Yet, PKD continues to remain unknown to most people, including persons in the health care field.

PKD causes fluid-filled cysts to form in and on the kidneys disrupting their ability to perform the function of removing harmful toxins from the body. More than 50 percent of persons with PKD will suffer from kidney failure and will end up needing dialysis or a kidney transplant to stay alive. Those who have PKD suffer from many other complications such as hypertension, stroke, heart disease, recurring urinary tract infections, kidney stones, bowel problems, severe pain (a normal kidney weighs a few ounces but PKD kidneys can weigh 15-27 lbs each!), and a myriad of emotions that come about when living with a chronic, progressive disease (fear, stress, loss, secrets, shame, guilt of passing on the disease).

To date, there is currently no treatment to prevent, slow down, or cure PKD. The PKD Foundation is the only organization that if fully committed to the fight against PKD. Erin Quinonez, BS, UD ’98, started a local DE Chapter of PKD in ’06 and many UD alums are members. DE Chapter of PKD is very active in education, fundraising, and volunteer opportunities throughout the year. UD alum volunteers started the DE Walk for PKD in ’05, the National PKD Foundation’s annual signature fundraising event which is usually held the third Saturday in September, and have raised more than $100,000. The DE Chapter also provides support to persons living with PKD no matter where they are in their journey with PKD.

Several UD alum have participated in PKD Foundation’s United on Hill legislative conference in Washington, DC advocating for legislative issues related to PKD and other kidney diseases. The 2012 legislative priorities were Accelerating Treatments to Patients and Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act.

Margaret (Peg) Poppiti, BSN, MS, CNN, UD ’83, PKD Foundation’s 2010 Advocate of the Year and recipient of the Mary Carl Award for Outstanding Human Responsiveness in Professional Nursing, became a nurse because her husband had PKD and each of her children had a 50 percent chance of inheriting PKD. As a nephrology nurse and DE Chapter volunteer, Peg has helped to support her family and numerous persons to deal with dialysis, kidney transplant, and end of life decision making.

Rosalie Corbett, BSN, MSN, UD ’75, PKD Foundation’s 2010 Advocate of the Year, learned at UD that nurses should not accept “NO” as the only answer when trying to meet the needs of a patient. That lesson prompted Corbett to join the DE Chapter of PKD. PKD has been in Corbett’s family 100+ years and she has lost seven family members and 15+ family members are living with the disease. Corbett became more motivated to find a PKD cure when her only child was diagnosed with PKD in ’05 and signed on to Co-Chair DE Chapter of PKD with Erin Quinonez in 2012.

PKD has been in Erin Quinonez’s family for generations and she has lost two family members to complications of PKD. She volunteers with the DE Chapter in memory of the ones lost and for family members still suffering. Quinonez says “I want to pass the knowledge and experiences that have affected me and my family to others. With compassion and education, we can help those suffering with PKD to get the help they need. I take the PKD Foundation’s mission seriously and will continue to volunteer to find a PKD treatment and/or a cure.”

UD alum and all DE Chapter of PKD volunteers work selflessly to find a PKD treatment and cure. If you’d like to join them in their effort to end PKD, please email Erin Quinonez (BS UD ’98) and Rosalie Corbett at delawarechapter@pkdcure.org or visit the National PKD Foundation’s website at www.pkdcure.org.
lost all pulses below the knee and began to mottle before our eyes. She had
On the first day of our preceptorship, she went into flash pulmonary edema,
an echocardiogram showed that she only had an ejection fraction of 10-20%.
Furthermore, extensive soft tissue processes found throughout the mediastinum. Furthermore,
previously thought. An MRI raised suspicion for possible malignancy due to
evaluation, it was discovered that this patient was much more complex than
left-sided weakness and an inability to speak. A CT-scan of the brain showed
in T exas for a weeklong Medical & Surgical Orientation Program. The second
of my granddad, both grandmothers and an aunt, long before homecare was
apparently suffered from 'nervous prostration'. Nan told me about her Volunteer
began her career in nursing. You GET it, you understand, you are filled with the same excitement
feel a very distinct connection between us as we exchange ideas and stories about
G lef t-handed and with a right-sided cerebral infarct, but the patient was unable to receive thrombolytic
saying that I gave the best care possible, took care of my
now work each day knowing that I gave the best care possible, took care of my
In her uniform countless times
healthy 43-year-old woman who presented to the emergency room with
One of the patients that we were assigned to take care of was a previously
at the Phipps Psychiatric Center at Johns Hopkins Hospital. She even broke our
HIPPAA laws and bragged about caring for Henry Ford, the car inventor, who
in a plastic bag in her bedroom closet. She showed me her tattered
her uniform. You GET it, you understand, you are filled with the same excitement
I feel when we are talking about nursing and our day.
I grew up hearing Grand mom Burton’s stories of being a Nurses’ Aide in 1919
at the Chippis Psychiatric Center at Johns Hopkins Hospital. Even before she
speech was unclear. Upon further evaluation, it was discovered that the patient was much more complex than
previously thought. An MRI raised suspicion for possible malignancy due to
extensive soft tissue processes found throughout the mediastinum. Furthermore,
echocardiogram showed that she only had an ejection fraction of 10-20%.
On the first day of our preceptorship, she went into flash pulmonary edema,
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Surgical Critical Care: Thrombotic Phenomenon

E very new nurse has a moment in their young career
when it becomes perfectly clear why they chose to
pursue this challenging profession. One of those moments
for us came during our senior preceptorship experience
in the Surgical Critical Care Unit. This experience taught us
that nursing is so much more than providing medical care
to patients—you have to be a trusted friend, a counselor,
a bearer of bad news, and so much more.
One of the patients that we were assigned to take care of was a previously
healthy 43-year-old woman who presented to the emergency room with
left-sided weakness and an inability to speak. A CT-scan of the brain showed
a right-sided cerebral infarct, but the patient was unable to receive thrombolytic
therapy because the time of onset of the symptoms was unclear. Upon further
evaluation, it was discovered that this patient was much more complex than
previously thought. An MRI raised suspicion for possible malignancy due to
extensive soft tissue processes found throughout the mediastinum. Furthermore,
echocardiogram showed that she only had an ejection fraction of 10-20%.

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Now, I want to tell you the real story of what it
means to be a nurse. It is the hardest job you will
ever have, it will be the work that you get the
most gratification from, it will be a career you
can advance in and retire from.
Being the hardest job, I mean the hours are long,
the demands are large and the responsibility is
great. Whether you work with a two kilogram
preemie, a child, a teen, an adult or a geriatric person, the care you give them
is equally important. Not just the physical care, but the emotional, psychological
and spiritual care that you will automatically give and sometimes without
evening know it. Patients and families are very quick to judge but they are also
very fast to notice that you genuinely care and give your all. Don’t forget that,
people do notice, so let the smile on your face and the twinkle in your eyes
show everyone!

Having gratification from your work is probably the single most rewarding
feeling that you will have each day. After thirty-four years of being a nurse, I still
leave work each day knowing that I gave the best care possible, took care of my
patients like they were my own family and can still chuckle at the ups & downs
in my day. Sure, I sometimes feel tired or frustrated, but those feelings are always
out measured by my feelings of pride and happiness.

You know there is a vast variety of nursing specialties out there to gain experience in. You can climb the clinical professional ladder and advance you degree at any
time. With those accomplishments, comes enormous reward and responsibility.
No matter what area you decide to work in, always know that each and every
position you take will be a building block in your personal and professional
foundation in life. I am nearing the last facet of my nursing career, maybe
another eight or ten years to go? I can look back proudly at each and every
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I wanted you to know all this, from me to you, mom to daughter, nurse to nurse. The BEST to you and your future in nursing. I love you, momma
NCLEX Corner

By Dr. Judith W. Herrman, PhD, RN,
Associate Professor School of Nursing

Basic Care and Comfort is one of the areas tested by NCLEX®. As you study, consider some of the concepts you learned in freshman and sophomore year. Here are some questions to help you study!

1. A nurse in a special care hospice unit of a nursing home is giving an inservice to nursing assistants on caring for residents with active and full blown AIDS. Which of the following would the nurse want to focus on in order to help minimize the risk for infection for the residents who have that diagnosis?
   a. Wearing gloves when coming in contact with body fluids
   b. Strict hand washing procedures
   c. Maintaining blood and body fluid precautions
   d. The importance of offering fluids every two hours to maintain hydration

2. A nurse is preparing a client who has neuropathy of the lower extremities for discharge. Which of these statements, if made by the client, would indicate a correct understanding of the discharge instructions?
   a. "I should elevate my legs when I sit."
   b. "I should remove calluses on my feet carefully."
   c. "I should avoid the use of scented body lotions on my feet."
   d. "I should avoid sleeping with a heating pad on my legs."

3. A patient with a fracture is given instructions for walking with crutches. Which of these behaviors, if taken by the client, would require a nurse to take corrective action?
   a. Having the elbows slightly flexed while holding the hand bars
   b. Holding the crutches snugly under the axillae
   c. Advancing both crutches before taking a step with one foot
   d. Glancing down at the floor before proceeding to take a step

4. A first time mother who experienced an unusually long labor in the hospital sustained a rectocele and some perineal lacerations, resulting from the strain during delivery. Which of the following would the discharge nurse want to emphasize with this woman to help prevent infection?
   a. Daily Colace to be taken HS
   b. Avoiding any heavy lifting
   c. Information about timing for resuming sexual intercourse
   d. Importance of perineal hygiene

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Looking for Submissions!
Submit letters to the editor, questions, stories and digital photos for Stetho-scoop via email to Stephanie Everitt, Editor, at severitt@udel.edu

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