University of Delaware | College of Health Sciences SCHOOL OF NURSING

Spring 2013

Steth-scoop

presented by the Student Nurses Organization

In this issue…

SNO Mission

Our mission is to assume responsibility for contributing to nursing education in order to provide for the highest quality health care; to provide programs representative of fundamental and current professional interest and concerns; and to aid in the development of the whole person, and her/his responsibility for the health care of people in all walks of life.

Executive Board

Hurricane Sandy

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.

> *"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!"*

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!

Jessica Black, RN BSN
Graduated in May 2012, Emergency Room RN at Sinai Hospital in Baltimore, MD

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). Some girls apply for "waitressing" or "house cleaning" jobs advertised in their local newspapers only to arrive and have their documents stolen and someone tell them they will be required to sell their bodies up to 30 times per night. Some girls, like Shanti, live in environments where they are literally "bred" to become sex slaves. Some are sold to traffickers by their parents in order to support their families. Despite the varying avenues that land these girls in child prostitution, the reality is that they are trapped. These girls' situations are invisible to those who are uneducated about this issue.

Last year I partnered with an organization called "As Our Own." As Our Own is an organization in India that is committed to rescuing young girls from at-risk environments before they are enslaved or abused. They care for them as "their own" daughters, sisters, and friends. I partnered with their "I Will Run" campaign and worked with a team of 30 runners and over 100 sponsors to raise over $5,000 for As Our Own by running the Broad Street Run in Philadelphia in May. It is because of the work done by organizations like "As Our Own" that Shanti, and hundreds of other girls in similar situations can be and have been rescued. Shanti now has freedom and opportunities that were previously denied to her, all because of faithful organizations and committed students who were passionate about doing something now.

As William Wilberforce, former abolitionist, once said, "You may choose to look the other way, but you can never again say you did not know." These girls can't afford for you to wait- will you do something now? Will you run for her?

*If you are interested in fundraising and/or running or simply more details, please contact **Emily Holian** at **ekholian@udel.edu**.*

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**.*

Graduation

To my Daughter Michelle, Senior Nurse

Realizing you will soon finish your Accelerated RN BSN program in February, 2012, I wanted you to know the elation and pride I feel that you are becoming a nurse. I mentioned nursing a few times through your high school years that being a nurse is a great profession, respected and you can have versatile hours as a working mom. You always acknowledged my input and I didn't push the idea.

As you went off to UD in 2006, we knew the whole college experience and living away from home would help YOU discover what you want to do, how you want to do it and ultimately why. We saw you blossom into a beautiful young, ambitious woman. Ideals to finish college and then looking toward your DPT. At Christmas prior to your senior spring semester, you voiced that you wanted to go into nursing. I don't know all the reasons why you changed your course of profession, I think I know a few of them, but nevertheless, it was a delight to my ears.

You will most definitely be a wonderful, compassionate, & dedicated nurse. In our phone calls this past year, I can already hear your critical thinking, your assessment skills and your enthusiasm with each new rotations you have. I also feel a very distinct connection between us as we exchange ideas and stories about nursing. 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 Phipps Psychiatric Center at Johns Hopkins Hospital. She even broke our HIPPA laws and bragged about caring for Henry Ford, the car inventor, who apparently suffered from 'nervous prostration'. Nan told me about her Volunteer Red Cross Nursing days during World War II. I saw her uniform countless times hanging in a plastic bag in her bedroom closet. She showed me her tattered blue cotton dress and white pinafore, her cap and her Rd Cross Pins with such pride, just like she had worn it the day before! They say you learn what you live. I learned that it was important to care for extended family at home. We took care of my granddad, both grandmothers and an aunt, long before homecare was invented. At sixteen, I took a trip in Civil Air Patrol, to Lackland AFB Hospital in Texas for a weeklong Medical & Surgical Orientation Program. The second I put on the OR scrub suit, cap and mask, and entered the OR, I knew I wanted to be a nurse, to help others in need.

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 position I held, the good times and not so good times, and see the knowledge I have gained and the mastery of experience I have been able to share.

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***

Surgical Critical Care: Thrombotic Phenomenon

Every 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, an 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, lost all pulses below the knee and began to mottle before our eyes. She had

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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

Answers: 1) B 2) D 3) B 4) D

developed bilateral DVTs and arterial occlusions in the lower extremities, and was diagnosed with nonbacterial thrombotic endocarditis. Talk about a stressful situation on the first day of clinical! The healthcare team was baffled—they termed her condition a "thrombotic phenomenon" which basically meant they had no explanation as to why she was experiencing universal thrombosis.

The patient's neurological status remained stable throughout the first week of her ICU stay. Her pupils were equal and reactive; she would open her eyes to sound and could localize painful stimuli. However, all of this changed suddenly during an overnight shift. During one of the q1hr checks, the patient became extremely agitated and she started to mottle during the assessment. We knew something was wrong. We discovered that her right pupil had "blown" (a fixed, unilateral, and unreactive dilated pupil usually indicative of raised intracranial pressure). We called the preceptor over who immediately started unplugging her from all her monitors and informed us that we were going down to obtain a STAT CT-scan. The scan showed that she now had infarcts on both sides of her brain. Throughout the night, her already worrisome Glasgow Coma Scale eventually worsened to a score of 3 (the worst score possible) and she lost all perceptible reflexes. She was unofficially deemed brain dead by one of the nurse practitioners.

Although this patient was fascinating and an amazing learning experience from a clinical perspective, it is not why it was a defining moment. This moment actually came during an interaction with the family. During one conversation, a family member was extremely upset that the patient was only being kept alive by the machines and monitors connected to her. He was disappointed that no one would give him straightforward information about the prognosis. He then looked at us and asked, "Is there any hope she will recover from this? Or are we just prolonging her pain and suffering?" When we answered that the medical team did not believe this was a survivable condition, he broke down in tears. Surprisingly, however, these tears were not in reaction to the dire news. They were tears of relief. Between choking back tears, he thanked us for finally giving him an upfront and honest answer. They had been getting such convoluted and technical medical advice up to this point that the family did not completely understand the situation. Finally, they could make a loving and informed decision about their beloved family member going forward. That day, they decided to provide comfort measures while discontinuing life support. She passed away peacefully soon after.

This moving experience taught me that the work a nurse does is so much more important than just clinical expertise. Our responsibility to our patient's well-being—whether it be physical, emotional, or social—is the priority. So much of the way we handle healthcare nowadays is dependent on following guidelines set forth to protect the liability of the healthcare workers and the hospital. Nurses are often the most important and trusted liaison between patients, their families, and the intimidating environment of acute care. It is this multi-faceted and personally challenging nature of nursing that reminds us that it is one of the best careers out there!

Cynthia Carbonetti and Shawna Varichak graduated from University of Delaware's Accelerated Nursing Program in February 2013

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