

May 2016



Quarterly Member Newsletter

## From Your 2016 ENA State President

### Upcoming Events:

- \* Want to attend the national ENA conference in LA? State delegate and conference grant application information is available in this newsletter and online.
- \* The next ENA member meeting will be held on Tuesday, August 9th at 6:00 pm, location TBD.
- \* The 23rd Annual NE ENA Fall Conference will be held Thursday, September 8th, in Lincoln. Plan now to attend!!

### Inside this issue:

Government Affairs	2
Health and Wellness	3
Educational Calendar	4
New Member List	5
GEN/CPEN Review	5
Social Media	6
Trauma Update	7
Member Spotlight	7

### National Nurses Week

We are at the close of another National Nurses Week, and especially Nurses day. The American Nurses Association theme this year is **Culture of Safety**, It starts with **you**. This is a fitting motto to celebrate the people that make such a difference in today healthcare arena. Nursing is not only the backbone of the health care system, but can also be the solution to many of the issues that face our country. So how do we recognize and praise those we work with on a daily basis. There were probably celebrations across the country in hospitals and medical offices. Maybe you received a token gift from your employer. All well deserved for the time and efforts put that nurses put into their profession. None is more close to my heart, than the nurses I work with, and have crossed my path during my career.

With this being said how do we keep this spirit alive throughout the year? Do we remember to say thank you to the night staff that are up working in the Emergency Department, while we sleep?

Do we thank the nurse mentor that we could always call and ask a question about a heart rhythm? Do we thank the house supervisor that comes down and covers for 10 minutes while we take a needed break on our shift? We should. Daily nurses spend more time at the bedside than any other provider in the health care field. We are the most trusted professional. Emergency nurses, rock babies, start IV on scared patients, bring a cup of coffee to a family member, all while multi tasking with their patient load. They deal with EMR, meaningful use, and patient satisfaction, while needing to critically think about titrating multiple drips to the patient can be transferred. Needless to say, I doubt that Florence Nightingale had any idea what she was starting while caring for soldiers during the Crimean war.

For this next year, and also throughout your career, remember to tell yourself thank you. Remember to say thank you to all the nurses and nursing support that touch

your life. Take time to understand and mentor the new nurses coming to your department. Take a minute to thank a nursing instructor that could explain things in a way that you could remember. Thank the tech, unit secretary that just seems to get things done before you ask.

As always I so hope you enjoyed Nurses Week, and continue to celebrate it throughout the year.

### Sue

Sue Deyke, MSN RN CEN  
2016 NE ENA State President  
sddeyke@columbushosp.org



The NE ENA Newsletter is published quarterly. Articles and information for future mailings may be submitted electronically to: [amaze610@yahoo.com](mailto:amaze610@yahoo.com) or by mail to: NE ENA.

## ENA Nurses Day on the Hill 2016 by Anna May, MSN BA RN-BC CEN CPEN

Each year, the Emergency Nurses Association sponsors "Nurses Day on the Hill" sending representatives from each state to our nation's Capitol to meet with lawmakers and discuss priority issues that impact emergency care. This year's event was held in Washington DC on May 10-11. One hundred and twenty-five nurses joined the national ENA Board to help guide legislation.

The two areas of focus for this year's event were the Mental Health Crisis Act (H.R. 2646) and Protecting Patient Access to Emergency Medications Act (H.R. 4365). H.R. 2646 provides for more psychiatric hospital beds for patients experiencing a mental health crisis, helping to reduce the burden of boarding mental health patients in emergency departments. It also provides resources to communities for suicide prevention and diverts individuals with serious mental illness to treatment facilities prior to being incarcerated. This bill has passed through the House, but its counterpart, S. 2680, has not made headway in the Senate.

The second priority, H.R. 4365, was introduced into legis-



Congressman Brad Ashford and Anna May



NE ENA member and ENA president-elect, Karen Wiley, Anna May, and ENA President, Kathie Carlson at our nation's Capitol.

lation after the Drug Enforcement Administration (DEA) determined that it will not allow emergency medical service personnel to deliver or administer controlled substances through standing orders. This would severely compromise the ability to care for patients by first responders. If this directive would go through, persons in pain requiring lengthy transport or who are experiencing a seizure, for example, would not be treated until they reached a medical facility. To remedy this, H.R. 4365 clarifies that "standing orders" are administered under the direction of a physician Medical Director who would maintain oversight of any controlled substances administered. This initiative is gaining favor in the House of Representatives; however, there is no counterpart introduced into the Senate at this time.

Government Affairs representatives contacted their state officials to meet with them (if available) or with their legislative aides to discuss ENA's position on these important initiatives. Further work continues once back in their home state, keeping in touch with officials and watching the legislative processes.

## CALL FOR NE ENA DELEGATES and ENA CONFERENCE GRANTS

Nebraska ENA wants you!! Consider serving as a delegate to the ENA General Assembly in Los Angeles, September 14-17. Applications for open delegate positions are included in the electronic mailing with this newsletter or are available for download on the website — [www.ebraskaena.org](http://www.ebraskaena.org). Deadline for application submission is June 24th. The board will review all submissions and notify those selected by July 6th to allow time to plan travel and arrange time off from work. You do not need previous delegate experience to be considered.

If you'd like to attend the national conference but aren't sure if you want to serve as delegate, NE ENA is also giving away two \$500 conference "grants" to help defray the cost of registration or travel. The grant application is also available on the website and included with the electronic newsletter mailings. Grant applications are also due June 24th with winners notified by July 6th.

For any questions or if you need additional information, please email any board member.

---

**Government  
Affairs Update**

**Call for Delegates**

---

## A HealthiER Better You! By Curtis Olson, BSN BA RN EMT CEN

### Peanut Butter “Post Smoothie”

If you are getting ready for something — a long shift, a hard workout, a day with the kids — look for one of those green kale smoothies to energize you. This smoothie is for recovery AFTER your day (or night) at the hospital, after a workout, or after a root canal. That’s why I can it the “Post” Smoothie.

I LOVE peanut butter. Don’t use that national brand stuff with the hydrogenated oils and all the sugar for this. Use PEANUT butter — 100% peanuts, maybe a little salt — the kind where you have to stir the oil in when you first open it. Don’t be afraid of that oil. The unsaturated fats and the omega-3 fatty acids are heart-healthy.

The rest of my family does NOT like this kind of PB, so when a scoop of this goes into the blender, this becomes a “Daddy Smoothie”. The slug of protein, electrolytes, fatty acids, and (mostly) fruit-based sugars tastes great, doesn’t spike your serum glucose, and helps your body recover from... whatever.

### The Recipe:

2-4 T Peanut Butter—the REAL stuff  
 1-2 Bananas, cut into 3-4 pieces each  
 1 cup Ice Cubes  
 1/2-1 cup Plain Yogurt  
 1 scoop Protein Powder (I typically use vanilla, but plain or chocolate would be fine, I’m sure)  
 Enough Milk or Soy Milk to cover all the other ingredients in the blender

Put all ingredients in a blender. Blend and add more milk or ice to your desired thickness.

Here are some other ingredients that you can try:

- Frozen whole Strawberries (add to above or substitute for some of the ice cubes)
- Agave nectar, honey, or maple syrup. (Do not over-sweeten but the ingredients above might not be sweet enough for you, especially if you use an unsweetened Soy Milk)
- 1/4 cup Oatmeal (Don’t cook it. Just throw some instant oats in for a little extra texture and fiber)
- Cocoa Powder (I don’t use it, but what ISN’T better with a little chocolate?)

Blend until smooth. Enjoy on a soft couch with a few pillows, a fleece blanket, and “Nurse Jackie” on Netflix!




---

**This month’s  
 health and  
 wellness  
 feature in the  
 NE ENA  
 Newsletter**

---

## 2016 NE ENA State Board and Contact Information

**President**—Sue Deyke, MSN RN CEN  
 ([sddeyke@columbushosp.org](mailto:sddeyke@columbushosp.org))

**President-elect**—Marcia Harmon, BSN RN CEN  
 ([mharmon@cmcfcc.org](mailto:mharmon@cmcfcc.org))

**Immediate Past President** — Anna May, MSN BA RN-BC  
 CEN CPEN ([amaze610@yahoo.com](mailto:amaze610@yahoo.com))

**Secretary** — Suzanne Watson, BSN RN CEN  
 ([swatson@nebraskamed.com](mailto:swatson@nebraskamed.com))

**Treasurer** — Anne Duhs, BSN RN CEN  
 ([anneduhs1234@gmail.com](mailto:anneduhs1234@gmail.com))

### Committees and Chairpersons

Fall Conference Planning: Ashley Emmel, MSN MBA RN  
 ([aemmel@nebraskamed.com](mailto:aemmel@nebraskamed.com))

Injury Prevention: Kim Brandenburg, MSN RN CEN CPEN  
 ([krbrandenburg@columbushosp.org](mailto:krbrandenburg@columbushosp.org))

Pediatrics: Regina Antonio, BSN RN CPN  
 ([ReAntonio@childrensomaha.org](mailto:ReAntonio@childrensomaha.org))

Trauma: Ashley Emmel, MSN MBA RN  
 ([aemmel@nebraskamed.com](mailto:aemmel@nebraskamed.com))

Membership: Jennifer Koehlmoos, RN  
 ([jkoehlmoos@gmail.com](mailto:jkoehlmoos@gmail.com))

Government Affairs (Co-chairs): Anna May, MSN BA RN-BC  
 CEN CPEN ([amaze610@yahoo.com](mailto:amaze610@yahoo.com)) and Adam Bruhn, BSN RN  
 CEN CPEN ([aqbruhn@hotmail.com](mailto:aqbruhn@hotmail.com))

**ENA Calendar of Events for 2016**

<b>May</b>	<p><b>NE ENA Member Meeting</b> May 10 6:00 pm BryanHealth, Lincoln</p> <p><b>ENA Day On The Hill</b> May 10-11 Washington DC</p>	<b>September</b>	<p><b>Regional Trauma Conference</b> September North Platte More info coming!</p> <p><b>ENPC</b> September 1-2 Scottsbluff Dallas Schaffer (dallas.schaffer@rwhs.org)</p> <p><b>TNCC</b> September 12-13 Bellevue Marjorie Van Riper (mvanriper@nebraskamed.com)</p> <p><b>Emergency Nursing 2016 Conference</b> September 14-17 Los Angeles, CA</p> <p><b>TNCC</b> September 27-28 Norfolk Bobbie Jo Miller (bmiller@frhs.org)</p>
<b>June</b>	<p><b>ENPC</b> June 2-3 Scottsbluff Dallas Schaffer (Dallas.Schaffer@rwhs.org)</p> <p><b>Trauma Outcomes &amp; Performance Improvement Course (TOPIC)</b> June 3 Scottsbluff Matt Witt (mwitt@traumanurses.org)</p> <p><b>TNCC</b> June 9-10 Lincoln Heather Talbott (Heather.Talbott@bryanhealth.org)</p> <p><b>ENPC</b> June 15-16 Omaha Kristi Kult (mkkult@cox.net)</p> <p><b>2016 Trauma Symposium</b> June 17 Omaha, Hilton Downtown Healthsciences.creighton.edu (402) 280-5659</p> <p><b>Delegate and ENA Conference Grant Applications due</b></p>	<b>October</b>	<p><b>TNCC</b> October 6-7 Scottsbluff Dallas Schaffer (dallas.schaffer@rwhs.org)</p> <p><b>Nebraska Medicine Trauma Symposium</b> October 13 Omaha</p> <p><b>TNCC</b> October 10-11 Bellevue Marjorie Van Riper (mvanriper@nebraskamed.com)</p>
<b>July</b>	<p><b>TNCC</b> July 14-15 Scottsbluff Dallas Schaffer (Dallas.Schaffer@rwhs.org)</p>		<p><b>ENPC</b> October 20-21 Lincoln Heather Talbott (Heather.Talbott@bryanhealth.org)</p>
<b>August</b>	<p><b>NE ENA Member Meeting</b> August 9 Time and Location TBD—will be available via TeleHealth</p> <p><b>NE ENA STATE OFFICER ELECTIONS</b></p> <p><b>SAVE THE DATE!!!</b> <b>23rd Annual NE ENA Fall Conference</b> September 8 Lincoln, NE</p>	<b>November</b>	<p><b>NE ENA Member Meeting</b> November 8 Time and Location TBD — will be available via TeleHealth</p>
		<b>December</b>	<p><b>ENPC</b> December 1-2 Scottsbluff Dallas Schaffer (Dallas.Schaffer@rwhs.org)</p>

## NE Emergency Nurses Association

P.O. Box 24941  
Omaha, NE 68124-0941

Website: [nebraskaena.org](http://nebraskaena.org)

Safe Practice, Safe Care



## Welcome New Members!!!

Rebecca Avila — Scottsbluff  
Lorna Busko — Sidney  
Susan Denman — Omaha  
Angela Gollas — Scottsbluff  
Shana Haynes — Mound City  
Dexter Krell — Lincoln  
Jessica Mulhern — Alliance

Jessica Nott — Anchorage, AK  
Donna O'Grady — Falls City  
Mona Reynolds — DeWitt  
Tiffany Simon — Plattsmouth  
Kimberly Smith — Mitchell  
Karin Vaughn — Lincoln

Nebraska membership is currently at 297 members! Spread the word and get your friends and coworkers to join this great organization! Contact Jennifer Koehlmoos ([jkoehlmoos@gmail.com](mailto:jkoehlmoos@gmail.com)) for any questions or more information.

## CEN/CPEN Review Questions:

Test your knowledge with the following CEN/CPEN review questions:

1. A 13-year-old is brought to the emergency department after sustaining a diving injury. He is awake, alert and oriented, unable to move his lower extremities, and has only shoulder movement of the upper extremities. His vital signs are T 37.0 C (98.6 F), HR 50 beats per minute, RR 16 breaths per minute, and BP 70/40 mmHg. His skin is warm and flushed. He has received three boluses of an isotonic crystalloid at 20 milliliters per kilogram each. The nurse anticipates administration of which pharmacological agent?
  - A. Atropine intravenous push
  - B. Dobutamine (Dobutrex) infusion
  - C. Norepinephrine (Levophed) infusion
  - D. Albumin 5% bolus
2. A 5-year-old presents with a 2-day history of nausea and vomiting. He presents mumbling the dog's name and something about pancakes. On attempts at intravenous access, the child opens his eyes briefly and attempts to pull his arm away. Calculate the correct Glasgow coma scale (GCS) score for this patient.
  - A. 9
  - B. 7
  - C. 3
  - D. 10
3. The Emergency Medical Treatment and Active Labor Act (EMTALA) indicates that hospital property includes:
  - A. The hospital's main building, including any area within 250 yards of the building
  - B. The physician's office down the street from the emergency department
  - C. The facility parking garage, which is 500 yards from the building
  - D. A store across from the hospital
4. Assessment findings that are consistent with a second-degree sprain of the knee would reveal:
  - A. Lateral displacement of the patella
  - B. Complete range of motion of the joint
  - C. Increased compartment pressures
  - D. Joint effusion and ecchymosis

Answers: 1. c, 2. a, 3. a, 4. d

## Social Media and Networking

My name is Curtis Olson. I am a nurse in the Emergency Department at CHI Health—St. Elizabeth in Lincoln. You might also know me as @CurtisRN. That is my “handle” — my name — on Twitter, the interactive messaging and “microblogging” app. I also manage the state ENA Twitter account @Nebraska\_ENA.

You might also know me as @1980Fanboy. This is another account I use on Twitter to talk about movies and politics — discussions that might not be of interest to the 300+ healthcare professionals following my @CurtisRN account. I cook and eat a lot too. I talk about THAT on @CurtisCooks.

So you’ve probably noticed two things:

- “@” is an important part of this
- Curtis is addicted to Twitter

Yes. True. Both. The ampersand signals a Twitter account handle. And, YES, I find Twitter an indispensable tool for communication, learning and collaboration with healthcare professionals literally all around the world.

I would like to share with you some of the ways that I use Twitter in my professional life and help open this world to YOU. Many people find Twitter’s world of “Followers”, “Retweets”, and “Hashtags” intimidating and confusing. In this article, I will describe WHY I am on social media and some of the ways that I use Twitter every day to improve my practice as an ED nurse.

**NEWS:** “Getting information off the Internet is like taking a drink from a fire hydrant,” says a quote attributed to Lotus Development founder, Mitchell Kapor. Twitter is a gushing torrent of news of all types and you need to be very selective in your source choices to avoid getting washed away. Following CNN or Fox News would be overwhelming, but for a healthcare profession, you can follow the very specific health news feeds of your favorite sources. For example, I follow: @NYTHealth (health focused from the *New York Times*); @NPRHealth (National Public Radio) and @CNNHealth (from CNN). There

are also news services that only cover health news, such as Kaiser Health News (@KHNews).

I also follow organizations that are news-MAKERS, the accounts which give the latest official news about Zika, Ebola, etc. These include the Centers for Disease Control (@CDCgov) and our own national organization (@ENAorg). The CDC has specialty feeds for emergency health information, global health, cancer, and other topics.

**ORGANIZATIONS:** Any organization will have some sort of social media presence. I follow any entity when I want to know what is going on and also to see what they want the public to know. So, of course, @ENAorg (and also @Nebraska\_ENA so you can find out what WE want you to know!), I follow my hospital and other hospitals in my city. @RedCross and @HeartNebraska (the Am Heart Assoc) often have news of interest to emergency providers.

**JOURNALS AND MEDIA:** Many nursing journals put some of their current issues online. The Am Journal of Nursing (@AmJNurs) is particularly generous in this regard. While they rarely post clinical pieces, they do put news and some remarkable commentary out without a subscription paywall.

@ScrubsMagazine is a web-based journal that puts all its content online. It has some items that may be of interest. For EMS providers, @JEMSCoast (the Journal of EMS) puts almost all of their print content online and links to the best of it on Twitter.

**BLOGS AND PODCASTS:** This is a whole issue in itself! There are a lot of nurses, doctors, paramedics, and educators out there doing a LOT of talking and writing. It is hard to drill down to the best of them, but I have found that Twitter is a better filter than random Googling, and also better than LinkedIn.

Welcome to the world of #FOAMed (that’s Free Open Access Medical Education). It’s a big world and I hope to guide you through it

in a future article here.

I don’t reach everything by some of the nurse “social media superstars” like @TheKatieDuke or @NurseEyeRoll, but when they post a headline on Twitter, I will have a look at the link. If you don’t know who these people are, poking around on social media will introduce you to a whole new world of interesting personalities in our profession.

**QUICK TIPS:** Twitter is sometimes described as a “microblogging” service. Each post is 140 characters. Yes, you can put an internet link to a longer post, or you can back the system and lengthen your post by replying to yourself. But often, 140 letters and spaces are all people need to communicate a “Pro-Tip” about a new piece of equipment, a new technique they’ve learned, a picture of a variation on some routine task or a differential diagnostic pearl. Twitter is where I learned to **wait five minutes** after using a Lidocaine Uro-Jet before placing a Foley. I come across a dozen of these a day and they make me a better nurse.

**UPCOMING EVENTS:** If you follow hospitals, nursing schools, and healthcare organizations in your area, you will be up to date on classes, continuing ed, job fairs, and volunteer opportunities. Again, @Nebraska\_ENA is a reputable, if not exhaustive source for emergency nursing events statewide. @PrepEd and @NEDHHS will keep you plugged in to the Nebraska scene.

**A CALL FOR HELP:** “Joint Commission is here. Can anyone share a protocol for d/c-ing central lines? I need it by this afternoon!” I received this gem a couple years ago on one of the ENA’s now discontinued listserve communities. I’ve never needed to send out one of these distress calls on Twitter, but you come across them once in a while and people DO spring into action and help.

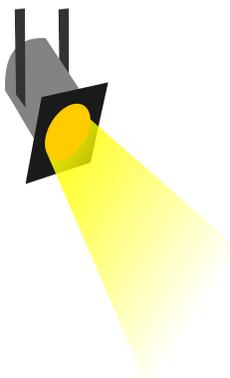
**LAUGHS:** If there’s anything we need in this business, it’s more laughs. They are out (continued on page 8)

## TRAUMA UPDATE by Ashley Emmel, MSN MBA RN

Nebraska Trauma Injury Statistics were recently released for 2010-2014 by the Department of Health and Human Services.

### Trauma Injuries 2010-2014

- The three leading causes of trauma injury were falls, motor vehicle traffic (MVT), and firearms.
- For traumatic injuries due to a fall, the number drastically increases among those 65 or older
- For trauma cases due to a fall, 62% occurred among those 65 years and older
- The age group with the greatest proportion (27%) of MVT related injuries was those 15-24
- The majority of trauma injuries due to a firearm occurred among men (86%)



## SPOTLIGHT ON...

NE ENA member and Pediatric Chairman, Regina Antonio, BSN RN CPN, NE ENA member Tiffany Simon, RN, and another colleague recently presented a poster at the Society of Pediatric Nursing (SPN) 26th Annual Conference in Minneapolis, MN, April 21-24. The poster was titled *Pediatric Trauma Team Leader Implementation*. The sessions reviewed the crucial impact that a Trauma Nurse Leader (TNL) program has for pediatric patients in a free-standing pediatric hospital. The qualifications, responsibilities, roles and curriculum content of the TNL program were addressed. Abstract for the poster included:

Trauma patient throughput was identified as an obstacle for the ED team at Children's Hospital. Multiple circumstances contributed to delayed disposition of the trauma patient. To mitigate the negative impact of delays in acquiring necessary care, the TNL program was implemented. The TNL program will ensure the best possible care is delivered to the trauma patient while safely and effectively expediting decisive trauma care across the system. An identified outcome would be a decrease in time from triage to disposition for all level two trauma patients with a disposition of admission to hospital.

### Nebraska Trauma Case-Fatality Rates

- From 2010-2014 the Nebraska Trauma Registry case-fatality rate decreased from an overall rate of 3.79 to 3.62 per 100 cases
- Among the leading causes of trauma injury, the highest case fatality rate was firearms at 13.36 per 100 cases
- Among the leading causes of trauma injury, motor vehicle traffic had second highest fatality rates at 3.02 per 100 cases
- From 2011-2014, Nebraska's overall case fatality rate was lower than the National Trauma Data Bank rate

The Trauma Process Improvement and Patient Safety Committee (TPIPS) set the expectation that level-two trauma patients will have a triage to disposition in less than 180 minutes. TNL were empowered to serve as the co-leader in a pediatric trauma, alongside the pediatric surgeon to provide a safe, calm, and dynamic environment. TNL were also tasked to oversee that trauma patients were safely set to their disposition in the allotted time frame.

Enhanced education, review of policies and procedures, and hands-on education of trauma processes and equipment prepared the TNL for a successful outcome. These outcomes will be achieved upon completion of the TNL course at a Pediatric Hospital.

Eighty three posters were selected for the SPN conference and three of the 83 received an award in excellence. *Pediatric Trauma Team Leader Implementation* poster won the award "Certificate of Excellence for an Education Poster"

Congratulations and great job all!

## Social Media (Continued from Page 6)

there. Thank goodness for @ZDoggMD and @GomerBlog and everyone else on Twitter. Everyone has a joke to share and no one is shy about it.

**EXPRESS YOURSELF:** Yes, "microblogging". That's how I got here in the first place. THIS is this longest thing I have written in five years. I think that anyone who works in an emergency department has plenty of material for a book. We just don't have the time.

140 characters is PLENTY for me to say what I need to say on any given day. Random thoughts...quick tips...great nights in the ER...bad patients...cool con-

ference lessons... It all goes onto @CurtisRN. I hope you will get onto Twitter and take a look.

Next newsletter I'll tell you more about getting started and getting the most out of Twitter. Meanwhile, try it on for yourself.

Happy Tweeting!

- Curtis Olson, BSN BA RN EMT-P CEN

CurtisOlsonRN@gmail.com

Nebbraska ENA  
PO Box 24941  
Omaha, NE 68124-0941