This is ANA’s 2015 ‘Year of Ethics.’ As nurses, we celebrate yet again (13th consecutive year), the honorable recognition of being the most trusted profession in America (ANA, 2015). This is not only because we have the privilege of caring for each individual patient we come in contact with, but also because as ANA President Pam Cipriano, PhD, RN, NEA-BC, FAAN stated (ANA, 2015), “…A patient’s health, autonomy and even life or death, can be affected by a nurse’s decisions and actions.” The honor of trust we hold as nurses is a genuine reward for the gravity of the responsibility we assume each day in our nursing roles.

The definition of “ethical” is what defines the actions and behavior of nurses. It is defined as “pertaining to or dealing with morals or the principles of morality; pertaining to right and wrong conduct; and being in accordance with the rules or standards for right conduct or practice, especially the standards of a profession” (Dictionary.com). How often have you made a decision or voiced a concern because it “felt right” or you were “concerned” something was not in the best interest of the patient? How often were you asked to justify your concern with evidence but could not; you just knew it was not right? We may never know why we have the instinct to back up the knowledge we have, but patients throughout the world feel safe with nurses.

Advocacy is a large portion of patient-centered ethics, but is not the whole piece. When nurses advocate or “go to bat” for patients, we feel morally strong; our day feels complete; we did the right thing. Although advocacy does not find its way into our work every day, the quality of care we provide does impact care and reflects our ethical commitment to our patients.

To practice ethically, are you checking your patient identifiers EVERY time you are treating or medicating your patient? Yes, it is true that some new nurse graduates are having trouble finding their first job, especially in a hospital. It is also true that it is more challenging for our associate degree nursing graduates to secure their first job vs. the baccalaureate degree nursing graduate. There are reasons and solutions for this.

According to healthcare economists, we are in a nursing employment bubble and bubbles eventually burst. Why are we in this bubble? The three main reasons are related to the economic downturn and are short-term:

1) Over 40% of currently employed nurses received their initial nursing degree over 40 years ago and have deferred their retirement plans;
2) Many part-time nurses have gone back to work full-time; and
3) Nurses who have been out of the profession for five years or more (e.g. to raise a family) have decided to return to the workforce by enrolling in nurse-refresher courses.

This is the Year of Ethics... 

from the President continues on page 9

Executive Director

The Nursing Shortage... Fact or Fiction?

by Robin Schaeffer, MSN, CNE, CAE, Executive Director of ANA Idaho
Email: ed@idahonurses.org

As executive director of a nursing association, I interface with nurses, other healthcare stakeholder groups and the community. One of my most frequently asked questions is, “What happened to the predicted nursing shortage of 2010?” Yes, it is true that some new nurse graduates are having trouble finding their first job, especially in a hospital. It is also true that it is more challenging for our associate degree nursing graduates to secure their first job vs. the baccalaureate degree nursing graduate. There are reasons and solutions for this.

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The western hemisphere (World Bank, 2015). Jalapa, located becoming second only to Haiti as one of the poorest nations in part by ISLA 's medical, education and construction programs" resourceful, hopeful and self-sustaining community, aided in services of interpreters. Founded in the early 1990's, the vision trip—including food and lodging, in-country travel, and the to instill a desire and the courage to engage in solutions. different beliefs and a different language, and encourage the human diversity and social justice. Her goals, according to Wasserman, is a labor of love for Wasserman, a family nurse practitioner (NIC) and Lewis-Clark State College (LCSC) on a medical combined group of nursing students from North Idaho College has packed her bags, brushed up on her Spanish, and led a for the hospital and clinic, and blood pressure cuffs and for one night before our bus ride north to Jalapa. The adventure begins. In May of 2014, I joined Wasserman, 15 students, and three registered nurses as we set off from Spokane, Washington for the journey to Managua. Each of us had been gathering donated medical supplies for months, so our outfit included a mountain of baggage representing two 50-pound suitcases for every traveler. Donations included hundreds of toothbrushes to be distributed to schoolchildren, reading glasses for village residents, surgical supplies and medications for healthcare professionals in developing nations throughout the world, and there are many organizations that facilitate medical missions. If you have considered participating, don’t wait—you will never regret going.

Our medical mission had four focal areas, with each group focusing on a different area day. These areas included health education in the schools (sexually-transmitted disease prevention in the high school, and dental health in the elementary school), health screening for cardiovascular and respiratory disease in villagers’ homes; replacing indoor cook stoves that lacked vents with stoves that vent to the outdoors; and observing medical care in the obstetrical ward at the Jalapa Hospital and Clinic.

My favorite activity was visiting families in their homes. Not once were we turned away; instead, when our interpreters said, “These are American nursing students and they would sound, educating and referring to the village clinic as needed. We then screened each adult for reading glasses. These were greatly appreciated, often bringing tears of gratitude. I also brought tea, which was usually an unexpected treat, where the nursing students quickly engaged Nicaraguan children in games of soccer wherever we went—then left a few soccer balls for the children to play with later. The nursing students overwhelmed me with their motivation, positive attitudes, and commitment to the experience. It is vital that students’ attitudes be assessed prior to a medical mission in order to avoid cultural voyeurism—that is, treating the missions as an exotic vacation or otherwise disrespecting one’s hosts (Parisi & List, 2008). Our students clearly had hearts to serve and gave generously of their blossoming gifts.

Social Justice and Experiential Learning: A Medical Mission to Jalapa, Nicaragua

by Tracy Flynn, PhD, RN, CNE, NP-C
Professor of Nursing, Lewis-Clark State College
Email: tflynn@lcsc.edu

Each May since 2010, “Peggy” Margaret Wasserman has packed her bags, brushed up on her Spanish, and led a combined group of nursing students from North Idaho College (NIC) and Lewis-Clark State College (LCSC) on a medical mission to Jalapa in the northernmost reaches of Nicaragua. It is a labor of love for Wasserman, a family nurse practitioner and nursing instructor. Founded in the early 1990’s, the vision for this annual May excursion to Jalapa is “to empower Jalapa, Nicaragua, to become a more resourceful, hopeful and self-sustaining community, aided in part by ISLA’s medical, education and construction programs” (Flynn, 2015, para. 2). The fighting of the Contra War in the 1980s and Hurricane Mitch in the mid-1990s led Nicaragua to becoming second only to Haiti as one of the poorest nations in the western hemisphere (World Bank, 2015). Jalapa, located in the north central mountains far from the capital city of Managua, was especially hard hit. Our Medical Mission and Treasured Opportunities

Our medical mission had four focal areas, with each group focusing on a different area day. These areas included health education in the schools (sexually-transmitted disease prevention in the high school, and dental health in the elementary school), health screening for cardiovascular and respiratory disease in villagers’ homes; replacing indoor cook stoves that lacked vents with stoves that vent to the outdoors; and observing medical care in the obstetrical ward at the Jalapa Hospital and Clinic.

My favorite activity was visiting families in their homes. Not once were we turned away; instead, when our interpreters said, “These are American nursing students and they would

Katy Bocchi conducting an in-home assessment

Kathy Memente distributing toothbrushes to schoolchildren

Kawena Puihi conducting an in-home assessment

like to come in and visit with you,” each family immediately ushered us in with smiles and brought out additional chairs. Most homes were very small, consisting of carefully-swept dirt floors and clean, if scant, furnishings. We asked if we could take each individual’s blood pressure and listen to their lungs

Our mission.

References


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At the January 5th and 9th, 2015, meeting, the nine-member, governor-appointed Board of Nursing addressed business related to their primary strategic goals of licensure/certification, discipline/administration, education, communication and government/organization. Present at that meeting were Board members Susan Odom, RN, Moscow, Chair; Vicki Allen, RN, Pocatello, Vice Chair; Jill Howell, RN, Jerome, Whitman County; Jeffrey Belcher, consumer member, Boise; Christopher Jenkins, RN, Homedale; Jan Moseley, RN, Coeur d'Alene; Carrie Nitsch, LPN, Jerome; Rebecca Reese, LPN, Post Falls; and Clay Sanders, APRN, CRNA, Boise. Actions taken during this meeting included:

- Granted three Licensed Practical Nurses (LPN) licenses by endorsement based on substantial equivalence to Idaho's licensure criteria;
- Denied two petitions for reinstatement of RN licensure, both of which had been previously disciplined by the Board for violations of the Idaho Nurse Practice Act;
- Denied one application for RN licensure by examination including the request to take the NCLEX-RN®;
- Received a report on workforce development projects funded by the Board in 2014 consistent with the Board's authority to "to enter into contracts or agreements with others to evaluate and develop the education, distribution and availability of the nursing workforce for the purpose of improving the delivery of quality health care" (S54-1404, Idaho Code);
- The Idaho Department of Labor previewed Idaho Nursing Observatory, a joint project between the Board and the Idaho Rural Health Information Group, which is in a longitudinal series of detailed reports of trends and issues related to nursing in Idaho. See the IDOL report at http://lab.idaho.gov/publications/nursingoverview2015.pdf.
- Julie Marcum, RN, APRN-CNS, Project Director for the NLJ/IALN "Advancing Nursing in Idaho to Improve Health/Access to Care Goal" initiative, presented her methodology and research findings for discussion. Ms. Marcum's study has been submitted for publication.
- Accepted notice from Boise State University of the institution's intent to discontinue the MSN Population Tract Program; and
- Granted full continuing approval to the practical nursing program administered by Lewis-Clark State College for the eight-year period ending June 2023.

Of particular interest at the January 5th meeting were two presentations intended to inform Board core belief statements related to governance and education and suggested additional changes to the draft statement related to Practice for consideration by the committee charged to revise the documents.

- Adopted the proposed policy clarifying requirements for nurses seeking to enroll in the Program for Recovering Nurses (RDN), the Board's alternative to discipline for nurses with substance use and mental health disorders;
- Denied two petitions for reinstatement of RN licensure, both of which had been previously disciplined by the Board for violations of the Idaho Nurse Practice Act;

The Board is already preparing for the 2016 Legislative Session. Preparation includes potential agenda items such as rulemaking and legislation that are planned on the April and July Board meetings.

By Sandra Evans, M.A.Ed, RN, Executive Director
Email: sandra.evans@ibn.idaho.gov

First Regular Session of the 63rd Idaho Legislature

The 1st Regular Session of the 63rd Idaho Legislature will have adjourned by the time this publication is released. Before adjourning, legislators approved administrative rules related to sexual misconduct proposed by the Board of Nursing (the Board) that will have become final on adjournment of the Legislature. In addition, lawmakers enacted other legislation of particular interest to nursing, including:

- House Bill 198, which adds to and expands the scope of telehealth and outlines the acceptable use of telemedicine and telehealth in Idaho. The Act applies to existing regulatory boards, including the Board of Nursing, and requires that any telehealth services be within the scope of licensure and consistent with standards of the profession as defined by each respective board (effective 7/1/15); and
- House Bill 251 amends the Nursing Practice Act. This bill removes the requirement that the State Board of Education must approve any curriculum change in a nursing education program, or administrative rule change that may alter existing articulation agreements between educational institutions prior to the change becoming effective (effective 7/1/15); and

The Board meetings and participate in the Open Forum held on the second day of each meeting. The Open Forum provides the opportunity to dialogue with the Board on issues of interest that are not necessarily included on the published agenda. The Board will not take action on issues introduced during the Forum, but may choose to address them at a later scheduled Board meeting.

The next meeting of the Board is tentatively scheduled for July 16-17, 2015, in Boise at a location to be determined. For further information, visit the Board's website at http://www.ibn.idaho.gov or contact Lynn Moore at lynn.moorer@ibn.idaho.gov or 208.577.2500.

Next Board of Nursing Meeting

As always, the Board invites the public to attend scheduled Board meetings and participate in the Open Forum held on the second day of each meeting. The Open Forum provides the opportunity to dialogue with the Board on issues of interest that are not necessarily included on the published agenda. The Board will not take action on issues introduced during the Forum, but may choose to address them at a later scheduled Board meeting.

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IMPORTANT REMINDER TO RNs and APRNs
IT IS TIME TO RENEW YOUR LICENSE!

The renewal period begins May 13 and ends August 31, the final day to renew without penalty. Reminder postcards, mailed to all licensed RNs and APRNs to the address of record with the Board, provide instructions on how to renew. Follow directions on the postcard or visit the Board’s website to initiate this electronic process using the Board’s new “IDAHO NURSE PORTAL!”

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新闻闪报！

2015年“ Tribute to Women and Industry – Nurse Honorees”

The Women’s and Children’s Alliance (WCA) recently honored 50 women at its 22nd Annual Tribute to Women and Industry (TWIN) Luncheon on Thursday, April 2, at the Boise Centre in Boise, Idaho. “These are women who have made outstanding contributions to the Treasure Valley business community,” stated WCA Executive Director Bea Black (WCA, 2015).

According to the Women’s and Children’s Alliance, in the last 22 years, 845 women have been named TWINs, and more than 120 businesses and organizations have participated, contributing more than $2.3 million to the WCA’s mission of providing safety, healing and hope to abused and sexualized women.

Please join us in congratulating these Boise area nurses who were recognized among the recent cohort of 50 TWIN honorees:

- Bonnie Carms, MSN, RN, Chief Executive Officer, On Demand Solutions, Inc.
- Sherry Parks, BSN, MS, NBE-BC, Regional Chief Nursing Officer, St. Alphonsus Health System;
- Renee Watson, MSN, RN, Director of Clinical Integration, St. Luke’s Health System.

Does the Evidence Support the Use of Ondansetron Over Ginger as a First Line Treatment for Nausea and Vomiting of Pregnancy?

by Karen J. Albright, RN, MSN  
Second masters FNP Track, Gonzaga University, Spokane, WA  
Email: kalbright2@zagmail.gonzaga.edu

Nausea and vomiting of pregnancy (NVP) is one of the most common problems encountered by nurses caring for pregnant women. It is reported that 50-90% of women experience nausea and vomiting in the first trimester (Lacasse, Rey, Ferreiro, Morin & Berard, 2008). Nausea and vomiting of pregnancy is typically first noticed between the fourth and twelfth week of gestation and resolves by week 20 (Lacasse et al., 2006). Severe vomiting resulting in weight loss, dehydration, ketonuria and hypokalemia is known as hyperemesis gravidarum. It is widely acknowledged that even mild to moderate NVP can have a negative effect on a woman's quality of life including impacts on family life, social interactions and job performance (Lacasse et al., 2006; Lee & Saha, 2011; Niebyl, 2010; Ozgoli, Goli, & Simbar, 2009).

Recently, ondansetron has gained popularity in the United States as a treatment for NVP, many times replacing a trial of more traditional options such as ginger (Koren, 2014). Although there are no clear guidelines for its use as a first line treatment in treating nausea and vomiting of pregnancy, ondansetron has been noted in various articles as a first line treatment that is used by many American clinicians (Einarson et al., 2004; Koren, 2014; Madjunkova, Maltepe, & Koren, 2013). The decision to use prescription medication as a first line treatment can impact care in several ways. Many times this is a costlier option for both the patient and the healthcare payer. Even though many of the prescription medications are considered safe for the fetus, long term studies are typically not available. Clear, evidence-based guidelines for counseling women experiencing nausea and vomiting of pregnancy can improve the quality of life for the pregnant woman and improve the safety for both the woman and her fetus. This evidence summary is aimed at helping nurses caring for pregnant women. It is reported that 50-90% of women experience nausea and vomiting of pregnancy can improve the quality of life including impacts on family life, social interactions and job performance (Lacasse et al., 2006; Lee & Saha, 2011; Niebyl, 2010; Ozgoli, Goli, & Simbar, 2009).

The Clinical Question

In order to determine if ondansetron is a safe, effective alternative to ginger and other traditional treatments for nausea and vomiting of pregnancy, the following clinical question was developed: In pregnant women experiencing nausea and vomiting of pregnancy, how does ondansetron compare to the more traditional first line treatment of ginger in decreasing the number of self-reported episodes of nausea and/or vomiting after a minimum of four days of use?

The Search for Evidence

In order to identify high quality studies, the following databases were searched: CINAHL, Cumulative Index to Nursing and Allied Health Literature, PubMed, Cochrane Library, National Guideline Clearinghouse, DARE (Database of Abstracts of Reviews of Effects) and Health economics and outcomes research (Emory University) for full text of articles published 1996 to present. Using the following search terms, the initial search was performed: “ondansetron and nausea and vomiting of pregnancy,” “ginger AND morning sickness,” and “ginger AND pregnancy.”

Evidence Summary

After a thorough literature search, eight studies were chosen for review, including four meta-analyses (Matthews, Haas, O’Mathuna, Dowswell, & Doyle, 2014; Mazotta & Magee, 2000; Thomson et al., 2013; and Viljoen, Visser, Koen & Masekiwa, 2014), one systematic review (Festin, 2009), one cohort study (Colvin, Gill, Slack-Smith, Stanley, & Bower, 2013), one randomized controlled trial (Saber, Sadat, Masoumeh & Taebi, 2014) and one national guideline. The national guideline was removed from the Website shortly after the initial search as it included studies that were not peer reviewed.

There were no studies that directly compared ondansetron to ginger for the treatment of NVP. In addition, no evidence was found evaluating the use of ondansetron for NVP and only 2 studies were found that evaluated its effectiveness as a treatment for moderate to severe hyperemesis. Consequently, no evidence was found to support the use of ondansetron as a first or second line treatment of nausea and vomiting of pregnancy.

Multiple studies were found that evaluated the use of ginger in the treatment of nausea and vomiting of pregnancy. Most of the studies found ginger to be more effective than placebo at relieving nausea. There was not a consensus about its effectiveness in decreasing the number of vomiting episodes. Many studies also found vitamin B6 (pyridoxine) to be equally effective at symptom relief.

All of the meta-analyses and the systematic review noted limitations with many of the included studies. Limitations included small sample size, variable outcome measures, and variable treatment protocols. Most authors listed the overall quality of evidence as low because of the limitations.

Implications for Practice

Even with the limitations, two of the best practices identified in almost all of the reviews were the use of ginger and the use of vitamin B6 as safe and effective first line treatments for nausea and vomiting of pregnancy. Although many of the reviews rated the quality of evidence as low, there was consensus in the finding of improved symptoms in women by the use of both of these medications (Festin, 2009; Matthews et al., 2014; Saber et al.; 2014; and Viljoen et al., 2014). Although there was some variation in the amount of ginger used, the most common dosage used was 250 mg of ginger four a day (Saber et al., 2014; Thomson et al., 2013; and Viljoen et al., 2014). The most common dosage found for vitamin B6 was 25 mg twice a day, although, as was the case with ginger, there was not consensus among the studies (Thomson et al., 2013; and Viljoen et al., 2014).

The evidence review confirms that ondansetron is not an appropriate first or second line therapy for nausea and vomiting of pregnancy. Encouraging patients to try either ginger or vitamin B6 can provide the patient with effective and safe treatment and also help keep health care costs down. Although both of these options are available over-the-counter, it is important to educate patients about the appropriate dosage for safe, effective treatment. It is also important to help them become aware of the available information regarding the effectiveness of the various treatment options.

References

by Margaret Wainwright Henbest, RN, MSN, CPNP
Executive Director
Idaho Alliance of Leaders in Nursing & Nurse Leaders of Idaho and SIP Project Coordinator
Email: mhenbest@nurseleaders.org

The Idaho Nursing Action Coalition (INAC) is beginning its fourth year and continues to make sustained progress in response to priorities identified in Idaho and national trends to advance nursing. The INAC convenes a summit annually. This year the summit is tentatively scheduled for June 3rd and 4th in Boise.

The coalition’s focus for the past two years has been the completion of four projects which began in 2013. These projects are funded by the Robert Wood Johnson Foundation and generous donors in Idaho. Those four projects include:
- development of a statewide nursing leadership course,
- creating recommendations for enhancing the transition to the nurse educator role, and
- identification of barriers to full Advanced Practice Registered Nurse (APRN) practice in Idaho.

The following is an update of the current four projects.

### The Idaho Nurse Residency Program (INRP)

Val Greenspan, PhD, RN, Project Manager

The focus of this program, beginning with the grant application to the eventual grant implementation in the second year, has been on critical access hospitals (CAH) in Idaho not connected to a health system which have or are in the process of establishing a nurse residency. Of Idaho’s 27 CAHs, 20 met this criteria. Ultimately, four hospitals chose to participate in the INRP pilot phase: Walter Knox Memorial Hospital, Emmett; Saint Alphonsus Health System, respectively Lewiston; Saint Alphonsus Health System, respectively Lewiston; and Saint Alphonsus Health System, respectively Lewiston. Each of these hospitals designated a CAH administrator and a nurse residency program coordinator.

The INRP grant application included three strategies to address these transition challenges:
1) creation of an intentional and extended orientation which includes specific topics; and
2) utilization of a mentoring program with strategies for matching mentors and new faculty, suggestions for structuring the mentoring relationship, and ways to evaluate the mentoring relationship.

The toolkit was presented to the Idaho Nurse Educators Conference in April 2015. A manuscript has been submitted to the Journal of Nursing Education. The following are highlights from this project:

#### Foundations of Leadership Excellence Course

**Deena Rauch, MSN, RN, NEA-BC, FACHE, Project Manager**

In November 2014, Nurse Leaders of Idaho hosted the “Foundations of Leadership Excellence” course at The Riverside Hotel in Boise. This course is designed for nurses in leadership roles and those who aspire to leadership across all healthcare settings. The faculty consists of experienced nurses and educators from throughout Idaho. The course was expanded from four to five days based on feedback from pilot course applicants. Course highlights included Leadership Excellence; Raising Your Financial IQ; Drug Free Employer/EOE; and found that the cost is reasonable and the content comprehensive; 2) creation of an intentional and extended orientation which includes specific topics; and 3) utilization of a mentoring program with strategies for matching mentors and new faculty, suggestions for structuring the mentoring relationship, and ways to evaluate the mentoring relationship.

### Nurses Transitioning to the Nurse Educator Role

Jane Grassely, PhD, Project Manager

This project was designed to foster a successful transition from expert nurse clinician to the nurse educator role. The project encompassed a systematic review of the literature followed by the identification of recommendations for implementing a transition program.

The literature review revealed the following challenges: 1) clinicians are unprepared for the teaching role; 2) the culture of the academic environment differs from that of practice in expectations, relationships, and vocabulary; and 3) many novice faculty members feel alone as they struggle to learn to teach and navigate this “alien” culture of higher education.

Having gained a good understanding of those specific transition challenges, a toolkit that schools in Idaho can use for easing this role transition was developed. The toolkit recommends three strategies to address these transition challenges:

1) participation in a didactic course such as the online course for clinical faculty offered by the Connecticut League of Nursing which project staff reviewed and found that the cost is reasonable and the content comprehensive;
2) creation of an intentional and extended orientation which includes specific topics; and
3) utilization of a mentoring program with strategies for matching mentors and new faculty, suggestions for structuring the mentoring relationship, and ways to evaluate the mentoring relationship.

The toolkit was presented to the Idaho Nurse Educators Conference in April 2015. A manuscript has been submitted to the Journal of Nursing Education that describes this project and its recommendations. Further information about the toolkit will be presented in subsequent issues of RN Idaho.

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Understanding Barriers to APRN Practice

Julie Marcum, MSN, RN, Project Manager

The second goal of the Idaho Nursing Action Coalition (INAC) Special Implementation Project (SIP) was to identify practice barriers to Advanced Practice Registered Nurses (APRNs) in all regions of the state of Idaho. All licensed Idaho APRNs (approximately 1748, AACN, 2014) and their employers were surveyed about factors influencing the practice environment. Three hundred and forty three APRNs identified reimbursement inequity, regulatory constraints, requirements for physician supervision, lack of representation on governing bodies, and lack of understanding of the APRN role. In contrast, 66 employers identified no regulatory barriers and perceived APRNs as able to practice their full scope, valued, respected, cost-effective and provide comprehensive care.

Conclusions from the surveys were: organizational, cultural, and regulatory constraints continue to exist for Idaho APRNs from the perspective of the APRN. Specific actions to reduce practice barriers must be identified which will enhance access to care in a medically underserved state and allow all APRNs to practice to the full extent of licensure and education. The authors extend grateful appreciation to the core group who helped develop the surveys, the funders, and the APRNs who pilot tested the survey.


The State Implementation Project Grant

With the State Implementation Project (SIP #1) grant having ended in early 2015, the INAC has applied for a second round of funding for a project titled “Educating the Idaho Nursing Workforce of the Future.” The goals of this grant are to:

1) Establish a blueprint for nursing education in Idaho that will facilitate life-long learning among nurses in Idaho.
2) Create resources that will facilitate life-long learning among nurses in Idaho.
3) Complete the full evaluation of the INRP and make recommendations for sustainability and scalability.
4) Create additional strategies to increase opportunities for life-long learning among nurses in rural communities, men in nursing, and ethnic minorities.

To become involved in the INAC, please contact Margaret Henbest at the Idaho Alliance of Leaders in Nursing, mhenbest@nurseleaders.org or phone 208-367-1171.

SAVE THESE DATES

June 3-4, 2015 – Idaho Nursing Action Coalition (INAC) Summit: participants will be asked to contribute their expertise to guide the new grant (SIP #2).
June 4, 2015 – Nurse Leaders of Idaho (NLI) Celebrate Nursing Dinner. Honor Idaho nurses who have been recognized for excellence in practice, leadership, and service by their employers, colleagues, and communities. Submit names of nurses through the NLI Website: http://www.nurseleaders.org.
October 3-6, 2015 – Idaho Hospital Association (IHA) Conference at the Sun Valley Resort, Sun Valley, Idaho. Register via http://www.teamiba.org
November 2-6, 2015 – NLI Leadership Course in Boise, Idaho

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The bright future is nurses!

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The fact is that many employers will hire an experienced nurse over a new graduate if given the choice. As the economy improves, the bubble will burst and it is very possible that we could be in a nursing shortage overnight.

So, the next time someone asks you if there is a nursing shortage, here is what you can tell him or her:

• 712,000 additional nursing jobs will be created between 2010 and 2020.
• 495,500 jobs will be vacated by retired nurses between 2010 and 2020, and will need to be replaced.
• Economists predict a nursing shortage of 285,000 between 2015 and 2020.
• As the Affordable Care Act continues to enroll 32 million more people into the healthcare system, there is justification to graduate more advanced practice registered nurses (APRNs). Nurse Practitioners (NPs) are the largest group of APRNs and evidence shows they are competent to deliver primary care and manage chronic diseases. Two thirds of Americans over 65 have multiple chronic conditions. The Center for Medicare and Medicaid (CMS) has reported that there are chronic conditions accounts for 93% of Medicare fee-for-service expenditures (Healthcare.gov, 2012).
• Baby boomers are aging and will need increased health services, which will require more healthcare providers.

The Bureau of Labor Statistics reports that between 2010 and 2020 it is projected that over 4.2 million jobs will be added to the healthcare sector. A total of 63% of those jobs will be in the ambulatory settings (non-hospital) as we move from a “sick-care” model to one of health prevention and health promotion (Bureau of Labor Statistics, 2012). It is time to stop telling new nursing graduates that their first job should be in a hospital, because that is no longer the case. There are tremendous opportunities for nurses to elevate practice, improve safety and reshape health care delivery models that are full of innovation and quality.

As a busy nurse, I know how hard it is to keep updated on current trends and issues in nursing. As a member of the Idaho Nurses Association, you are also a member of the American Nurses Association (ANA). As a member you have so many resources at your fingertips. I guarantee that whatever nursing issue is important to you is being addressed by ANA. If you are not an INA member, visit the ANA Website at http://www.nursingworld.org and see what you are missing. Remember to take advantage of the 10% off coupon on this page.

References
In Memoriam

DNA is pleased to honor deceased registered nurses who graduated from Idaho nursing programs and/or served in Idaho during their nursing careers. Included, when known or when space allows, will be the date when deceased and the Idaho nursing program. The names will be submitted to the American Nurses Association for inclusion in a memorial held in conjunction with the ANA House of Delegates. Please enable the list’s inclusiveness by submitting information to rnsidaho@idahonurses.org.

Ball, Dianna Jean Powell, 3/22/2015. A graduate of Ricks College, Rexburg, Idaho. Dianna worked as a home health nurse at Madison Memorial Hospital and completed her BSN degree at Idaho State University.

Beckley, Debra, 1/31/2015. A graduate of Boise State University. Debra worked lovingly and with sensitivity in caring for oncology and Alzheimer unit patients.

Edwards, June Peterson, 2/18/2014. June earned her BSN in 1949 from Washington State College in Spokane, WA, and worked as a Visiting Nurse and at the Wallace Hospital in Wallace, Idaho. She later was a surgical nurse in Bonners Ferry, Idaho. She was dedicated to nursing and is missed by all she touched.

Grett, Jones, 3/13/2015. Jones completed nurses training at Mercy Hospital in Nampa, Idaho, and served as a U.S. Air Force nurse. She specialized in hospice care and volunteered for the Red Cross. She always kept her door open to friends from near and far.

Hoggan, Ivy Elaine Crystal, 12/26/2015. Born in Garfield, Idaho, Elaine completed nursing education at Ricks College in Rexburg, Idaho, and worked as an RN and public health nurse in Ashton, Idaho, Salt Lake City, and Jefferson County. She served as the nurse at the Idaho Nuclear Engineering Laboratory (INEEL) and as a surgical nurse in an Idaho Falls hospital. She earned a “Legend of Nursing” award in 2005 and was recognized by local news broadcasters as “8 Who Make a Difference.” Elaine was a dedicated nurse and inspiration to all who knew her.

Niland, Mary Carol Riordan, 2/15/2015. Mary entered nursing in 1940 and served in the U.S. Army Nurse Corps. She was a member of the penicillin research team at a one of the first hospitals to use penicillin. She was the Nursing Care Reviewer and Consultant for the State of Idaho and was a compassionate and highly skilled patient advocate.

Pond, Myrl Puckham, 2/16/2015. A graduate of St. Luke’s Hospital in Fairfield, Idaho, Myrl served as an Army Cadet Graduate Nurse and provided self-service in helping others.

Sack, Diane Sue, 2/4/2015. Diane worked as an R.N. at Grizman Memorial Hospital in Moscow, Idaho, specializing in the care of psychiatric and pediatric patients. She was a dedicated advocate for seniors and was devoted to caring for others.

Vinson, Ruby Dean, 2/2/2015. Ruby served as Director of Nursing at Life Care Center of Treasure Valley in Boise and was a devoted nurse and teacher. She utilized her skills as Director of Nursing at Holy Nursing and Rehabilitation in Nampa, Idaho.

Wisnfsky, Julie Judith, 1/12/2015. Julie worked as an R.N. with developmentally disabled individuals and was a part-time private duty nurse in Boise. She was devoted to the profession of nursing and the care of her patients.

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From the President continued from page 1

Even though National Nurses Week has passed, RN Idaho congratulates and recognizes all nurses for their service and dedication.

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Even though National Nurses Week has passed, RN Idaho congratulates and recognizes all nurses for their service and dedication.
Reintroducing Nitrous Oxide Into Obstetric Practice

by Michele D’Arcy Evans, PhD., CNM.  
Professor of Nursing, Lewis Clark State College, Lewiston, Idaho  
Email: mdarcy@lcssc.edu  
There are no declared conflicts of interest

Labor is ranked as one of the most painful life experiences for women, but it can also be one of the most positive. Surprisingly, a woman’s perception of labor and ultimately her satisfaction with her experience are not dependent upon total pain relief, but more on her feelings of being in-control, feeling safe through the care she receives from her health care providers and being an active participant throughout the process. Perception of pain is subjective and depends on many factors including previous experience with pain and cultural norms.

History of Nitrous Oxide Use

Nitrous oxide (N2O) combined with 50% oxygen (O2) is not a new method of pain relief for labor. Historically its use can be traced back to the 1880s and presently it is used extensively in Europe (Kodali, n.d.). For example, in Sweden it is used as a labor analgesic in approximately 70% of all births (Rosen, 2002). In Canada and the United Kingdom about 60% of women choose this method of pain relief. In the United States, nitrous oxide is beginning to gain popularity. Some of the large medical centers such as Vanderbilt University Medical Center, the Birth Center at the University of California, San Francisco, and the University of Washington in Seattle now offer N2O to women in labor (Collins, Starr, Bishop, & Baysinger, 2012).

Action of Nitrous Oxide

The use of N2O as an alternative to an epidural is a viable option for women as nitrous oxide provides mild to moderate pain relief and decreases anxiety (anxiolysis) (Likis et al., 2012). A reduction in anxiety results from the inhibition of NMDA (N-Methyl-D-aspartic acid or N-methyl-aspartate) receptors and the lowered potency potentiation of the GABA neurotransmitters (gamma-aminobutyric acid), thus leading to a decrease in the release of maternal cortisol. The exact mechanism of action of pain relief by inhaled analgesia remains uncertain although it is known to act on the pain centers causing the release of endogenous opioids and other opioids in the brain that could modulate pain stimuli through the descending spinal cord nerve pathways (Maze & Fujinaga, 2000).

Nitrous oxide, a colorless, almost odorless, tasteless, and nonflammable gas, is given in the United States via the Nitronox machine (see Figure 1) in a premix of 50% N2O and 50% O2 (Stewart & Collins, 2012). A nitronox scavenger system has to be used to allow the gas that the client exhales into the mask to be safely vented out of the labor room (Rooks, 2011). Concentrations of less than 50% nitrous oxide cause minimal sedation and does not require the continuous presence of an anesthesia provider (Starr & Baysinger, 2013). Clinically, it is safe for both mother and baby, with minimal cardiovascular, respiratory, renal, hepatic or neurological effects (BOC Healthcare Training, 2013). It is fat-soluble therefore resulting in a weak accumulation in fat and tissues including phospholipid cell membranes and the brain synapses. It is rapidly eliminated via the lungs with less than 1% being metabolized, 99% is exhaled unchanged and it is not stored or accumulated in the body. It has a fast onset and duration, meaning that once the client stops inhaling the gas, the effects wear off rapidly.

Nitrous Oxide continues on page 11

FIGURE 1

In conclusion, N2O 50% with O2 50% is a safe option for pain management for most women. Prior to initiating pain management with N2O, staff education is of paramount importance and should cover topics such as indications, contraindications, risks and benefits, orientation to the equipment and demonstrated competency, and the ability to provide comprehensive patient education. Further research is recommended to facilitate use of N2O as an option for women in labor in the United States (ACNM, 2009). In conclusion, N2O 50% with O2 50% is a safe option for pain management for most women in any stage of labor. It helps to relieve pain, and does not increase the operative delivery rate, nor does it affect neonatal wellbeing. It is easy and quick to administer and does not require intensive or invasive monitoring of mother or fetus. Perhaps most importantly, when used properly, it is known to be as effective as 10-15 mg morphine IV or 100mg meperidine (Holdcroft & Morgan, 1974).

Benefits of Nitrous Oxide

Nitrous oxide has a number of benefits that include effective analgesia, reducing anxiety, facilitating relaxation, enabling women to remain ambulatory or to adopt various labor positions. It can also be used as adjunct to both non-pharmacological and pharmacological pain relief strategies. A potential concern relates to prolonged exposure to or abuse of N2O that can precipitate vitamin B12 deficiency (Krajewski et al., 2007). Vitamin B12 is required for the production of methionine, essential for myelin synthesis and nerve function. Demyelination can cause disruption in nerve-impulse transmission and neurological problems. Treatment is usually high dose vitamin B12. Clients that may not be suitable candidates for N2O include those that potentially have a B12 deficiency such as clients with Crohn’s disease, Celiac disease, anorexia nervosa, or chronic alcohol abuse (Starr, Collins & Baysinger, 2011; College of Registered Nurses in British Columbia [CRNBC], 2014). Care should also be taken if the client has had an upper respiratory infection that has compromised the patency of the eustachian tube as this could cause an increase in pressure in the middle ear due to N2O diffusing into a contained space predisposing to nausea and vomiting (Starr et al., 2011).

Nursing Implications

Prior to initiating pain management with N2O, staff education is of paramount importance and should cover topics such as indications, contraindications, risks and benefits, orientation to the equipment and demonstrated competency, and the ability to provide comprehensive patient education. Further research is recommended to facilitate use of N2O as an option for women in labor in the United States (ACNM, 2009). In conclusion, N2O 50% with O2 50% is a safe option for pain management for most women in any stage of labor. It helps to relieve pain, and does not increase the operative delivery rate, nor does it affect neonatal wellbeing. It is easy and quick to administer and does not require intensive or invasive monitoring of mother or fetus. Perhaps most importantly, when used properly, it is known to be as effective as 10-15 mg morphine IV or 100mg meperidine (Holdcroft & Morgan, 1974).
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