nitrous oxide (N2O) as labor analgesia. The process consists of attendance at an introductory lecture and successful completion of a N2O accreditation package, followed by a demonstration of practical ability in using the equipment. To maintain an acceptable level of skill, annual attendance at a review lecture will be required to maintain competency.

The program went live last November after a lengthy process that included internal review and external approval by the Alaska Board of Nursing.

Need for greater choice of labor analgesia

The implementation of a nitrous oxide (N2O) program for labor analgesia at Fairbanks Memorial Hospital addresses the need for another pain management option and provides greater choice for laboring women. Laboring women deserve a positive birth experience, and access to a safe, less invasive option for managing labor pain. An evidence-based practice approach guided the process in ascertaining if N2O would be a viable option to offer laboring women at this rural Alaskan hospital where there is no 24 hour in-house anesthesia service. After conducting a review of the evidence it was critically appraised. Synthesized findings of the best evidence revealed that self-administration of N2O by the laboring woman allows for safe and cost-effective relief from contraction pain; therefore, it was determined it should be available as a choice for patients to achieve improved maternal-fetal outcomes. Administrative approval was granted, and FDA approved equipment (Nitronox) purchased.

A safe, effective, underused tool in obstetrics

Today, experiencing the pain of childbirth is an option. Patients opting to manage labor pain naturally use labor support, amulation, relaxation, massage, breathing techniques, birth balls, aromatherapy, and hydrotherapy to cope. Other women may plan for epidural analgesia, but their labor progresses too rapidly for anesthesia providers to administer one; or in certain conditions where regional analgesia is contraindicated, the patient has no option but to cope with the pain using natural methods or systemic narcotics. The response to labor pain is individual, as is the experience of labor; therefore, women should have access to a variety of approaches to reduce the pain of labor.

Labor patients desiring a non-medicated birth may manage their pain successfully by using natural methods of pain relief; however, coping skills may become diminished by fatigue and more frequent and intense uterine contractions as labor progresses. Although a patient may have planned a natural labor experience, when the pain becomes too extreme she may request medication. Before the introduction of N2O for labor analgesia, pharmacological options available for laboring women at FMH included systemic narcotics, local anesthetic nerve blocks and epidural analgesia. For the patient wanting to avoid these options and interventions that accompany them, such as intravenous fluids, confinement to bed, and continuous electronic fetal monitoring, N2O offers an alternative for managing the pain of labor, and may improve satisfaction with the birth experience.

N2O is considered a mild analgesic/anxiolytic that can make all the difference in helping the laboring woman cope with pain. A patient self-administering N2O should not require intravenous access, continuous monitoring, and confinement to bed. A fixed blend of 50% nitrous and 50% oxygen used in labor is analgesia or “minimal sedation” per the American Society of Anesthesiologists and entails minimal risk with negligible adverse effects (Bishop, 2013). The administration of medications via any route for the purpose of analgesia is within the scope of practice for the registered nurse (RN) who is educationally prepared, clinically competent.
The Bulletin Board

Caduceus 12 step Recovery Meeting
(open only to health care professionals)
Thursday evenings, 5:45-6:45 pm,
Amazing Grace Lutheran Church,
Corner of O’Malley and Elmore, Anchorage

AKPNO Membership Meeting
First Wed. of the month, 6 pm
BP Energy Center, 900 E. Benson Blvd.
Call in at 907-743-4291

AKPNO Wednesday Night CE Forum
6:15-7:15 pm BP Energy Center
900 E. Benson Blvd.
1 contact hour per session
Registration on site or online at
www.akpno.org
See Up and Coming Events
for next speaker.
Next Forum is April 6 — Kidney Disease Q&A

To post a recurring meeting on the Bulletin Board, CE event or Letter to the Editor, contact the Editor, lhartz@ak.net

For free CE webinars on a variety of topics send your email address to lhartz@ak.net with CNE on the subject line to receive a weekly notice.

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Alaska Nursing Today welcomes original articles for publication. Preference is given to nursing and health related topics in Alaska. Authors must identify potential conflicts of interest, whether financial or of other nature and identify any commercial affiliation if applicable. Resources, including websites should be listed at the end of the article. Photos may be sent as a jpg file and become the property of AKPNO.

Editorials/Commentaries/Letters to the Editor
Letters, comments, questions or opinions about nursing or health care in Alaska are a wonderful way to share information and viewpoints with colleagues across the state. Send your submission via email. Letters must be 350 words or less and may be edited for length, clarity and grammar. Editorials and Commentary do not have a word limit at this time though they are also subject to editing. The ANT is published every three months so be careful about sending time sensitive material.

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All submissions may be sent to lhartz@ak.net

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www.akpno.org
End of Life Decisions for the Terminally Ill

Representative Harriet Drummond

Scott Misner was a musician. He was an avid fisherman. He worked for an oil company. He loved his three sons and his wife dearly. He was a smart man, a member of Mensa who liked to make his friends and family laugh. He made beautiful cabinetry in his wood shop. In March of 2010, with about a month left to live, Scott Misner hung himself from a tree near his home in Sterling. The last thing he did before he died was call State Troopers so his wife wouldn't be the one to find his body.

When first he spoke to a nurse, Claran talked about her husband, my heart broke for her. I was amazed by her bravery. Scott lived with terminal melanoma for years before his death. As the cancer progressed, the symptoms got worse and debilitating migraines, vertigo, trouble breathing. The last thing Scott said to Nan before he died was, “I love you and I promise that after today, everything will be okay.”

Nan didn’t know Scott was planning to end his life. But she knew he was suffering. And they both knew he was going to die. He left letters for Nan and each of his sons. He said, “My decision is not about my health. It’s about my peace. And they are willing to endure more. Most do. Half of the people who have a prescription filled never use it.

I have been told that by introducing this bill I am promoting suicide. I resent that. My son was a sensitive, caring, athletic 17-year old the day he took his own life. Stephen was my oldest child. He loved biking and snowboarding. He bailed to Denali when he was just an eighth grade. I have spent years going over every minute detail of the days leading up to his death. I have agonized over every decision, every word said, wondering if there was anything I could have done to prevent it. The intensity of that responsibility is overwhelming. I don’t think about how old he would be now or what he might be doing if he was still alive. Losing my son to suicide is the most gut-wrenching, excruciating thing that has ever happened to me and absolutely no one should have to go through that.

We rightly consider suicide to be a tragedy, irrational self-destruction. This should be prevented at all costs. Words have power and the term suicide generates strong feelings. We often use different terms to describe different circumstances. Has a Jehovah’s Witness who refuses a blood transfusion because of her religious beliefs, knowing that the consequences of that action will result in death, committed suicide? What about a patient who decides to quit undergoing lifesaving dialysis after many years with his body has slowly deteriorated? How about a Marine who is under attack and jumps on a grenade to protect his fellow soldiers?

With aid in dying, we have a person who wants to live but who is dying. With suicide we have a person who is dying but wants to die. Yes, it is a matter of linguistic choice, but I refer to individuals who are dying, who are rational, and who seek freedom in hastening their impending deaths. If a person a battling depression was to request aid in dying from a doctor, we would have identified a person who needs help dealing with their illness. In that respect, I think this law could actually help stop otherwise healthy people from taking their own lives by recognizing risk factors and getting them the treatment they need.

This bill specifically requires the request to precede if there is any evidence of coercion. The bill further requires that two physicians who work regularly and closely with terminally ill patients to be involved throughout the request process.

I believe this bill is especially important for Alaskans because we shouldn’t have to travel out of state for aid in dying. When Brittany Maynard, the 29-year old with brain cancer, came into the national spotlight in 2014, she was able to move to Oregon in order to take advantage of the aid in dying law. Why should this only be an option for individuals with means? Anyone in this country with enough money can move to a state where they can take advantage in dying. I don’t feel this is fair to the majority of individuals in Alaska who don’t have the ability to move their entire life to another state. This is one of the most personal and important decisions a person will make. The goal is not a good death, but a good life.

This bill allows patients to have important end-of-life discussions with the doctors and nurses they already know and trust. It allows people to take control of the last days of their life. People in these conditions have already lost their health and often much, much more. This bill lets them control the last and most important decision they have left to make if they are still alive. Losing my son to suicide was the most gut-wrenching, excruciating thing that has ever happened to me and absolutely no one should have to go through that.

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Aurora chaser and photographer, Laurie Racenet contributed photographs to the ANT last year and once again has kindly sent in some of her photos. Not only does Laurie get up at terribly early hours of the morning to take her shots, she also practices at the Alaska Heart and Vascular Institute Cardiac Rhythm and Device Management Clinic. Laurie is an MSN, FNP, Fellow of the Heart Rhythm Society and Certified Cardiac Device Specialist. No wonder she can handle a camera!

Zika Resources

Lynn Hartz, ANP

In Alaska, we may not need to worry about mosquitoes infected with the Zika virus but there may be concerns with patients, friends or family traveling to areas with active Zika virus transmission. At deadline, there was more unknown than known about the Zika virus. Rather than publish outdated, or worse, incorrect information, we recommend ANT readers consult with the resources listed below for updated information.

There are other mosquito borne diseases in the same areas where Zika is being transmitted. Dengue fever and Chikungunya are both serious illnesses transmitted by the mosquito and preventive measures (preventing getting bitten) would be the same.

The Center for Disease Control has a website with facts sheets, posters and updated guidelines for health care providers and consumers. www.cdc.gov/zika/

The American Nurses Association has a webpage kept current on Zika Virus : Information for Nurses at http://nursingworld.org/zika-virus-information

Be sure to refresh your memory on insect repellants at epa.gov. For instance, DEET may be used in children/infants over 2 months and should contain no more than 30% DEET. Adults can tolerate higher percentages of DEET. Oil of lemon eucalyptus should not be used in children less than 3 years of age.

The pregnant woman depicted here, was in the process of applying a mosquito repellant to the instep of her right foot. Application of repellants will help to protect her from being bitten by a possible mosquito disease vector, and in turn, her unborn baby from a vector-borne disease including Zika virus. You’ll also note that this soon-to-be mother was dressed, so as to cover up exposed skin, thereby, hiding it from the bite of hungry mosquitoes.
New Regulations Adopted  
During the January, 2016 meeting the BON finalized a new regulation project. Each public comment was reviewed prior to making the motion to complete the project. The project will be submitted to the Lt Governor's office for his signature. The regulations will then become official 30 days after the Lt Governor signs the regulation project.

Temporary Licensure  
Temporary licensure was again discussed at the January meeting. After some changes in the application process, the BON decided to wait and see how well the changes are implemented prior to doing more work on the licensing process. The BON also has an additional licensing examiner to help streamline the process so as to avoid delays in obtaining a nursing license in Alaska.

New Executive Administrator  
It is with great excitement for me to announce the hiring of the new Executive Administrator for the BON. Her name is Gail Bernth, ANP. She is currently from Michigan but has an Alaskan history. She served on the BON in the mid 90's. The board is looking forward to having an executive administrator again!

Board member changes  
Carrie Miller, R, from Juneau and I will have completed our term on the BON as of March 1, 2016. Carrie served on the board for approximately 2 years and was a great asset to the board. She will be missed! In her place, the Governor appointed Jennifer Stuckey, LPN. I will have completed 8 years of service on the BON. It has been a great pleasure and honor to serve on the board with my last 2 years serving as the chairperson. I have enjoyed my time with the board greatly. Thank you to all who have contributed their time and energy to provide safe nursing care the all Alaskans. I feel the nurses that work in Alaska go above and beyond their call of duty to provide comprehensive and compassionate care. Wendy Thon, ANP has been appointed to begin serving March 1, 2016. 

[Editor's note: Ms. Valentine has devoted eight years and countless hours for her profession and the state of Alaska. She will be missed.]
New Co-Chairs for APRN Alliance

The Advanced Practice Registered Nurse Alliance elected two new co-chair persons to serve a one year term last December. The new organization is now going into its fourth year and has been focused on the establishment of APRN as a title to replace ANP in Alaska.

Kathrine Hardy is a Family Nurse Practitioner providing care for all ages, in both Family Practice, and Urgent Care settings. She has more than 15 years experience, including 10 years in Emergency Medicine, as well as Internal Medicine, and Community Health. She is also a Veteran of the US Army, and Army Reserves, and served during Operations Desert Shield, and Desert Storm.

Tracey is a Psychiatric/Family Nurse Practitioner at Alaska Psychological Services providing psychiatric assessment, medication management, cross gender hormone replacement therapy and FASS Collaborative Diagnostic Services. Tracey has served as Secretary and President of the Alaska Nurse Practitioner Association, currently serving as immediate Past President. Prior to her current position, she worked for six years in the field of Forensic Nursing. She worked in Adult Sexual Assault Response before she became a part of the multidisciplinary team at Alaska CARES, evaluating children and adolescents who had been victims of sexual and physical abuse, as well as neglect. She is passionate about trauma informed healthcare access and lectures around the state on topics such as mental health, medical assessment of strangulation, multidisciplinary sexual assault response team, neurobiology and long term implications of trauma and mandatory reporting.

FNP Graduate Students Present Research Projects at APRN Conference

The project measured Alaska Nurse Practitioner use of recommended guidelines when managing chronic pain with opioids in the primary care setting as well as identified perceived barriers of guideline adherence. The results showed that Alaska Nurse Practitioners, by in large, followed recommended guidelines most of the time. The perceived barriers can be divided into two categories: knowledge barriers such as lack of awareness of guidelines and tools such as the Prescription Drug Monitoring Program and resource barriers such as access to specialist or insurance coverage. This project has identified a need for education regarding recommended guidelines as well as the Prescription Drug Monitoring Program. It may be reached at smgregg@alaska.edu for further information.

Alaska BON 2009 Advisory Opinion on Chronic Pain Management


Alaska BON 2009 Advisory Opinion on Chronic Pain Management
http://www.fsmb.org/Policy/PDF/FSMB/Advocacy/painpolicy_july2013.pdf

APRN Alliance January Conference 2016

The 3rd Annual Legislative and Pharmacology Update of the Advanced Practice Registered Nurse Alliance was held January 9 at Providence Hospital. The four advanced practice nursing specialties, clinical nurse specialists, nurse practitioners, nurse anesthetists and nurse midwives were all represented.

The afternoon lectures included the APRN consensus model, prescribing pitfalls and pearls by national speaker Tracy Klein, PhD, FAAN and in depth discussions of buprenorphine use in treatment of opioid dependence by Homer DO Sarah Spencer.

Chief Medical Officer of Alaska and Director of the Division of Public Health, Jay Butler, MD, FAAP discussed the Prescription Drug Monitoring Database in Alaska as well as the problem of opioid abuse in Alaska.

At breaks, participants were able to network and visit with the speakers as well as view the poster presentations of UAA graduate students.

Pictured are the first three co-chairs of the Advanced Practice Registered Nurse Alliance who visited Juneau in January 2016 to advocate for the passage of SB 53: "The Alaska Nurse Practitioner Act." From left, Laura Sarcone, CRN, ANP immediate past Co-Chair, Jane Conway, Tracey Weise, ANP, DNP, current Co-Chair and Lynn Hartz ANP first Co-Chair. In the prior week, Chris Logan, CRNA the Co-Chair with Laura Sarcone and April Erickson ANP successfully lobbied at the capitol to have the bill scheduled to be heard. Two days before it was scheduled to be heard in House Finance, SB 53 was caught in the fiscal logjam of February 9. Rescheduled for March 16, the bill is expected to pass and may yet become law this year.

Dr. Tracey Wiese, ANP, DNP, FNP-BC, PMHNP-BC

Stephanie Klein, RN, BSN, OCN, FNPs presented “Chronic Pain Management with Opioid Guidelines: An Assessment of Alaskan Nurse Practitioners.”

The project measured meaningful use documentation of patient education related to nutrition and physical activity in the Electronic Health Record (EHR). The intervention included staff education, integration of HeartSmart Kids®, a web based education tool and standardization of documentation practices that fit into the clinical flow. The results showed that prior to intervention there was 0% structured documentation of patient education. Post-intervention structured documentation, that met MU regulations, had increased to 41%. This exceeded the project goal of a 10% increase by 31%. This tremendous improvement would not have been possible if it wasn’t for the staff at the Ethel Lund Medical Center (Southeast Alaska Regional Health Consortium) in Juneau, AK. Ms. Lang can be reached at wvettas9@alaska.edu for further information.

Sara Lang, RN-BC, FNPs presented a project titled “Integration of HeartSmart Kids®: A Quality Improvement Project.”

Resources for chronic pain management with opioids guideline provided by Ms. Klein:

Federation of State Medical Boards Model Policy on Chronic Pain Management
http://www.fsmbo.org/Policy/PDF/FSMB/Advocacy/painpolicy_july2013.pdf

Alaska BON 2009 Advisory Opinion on Chronic Pain Management
http://www.fsmb.org/Policy/PDF/FSMB/Advocacy/painpolicy_july2013.pdf

Prescription Drug Monitoring Program Alaska
http://www.alaskapdmp.com
Pat Dooley from the Alaska Nursing Action Coalition Diversity Action Team, and Mari Selle from the Alaska Health Education Consortium (AHEC) provided information and learning opportunities for 5 Noorvik visiting middle school students and 10 Anchorage high school students on January 28, 2016 at the UAA Health Science Center in Anchorage. Pictured are the students with their instructors.

Pat Dooley, BSN, MHSA
Alaska Nursing Action Coalitions’ Diversity Action Team hosted an interactive information table at the Northway Mall on November 7, 2015. The goal was to promote nursing as a career for children and their families. The free “Diversity Community Health Day” event was sponsored by the Polynesian Association of Alaska, the Anchorage Polynesian Lions Club, and the Aurora Borealis Lions Club.

Alaska Nursing Action Coalition Nurses, in partnership with the Alaska Health Education Consortium (AHEC) and Recruitment and Retention Alaska Native Nurses (KRANN), provided future career “dress up” opportunities for kids, gave away Spanish language and English language “You Can Be A Nurse!” coloring books with crayons, and distributed Band-Aids and stickers to participants. The ANAC table featured opportunities for kids to look in each other’s ears, get a blood pressure check, try out a pulse oximeter and ask health related questions.

Dressing up at Diversity Community Health Day at Northway Mall November 7, 2015.

Future radiologist and flight nurse pose for pictures at Diversity Community Health Day.

Pictured are students from the Noorvik and Anchorage group working together on a few group activities. They also participated in a short overview about the Cardiovascular and Pulmonary systems and how they work together before breaking into small groups to take each other’s blood pressures, listen to heart and lung sounds, and to try out a pulse oximeter on each other. After this session, they were given a tour of the UAA Health Science Center’ Gross Anatomy Lab.

The formal, non-profit name for the fund otherwise known as the “Orsini Scholarship” will soon take its place in the history of nursing in Alaska after twenty-five years. It has been especially well known in the Fairbanks area. The final two scholarships were awarded last August to nursing students. Its namesake, Dixie Orsini, was an active RN in Med-Surg and office nursing practice in the 1950s and ‘60s in Fairbanks. I met her in the 1960s when I began working at St. Joseph’s Hospital and she was working in a local clinic.

We became colleagues and friends through the Alaska Nurses Association that was re-activated in Fairbanks in 1962. When Dixie passed away in 1984 her family asked me to establish some kind of fund for nursing. Her husband’s words were, “We don’t care how you use it – maybe to help some girls [sic] who want to go into nursing, or influence legislation, whatever you decide.” I opted for helping to assist as many nursing students as we could through a scholarship assistance program. By 1990 the District 4 Nurses Association Board of Directors became the Fund’s Board, we had our State Tax Exempt Corporation status and our IRS 501(c)(3) tax-free designation and less than $25,000 invested and were off to grant our first small scholarships. The last Orsini scholarship was awarded in 2015.

[Ruth Benson ANP Ret., has diligently managed the Orsini scholarship into her ninth decade and proved herself a true friend not only to “Dixie” but to nursing.]

Ruth Benson, ANP Ret.

The Aleyene “Dixie” Orsini Nursing Education Fund Finale

Your online resource for nursing jobs, research, and events.

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on at least one occasion, and 36.6% had been physically assaulted on at least one occasion, and 34.4% had suffered threats and intimidation. Burnout was defined as emotional exhaustion, incivility and violence against healthcare workers and Massachusetts has proposed, “H.B. 1931, which will create a special ‘difficult to manage’ unit in the Department of Mental Health to treat repeat perpetrators of violence.”

A recent study by Speroni, Fitch, Dawson, Dugan, & Atherton (2013) reported that, “Over the past year, 76.0% of health care workers experienced violence from patients.” Approximately 54% reported verbal abuse, and 29.9% reported physical abuse. Sixty percent reported patients shouting or yelling, and 53.5% reported swearing or cursing. Nearly 38% percent reported being grabbed, and 27.4% reported being scratched or kicked. Emergency nurses experienced a significantly greater number of incidents (P < .001) than other types of nurses. The study also stated that, “Most serious career incidents (P < .001) than other types of nurses. The results show the severity of workplace violence for healthcare workers, as well as the various types of abuse inflicted. The study also calculated statistics on assaults by visitors, which demonstrated that healthcare workers are assaulted by more than just patients. There is a need for deterrents to violence to reduce these percentages.

There have been several studies completed that look at the effectiveness of various deterrents. In Ohio, in accordance with House Bill 62, hospitals are allowed to post a notice in conspicuous locations stating assault on healthcare workers is a felony (n.a, 2013). Touzet, Cornut, Fassier, Le Pogam, Burillon, & Duclos, (2014) discuss the positive efficacy of removing all triggers of frustration and violence in the workplace. They write, “We propose the implementation of a multifaceted program aimed at preventing incivility and violence against healthcare professionals.”

Massachusetts and Oregon have also been increasing the penalty for assaults on healthcare workers and Massachusetts has proposed, “H.B. 1931, which will create a special “difficult to manage” unit in the Department of Mental Health to treat repeat perpetrators of violence.” (Schildmeier, 2010). Oregon has increased assault in the third degree to a Class C felony punishable by up to five years in prison and $125,000 in fines. (Rice, 2014).

In Alaska, there are many areas where legislation can be improved to help protect healthcare workers and medical professionals. There is currently a proposed piece of legislation that seeks to add additional protection to medical professionals from harassment using bodily fluids. The proposed bill will make it a Class C felony to use animal or human bodily fluids to harass medical professionals. This legislation also includes a proposed change to statute (12.55.135(d)) which seeks to increase the sentence for those convicted of assault in the fourth degree to 90 days. This proposed modification of HB364 was submitted to Senator Coghill’s office for review on November 10th, 2015 and at the time of this writing is still awaiting review.

It is a felony in Alaska to assault anyone regardless of their profession except in the fourth degree where it is only a misdemeanor. One way this legislation could be improved is to lobby for assault in the fourth degree against a medical professional to be a felony instead of a misdemeanor. In addition to strengthening laws, policy developers should also investigate physical safeguards. Maybe metal detectors in emergency rooms should be required. Although they may not be very welcoming, safety must have priority over aesthetics. Another change should be mandatory visitor sign in. This may deter potential violence as people cannot hide behind fake identities. Healthcare workers must report all incidents of violence.

Nurses and other medical professionals must speak out to change the laws regarding violence to healthcare workers. Zimlich (2014) reports that, “Almost 72% of nurses reported that their hospital employer did not respond satisfactorily to the violence that these nurses experienced and then reported either formally or informally. The
Health Policy Corner

The Alaska Advanced Practice Registered Nurse Alliance: How Unifying Advanced Practice Nursing Will Improve Alaskan Healthcare

John Fratianni, BSN, RN-BC

A few months ago, I met a unique group of healthcare providers. They delivered babies, administered anesthesia, and prescribed medicines to patients of all ages. In spite of their diverse areas of practice, these nurses—advanced practice nurses (APRNs) with graduate education, advanced certifications, and decades of experience—needed at a price they wanted to pay. These were nurses—advanced practice nurses (APRNs) with graduate education, advanced certifications, and decades of experience—needed at a price they wanted to pay.

In Alaska, nurse midwives, anesthetists, and practitioners can see patients independently without physician oversight [5], and their average salaries are much lower than that of a physician [4]. For example, a generalist physician in Alaska will make a median annual salary of $186,549 while a nurse practitioner will make $97,807 [4]. In addition, APRN patient outcomes have been extensively studied and have been shown to be equal to or better than that of a physician, with respect to patient self-reported health status, patient satisfaction, functional status, glucose, blood pressure and lipid control, and mortality [1]. Clinical Nurse Specialists specifically have proven to decrease hospitalization costs, decrease the incidence of major inpatient complications, and decrease the length of inpatient stays when augmenting existing nurse staffing [1]. It appears that APRNs have the ability to make healthcare in Alaska more accessible and more affordable, because they can often perform many of the same physician functions [5], with equivalent or superior results [1], and at a fraction of the cost [4].

To facilitate this, APRNs must be able to practice to the full extent of their education and training. That means that the Alaska Nurse Midwives, Anesthetists, and Practitioners will make a median annual salary of $186,549 while a nurse practitioner will make $97,807 [4]. In addition, APRN patient outcomes have been extensively studied and have been shown to be equal to or better than that of a physician, with respect to patient self-reported health status, patient satisfaction, functional status, glucose, blood pressure and lipid control, and mortality [1]. Clinical Nurse Specialists specifically have proven to decrease hospitalization costs, decrease the incidence of major inpatient complications, and decrease the length of inpatient stays when augmenting existing nurse staffing [1]. It appears that APRNs have the ability to make healthcare in Alaska more accessible and more affordable, because they can often perform many of the same physician functions [5], with equivalent or superior results [1], and at a fraction of the cost [4].

To facilitate this, APRNs must be able to practice to the full extent of their education and training. That means that the Alaska

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March 2016 Alaska Nursing Today • Page 9
The School of Nursing at the University of Alaska is partnering with Alaska Nursing Today to present the selected works of some of our graduate students. These scholarly products are a result of a semester long partnership between the graduate student and a community stakeholder and must involve some aspect of Nursing Policy or the wider universe of Health Policy.

Thomas J. Hendrix, PhD RN teaches the graduate Health Policy course that facilitates this work and he has an open and ongoing invitation to any person or organization that has an interest in a policy matter to contact him to see if a future partnership with a student is a possibility. For the purposes of these projects, “policy” is defined in the broadest sense possible and includes, but is not limited to, organizational, inter-organizational, professional, regulatory and legislative at any level of government.

The course requires 25-30 total hours of community work. According to Dr. Hendrix, “If you have an idea that fits these criteria, please let me know and let’s see if we can figure something out that works for all parties.” Dr. Hendrix can be reached at thendri3@uaa.alaska.edu.

The AAPPNA: How Unifying Advanced Practice Nursing Will Improve Alaskan Healthcare continued from page 9

Board of Nursing and state legislature must remove barriers to practice consistent with the recommendations outlined in the National Council of State Boards of Nursing’s Consensus model. For example, in Alaska, Nurse Midwives and Clinical Nurse Specialists are considered such advanced practice nurses; despite their widely differing roles [2]; this confines the medical community and does not engender public or professional trust. To remove these barriers, APRNs would be well served by creating a stakeholder group that speaks specifically to these unique issues. Currently, there is not a formalized group representing all four APRN specialties.

I sat down with Alaskan APRNs from each specialty and heard their concerns. To them, the chief purpose of an alliance among advanced practice nurses would be to draft legislative and regulatory recommendations to the state legislature and board of nursing respectively. Additionally, they wanted this group to serve as an expert consultant to the state legislature and board of nursing on advanced practice nursing issues in order to ensure that the concerns of all four specialties are considered on an ongoing basis. To prevent undue influence and broad participation, the group would have an equal voice and an equal share of governance. In this way, the chances of maximizing participation and forming a cohesive unit on the caring mission of the group would be facilitated. To accomplish this, the organization would have an executive board with the traditional roles of president, vice-president, and secretary. However, it would also reserve an ‘at-large’ position for each advanced practice specialty. Furthermore, the president would not come from the same nursing specialty two years in a row. Finally, annual dues would be kept as low as possible in order to facilitate state-wide participation; fundraising and grants would supplement the budget wherever possible. To them, the more members the organization had, the stronger collective opinion would have with policymakers.

After my meeting with these clinicians, I recommended that the Alaska Nurse Practitioner Association, the Alaska Affiliate of the American College of Nurse-Midwives, the Alaska Clinical Nurse Specialist Association, and the Alaska Association of Nurse Anesthetists formally create this unifying organization as a 501(c)3 non-profit: The Alaska Advanced Practice Registered Nurse Alliance. Although the organization has been operating as an informal group of clinicians representing each of the four APRN specialties for the past several years, formalizing the arrangement would further legitimize their cause in the eyes of lawmakers, regulators, and the general public. As more weight has been given to the efficiency of use of all available health care resources.

[It John Priatinni is medical-surgical nurse for the Air Force stationed at Joint Base Elmendorf- Richardson. He is currently a Nursing education graduate student at the University of Alaska Anchorage.]

Health Treatment Nurse

The Anchorage School District is seeking applicants for the position of Health Treatment Nurse. Health Treatment Nurses provide individualized, skilled nursing service to students with medically complex needs. They also provide care and management of medically fragile and technology dependent students in the school setting. Applicants must hold current Alaska RN licensure. Prior acute care nursing experience is helpful.

The successful candidate will serve as a valuable member of the Anchorage School District team! This position offers an attractive salary and benefit package. For a complete listing of the minimum requirements and position responsibilities, please visit our website at www.asdk12.org. To apply, please visit our website and submit an online Classified Job Application.

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Works Cited

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Health Treatment Nurse

The Anchorage School District is seeking applicants for the position of Health Treatment Nurse. Health Treatment Nurses provide individualized, skilled nursing service to students with medically complex needs. They also provide care and management of medically fragile and technology dependent students in the school setting. Applicants must hold current Alaska RN licensure. Prior acute care nursing experience is helpful.

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Anchorage School District
Human Resource Department
5530 E. Northern Lights Blvd
Anchorage, Alaska 99504
Phone 907-742-4116
www.asdk12.org
The University of Alaska conferred degrees upon the following students last December (occasionally our publishing schedule causes a delay on reporting events). The Alaska Professional Nurses Organization welcomes you to our profession. May you have long and rewarding careers!

**Special honors were bestowed on these graduates:**

### Directors Award

Awarded to the student with the highest GPA
- BS – Madison R. Carey
- AAS – James S. Arendash and Jackelyn K. Erwin

### Spirit of Nursing Award

Awarded by faculty vote for the student whom they feel demonstrates the spirit of caring, science, love of learning, and compassion.
- BS – Tricia L DeMarco
- AAS – Pia-Lena J. Crane

### Evidence-Based Practice Award

The Evidence-Based Practice Award was established by the Alaska Professional Nurses Organization in 2013 to recognize a nursing student who integrates research-based evidence and clinical experience to achieve excellence in nursing practice.
- MS – Tabitha M. Waller
- BS – Tricia L DeMarco
  - AAS – Pia-Lena J. Crane

### Peer Award

Awarded by the senior class to a fellow classmate who has completed their nursing studies while balancing the daily demands of life. Sponsored by the Alaska Nurses Association.
- BS – Jordan Gray
  - AAS – Sheri Brown

**AAS Graduates: Anchorage/Mat-su**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>James S. Arendash**</td>
<td>AAS</td>
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<tr>
<td>Angelica K. Baalam</td>
<td>AAS</td>
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<tr>
<td>Ruslan Baklanov</td>
<td>AAS</td>
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<tr>
<td>Sheli L. Brown*</td>
<td>AAS</td>
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<td>Stephanie L. Cahines</td>
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<tr>
<td>Maria V. Chinin</td>
<td>AAS</td>
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<tr>
<td>Michelle E. Colburn</td>
<td>AAS</td>
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<tr>
<td>Jolyne I. Compton</td>
<td>AAS</td>
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<tr>
<td>Pia-Lena J. Crane*</td>
<td>AAS</td>
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<tr>
<td>Matthew K. Dahlstrom</td>
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<td>Kyla D. Davis</td>
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<td>Jasper A. Dillbeck</td>
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<tr>
<td>Jackelyn K. Erwin*</td>
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<tr>
<td>Shannan N. Garcia</td>
<td>AAS</td>
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<tr>
<td>Beatrice Grewal</td>
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<td>Keith E. Hansen</td>
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<td>Charity N. Hibbs</td>
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<td>Ellen K. Ivers</td>
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<td>Alina M. Kosinski</td>
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<tr>
<td>Miriam M. Leonard</td>
<td>AAS</td>
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<td>Alyson K. Mechem</td>
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<td>Desiree T. Merculief</td>
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<td>Candis S. Moore</td>
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<td>Bamu L. Mufale</td>
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<td>Craig J. Prager</td>
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<td>Laura A. Parme</td>
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<td>Holly I. Rauchonstein</td>
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<td>Crystal R. Reem</td>
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<td>Lexie N. Richard</td>
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<td>Alanna S. Roberts</td>
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<td>Gahn T. Tran</td>
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<td>Maria Lynette V. Valencia</td>
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<td>Talia M. Wyckoff</td>
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<td>Jacqueline K. Zaragoza</td>
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**AAS Graduates: Homer**

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<tbody>
<tr>
<td>LeeAnn D. Fields</td>
<td>AAS</td>
</tr>
<tr>
<td>DesMarie Moschum</td>
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<tr>
<td>Meislle C. Mershon</td>
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<tr>
<td>Karen A. Nelson</td>
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<tr>
<td>Brenna D. Overton</td>
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<tr>
<td>Joyce A. Rider</td>
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<tr>
<td>Jacqueline J. Waldron</td>
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<td>Sydney L. Webb</td>
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**AAS Graduates: Ketchikan**

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<tr>
<td>Rebecca D. Allbrant</td>
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<tr>
<td>Lesley C. Kamm</td>
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<tr>
<td>Amy A. Odmark</td>
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<tr>
<td>Katharyn M. Shul</td>
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<td>Jody E. Nelson</td>
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**AAS Graduates: Valdez**

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<tr>
<td>Susan Y. Kamausha</td>
<td>AAS</td>
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<tr>
<td>Melissa M. Cockherm</td>
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<td>Katlin E. Kramet</td>
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**RN-BS Graduates**

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<tr>
<td>Amanda M. Marx, RN</td>
<td>BS</td>
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<td>Jessica P. Monette, RN</td>
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**RS Graduates**

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<td>Christin E. Barrett</td>
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<tr>
<td>Kayla R. Berg</td>
<td>BS</td>
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<tr>
<td>Darby J. Brown</td>
<td>BS</td>
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<tr>
<td>Madison R. Carey*</td>
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<tr>
<td>VoLian Chang</td>
<td>BS</td>
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<tr>
<td>Tricia L. DeMarco*</td>
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<tr>
<td>Stephanie R. Dolchok</td>
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<tr>
<td>Shawn M. George</td>
<td>BS</td>
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<tr>
<td>Jessica L. Gray</td>
<td>BS</td>
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<tr>
<td>Jordan K. T. Gray**</td>
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<td>Jessi J. Gudgeon</td>
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<tr>
<td>Lynnette G. Harrelson</td>
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<td>Elisaveta N. Higgins</td>
<td>BS</td>
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<tr>
<td>Anna E. B. Huff</td>
<td>BS</td>
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<tr>
<td>Brittany W. John</td>
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<tr>
<td>Cassi M. Maloney</td>
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<td>Rhenirezca P. Mercado</td>
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<tr>
<td>Michelle M. Mucha</td>
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<td>Brianna R. Norby</td>
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<tr>
<td>Morgan E. Roodseau</td>
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<tr>
<td>Kirsten L. Ronning</td>
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<tr>
<td>Jerome A. Ross Jr</td>
<td>BS</td>
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<tr>
<td>Jeffrey A. Sison</td>
<td>BS</td>
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<tr>
<td>Alicia J. Stigerwalt</td>
<td>BS</td>
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<tr>
<td>Kala D. Talent-Fowler</td>
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<tr>
<td>Reidun K. Todd</td>
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<tr>
<td>Catherine M. Turnbull</td>
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<tr>
<td>Christina M. Wilder</td>
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<td>Andrea S. Yen</td>
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**MS Graduates**

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<tr>
<td>Alison A. Armour</td>
<td>MS</td>
</tr>
<tr>
<td>Emily A. Garhart</td>
<td>MS</td>
</tr>
<tr>
<td>Gerald Martone</td>
<td>MS</td>
</tr>
<tr>
<td>Cynthia D. Strohach</td>
<td>MS</td>
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<tr>
<td>Jordan A. Thompson</td>
<td>MS</td>
</tr>
<tr>
<td>Casta L. Townsley</td>
<td>MS</td>
</tr>
<tr>
<td>Virginia Walker</td>
<td>MS</td>
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<tr>
<td>Tabitha M. Waller</td>
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**Congratulations Graduates**

**December 2015**

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**OUR VISION:**

“Alaskans enjoy healthy lives supported by a system in which nurses are essential leaders and partners in providing care and promoting health”

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**FUTURE OF NURSING**

**ALASKA Nursing Action Coalition**

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2015 Alaska Nurses Foundation Awards

In support of its mission to support research and education in the profession the Alaska Nurses Foundation awarded two grants that will be carried out in 2016 (the grants were awarded in December 2015). Through a competitive grant review process the ANF grant review committee decided on awarding one public health nursing grant and one general nursing grant.

The public health nursing grant was awarded to Elsa DeHart for the project, “Intimate Partner Violence Screening and Kodiak Care Providers.” The grant author aims to evaluate current provider practices in IPV screening in the Kodiak region. A secondary aim will be to introduce effective screening methods training and local resources, and to introduce prevention concepts to providers in the Kodiak area.

The general nursing grant was awarded to Becca Wachter. The grant author aims to increase participation at the Alaska Breastfeeding Coalition. Art competition and first Friday open house on May 6th through the award of prize money for art inspired by breast feeding.

The Alaska Nurses Foundation is an independent non-profit organization that funds educational and clinical projects for and by Alaska Nurses. The Foundation is completely dependent upon membership dues, contributions and the earnings of a small investment account. If you are interested in furthering the work of the Foundation, you can become a regular member ($20) or sustaining member ($50) by sending your membership and dues to the Alaska Nurses Foundation, 1130 K Street, Suite 100, Anchorage, AK 99501.

If you are interested in furthering the work of the Foundation, you can become a regular member ($20) or sustaining member ($50) by sending your membership and dues to the Alaska Nurses Foundation, P.O. Box 244471, Anchorage, AK 99524-4471. Memberships and dues are fully tax deductible.

The photo includes the first UAA DNP cohort of four students with faculty taken after their successful DNP project proposal defense day on campus. All current students are FNP's with Masters degrees. Planned graduation date is December, 2016.

From Lt., Kitty Wilmann (Professor), Lisa Jackson (Professor), Jill Rife, Jyll Green and in the back from Lt. Leigh Keefer, Barb Berner (Dir. School of Nursing) and Robin Bassett.

Lisa Jackson, DNP

The School of Nursing at UAA is expanding the Post-Master’s Doctor of Nursing Program to include advanced practice nurses with a master’s degree and certification in the following areas: Adult, Geriatric, Pediatric, Acute Care, Women’s Health, and Certified Nurse Midwife. The program will be offered as full or part time. Application for the DNP must be made to both the University of Alaska Anchorage and the School of Nursing Graduate Nursing Program. All application materials, including transcripts and letters of recommendation must be received by MAY 15, 2016. The program begins in the September, 2016.

Items to be submitted directly to the School of Nursing (HSB 101):
1. SON Application to the Graduate Program
2. Check or money order for $75 or apply and pay online.
3. Official College/University transcripts: Submit transcripts for ALL undergraduate coursework and any graduate coursework completed.

Items to be submitted directly to the School of Nursing (HSB 101):
1. SON Application to the Graduate Program
2. Check or money order for $75 or apply and pay online.
3. Official College/University transcripts: Submit transcripts for ALL undergraduate coursework and any graduate coursework completed.
4. Three letters of recommendation (forms attached) [letters not on the SON form will not be accepted; all letters must be mailed directly to the School by the person writing the recommendation]
5. Plan of study approved by nursing advisor must accompany application

You may contact Dr. Lisa Jackson to discuss your plan of study and the admission criteria: Professor Lisa Jackson, 907.786.4290, lmjackson2@uaa.alaska.edu
Nitrous Oxide for Labor Analgesia continued from page 1

and guided by written policies and procedures. Adoption of the N₂O program at FMH allows inpatient obstetric RNs to provide access to a quick and effective method of pain control for the laboring mother.

Occupational Safety

Dose is the critical determinant of risk from occupational exposure to N₂O with the strongest correlation of risk being prolonged and repeated exposure when N₂O is administered at higher anesthesia concentrations. There have been no implications of harm for staff exposed to N₂O when used at analgesic levels, intermittently, and with the use of the demand valve, scavenging equipment and proper instruction. The Occupational Safety and Health Administration (OSHA) recommends N₂O exposures should be limited to 25 parts per million, and dosimetry badges worn by staff and monitoring adherence to these guidelines (American College of Nurse-Midwives: Division of Standards and Practice [ACNM], 2011).

Literature Review

Management of labor pain is different from other pain, in that pain is part of the labor process which patients sometimes choose to experience, rather than alleviate. N₂O has the potential to change the outcome for a laboring woman seeking a natural minimal intervention birth, but who requires a small amount of pain relief. All articles selected for this review regard N₂O as a form of pain relief, and continuous electronic fetal monitoring are considered an option for analgesia in laboring women. Safety considerations and potential barriers to clinical practice in managing labor pain with N₂O were evaluated.

Need for Greater Access and Choice of Labor Analgesia:

• Women at Fairbanks Memorial Hospital (FMH) have fewer options for pain relief in labor.
• Exalzating healthcare costs require creative solutions for cost containment.
• Consumers look to the healthcare team for guidance on providing safe and economically worthwhile choices.
• Nurses at FMH take pride in visionary efforts of Banner Health System by participating in evidence-based practice to put forth ideas and answers to meet the evolving challenges of the healthcare industry.

BACKGROUN

• Some women desire natural labor with minimal interventions.
• The only pharmacologic options for labor analgesia at FMH are epidural, pudendal analgesia, and local anesthetics.
• Nitrous oxide (N₂O) is a safe, effective, underused tool in obstetrics.
• N₂O for labor analgesia is common in numerous countries with high standards for medical care (Great Britain, Australia, Canada, Finland).
• Currently in use in 12 Hospitals & 8 Birth Centers in the US (2013) (Including University of California San Francisco, Vanderbelt, University Medical Center, University of Washington).

LITERATURE REVIEW

The literature is replete with reviews and opinions regarding pain relief using N₂O as labor analgesia. In an extensive review of 26 RCTs randomizing 2958 women, Klomp et al. (2012) concluded that N₂O may help to relieve pain during labor, but there may be side effects such as nausea, vomiting, dizziness, and drowsiness. Rosen (2002) summarized the results of 11 randomized controlled trials (RCT) and concluded that published work does not provide clear quantitative evidence of the analgesic efficacy of N₂O. This review reported no or only moderate decrease in visual analog pain scales (VAS); however, many women wanted to continue its use and would choose N₂O as a form of pain relief for subsequent labors. In more recent RCTs, VAS scores were significantly lower in the N₂O group indicating using N₂O provides significant pain relief (Talebi et al., 2009), and that using N₂O caused less labor pain, favorable expectations and more maternal satisfaction (Pasha et al., 2012). Because it is not metabolized, it is almost completely eliminated from the lungs in an unchanged state, and does not bind to any carrier proteins during transport, avoiding drug interactions. The rapid onset of action and quick clearance of N₂O prevents accumulation in maternal or fetal tissues (Stewart & Collins, 2012). N₂O is quickly eliminated from the newborn as respirations are initiated therefore it causes neither nervous system nor respiratory depression in the newborn (Rooks, 2011). Most studies failed to show significant adverse neonatal effects measured by Apgar scores, or umbilical and venous blood gases (Baysinger, 2010). Present data indicates that using N₂O does not interfere with the normal progress of labor and does not increase risks of maternal or fetal complications (Rooks, 2012).

SUMMARY

The use of self-administered, intermittent nitrous oxide (N₂O) by women in labor is safe for mothers, neonates and staff when the N₂O is delivered as a blend with 50% oxygen 50% N₂O does not interfere with the normal progress of labor and does not increase risks of maternal or fetal complications. Since it is defined as ‘minimal’ analgesia, IV’s and continuous electronic fetal monitoring are no longer required. The literature review is based on: AHRQ review, COCHRANE review, Systematic literature review by experts.

CONCLUSIONS

1) N₂O pharmacologic makeup and minimal maternal and fetal side effects make it an appropriate alternative for labor analgesia for many women.
2) Inhaled N₂O has a long history of use in labor and is safe for the mother, neonate and can be made safe for staff.
3) More research is needed on efficacy, patient satisfaction, environmental exposure, and materna/fetal effects.
4) The availability of N₂O for labor analgesia would increase options for pain management, be cost-effective, and may increase patient satisfaction with the birth experience.
5) The adoption of a N₂O program will allow nurses and providers to provide safe, quality effective, and patient controlled pain relief for the laboring woman without delay, therefore should be available for women delivering at FMH.

BACKGROUND

• Women at Fairbanks Memorial Hospital (FMH) have fewer options for pain relief in labor.
• Exalzating healthcare costs require creative solutions for cost containment.
• Consumers look to the healthcare team for guidance on providing safe and economically worthwhile choices.
• Nurses at FMH take pride in visionary efforts of Banner Health System by participating in evidence-based practice to put forth ideas and answers to meet the evolving challenges of the healthcare industry.

PICO QUESTION

Can nitrous oxide (N₂O) be a safe and effective option for labor analgesia in full-term, vaginal deliveries?

LITERATURE REVIEW

COCHRANE, MEDELIN, COCHRANE, EBCOCH

Nitrous oxide and labor pain relief: a literature review of other analgesia for labor. The literature review is based on: AHRQ review, COCHRANE review, Systematic literature review by experts.

EVIDENCE SUMMARY

Self-administered, intermittent N₂O use for Labor Analgesia:

• Safe for mothers, neonates, and staff caring for women during childbirth if the N₂O is delivered as a 50% blend with O₂ is self-administered, and good occupational hygiene is practiced.
• Positive effect of pain relief, decreased anxiety, euphoria, or ‘not caring’ about pain.  
• Defined as ‘minimal’ analgesia, does not require IV, continuous electronic fetal monitoring, confinement to bed.
• Rapid onset of action and quick clearance prevents accumulation in maternal or fetal tissues.
• Patient remains awake and alert, no increased risk of aspiration, no desaturation.
• Does not alter uterine contractions, nor duration of labor.
• Few side effects: dizziness, nausea, vomiting.
• No central nor respiratory depression in neonate, nor increased respirations or respiratory depression in the newborn.
• Newborn alertness and breathing unaffected.
• No occupational exposure harm with FDA approved nitrous oxide using demand valve, scavenging equipment and proper instruction and use. UCSF data < 2ppm per dosimetry badges. ASA, ACOG & OSHA statement of nitrous oxide.
• Apoplectic damage in repeat pups exposed to high anesthetic doses > 500ppm.

REFERENCES

National Guidelines/ Resources/Websites

Advisory Committee on Immunization Practices Recommended Immunization Schedules for Persons Aged 0 Through 18 Years — United States, 2016

Printable versions of the immunization schedule and patient-friendly handouts can be found at the immunization schedule website. (http://www.cdc.gov/vaccines/schedules/index.html).

Guidelines cover diabetes management for LTC, nursing facilities

Elderly patients with type 2 diabetes in long-term-care and skilled nursing facilities should be carefully screened for comorbidities that can affect their diabetes management and be given simple treatment regimens. Patients should also avoid sliding-scale insulin-dosing regimens, according to American Diabetes Association guidelines published in Diabetes Care. The guidelines also recommend minimizing the risk of hypoglycemia and respecting the wishes of patients nearing the end of life, including the right to refuse treatment. [AANP SmartBrief 2/4/16]

Group releases guideline for opioid use disorder treatment

A guideline recommending best practices for the assessment, diagnosis and treatment of opioid use disorder, with a focus on special populations, has been issued by the American Society of Addiction Medicine. The guideline discusses the use of drugs such as methadone and buprenorphine and psychosocial therapies in treating opioid use disorder, and calls for evaluation of patient preferences, treatment history and treatment setting when making prescribing decisions. The guideline, published in the Journal of Addiction Medicine, is based on a review of 27 studies and 34 existing guidelines. [AANP SmartBrief 1/25/16]

Alaska Guidelines/ Resources/Websites

DHSS section of Chronic Disease Prevention and Health Promotion presents a monthly webinar series, 30 minutes each that can be participated in live or viewed in You Tube. go to www.dhss.alaska.gov/chronic/Pages/webinars/default.aspx to register or view previous webinars.

211 Alaska's number to get connected to get answers

For your patients who need to find help in Alaska, including disability services, counseling, senior services, health care and a variety of other social services. The line is open M-F 8:30-5:00. The website is www.alaska211.org

Up and Coming Event Calendar

Events

Alaska State Board of Nursing

Upcoming Meetings

July 6-8, 2016

-agenda deadline

Anchorage

June 15

October 26-28, 2016

-agenda deadline

Fairbanks

October 5

January 18-20, 2017

-agenda deadline

Anchorage

December 28

The Alaska Board of Nursing has a list-serve that is used to send out the latest information about upcoming meetings, agenda items, registration being considered, and other topics of interest to nurses, employers and the public. To sign up for this free service, go to www.nursing.alaska.gov. Choose the “Subscribe to Listserve” hyperlink on the homepage below the Board of Nursing Listserve Heading.

Inquiries regarding meetings and appearing on the agenda can be directed to: Gail Bernh, Executive Administrator Alaska State Board of Nursing 550 W 7th Ave, Ste 1200 Anchorage, AK 99501 Ph: 907-269-8160, fax 907-269-8196, email gail.bernh@alaska.gov To attend by audio conference call 907-269-8161 for access number.

Continuing Education

ANT readers. Rather than typing in all those hyperlinks, you can also go to akpno.org and download the latest .pdf issue of the ANT and just click on any hyperlinks in the newsletter you are interested in.

ALASKA PROFESSIONAL NURSES

ORGANIZATION

AKPNO Wednesday Night CE Forum

6:15-7:15 pm BP Energy Center 1000 E. Benson Blvd. 1 contact hour per session updated information at www.akpno.org

April 6, 2016—

Kidney Disease, Q & A

Robin Bassett ANP, CAPT. USPHS Internal Medicine, Nephrology Alaska Native Tribal Health Consortium $0.00 members, $10.00 non-members payable online or at the door Sponsored by AKPNO and State of Alaska Division of Public Health

Upon completion of the learning activity, you will be awarded 1 contact hour. You must attend the entire session to receive contact hours. Alaska Division of Public Health is an approved provider of continuing education by the Montana Nurses Association, an accredited approval by the American Nurses Credentialing Center's Commission on Accreditation. There is no conflict of interest for anyone involved in planning or presenting this learning.

Spring 2016 NWGWEC Geriatric Education Series

March 29-May 31, 2016 / Virtual Classroom

The Area Health Education Center (AHEC) is once again partnering with the Northwest Geriatric Education Center to bring 10 more weeks of high quality geriatric trainings to Alaska via virtual classroom. Target Audience—physicians, physician assistants, nurse practitioners, physical & occupational therapists, nurses, psychologists, social workers, pharmacists & other professionals working with HIV-positive or have mental illness, according to the American Diabetes Association’s 2016 Standards of Medical Care published in Diabetes Care. ADA also made revisions to the discussion of diagnostic tests, recommended the screening of all adults for dysglycemia -- regardless of weight at age 45 and getting a fasting lipid profile in children at age 10. [AANP SmartBrief 12/28/15]

Optimal Nurse Staffing

New White paper by American Nurses Association

In a press release 11/2015, the ANA announced nurses at all levels and in all settings can use the white paper, “Optimal Nurse Staffing to Improve Quality of Care and Patient Outcomes,” as a resource to advocate for and implement sound, evidence-based staffing plans. The paper is the first in a series aimed at addressing the value of nursing care and services. Individuals can learn more and access the white paper executive summary here. Go online to akpno.org for the online version of the ANT

Alaska Nurse Practitioner Association Fall Conference

September 22-24, 2016 Caption Hook Hotel For information and registration www.alaskanap.org

Robin Bassett ANP, CAPT. USPHS Internal Medicine, Nephrology Alaska Native Tribal Health Consortium $0.00 members, $10.00 non-members payable online or at the door Sponsored by AKPNO and State of Alaska Division of Public Health

ADA updates recommendations for diabetes care

A new “position statement” on glycemic therapy is advised for women with diabetes ages 50 and older, as well as individualized treatment for vulnerable patient populations such as those who are food insecure, have mental or cognitive disease, according to the American Diabetes Association’s 2016 Standards of Medical Care in Diabetes Care. ADA also made revisions to the discussion of diagnostic tests, recommended the screening of all adults for dysglycemia – regardless of weight at age 45 and getting a fasting lipid profile in children at age 10. [AANP SmartBrief 12/28/15]

Up and Coming Event Calendar

Several events are listed, including the Alaska Board of Nursing’s upcoming meetings, the AKPNO Wednesday Night CE Forum on April 6th, and the Spring 2016 NWGWEC Geriatric Education Series. Other events include the Alaska Nurse Practitioner Association Fall Conference, with dates and location provided.
Nitrous Oxide for Labor Analgesia continued from page 13

not required. There is a rapid onset of action and quick clearance that prevents accumulation in maternal and fetal tissues. N₂O does not alter uterine contractions or duration of labor. There is no effect on Apgar scores and breastfeeding is unaffected in the neonate. FMH is happy to provide this new option to patients and congratulates the nurses involved for their hard work on this project.

[Debra Booysen is a RNC in Women Infant Services at Fairbanks Memorial Hospital and wrote and presented the proposal for the new program implementing nitrous oxide for labor analgesia to the Alaska Board of Nursing in 2015 where it was approved. Her undergraduate work was in South Africa where she first became acquainted with the use of N₂O in labor analgesia. Ms. Booysen is currently in the Family Nurse Practitioner Program at UAA. She can be reached for questions at debra.booysen@bannerhealth.com]

References

DUES and PAYMENT INFORMATION
Member Dues: $100
Students in first year after graduation: $25
Return application and check made out to: AKPNO, 2922 Yale Drive, Anchorage, Alaska, 99508 or go to www.akpno.org and pay online!
AkPNO Professional Nurses Organization is a non-profit organization.

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☐ Please check this box if you would like to be contacted about joining one of our committees; membership, conference or legislative.
• Interested in working on the newsletter? photos? writing? contact thartz@ak.net.
• I understand that I will receive AKPNO emails as a primary form of communication.

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DUES and PAYMENT INFORMATION

Member Dues: $100
Students in first year after graduation: $25
Return application and check made out to: AKPNO, 2922 Yale Drive, Anchorage, Alaska, 99508 or go to www.akpno.org and pay online!

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You are IMPORTANT to AKPNO


Learn more at ahima.org/events/2016virtualjl-CDIP-ExamPrep

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**Happy National Nurses Week May 6-12, 2016**