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Nevada RNFORMATION

THE OFFICIAL PUBLICATION OF THE NEVADA NURSES ASSOCIATION
The Nevada Nurses Association is a constituent member of the American Nurses Association

Quarterly publication direct mailed to approximately 33,000 Registered Nurses and Licensed Practical Nurses in Nevada

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- May 14, 2016 Future of Nursing Awards Dinner, Las Vegas
- September 17, 2016 District 1 Symposium, Reno
- October 15, NNA Annual Meeting

HAPPY NURSES WEEK FROM NNA

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Check Out the Article About Florence Nightingale & Learn Where to Hear a Rare Recording of Her Voice.

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NNA Mission Statement

The Nevada Nurses Association promotes professional nursing practice through continuing education, community service, nursing leadership, and legislative activities to advocate for improved health and high quality health care for citizens of Nevada.

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Are you interested in submitting an article for publication in *RNFormation?* Please send it in a Word document to us at nna@hdiss.net. Our Editorial Board will review the article and notify you whether it has been accepted for publication. Articles for our next edition are due by June 1, 2016.

If you wish to contact the author of an article published in *RNFormation,* please email us and we will be happy to forward your comments.

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NNA Board Reception

The NNA State Board Reception on January 29 was a big success, and we thank all of you who attended. Sandy Olguin was recognized for her work in starting the Nevada Nurses Foundation and Donna Miller was recognized for her work in Tonopah when the hospital closed. Both received certificates from NNA, Senator Dean Heller, and Congressman Mark Amodei. A very popular table was the NNA Environmental Health Committee table, where radon testing kits were being distributed by Dr. Bernie Longo.

We want to thank those who helped to make it a success:

- Arthur L. Davis Publishing Agency for sponsoring the food.
- Infinity Hospice Care for providing mugs and goodies for everyone.
- Steve and Michelle at Homewood Suites in Reno, who went way out of their way to help make our event a success.
- The new graduate nurses and students from UNR Orvis and Carrington who did everything from planning to picking up the food and signing people in. We couldn't have done it without them! A special thank you to Michele LaPorte, who recruited the volunteers and helped with planning the event.

A Special Invitation To NNA Members – A Call to Serve

We invite you to be a candidate for office on one of the Boards of Directors in the Nevada Nurses Association. This is a way to share your ideas, work toward the realization of your personal and professional goals, and participate in shaping the future of health care in Nevada.

Most terms of office are two years, and **most business is conducted by email or teleconference.**

At the state level we are seeking candidates for President, Vice-President, Treasurer, Director at Large (1), Nominating Committee (3) and two representative to the annual Member Assembly.

In Northern Nevada – District One – we are seeking candidates for President-Elect, Secretary, Director at Large (3).

In Southern Nevada – District Three – we are seeking candidates for Secretary, Treasurer, and Director-At-Large (1).

We will be happy to send you a summary of the office you're interested in. If you'd like more information, please contact Margaret Curley at nna@hdiss.net.

Please begin to think about how you would like to participate. We welcome self-nominations. Campaigning is encouraged, especially for the offices of state president and vice-president. We will be glad to help you get started on the campaign process. Call Margaret at 775-747-2333 if you have questions.

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president's corner

My Life as NNA President

Scott Lamprecht, DNP. RN, APN
President, Nevada Nurses Association

When I was asked about running for NNA President six years ago, I thought that was the craziest thing I had ever heard. I was a nurse educator and working on my Family Nurse Practitioner. I was a clinician, not a leader. I did some research on the role, and was still not convinced I wanted to do this, but with the support of several colleagues, I decided to run. I became President-Elect in 2011, and President in 2012 then re-elected in 2014. This year will end my two terms as President of NNA. I can honestly say this has been one of the most rewarding experiences of my life. Both NNA and myself have grown significantly in the past five years. Here are a few of the highlights:

- Membership has doubled
- 2013 NNA supported nine legislative bills that all passed and worked with multiple groups to accomplish this. Groups included American Heart Association, School Nurses, Oncology Nurses, Nevada Advanced Practice Nurses Association (NAPNA), Nursing Unions, and others.
- Meetings with Governor Sandoval's Office and many State Legislators
- Lobbying and meetings in Washington DC with Congressman and Senators
- Presentations at the National Institutes of Health/Institute of Medicine
- Meetings with the Executive Officers of American Nurses Association
- Changes to Staffing Legislation in the State of Nevada
- Changes to Nursing Scope of Practice in Nevada
- Appointment to three State Health-related Committees
- Multiple TV, Radio, and newspaper interviews on Nursing topics

There are many more to list, but cannot list them all. I remember thinking years ago that nursing policy and decision-makers needed to be administrators instead of bureaucrats and I still believe that. The nurses caring for patients need to be the ones making decisions on patient care and scope of practice. NNA can give you the chance to do this and make a difference. NNA is a team and not just one leader. I have been honored to work with a group of very special and talented nurses that have accomplished the items listed above and so much more. NNA is nurses working together to promote nursing. The key is to get involved and now is the time to make a difference.

If you would like to contact NNA or President Lamprecht, please call 775-747-2333 or email nvnursesassn@mvqn.net.

NEW NNA JOB BOARD NOW AVAILABLE!

Are you looking for a new nursing job in Nevada? Visit our website, www.nvnurses.org, and check out the listings on our Job Board.

Would you like to receive notice about new job listings? It's easy to join our Job Board mailing list! Just send your email address by text message: Text NNAJOBBOARD to 22828 to get started or email nnajobs@nvnurses.org.

Employers, are you looking for a qualified nurse for a position in Nevada? Check out our competitive rates for job board postings, email blasts, and social media blasts at www.nvnurses.org or call Ian at 775-747-2333 for more information.

Nevada Nurses Association

Amy Pang, BSN, RN

"The purpose of life is to contribute in some way to making things better."
— Robert F. Kennedy

The Nevada Nurses Association has been serving Nevada's nurses for **93 years!**
We work hard to support nurses from all different backgrounds!

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— William Arthur Ward

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— Ralph Waldo Emerson

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Want to represent the voice of nurses across Nevada?
Come to Nurses Day at the Legislature!

10 Fast Facts about NNA:

1. We are not a union
2. We are the state branch of the American Nurses Association
3. We have a year-round lobbyist that monitors all bills in the legislature related to health care
4. We are the largest nursing group in the state, with members from new grads to retired RNs
5. We are one of the leading states in the nation in educating about workplace incivility and bullying
6. Our environmental committee works to teach the public on a variety of environmental concerns such as radon in the home, recycling, and preparing for an earthquake
7. The Nevada Nurses Foundation has given over $10,000 dollars worth of scholarships to nursing students obtaining their BSN to PHD
8. We are always looking for enthusiastic nurses to join our association and work hard to make a positive difference for nurses across Nevada
9. We offer multiple CEU opportunities throughout the year, FREE to members!
10. Retired RNs AND new grads get a special discount.

Want to know more? Ready to become a member?
Find us on Facebook, or go to our website: www.nvnurses.org.

We all have ability. The difference is how we use it.
— Stevie Wonder

Debra Scott, MSN, RN, FRE
5640 Rivers Edge Drive
Fallon, Nevada 89406
(775) 217-0739
Psychds1952@gmail.com

Dear RNformation colleagues,

My last day with the NSBN was January 15, 2016. I received my copy of the February issue of the RNformation soon thereafter. I am humbled by the outpouring of sentiment and congratulations that I found on pages 10 and 11. Thanks to Mary Mackenzie for the beautifully written article, to Margaret Curley as the editor of the publication, and to each of the individuals who shared their thoughts and well wishes. Thank you to Nevada Nurses Association (NNA) for honoring me in such an overwhelming way.

I hope many of you enjoyed the two retirement celebrations — one on January 8th at the Governor's Mansion in Carson City and another on January 15th at Treasure Island in Las Vegas — as much as I did. Each celebration was wonderfully unique and I was touched in so many ways. My heartfelt thanks to all who were involved; there are no words to convey my appreciation and wonderment for your generous gifts to me.

As I read the many tributes in the RNformation and the many cards and well wishes that I received, one theme was evident–the uniting of Nevada nurses. My ultimate goal as the NSBN Executive Director was to bring Nevada nurses together for the good of our patients, ourselves, and our state. Through your words, I have concluded that we have met that goal. Nothing is more important in our profession than nurses finding a common purpose to enhance our role in patient advocacy.

We must never forget the power we have as ONE. We must use that power to positively impact healthcare in Nevada, in our nation, and internationally. I look forward to continuing to be part of the nursing community and hope that you will allow me to join all of you as we move forward to do amazing things. I am a very lucky woman to have worked closely with so many of you and we share our many accomplishments as ONE.

Many thanks to each and every one of you. Our future is bright together.

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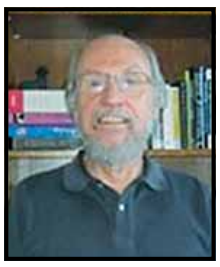
Nevada CARE Act

Wallace J. Henkelman, EdD, MSN, RN



One of the healthcare related laws passed during the recent legislative session and currently being implemented by health care facilities is the Caregiver Advise, Record, Enable (CARE) Act submitted as SB177. This act allows persons admitted for inpatient care in a health care facility to designate a person or persons to act as their caregiver upon discharge from the facility. It also, perhaps more importantly, requires the facility to provide training for the caregiver on post-discharge care. This designation of a caregiver can be accomplished in an advance directive or in separate documentation.

This legislation was submitted by the AARP which estimates that there are about 500,000 persons in Nevada currently acting as caregivers. This law would provide those persons with medical information and training necessary to more effectively function in that role. It must be noted that the designated caregiver is under no legal obligation to provide any care simply because they have been named.

Responsibilities of the facility under this law include: providing, upon admission, the opportunity to designate a caregiver if one has not already been designated in an advance directive, providing opportunities to change or add caregivers at any time during the inpatient stay, documenting the caregiver preferences in the medical record, notifying the caregiver(s) of a pending discharge or transfer of the patient, providing the caregiver(s) with a discharge plan and any information or training necessary for providing post-discharge care. The Bureau of Licensure (HCQC) will be including the implementation of this information in their facility surveys.

If a patient is not competent upon admission, a representative of the patient such as a legal guardian or someone designated in a Durable Power of Attorney for Health Care may designate a caregiver. If the patient later becomes competent, he must be provided with the opportunity to add, change, or remove designated caregivers.

Release of medical information is limited, of course, by federal HIPAA regulations, so written consent by the patient or his representative must also be obtained in order to provide the caregiver with necessary information.

Wallet cards designating caregivers as well as fact sheets concerning the CARE Act can be downloaded at www.aarp.org/nv.

legislative update

Last month, the Interim Legislative Committee on Health Care discussed the success and challenges of the Implementation of AB170 (Independent practice for APRN's). The State views this legislation as a major success. 88% of newly licensed APRN's come from states where they don't allow independent practice. In addition, there has been a 30% increase in licensed APRNs. While this legislation has been a success, there are still some issues with implementation. Some APRN's are still running into insurance rate parity and it is causing some issues for APRNs to open their own practice. There was also discussion on their inability to sign forms such as POLST, handicapped placards, and death certificates. The APRN Association would like to see this changed in the next legislative session. NNA will support the efforts of our partner Association to accomplish signature access for APRNs.

The State Study on Postacute Care met last month as well. The meeting went over the economics of postacute care facilities. They discussed the history of the reimbursement system and the provider tax, private insurance, cost effectiveness of home health compared to facility care, and costs associated with hospice. The next meeting is scheduled in April and will go over where care and costs collide. The committee will review potential solutions for the major issues that this industry faces. The NNA will be reviewing all proposals and deciding which we can support for future legislation.

The Future of Nursing in Nevada Awards Dinner

Join us for a gala night of food, networking, and celebration of the accomplishments of our nursing colleagues.

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Questions?
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Presented by the Nevada Nurses Foundation, the Nevada Nurses Association (NNA), the Nevada Action Coalition (NAC), the Nevada Association for Nursing Excellence (NANE), the Nevada Organization of Nursing Leaders (NONL), the Nevada State Board of Nursing (NSBN), the Southern Black Nurses Association, the Philippine Nurses Association, and the Nevada Association of Nurse Practitioners (NAPNA).
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inside nna

NNA District 1

Julie Wagner, PhD, RN, NNA District 1 President

District 1 Board Members for 2016 include: Julie Wagner, President; Darlene Bujold, Vice President; Linda Bowman, Secretary; Glenn Hagerstrom, Treasurer; Kristina Efstratis, Social Media Chairperson; and Directors at Large - Debi Igraffia-Strong, Hayley Coley, Jeremy Martinez, Christy Johnson, Jami-Sue Coleman

We had our first retreat on Saturday, February 5, 2016 in Reno, Nevada. It was fun to meet "live" and many ideas and events were discussed for this year. District 1 and District 3 board members will meet this year with State Board at interval dates (as well as have their own respective meetings) to better collaborate on strategies to meet the 2016/2017 goals throughout the state for all its membership. If any District 1 nurses would like to join us for our board meetings, please contact me for information on dates and how to conference in for the meeting.

One joint goal is to increase NNA membership throughout the State. Ideas for accomplishing this include educating nurses on what NNA has done for them the last 93 years, as well as what most current issues are facing nurses (see Fact Sheet in this publication). Additionally, Kristina, chair of social media committee is placing nursing articles, facts, stories, and other important information on NNA Face Book to bring awareness to the education, practice, and social events we offer.

NNA District 1 Board members have reached out to all Northern Nevada nursing schools to attend their senior leadership classes to speak to students about the importance of joining NNA and that they get a 50% discount the first 2 years they join after graduation. We voted to give $200 to each of the five northern Nevada schools of nursing for their student organizations to use for their conventions and events.

Our first educational event this year is Wednesday, March 9th from 7:30 am-8:30 am at Black Bear Diner. The title of the 1 CEU offering is *"Care of the Caregiver: Healthy Tips for Nurses."* NNA is offering $5.00 coupon to NNA members to help pay for breakfast. Please invite all nurse friends to attend and encourage all your nurse colleagues to join NNA today!

We voted to give $150 to the National Alliance on Mental Illness (NAMI) Northern Nevada to support their annual event "Walk and Talk" on May 7, 2016. This fundraiser helps raise money for mental health support groups. NNA will have a table at the event as one of the community resources supporting a safe and stigma-free environment for people with mental illness.

District 1 will have open board positions this year to include President elect, Secretary, and 3 Director positions. Please contact Julie Wagner or Margaret Curley if you are interested.

Nevada Collaborative on Prevention of Incivility and Bullying in the Healthcare Workplace

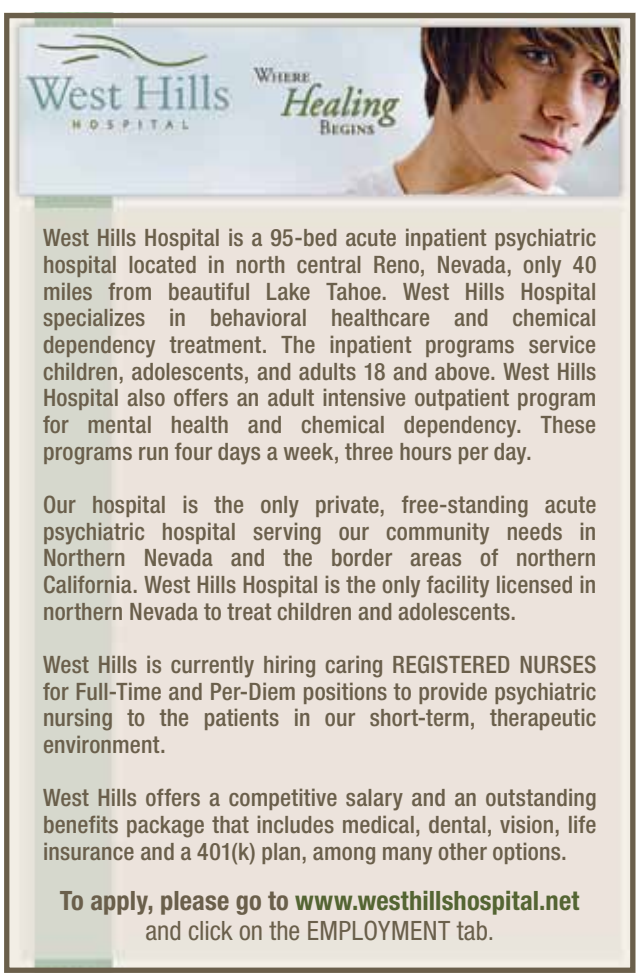
Sandra Olguin, DNP, RN

Since the birth of the Nevada Collaborative on Prevention of Incivility and Bullying previously known as Lateral Violence, the Collaborative has visited multiple healthcare institutions providing free training. The purpose of the training is to raise awareness, provide support, and offer tools to prevent and break the cycle of workplace incivility and bullying in Nevada. The American Nurses Association Position Statement on Incivility, Bullying, and Workplace Violence, effective on July 22, 2015, delineates the health care team, including academia, "have an ethical, moral, and legal responsibility to create a healthy and safe work environment…" Previously, we used the terminology, Lateral Violence which has been modified to Incivility. According to Clark (2013), Incivility is "rude or disruptive behaviors which often result in psychological or physiological distress for the people involved—and if left unaddressed, may progress to threatening situations" (Clark, 2013).

Recently we asked Humboldt General, of Winnemucca about their experience post-training and we found out that they thought the group presentation "was great" and the Skilled Nursing Facility is developing a departmental lateral violence policy in their unit. They are hopeful to make an organizational shift. A member of the team, Robin Gillis, RN describes the interactive training and train-the-trainer as "valuable" and believes, "having to do it (interactive training) was a great way to learn." Although no formal classes have been conducted since the train-the-trainer course, they are working toward incorporating the training into their orientation program.

Robin interjects, "Following the training it was evident that the material impacted the staff, as there were numerous discussions" on the subject. The training brought the matter to the surface and allowed peers to discuss it by seeking clarification and guidance on how to approach and resolve situations. "It was great and I would still like to have you come back to do this on a more global level (throughout HGH)."

If you would like more information on how to be involved or would like to attend or schedule a free training, please contact Margaret Curley, BSN, RN, 775-747-2333.



New Nurse Initiative

Sandy Olguin, DNP, RN

Does it surprise you to hear, "nurses leave the profession because of burnout, moral distress, physical and emotional exhaustion, and feelings of being disrespected as a professional and as a person?" (White, 2014, p. 30).

New Graduate Nurses (Right to Left): Alyssa Roberge, Jess Vega, Jessica Moiseyev, Kaitlyn Clark and Britni Combs.

The Nevada Nurses Association value all nurses in Nevada yet realize new graduates entering the profession and nurses with less than five years of experience need special attention. The purpose of the NNA New Nurse Initiative is to provide support and assistance as new nurses transition into practice and leadership. The goals include providing educational and networking opportunities, developing support systems, and offering resources for career seeking nurses.

Thank you, Professor Lisa Woodall, Assistant Professor at Orvis School of Nursing at the University of Nevada, Reno, for allowing me to share the new nurse initiative with your students. During a discussion, students were asked to respond to several questions as a group. When asked to describe five things they are most worried about after passing the NCLEX, their responses were varied and ranged from adjusting to a new schedule to hurting a patient and losing their license. Many groups reported paying back student loans, bullying, finding the right place to work, and harming a patient to be worrisome. They also identified concerns of transitioning from student to practice, losing their job/license, not feeling welcomed/bullying, making errors, short staffing, unsafe assignments, burnout, and working the nightshift.

Students were asked, "How can NNA support you as a new graduate nurse?" In order to support the students as new graduate nurses, they requested assistance with documentation, delegation skills, organizational skills, time management, conflict resolution, managing their finances, and reducing the risk of burnout. They want NNA to provide discounts on review courses for NCLEX, educational opportunities with assistance to "keep track of and find CEUs," emotional support, help with advancing their career, networking opportunities & conferences, finding jobs outside the hospital, and a newsletter with evidence-based practice. They want to know how to advance their career, obtain certification, pay back student loans, and be successful in their practice. Many students identified wanting more practice with technical and communication skills.

Some requests are best handled at an organizational level. Institutions can provide a thorough hospital orientation with a tour, educate new nurses about their policies and protocols, and clearly delineated manager's expectations. "At an organizational level, nurse leaders need to be advocates for healthy work environments that reduce moral distress; foster resilience; value time spent with patients and families; improve nurse-physician communication; and give people ways to debrief and process the dramatic, and often sad, realities of patient care" (White, 2014, p. 30).

For more information on how to be involved, please contact Nevada Nurses Association at nvnurses.org.

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Recognizing Donna Miller

Hon. Dean Heller of Nevada in the United States Senate

February 25, 2016

Mr. HELLER: Mr. President, today, I wish to recognize an individual who has gone above and beyond to save lives in the state of Nevada, Donna Miller. Ms. Miller's drive to provide a dependable health care option to the people of Tonopah is commendable. Her actions warrant only the greatest gratitude and recognition, and I am proud to honor her for her invaluable work for people across the Silver State.

Ms. Miller was born in Romania and immigrated to the United States in 1991. In 1996, she graduated from nursing school and moved to Las Vegas three years later. She obtained her flight nurse wings in 2001, beginning her career caring for others. In 2002, she helped found Life Guard International Air Ambulance, and in 2007, she reorganized it into Life Guard International - Flying ICU (Flying ICU). This incredible organization serves as a flying intensive care unit, transporting critically ill and injured patients from one hospital to another that offers more resources in a different location.

Beginning in 2009, Flying ICU served as a necessary resource to the Tonopah community, transporting all ill and injured patients from the Nye Regional Medical Center to facilities in Las Vegas and Reno. Unfortunately, last fall, the Nye Regional Medical Center closed its doors, leaving this rural community with a devastating lack of access to health care. After the Medical Center's closing, Ms. Miller courageously decided to keep Flying ICU's Tonopah location, changing the organization to an emergency medical service, which treats and transports patients by plane while traveling to the closest hospital in Las Vegas or Reno. This service currently is the only resource in the region for the critically ill and injured to receive life-saving care. Ms. Miller also took the initiative to relocate a second plane to Tonopah and increase staff with additional critical care nurses, paramedics, and pilots to provide greater services to the local community. In order to minimize the amount of time that Tonopah's flight crews were away from the Tonopah station, Ms. Miller organized additional Flying ICU flight crews on standby at Nevada airports to allow patients to be further transported by the standby crew, allowing the flight crew to return to the station in a timely manner. Ms. Miller's work on this organization is one of a kind, and I am thankful for her work in saving the lives of Nevadans. Her decision to step up to the plate and provide the Tonopah community many medical resources it would otherwise be without remains invaluable for our state.

Today, Flying ICU's services reach across the state, saving lives with four aircrafts, a hangar at McCarran International Airport, and operation bases in Las Vegas and Tonopah. The organization employs over 50 medical and aviation professionals to help those in need. Flying ICU's reputation of safe and quality care is well deserved.

In 2014, Ms. Miller was elected as the President of the Nevada Nurses Association, District Three. She has received many awards for her actions, including being recognized as *Ambassador for Peace* by the International Women's Federation for World Peace in 2014, SBA's Nevada Woman-Owned Business of the Year Award in 2014, the 2014 Women of Distinction Awards – Entrepreneur of the Year, and as one of Las Vegas' 2015 Top 100 Women of Influence. These accolades are given only to those who have done extraordinary acts to earn them, and Ms. Miller without a doubt deserves each one. Nevada is fortunate to have someone like Ms. Miller representing our state. She is a shining example of selflessness for myself and others.

Ms. Miller has demonstrated an unwavering commitment to our state, saving lives and providing care to Nevadans in need. Her drive to help those around her is inspiring, and I thank her for all of her hard work. I ask my colleagues and all Nevadans to join me in thanking Ms. Miller for her many contributions to our state. I wish her well as she continues her efforts to help those in need and in servicing the City of Tonopah and those across central Nevada.

I am humbled with Senator Heller's recognition regarding Life Guard - FlyingICU's service in Tonopah. Although it was my initial vision and determination to do the right thing, it is really the product of our whole team that brought it all to fruition and shaped it with open-minded actions. Together, we continue embracing the challenges with enthusiasm, fueled by personal satisfaction for a job well done, which equates to something as simple as saving a life! Or two!

So I salute ***Carl Bottorf***, Life Guard's Program Director & Chief Flight Nurse who lead our entire Tonopah flight team (pilots, medics - ***James Guidry, EMT-P and Maurice Kay EMT-P;*** and nurses - ***Becky Tissue, EMSRN*** and ***Sarah Allen, EMSRN)***. They took personal ownership of the situation and worked together with Nye County EMS Managers and the local volunteer ambulances to craft a plan to best respond to local emergencies and most efficiently utilize the sparse local EMS and transport resources.

Donna

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Florence Nightingale

Doreen Begley, MS, RN, FRE

Statue of Florence Nightingale in Waterloo Place, London, England

Doreen Begley, MS, RN, FRE, has been a RN for 46 years. She has gone back to nursing school to obtain her RN-BSN degree at the University of Saint Francis. This paper was written for her Introduction to Nursing Class. The assignment was to write about the nursing theorist from your entry level nursing program. In 1966, when Doreen enrolled in her nursing program at L.A. County General Hospital School of Nursing, 50 years ago, F.N. was the only nurse that was studied. You may or may not like or agree with Florence Nightingale, but it is obvious she has had a tremendous impact on the nursing profession.

There is an abundance of information written about the life and times of Florence Nightingale. She is referred to as "The Lady with the Lamp" from her works during the Crimean War and immortalized in a poem, *Santa Filomena*, written about her by William Wadsworth Longfellow. She was a woman who lived in Victorian England, and her popularity was surpassed only by the Queen of England herself. Nightingale is a fascinating figure who engaged in a multitude of intellectual projects throughout her lifetime. Some of the lesser known facts about her life will be presented here. She was a woman from a privileged background, very well educated and socially connected. While she excelled in science, literature and philosophy, she is best known for professionalizing the low status and semi domesticated women's work: nursing.

The Rare Recorded Voice of Florence Nightingale

"When I am no longer even a memory-just a name, I hope my voice may perpetuate the great work of my life. God bless my dear old comrades of Balaclava and bring them safe to shore."

— Florence Nightingale

The voice of Florence Nightingale was originally recorded on an Edison Parafine Wax Cylinder on July 30, 1890. The disc reads "British Empire Cancer Campaign" Edison Bell Record. Part 1 EBN I-VII. 19th Century Celebrity Series, No. 1. Florence Nightingale: An Episode of the Crimea. Made in England. It can be found on the most unlikely of websites entitled Country Joe MacDonald Brings Florence Nightingale's Legacy to Life found at www.countryjoe.com/nightingale/ (McDonald, 2015).

Every nurse should access this website and be physically touched by the individual who has defined nursing throughout the past two centuries, and continuing into the third, the 21st century. She was 70 years old when the recording was made. In this day of technological advances, it is impressive that one of the first recordings ever made by Alexander Graham Bell and Thomas Edison has found its place in posterity; through the use of an internet they could only, in their wildest dreams, imagine.

How prophetic are her words…"I hope my voice may perpetuate the great work of my life"…and indeed it has.

The Early Years

Synopses of Florence Nightingale's life, it is often said that she came from a wealthy family. She was born on May 12, 1820 in Florence, Italy, and was named after her birthplace. The extent of her family's wealth was extensive. As an example of how tremendous her father's inherited wealth was, the estate in Italy was tended by 70 gardeners. Florence was 23 before she was allowed to dress herself without the aid of a maid (Brown, n.d.). She was not a happy child. But during this time, her liberal father made sure she had the best education available. She could speak French, Latin, Italian, and Greek and most importantly, she was good in mathematics. As she became a young adult, she had a strong desire to utilize her education for a greater purpose than "parlor games." Her mother is quoted as having said, "Florence has dreams, we are a breed of ducks who have hatched a wild swan" (Brown, n.d.). Being overeducated for a woman of her time caused Florence much angst in her youth, however it was her education that directly contributed to her lifelong successes. She actually was courted by a young man for almost six years during which time he proposed three times, until she finally rejected him causing her mother great strife. Both her mother and sister were quite distraught when Florence announced that she wanted to become a nurse. She remained headstrong about her decision to become a nurse, and there was incredible tension and tears in the Nightingale household for years. It wasn't until Florence was 32 years of age that her father decided it would be best for the family to let Florence live independently. She was given 500 pounds as a stipend and she left to study nursing and hospitals in France and Germany.

Her works and strife in the Crimean War at the Scutari Hospital made her famous. Because she had high societal connections, she was asked to lead an envoy of 38 nurses to care for the wounded soldiers. She worked diligently and tirelessly for three years, but it was when she returned to England that she made her shocking discovery. As she was preparing her reports to submit to the War Department, using her mathematical skills, she discovered that more soldiers died in her hospital than did in the tents in the field (Brown, n.d.). It was at this point in her life that Florence became a recluse and took to her bedroom for almost eleven years. It wasn't until it was disclosed the hospital at Scutari was actually built on top of a cesspool that Florence derived some level of vindication. There was little anyone could have done to change the outcomes at Scutari. Peg Farrar, a nursing historian, believes she may have been diagnosed with Post Traumatic Stress Disorder (PTSD) had this occurred in today's health care environment (Farrar, 2015). Whatever the cause of her self-imposed seclusion, she was able to consult with many government dignitaries about hospital cleanliness and in 1895 she wrote her landmark text, *Notes on Nursing: What It Is and What It Is Not* (Nelson & Rafferty, 2010). Interestingly, during her time in seclusion it was her mother and sister, the two women in her life who had objected most vehemently about Florence becoming a nurse, who volunteered to serve as Florence's publicity managers; as Florence refused all interviews.

God

In every life story about Florence Nightingale, it is referenced that she had a very close relationship with her God. Because she was so unhappy in her childhood, and never felt as if she was like the other young ladies of her time, she felt as if God spoke directly to her. The message wasn't completely clear to her until she became interested in nursing. Florence was baptized in the Church or England while her parents attended services at Protestant Dissenters (Bostridge, 2008).

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Because of her parents' duality of worship, Florence developed her own system of belief. By her thirties, she had stopped attending services because she deeply resented the political fighting of the Church of England. She continued to develop her own spirituality, but she utilized a wide range of sources which included Roman Catholicism, including medieval mystics and other devotional writers, the German Protestant School, and Lutheranism. On February 7, 1837, a momentous event occurred when Florence believed that "God spoke to me and called me to his service" (Bostridge, 2008). She had been reading the works of an American Congregational Minister, John Abbott, *The Way to Do Good,* and he wrote that "when you abandon your ungodliness and sin and give yourself to the service of God, your work is entered upon, not concluded" (Bostridge, 2008). Scattered through her private notes and diaries there are further instances of God addressing her, and they were a very significant part of her of the rest of her life. Florence had a strong and dominating will and although there were those who doubted her belief, her sister Parthenope wrote that once Florence had seen distinctly what was to be God's will, "it was the most resolute and iron thing I ever knew" (Bostridge, 2008).

The Nightingale Imperative

I solemnly pledge myself before God and in the presence of this assembly:
To pass my life in purity and to practice my profession faithfully.
I will abstain from whatever is deleterious and mischievous,
and will not take or knowingly administer any harmful drug.
I will do all in my power to elevate the standard of my profession,
and will hold in confidence all personal matters committed to my keeping
and all family affairs coming to my knowledge in the practice of my profession.
With loyalty I will endeavor to aid the physician in his work,
and devote myself to the welfare of those committed to my care.

These words were penned in 1893 in honor of Florence Nightingale. While many may assume the pledge was written by her, it was actually written by Lystre Gretter and a Committee for the Farrand Training School for Nurses in Detroit, Michigan. It is a modified version of the Hippocratic Oath. Gretter was inspired by the work of Nightingale, considered to be the founder of modern nursing, and felt that the pledge created by her committee should bear the name of Florence Nightingale (Yates, n.d.).

The depth of Florence Nightingale's legacy has continued throughout the ages. It has touched nurses and nursing in the most phenomenal ways. On August 6, 1945 the world's first atomic bomb was dropped on Hiroshima. On August 15, a group of Japanese nurses were gathered at a military hospital in Japan by their commanding officer. They were exhausted, frightened, and had seen the horrors of war

the likes that had never been seen before. Over those nine days, they had witnessed thousands of patients die from thirst, terrific burns, traumatic injuries, and finally, as a mysterious rash appeared, they watch who they thought were survivors suddenly collapse and die. The Emperor of Japan announced the unconditional surrender on that date. The announcement caused disbelief, fear, panic, and despair in the hospital, and in the entire country. The chief medical officer at the Hiroshima Army Red Cross Hospital gathered the nurses and gave them an order. He commanded that they recite the Nightingale Pledge. His approach to the horror worked. In the center of chaos and terror, the pledge had a calming effect and gave the nurses a sense of direction and purpose. It gave them the courage to continue their work. Under orders, the nurses recited the pledge aloud twice a day for the next week and a positive nursing environment was restored. (Nelson & Rafferty, 2010).

As the prophetic recorded voice of Florence Nightingale referred to in the beginning of this paper stated "I hope my voice may perpetuate the great work of my life," indeed it has. Her strong belief about her close relationship to God afforded her opportunities to have a far reaching impact on the world. The work she completed and the legacy she has created will surely endure for many more millennia.

After being bedridden for her final decade, Florence Nightingale died quietly at the age of ninety on August 13, 1910. Her local newspaper, *The Guardian*, wrote in her obituary, and described her task in Scutari as "Saving the British Army, and, in doing so, created a model for all to follow" (Nelson & Rafferty, 2010). She had requested no ceremony or funeral be held. Rather a simple internment. However, on the day of her funeral, those for whom she had cared, whose lives she had touched, simply came to pay their final respects. Her final resting place is in her family plot at the Church of Saint Margaret of Antioch, East Wellow, Hampshire, England. Written on the tombstone are simply the letters F.N.

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The Grey Muse: Nursing – A Healing Art

Val Wedler, MSN, RN

The healing role of nurses has been under-valued and under-reported for a long time. According to Keegan (2001), "curing relates to the reversal of symptoms related to 'dis-ease,' illness, and/or sorrow. It is the absence of illness or disease," whereas healing, "has to do with the moving from a place of pain, discomfort, disease, and/or sorrow into a dimension of acceptance, understanding, and/or transformation" (p. 21). Unfortunately, nurses who work in Long Term Care (LTC) seldom see the effects of "curing" as described above; they do, however, occasionally see the effects of "healing."

As a LTC nurse working in rural Alaska, I was often able to witness these healing events. One special occurrence that I feel particularly illustrates the difference between "curing" and "healing" is a transformation I observed which happened to an extremely obese woman who came to live at the LTC facility where I worked while she recuperated from a fractured hip related to a fall. This woman came to us weighing almost 450 lbs, was an uncontrolled, insulin-dependent diabetic, used continuous oxygen for chronic respiratory issues, had two open, infected wounds requiring massive doses of IV antibiotics, and a long history of depression and self abuse. She also had no clothing when she was admitted and came to us was wearing only two XXL hospital gowns, one on the front and one on the back; none of which covered her adequately.

Initially, the woman was mean and nasty to the nurses assigned to care for her. She constantly refused treatment, would not get out of bed or attend physical therapy and screamed at the CNA's who came into the room to provide cares to, "Get the hell out of my room and leave me alone!" It was very sad to see her like this and everyone was concerned for her safety, not to mention her ability to get well enough to eventually return home. Her funding source was also about to run out which would require her to have to pay for services out-of-pocket, something that obviously was an impossibility for her and caused her much worry with additional stress. She had no known family, nor did she have any visitors that I am aware of who came to see her during her stay with us.

Over time, what happened to this woman was truly extraordinary and demonstrates the act of "healing," both inside and out. During the four months she was with us, she gradually began to trust people again. She started to open up and interact with her surroundings; she became interested and compliant with her cares and the treatments we provided – all of which allowed her to slowly get better. When she was released to go home, she had several nice pieces of clothing to wear, her hair had been cut and styled in our beauty shop, she'd made a promise to continue Physical Therapy and counseling as an outpatient; her wounds were closed and free from infection, and she was able to transfer herself independently to-from the bathroom, bedroom, and kitchen with the help of a donated wheelchair and heavy-duty walker. Additional services had been arranged to help with ADL's, shopping, and transportation; best of all, she had developed several blossoming friendships with a couple of the other residents and left with the intention of staying in touch with them.

"Our patients come to us in the most vulnerable times of their lives. Many suffer deeply as they try to make sense of serious illness, huge losses, and unanswerable questions. Healing of spiritual suffering is as important as technical treatment in the repair of physical disease" (Fontaine, 2005, p. 42).

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Southern Nevada Nurses and Nursing Students Bring Las Vegas Luck to Colombia

Tracey Long, RN, PhD, MS, CDE, CNE, COI, CHUC, CCRN

"The only danger in going to Colombia, South America, is wanting to stay" declares nursing instructor Tracey Long RN, PhD. Not gambling with luck, 35 nursing students took luggage full of medical supplies and their nursing skills to Colombia where they served in six medical clinics, and didn't leave good health care to chance.

Based in Chinchina, Colombia two teams of nurses and nursing students traveled from Southern Nevada to serve in free health clinics with local doctors this past summer. Six remote villages and over 1000 people received nursing care and general medicine in clinics led by local physicians trained in tropical diseases. One village required the nursing team to travel a one-hour jeep ride and then 30 minutes on a wobbly wood plank pulled by 1 motorcycle on a train track to arrive. Students saw and treated a lot of Chikungunya, a disease carried by mosquitos nesting in standing water, as it had been extremely common in the impoverished communities after the tropical rain season. Carly Pasquale, a nursing student from the College of Southern Nevada (CSN) explained "We gave away a lot of vitamins and basic hygiene supplies like toothbrushes and combs to people in the humble villages. I have a new appreciation for basic supplies we get so easily in the United States."

Students were able to serve in a school for disabled adults, paint an elementary school and de-lice dozens of school age children and even their teachers. Nursing students and the nursing team also learned about tropical diseases and natural plant remedies used by natives of the area. Students also made personal home visits where they assessed the sanitation of outhouses, rain barrels commonly used for drinking water, and safety of wood burning stoves. "You could never gain this kind of powerful learning experience in a textbook," said Saliha Lezha a nursing student from CSN who served with the first team.

By serving in an international country, they learned about global and community health through a service learning experience. Students also participated in a research project during their service-learning trip about cultural competence training. Students learned Medical Spanish by immersion with the help of their bi-lingual nursing instructor. For more information or to join an international service-learning trip Summer 2016, contact Dr. Tracey Long at longforhome@gmail.com or www.islonline.org.

nna's environmental health

Nurses can Promote Radon Awareness

Nursing cares about protecting Nevadans from radon; the 2nd leading cause of lung cancer in our nation. We hope this article will inform you on how to best advise all your patients. We also hope it will prompt you to test your own home and office for radon.

What is radon & where does it come from?

Radon is a naturally occurring radioactive gas formed from the breakdown of uranium in soil, rock, and water. As radon decays, its electrically charged daughter products attach themselves to aerosols and dust particles in the air that we breathe. Radiation from the inhaled mixture of radon gas and these daughter elements initiates the process of carcinogenesis in the airway and lungs. All histologic subtypes of lung cancer have been associated with radon exposure, including squamous cell carcinoma and adenocarcinoma. As we may suspect, more radon-related lung cancers occur in individuals who smoke.

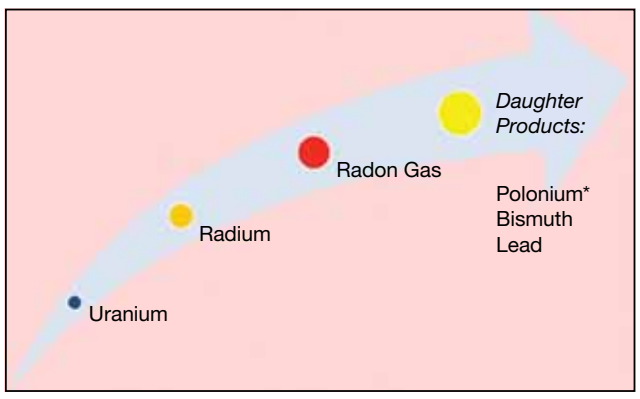

Figure 1. A simplified illustration of radioactive decay forming radon and daughter elements. Radon decay to daughter cells can occur in the air and inside people's lungs, thereby damaging tissue and leading to lung cancer. Radon decay products *polonium-218 and *polonium-214 emit alpha particles that are capable of causing DNA damage by a direct hit, but also can damage nearby cells and contribute to tumor genesis.

General Questions:

Is Radon in Nevada? Yes! One in four Nevada homes tested have elevated radon concentrations. Please see the state map in Figure 2.

Who should test? All of us, including you and your patients - Every home and every structure should be tested for radon. It's easy to do.

How are we exposed to radon? Radon can enter your home in the air from degassing soil and rock, or from the water supply (private well - ground water). Therefore, you can be exposed to radon by inhalation or ingestion routes. The most common exposure route is inhalation.

When is there a problem? There is no known safe level of exposure to radon. There can always be some risk, which can be reduced by lowering the radon level in your home. The amount of radon in the air is measured in "picocuries per liter of air," or "pCi/l." If your initial test result is between 4.0 and 8.0 pCi/l, you are advised to retest over a longer period of time with high quality methods. If the initial result is above 8 pCi/l, the recommendation is to retest with another short-term test, average the two results, then decide whether radon mitigation is needed. However, the World Health Organization suggests that homeowners take corrective action when radon levels exceed 2.7 pCi/l, a more conservative level than the U.S. Environmental Protection Agency action level of 4.0 pCi/l.

Can the problem be fixed? Yes – remediation on the structure involves venting the radon away from the home and sealing gas-entry pathways. Radon reduction systems work and they are not too costly. There are Certified Radon Contractors who can assist.

Are new homes safe? Not necessarily. There still needs to be a screening test on the structure. Any home, old or new, can have a radon problem.

Can a new home be built to protect the occupants from radon? Yes! Radon-resistant new construction practices can prevent radon entry. When installed properly and completely, these inexpensive systems can help reduce indoor radon levels in the new home.

What can Nurses do in 30 seconds?

1) **Ask** every patient during the annual physical if they have screened their home for radon exposure. *Enter the question onto the routine patient history form or in the EMR screening questions.*
2) **Encourage** them to test.
3) **Offer** educational brochures, posters and contact information for radon testing kits.

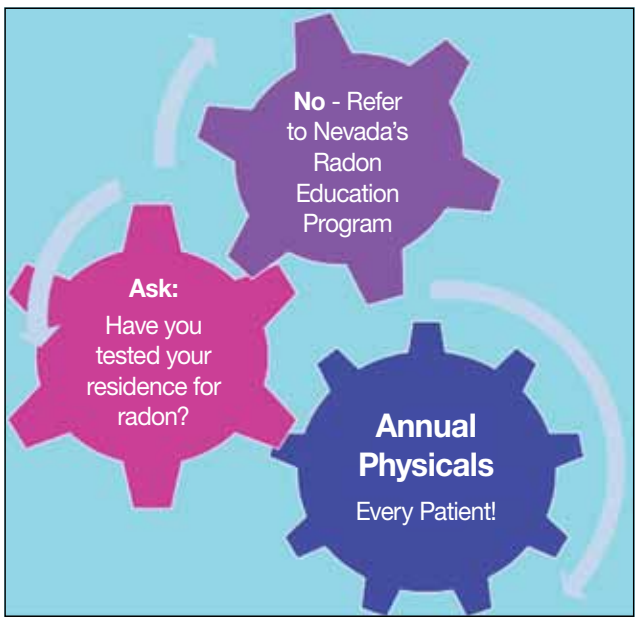

Figure 3. Nurses can ask this question to save lives from radon exposure!

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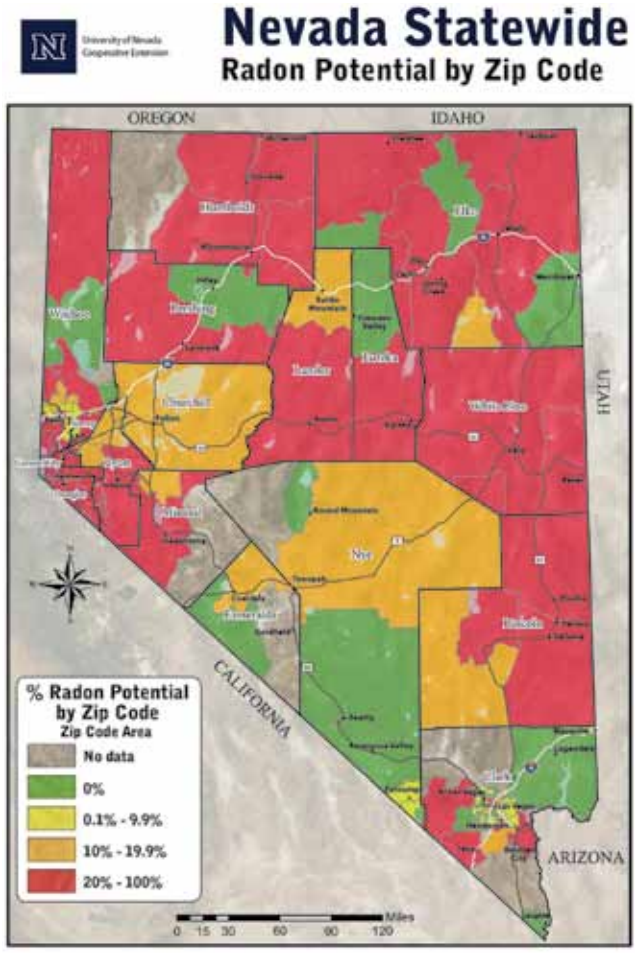

Figure 2. One out of four homes tested in Nevada found radon concentrations at or above the EPA action level of 4 pCi/l. Even in low radon potential areas, radon problems can be found. For a radon potential map specific to each Nevada county, go to http://www.unce.unr.edu/programs/sites/radon/results/.

*Note: Results are based on independently tested homes from 1989 to June 30, 2015, not scientific sampling. When known, post-mitigation results are not included and usable results are valid tests, one per home, using an average of multiple tests from the lowest tested level of the home.

Resources:

Contact: University of Nevada Cooperative Extension's Nevada Radon Education Program for brochures, test kits and remediation information at *http://www.RadonNV.com or 1-888-Radon10 (888-723-6610).*

EPA's: Consumer's Guide to radon reduction (2013): http://www.epa.gov/sites/production/files/2016-02/documents/2013_consumers_guide_to_radon_reduction.pdf

The American Lung Association's *National Radon Action Plan: A Strategy for Saving Lives* (2015): http://www.lung.org/assets/documents/healthy-air/national-radon-action-plan.pdf

CDC's Radon in the Home webpage: http://www.cdc.gov/nceh/radiation/brochure/profile_radon.htm

Bernadette M. Longo, Ph.D., RN, APHN-BC, CNL
Chair, NNA Environmental Health Committee
University of Nevada Reno

Susan H. Howe
Program Director, Nevada Radon Education Program
University of Nevada Cooperative Extension
Tel. 775-336-0248

Nurses: Learn how you can reduce the risk of lung cancer

Earn nursing CEUs and learn about the radon health risk to encourage testing and awareness

EPA Radon Stakeholders' Meeting
May 24, 2016, from 8 a.m. to 4:30 p.m.
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This meeting is FREE for all with a stake in protecting the public from unneccessary exposure to radon in their homes, schools and businesses. Stakeholders will discuss common issues, provide insight into future radon risk-reduction action, share perspectives, educate, and network.

Keynote speaker is **Wallace Akerley MD**, Senior Director of Community Oncology Research at Huntsman Cancer Institute and Professor of Medicine in the Oncology Division at University of Utah.

Program hosted by University of Nevada Cooperative Extension's Radon Education Program in collaboration with the Nevada Nurses Association
Nursing CEUs pending
Attendance is free but registration is required at https://crcpd.portal.daxko.com/
For more information contact **Susan Howe: 775-336-0248 (robertss@unce.unr.edu)** or **Jamie Roice-Gomes: 775-336-0252 (roicej@unce.unr.edu)**

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New CDC Guidelines Promote Patient Safety for Opioid Prescribers

Denise Rowe, MSN, APRN, FNP, BC

According to the Centers for Disease Control and Prevention (CDC), in 2013 16,235 people die in the United States (US) of overdoses from prescription painkillers or opioids.[1] That equals about 44 deaths per day. The majority of deaths were among non-Hispanic whites and between the ages of 25 and 54. In 2010, 12 million American took opioids for non-medical purposes, and in 2013 about 2 million people abused or had developed a dependency on opioids. While men were more at risk to die of opioid overdose, the death rates among women rose more than 400% between 1999-2010 compared to death rates of 237% in men.[2] The amount of prescription opioids sold in the US quadrupled between 1999 and 2013.[3] Given these alarming statistics, it is imperative that prescribers be familiar with opioid prescribing guidelines in order to formulate strategies that promote patient safety and effective pain management while reducing the risks for abuse, dependency, overdose, and death.

On December 14, 2015, the CDC published draft guidelines for opioid use and invited the public to make comments until January 15, 2016. The guidelines are based on an extensive literature review and the draft document consists of three categories of recommendations which cite the evidence base and GRADE designations.[4]

Recommendation 1: Determine when to initiate or continue opioids for chronic pain

1. Prescribers should first consider non-opioid pharmacologic therapy and non-pharmacologic therapies for managing chronic pain. Consider adding opioids only if benefits for pain control and improvement in function outweighs the risks.
2. Establish realistic treatment goals for pain and function before starting opioid therapy. Before initiating therapy, prescribers should plan how opioids will be discontinued if the therapy fails. Opioid therapy should only be continued if there is substantial improvement in pain and function that outweighs risks to patient safety.
3. Before starting therapy, prescribers must discuss known risks and realistic benefits as well as the prescriber and patient responsibilities in managing therapy.

Recommendation 2: Opioid Selection, Dosage, Duration, Follow-up and Discontinuation

4. When initiating opioid therapy for chronic pain, immediate-release opioids should be prescribed instead of extended-release/long-acting (ER/LA) opioids.
5. When initiating opioid therapy, the lowest effective dosage should be prescribed. Opioids should be cautiously prescribed at any dosage and prescribers should take additional precautions when increasing dosage to 50 morphine milligram equivalents (MME)/day or more. In general, prescribers should generally avoid increasing dosage to 90 MME/day or more.
6. Long-term opioid use often starts with the treatment of acute pain. For acute pain, the lowest effective dose of immediate-release opioids should be prescribed in no greater quantity than needed for the expected duration of pain that is severe enough to require opioids. For most non-traumatic pain not related to major surgery, three or fewer days of opioids will usually be sufficient.
7. Within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation, prescribers should evaluate benefits and harms with patients. Prescribers should also evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh the risks of harms from continued opioid therapy, prescribers should work with patients to reduce opioid dosage and to discontinue opioids.

Recommendation 3: Assessing Risk and Addressing Harms of Opioid Use

8. Before initiating and periodically during continuation of opioid therapy, prescribers should evaluate risk factors for opioid-related harms. Prescribers should include strategies to mitigate risk into the management plan, including considering offering naloxone when increased risks for opioid overdose, such as history of substance use disorder, history of overdose, or higher opioid dosages (≥ 50 MME), are present.
9. Prescribers should use state prescription drug monitoring program (PDMP) data to review the patient's history of controlled substance prescriptions to assess whether patients are receiving high opioid dosages or dangerous combinations that put him or her at high risk for overdose. PDMP data should be reviewed when initiating opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, for a period of time ranging from every prescription to every 3 months.
10. Prescribers should use urine drug testing before starting opioid therapy for chronic pain, and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.
11. Prescribers should avoid prescribing opioid pain medication for patients receiving benzodiazepines whenever possible (due to increased risk for overdose with this combination).
12. For patients with opioid use disorder, prescribers should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies).

These CDC recommendations promote patient safety by providing strategies to manage opioid use in daily practice. They can help to mitigate the risks for abuse, addiction, dependency, and death within the current opioid epidemic in the US.

References:

1. Centers for Disease Control and Prevention. National Vital Statistics System mortality data. (2015). http://www.cdc.gov/nchs/deaths.htm. Accessed March 4, 2016
2. Centers for Disease Control and Prevention. *Vital Signs: Overdoses of Prescription Opioid Pain Relievers and Other Drugs Among Women — United States, 1999–2010*. MMWR 2013; 62(26);537-542.
3. Centers for Disease Control and Prevention. Injury, Prevention & Control: Prescription Drug Overdose (2011). http://www.cdc.gov/drugoverdose/epidemic/providers.html. Accessed March 4, 2016.
4. Draft CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. http://www.regulations.gov/#!documentDetail;D=CDC-2015-0112-0002. Accessed February 3, 2016.

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Happy Nurses Week!

I am pleased to recognize and thank the Future of Nursing in Nevada Awards Dinner committee chair and committee. They managed to collaborate with over ten professional nursing organizations in Nevada to present the first Future of Nursing in Nevada Awards Dinner on May 14th, 2016. Dr. Elizabeth Fildes, committee chair, has demonstrated outstanding leadership, a positive attitude, and a strong commitment to Foundation's mission and nurses in Nevada. Her team consisted of nurses and student nurses who have been instrumental to the success of this spectacular event! Thank you Linda Paulic, Debra Collins, Margaret Curley, Denise Ogletree Mc Guinn, Jazmine Hammock, Arvin Operario, Peggy Lee, Doris Bauer, and other members for your dedication and hard work. Nurses, Nursing Organizations, and Healthcare Institutions, will come together at the Suncoast Hotel and Casino to celebrate and honor Nevada nurses. There has never been an event in Nevada where professional nursing organizations, and educational and health care institutions have come together to promote the professional development of nurses throughout the state. Our esteemed guest, Dr. Pam Cipriano, President of the American Nurses Association, is among the "Top 25 Women in Healthcare 2015." She exudes transformational leadership, mentorship, advocacy, and innovation for the integration of best practice. Because of Dr. Cipriano, this event will receive National recognition! Hope to see you there!

On January 29th, 2016, Nevada Nurses Association held its 4th Annual NNA State Board Reception at the Homewood Suites Hotel in Reno, Nevada. Nevada Nurses Foundation participated in this year's reception and would like to thank all of the volunteers who helped on that evening! Several volunteers attended planning meetings, picked up posters and food, and recruited other volunteers! Thank you to Annie Carlos, Kelly Ikehara, and Michele LaPorte of Renown Regional Medical Center, and Rachel Sherman, nursing student at Orvis School of Nursing at the University of Nevada, Reno for going the extra mile! Thank you to the Carrington College students, University of Nevada, Reno, Orvis School of Nursing students and Renown Regional Medical Center new graduate nurses. We appreciate your time and participation! You Rock!

Thank you!

Ami Bitto
Johanna Brewster
Annie Carlos, RN
Taralyn Chitwood
Kelly Ikehara, RN
Michele LaPorte, RN
Brandon Lucia
Nicole Mehrer
Jeff Montemayor
Leishel Pasion
Marin Sauer, RN
Angela Shea
Rachel Sherman
Ellie Ta
Aryan Taabodi, RN
Shelley Taoipu, RN
Alex Vogt, RN

Mark your calendar and save the date for the 2nd annual Big Hat High Tea, with a Mary Poppins theme. The event is scheduled for Saturday, October 1st, 2016 at the Nevada Governor's Mansion. Dress up in character, wear a Big Hat, or come as you are and be prepared to enjoy yourself! Be enchanted and entertained while enjoying a spot of tea, delightful dining, and decadent desserts. Reservations begin in June. Space is limited to 160 guests. Stay tuned for the details on our website, http://nvnursesfoundation.org and Facebook page https://www.facebook.com/NevadaNursesFoundation/?fref=ts. If you would like more information or want to know how you can be involved please email information@nvnursesfoundation.org or call 775-560-1118.

Nevada Nurses Foundation depends on the generosity of others to meet our mission. The NNF mission is to increase access of quality health care for Nevada citizens by promoting the professional development of nursing through scholarships, grants, and recognition. Any contribution is appreciated and valued.

Thank you and have great days,
Sandy Olguin, DNP, MSN, RN
Chief Executive Officer
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Do you know how to Display your Professional Credentials?

Tracy Fellenstein, DNP, MBA, RN, NE-BC

The American Nurses Credentialing Center publishes standards to list your professional credentials (American Nurses Credentialing Center, 2013). The preferred order is:

- Highest earned educational degree (e.g., DNP, EdD, MSN, MBA, BSN, BS, ADN)
- Licensure credentials (e.g., RN, LPN)
- State designations or requirements to practice at a more advanced level in Nevada (e.g., APRN, CNS)
- National certification awarded through accredited certifying bodies (e.g., FNP-BC, CCRN, CEN, RN-BC)
- Awards and honors for outstanding achievements in nursing (e.g., FAAN, FACHE)
- Other certifications that recognize additional skills (e.g., EMT)

If you have more than one of the same type of credential, for example, a MSN and BSN, list the highest education degree only (e.g., Nurse Doe, MSN, RN). If your second degree is in another relevant field, such as a MSN and MBA, you may list it (e.g., Nurse Doe, MSN, MBA, RN). Your baccalaureate degree will be omitted if you have both a doctorate and a master's degree. For additional information please visit http://www.nursecredentialing.org/DisplayCredentials-Brochure.pdf.

Reference

American Nurses Credentialing Center. (2013). How to Display Your Credentials. Retrieved from http://www.nursecredentialing.org/DisplayCredentials-Brochure.pdf

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Please Print Clearly:

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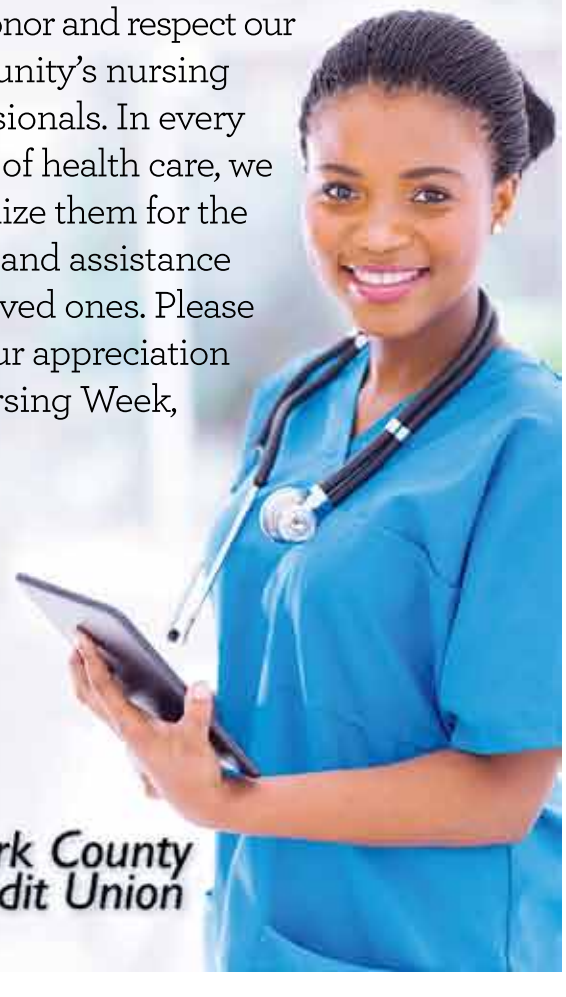
Matt Kershaw
President/CEO



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