ASNA President Brian Buchmann, MSN, MBA, RN Nominated to ANA's Non-RN Membership Task Force

Join Us in Huntsville!
See pages 7-10 for more information

Do YOU HAVE YOURS YET?
Order the nurse tag from your local tag office.

Proceeds from tags go to the Alabama Nurses Foundation to provide scholarships and promote the profession.
Condoleses:

ASNA member Margaret Howard on the loss of her mother

ASNA member Donna Blount Everett on the loss of her mother.

Notify ASNA of Member Condoleses.
Dr. Susan G. Williams wins “Best Scientific Poster” at FACES ‘16

Welcome to Huntsville

North Hill Nursing and Rehabilitation Center, LLC

Looking for qualified LPNs, RNs & CNAs to work in a loving environment.

Offers CNA paid training.

Contact Tameka Payne at 205-849-2352
http://www.northhillnursing.applicantpro.com

Zika virus is transmitted to people primarily through the bite of infected mosquitoes. These mosquitoes typically lay eggs in and near standing water in items such as buckets, bowls, animal dishes, flower pots and vases.

Avoid the Bite!

You can help prevent the spread of Zika and other mosquito-borne diseases by preventing mosquito bites and breeding. For the most up-to-date information on Zika Virus and other mosquito-borne diseases in Alabama, visit www.adph.org/mosquito or call 1-800-252-1818.

Gadsden Regional is the only hospital in Northeast Alabama that holds certifications/accreditations from JCAHO, Society of Cardiovascular Patient Care, American College of Surgeons, Commission on Cancer and more!

GRMC is the only hospital in Northeast Alabama that holds certifications/accreditations from JCAHO, Society of Cardiovascular Patient Care, American College of Surgeons, Commission on Cancer and more!

We offer a competitive salary and benefits package. For immediate consideration, please apply online at: www.gadsdenregional.com

Gadsden Regional is an Equal Opportunity Employer.

Stay up-to-date and find your dream job!

- Job Board: Search job listings in all 50 states.
- Publications: New publications and articles added weekly!
- Events: Find events for nursing professionals in your area.

www.nursingALD.com

Not only is America’s space program on exhibit in Huntsville, it was forged in Huntsville. We’re known as the “Rocket City” because Huntsville, Alabama is where rockets were developed that put men on the moon.

GRMC is the only hospital in Northeast Alabama that holds certifications/accreditations from JCAHO, Society of Cardiovascular Patient Care, American College of Surgeons, Commission on Cancer and more!

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Gadsden Regional is an Equal Opportunity Employer.

Not only is America’s space program on exhibit in Huntsville, it was forged in Huntsville. We’re known as the “Rocket City” because Huntsville, Alabama is where rockets were developed that put men on the moon.
Why every registered nurse should be a member of the Alabama State Nurses’ Association

Don Eddins, BS, MS, JD

Representing the registered nurses of Alabama is an honor to me as part of my law practice in Auburn. The Alabama State Nurses’ Association (ASNA) certainly is among my very favorite clients.

Recently, I noticed on the Alabama Board of Nursing website that the state on that particular day had 73,981 registered nurses. That is a lot of expertise and compassion served up to the citizens of Alabama!

Sadly, though, fewer than 5 percent of the active RNs belong to their professional organization, ASNA. Let me state that just because a nurse receives this publication, The Alabama Nurse, it does not mean that you are a member of ASNA.

ASNA is a service organization – an association which advocates for and provides various services for members. Registered Nurses pay a monthly or annual fee to be part of the association.

ASNA services are many in number and varied is character – everything from continuing education to generous discounts on goods and services, from uniforms to liability insurance. ASNA even has a credit card. Just log on to the ASNA website for details. The Association got an affinity car tag created for the state’s nurses too. The tag, which can be purchased the month you renew your license plate, proudly proclaims, “Nurses Save Lives.”

ASNA advocates for the cause of nursing non-stop, whether it’s before the Alabama Legislature on legislation, before the Alabama Board of Nursing on a proposed rule or regulation, or at any agency or institution that deals with health care in Alabama.

I am biased, but in my opinion one of the most important advantages of ASNA membership is the legal services program. If you receive a letter from the Board of Nursing indicating that a complaint has been made against you in your performance as a nurse, I will, as ASNA attorney, represent you before the Board. You will not have to pay me a dime; my fee is taken care of through your membership.

That membership advantage not only could save you thousands of dollars, but offers good old peace of mind. The only caveat is that you must be a member of ASNA when the event complained of occurred. After all, you cannot wait until the house catches fire to buy insurance.

Under the legal services program, you also have a free one-hour consultation on the topic of your choice. ASNA membership just has so many advantages. Not only that, but you don’t want to be left out of your professional organization. So Google “Alabama State Nurses Association” today and sign up online.

LEGAL CORNER

THE APPRECIATION OF YOUR PATIENTS. THE RESPECT OF YOUR COLLEAGUES.

U.S. AIR FORCE

Respect comes with the job when you're a U.S. Air Force Nurse. The reason? You'll be a commissioned officer with greater responsibilities. Of course, with greater responsibility comes greater opportunity to expand your areas of expertise or dig deeper into what you do now. Find out how the Air Force can make your career in nursing even more rewarding.

airforce.com/healthcare
For more information, call Sgt Darrell Suazo, 225-767-0738

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Legal Corner

“We Each One, Teach One”

The Author of this phrase is unknown. The phrase was used during slavery when education was denied to slaves.

Then in the first half of the 20th Century, the phrase was used when Christian Missionaries were trying to address poverty and illiteracy in the Philippines. Since that time, the phrase has been used by nonprofit organizations and other disciplines to describe problems they were addressing in their quest to help others.

As seasoned nurses, are we sharing our wisdom and lessons learned? It is important to the profession to reach back, to the side, or reach up to share what we have learned and to enhance what is already known. For one day we, or a loved one, may need nursing care.

It is my wish that if I need care, the person will possess the qualities that can’t be taught, such as: compassion and commitment.

Let’s hope that the system continues to be the “Watch Dog” for nursing. And that we strongly encourage and practice, “Each One, Teach One” and allow it to be the “Gold Standard” for passing on to the next generation of nurses what we have learned.

LPN Corner

“We Each One, Teach One”

The Author of this phrase is unknown. The phrase was used during slavery when education was denied to slaves.

Then in the first half of the 20th Century, the phrase was used when Christian Missionaries were trying to address poverty and illiteracy in the Philippines. Since that time, the phrase has been used by nonprofit organizations and other disciplines to describe problems they were addressing in their quest to help others.

As seasoned nurses, are we sharing our wisdom and lessons learned? It is important to the profession to reach back, to the side, or reach up to share what we have learned and to enhance what is already known. For one day we, or a loved one, may need nursing care.

It is my wish that if I need care, the person will possess the qualities that can’t be taught, such as: compassion and commitment.

Let’s hope that the system continues to be the “Watch Dog” for nursing. And that we strongly encourage and practice, “Each One, Teach One” and allow it to be the “Gold Standard” for passing on to the next generation of nurses what we have learned.

We are dedicated to developing and supporting your career with more opportunities for advancement. Our Clinical Ladder program provides staff clinicians with the opportunity to advance their careers.

Registered Nurses

- Benefit from our unique Clinical Ladder
- Enjoy specialized training and career advancement opportunities
- Utilize a functional, patient-focused approach

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Call us today at 1.866.GENTIVA
Email shea.parker@gentiva.com

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AA/EOE M/F/D/V encouraged to apply. 3191v2
Need to Revive Your Passion for Being a Nurse? ASNA Can Help.

John C. Ziegler, MA, D, MIN

In a recent Medscape poll of over 8,000 nurses more than 50% of the respondents said they would NOT choose nursing as a career if they had it to do over again. WOW! When I read that statistic I was astonished! The nurses I have known during my tenure as Executive Director of the Alabama State Nurses Association have sustained a high level of passion about their profession. I can’t believe that half of them would choose a different field of work if they had to do over again. I felt that surely the Medscape poll had gotten it wrong. Nevertheless, the poll motivated me to look into this issue more. Soon I found that there is plenty of information out there on the issue of burnout and/or disillusionment with a chosen career path. A number of things can contribute to the loss of passion and the ensuing career path doubts that follow.

There are numerous studies that correlate a stressful work environment to burnout. Nurses are taught in school and on the job to “take care of themselves.” We are told that if one’s emotional tanks are empty… one does not have the capacity to authentically care for others. I want to stress the word “authentically.” Interestingly, even when we are in a “burnout” mode, we can continue to do a job mechanically and even perform in a caring manner. But in an honest moment when we look ourselves “in the mirror” we realize… the passion has faded. We admit that it has eroded over time and we don’t know how to get it back! Here are some of the key factors that contribute to a diminished career passion and at least one suggestion for regaining the pleasure of working in a critically important field.

Sometimes lack of inspiration comes from difficult relationships, not the work itself. This could include your boss, irritating coworkers or office politics. Another contributor to a negative work environment is the proliferation of rules that divert energy away from the main reason you became a nurse…delivering quality personal care to patients. An environment with too few staff and too much work that is not directly enhancing patient care can wear you down. Exhaustion and fatigue are two of the most common passion killers. In short, there is a lot of information on the web and through HR that can give you warnings about nurse burnout along with numerous suggestions for re-kindling one’s passion for being a nurse. I would like to give you a simple way to regain the spark that made you feel like a part of a family, a community of nurses who all wanted to make a difference in the system and in patients’ lives.

Remember when you were in nursing school the unity, collegiality and sense of purpose you shared with your fellow students? After graduation, people went their own way seeking their place in the career world of nursing. In spite of inviting recruitment, orientation and assimilation efforts a new work environment always has its challenges. The turnover rate for nurses in the early years of their career is quite high. This is not all bad. Young nurses are eager to grow in employment status and income. In many cases that means moving around. Each move…is stressful. Acclimating oneself to a new culture, new people, new rules and things as simple as finding a parking place can pile up on the already heavy stress of caring for people’s lives! There is one place you can experience CONTINUITY, COMMUNITY and COMPASSION regardless of career changes…ASNA membership. For over 103 years, nurses have rallied around a single cause under the banner of a single organization - The Alabama State Nurses Association. I don’t believe that it is an exaggeration to say that one of the reasons our members have sustained their passion for the nursing profession and their nursing practice is the support and encouragement they receive in being part of the ASNA family. I hope that you will take care of yourself and follow all the sound advice related to nurse burnout. But, there is nothing like the support of family…and ASNA can be your nursing family no matter where you work, who you work for or what kind of work you do.

Forrest General is looking for individuals who embrace our “We C.A.R.E.” philosophy and want to contribute to providing world-class care and a positive Forrest General Experience. Are you that person?
You’ve Been Kidnapped!

April Bishop, BS, ASIT

Actually, you’ve been infected with a malicious creature known as ransomware. As a nurse you are already aware of the importance of infection control. However, many of you don’t take that same defensive technique with you when it comes to computers. We all know about the importance of antivirus protection. It’s been drummed into us not to open suspicious files—or files from someone you don’t know. The problem is that cybercriminals are using familiar platforms and people you know to infect your computer.

So what is ransomware? Simply put, it’s a malware that attacks your computer and encrypts your files and makes them unusable. Criminals are targeting healthcare facilities and you may be caught in the crossfire simply because you happen to be a healthcare provider. Once your files are corrupted, you have only a few options; pay the hackers (not always a guaranteed safe return to normal), pay big bucks for an expert to restore your files (also not a guarantee), or take your computer back to factory settings and restore your files from a backup.

Right now the consensus is that the methods of transmission vary (email, social media, and internet). Experts suspect that ransomware such as cerber are coming out of former soviet bloc states, the Middle East, and Asia, but they have yet to verify this. It appears that the original software is sold to other hackers who then agree to share their takings with the author. While some have been lucky to see their files restored with only one payment (as happened to one of our ASNA members), others are quoted higher and higher fees never to see their files restored.

How can you protect yourself? Of course the usual—don’t open anything suspicious, especially from unknowns. Don’t click on emails from friends that only contain a link. If in doubt—reach out. Contact the individual and ask if they did in fact send you this link. Keep your software up to date. Yes, updates are annoying, but they are far less time-consuming that trying to restore all of your files. Make sure you use strong passwords—and do not use them for multiple products. Give yourself a fighting chance by having a different password for Facebook, Email, and your bank. Backup, backup, backup. If you have a copy of your files they are easily restored. Finally, invest in a good antivirus program. Check out customer satisfaction, consumer reports, and get expert opinions before you opt for “free” antivirus software. One California hospital paid $17,000 to get their files back. Is $25 - $50 per year too much to spend for your peace of mind?

References:
Mixed among upscale brands like Michael Kors, Pandora and Anthropologie, you’ll find specialty stores for everyone in your life – the cook, the active outdoorsy type, or the techie. There’s also a stand-alone flagship Belk department store and more than 70 shops and restaurants.

The 2016 ASNA Convention Committee hopes you will take advantage of all of the awesome activities that North Alabama offers. We encourage you to come up to Huntsville with your families. There are tons of activities of interest to all ages. Of course many of us will be shopping at Bridge Street Town Center just steps from the Westin, but in addition to enjoying the Westin (our only 4 star hotel in Huntsville) and the Monaco Theater next door, we have the Scarecrow Trail at the Botanical Garden, the Space and Rocket Center with IMAX theater, Big Spring Park downtown as well as the historical Harrison Brothers hardware store. Also downtown you will find lots to do at the Railroad Museum, EarlyWorks Museum for Children, the Alabama Constitution Village, the Huntsville Museum of Art, a Veterans Museum, year round ice skating and the Twickenham historical district. Just 2 miles out of downtown up on Monte Sano Mountain you’ll find the Monte Sano State Park and Burritt Museum and Barnyard. (The animals are all native to the area and original species for the 19th century timeperiod.) Other North Alabama attractions include 3 caves, the Helen Keller house in Florence, DeSoto Falls in Ft. Payne, Cathedral Caverns, and the Robert Trent Golf course in Hampton Cove. If you stay over to Sunday, there is a once a year opportunity for the Maple Hill Cemetery stroll...complete with period costumes, tales of the times and a talking cow. Fun for all! There is a lot to do in historical, fun North Alabama. Come early and stay late. Bring your families.
Thursday, 13 October

Mable Lamb Nursing Continuing Education Day
(Pre Convention Nursing Continuing Education)
8:30 AM Registration
9:00 AM - 3:00 PM Tract I – Human Trafficking, Lynn Chaffer, Human Trafficking Survivor
9:00 AM - 12:00 PM Tract II – Clinical Focus
Patient Falls – A Success Story!
Brian Bachmann, MSN, MBA, RN
Recognizing Our Differences: Two Tools for Improving Team Communication,
Marsha Ferrill, BSN, RN-BC, CTPHN
12:00 PM - 1:00 PM Lunch (on your own)
1:00 PM –
3:00 PM Tract II – Clinical Focus cont.
Clinical application of revised Code of Ethics,
Arlene Morris, EdD, RN, CEN
Septic: Embedding the Sepsis Six,
Michael D. Johnson, BSN, RN
1:00 PM - 3:00 PM Board of Directors Meeting
5:00 PM Opening of ASNA House of Delegates
- Call to Order, Brian Bachmann, President
- Opening Ceremony (Trooping of Colors, Pledge of Allegiance, Official Greetings)
- Report of the Credentials Committee
- President’s Report
- Executive Director Report
6:30 PM Supper (Including Posters and meet the authors) Scavenger Hunt around Bridge Street, movies or shopping following supper

Friday, 14 October

7:15 AM - 8:00 AM Breakfast
8:00 AM - 11:00 AM HOD
Chair Aerobics led by Dr. Bobbie Holt-Ragler
- Call to Order: President Buchmann
- Report of the Credential Committee
- Reports (only if in addition to written report in Convention Book)
- Officers
- District Presidents
- Commission on Professional Issues
- Standing Committee (only if in addition to report in Convention Book)
- Bylaws, Continuing Education, Ethics and Human Rights, Finance, Legislative, Membership and Nominations
- Task Force Reports
8:00 AM - 2:00 PM Exhibits
11:00 AM - 12:00 Noon Keynote, David Spillers, MBA, CEO Huntsville Hospital Systems
12:00 PM - 1:00 PM Lunch
1:00 PM - 3:30 PM Leadership Academy Projects/Posters
2:30 PM Human Trafficking, Lynn Chaffer
3:30 PM Voting

4:00 PM - 5:00 PM HOD (reconvenes only if needed)
5:15 PM Supper
6:00 PM Live Auction
8:00 PM Dr. Rony Najjar’s Junctional Rhythm Band (Halloween Costumes optional), AANA will join ASNA at this time

Saturday, 15 October

8:15 AM Breakfast
8:15 AM Posters
9:00 AM Electronic Cigarettes: What Do Nurses Know About It? Dr. Azita Amiri
10:00 AM House of Delegates reconvenes
Chair aerobics led by Dr. Bobbie Holt-Ragler
- Call to Order: President Buchmann
- Report of the Delegate Credentials Committee
- Memorial Service
- Report of Tellers
- Adoption of 2015 Resolutions
- New Business
- Bylaws
- Strategic Plan
- 2014 Resolutions Evaluated
- Convention Invitation 2017
- Announcements
- Installation of New Officers
12:00 PM - 1:30 PM Awards Luncheon

Nominations and Election of Officers

Alabama State Nurses Association’s (ASNA) nomination and election of Officers shall be conducted in accordance with Robert’s Rules of Order, 10th Edition during the official meeting of the ASNA House of Delegates (HOD).

I. NOMINATIONS
A. Nominations Committee
a. Nominations from the Nominations Committee shall be accomplished according to ASNA Bylaws.
B. Nominations from the floor of the HOD shall be accomplished according to Robert’s Rules of Order, 10th Edition.

1. ELECTION OF OFFICERS
A. Elections will be by secret ballot.
B. Only credentialed delegates will be allowed to vote at the ASNA Convention. See ASNA website (alabamanurses.org) under members only section for convention information.

Preliminary Ballot for ASNA Convention
Candidates for 2016-2018

President-Elect/Delegate
Ellen Buckner, BSN, RN, CNE
Write-in candidate:

Treasurer:
Bridget Moore, DNP, MBA, RNC-NIC
Write-in candidate:

Commission on Professional Issues
(Vote for 4)

Write-in candidate:

Nominating Committee
(Vote for 3)

Write-in candidate:
New Grad Special!  
$13 a month  
Combo membership in ASNA & ANA  
Join at: http://nursingworld.org/NewGraduate
Awards Nominations Made Incredibly Easy

The Awards nomination process just got easier. You can now nominate some deserving person/organization for ASNA awards by going to the ASNA website at www.alabamanurses.org. On the home page click on “ASNA Awards Criterial/ Nominations Forms.” All the awards and the criteria are listed. You can go under the awards and enter the information right online or you can download the form, fill it in and send it back to ASNA by email, mail or fax. For a person, you can download and fill out the Biographical Form or you can send in a Curriculum Vitae (CV) if you like. You can download a letter of support form, fill it out and send it back to April at ASNA or you can send in a letter by mail, email or fax. Awards for this year must be sent in by July 23, 2016. There are a lot of very special people out there we need to honor and recognize for their efforts. Please take the time to do this. We challenge each of the Districts to send in a nomination for each of the awards. Come on — Make the Awards Committee’s job harder; it would thrill us.

ASNA’s Official Call for Resolutions
All You Need to Know

What is a Resolution?

It is a formal written call to action on a subject of great importance to members of ASNA. In other words this is an action members would like ASNA to pursue. Resolutions are often the source of action in developing positions on issues affecting nurses, nursing, and the needs of the public. Once the resolution is voted on and passed by the House of Delegates ASNA will try to implement in order to meet the needs of the association. Resolutions may be sent to other organizations, governmental agencies, or other individuals. The resolution process is one of the most important functions of the House of Delegates.

Call for Resolutions

Any ASNA member may research, write, and/or submit a resolution for consideration by the ASNA House of Delegates. Resolutions should be submitted to the Governance Committee through the ASNA office at 360 N. Hull St., Montgomery, AL 36104 by JULY 23, 2016. Only an emergency resolution will be accepted after the designated date.

Types of Resolutions

Resolution are classified according to the following:

- Substantive Resolution, which deal with basic principles and policies of ASNA, or issues of statewide or national concerns of nurses as practitioners and citizens.
- Courtesy Resolutions, which give recognition to outstanding persons who have made especially valuable contributions to ASNA or the nursing profession.
- Commemorative resolutions, which deal with commemoration of important events or developments in nursing, allied professions, or government.
- Emergency Resolutions, which have significance for the association and require immediate action.

How is a Resolution written?

A resolution has two parts – the “whereas” section and the “resolved” section. The “whereas” section is a series of single item, factual statements which present documentation of the need for the resolution. The “resolved” section is a series (or single) item action statement(s) of position by ASNA and is the actions by which the intended result will be obtained.

ASNA Delegate Responsibilities

Being a Delegate to a state convention can be an exciting experience but one that also has some inherent responsibility. As you may know, the House of Delegates (HOD) is the governing and official voting body of the Alabama State Nurses Association (ASNA). The House meets annually. Members of the HOD have a crucial role in providing direction and support of the work of the Alabama State Nurses Association. Delegates are elected to the HOD to work for the betterment of ASNA and the nursing profession. Each delegate is expected to study the issues thoroughly, attend each session of the HOD (including the Open Forums), and engage in active listening and debate. Also, delegates are encouraged to use the extensive resources and collective knowledge available at each meeting to provide direction and support for the work of the organization. Such a commitment benefits the individual delegate, the association, and the nursing profession.

If a delegate in unable to attend the 2016 ASNA House of Delegates, his/her district nurses association (DNA) should be notified at once. When alternate delegates are substituted for delegates, it is the responsibility of the District President to notify ASNA of the change immediately.

Important information for ASNA Delegate Registration

Delegates are encouraged to register for convention in advance to expedite the on-site credentialing process. See the registration form in the pull out section of this issue for registration fees. Full registration includes all convention functions. Additional tickets can be purchased for these events. Utilize the special pullout section of The Alabama Nurse to register for convention. Please note the cut off date for the hotel discount is October 11, 2016. ASNA has blocked a certain amount of rooms for this convention. Please consider that off-site hotel registration of delegates causes a financial hardship to the organization if the room block is not met.

To ensure eligibility for the credentialing process, delegates are required to present their current ANA membership card and one picture ID at the Delegate Registration desk. If you do not have a current membership card please contact April Bishop, Programs Coordinator for assistance. Each delegate will be issued a name badge, a delegate ribbon, and informational materials upon proof of identification. The name badge and delegate ribbon must be worn in order to be admitted to the floor of the House of Delegates.

Please call the ASNA office at 1-800-270-2762 or 334-262-8321 if you have questions or concerns.

Welcome to Huntsville

Twenty miles of hiking trails and 14 miles of biking trails of various difficulty levels provide never-ending exploration for outdoor enthusiasts of any age. An 18-hole disc golf course gives players a beautiful view of nature as they play, and the fully outfitted playground and recreation fields ensure no member of the family will ever be bored.
Alcohol Use Disorder - Medication Assisted Treatment

Charlene Roberson, MEd, RN, BC,

Disclosures: The author and Planning Committee have declared no conflict of interest.

Contact Hours: 3.0 (ANCC) and 3.0 (ABN) 3.6 (PHARM) contact hours are valid May 10, 2016 through May 9, 2018.

Target Audience: Registered Nurses, Advance Practice Nurses, health care providers involved in substance abuse treatment.

Purpose: Contrast the benefits of the three treatment modalities of the treatment plan. Examine the benefits and complications of each medication approved by FDA for treatment of Alcohol Use Disorder.

Fees: ASNA Member - $ FREE Non-Member - $30

Instructions for Credit: Participants should read the purpose and then study the activity on-line or printed out. After reading, complete the post-test at the end of the activity and compare your responses to the answers provided, and review any incorrect responses prior to completing the evaluation on-line and submit the appropriate fee to receive continuing nursing education credit. The certificate of attendance will be generated after the evaluation has been completed. ASNA will report continuing nursing education hours to the ABIN within 2 weeks of completion.

Evaluation: Complete at https://form.jotform.com/61233651829962

Accreditation: The Alabama State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Alabama Board of Nursing Provider Number ABNP0002 (valid through March 30, 2017).

Alabama State Nurses Association
360 N. Hull St.
Montgomery, AL 36104
Fax: 334-262-8578

http://bit.ly/1TEKXHh

Introduction
According to SAMHSA (Substance Abuse and Mental Health Services Administration) between 10-20 percent of all patients seen in either a primary care or an acute health care setting have a diagnosis of Alcohol Use Disorder (AUD) as defined by the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-5). In 2014 they cited that 17.6 million individuals met this criteria but only 1.6 million (8.9%) received any treatment for AUD. SAMHSA states that five drinks for men and four drinks for women is 82% sensitive to detecting individuals with alcohol problems. Another frequently used tool is the AUDIT (Alcohol Use Disorders Identification) which may be downloaded at http://www.worldmedicalalcohol.com/its/zit/WHO-audit.pdf. It takes less than five minutes to complete. An even easier tool to use is the single question, “How many times in the past year have you had five or more drinks in one day?” SAMHSA states that five drinks for men and four drinks for women is 82% sensitive to detecting individuals with alcohol problems. Another frequently used tool is the SBRIT (Screening, Brief Interventions, and Referral to Treatment). This uses the healthcare provider to ask brief questions and if appropriate provides guidance for a brief intervention and referral to treatment if needed. Information about the tool may be located at http://www.southalabama.edu/colleges/con/UndergraduateAcademics/CollegeofNursing/Tools/SBRIT.html. In addition, and even more convenient, is the Baylor College of Medicine free app located in the iTunes store called SBRIT App for administering the tool.

Screening/assessing for AUD can easily be accomplished concurrently while assessing for other conditions. Ideally this practice should occur with every patient using a validated screen tool. One easy, commonly used tool is AUDIT (Alcohol Use Disorders Identification) which may be downloaded at http://www.worldmedicalalcohol.com/its/zit/WHO-audit.pdf. It takes less than five minutes to complete. An even easier tool to use is the single question, “How many times in the past year have you had five or more drinks in one day?” SAMHSA states that five drinks for men and four drinks for women is 82% sensitive to detecting individuals with alcohol problems. Another frequently used tool is the SBRIT (Screening, Brief Interventions, and Referral to Treatment). This uses the healthcare provider to ask brief questions and if appropriate provides guidance for a brief intervention and referral to treatment if needed. Information about the tool may be located at http://www.southalabama.edu/colleges/con/UndergraduateAcademics/CollegeofNursing/Tools/SBRIT.html. In addition, and even more convenient, is the Baylor College of Medicine free app located in the iTunes store called SBRIT App for administering the tool.

Ideally all patients need some degree of screening but certain groups are more vulnerable. They include the following:

1. Any woman who is pregnant or trying to conceive.
2. Anyone at risk for binge drinking or heavy drinking.
3. Those with health problems which might be induced or exacerbated by drinking such as cardiac or liver disease, anxiety, depression, PTSD, dysepsa, or history of trauma/injury.
4. A person with one or more chronic diseases not responding to treatment = diabetes, gastrointestinal disorders, hypertension, or heart disease.
5. Individuals with social or legal problems that may be caused or worsened by alcohol intake = family/marital issues or driving under the influence.

Individuals especially needing follow-up are those with an AUDIT score greater than 8 and/or those who report one or more heavy drinking episodes in the past year.

The patient history should include a medical and psychiatric overview, substance abuse history of both self and family, as well as available psychosocial support. The family/significant other history is especially important as it can provide useful insights into the patient’s perspective as well their current status. Another useful screening tool, if possible to obtain, are records from the patient’s other health care providers. The process should also include the patient’s prescription drug use history. If available, the state’s prescription drug monitoring program (PDMP) records of prescription dispensed to detect any unreported use of other medications. Not all states have this information available. This survey would include evaluating any opioid analgesic or sedative-hypnotic medications that may react negatively with alcohol treatment or alcohol treatment medications. During the assessment process special attention should be placed on the factors such as motivation toward treatment, potential for relapse, severity of concurrent medical or psychiatric conditions, past history of tolerance to medications, and pregnancy. And if pregnant or planning to become pregnant certain medications, which will be discussed later in this course, should be avoided.

A physical examination should be completed and include evidence of hepatic dysfunction, neurocognitive function, and sequelae of alcohol use. Many patients

Ce continued on page 12
have no impairment of any of these functions but when present this is an indicator of the severity of the disease. Some long term physical sequela include cirrhosis; encephalopathy; and vitamin deficiencies (especially thiamine, folic acid, and pyridoxine); tachycardia (especially supraventricular); tremors of hand and tongue; hypertension; hepatosplenomegaly, tender liver edge, peripheral neuropathy, spider angioma; and unexplained trauma.

Laboratory testing is essential to confirm or eliminate alcohol-related damage. Sometimes the actual testing process, whether initial or follow up provides some motivation for clients to continue treatment. There is not a specific test that can exactly pinpoint AUD; however, the following tests are very helpful in identifying alcohol use and alcohol-related abnormalities.

1. Blood alcohol levels will measure the current consumption and are useful to determine capacity to perform certain tasks such as driving.
2. AST, GGT, CDT, and other hepatic and renal function tests are elevated with individuals who have chronically consumed alcohol as the medications used to treat AUD should be used with caution with patient with renal or liver dysfunction.
3. Complete Blood Count is useful to determine anemia as alcohol can have a toxic effect on bone marrow and some individuals may have macrocytosis.
4. Vitamin deficiencies are usually related to inadequate healthy diet which can lead to abnormal cellular function. The most common deficiencies are thiamine, folic acid, and pyridoxine. The long term, excessive vitamin deficiency – especially thiamine may result in Wernicke-Korsakoff syndrome.
5. Urine toxicology to determine presence of other drugs.
6. Pregnancy test on all women of childbearing age.

Developing a Treatment Plan

The first step in working with a patient with AUD willing to enter treatment should be developing a mutually acceptable treatment plan. This plan must be acceptable to the patient and revised based on their desires and willingness to comply. When plans are static and not revised the chances of success are greatly reduced. The plan needs to address all options such as medications and other therapies as well as the rationale for use. A schedule needs to be developed for follow-up visits and laboratory testing to monitor their progress. A frank discussion of participation in mutual self-help groups which would include reasons and expectations and would include locations, cost and frequency. The degree of family/significant others involvement should be explored with both patients and family/significant others. Plans need to address any co-occurring conditions such as medical, psychiatric, other substance abuse disorders and/or smoking. A discussion of medications to be used including steps to promote adherence and discontinuing of medication. Included in the plan is to address discontinuation of therapies, medications, and/or possibility of referral to a higher level of care.

Certain conditions require complete abstinence from alcohol. They are pregnancy, concurrently taking a medication that may cause a harmful drug reaction, or if the person has a medical condition that is either associated with or exacerbated with alcohol use.

Some patients engage in risky drinking but do not meet the criteria of AUD as determined by the AUDIT score. The clinician must rely on their professional judgment to determine if reducing alcohol or abstinence is the more appropriate goal. Factors to consider include family history of alcohol consumption either in the current or preceding generations, patient’s age and any history of traumatic injuries or events related to drinking.

A treatment plan is just more effective when developed with face to face discussions and providing written educational materials to both the patient and family/significant others. Elements of patient education for an effective treatment plan include the following:

1. Knowledge of what to expect overall.
2. Information in general about AUD and especially the chronic nature of the disease process.
3. Why a particular medication has been selected, how it works, including the associated risks and benefits; and anticipated time for full medication benefits.
4. Importance of an effective birth control methods for women of childbearing age.
5. Explicit information about what to do if alcohol is consumed after a period of abstinence.
6. Need to convey to other health care providers and dentists that they are taking medication for AUD in order to avoid inadvertent drug reactions – especially if surgery (or dental surgery) is being considered.
7. Symptoms that should not be ignored and reported to their health care provider.
8. Discussions about the importance of concurrent psychosocial treatment and participation of a mutual help group.
9. Need to carry a medical alert card identifying the medication-assisted treatment, include name(s) of drugs being prescribed, and potential adverse effects if given other medications. In addition the medical alert card should provide contact information of the treating health care provider and/or institution.

It is essential to obtain a written informed consent and include in the patient record. In addition it should be recorded that the patient and family/significant other (if appropriate) has received the written plan and understands the information. As with any plan it is not enough to just present or even just read and expect the patient and others just to sign. It is essential to include a frank, open discussion of elements, provide opportunities for questions and input into the plan. The plan may need discussion more than once. Ideally the plan’s components should be reviewed and revised as necessary with follow up visits to the health care providers.

Medically Managed Detoxification

An alcohol withdrawal syndrome may be very serious – even life threatening. Patients in this syndrome should be referred to an addiction treatment program than can provide a medically monitored withdrawal treatment. The symptoms of withdrawal usually begin 24–48 hours after the blood alcohol drops to zero. The syndrome may last 5-7 days during which time the person needs to be monitored and provided withdrawal treatment. Very briefly symptoms include (generally in order of severity) – restlessness, irritability, anxiety, agitation, anorexia, nausea, vomiting, tremor, elevated heart rate and blood pressure, insomnia, intense dreaming and nightmares, poor concentration, impaired memory and judgment, increased sensitivity to sounds and light, auditory, visual, and/or tactile hallucinations, delusions, grand mal seizures,
Various Therapies

There are only three different therapies—pharmacology, psychosocial, and mutual-self help programs. All are complimentary and address different aspects of the alcohol disorder. 

A single approach has proven to be more effective than the other. Psychosocial therapy enhances adherence to the treatment plan, reduces craving, and thus makes the person more receptive to the psychosocial aspects of the program.

Mutual self-help groups provide mutual support to maintain sobriety. According to SAMHSA, the latest evidence supports brief weekly or biweekly sessions (15-20 minutes) combined with other medications is most effective in long-term recovery. The oldest and best-known of these groups remains AA (Alcoholic Anonymous).

Many patients resist participation in AA, perhaps it is the stigma or fear of disclosing concurrently taking medication to cease consuming alcohol. It is true that some AA members have negative attitudes toward medication therapy, but the organization itself supports the use of medication with AA attendance.

What is the impact of the history of or concurrent use of opioids when taking medications for AUD?

Medications Approved by the FDA for Treatment of AUD

The FDA has approved only three oral medications and one injectable medication for treatment of AUD. (NOTE: other medications are prescribed off-label, especially those dealing with psychiatric/mental issues, but this paper will focus on only those approved by the FDA.) The clinician is influenced by a couple of factors in prescribing the selected medications. They include patient’s past experience with medication-assisted treatment, personal opinion as to which medication may be the most effective, patient motivation for abstinence, history of medication compliance, medical status, and contraindications for the selected medication.

What are the special challenges faced by health care providers when diagnosing older adults?

The drugs approved by FDA are as safe for use in older adults as with younger individuals. However, many older individuals have comorbid medical conditions necessitating taking multiple medication which may precipitate adverse reactions when used in combination with the AUD medications. Another issue is the older adult has decreased ability to metabolize (liver) or eliminate (kidney) medications— all of which may lead to an adverse drug event. Specific dosing precautions will be discussed later in this monograph.

Another challenging issue is diagnosing AUD in the older adult. Healthcare providers should be cognizant that older adults tend to hide substance abuse problems often due to shame. They are less likely to recognize that it is an issue, less likely to seek help or talk about the issue. In addition the problem may be ignored or minimized by family members or significant others. Family members may be too ashamed, not aware, or just ignore the issue. Some family members think it is not a problem and the older person can ‘just drink if they want to’. Sometimes health care providers may either overlook the diagnosis or misdiagnose attributing the behavior to depression or dementia.

The older adult is often seen with many health and social problems. These problems may increase the risk of hospitalizations, nursing home placements, and even death.

Special Populations

Alcohol use in pregnancy presents special problems as it is clearly associated with fetal abnormalities and long-term cognitive issues in the offspring. No amount of alcohol is safe during pregnancy. Use of alcohol during pregnancy may result in miscarriage, premature delivery, or stillbirth. Infant complications include both fetal alcohol syndrome or fetal alcohol spectrum disorder. None of the medications FDA approved for AUD have been shown to be absolutely safe during pregnancy. However, they are sometimes prescribed off-label when in the judgment of the health care provider the probable benefits outweigh the risks.

Adolescents and young adults also present a special issue with medication management. None of the FDA approved medication for AUD is approved for individuals younger than the age 18. Young adults and adolescents should be referred to a program specializing in adolescent addiction; one drawback is the limited number of these types of programs and other issues are quite expensive. Sometimes medications are used off-label in older adolescents and young adults as there are no specific safety regulations for the use of the medications. The decision to use medications may be warranted when the older adolescent has severe AUD and psychosocial intervention have not achieved success alone.
unconsciousness, convulsions, and death—thus, as stated before the drug needs to be taken with supervision. This drug is contraindicated in the presence of the following: severe myocardial disease, coronary occlusion, pregnancy and lactation. The hepatic diseases, cerebral damage, chronic or acute nephritis, diabetes, hypothyroidism, epilepsy, heart disease, and in those 60 and older. Instruct patients to notify healthcare provider of any early symptoms of hepatitis—fatigue, weakness, nausea, anorexia, vomiting, jaundice, or dark urine especially if they have had no concurrent alcohol intake. A baseline liver function test should be completed and a follow up test 10-14 days later. Other tests during ongoing treatment include complete blood count, general chemistries, and liver function tests. A few patients develop psychotic reactions and it is believed to be a result of unmasking an underlying psychoses. These patients were probably self-treatment with psychiatric issues with alcohol. Safe use in pregnancy has not been established and it should not be given to nursing mothers. Patients need to be advised that mild side effects are expected only for the first two weeks of treatment. They include skin/dermiform pruritis, headache, allergic dermatitis, impotence, mild drowsiness, fatigue, and a metallic or garlic after taste.

The purpose is for the treatment of alcohol dependence. The injectable is taken daily and the injectable is taken in the outpatient setting. The drug curbs the cravings for both alcohol and opioids. Patients with very intense cravings for alcohol usually experience greater success with naltrexone. In addition patients with a family history of AUD may benefit more than for patients who do not have this history. The purpose is for the treatment of alcohol dependence and the extended release is appropriate for individuals able to abstain from alcohol in the outpatient setting. The injectable form was developed because of the low rate of adherence to treatments. The extended release is appropriate for individuals who are motivated to remain sober, 2.) Patients with hepatic disease, 3.) Those currently on opioids for pain or addiction, 4.) Patients coping with multiple medical issues and are taking many medications. The drug is contraindicated for those with severe renal impairment.

Baseline renal function studies are essential before instituting treatment. In patients over 65 frequent renal function tests are important. It is a Category C for pregnancy. Therefore, it is not known if the drug is excreted in breast milk. Pregnant or nursing mothers should not take the drug.

Revising the Treatment Plan

How do you know when to discontinue medications?

AUD is a chronic illness and despite ongoing treatment the intensity of the disease process may change over time. In addition the patient goals may change which necessitates a change in focus. Sometimes alcohol abuse disorder is a diagnosis of exclusion for a chronic disease(s) treatment regimen conflicts with AUD treatment. When problems of adherence to the treatment plan occurs, the healthcare provider needs to reassess the patient for underlying medical, psychiatric, or social factors. Examples would include the following:

1. Examining behavioral, medical and social factors that could contribute to alcohol consumption;
2. Increase monitoring;
3. Medication dose adjustment;
4. Increase frequency or 2nd psychosocial services, e.g., change from an AA mutual-support group to individual counseling; and/or
5. Refer the patient to specialty care.

Progress is achieved when the patient’s health has improved as noted by stabilization of chronic issues such as chronic opioid use disorder. Additional improvements in health in addition the patient becomes more aware of their personal health and adhering to medications needed for other health needs besides alcohol. Furthermore, the patient is able to abstain from alcohol several days before starting the medication. It is not effective if the patient is drinking alcohol. The drug is not effective on the first day. The best results occur when the patient is able to not consume alcohol several days before starting the medication. It is not effective if the person is drinking at the time of treatment. The drug is not indicated for those anticipating opioid withdrawal. It is effective to prevent relapse to opioid dependence following detoxification. The drug is contraindicated in patients with opioid analogies (i.e., those requiring a narcotic for pain) or need for opioids such as surgery; anyone currently on opioids such as methadone, buprenorphine; patients in opioid withdrawal; those who fail the naltrexone challenge; or anyone who has a positive urine test for opioids. The person should take no opioids for at least 7 days prior to starting the drug. It could precipitate a severe withdrawal. In the presence of impaired renal function injection may only be given to patients whose body mass is adequate to receive an injection with the provided 2 inch needle. It must not be given in subcutaneous injection. The extended release form has been associated with liver dysfunction. All forms should be used with caution with patients with renal impairment. After treatment with the extended release form (and after the dose is metabolized from the system) a patient needing opioid analgesia may respond better to lower doses of the opioids. This oral version of the drug is a Category C pregnancy medication. It will transfer to infant through nursing and in animal studies (no human studies are available) may cause turgescent growth retardation. Nursing mothers need to discontinue breastfeeding or discontinue Naltrexone. The latest medication approved by the FDA for AUD is Flumazenil (Campral). The drug is a delayed-release compound and taken three times a day with or without food. They should be swallowed whole and not crushed. In the presence of impaired renal function the dose may be altered downward. It is indicated for patients who are alcohol dependent but are abstinent. The purpose is to maintain abstinence. It has no abuse potential and is not associated with other medications. The greatest strength from a patient perspective is the drug’s ability to reduce negative symptoms immediately. This drug is not addictive and there is no risk of abuse. There are no safety factors and no risk of an overdose. The most common side effects are gastrointestinal issues. A mild headache may occur, constipation for several days or less common abdominal cramps and flatulence and occasionally headache. It seems to be the safest of the three medications approved by FDA for the treatment of AUD (Camprosate are 1.) Abstinent from alcohol at onset of treatment and who are motivated to remain sober, 2.) Patients with hepatic disease, 3.) Those currently on opioids for pain or addiction, 4.) Patients coping with multiple medical issues and are taking many medications. The drug is contraindicated for those with severe renal impairment. Baseline renal function studies are essential before instituting treatment. In patients over 65 frequent renal function tests are important. It is a Category C for pregnancy. Therefore, it is not known if the drug is excreted in breast milk. Pregnant or nursing mothers should not take the drug.
Select the one best answer

1. What groups are most vulnerable in needing Alcohol Use Disorder screening?
   a. pregnant and craving alcohol.
   b. weekend binge drinker and had received three (2) DUIs in last month
   c. PTSD and arthritis
   d. all of the above

2. Long term physical sequela include
   a. enlarged heart
   b. pulmonary edema
   c. tender liver edge
   d. dry skin

3. Complete Blood Counts are essential to note
   a. macrocytosis
   b. MCVH
   c. platelet count
   d. recti count

4. Elements of an effective patient education treatment plan include
   a. chronic nature of AUD
   b. risks and benefits of a the medication selected
   c. what to do if alcohol is consumed during treatment
   d. all of the above

5. Symptoms of withdrawal syndrome begin _____ hours after blood alcohol drops to zero
   a. 12-24
   b. 24-48
   c. 48-72
   d. 72-96

6. According to SAMHSA the most effective treatment plan are medications and
   a. AA daily
   b. weekly or biweekly sessions
   c. individual counseling
   d. any of the above

7. Older adults present special challenges when diagnosing AUD because
   a. alcoholism may be misdiagnosed as dementia
   b. limited social support
   c. resistance to accept treatment from younger health care providers
   d. may have dementia and cannot remember to take medications on time

8. Disulfiram (Antabuse) a. increases abstinence
   b. may be started while during detox
   c. if alcohol is ingested may lead to acute hepatitis
   d. if alcohol is ingested the symptoms usually last 30-60 minutes

9. Naltrexone (Trexan) is the drug of choice for patients who have a history of
   a. opioid use
   b. diabetes
   c. hepatitis
   d. cardiac disease

10. Acamprosate (Campral) a. may be crushed and given via a NG tube
    b. has an abuse potential
    c. drug of choice for patient with renal impairment
    d. has no significant interactions with other drugs

KEY
1. B
2. C
3. A
4. D
5. B
6. B
7. A
8. D
9. A
10. D

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