ASNA Welcomes Incoming President Rebecca Huie, DNP, RN, ACNP, VHA-CM. President Brian Buchmann, MSN, MBA, RN will be ending his two-year term at the ASNA Annual Convention in October and will pass the gavel to the President-elect, Rebecca Huie.

Dr. Huie has 18 years of nursing experience. She completed her Associate Degree in Nursing (ADN) in 1996 at Wallace State Community College in Hanceville, Alabama; Bachelor’s of Science in Nursing (BSN) at the University of Alabama in Birmingham (UAB); Masters of Science in Nursing (MSN) at UAB in 2011, specializing as an Acute Care Nurse Practitioner and Registered Nurse First Assistant; and Doctorate Degree in Nursing at UAB in 2012. She also has experience in wound care and long-term health and is a Basic Cardiac Life Support (BCLS) instructor at both the facility and community level.

Dr. Huie’s career at the Birmingham Veteran’s Administration Medical Center (BVAMC) began in 2004 as a Staff Nurse on a medical-surgical nursing unit, where she quickly was promoted to Charge Nurse. In 2006 she transitioned to the SICU to obtain critical care nursing experience and, in 2007, accepted the position of Charge Nurse. In 2012 she became Nurse Manager responsible for several Primary Care Clinics.

For over 103 years, ASNA has served and advocated for nurses of all specialties and settings of care. ASNA is fortunate to have had quality leadership throughout the association from the academic, administrative, advanced practice, and clinical nurse backgrounds over the years. As Director of Primary Care for the Birmingham VA, Dr. Huie understands the challenges nurses face every day as well as policy and political issues that impact nursing practice. In her role with the VA, she is also responsible for Community-based Outpatient Clinics (CBOCs) across central and northern Alabama. A strong advocate for better access to care and fewer encumbrances on the nurses’ primary focus of quality patient care, Dr. Huie will continue ASNA’s mission to promote excellence in nursing.

Dr. Huie stated, “Brian Buchmann has been an excellent president and mentor. The ASNA system to have a president-elect shadow the president during their two-year term is an effective way to prepare the next president and insure a smooth transition at end of term. Brian’s passion is contagious. His authentic commitment to the needs of Alabama nurses and the work he has done has been a key factor in ASNA’s 200 member increase to the needs of Alabama nurses and the work he has done has been a key factor in ASNA’s 200 member increase over the years. For this edition, we are taking the opportunity to THANK HIM FOR HIS HUGE CONTRIBUTION TO NURSES AND THE NURSING PROFESSION. You see, in addition to providing ASNA and our members with legal services, Don serves as an ASNA lobbyist. He has been instrumental in advocating for or against bills in the Alabama Legislature that would either help or hinder nurses in providing quality care for patients. Have you ever heard of the Alabama Education Association (AEA)? Don served as a lobbyist with AEA for many years before ASNA.

In fact, he wrote a book entitled “AEA Head of the Class in Nursing.” As you can imagine, Don is a very special person to the nurses in Alabama and, quite frankly, to me. I am so grateful to have his representations during my tenure of service as ASNA’s president-elect.”

A Tribute To ASNA Attorney and YOUR Nurse Advocate, Don Eddins

Would you like for ASNA to send you $300,000? For more than 16 years each ASNA member has had the privilege of one-hour FREE legal counsel with our attorney, Don Eddins, for ANY PERSONAL MATTER! One hour annually with an attorney is worth at least $300,000 each. Over his years of service, if a member needed to have or refresh a Will... Don would help. If a member had an “issue” with a home service provider, such as plumber… Don would help. If a member needed counsel because they couldn’t get a neighbor to move a fallen tree limb off their garage… Don was there. If a member experienced “sexual harassment” at work and didn’t know what to do… Don was available for counsel. And when some members needed an attorney to help in their defense before the Board of Nursing over a license-threatening issue… Don was there! (Normal attorney fees for a lengthy BON defense could amount to more than $5,000… but for ASNA members $0 charge from Don Eddins.)

This past July, Don suffered a stroke. Thankfully, he is doing well in his recovery. His wife, Nikki is an RN and long-time ASNA member. As a family member, she along with the medical and rehab team have helped Don make significant progress. Don’s positive attitude and determination have also been huge factors in achieving maximum success through the rehab process. In fact, he has already begun to resume work and family responsibilities. In addition to his law practice, Don publishes a newspaper, The Auburn Villager. He wrote a feature article recently, while in rehab! Nurses – you have an outstanding advocate in Don Eddins.

Don has written a “legal issues for nurses” column in The Alabama Nurse for many years. For this edition, we are taking the opportunity to THANK HIM FOR HIS HUGE CONTRIBUTION TO NURSES AND THE NURSING PROFESSION. You see, in addition to providing ASNA and our members with legal services, Don serves as an ASNA lobbyist. He has been instrumental in advocating for or against bills in the Alabama Legislature that would either help or hinder nurses in providing quality care for patients. Have you ever heard of the Alabama Education Association (AEA)? Don served as a lobbyist with AEA for many years before ASNA.

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Are We There Yet?

Gregory Howard, LPN

“Are you on the road to commitment to your Professional Organization?”

The need for Nurses to join their Professional Organization is still very crucial. Who is going to speak for your profession and your practice, if you don’t do your part? We still find that Nurses fail to see the importance as well as the advantages of joining their Professional Organization, until they have a problem that involve their license. And at this point it is probably too late to get help as a non-member of their Professional Organization. Until

All who can, should be active or at least a member of their Professional Organization to insure a steady pool of qualified people to serve on the Alabama Board of Nursing, to represent and speak on behalf of your profession and your practice,

I know that, no matter how bad things seem, life goes on and we hope for a better tomorrow. You are that hope when you commit to joining and then you serve also. “People will forget what you said, will forget what you did but will never forget how you made them feel.” Be Unforgettable and join your Professional Group so that the current members can “feel secure.”

The new NURSE PLATINUM VISA CARD helps Alabama nurses get the “credit” they deserve!

You may have missed an untold amount of $$$ discounts because cashiers don’t realize you are a nurse. Now, when you use your NURSE PLATINUM VISA CARD for purchases BAM!! NO MISSED DISCOUNTS! ASNA is proud to introduce Alabama’s first NURSE PLATINUM VISA CARD. Like the auto license plates it features the theme “Nurses Save Lives.” And, like the car tags the card is available to all 93,000 Alabama nurses with no strings attached to membership in a professional organization.

That’s right, you don’t have to be an ASNA member to get one. You just go to alabamanurses.org and click on the card image and you will go to the Visa application page instantly. This is off-site from ASNA’s web page and ASNA has no access to any personal or financial information. It’s all between you and the bank from that point forward. There is a small fee that ASNA receives to support the Nursing profession. The fee does not diminish in any way, cardholder benefits…that are great! So, you can get a cool NURSE PLATINUM VISA CARD with tons of competitive cardholder benefits, receive extra discounts from many stores and help nursing all at the same time. Check out the NURSE PLATINUM VISA CARD ad on page 3 of the Alabama Nurse and go for it!

Student Loan Forgiveness for Nurses

888-850-4819

Tribute continued from page 1

Alabama Politics.” Again, we are truly fortunate to have such an experienced lobbyist and attorney to represent nurses. Don will continue to provide legal services for ASNA and our members. And, he will resume writing his legal column in the next edition of The Alabama Nurse. He is a humble man, glad to serve and doesn’t seek recognition. However, we staff at the ASNA office think it would be nice for him to hear the words “thank you” from nurses across the state. If you would like to send Don a card, address it:

Don Eddins, C/O Alabama State Nurses Association
360 North Hull Street
Montgomery, Alabama 36104

ASNA is committed to promoting excellence in nursing.

Our Vision

ASNA is the professional voice of all registered nurses in Alabama.

Our Values

• Modeling professional nursing practices to other nurses
• Adhering to the Code of Ethics for Nurses
• Becoming more recognizable influential as an association
• Unifying nursing
• Advocating for nurses
• Promoting cultural diversity
• Promoting health parity
• Advancing professional competence
• Promoting the ethical care and the human dignity of every person
• Maintaining integrity in all nursing careers

Our Mission

ASNA is committed to promoting excellence in nursing.

Advertising

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@aldpub.com. ASNA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

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The Alabama Nurse is published quarterly every March, June, September and December for the Alabama State Nurses Association, 360 North Hull Street, Montgomery, AL 36104

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PUBLICATION

The Alabama Nurse Publication Schedule for 2016

Issue: Material Due to ASNA Office

Guidelines for Article Development

The ASNA welcomes articles for publication. There is no payment for articles published in The Alabama Nurse.

1. Articles should be Microsoft Word using a 12 point font.
2. Article length should not exceed five (5) pages 8 x 11.
3. All references should be cited at the end of the article.
4. Articles (if possible) should be submitted electronically.

Submissions should be sent to:
edasmn@alabamanurses.org

Editor, The Alabama Nurse
Alabama State Nurses Association
360 North Hull Street
Montgomery, AL 36104

ASNA reserves the right not to publish submissions.

Page 2 • The Alabama Nurse
It’s Hello, Not Farewell!

Brian Buchmann, MSN, RN, MBA

Hello Alabama nurses! Thank you for what you do each day in making patients and families lives better. This is my last article as ASNA President as my two year term will end this October. It has truly been my pleasure to serve Alabama nurses at the local, state, and national level. There have been many ASNA accomplishments during my term such as: being instrumental in helping pass the Bill for the APRN Loan Repayment Program, standing against certified mid-wife (not a nurse) legislation to practice in Alabama, representing Alabama nurses at the American Nurses Association Membership Assembly and at the Lobby Day in Washington D.C., huge increase in ASNA membership, financial stability, new improved website, nurses car-tag growth, new ASNA credit card, meeting our strategic goals of improving our nursing image and providing cutting-edge continuing education, and many ASNA members are representing you by serving on state and national committees. When I reflect on what has been done, I can’t help to think about what else needs to be done and could be accomplished with your involvement!

I know most of you are aware that our healthcare system is always changing and is in need of many improvements. There are so many issues that need to be addressed such as: the nursing shortage and nurses working in short-staffing environments, restricted scope of practice, more access to care, continual improvement to the quality and safety of patient care, our state Medicaid problems, and many more. These issues will NOT improve unless nurses are involved in making changes! That means our nursing profession, our healthcare system, and those we serve need us to be involved!

There is no better time than now to get involved. Don’t continue to put it off thinking someone else will do it. We need YOU! ASNA continues to be the voice for all Alabama Nurses. Come join our ASNA team and let’s work together to lead the way for healthcare improvements! My hope is that this article won’t be my farewell but instead, will stimulate you to be involved. Therefore, the next time I communicate with you it will be a HELLO, I look forward in working with you!

As your ASNA President, I would like to keep you informed of ASNA activities and ways you can be active in ASNA and our nursing profession. Please review the following list of updates and upcoming ASNA activities:

- **2016 ASNA/AANS Annual Convention** – this annual event will be our best ever. This year it is taking place at the beautiful Bridge Street Westin, Huntsville, AL. There will be great continuing education, activities, band, and networking. You don’t want to miss this opportunity!
- **Nurse Car Tag** – “Nurses Save Lives” – Car Tags are Available! Remember, the money created from car tags will go to the Alabama Nurse Foundation (ANF). The ANF is a non-profit ASNA set up years ago for promoting the profession, education, and nursing scholarships.
- **Visit our ASNA website** – https://alabamanurses.org/join/

I would like to encourage you to be active within your ASNA District. Your District is where you build relationships, do community-service, network, attend continuing education events, and receive more ASNA communication. Please contact your District Presidents below regarding your District activities and involvement:

- District 1 – Sarah Wilkinson, MSN, BSN, BA, RN – swilkinsonrr@yahoo.com
- District 2 – Julie Savage Jones, MSN, RN – juliesavagejones@yahoo.com
- District 3 – Wanda Spillers, DNP, RN, CCM, NE-BC – jilmin33@yahoo.com
- District 4 – Bridget Moore, DNP, NEA-BC, RNC-IC, MBA – bmoore@southalabama.edu
- District 5 – Maggie Antoine MED, BSN, RN – maggieantoine@charter.net
Pin Site Care for the Orthopedic Patient

Some orthopedic injuries require that a brace, skeletal traction or external fixation device be placed. This requires pins to pass through the skin and muscle and into the bone. When this occurs, it is very important that the pin and pin sites are cared for to prevent infection. Pin site care is the process of cleaning the pin and the skin around the pin where it enters the body. The physician may have specific instructions for pin care but below is the basic instructions.

- Perform pin site care twice a day
- Gather your supplies
  - Gloves
  - Sterile cup
  - Sterile cotton swabs-about 3 for each pin
  - Sterile gauze
  - Cleaning solution (sterile water or half normal saline and half hydrogen peroxide)
- Wash and dry hands thoroughly, put on gloves
- Pour cleaning solution in the sterile cup and place half of the cotton swabs in the solution to moisten the ends
- Using a clean swab on each pin, start cleaning at the pin site and move away from the pin as you clean. Move the swab in a circle around the pin and make the circle larger as you move away from the pin site.
- Remove any dried drainage or debris from your skin using a swab.
- Using a new swab or gauze clean the pin by starting at the pin site and moving up the pin.
- Once you are through cleaning use either a dry gauze or swab in the same way to dry the pin.

Reference

Does Nursing Need A Band-Aid... Or Surgery?

John C Ziegler, MA, D., MIN

Why are many nurses losing their passion for nursing? In a recent national poll, more than 50% of nurses said they would choose a career other than nursing, if they had it to do over again. I wrote about this in the last edition of The Alabama Nurse and suggested that being engaged in ASNA/ANA could be a lifeline for nurses who felt isolated and disillusionsed. Soon after the article was published, I received a letter from an experienced, yet disillusioned nurse. He gave me permission to print his letter. I have shortened it slightly but the words included are verbatim. Please email me your feedback. If this is widespread, we must do something!!! My personal email is: ednasn@alabamanurses.org.

Dear Dr. Ziegler,

Your article entitled, “Need to Revive Your Passion for Being a Nurse? ASNA Can Help,” caught my eye. I certainly identify with the 50+% who said they would not choose nursing as a career if given a do-over. Yes, I am one of the disillusioned. Nursing is a noble calling and its ranks are filled with an incredible number of smart, dedicated and compassionate people. 365 days a year, 24 hours a day, nurses make an immeasurable contribution to our health care system. In my view, this contribution goes unappreciated by many including those in leadership positions in the health care field. Having held a number of nursing positions over the years, I could elaborate at length on this subject. But let me list just a few factors that contribute to nurse burnout and loss of passion:

- Endemic understaffing
- Relentless demands of nurses
- Bombardment of a “checklist” mentality when it comes to patient care as opposed to thoughtful patient assessment and critical thinking
- Lack of respect from health care administrators who often discount the voice of nurses
- Failure of nursing leaders to effectively advance the concerns of nurses

I agree with your conclusion that being an active member of an organization like the Alabama State Nurses Association is a step in the right direction. Being part of a caring nursing “family” is important, but much more needs to be done.

I worked for over eight years as an emergency/critical care nurse and achieved advanced accreditations. The accompanying knowledge, skills and experience is considerable. Now, as I choose to EXIT NURSING for the reasons described above, I feel some guilt in letting all that effort go. But, the sad part is that no one in the health care system really cares. There is little, if no effort put into retaining the highly experienced, but disillusioned nurse. It’s probably just easier to replace us with a newly minted nurse whose passion is fresh. Certainly, this is a Band-Aid approach to a problem that requires a surgical solution.

Respectfully submitted,
Bill Green, RN

Back to me...John Z. I would like to thank Bill for his years of service as a nurse and for writing this letter. I want to know YOUR THOUGHTS about the concerns of nurses. If his letter speaks to you and YOU WANT TO IMPROVE THE NURSING ENVIRONMENT, JOIN ASNA. As Bill said, “It’s a step in the right direction.” By adding your voice to this heralded 103-year-old, cutting edge professional organization – YOU CAN PROVOKE CHANGE. If you do nothing...nursing will be pushed along by the powers that be. Remember, when decisions are being made...if you’re not at the table...you may be on the menu!
ATTENTION RNs

You will notice a new section to your 2016 RN License Renewal survey. This 31 question survey will only take 5-10 minutes of your time and will greatly benefit nurses like you.

Frequently Asked Questions:

What is the new section on RN licensing survey?

The voluntary section of questions at the end of the RN renewal survey is a standardized tool that will help the Board of Nursing collect information about the RN workforce.

Why should I answer this survey?

Answering this survey will help the Board answer important questions like:
- Will Alabama have enough nurses in the future?
- How will retiring nurses affect this number?
- Are there areas in Alabama where we need more nurses?
- Is there an area with an over-saturated supply of nurses?
- Does the rural/urban, geographic and specialty of Alabama’s nursing workforce match our population’s health needs?

Who developed these questions?

The questions on this survey were developed by the National Council of State Boards of Nursing and the National Forum of Nursing Workforce Cen-

Are my answers anonymous?

Yes.

What are you going to do with this data?

The Board of Nursing is working with the Alabama Health Action Coalition (AHAC) to collect this information and publicize the survey’s findings to public. Your response to this survey is critical for us to better plan for a healthier Alabama.

Were these questions asked on the LPN Renewal Survey in 2015?

Yes. A very similar list of voluntary questions were included in the 2015 LPN License Renewal Survey.

How often will I be asked these questions?

You should expect these questions to be asked during each license renewal period.

October 14th at 6PM in the Westin Ballroom. BRING YOUR CHECKS, CASH, or CREDIT CARDS.

ALABAMA NURSES FOUNDATION

Your Gift can Make a Difference for Nurses in Alabama

Consider making a Tax-Deductible donation to the Alabama Nurses Foundation. Yes, your donation can help support fellow nurses with school expenses to advance their education with a BSN, Master’s, or doctoral degree. We all know how tuition and school associated cost continue to rise. This tax-deductible gift allows the Alabama Nurses Foundation to award more scholarships for our future nurse leaders.

Another way to make a tremendous difference to Alabama Nurses is to honor then with a monetary gift to the Alabama Nurses Foundation. Consider a friend, mentor, colleague who is or has made a difference in your life. Send a donation in honor of them. The Alabama Nurses Foundation will send the recipient a letter notifying them of your donation.

YOU MAY DONATE BY CLICKING THE "FOUNDATION" TAB at alabamanurses.org.

Be comfortable at work!
The perfect scrub pant for those who live in yoga pants.

Yoga scrub pants by MC® are so comfortable you’ll need a pair for home and for work. They have the same EZ-FLEX fabric you’ve come to love from the rest of Med Couture’s line, with the added comfort of a knit waistband. Front side pockets, double cargo pockets and an extra accessory pocket mean these pants aren’t just stylish, they’re highly functional.

Try a pair today!

Available now at ShopNurse.com

ALABAMA NURSES FOUNDATION

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YOU MAY DONATE BY CLICKING THE “FOUNDATION” TAB at alabamanurses.org.
The Alabama State Nurses Association (ASNA) Committee on Professional Issues (COPI) began working on current practice issues for the coming year. The intent of this article is to keep the nurses of the State informed of a practice issue of which they may not be aware. One real concern involves the interpretation by the Alabama Board of Nursing (ABN) regarding the legality of nurses transferring medications from patient prescription bottles into a pill planner for future administration by the patient or caregiver. However, nurses are able to educate patients, families, or caregivers on transferring medications to weekly or monthly pill planners but are unable to put the medications in the planners for them.

The basis for this ruling begins with the Administrative Code of the ABN where the scope of practice in Chapter 610-X-6-04(cd) and (4d) for the professional nurse and Chapter 610-X-6-05(c) and (3d) for the practical nurse “includes but is not limited to state and federal statutes, and regulations” (p. 6-8, 6-10). In addition to this document, the ABN bases the nurse’s ability to fill medication planners on the Code of Alabama 1975, Practice of Pharmacy Act 205 § 34-23-1(24), which defines a repackager as “a person who purchases or acquires from a manufacturer or distributor, a drug, medicine, chemical, or poison for the purpose of bottling, labeling, or otherwise repackaging for sale or distribution. This definition shall not apply to a distributor, a drug, medicine, chemical, or poison for the purpose of bottling, labeling, or otherwise repackaging for sale or distribution. This definition shall not apply to a

physician licensed to practice medicine who as a part of his or her professional practice dispenses, administers, sells or otherwise distributes any drug to a patient” (p. 4).

Another concern is the accountability of the nurse following the service of transferring medications for the patient. The American Nurses Association (ANA) (2016) endorsed a position statement by the American Academy of Ambulatory Care Nursing which states that registered nurses are completely accountable for all services in any ambulatory setting and for the outcomes of the patients. Patients typically requiring assistance with medications being transferred to pill planners would be those who have difficulty reading, opening bottles, understanding when and how to take medications, or lack someone to assist them throughout the day to take their medications. Without pill planners they are left to take their medications correctly without assistance. This could lead to potential problems of not taking the correct medication(s), at the correct time(s), the correct amount or dosage, or for the right reason. It is agreed that the nurse should appropriately reconcile the patient’s medications, assess the patient’s response to the medications, provide education to the patient and caregiver about the medications and potential effects or side effects, and when to call. If filling pill planners were found to be within the scope of practice for nurses in Alabama, this could possibly decrease the amount of adverse drug events related to patients who have difficulty with this task or who do not have any family or caregivers to assist them.

To compound these issues the Practice of Pharmacy Act § 34-23-11 states “Physicians, dentists, registered nurses, etc., exempt from chapter. (a) Nothing contained in this chapter shall prevent any licensed practitioner of the healing arts from personally compounding, dispensing, administering, or supplying to his or her patient drugs and medicines for their use.” And later the in § 34-23-11(b) seems to exempt Public Health nurses stating “A registered nurse in the employment of the State Health Department of a county health department may, in the provision of health care services, dispense legend drugs as provided in this section under the standing orders or direct supervision of a physician licensed to practice medicine in this state and pursuant to procedures established by the Board of Pharmacy and implemented by a pharmacist licensed to practice pharmacy in this state. The nurse may dispense the legend drugs for the treatment of tuberculosis, sexually transmitted diseases, family planning, hypertension, and other programs if approved by the Board of Pharmacy. The dispensing of the drugs shall meet all labeling, packaging, recordkeeping, and counseling requirements of a prescription.”

In summary, nurses in the state of Alabama are unable to repackaging medications from a prescription bottle to a pill planner for any patient in any setting. Nurses can educate patients or family members on this practice. Awareness of this situation with the nurses within the state will allow conversations to occur regarding a potential change to the current practice within the state. The COPI committee of the ASNA will continue to research this issue.

ASNA leadership hopes to meet with representatives of the Pharmacy Board and with representatives of the ABN to discuss adding at least Home Health and Hospice Nurses as an exemption under this law.

References


Source: The Role of Nurses in Medication Repackaging Cam A. Hamilton, PhD, MSN, RN, CNE

ASNA COPI Committee
# ASNA Convention 2016 Registration

Register online at [http://alabamanurses.org/](http://alabamanurses.org/)

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**Registration:** The Mable Lamb Continuing Education Day registration includes continuing nursing educational sessions only. All may attend the ASNA Convention Keynote Address; but only those registered to attend Convention will receive continuing nursing education credit. Single-day Convention registration includes meal functions and continuing nursing education. Individuals registering the day of the Convention will be issued food tickets ONLY if available. Additional guest tickets may be purchased for food functions only.

**Payment:** Amount of registration is determined by postmark if mailed or date received in case of phone, fax, or online. Payment or Purchase Orders must accompany registration in order to be processed. All registrations received after October 1, 2016 will be considered “at-door” and processed on site.

**Before October 1, 2016** will be considered early registration.

**Confirmations:** Confirmations are available to print immediately following your online registration. Registrations received via mail will receive an email confirmation within two weeks of receipt.

**Cancellations:** A written request must be received prior to October 1, 2016. A refund minus a $20 processing fee will be given. No refund will be given after October 1, 2016. We reserve the right to cancel the activity if necessary. In that case a full refund will be given.

**Continuing Nursing Education:**

The Alabama State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation (ANCC). Alabama Board of Nursing (Valid through March 30, 2017).

A maximum of 6.0 (ANCC)/7.2 (ABN) contact hours may be earned, including posters. An additional 4.9 (ANCC)/5.4 (ABN) contact hours may be earned by attending the Pre-Convention sessions.

**Returned Check Fee:** $30 returned check fee for any returned checks or dishonored payments.

**How to Register for Convention:**

Register online at [http://alabamanurses.org/](http://alabamanurses.org/) or send registration form and payment to (check made payable to ASNA) ASNA, 360 North Hull Street, Montgomery, AL 36104-3644 or if paying by credit card Fax to 334-262-8578 (do not mail if faxing or registering on line).

For hotel reservations, contact the Westin Inn at 1-866-627-8560. Attendees must identify themselves as participants of ASNA 103rd Annual Convention in order to receive the special room rate of $139.00 plus tax. Cut off for discount rate is 5:00 p.m., September 11, 2016. Reservations made after that date will be based on space and availability.

**2016 Annual Convention**

### MABEL LAMB CONTINUING EDUCATION DAY Workshops, Thursday, October 13, 2016 | Mabel Lamb Contact Hours: 4.49 ANCC/5.4 ABN

| Workshops: |  |
| ASNA member $45 | Non-member $65 |

**NOTE:** Add $10 to fees if received after October 1, 2016

**Circle Preferred Tract:**

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**Convention, Thursday night, October 13, 2016, and Friday & Saturday, October 14-15, 2016** (includes tickets to all meal functions listed in this application) – Select one of the following choices:

**ASNA Delegates Only** (must register for entire convention)*

- Received on or before October 1, 2016 | $249
- Non – Delegates – Full convention *

- Received on or before October 1, 2016 | $280
- Daily Registration *

- Received on or before October 1, 2016 | $125/day
- Additional Meal/Function Tickets (for guests or those meals not included in your registration)

**Additional Meal/Function Tickets (for guests or those meals not included in your registration)**

- Thursday, October 13, 2016 – Opening Celebration | $60
- Friday, October 14, 2016 – Breakfast | $22
- Friday, October 14, 2016 – Lunch | $25
- Friday, October 14, 2016 – Dinner | $60
- Saturday, October 15, 2016 – Breakfast | $22
- Saturday, October 15, 2016 – Awards Luncheon | $35

| Total Enclosed: |  |

### INDICATE AWARD LUNCHEON CHOICE Saturday, October 15, 2016

- Chicken Piccata
- Smoked Prime Rib

**Note:** After October 1, 2016, add $20 to above prices – **meals may not be available if received after October 1, 2016**

**ASNA Special Dues members (65+/Retired or Completely Disabled)** receive an additional 10% discount on registration.

Registration postmarked or received after October 1, 2016 will be considered “at-door”.

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*ASNA member ***$45*** | Non-member ***$65***

**NOTE:** Add $10 to fees if received after October 1, 2016

**Circle Preferred Tract:**

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Nurse-Managed Clinic Paves the Way for an Interprofessional Student-Run Free Clinic

Alison B. Rudd, EdD, RN, Assistant Professor, College of Nursing, Operations Director USASRFC; Margaret Moore-Nadler, DNP, RN, Assistant Professor, College of Nursing; Clista Clanton, MLSLS, Senior Librarian, Biomedical Library

INTRODUCTION
The University of South Alabama (USA) in Mobile, AL currently enrolls over 16,000 students and educates health science professionals in the Pat Capers Covey College of Allied Health Professions, the College of Medicine, and the College of Nursing. With 5,600 allied health professionals, 2,500 physicians, and 10,400 nurses having graduated in its 53 year history, the university is committed to improving the health of the region. A recent initiative, the University of South Alabama’s Student Run Free Clinic (USASRFC), is helping health science students from all three colleges understand the barriers to good health facing a segment of Mobile’s most vulnerable population – people experiencing homelessness. With roots tracing back to a nurse-managed clinic, the USASRFC is poised to make a difference with both the patients it serves and the student and faculty clinic volunteers staffing it.

In 2008, the College of Nursing received a HSRA grant which enabled the establishment of three nurse-managed clinics called the Our Neighborhood Healthcare Clinics (ONHC), one fast-track urgent care clinic located at the USA Medical Center and two wellness clinics for community outreach. One of the wellness clinics was located at 15 Place, a day shelter for the homeless. The picture becomes even bleaker when you factor in the vulnerability to violence that the homeless often experience, their lack of health insurance, and a tendency towards using the emergency room as a primary care provider. The complexity of the health issues combined with the barriers to healthcare the homeless encounter have resulted in higher morbidity and mortality rates than the general population, including homelessness as an independent risk factor for death from specific causes. Recognizing the challenges faced by both the homeless and the larger community in addressing those issues, the following goals were established for the ONHC Clinic at 15 Place: to reduce the morbidity and mortality of those experiencing homelessness, to link community stakeholders and community leaders, and to identify resources and appropriate sources of referral to help improve the health of those experiencing homelessness.

HOMELESSNESS
While the number of people defined by the US Department of Housing & Urban Development (HUD) as being homeless has decreased in the past few years, it is widely believed that the actual number of homeless in a community is under estimated. In point-in-time counts used to report homelessness. In 2015, Alabama reported 3,970 people as being homeless, with 640 of them located in Mobile and Baldwin counties. However, the number of homeless seen at the 15 Place shelter in a 12 month period during 2013-2014 was 948 people, with almost 13% of those being defined as “chronically homeless.” HUD defines chronic homelessness as “either (1) an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.”

It is well documented in the healthcare literature that poor health is closely associated with homelessness, along with high rates of serious mental illness and substance abuse. The homeless are at high risk for death from specific causes. Recognizing the challenges faced by both the homeless and the larger community in addressing those issues, the following goals were established for the ONHC Clinic at 15 Place: to reduce the morbidity and mortality of those experiencing homelessness, to link community stakeholders and community leaders, and to identify resources and appropriate sources of referral to help improve the health of those experiencing homelessness.

NURSE-MANAGED CLINIC
Staffed by a College of Nursing faculty member and a Biomedical librarian from USA, the ONHC Clinic at 15 Place opened its doors in July of 2010 and provided health screenings centered around pre-metabolic syndrome, brown bag medication reviews, nutrition and health education, and general health coaching every Friday from 8am–1pm for the homeless utilizing 15 Place. It quickly became evident to the clinic’s staff that the challenges facing those experiencing homelessness in the larger community in addressing those issues, the following goals were established for the ONHC Clinic at 15 Place: to reduce the morbidity and mortality of those experiencing homelessness, to link community stakeholders and community leaders, and to identify resources and appropriate sources of referral to help improve the health of those experiencing homelessness.

The medical students met with ONHC faculty and 15 Place staff, and the decision was made to begin bi-monthly health and wellness clinics on Saturday mornings at 15 Place. The mission of the USA Medical Center, the Department of Emergency Medical Services, the Department of Physician Assistant Studies, the Department of Social Work, and the College of Nursing were also starting to rotate through the ONHC Clinic at 15 Place, further strengthening educational opportunities for students as well as services provided to the homeless. The interagency/interpertessional emphasis of the ONHC at 15 Place reflected both the complexity of working with an underserved and vulnerable patient population as well as the reality of modern healthcare teams.

During the 3 years that the nurse-managed ONHC at 15 Place was in operation, 380 patients were seen. A small cohort of patients who were identified as being ready to make changes to improve their health and work towards stability with the ultimate goal of being housed were placed in the intervention. Based on the needs of the homeless patients, a mentor was formed to help them work towards their self-identified goals. One of the hallmarks of the nurse-managed clinic that emerged was the importance of the therapeutic relationship between providers and homeless patients in helping them to make changes towards improved health and stability. However, the end of the HRSA grant was looming, and with the uncertainty of future support, the nurse-managed ONHC at 15 Place was at risk of closing.

STUDENT-RUN FREE CLINIC
In 2013, a small group of medical students expressed interest in developing a student-run clinic, and the nurse-managed clinic was presented as a site option. Traditionally, SRFCs have found their roots in medical education and currently there are currently SRFCs at over 75% of U.S. medical schools. Most clinics serve individuals that are uninsured, underinsured, poor, homeless, and at high risk for inadequate management of various disease states. The most common diseases presenting at SRFCs are hypertension and diabetes. Currently, there are 96 clinics registered as members of the Society of Student Run Free Clinics.

The medical students met with ONHC faculty and 15 Place staff, and the decision was made to begin bi-monthly health and wellness clinics on Saturday mornings at 15 Place. The mission of the USA Medical Center is to enhance health and wellness in underserved and vulnerable patient populations of Mobile. The clinic aims to provide experiential learning for students and improve student sensitivity to vulnerable populations, while promoting a lifelong commitment to service. Students collaborate to empower patients through health education, support groups, and promotion of health literacy. Services are provided without cost to residents of Mobile and Baldwin counties, with an emphasis on education and primary care. The clinic is open to all, regardless of income or insurance status.
The Alabama Nurse • Page 9

provided at the USASRFC include health screenings, health referrals, and connections to community health resources. Educational programs are offered monthly and include diabetes management, heart health, smoking cessation, stress management, and disease prevention.

The clinic opened its doors March 2014. By this time, the second group of medical student leaders was in place and identified an opportunity to expand services to patients through an interprofessional collaborative approach to care. While students from nursing, physician assistant studies, speech pathology, and audiology had been involved, there had not been a concerted effort to develop an interprofessional student leadership team. Four medical students began purposefully recruiting students from the School of Pharmacy, College of Nursing, and College of Allied Health Professions. The response was overwhelming. Volunteer numbers nearly doubled and students reported satisfaction in practicing alongside peers and learning about health professions training programs other than their own.

The USASRFC is now in its third year of operation and includes regular student volunteers from medicine, nursing, pharmacy, physician assistant studies, audiology, occupational therapy, and social work, including an interprofessional student board representing the 7 different professional groups. The current Board president is a Pharmacy student. A faculty advisory board representing 10 professional health-related disciplines meets monthly and advises students on both operations and clinical care. Faculty advisors also mentor students by engaging in student-led research. A needs assessment was recently completed by medical and occupational therapy students (n=100) and has been instrumental in informing strategic community partnerships and patient educational programs. A USA College of Nursing Honors Program student conducted a study examining differences in patient perceptions of free clinics at the USASRFC and a student-run clinic in the Dominican Republic. An interprofessional group of faculty and students are collaborating summer 2016 to begin conducting a systematic review on health and wellness interventions in the homeless in order to inform practice and programs moving forward.

To date, over 400 interprofessional students and approximately 40 faculty from the Colleges of Medicine, Nursing, Allied Health Professions have volunteered at the USASRFC. The clinic has over 360 patient charts, and has recently converted to an electronic health record. The clinic is a member of the national organization, the Society of Student-Run Free Clinics, and several students presented both podium and poster presentations at the Society’s recent conference in Phoenix. Financial support is secured through the University and private donations, both monetary and in-kind. In addition, a development team made up of students and faculty are planning and preparing for the clinic’s first annual golf tournament scheduled for November 2016 in order to raise funds and fortify sustainability.

For more information on the USASRFC and how you can help through clinical support or financial donation, contact Alison Rudd, EdD, RN, Operations Director, arudd@southalabama.edu

REFERENCES
One day a year; November 11th. Since 1938, veterans have been celebrated in the United States on this day. How can “we the people” adequately thank you for bravely and honorably serving the people of not only the United States, but those of other countries you may have been sent to defend. You have left loved ones, friends, and neighbors. Some of you have been ridiculed or reviled for your service. “Thank you” simply feels empty – not enough. You don’t appear in comic books, or movies based on Marvel characters, but to those of us who understand your sacrifice, you are the true heroes.

Unfortunately there is little else we can say, but “THANK YOU!” For all that you have done, we salute you.

ASNA would like to send out a special recognition of service to our nurses in Alabama:

- Marki Armes
- Mary Ann Austin, Colonel, US Army Nurse Corps, 1968-
- Angela Bell, Sergeant, US Army National Guard, 2000-2011
- Midge Blandamer, Captain, US Army
- John W., Butler, Captain, US Army, 1987 – present
- Janie Lowery Chatham, Captain (Retired), US Army, 1978 - 1998
- Virginia A. Collum, Lieutenant Colonel (Retired), US Army Guard, 1982-2005
- Nancy S. Burch, Major (Retired), US Army, 1981-1995
- David A. Lowe, Sergeant (Retired), US Army, 2003-2010
- Patricia A. Lyons, Commander (Retired), US Navy, 1976-2000
- Regina R. McGee, HM1, US Navy, 84-96
- Randy Moore, Lieutenant Commander, US Navy Nurse Corps, 1998-2008
- Wynita Morris
- Ernesto Gonzalez, 2nd Lieutenant, US Army, 1997 – present
- Pam Fagin Gray, Major, US Air Force (Retired)
- Dalton W. Gregory, Senior Airman, US Air Force National Guard, presently serving
- Jennifer Groff, Major (Retired), US Air Force
- Icy Moten-Hale, US Navy, 8 years
- Joyce Jeter, Captain, US Army Nurse Corps, 1989-1996
- Charlotte Junkins, Major, US Army Reserve, 1999 – present
- Jean B. Kelley
- Timothy Coggeshall Landers, Jr., E-4, US Army
- Jonathan Langford
- Beckie McSpadden Leath
- Crowell A. Lisenby, E6, ANG, 1957, Navy 1958 - 1978
- Randy Moore, Lieutenant Commander, US Navy Nurse Corps, 1998-2008
- Wymita Morris
- Heath Simeck Mullins
- DeShone Nance, Staff Sergeant, US Army Reserve, 1999 – present
- Charlotte Nazamore, Major, US Army Reserve, 1999 - present
- James Nolan, Lieutenant Colonel, US Army, presently serving
- Patricia A. Patrician, Colonel, US Army Nurse Corps, 1982 - 2008
- Jimmy Paulk, Colonel (Retired), US Army Reserve
- Mary (Candy) Ross, Colonel (Retired), US Air Force Reserve, 1975-2011
- Voncie A. Stallow, Lieutenant Colonel (Retired), US Army,
- Kimberly Taylor, 1st Lieutenant, US Army Nurse Corps, presently serving
- Gerald Thomas, US Navy
- Aksha Vester, Sergeant 1st Class, US Army, 1992 - present
- Tiffany Watts
- Lavonne Williams, Major, US Air Force, 1974 - present

EMPLOYMENT OPPORTUNITIES
Bristol Bay Area Health Corporation has a wide range of available positions in the health care field. We are currently searching for candidates for the following positions:

Outpatient and Inpatient/ER Staff Nurses

When you join BBACH, you’ll find a community of capable healthcare professionals dedicated to providing quality care to the communities of the Bristol Bay region. While working and living in Southwest Alaska, you’ll enjoy rugged, pristine landscapes matched by few places on Earth. The quality of the workplace and co-workers is important to you, and to us. BBACH, a Joint Commission accredited organization, offers a competitive range of positions in the health care field.

We believe you’ll find our pay and benefits to be competitive and attractive. For more information about any of these positions or to submit an application, contact the Human Resources Department. Toll free in Alaska 1 (800) 478-5201, ext. 6323 Direct (907) 842-9123

BBACH’s Human Resources Department  |  P.O. Box 130, Dillingham, Alaska 99576

www.bbahc.org
Did you know? Just because you receive the Alabama Nurses Association (ASNA) publication, you may not be a member of the Alabama State Nurses Association (ASNA).

Did you know? That there are 90,000+ registered nurses in the State of Alabama and only 1,489 are members of the Alabama State Nurses Association. Are you a member of ASNA?

Did you know? That your membership in ASNA normally expires yearly unless renewed annually.

Did you know? That your membership in ASNA makes a Big difference as we advocate with One Voice for nurses on local State legislative and National healthcare issues.

Did you know? That whether you are a new student, preparing to graduate from nursing school, or an experienced nurse, joining ASNA is a guaranteed career and networking enhancer. ASNA membership and benefits are available for students, RNs, LPNs, and supporters or the nursing professions. Membership Types: Student, ASNA State Only, Dual Alabama State Nurses Association (ASNA)/American Nurses Association (ANA), and Affiliate.

Did you know? That you go to www.alabamanurses.org and join and/or renew your membership with ASNA online today.

Did you know? ‘YOUR MEMBERSHIP MATTERS’

See below comments from members why membership matters:

Brian Buchmann
ASNA President
ASNA District: 1

What are the benefits of membership in ASNA? Networking, serving our nursing profession, keep abreast of legislative issues relevant to HC, etc.

ASNA is the Voice of All Nurses in Alabama. What does that mean to you?

ASNA represents all nurses in Alabama in no matter of the specialty with One Voice locally, statewide and nationally. I remember the old adage that united we stand and can do much but divided we fail and can do little. It’s okay to have our different specialty organizations but if you are a nurse the one organization that you should belong to is the ASNA along with your specialty organization. This is your protection organization locally through your ASNA districts, statewide and nationally.

ASNA Services: i.e. How does ASNA connect with the legislative process in Alabama—give an example from recent years. ASNA has 2 lobbyists that keeps abreast and informs this nurses on current/relevant issues and speaks for our benefit and for fellow care team members and patients/family. We helped push for the NOW approved APRN Loan Repayment Program, fought against certified midwife bill, etc.

Carthenia Jefferson
ASNA Vice-President
ASNA District: 3

What are the benefits of membership in ASNA? Networking with local, state and national leaders and colleagues, learn leadership skills, available mentors, discount CEUs, discount on professional liability insurance, access to resources, access nursing job opportunities, receive timely nursing news, earn recognition, awards and scholarships.

ASNA is the Voice of All Nurses in Alabama. What does that mean to you?

ASNA represents all nurses in Alabama. The potential impact of these issues. Nurses are the largest potential national healthcare and nursing legislation.

ASNA Services: i.e. How does ASNA connect with the legislative process in Alabama—give an example from recent years. ASNA has an annual convention and develops resolutions for the year. ASNA has a Legislative Committee that focus on legislative issues that it develops to bring before the Legislative Session. ASNA has two lobbyists that go to the State Legislative sessions to lobby for nursing issues when the Legislature is in session. ASNA delegates annually attend ANA’s lobby day and meet with federal legislators and/or staff to discuss potential national healthcare and nursing legislation. ASNA’s membership numbers can increase its influence with state and federal legislators who consider the potential impact of these issues. Nurses are the largest component of the healthcare industry and ranked as the most trusted profession according most polls. There is power in numbers and POWER IN THE VOTE. The INCREASE IN NUMBER OF NURSES in ASNA will increase the VOICE of Alabama nurses in setting the ASNA/ANA legislative agenda and influencing legislation locally, statewide and nationally.

Dr. Arlene H. Morris
Past President
ASNA District: 5

What are the benefits of membership in ASNA? Interaction/networking/learning from nurses in all fields of practice across the state

Prompt information about new issues facing nurses in our state and specific districts with access to resources from other states and nursing associations through ASNA/ANA’s connections

Access to attorney for consultation should that be needed

Reduced rates for ASNA Convention and FACES

ASNA is the Voice of All Nurses in Alabama. What does that mean to you?

As the ONE nursing association that represents nurses from all specialty areas, genders, races, and ages. Nurses in ASNA can interact to address health and healthcare issues in Alabama, in the U.S. through ASNA’s constituent membership in ANA, and in the world through ANA’s membership in the International Council of Nurses

Additionally, as the ONE nursing association that represents all nurses in our state, ASNA allows all Alabama nurses to join together for the promotion, protection, and development of the full scope of nursing practice. Intra-professional and inter-professional communication and collaboration are enhanced, and one strong voice can be presented to organizations and regulating bodies that presents the interests of the nursing profession.

ASNA’s standing committees, such as the Commission on Professional Issues (COPI) and the ASNA Leadership Academy, research current issues and present reports or articles in ASNA’s newsletter, The Alabama Nurse, to the 90,000+ licensed nurses in Alabama. Thus, ASNA functions to support the practice of all nurses in our state.

ASNA Services: How does ASNA connect with the legislative process in Alabama—give an example from recent years. ASNA’s annual convention provides opportunity for nurses (and elected delegates) from each of the five districts to come together annually in the fall. Recommended resolutions are voted on for the upcoming year, and ASNA’s Legislative Committee plans actions to collaborate and present information in support of the annual ASNA Legislative Agenda. ASNA staff and members present information to agencies and/or legislators through personal contact and/or written background information. If available, pertinent legislation from other state or federal decisions is obtained through membership in ANA or from other constituent state nurses associations. Also if available, evidence-based practice is gathered in supports or opposition to legislation proposed by nursing or other entities. ASNA coordinates Nurses’ Day at the Capitol during the first weeks of each legislative session. Nurses’ Day at the Capitol provides a venue in which nurses from various specialty practices across the state gather to provide information to other nurses, citizens,
and to meet with legislators. The quarterly Alabama Nurse provides pertinent information regarding current legislative issues to all Alabama licensed nurses.

Annually, ASNA delegates attend ANA’s lobby day and meet individually with federal legislators and staff to discuss potential legislation to promote health and protect nursing practice on a national level. This annual connection and follow-up correspondence develops a relationship in which nurses’ interests can be promoted. ASNA’s membership numbers can increase its influence with state and federal legislators who consider the potential impact of issues (as well as the number of voters represented). Nurses, as the largest component of the healthcare industry and ranked as the most trusted profession according to many annual Gallup polls, have power and the power is increased by membership in the one state nursing association that represents all nurses. Additionally, the number of votes per state nursing association at ANA’s annual membership convention increases according to membership numbers in the state association. Thus increased numbers of nurses in ASNA will increase the voice of Alabama nurses in setting the ANA’s annual legislative agenda. Recent issues include scope of practice, licensure, staffing, safe movement, civility/collaboration, toxic waste, access to healthcare, scope of practice, licensure, staffing, safe movement, civility/collaboration, toxic waste, access to healthcare, and human trafficking.

Jeanette Atkinson BSN, RN  
Vice-President  
ASNA District: 1

What are the benefits of membership in ASNA?  
1. Staying current regarding Alabama legislation that affects our profession in Alabama  
2. Educational opportunities, CE events, and conferences that support current ASNA resolutions  
3. Networking and leadership opportunities

ASNA is the Voice of All Nurses in Alabama. What does that mean to you?  
The fact that Alabama has over 90,000 nurses throughout the is impressive and it is important to me that the Voice of All Nurses in Alabama, whether a new graduate or experienced nurse, are able to have the opportunity to contribute to best practices, research, and legislative decisions that affect the way we provide care to individuals throughout our state. Nursing is an amazing profession that can lead to diverse work environments and career choices, but we all share common fundamentals and background from our nursing education regardless of our specialties and personal experiences. ASNA represents the Voice of All Nurses in Alabama during an important time of health policy changes and I encourage all Alabama nurses to join and stay active in your ASNA district. Your voice matters and you will always have a warm welcome at your next ASNA meeting.

Julie Savage Jones, MSN, RN, CNE  
President ASNA District: 2

What are the benefits of membership in ASNA?  
The benefits of ASNA membership are the opportunities for networking and professional growth.

ASNA is the Voice of All Nurses in Alabama. What does that mean to you?  
ASNA advocates for issues that are important to all nurses in Alabama. The issues are those that impact the profession and the health of the citizens.

ASNA Services: i.e. How does ASNA connect with the legislative process in Alabama—give an example from recent years.

We have ASNA leaders lobbying for issues that are important to nurses at the state level. Most recently ASNA actively worked to help get funds allocated to pay back student loans for advanced practice nurses. They also worked to get advanced practice nurses increased prescriptive authority. The association leaders stay on top of the issues relevant to nurses and keep the members informed.

Wanda B. Spillers, DNP, RN, CCM, NE-BC,  
President ASNA District 3

What are the benefits of membership in ASNA?  
As a member you have numerous opportunities to network and meet many other professionals from diverse work settings.

September, October, November 2016

A feeling of pride in knowing you are giving back to the most trusted profession which has afforded you a stable job—secure career.

ASNA is the Voice of All Nurses in Alabama. What does that mean to you?  
First, a dedicated group of professionals (OUR OWN) committed to advocating for my interests as a nurse. Who better to advocate than your own, they know best what our needs are. Second, there is strength in numbers. I am proud to be associated with this group and sincerely believe we are our own best recruiters—so ASK ME ABOUT ASNA. I wear the lapel pin proudly. Membership with this group matters.

ASNA Services: How does ASNA connect with the legislative process in Alabama—give an example from recent years.

Recently there was a bill proposal for unlicensed members to act as midwives. This was met with strong opposition by ASNA and other groups and fortunately it did not pass.

Currently there is a bill for VA Nurse Practitioners to act more as health care providers in an expanded role, consistent with their education and training. In this role the NP will fill in the gap for fewer physicians and allow more Veteran access to healthcare which we currently do not have. As a Veteran this is important to me. Perhaps the VA will serve as a model to demonstrate how this model of healthcare can enhance access to care within the civilian sector, particularly in rural areas.

Lindsey M. Harris  
ASNA Secretary  
President Elect District: 3

What are the benefits of membership in ASNA?  
Representing the VOICE of Nursing Networking opportunities (with Nursing, Legislature, MD’s and other disciplines)

ASNA is the Voice of All Nurses in Alabama. What does that mean to you?  
As a member I help to dictate my own PRACTICE!

ASNA Services: i.e. How does ASNA connect with the legislative process in Alabama—give an example from recent years.

Lobbying on Capitol Hill and Montgomery Nurses Day at the Capitol.

Vanessa Barlow, MBA, BSN, R.N.  
Vice President District: 3

What are the benefits of membership in ASNA?  
Professional voice on Capitol Hill to advocate for the practice of Nursing in such a way that is consistent with educational preparation. Professional support and networking availability via continuing education offerings across the state.

ASNA is the Voice of All Nurses in Alabama. What does that mean to you?  
ASNA, being the “Voice of All Nurses” in Alabama means that whether I am able to be present or not, my wishes will be communicated through the organization that serves to speak as one voice for this awesome profession in the state of Alabama. Always looking at the issues that impact the ability to practice and catching things that we may miss given our workplace settings and busy schedules. Having a presence on the hill daily while legislators are in session is an awesome benefit for all nurses as well as the citizens of the state.

ASNA Services: i.e. How does ASNA connect with the legislative process in Alabama—give an example from recent years.

An example of ASNA presence most recently was related to supporting full prescriptive authority for NP’s in the state. The support of this organization in matters such as this carry a lot of weight with the citizens and the profession.

Janice Wynn  
Co-chair Leadership Academy, Chair Awards Committee, Member CE Committee  
ASNA District: 5

What are the benefits of membership in ASNA?  
Networking with other nurses, continuing education

ASNA is the Voice of All Nurses in Alabama. What does that mean to you?  
ASNA represents nurses in Alabama. ASNA is working to make the profession better and safer for the Alabama nurse.

“Your Membership Matters”
Snakes in general are probably the most misunderstood wildlife in our environment because people are often simultaneously fascinated and fearful. Venomous snakes are indigenous throughout the United States (US) and their numbers are increasing due to their snakebite incidents in the spring and fall. They are most active at night in warmer weather. Roughly there are 125 different species of snakes in the US and only 25 of these are venomous. This number is not exact as noninvasive snakes (exotic snakes) have been introduced in the pet trade, owners are bitten and some of these have escaped into the environment. In addition there are some exotic snake bites associated with zoo handlers. Overall exotic snakes account for very few numbers of bites. Most reported snakebites occur in the Southwest and that reported number is somewhere around 5,000 bites per year. But reporting is not mandatory and according to estimates by the US Food and Drug Administration the actual number of bites yearly exceeds 8,000/year. However, only 10-15 (0.2%) of these bites result in death each year. The majority are rattlesnake bites and most of the reported deaths have documented evidence of receiving no medical care or first aid. More individuals die each year from wap and bee stings than from being bitten by a snake. Snake bite education is important as those that are bitten may suffer extreme pain and debilitating physical losses. Snakebites are a complex medical emergency which includes the local effects around the bite itself and potential damage to every major organ in the body. Even non-fatal bites may cause intense pain and long-lasting or permanent tissue damage. Therefore, this is an important nursing concern. Permanent limb disability and even death can be averted by proper assessment and treatment of symptoms.

The most common venomous snakes in the US include copperheads, rattlesnakes, cottonmouths/water moccasins, and coral snakes. Nationwide the most common bites are from rattlers in the Southwest, but in the Southeast we see many more copperhead bites. This article will focus on copperhead bites. Many bites are impossible to prevent as when the snake is stepped on or encountered in a wilderness setting. Prevention can lower your risk of being bitten. Do not attempt to capture or kill a snake as 75 - 80% of all bites occur during this activity.

Alabama has 40 species of snakes and only six of these are venomous. Five are classified as crotaline or pit vipers so named by the depression or pit located on both sides of the face between the eyes and the nostril. The pit vipers are the copperhead, three different types of rattlesnakes, and the cottonmouth/water moccasin. The pits are extremely sensitive heat detectors. Blind or blindfolded pit vipers are able to accurately focus prey, usually a rodent, up to six feet in distance. The pupils are vertical and cat-like. Their head is triangle shaped. Their necks are thin but the body is described as heavy. They also have two long, hollow, retractable or hinged fangs near the front of the mouth for delivery of the venom. The sixth venomous snake in Alabama is the coral snake. This snake has a thin body and an oval elongated head. They are easily spotted by the series of bright red, yellow, and black bands on their body. The head and snout will always be black. Alabama has several non venomous snakes with this same or similar color combinations. To distinguish between venomous and non venomous type snakes with this same or similar color combinations. To distinguish between venomous and non venomous type snakes remember the jingle, “red on yellow – kill a fellow, red on black – friend of jack.”

Management of snakebites universally follows the guidelines developed by the World Health Organization. They stress, initially keep the patient calm and reassuring. The person should also remove anything tight such as clothing or jewelry. WHO states that 70% of all snakebites are from nonvenomous snakes and 50% of all venomous bites are classified as dry bites, that is no venom is injected into the person. Nevertheless dry bites may be painful and terrifying. The first aid goal is to immobilize the affected limb by using either clothing or a splint, and rapid transportation to a hospital. It is preferable for the person not to walk if possible.

Copperhead bites are not as serious as other pit vipers. The bites are usually limited to local tissue destruction. The venom is not as toxic as compared to other pit vipers and in general they do not inject very much venom. Their appearance is dark, chestnut-brown or reddish-brown crossbands and each crossband is shaped like an hourglass, dumbbell, or saddlebag. These crossbands are on a background color which is lighter brown, tan, or salmon. These saddlebag species are wider on the sides of the body and more narrow in the center of the back. The crossbands have darker margins and lighter center areas. The top of the head is coppery-red and yellow and their sides are paler. A baby copperhead’s tail is yellow whereas the adult tail is black to darkish brown or brown. These snakes are right at home in the suburbs. The favorite habitat will include both sunlight and cover. In the spring and fall copperheads tend to be out during the day but in the summer they are nocturnal – especially on a warm humid evening after a rain. Their favorite food is mice and rodents and they play a pivotal role in keeping the rodent population regulated. The bigger the snake the longer the fangs and they often bite the victim more than once. A copperhead is ovo-viviparous which means they bear live young. A copperhead snake is born with venom and able to bite. The young are 5-6 inches in length at birth and an adult is usually 2-3 feet in length and occasionally 4 feet in length. The female can store sperm from the fall to spring to ensure a more hospitable environment for birth. Copperheads have an interesting courtship and mating process which can last up to 8 hours. During the process the male copperhead produces a pheromone which makes the female unattractive to other males. The venom of
a venom drip of normal saline or Ringers Lactate with a large bore needle. This will be followed by an exact history and a physical examination. Determine if the person has actually been bitten and if so, was it a snake or another type of wildlife. Obtain a description of the snake and if it is best not to bring the snake to the emergency room because crotalines or pit vipers can continue to bite and deliver venom well after death. If the snake is transported to the emergency room it is preferable to have the head separated from the rest of the body and the head transported in a bite proof container. When the assessment determines that the person has been bitten or envenomed the severity of the bite needs to be established in order to determine an exact treatment plan including the amount of antivenin.

Severity is assessed as follows:

• No envenomation – absence of a local or systemic reaction and may or may not have fang marks.

• Mild envenomation – moderate pain, moderate local edema (0 – 15 cm), ecchymosis, erythema, no systemic reactions, and may or may not have fang marks.

• Moderate envenomation – severe pain, moderate local edema (15 – 30 cm), ecchymosis, erythema, systemic weakness, anemia, nausea, vomiting, swelling, syncope, thrombocytopenia, and fang marks.

• Severe envenomation – severe pain, severe local edema (>30 cm), ecchymosis, erythema, hypotension, paraparesis, pulmonary edema, respiratory failure, and fang marks.

Following the determination of the severity of envenomation, the bite area should be cleansed thoroughly with soap and water and if on a limb measure, mark, and record the limb circumference above and below the bite. The progression of the edema should be reevaluated every 15 minutes – again measuring and marking the area proximal to the bitten area until the progression of the swelling has ceased. The affected extremity should be placed in a soft splint for at least 24 hours. Assess for lymph nodes draining the affected limb. In the case of extreme swelling monitor digital pulses. In extreme swelling a compartment syndrome may develop but this is very rare and never seen to be noted with copperhead bites.

Basic laboratory tests will usually include a CBC and platelet count, INR, aPTT, fibrinogen, fibrin degradation products, creatinine, and electrolytes. A urine analysis will be needed to evaluate for hemolysis. Some emergency departments will also obtain a chest x-ray, EKG, and a CPK. Some, if not all of these tests need to be reevaluated following each dose of antivenin. Antibiotics are rarely administered. In all cases poison control should be contacted. The patient may need a tetanus booster if their immunization is not up to date (adults should receive a tetanus booster every 10 years).

Patients are usually placed in ICU but can be monitored on any unit where careful observation is available. This careful observation is essential as the onset of serious symptoms may be delayed. These individuals will be in profound pain treated most often with morphine and usually nauseated often treated with ondansetron (Zofran). Patients need reassurance that they are not going to die.

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that with copperhead bites the usual prognosis is 8 days of pain, 11 days of extremity edema, and 14 days of missed work and a full recovery is expected.

While the patient and their families are available it is a good idea to review snakebite prevention tactics for the future. These concepts should be shared – wear shoes, don’t run with headphones (or at least have one earbud out) on the trail, leave snakes alone, stay out of tall grass unless you wear heavy boots and long pants and if moving through tall grass poke the ground with a long stick before stepping out to scare any snakes away. Keep hands and feet out of areas you cannot see. If you see a snake leave it alone or walk around it as a snake can strike up to half its length. Do not let children play in vacant, weed-infested lots. If at all possible use tents when moving firewood, brush or lumber as this is an environment where snakes live. Eliminate the area with a flashlight at night at home, camp sites, hiking trails, etc. as snakes are more active at night in the warmer months. It is preferable to sleep on a cot, if camping in snake infested areas. In the summer months especially in times of drought, be very carefully around any water source whether it is trickle, swimming pool, or lake as these are favorite hiding places for snakes. It is also a good idea to be familiar with the types of snakes in area.

Case study:
Kathryn lives in the outer reaches of the suburbs on about 3 acres of land. The rear of the house faces a moderate sized lake which has many fish, an unknown number of turtles, and a few water moccasins. There are two houses between the house and the lake. One immediately behind the house, is a beautifully landscaped garden and between it and the lake is a planted wildflower garden. The wildflowers are all indigenous to central Alabama. At the side of the house is a large boxwood cultivated to hide the garbage cans and shield the bathroom window. Kathryn has never seen a snake in a garden, however, the family dachshund has killed a few and it remains on the door step. About 8:00 PM on a warm June evening Kathryn went outside without shoes near the boxwood. She did not have a flashlight – the moon was bright and she said, “I knew where I was going.” All of a sudden she felt intense pain which was described as, “Felt like I stepped on a wasp nest.” She saw nothing and heard nothing – just pain and burning. Her response was, “Wasp nests are not on the ground, I have been snake bitten.” She described a sense of calm knowing she would not die but needed immediate help. A neighbor was called and within 15 minutes she was receiving treatment in the emergency room. As Kathryn left her house for the emergency room she heard the dog and recognized the bark – he was killing the snake. In fact a neighbor brought the dead copperhead to the emergency room. On assessment four different sets of Fang marks were noted on the dorsal surface of her foot. While in the emergency room she remained calm rather much of a surprise to the personnel. Her reaction was thinking how inconvenienced on a Friday night. I had other plans for this evening. She described intense pain and nausea which was not treated until they had communicated with poison control and she had received two vials of the antivenom intravenously. The swelling continued. Kathryn described having a new set of black marks placed on her ever increasing leg every 15 minutes. She was transferred to ICU. More vials of antivenom were obtained and administered. In all she received 10 vials (at a cost of $27,000/vial). The swelling progressed upward to “about half way up my thigh.” The hospitalization lasted two days and once home she was unable to walk for one week. She described intense pain from the swelling when weight bearing. Although sent home on pain medicine it was only taken for a day or two. The swelling took one month to recede. The muscles in her leg were sore the entire time. About three weeks following the snakebite she described what she developed as the flu. She contacted Poison Control and was told that this was serum sickness. She took no medicine for the serum sickness. This occurred about two months ago and today she is symptom free. Kathryn believes it was her attitude that made the difference, “I never got upset, never felt my life was in danger.”

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Select the one best answer and compare to correct answers provided. If you score an answer incorrect go back to test to confirm answer(s).

1. The most common snake bite in the US is from
   a. Rattlesnakes
   b. Copperheads
   c. Coral snakes
   d. None of the above

2. Pit vipers sense prey by
   a. smell
   b. heat
   c. sight
   d. movement

3. Copperhead venom is
   a. neurotoxic
   b. hemolytic
   c. both neurotoxic and hemolytic
   d. neither neurotoxic or hemolytic

4. Copperheads are most active during what temperatures range?
   a. 60 and 70
   b. 70 and 80
   c. 80 and 90
   d. 90 and 100

5. Basic laboratory tests following a snakebite will usually include
   a. CBC and LDH
   b. Creatinine and Lipid profile
   c. Arterial blood gases and EKG
   d. Platelet and UA

6. All individuals with pit viper bites are treated with
   a. True
   b. False

7. Children are prescribed less antivenom than adults due to their body mass.
   a. True
   b. False

8. Antivenom
   a. is only effective if administered within two (2) hours of the bite
   b. retroactively can repair some of the damaged tissue if given within two (2) hours of the bite
   c. prevents continued effects of the venom
   d. Both a and c

9. After an extremity has been marked the site should be evaluated every ____ minutes.
   a. 10
   b. 15
   c. 20
   d. 25

10. A focus of nursing care once the swelling has stabilized is
    a. evaluation of blood sugars
    b. assess EKG changes
    c. maintain adequate fluid intake
    d. treating the wound

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

What are preventative measures?
My Mommy is like an Angel
Because she helps people before they go to heaven.


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