We are excited to announce that the North Dakota Nurse is going GREEN! Beginning with the January 2020 issue, the publication will be available as an e-newsletter to every nurse licensed in North Dakota. It will also be printed exclusively as a member benefit for the North Dakota Nurses Association members.

If you want to continue to receive a printed copy of the North Dakota Nurse, you need to become a member of the North Dakota Nurses Association to receive BOTH a digital AND a print version as part of your membership benefits!

If you have any questions or comments about the North Dakota Nurse, please contact NDNA Executive Director Sherri Miller at director@ndna.org or by phone 701-335-6376. You can join the North Dakota Nurses Association for just $20.50/month at http://www.nursingworld.org/joinana.aspx. Join us today!

The Endocannabinoid System: The Body’s Great Regulator

Page 5

ANA 2019 Leadership Summit

Page 10

Year of the Nurse

2020! We have not only entered a new year, but a new decade! That gives us the ability to start fresh, to set goals and to focus on priorities. To start us out, the ANA Enterprise has announced its intent to elevate and celebrate the essential, robust contributions of nurses as the world recognizes 2020 as the “Year of the Nurse.”

According to ANA, “The World Health Assembly, the governing body of the World Health Organization, declared 2020 the International Year of the Nurse and Midwife, in honor of the 200th anniversary of Florence Nightingale’s birth. The celebration offers a platform to recognize past and present nurse leaders globally, raise the visibility of the nursing profession in policy dialogue and invest in the development and increased capacity of the nursing workforce. This declaration is an extension of work initiated by the Nursing Now campaign to elevate the profession and ensure nurses are leading efforts to improve health and health care.” The goal for declaring 2020 Year of the Nurse is to encourage inclusivity and participation of all nurses. In reflecting on nursing in North Dakota and our responsibility of participation and inclusivity, I believe that we are doing quite well!
honestly, we should be proud of ourselves. As nurses and members of NDNA/ANA - we participate! I am proud to think and believe that we come to the table when needed, we get involved and we use our voices! At this time in our state, we have a respectful and purposeful collaboration with other nursing entities such as the Board of Nursing and Center for Nursing. We have spoken loud enough and participated enough to capture the attention of North Dakota Governor Burgum. In example, the Governor’s Nursing Shortage Taskforce as well as the Nursing Culture SubCommittee are filled with nurses from our state who are actively participating and proudly using their voices to discuss issues in nursing practice with the hopes to make improvements.

Now to think about inclusivity in nursing in our state. I want you all to ask yourselves a few questions. Are we inclusive? Do we have a diverse group? Do we have diversity in our groups, in our workforce and in the areas in which we work? If we can start the conversation asking ourselves these tough questions, we can then get some data. If we don’t, we need to do better, if we do, that’s great. According to Minorit Nurse (2018), “The American Nurses Association (ANA) defines diversity awareness as “acknowledgment and appreciation of differences in attitudes, beliefs, values, and priorities in the health-seeking behaviors of different patient populations.” But diversity is more than just a definition.” If we don’t get the answers we like to have in our self-assessment of the inclusivity in our state, then we need some suggestions on how to take action. Developing an inclusive and respectful mindset starts at building strong relationships and understanding, much like breaking down diversity barriers. While efforts have increased to teach transcultural nursing in the classroom, organizations have been created to help support nurses and patients where they can access resources and communities to help them adjust (Minorit Nurse, 2018). Again, I encourage all nurses in the state to do their part. We can start by making changes in our practice and professional to be honest with ourselves. As the President of our State Association, I want to see that we want ALL nurses in our state to be heard and participate. We care and respect the participation of nurses from different backgrounds, different areas of the world, various ages, various races, those who have various sexual preferences and many other levels of diversity and inclusion. We want you in our membership, we want your voice and we want your participation. Be well, we need all of our membership, we want your voice and we want your participation.

ANA Enterprise Gears Up for Global ‘Year of The Nurse’ In 2020

Silver Spring, MD – The ANA Enterprise announced its intent to elevate and celebrate the essential, robust contributions of nurses as the world recognizes 2020 as the “Year of the Nurse.”

The ANA Enterprise is the family of organizations that is composed of the American Nurses Association (ANA), the American Nurses Credentialing Center (ANCC), and the American Nurses Foundation. ANA Enterprise will celebrate Year of the Nurse by engaging with nurses, thought leaders and consumers in a variety of ways that promote nursing excellence, influse leadership and foster innovation.

“An engaged and healthy care professional is a successful professional. Nurses are at the forefront of healthcare delivery and are filling new roles to meet the ever-growing demand for health and health care services,” said ANA President Ernest J. Grant, PhD, RN, FAAN. “Despite the major role nurses play in health care delivery and community outreach, there are opportunities to increase understanding of the value of nursing in order to expand investment in education, practice and research, as well as increase the numbers of nurses who serve in leadership positions.

“We look forward to working with partner organizations to communicate a contemporary and accurate view of nurses and the critical work they do, as well as challenge boards and other influencers to commit to nursing and nursing leaders in order to improve the nation’s health,” said Grant.

Given the wide range of nursing roles in the U.S., ANA Enterprise will promote inclusivity and wide engagement of all nurses throughout Year of the Nurse. As an example, during 2020, ANA Enterprise will expand National Nurses Week, traditionally celebrated from May 6 to May 12 each year to a month-long celebration in May to expand opportunities for nurses to celebrate nursing.

The World Health Assembly, the governing body of the World Health Organization, declared 2020 the International Year of the Nurse and Midwife, in honor of the 200th anniversary of Florence Nightingale’s birth. The celebration offers a platform to recognize past and present nurse leaders globally, raise the visibility of the nursing profession in policy dialogue and invest in the development and increased capacity of the nursing workforce. This declaration is an extension of work initiated by the Nursing Now campaign to elevate the profession and ensure nurses are leading efforts to improve health and health care. ANA Enterprise is leading the Nursing Now USA along with the Chief Nurse, U.S. Public Health Service, the University of North Carolina Chapel Hill; and the University of Washington, School of Nursing.

Nurses are encouraged to use #yearofthenurse and follow us on social media as we celebrate nurses in 2020.

The ANA Enterprise is the organizing platform of the American Nurses Association (ANA), the American Nurses Credentialing Center (ANCC), and the American Nurses Foundation. The ANA Enterprise leverages the combined strength of each to drive excellence in practice and ensure nurses’ voice and vision are recognized by policy leaders, industry influencers and employers. From professional development and advocacy, credentialing and grants, and products and services, the ANA Enterprise is the leading resource for nurses to arm themselves with the tools, information, and network they need to excel in their individual practices, in helping individual nurses succeed—across all practices and specialties, and at each stage of their careers—the ANA Enterprise is lighting the way for the entire profession to succeed.

ND POLST

2020 is the year Nancy Joyner hopes to truly make healthcare professionals aware and educated about the ND POLST. Physicians Orders for Life Sustaining Treatment, Nancy Joyner will be offering educational teleconferencing events, but has an article with her colleagues in ANA’s Online Journal of Issues in Nursing. The article was released in October and again in January, and is available in the Journal

Nancy Joyner, MS, CNS-BC, APRN, ACHPN
Palliative Care Clinical Nurse Specialist
Nurse Consultant/Patient Advocate
Nancy Joyner Consulting, P.C.
Educator, Speaker, Consultant, Author
Board member, Honoring Choices North Dakota (HCND)
POLST Trainer
HCND POLST Program Coordinator

The North Dakota Center for Nursing is pleased to announce we are participating again in Giving Hearts Day, held Feb. 13th, 2020. Each year, the proceeds from Giving Hearts Day are distributed to students for our Future Nurse Scholarship Program and also help us with statewide nurse recruitment efforts.

The Dakota Medical Foundation has provided us with a $3,000 match, which requires us to raise a preliminary $1,000 which we are in the process of fundraising for.

Thanks to the generous donations of our Board of Directors, we have raised $550. If you would like to contribute to our preliminary match, please submit to us a check made out to North Dakota Center for Nursing, dated the date of Giving Hearts Day.

If you would like to contribute to the overall Giving Hearts Day campaign, please make a donation on Giving Hearts Day at www.givingheartsday.org or mail a check dated for February 13th, 2020 to our address above.

Nurses on Boards Open Spots Available!!

The Nurses on Boards Coalition (NOBC) represents national nursing and other organizations working to build healthier communities in America by increasing nurses’ presence on corporate, health-related, and other boards, panels, and commissions. The coalition’s goal is to help ensure that nurses are at the table filling at least 10,000 board seats by 2020, as well as raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health, and efficient and effective health care systems at the local, state, and national levels.

North Dakota is doing well and we want to keep the momentum going! We are seeking nurses to join our state group. Be a part of all nurses being counted and making a difference in improving health for all.

https://www.nursesonboardscoalition.org/

*If you are interested in joining our state coalition, please email Sherri Miller at director@ndno.org
*If you are nurse and want to serve on a board, click here: https://www.nursesonboardscoalition.org/i-want-to-serve/
How a Nurse Can Help a Patient Experiencing Anxiety or a Panic Attack Related to Post-Traumatic Stress Disorder

Renee Schimetz  
Minnat State University

Post-traumatic stress disorder (PTSD) is something we have all heard about, but how well do we really understand what is going on in the mind of a patient who is experiencing it? PTSD comes from a variety of situations: anxiety, panic attacks. Would one know how to incorporate nursing interventions to assist in managing patients experiencing anxiety or hypervigilance? One or both of these disorders? This article will cover information regarding PTSD, what goes on within the mind of a patient experiencing PTSD, and how the nurse can help the patient.

PTSD

PTSD is a mental disorder that occurs in some people after they experience a traumatic event. There are four categories of PTSD symptoms (U.S. Department of Veterans Affairs, 2019). The first category is reliving the trauma. This category includes the same horror that took place during the trauma through nightmares, flashbacks, or through thoughts of the trauma. The second category is avoiding situations, people, talking, or thinking about the trauma. The third category is negative reactions. When I sense I am hyperventilating; however, when I experience hypervigilance, I will tighten up, and I usually cannot breathe at all. The muscles in my neck and chest tighten up, and I usually cannot breathe at all. The muscles in my neck and chest

attacks from occurring. People who suffer from PTSD can have triggers that do not relate to the trauma at all. For example, one of my triggers is snowboarding. I will start hyperventilating and feel an intense fear while snowboarding, however, snowboarding has nothing to do with my trauma. I speculate I am triggered by the hyperventilation due to the risk for injury that goes along with it.

It is important to note some patients who are aware of their PTSD can use self-talk to try to prevent flashbacks, anxiety, or panic attacks from occurring. As stated above, when I experience hypervigilance, I will continuously think about what is happening. However, I am usually unable to stop my mind from thinking about the irrational danger actually occurring. I can calm this down by taking a deep breath. When I sense I am hyperventilating; however, this is not always successful either. When flashbacks or anxiety occur, despite my best efforts to prevent them, I am unable to stop it. I am triggered by snowboarding, however, snowboarding has nothing to do with my trauma. I speculate I am triggered by the hyperventilation due to the risk for injury that goes along with it.

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The Endocannabinoid System: The Body’s Great Regulator

By Gail Pederson, SPRN, HN-BC

I recently attended the inaugural American Cannabis Nurses Association Cannabis Care Conference 2019: New Orleans, School of Nursing in New Orleans. There were over 200 nurses, researchers and others who have a current knowledge of cannabis as medicine. I was fortunate to meet people who live and physically meet many people who I’d already formed a very supportive nursing community with. Besides coming home with a brain overflowing, I came home with my heart overflowing, too.

There were several sessions on the Endocannabinoid System (ECS). This is something that cannot be taught in a nurse’s education and are being taught in the educational setting. I will refer back to the National Council of Nursing guidelines, listed below, as essential for students and nurses to understand.

I remember hearing about the discovery of the Endocannabinoid System back in 1990’s. For over 30 years researchers have been looking for that “Molecule” and CB2 receptors and finally helped prove the system existed. These molecules are made as needed by the body. The ECS system is extensive. Neurons, neural pathways, cells, tissues, enzymes are working continuously to provide and maintain homeostasis in the body. As Dr. Raphael Mechoulam said, “It is the greatest discovery in medicine since the importance of sterile surgical procedure.

What does the Endocannabinoid system have to do with the internal body? This is where medical cannabis may come in. Pointing to a condition known as an “endocannabinoid deficiency” and your body’s inability to make enough of its own endocannabinoids, adding the phytocannabinoids of cannabis may help mitigate this deficiency.

What can you do to maintain a healthy endocannabinoid system? As a holistic nurse, I have the belief that health and lifestyle and these are the exact things that maintain ECS wellness, with a few specifics included. These provide the upregulation of the ECS, the ability of self-sustainability, while its own cannabinoids and the receptors to respond more readily/easily.

To upregulate your endocannabinoid system, you can follow these points of self-care:

• Diet: Follow a balanced, organic diet, high in Omega 3 and 6 fatty acids and flavonoids (those fruits and vegetables). A lot of people fail to add Omega 3’s to their diet. Plant-based foods such as those four circulatory, fat-soluble cannabinoids and their perfect addition to feed the nervous system and ECS. Your diet should be low in or avoid fast foods, processed foods, a basic anti-inflammatory diet.

• Reduce toxins: this includes exposure to alcohol, sugar, tobacco and pesticides.

• Supplements and food which may be helpful include black peppercon, rosemary, capabasa (an essential oil). These contain beta-carophyllene a CB2 agonist which supports immune system function. Black truffles, chocolate, echinacea, Kava and liverwort are others.

• Exercise: That runners high is actually your endocannabinoid system kicking into high gear. It is that bliss molecule in action. Yoga, Tai chi and meditation fine tune the ECS system also.

• Acupuncture and osteopathic adjuncts can help upregulate the ECS and provide upregulation of the endocannabinoids.

• Reduce chronic stress. Stress decreases natural endocannabinoid production and inhibits the response of the receptors which decreases the attachment on the cells.

• Get quality sleep. This is probably the most difficult for everyone. Your body needs the repair time.

Two cases of Meningococcal meningitis have been reported to the ND Department of Health. In 2019. The last reported cases of meningococcal meningitis were in 2014. Meningococcal meningitis is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are rare in the United States. Meningococcal meningitis is spread through respiratory droplets and throat secretions like spit (e.g., by living in close quarters, kissing, sharing drinks). Many people carry meningococcus bacteria in the nose and throat without showing signs or symptoms. Others may develop serious symptoms. High risk contacts of a diagnosed individual should receive chemoprophylaxis to prevent the spread of the disease. Getting vaccinated is the most effective way to prevent oneself against meningococcal meningitis. There are two types of meningococcal vaccines. Meningococcal conjugate vaccine (MCV4) protects against four serogroups (A, C, Y, W-135) of Neisseria meningitidis and is recommended for all children 11 to 12 years of age. Adolescents should receive a booster dose at age 16. In North Dakota, all children entering seventh through tenth grade are required to be vaccinated with one dose of MCV4. Children entering eleventh through twelfth grade are required to be vaccinated with two doses of MCV4. North Dakota colleges and universities also require MCV4 vaccine. Vaccines that protect against Neisseria meningitidis serogroups B (Men B) are also available. These vaccines are recommended for individuals ages 10 and older to be at increased risk for meningococcal disease. People 16-23 may also be vaccinated. Men B vaccine is not recommended for school entry. Younger children and adults usually do not need meningococcal vaccines. However, the CDC recommends one or more doses of meningococcal vaccines for people with certain medical conditions, travel plans, or jobs.

For more information about meningococcal meningitis and who should be vaccinated, please visit https://www.cdc.gov/ meningococcal/index.htm

From the ND State Health Department

Meningococcal Meningitis in North Dakota

Meningococcal meningitis is caused by Neisseria meningitidis, a type of bacteria that can live in the nose and throat without causing illness. It can spread through respiratory droplets and throat secretions like spit (e.g., by living in close quarters, kissing, sharing drinks). Many people carry Neisseria meningitidis bacteria in their nose and throat without showing signs or symptoms. Others may develop serious symptoms. High risk contacts of a diagnosed individual should receive chemoprophylaxis to prevent the spread of the disease. Getting vaccinated is the most effective way to prevent oneself against meningococcal meningitis. There are two types of meningococcal vaccines. Meningococcal conjugate vaccine (MCV4) protects against four serogroups (A, C, Y, and W-135) of Neisseria meningitidis and is recommended for all children 11 to 12 years of age. Adolescents should receive a booster dose at age 16. In North Dakota, all children entering seventh through tenth grade are required to be vaccinated with one dose of MCV4. Children entering eleventh through twelfth grade are required to be vaccinated with two doses of MCV4. North Dakota colleges and universities also require MCV4 vaccine. Vaccines that protect against Neisseria meningitidis serogroup B (Men B) are also available. These vaccines are recommended for individuals ages 10 and older to be at increased risk for meningococcal disease. People 16-23 may also be vaccinated. Men B vaccine is not recommended for school entry. Younger children and adults usually do not need meningococcal vaccines. However, the CDC recommends one or more doses of meningococcal vaccines for people with certain medical conditions, travel plans, or jobs.

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The North Dakota Nurse

January, February, March 2020 The North Dakota Nurse Page 5
**Trauma: The Lived Experience**

April 3, 2020  
8:00am – 3:45pm  
The GRAND Hotel  
1505 North Broadway  
Minot, ND

Provided by:  
District 1, North Dakota Nurses Association and  
Omicron Tau Chapter,  
Sigma Theta Tau International  
Honors Society of Nursing

**Presenters**  
Jeff and Niki Brose  
Austin Burns, Minot Fire Dept.  
Rhonda Gunderson, BSN, RN  
Robyn Gust, MS/ATC  
Robert Klink, BSN, RN  
Susann Krueger, MS, RN  
Robin Pursifull, BSN, RN, SANE  
Missy Regalado-Smith, MSN, RN, CCRN

**Conference Planning Committee**  
Ashley DeMakis, MSN, RN  
Sara Franstvog, MSN, RN  
Carrie Lewis, MSN, RN  
Danni Reinsch, MSN, RN  
Amy Roberts, MSN, RN  
Kim Tiedman, MSN, RN

**New This Year!**  
Calling for Research Posters!  
Please email abstract to  
sara.franstvog@minotstateu.edu  
by March 20, 2020

**Agenda**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:00am – 8:15am</td>
<td>Registration</td>
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<tr>
<td>8:15am – 9:15am</td>
<td>Welcome</td>
</tr>
<tr>
<td>9:15am – 10:15am</td>
<td>“Trauma: Close to Home” Brad Johnson</td>
</tr>
<tr>
<td>10:15am – 10:30am</td>
<td>Break</td>
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</tbody>
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| 10:30am – 11:30am | “Severe TBI from Injury to Discharge: Bridging the Gap in Family Communications” | Robyn Gust, MS/ATC  
| 11:30am – 12:30pm | Lunch (Provided)                                                        |
| 12:30pm – 2:00pm | “Trauma From the Trenches” Susann Krueger, MS, RN & Rhonda Gunderson, BSN, RN  |
| 2:00pm – 3:30pm | Breakout Sessions                                                       |

The purpose of this educational offering is to recognize the impact of trauma on individuals, families and health care professionals.

**Conference Objectives**

Upon completion of this program, the participants will be able to:

1. Identify safe patient removal from a vehicle and reasons for modifying a vehicle.  
2. Describe the role of the nurse when caring for families who experience the loss of a child.  
3. Explain the role of the nurse when dealing with critical burns and the impact they have on the patient’s life.  
4. Define flight physiology and flight stressors that impact crew members, patients, and families.  
5. Discuss the steps of debriefing after trauma and recognize the value of debriefing.  
6. Identify emerging trends and treatments for the trauma patient.  
7. Recognize ways to improve communication with family members of patients with traumatic injuries.  
8. Explain the role of the Sexual Assault Nurse Examiner in minimizing trauma and promoting healing.

**Full-time or Part-time Master Degree Nursing Faculty**  
Dakota College at Bottineau (DCB) is seeking an instructor to teach courses in its nursing program to undergraduate students in practical nursing and associate degree nursing programs.

Master of Science in Nursing, Nursing Education, or related area required, or currently enrolled in a master’s degree program with an education plan approved by the OHE which will allow completion of the master’s degree program within three years.

Competitive salary based on education and experience, comprehensive fringe benefit package including TIAA-CREF retirement plan and full coverage for family health insurance.

**APPLICATION INSTRUCTIONS:** Send a letter of application,  
[http://www.dakotacollege.edu/publications](http://www.dakotacollege.edu/publications)  
To access electronic copies of the North Dakota Nurse, please visit  
[http://www.nursingald.com/publications](http://www.nursingald.com/publications)
Sometimes when you’ve known something for quite some time, you just think everyone knows that too. At least that was my thought about the North Dakota Community Foundation Nursing Scholarship Loan Fund (NDCF/NDNSLF) until I attended the fall convention of the North Dakota Nurses Association and found out that what I knew, not many others did. So the purpose of this column will be to share what I know and perhaps spark some interest in this wonderful resource for the Association. This loan fund was established in 1982 with monies from NDNA as well as many others. Although most of the donors have been members of NDNA, a review of the Prairie Rose archives shows that donors included physicians, clinics, surgical associations, American Legion posts, district Nurses Asns, VFWS, the ND Assoc. of REC’s, and many others. For a period of ten or more years, the publication included a running total of the contributions as well as a listing of the contributors. Unfortunately, I was unable find names of anyone who had been awarded a loan (to be converted to a scholarship upon completion of the program and employment in North Dakota). That information is included in the association archives but if any of our readers know of any recipients, please let me know so that can be featured in a later column.

What is the value of the foundation? Most of us are familiar with the concept of putting away into savings some monies each pay day, but we are probably also familiar with the concerns that it is easy to dip into those funds for needs as well as wants. The beauty of a foundation is that the funds are established under guidelines that allow the donations to be tax deductible, and put into a larger pot for growth that would not be possible otherwise. The NDNA chose the North Dakota Community Foundation as an organization that manages endowment funds and provides professional fundraising and grant-making support in North Dakota. The North Dakota Community Foundation Nursing Scholarship Loan Fund was formed in 1982 with monies from the North Dakota Nurses Association Scholarship Loan Fund. Executive Director at that time, is credited with the funds establishment and did a tremendous amount of fund raising from a variety of organizations. In 1985, NDNA designated funds raised from the Prairie Skies Art Show to go to the fund and set a fund goal of $100,000, with monies to be used for education and scholarship. The fund reached a balance in 1987 that allowed scholarship/loans to be granted. The fund is a permanent, irrevocable fund. The total assets of the NDCF are over 83 million dollars and information about the foundation is available on their web site – (ndcf.net) So NDNA has had the advantage of the Foundation’s expertise and management for over 35 years. By 1987, the NDNA Board of Directors adopted the Scholarship criteria: applicant must be a North Dakota resident; have a GPA of 2.5 on a 4.0 scale; if an RN accepted into a baccalaureate program; and preference of 2.5 on a 4.0 scale; if an RN accepted into a baccalaureate program; and preference of 2.5 on a 4.0 scale. The board agreed with the following recommendations:

1. Appoint a committee comprised of directors and/or other members to formalize requirements for either educational or scholarship loan grants. Include on the committee either the President of the NDNA or Executive Director and notify the NDCF of such.

2. Publicize the NDCF-NDNSLF in the North Dakota Nurse and encourage donations to honor past/present members.

3. Include a column in the North Dakota Nurse acknowledging both contributions and awards so ND nurses are aware of the fund and its purposes.

Hence, this column will begin the process of increasing awareness of the NDCF/NSLF and encouraging contributions. I have contributed to the foundation in memory of my husband, in memory of significant mentors in my life, RNs that I have worked with, I have asked the NDCF to acknowledge that contribution to the family of the individual and I have been told this is a wonderful resource for the Association. Dianne Marie Donnerson, NDNA Member, Review Committee Chair

Karen Macdonald, NDNA Member, Committee Chair

This information was presented to the NDNA Board of Directors in November 2019 and the board agreed with the following recommendations:

1. Appoint a committee comprised of directors and/or other members to formalize requirements for either educational or scholarship loan grants. Include on the committee either the President of the NDNA or Executive Director and notify the NDCF of such.

2. Publicize the NDCF-NDNSLF in the North Dakota Nurse and encourage donations to honor past/present members.
The Effect of Closed vs. Open Tracheal Suctioning Systems on Reducing the Risk of Ventilator-Associated Pneumonia

By: Adrian Haugen, Allison Kisse, Keliie Kraft, Karly Kruckenberg, and Evelyn Sawe, University of Mary BD Students; Kathy Roth, PhD, RN, Assistant Professor of Nursing

Clinical Question:
In adult patients who are mechanically ventilated, how effective is closed suctioning compared to open suctioning in reducing the rate of ventilator-associated pneumonia?

Synthesis of Evidence:
The systematic review by Solà and Benito (2007) examined 16 randomized control trials that focused on comparing effectiveness of closed tracheal suctioning systems (CTSS) versus open tracheal suctioning systems (OTSS) in decreasing the incidence of ventilator-associated pneumonia (VAP). The results showed that CTSS is more effective than OTSS, further indicating that there was not adequate evidence to conclude the effectiveness of VAP of CTSS over OTSS. The study by Kuriyama, Umakoshi, Fujinaga, and Nakada (2014) examined 16 randomized controlled trials that compared the effect of CTSS to that of OTSS to determine if CTSS contributed to VAP less frequently than OTSS. Overall, the review found that CTSS led to a lower incidence of VAP; however, since sensitivity analyses were completed, there was not adequate evidence to conclude the effectiveness of CTSS over OTSS. CTSS proved more effective against the development of VAP. Bottom Line: Based on the conclusions of the preceding studies, the use of CTSS does not yield significant benefits in comparison to the OTSS in reducing the risk of VAP. In two clinical studies, findings suggested that the CTSS led to lower incidences of VAP, however, studies analyzed CTSS and OTSS may be significantly enhanced. As nurses that monitor, manage, and suction patients who underwent MVT while in an ICU. The underlying themes gathered from the participants implied that patients feel vulnerable and anxious while ventilated as they struggled to communicate with staff and relatives (Engström et al., 2012).

Implications for Nursing Practice:
Suctioning is essential to maintaining airway patency and removing potentially infectious secretions of patients with artificial airways and ventilational devices. Although the research has not shown one suctioning system to be more effective than the other, specific measures have been proven to impact the respiratory complications of VAP in ventilated patients. Utilization of aseptic suctioning and care techniques, preventative measures, condition monitoring, and administration of mechanical ventilation can improve patient outcomes and reduce the incidence of VAP (Solà & Benito, 2007). With the use of evidence-based research, proper nursing care techniques, and patient considerations, quality outcomes may be significantly enhanced. As nurses that directly care for this population group, due diligence with evidence-based practice needs to be applied to promote health and prevent complications in critically ill patients.

References:

Tessa Johnson, MSN, BSN, RN, CDP, NDNA President

Yes! The answer is most definitely yes! When a family member has dementia, it affects everyone in the family, including children and grandchildren. It’s important to talk to them about it from an early age. When children and grandchildren don’t know what kind of information you share depends on the child’s age and relationship to the person with dementia. We at Country House make it a priority for our residents to have opportunities to spend time with children here at the house and out of the house. We invite elementary school, middle school, and high school children in to volunteer and spend time with the residents. Children often find this as rewarding. The MVT while in an ICU. The underlying themes gathered from the participants implied that patients feel vulnerable and anxious while ventilated as they struggled to communicate with staff and relatives (Engström et al., 2012).

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References:

Is it Beneficial for Children to be Around my Loved One with Dementia?

Tessa Johnson, MSN, BSN, RN, CDP, NDNA President

Yes! The answer is most definitely yes! When a family member has dementia, it affects everyone in the family, including children and grandchildren. It’s important to talk to them about it from an early age. When children and grandchildren don’t know what kind of information you share depends on the child’s age and relationship to the person with dementia. We at Country House make it a priority for our residents to have opportunities to spend time with children here at the house and out of the house. We invite elementary school, middle school, and high school children in to volunteer and spend time with the residents. Children often find this as rewarding. The MVT while in an ICU. The underlying themes gathered from the participants implied that patients feel vulnerable and anxious while ventilated as they struggled to communicate with staff and relatives (Engström et al., 2012).

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References:
Does Shift Length Matter?

Appraised by: Janelle Stevens, RN, LeAnn Bingham, RN, & Dylan Gjere, RN Mayville State University RN-BSN students

Clinical Question: Do nurses who work 12-hour shifts have a higher rate of burnout than nurses who work 8-hour shifts?

Articles:

Synthesis of evidence:
The synthesis includes four studies related to evidence supportive of the proposed research question. The first study was conducted by Dallora et al. (2015) and focused on the concern that nurses who work 12-hour shifts have a higher job dissatisfaction and burnout rate compared to nurses who work 8-hour shifts. The second study, conducted by Khammar et al. (2017), found that nurses who work 12-hour shifts experience an increased rate of job dissatisfaction when compared to nurses working an 8-hour shift. The same rate of job dissatisfaction was noted among nurses who worked 12-hour shifts. A cross-sectional survey was done and burnout rate compared to nurses who work 8-hour shifts. The third study was conducted by Ruotsalainen (2015) and addressed the concern for healthcare workers suffering from occupational stress resulting in distress, burnout, psychosomatic problems, and personal problems such as increased rate of job dissatisfaction when compared to a nurse working an 8-hour shift. The same rate of burnout was noted amongst nurses working a 12-hour shift. The fourth study was conducted by Thompson (2019), which found that nurses working 12-hour shifts had a higher rate of burnout than nurses working 8-hour shifts.

Results:

Implications for nursing practice:
- It has become increasingly apparent that nurses are suffering from burnout. Healthcare institutions are implementing appropriate programs to reduce burnout and provide nurses with a lower nurse burnout rate than nurses working a single 12-hour shift. The study did show there was a higher rate of job satisfaction when nurses working an 8-hour shift compared to nurses working a 12-hour shift. However, the study did not find a significant difference in burnout rate between nurses working 8-hour shifts and nurses working 12-hour shifts. The study concluded that nurses who worked 12-hour shifts had a higher rate of burnout than nurses working 8-hour shifts.
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Conclusion:
- This synthesis includes four studies related to evidence supportive of the proposed research question. The first study was conducted by Dallora et al. (2015) and focused on the concern that nurses who work 12-hour shifts have a higher job dissatisfaction and burnout rate compared to nurses who work 8-hour shifts. The second study, conducted by Khammar et al. (2017), found that nurses who work 12-hour shifts experience an increased rate of job dissatisfaction when compared to nurses working an 8-hour shift. The same rate of burnout was noted amongst nurses working a 12-hour shift. The fourth study was conducted by Thompson (2019), which found that nurses working 12-hour shifts had a higher rate of burnout than nurses working 8-hour shifts. However, the study did not find a significant difference in burnout rate between nurses working 8-hour shifts and nurses working 12-hour shifts. The study concluded that nurses who worked 12-hour shifts had a higher rate of burnout than nurses working 8-hour shifts.

Responsible Use of Social Media
Reprinted with permission, Mississippi RN
December 2019
Shonda Phelon, DNP, FNP-BC, PMHNP-BC, GNPF-BC, Director, Council on Advanced Practice

Social media continues to be a very popular way for people to connect with the world, communicate with others, learn new information, and entertain themselves. Approximately 70% of Americans use social media daily. Many nurses currently use social media sites, such as Facebook, LinkedIn, and Pinterest among others. Social media is a platform for keeping up with the latest happenings around the state. It provides a means to network and connect with other nurses, to stay informed about healthcare-related topics, and to discuss clinical issues. Social media is not the place to share sensitive information.

1. Keep patient privacy and confidentiality to the highest standards. I see many nurse practitioners, nurses, and students of nursing posting clinical situations and even pictures about patients. Social media is not the place to do this or explore complex cases. Never post photos of a patient or identify them by name. Never refer to patients in a demeaning or negative manner. Instead of posting questions about clinical issues, find a mentor or consult with a colleague. You may also report violations to your professional preceptors or colleagues to discuss any patient issues. Our detractors use these postings as fodder to make us look less educated and competent. If you are having a difficult case that may be considered unprofessional and may be considered unprofessional and may be considered unprofessional and may be considered unprofessional and may be considered unprofessional and may be considered unprofessional.

2. Try to avoid connecting with patients or former patients on social media. This is difficult in small communities where you may know many people. It is very important not to give professional medical advice or discuss work-related issues with patients on social media. Make sure your patients and staff know this, especially the ones with whom you have a personal relationship prior to the nurse-patient relationship.

3. Don’t complain about your work on social media. Facebook or Twitter is not the place to make negative comments or post negative pictures about a place of employment, colleagues, or supervisors. If you experience an adverse event, type of behavior not only jeopardizes your job security but your reputation as well. If you have a conflict with your employer, supervisors or human resources department to discuss the issues properly. Make sure you follow your employer’s social media policy and follow the rules. It is also a good policy to never use a workplace email account to post medical advice or post personal pictures, events, etc. while at work.

4. Keep all activity on social media professional. There are many posts that may be considered unprofessional and reflect negatively on the profession of nursing. Profanity, sexually explicit or racially derogatory comments, as well as posts about drug and alcohol use are unprofessional, question one’s moral character and reflect negatively on the nursing profession. I personally wish the “sexy nurse” costume could be banned, but I routinely see nurses wearing it to appropriate social media events and to not post on a social media website or post personal pictures, events, etc. while at work.

When using social media, always think before you post. Will your post benefit someone or is it a negative statement about you or your profession of nursing? Make sure your post adheres to relevant federal and state laws, state

The North Dakota Nurse Page 9

Responsible Use of Social...continued on page 16
NDNA President Tessa Johnson and Executive Director Sherri Miller had the opportunity to attend the 2019 ANA Leadership Summit in Alexandria, Virginia on December 3rd, 4th, and 5th, 2019.

The three-day conference had an overall theme of collaboration and best practices to strengthen and build current relationships between ANA and the constituent states (C/SNAs). Events of the summit started with a wonderful Tuesday morning session entitled, “Thinking about our Thinking: The Impact of Unconscious Bias” by Marsha Hughes-Rease, MSN, MSOD, PCC. NDNA leaders sat with West Virginia and Kentucky leaders and engaged in small group discussions regarding how biases affect us in our work. The speaker provided us with thought-provoking materials and great discussion points.

The first day ended with a networking reception sponsored by our website hosts, Nursing Network. NDNA attained good information regarding how our website can assist us to engage current members and build our association. We were also able to share ideas with nurses across the country in a more casual and fun setting.

The Leadership Council Meeting started Wednesday’s agenda with discussion of ANA’s Enterprise Strategic Plan and Budget. Collaboration among ANA and C/SNAs has clearly been growing as currently there are three Advisory Groups meeting. C/SNA Essentials Advisory Group, New Executives Orientation, and Personal Benefits Advisory Group representatives all spoke to give updates on what the purpose and status is of their groups. NDNA is participating in the C/SNA Essentials and Personal Benefits Groups.

The summit included other discussions on strengthening the partnerships between ANCC and the C/SNAs. Opportunities for synergy were discussed and communication channels were explored to facilitate the flow of information. We learned some exciting news such as 2020 will bring a nursing podcast sponsored by Johnson and Johnson called “See You Now.” It was another great summit and we are so excited to see what 2020 holds for NDNA and ANA in terms of even more collaboration. Stay tuned!
NDNA President, Tessa Johnson – have to stop by the White House when in DC!

Lots of COLLABORATION!

Elections were Thursday morning

Nursing colleagues from Kansas

Mid-meetings!

Selfies, of course!

NDNA with WVNA
Interrupted vs. Continuous Enteral Feedings

In patients with tube feedings, what is the effect of continuous tube feedings when compared with interrupted feedings on the risk of aspiration?

Synthesis of Evidence:

In many critically ill cases involving patients who are immobile and are unable to eat, enteral feedings and frequent turning are required to maintain proper nutrition and prevent impaired skin integrity. Critically ill patients have an increased risk for aspirating oropharyngeal secretions and regurgitated gastric contents. For those who are tube-fed, aspiration of gastric contents is of greater concern (Critical Care Nurse, 2012, para. 1). Since aspiration of gastric contents is concerning, tube-feedings have been paused in order to prevent the patient from aspirating during turning, thus having the patient not concern gastric residue assessed every four hours. Patients in the control group received enteral nutrition without the residual being monitored and needed to reach the target infusion volume within 72 hours. They concluded that the treatment group (n=126) had eight cases of regurgitation and aspiration, but the control group (n=80) had 15 cases of regurgitation and 14 cases of aspiration; four patients were hospitalized due to complications. To reduce the incidence of respiratory complications, patients should receive enteral nutrition on a feeding pump continuously for 24 hours and adjust the infusion rate based on the gastric residual volume to reduce the risk of aspiration.

Article six studied the patient positions and frequency of turning in ICU patients (Goldhill et al., 2008). They concluded out of the 385 patients observed, only 42% of patients were repositioned within a two hour period, other reposition frequency depended on the ICU nurses. 46.1% were left, 25.5% were positioned right, and 97.4% were dependent on the ICU nurses. 46.1% were left, 25.5% were positioned right, and 97.4% were dependent on the ICU nurses. They concluded out of the 393 patients observed, only 42% of patients were repositioned within a 30-minute period and the incidence of turning repositioned.

Bottom line:

In conclusion, each study reviewed stressed the importance of monitoring the gastric residual volume and the need for continuous enteral nutrition, but there was no evidence found that repositioning the patient during continuous versus interrupted feedings would cause the patient to aspirate either on their gastric residual or oropharyngeal secretions more than the other. Another limitation for the patients to have a better outcome the feedings needed to be continuously given but repositioning of the patient depended on the policy of the ICU. In the study by Madeya (2015), the participants related to the lack of standardized procedures and knowledge regarding enteral nutrition without the residual volume assessed every four hours. Patients in the control group received enteral nutrition without the residual being monitored and needed to reach the target infusion volume within 72 hours. They concluded that the treatment group had eight cases of regurgitation and aspiration, but the control group had 15 cases of regurgitation and 14 cases of aspiration; four patients were hospitalized due to complications. To reduce the incidence of respiratory complications, patients should receive enteral nutrition on a feeding pump continuously for 24 hours and adjust the infusion rate based on the gastric residual volume to reduce the risk of aspiration.

References


**A COMPARISON OF THE THREE ORGANIZATIONS**

<table>
<thead>
<tr>
<th>North Dakota Board of Nursing (NDBON)</th>
<th>North Dakota Nurses Association (NDNA)</th>
<th>North Dakota Center for Nursing (NDCFN)</th>
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<tbody>
<tr>
<td>919 S 7th Street, Suite 504</td>
<td>1515 Burnt Boat Dr, Suite C #325</td>
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<td>Bismarck, ND 58503</td>
<td>Fargo, ND 58104</td>
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<td>Phone: (701) 328-9777</td>
<td>Phone: (701) 335-6376</td>
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<tr>
<td>Fax: (701) 328-9785</td>
<td>E-mail: <a href="mailto:director@ndna.org">director@ndna.org</a></td>
<td>Website: <a href="http://www.ndcenterfornursing.org">www.ndcenterfornursing.org</a></td>
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**Mission:**

- ND Board of Nursing assures North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure, and practice.
- The Mission of NDNA is to advance the nursing profession by promoting professional development of nurses, fostering high standards of nursing practice, promoting the safety and well-being of nurses in the workplace, and by advocating on health care issues affecting nurses and the public.
- The mission of NDCFN is to through collaboration guide the ongoing development of a well-prepared and diverse nursing workforce to meet health care needs in North Dakota through research, education, recruitment and retention, advocacy and public policy.

**Description:**

- Governmental regulatory body established by state law under the North Dakota Century Code 43-12.1 Nurse Practices Act to regulate the practice of nursing and protect the health and safety of the public.
- Regulates the practice of individuals licensed and registered by the Board.
- Establish standards of practice for RNs, LPNs, and APRNs.
- Establish standards and regulate nursing education programs.
- Discipline licensees and registrants in response to violations of the Nurse Practices Act.

- 501(c)6 non-profit association
- Professional Association for Registered Nurses.
- Constituent member of the American Nurses Association (ANA)
- Influences legislation on health care policies and health issues and the nurse’s role in the health care delivery system.
- Promotes the continuing professional development of Registered Nurses.
- Advances the identity and integrity of the profession to enhance healthcare for all through practice, education, research, and development of public policy.
- Promotes the Scope and Standards of Nursing Practice and the Code of Ethics for nurses.

**Board Members:**

- Jane Christianson, RN member, Bismarck; President
- Michael Hammer, RN member, Velva; Vice President
- Dr. Kevin Buettner, APRN member, Grand Forks; Treasurer
- Jamie Hammer, RN member, Minot
- Janelle Holth, RN member, Grand Forks
- Mary Beth Johnson, RN member, Bismarck
- Wendi Johnston, LPN member, Kathryn
- Julie Dragseth, LPN member, Watford City
- Cheryl Froehlich, Public member, Mandan

**Board of Directors:**

- President - Tessa Johnson, MSN, RN, CDP
- Board of Directors listed at https://ndna.nursingnetwork.com/page/72991-board-of-directors

**NDBON Staff:**

- Stacey Pflennig, DNP, APRN, FNP FAANP - Executive Director - spflennig@ndbon.org
- Tammy Buchholz, MSN, RN-Associate Director for Education - tbuchholz@ndbon.org
- Melissa Hanson, MSN, RN-Associate Director of Compliance - mhanson@ndbon.org
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**NDNA Independent Contractors:**

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**NDCFN Staff:**

- Patricia Moulton, PhD Executive Director - Patriciamoultong@ndbon.org
- Kyle Martin, BS Associate Director - Kyle.martin@ndcenterfornursing.org

**Mission:**

- Constituent member of the American Nurses Association (ANA)
- Influences legislation on health care policies and health issues and the nurse’s role in the health care delivery system.
- Works to unify voice of nursing in North Dakota through connecting nursing organizations interested in policy issues.
- Develops statewide programming to fulfill mission across multiple areas including nursing education faculty and resources, workplace planning, research and development and practice and policy.
- Tracks supply, demand and education of nursing workforce.

**NDBON Staff:**

- Stacey Pflennig, DNP, APRN, FNP FAANP - Executive Director - spflennig@ndbon.org
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Resilience is not easily understood and is challenging to measure and quantify. However, resilience is a vital attribute to own. The concept of resilience surfaced in the 1970s as pediatric psychologists followed children who had lived through traumatic home situations. Despite the chaos and tragedies of childhood, the researchers found that some children were able to live healthy adult lives (Turner, 2014). Answering the question, ‘What human trait or characteristic enables people to thrive in the aftermath of misfortune or adversity?’ is what eventually led to the term resilience (Turner, 2014).

Since the 1990s, resilience has been discussed in many ways (EPP, 2012), depending on the context where the term is applied. A common definition involves the abilities and characteristics that allow an individual to cope successfully and function above the norm (Tusie & Dyer as cited in Morana, 2012). These abilities and characteristics occur despite significant stressors and life challenges, giving the individual the ability to bounce back, adjust, and keep equilibrium (Jackson, Fink, & Edgobirden as cited in Morana, 2012). Further understanding the concept of resilience is a multifaceted undertaking. A first step towards this understanding is to investigate the characteristics of resilience.

Many variables explain resilience in the context of nursing. Gillespie, Chaboyer, Wallis, and Grimebeek (2007) conducted a correlational study to test a model for resilience. These authors discovered that five variables explained resilience in 772 Australian operating room (OR) nurses: hope, self-efficacy, personal achievement, personal growth, and lifestyle. Hope and resilience had a highly significant statistical association. A supportive workplace can reduce the effects of potential stressors (Morana, 2012). These stressors include not only work-related issues but also personal issues, such as marital problems and family and personal issues. Strong associations were discovered between resilience and self-efficacy. Self-efficacy is the belief in one’s ability to perform a task. Nurses must develop the skills to deal with change (Tusie & Dyer as cited in Gillespie et al., 2007). Coping and control both had moderate statistical associations with resilience. A coping approach involves being proactive in responding to stressors. A control approach involves managing stressors and responsibilities in a proactive manner. Nurses who are proactive in seeking control, rather than allowing stressors to control them, have been shown to have the ability to reduce the stress experienced in their work (Lazarus, 2007).

By recognizing resilience as a specialty area of study, nurses can develop self-assessment strategies that will improve the quality of patient care (Lazarus, 2007). Maintaining control augments resilience through situational adaptation (Bandura as cited in Gillespie et al., 2007). Nurses who demonstrate effective and explanatory variable of resilience, can minimize the effects of a stressful environment. Last, resilience has been shown to be a major asset in the workplace. Nurses are encouraged to show control in problematic clinical situations.

References


Melanie Schrock, MS, RN, CNE, DNP-student
NDNA President-Elect

An elaborate healthcare system with patients requiring complex care is needed to address today’surse. Entry-level nurses and those standardizing within the profession are expected to engage in personal and professional development activities that support education and engage in a wide range of professional endeavors such as speaking, writing for publications, and providing testimony as necessary. It is now more important than ever to have and use all your relevant credentials. Please note that journals sometimes order credentials differently, so it is important to inspect context to see that specific style-of-writing. Or perhaps, what if I have multiple credentials of the same type? In this case you would list the highest education degree or highest level of achievement first. Another relevant field, you may choose to list it as well. For example, a nurse executive might choose Nancy Gordon, MBA, MSN, RN. Note here that the highest non-nursing degree is listed first followed by the highest nursing degree. A nurse who has a master’s in a non-nursing degree may list those credentials first and their nursing certifications last. For example, a nurse who has multiple nursing certifications, they may be listed in the order you prefer. Do consider listing them in order of relevance to your practice or in order. You are required, with the most recent first. Always list non-nursing certifications last.

Properly displaying credentials enables nurses to demonstrate their specialty expertise, professionalism, and validate their knowledge to employers, patients, colleagues, and others. Nurses must develop the skills to deal with change, properly use the credentials required by your workplace, and ensure the provision of safe, high-quality, patient-centered care. Nurses, through situational adaptation (Bandura as cited in Gillespie et al., 2007), are able to control in problematic clinical situations. Nurses who demonstrate effective and explanatory variable of resilience, can minimize the effects of a stressful environment. Last, resilience has been shown to be a major asset in the workplace. Nurses are encouraged to show control in problematic clinical situations.

References


A Guide to Displaying Nursing Credentials

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Kathryn Handy, DNP, RN, CNE

In today’s complex health care system, a competent nursing workforce possessing the knowledge and skills to provide safe, high-quality care, is essential. In 2010, the Institute of Medicine (IOM) released the landmark report, The Future of Nursing: Leading Change, Advancing Health. Advancing Health, on the nursing profession and identified the need for nurses to take on leadership roles in all settings to meet the ever-increasing demands of our changing health care system. As a result, clinical nurses and clinicians continue to heed this call, advancing education and engaging in a wide range of professional development activities that support the evidence-based recommendations of the IOM. Credentialing and certifications validate the skills, knowledge, and abilities nurses need to succeed and create change in this ever-changing profession.

Utilizing a standard process of credentialing ensures that nurses, healthcare providers, consumers, and other relevant entities understand the significance and value of credentials. To avoid duplication, there is a specific procedure for displaying credentials in a uniform manner. The American Nurses Credentialing Center (ANCC) provides a step-by-step guide to understanding and displaying your nursing credentials (ANCC, 2013).

Every day we see the multiple streams of individuals within a nurse’s signature. There is a vast array of credentials to note. Educational degrees include doctoral degrees (PhD, DNP, DNS), master’s degrees (MSN, MA), bachelor’s degrees (BS, BSN, BA), and associate degrees (AD, ADN). Licensure credentials include RN and LPN. State designations or requirements recognize the authority to practice at a more advanced level in that state and include Advanced Practice Registered Nurse (APRN), Nurse Practitioner (NP), and Clinical Nurse Specialist (CNS). National certification, which is awarded through accredited certifying bodies such as the ANCC, the National Board for Certification in Nursing (NLN), or the American Organization for Nursing Leadership (AONL), includes Family Nurse Practitioner Board Certified (FNP-BC), Certified Nurse Educator (CNE), and Certified in Executive Nursing Practice (CENP) respectively. Awards and honors that recognize outstanding achievement include Fellow of the American Academy of Nursing (FAAN) and Fellow of Critical Care Medicine (FCCM). Other possible recognitions include non-nursing certifications that recognize additional skills, such as the EMT-Basic/EMT, Certified in Perioperative Critical Care (CPOCC), and others. Furthermore, as nurses advance as a profession, the use of credentials to designate and to identify the levels of attained education, licensure, certification, and achievement as a professional is essential.

Displaying credentials correctly is vital. The preferred order of displaying one’s credentials is the following: (a) highest degree earned; (b) licensure; (c) state designations or requirements; (d) national certifications; (e) awards and honors; and (f) other recognitions. Why is this so important? The order is placed in regard to degree permanence. One’s educational achievements are not taken away except under extreme circumstances. Next, the licensure credentials and the state designations or requirements remain. These are generally time limited and need to be maintained through renewals and continuing education. Then, the highest degree earned is listed. National certifications and other recognitions which are voluntary and not required for practice (ANCC, 2013). Finally, any other credentials may be listed in the order you prefer. Do consider listing them in order of relevance to your practice or in order. You are required, with the most recent first. Always list non-nursing certifications last.

Properly displaying credentials enables nurses to demonstrate their specialty expertise, professionalism, and validate their knowledge to employers, patients, colleagues, and others. Nurses must develop the skills to deal with change, properly use the credentials required by your workplace, and ensure the provision of safe, high-quality, patient-centered care. Nurses, through situational adaptation (Bandura as cited in Gillespie et al., 2007), are able to control in problematic clinical situations. Nurses who demonstrate effective and explanatory variable of resilience, can minimize the effects of a stressful environment. Last, resilience has been shown to be a major asset in the workplace. Nurses are encouraged to show control in problematic clinical situations.

References


The Effectiveness of Syringe Exchange Programs on Reducing Cost and Communicable Diseases

By: Haylie Leier, Julia Johnson, and Sage Walz, University of Mary BSN Students; Kathy Roth, PhD, RN, Assistant Professor of Nursing

Introduction:
Syringe exchange programs (SEP) are defined as “community-based programs that provide access to sterile needles and syringes free of cost and the safe disposal of used needles and syringes” (Centers for Disease Control and Prevention [CDC] 2018, para. 2). SEP arose from a need to stop the transmission of communicable diseases such as HIV and hepatitis, that were being spread from the use of shared needles between people who inject drugs (PWID). Currently the goal of SEP is to provide comprehensive care that helps to stop the spread of disease, reduce risks of infection, provide education “on safer injection practices and wound care; overdose prevention; referral to substance use disorder treatment programs…and counseling and testing for HIV and hepatitis…to substance use disorder treatment programs…” and provide education “on safer injection practices” (CDC, 2018, para. 2). Intravenous drug use has been shown to be one of the most common ways to prevent the spread of communicable disease such as HIV and hepatitis C through safe syringe handling practices, proper hygiene, and the safe disposal of syringes.

Clinical Question:
In people who inject drugs what is the effect of Syringe Exchange Programs compared to other treatments on decreasing cost and communicable diseases?

Synthesis of Evidence:
To find results of the effectiveness of SEP, there were 30 articles reviewed including those from the Cochrane Library. Many factors were used to analyze to determine the effectiveness of SEP. The studies discussed results of financial management which style of SEP to implement and what other treatment programs to implement with SEP for PWID such as opioid substitution therapy. Nguyen, Weir, Jarlais, Pinkerton, and Pinkerton model show that if the model of needs-based syringe programs (NEP) it further reduces the chances of hepatitis C virus acquisition. “OST is associated with a reduction in the risk of HCV acquisition, which is strengthened in studies that assess the combination of OST and NEP” (Platt, et al., 2017, p. 4) granting a possibility of up to 80% reduction.

Bottom Line:
Syringe Exchange Programs are effective in reducing the incidence of communicable diseases such as hepatitis C and HIV within the community. They are implemented in, as well as decreasing annual treatment costs. Opioid substitution therapy in conjunction with syringe exchange programs is proven to be a successful intervention as well as the implementation of needs-based syringe programs in reducing the spread of communicable disease.

Nursing Implications:
According to Beletsky, Macalino, and Burris (2003), “The importance of police in the effective implementation of syringe access policies combined with the occupational risk in handling needles highlight the need for greater efforts to understand police attitudes and behavior in relation to harm reduction and drug control policy more generally” (p. 5). To implement these services into a community the nurse needs to be aware of those who are on the front line dealing with PWID. Collaborating with the local government agencies to provide a detailed description and rationale for implementing programs. By acknowledging the questions and fears that may arise will provide the best chance for healthy implementation into the community. SEP nurses should be aware of the communities that they serve and know what resources are available to help those with intravenous drug addiction. Nurses should be at the forefront of education on ways to prevent the spread of communicable disease such as HIV and hepatitis C through safe syringe handling practices, proper hygiene, and the safe disposal of syringes.

References:
LMPSEP study determined twice as many syringes were distributed than collected (Persad, Saad, & Schluffe, 2017). If a one-to-one SEP was implemented, there would be an increased chance of PWID to reuse syringes. LMSEP study has proven that need-based SEP decreases the likelihood of PWID reusing syringes and transmitting communicable diseases.

Ingredients
1 cup heavy cream
2 onions, chopped
2 carrots, chopped
1 whole dried red chili pepper,14.5 ounces cans chicken broth
1 cup heavy cream
Salt and pepper
1 bay leaf
3 cloves garlic, minced
1 cup heavy cream
¼ cup water
2 cups self-rising flour
2 cups whole dried red chili pepper, 4 pounds whole chicken cut up
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Instructions
1. In a large pot over high heat, place the chicken parts, chile pepper, carrots, celery, onions, bay leaf, garlic and chicken broth. Mix well and bring to a boil. Reduce heat to low, cover and simmer for 1 to 2 hours, or until chicken comes off bone easily. Cover and refrigerate.
2. Discard bones and set meat aside. Using a slotted spoon, remove and discard the vegetables. Return the pot to the stove over high heat and bring to a boil. Reduce heat to low for 10 to 15 minutes, add the heavy cream and stir well.
3. In a separate small bowl, dissolve the cornstarch in the water and add to the pot. Stir until thickened, and make the dumplings while the stew reduces.
4. For the dumplings: In a large bowl, combine the flour and the heavy cream, mixing well. Roll into balls about 1 ½ inches in diameter. Drop balls carefully into the simmering soup and cook for 7 minutes. Then cover soup well and cook for 7 more minutes. Add the chicken, stir well and allow to heat through.

Recipe
Chicken and Dumplings – the Ultimate Comfort Food

Ingredients
1. 4 pounds whole chicken cut up
2. 1 whole dried red chili pepper, seeded and diced
3. 2 carrots, chopped
4. 2 stalks celery, chopped
5. 2 onions, chopped
6. 1 bay leaf
7. 3 cloves garlic, minced
8. 1 cup heavy cream
9. ½ cup water
10. 2 cups self-rising flour
11. 1 cup heavy cream

Directions
For the stock: In a large pot over high heat, place the chicken parts, chile pepper, carrots, celery, onions, bay leaf, garlic and chicken broth. Mix well and bring to a boil. Reduce heat to low, cover and simmer for 1 to 2 hours, or until chicken comes off bone easily. Cover and refrigerate.
Discard bones and set meat aside. Using a slotted spoon, remove and discard the vegetables. Return the pot to the stove over high heat and bring to a boil. Reduce heat to low for 10 to 15 minutes, add the heavy cream and stir well.
In a separate small bowl, dissolve the cornstarch in the water and add to the pot. Stir until thickened, and make the dumplings while the stew reduces. For the dumplings: In a large bowl, combine the flour and the heavy cream, mixing well. Roll into balls about 1 ½ inches in diameter. Drop balls carefully into the simmering soup and cook for 7 minutes. Then cover soup well and cook for 7 more minutes. Add the chicken, stir well and allow to heat through.
Dr. Mary Wakefield Named Living Legend by the American Academy of Nursing

Mary Wakefield, Visiting Scholar of Healthcare Policy at the UND College of Nursing & Professional Disciplines, has been named one of five “Living Legends” by the American Academy of Nursing. The award is the Academy’s highest honor. She received the award in October for her commitment to transforming health care.

Wakefield was born in Devils Lake, North Dakota in 1954. She completed a Bachelor of Science in Nursing from the University of Mary in Bismarck, North Dakota in 1976, and completed a Master of Science degree in 1978 and a PhD in 1985, in nursing at the University of Texas at Austin.

Wakefield worked as a full or part-time nurse, primarily in rural nursing homes and intensive care, from 1976 to 1985, and taught nursing at UND from 1977 to 1980.

Her career has produced tremendous impact on health policy through her role in several high-profile positions within the federal government, states and communities. During her tenure as Administrator of HRSA and as Acting Deputy Secretary of HHS, Wakefield led key health policy initiatives with a particular focus on health programs for rural populations. She is active in many professional organizations. Dr. Cole is active in many professional organizations. Previously, Dr. Cole served as the ANCC Executive Director and Executive Vice President, President of the Virginia Nurses Association and currently as a member of the American Organization of Nurse Executives, the Virginia Organization of Nurse Executives, and the American College of Healthcare Executives.

Wakefield was named a 2019 ANCC Magnet Prize® recipient for Hardin County HealthCare System, and a 2018 ANCC Magnet Prize® recipient for North Dakota. She is active in many professional organizations. Dr. Cole and fellow honorees are highlighted in the December 2019, issue of Modern Healthcare.

The authors work at the American Nurses Association, the nation’s largest voice for nurses in the policy arena. They are the Nursing Practice and Environment and Innovation departments. Lois Gould is program manager in Nursing Practice and Innovation.

ANA CEO Loressa Cole Named to Modern Healthcare’s 100 Most Influential People in Healthcare

ANA Enterprise Chief Executive Officer Loressa Cole, DNP, MBA, RN, FACHE, NEA-BC, has been named one of Modern Healthcare’s “100 Most Influential People in Healthcare.” This award and recognition program honors individuals in health care who are deemed by their peers and an expert panel to be the most influential individuals in the field.

Modern Healthcare also honored Dr. Cole on their 50 Most Influential Clinical Executives list earlier this year. An accomplished health care leader, Dr. Cole was appointed as the ANA Enterprise CEO in 2018 and is active in many professional organizations. Previously, Dr. Cole served as the ANCC Executive Director and Executive Vice President, President of the Virginia Nurses Association and currently as a member of the American Organization of Nurse Executives, the Virginia Organization of Nurse Executives, and the American College of Healthcare Executives.

Dr. Cole and fellow honorees are highlighted in the December 2019, issue of Modern Healthcare.

The authors work at the American Nurses Association, the nation’s largest voice for nurses in the policy arena. They are the Nursing Practice and Environment and Innovation departments. Lois Gould is program manager in Nursing Practice and Innovation.

Celebrating Nurse Wellness at Magnet® Conference

The HNHN booth offered easy access for attendees to participate by:
- texting to join challenges (text healthynurse to 52-886)
- signing up to receive a monthly e-newsletter
- joining the HNHN Connect community at hnhn.org

Hundreds of nurses joined HNHN’s latest challenge, Embracing Caregivers, powered by support from EMD Serono. A fun raffle prize (an EMD Serono gift card) was awarded to one lucky winner.

This year’s conference encouraged nurses to care for themselves and improve their own wellness and safety. For example, a quiet room for prayer or meditation was available where attendees could unplug, relax, and focus on themselves, their spirituality, and their emotional health. Modeling the behavior we want to encourage, water coolers for proper hydration were located throughout the conference center.

Many conference sessions highlighted various aspects of nurse health, safety, or wellness, running the gamut from workplace violence prevention to food as medicine to transformational leadership. A poignant topic was those who honored nurses who have served in the military.

The program included nurse innovation, prevention from B&L, and a presentation by Holly Black, RN, chief executive officer of SafeWatch, LLC and Texas Nurses Association member, spoke about her journey and creating her company. Antosette Montalvo, MSN, RN, NP-BC, visionary nurse and community health consultant, encouraged attendees to always be creative and resilient when faced with obstacles.

If the immense expanse of the Orange County Convention Center didn’t offer enough walking opportunities, the welcome party at Universal’s Islands of Adventure certainly did. Attendees had access to attractions, restaurants, and shops, as well as several joyful dance venues.

Attendees were invited to explore their artistic side by painting, decorating, and bedazzling super-size posters, hats, koozies, cups, and bandanas. From the opening program’s speakers, operatic singing, and orchestral music to the closing inspirational message from Leon Logothetis, author of The Kindness Diaries, there truly was something for everyone’s well-being of vulnerable populations.

Did you miss the conference this year? Join HNHN and thousands of your nursing colleagues in Atlanta, GA, October 7-9, 2020!

The authors work at the American Nurses Association, the nation’s largest voice for nurses in the policy arena. They are the Nursing Practice and Environment and Innovation departments. Lois Gould is program manager in Nursing Practice and Innovation.

Responsible Use of Social—continued from page 9

regulations, employer policies, and the American Nurses Association Code of Ethics with Interpretive Statements. If you think something you are about to post may not be appropriate, most likely is it and you should delete the post.

Social media is a great resource in our world today, but remember what you post will become permanent and may follow you for years. Always remain professional and respectful when you make. Let’s make our social media posts positive, educational and something we will never regret!

References

Effectiveness of Intradermal Lidocaine in Relieving IV Insertion Pain

By: Shariah Johnson, Michelle Marti, & Bailey Orvis, University of Mary BSN Students; Kathy Roth, PhD, RN, Assistant Professor of Nursing

Clinical Question:
In adult hospital patients, what is the effect of intradermal lidocaine prior to IV catheterization when compared to no anesthetic administration on patient pain levels?

Synthesis of Evidence:
The literature that was examined demonstrated that using lidocaine prior to IV catheterization can significantly reduce pain. The first study that was examined was "Use of Subcutaneous Local Anesthetic in Venous Catheters Channeling for Reducing Pain" (Santana, 2015). This article determined whether or not lidocaine prior to intravenous cannulation or 0.9% normal saline is more effective in decreasing pain. Patients gave consent to the study and were aware they wouldn’t know which medication was being given. The study found that 2% lidocaine was more effective in reducing overall pain (Santana, 2015). Another study that was examined discussed using lidocaine, EMLA cream, and normal saline. The study aimed to find the most effective anesthetic for starting intravenous catheters as well as compare pain (Bond et al., 2016). The study concluded that lidocaine was more effective over EMLA cream and normal saline. The third study looked at the use of intradermal lidocaine as an alternative to the use of normal saline. "Local Anesthesia Before IV Catheterization," is a study that worked with pre-surgical patients and examined discussed using lidocaine, EMLA cream, and normal saline. This study aimed to determine the efficacy of lidocaine versus other intradermal anesthetics. "Use of subcutaneous local anesthesia in venous catheters channelling for reducing pain" (Bond et al., 2016) compared lidocaine with normal saline. This study found that 2% lidocaine is superior to normal saline as an anesthetic prior to having an IV inserted in the pre-surgical setting (Burke et al., 2011). This case concluded that patients who felt pain upon lidocaine injection also stated they felt pain upon the IV needle insertion. This is due to a persons’ unchanged perception of pain from one needle poke to another. The use of lidocaine and other intradermal anesthetics were proven to be effective due to the average pain ratings of the subjects being low. The last study that was examined, in order to analyze the efficacy of intradermal lidocaine was named “Exposure-based Interventions for the Management of individuals with high levels of needle fear.” This study concluded that what was examined, in order to analyze the efficacy of intradermal lidocaine was named “Exposure-based Interventions for the Management of individuals with high levels of needle fear.” This study concluded that the use of intradermal lidocaine prior to IV catheterization and studies served to facilitate needle insertion, and helps improve patient satisfaction and hospital experience (Beck et al., 2011). Medical staff should understand the need for a pain-free experience for the patient enduring needle insertion.

References:
Clinical Question: In preadolescents with mild to moderate asthma do inhaled corticosteroids (ICS) suppress growth more effectively than treatment with placebo? Does this vary by the amount of ICS used? Does age or body size affect this relationship?

Synthesis of Evidence: Cochrane released two studies in 2014 related to corticosteroids use in prepubescent children with asthma and its effects on growth. One is titled “inhaled corticosteroids in children with persistent asthma: dose-response effects on growth” which looks at low versus high dosing of ICS and their effect on the growth velocity in prepubescent children (Pruteanu et al., 2014). This article found a small, but statistically significant difference in growth over the timespan of one year when comparing the dosing of ICS. The lower doses of ICS are preferred, but the review strongly recommends continued research to provide better data (Pruteanu et al., 2014).

The second article Cochrane released is titled “Do inhaled corticosteroids reduce growth in children with persistent asthma” which assessed the functionality of ICS usage on adolescents with mild to moderate asthma (Zhang et al., 2014). The authors concluded that ICS was better than placebo, but there was no significant change in growth rate as a result of ICS. It is difficult to make a clear recommendation due to lack of in depth research specific to the long term effects of ICS and growth. This leads to the recommendations being general, but with an outcry for continued research specific to ICS and growth. Moving forward it is important that we not only encourage continued research on ICS, but also recommend medical professionals on the current standards recommended. Along with educating medical professionals, it is important to uphold standards of education for the parents/guardians. Some of the things that are important to teach the parents/guardians are: proper dosages, how to monitor for any adverse effects, the cumulative effects of ICS, adverse effects of ICS, and the importance of follow up visits that monitor height, weight, and body mass trends.

References:


**Heparin vs. Normal Saline: Preventing Occlusions in Central Line Catheters**

Elijah Arras, Corbin Horner, Jeremy Johnson, & Zachary Lang, University of Mary BSN Students; Kathy Roth, PhD, RN, Assistant Professor of Nursing

Clinical Question: In hospitalized patients with central lines, does heparin demonstrate any advantage over normal saline in maintaining patency of central venous catheters (CVCs). Some of these sources site potential implications of heparin use pose potentially significant, difference in growth over the timespan of one year when comparing the dosing of ICS. The lower doses of ICS are preferred, but the review strongly recommends continued research to provide better data.

Review of Literature: Through the review of the literature concerning heparin and saline based flush solutions, it has been determined that there are many factors that can effect the functionality of ICS usage on adolescents with mild to moderate asthma which assessed the functionality of ICS usage on adolescents with mild to moderate asthma. The lower doses of ICS are preferred, but the review strongly recommends continued research to provide better data (Pruteanu et al., 2014).

Nursing Implications: Given the low quality of evidence suggesting the use of heparin when maintaining patency of central venous catheters, the safety components of heparin in comparison to saline, and the implications of heparin locking of central venous catheters, it is important to identify the use of heparin in the maintenance of patency for central venous catheters (CVCs). Some of these sources site potential implications of heparin use pose potentially significant, difference in growth over the timespan of one year when comparing the dosing of ICS. The lower doses of ICS are preferred, but the review strongly recommends continued research to provide better data (Pruteanu et al., 2014).

Cost is another factor that was examined with most of the studies because using a solution such as saline could save medical facilities a large amount of funds to allocate to other areas of medicine. In the study done by Barbour M., McGah P., Ng C., Clark A., Gow K., & Ashby, D., Mclean, A., Burtis, A., (2014). Heparin versus 0.9% sodium chloride intermittent flushing for prevention of occlusion in central venous catheters in adults. The Cochrane Database of Systematic Reviews, (10), CD008462. Retrieved from https://doi.org/10.1002/14651858.CD008462.pub2.


References:

Supervised vs. Unsupervised Media Effects in Children

Rachael Buechehl, Bryce Eckman, & Connie Meziere, University of Mary BSN
Students: Kathy Roth, PhD, RN, Assistant Professor of Nursing

Clinical Question:
What is the effect of parental supervision when compared with unsupervised media on behaviors, lifestyle, and development?

Synthesis of Evidence:
The internet, the most important communication tool of our time, has rapidly spread throughout the world since its inception and has deeply shaken areas (Szoslib & Dursun, 2018, para. 1). Social media includes the use of visual and audiovisual mechanisms being used at the same time. This includes sites such as Facebook, Instagram, accounts may influence lifestyle behaviors, and the increased capabilities of smart phones, it appears that users are starting to use "offair" or "offtime" apps that granted access to all kinds of social media at the press of a button, not knowing all the unsupervised harmful threats the internet/social media can pose.

For many, media and technology has become the single most important thing in children’s lives. Behavioral changes seen with the use of unsupervised social media on school aged children include risk taking behaviors, desensitization, aggression, mental health issues, and impairs school performance. It has become a part of their lifestyle and their daily routine, but its impact on their education, their health, and their future is not well known.

Many parents might have their child play on the tablet or watch a television show while performing housework. Adults may see the need to limit media content, but there has become a rising problem of limiting the amount of time spent on media content as well as obtaining information about parental supervision (Kasttyrka-Alchiron et al., 2017). The study found that television remains the main form of media that parents and caregivers monitor the content of media that their children are exposed to. Kasttyrka-Alchiron et al. (2017) state, “Parents have limited perception of their children's exposure to media, as well as information about parental supervision” (p. 8).

Unsupervised children are experiencing the detrimental effects, such as increased behavioral problems, increased risk for unhealthy lifestyle behaviors, and decreased development in literacy and cognitive thinking. When an adult is involved in a child's media exposure, it creates an opportunity for learning and growth, rather than leading to risky or detrimental health behaviors.

Nursing Implications:
Nurses have the ability to improve support for parents or caregivers by providing education that promote healthy behaviors in self-esteem for personal health behaviors of school-age children. The recommendations for this epidemic revolve around safety, regularity, and the increased capabilities of smart media usage threaten future human resources by causing smartphone addiction (Miller, 2012). Research from Turkish Journal on Addictions, 5(2), 185. 203. https://doi.org/10.15805/2013.3.1.0056

Bottom Line:
There are many studies that explain how the era of technology is becoming an issue that must be addressed for the safety and development of young children. When supervised, children can be protected from the dangers that media poses. When unsupervised, children are experiencing the detrimental effects, such as increased behavioral problems, increased risk for unhealthy lifestyle behaviors, and decreased development in literacy and cognitive thinking. When an adult is involved in a child's media exposure, it creates an opportunity for learning and growth, rather than leading to risky or detrimental health behaviors.

References:
Connie Meziere, University of Mary BSN, Students: Kathy Roth, PhD, RN, Assistant Professor of Nursing

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