Executive Director’s Column

In April, DNA co-sponsored the Katherine L. Esterly Childhood Education conference with the Delaware Academy of Medicine, the American Academy of Family Physicians, the American Academy of Pediatrics-Delaware Chapter and the Medical Society of Delaware. This interdisciplinary event was very informative and very well received with approximately 115 in attendance. In addition to this event, I had the pleasure of attending the annual meeting of the Delaware Academy of Medicine. It was a beautiful evening held at the Hotel duPont and honoring Dr. Esterly for all her work and advancements in pediatric care. The K.L. Esterly Childhood Education conference will be an annual event with our partners and next year’s event is scheduled for April 5, 2014.

Our collaboration continues with our partners for a fall October 28, 2013 training symposium on ‘trauma informed approach’ to care. We are still in the beginning planning stages for this event so please check the website for information as it develops. It is these types of co-provided events that answers the call of interdisciplinary collaboration, networking and enhances the quality of continuing education. DNA looks forward to continue learning from and working with our education partners.

It has been a Professional Development Committee goal to move to a more efficient and environmentally friendly conference experience for our participants. DNA has moved forward with using electronic conference evaluations eliminating the use of paper versions and collecting data in a more useful format. As we continue this forward momentum of efficiencies, DNA will also move away from providing handouts to providing a link for registrants to download and print speaker handouts. This change in format provides a more efficient and environmentally friendly conference experience for our attendees.

The nursing community had a fun-filled evening at the Delaware Today Gala honoring the ‘Top Nurses’ and the nursing profession. Attendees heard from Leslie Verucci, DNA President, Dr. Maria Hess, Delaware Today editor and implementation of the Evergreen Centers for Alzheimer Day Treatment when employed by the Delaware Visiting Nurse Association of Delaware and served as the Director for seven years. She also developed and implemented special services for a private psychiatric hospital The Charter Mandela Center in Winston Salem, North Carolina, which housed mental health and substance use and abuse units for children, adolescents and adult patients. She was also the nurse manager and program director for these units. While in North Carolina, she developed and implemented an Electro-Convulsive Therapy (ECT) Unit and Program with a leading psychiatrist Dr. Weaver from the area. Elaine has served as the nurse liaison for impaired nurses in Delaware in the past and was Nurse of the Year in 2001. Elaine is currently a Clinical Nursing Instructor for the University of Delaware. She is a member of the American Nurses Association, the Delaware Nurses Association and the American Psychiatric Nurses Association. She can be reached at egreggo@udel.edu.

Elaine M. Greggo, PMHCNS, BC

Executive Director’s Column continued on page 2

Index

Executive Director’s Column ................................ 1
Forensic Nurses are on the Front Lines .......... 6
Election Time! ........................................ 3
Nurses Unite in Support of Clean Air ........ 8
Upcoming Events ...................................... 3
Improving Outcomes for Child Witnesses of... 8
Bath Salts Designer Drugs ......................... 4
Intimate Partner Violence ......................... 9
Abuse and Addiction in Females: ................ 5
Prescription Drug Abuse: Appreciation for... 9
Programs offered with Brandywine .......... 10
Counseling Center ................................. 5
Welcome New and Reinstated Members .... 11

current resident or
Abuse, neglect, and addiction are separate conditions yet somehow intricately connected; therefore making a discussion on the sole topic of “abuse” is somewhat complicated and complex. In this issue of the Delaware Nurses Association Reporter, experts in the nursing field, including psychiatric, mental health, and other areas where abuse, neglect, and addiction will appear provide insights. We encounter issues in intensive care units, emergency departments, maternity, labor and delivery, medical/surgical units and other outpatient and inpatient units of all types. Nurses are often the first point of contact for the abused; therefore, our responsibility is to recognize the common signs of abuse and treat appropriately.

Substance abuse, as well, will be addressed in this issue to raise awareness of the signs and symptoms we as nurses can recognize during our routine assessment and evaluation of patients.

Francis Cullen, RN, MSN, PMHCNS, BC addresses the importance of safety outcomes for children who witness Intimate Partner Violence. Holly Wright, MSN, RN, PNP, BC talks about impaired nurses and how to recognize the signs of abuse among our colleagues and offer appropriate help.

Rose Brownstein, PMHCNS, BC explores Prescription drug use and explains the Principle of Balance.

Anita Symonds, RN, MS, BSN, SANE-A, SANE-P shares information about violence and abuse and how the Forensic Nurse is a vital advocate in these events.

Beverly Mahon RN, MS discusses the abuse of and addiction to “Bath Salts” in our society today. Scott Baima, RNshares about Education, including spirituality and the importance of the relationships the Forensic Nurse establishes.

Nancy Zapata, MSN, RN, CS introduces the definition of abuse and the importance of recognizing its signs.

Lastly, thank you to all of our members for your support throughout the year. For all those who are not a member of your state association, please consider joining the DNA. Without membership participation and support all of the work that DNA does to advance and protect the profession of nursing in our state would not be possible. I look forward to seeing all of you at the DNA Fall Conference and General Membership meeting on October 25, 2013 at the Shraton in Dover!

http://www.denurses.org

Published by: Arthur L. Davis Publishing Agency, Inc.
Presidents Message

What a busy time the nurses in Delaware have had the Spring of 2013. Delaware Today had the Excellence in Nursing Program which included an article in the May issue of Delaware Today and a wonderful fun gala for the winners and their families. The turnout was huge and everyone had a great time. We are so looking forward to next year’s event. Also the Delaware Nurses Association and the Delaware Organization of Nurse Leaders have been working on our own Nursing Excellence. The nominees are in and sent out to surrounding state nursing associations to be reviewed. The event will be held on July 25th at the Modern Maturity Center in Dover. This is always a great event honoring our own who consistently promote, excel, and bring a positive approach to their area of practice. For information go the Delaware Nurses Association website. Come and cheer our great colleagues as they accept their awards.

The Delaware Board of Nursing and the Delaware Nurses Association continue to work on the language and changes in the rules and regulations to add the Consensus Model. Members of this committee had a lobby day on May 14th to visit and discuss the Consensus Model with the States Representatives and Senators. We are hoping to see some movement when they legislatures return to session in the Fall.

The Delaware Nurses Association continues to follow and support other bills that are on the horizon. One of them is the Violence Against Healthcare Workers Bill which we hope will include all health care providers not just those performing emergency care.

Bus trips are being planned and remember these create a great format to network with your peers and to see and learn what is happening in and around us. A group is going on June 27th to Washington DC. The plans are to go to Capitol Hill to meet with the American Nurses Association Government Affairs staff and our national legislators. Along the way, network with friends and colleagues and gain some knowledge about legislation, how it affects your nursing practice and what ANA does for you. If you have not gone on one, consider doing so. We have such a great time.

Applications are presently being taken for the Mayday Pain & Society Fellowship. The Fellowship seeks those applicants who have the capacity, time and passion to become active advocates in the field, and foresee significant impact from their efforts to improve the lives of people in pain. The deadline for applying to the 2013 program is July 1. The Mayday Fund, a New York City-based foundation dedicated to alleviating the incidence, degree, and consequence of human physical pain, is interested in providing new leaders in the pain field with tools that will enable them to reach the broader public. This is a fellowship program to train physicians, nurses, pharmacists, social workers, basic, translational and clinical scientists, policy experts and legal scholars in the pain management community to go beyond their own professional pursuits to become leaders and advocates for change in the pain field in the United States and Canada. The Fellowship seeks those applicants who have the capacity, time and passion to become active advocates in the field, and foresee significant impact from their efforts to improve the lives of people in pain. If you are interested please see the Delaware Nurses Association website.

We will soon be looking for members to consider assuming board positions. If you are interested in becoming more involved please see our website and join today.

Our nurses dare to care
Part time PhD starting fall of 2013

RN to BSN • RN to MSN • MSN - PhD in Nursing

Looking to relocate? We are looking to hear from UD Nursing Alumni. Contact Anne DeCaire at 302-431-0442 or ader@udel.edu.

www.udel.edu/nursing

For employment opportunities, contact Human Resources today!
Phone: (302) 654-8400
Fax: (302) 652-8811
801 N. BROOM STREET, WILMINGTON, DE 19806

Regency

• 24 Hour Skilled Nursing Care
• Medicare/Medicaid Certified
• Registered Dietitian Services
• Diabetic Management
• Short Term Rehabilitation
• Daily Activities
• Hospice and Respite Care
• Physical Therapy
• Occupational Therapy
• Speech Therapy

www.regencyhcr.com

DNA needs you! The Delaware Nurses Association works for the nursing profession as a whole in Delaware. Without the financial and volunteer support of our members, our work would not be possible. Even if you cannot give your time, your membership dollars work for you and your profession both at the state and national levels. The DNA works hard to bring the voice of nursing to Legislative Hall, advocate for the profession on regulatory committees, present the nurses practice act, and provide educational programs that support your required continuing nursing education.

At the national level, the American Nurses Association lobbies, advocates and educates about the nursing profession to national legislators/regulators, supports continuing education and provides a unified nationwide network for the voice of nurses.

Now is the time!
Now is the time to join your state nurses association!
Visit www.denurses.org to join or call (302) 733-5860.

DNA is seeking nominations for DNA Board positions. This election cycle is for DNA Secretary and DNA President-Elect. To be considered for these positions, full DNA/ANA membership is required and one year membership.

The Secretary is responsible for a recording the minutes of the Board of Directors, Executive Committee and General Membership meetings. This is a two year time commitment.

A brief description of the responsibilities of the President-Elect is to attend all Board and General Membership meetings in addition to the ANA Membership Assembly. As the President-Elect, it is highly recommended that the candidate has served on a DNA committee and has a general understanding of the DNA operations. The President-Elect assumes the presidency after one year for a two year commitment. Thereafter, there is the one year commitment of Past President.

There are positions open on the DNA Nominating Committee. This elected Committee must have representatives from each county and serves to recruit members and to develop a slate of candidates. For additional information on these positions and voting, visit the membership only section of the DNA website.

Attention Members!

Please be on the lookout for the DNA survey that will be sent to all members in August. The comprehensive survey will kick start data collection project for DNA.

Thank you for your participation!

Election Time!

DNA is seeking nominations for DNA Board positions. This election cycle is for DNA Secretary and DNA President-Elect. To be considered for these positions, full DNA/ANA membership is required and one year membership.

The Secretary is responsible for a recording the minutes of the Board of Directors, Executive Committee and General Membership meetings. This is a two year time commitment.

A brief description of the responsibilities of the President-Elect is to attend all Board and General Membership meetings in addition to the ANA Membership Assembly. As the President-Elect, it is highly recommended that the candidate has served on a DNA committee and has a general understanding of the DNA operations. The President-Elect assumes the presidency after one year for a two year commitment. Thereafter, there is the one year commitment of Past President.

There are positions open on the DNA Nominating Committee. This elected Committee must have representatives from each county and serves to recruit members and to develop a slate of candidates. For additional information on these positions and voting, visit the membership only section of the DNA website.

Did you know that DNA Reporter goes to all registered nurses in Delaware for free?

Arthur L. Davis Publishing does a great job of contacting advertisers, who support the publication of our newsletter. Without Arthur L. Davis Publishing and advertising support, DNA would not be able to provide the newsletter to all the nurses in Delaware.

Now that you know that, did you know receiving the DNA Reporter does not automatically provide membership to the Delaware Nurses Association?

DNA is seeking nominations for DNA Board positions. This election cycle is for DNA Secretary and DNA President-Elect. To be considered for these positions, full DNA/ANA membership is required and one year membership.

The Secretary is responsible for a recording the minutes of the Board of Directors, Executive Committee and General Membership meetings. This is a two year time commitment.

A brief description of the responsibilities of the President-Elect is to attend all Board and General Membership meetings in addition to the ANA Membership Assembly. As the President-Elect, it is highly recommended that the candidate has served on a DNA committee and has a general understanding of the DNA operations. The President-Elect assumes the presidency after one year for a two year commitment. Thereafter, there is the one year commitment of Past President.

There are positions open on the DNA Nominating Committee. This elected Committee must have representatives from each county and serves to recruit members and to develop a slate of candidates. For additional information on these positions and voting, visit the membership only section of the DNA website.

Did you know the DNA Reporter goes to all registered nurses in Delaware for free?

Arthur L. Davis Publishing does a great job of contacting advertisers, who support the publication of our newsletter. Without Arthur L. Davis Publishing and advertising support, DNA would not be able to provide the newsletter to all the nurses in Delaware.

Now that you know that, did you know receiving the DNA Reporter does not automatically provide membership to the Delaware Nurses Association?

DNA needs you! The Delaware Nurses Association works for the nursing profession as a whole in Delaware. Without the financial and volunteer support of our members, our work would not be possible. Even if you cannot give your time, your membership dollars work for you and your profession both at the state and national levels. The DNA works hard to bring the voice of nursing to Legislative Hall, advocate for the profession on regulatory committees, present the nurses practice act, and provide educational programs that support your required continuing nursing education.

At the national level, the American Nurses Association lobbies, advocates and educates about the nursing profession to national legislators/regulators, supports continuing education and provides a unified nationwide network for the voice of nurses.

Now is the time!
Now is the time to join your state nurses association!
Visit www.denurses.org to join or call (302) 733-5860.

Electio

DNA is seeking nominations for DNA Board positions. This election cycle is for DNA Secretary and DNA President-Elect. To be considered for these positions, full DNA/ANA membership is required and one year membership.

The Secretary is responsible for a recording the minutes of the Board of Directors, Executive Committee and General Membership meetings. This is a two year time commitment.

A brief description of the responsibilities of the President-Elect is to attend all Board and General Membership meetings in addition to the ANA Membership Assembly. As the President-Elect, it is highly recommended that the candidate has served on a DNA committee and has a general understanding of the DNA operations. The President-Elect assumes the presidency after one year for a two year commitment. Thereafter, there is the one year commitment of Past President.

There are positions open on the DNA Nominating Committee. This elected Committee must have representatives from each county and serves to recruit members and to develop a slate of candidates. For additional information on these positions and voting, visit the membership only section of the DNA website.

Did you know the DNA Reporter goes to all registered nurses in Delaware for free?

Arthur L. Davis Publishing does a great job of contacting advertisers, who support the publication of our newsletter. Without Arthur L. Davis Publishing and advertising support, DNA would not be able to provide the newsletter to all the nurses in Delaware.

Now that you know that, did you know receiving the DNA Reporter does not automatically provide membership to the Delaware Nurses Association?
Bath Salts Designer Drug

Beverly Mahon RN, MSN/Ed

Beverly Mahon, RN, MSN

Dottie Saunders, a 21 year old with a bright future was found dead on November 21, 2010 in his bed room. Saunders used a .22 caliber rifle and shot himself in the head. Five days previous to the shooting Saunders slit his throat with a butcher knife during a delusional episode in his family’s kitchen. The autopsy revealed a substance in his kitchen. The.twigs were also chewed to produce energy and endurance. Khat has adverse affects on the body and is prohibited in the United States, Switzerland and Sweden. Adverse reactions of Khat include cardiovascular disorders, gastric disorders, and anorexia as it decreases appetite.2

The chemical Methyleneoxyprovalerone (MDPV) was a psychoactive drug used as a stimulant or weight loss aid. MDPV, a potent stimulant, functions as a dopamine-norepinephrine reuptake inhibitor. This drug can affect the central nervous system and cardiovascular system creating tachycardia. MDPV is compared to methamphetamine, cocaine, and ecstasy. MDPV, during the bath salt episodes throughout Delaware, could not be detected via a standard drug test. Healthcare providers witnessed bizarre behaviors in users that lasted 3-8 hours and in some situations self-mutilation and death. TheColorado of these designer drugs ranges from $18.50–$30.00 for 200 milligrams.3

Substance abuse and addiction to bath salts can be difficult to treat. Most abused drugs are addictive and release dopamine into the brain. MDPV blocks the neurotransmitter chemical dopamine from being reabsorbed into the brain. Within 60 minutes after taking MDPV the brain is overwhelmed with dopamine. Higher doses of MDPV can be addictive over a period of time the brain stops making dopamine and this will affect the individual’s ability to feel pleasure. Once addicted then left to feel paranoia, anxiety, and depression.4

Mephedrone and MDPV attack the Hypothalamus creating decreased appetite, weight loss, increased body temperatures, insomnia, and severe mood swings that include fear, rage and violence. The cerebrum that includes the frontal lobe, parietal lobe, occipital lobe, and temporal lobe is affected. Designer drugs are considered to be the main supplier of the chemical compounds were made illegal to buy or purchase on the Internet. First appearing in Europe, 2007, the chemical compounds were available for 24-48 hours of urine testing is now available to identify bath salts within 24-48 hours of use.5

Designer drugs are a multibillion-dollar business marketed as “legal highs.” The synthetic drugs mimic the experiences of LSD, cocaine, ecstasy, amphetamines, and marijuana. They can still be purchased on the Internet, select head shops, and smoke shops across the country. Designer drugs are packaged for a legal sale as plant food and bath salts but banned for being able to confuse the controlling authorities. Since 2008, over 1,000 compounds have entered the market but none of the above. Designer drugs are being exported to 55 countries to create an international list of dangerous chemicals. The hope is to develop an early warning alert system to identify and track current information. Chinese manufacturers are known to be the main supplier of the chemical compounds. United Nations drug negotiations is strongly attempting to stop China from producing the compounds.6

A public health threat is present. Bath salts not only affect the user but they also create potential deadly consequences to those who surround the user. History demonstrates that we may never be able to control or eliminate this threat. However, by the knowing knowledge among physicians, nurses, specialty labs, health insurers, drug counselors, and increasing legal and regulatory processes we can, as healthcare providers, share this information with the public in hopes of reducing the use of designer drugs, misuse public safety, and sustain life of addiction over the world.7

References


Bath Salts Designer Drug

Correct Care Solutions (CCS) is the fastest growing correctional healthcare company in the country and we attribute our incredible success to hiring the best and brightest healthcare professionals and administrators. We are proud of our partnership with the Delaware Department of Corrections.

Current Openings:
• Nurse Practitioner (PRN)
• Registered Nurses (FT, PT & PRN - all locations)
• Licensed Practical Nurses (FT, PT & PRN - all locations)

We offer generous compensation, excellent benefits & flexible hours!! For immediate consideration, email resume to Delawarejobs@correctcaresolutions.com

To learn more about CCS or to apply for a position, please visit our website: www.correctcaresolutions.com. Come join our team and be a part of the difference we are making every day!

CCS is EEO Employer

CCS is EEO Employer

Contact Delaware ADRC at:
Phone: 1-800-223-9074
E-mail: DelawareADRC@state.de.us
Web: www.DelawareADRC.com

Learn more about aging and disability resources and decide what services best meet your needs.
ADRC provides easy access to aging and disability information and resources in Delaware.

A public health threat is present. Bath salts not only affect the user it also can have potential deadly consequences to those who surround the user. History demonstrates that we may never be able to control or eliminate this threat. However, by the knowing knowledge among physicians, nurses, specialty labs, health insurers, drug counselors, and increasing legal and regulatory processes we can, as healthcare providers, share this information with the public in hopes of reducing the use of designer drugs, misuse public safety, and sustain life of addiction over the world.

References

behavioral health treatment services including substance abuse. SBCM has also been proven effective in identifying and reducing barriers to primary health care. Referrals to this program come from outreach efforts and other partnering agencies and organizations, such as law enforcement, courts, probation, medical care and behavioral health treatment providers. This intervention provides an increased level of support, planning, monitoring, assessment and advocacy to improve the participant’s skill functioning. Strengths based case management is based on the philosophy that clients have the inner strength to develop necessary resources to cope with life circumstances. Research shows significant value from this strengths-focused helping relationship. We have changed the title “Case Manager” to “Community Wellness Advocate” and/or “Care Advocate” in order to implement non-exploitative, gender-appropriate programming. We restit the implication that our participants are “cases” that need to be “managed.” The Community Wellness Advocate and/or Care Advocate helps the client identify personal skills, abilities, and assets and assists with setting and reaching goals participants to set realistic client driven goals. Each participant receiving service under this model will have access to at least three months of intensive services, including connection to needed services which include medical and behavioral health treatment, as well as supportive services and linkage such as housing, and life skills. The Community Wellness Advocates and/or Care Advocates will accompany clients to appointments, court dates, and other grievances, as well as other orientation phase of the program, the Community Wellness Advocates and/or Care Advocates meet with the client at least weekly for a comprehensive assessment, as well as to develop and implement an individualized client directed care plan. During the next few months, and with viable decrease in symptomology, sessions are reduced to bi-weekly. As the women continue to make marked progress, sessions are decreased as appropriate and the Community Wellness Advocate and/or Care Advocate will maintain at least monthly contact with the participant.

The second evidence based practice model that BCCHS has implemented is the Community Health Worker Model. We believe this will align us for future funding as well as enable us to provide a higher level of wellness and advocacy services for our clients. The Community Health Worker Model was selected for this role because of the essential importance for community health workers to be sensitive and educated in the area of trauma informed care.

With an increasing number of comorbid individuals seeking treatment towards their recoveries, clinical nurses working in the addictions- related field have a unique position to expand their roles to treat this vulnerable population. Innovative and emerging treatment models offer new approaches for nurses to utilize in order to increase their skill sets to address the current concern in substance use disorders. The idea of Community Health Workers has been around for a long time but has become a priority in recent years due to healthcare reform, strained health care systems and the need to address the consequences of substance use due to higher rates of trauma and mental health disorders. The idea of Community Health Workers is to provide social support, communicating client needs, care coordination, promoting policies and preventive care, maintain healthy behaviors, and manage chronic conditions in culturally and linguistically relevant ways. CHWs do not provide clinical care, but rather service providers. This intervention seeks to provide emotional support to the client and their identified support system, provide social support, communicating client concerns, coordinating appointments, interventions, and provide referral to additional resources.

The expectation, as well as the goal, is that through the use of these evidence based practices, and a new model of treatment, nurse case managers will have a greater beneficial effect on women who have had a history of low success rates in traditional outpatient settings, producing the barriers to access and engagement as well as address the socioeconomic disparities in a pro-active manner, we increase the probability of successful outcomes.

References

For employment opportunities, contact Human Resources today!
Phone: (302) 998-0181
Fax: (302) 998-5218
6525 Lancaster Pike, Hockessin, DE 19707
Forensic Nurses are on the Front Line for Victims

Anita Symonds, MS, BSN, SAN-E-A, SAN-E-P

The Forensic Nurse Examiner (FNE) Team at Christiana Care Health System consists of 19 nurses who have had specialized training and are available to respond to crime sites. Forensic services were provided to over 2000 patients in the year 2012. These services include victims of sexual assault of all ages, elder/dependent adults and or children who are victims of child maltreatment (neglect or abuse), intimate partner Violence (IPV), patients injured in structural fires, assaults. Training for each FNE covered more than 100 hours of education related to recognizing, evidence detection and collection, including potential DNA collection techniques, are also part of the nurses' forensic education and practice. This comprehensive forensic education teaches the FNE to recognize the signs and symptoms of child, elder, and adult maltreatment, the dynamics of IPV, and correlating the mechanism of injury with the types of injuries predicted in patients who have been injured. Mandatory reporting and testifying in court are essential skills in the FNEs' routine practice- testifying to findings and evidence collected often enables the FNE to assist the patient with a form of closure from a violent event and a safer future for the victim, as well as society.

To meet the crisis of an increasing population of victims of gender violence, the Christiana Care FNE team received specialized education in gunshot wound identification provided by a nationally recognized provider. The Osteopathic Medical School of the Christiana Care Health System in Newark, Delaware. She presents on multiple forensic subjects locally as well as nationally. She also provides training for her local law enforcement and first responders. She can be reached by email at asymonds@christiana.org.

With the FNE in the trauma bays during resuscitation gives them the opportunity to see injuries prior to any alteration that occurs due to medical treatment. Resuscitation is always the priority. The FNE does not interfere with life-saving efforts or treatment, but instead works around the trauma team. Only a few years ago in Delaware this evidence would have been lost or contaminated, deemed it useless at trial later. Most recently, the FNE team expanded their expertise through specialized training for the treatment of strangulation injuries, which are a serious life threatening event that can leave minimal external injuries and even result in delayed death. Strangulation has been seen in cases of child maltreatment, IPV, and IPV, thus resulting in the State of Delaware enacting legislation making strangulation a felony as of 2010. The pediatrician must report to the local health department and healthcare organization at any time. Although they may not self-identify as the victim of a crime, abuse, neglect, or IPV, nurses must report injuries appropriately. Nursing work in any field might encounter patients who are victims of maltreatment, whether they work in the emergency department, at the bedside in hospitals, in schools, government offices, performing case reviews, or in long-term care or outpatient settings. A nurse reviewing charts for an insurance company, may notice a skin assessment form for an admission containing documentation of bruises in various stages of healing. A nurse working in a surgery center may be caring for a child undergoing a minor procedure and notice multiple bruises on the child's body while obtaining health history and performing physical assessment.

It has been estimated that 1 in 5 children living in the United States will experience some form of child maltreatment during their lifetime.4 All nurses are mandatory reporters in the State of Delaware for child maltreatment. It is important to perform a full, head-to-toe assessment of any child you are treating. Red flags in child maltreatment include bruises that are not age appropriate, or in anatomical locations that are not common places for a non-mobile child to receive a painful injury. Examples include bruises on the ears, inside the mouth, on the back, buttocks, or backs of the legs. These areas are common places to have bruises. An injury in these locations should have a clear, viable explanation of how they happened. On the contrary, a child might be expected to sustain bruises on the arms and legs from playing, activities and play. A delay in seeking medical care of a painful injury or a non-mobile child who present with bruises should increase the index of suspicion for abuse during the nurse's assessment. Any red flags of danger for child abuse should cause the nurse to inquire more about the history of events and/or report to the Division of Family Services. Information on recognizing child maltreatment, mandatory reporting contact information, reporting forms and additional resources are found at the State of Delaware Domestic Violence Resource Manual for Healthcare Professionals. Elder maltreatment includes any of the following forms: physical, emotional, sexual, neglect, abandonment, and financial. "One study estimated that only 1 in 14 cases of elder abuse are even come to the attention of authorities." This study also reported that the majority of the abusers are family members, or household members. This means, there are likely to report abuse. These patients can have the same physical signs as described for children and adults, such as abrasions, bruises, and frequent falls, breakdown, being over- or under-medicated, or being isolated from family or friends. Abuse of an adult with mental or physical disabilities requires careful reporting. "One study reported that a majority of older patients living in the community should report to the Delaware Division of Aging and Adults with Disabilities. Elder abuse is typically under-reported, but by neglecting elders in a long-term care setting should report to the Division of Long Term Care "All patients who are deemed by the patient, family or the medical examiner."

Intimate partner violence (IPV) is usually defined as physical or sexual violence, threats, or emotional abuse between two people in a current or former relationship (dating or spouses, straight or gay). According to the Centers for Disease Control and Prevention, "on average, 24 people per minute are victims of rape, physical violence, or stalking by an intimate partner in the United States. "IPV is on the rise, and Delaware does not require mandatory reporting of IPV, except in specific circumstances: stab wounds, gunshot wounds, and injuries received from the discharge of a firearm must be reported. Unless there are circumstances that require mandatory reporting, it is a breach of patient confidentiality to call law enforcement without the victim's consent. These victims may not present as a victim of abuse but with other, sometimes medical injuries, a perpetrator may demand that the patient must increase their comfort level with asking crucial questions such as: 'I see you have some blood on your face, have you been in a physical altercation?' 'I see you have been here for falling in the past, I am concerned for your safety -- is someone harming you?" If the answer is yes, the nurse must be prepared to respond appropriately. Exposure to IPV can result in mental health symptoms such as depression, suicidal and or post-traumatic stress. Exploring the "Healthy PF model at: Interventions for professionals who can assist with developing a safety plan and provide them with available local resources. Documentation of the events as described by the patient should be in direct quotes. Children who live in homes with IPV also have an increased risk for being abused themselves. The American Academy of Pediatrics "identifying and intervening on behalf of a caregiver who is experiencing IPV, therefore, may be an effective means of preventing child abuse and neglect."1

The dedicated FNE team at Christiana Care is a premier program in the United States, and one of only a few that offers an FNE onsite 24 hours a day. Although the FNE team is on the front line assessing injuries and documenting/evidence collected, we all are on the front line to recognize, intervene, and possibly prevent a member of our community from receiving a life-threatening or life-ending injury. Every one of us can make a difference for victims of maltreatment if we take the time to ask the questions.


References
An anonymous National Household Survey on Drug Abuse in 1997 found that white female nurses were more likely to use prescription drugs "on their own" (without prescription, in larger quantity than prescribed, or for reasons other than prescribed), at 6.9% vs. 3.2% in their counterparts in the general population. Drug related disciplinary actions comprise 24% of all violations to state boards. Eighteen percent of nurses disciplined for drug violations were men-three times higher than women. A national survey of 3,600 RNs by Alison Trinkoff, professor at the University of Maryland School of Nursing, found that 18.8% of nurses reported depressive symptoms; 17% heavy alcohol use; 9.6% use of prescription drugs "on their own", and 3.8% used illicit drugs. The most popular prescription drugs of abuse, in order, are opiates, benzodiazepines/barbiturates, and stimulants. Emergency room and psychiatry nurses and doctors were found to have higher use of drugs than other nurses or doctors, with women's health, pediatric, and oncology nurses having the lowest rates. An anonymous survey by the Certified Registered Nurse Anesthetists in 1999 indicated that ten percent of their respondents reported using the drugs that they administered in their practice. Nurses make up the vast majority of health care professionals and are punished more severely than physicians for impairment. Ninety one percent of nurses are female, and addiction is known to impact women more severely than males due to biological factors, leading to serious physical and emotional symptoms. Nurses display warning signs usually in a shorter time span. Nurses must be vigilant to the signs and symptoms of chemical dependency. While it is expected that the person with SA will show obvious signs of impairment, the signs are very subtle or may occur in the nurse least expected to be addicted—"the best nurse on the unit". In alcohol abuse, look for patterns of missing work on Mondays, frequent sick days, the odor of alcohol on the breath, and overuse of breath mints. Nurses who obtain drugs from the workplace will often sign up for extra shifts, volunteer to be the med nurse, come in early and leave late, go to the bathroom for long periods of time, leave the unit without explanation, wear long sleeves to hide needle marks, and have unexplained wastage of narcotics. Their patients may report ineffective pain relief in spite of documentation of pain medication given. Both alcohol and drug use may result in sloppy charting, poor performance, critical incidents with patient safety, and personality changes such as irritability, defensiveness, detachment, isolation, and absurd explanations for their behavior. Nurses are required by law to recognize behavior that suggests substance abuse and report them to the boards of nursing, but for many reasons, fail to do so. For instance, staff may worry that reporting a nurse will result in the nurse being fired from her job, losing her license, and possibly going to prison. What if she reports me if I report her? Will my reporting means that she will never work as a nurse again? Or worse, what if I'm wrong? Reluctance to report suspicions of abuse stems from the punitive approach institutions traditionally utilized to manage impaired nurses. Hospitals often fired nurses, allowing them to "job hop", avoiding treatment and the safety of patients. For liability reasons, hospitals wanted to avoid the possible publicity of having an addicted nurse on the floor. Nurses that were reported to the board of nursing usually had their license suspended or revoked. This approach to discipline ignores the fact that addiction is a medical illness that, while not curable, is treatable. The disciplinary method does not advocate for the recovery of the nurse or the possibility of returning to employment, and it results in a report being made to the Attorney General's office. This is monitored by insurance companies which can lead to the nurse losing health and liability insurance.

In the early 1980's, Alternative-to-Discipline (ATD) programs were developed and embraced by some forward thinking state boards. Their mission is to protect the public, and to provide early intervention and rehabilitation for the nurse. Their philosophy is forward-looking and self-regulation, as a hallmark of a profession, is preferable to regulatory intervention and professional discipline." allowing a nurse to re-enter the practice of nursing and the right thing to do; and improves public safety. ATD programs are cheaper to manage than an investigation. An estimate from the California Board of Nursing showed that participation in their four-year ATD program cost one third that of a traditional discipline for a single violation. The economic impact of a nurse returning to work in comparison to unemployment cannot be understated. Many nurses are primary breadwinners and also provide their family's health insurance. Employers find it is less expensive to retain or rehire an experienced employee rather than to recruit and orient a replacement. A program highlights:

- Competitive priced tuition and fees

The Impaired Nurse continued on page 8

Worth the Second Chance: The Impaired Nurse

Holly Wright, MSN, RN, FNP-BC

Holly Wright received her diploma from the Jewish Hospital of St. Louis, her BS from Loyola University, New Orleans, and her MSN from the University of Delaware. She is taking a sabbatical away from work at this time, but recently worked as a Family Nurse Practitioner with Christiana Care, working in family medicine in a primary care home visit program, serving frail elderly with chronic illnesses. In New Orleans she worked for the Veterans Administration in substance abuse treatment, and volunteered for the Louisiana Nurses with Impaired Practice as a monitor for nurses in the program. She is the DAA's representative to the governor's Adult Correction Healthcare Review Committee, meeting monthly in Dover to provide oversight to the medical care in the prison system. She mentors nurse practitioner students from the University of Delaware each semester. Holly can be reached at homeplate@wrightatome.org, or 302-229-1777.


Mary Frances Cullen RN, MSN, PMHCNS-BC

Multiple IPV screening tools have been devised and tested. RADAR is a mnemonic to increase the occurrence of assessing for IPV. Routinely screen. [Source: JCAPN. 2011; 24: 223-236.]

How can I be safe?

Intimate partner violence (IPV) has been recognized as a public health concern of epidemic proportions. As far back as 1985 the Surgeon General of the United States sponsored a workshop on the issue. The World Health Organization (WHO) created a global framework of violence against women as an urgent public health priority essential to achieving Millennium Development Goal 3, the promotion of gender equality and empowerment of women.1 The prevalence totals of IPV vary based on social stigma and reporting bias, so that it is more difficult to determine how many women are impacted. IPV is recognized in affluent communities and in men. Cruz and Bair-Merritt report that health care providers who are never received training in what and how to ask about IPV in their formal education process.2

Cruz and Bair-Merritt cited a study by Rhodes and colleagues that stressed the importance of the manner of screening. The barriers reported in pediatrics offices: did not consider IPV a pediatrics issue, did not remember to screen, lacking a protocol, did not know where to refer if screen is positive.3 In a sample of 750 school nurses questioned about assisting victims of adolescent dating violence (ADV) of administrative support and the need for structured efforts as opposed to disjointed efforts by individual school personnel were recommended.4

A study at a clinic in Georgia for Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) interviewed 150 clients. A positive screen was positive for IPV. Ninety-two percent of the women reported being comfortable with being approached with counseling and IPV screening.2

With research and tools available, what barriers exist to reaching the goal of universal screening? Nurses practice in many sites where the opportunity to assess for IPV. The Centers for Disease Control and Prevention summarize some of the barriers identified to screening routinely. Time constraints, disclosure, response, referring victim to IPV services.3

Sundborg cites a working definition of IPV from the Essential Concepts of Nursing: Building Blocks for Practice: „physical, psychological or emotional mistreatment and/or other controlling behavior’s such as economic or spiritual deprivation that are intended by the abuser to cause harm or are perceived by the victim to cause harm.” It is a behavior that involves controlling characteristics,forcings an unintentional pregnancy) and cyber-victimization.5

Sundborg defined IPV as intimate partner violence (IPV) pregnancy-related homicide risk within nursing curricula.6 Cruz and Bair-Merritt examined for intra-partum IPV.7

The American Journal of Nursing (AJN) reports that the US Preventive Services Task Force’s new guidelines warrant increased education on IPV in the basic curricula of all healthcare providers. In 2011, Cruz and Bair-Merritt examined for IPV.8 The American Academy of Pediatrics (AAP), in a 2012 policy report quoted by Cruz and Bair-Merritt, states a commitment to leveraging science to yield innovative strategies to reduce the precipitants of toxic stress in young children and to mitigate their negative effects on the course of development and health across the life span.9

References


Mary Frances Cullen RN, MSN, PMHCNS-BC

Mary Frances Cullen earned her BSN from Temple University and her MSN from Vanderbilt University. She is a board certified psych nurse practitioner, primary nurse manager and coordinator in med/surg, maternal/child, geriatrics, and adolescent/pediatric units. She has worked in the family and school-based mental health therapist.

Mary Fran is currently on the faculty of University of Delaware and West Chester University and clinical instructor at University of Pennsylvania. Mary Fran can be reached by email at mfralen@wvupa.edu.
Prescription Drug Abuse: Appreciation for a Principle of Balance

Rose Brownstein, PMHCNS, BC

Prescription medications have long been appreciated for their therapeutic value. However, during the last decade, there has been a dramatic rise in opioid-related fatalities. This has led to prescriptions being reclassified as an epidemic by the Centers for Disease Control and Prevention (CDC). Data from the CDC reports that 1 million Emergency Department visits were attributed to Prescription Drug Abuse (PDA) in 2009. Opioids have gained the greatest attention by local and federal healthcare providers (HCP) and policymakers due to grave concerns for individual and public health and safety. There have been up to 16,900 deaths in the U.S. due to PDA and 179 opioid-related deaths in Delaware in 2010, which ranked fifth highest in the country for opioid mortality in 2010, which ranked fifth highest in the country for opioid mortality

The National Institute for Drug Abuse (NIDA) describes PDA as occurring when medications are diverted for illicit use. In an Ohio prospective study who may be doctor-shopping, and reduce drug diversion and misuse. In an Ohio prospective study created opportunities for HCP to determine need for pain relief while minimizing adverse effects.

Additionally, reports of 0-128 filled prescriptions by individual patients obtained from 40 different HCP in a 12-month period revealed unsurprising evidence of prescription diversion and do not create the physical and psychological addiction is crucial if we are going to offset the deleterious consequences of opioid abuse. Recent studies have provided strong evidence of the benefits of PDMP. Refer to www.drugabuse.gov/publications/research-reports/prescription-drug-abuse for more information.

The federal response to this epidemic encourages the judicious use of medications for pain relief while minimizing adverse effects. It is critical to keep abreast of recent developments so that we may optimize patient care.

References
11. Goldman, H., Perrone, J. (2011). November. Can prescription drug monitoring programs help limit benefits of PDMP? Additionally, reports of 0-128 filled prescriptions by individual patients obtained from 40 different HCP in a 12-month period revealed unsurprising evidence of prescription diversion and do not create the physical and psychological addiction is crucial if we are going to offset the deleterious consequences of opioid abuse. Recent studies have provided strong evidence of the benefits of PDMP. Refer to www.drugabuse.gov/publications/research-reports/prescription-drug-abuse for more information.

The federal response to this epidemic encourages the judicious use of medications for pain relief while minimizing adverse effects. It is critical to keep abreast of recent developments so that we may optimize patient care.

References
Welcome New & Returning Members!

Lucy Addo-Cromwell Middletown
Penny Lewis Bear
Lauren Huff Townsend
Patricia Wessel Townsend
Lisa Dempsey Middletown
Tania Jenkins Delmar
Suzana Tettey New Castle
Sandra Cahall Lewes
Diana Mwangi Townsend
Ju Shin New Castle
Victoria Nanguang New Castle
Bernadette Porth Newark
Eileen Reynolds Milford
Caren Coffy-McCormick Middletown
Joanna Clayton Greenwood
Denise Larson Milton
Lisa Drews Bear
Jennifer Cornier Claymont
Dennis Harris Newark
Nichelle Leisure Milford
Loree Meck Milford
Kimberly Hopkins Townsend
Emily Snyder New Castle
Valerie Graham New Castle
Leway Webb Townsend
Mark Crawford Lewes
Deborah Dennison Harbeson
Bethanne Mills Lewes
Kelly Strunk Lewes

Sheila Mathis New Castle
Joshua Cherrix Seafor
Lyne Bittner Wilmington
Debra Siple Wilmington
Shari Tenner Lewes
Lois Powell Rehobeth Beach
Jesse Hanlon Newark
Lana Gerdmer Newark
Teresa Pittman Newark
Karen Maracle Ravenna
Kimberly Wynee New Castle
Ashley Mulholland Dover
Zanette Jegede Dover
Gail Mesa Dover
Liz Vath Dover
Martha Cunningham Dover
Jamie Ayala Dover
Elizabeth King Dover
Joy Magee Dover
Lekesha Stokes Dover
Megan Finch Dover
Vanessa Estrada Dover
Nancy Martin Dover
Judy Cain Dover
Elizabeth Potts Dover
Margaret Roberts Dover
Seoma Cunningham Dover
Talisha Hopkins Dover
Lynn Toth Dover
New industry reports estimate that over 75% of nurses will have their BSN by 2020.

How will yours stack up?

Drexel University’s online nursing programs are ranked among the top 20 nationally.*

Visit Drexel-Nursing.com to learn why it matters where you earn your BSN.

*Drexel Online. A Better U.*
drexel-nursing.com

New industry reports estimate that over 75% of nurses will have their BSN by 2020.

How will yours stack up?

Drexel University’s online nursing programs are ranked among the top 20 nationally.*

Visit Drexel-Nursing.com to learn why it matters where you earn your BSN.

*U.S. News & World Report “Best Online Colleges 2013”

Earn an advanced nursing degree that’s relevant in modern health care.

Wilmington University’s CCNE-accredited nursing programs prepare you for leadership positions in the changing health care industry. Choose a nursing program taught by faculty with real-world nursing experience, who understand the challenges of balancing education with the demands of working 12-hour shifts. Wilmington nursing programs combine flexible schedules, multiple classroom locations, and 100% online options with tuition that’s among the most affordable in the region.

Programs Available
- R.N. to B.S.N.*
  (accredited option available)
- B.S. in Allied Health*
- M.S.N., Nursing Leadership* (Executive, Educator, and Legal Nurse Consultant options)
- M.S.N., Nurse Practitioner (Adult/Gerontology or Family options)
- Doctor of Nursing Practice (D.N.P.)*

*Program also available 100% online.

Classes begin every eight weeks. Get started today at wilmu.edu/HealthCare

Barbara Albertson, R.N. to B.S.N. student

WILMINGTON UNIVERSITY

1-877-456-7003 | wilmu.edu/HealthCare

Wilmington University is a private, nonprofit institution and member of the Delaware Alliance for Nonprofit Advancement (DANA).