Dear Illinois Nursing Colleagues,

Thank you for the excellent response we have received to “The Nursing Voice,” the new publication for Illinois nurses provided by Arthur L. Davis Publishing Agency, Inc. and the Illinois Nurses Foundation. We hope that you found the information about Illinois nursing events in the first issue interesting and informative. Some have asked why the Illinois Nurses Foundation (INF) is involved with a publication like this. The INF was pleased to respond to a request from the newly formed ANA-IL to work with the publisher to provide a source of news for the entire nursing community of Illinois nurses. The INF Board is committed to promoting the development of professional nursing and nurses and believes that providing a source of information about nursing and nurses in Illinois is one of many ways this can be done. You will find more information about the Illinois Nurses Foundation’s programs in this issue of “The Nursing Voice.”

I am asking all of our readers to consider how you can help support the Foundation’s work. Support can come in the form of providing a donation or an offer to volunteer with the Foundation. We often have need for assistance with events, committee work and even Board positions. Most immediately we always have the need to grow our endowment funds. To do this we rely on donations from many sources but especially individual nurses. It is important to be able to show the support of the nursing community before reaching out to other non-nursing sources of support like the business and foundation communities.

As nurses we have many roles; caregiver, advocate, teacher, researcher, coach and motivator to name a few. I am asking each of you to consider adding to these many roles you play as a nurse to include nurse philanthropist. Philanthropy is about caring for and developing the best roles you play as a nurse to include nurse philanthropist. Philanthropy is about caring for and developing the best

Maureen E. Shekleton, PhD, RN, DPNAP, FAAN
President, Illinois Nurses Foundation

Maureen Shekleton

Karen Kelly, EdD, RN, NEA-BC
President, ANA-Illinois

similar to our safe staffing law in Illinois but has “teeth in it” because it is tied to Medicare dollars to ensure enforcement of the law; the Home Healthcare Planning and Improvement Act (HR 2504), which allows APNs to order home health care services and be reimbursed by Medicare for their services. We also discussed a pending Medicare rule change that would have required a physician face to face interview with a patient to order durable medical equipment. This new rule would prohibit APNs to order DME under Medicare. While we were on Capitol Hill that day, CMS, which is now headed by Marilyn Tavenner, RN, announced that the rule would not be implemented on July 1, 2013, and that there would be further study of the rule and its implications.

We met with the staff of Senators Dick Durbin and Mark Kirk and the staff members of Representatives Robin Kelly, Danny Davis, Bill Enyart, Peter Roskam, and Aaron Schock. We also met with Congressmen Bill Enyart and Peter Roskam. We left our business cards and

Karen Kelly

Message From INF President continued on page 2

President’s Message continued on page 2
a packet of information on the bills noted above with the
staff of the senators and congressmen. We also encouraged
members of the Congressional Nursing Caucus to join the caucus. Congresswoman Enyeart agreed on
the spot to join. He happens to be my congressman and I
was pleased that the recently elected Mr. Enyeart was eager
to join.

The next two days were membership assembly
days. Each state was allowed two representatives. Most
states, like ANA-Illinois, made the president one of
the representatives. Since this was the transition year,
the second representative was appointed in Illinois and
in many of the other states and constituent associations
since some states did not have a representative. ANA-Illinois constituency
constituent association (Note: in the future, ANA-Illinois members
will elect two representatives to the membership assembly,
the president, who will serve as one representative, and
a second assembly representative.) Susan Swart, ANA-
Illinois Executive Director, also attended, along with other
EDs from around the country. In addition, a couple
of hundred observers, most from other state associations,
attended the membership assembly.

Unlike past years in the House of Delegates, there was
only one reference report on interstate licensure that
sought to change the current interstate compact so that
nurses would be required to hold license in the state where
they work, not where they live. The recommendations of
the report were somewhat confusing and the report
was not passed.

Some of the bylaws changes followed up on last year’s
major changes by “cleaning up” the bylaws (e.g., deleting
the word “convention” since ANA no longer holds a
biennial convention with the change to a membership
assembly and a new emphasis on continuing education
before the last this fall’s safe staffing conference).

About 100-150 nurses from across Illinois attended the
membership assembly. About 20 nurses from the Chicago
area attended a concurrent event, the Chicago Nurses’
Health and Leadership Conference. Many nurses asked
Dan Franckowski, ANA-Illinois lobbyist, about the
regulatory policies, ANA-Illinois is committed to being
a strong voice for nursing in Illinois, especially with
the General Assembly and regulatory agencies in Illinois.
As the ANA-Illinois partners with other nursing organizations
in Illinois through ICNO (Illinois Coalition of Nursing
Organizations) and through leadership and membership
in IHAC (Illinois Healthcare Action Coalition) to be a
powerful voice in Illinois for nurses and the profession as a
whole, your voice is important through active membership
in ANA-Illinois!

From IFN President continued from page 1

power behind those values and extends the care we show
as nurses beyond our individual patients and settings of
care. It extends those values to our entire discipline – the
ultimate beneficiary of our philanthropy. An amazing
thing about philanthropy is that its benefits are felt not
only by the beneficiaries but also by the benefactors/
donors. A donation to the Illinois Nurses Foundation is
fully tax deductible and you will have the satisfaction
of knowing that you have helped grow our profession in
Illinois!

Please consider making a donation now – you can
donate securely through the ANA-IL website www.ana-
illinois.org or use the form provided in this publication.
Wanted, valued, and thank you in advance for whatever
level of support you can provide!

Message From IFN President continued from page 1

At Take Care Health Services®,
we have always known how important
Family Nurse Practitioners are to our
patients and our success.

At Take Care Health Services, we provide you with the autonomy,
influence, and partnership you've always aspired towards as
well as the competitive pay, flexible schedules, and amazing
benefits you need. We currently have FT, PT, and PRN Family
Nurse Practitioner opportunities near you and located
throughout Illinois.

To learn more please visit: TakeCarejobs.com/FNPIL

Stay tuned for future announcements about
our brand new Healthcare Clinics opening soon
near you at select Walgreens!

Take Care Health Services is proud to be an Equal Opportunity Employer of nice people
M/F/D/V. Take Care Health Services is an independent professional corporation managed by
a subsidiary of Walgreens. Patient care services provided by Take Care Health Services, an
independently owned corporation whose licensed healthcare professionals are not employed
by or agents of Walgreen Co., or its subsidiaries, including Take Care Health Systems LLC.
Update from ANA Membership Assembly
Environmental Scanning Session

Karla Luxner

The Environmental Scanning Session at the 2013 ANA Membership Assembly was designed to gather members’ input about the future directions for nursing. John Mahaffey of Leading Futurists, L.L.C. led a group activity to discover driving forces and future expectations for the profession. Attendees were divided into random small groups and given the assignment to come up with responses to the question, “In 2023, I believe that…,” which were written on sticky notes and combined logically on a larger piece of paper. The groups then reported back to the assembly and the final products were presented to the ANA board.

Attendees agreed that technology will have an increasing impact on nursing practice. From massive information available in the Cloud to smart phone apps like Triage, hands-off charting, and tissue printing, it seems there is no limit to its creative uses in the future. Many patients and nurses today were “born digital” with expectations for total connectivity and interactivity. Technology has changed how societies interact by providing real-time information and insights that shape choices. The potential for meaningful clinical research projects is also enhanced by increasing access to large clinical data sets. Those who were seen as individual experts in the past may find they have competition from the crowd as consumers check things out online before seeking care and making health decisions.

Implementation of the Affordable Care Act means that Advanced Practice Nurses (APNs) will be in demand to serve the needs of newly insured patients. Much patient care will shift out of acute care facilities and into the community with a greater focus on wellness rather than illness. The attendees believe that nursing care will be reimbursed at all levels with the caution that the profession must find ways to make nursing care visible so it can be accounted for in billing. Concerns about the future of nursing include budget restraints, and the demand to always do more with less resulting in many nurses “feeling like a zombie” at the end of their shift. One attendee even wondered “will people even want to be nurses in 2023?”

Society is also changing as aging Boomers create new demands and youth exert differing values for lifestyle and non-material pursuits. Young populations and family structures are increasingly diverse. The good news is that Americans are more engaged in the pursuit of personal health. Environmental scanning promises to bring an interesting and exciting future for Nursing.
Ten good things about the law include:

1. Goodbye, doughnut hole. Medicare drug plans (Part D of Medicare) stop providing insurance to people after their claims for covered drugs hit a certain level ($2,970 in 2013), and coverage doesn’t kick in until spending hits another level ($4,750 in 2013). Health care reform is closing this doughnut hole in annual stages, and it will be totally closed by 2020. Savings to Medicare beneficiaries will be in the tens of billions of dollars.

2. Free Medicare preventive services. Health care reform greatly expanded the menu of free preventive services to Medicare consumers.

3. Free preventive services to all women. Health insurance plans have added eight women's health benefits because of the law, in areas including breastfeeding, contraception, domestic violence, gestational diabetes, HIV screening and counseling, sexual diseases, and wellness visits. These benefits are free, meaning they involve no co-payment or co-insurance, and women do not need to meet their plan deductibles to use these free services.

4. Pre-existing conditions. Beginning in 2014, no one can be denied health insurance because of a pre-existing medical condition.

5. Premium equity. Insurers cannot gouge people with pre-existing conditions by forcing them to pay unreasonably high premiums. The law also limits insurers’ ability to impose age-related premium increases for private coverage.

6. End of pre-existing restrictions on children’s access to health insurance. The law has ended insurance denials based on pre-existing conditions for the roughly 20 million children under age 19.

7. Adult dependent insurance coverage. Adult children up to age 26 can now continue to get health insurance on their parent’s policies.

8. Insurance payout limits. The law will end lifetime limits on insurance payouts. It also has phased out annual coverage limits, and these will be completely outlawed for insurance plans taking effect next year.

9. Minimum medical loss ratio for insurers. Health insurers must spend at least 85 percent of their premium dollars on health care (80 percent for smaller group plans) or rebate shortfalls to consumers.

10. New consumer health coverage reports. Consumers have begun receiving a standardized report explaining their health insurance. This seemingly minor mandate is actually a big deal. For the first time, different health insurance plans have to present their coverage details in the same format, using the same language. This means you can accurately compare different health insurance plans.

Encourage uninsured or underinsured individuals to visit the Health Insurance Marketplace to shop for the best insurance coverage specific to their needs and enroll in a health plan.

To key the health reform success is the individual mandate and particularly the inclusion of young, healthy adults. Be sure to talk to your young adult friends and children about signing up for health insurance. Messaging particularly to young adults can include:

- No one plans to get sick or hurt but most people need medical care at some point. Health insurance covers most of these costs and protects from very high expenses.
- Plans obtained at the Marketplace (and most other plans) provide free preventive care, such as vaccines, screenings and check-ups. They also cover some prescription drugs.
- The “average” cost of a 3-day hospital stay is $30,000; repairing a fractured leg is $7,500, and a visit to the emergency department can range from a low of $100 - $1,000. Health insurance coverage can help protect from high-unexpected costs like these.

Information about the Health Care Law


Updated 7/2013

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ANA is the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, protecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nursing and the public.
The Nursing Voice

FY2013 Nurse Educator Fellowship Awards Ceremony

The Illinois Board of Higher Education (IBHE) and the Advisory Board for the Illinois Center for Nursing recognized the 2013 Nurse Educator Fellows on June 6, 2013. This distinguished group of nursing faculty were nominated by their schools and competed against 39 applicants to become part of this select group of Fellows. The program helps to ensure the retention of well-qualified nursing faculty at institutions of higher learning by providing a one-time salary supplement. The fellowship was reinstated into the FY2014 budget. The program budget was increased by $61,200 or 37.5% to $224,300; 22 awards will be available. This fall the IBHE will be seeking new nominations for the program. Please check the IBHE website, tab: Grants: http://www.ibhe.state.il.us/Grants/default.htm

Shaping Nursing’s Future: Illinois Healthcare Action Coalition

Leaders of the nursing community are working together to make a difference and they need your help. The Illinois Healthcare Action Coalition (IHAC) represents Illinois nurses and is working in partnership with the Center to Champion Nursing in America (CCNA) on the recommendations of the IOM report: Future of Nursing: Leading change. Advancing Health. In 2011 the Illinois Healthcare Action Coalition selected by CCNA as a State Action Coalition. IHAC has built upon the work of the Team Illinois regional partners that focused on expanding nursing education capacity.

To reach the goals of the IOM report: Leading Change, Advancing Health, Illinois has focused activities in four areas called the IHAC Workgroups. The four Workgroups are: Education, Collaboration, Leadership and Practice. Workgroups meet monthly, mostly by conference call. Each IHAC Workgroup has selected a chair, timelines for various projects, project priorities, and the volunteer member-leaders participating in the workgroup continue to make the IOM Recommendations useful to Illinois.

Projects include: submission of a Robert Wood Johnson Foundation grant to support activities including a survey of Illinois ANPs, development of a leadership mentoring program – pilot project to begin in the fall of 2013, gap analysis of pipeline pathways through nursing education programs beginning with LPN through RN including doctoral education. The need for nurses to care for patients continues to grow with the ACA implementation, with baby boomers retiring – including nursing faculty. The time for nurses to care for patients continues to grow with the ACA implementation, with baby boomers retiring – including nursing faculty. The time

Left to right: Stephen Stapleton, PhD, RN, CEN; Sonja Koontz, MSN, RN; Susan Winters, PhD, RN, CNE; Theresa Schwindenhammer, MSN, RN; Elizabeth Gephart, DNP, APN, PNP-BC; Theresa Adelman-Mullally, MSN, RN, CNE; Krista Jones, DNP, MSN, ACHN, RN; C. Dawn Zibricky, EdD, RN, CSN.

Top row: left to right: Regina Conway-Phillips, PhD, RN; Michele Bromberg, ICN Chairperson; Jay Stewart, IDFPR Director; Mary Haras, MSN, MBA, APN, NP-C, CNN; Nancy Petges, MSN, BS, RNC; Linda Zroskie, MSN, RN; Mary Beth Luna, MSN, RN, CNE. Second row left-right: Barbara Harris, PhD, RN; Cathy Carlson, PhD, RN, CNE. Left to right: Regina Conway-Phillips, PhD, RN; Michele Bromberg, ICN Chairperson; Jay Stewart, IDFPR Director; Mary Haras, MSN, MBA, APN, NP-C, CNN; Nancy Petges, MSN, BS, RNC; Linda Zroskie, MSN, RN; Mary Beth Luna, MSN, RN, CNE. Second row left-right: Barbara Harris, PhD, RN; Cathy Carlson, PhD, RN, CNE. Second row left-right: Barbara Harris, PhD, RN; Cathy Carlson, PhD, RN, CNE. Second row left-right: Barbara Harris, PhD, RN; Cathy Carlson, PhD, RN, CNE. Second row left-right: Barbara Harris, PhD, RN; Cathy Carlson, PhD, RN, CNE.

October 26, 2013

Illinois Nurses Foundation Event

As you make your 2013 Charitable Donations and your Holiday entertainment plans, consider the Illinois Nurses Foundation (INF). It is a great way to support nursing and healthcare in Illinois and your community. This year INF will be holding the first (hopefully annual) Holiday Fundraiser. Historically District 20 of the Illinois Nurses Association held an annual HOLIDAY party and Fundraiser at the Doubletree in Alsip, IL. It has been a great success for the association and fun for the participants. You may even consider reserving a table (10) and invite friends, relatives, or others who want to support the INF or who just enjoy a night of fun and opportunity.

In the same tradition, Cheryl Anema PhD, RN, INF Holiday Fundraiser Committee Chairperson, is planning another Holiday Fundraising event. The location and time of the year will be the same – Saturday December 7, 2013 at the Doubletree Hotel, 5000 W. 127th St, Alsip, IL 60803. Anema stated, “Last year we raised thousands of dollars for the district and the participants walked out with almost $20,000 worth of door prizes, raffles, and silent auction items. In addition, our community toy drive at the event filled a van with new toys for the less fortunate children in the community. The hope is that a new INF tradition has been started with an annual Holiday fundraising event. It is a great time to give to those in need and at the same time receive a blessing of great gift opportunities.”

This year hopes to be bigger and better than ever! The cost has been set at a discount of $30/per person – plus a new unwrapped toy that will be donated to Restoration Ministries, Harvey, IL. The ticket price includes a full sit down meal, cash bar, DJ, dancing, and opportunity for participation in raffles and silent auctions. There are usually a wide range of items available including gift cards to restaurants, tickets to sporting or tourist locations, to travel opportunities, televisions, computers, luggage, and other special opportunities. PRIZES GALORE! Again there will be door prizes, the wonderful silent auctions [plan to siphage on yourself or get some of your Holiday gift shopping done at the party – we accept CASH, CHECK, or credit card (silent auction purchases only)], raffles, and some surprises too.

The limited seating (120) and it is expected to sell-out fast. We are expecting many attendees from around the state and have arranged for holiday discount hotel rooms – when calling for reservations mention you are attending this event. Get away from the hustle and bustle of the season and see what we have in store for you this year, COME EXPECTING TO HAVE A GREAT TIME.

Send your check (and completed Ticket Form Below) for HOLIDAY TICKETS TODAY to Illinois Nurses Foundation, PO Box 636, Manteno, IL 60950. Specify Holiday Ticket on your check memo.

Include a list of everyone attending on your reservation form. Tickets will be sold on a first come first serve basis so do not delay. If the event is sold out before you get your tickets your will be contacted. Any questions contact Cheryl Anema @ 708-977-5114 or tcsmcure@aol.com.

INF HOLIDAY FUNDRAISER TICKET RESERVATION – December 7, 2013

6:00 pm – 11:00 pm Doubletree Hotel, Alsip, IL

NAME: ____________________________________________

Association or Business: ____________________________________________

Address: ____________________________________________

Phone: ____________________________________________ Email: ____________________________________________

Attendees: (please list) ____________________________________________

Number of Tickets ___________ Total Enclosed ($30/each) _____________________

*Note: There will be 10 people at each table. Bring One unwrapped toy donation per person to Fundraiser.

I am unable to attend but would like to support the INF. I have enclosed a check of support.

I am interested in sponsoring part of this event or making a donation (auction item or monetory). Please contact me.

Tickets are not guaranteed until all monies received and notice given of available seating!

Send to: IL Nurses Foundation, PO Box 636, Manteno, IL 60950

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INF Holiday Fundraiser Ticket Reservation Form

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The ISAPN Adopt a School Program; the Foundation of the Future APN’s

As the fall semester closely approaches, it is an optimal time to reflect on the importance of embracing and mentoring new advanced practice nurses (APNs) entering their respective roles. The Illinois Society of Advanced Practice Nurses (ISAPN) is the only organization that represents the interests of all APNs in Illinois. The organization allows all nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists to speak in a unified voice for the advancement of the profession.

ISAPN has three major focus areas which include increasing membership by recruiting new members and retaining current members. Secondly, the organization has had a tremendous impact on advocacy for APNs on legislative issues related to scope of practice and prescriptive authority. The result of advocacy by ISAPN, has brought current practice right years ahead of how APNs defined practice some fifteen years earlier. Lastly, the organization provides educational programs beneficial to APNs.

As of June 30, 2013, there are 1312 ISAPN members, (ISAPN Membership data, June 2013). Yet, there are 7,100 licensed APNs in the State of Illinois. The goal of ISAPN is that current membership in the organization mirror practice. In other words, the organization hopes that each and every APN becomes an active member of ISAPN.

Membership provides practicing APNs a voice and strength in numbers. Imagine if each ISAPN member could have participated in writing or contacting legislators during the last grass roots lobbying, the impact and outcome of those efforts may have changed practice. We could have participated in writing or contacting legislators about ISAPN to faculty and students. If for some reason the school has not been able to connect in this way, a faculty member or student should contact ISAPN. ISAPN is currently looking for members to be liaisons to our Adopt a School Program and to ensure we have the most current information for your school, please contact Lisa Young, DNP, APN, FNP-BC. ISAPN Membership and Marketing, Chair via the ISAPN website.

2013 Election of the ANA-Illinois Officers and Directors

The election will be held online October 1, 2013 thru October 15, 2013. ANA-Illinois members should watch their emails for details.

President* 2013-2015  Karen Kelly  Pam Brown
Vice President 2013-2016  Ann O’Sullivan
Secretary 2013-2015  Sarah Gabus
Treasurer 2013-2016  Dan Fraiczkowski
Director at Large+ 5 to be elected  Cheryl Anema  Diana Cafi  Karen Egenes  Kaia Luxner  Bennie Salvetti

ANA Membership Assembly Representative 2014-2015  Ann O’Sullivan

* President serves as representative to ANA Membership Assembly + with the most votes will serve 3 year terms ending October 2016, the other 2 will serve a 2 year term ending October 2015.

As educational leaders of our future advanced practice nurses, it is essential to lead by example. There have been many who have come before each of us, who has provided the framework and foundation for which we stand. Nursing faculty the providers of that foundation for students currently enrolled in advanced practice programs. One of the challenges of the Adopt a School Program has been faculty leaders who are not current members of ISAPN. In addition to reaching out to each school, it is critically important to engage each APN faculty member, as well as its students to become active members.

ISAPN is the only organization in Illinois that addresses the issues uniquely affecting APN’s. This is an essential reason for faculty to remain involved. The legislative advocacy, political influence, networking, communication, and additional educational opportunities offer a few of the major reasons the organization may be beneficial to faculty. Faculty may also benefit from the peer publication review of manuscripts prior to publication for junior writers. In addition to the previously mentioned advantages of membership, students may be provided additional support for their future APN role, which includes professional growth and volunteer opportunities within ISAPN.

As the number of graduates increases, the availability of potential sites and preceptors has become more challenging. Membership can provide students additional assistance with identification of preceptors within the ISAPN database. As APNs transition into their respective roles and positions, questions often arise related to practice issues. The Practice Issues Response Team (PIRT) is an excellent resource available to members providing them the opportunity to request assistance and answer questions by ISAPN experts. This can provide a valuable resource for the new graduate, as well as practicing APNs.

Annual membership in ISAPN is only $200.00. A discounted rate of $100.00 is available for students. If you are interested in joining ISAPN, please go to our website at www.ISAPN.org. If you interested in our Adopt A School Program and to ensure we have the most current information for your school, please contact Lisa Young, DNP, APN, FNP-BC. ISAPN Membership and Marketing, Chair via the ISAPN website.

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By registering with Illinois Helps, the Illinois Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), you can be a part of an alert system and be the first to respond to a significant disaster or public health emergency.

Register Today

...Volunteer Tomorrow
POLYMYALGIA RHEUMATICA AMONG ELDERS: WHAT YOU NEED TO KNOW

What did that mean to and for the client? The condition would continue to manifest in stiffness, which was usually worse in the morning and subsequent to inactivity, fatigue, weight loss, slight fever, numbness and tingling in the fingers and feet, pain in the neck, shoulders and back and general malaise. She was informed of the complications which may occur and the usual length of the disease given daily medications to treat the inflammation and pain. The client was additionally surprised to learn of the lengthy time factor for the disease lasting 11 to 12 months, to either resolve or go into remission, with the caveat that it may recur within six months.

Although worse in the morning, the client frequently experienced difficulty getting out of bed. Pain was extreme during the night, as well, nightly awakening her with difficult turning from side to side. Long periods of inactivity exacerbated stiffness and pain. Joints in other areas of the body, such as stiffness and tingling and discoloration of the fingers frequently occurred. Especially notable was the ecmayosis and numbness of the fingers with cold environmental exposure. Soles of the client’s feet were painful upon walking. Although she attempted to wear several differing pairs, no shoes provided relief from the pain. In addition, general malaise pervaded her body. The client experienced additional manifestations which were similarly strange, sporadic and varied, such as left foot swelling, strange pains in the face, jaw, abdominal muscles and dysphagia (shortness of breath).

Current medications for the client are:
- Vitamin D 1200 U daily
- Vitamin D 5000U every week for 12 weeks
- Vitamin C 1000 U daily
- Aspirin 325 mg. Daily
- Lithotrymine 25 mcg. Daily
- Zebeta (Bisoprolol) once daily
- Fosomax 70 mg every week
- Nexium 40 mg, tab 1 daily

DIAGNOSIS

Subsequent to a thorough examination, x rays of the body, hips and extremities, an Anti Nuclear Antibody (ANA), Rheumatic Factor (RF), Lupus, Erythematosus cell test, Erythrocyte Sedimentation Rate (ESR), Thyroid Stimulating Home (TSH), C Reactive Protein (CRP), CBC, Liver function tests, echocardiogram, body scan, and a Magnetic Resonance Imaging (MRI), Lupus, Arthritis and Fibromyalgia were ruled out and a diagnosis of PMR was confirmed. The CRP and ESR were extremely high; the TSH was low and additional testing confirmed the diagnosis of PMR. Also, as a result of dyspnea, the implant was examined and found to be status quos; an echocardiogram was also ordered. Results of the echocardiogram, revealed extensive pericardial effusion (fluid around the heart) due to the inflamed heart muscle which was causing the dyspnea. Most likely the inflamed heart muscle was a result of the PMR.

ETIOLOGY

Likely an autoimmune disease.

INTERVENTION

1. First, intervention focused on easing the pain and reducing the inflammation. Although Glucocorticoids are generally prescribed for the condition of PMR, the client was unable to take the drug, hence, was prescribed with a non-steroidal anti-inflammatory (NSAID) drug which would unlikely be as effective, however, was necessary at the time of the acute disease process due to possible interaction with another administered drug.
2. An additional drug (Colchicine) was ordered to decrease the extensive pericardial effusion; subsequent to another echocardiogram, positive changes were noted following several weeks of administration.

The NSAID drug offered some relief for the client. However, seven months later, the client experienced clumps of hair loss, body skin peeling and scalp peeling.

Upon reviewing this occurrence with the specialist, another drug was ordered for twice daily administration. Although not the drug of choice, and likely, less effective, Limbrel, another anti-inflammatory drug was administered twice daily.

3. Regular exercise was urged to maintain joint flexibility, muscle strength and function. Despite the pain, walking each day was especially encouraged to the client. Although exercise was ordered, the client was urged to “not overdo it” to the point of causing exacerbation of the CRP, abnormal liver function tests, and jaw pain upon eating or talking, to the point of lock jaw which causes a major crisis for the client. Permanent blindness may occur if left untreated. Fever, fatigue, weight loss and anemia may accompany the complication.

COMPLICATIONS

Complications of PMR are potentially life-threatening, hence, the client is urged to become well informed regarding the manifestations of the complications as noted below:

Temporal (lobe of the brain) arteries become inflamed. Also entitled, Giant Cell Arteritis, these blood vessels become inflamed. Most commonly it occurs on the upper front sides of the head, becomes blocked and prevents blood from passing through. Loss of vision, severe headaches, extreme tendering of the artery (CRP), abnormal liver function tests, and jaw pain upon eating or talking, to the point of lock jaw which causes a major crisis for the client. Permanent blindness may occur if left untreated. Fever, fatigue, weight loss and anemia may accompany the complication.

PROGNOSIS

Prognosis is fair to fairly well to date. In the long term, manifestations may recur and/or may linger at a mild level for an extended period of time such as for one and half years. Healing or remission generally occurs with one year. If the client goes into remission, recurrence generally occurs six months later.

DISCUSSION

1. Since the disease strikes suddenly and is more likely to affect elders over 70 years of age, monitor the onset of manifestations
2. Differentiate between the conditions of Arthritis, Fibromyalgia and Polymyalgia Rheumatica
3. Assess most common periods of fatigue in the client such as in the late morning, 4:00 p.m. and/or 9:00 p.m.
4. Explain rationale for both exercise and rest (which may appear as an oxymoron to the client). Also identify the results of over extending activity
5. If eligible for administration of Glucocorticoids as the drug of choice, explain the precautions which exist during intake.
6. Carefully monitor the client for manifestations of Giant Cell Arteritis/Temporal Arteritis.

REFERENCES

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wrongdiagnosis.com/m/polymalgia_rheumatica/intro.htm
arthritis.webmd.com/polyarthritis-rheumatica-temporal.htm
importanthealthinfo.com
www.everydayhealth.com
1. Increasing numbers of elders are affected by the condition, Polymyalgia Rheumatica (PMR) which is best defined as a/an:
   a. Viral infection penetrating the vital organs
   b. A viral infection pervading the connective tissue
   c. An autoimmune disease pervading the joints
   d. An autoimmune disease pervading many muscles.

2. In many cases, manifestations of the disease include:
   1. Sudden onset of painful muscles
   2. Slow onset of painful muscles
   3. Extreme Fatigue, Numbness, tingling fingers
   4. Weight loss
   5. Painful joints
      a. 1,3,4
      b. 2,3,4
      c. 1,3,4,5
d. 2,3,4,5

3. Differentiation between the conditions of Arthritis, Fibromyalgia and Polymyalgia respectively pertain to:
   a. Joints, Connective tissues , Muscles
   b. Various joints of the body
   c. Fibrous tissues of the body
   d. Giant cell Arthritis
   e. MRI Results
   f. All of the Above
4. Diagnostic studies used to facilitate diagnosis include the following:
   a. History of related symptoms
   b. Elevated ESR, CRP, ANA blood tests
   c. MRI Results
   d. All of the Above
5. Therapeutic intervention focuses on:
   1. Reducing pain
   2. Reducing Stiffness, Achiness
   3. Reducing Fatigue
   4. Blood vessel biopsy
   5. Balancing exercise and rest
   6. Maintaining Joint Flexibility
      a. 1,2,3,5,6
      b. 1,3,4,5,6
c. 1,2,3,4,5,6
d. 1,2,3,4,5,6

6. Which of the following drugs is most often likely to be used in treating Polymyalgia Rheumatica:
   a. Non-steroidal - Limbel
   b. Colchine
   c. Glucocorticoid
   d. Bisoprolol

7. During therapeutic drug intervention, precautions to take include:
   1. Discontinue medications as needed
   2. Wear medical identification
   3. Avoid taking medication with persistent vomiting
   4. Balance periods of regular exercise and rest
      a. 1,2,3,4
      b. 2,3,4
      c. 1,2,4
d. 1,3,4

8. Complications of Polymyalgia Rheumatica may include:
   1. Giant Cell Arteritis
   2. Blindness
   3. Lock Jaw
   4. Elevated body temperature
      a. 1,3,4
      b. 1,2,4
c. 1,2,3,4
d. 1,2,3

9. Therapeutic intervention requires close monitoring for prevention of side effects of drugs such as:
   1. Osteoporosis
   2. Weight gain
   3. Mood swings
   (Please PRINT clearly)

   Name: ____________________________________________
   Address: __________________________________________
   City: ______________________________________________
   State: ______________________________________________
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   Phone: ____________________________________________
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   Evaluation- CE #16433: POLYMYALGIA RHEUMATICA
   AMONG ELDERS: WHAT YOU NEED TO KNOW
   Please circle the appropriate letter

   1. Prognosis to date, is likely to incorporate which of the following situations:
      a. Healing or remission may occur in one to one-half years later
      b. Recurrence frequently occurs within six months to one year later
      c. Manifestations of an inflamed temporal lobe may occur
      d. All of the Above

   2. Describe assessment, analysis and critical factors in the intervention and follow up for the client with PMR

   3. List and explain other drugs used to treat Polymyalgia Rheumatica

   4. Glaucoma
   5. Echymosis
   6. Elevated Blood pressure
      a. 1,2,4,6
      b. 1,2,3,4,5,6
c. 2,3,4,3
d. 1,2,3

   7. Which of the following conditions, if not identified and treated, may prove life-threatening. They may include which of the following:
      a. Sudden onset of painful muscles
      b. Various joints of the body
      c. Manifestations of an inflamed temporal lobe
      d. All of the Above

   8. Complications of Polymyalgia Rheumatica may include:
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Nurses & the Humanities

The Hektoen Institute of Medicine of Chicago was founded in June 2006 to present programs that demonstrate and encourage the healing power of the arts and the humanities for caregivers and their patients. Approximately 1-2 programs are presented each year; two in the spring and two in the fall. The programs address diverse themes of Nurses and the Humanities (art, literature, history, philosophy, music, theatre, and dance). A variety of formats are used for the programs, including lectures, workshops, classes, and excursions. Although the programs are geared towards nurses, caregivers, medical professionals, and nursing students, they are open to the general public.

The Nurses & the Humanities’ project is headed by an advisory committee that is composed primarily of registered nurses. The goal of the committee members is to provide humanistic, creative and interactive educational opportunities that will expand clinicians’ imaginative horizons as they care for patients. These arts-focused programs offer the participants opportunities to network outside the health care arena and to explore the untapped healing potential of creativity. The Hektoen Institute “Nurses and Humanities” Advisory Committee believes nurses need to balance the science of nursing with an appreciation of the arts that offers new strategies for self-care and expands their repertoire of resources for holistic care giving.

The first fall program, Hope, Health and Healing on the Tiber: The Fatebenefratelli Hospital, Aesculapius and the Basilica of St. Bartholomew, will be held on September 10th at the Hektoen Institute of Medicine, which is located at 2240 W. Ogden on the 2nd Floor. The program will be given by Mary Ann McDermott RN, EdD, FAAN Professor Emerita, Niehoff School of Nursing, Loyola University Chicago and Nurse Educator Part time at Edward Hines VA Hospital. Hines, IL. and Katharine Hernandez BSN, RN BSN, James Lovell Federal Hospital, North Chicago, IL. The program will be co-sponsored with the Chicago Society for the History of Medicine & the Humanities.

Although when most persons think of Rome, Italy the images that most often come to mind are the Coliseum, the Forum, and St. Peter’s Basilica, this presentation, will examine less well-known landmarks of historical and artistic significance: a hospital, a church and a well! These landmarks reside on the Tiber Island (Isola Tiberna) of Rome. During the Roman Empire, a temple was built on the island and dedicated to Asclepius, the Greek God of medicine and healing. People came to the island to ask for healing from their illnesses. During plagues, the sick were isolated and often cured. In the tenth century, Roman Emperor Otto III, built the Basilica of St. Bartholomew over the Temple of Aesculapius. Inside of this church stands a stone well dating to the 10th century, the water from which is considered miraculous. Today a hospital operated by the Hospitaller Order of St. John of God dominates the island.

A church and chapel included in the hospital house beautiful works of healing art. During the Second World War the hospital served as a refuge for many from a nearby Jewish ghetto. This presentation will highlight the artistic, archaeological, and historical significance of the island as well as its current role as a place of health.

The second fall program will be held at the Mexican Fine Arts Center Museum in the Pilsen neighbourhood of Chicago. The program will focus on the museum’s Day of the Dead exhibit, and will be followed with an optional lunch at a restaurant in the area. For further information about these programs, or to be added to the Nursing and the Humanities mailing list, please contact Rachel Baker at rachel.baker@hektoen.org or refer to the web site, http://www.hektoen.org or refer to the web site, http://www.hektoen.org/programs.html.

For more information or to RSVP: Contact Rachel Baker at rachel.baker@hektoen.org or 312-768-6030.

The Illinois Nurses Foundation (INF) is the Centennial Scholarship, which provides funding for a nurse who is enrolled in a graduate program leading to preparation as a nurse educator. Yet another example of funding available from the INF is the Centennial Scholarship, which provides funding to a qualified student majoring in nursing who is considered to be from underrepresented populations in accordance with the Sullivan Commission data. There are still other nursing scholarship opportunities offered by INF that can be found on the website.

One of the INF award programs available to nurses is the Anne Zimmerman Fellowship. Named in honor of a great nurse leader from Illinois who served as president of the American Nurses Association (ANA), the purpose of this award is to promote excellence in leadership within the ANA-Illinois.

The INF also provides scholarship funding to nursing students. An example of a scholarship offering is the prestigious Sonne Scholarship. This program was created by an advisory committee that is composed primarily of professionals, and nursing students, they are open to the programs are geared towards nurses, caregivers, medical professionals, and nursing students, they are open to the general public.

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The Illinois State Council of the Emergency Nurses Association (ENA), formed in 1973 and is approximately 16,000 members strong. ENA is the professional organization for emergency nurses dedicated to quality patient care, public safety, continuing education, advocacy, nursing research and promotion of the nursing profession. Each state council is chartered by the national ENA to implement its philosophy, objectives and leadership, and to serve as the decision-making body at the state level.

The Illinois ENA has been active cultivating relationships with state and federal government leaders, promoting the ENA's legislative and regulatory priorities important to emergency nurses. At the federal level, members have been advocating for important issues such as access to care, emergency preparedness, injury control and prevention, quality patient care and workplace safety. At the state level, members have been advocating for improved state roadway laws, injury prevention laws, enhancing advance practice nurses' scope of practice and workplace safety. This month, Illinois ENA has asked Governor Quinn to exercise his amendatory veto power regarding HB0801, which expands penalties for persons who assault “nurses.” Illinois ENA would like the language in that bill to not only include “nurses”, but all “health care workers.” Illinois ENA is also very active in injury prevention activities and partners with State Farm Insurance Company and the Illinois State Police in providing education for child passenger seat and teen driving safety.

Illinois ENA has been providing continuing education and professional development for trauma, pediatric and emergency nurses since its inception, ENA will host their 40th Spring Symposium, April 9-11, 2014 in Lisle. This symposium will have many educational sessions including clinical, managerial and advanced practice tracks. In addition, there will be a Certified Emergency Nurse Review Course this year for nurses looking to obtain certification in the specialty. This, educational and networking event also includes national and local speakers, exhibitors, evidence-based practice contest winners and poster presentations.

The next ENA state council meeting will be held on Saturday, September 7th at Edward Hospital in Naperville. There will be an educational presentation as well as time for networking. All are welcome to attend. For more information about Illinois ENA, visit the website at www.illinoisena.org.

IONL Announces NEW Fellowship Program

The Illinois Organization of Nurse Leaders (IONL) is pleased to introduce a new fellowship program specifically geared towards nurse managers and new directors of nursing. This year-long nurse leader fellowship program entitled, “The Illinois Nursing Leader Fellowship” has been developed to meet the charges of the Illinois Nursing Research and Promotion of the Nursing Profession. The fellowship will be offered to emergency nurses. Each fellowship level must be completed before advancement to the next level. Members have been advocating for important issues such as access to care, emergency preparedness, injury control and prevention, quality patient care and workplace safety. At the federal level, members have been advocating for improved state roadway laws, injury prevention laws, enhancing advance practice nurses’ scope of practice and workplace safety. This month, Illinois ENA has asked Governor Quinn to exercise his amendatory veto power regarding HB0801, which expands penalties for persons who assault “nurses.” Illinois ENA would like the language in that bill to not only include “nurses”, but all “health care workers.” Illinois ENA is also very active in injury prevention activities and partners with State Farm Insurance Company and the Illinois State Police in providing education for child passenger seat and teen driving safety.

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I-OADN Grants Scholarships for Nursing Students and Educator

The Illinois Organization for Associate Degree Nursing (I-OADN) recently awarded four scholarships to Associate Degree faculty and students. The nurse educator scholarship is awarded annually to a nurse educator in an associate degree nursing program in the state of Illinois who is pursuing a doctoral degree. The scholarship must be used to support the planned research project and the recipient must agree to submit an article for publication to a nursing journal upon completion of the degree. This year’s winner is Theresa Bucy, Assistant Professor at College of DuPage. Ms. Bucy is pursuing a DNP degree at Duquesne University. In her proposed DNP project she will develop learning modules for the adjunct clinical faculty to assist in their transition from clinical practice to academia, focusing on curriculum, available resources, and basic tenets of education, such as how a clinical evaluation tool connects to program outcomes. Ms. Bucy has received the first half of her $2500 award and will receive the remainder upon completion of her project.

Two $500 scholarships were awarded to students pursuing their ADN in Illinois. Winners are Rebecca Gatlin from Illinois Valley Community College (gove town location) and Laurie Pinsker from Lewis and Clark Community College, Godfrey, IL. The Mary Lou Whitten Scholarship was started this year to honor Ms Whitten, a long-time member of I-OADN, who believed in supporting LPNs in furthering their education. Richard Ross, a student at South Suburban College (give town), is the first recipient of this $500 scholarship. Mr. Ross has been a LPN for 3 years and is entering the last semester of the ADN program. Congratulations of all of these scholarship winners.

Gateway Regional Medical Center (GRMC), is a 367-bed acute care facility with a 100-bed behavioral health unit conveniently located 10 miles from downtown St. Louis, MO. Top in the Nation. Again. GRMC was nationally recognized by The Joint Commission for the second year in a row for achieving excellence on performance of key quality measures.

Current nursing opportunities are available in the following areas: ER, Critical Care, Behavioral Health, Acute Medicine & Telemetry, and Operating Room. A current IL license and BLS certification is required for all RN positions.

Applying online at www.gatewayregional.net today! Gateway Regional Medical Center Human Resources 2100 Madison Ave., Granite City, IL 62040 Phone: 618-798-3252 EOE
Healthcare seems to have a hierarchy of “importance.” We have all witnessed this hierarchy in our years of nursing. Whether you started nursing as a nursing assistant, LPN, or RN, somehow you knew that there was a pecking order, and you must definitely were not at the top of that schema. Nurses have long been struggling with being bullied and taken advantage of. One very visible action that many seasoned nurses has witnessed is standing up when a physician entered the nursing station. When I asked about this action as a young nursing assistant, I was told: “we do this out of respect for years of education and experience and who has ‘the most’ to offer to the care of the patients. Even back then, that just did not seem quite right… We have all surely questioned these actions and been uncomfortable with them.

As Jeff Paul, an APN student just beginning his clinical experiences, but an experienced RN stated: With the passage and implementation of the Patient Protection and Affordable Care Act (PPACA), the lion share of primary care will revert to nurses and those with advanced practice degrees. Now, more than ever it is essential that direct care nurses and Advanced Practice Nurses (APNs) form collaborative relationships that are based on mutual respect and professionalism and share the common goal of patient centered care. Furthermore, direct care nurses and APNs must remember, in a collaborative environment, every nurse brings experience, knowledge, and education that not only benefits patients but clinicians, as well.

We may pursue advanced education as APNs, but we still hold a license as RNs... that is our root upon which all our knowledge and growth has occurred. Lisa Young, Director, Wellness/HealthCenter Chicago State University writes: A positive relationship between the APN and RN are critical to my day-to-day operations. My role as an APN has been enhanced with collaboration with my RN colleagues. We work together collaboratively and respectfully as a team. Our work in my practice is patient centered care. It is important to have mutual respect for your colleagues by creating an environment of trust, and autonomy within each individual’s respective roles and within their scope of practice.

Lisa Diefendorf, Clinical Nurse Specialist, shared that APNs are in a unique role to recognize the value that nurses possess as we show them a better possible future for APNs anywhere else in the healthcare system – WHY? Because we are nurses first and foremost! APNs advance the role of the nurse by being in the unique role of being able to synergize multiple spheres of influence related to patient care.

Julie Ballard, RN, MSN, CNRN, Patient Care Manager OSF Acute Neuroscience Unit in Peoria, is pleased that “the APNs in our Neurosurgery team work very well with the nursing staff. The APNs ask for feedback and recommendations from the nursing staff in addition to providing very valuable education to help us grow. We work together as a team to ensure excellent outcomes for the patients. They are very respected in our department and are instrumental to the team.”

Tammy Robertson, RN, who works at the Neuroscience Unit OSF Hospital in Peoria, wrote: “our APNs have treated me with the utmost respect. I know that when I talk with them about a patient matter they listen and take action to remedy situations (as is needed). I feel that they truly like the interaction with the floor nurses, because we spend a lot of time with the patients and we have key information that they might not receive otherwise.” Jordan Schmitke at OSF hospital echoed this sentiment with “the APNs have always been respectful and open to communication regarding patient care.”

Similarly, Brenna Clark, RN, who works in the operating room at Westside Medical, has excellent relationships with the APNs in our Neuroscience team. She represents APNs to the nursing staff as an APN. She has heard that “the APNs in our Neuroscience team work very well with the nursing staff. The APNs ask for feedback and recommendations from the nursing staff in addition to providing very valuable education to help us grow. We work together as a team to ensure excellent outcomes for the patients. They are very respected in our department and are instrumental to the team.”

At Westside Medical in Lombard, an Internal Medicine Practice, Karen Bluemke, RN states, “patient care is definitely a team effort. I have worked with two APNs and it is a great feeling to work in an environment where your opinion is heard and respected. This allows us to provide the best care for our patients.” I truly cannot imagine a day without the nurses and other staff that I work with at Westside Medical. They develop relationships with our patients that much thanks to comfortable interacting with them. They problem solve and often take care of issues before they even come to my attention. They truly ROCK! …and they like to be told that!

I am sure there are many other such situations and the accolades go both ways between the RN-APN team. Likewise, there may be frustrations in teams. I encourage you to find a way deal with those issues, often it starts with each of us to make the effort to acknowledge the other person's role. In our day-to-day routines and hurriedness of our hustle of activities, it is very easy to overlook simple things that can make a world of difference. Perhaps praising someone for catching an error; REALLY listening; recognizing each other in the presence of other members of the healthcare team; taking the time to teach; empowering the team members to function to the full extent of their education and expertise; and then acknowledging that and if nothing else two simple words “thank you.” Nurses have long been accused of “eating their young,” changing that indictment begins with each of us every day.

As you have just witnessed in this article from novice APN to RN to APN …great relationships are abundant. From inpatient to outpatient, office setting to intensive care, the RN/APN team is critical to supporting each other to take care of patients. I leave you with one parting statement… you all ROCK!

With much thanks to all mentioned in this article who helped to make this possible…Mary Barton, APN, CNS, CNP, President Illinois Society for Advance Practice Nursing (ISAPN).
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– Divorced mom

The American Academy for Men in Nursing (AAMN) mission is to provide quality health care and to improve access to quality health care for Illinois families. Visit the ICN website at www.nursing.illinois.gov.

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The Nursing Voice
Page 16 September 2013

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