Welcome New Employees

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Andrea Gibbs
Kimberly Jackson

Elizabeth Johnston
Kristy Key-Schreiner
Kimberly MacKeil-White
Jen Martin
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Saylee Soeu
June Winstead
Erica Wiseman

Become a Certified Pediatric Nurse

Pediatric Nursing Certification Review Course

May 23-24, 2012
Rod Armstrong MSN, RN, CPN
Marissa Brown MSN, RN, CPN
Amy Johnson MSN, RN, CPN

If you are interested in attending this course, please contact your manager and then register in LMS

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Writers:
Christy Mullen MSN, RN, CPN

Editor:
Galyn Martin
Nurses’ Week 2012: Submit your nominations NOW!

NOMINATE NOW!
NURSES’ WEEK 2012

Don't miss an opportunity
to recognize a
deserving colleague.

CATEGORIES

ROSAMOND GABRIELSON STAFF NURSE OF THE YEAR AWARD for CHILDREN’S HOSPITAL VMG VPH VUH
REBECCA CLARK CULPEPPER EDUCATION & MENTORSHIP AWARD
NURSING RESEARCH AND EVIDENCE BASED PRACTICE AWARD
TRANSFORMATIONAL NURSING LEADERSHIP AWARD
ADVANCE PRACTICE NURSE OF THE YEAR AWARD
STAFF/UNIT/DEPARTMENT EDUCATOR OF THE YEAR AWARD
TEAM AWARD
LICENSED PRACTICAL NURSE AWARD
FRIEND OF NURSING AWARD

DEADLINE: MARCH 1, 2012

CLICK FOR DETAILS

Nursing Education and Professional Development
www.vanderbiltnursing.com

VANDERBILT UNIVERSITY MEDICAL CENTER
The Bloody Truth  by the Vein to Vein Blood Management Committee

What blood products should not be run through a warmer?

- Universal use of a blood warmer should be avoided unless there is a clinical indication, recall that these warmers also have the potential to do harm! Apheresis platelets (what VUMC blood bank stocks) are maintained at room temperature per FDA regulations (22-24C), as such, these products do NOT need to be run through a blood warmer.

How long is the recommended time between pre-medication and giving the blood product?

- It is important to point out that inherent in the phrasing of the question is the assumption that pre-transfusion pre-medication is effective. However, for the routine blood product transfusion universal pre-transfusion premedication is NOT evidence based. Several randomized controlled trials have refuted this long standing clinical belief. If however, there is a proven indication then the time interval prior to transfusions depends on the route of medication administration. For oral medication, the pre-transfusion premedication should be 30-45 minutes prior to transfusion. For IV medications, 5 minutes should be sufficient.

How fast can different products transfuse?

- This is dependent on the type of product being transfused and the clinical circumstance. VUMC policy is geared toward ensuring that a blood product that has been spiked (sterility has been opened) is completed within 4 hours. This is to ensure that there is no prolonged time period from the spiking to transfusion that would allow pathogen growth. The flip side is how fast can it run? Well, this depends on the recipient and the type of infuser being used. The Belmont Rapid Infuser (FMS Infuser) is FDA approved (see attached) for red blood cell products and plasma. The Belmont is NOT FDA approved for platelets. Platelet products should be transfused via gravity or via a pump. In the adult patient population platelets can be given at an infusion rate of 200-300ml/hour (basically 60 minutes). For pediatric patients, the recommended infusion rate for platelets is 60-120ml/hour

These infusion rates are for NON-emergency settings.

How many units of blood can or should be given in an outpatient area?

- This is another great question without a clear answer. If someone is receiving 4 units of red blood cells, it begs the question why is that patient in the outpatient setting? (assuming this was not an erythrocytapheresis procedure). The old teaching was to always transfuse in increments of 2 (i.e. 2, 4, 6 units), but this process is NOT evidence based. And more importantly, a single unit transfusion is usually sufficient. If someone is receiving 4 units of blood products in the outpatient setting, the patient may be at increased risk for transfusion associated cardiopulmonary overload.
Diabetes in Children by: Melanie Foster BSN, RN

- **Type 1 DM**
  - Less than 10% of all diabetes
  - 85% of patients seen in peds diabetes clinic have type 1
  - Second most common chronic disease in childhood,
  - Predominately in the young: “Juvenile Onset Diabetes”
  - Never seen < 6 months
  - Results from inability to produce insulin, Absolute insulin deficiency
  - Autoimmune disease
  - Under the age of 20
    - 215,000 people afflicted
    - 1 in every 400 children
    - 13,000 new cases per year, approximately 250/year at CH
    - +2000 children at Vanderbilt

- **Type 2 DM**
  - > 90% of all diabetes
  - Predominately in adults “Adult Onset Diabetes” (but getting younger all the time)
  - Results from inability to respond to insulin (insulin resistance)
  - Often from obesity and sedentary lifestyle
  - 15.7 million people (5.4 M undiagnosed)
  - 5.9% of the population
    - 25% of African American women > 55 yo
    - 25% of Hispanic American women
    - 50% of Pima Indians > 30 yo

  15% of the Vanderbilt Pediatric Diabetes Population
  Over 30-40% of diabetic children in some areas

### New Onset Diagnosis Tips:

- Keep the bed safe, do all diabetes care out of patient’s bed
- Let the family begin patient’s care from the first available moment
- Seize and maximize every opportunity for teaching
- Be supportive, encourage the family that they will have full Clinic support
- Praise all efforts of patient and child, this is a challenging time
Diabetes in Children Cont. by: Melanie Foster BSN, RN

- **DKA: Diabetic Ketoacidosis**
  - Symptoms: polyuria, polydispsia, weight loss, belly pain, n/v, tachycardia, hypoperfusion, dehydration, fruity breath, tachypnea, alteration in mentation
  - Elevated blood/urine ketones, decreased pH, elevated blood glucose
  - Occurs in 3 groups:
    - About 1/3 of new onsets
    - Insulin Omission
    - Illness presentation in established patient (flu, gastroenteritis, etc.)
  - Caution: hyperosmolar state
    - Risk: cerebral edema, death (risk increases with younger age, elevated BUN, higher blood glucose, elevated Sodium)
  - Carefully re-hydrate with isotonic solution, absolutely not hypotonic
  - Observe behavior and skills of established patients with DKA

- **Education Goals of hospitalized new onset type 1:**
  **Self-Management Promotion**

1. **Meter**
   - How to use the meter
   - Testing before meals and bedtime
   - Log book
   - Control Solution
   - Site Selection
   - Recognition of high and lows
   - Expectation that blood sugars will be corrected slowly

2. **Insulin**
   - Examine the bottle labels
   - Identify long acting and short acting
   - Practice drawing up insulin
   - Practice injections
   - Patient/family must give injection prior

3. **Additional Education**
   - Lows
     - Rule of 15*
     - Keep Glucose tabs and glucagon with child*
   - Call 322-SUGAR
   - Limit sugared beverages and syrups (encourage sugar-free)

1...2...3...steps to educate

* Rule of 15 = give pt a 15 G carb snack (4oz OJ or Coke) and recheck in 15 minutes.
* Always make sure the patients Glucagon is ordered and quickly available in med room if pt has DM
RSV IS HERE!

- Respiratory Syncytial Virus is a RNA virus of the family Paramyxoviridae.
- Humans are the only source of infection.
- Viral shedding is usually 3 to 8 days but can be up to 4 weeks in infants and the immunosuppressed.
- RSV testing is done via nasopharyngeal specimens
- Transmission occurs by direct or close contact with RSV secretions.
- Isolation—patient is placed on contact isolation for duration of illness
  - Transmission is often hand to mouth/nose
  - When caring for a RSV patient, you may want to don a mask if you think your face might come in contact with RSV secretions (for instance, when you suction the patient).
- 75,000-125,000 under the age of 1 year are hospitalized for RSV each year.

RSV FUN FACTS

- Most infants are infected during the first year of life; almost all children will be infected by their second birthday.
- Communities in the state of Florida (particularly the Miami-Dade County) tend to experience the earliest onset of RSV activity each year. Often the onset of RSV season in this region begins as early as July!
- American Indian/Alaska Native children (in certain geographical regions) may experience more severe RSV disease and a longer RSV season. In fact, RSV hospitalizations for Navajo and White Mountain Apache infants and young children may be 2-3 times those of children of similar ages in the U.S. population.
- Palivizumab is prescribed to high risk patients to reduce hospitalizations. It is not for treatment of RSV, but rather it is to reduce the severity of symptoms caused by RSV. Given in monthly IM injections during the RSV season. High risk pediatric groups include: premature infants, children with congenital heart disease, those younger than 2 years who have been treated for chronic lung disease.

Resources
- CDC
  http://www.cdc.gov/Features/dsRSV/
- Red Book
  http://aapredbook.aappublications.org/
- VUMC Infection Control
  http://www.mc.vanderbilt.edu/root/vumc.php?site=infectioncontrol

Nursing Education and Professional Development
www.vanderbiltnursing.com
Baby of Mine Boutique by Ginger Doughty

The Baby of Mine Boutique was established in 2009 to support our patient families and staff in their breastfeeding needs. We offer affordable priced items for nursing mothers and babies.

We carry Medela™ breast pumps and parts, nursing bras, Boppy™ pillows, Wubbanub™ pacifiers, MotherLove Herbal Supplements just to mention a few. We also carry baby items that would also make great gifts. Swaddles, towel sets, Mary Meyer™ to name a few.

We are open Monday through Friday, 8:00 am to 12:00 pm.
We are located on the 4th floor of Vanderbilt Children’s Hospital in Room 4004.
Come check us out!

615-936-4466 (during store hours)
615-936-3546 (after store hours)

We welcome Cash, debit cards, VISA, MASTERCARD and DISCOVER.
Payroll deduction is available for Vanderbilt employees.
Educational Opportunities

Vanderbilt University Medical Center, Department of Nursing Education and Professional Development is an approved provider of continuing nursing education by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Certification Exam Review Course
Next Offerings:
NURSING PROFESSIONAL DEVELOPMENT
April 26 - 27

NOMINATE NOW NURSES’ WEEK 2012
DEADLINE: MARCH 1!
Don’t miss an opportunity to recognize a deserving colleague.
CLICK FOR DETAILS

Save The Date
3rd Annual Pediatric Asthma Conference
May 8th, 2012
8am-5pm

CONTACT HOUR OPPORTUNITIES
Nursing Education Opportunities
The “spotlight and events” tab houses an “Educational Index Offerings” page and along with the most current educational events such as Clinical Practice Grand Rounds and Certification Exam Review Courses.

If you are interested in having Contact Hours awarded to a program, please contact Pam Allen, Nursing Professional Development Specialist at pamela.e.allen@vanderbilt.edu.

2011 - 2012 CLINICAL PRACTICE GRAND ROUNDS
BREAST CANCER: AN UPDATE
presented by
Carolyn Watts, MSN, RN, CWON
Senior Associate in Surgery,
Vanderbilt School of Medicine Surgical Oncology
TUESDAY, 20 MARCH 2012
12 - 1pm LIGHT HALL 202
OPEN TO ALL VUMC NURSING STAFF & STUDENTS
FREE TO ATTEND: LMS REGISTRATION REQUIRED
(click for details and to register)

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