

VOLUME 5
ISSUE 6



Welcome New Employees

Jennifer Housand
Mindy Rottero

Monroe Carell Jr. Children's Hospital Ranked in U.S. News and World Report



Congratulations to the following specialties who were ranked in the *U.S. News and World Report* magazine's annual Best Children's Hospitals rankings for 2012-13.

#8 Urology

#9 Neonatology

#18 Diabetes

#21 Cardiology & Heart Surgery

#21 Pulmonology

#30 Orthopedics

#41 Neurology/
Neurosurgery

#42 Gastroenterology

#44 Nephrology

#45 Cancer

Inside this issue:

U.S. News Rankings	1
Measles	2
Latex Safe vs. Latex Free	3
Keeping Cool in Hot Weather	4
Prevention of Unintentional Drowning	5
Packaging of Blood Products	6
Published Works by Staff	7
Tiered Response Process	8
Standard Communication	9
Opportunities	10-12

Nursing Education and Professional Development

www.vanderbiltnursing.com

WHAT YOU NEED TO KNOW:

- ⇒ Review your immunization history with your healthcare provider
- ⇒ If you were born in the United States, there is a good chance that you have received at least one dose of measles vaccine. Two doses provide optimal protection.
- ⇒ Before traveling abroad, make sure your vaccinations are up to date.

Infection Control and Prevention
Tanya Boswell, MSN, RN

REFERENCES:
CDC: June 2012
<http://www.cdc.gov/measles/index.html>

Measles... still being spotted.

Measles cases continue to occur in the United States

"Tennessee Department of Health says Measles Protection is Im-portant for Everyone" Clarkson -ville Online (TN) (June 2, 2012) - "The Tennessee Department of Health is reminding Tennesseans of the need for vaccination against measles.

Although measles was officially eliminated from the United States in 2000 as the result of high vaccination rates, it is still present in other regions of the world. A small number of cases continue to occur among Americans who have traveled abroad or come into contact with someone returning from foreign travel. In 2011, the Centers for Disease Control and Prevention reported a 15-year high in the number of measles cases in the U.S. 'These disease risks are still out there and we should not let down our guard about measles or any other vaccine preventable disease,' said Health Commissioner John Dreyzehner, MD, MPH. 'Vaccines save lives, and reports of measles cases in the United States serve as a reminder of the importance of immunization as a vital preventive health measure.'



Child with classic day-4 rash with measles

brain and even death. Measles can be especially severe in infants and in people who are malnourished or who have weakened immune systems (such as from HIV infection or cancer or from certain drugs or therapies).

What Is Measles?

Measles is spread by contact with an infected person and through coughing and sneezing. Measles virus can remain active and contagious for up to 2 hours in the air or on surfaces.

People with measles usually have a rash, high fever, cough, runny nose, and red, watery eyes. Some people who become sick with measles also get an ear infection, diarrhea, or a serious lung infection, such as pneumonia. Although severe cases are rare, measles can cause swelling of the



Latex Safe vs. Latex Free

Children's Hospital is **LATEX SAFE**

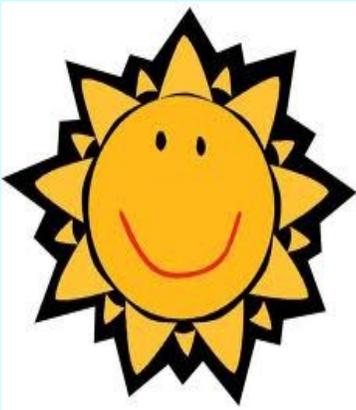
- When new products are purchased for the hospital, if latex free versions are available, we obtain the latex free version
- Challenge: Some products are not available in latex free at this time
- Action required: Look for a “LF” in the Point of use cell label or symbol below on product packaging to determine if products are latex free



Keep Your Cool in Hot Weather

These are the main things affecting your body's ability to cool itself during extremely hot weather:

- **High humidity.** When the humidity is high, sweat won't evaporate as quickly, which keeps your body from releasing heat as fast as it may need to.
- **Personal factors.** Age, obesity, fever, dehydration, heart disease, mental illness, poor circulation, sunburn, and prescription drug and alcohol use can play a role in whether a person can cool off enough in very hot weather.



Here are some facts about which people are at greatest risk for heat-related illness and what protective actions to take to prevent illness or death:

- People who are at highest risk are the elderly, the very young, and people with mental illness and chronic diseases
- But even young and healthy people can get sick from the heat if they participate in strenuous physical activities during hot weather.
- Air-conditioning is the number one protective factor against heat-related

illness and death. If a home is not air-conditioned, people can reduce their risk for heat-related illness by spending time in public facilities that are air-conditioned.

For more information, visit CDC's [featured article](#).



This article is courtesy of Centers for Disease Control and Prevention @ www.cdc.gov

You can take these steps to prevent heat-related illnesses, injuries, and deaths during hot weather:

- Stay cool indoors
- Drink plenty of fluids
- Replace salt and minerals
- Wear appropriate clothing and sunscreen
- Schedule outdoor activities carefully
 - Pace yourself
 - Use a buddy system
- Monitor people at high risk
- Adjust to the environment
- Do not leave children in cars

Unintentional Drowning: Get the Facts

Every day, about ten people die from unintentional drowning. Of these, two are children aged 14 or younger. Drowning ranks fifth among the leading causes of unintentional injury death in the United States.

Tips to help you stay safe in the water:

- **Supervise When in or Around Water:** Designate a responsible adult to watch young children while in the bath and all children swimming or playing in or around water. Supervisors of preschool children should provide “touch supervision”, be close enough to reach the child at all times. Because drowning occurs quickly and quietly, adults should not be involved in any other distracting activity (such as reading, playing cards, talking on the phone, or mowing the lawn) while supervising children, even if lifeguards are present.
- **Use the Buddy System:** Always swim with a buddy. Select swimming sites that have lifeguards when possible.
- **Seizure Disorder Safety:** If you or a family member has a seizure disorder, provide one-on-one supervision around water, including swimming pools. Consider taking showers rather than using a bath tub for bathing. Wear life jackets when boating.
- **Learn to Swim:** Formal swimming lessons can protect young children from drowning. However, even when children have had formal swimming lessons, constant, careful supervision when children are in the water, and barriers, such as pool fencing to prevent unsupervised access, are still important.
- **Learn Cardiopulmonary Resuscitation (CPR):** In the time it takes for paramedics to arrive, your CPR skills could save someone’s life.
- **Air-Filled or Foam Toys are not safety devices:** Don’t use air-filled or foam toys, such as “water wings”, “noodles”, or inner-tubes, instead of life jackets. These toys are not life jackets and are not designed to keep swimmers safe.
- **Install Four-Sided Fencing:** Install a four-sided pool fence that completely separates the pool area from the house and yard. The fence should be at least 4 feet high. Use self-closing and self-latching gates that open outward with latches that are out of reach of children. Also, consider additional barriers such as automatic door locks and alarms to prevent access or alert you if someone enters the pool area.
- **Avoid Alcohol:** Avoid drinking alcohol before or during swimming, boating, or water skiing. Do not drink alcohol while supervising children.
- **Don’t let swimmers hyperventilate before swimming underwater or try to hold their breath for long periods of time:** This can cause them to pass out (sometimes called “shallow water blackout”) and drown.
- **Know how to prevent recreational water illnesses.** illnesses from recreational water.
- **Know the local weather conditions and forecast before swimming or boating:** Strong winds and thunderstorms with lightning strikes are dangerous.

For more information, visit CDC’s website regarding [home and recreational safety](https://www.cdc.gov/homeandrecreationalsafety/).



This article is courtesy of Centers for Disease Control and Prevention. www.cdc.gov

The Bloody Truth *by the Vein to Vein Blood Management Committee*

Communication of Change in Cooler Packing

The Transfusion Service is implementing a change to the packing of blood products issued in coolers.

⇒ **Current Issues:**

Non standardized placement of products and thermometer
Shifting of ice initially placed over the products
Ice bags leaking/open
RBC wastage

⇒ **Packing Changes:**

Replace ice with frozen /cold packs
Standardized packing that restricts placement of blood products and thermometer.
8 hour cooler expiration time

Coming To A Floor Near You Soon: Release date TBD



Emergency Care of Children With Special Health Care Needs

Article Written

Contributing Authors

Emergency Care of Children With Special Health Care Needs

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Emergency Care of Children With Special Health Care Needs
Congenital Heart Disease: Complications Before and After Surgical Repair

Sarah Szlam, Bryan Dejanovich, Richard Ramirez, Sarah Rice, and Sheila McMorrow-Jones

Difficult Airways, Difficult Physiology and Difficult Technology: Respiratory Treatment of the Special Needs Child

Brian S. Bassham, Ian Kane, Kimberly MacKeil-White, John Fischer, Don Arnold, Valerie Whatley, and Michele Walsh

The Hematology and Oncology Pediatric Patient: A Review of Fever and Neutropenia, Blood Transfusions, and Other Complex Problems

Abby M. Williams, Cristina Estrada, Hilary Gary-Bryan, and Kimberly MacKeil-White

Emergent Complications and Management of Children With End-Stage Renal Disease

Julie Phillips, Jennifer Gaskins, and Laurie Lawrence

High-Technology Gastroenterology Disorders in Children

Amanda L. Bogie and Cecilia Guthrie

Emergency Care of Children With High-Technology Neurologic Disorders

Courtney Horton, Lindsay Byrd, Heather Lucht, and Nicholas Higby

Disaster Management and Emergency Preparedness for Children and Youth With Special Health Care Needs

Patrick C. Drayna, Amanda Hansen, Renee Boggs, and Matthew R. Locklair

Nursing and Equipment Troubleshooting for Special Needs Children in the Emergency Department

Catherine Porter Moore, Jennifer Frizzell, Anna Richmond, and Kate Copeland

EMERGI-QUIZ CLINICAL PUZZLERS
Skating on Thin Ice

Michael D. Baldovsky

A Complicated Limp: When Occam's Razor Fails

Julia Lloyd



Purple – Physicians in the PED
Red- Nurses in the PED
Blue - Care partner in the PED
Green- RT in Children's
Pink- Instructor at School of Nursing

Tiered Response Process

What is new to our current response process?

☒ The addition of a new responding team consisting of a Pediatric Emergency Department Paramedic & Care Partner, designed to provide care to non-inpatients and employees who need non-emergent medical attention.

When should I initiate a call?

☒ Calls should be initiated when a non-inpatient or employee needs non-emergent care. The caller will be asked a series of questions to determine what responding team is needed. This does not take the place of the STAT/RRT process currently in place for our inpatients and OR patients.

How does Tiered Response work?

☒ Staff will call 1-1111 or 421-1111 (cell phone) The Vanderbilt Medical Response communication team will ask a series of questions. If the person is clinically stable the appropriate team will be dispatched.

What types of complaints should be elevated?

☒ Any issues which would require interventions or an assessment. Examples include: blood pressure checks, glucose monitoring, altered LOC, visitor falls, etc.

What questions will the dispatcher ask when I call 1-1111?

- 1.Vanderbilt Medical Response WHERE is your emergency? (Building, Floor, Room, POD)
- 2.Is this for an admitted patient or non-patient?
- 3.Is the person breathing effectively? (rules out a “code” situation)
- 4.Caller’s Name?
- 5.Caller’s call back number?



Standardized Communication: Paramedic/Care Partner Response Team

Situation

A new response team will be added to our current response structure in Monroe Carell Jr. Children's Hospital at Vanderbilt. Consisting of a Paramedic and Care Partner from the Pediatric Emergency Department, this team will respond to urgent medical needs of:

- ☐ non-inpatients
- ☐ clinic patients
- ☐ visitors
- ☐ staff

The current STAT/RRT response will not change for inpatients. The STAT team will continue to respond to all emergency medical needs.

Background

Over 65% of medical events involving visitors, employees, and clinic responses are adult patients. Most of these calls are urgent medical needs that do not require the resources currently being dispatched. On occasion individuals would refuse care; however, this documentation was not being captured in a consistent manner.

Assessment

The paramedic/care partner teams are comprised of highly trained staff members who specialize in assessing, transporting, and documenting these events. This team is equipped to provide a quick, thorough assessment and safely transport patients to the Pediatric Emergency Department.

The paramedic/care partner team will:

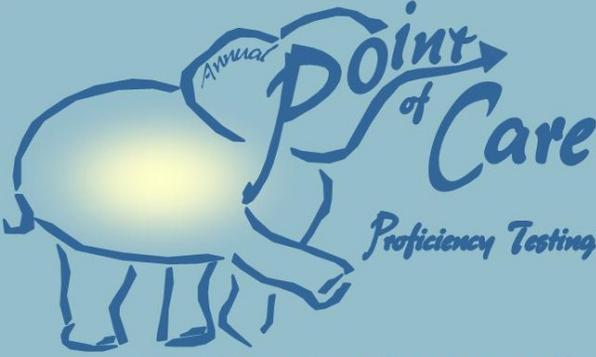
- ☐ respond to urgent medical events involving non-inpatients, clinic patients, visitors, and employees.
- ☐ transport the individual to the Pediatric Emergency Department for further medical care.
- ☐ be dispatched via Nextel phones—the call will not be paged overhead.
- ☐ maintain communication (via the Nextel phone) with the Attending Physician in the Peds ED.
- ☐ will document refusal of care if necessary.
- ☐ call for assistance if additional resources are needed.

The current STAT/RRT teams will respond to emergency medical events in MCJCHV.

Recommendation

The new response system will begin on Monday, June 4th, 2012 in MCJCHV. Each event will be audited for process improvement. In preparation of the “go live date” the paramedic/care partner teams will be visiting each department and clinic.

If you have additional questions or would like to send feedback, please email VCHresuscitation@vanderbilt.edu or provide information to your leadership team.



Annual **Point of Care**
Proficiency Testing

First Tuesday of each month
TVC 4801
Drop-in between 7:30am and 2:00pm

2012 Upcoming Dates

July **3** August **7**

click for details



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

**NEONATAL
INTUBATION**

presented by
Wendy A. Araya, MSN, APRN, NNP-BC
Nurse Practitioner,
Department of Neonatology,
Monroe Carell Jr. Children’s Hospital at Vanderbilt



EARN 1.0 CONTACT HOUR 

TUESDAY 19 JUNE 2012
3 - 4pm LIGHT HALL 214

OPEN TO ALL VUMC NURSING STAFF & STUDENTS
FREE TO ATTEND: LMS REGISTRATION REQUIRED
(click for details and to register)



Get on Track!

BASIC ARRHYTHMIA

CLICK FOR DETAILS & UPCOMING
- TEST DATES
- CLASS DATES

2011 - 2012
CLINICAL PRACTICE
GRAND ROUNDS

**APRN REGULATION
& CONTINUING
COMPETENCY**

presented by
Suzanne Staebler, DNP, RN, APRN, NNP-BC
Assistant Director, Advanced Practice Nursing
Monroe Carell Jr. Children's Hospital at Vanderbilt



EARN 1.0 CONTACT HOUR
CONTACT HOUR OPPORTUNITY

TUESDAY 17 JULY 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)



**UPCOMING
PRECEPTOR WORKSHOPS**
(minimum class size of six must be met for classes to be held)

**COMMUNICATION SKILLS FOR THE
PRECEPTOR**

8am to 12pm

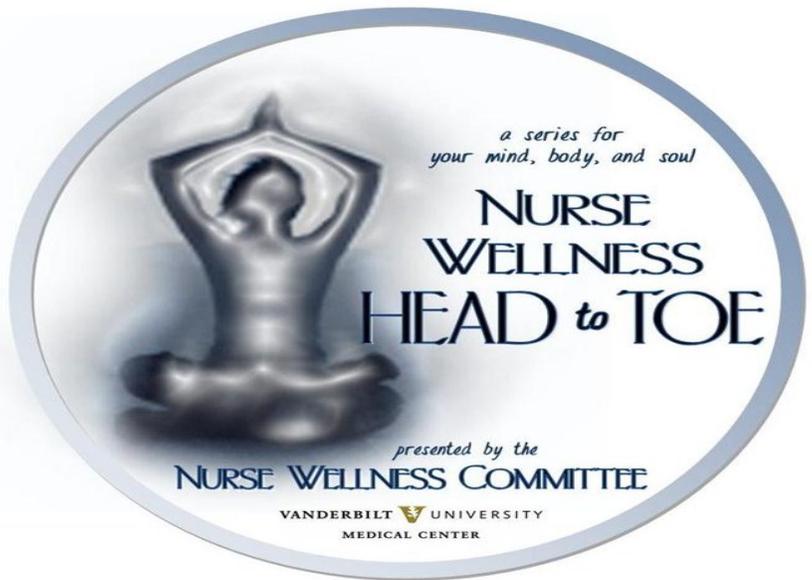
- June 29
- July 27
- August 24

**ESSENTIAL SKILLS FOR THE
PRECEPTOR**

8am to 3pm

- June 10
- July 8
- August 12

Contact Hours available
[Click for more information](#)



*click to access
or look for Nurse Wellness
under "employee resources"*





Winter 2013 Nurse Residency Program Applications will be accepted August 1– September 12, 2012 noon (Packet deadline September 12, 2012)

Program will post August 1, 2012. Initial on-line application will start the review process. A packet will be e-mailed upon application receipt. New electronic pilot process for VUMC Staff member candidates.

**Interviews held October 1– November 2, 2012
Winter 2013 NRP starts January 28, 2013**

Questions? Contact
tracey.fargo@vanderbilt.edu
615/322-5116

or visit www.VanderbiltNursing.com and look for the Nurse Residency Program under the “career center tab”
(click to access directly)

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.

Nursing Education and Professional Development

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