Centre universitaire de santé McGill | McGill University Health Centre

bibliothequescusm.ca
muhclibraries.ca

# CEU Alert service for MUHC Nurses
## February 2015

## CONTENTS

## ALLERGIES

Simmons, S. (2014). "Taking the bite out of food allergies." Nursing **44**(12): 44-52.

- Test: (2014). "Taking the bite out of food allergies." Nursing **44**(12):52-53.
- Cost: $24.95 (USD)
- Registration deadline: December 31, 2016
- **Valid for 2.5 accredited hours**

## ALTERNATIVE THERAPIES

Kramlich, D. (2014). "Introduction to Complementary, Alternative, and Traditional Therapies." Critical Care Nurse **34**(6): 50-56.

The use of complementary, alternative, and traditional therapies is increasing in the United States, and patients and their families are bringing these practices into the acute care setting. Acute and critical care nurses are in a unique and trusted position to advocate for their patients and to promote safe incorporation of complementary, alternative, and traditional therapies into the plan of care.

- Test online at: http://www.aacn.org/DM/CETests/Overview.aspx?TestID=1133&mid=2864&ItemID=1125&menu=CETests (Create account before doing test)
- Cost: $ 0 for members, usually $10.00 maximum (USD) for nonmembers
- Registration deadline: December 1, 2017
- **Valid for 1.0 accredited hours**

## ANESTHESIA NURSING

Brown, L. B. (2014). "Medication Administration in the Operating Room: New Standards and Recommendations." AANA Journal **82**(6): 465-469.

Anesthesia is one of the few areas in healthcare with no secondary verification of medication administration, yet it also has the highest number of administered medications, most of which are high-alert medications. Anesthetists often prescribe, dispense, mix, relabel, administer, and document medications without secondary verification. To increase patient safety, vigilance is one of the basic principles of anesthesia delivery in addition to the other fundamentals of medication administration. The Anesthesia Patient Safety Foundation recommends implementing standardizations, barcode medication administration, and the use of prefilled or premixed syringes to assist in the safe delivery of anesthesia. It has been shown that adhering to the principles outlined by the Anesthesia Patient Safety Foundation reduces the number of adverse drug events and results in safer care of patients.

- Test: (Must be an ANNA member) : http://www.AANALearn.com
- Cost: Free with ANNA membership
- Registration deadline: July 31, 2015
- **Valid for 1.0 accredited hours**

## CARDIAC PATIENTS

Albert, N. M., T. Murray, et al. (2015). "DIFFERENCES IN ALARM EVENTS BETWEEN DISPOSABLE AND REUSABLE ELECTROCARDIOGRAPHY LEAD WIRES." American Journal of Critical Care **24**(1): 67-74.

Background: Disposable electrocardiographic lead wires (ECG-LWs) may not be as durable as reusable ones. Objective: To examine differences in alarm events between disposable and reusable ECG-LWs. Method: Two cardiac telemetry units were randomized to reusable ECG-LWs, and 2 units alternated between disposable and reusable ECG-LWs for 4 months. A remote monitoring team, blinded to ECG-LW type, assessed frequency and type of alarm events by using total counts and rates per 100 patient days. Event rates were compared by using generalized linear mixed-effect models for differences and noninferiority between wire types. Results: In 1611 patients and 9385.5 patient days of ECG monitoring, patient characteristics were similar between groups. Rates of alarms for no telemetry, leads fail, or leads off were lower in disposable ECG-LWs (adjusted relative risk [95% CI], 0.71 [0.53-0.96]; noninferiority P < .001; superiority P = .03) and monitoring (artifact) alarms were significantly noninferior (adjusted relative risk [95% CI]: 0.88, [0.62-1.24], P = .02; superiority P = .44). No between-group differences existed in false or true crisis alarms. Disposable ECG-LWs were noninferior to reusable ECG-LWs for all false-alarm events (N [rate per 100 patient days], disposable 2029 [79.1] vs reusable 6673 [97.9]; adjusted relative risk [95% CI]: 0.81 [0.63-1.06], P = .002; superiority P = .12.) Conclusions: Disposable ECG-LWs with patented push-button design had superior performance in reducing alarms created by no telemetry, leads fail, or leads off and significant noninferiority in all false-alarm rates compared with reusable ECG-LWs. Fewer ECG alarms may save nurses time, decrease alarm fatigue, and improve patient safety.

- Test: Included with article
- Cost: $ 0 for AACN members, $10.00 (USD) for non-members
- Registration deadline: January 1, 2018
- **Valid for 1.0 accredited hours**

McRae, M. E. (2015). "Long-Term Outcomes After Repair of Congenital Heart Defects: Part 1." American Journal of Nursing **115**(1): 24-35.

Many congenital heart defects can be repaired, but long-term monitoring is often required to forestall possible complications. This two-part article reviews 10 common congenital heart defects, their repairs, and their common long-term outcomes, along with the implications for nurses in both cardiac and noncardiac settings. Here, in part 1, the author reviews six defects: bicuspid aortic valve, atrial septal defect, ventricular septal defect, atrioventricular septal defect, coarctation of the aorta, and pulmonic stenosis.

- Test: (2015). Long-Term Outcomes After Repair of Congenital Heart Defects: Part 1." American Journal of Nursing **115**(1): 36, 48.
- Cost: $24.95 (USD)
- Registration deadline: January 31, 2017
- **Valid for 2.5 accredited hours**

## COMMUNITY HEALTH NURSING

Balint, K. A. and N. M. George (2015). "Faith Community Nursing Scope of Practice: EXTENDING ACCESS TO HEALTHCARE." Journal of Christian Nursing **32**(1): 34-40.

- Test: Balint, K. A. and N. M. George (2015). "Faith Community Nursing Scope of Practice: EXTENDING ACCESS TO HEALTHCARE." Journal of Christian Nursing **32**(1): E10-E11.

- Cost: $17.95 (USD) NCF members, $24.95 for non-members
- Registration deadline: March 31, 2017
- **Valid for 2.5 accredited hours**

Waterman, L. and J. Voss (2015). "HPV, cervical cancer risks, and barriers to care for lesbian women." Nurse Practitioner 40(1): 46-53.

- Test: Waterman, L. and J. Voss (2015). "HPV, cervical cancer risks, and barriers to care for lesbian women." Nurse Practitioner 40(1): 53-54.
- Cost: $21.95 (USD)
- Registration deadline: January 31, 2017
- **Valid for 2.0 accredited hours**

## CRITICAL CARE

Aitken, L. M., E. Burmeister, et al. (2015). "PHYSICAL RECOVERY IN INTENSIVE CARE UNIT SURVIVORS: A COHORT ANALYSIS." American Journal of Critical Care **24**(1): 33-40.

Background: Some survivors of critical illness experience poor physical recovery, but which patients experience the most compromise during recovery is unknown. Objective: To identify factors associated with physical recovery by using the 6-minute walk test in adult survivors of critical illness 26 weeks after discharge from the hospital. Methods: A total of 195 adult survivors of a critical illness were enrolled in a multicenter trial of physical rehabilitation after discharge from the hospital. The 6-minute walk test, the 36-Item Short Form Health Survey, and sleep rated on a 5-point scale were completed at weeks 1 and 26. Clinical and demographic data were obtained from patient records. Results: A total of 145 patients completed the 26-week test. Of these, 94 (65%) increased the distance walked in 6 minutes by at least 75 m from the 1-week value and were therefore considered to have improved on the test. Factors associated with improvement included moderate to severe sleeping problems in week 1, moderate to vigorous exercise in week 26, and higher vitality in week 26. Conversely, respiratory problems and higher social functioning in week 1 were associated with less improvement in the distance walked. Conclusion: Multiple factors are associated with physical recovery after critical illness. Interventions to target multidimensional aspects of recovery such as sleep and exercise may result in improved physical function after critical illness.

- Test: Included with article
- Cost: $ 0 for AACN members, $10.00 (USD) for non-members
- Registration deadline: January 1, 2018
- **Valid for 1.0 accredited hours**

Cox, J. and L. Rasmussen (2014). "Enteral Nutrition in the Prevention and Treatment of Pressure Ulcers in Adult Critical Care Patients." Critical Care Nurse **34**(6): 15-27.

Prevention and healing of pressure ulcers in critically ill patients can be especially challenging because of the patients' burden of illness and degree of physiological compromise. Providing adequate nutrition may help halt the development or worsening of pressure ulcers. Optimization of nutrition can be considered an essential ingredient in prevention and healing of pressure ulcers. Understanding malnutrition in critical care patients, the effect of nutrition on wound healing, and the application of evidence-based nutritional guidelines are important aspects for patients at high risk for pressure ulcers. Appropriate screenings for nutritional status and risk for pressure ulcers, early collaboration with a registered dietician, and administration of appropriate feeding formulations and micronutrient and macronutrient supplementation to promote wound healing are practical solutions to improve the nutritional status of critical care patients. Use of nutritional management and enteral

feeding protocols may provide vital elements to augment nutrition and ultimately result in improved clinical outcomes.

- Test online at: http://www.aacn.org/dm/CETests/TakeTest.aspx?itemid=1132&mid=2864&opentype=redir (Create account before doing test)
- Cost: $ 0 for members, usually $10.00 maximum (USD) for nonmembers
- Registration deadline: December 1, 2017
- **Valid for 1.0 accredited hours**

Schallom, M., B. Dykeman, et al. (2015). "HEAD-OF-BED ELEVATION AND EARLY OUTCOMES OF GASTRIC REFLUX, ASPIRATION, AND PRESSURE ULCERS: A FEASIBILITY STUDY." American Journal of Critical Care **24**(1): 57-66.

Background Guidelines recommending head of bed (HOB) elevation greater than 30° to prevent ventilator-associated pneumonia conflict with guidelines to prevent pressure ulcers, which recommend HOB elevation less than 30°. Objectives To examine the feasibility of 45° HOB elevation and describe and compare the occurrence of reflux, aspiration, and pressure ulcer development at 30° and 45° HOB elevation. Methods A randomized 2-day crossover trial was conducted. HOB angle was measured every 30 seconds. Oral and tracheal secretions were analyzed for pepsin presence. Skin was assessed for pressure ulcers. Wilcoxon signed rank tests and Kendall τ correlations were conducted. Results Fifteen patients were enrolled; 11 completed both days. Patients were maintained at 30° (mean, 30°) for 96% of minutes and at 45° (mean, 39°) for 77% of minutes. No patients showed signs of pressure ulcers. A total of 188 oral secretions were obtained, 82 (44%) were pepsin-positive; 174 tracheal secretions were obtained, 108 (62%) were pepsin-positive. The median percentage of pepsin-positive oral secretions was not significantly higher (P = .11) at 30° elevation (54%) than at 45° elevation (20%). The median percentage of pepsin-positive tracheal secretions was not significantly higher (P = .37) at 30° elevation (71%) than 45° elevation (67%). Deeper sedation correlated with increased reflux (P = .03). Conclusions HOB elevation greater than 30° is feasible and preferred to 30° for reducing oral secretion volume, reflux, and aspiration without pressure ulcer development in gastric-fed patients receiving mechanical ventilation. More deeply sedated patients may benefit from higher HOB elevations.

- Test: Included with article
- Cost: $ 0 for AACN members, $10.00 (USD) for non-members
- Registration deadline: January 1, 2018
- **Valid for 1.0 accredited hours**

## EMERGENCY NURSING

**Read the following 5 articles and do the "Clinical Test Questions":**

Foley, A. (2015). "Strangulation: Know the Symptoms, Save a Life." JEN: Journal of Emergency Nursing **41**(1): 89-90.

Gorovoy, I. R. (2015). "Pearls in Ophthalmology for the Emergency Nurse." JEN: Journal of Emergency Nursing **41**(1): 19-22.

Karel, L. (2015). "Laundry Detergent Pod Ingestion in Two Pediatric Patients." JEN: Journal of Emergency Nursing **41**(1): 80-82.

Moore, K. (2015). "Measuring the Physiologic Response to Traumatic Injury." JEN: Journal of Emergency Nursing **41**(1): 86-88.

Normandin, P. (2015). "A 34-Year-Old Woman with Heavy Vaginal Bleeding." JEN: Journal of Emergency Nursing **41**(1): 69-70.

- Test Instructions: (2015)." Earn Up to 8.5 Contact Hours by Reading the Designated Articles and Taking These Post Tests." JEN: Journal of Emergency Nursing **41**(1): 91.
- Test : (2015). "Clinical Test Questions". JEN: Journal of Emergency Nursing **41**(1): 92-93.
- Test Enrollment Form: "CE Enrollment Form". JEN: Journal of Emergency Nursing **41**(1):96.
- Cost: $ 23.95 (USD) for ENA members, $27.95 (USD) for non-members
- Registration deadline: January 30, 2016
- **Valid for 3.5 accredited hours**

**Read the following 2 articles and do the "Research Test Questions":**

Anderson, J. C., J. K. Stockman, et al. (2015). "Injury Outcomes in African American and African Caribbean Women: The Role of Intimate Partner Violence." JEN: Journal of Emergency Nursing **41**(1): 36-42.

Introduction Intimate partner violence has been linked to increased and repeated injuries, as well as negative long-term physical and mental health outcomes. This study examines the prevalence and correlates of injury in women of African descent who reported recent intimate partner violence and control subjects who were never abused. Methods African American and African Caribbean women aged 18 to 55 years were recruited from clinics in Baltimore, MD, and the US Virgin Islands. Self-reported demographics, partner violence history, and injury outcomes were collected. Associations between violence and injury outcomes were examined with logistic regression. Results All injury outcomes were significantly more frequently reported in women who also reported recent partner violence than in women who were never abused. Multiple injuries were nearly 3 times more likely to be reported in women who had experienced recent abuse (adjusted odds ratio 2.75; 95% confidence interval 1.98-3.81). Reported injury outcomes were similar between the sites except that women in Baltimore were 66% more likely than their US Virgin Islands counterparts to report ED use in the past year ( P = .001). In combined-site multivariable models, partner violence was associated with past-year ED use, hospitalization, and multiple injuries. Discussion Injuries related to intimate partner violence may be part of the explanation for the negative long-term health outcomes. In this study, partner violence was associated with past-year ED use, hospitalization, and multiple injuries. Emergency nurses need to assess for intimate partner violence when women report with an injury to ensure that the violence is addressed in order to prevent repeated injuries and negative long-term health outcomes.

Diderich, H. M., P. H. Verkerk, et al. (2015). "Missed Cases in the Detection of Child Abuse Based on Parental Characteristics in the Emergency Department (the Hague Protocol)." JEN: Journal of Emergency Nursing **41**(1): 65-68.

Introduction We aimed to assess the number of "missed cases" in the detection of child abuse based on the Hague Protocol. This protocol considers 3 parental characteristics of ED adult patients to identify child abuse: (1) domestic violence, (2) intoxication, and (3) suicide attempt or auto-mutilation. Methods This study focuses on parents whose children should have been referred to the Reporting Centre for Child Abuse and Neglect (RCCAN) in the Hague, the Netherlands, according to the guidelines of the Hague Protocol. Data were collected from all referrals by the Medical Centre Haaglanden (Medisch Centrum Haaglanden) to the RCCAN in the Hague between July 1 and December 31, 2011. The hospital's database was searched to determine whether the parents had visited

the emergency department in the 12 months before their child's referral to the RCCAN. Results Eight missed cases out of 120 cases were found. The reasons for not referring were as follows: forgetting to ask about children and assuming that it was not necessary to refer children if parents indicated that they were already receiving some form of family support. Discussion Barriers to identifying missing cases could be relatively easy to overcome. Regular training of emergency nurses and an automated alert in the electronic health record to prompt clinicians and emergency nurses may help prevent cases being missed in the future.

- Test Instructions: (2015)." Earn Up to 8.5 Contact Hours by Reading the Designated Articles and Taking These Post Tests." JEN: Journal of Emergency Nursing **41**(1): 91.
- Test : (2015). "Research Test Questions". JEN: Journal of Emergency Nursing **41**(1): 93-94.
- Test Enrollment Form: "CE Enrollment Form". JEN: Journal of Emergency Nursing **41**(1):96.
- Cost: $ 18.95 (USD) for ENA members, $22.95 (USD) for non-members
- Registration deadline: January 30, 2016
- **Valid for 2.5 accredited hours**

**Read the following 2 articles and do the "Practice Improvement Test Questions":**

Bornemann-Shepherd, M., J. Le-Lazar, et al. (2015). "Caring for Inpatient Boarders in the Emergency Department: Improving Safety and Patient and Staff Satisfaction." JEN: Journal of Emergency Nursing **41**(1): 23-29.

Hospital capacity constraints lead to large numbers of inpatients being held for extended periods in the emergency department. This creates concerns with safety, quality of care, and dissatisfaction of patients and staff. The aim of this quality-improvement project was to improve satisfaction and processes in which nurses provided care to inpatient boarders held in the emergency department. A quality-improvement project framework that included the use of a questionnaire was used to ascertain employee and patient dissatisfaction and identify opportunities for improvement. A task force was created to develop action plans related to holding and caring for inpatients in the emergency department. A questionnaire was sent to nursing staff in spring 2012, and responses from the questionnaire identified improvements that could be implemented to improve care for inpatient boarders. Situation-background-assessment-recommendation (SBAR) communications and direct observations were also used to identify specific improvements. Post-questionnaire results indicated improved satisfaction for both staff and patients. It was recognized early that the ED inpatient area would benefit from the supervision of an inpatient director, managers, and staff. Outcomes showed that creating an inpatient unit within the emergency department had a positive effect on staff and patient satisfaction.

Otegbeye, M., R. Scriber, et al. (2015). "Designing a Data-Driven Decision Support Tool for Nurse Scheduling in the Emergency Department: A Case Study of a Southern New Jersey Emergency Department." JEN: Journal of Emergency Nursing **41**(1): 30-35.

Introduction A health system serving Burlington and Camden Counties, New Jersey, sought to improve labor productivity for its emergency departments, with emphasis on optimizing nursing staff schedules. Methods Using historical emergency department visit data and operating constraints, a decision support tool was designed to recommend the number of emergency nurses needed in each hour for each day of the week. Results The pilot emergency department nurse managers used the decision support tool's recommendations to redeploy nurse hours from weekends into a float pool to support periods of demand spikes on weekdays. Productivity improved significantly, with no unfavorable impact on patient throughput, and patient and staff satisfaction. Discussion

Today's emergency department manager can leverage the increasing ease of access to the emergency department information system's data repository to successfully design a simple but effective tool to support the alignment of its nursing schedule with demand patterns.

- Test Instructions: (2015)." Earn Up to 8.5 Contact Hours by Reading the Designated Articles and Taking These Post Tests." JEN: Journal of Emergency Nursing **41**(1): 91.
- Test : (2015). "Practice Improvement Test Questions". JEN: Journal of Emergency Nursing **41**(1): 94-95.
- Test Enrollment Form: "CE Enrollment Form". JEN: Journal of Emergency Nursing **41**(1):96.
- Cost: $ 18.95 (USD) for ENA members, $22.95 (USD) for non-members
- Registration deadline: January 30, 2016
- **Valid for 2.5 accredited hours**

## GASTROENTEROLOGY

Smith, C. and H. Harris (2014). "Crohn disease." Nursing **44**(12): 36-42.

- Test: (2014). "Crohn disease." Nursing **44**(12): 36-42.
- Cost: $21.95 (USD)
- Registration deadline: December 31, 2016
- **Valid for 2.0 accredited hours**

## HYPERTENSION

Scordo, K. A. and K. A. Pickett (2015). "Managing hypertension." Nursing **45**(1): 28-33.

- Test: (2015). "Managing hypertension." Nursing **45**(1): 33-34.
- Cost: $21.95 (USD)
- Registration deadline: January 31, 2017
- **Valid for 2.0 accredited hours**

## INFECTIOUS DISEASES

Butler, C. and P. Ellsworth (2014). "Contemporary Approach To Diagnosis, Management, And Treatment of Varicocele In the Adolescent." Urologic Nursing **34**(6): 271-280.

Varicocele is the most common inguinoscrotal pathology among adolescents. It is of concern due to the potential effect on fertility. A review of the literature focusing on current guidelines regarding diagnosis, evaluation, and management of adolescent varicocele was conducted. An algorithm is provided as one method for approaching the adolescent varicocele.

- Test: www.prolibraries.com/suna (search "Contemporary Approach To Diagnosis, Management, And Contemporary Approach To Diagnosis, Management, And Treatment of Varicocele In the AdolTreatment Treatment of Varicocele In the Adolescent", purchase CNE Evaluation Only, then create your online account)
- Cost: $15.00 (USD)
- Registration deadline: December 31, 2016
- **Valid for 1.4 accredited hours**

## NUTRITION

Roberts, S., B. Desbrow, et al. (2014). "Patient Perceptions of the Role of Nutrition for Pressure Ulcer Prevention in Hospital." Journal of Wound, Ostomy & Continence Nursing **41**(6): 528-534.

PURPOSE: The aims of this study were to explore (a) patients' perceptions of the role of nutrition in pressure ulcer prevention; and (b) patients' experiences with dieticians in the hospital setting. DESIGN: Interpretive qualitative study. SUBJECTS AND SETTING: The sample comprised 13 females and 7 males. Their mean age was 61.3 ± 12.6 years (mean ± SD), and their average hospital length of stay was 7.4 ± 13.0 days. The research setting was a public health hospital in Australia. METHODS: In this interpretive study, adult medical patients at risk of pressure ulcers due to restricted mobility participated in a 20 to 30 minute interview using a semi-structured interview guide. Interview questions were grouped into 2 domains; perceptions on the role of nutrition for pressure ulcer prevention; and experiences with dieticians. Recorded interviews were transcribed and analyzed using content analysis. RESULTS: Within the first domain, 'patient knowledge of nutrition in pressure ulcer prevention,' there were varying patient understandings of the role of nutrition for prevention of pressure ulcers. This is reflected in 5 themes: (1) recognizing the role of diet in pressure ulcer prevention; (2) promoting skin health with good nutrition; (3) understanding the relationship between nutrition and health; (4) lacking insight into the role of nutrition in pressure ulcer prevention; and (5) acknowledging other risk factors for pressure ulcers. Within the second domain, patients described their experiences with and perceptions on dieticians. Two themes emerged, which expressed differing opinions around the role and reputation of dieticians; they were receptive of dietician input; and displaying ambivalence towards dieticians' advice. CONCLUSIONS: Hospital patients at risk for pressure ulcer development have variable knowledge of the preventive role of nutrition. Patients had differing perceptions of the importance and value of information provided by dieticians.

- Test: (2014). "Patient Perceptions of the Role of Nutrition for Pressure Ulcer Prevention in Hospital." Journal of Wound, Ostomy & Continence Nursing **41**(6):E1-E2.
- Cost: $24.95 (USD)
- Registration deadline: December 31, 2016
- **Valid for 2.5 accredited hours**

## LEADERSHIP

Stiles, K. A., S. L. Horton-Deutsch, et al. (2014). "The Nurse's Lived Experience of Becoming an Interprofessional Leader." Journal of Continuing Education in Nursing **45**(11): 487-493.

In the current complex health care environment, nurses in all practice settings are called on to be leaders in advocating for a healthier future. Health care reform, the rise of the evidence-based practice movement, and the proliferation of new educational options are opening opportunities as never before for nurses to expand their leadership capacity to an interprofessional level. This interpretive phenomenological study conducted with eight nurse participants describes their experience of becoming an interprofessional leader. A team of three nurse researchers interpreted the texts individually and collectively. Interview texts were analyzed hermeneutically to uncover the common shared experience of moving toward common ground with interprofessional leadership as a process, one that not only took time, but also called for self-reflection, deliberate actions, and a new mindset. This study develops the evidence base for leadership preparation at a time when there is a strong need for interprofessional leaders and educators in health care.

- Test: (2014). "The Nurse's Lived Experience of Becoming an Interprofessional Leader." Journal of Continuing Education in Nursing **45**(11): 494-495..

- Cost: $20.00 (USD)
- Registration deadline:  October 31, 2016
- **Valid for 1.2 accredited hours**

## NURSE-PATIENT RELATIONS

Rutherford, M. M. (2014). "The Value of Trust to Nursing." Nursing Economic$ **32**(6): 283-289.

- Test: Included with article
- Cost: $15.00 (USD)
- Registration deadline: December 31, 2016
- **Valid for 1.1 accredited hours**

## OBESITY

Budd, G. M. and J. A. Peterson (2015). "The Obesity Epidemic, Part 2: Nursing Assessment and Intervention." American Journal of Nursing **115**(1): 38-46.

Although there are many gaps in our understanding of the mechanisms underlying obesity, several nursing strategies have proven effective in combating this public health crisis. This article, the second in a two-part series, presents a theoretical framework to guide nursing assessment of affected patients and their families, thereby informing intervention. The authors discuss the effects of stigma and bias on the treatment o f obesity; how to conduct a thorough assessment of an obese patient; the effectiveness of the most common lifestyle, pharmacologic, and surgical interventions for obesity; and issues to consider in the treatment of obese children. Part 1, which appeared in last month's issue, provided background on the epidemic; defined terms used in obesity treatment; and described pathophysiologic, psychological, and social factors that influence weight control.

- Test: Contrada, Emily (2015). ). "The Obesity Epidemic, Part 2: Nursing Assessment and Intervention." American Journal of Nursing **115**(1): 47-48.
- Cost: $24.95 (USD)
- Registration deadline: January 31, 2017
- **Valid for 2.5 accredited hours**

## ONCOLOGY

Feng, F., M. Schaich, et al. (2014). "Current and Future Applications Of Genetic Prostate Cancer Screening in the Urologic Clinic." Urologic Nursing **34**(6): 281-311.

The limitations of PSA and DRE screening for prostate cancer have prompted much research into genetic-based screenings. This survey of innovations and obstacles in genomic testing will help prepare urologic clinicians for future interventions.

- Test: www.prolibraries.com/suna (search “Current and Future Applications Of Genetic Prostate Cancer Screening in the Urologic Clinic”, purchase CNE Evaluation Only, then create your online account)
- Cost: $15.00 (USD)
- Registration deadline: December 31, 2016
- **Valid for 1.3 accredited hours**

Landon, D. L., L. Lockhart, et al. (2015). "Understanding multiple myeloma." Nursing Made Incredibly Easy **13**(1): 30-40.

- Test: (2015"Understanding multiple myeloma." Nursing Made Incredibly Easy **13**(1): 40-41.
- Cost: $21.95 (USD)
- Registration deadline: February 28, 2017
- **Valid for 2.0 accredited hours**

## ORTHOPEDICS

Lewis, J. (2014). "A Systematic Literature Review of the Relationship Between Stretching and Athletic Injury Prevention." Orthopaedic Nursing **33**(6): 312-320.

- Test: (2014). "A Systematic Literature Review of the Relationship Between Stretching and Athletic Injury Prevention." Orthopaedic Nursing **33**(6): 321-322.
- Cost: $12.00 (USD) for NAON members, $25.00 (USD) for non-members
- Registration deadline: December 31, 2016
- **Valid for 2.5 accredited hours**

Melander, J. and J. C. Moen (2014). "It's Just a Game: Preconcussion Baseline Assessment and Return-to-Play Guidelines for Sports-Related Concussions." Orthopaedic Nursing **33**(6): 323-328.

- Test: (2014). "It's Just a Game: Preconcussion Baseline Assessment and Return-to-Play Guidelines for Sports-Related Concussions." Orthopaedic Nursing **33**(6): 329-330.
- Cost: $10.00 (USD) for NAON members, $20.00 (USD) for non-members
- Registration deadline: December 31, 2016
- **Valid for 2.0 accredited hours**

Rodts, M. F., R. Glanzman, et al. (2014). "Measuring Outcomes in Orthopaedics: Implementation of an Outcomes Program in an Outpatient Orthopaedic Practice." Orthopaedic Nursing **33**(6): 331-339.

- Test: (2014). "Measuring Outcomes in Orthopaedics: Implementation of an Outcomes Program in an Outpatient Orthopaedic Practice." Orthopaedic Nursing **33**(6):340-41.
- Cost: $10.00 (USD) for NAON members, $20.00 (USD) for non-members
- Registration deadline: December 31, 2016
- **Valid for 2.0 accredited hours**

## OSTEOARTHRITIS

Harris, H. and A. Crawford (2015). "Recognizing and managing osteoarthritis." Nursing **45**(1): 36-41.

- Test: ( 2015). "Recognizing and managing osteoarthritis." Nursing **45**(1): 42-43.
- Cost: $21.95 (USD)
- Registration deadline: January 31, 2017
- **Valid for 2.0 accredited hours**

## PALLIATIVE CARE

Fielding, F. and C. O. Long (2014). "The Death Rattle Dilemma." Journal of Hospice & Palliative Nursing **16**(8): 466-471.

Death rattle, defined as the noise created by the flow of air through secretions in the upper respiratory tract, is a well-known phenomenon associated with the dying process. The use of anticholinergics is standard practice in hospice and palliative care, yet despite a growing number of quality clinical trials, there is still no

compelling scientific evidence that our interventions for death rattle are effective. Studies to date have focused on antisecretory agents, primarily anticholinergics, with mixed results and variable interpretations. Recent placebo-controlled data suggest that death rattle may tend to diminish over time without medication. Objective measurements of patient distress indicate that dying patients experience very low levels of respiratory distress with or without death rattle. While treatment is often initiated based on the perceived distress of family members, emerging qualitative data suggest that death rattle is not always distressing to family and caregivers. Our current approach to death rattle presents a clinical and ethical dilemma; a better understanding of the range of responses and interpretations will allow nurses to frame the discussion of death rattle more effectively and help to guide care. More research is needed into nonpharmacologic, particularly communication-based, interventions for death rattle.

- Test: (2014). "The Death Rattle Dilemma." Journal of Hospice & Palliative Nursing **16**(8): 472-473.
- Cost: $24.95 (USD)
- Registration deadline: October 31, 2016
- **Valid for 2.5 accredited hours**

Hamric, A. B. (2014). "A Case Study of Moral Distress." Journal of Hospice & Palliative Nursing **16**(8): 457-463.

Moral distress occurs when an individual's moral integrity is seriously compromised, either because one feels unable to act in accordance with core values and obligations, or attempted actions fail to achieve the desired outcome. Recurrent situations of moral distress can lead to the "crescendo effect," with buildup of moral distress and moral residue in care providers. This article analyzes a case that led to moral distress in a health care team. Themes of moral distress are identified, and strategies are offered to help clinicians manage such cases. Institutional resources such as ethics committees and palliative care teams can be helpful in dealing with moral distress if they are knowledgeable about the phenomenon.

- Test: (2014). "A Case Study of Moral Distress." Journal of Hospice & Palliative Nursing **16**(8): 464-465.
- Cost: $24.95 (USD)
- Registration deadline: October 31, 2016
- **Valid for 2.5 accredited hours**

## PEDIATRIC NURSING

Holston, J. T. (2015). "Supporting Families in NEONATAL LOSS: Relationships and Faith Key to Comfort." Journal of Christian Nursing **32**(1): 18-25.

- Test: (2015). "Supporting Families in NEONATAL LOSS: Relationships and Faith Key to Comfort." Journal of Christian Nursing **32**(1): E8-E9.
- Cost: $17.95 (USD) NCF members, $24.95 for non-members
- Registration deadline: March 31, 2017
- **Valid for 2.5 accredited hours**

## PERIOPERATIVE NURSING

Calvaresi, A. E., E. J. Trabulsi, et al. (2014). "Implementing Hexaminolevulinate HCl Blue Light Cystoscopy: A Nursing Perspective." AORN Journal **100**(5): 490-496.

Hexaminolevulinate HCl is a diagnostic imaging agent used with blue light during cystoscopy to help detect non-muscle-invasive bladder cancer. Blue light cystoscopy performed using hexaminolevulinate HCl has

been found to detect more papillary non-muscle-invasive bladder tumors than cystoscopy performed using standard white light. Because bladder instillation and retention requirements of hexaminolevulinate during cystoscopy can affect patient flow in the perioperative setting, this technique necessitates changes in nursing practice and care of patients with known or suspected non-muscle-invasive bladder cancer. Nursing personnel at one facility followed the AORN guidelines for preoperative patient care in the ambulatory setting to address staffing, preoperative nursing assessment, anesthesia evaluation, and preoperative teaching related to implementing blue light cystoscopy.

- Test online at: https://www.aorn.org/Member_Apps/Product/Detail?productID=9031
- Cost: $12.80 (USD) for members, $32.00 (USD) for nonmembers
- Registration deadline: November 30, 2017
- **Valid for 1.6 accredited hours**

Chaisson, K., M. Sanford, et al. (2014). "Improving Patients' Readiness for Coronary Artery Bypass Graft Surgery." Critical Care Nurse **34**(6): 29-36.

BACKGROUND Preoperative interventions improve outcomes for patients after coronary artery bypass surgery (CABG). OBJECTIVE To reduce mortality for patients undergoing urgent CABG. METHODS Eight centers implemented preoperative aspirin and statin, preinduction heart rate less than 80/min, hematocrit greater than 30%, blood sugar less than 150 mg/dL (8.3 mmol/L), and delayed surgery at least 3 days after a myocardial infarction. Data were collected on the last 150 isolated, urgent CABGs at each center (n=1200). A "bundle" score of 0 to 100 was calculated for each patient to represent the percentage of interventions used. RESULTS Scores ranged from 33 to 100. About 56% of patients had a perfect score. Crude mortality and composite rates were lower in patients with higher scores, but once adjusted for patient and disease characteristics, the difference in scores was not significant. Higher scores were associated with shorter intubation: 6.0 hours (score 100), 8.0 hours (score 80-99), 8.4 hours (score<80) (log-rank P<.001). Median length of stay was shorter for patients with higher scores: 5 days (score 100), 6 days (scores 80-99), and 6 days (scores <80) (log-rank P<.001). CONCLUSION Implementation of interventions to optimize patients' "readiness for surgery" is associated with shorter intubation times and shorter hospital stays after CABG.

- Test online at: http://www.aacn.org/DM/CETests/Overview.aspx?TestID=1131&mid=2864&ItemID=1123&menu=CETests (Create account before doing test)
- Cost: $ 0 for members, usually $10.00 maximum (USD) for nonmembers
- Registration deadline: December 1, 2017
- **Valid for 1.0 accredited hours**

Graybill-D'ercole, P. (2014). "RP Implementation: Specimen Management." AORN Journal **100**(6): 625-636.

Effective specimen management in the perioperative setting is essential for accurate patient diagnosis and intervention. AORN's "Recommended practices for specimen management" provides guidance to help perioperative nurses, in collaboration with a multidisciplinary team, implement a specimen management process that includes a needs assessment, site identification, collection and handling, transfer from the sterile field, containment, specimen identification and labeling, preservation, transport, disposition, and documentation. Accurate specimen management requires effective multidisciplinary communication and an awareness of the potential opportunities for error. Specimens discussed in the recommended practices document include breast cancer specimens, amputated digits and limbs to be reattached, forensic and radioactive specimens, and explanted medical devices and orthopedic hardware. The recommendations are applicable to both hospital and ambulatory settings.

- Test online at: https://www.aorn.org/Member_Apps/Product/Detail?productID=9055
- Cost: $12.80 (USD) for members, $25.60 (USD) for nonmembers
- Registration deadline: December 3, 2017
- **Valid for 1.6 accredited hours**

Karasin, M. (2014). "Special Needs Populations: Perioperative Care of the Patient With Creutzfeldt-Jakob Disease." AORN Journal **100**(4): 391-410.

Creutzfeldt-Jakob disease (CJD) is a rare but lethal prion disease. The worldwide mortality rate of CJD is 1.67 per one million people, although 90% of cases will lead to death within one year of symptom onset. Rapid, progressive dementia is the cardinal sign of CJD. Other early symptoms include deterioration of muscle coordination, memory, judgment, and vision, as well as personality changes, insomnia, and depression. It occurs in two types, classic and new variant, and classic CJD can be further divided into three subtypes: sporadic, familial (ie, genetic), and iatrogenic (ie, health care associated). Surgery often requires using instruments that come in contact with high-infectivity tissue, especially during neurosurgical procedures and diagnostic biopsies. To reduce the risk of disease transmission, infection control practices should include identification of the risk of infection, implementation of safety protocols (eg, use of personal protective equipment), proper selection and use of instrumentation, and adequate disinfection and sterilization practices. Silent carriers, risks of iatrogenic infection, and the possibility of inadvertent exposure of healthy patients may carry great liability to public health and hospital stability.

- Test: Included with article, but go to website indicated in the test for credit
- Cost: $ 20.80 for AORN members, $52.00 (USD) for non-members
- Registration deadline: October 31, 2017
- **Valid for 2.6 accredited hours**

Morath, J., R. Filipp, et al. (2014). "Strategies for Enhancing Perioperative Safety: Promoting Joy and Meaning in the Workforce." AORN Journal **100**(4): 377-389.

Workforce safety is a precondition of patient safety, and safety from both physical and psychological harm in the workplace is the foundation for an environment in which joy and meaning can exist. Achieving joy and meaning in the workplace allows health care workers to continuously improve the care they provide. This requires an environment in which disrespectful and harmful behaviors are not tolerated or ignored. Health care leaders have an obligation to create workplace cultures that are characterized by respect, transparency, accountability, learning, and quality care. Evidence suggests, however, that health care settings are rife with disrespectful behavior, poor teamwork, and unsafe working conditions. Solutions for addressing workplace safety problems include defining core values, tasking leaders to act as role models, and committing to becoming a high-reliability organization.

- Test: Included with article, but go to website indicated in the test for credit
- Cost: $ 17.60 for AORN members, $44.00 (USD) for non-members
- Registration deadline: October 31, 2017
- **Valid for 2.2 accredited hours**

Ogg, M. J. (2014). "Clinical Issues." AORN Journal 100(5): 542-550.

- Test online at: https://www.aorn.org/Member_Apps/Product/Detail?productID=9029
- Cost: $12.00 (USD) for members, $30.00 (USD) for nonmembers
- Registration deadline: November 30, 2017
- **Valid for 1.5 accredited hours**

Spruce, L. (2014). "Back to Basics: Implementing the Surgical Checklist." AORN Journal **100**(5): 466-476.

Surgery is complex and technically demanding for all team members. Surgical checklists have been implemented with different degrees of success in the perioperative setting. There is a wealth of evidence that they are effective at preventing patient safety events and helping team members master the complexities of modern health care. Implementation is key to successful use of the surgical checklist in all invasive procedural settings. Key strategies for successful checklist implementation include establishing a multidisciplinary team to implement the checklist, involving surgeon leaders, pilot testing the checklist, incorporating feedback from team members to improve the process, recognizing and addressing barriers to implementation, and offering coaching and continuous feedback to team members who use the checklist. Using these strategies will give the perioperative nurse, department leaders, and surgeons the tools to implement a successful checklist.

- Test: Included with article, but go to website indicated in the test for credit
- Cost: $ 17.60 for AORN members, 35.20 (USD) for non-members
- Registration deadline: January 31, 2018
- **Valid for 2.2 accredited hours**

Spruce, L. and S. A. Van Wicklin (2014). "Clinical Issues." AORN Journal **100**(6): 690-701.

- Test online at: https://www.aorn.org/Member_Apps/Product/Detail?productID=9054
- Cost: $17.60 (USD) for members, $35.20 (USD) for nonmembers
- Registration deadline: December 31, 2017
- **Valid for 2.20 accredited hours**

Tetef, S. (2014). "Effectiveness of Transmucosal Sedation for Special Needs Populations in the Ambulatory Care Setting." AORN Journal **100**(6): 651-669.

Transmucosal is an alternative route for administering medications (ie, dexmedetomidine, midazolam, naloxone) that can be effective for procedural or moderate sedation in patients with special needs when other routes are not practical or are contraindicated. Special needs populations include children, older adults, pregnant and breast-feeding women, and people with disabilities or conditions that limit their ability to function and cope. Understanding the perioperative nurse's role in the care of patients receiving medications via the transmucosal route can lead to better clinical outcomes. Successful use of the transmucosal route requires knowledge of when to administer a medication, how often and how much of a medication should be administered, the onset and duration of action, the adverse effects or contraindications, and the key benefits. In addition, a case study approach suggests that transmucosal sedation can decrease patient stress and anxiety related to undergoing medical procedures or surgery in the ambulatory care setting.

- Test: Included with article, but go to website indicated in the test for credit
- Cost: $ 28.00 for AORN members, $56.00 (USD) for non-members
- Registration deadline: December 31, 2017
- **Valid for 3.5 accredited hours**

## PHARMACEUTICAL PREPARATIONS

Johnson, M. S. (2015). "Drugs on the horizon." Nursing Management **46**(1): 16-22.

- Test: (2015). "Drugs on the horizon." Nursing Management **46**(1): 22-23.

- Cost: $21.95 (USD)
- Registration deadline: January 31, 2017
- **Valid for 2.0 accredited hours**

Lall, M. P. (2014). "Opioid Therapy for Chronic Low Back Pain: Prescribing Considerations for Advanced Practice Registered Nurses." Journal of Neuroscience Nursing **46**(6): 361-366.

- Test: (2014). "). "Opioid Therapy for Chronic Low Back Pain: Prescribing Considerations for Advanced Practice Registered Nurses." Journal of Neuroscience Nursing **46**(6):E1-E2.
- Cost: $24.95 (USD)
- Registration deadline: December 31, 2016
- **Valid for 2.0 accredited hours**

Sigler, J. (2014). "DRUG UPDATES AND APPROVALS: 2014 IN REVIEW." Nurse Practitioner **39**(12): 14-23.

This article highlights important prescribing information for new drugs approved by the FDA over the last year. These include albiglutide, apremilast, dapagliflozin, insulin human inhalation powder, riociguat, timothy grass pollen allergen extract, umeclidinium and vilanterol inhalation powder, and vorapaxar.

- Test: (2014). "DRUG UPDATES AND APPROVALS: 2014 IN REVIEW." Nurse Practitioner **39**(12): 23-24.
- Cost: $27.95 (USD)
- Registration deadline: January 31, 2017
- **Valid for 2.5 accredited hours**

## SKIN INJURIES

LeBlanc, K. and S. Baranoski (2014). "Skin tears: The forgotten wound." Nursing Management **45**(12): 36-46.

- Test: (2014). "Skin tears: The forgotten wound." Nursing Management **45**(12): 46-47.
- Cost: $24.95 (USD)
- Registration deadline: December 31, 2016
- **Valid for 2.5 accredited hours**

Sprigle, S. (2014). "Measure It: Proper Wheelchair Fit Is Key to Ensuring Function While Protecting Skin Integrity." Advances in Skin & Wound Care **27**(12): 561-572.

- Test: (2014). "Measure It: Proper Wheelchair Fit Is Key to Ensuring Function While Protecting Skin Integrity." Advances in Skin & Wound Care **27**(12):573-574.
- Cost: $24.95 (USD)
- Registration deadline: December 31, 2016
- **Valid for 2.5 accredited hours**

## STROKE

Tian, M. J., A. H. Tayal, et al. (2015). "Predictors of Poor Hospital Discharge Outcome in Acute Stroke Due To Atrial Fibrillation." Journal of Neuroscience Nursing **47**(1): 20-26.

- Test: (2015). "Predictors of Poor Hospital Discharge Outcome in Acute Stroke Due To Atrial Fibrillation." Journal of Neuroscience Nursing **47**(1):E1.
- Cost: $21.95 (USD)

- Registration deadline: February 28, 2017
- **Valid for 2.0 accredited hours**

## TRANSPLANTATION

Chaney, A. (2014). "Primary care management of the liver transplant patient." Nurse Practitioner **39**(12): 26-33.

There are over 65,000 people in the United States who have received a liver transplant. In primary care practice, nurse practitioners must be aware of the special considerations necessary for this population.

- Test: (2015). "Primary care management of the liver transplant patient." Nurse Practitioner **39**(12): 33-34.
- Cost: $24.95 (USD)
- Registration deadline: December 31, 2016
- **Valid for 2.0 accredited hours**

Colaneri, J. (2014). "An Overview of Transplant Immunosuppression – History, Principles, and Current Practices in Kidney Transplantation." Nephrology Nursing Journal **41**(6): 549-561.

From the historical first transplant in 1954 to the current transplant era, tremendous strides have been made in transplant immunology and immunosuppression. The most common immunosuppressive regimens use a combination of agents with differing modes of action to maximize efficacy and minimize the toxicities associated with each class of agent. The general categories of immunosuppressives are glucocorticoids, antimetabolites, calcineurin inhibitors, anti-lymphocyte antibody therapies (monoclonal and polyclonal), costimulation blockers, and mTOR inhibitors. This article reviews immunosuppressant medications, their actions, and significant side effects; discusses clinical management issues of immunosuppression; and describes future directions for the development of immunosuppressive medications.

- Test: Included with article
- Cost: $15.00 (USD) for ANNA members, $25.00 (USD) for non-members
- Registration deadline: December 31, 2016
- **Valid for 1.4 accredited hours**

Derkowski, D. M. (2014). "Understanding the Changes to the National Deceased Donor Allocation System." Nephrology Nursing Journal **41**(6): 589-592.

The national deceased donor kidney allocation system has not been changed since 1986. After many years of study and collaboration, a new policy to revise the system goes into effect on December 4, 2014. This new system is intended to increase access to kidney transplantation and improve the overall success rates. Although the majority of candidates will not be significantly affected by the changes, certain populations of patients are projected to have decreased waiting times. Transplant candidates expected to need a kidney the longest are also more likely to receive a kidney predicted to last the longest. Many educational resources have been provided to transplant centers and have also been made available to patients and referring physicians.

- Test online at: http://www.prolibraries.com/anna/?select=session&sessionID=3143 (Create account before doing test)
- Cost: $15.00 (USD) for ANNA members, $25.00 (USD) for non-members
- Registration deadline: January 30, 2017
- **Valid for 1.4 accredited hours**

Hendrix, K. M. (2014). "BK Virus in Recipients of Kidney Transplants." Nephrology Nursing Journal **41**(6): 593-602.

Since its discovery in 1971, the BK virus, a human polyomavirus, has emerged as a significant cause of renal dysfunction and transplant graft loss in kidney transplant recipients. Improved screening methods have been effective in assisting in the early identification of the virus, and thus, prompt intervention to prevent the progression of the disease. Treatment options for the virus are limited; therefore, lowering immunosuppressive medications should be considered the first line of treatment. Current adjunctive therapies are not guaranteed to control the viral activity and may have limited therapeutic value.

- Test: Included with article
- Cost: $15.00 (USD) for ANNA members, $25.00 (USD) for non-members
- Registration deadline: December 31, 2016
- **Valid for 1.4 accredited hours**

Richards, C. and D. Sparks (2014). "Twenty-Eight Kidney Transplant Recipients and Counting! One Center's Kidney Transplant Chain Experience." Nephrology Nursing Journal **41**(6): 563-567.

With over 101,000 people currently on the waiting list for a kidney transplant, innovative solutions are needed to expand the number of available donor organs. This article describes the experience of one transplant center in using living donor paired exchanges and donor swaps to result in a chain of 28 kidney transplant recipients in the past year.

- Test: Included with article
- Cost: $15.00 (USD) for ANNA members, $25.00 (USD) for non-members
- Registration deadline: December 31, 2016
- **Valid for 1.1 accredited hours**

Robbins, K. C. (2014). "The Independent Living Donor Advocate: An Essential Role for Living Kidney Donation." Nephrology Nursing Journal **41**(6): 569-587.

Prior to 2007, living kidney donors who donated a kidney to a person with chronic kidney disease were screened, educated, and cared for by the same healthcare team caring for the recipient of the transplant. The independent living donor advocate or advocate team was created out of the need to ensure that the rights of the person donating a kidney are protected, respected, and maintained. Transplant programs must now have an advocate or advocate team who is separate from the recipient healthcare team to provide objective support for the donor, without regard for the recipient, and avoid any perception of a conflict of interest between the donor and recipient.

- Test: Included with article
- Cost: $15.00 (USD) for ANNA members, $25.00 (USD) for non-members
- Registration deadline: December 31, 2016
- **Valid for 1.2 accredited hours**

Bonfiglio, D. B. V. and K. K. Kuntz (2014). "Willingness to Consider Non-Directed Kidney Donation." Nephrology Nursing Journal **41**(6): 603-609.

The purpose of the study was to determine whether factors, including knowledge about living kidney donation or acquaintance with a donor or recipient, are related to willingness to consider donating a kidney. Participants were randomly assigned to read (n = 78) or not read (n = 71) educational materials regarding living donation. All participants then completed a living donation knowledge quiz, indicated whether they knew a donor or recipient, and indicated their support for living donation. Knowledge was not related to willingness to consider

donation. Acquaintance with a living donor predicated greater willingness to act as a non-directed living donor, as did acquaintance with a transplant recipient. Decisions regarding whether to consider acting as a living organ donor may be related to whether a person is acquainted with an organ donor or a recipient. Emphasizing personal connections to transplant may lead to increased acceptance of living donation.

- Test: Included with article
- Cost: $15.00 (USD) for ANNA members, $25.00 (USD) for non-members
- Registration deadline: December 31, 2016
- **Valid for 1.3 accredited hours**

## TRAUMA NURSING

Bairdain, S., M. McMahon, et al. (2015). "Successful Percutaneous Management of Traumatic Abdominal Compartment Syndrome in a Child." Journal of Trauma Nursing **22**(1): 14-E2.

Posttraumatic abdominal compartment syndrome (ACS) is an unusual and potentially lethal entity in pediatric patients. Early recognition and/or prevention of the syndrome, as well as prompt treatment of ACS, can reduce its associated morbidity and mortality but has traditionally required a laparotomy. Herein, we describe a case of posttraumatic ACS successfully treated percutaneously.

- Test: Included with article
- Cost: $19.95 (USD)
- Registration deadline: March 31, 2017
- **Valid for 1.5 accredited hours**

Fletcher, L., S. Justice, et al. (2015). "Designing a Disaster." Journal of Trauma Nursing **22**(1): 35-e34.

A mass casualty simulation was developed and implemented for senior-level nursing students in a large baccalaureate program. This simulation was developed to introduce students to rapid triage in an interactive and immersive experience. The purpose of the simulation was to provide students with a realistic, hands-on experience in a safe environment. Unlike other similar exercises, all students participated in the health care provider role rather than as observers or victims. Didactic content regarding triage and a short video preceded the surprise simulated “bus crash.” The element of surprise was used to create the chaos and confusion that often accompanies these incidents. Fifteen victims were comprised of static manikins, high-fidelity human patient simulators, and live actors with various injuries. The students worked in small groups and assigned each victim an appropriate Simple Triage and Rapid Treatment triage category on the basis of what they learned in lecture. Participating students performed well on their final examinations on questions covering the triage content they learned in this unit and feedback regarding the simulated experience was overwhelmingly positive. This simulation could be adapted for the education of other health care providers who may be involved in a future mass casualty incident.

- Test: Included with article
- Cost: $ 21.95 (USD)
- Registration deadline: March 31, 2017
- **Valid for 2.0 accredited hours**

Resler, J., J. Hackworth, et al. (2014). "Detection of Missed Injuries in a Pediatric Trauma Center With the Addition of Acute Care Pediatric Nurse Practitioners." Journal of Trauma Nursing **21**(6): 272-277.

Missed injuries contribute to increased morbidity in trauma patients. A retrospective chart review was conducted of pediatric trauma patients from 2010 to 2013 with a documented missed injury. A significant percentage of missed injuries were identified (3.01% during July 2012 to December 2013 vs 0.39% during January 2010 to July 2012) with the addition of acute care trained pediatric nurse practitioners to the trauma service at a pediatric trauma center. The increase is thought to be due to improvement in charting, consistent personnel performing tertiary examinations, and improved radiology reads of outside films.

- Test: Included with article
- Cost: $21.95 (USD)
- Registration deadline: December 31, 2016
- **Valid for 2.0 accredited hours**

Stewart, D. J. (2014). "Blunt Chest Trauma." Journal of Trauma Nursing **21**(6): 282-286.

Blunt chest trauma is associated with a wide range of injuries, many of which are life threatening. This article is a case study demonstrating a variety of traumatic chest injuries, including pathophysiology, diagnosis, and treatment. Literature on the diagnosis and treatment was reviewed, including both theoretical and research literature, from a variety of disciplines. The role of the advance practice nurse in trauma is also discussed as it relates to assessment, diagnosis, and treatment of patients with traumatic chest injuries.

- Test: Included with article
- Cost: $21.95 (USD)
- Registration deadline: December 31, 2016
- **Valid for 2.0 accredited hours**

## WORKPLACE VIOLENCE

Griffin, M. and C. M. Clark (2014). "Revisiting Cognitive Rehearsal as an Intervention Against Incivility and Lateral Violence in Nursing: 10 Years Later." Journal of Continuing Education in Nursing **45**(12): 535-542.

Ten years ago, Griffin wrote an article on the use of cognitive rehearsal as a shield for lateral violence. Since then, cognitive rehearsal has been used successfully in several studies as an evidence-based strategy to address uncivil and bullying behaviors in nursing. In the original study, 26 newly licensed nurses learned about lateral violence and used cognitive rehearsal techniques as an intervention for nurse-to-nurse incivility. The newly licensed nurses described using the rehearsed strategies as difficult, yet successful in reducing or eliminating incivility and lateral violence. This article updates the literature on cognitive rehearsal and reviews the use of cognitive rehearsal as an evidence-based strategy to address incivility and bullying behaviors in nursing. J Contin Educ Nurs. 2014;45(12):535-542.

- Test: (2014). "Revisiting Cognitive Rehearsal as an Intervention Against Incivility and Lateral Violence in Nursing: 10 Years Later." Journal of Continuing Education in Nursing **45**(12): 542-3.
- Cost: $20.00 (USD)
- Registration deadline: November 30, 2016
- **Valid for 1.2 accredited hours**

## WOUND CARE

Sibbald, R. G., A. Mufti, et al. (2015). "Infrared Skin Thermometry: An Underutilized Cost-effective Tool for Routine Wound Care Practice and Patient High-Risk Diabetic Foot Self-monitoring." Advances in Skin & Wound Care **28**(1): 37-44.

- Test: (2015). "Infrared Skin Thermometry: An Underutilized Cost-effective Tool for Routine Wound Care Practice and Patient High-Risk Diabetic Foot Self-monitoring." Advances in Skin & Wound Care **28**(1):45-46.
- Cost: $24.95 (USD)
- Registration deadline: January 31, 2017
- **Valid for 2.5 accredited hours**

All articles are accessible from networked computers within the hospital. Access to these articles using mobile devices, or from home, is not possible at the present time.

This document is part of a monthly email service provided by the MUHC Libraries. Your feedback is important to us. Questions or comments about the service can be sent to Tara Landry at the Montreal General Hospital Medical Library.