

CEU ALERT SERVICE FOR MUHC NURSES

MARCH 2015



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ADVANCED NURSING PRACTICE

McQuade-Jones, B., J. Murphy, et al. (2014). "[Nurse Practitioners and Meaningful Use: Transforming Health Care.](#)" Journal for Nurse Practitioners 10(10): 763-770.

- Test: included with the article
- Cost: \$ 10.00 (USD)
- Registration deadline: January 1, 2017
- **Valid for 1.0 accredited hours**

CARDIAC PATIENTS

McRae, M. E. (2015). "[Long-Term Outcomes After Repair of Congenital Heart Defects: Part 2.](#)" American Journal of Nursing 115(2): 34-45.

OVERVIEW: 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 cardiac and noncardiac settings alike. Here, in part 2, the author reviews four defects: tetralogy of Fallot, transposition of the great arteries, congenitally corrected transposition of the great arteries, and single-ventricle defects.

- Test: Contrada, E. (2015). "[Long-Term Outcomes After Repair of Congenital Heart Defects: Part 2.](#)" American Journal of Nursing 115(2): 46-47.
- Cost: \$ 24.95 (USD)
- Registration deadline: February 28, 2017
- **Valid for 2.5 accredited hours**

CELIAC DISEASE

Robinson, B. L., S. C. Davis, et al. (2015). "[Primary care management of celiac disease.](#)" Nurse Practitioner 40(2): 28-34.

Abstract: Celiac disease is an autoimmune disorder with genetic predisposition that affects as many as 1 in 100 individuals. Treatment is a lifelong, strict adherence to a gluten-free diet. Management by a primary care provider may lead to increased adherence and can minimize effects of nonadherence to the diet.

- Test: (2015). "[Primary care management of celiac disease.](#)" Nurse Practitioner 40(2): 34-35.
- Cost: \$ 21.95 (USD)
- Registration deadline: February 28, 2017
- **Valid for 2.0 accredited hours**

CRITICAL CARE

Braaten, J. S. (2015). "[Hospital System Barriers to Rapid Response Team Activation: A Cognitive Work Analysis.](#)" American Journal of Nursing 115(2): 22-33.

Background: The goal of rapid response team (RRT) activation in acute care facilities is to decrease mortality from preventable complications, but such efforts have been only moderately successful. Although recent research has shown decreased mortality when RRTs are activated more often, many hospitals have low activation

rates. This has been linked to various hospital, team, and nursing factors. Yet there is a dearth of research examining how hospital systems shape nurses' behavior with regard to RRT activation. Making systemic constraints visible and modifying them may be the key to improving RRT activation rates and saving more lives. Purpose: The purpose of this study was to use cognitive work analysis to describe factors within the hospital system that shape medical-surgical nurses' RRT activation behavior. Methods: Cognitive work analysis offers a framework for the study of complex sociotechnical systems. This framework was used as the organizing element of the study. Qualitative descriptive design was used to obtain data to fill the framework's five domains: resources, tasks, strategies, social systems, and worker competency. Data were obtained from interviews with 12 medical-surgical nurses and document review. Directed content analysis was used to place the obtained data into the framework's predefined domains. Results: Many system factors affected participants' decisions to activate or not activate an RRT. Systemic constraints, especially in cases of subtle or gradual clinical changes, included a lack of adequate information, the availability of multiple strategies, the need to justify RRT activation, a scarcity of human resources, and informal hierarchical norms in the hospital culture. The most profound constraint was the need to justify the call. Justification was based on the objective or subjective nature of clinical changes, whether the nurse expected to be able to "handle" these changes, the presence or absence of a physician, and whether there was an expectation of support from the RRT team. The need for justification led to delays in RRT activation. Conclusions: Although it's generally thought that RRTs are activated without hesitation, this study found the opposite was true. All of the aforementioned constraints increase the cognitive processing load on the nurse. The value of the RRT could be increased by modifying these constraints— in particular, by lifting the need to justify calls, improving protocols, and broadening the range of culturally acceptable triggers— and by involving the RRT earlier inpatient cases through discussion, consultation, and collaboration.

- Test: Contrada, E. (2015). "[Hospital System Barriers to Rapid Response Team Activation: A Cognitive Work Analysis](#)." American Journal of Nursing 115(2): 33, 47.
- Cost: \$ 27.95 (USD)
- Registration deadline: February 28, 2017
- **Valid for 3.0 accredited hours**

Johnson, A. and T. Ahrens (2015). "[Stroke Volume Optimization: The New Hemodynamic Algorithm](#)." Critical Care Nurse 35(1): 11-28.

Critical care practices have evolved to rely more on physical assessments for monitoring cardiac output and evaluating fluid volume status because these assessments are less invasive and more convenient to use than is a pulmonary artery catheter. Despite this trend, level of consciousness, central venous pressure, urine output, heart rate, and blood pressure remain assessments that are slow to be changed, potentially misleading, and often manifested as late indications of decreased cardiac output. The hemodynamic optimization strategy called stroke volume optimization might provide a proactive guide for clinicians to optimize a patient's status before late indications of a worsening condition occur. The evidence supporting use of the stroke volume optimization algorithm to treat hypovolemia is increasing. Many of the cardiac output monitor technologies today measure stroke volume, as well as the parameters that comprise stroke volume: preload, afterload, and contractility.

- Test: included with the article.
- Cost: free for AACN members; \$ 10.00 (USD) for non-members
- Registration deadline: February 1, 2018
- **Valid for 1.0 accredited hours**

Rivosecchi, R. M., P. L. Smithburger, et al. (2015). "[Nonpharmacological Interventions to Prevent Delirium: An Evidence-Based Systematic Review](#)." Critical Care Nurse 35(1): 39-51.

Development of delirium in critical care patients is associated with increased length of stay, hospital costs, and mortality. Delirium occurs across all inpatient settings, although critically ill patients who require mechanical ventilation are at the highest risk. Overall, evidence to support the use of antipsychotics to either prevent or treat delirium is lacking, and these medications can have adverse effects. The pain, agitation, and delirium guidelines of the American College of Critical Care Medicine provide the strongest level of recommendation for the use of nonpharmacological approaches to prevent delirium, but questions remain about which nonpharmacological interventions are beneficial.

- Test: included with the article.
- Cost: free for AACN members; \$ 10.00 (USD) for non-members
- Registration deadline: February 1, 2018
- **Valid for 1.0 accredited hours**

DEMENTIA

Marx, K. A., I. H. Stanley, et al. (2014). "[Knowing Versus Doing.](#)" *Journal of Gerontological Nursing* 40(12): 26-34.

Hospital clinical staff routinely confront challenging behaviors in patients with dementia with limited training in prevention and management. The authors of the current article conducted a survey of staff on a chronic care hospital unit concerning knowledge about dementia, perceived educational needs, and the care environment. The overall mean score for a 27-item knowledge scale was 24.08 (Hospital clinical staff routinely confront challenging behaviors in patients with dementia with limited training in prevention and management. The authors of the current article conducted a survey of staff on a chronic care hospital unit concerning knowledge about dementia, perceived educational needs, and the care environment. The overall mean score for a 27-item knowledge scale was 24.08 (SD = 2.61), reflecting high level of disease knowledge. However, staff indicated a need for more information and skills, specifically for managing behaviors nonpharmacologically (92.3%), enhancing patient safety (89.7%), coping with care challenges (84.2%), and involving patients in activities (81.6%). Although most staff (i.e., nurses [80%] and therapists [86.4%]) believed their care contributed a great deal to patient well-being, approximately 75% reported frustration and being overwhelmed by dementia care. Most reported being hit, bitten, or physically hurt by patients (66.7%), as well as disrespected by families (53.8%). Findings suggest that staff have foundational knowledge but lack the "how-to" or hands-on skills necessary to implement nonpharmacological behavioral management approaches and communicate with families.

- Test: online at [Villanova University Website](#)
- Test instructions: (2014). "[CNE Quiz.](#)" *Journal of Gerontological Nursing* 40(12): 36-37.
- Cost: \$ 20.00 (USD)
- Registration deadline: November 30, 2016
- **Valid for 1.2 accredited hours**

Niemeijer, A. R., M. Depla, et al. (2014). "[The Use of Surveillance Technology in Residential Facilities for People with Dementia or Intellectual Disabilities: A Study Among Nurses and Support Staff.](#)" *American Journal of Nursing* 114(12): 28-37.

Background: The use of surveillance technology in residential care facilities for people with dementia or intellectual disabilities is often promoted both as a solution to understaffing and as a means to increasing clients' autonomy. But there are fears that such use might attenuate the care relationship. Objective: To investigate how surveillance technology is actually being used by nurses and support staff in residential care facilities for people with dementia or intellectual disabilities, in order to explore the possible benefits and drawbacks of this technology in practice. Methods: An ethnographic field study was carried out in two residential care facilities: a

nursing home for people with dementia and a facility for people with intellectual disabilities. Data were collected through field observations and informal conversations as well as through formal interviews. Results: Five overarching themes on the use of surveillance technology emerged from the data: continuing to do rounds, alarm fatigue, keeping clients in close proximity, locking the doors, and forgetting to take certain devices off. Despite the presence of surveillance technology, participants still continued their rounds. Alarm fatigue sometimes led participants to turn devices off. Though the technology allowed wandering clients to be tracked more easily, participants often preferred keeping clients nearby, and preferably behind locked doors at night. At times participants forgot to remove less visible devices (such as electronic bracelets) when the original reason for use expired. Conclusions: A more nuanced view of the benefits and drawbacks of surveillance technology is called for. Study participants tended to incorporate surveillance technology into existing care routines and to do so with some reluctance and reservation. They also tended to favor certain technologies, for example, making intensive use of certain devices (such as digital enhanced cordless telecommunications phones) while demonstrating ambivalence about others (such as the tagging and tracking systems). Client safety and physical proximity seemed to be dominant values, suggesting that the fear that surveillance technology will cause attenuation of the care relationship is unfounded. On the other hand, the values of client freedom and autonomy seemed less influential; participants often appeared unwilling to take risks with the technology. Care facilities wishing to implement surveillance technology should encourage ongoing dialogue on how staff members view and understand the concepts of autonomy and risk. A clear and well-formulated vision for the use of surveillance technology--one understood and supported by all stakeholders--seems imperative to successful implementation.

- Test: Contrada, E. (2014). "[The Use of Surveillance Technology in Residential Facilities for People with Dementia or Intellectual Disabilities: A Study Among Nurses and Support Staff.](#)" American Journal of Nursing 114(12): 38, 48.
- Cost: \$ 24.95 (USD)
- Registration deadline: December 31, 2016
- **Valid for 2.5 accredited hours**

Oligario, G. C., C. Buch, et al. (2015). "[Nurses' Assessment of Delirium With Underlying Dementia in End-of-Life Care.](#)" Journal of Hospice & Palliative Nursing 17(1): 16-21.

Because of physical and metabolic changes during end of life, patients with dementia are very susceptible to develop delirium. The recognition of delirium with underlying dementia can be difficult because of their overlapping behavioral manifestations. Previous studies conducted among nurses caring for patients with delirium have shown that nurses are often not able to detect the presence of delirium using their subjective assessments. This study evaluated the nurses' ability to subjectively assess for delirium in patients with underlying dementia in end of life. Their findings were compared with the results of objective assessments performed by the researcher using Confusion Assessment Method. In 20 paired assessments, the objective and subjective assessments had the same findings. The remaining 20 paired assessments showed disagreement between the subjective and objective findings. A kappa measure of agreement was performed with a result of 0.074 and a significance of $P > .05$. This finding indicates no statistically significant agreement between the subjective nursing assessment for delirium and the objective assessment using Confusion Assessment Method. Accurate nursing assessment yields appropriate nursing interventions. The findings of this study support the need for improved subjective nursing assessment for delirium in patients with dementia at the end of life.

- Test: (2015). "[Nurses' Assessment of Delirium With Underlying Dementia in End-of-Life Care.](#)" Journal of Hospice & Palliative Nursing 17(1): 22-23.
- Cost: \$ 24.95 (USD)
- Registration deadline: February 28, 2017

- **Valid for 2.5 accredited hours**

Voyer, P., J. McCusker, et al. (2015). "[Behavioral and Psychological Symptoms of Dementia.](#)" Journal of Gerontological Nursing 41(1): 22-37.

Behavioral and psychological symptoms of dementia (BPSD) affect approximately all residents in nursing homes at some point; however, the course of BPSD among this group is not well known. The goal of the current study was to describe the course of each measured BPSD over a period of 6 months. A secondary explorative objective was to identify which BPSD are associated with as-needed (PRN) antipsychotic drug use. This secondary analysis study of 146 nursing home residents was drawn from a prospective, observational, multisite (Behavioral and psychological symptoms of dementia (BPSD) affect approximately all residents in nursing homes at some point; however, the course of BPSD among this group is not well known. The goal of the current study was to describe the course of each measured BPSD over a period of 6 months. A secondary explorative objective was to identify which BPSD are associated with as-needed (PRN) antipsychotic drug use. This secondary analysis study of 146 nursing home residents was drawn from a prospective, observational, multisite (N = 7) cohort study. Results showed that BPSD lasted for an average of 2.3 months, and the BPSD saying things that do not make sense had the longest duration, with 3.6 months. PRN antipsychotic drug administration was associated with nocturnal BPSD and requesting help unnecessarily. Within 3 months, most BPSD were resolved by usual care; use of PRN antipsychotic medication was not associated with behaviors that put the residents or their caregivers at risk. [Journal of Gerontological Nursing, 41(1), 22--37.]

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[CNE Quiz.](#)" Journal of Gerontological Nursing 41(1): 38-39.
- Cost: \$ 20.00 (USD)
- Registration deadline: December 31, 2017
- **Valid for 1.4 accredited hours**

DEPRESSION

Edlund, B. J., J. Lauerer, et al. (2015). "[Recognizing depression in late life.](#)" Nurse Practitioner 40(2): 36-42.

Abstract: Depression presents differently in older adults than in younger adults and frequently occurs with many chronic illnesses in later life, though it is not a normal part of aging. The astute practitioner will screen for depression in this population and appropriately treat to improve chronic illness management and quality of life in older adults.

- Test: (2015). "[Recognizing depression in late life.](#)" Nurse Practitioner 40(2): 42-43.
- Cost: \$ 24.95 (USD)
- Registration deadline: February 28, 2017
- **Valid for 2.5 accredited hours**

EMERGENCY NURSING

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

Castner, J., C. Sudyn, et al. (2014). "[A Middle-Aged Woman Falls in the Emergency Department.](#)" JEN: Journal of Emergency Nursing 40(6): 613-615.

Donatelli, N. S. and J. Somes (2014). "[Long-Term Care Facilities—Just The Facts: Part 1... Part 1 of a 2-part series.](#)" JEN: Journal of Emergency Nursing 40(6): 621-624.

Moore, K. (2014). "[The Physiological Response to Hemorrhagic Shock.](#)" JEN: Journal of Emergency Nursing 40(6): 629-631.

Sullivan, T. (2014). "[Triage Challenges: Recognizing Intimate Partner Violence.](#)" JEN: Journal of Emergency Nursing 40(6): 632-633

Valdez, A. M. (2014). "[Button Battery Injuries: Primary and Secondary Prevention Strategies.](#)" JEN: Journal of Emergency Nursing 40(6): 625-626.

- 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 40(6): 634.
- Test : (2014). "[Clinical Test Questions](#)". JEN: Journal of Emergency Nursing 40(6): 635-637.
- Test Enrollment Form: "[CE Enrollment Form](#)". JEN: Journal of Emergency Nursing 40(6):639.
- Cost: \$ 32.95 (USD) for ENA members, \$36.95 (USD) for non-members
- Registration deadline: November 30, 2016
- **Valid for 5.0 accredited hours**

Read the following 3 articles and do the "Research Test Questions":

Dietrich, H. (2014). "[One Poke or Two: Can Intravenous Catheters Provide an Acceptable Blood Sample? A Data Set Presentation, Review of Previous Data Sets, and Discussion.](#)" JEN: Journal of Emergency Nursing 40(6): 575-578.

Introduction The purpose of this study was to show that acceptable blood samples can be collected through intravenous (IV) catheters. Hemolysis of blood samples and appropriate methods of blood sample collection can be a topic of controversy in an emergency department and throughout a hospital. This investigation was conducted by laboratory personnel and ED nursing staff at a moderately sized hospital in the northwestern United States. Nearly 9,000 blood draws were collected and categorized between May and August 2011 to determine hemolysis rates. At the start of this project, there was some question about whether blood collected from IV catheter starts in the emergency department provided an acceptable laboratory sample. By the end of the project, it was clear that low rates of hemolysis were consistently achievable by each of the 3 methods investigated. Methods Information was collected electronically as part of the standard laboratory intake and processing of samples. The level of hemolysis in a blood sample was measured spectrophotometrically by automated laboratory equipment as part of the sample intake process. The data were then cataloged and presented monthly. Because of the simplicity of this project and the clarity of the results, only simple summary statistics were performed to assist in interpretation of the data. Results The rates of blood samples rejected because of hemolysis were as follows: 1.1% when collected from an IV catheter start, 0.8% when collected from an existing vascular access, and 0.1% when collected by venipuncture with a steel needle. Discussion The data show that low rates of samples rejected because of hemolysis are achievable by the collection of blood from an IV catheter start. With all 3 collection methods studied, the sample rejection rates because of hemolysis were well below the 2% level that has been cited as a benchmark best practice of the American Society of Clinical Pathology. The results of this investigation clearly support the use of blood samples collected from IV starts.

Gillespie, G. L., D. M. Gates, et al. (2014). "[Implementation of a Comprehensive Intervention to Reduce Physical Assaults and Threats in the Emergency Department.](#)" JEN: Journal of Emergency Nursing 40(6): 586-591.

Introduction The purpose of this study was to test the effectiveness of a comprehensive program to reduce the incidence of workplace violence (WPV) against ED providers by patients and visitors. **Methods** An intervention study was conducted with 3 intervention and 3 comparison emergency departments. Participants completed monthly surveys during an 18-month period to measure violent event rates before and after the WPV intervention implementation. Descriptive statistics were used to describe violent events. Analysis of variance was used to assess if the emergency departments participating in the WPV intervention experienced a significant reduction in violence rates compared with nonintervention emergency departments. **Results** On average, participants experienced more than 6 incidents of violence during the 18-month study period. Although the study hypothesis was not supported, 2 intervention sites had a significant decrease in violence. **Discussion** This study emphasizes the risk of WPV to ED workers and highlights the need for prevention programs. Future research needs to be conducted to test additional comprehensive WPV prevention interventions.

McCallum, C. A., K. S. Oman, et al. (2014). "[Improving the Assessment and Treatment of Pelvic Inflammatory Disease Among Adolescents in an Urban Children's Hospital Emergency Department.](#)" *JEN: Journal of Emergency Nursing* 40(6): 579-585.

Introduction Proper pelvic inflammatory disease (PID) assessment and treatment is essential in preventing ectopic pregnancies, repeated PID infections, infertility, chronic pelvic pain, and fetal death. This project measured the effectiveness of interventions directed toward the providers in the emergency department to facilitate a change in the assessment and treatment of PID. Two aims identified for the project included increasing the number of providers who recorded a correct diagnosis of PID in the chart and included a sexual history for female adolescents who presented to the emergency department with abdominal pain. An additional aim was to increase the percentage of adolescents who received the correct treatment for PID. **Methods** A quality improvement study using pre-post design and Plan-Do-Study-Act cycles over an 18-month period was conducted in the emergency department of an urban children's hospital. Assessment of adolescent female patients' history of recent sexual activity and correct diagnosis and treatment of PID were evaluated. Process improvement interventions consisted of PowerPoint presentations, educational materials, and Centers for Disease Control and Prevention (CDC) treatment guidelines posted in provider areas (Table 1), along with ongoing positive and corrective feedback to providers. **Results** A total of 602 patient records were reviewed (119 in the PID diagnosis and treatment arm and 483 in the obtaining sexual history arm). After process improvement interventions, correct PID diagnosis increased from 72% to 95% ($z = 3.064$, $P = .00109$, odds ratio [OR] = 7.08). Correct PID treatment increased from 39.3% to 79.3% ($z = 4.190$, $P = .0000139$, OR = 5.90). The percentage of providers who obtained a sexual history increased from 65% to 74.2% ($z = 1.892$, $P = .02929$, OR = 1.55). **Discussion** The study demonstrated a significant improvement in all 3 aims related to improved care of adolescents with PID. PowerPoint presentations and the physical presence of the CDC treatment guidelines in the provider treatment areas were instrumental for success. Nurses play a pivotal role in the implementation and success of quality improvement projects for improving patient outcomes.

- 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* 40(6): 634.
- Test : (2015). (2014). "[Research Test Questions.](#)" *JEN: Journal of Emergency Nursing* 40(6): 638-638.
- Test Enrollment Form: "[CE Enrollment Form](#)". *JEN: Journal of Emergency Nursing* 40(6):639.
- Cost: \$ 23.95 (USD) for ENA members, \$27.95 (USD) for non-members
- Registration deadline: November 30, 2016
- **Valid for 3.5 accredited hours**

ETHICS, NURSING

Brown, C. S. and D. S. Finnell (2015). "[Provisions of the Code of Ethics for Nurses: Interpretive Statements for Transplant Nurses.](#)" Nephrology Nursing Journal 42(1): 37-44.

Nurses working with patients pre-, during, and post-kidney transplant are faced with ethical decisions in every phase of the transplant process. This article provides interpretive statements for the nine provisions of the 2015 ANA Code of Ethics for Nurses for transplant nurses in facilitating patient-centered decision making throughout the transplant process.

- No test. Complete the evaluation form included with the article to receive continuing nursing education credit for individual study.
- Cost: \$ 15.00 (USD) for ANNA members; \$ 25.00 (USD) for non-members
- Registration deadline: February 28, 2017
- **Valid for 1.4 accredited hours**

Hylton Rushton, C. (2015). "[Ethical Issues in Caring for Patients With Ebola: Implications for Critical Care Nurses.](#)" AACN Advanced Critical Care 26(1): 65-70.

- Test: (2015). "[Ethical Issues in Caring for Patients With Ebola: Implications for Critical Care Nurses.](#)" AACN Advanced Critical Care 26(1): 71-72.
- Cost: \$ 10.00 (USD)
- Registration deadline: January 1, 2018
- **Valid for 1.0 accredited hours**

INTENSIVE CARE, NEONATAL

Parker, L., R. Murgas Torrazza, et al. (2015). "[Aspiration and Evaluation of Gastric Residuals in the Neonatal Intensive Care Unit.](#)" Journal of Perinatal & Neonatal Nursing 29(1): 51-59.

The routine aspiration of gastric residuals (GR) is considered standard care for critically ill infants in the neonatal intensive care unit (NICU). Unfortunately, scant information exists regarding the risks and benefits associated with this common procedure. This article provides the state of the science regarding what is known about the routine aspiration and evaluation of GRs in the NICU focusing on the following issues: (1) the use of GRs for verification of feeding tube placement, (2) GRs as an indicator of gastric contents, (3) GRs as an indicator of feeding intolerance or necrotizing enterocolitis, (4) the association between GR volume and ventilator-associated pneumonia, (5) whether GRs should be discarded or refed, (6) the definition of an abnormal GR, and (7) the potential risks associated with aspiration and evaluation of GRs. Recommendations for further research and practice guidelines are also provided.

- Test: (2015). "[Aspiration and Evaluation of Gastric Residuals in the Neonatal Intensive Care Unit.](#)" Journal of Perinatal & Neonatal Nursing 29(1): E2.
- Cost: \$ 24.95 (USD)
- Registration deadline: March 30, 2017
- **Valid for 2.5 accredited hours**

INTRAPROFESSIONAL RELATIONS

Lasater, K., L. Mood, et al. (2015). "[Reducing Incivility in the Workplace: Results of a Three-Part Educational Intervention.](#)" Journal of Continuing Education in Nursing 46(1): 15-24.

Background: Incivility among nursing staff has a negative impact on the workplace environment. The purpose of this study was to determine whether a three-part educational intervention improved the work environment in two units of a major health sciences hospital. Method: Staff (N = 94) participated in assessments of the intervention at designated time points postintervention. Interviews of eight volunteer participants followed the intervention. Results: Perceived acts of incivility decreased significantly for both units. Self-efficacy increased for both units, whereas collective efficacy decreased for one unit and increased for the second unit. Qualitative data supported the positive impact but identified that participants were not confident their units could effectively combat incivility without refresher sessions. Conclusion: A three-part educational intervention was effective in decreasing incidences of perceived incivility and increasing self-efficacy. Collective efficacy might be improved and sustained with unit refresher sessions or regular discussion. J Contin Educ Nurs. 2015;46(1):15-24.

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[CNE QUIZ.](#)" Journal of Continuing Education in Nursing 46(1): 25-26
- Cost: \$ 20.00 (USD)
- Registration deadline: December 31, 2018
- **Valid for 1.3 accredited hours**

JOB MARKET

Auerbach, D. I., P. I. Buerhaus, et al. (2015). "[Do Associate Degree Registered Nurses Fare Differently in the Nurse Labor Market Compared to Baccalaureate-Prepared RNs?](#)" Nursing Economic\$ 33(1): 8-35.

- No test. Complete the evaluation form included with the article to receive continuing nursing education credit for individual study.
- Cost: \$ 10.00 (USD) for Nursing Economic\$ subscribers; \$ 15.00 (USD) for non-subscribers
- Registration deadline: February 28, 2017
- **Valid for 1.3 accredited hours**

LEADERSHIP

Winter, M. and L. Tjong (2015). "Does purposeful leader rounding make a difference?" Nursing Management 46(2): 26-32.

- Test: (2015). "[Does purposeful leader rounding make a difference?](#)" Nursing Management 46(2): 32-33
- Cost: \$ 17.95 (USD)
- Registration deadline: February 28, 2017
- **Valid for 1.5 accredited hours**

MASS CASUALTY TRAINING

Wilkinson, A. M. and M. Matzo (2015). "[Nursing Education for Disaster Preparedness and Response.](#)" Journal of Continuing Education in Nursing 46(2): 65-73.

Catastrophic mass casualty events (MCEs), such as pandemic influenza outbreaks, earthquakes, or large-scale terrorism-related events, quickly and suddenly yield thousands of victims whose needs overwhelm local and regional health care systems, personnel, and resources. Such conditions require deploying scarce resources in a manner that is different from the more common multiple casualty event. This article presents issues associated with providing nursing care under MCE circumstances of scarce resources and the educational needs of nurses to prepare them to effectively respond in these emergencies. *J Contin Educ Nurs.* 2015;46(2):65-73.

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[CNE QUIZ](#)." *Journal of Continuing Education in Nursing* 46(2): 74-75
- Cost: \$ 20.00 (USD)
- Registration deadline: January 31, 2018
- **Valid for 1.3 accredited hours**

NEPHROLOGY NURSING

Brown, M., L. Burrows, et al. (2015). "[Hemodialysis-Induced Myocardial Stunning: A Review](#)." *Nephrology Nursing Journal* 42(1): 59-67.

Patients on hemodialysis have a high incidence of cardiac morbidity and mortality, and echocardiographic evidence of hemodialysis-related myocardial stunning supports a potential link between the hemodialysis treatment itself and cardiac sequelae. Fluid removal rates exceeding 13 mL/kg/hour during hemodialysis have been implicated in the development of myocardial stunning. Providers caring for patients on chronic hemodialysis might improve patient outcomes by the use of modified treatment monitoring methods, alternative dialysis delivery methods, and enhanced patient education regarding risks of excessive interdialytic weight gains.

- No test. Complete the evaluation form included with the article to receive continuing nursing education credit for individual study.
- Cost: \$ 15.00 (USD) for ANNA members; \$ 25.00 (USD) for non-members
- Registration deadline: February 28, 2017
- **Valid for 1.4 accredited hours**

Deng, D. and A. Forbes (2015). "[Cardiovascular Risk Factors in Patients on Dialysis](#)." *Nephrology Nursing Journal* 42(1): 45-52.

Cardiovascular disease (CVD) is the leading cause of death in patients undergoing dialysis. This article summarizes identified CVD risk factors, elaborates on how risk factors impact patients, and discusses the implications to the nephrology community based on the current evidence-based practice.

- No test. Complete the evaluation form included with the article to receive continuing nursing education credit for individual study.
- Cost: \$ 15.00 (USD) for ANNA members; \$ 25.00 (USD) for non-members
- Registration deadline: February 28, 2017
- **Valid for 1.3 accredited hours**

Hain, D. J. and T. M. Kear (2015). "[Using Evidence-Based Practice to Move Beyond Doing Things the Way We Have Always Done Them](#)." *Nephrology Nursing Journal* 42(1): 11-21.

Contemporary health care demands better care for individuals with kidney disease. In the quest for the Triple Aim of health care – improving the experience of care, improving the health of populations, and reducing per capita costs of health care – nephrology nurses can no longer afford to practice the way we have always done. Instead, it is critical to consider the best available evidence, personal expertise, and patient/family preference when engaging in clinical decision-making. This article provides the steps to develop an evidence-based project to address a clinical

problem.

- No test. Complete the evaluation form included with the article to receive continuing nursing education credit for individual study.
- Cost: \$ 15.00 (USD) for ANNA members; \$ 25.00 (USD) for non-members
- Registration deadline: February 28, 2017
- **Valid for 1.4 accredited hours**

Hain, D. J. (2015). "[Where's the Evidence? Care Coordination for Adults with Chronic Kidney Disease.](#)" Nephrology Nursing Journal 42(1): 77-83.

- No test. Complete the evaluation form included with the article to receive continuing nursing education credit for individual study.
- Cost: \$ 15.00 (USD) for ANNA members; \$ 25.00 (USD) for non-members
- Registration deadline: February 28, 2017
- **Valid for 1.3 accredited hours**

Haras, M. S., K. S. Astroth, et al. (2015). "[Exploring Advance Care Planning from the Nephrology Nurse Perspective: A Literature Review.](#)" Nephrology Nursing Journal 42(1): 23-36.

Advance care planning is a process that engages healthcare providers and patients to articulate wishes of patients as their illness progresses. Persons with chronic kidney disease require earlier and more frequent advance care planning conversations because they are faced with increased co-morbidities and a shortened lifespan. This literature review explores the phenomenon of advance care planning and the potential factors affecting nephrology nurse engagement in these discussions.

- No test. Complete the evaluation form included with the article to receive continuing nursing education credit for individual study.
- Cost: \$ 15.00 (USD) for ANNA members; \$ 25.00 (USD) for non-members
- Registration deadline: February 28, 2017
- **Valid for 1.4 accredited hours**

Harrington, M. (2015). "[Health Literacy in Children with Chronic Kidney Disease and Their Caregivers.](#)" Nephrology Nursing Journal 42(1): 53-57.

Poorly controlled co-morbidities associated with pediatric chronic kidney disease may be associated with low health literacy skills of caregivers. This article explores what is known about health literacy in the home management of patients with pediatric chronic kidney disease, and examines caregiver and child literacy as it relates to child health outcomes.

- No test. Complete the evaluation form included with the article to receive continuing nursing education credit for individual study.
- Cost: \$ 15.00 (USD) for ANNA members; \$ 25.00 (USD) for non-members
- Registration deadline: February 28, 2017
- **Valid for 1.4 accredited hours**

Kauric-Klein, Z. (2015). "[Understanding Hypertension in Patients on Hemodialysis.](#)" Nephrology Nursing Journal 42(1): 69-76.

Hypertension is very prevalent and poorly controlled in patients on hemodialysis (HD), and is a major risk factor for the development of cardiovascular morbidity and mortality. The underlying mechanisms of hypertension in patients on HD are complex and multifactorial. Nurses need to be knowledgeable about the underlying pathophysiology, blood pressure (BP) goals, and nonpharmacological and pharmacological interventions that can improve BP control during and in between HD sessions. This article summarizes the underlying pathophysiology of hypertension in patients on HD and reviews the literature about management of hypertension in patients with end

stage renal disease.

- No test. Complete the evaluation form included with the article to receive continuing nursing education credit for individual study.
- Cost: \$ 15.00 (USD) for ANNA members; \$ 25.00 (USD) for non-members
- Registration deadline: February 28, 2017
- **Valid for 1.4 accredited hours**

OBESITY

Budd, G. M. and J. A. Peterson (2014). "[The Obesity Epidemic, Part 1: Understanding the Origins.](#)" American Journal of Nursing 114(12): 40-46.

- Test: Contrada, E. (2014). "[The Obesity Epidemic, Part 1: Understanding the Origins.](#)" American Journal of Nursing 114(12): 47-48.
- Cost: \$ 21.95 (USD)
- Registration deadline: December 31, 2016
- **Valid for 2.0 accredited hours**

OBSTETRIC NURSING

Castillo, M. J. and J. C. Phillippi (2015). "[Hyperemesis Gravidarum.](#)" Journal of Perinatal & Neonatal Nursing 29(1): 12-22.

Hyperemesis gravidarum (HG) is a rare and severe form of nausea and vomiting of pregnancy associated with significant costs and psychosocial impacts. The etiology of HG remains largely unknown, although maternal genetics and placental factors are suspected. Prompt recognition and treatment of HG are essential to minimize associated maternal and fetal morbidity. Diagnosis is made on the basis of typical presentation, with exclusion of other causes of severe nausea and vomiting of pregnancy. Validated clinical tools are available to assess severity of symptoms and guide plans of care. Evidence to guide management of HG is limited, but many nonpharmacologic and pharmacologic interventions are available with published guidelines to inform implementation. Care of the woman with HG requires compassion and acknowledgement of individual needs and responses to interventions.

- Test: (2015). "[Hyperemesis Gravidarum.](#)" Journal of Perinatal & Neonatal Nursing 29(1): E1.
- Cost: \$ 24.95 (USD)
- Registration deadline: March 31, 2017
- **Valid for 2.5 accredited hours**

ORTHOPAEDIC NURSING

Ali, E. and V. Khanduja (2015). "[Adolescent Avulsion Injuries of the Pelvis.](#)" Orthopaedic Nursing 34(1): 21-26.

Avulsion fractures of the pelvic apophyses are a result of repetitive strain injuries or sudden, forceful eccentric or concentric contractions of corresponding muscle groups in the leg. Using a case study approach, we present the clinical and radiological features, and management of a 14-year-old boy who presented to our hospital with an avulsion fracture of the anterior inferior iliac spine. The literature on the subject, along with the management of the condition, is reviewed and presented. A condition often treated nonoperatively, the focus of treatment is based on effective nursing and rehabilitation of the patient on an outpatient basis. Without this vital role, patients are at risk of unnecessary hospitalization that also has adverse socioeconomic effects.

- Test: (2015). "[Adolescent Avulsion Injuries of the Pelvis](#)." Orthopaedic Nursing 34(1): 27-28.
- Cost: \$ 7.50 (USD) for NAON members; \$ 15.00 (USD) for non-members
- Registration deadline: February 28, 2017
- **Valid for 1.5 accredited hours**

Samuels, J. G. and R. S. Woodward (2015). "[Opportunities to Improve Pain Management Outcomes in Total Knee Replacements](#)." Orthopaedic Nursing 34(1): 4-9.

Despite the importance of pain management to each patient's overall experience with a total knee replacement, opportunities to improve pain care exist. The authors target an unnecessarily fragmented pain management trajectory as one cause of variability in pain outcomes. They propose that a technology-enhanced patient-centered pain management continuum running from the preoperative through the recovery phase offers effective and efficient pain management.

- Test: (2015). "[Opportunities to Improve Pain Management Outcomes in Total Knee Replacements](#)." Orthopaedic Nursing 34(1):10-11.
- Cost: \$ 12.50 (USD) for NAON members; \$ 25.00 (USD) for non-members
- Registration deadline: February 28, 2017
- **Valid for 2.5 accredited hours**

OSTEOARTHRITIS

Jenkins, J. B. and T. P. McCoy (2015). "[Symptom Clusters, Functional Status, and Quality of Life in Older Adults With Osteoarthritis](#)." Orthopaedic Nursing 34(1): 36-42.

BACKGROUND: One in two people may develop symptomatic knee osteoarthritis (OA) in their lifetime. Many OA sufferers have multiple symptoms, including pain, fatigue, and depressive symptoms. Determining whether symptom clusters exist among these older adults and what their effects are on outcomes such as quality of life (QOL) and functional status is essential to provide evidence-based geriatric healthcare. **PURPOSE:** The purposes of the secondary analyses were to explore symptoms that form clusters in older adults with OA of the knee and the effects of symptom clusters on their QOL and functional status. **METHOD:** A cross-sectional, methodological exploration of existing data from a convenience sample (N = 75) of adults aged 50 years and older with OA of the knee was used. Hierarchical and k -means cluster analyses were used to identify symptom clusters. MANOVA was performed to test for joint differences in QOL and functional status. **RESULTS:** Two large clusters of pain, fatigue, and depressive symptoms were identified from the cluster, and significant relationships were found between symptom clusters and both QOL (p = .008) and functional status (p < .001). Conclusions about QOL or functional status differences were similar for alternative clustering strategies or numbers of symptom clusters in sensitivity analyses. **CONCLUSION:** The findings of this study provide a foundation for targeted interventions to improve QOL and functional status of older adults with OA of the knee.

- Test: (2015). "[Symptom Clusters, Functional Status, and Quality of Life in Older Adults With Osteoarthritis](#)." Orthopaedic Nursing 34(1): 43-44.
- Cost: \$ 10.00 (USD) for NAON members; \$ 20.00 (USD) for non-members
- Registration deadline: February 28, 2017
- **Valid for 2.0 accredited hours**

PAIN MANAGEMENT

D'Arcy, Y. (2015). "[Managing pain in obese patients](#)." Nursing 45(2): 42-49.

- Test: (2015). "[Managing pain in obese patients](#)." Nursing 45(2): 49-50.
- Cost: \$ 21.95 (USD)
- Registration deadline: February 28, 2017
- **Valid for 2.0 accredited hours**

Good, H., C. K. Riley-Doucet, et al. (2015). "[The Prevalence of Uncontrolled Pain in Long-Term Care](#)." Journal of Gerontological Nursing 41(2): 33-41.

Pain in long-term care (LTC) is common among older residents despite the vast options available for optimal pain management. Inadequate pain management affects individual health care outcomes. Researcher evidence has shown that nurse practitioners (NPs) improve the quality of care in LTC but are challenged by multiple barriers that inhibit optimal pain control. The purpose of the current pilot study was to explore both the pain management processes used by nurses in LTC and the documented patient outcomes that come from these processes. In addition, factors were identified that may impact the NP role in providing adequate pain control in LTC. This descriptive study used a retrospective, case-controlled research design that incorporated reviewing 55 LTC resident medical records. Results show how the process of pain management in LTC can be improved by expanding the professional role of the NP. [Pain in long-term care (LTC) is common among older residents despite the vast options available for optimal pain management. Inadequate pain management affects individual health care outcomes. Researcher evidence has shown that nurse practitioners (NPs) improve the quality of care in LTC but are challenged by multiple barriers that inhibit optimal pain control. The purpose of the current pilot study was to explore both the pain management processes used by nurses in LTC and the documented patient outcomes that come from these processes. In addition, factors were identified that may impact the NP role in providing adequate pain control in LTC. This descriptive study used a retrospective, case-controlled research design that incorporated reviewing 55 LTC resident medical records. Results show how the process of pain management in LTC can be improved by expanding the professional role of the NP. [Journal of Gerontological Nursing, 41(2), 33--41.]

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[cne Quiz](#)." Journal of Gerontological Nursing 41(2): 42-43
- Cost: \$ 20.00 (USD)
- Registration deadline: January 31, 2018
- **Valid for 1.2 accredited hours**

PEDIATRIC CRITICAL CARE NURSING

Ryan, J. (2015). "[Extracorporeal Membrane Oxygenation for Pediatric Cardiac Arrest](#)." Critical Care Nurse 35(1): 60-70.

Extracorporeal cardiopulmonary resuscitation (ECPR) remains a promising treatment for pediatric patients in cardiac arrest unresponsive to traditional cardiopulmonary resuscitation. With veno-arterial extracorporeal support, blood is drained from the right atrium, oxygenated through the extracorporeal circuit, and transfused back to the body, bypassing the heart and lungs. The use of artificial oxygenation and perfusion thus provides the body a period of hemodynamic stability, while allowing resolution of underlying disease processes. Survival rates for ECPR patients are higher than those for traditional cardiopulmonary resuscitation (CPR), although neurological outcomes require further investigation. The impact of duration of CPR and length of treatment with extracorporeal membrane oxygenation vary in published reports. Furthermore, current guidelines for the initiation and use of ECPR are limited and may lead to confusion about appropriate use of this support. Many ethical concerns arise with this advanced form of life support. More often than not, the dilemma is not whether to withhold ECPR, but rather when to withdraw it. Although clinicians must decide if ECPR is appropriate and when further intervention is

futile, the ultimate burden of choice is left to the patient's caregivers. Offering support and guidance to the patient's family as well as the patient is essential.

- Test: included with the article.
- Cost: free for AACN members; \$ 10.00 (USD) for non-members
- Registration deadline: February 1, 2018
- **Valid for 1.0 accredited hours**

PSYCHIATRIC NURSING

Read the following **3 articles** and do the "CNE Quiz":

Phillips, L., J. K. Kemppainen, et al. (2015). "[Eating Disorders and Spirituality in College Students.](#)" *Journal of Psychosocial Nursing & Mental Health Services* **53**(1): 30-37.

Associations were examined between eating disorder symptoms and spiritual well-being in a convenience sample of college students. Undergraduate nursing students at a university in a Mid-Atlantic coastal beach community were recruited for the study. A total of 115 students completed the Spiritual Well-Being Scale (SWBS); the Sick, Control, One Stone, Fat, Food (SCOFF) screening questionnaire; and the Eating Attitudes Test (EAT-26). Approximately one quarter of students had positive screens for an eating disorder, and 40% admitted to bingeing/purging. SWBS scores reflected low life satisfaction and a lack of clarity and purpose among students. A significant association was found between EAT-26 scores and SWBS Existential Well-Being (EWB) sub-scale scores ($p = 0.014$). SCOFF scores were significantly associated with SWBS EWB scores ($p = 0.001$). Symptoms of eating disorders were pervasive. Future research that assesses the impact of spiritual factors on eating disorders may help health care providers better understand the unique contributions to the development of eating disorders. [Journal of Psychosocial Nursing and Mental Health Services, 53(1), 30-37.]

Smoyak, S. A., K. Nowik, et al. (2015). "[High Energy Drinks With and Without Alcohol.](#)" *Journal of Psychosocial Nursing & Mental Health Services* **53**(1): 39-44.

The current article provides a basic literature review on high energy drinks (HED), with and without alcohol, and presents the results of surveys completed by samples of psychiatric nurses and college students. The nurses' responses, including knowledge, attitudes, and practices are compared with student sample responses. HED, which have high caffeine contents, have become increasingly popular with teens and young adults. A recent trend documented in the literature is mixing HED with alcohol. Not only are youth and young adults (who are the highest users of these products) unaware of the dangers of such combination use, but faculty, clinicians, and administrators are also uninformed, misinformed, or unaware of the dangers associated with such use. [Journal of Psychosocial Nursing and Mental Health Services, 53(1), 39-44.]

Trygstad, L. N., R. K. Buccheri, et al. (2015). "[Auditory Hallucinations Interview Guide.](#)" *Journal of Psychosocial Nursing & Mental Health Services* **53**(1): 20-28.

The Auditory Hallucinations Interview Guide (AHIG) is a 32-item tool that helps psychiatric-mental health (PMH) nurses assess past and current experiences of voice hearers so they can provide more individualized care. The AHIG was developed as a research tool but has also been found to be clinically useful in both inpatient and outpatient settings to help voice hearers and nurses develop a shared terminology of auditory hallucinations (AH). Using the AHIG, voice hearers are able to tell their stories in a structured and safe environment, thus encouraging recovery. Through respect and active listening, PMH nurses can communicate unconditional acceptance, caring, and hope for recovery, which helps develop rapport and promote trust in the nurse-patient relationship. Once

trust is developed, voice hearers and PMH nurses can work together to find effective strategies for managing AH, including commands to harm self and others. [Journal of Psychosocial Nursing and Mental Health Services, 53(1), 20-28.]

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[CNE QUIZ](#)." Journal of Psychosocial Nursing & Mental Health Services 53(1): 46-47
- Cost: \$ 20.00 (USD)
- Registration deadline: December 31, 2017
- **Valid for 3.4 accredited hours**

Read the following 3 articles and do the "CNE Quiz":

Brandy, J. M., S. Penckofer, et al. (2015). "[Factors Predictive of Depression in First-Year College Students](#)." Journal of Psychosocial Nursing & Mental Health Services 53(2): 38-44.

Lesley, M. L. and K. Livingwood (2015). "Assessing Sustainability of InSHAPE Participants' Fitness Activities in a Community Mental Health Setting." Journal of Psychosocial Nursing & Mental Health Services 53(2): 46-55.<http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=2012891347&site=ehost-live>

Welsh, E. R. and G. P. McEnany (2015). "[Approaches to Reduce Physical Comorbidity in Individuals Diagnosed With Mental Illness](#)." Journal of Psychosocial Nursing & Mental Health Services 53(2): 32-37.

- Test: online at Villanova University Website
- Test instructions: (2015). "[CNE QUIZ](#)." Journal of Psychosocial Nursing & Mental Health Services 53(2): 54-55
- Cost: \$ 20.00 (USD)
- Registration deadline: January 31, 2018
- **Valid for 3.7 accredited hours**

SEPSIS

Duffy, M. K. and P. A. Moloney-Harmon (2015). "[Helping children survive sepsis](#)." Nursing 45(2): 34-40.

- Test: (2015). "[Helping children survive sepsis](#)." Nursing 45(2): 40-41.
- Cost: \$ 21.95 (USD)
- Registration deadline: February 28, 2017
- **Valid for 2.0 accredited hours**

SURGICAL WOUND INFECTION

Diaz, V. and J. Newman (2015). "[Surgical Site Infection and Prevention Guidelines: A Primer for Certified Registered Nurse Anesthetists](#)." AANA Journal 83(1): 63-68.

Each year 500,000 surgical site infections occur in the US. Surgical site infections are the second most common healthcare-associated infections resulting in readmissions, prolonged hospital stays, higher medical costs, and increased morbidity and mortality. Surgical site infections are preventable in most cases by following evidence-based guidelines for hand hygiene, administration of prophylactic antibiotics, and perioperative patient temperature management. As attention to issues of healthcare quality heightens, the demands for positive surgical patient outcomes are intensifying. The Certified Registered Nurse Anesthetist can provide transparent

high-quality care by implementing evidence-based guidelines for timely and appropriate antibiotic use, maintenance of normothermia, and hand washing.

- 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**

TERMINAL CARE

Jooyoung, C., N. Coyle, et al. (2015). "[Ethical Issues Experienced Palliative Nurses](#)." *Journal of Hospice & Palliative Nursing* 17(1): 7-13.

Nurses encounter ethical dilemmas in their clinical practice especially those associated with palliative and end-of-life care. The Hospice and Palliative Nurses Association (HPNA) members were asked to participate in an ethics survey. The survey aimed to identify ethical issues experienced by hospice and palliative nurses, identify resources available to them and barriers if any to their use, and to identify how HPNA can be of support to hospice and palliative nurses. One hundred twenty-nine (n = 129) HPNA members completed the online survey. The information from each of the surveys was carefully reviewed, and responses were collapsed into 6 themes. The ethical dilemmas included inadequate communication, provision of nonbeneficial care, patient autonomy usurped/threatened, issues with symptom management and the use of opioids, issues related to decision making, and issues related to discontinuing life-prolonging therapies. Approximately two-thirds of the nurses used resources in an attempt to resolve the ethical issues, including a formal ethics consultation, involvement of the palliative/hospice team, consulting with other professionals, and use of educational resources. One-third of the nurses said there were institutional or personal barriers that prevented the ethical dilemma from being resolved. Participants suggested ways that HPNA could help them to effectively manage ethical dilemmas.

- Test: (2015). "[Ethical Issues Experienced Palliative Nurses](#)." *Journal of Hospice & Palliative Nursing* 17(1): 14-15.
- Cost: \$ 24.95 (USD)
- Registration deadline: February 28, 2017
- **Valid for 2.5 accredited hours**

Searl, M. F. (2015). "A Case for the Use of Validated Physiological Mortality Metrics to Guide Early Family Intervention in Intensive Care Unit Patients." *AACN Advanced Critical Care* 26(1): 13-22.

In the current health care climate a large portion of health care dollars are spent in the final months of life, so ensuring that care provided is in line with the wishes of patients and their families is more critical than ever. On the one hand, surviving families often report that they wish they had been given prognostic information earlier and that, in retrospect, they would have made different treatment decisions if they had been given prognostic information. On the other hand, providers often are reluctant to discuss prognosis for various reasons, not the least of which is the inherently uncertain nature of prognostication. To address this issue, this article reviews pertinent literature about provider reticence, family preference, and the move toward palliative care and includes a discussion of the various validated mortality-prediction models available. A case is made to use those validated metrics to guide early discussions of palliative or end-of-life care for patients who are critically ill. A suggested checklist to facilitate inclusion of prognosis discussions in family meetings is included as well as a case study to illustrate the problem, current practice, and a model for improvement.

- Test: (2015). "A Case for the Use of Validated Physiological Mortality Metrics to Guide Early Family

Intervention in Intensive Care Unit Patients." AACN Advanced Critical Care 26(1): 23-24.

- Cost: free for AACN members; \$ 10.00 (USD) for non-members
- Registration deadline: January 1, 2018
- **Valid for 1.0 accredited hours**

URINARY TRACT INFECTIONS, CATHETER-RELATED

Strouse, A. C. (2015). "[Appraising the Literature On Bathing Practices And Catheter-Associated Urinary Tract Infection Prevention](#)." Urologic Nursing 35(1): 11-17.

Background: Health care organizations (HCAs) are no longer reimbursed for costs associated with hospital-acquired infections (HAI), including catheter-associated urinary tract infections (CAUTIs). Beginning in 2015, HCAs that continue to have CAUTIs will now be penalized through Medicare payment reductions. Objective: The purpose of this review was to evaluate the evidence regarding bathing and cleansing practices in HCAs and the impact of those practices on CAUTI prevention. Methods A literature search using multiple databases was conducted to find research articles on bathing and cleansing practices and CAUTI prevention published between 2000 and 2014. From the initial results of 1926 articles, 22 were selected for evaluation for this literature review. Results: Studies revealed that bacterial contamination of bath basins is common leading to the recommendation that bathing wipes replace bath basin bathing in HCAs. Chlorhexidine (CHG) wipes were not found to lower incidence of CAUTI, but they resulted in higher nurse satisfaction and decreased bathing times when compared to basin bathing. Plain wipe bathing resulted in lower incidence of CAUTI and decreased bathing time and a cost savings over CHG wipes and basin bathing. Conclusions: HCAs should consider incorporating plain bathing wipes instead of HCG wipes or basin bathing into their bathing protocols and daily hygiene practices. Level of Evidence -- V: (Polit & Beck, 2012)

- Test: available via [SUNA's Online Library](#).
- Cost: \$ 15.00 (USD)
- Registration deadline: February 28, 2018
- **Valid for 1.3 accredited hours**

WOUND HEALING

de Carvalho, M. R. (2015). "[Comparison of Outcomes in Patients With Venous Leg Ulcers Treated With Compression Therapy Alone Versus Combination of Surgery and Compression Therapy](#)." Journal of Wound, Ostomy & Continence Nursing 42(1): 42-46.

BACKGROUND: Venous leg ulcers (VLUs) are the most prevalent type of lower extremity ulcers and can be difficult to manage. Clinicians are challenged to provide care and recommendations that promote timely healing, minimize the risk of recurrence, and are cost-effective. Compression therapy is generally considered the primary intervention for both ulcer management and prevention of recurrence. However, recent studies suggest that surgical correction of venous insufficiency may enhance healing of venous ulcers or help prevent recurrence. PURPOSE: The objective of this systematic review was to compare wound healing and recurrence rates in patients managed with compression therapy alone versus compression therapy plus surgery. SEARCH STRATEGY: The author conducted a literature review selecting primary studies published between 2002 and 2012, using the electronic databases MEDLINE/PubMed and CINAHL/EBSCOhost. The following keywords were applied: leg ulcer; varicose ulcer; bandage; "stockings, compression," venous ulceration; venous ulcer; compressive therapy; compression therapy; stocking; venous surgery. Inclusion criteria included randomized controlled trials that compared VLU healing rates and recurrence rates among patients receiving compression therapy alone, and

patients receiving both compression therapy and surgical intervention to correct venous incompetence. Studies published in English, Spanish, or Portuguese were included. RESULTS: Sixty-seven studies were retrieved and 4 were identified that met inclusion criteria. In 3 of the studies, researchers reported no differences in healing rates for patients managed with compression plus surgery when compared to patients managed with compression alone. One study reported higher healing rates in the surgical group. Most studies revealed lower recurrence rates in patients who were managed with surgery plus compression, but these differences were not statistically significant. CONCLUSIONS: Existing evidence supports compression therapy as the most critical element in the management of venous leg ulcers. However, evidence also suggests that surgical obliteration of incompetent perforator veins may promote longer ulcerfree periods and lower rates of recurrence.

- Test: (2015). "[Comparison of Outcomes in Patients With Venous Leg Ulcers Treated With Compression Therapy Alone Versus Combination of Surgery and Compression Therapy](#)." Journal of Wound, Ostomy & Continence Nursing 42(1): e1-e2
- Cost: \$ 21.95 (USD)
- Registration deadline: February 28, 2017
- **Valid for 2.0 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.

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