

CEU ALERT SERVICE FOR MUHC NURSES

MAY 2015



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ACCESS TO INFORMATION

Marshall, B. L. and L. Sabbagh (2015). "[Effects of Perceived Educational Support on Usage of an Internet Nursing Reference Center.](#)" *Journal of Continuing Education in Nursing* 46(4): 161-168.

Background: The need for evidence-based practice in nursing is well established; however, the efficacy of providing online research resources to nurses delivering care at the bedside has yet to undergo empirical testing. This study evaluated the impact of minimal educational support by a nurse researcher on nurses' usage of a hospital-based online nursing reference center. **Method:** This randomized, comparison group design feasibility study was conducted at a suburban medical center. Real-time RN usage of an online nursing reference center was collected over 10 months (August to May), with the comparative intervention occurring for seven of the 10 months (September to March). **Results:** Independent samples t tests and analysis of variance demonstrated that nurses receiving weekly or biweekly visits from an educator had significantly higher usage of the reference center. **Conclusions:** Nurses who received minimal educational support through weekly and biweekly brief, verbally supportive visits from a nurse researcher were significantly higher users of the online nurse reference center than those receiving in-services only.

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[CNE QUIZ.](#)" *Journal of Continuing Education in Nursing* 46(4): 169-170.
- Cost: \$ 20.00 (USD)
- Registration deadline: March 31, 2018
- **Valid for 1.2 accredited hours**

BRAIN DEATH

Miller, N. (2015). "[Cardiac death vs. brain death.](#)" *Nursing Made Incredibly Easy* 13(2): 44-50.

- Test: (2015). "[Cardiac death vs. brain death.](#)" *Nursing Made Incredibly Easy* 13(2): 50-51.
- Cost: \$ 21.95 (USD)
- Registration deadline: April 30, 2017
- **Valid for 2.0 accredited hours**

CLOSTRIDIUM INFECTIONS

Boyle, M. L., L. A. Ruth-Sahd, et al. (2015). "[Fecal Microbiota Transplant to Treat Recurrent Clostridium difficile Infections.](#)" *Critical Care Nurse* 35(2): 51-65.

The prevalence of recurrent or refractory *Clostridium difficile* infection has been steadily increasing since 2000. Consequently, alternative treatments to the standard antibiotic therapies are now being considered. One alternative treatment is fecal microbiota transplant. Although fecal microbiota transplant is relatively new--and not appealing to most people--it has been around for many years and has great promise as an inexpensive, safe, and efficient treatment of refractory and recurrent *C. difficile* infection. With a better understanding of the intricacies of the colonic microbiome and its role in colonic physiology and pathophysiology, critical care nurses will recognize that fecal microbiota transplant has the potential to become the standard of care for treatment of recurrent or refractory *C. difficile* infection. The American College of Gastroenterology and the Infectious Diseases Society of America provide the latest treatment guidelines for care of patients with these clostridial infections.

- Test: included with the article.

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

CRITICAL CARE NURSING

Cooper, K. L. (2015). "[Biventricular Pacemakers in Patients With Heart Failure.](#)" Critical Care Nurse 35(2): 20-28.

Patients with heart failure may benefit from implantation of a biventricular pacemaker. This article discusses the indications for biventricular pacemaker implantation and the assessment of patients with biventricular pacemakers. Biventricular pacemakers require more assessments than do traditional single- or dual-chamber pacemakers.

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

EMERGENCY NURSING

Read the following 5 articles and do the “Clinical Test Questions”:

Donatelli, N. S. and J. Somes (2015). "[CONTAGIOUS OR NOT? THAT IS THE QUESTION.](#)" JEN: Journal of Emergency Nursing 41(2): 148-153.

Moore, K. (2015). "[INFECTIOUS IN TRAUMA PATIENTS: PREVENTION BEGINS IN THE EMERGENCY DEPARTMENT.](#)" JEN: Journal of Emergency Nursing 41(2): 170-171.

Normandin, P. A. (2015). "[PEDIATRIC INFECTIOUS DISEASES.](#)" JEN: Journal of Emergency Nursing 41(2): 160-161.

Paparella, S. F. (2015). "[WHEN BUGS AND DRUGS CONVERGE: PROMOTING SAFE PRACTICES IN THE EMERGENCY DEPARTMENT.](#)" JEN: Journal of Emergency Nursing 41(2): 141-143.

Valdez, A. M. (2015). "[ARE YOU COVERED? SAFE PRACTICES FOR THE USE OF PERSONAL PROTECTIVE EQUIPMENT.](#)" JEN: Journal of Emergency Nursing 41(2): 154-157.

- 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(2): 172-172.
- Test : (2015). "[Clinical Test Questions](#)". JEN: Journal of Emergency Nursing 41(2): 173-174.
- Test Enrollment Form: "[CE Enrollment Form](#)". JEN: Journal of Emergency Nursing 41(2): 176.
- Cost: \$ 23.95 (USD) for ENA members, \$27.95 (USD) for non-members
- Registration deadline: March 31, 2017
- **Valid for 3.5 accredited hours**

Read the following 2 articles and do the “Research Test Questions”:

Bruce, H. R., J. Maiden, et al. (2015). "[IMPACT OF NURSE-INITIATED ED SEPSIS PROTOCOL ON COMPLIANCE WITH SEPSIS BUNDLES, TIME TO INITIAL ANTIBIOTIC ADMINISTRATION, AND IN-HOSPITAL MORTALITY.](#)" JEN: Journal of Emergency Nursing 41(2): 130-137.

Introduction: Emergency nurses play a key role in the initial triage and care of patients with potentially life-threatening illnesses. The aims of this study were to (1) evaluate the impact of a nurse-initiated ED sepsis protocol on time to initial antibiotic administration, (2) ascertain compliance with 3-hour Surviving Sepsis Campaign (SSC) targets, and (3) identify predictors of in-hospital sepsis mortality. Methods: A retrospective chart review investigated all adult patients- admitted through either of 2 academic tertiary medical center emergency departments- who were discharged with a diagnosis of severe sepsis or septic shock (N = 195). Pre- and postprotocol implementation data examined both compliance with 3-hour SSC bundle targets and patient outcomes. Multivariate logistic regression analysis identified predictors of in-hospital mortality. Results: Serum lactate measurement (83.9% vs 98.7%, P = .003) and median time to initial antibiotic administration (135 minutes vs 108 minutes, P= .021) improved significantly after protocol implementation. However, one quarter of antibiotic administration times still exceeded the 3-hour target. Significant predictors of in-hospital mortality were respiratory dysfunction, central nervous system dysfunction, urinary tract infection, vasopressor administration, and patient body weight (P < .05). There were no in-hospital mortality rate differences between the pre- and post-protocol implementation groups. Discussion: Compliance with serum lactate measurement and blood culture collection goals approached 100% in the post-protocol group. However, compliance with medical interventions requiring multiple health care-provider involvement (ie, antibiotic and fluid administration) remained suboptimal. Efforts focused on multidisciplinary bundle elements are necessary to achieve full compliance with SSC targets.

Carman, M. J., P. R. Clark, et al. (2015). "[SAMPLING CONSIDERATIONS IN EMERGENCY NURSING RESEARCH](#)." JEN: Journal of Emergency Nursing 41(2): 162-164.

- 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(2): 172-172.
- Test : (2015). "[Research Test Questions](#)". JEN: Journal of Emergency Nursing 41(2): 174-175.
- Test Enrollment Form: "[CE Enrollment Form](#)". JEN: Journal of Emergency Nursing 41(2): 176.
- Cost: \$ 18.95 (USD) for ENA members, \$22.95 (USD) for non-members
- Registration deadline: March 31, 2017
- **Valid for 2.5 accredited hours**

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

Heck, L., G. L. Gillespie, et al. (2015). "[STANDARDIZING THE CARE OF OCCUPATIONAL BLOOD-BORNE PATHOGEN EXPOSURES TO REDUCE UNNECESSARY USE OF THE EMERGENCY DEPARTMENT](#)." JEN: Journal of Emergency Nursing 41(2): 125-129.

Problem: Care of health care workers with a blood-borne pathogen (BBP) exposure who seek treatment in emergency departments needs to be standardized. A standardized system may lead to better care for exposed individuals. Methods: An interprofessional process was developed to standardize care of occupational BBP exposures in nonemployees. A health planning program design was conducted to compare outcomes before and after the standardized process was enacted. Results: Standardizing treatment of occupational exposures provided more efficient care for exposed nonemployee workers and allowed an improved use of ED resources. Implications for Practice: Programs developed to improve utilization of the emergency department have a greater chance of success when developed using an interprofessional, collaborative approach.

Wiles, L. L. (2015). "[KEEP IT CLEAN: A VISUAL APPROACH TO REINFORCE HAND HYGIENE COMPLIANCE IN THE EMERGENCY DEPARTMENT](#)." JEN: Journal of Emergency Nursing 41(2): 119-124.

Problem: Although hand hygiene strategies significantly reduce health care-associated infections, multiple studies have documented that hand hygiene is the most overlooked and poorly performed infection control

intervention. Methods: Emergency nurses and technicians (n = 95) in a 41-bed emergency department in eastern Virginia completed pretests and posttests, an education module, and two experiential learning activities reinforcing hand hygiene and infection control protocols. Results: Posttest scores were significantly higher than pretest scores [$t(108) = -6.928, P = .048$]. Hand hygiene compliance rates improved at the conclusion of the project and 3 months after the study ($F(2, 15) = 9.89, P = .002$). Implications for Practice: Interfaces with staff as they completed the interactive exercise, as well as anecdotal notes collected during the study, identified key times when compliance suffered and offered opportunities to further improve hand hygiene and, ultimately, patient safety.

- 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(2): 172-172.
- Test : (2015). "[Practice Improvement Test Questions](#)". JEN: Journal of Emergency Nursing 41(2): 175.
- Test Enrollment Form: "[CE Enrollment Form](#)". JEN: Journal of Emergency Nursing 41(2): 176.
- Cost: \$ 18.95 (USD) for ENA members, \$22.95 (USD) for non-members
- Registration deadline: March 31, 2017
- **Valid for 2.5 accredited hours**

GERONTOLOGIC NURSING

Letourneau, K. and J. H. Goodman (2014). "[A Patient - Centered Approach to Addressing Physical Activity in Older Adults](#)." Journal of Gerontological Nursing 40(11): 26-32.

Regular physical activity reduces the burden of chronic diseases in older adults, but the majority of this population is relatively sedentary. Individuals considering a change in behavior, such as increasing exercise, often experience a mental state of ambivalence, which can lead to inaction. Ambivalence is resistant to traditional counseling methods used in medical settings, such as patient education. Motivational interviewing (MI) is a conversational style that has been shown to help overcome ambivalence by guiding patients to voice their personal reasons for change. Nurse practitioners are uniquely positioned to use MI with older adults to address ambivalence toward increasing physical activity. [Regular physical activity reduces the burden of chronic diseases in older adults, but the majority of this population is relatively sedentary. Individuals considering a change in behavior, such as increasing exercise, often experience a mental state of ambivalence, which can lead to inaction. Ambivalence is resistant to traditional counseling methods used in medical settings, such as patient education. Motivational interviewing (MI) is a conversational style that has been shown to help overcome ambivalence by guiding patients to voice their personal reasons for change. Nurse practitioners are uniquely positioned to use MI with older adults to address ambivalence toward increasing physical activity. [Journal of Gerontological Nursing, 40(11), 26-32.]

- Test: online at [Villanova University Website](#)
- Test instructions: (2014). "CNE Quiz." Journal of Gerontological Nursing 40(11): 34-35.
- Cost: \$ 20.00 (USD)
- Registration deadline: October 31, 2016
- **Valid for 1.2 accredited hours**

Hill, N. L., J. M. Mogle, et al. (2015). "[ASSESSMENT OF SUBJECTIVE COGNITIVE IMPAIRMENT AMONG OLDER ADULTS](#)." Journal of Gerontological Nursing 41(4): 28-37.

Subjective cognitive impairment (SCI) refers to an individual's everyday concerns related to cognitive functioning, which can exist even in the absence of objectively assessed impairment. SCI is common among older adults, and although symptoms may be mild, SCI is associated with subsequent cognitive decline as well as significant negative effects on everyday functional ability, mood, and social engagement. Despite the potential consequences,

SCI is often underreported and undetected. Thus, it is critical to consider assessing for SCI among older adults to determine cognitive impairment risk and support early intervention to promote functional well-being and health management. The current article reviews factors related to SCI, evaluates existing methods for the assessment of SCI, and proposes a person-centered framework for enhancing assessment. Application of the framework is further illustrated through the use of clinical examples. [Journal of Gerontological Nursing, 41 (4), 28-35.]

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[cne QUIZ](#)." Journal of Gerontological Nursing 41(4): 36-37.
- Cost: \$ 20.00 (USD)
- Registration deadline: March 31, 2018
- **Valid for 1.2 accredited hours**

HEART SURGERY

Ley, S. J. (2015). "[Standards for Resuscitation After Cardiac Surgery](#)." Critical Care Nurse 35(2): 30-38.

Of the 250 000 patients who undergo major cardiac operations in the United States annually, 0.7% to 2.9% will experience a postoperative cardiac arrest. Although Advanced Cardiac Life Support (ACLS) is the standard approach to management of cardiac arrest in the United States, it has significant limitations in these patients. The European Resuscitation Council (ERC) has endorsed a new guideline specific to resuscitation after cardiac surgery that advises important, evidence-based deviations from ACLS and is under consideration in the United States. The ACLS and ERC recommendations for resuscitation of these patients are contrasted on the basis of the essential components of care. Key to this approach is the rapid elimination of reversible causes of arrest, followed by either defibrillation or pacing (as appropriate) before external cardiac compressions that can damage the sternotomy, cautious use of epinephrine owing to potential rebound hypertension, and prompt resternotomy (within 5 minutes) to promote optimal cerebral perfusion with internal massage, if prior interventions are unsuccessful. These techniques are relatively simple, reproducible, and easily mastered in Cardiac Surgical Unit–Advanced Life Support courses. Resuscitation of patients after heart surgery presents a unique opportunity to achieve high survival rates with key modifications to ACLS that warrant adoption in the United States.

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

MEDICAL-SURGICAL NURSING

Denholm, B. and L. Spruce (2015). "[Clinical Issues](#)." AORN Journal 101(3): 379-386.

- Test: Included with article, but go to the [website](#) for credit
- Cost: \$ 8.80 for AORN members, \$17.60 (USD) for non-members
- Registration deadline: March 31, 2018
- **Valid for 1.1 accredited hours**

Spruce, L. (2015). "[Back to Basics: Procedural Sedation](#)." AORN Journal 101(3): 345-353.

Patients undergoing surgery frequently receive procedural sedation from RNs in the perioperative setting. With appropriate training, perioperative RNs can administer procedural sedation safely and effectively, helping to eliminate the pain and anxiety often experienced by patients. Facility sedation protocols should provide guidance on training requirements, the RN's role, the credentialing process, the medications the RN may use, and when anesthesia personnel should be consulted. Creating these protocols is guided by state scope of practice laws, Centers for

Medicare & Medicaid Services Interpretive Guidelines, and accreditation requirements. Training, physician guidance, and appropriate protocols give the necessary support for perioperative nurses to provide safe and effective procedural sedation.

- Test: Included with article, but go to the [website](#) for credit
- Cost: \$ 6.40 for AORN members, \$12.80 (USD) for non-members
- Registration deadline: March 31, 2018
- **Valid for 0.8 accredited hours**

PSORIATIC ARTHRITIS

Dewing, K. A. (2015). "[Management of patients with Psoriatic arthritis.](#)" Nurse Practitioner 40(4): 40-46.

- Test: (2015). (2015). "[Management of patients with Psoriatic arthritis.](#)" Nurse Practitioner 40(4): 46-47.
- Cost: \$ 21.95 (USD)
- Registration deadline: April 30, 2017
- **Valid for 2.0 accredited hours**

STATINS – ADVERSE EFFECTS

Gulum, A. H. (2015). "[Statins: An Update on Clinical Issues and Selected Adverse Effects.](#)" Journal for Nurse Practitioners 11(3): 287-294.

- Test: on the [NPjournal website](#) look for and click on "Statins: An Update on Clinical Issues and Selected Adverse Effects" and register for an account
- Cost: free if taken online
- Registration deadline: April 1, 2017
- **Valid for 1.0 accredited hours**

NECROTIZING FASCIITIS

Harrington, D. H., C. M. Lenahan, et al. (2015). "[A practitioner's guide to necrotizing fasciitis.](#)" Nurse Practitioner 40(4): 49-54.

- Test: (2015). (2015). "[A practitioner's guide to necrotizing fasciitis.](#)" Nurse Practitioner 40(4): 54-55.
- Cost: \$ 21.95 (USD)
- Registration deadline: April 30, 2017
- **Valid for 2.0 accredited hours**

OBSTRUCTIVE SLEEP APNEA (FRENCH)

Létourneau, M. and K. A. Champagne (2015). "[L'apnée obstructive du sommeil.](#)" Perspective Infirmiere 12(2): 36-42.

- Test: online at [Mistral.oiiq.org](#)
- Cost: \$21.34 for OIIQ members, \$30.48 for non-members
- **Valid for 2.0 accredited hours**

PAIN MANAGEMENT

Hayes, K. and D. B. Gordon (2015). "[Delivering Quality Pain Management: The Challenge for Nurses.](#)" AORN Journal 101(3): 327-337.

The delivery of high-quality pain management in the perioperative environment can be challenging and difficult to quantify. Commonly used tools in delivering care, such as pain intensity ratings, individual pain experience reporting, assessments of individual patients' expectations, and patient satisfaction scores, have limitations and are not always useful when addressing quality improvement measures. Despite clinical advances in pain management, patients continue to experience inadequate pain control and inconsistent pain management practices. In this article, we discuss the challenges in providing consistent quality pain management, the need for a coordinated plan of care with a goal of meeting desired pain outcomes, and the essential role that perianesthesia and perioperative nurses play throughout the transitions in perioperative care to promote optimal pain management interventions based on the patient's individual needs.

- Test: Included with article, but go to the [website](#) for credit
- Cost: \$9.60 for AORN members, \$19.20 (USD) for non-members
- Registration deadline: March 31, 2018
- **Valid for 1.2 accredited hours**

Manworren, R. C. B. (2015). "[Multimodal Pain Management and the Future of a Personalized Medicine Approach to Pain.](#)" AORN Journal 101(3): 307-318.

In the soon-to-be-released clinical practice guidelines from the American Pain Society, multimodal analgesia is recommended for pain management after all surgical procedures. Multimodal analgesia is a surgery-specific population-based approach to optimize pain relief by treating pain through multiple mechanisms along multiple sites of the nociceptive pathway. The reliance on multiple medications and therapies inherent to the multimodal approach also may address individual patient differences in analgesic pharmacogenetics (ie, the influence of allelic differences in single genes and the associated variability in specific medication responses). Perioperative nurses may see a shift from surgery-specific population-based multimodal analgesic protocols to a personalized medicine approach as knowledge of the genetic influences of analgesic metabolism and pain sensitivity is translated into clinical practice. Personalized medicine is proposed as an individualized pain management treatment plan that eventually may be based on each patient's genetic coding for metabolism of analgesics and pain sensitivity.

- Test: Included with article, but go to the [website](#) for credit
- Cost: \$11.20 for AORN members, \$22.40 (USD) for non-members
- Registration deadline: March 31, 2018
- **Valid for 1.4 accredited hours**

POST-TRAUMATIC STRESS DISORDERS

Murphy, K. (2015). "[Getting to the bottom of PTSD.](#)" Nursing Made Incredibly Easy 13(2): 34-42.

- Test: (2015). "[Getting to the bottom of PTSD.](#)" Nursing Made Incredibly Easy 13(2): 42-43.
- Cost: \$ 21.95 (USD)
- Registration deadline: April 30, 2017
- **Valid for 2.0 accredited hours**

PROFESSIONAL DEVELOPMENT

Miraglia, R. and M. E. Asselin (2015). "[Reflection as an Educational Strategy in Nursing Professional Development.](#)"
Journal for Nurses in Professional Development 31(2): 62-72.

- Test: online at the JNDP [CE Connection website](#)
- Test instructions: (2015). "[Reflection as an Educational Strategy in Nursing Professional Development.](#)"
Journal for Nurses in Professional Development 31(2): E6.
- Cost: \$ 24.95 (USD)
- Registration deadline: April 30, 2017
- **Valid for 2.5 accredited hours**

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