

CEU ALERT SERVICE FOR MUHC NURSES

AUGUST 2015



CONTENTS

ACCIDENTAL FALLS	2
ATRIAL FIBRILLATION	2
CANCER PAIN	3
CHRONIC KIDNEY FAILURE	3
CRITICALLY ILL PATIENTS	3
DERMATITIS	5
DRUG ADMINISTRATION	5
EMERGENCY NURSING	6
EPILEPSY	7
FEEDING TUBE CARE	8
INFECTION CONTROL	8
KNEE PAIN	8
NEONATAL NURSING	8
NEPHROLOGY NURSING	9
NURSING ETHICS	9
NURSING PRACTICE	10
OCCUPATIONAL HEALTH	10
ORTHOPAEDIC NURSING	10
PARKINSON DISEASE	12
PERIOPERATIVE NURSING	12
PHARYNGITIS	14
PSYCHOSOCIAL NURSING	14
PSYCHOTIC AFFECTIVE DISORDERS	15
RELAXATION TECHNIQUES	15
QUALITY IMPROVEMENT	15
VIRAL HEPATITIS	16

ACCIDENTAL FALLS

Zhao, Y. and K. Heejung (2015). "[Older Adult Inpatient Falls in Acute Care Hospitals.](#)" Journal of Gerontological Nursing **41**(7): 29-43.

The current integrative literature review of 23 studies aimed to identify multidimensional risk factors of falls among older adult patients in acute care hospitals. The incidence rate of fall-related injuries ranged from 6.8% to 72.1%. Advanced age was a major intrinsic risk factor, whereas being a patient in a geriatric unit was a significant extrinsic factor for inpatient falls and fall-related injuries based on statistical significance obtained from quantitative data analyses. Other critical risk factors were: (a) cognitive impairment; (b) impaired mobility; (c) prolonged length of hospital stay; and (d) fall history. Environmental/situational factors, such as patient ambulation and fall locations, also contributed to inpatient falls. In clinical practice, nurses need to know who are the most vulnerable patients in the hospital and develop comprehensive interventions to decrease intrinsic, extrinsic, and environmental risk factors. Prospective mixed-methods studies are needed to examine psychosocial factors and consequences of falls. [Journal of Gerontological Nursing, 41(7), 29-43.]

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[cne QUIZ.](#)" Journal of Gerontological Nursing **41**(7): 44-45.
- Cost: \$ 20.00 (USD)
- Registration deadline: June 30, 2018
- Valid for **1.3 accredited hours**

ATRIAL FIBRILLATION

Cutugno, C. L. (2015). "[Atrial Fibrillation: Updated Management Guidelines and Nursing Implications.](#)" American Journal of Nursing **115**(5): 26-38.

Atrial fibrillation, the most common chronic cardiac arrhythmia, adversely affects the quality of life of millions of people. The condition is frequently associated with advancing age, structural cardiac dysfunction, and preexisting comorbidities. The most common complications, stroke and heart failure, result in significant morbidity and mortality. Indeed, atrial fibrillation is responsible for over 450,000 hospitalizations and 99,000 deaths annually and adds up to \$26 billion to U.S. health care costs each year. Given the aging of the U.S. population, the incidence of atrial fibrillation is expected to double within the next 50 years. There is evidence that nursing intervention in patient education and transition of care coordination can improve adherence to treatment plans and patient outcomes. This article reviews the recently updated guideline for the management of atrial fibrillation, issued jointly by the American Heart Association, the American College of Cardiology, and the Heart Rhythm Society. It focuses on the prevention of thromboembolism and on symptom control, and stresses the importance of patient adherence to treatment plans in order to ensure better outcomes.

- Test: Contrada, E. (2015). "[Atrial Fibrillation: Updated Management Guidelines and Nursing Implications.](#)" American Journal of Nursing **115**(5): 39,49.
- Cost: \$27.95 (USD)
- Registration deadline: May 31, 2017
- Valid for **3.0 accredited hours**

CANCER PAIN

Ensom Coyne, P. (2015). "[CE Symptom Management Series. Symptom Management of Bone Metastasis at End of Life.](#)" *Journal of Hospice & Palliative Nursing* **17**(3): 183-186.

Caring for persons with bone metastasis at the end of life is complex. There are a variety of pharmacologic and nonpharmacologic measures that have been shown to provide patients with relief and comfort. Through the use of a case narrative, this article demonstrates the complexity of palliative care as it relates to the pain management of bone metastasis at end of life from both the pharmacological and psychosocial perspectives. Treatment interventions for pain in each of these domains is explored, illustrating that metastatic bone pain at end of life is a multifaceted experience and therefore requires a multimodal approach to care.

- Test: (2015). "[CE Symptom Management Series. Symptom Management of Bone Metastasis at End of Life.](#)" *Journal of Hospice & Palliative Nursing* **17**(3): 187-188.
- Cost: \$17.95 (USD)
- Registration deadline: June 30, 2017
- Valid for **1.5 accredited hours**

CHRONIC KIDNEY FAILURE

Scher, H. E., M. L. Drew, et al. (2015). "[Treatment of Resistant Hypertension in the Patient With Chronic Kidney Disease.](#)" *Journal for Nurse Practitioners* **11**(6): 597-606.

- Test: included with the article
- Cost: \$10.00 (USD)
- Registration deadline: June 30, 2017
- Valid for **1.0 accredited hours**

CRITICALLY ILL PATIENTS

Exarchopoulos, T., E. Charitidou, et al. (2015). "[SCORING SYSTEMS FOR OUTCOME PREDICTION IN A CARDIAC SURGICAL INTENSIVE CARE UNIT: A COMPARATIVE STUDY.](#)" *American Journal of Critical Care* **24**(4): 327-335.

Background Most scoring systems used to predict clinical outcome in critical care were not designed for application in cardiac surgery patients. **Objectives** To compare the predictive ability of the most widely used scoring systems (Acute Physiology and Chronic Health Evaluation [APACHE] II, Simplified Acute Physiology Score [SAPS] II, and Sequential Organ Failure Assessment [SOFA]) and of 2 specialized systems (European System for Cardiac Operative Risk Evaluation [EuroSCORE] II and the cardiac surgery score [CASUS]) for clinical outcome in patients after cardiac surgery. **Methods** Consecutive patients admitted to a cardiac surgical intensive care unit (CSICU) were prospectively studied. Data on the preoperative condition, intraoperative parameters, and postoperative course were collected. EuroSCORE II, CASUS, and scores from 3 general severity-scoring systems (APACHE II, SAPS II, and SOFA) were calculated on the first postoperative day. Clinical outcome was defined as 30-day mortality and in-hospital morbidity. **Results** A total of 150 patients were included. Thirty-day mortality was 6%. CASUS was superior in outcome prediction, both in relation to discrimination (area under curve, 0.89) and calibration (Brier score = 0.043, $\chi^2 = 2.2$, $P = .89$), followed by EuroSCORE II for 30-day mortality (area under curve, 0.87) and SOFA for morbidity (Spearman $\rho = 0.37$ and 0.35 for the CSICU length of stay and duration of mechanical

ventilation, respectively; Wilcoxon $W = 367.5$, $P = .03$ for probability of readmission to CSICU). Conclusions CASUS can be recommended as the most reliable and beneficial option for benchmarking and risk stratification in cardiac surgery patients.

- Test: Included with article
- Cost: free for AACN members, \$ 10.00 (USD) for non-members
- Registration deadline: June 30, 2018
- Valid for **1.0 accredited hours**

Schallom, M., L. Cracchiolo, et al. (2015). "[PRESSURE ULCER INCIDENCE IN PATIENTS WEARING NASAL-ORAL VERSUS FULL-FACE NONINVASIVE VENTILATION MASKS.](#)" *American Journal of Critical Care* **24**(4): 349-357.

Background Device-related pressure ulcers from noninvasive ventilation masks alter skin integrity and cause patients discomfort. **Objective** To examine the incidence, location, and stage of pressure ulcers and patients' comfort with a nasal-oral mask compared with a full-face mask. **Methods** A before-after study of a convenience sample of patients with noninvasive ventilation orders in 5 intensive care units was conducted. Two groups of 100 patients each received either the nasal-oral mask or the full-face mask. Skin was assessed before the mask was applied and every 12 hours after that or upon mask removal. Comfort levels were assessed every 12 hours on a Likert scale of 1 to 5 (1, most comfortable). **Results** A pressure ulcer developed in 20% of patients in the nasal-oral mask group and 2% of patients in the full-face mask group ($P < .001$). Comfort scores were significantly lower (more comfortable) with the full-face mask (mean [SD], 1.9 [1.1]) than with the nasal-oral mask (mean [SD], 2.7 [1.2], $P < .001$). Neither mean hours worn nor percentage adherence differed significantly: 28.9 (SD, 27.2) hours and 92% for full-face mask and 25 (SD, 20.7) and 92% for nasal-oral mask. No patients who had a pressure ulcer develop with the nasal-oral mask had a pressure ulcer develop with the full-face mask. **Conclusion** The full-face mask resulted in significantly fewer pressure ulcers and was more comfortable for patients. The full-face mask is a reasonable alternative to traditional nasal-oral masks for patients receiving noninvasive ventilation.

- Test: Included with article
- Cost: free for AACN members, \$ 10.00 (USD) for non-members
- Registration deadline: June 30, 2018
- Valid for **1.0 accredited hours**

Sole, M. L., M. Bennett, et al. (2015). "[CLINICAL INDICATORS FOR ENDOTRACHEAL SUCTIONING IN ADULT PATIENTS RECEIVING MECHANICAL VENTILATION.](#)" *American Journal of Critical Care* **24**(4): 318-325.

Background Critically ill patients who need mechanical ventilation require endotracheal suctioning. Guidelines recommend coarse crackles over the trachea and/or the presence of a sawtooth pattern on the flow-volume loop of the ventilator waveform as the best indicators. **Objective** To determine clinical cues for endotracheal suctioning in patients who require mechanical ventilation. **Methods** A descriptive study of 42 adult patients receiving mechanical ventilation. After baseline endotracheal suctioning with a closed-system device, patients were assessed hourly up to 4 hours for guideline-based cues for endotracheal suctioning and lung sounds were auscultated. Endotracheal suctioning was done when cues were detected or 4 hours after baseline suctioning. Secretions were collected, measured, and weighed. **Results** Most patients were male (62%) and white (93%). Mean age was 51 years, and mean duration of mechanical ventilation was 7.5 days. The median time to endotracheal suctioning was 2 hours, and a mean of 4.4 mL of secretions was removed. Three patients had no cues identified but had 1.0 mL or more of secretions. The most frequent cues were crackles over the trachea (88%), sawtooth waveform (33%), coughing (29%), and visible secretions (5%). Cues resolved and physiological

parameters improved after suctioning. Coarse lung sounds did not improve. Conclusions Patients receiving mechanical ventilation should be routinely assessed for coarse crackles over the trachea, the most common indicator for endotracheal suctioning. Despite common practice, assessment of lung sounds to identify the need for suctioning is not supported.

- Test: Included with article
- Cost: free for AACN members, \$ 10.00 (USD) for non-members
- Registration deadline: June 30, 2018
- Valid for **1.0 accredited hours**

DERMATITIS

Mistry, N., A. Gupta, et al. (2015). "[A Review of the Diagnosis and Management of Erythroderma \(Generalized Red Skin\)](#)." *Advances in Skin & Wound Care* **28**(5): 228-236.

- Test: (2015). "[A Review of the Diagnosis and Management of Erythroderma \(Generalized Red Skin\)](#)." *Advances in Skin & Wound Care* **28**(5): 237-238.
- Cost: \$24.95 (USD)
- Registration deadline: May 31, 2017
- Valid for **2.5 accredited hours**

DRUG ADMINISTRATION

Hussar, D. A. (2015). "[New Drugs 2015 PART 2](#)." *Nursing* **45**(7): 34-41.

- Test: (2015). "[New Drugs 2015 PART 2](#)." *Nursing* **45**(7): 41-42.
- Cost: \$27.95 (USD)
- Registration deadline: July 31, 2017
- Valid for **3.0 accredited hours**

EMERGENCY NURSING

Read the following 6 articles and do the "Clinical Test Questions":

Brosinski, C. and A. Riddell (2015). "[Mitigating Nursing Biases in Management of Intoxicated and Suicidal Patients.](#)" JEN: Journal of Emergency Nursing **41**(4): 296-299.

Grimm, J. W. (2015). "[Aneurysmal Subarachnoid Hemorrhage: A Potentially Lethal Neurological Disease](#)". JEN: Journal of Emergency Nursing, **41**(4), 281-284.

Normandin, P. A., & Benotti, S. A. (2015). "[Pediatric Emergency Update: Lethality of Liquid Nicotine in E-Cigarettes](#)". JEN: Journal of Emergency Nursing, **41**(4), 357-359.

Paparella, S. F. (2015). "[Insulin Pens: Single Patient Use Is Mandatory for Safety.](#)" JEN: Journal of Emergency Nursing **41**(4): 340-342.

Samaha, D., S. Barnard, et al. (2015). "[Handle With Care: Preventing Abusive Head Trauma.](#)" JEN: Journal of Emergency Nursing **41**(4): 350-352.

Solheim, J. (2015). "[A Case of Leprosy: Not as Rare as One Might Expect.](#)" JEN: Journal of Emergency Nursing **41**(4): 353-356.

- Test: (2015). "[Clinical Test Questions.](#)" JEN: Journal of Emergency Nursing **41**(4): 367-368.
- Test instructions: (2015) "[Earn Up to 8.0 Contact Hours by Reading the Designated Articles and Taking These Post Tests.](#)" JEN: Journal of Emergency Nursing **41**(4), 366.
- CE Enrollment Form: (2015) "[CE Enrollment Form.](#)" JEN: Journal of Emergency Nursing **41**(4), 370.
- Cost: \$26.95 (USD) for ENA members; \$ 31.95 (USD) for non-members
- Registration deadline: July 31, 2017
- Valid for **4.0 accredited hours**

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

Bourgault, P., Lavoie, S., Paul-Savoie, E., Grégoire, M., Michaud, C., Gosselin, E., & Johnston, C. C. (2015). "[Relationship Between Empathy and Well-Being Among Emergency Nurses](#)". JEN: Journal of Emergency Nursing, **41**(4), 323-328.

Mizerek, E., & Wolf, L. (2015). "[To Foley or Not To Foley: Emergency Nurses' Perceptions of Clinical Decision Making in the Use of Urinary Catheters in the Emergency Department](#)". JEN: Journal of Emergency Nursing, **41**(4), 329-334.

- Test: (2015). "[Research Test Questions.](#)" JEN: Journal of Emergency Nursing **41**(4): 368-369.
- Test instructions: (2015) "[Earn Up to 8.0 Contact Hours by Reading the Designated Articles and Taking These Post Tests.](#)" JEN: Journal of Emergency Nursing **41**(4), 366.
- CE Enrollment Form: (2015) "[CE Enrollment Form.](#)" JEN: Journal of Emergency Nursing **41**(4), 370.
- Cost: \$18.95 (USD) for ENA members; \$ 22.95 (USD) for non-members
- Registration deadline: July 31, 2017
- Valid for **2.5 accredited hours**

Read the following article and do the "Practice Improvement Test Questions":

Denton, T. D. (2015). "[Southern Hospitality: How We Changed the NPO Practice in the Emergency Department.](#)" *JEN: Journal of Emergency Nursing*, **41**(4), 317-322.

- Test: (2015). "[Practice Improvement Test Questions.](#)" *JEN: Journal of Emergency Nursing* **41**(4): 369-369.
- Test instructions: (2015) "[Earn Up to 8.0 Contact Hours by Reading the Designated Articles and Taking These Post Tests.](#)" *JEN: Journal of Emergency Nursing* **41**(4), 366.
- CE Enrollment Form: (2015) "[CE Enrollment Form.](#)" *JEN: Journal of Emergency Nursing* **41**(4), 370.
- Cost: \$13.95 (USD) for ENA members; \$ 16.95 (USD) for non-members
- Registration deadline: July 31, 2017
- Valid for **1.5 accredited hours**

EPILEPSY

Smith, G., J. L. Wagner, et al. (2015). "[Epilepsy Update, Part 1: Refining Our Understanding of a Complex Disease... first in a two-part series.](#)" *American Journal of Nursing* **115**(5): 40-47.

Epilepsy is a serious, common neurologic disease that affects people of all ages. As under-scored in the 2012 Institute of Medicine report *Epilepsy Across the Spectrum: Promoting Health and Understanding*, the millions of people living with epilepsy in the United States face the challenges of seeking out high-quality, coordinated health care and community services; overcoming epilepsy misinformation and stigma; and finding understanding and support in their communities. This article, the first in a two-part series, discusses new research that has increased our understanding of epilepsy's etiology and pathophysiology, new definitions that are changing the ways we evaluate and treat this disease, conditions that frequently present with epilepsy, and psychosocial challenges faced by people with epilepsy. Part 2, which will appear in next month's issue, reviews comprehensive nursing care and evidence-based treatment for epilepsy and presents resources for people with epilepsy and their families.

- Test: Contrada, E. (2015). "[Epilepsy Update, Part 1: Refining Our Understanding of a Complex Disease... first in a two-part series.](#)" *American Journal of Nursing* **115**(5): 48-49.
- Cost: \$24.95 (USD)
- Registration deadline: May 31, 2017
- Valid for **2.5 accredited hours**

Smith, G., J. L. Wagner, et al. (2015). "[Epilepsy Update, Part 2: Nursing Care and Evidence-Based Treatment... second in a two-part series.](#)" *American Journal of Nursing* **115**(6): 34-44.

As new research has increased our understanding of epilepsy and the challenges patients with epilepsy face, the role of the nurse as an educator and advocate has grown. This article, the second in a two-part series, addresses the most important aspects of assessing and caring for patients with epilepsy--highlighting the seizure first-aid instructions that all family members of a patient with epilepsy should have; the teaching points to share with parents of young children with epilepsy; and online epilepsy resources for patients, family members, and health care professionals. The authors also discuss current medical, surgical, neurostimulatory, and dietary approaches to epilepsy treatment.

- Test: Contrada, E. (2015). "[Epilepsy Update, Part 2: Nursing Care and Evidence-Based Treatment... second in a two-part series.](#)" *American Journal of Nursing* **115**(6): 45, 46.
- Cost: \$24.95 (USD)

- Registration deadline: June 30, 2017
- Valid for **2.5 accredited hours**

FEEDING TUBE CARE

O'Rear, J. M. and J. A. Prahlow (2015). "[Early Percutaneous Endoscopic Gastrostomy Tube Dislodgment.](#)" American Journal of Nursing **115**(6): 26-31.

The authors present a case of early percutaneous endoscopic gastrostomy tube dislodgment, attempted replacement, and subsequent sepsis that resulted in the patient's death. Gastrostomy techniques, complications, preventive strategies, and proper tube management are addressed.

- Test: Contrada, E. (2015). "[Early Percutaneous Endoscopic Gastrostomy Tube Dislodgment.](#)" American Journal of Nursing **115**(6): 32, 46.
- Cost: \$21.95 (USD)
- Registration deadline: June 30, 2017
- Valid for **2.0 accredited hours**

INFECTION CONTROL

Patterson, C. E. (2015). "[Basic principles of infection control.](#)" Nursing Made Incredibly Easy **13**(3): 28-37.

- Test: (2015). "Basic principles of infection control." Nursing Made Incredibly Easy **13**(3): 37-38.
- Cost: \$24.95 (USD)
- Registration deadline: June 30, 2017
- Valid for **2.5 accredited hours**

KNEE PAIN

Lipman, R. and R. M. John (2015). "[A review of knee pain in adolescent females.](#)" Nurse Practitioner **40**(7): 28-36.

- Test: (2015). "[A review of knee pain in adolescent females.](#)" Nurse Practitioner **40**(7): 36-37.
- Cost: \$24.95 (USD)
- Registration deadline: July 31, 2017
- Valid for **2.5 accredited hours**

NEONATAL NURSING

Clifford, P., L. Heimall, et al. (2015). "[Following the Evidence: Enteral Tube Placement and Verification in Neonates and Young Children.](#)" Journal of Perinatal & Neonatal Nursing **29**(2): 149-161.

Enteral tube placement in hospitalized neonates and young children is a common occurrence. Accurate placement and verification are imperative for patient safety. However, despite many years of research that provides evidence for a select few methods and clearly discredits the safety of others, significant variation in clinical practice is still common. Universal adoption and implementation of evidence-based practices for enteral tube placement and verification are necessary to ensure consistency and safety of all patients. This integrative

review synthesizes current and seminal literature regarding the most accurate enteral tube placement and verification methods and proposes clinical practice recommendations.

- Test: online at [JPNN website](#).
- Test instructions: (2015). "[Following the Evidence: Enteral Tube Placement and Verification in Neonates and Young Children](#)." *Journal of Perinatal & Neonatal Nursing* **29**(2): E2.
- Cost: \$24.94 (USD)
- Registration deadline: June 30, 2017
- Valid for **2.5 accredited hours**

NEPHROLOGY NURSING

Hoffart, N. (2014). "[The Development of Kidney Transplant Nursing](#)." *Nephrology Nursing Journal* **41**(6): 127-138.

An analysis of published literature, interviews with early transplant nurses, and other primary source materials shows how evolving medical treatments for rejection, nurses' ability to learn on the job, and their commitment to patients influenced the development of kidney transplantation as a specialized area of practice. The work of these nurses work is discussed in the context of unfolding nursing specialization at the middle of the twentieth century.

- Test: online at [ANNA website](#)
- Cost: \$ 15.00 (USD)
- Registration deadline: December 31, 2016
- Valid for **1.2 accredited hours**

NURSING ETHICS

Partington, E. W. and T. W. Kirk (2015). "[CE Ethics Series. Engaging Requests for Nondisclosure During Admission to Home Hospice Care](#)." *Journal of Hospice & Palliative Nursing* **17**(3): 174-180.

It is not uncommon for hospice admission nurses to receive requests from loved ones to withhold information from patients about their diagnosis or prognosis. Such requests may occur in the context of similar requests having previously been honored by other, nonhospice care teams. This article explores the ethical questions raised by such requests and the motivations behind them. Following, it offers ways to engage requests for nondisclosure that honor ethical obligations to patients and families in a manner consistent with the hospice philosophy of care. The principles of truthfulness, sensitivity, and beneficence are introduced, and a framework using those principles to respond to requests for nondisclosure is proposed.

- Test: (2015). "[CE Ethics Series. Engaging Requests for Nondisclosure During Admission to Home Hospice Care](#)." *Journal of Hospice & Palliative Nursing* **17**(3): 181-182.
- Cost: \$24.95 (USD)
- Registration deadline: June 30, 2017
- Valid for **2.5 accredited hours**

NURSING PRACTICE

Anderson, L. K. (2015). "[Nursing Management of Patients with Ehlers--Danlos Syndrome.](#)" American Journal of Nursing **115**(7): 38-46.

OVERVIEW: Ehlers--Danlos syndrome (EDS), a hereditary connective tissue disorder, has historically been misunderstood and underdiagnosed by health care providers. Because of the high degree of phenotypic variability, patients are often correctly diagnosed only after years of seemingly unrelated but debilitating injuries and illnesses. Specific genetic mutations have been identified for some, but not all, EDS types; patients presenting with a high index of suspicion should be referred to a geneticist. As awareness and recognition of the syndrome improve, nurses are increasingly likely to care for patients with EDS. This article gives a brief overview of the syndrome and provides guidance on ways to manage symptoms, recognize and prevent serious complications, and improve patients' quality of life.

- Test: Contrada, E. (2015). "[Nursing Management of Patients with Ehlers--Danlos Syndrome.](#)" American Journal of Nursing **115**(7): 47-48.
- Cost: \$24.95 (USD)
- Registration deadline: July 31, 2017
- Valid for **2.5 accredited hours**

OCCUPATIONAL HEALTH

Eanes, L. (2015). "[The Potential Effects of Sleep Loss on a Nurse's Health.](#)" American Journal of Nursing **115**(4): 34-40.

OVERVIEW: While much has been written about the effects of extended work hours on quality of nursing care, nurse burnout, and job attrition, the potential adverse effects of acute and chronic sleep loss on the overall health and well-being of nurses has received little attention. The author describes the acute and chronic effects of sleep loss on nurses, strategies nurses can use to increase the quantity and quality of their sleep, and institutional policies that can promote adequate rest and recuperation between work shifts for nursing staff.

- Test: Contrada, E. (2015). "[The Potential Effects of Sleep Loss on a Nurse's Health.](#)" American Journal of Nursing **115**(4): 41-42.
- Cost: \$21.95 (USD)
- Registration deadline: April 30, 2017
- Valid for **2.0 accredited hours**

ORTHOPAEDIC NURSING

Gamez, M. (2015). "[CE. Posterior Dislocation of the Sternoclavicular Joint.](#)" Orthopaedic Nursing **34**(2): 113-115.

- Test: (2015). "[CE. Posterior Dislocation of the Sternoclavicular Joint.](#)" Orthopaedic Nursing **34**(2): 116-117.
- Cost: \$7.50 (USD) for NAON members, \$15.00 (USD) for non-members
- Registration deadline: April 30, 2017
- Valid for **1.5 accredited hours**

Green, U. R., V. Dearmon, et al. (2015). "[CE. Improving Transition of Care for Veterans After Total Joint Replacement.](#)" *Orthopaedic Nursing* **34**(2): 79-86.

BACKGROUND: Patients transitioning from hospital to home are at risk for readmission to the hospital. Readmissions are costly and occur too often. Standardized discharge education processes have shown to decrease readmissions. PURPOSE: The purpose of this quality improvement project was to utilize evidence-based practice changes to decrease 30-day all-cause readmissions after total joint replacement. METHODS: Review of literature revealed that improved discharge education can decrease unnecessary readmissions after discharge. A quality improvement project was developed including standardized total joint replacement discharge education, teach-back education methodology, and improved postdischarge telephone follow-up. The quality improvement project was initiated and outcomes were evaluated. OUTCOMES: Improving coordination of the discharge process, enhanced education for patients/caregivers, and postdischarge follow-up decreased total joint replacement readmissions.

- Test: (2015). "[CE. Improving Transition of Care for Veterans After Total Joint Replacement.](#)" *Orthopaedic Nursing* **34**(2): 87-88.
- Cost: \$10.50 (USD) for NAON members, \$20.00 (USD) for non-members
- Registration deadline: April 30, 2017
- Valid for **2.0 accredited hours**

Pizzacalla, A., M. Montemuro, et al. (2015). "[CE. Gentle Persuasive Approaches: Introducing an Educational Program on an Orthopaedic Unit for Staff Caring for Patients With Dementia and Delirium](#)" *Orthopaedic Nursing* **34**(2): 101-107.

Gentle Persuasive Approaches in Dementia Care (GPA), a curriculum originally designed for long-term care, was introduced into an acute care setting. This person-centered approach to supporting and responding to persons with behaviors associated with dementia was shown to be applicable for staff on an orthopaedic surgery unit where they had reported significant challenges and care burdens when faced with behaviors such as shouting, explosiveness, and resistance to care. Staff confidence in their ability to care for persons with behaviors increased after attending the 1-day GPA workshop, and they reported being highly satisfied with the curriculum, found it to be applicable to their practice, indicated that it was also useful for patients with delirium, and would recommend it to others. Some of the staff on the orthopaedic unit became certified GPA coaches. The passion of those champions, along with demonstrated success of the program on their unit, contributed to its spread to other units, including rehabilitation and acute medicine.

- Test: (2015). "[CE. Gentle Persuasive Approaches: Introducing an Educational Program on an Orthopaedic Unit for Staff Caring for Patients With Dementia and Delirium](#)" *Orthopaedic Nursing* **34**(2): 108-109.
- Cost: \$12.50 (USD) for NAON members, \$25.00 (USD) for non-members
- Registration deadline: April 30, 2017
- Valid for **2.5 accredited hours**

Suggs, S. and K. Holt (2015). "[CE. The Use of Tranexamic Acid in Joint Replacement Surgery.](#)" *Orthopaedic Nursing* **34**(2): 89-92.

Perioperative bleeding is a prevalent risk of elective joint replacement surgery that can lead to allogeneic blood transfusions, delayed discharge, and slowed physical therapy progress. Antifibrinolytics such as tranexamic acid (TXA) have been used in various surgical procedures to reduce bleeding; however, the use of TXA in

orthopaedic surgery is not widespread. The purpose of this article is to determine whether the use of TXA in joint replacement surgery reduces total blood loss and lowers the need for allogeneic blood transfusions without adding additional surgical risk and cost. All reviewed meta analyses and systematic reviews analyzed did show a statistically significant reduction in total blood loss and reduction in the need for allogeneic blood transfusions. Therefore, researchers conclude that intravenous TXA use does decrease total blood loss and allogeneic blood transfusion needs. Thus, its use should be included in orthopaedic clinical practice guidelines due to its overall positive effect on outcomes.

- Test: (2015). "[CE. The Use of Tranexamic Acid in Joint Replacement Surgery.](#)" *Orthopaedic Nursing* **34**(2): 93, 94.
- Cost: \$5.00 (USD) for NAON members, \$10.00 (USD) for non-members
- Registration deadline: April 30, 2017
- Valid for **1.0 accredited hours**

PARKINSON DISEASE

LaRocco, S. A. (2015). "[Unmasking nonmotor symptoms of Parkinson disease.](#)" *Nursing* **45**(7): 26-32.

- Test: (2015). "[Unmasking nonmotor symptoms of Parkinson disease.](#)" *Nursing* **45**(7): 32-33.
- Cost: \$21.95 (USD)
- Registration deadline: July 31, 2017
- Valid for **2.0 accredited hours**

PERIOPERATIVE NURSING

Bell, L. (2015). "[Using OR Patient Classification for Staffing Assignments.](#)" *AORN Journal* **101**(6): 639-646.

Traditionally, one nurse is assigned per OR. Recent health care reforms and the AORN "Position statement on perioperative safe staffing and on-call practices" require managers to rethink this practice. Staffing levels that are insufficient have been linked to sentinel events. A patient classification system that includes patient acuity and procedure complexity can be used to determine which surgical procedures require more than one RN circulator and offer a scientific basis for increasing staff budgetary requests. The goal is to experience fewer sentinel events while providing better patient care and achieving higher nurse retention.

- Test: online at [AORN website](#).
- Test instructions: (2015). "[Continuing Education: Using OR Patient Classification for Staffing Assignments.](#)" *AORN Journal* **101**(6): 647-648.
- Cost: \$9.60 (USD) for AORN members, \$19.20 (USD) for non-members
- Registration deadline: June 30, 2018
- Valid for **1.2 accredited hours**

Fencil, J. L. (2015). "[Guideline Implementation: Local Anesthesia.](#)" *AORN Journal* **101**(6): 683-689.

It is not uncommon in perioperative settings for patients to receive local anesthesia for a variety of procedures. It is imperative for patient safety that the perioperative RN has a comprehensive understanding of best practices associated with the use of local anesthesia. The updated AORN "Guideline for care of the patient receiving local anesthesia" provides guidance on perioperative nursing assessments and interventions to safely

care for patients receiving local anesthesia. This article focuses on key points of the guideline to help perioperative personnel become knowledgeable regarding best practice as they care for this patient population. The key points address patient assessment, the importance of having an overall understanding of the local agent being used, recommended monitoring requirements, and potential adverse events, including life-threatening events. Perioperative RNs should review the complete guideline for additional information and for guidance when writing and updating policies and procedures.

- Test: online at [AORN website](#).
- Test instructions: (2015). "[Continuing Education: Guideline Implementation: Local Anesthesia.](#)" AORN Journal **101**(6): 690-691.
- Cost: \$9.60 (USD) for AORN members, \$19.20 (USD) for non-members
- Registration deadline: June 30, 2018
- Valid for **1.2 accredited hours**

Rovaldi, C. J. and P. J. King (2015). "[The Effect of an Interdisciplinary QI Project to Reduce OR Foot Traffic.](#)" AORN Journal **101**(6): 666-678.

We instituted a multidisciplinary educational and operational quality improvement initiative to assess the effect of process interventions on reducing OR door openings and, by extension, surgical site infections. From 2009 to 2012, we conducted an initial trial to gather information and identify reasons for door openings followed by a three-phase investigation that evaluated a total of 102 orthopedic hip and knee procedures in which we counted door openings from the time of incision to the closing of the capsule. We analyzed the effectiveness of door opening deterrents (eg, a pull shade, magnetic yellow caution tape across the door frame) and changes in traffic processes (eg, clear-covered implant carts). The interventions and process changes showed a 50% reduction in door openings compared to the baseline.

- Test: online at [AORN website](#).
- Test instructions: (2015). "[Continuing Education: The Effect of an Interdisciplinary QI Project to Reduce OR Foot Traffic.](#)" AORN Journal **101**(6): 679-681.
- Cost: \$22.40 (USD) for AORN members, \$44.80 (USD) for non-members
- Registration deadline: June 30, 2018
- Valid for **2.8 accredited hours**

Read the following 2 articles and do the "Clinical Issues" questions:

Wood, A. and S. A. Van Wicklin (2015). "[Handling Ebola-contaminated instruments and laryngoscope blades and handles.](#)" AORN Journal **101**(6): 701-707.

Wood, A. (2015). "[Ultraviolet \(UV\)-cured nail polish](#)". AORN Journal **101**(6): 701-704.

- Test: online at [AORN website](#).
- Test instructions: (2015). "Continuing Education: Clinical Issues 1.2." AORN Journal **101**(6): 701.
- Cost: \$9.60 (USD) for AORN members, \$19.20 (USD) for non-members
- Registration deadline: June 30, 2018
- Valid for **1.2 accredited hours**

PHARYNGITIS

Ruppert, S. D. and V. P. Fay (2015). "[Pharyngitis: soothing the sore throat.](#)" *Nurse Practitioner* **40**(7): 18-25.

- Test: (2015). "[Pharyngitis: soothing the sore throat.](#)" *Nurse Practitioner* **40**(7): 25-26.
- Cost: \$24.95 (USD)
- Registration deadline: July 31, 2017
- Valid for **2.5 accredited hours**

PSYCHOSOCIAL NURSING

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

Barger, M. K., S. Weinrich, et al. (2015). "[Mantram Repetition Program Decreases Insomnia Among Homeless Women.](#)" *Journal of Psychosocial Nursing & Mental Health Services* **53**(6): 44-49.

Saylor, J. L., K. A. Schell, et al. (2015). "[Development of a Clinical Competency Checklist for Care of Patients Experiencing Substance Withdrawal Delirium or Delirium.](#)" *Journal of Psychosocial Nursing & Mental Health Services* **53**(6): 29-51.

Shudifat, R. e. M. and R. Y. Al-Husban (2015). "[Perceived Sources of Stress Among First-Year Nursing Students in Jordan.](#)" *Journal of Psychosocial Nursing & Mental Health Services* **53**(6): 37-43.

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[cne QUIZ.](#)" *Journal of Psychosocial Nursing & Mental Health Services* **53**(6): 50-51.
- Cost: \$ 20.00 (USD)
- Registration deadline: May 31, 2018
- Valid for **3.6 accredited hours**

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

Fraino, J. A. (2015). "Mobile Nurse Practitioner: A Pilot Program to Address Service Gaps Experienced by Homeless Individuals" *Journal of Psychosocial Nursing & Mental Health Services* **53**(7): 38-43.

Waynor, W. R. and J. N. Dolce (2015). "[Improving Employment Outcomes in Assertive Community Treatment \(ACT\).](#)" *Journal of Psychosocial Nursing & Mental Health Services* **53**(7): 31-37.

Zelle, A. and T. Arms (2015). "[Psychosocial Effects of Health Disparities of Lesbian, Gay, Bisexual, and Transgender Older Adults.](#)" *Journal of Psychosocial Nursing & Mental Health Services* **53**(7): 25-30.

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[cne QUIZ.](#)" *Journal of Psychosocial Nursing & Mental Health Services* **53**(7): 44-45.
- Cost: \$ 20.00 (USD)
- Registration deadline: June 30, 2018
- Valid for **3.5 accredited hours**

PSYCHOTIC AFFECTIVE DISORDERS

Walker, C. A. (2015). "[Caring for the patient with acute psychosis.](#)" *Nursing Made Incredibly Easy* **13**(3): 40-47.

- Test: (2015). "[Caring for the patient with acute psychosis.](#)" *Nursing Made Incredibly Easy* **13**(3): 47-49.
- Cost: \$21.95 (USD)
- Registration deadline: June 30, 2017
- Valid for **2.0 accredited hours**

RELAXATION TECHNIQUES

Siou-Hung, T., W. Mei-Yeh, et al. (2015). "[The Efficacy of a Nurse-Led Breathing Training Program in Reducing Depressive Symptoms in Patients on Hemodialysis: A Randomized Control led Trial.](#)" *American Journal of Nursing* **115**(4): 24-32.

Background: Depression is common in patients with chronic kidney disease who are on hemodialysis. Available behavioral modalities for treating depression may not be feasible for patients who receive hemodialysis two or three times per week. Objectives: The purpose of this randomized controlled trial was to examine the efficacy of a nurse-led, in-center breathing training program in reducing depressive symptoms and improving sleep quality and health-related quality of life in patients on maintenance hemodialysis. Participants and methods: Fifty-seven patients on hemodialysis were randomly assigned either to an eight-session breathing training group or to a control group. The Beck Depression Inventory II (BDI-II), the Pittsburgh Sleep Quality Index (PSQI), and the Medical Outcome Studies 36-Item Short Form Health Survey (SF-36) were used to assess self-reported depressive symptoms, sleep quality, and health-related quality of life, respectively. Results: The intervention group exhibited significantly greater decreases in BDI-II scores than the control group. No significant differences in PSQI change scores were observed between the groups. SF-36 change scores for both the domain of role limitation due to emotional problems and the mental component summary were significantly higher in the breathing training group than in the control group. Conclusion: This intervention significantly alleviated depressive symptoms, reduced perceived role limitation due to emotional problems, and improved the overall mental health component of quality of life in patients on maintenance hemodialysis.

- Test: Contrada, E. (2015). "[The Efficacy of a Nurse-Led Breathing Training Program in Reducing Depressive Symptoms in Patients on Hemodialysis: A Randomized Control led Trial.](#)" *American Journal of Nursing* **115**(4): 33, 42.
- Cost: \$24.95 (USD)
- Registration deadline: April 30, 2017
- Valid for **2.5 accredited hours**

QUALITY IMPROVEMENT

Mahlmeister, L. (2015). "[Crosswalk: The Joint Commission and Centers for Medicare and Medicaid Services Pathway to Patient Safety and Quality.](#)" *Journal of Perinatal & Neonatal Nursing* **29**(2): 107-115.

Perinatal nurses rely upon a myriad of resources in the course of providing care. Although not always appreciated by direct-care nurses, nurse managers, and administrators, regulatory and accrediting bodies exert a pervasive influence over the provision of care in almost every hospital in the United States. The Centers for

Medicare and Medicaid Services (CMS), a federal agency, and The Joint Commission (TJC) offering voluntary accreditation programs for hospitals hold a primary goal in common. They both aim to protect the health and safety of patients and improve the quality of hospital care. To further that aim, TJC has published a matrix, the "TJC-CMS Crosswalk." The "Crosswalk" provides a visual illustration of the alignment between TJC hospital accreditation standards and the CMS "Conditions of Participation for Hospitals in Medicare." This article defines the Conditions of Participation and associated Joint Commission Standards. A secondary goal is to explain the collaborative role of TJC in hospital certification for reimbursement in Medicare and its impact on hospital-based practice, perinatal education, and performance improvement activities.

- Test: online at [JPNN website](#).
- Test instructions: (2015). "[Crosswalk: The Joint Commission and Centers for Medicare and Medicaid Services Pathway to Patient Safety and Quality](#)." *Journal of Perinatal & Neonatal Nursing* **29**(2): 107-115.
- Cost: \$24.95 (USD)
- Registration deadline: June 30, 2017
- Valid for **2.5 accredited hours**

VIRAL HEPATITIS

Dan, C., M. Moses-Eisenstein, et al. (2015). "[Viral Hepatitis: New U.S. Screening Recommendations, Assessment Tools, and Treatments](#)." *American Journal of Nursing* **115**(7): 26-35.

OVERVIEW: Over the past 15 years, the incidences of hepatitis A and B virus infection in the United States have declined significantly. By contrast, the incidence of hepatitis C virus infection, formerly stable or in decline, has increased by 75% since 2010. Suboptimal therapies of the past, insufficient provider awareness, and low screening rates have hampered efforts to improve diagnosis, management, and treatment of viral hepatitis. New screening recommendations, innovations in assessment and treatment, and an updated action plan from the U.S. Department of Health and Human Services (HHS) seem likely to lead to significant progress in the coming years. This article reviews the epidemiology, natural history, and diagnosis of viral hepatitis; discusses new screening recommendations, assessment tools, and treatments; and outlines the HHS action plan, focusing on the role of nurses in prevention and treatment.

- Test: Contrada, E. (2015). "[Viral Hepatitis: New U.S. Screening Recommendations, Assessment Tools, and Treatments](#)." *American Journal of Nursing* **115**(7): 36,48.
- Cost: \$24.95 (USD)
- Registration deadline: July 31, 2017
- Valid for **2.5 accredited hours**

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.