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November 2015

CONTENTS

ADVANCED PRACTICE NURSING

Thompson-Martin, Y., P. A. McCullough, et al. (2015). " Impact of an Educational Program for Advanced Practice Nurses on Knowledge of Kidney Disease Outcomes Quality Initiative Guidelines." Nephrology Nursing Journal **42**(5): 455-461, 496.

Patients with chronic kidney disease (CKD) are often referred to a nephrologist late. Contributing factors include primary care providers' lack of awareness of practice guidelines for treating kidney disease and their uncertainty of timing for referral to a nephrologist. The purpose of this quasi-experimental study was to determine if advanced practice nurses working in primary care are knowledgeable about the National Kidney Foundations Kidney Disease Outcomes Quality Initiative Guidelines, if a CKD education program increases knowledge, and if knowledge is retained. Fourteen advanced practice nurses participated in the study. The knowledge outcome was measured using a CKD knowledge-based survey. The results showed a significant increase in knowledge post-intervention; moreover, knowledge gained was retained at the one-month follow-up interval. This evidence-based practice project was developed to promote timely referral to a nephrologist, which may then slow the progression of kidney disease, decrease morbidity and mortality, and reduce healthcare cost.

- Evaluation: online at the NNJ website.
- Cost: $ 15.00 (USD)
- Registration deadline: October 31, 2017
- Valid for **1.3 accredited hours**

CRITICAL CARE NURSING

Arif Rahu, M., M. J. Grap, et al.(2015). "VALIDITY AND SENSITIVITY OF 6 PAIN SCALES IN CRITICALLY ILL, INTUBATED ADULTS." American Journal of Critical Care **24**(6): 514-524.

Background: Self-report is the best indicator of pain; however, pain is more difficult to assess in noncommunicative patients who may be receiving mechanical ventilation or sedated and unable to report pain. Objectives To evaluate the validity and sensitivity of 6 pain scales (Adult Nonverbal Pain Scale; Behavior Pain Scale [BPS]; Comfort Scale; FACES; Face, Legs, Activity, Cry, and Consolability scale; Pain Assessment Behavioral Scale with Numeric Rating Scale [NRP]) to identify the best measure of pain in noncommunicative patients. Methods Fifty communicative and 100 noncommunicative patients receiving mechanical ventilation were observed before and during routine physical examination and endotracheal tube suctioning. Results All pain scales had moderate to high correlations with the patient's self-report during suctioning. The FACES score reported by the patient had the highest correlation with the patient's NRP score (r=0.76, P<.001) during suctioning; associations between the BPS and NRP scores during physical examination were the weakest (r=0.21, P=.20). All scales were sensitive in capturing the patient's pain response in all phases (P<.001); sensitivity was higher during suctioning (P<.001). Both participants and investigators rated pain higher on the FACES scale. Conclusions These pain scales commonly used in non-communicative critically ill adult patients are valid and sensitive for capturing changes in pain response during suctioning in both communicative and noncommunicative patients. However, caution must be used when using the FACES scale because subjectivity may lead to overtreatment or undertreatment of pain.

- Test: Included with article
- Cost: free for AACN members, $ 10.00 (USD) for non-members
- Registration deadline: November 1, 2018

- Valid for **1.0 accredited hour**

Campbell, M. (2015). "Caring for Dying Patients in the Intensive Care Unit." AACN Advanced Critical Care **26**(2): 110-120.

Critically ill patients receiving palliative care at the end of life are at high risk for experiencing pain, dyspnea, and death rattle. Nearly all these patients are at risk for the development of delirium. Patients who are alert may experience anxiety. Advanced practice nurses and staff nurses are integral to detecting and treating these symptoms. Pain, dyspnea, and anxiety should be routinely assessed by patient self-report when possible. Routine behavioral screening for delirium is recommended. Behavioral observation tools to detect pain and dyspnea and proxy assessments guide symptom identification when the patient cannot provide a self-report. Evidence-based interventions are offered for both prevention and treatment of pain, dyspnea, anxiety, and delirium. Death rattle does not produce patient distress, and current pharmacological treatment lacks an evidence base. Pain management has a robust evidence base compared to management of dyspnea, anxiety, and delirium among this population; well-designed, adequately powered studies are needed.

- Test: Bressie, M.. (2015). "Caring for Dying Patients in the Intensive Care Unit." AACN Advanced Critical Care **26**(2): 121-122.
- Cost: free for AACN members, $ 10.00 (USD) for non-members
- Registration deadline: April 1, 2018
- Valid for **1.0 accredited hour**

Cox, J. and S. Roche (2015). "VASOPRESSORS AND DEVELOPMENT OF PRESSURE ULCERS IN ADULT CRITICAL CARE PATIENTS." American Journal of Critical Care **24**(6): 501-511.

Background: Vasopressors are lifesaving agents used to raise mean arterial pressure in critically ill patients in shock states. The pharmacodynamics of these agents suggest vasopressors may play a role in development of pressure ulcers; however, this aspect has been understudied. Objective To examine associations between type, dose, and duration of vasopressors (norepinephrine, epinephrine, vasopressin, phenylephrine, dopamine) and development of pressure ulcers in medical-surgical and cardiothoracic intensive care unit patients and to examine predictors of the development of pressure ulcers in these patients. Methods A retrospective correlational design was used in a sample of 306 medical-surgical and cardiothoracic intensive care unit patients who received vasopressor agents during 2012. Results Norepinephrine and vasopressin were significantly associated with development of pressure ulcers; vasopressin was the only significant predictor in multi-variate analysis. In addition, mean arterial pressure less than 60 mm Hg in patients receiving vasopressors, cardiac arrest, and mechanical ventilation longer than 72 hours were predictive of development of pressure ulcers. Patients with a cardiac diagnosis at the time of admission to the intensive care unit were less likely than patients without such a diagnosis to experience pressure ulcers while in the unit. Conclusion The addition of vasopressin administered concomitantly with a first-line agent (often norepinephrine) may represent the point at which the risk for pressure ulcers escalates and may be an early warning to heighten strategies to prevent pressure ulcers. Conversely, because vasopressors cannot be terminated to avert development of pressure ulcers, these findings may add to the body of knowledge on factors that potentially contribute to the development of unavoidable pressure ulcers.

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

DIALYSIS

Bradshaw, W. and P. N. Bennett (2015). " Asymptomatic Intradialytic Hypotension: The Need for Pre-Emptive Intervention." Nephrology Nursing Journal **42**(5): 479-486.

Intradialytic hypotension (IDH) remains the most common severe side effect of hemodialysis despite numerous technological advancements. Recent evidence emphasises the significance of asymptomatic hypotensive episodes, as well as the hypoperfusive consequences of both relative blood pressure drops and repetitive, symptomatic events. This article reviews the physiological importance of rapid blood pressure decrease during hemodialysis, and highlights the pathological consequences of repeated asymptomatic and symptomatic hypoperfusive episodes. In proposing a view concerned with asymptomatic IDH, a practical pre-emptive intervention is offered to improve the long-term outcomes of patients on hemodialysis. Ongoing monitoring of individual patient's mean arterial pressure (MAP) throughout the dialysis treatment can facilitate the identification of an asymptomatic hypotensive episode. A brief pause in ultrafiltration enables vascular refill and subsequent increase in MAP, allowing resumption of safe fluid removal. Such enhanced assessment results in a reduction of patient risk, allowing safe and optimal fluid removal.

- Evaluation: online at the NNJ website.
- Cost: $ 15.00 (USD)
- Registration deadline: October 31, 2017
- Valid for **1.3 accredited hours**

Neul, S. K. (2015). "Quality of Life Intervention Planning: Pilot Study in Youth with Kidney Failure Who Are on Dialysis." Nephrology Nursing Journal **42**(5): 487-497.

This pilot study assessed the feasibility and acceptability of a new quality of life (QOL) assessment and intervention methodology (AIM) for youth on dialysis and their caregivers. Thirty-nine patients and their caregivers participated in the QOL AIM, which incorporates patient-centered care practices to identify needs, choose interventions, and evaluate impact on QOL functioning. Participants found the QOL AIM to be feasible and acceptable, and were overall satisfied with perceived improvement in patient QOL functioning. The QOL AIM shows promise for QOL intervention planning.

- Evaluation: online at the NNJ website.
- Cost: $ 15.00 (USD)
- Registration deadline: October 31, 2017
- Valid for **1.3 accredited hours**

Romyn, A., K. L. Rush, et al.(2015). "Vascular Access Transition: Experiences of Patients on Hemodialysis." Nephrology Nursing Journal **42**(5): 445-454.

An interpretive descriptive design was used to explore the experiences of patients on hemodialysis who had utilized and transitioned from a central venous catheter (CVC) to an arteriovenous fistula (AVF). Eleven patients participated in semi-structured interviews that were analyzed using constant comparison. Within the larger context of living with end stage renal disease, participants described their vascular access experiences according to three main themes: impact, coping, and influencing factors. Accesses had physical, psychosocial, and lifestyle-related impacts that participants coped with primarily by exercising control and gradually accepting, and were influenced by education, trust in healthcare providers, and family. Findings revealed a cumulative burden for

many participants with AVF and the need to improve the patient experience of vascular accesses especially for those living in rural communities.

- Evaluation: online at the NNJ website.
- Cost: $ 15.00 (USD)
- Registration deadline: October 31, 2017
- Valid for **1.4 accredited hours**

Wright , L. S. and L. Wilson (2015). " Quality of Life and Self-Efficacy in Three Dialysis Modalities: Incenter Hemodialysis, Home Hemodialysis, and Home Peritoneal Dialysis." Nephrology Nursing Journal **42**(5): 463-477.

Previous research has demonstrated improved outcomes for patients on dialysis who have better quality of life and self-efficacy, but has focused almost exclusively on those receiving hemodialysis. The goal of this study was to describe the quality of life and self-efficacy of patients receiving incenter hemodialysis versus those receiving a home dialysis modality (hemodialysis or peritoneal dialysis). The study utilized a correlational cross-sectional design and quota sampling methods. Participants were recruited from outpatient dialysis facilities and included 77 community dwelling adult patients who had been on dialysis for at least six months. Quality of life was measured using the Kidney Disease Quality of Life instrument, and self-efficacy was measured using the Strategies Used by People to Promote Health instrument. Findings suggest equal outcomes between treatment groups, with no contraindication to the use of home therapies.

- Evaluation: online at the NNJ website.
- Cost: $ 15.00 (USD)
- Registration deadline: October 31, 2017
- Valid for **1.4 accredited hours**

FEEDING TUBES

Bryant, V., J. Phang, et al. (2015). "VERIFYING PLACEMENT OF SMALL-BORE FEEDING TUBES: ELECTROMAGNETIC DEVICE IMAGES VERSUS ABDOMINAL RADIOGRAPHS." American Journal of Critical Care **24**(6): 525-531.

Background: Clinicians are unsure if radiography is needed to confirm correct positioning of feeding tubes inserted with assistance from an electromagnetic system. Objectives To compare radiographic reports of feeding tube placement with images generated by an electromagnetic feeding tube placement device. Methods The medical records of 200 consecutive patients who had feeding tubes inserted with assistance from an electromagnetic feeding tube placement device were reviewed retrospectively. Radiographic reports of tube site were compared with images generated by the device. Results Radiographic evidence of tube sites was available in 188 cases: 184 tubes were located in portions of the gastrointestinal tract. Ninety of the 188 tubes were situated in the optimal site (distal duodenum or jejunum) radiographically. Images generated by the electromagnetic device were available in 176 cases; of these, 52 tubes appeared to end in the expected left lower quadrant. Tubes shown on radiographs to be in other sites also occasionally appeared to end in the left lower quadrant. Nurses using the device did not recognize 4 of the 188 tubes (2.1%) that were inadvertently placed in the lung. No consistent pattern of quadrant distribution was found for tubes positioned in the stomach or proximal duodenum. Conclusions Images generated by the electromagnetic tube placement device provided inconsistent results regarding tube location. A small percentage of seriously malpositioned tubes were not detected by using the electromagnetic device. These findings do not support eliminating radiographs to confirm correct tube placement following use of an electromagnetic tube placement device.

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

Friginal-Ruiz, A. B. and A. J. Lucendo (2015). "Percutaneous Endoscopic Gastrostomy: A Practical Overview on Its Indications, Placement Conditions, Management, and Nursing Care." Gastroenterology Nursing **38**(5): 354-366.

Percutaneous endoscopic gastrostomy (PEG) feeding represents the most effective and safest option for feeding patients with an impaired or diminished swallowing ability, despite having a functioning digestive system. The use of PEG has evolved to be useful in many situations beyond degenerative neuromuscular disorders, with an increasing body of evidence supporting the advantages of PEG tubes in oncologic and pediatric patients. Risk factors for complications after PEG tube placement include acute and chronic conditions associated with malnutrition and several organic disorders. Patients suitable for PEG tube placement should be individually identified to implement the advantages of this technique while minimizing risk events. The safety of placing a PEG tube in patients under antithrombotic medication has been investigated, as well as the advantages of antibiotic prophylaxis in reducing peristomal infection. Evidence supports the safety of early feeding after placement, thus resulting in lower costs. Percutaneous endoscopic gastrostomy-related complications are rare and mostly prevented by appropriate nursing care. Best medical practice and nursing care will ensure optimal performance leading to a wider acceptance, and greater utility of PEG by healthcare professionals, patients, and caregivers. This review aims to update knowledge relating to PEG tube indications, placement, management, and care in order to reinforce PEG feeding as the most valuable access for patients with a functional gastrointestinal system who have abnormalities in swallowing mechanisms.

- Test: online at NursingCenter.com
- Test instructions: (2015). "Percutaneous Endoscopic Gastrostomy: A Practical Overview on Its Indications, Placement Conditions, Management, and Nursing Care." Gastroenterology Nursing **38**(5): 367-368.
- Cost: $ 24.00 (USD) for SGNA members, $ 30.00 (USD) for non-members
- Registration deadline: October 31, 2017
- Valid for **3.0 accredited hours**

HIV INFECTIONS

Kwong, J. and S. Gabler (2015). "Counseling, screening, and therapy for newly-diagnosed HIV patients." Nurse Practitioner **40**(10): 34-43.

The article discusses treatment and management of immunodeficiency virus (HIV) patients. Topics discussed include improving the outcomes for people living with HIV (PLWH), continuous replication of HIV due to gradual decline in CD4 cells, and the U.S. PReventive Services Task Force (USPSTF). Also mentioned is the improved ability to detect HIV infection as of October 2015 through technological advancement.

- Test: online at NursingCenter.com
- Test instructions: (2015). "Counseling, screening, and therapy for newly-diagnosed HIV patients." Nurse Practitioner **40**(10): 43-44.
- Cost: $ 24.95 (USD)
- Registration deadline: October 31, 2017
- Valid for **2.5 accredited hours**

LEECH THERAPY

Lui, C., and T. Barkley (2015). "Medicinal leech therapy." Nursing **45**(11): 25-30.

The article discusses the risks and benefits of hirudotherapy or medicinal leech therapy. Topics include the most frequently used leech species which is hirudo medicinalis due to its most extended postbite bleeding time, how to initiate and monitor this treatment, and the potential future uses of hirudotherapy including cancer pain management and osteoarthritis treatment.

- Test: online at NursingCenter.com
- Test instructions: (2015). "Medicinal leech therapy." Nursing **45**(11): 30-31.
- Cost: $ 21.95 (USD)
- Registration deadline: November 30, 2017
- Valid for **2.0 accredited hours**

NONALCOHOLIC FATTY LIVER DISEASE

Chaney, A. (2015). "Treating the patient with nonalcoholic fatty liver disease." Nurse Practitioner **40**(11): 36-42.

The article discusses management of patient with nonalcoholic fatty liver disease (NAFLD) which is becoming a worldwide health crisis as of November 2015. Topics discussed include related conditions like nonalcoholic steatohepatitis (NASH), cirrhosis, and hepatocellular carcinoma (HCC), pathophysiology of NAFLD and diagnosis of NAFLD. Psychosocial therapy to help patients make necessary lifestyle changes is recommended.

- Test: online at NursingCenter.com
- Test instructions: (2015). "Treating the patient with nonalcoholic fatty liver disease." Nurse Practitioner **40**(11):42-43.
- Cost: $ 21.95 (USD)
- Registration deadline: November 30, 2017
- Valid for **2.0 accredited hours**

MEDICAL MARIJUANA

Kaplan, K. (2015). "Medical marijuana." Nurse Practitioner **40**(10): 46-54.

The article focuses on the use of marijuana as medicine. Topics discussed include the legalization in the U.S. to use medical marijuana, advanced practice registered nurses (APRNs) and legal and regulatory aspects of medical marijuana. Information on Massachusettes Nurse Practice Act which allows nurse practitioners to issue medical marijuana certification is offered.

- Test: online at NursingCenter.com
- Test instructions: (2015). "Medical marijuana." Nurse Practitioner **40**(10):54-55.
- Cost: $ 21.95 (USD)
- Registration deadline: October 31, 2017
- Valid for **2.0 accredited hours**

NAUSEA AND VOMITING - DRUG THERAPY

Welliver, M. (2015). "Histamine, Neurokinin, and Opioid Receptor Antagonism for Nausea and Vomiting." Gastroenterology Nursing **38(5)**: 389-392.

- Test: online at NursingCenter.com
- Test instructions: (2015). "Histamine, Neurokinin, and Opioid Receptor Antagonism for Nausea and Vomiting." Gastroenterology Nursing **38(5)**: 393-394.
- Cost: $ 16.00 (USD) for SGNA members, $ 20.00 (USD) for non-members
- Registration deadline: October 31, 2017
- Valid for **2.0 accredited hours**

NEPHROLOGY NURSING

Kear, T. and B. Ulrich (2015). " Decreasing Infections in Nephrology Patient Populations: Back to Basics." Nephrology Nursing Journal **42**(5): 431-444.

Infection is a leading cause of hospitalizations and death for nephrology patients, and a danger to the healthcare professionals who care for them. As primary caregivers, nurses are involved in the prevention, identification, and surveillance of infections and patient teaching associated with infection prevention. Results of a recent national survey revealed that there are many violations in adherence to proper infection control measures in nephrology practice settings, and the safety of this vulnerable patient population is being compromised. This article provides information on the results of the study and guidelines and best practices to decease infection rates, including the use of basic fundamentals of nursing practice, collaboration, and patient engagement.

- Evaluation: online at the NNJ website.
- Cost: $ 15.00 (USD)
- Registration deadline: October 31, 2017
- Valid for **1.4 accredited hours**

Quallich, S. A., S. M. Bumpus, et al. (2015). "Competencies for the Nurse Practitioner Working with Adult Urology Patients." Urologic Nursing **35**(5): 221-230.

The role of the nurse practitioner (NP) has expanded into specialty domains. This document proposes 24 competencies specific to the urology NP, which are also consistent with the recommendations of National Organization of Nurse Practitioner Faculties (NONPF) and compliment the American Urologic Association (AUA) 2014 white paper on the incorporation of advanced practice providers in urology practices. It describes three levels of practice and experience progression for the urology NP working with adult patients, independent of specific clinical setting. These urology-specific competencies supplement and complement the core competencies and population-focused competencies of generalist nurse practitioners.

- Evaluation: online at the SUNA website.
- Cost: $ 15.00 (USD)
- Registration deadline: October 31, 2017
- Valid for **1.3 accredited hours**

HYPERTENSION – DRUG THERAPY

Chase Lopilato, A., M. Muratagic, et al. (2015). "Drug Update. Pediatric Hypertension: A Pharmacological Review." AACN Advanced Critical Care **26**(2): 81-90.

Hypertension was once a rarity in children, affecting less than 1% of the pediatric population. Now, with rates on the rise, hypertension is estimated to affect approximately 3.6% of children in the United States.1 The increasing rate of obesity in children, especially in those older than 10 years, is likely the reason for the dramatic rise in the hypertension rate. Hypertension in adults is the leading cause of premature death throughout the world and is associated with kidney damage, myocardial infarctions, and transient ischemic attacks. Research on the long-term health outcomes of hypertension in children is lacking, but we can assume that children with hypertension are more likely to transition into adulthood with hypertension and experience related comorbidities. Understanding the causes of hypertension and its treatment is essential to reducing these comorbidities. This review discusses the pathophysiology, diagnosis, and treatment of hypertension and hypertensive crises in children and adolescents.

- Test: (2015). "Drug Update. Pediatric Hypertension: A Pharmacological Review." AACN Advanced Critical Care **26**(2): 91-92.
- Cost: free for AACN members, $ 10.00 (USD) for non-members
- Registration deadline: April 1, 2018
- Valid for **1.0 accredited hour**

PSYCHOSOCIAL NURSING

Read the following 4 articles and do the "CNE Quiz":

Hickey, K. L., C. Kerber, et al. (2015). "BEHIND BARS." Journal of Psychosocial Nursing & Mental Health Services **53**(10): 60-64.

Individuals who are incarcerated experience disparities in mental health, warranting study by nurse researchers. However, nurse researchers' unfamiliarity with the jail environment may pose a barrier to conducting research with this vulnerable population. The current article presents an account of the planning and implementation needed to study perceived health and gambling behavior in county jail inmates. The challenges and rewards of research that aim to better understand the mental health issues affecting this population are also identified. Developing relationships with jail personnel and understanding the incarcerated population and their surroundings are key to conducting research in this environment.

Kerber, C., T. Adelman-Mullally, et al. (2015). "The Impact of Disordered Gambling Among Older Adults." Journal of Psychosocial Nursing & Mental Health Services 53(10): 41-47.

The current study is a secondary analysis that describes the mental, social, and economic health impacts of disordered gambling in older adults recovering from pathological gambling. The study sought to answer the following research questions: (a) What are the problem behaviors in the mental, social, and economic health dimensions?; and (b) What is the association between mental, social, and economic health impact dimensions and the South Oaks Gambling Screen score? The study population comprised a convenience sample of 40 older adults recovering from pathological gambling in the Midwestern United States. Participants were originally recruited from Gamblers Anonymous® meetings and gambling treatment centers. Significant findings for the current study population were: gambling causing depression, being fired from a job due to gambling, and still paying off

gambling debt. Nurses should evaluate effects of disordered gambling, assess for disordered gambling, and include a financial assessment in routine care of this patient population.

Quinones, C., M. D. Griffiths (2015). "ADDICTION TO WORK." Journal of Psychosocial Nursing & Mental Health Services **53**(10): 48-59.

Workaholism was first conceptualized in the early 1970s as a behavioral addiction, featuring compulsive use and interpersonal conflict. The current article briefly examines the empirical and theoretical literature over the past four decades. In relation to conceptualization and measurement, how the concept of workaholism has worsened from using dimensions based on anecdotal evidence, ad-hoc measures with weak theoretical foundation, and poor factorial validity of multidimensional conceptualizations is highlighted. Benefits of building on the addiction literature to conceptualize workaholism are presented (including the only instrument that has used core addiction criteria: the Bergen Work Addiction Scale). Problems estimating accurate prevalence estimates of work addiction are also presented. Individual and sociocultural risk factors, and the negative consequences of workaholism from the addiction perspective (e.g., depression, burnout, poor health, life dissatisfaction, family/relationship problems) are discussed. The current article summarizes how current research can be used to evaluate workaholism by psychiatric–mental health nurses in clinical practice, including primary care and mental health settings.

Wieland D. M., (2015). "Psychiatric-Mental Health Nurses' Exposure to Clients With Problematic Internet Experiences." Journal of Psychosocial Nursing & Mental Health Services **53**(10): 31-40.

The current study explored the type and number of problematic Internet experiences (PIE) encountered by psychiatric–mental health nurses (PMHN) in clinical practice and analyzed PMHNs' clinical cases of clients with PIE. A mixed-methods quantitative survey with a qualitative component measured the types and number of PIE cases via a descriptive survey and derived themes using narrative inquiry methodology from written case descriptions. A sample of 16 PMHNs provided quantitative data and nine participants summarized clinical cases. PMHNs reported 92 adult and 33 child cases of PIE. Six themes were derived from the narrative data: (a) searching for pornography; (b) developing online romantic relationships; (c) online gaming is ruining my life; (d) spending excessive time on the Internet; (e) coming to terms with online sexual behaviors and addiction; and (f) cyberbullying. Implications for PMHN practice include the need for further assessment and intervention as PIE increase in the future.

- Test: online at Villanova University Website
- Test instructions: (2015). "CNE QUIZ." Journal of Psychosocial Nursing & Mental Health Services **53**(10):65-67.
- Cost: $ 20.00 (USD)
- Registration deadline: September 30, 2018
- Valid for **5.0 accredited hours**

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

Amyx , M. L., K. B. Hastings, et al. (2015). "Management and Treatment of Attention-Deficit/Hyperactivity Disorder on College Campuses." Journal of Psychosocial Nursing & Mental Health Services **53**(11): 46-51.

Attention-deficit/hyperactivity disorder (ADHD) on college campuses is a serious and often underdiagnosed condition. The current investigation analyzed current best practice guidelines for the management of ADHD in a mid-sized university in the Midwestern United States. Best practices were identified

through a review of current evidence-based literature on ADHD management. A data collection tool was developed and used to organize data and determine adherence with best practice guidelines. Investigators revealed that policy and procedures followed best practice guidelines. Development and implementation of ADHD protocols on college campuses allows nurse practitioners to confidently provide safe, quality care to patients diagnosed with ADHD.

Kastello, J. C., K. H. Jacobsen, et al.(2015). "Self-Rated Mental Health." Journal of Psychosocial Nursing & Mental Health Services **53**(11): 32-38.

The purpose of the current study was to evaluate the validity of a single-item, self-rated mental health (SRMH) measure in the identification of women at risk for depression and posttraumatic stress disorder (PTSD). Baseline data of 239 low-income women participating in an intimate partner violence (IPV) intervention study were analyzed. PTSD was measured with the Davidson Trauma Scale. Risk for depression was determined using the Edinburgh Postnatal Depression Scale. SRMH was assessed with a single item asking participants to rate their mental health at the time of the baseline interview. Single-item measures can be an efficient way to increase the proportion of patients screened for mental health disorders. Although SRMH is not a strong indicator of PTSD, it may be useful in identifying pregnant women who are at increased risk for depression and need further comprehensive assessment in the clinical setting. Future research examining the use of SRMH among high-risk populations is needed.

Spade, C. M., K. Fitzsimmons, et al. (2015). "Reliability Testing of the Psychosocial Vital Signs Assessment Tool." Journal of Psychosocial Nursing & Mental Health Services **53**(11): 39-45.

The current article describes preliminary psychometric testing of the Psychosocial Vital Signs (PVS) Assessment Tool, a tool for assessing psychosocial variables of health to enhance holistic patient-centered care. The five psychometric measurements of the PVS Assessment Tool include four patient self-reporting items: (a) perception, (b) support, (c) coping, (d) anxiety, and one clinician observation item of (e) anxiety level. A simple psychometric design was used for testing the PVS Assessment Tool for internal reliability among the five measurement items and interrater reliability of the clinician observation item of anxiety level. A convenience sample of nursing students was used to test the tool. Thirty-two tools were used for testing internal reliability and 29 paired tools were used for interrater reliability testing of the clinician observation item. A Cronbach's alpha of 0.806 determined satisfactory internal reliability and a Cohen's kappa of 0.808 determined satisfactory interrater reliability.

- Test: online at Villanova University Website
- Test instructions: (2015). "CNE Quiz." Journal of Psychosocial Nursing & Mental Health Services **53**(11): 52-53.
- Cost: $ 20.00 (USD)
- Registration deadline: October 31, 2018
- Valid for **3.5 accredited hours**

RHEUMATOID ARTHRITIS

Crawford, A. and H. Harris (2015). "Understanding the effects of rheumatoid arthritis." Nursing **45**(11): 32-38.

The article offers information on rheumatoid arthritis (RA) which is a chronic disease that affects one percent of people worldwide. Topics include how RA is diagnosed, appropriate nursing care to manage the disease, and characteristic signs and symptoms of RA including edema and pain in the affected joints.

- Test: online at NursingCenter.com
- Test instructions: (2015). "Understanding the effects of rheumatoid arthritis." Nursing **45**(11):38-39.
- Cost: $ 21.95 (USD)
- Registration deadline: November 30, 2017
- Valid for **2.0 accredited hours**

SUBSTANCE ABUSE

Gudoski, A. (2015). "Prescription Drug Monitoring Programs." Nurse Practitioner **40**(11): 28-33.

The article discusses the efforts to prevent prescription drug misuse. Topics discussed include the implementation of Prescription Drug Monitoring Programs (PDMPs) in most states in the U.S., a pilot study about prescription monitoring information exchange architecture, and the need to have standardized PDMP utilization. The statement of the Office of the National Drug Control Policy regarding healthcare providers' training in recognizing substance abuse is discussed.

- Test: online at NursingCenter.com
- Test instructions: (2015). "Prescription Drug Monitoring Programs." Nurse Practitioner **40**(11): 33-34.
- Cost: $ 21.95 (USD)
- Registration deadline: November 30, 2017
- Valid for **2.0 accredited hours**

TERMINAL CARE

Bushor, L. and M. Rowser (2015). "Symptom Management of Chronic Illness in the Adult Outpatient Setting." Journal of Hospice & Palliative Nursing **17**(4): 285-290.

Veterans, as a distinct population, experience high rates of recidivism, with 75% of those older than 65 years having symptomatic chronic illness. Five diagnoses, congestive heart failure, chronic obstructive pulmonary disease, chronic kidney disease, dementia, and cancer, account for 25% of health care visits associated with high rates of recidivism. A convenience sample of 37 veterans with advanced chronic illness from 1 rural home-based primary care clinic was evaluated. All subjects had at least 1 of the 5 listed diagnoses. One-way repeated-measures analysis of variance was used to evaluate retrospective and prospective data at 30, 60, and 90 days before/after implementation of palliative care modalities. Congestive heart failure and chronic obstructive pulmonary disease accounted for 53% of diagnoses. Sixty-five percent had 2 or more diagnoses. By day 90 after palliative management, there were 122 fewer emergency department/hospital days ($P < .01$) with an estimated cost avoidance of $220 000. Initiating palliative care early in the trajectory of symptomatic illness reduces recidivism and overall costs of care through management of symptoms and focusing on patient/caregiver-directed goals for improving life. Additional studies are needed to evaluate symptomatic, chronic illness for diseases outside of

cancer. Education of stakeholders on the philosophy of palliative care and interdisciplinary management is vital for improved health outcomes.

- Test: online at NursingCenter.com
- Test instructions: (2015). "Symptom Management of Chronic Illness in the Adult Outpatient Setting." Journal of Hospice & Palliative Nursing **17**(4): 291-292.
- Cost: $ 21.95 (USD)
- Registration deadline: August 31, 2017
- Valid for **2.0 accredited hours**

Lazenby, M. (2015). "On the Ethical Issues That Arise When Religion and Treatment Collide in End-of-Life Decision Making." Journal of Hospice & Palliative Nursing **17**(4): 275-282.

This article explores the ethical issues that arise when patients' and families' religious beliefs collide with clinicians' views of appropriate end-of-life decisions. The article begins with a case study drawn from clinical experience that focuses on the need for a surrogate decision maker for a deeply religious patient in the intensive care unit with life-limiting cancer. The patient's adult children, also religious, against the health care team's clinical advice, want all life-extending measures taken as they await a divine miracle. The conflict between the family and the health care team points to (1) the ethical issues of patients' and families' status of vulnerability and the health care team's necessary moral response to this status; (2) the moral obligation of the health care team to show their trustworthiness to the family by showing the family the team's competence, honesty, and reliability; and (3) the moral obligations of the health care team to provide the patient and family spiritual support.

- Test: online at NursingCenter.com
- Test instructions: (2015). "On the Ethical Issues That Arise When Religion and Treatment Collide in End-of-Life Decision Making." Journal of Hospice & Palliative Nursing **17**(4): 283-284.
- Cost: $ 27.95 (USD)
- Registration deadline: August 31, 2017
- Valid for **3.0 accredited hours**

TRANSPLANTATION

Mosesso, K. (2015). "Adverse Late and Long-Term Treatment Effects in Adult Allogeneic Hematopoietic Stem Cell Transplant Survivors." American Journal of Nursing **115**(11): 22-34.

OVERVIEW: Hematopoietic stem cell transplantation (HSCT) has become the standard of care for many malignant and nonmalignant hematologic diseases that don't respond to traditional therapy. There are two types: autologous transplantation (auto-HSCT), in which an individual's stem cells are collected, stored, and infused back into that person; and allogeneic transplantation (allo-HSCT), in which healthy donor stem cells are infused into a recipient whose bone marrow has been damaged or destroyed. There have been numerous advancements in this field, leading to marked increases in the number of transplants performed annually. This article--the first of several on cancer survivorship--focuses on the care of adult allo-HSCT survivors because of the greater complexity of their posttransplant course. The author summarizes potential adverse late and long-term treatment- related effects, with special focus on the evaluation and management of several cardiovascular disease risk factors that can occur either independently or concurrently as part of the metabolic syndrome. These risk factors are potentially modifiable with appropriate nursing interventions and lifestyle modifications.

- Test: Contrada, E. (2015). "Adverse Late and Long-Term Treatment Effects in Adult Allogeneic Hematopoietic Stem Cell Transplant Survivors." **115**(11): 35,45.
- Cost: $27.95 (USD)
- Registration deadline: November 30, 2017
- Valid for **3.0 accredited hours**

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