

## CEU ALERT SERVICE FOR MUHC NURSES

### AUGUST 2016



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## CHRONIC PAIN – DRUG THERAPY

Denenberg, R. (2016). "[Appropriate Use of Opioids in Managing Chronic Pain](#)." American Journal of Nursing **116**(7): 26-38.

Over the past two decades, the use of opioids to manage chronic pain has increased substantially, primarily in response to the recognized functional, emotional, and financial burden associated with chronic pain. Within this same period, unintentional death related to prescription opioids has been identified as a public health crisis, owing in part to such factors as insufficient professional training and medication overprescription, misuse, and diversion. The authors discuss current best practices for prescribing opioids for chronic pain, emphasizing patient assessment and essential patient teaching points regarding safe medication use, storage, and disposal.

- Test: online at [NursingCenter.com](http://NursingCenter.com)
- Test instructions: (2016). "[Appropriate Use of Opioids in Managing Chronic Pain](#)." American Journal of Nursing 116(7): 39, 51.
- Cost: \$ 27.95 (USD)
- Registration deadline: July 31, 2018
- Valid for **3.0 accredited hours**

## COST BENEFIT ANALYSIS

Opperman, C., D. Liebig, et al. (2016). "[Measuring Return on Investment for Professional Development Activities: A Review of the Evidence.](#)" *Journal for Nurses in Professional Development* **32**(3): 122-129.

Nursing professional development practitioners play an active, vital role in shaping, implementing, and evaluating competency models in their organizations. This article describes a process for developing and continuously improving knowledge assessment examinations, one component of a competency model. The article defends the use of specialty-specific medication knowledge assessment examinations. The authors recommend future investigations to link nurses' knowledge assessment results to performance in practice and to analyze costs and benefits of knowledge assessment examinations.

- Test: online at [NursingCenter.com](#)
- Test instructions: (2016). "[Measuring Return on Investment for Professional Development Activities: A Review of the Evidence.](#)" *Journal for Nurses in Professional Development* **32**(3): E1.
- Cost: \$ 24.95 (USD)
- Registration deadline: June 30, 2018
- Valid for **2.5 accredited hours**

## GERONTOLOGIC NURSING

Buck, H. G., A. Kolanowski, et al. (2016). "[Improving Rural Geriatric Care Through Education: A Scalable, Collaborative Project.](#)" *Journal of Continuing Education in Nursing* **47**(7): 306-313.

Rural elders are the fastest growing segment of the U.S. population, with a projected increase of 32% in the next 20 years. Shortages in geriatric-prepared workers are particularly critical in rural areas. This article describes Improving Rural Geriatric Care through Education (iRuGCE), a feasible, scalable, and collaborative continuing education project. iRuGCE was designed to improve geriatric nursing practice. Project goals were to identify, mentor, and facilitate an RN geriatric site champion in critical access hospitals (CAHs) to complete national certification in gerontological nursing, and to design a continuing education program that met the specific needs of the CAHs via delivery of three continuing education sessions per year. Evaluation of the project is promising. Preliminary results suggest that iRuGCE has a positive effect on nurse-sensitive patient satisfaction scores, such as communication with nurses, responsiveness of hospital staff, pain management, communication about medicine, discharge information, and willingness to recommend the hospital.

- Test: online at [Villanova University Website](#)
- Test instructions: (2016). "[CNE Quiz.](#)" *Journal of Continuing Education in Nursing* **47**(7): 314-315.
- Cost: \$ 20.00 (USD)
- Registration deadline: June 30, 2019
- Valid for **1.2 accredited hours**

## HEART DEFECTS, CONGENITAL

Anton, K. (2016). "[Challenges Caring for Adults With Congenital Heart Disease in Pediatric Settings: How Nurses Can Aid in the Transition.](#)" *Critical Care Nurse* **36**(4): e1-e8.

As surgery for complex congenital heart disease is becoming more advanced, an increasing number of patients are surviving into adulthood, yet many of these adult patients remain in the pediatric hospital system. Caring for adult patients is often a challenge for pediatric nurses, because the nurses have less experience and comfort with adult care, medications, comorbid conditions, and rehabilitation techniques. As these patients age, the increased risk of complications and comorbid conditions from their heart disease may complicate their care further. Although these patients are admitted on a pediatric unit, nurses can aid in promoting their independence and help prepare them to transition into the adult medical system. Nurses, the comprehensive medical teams, and patients' families can all effectively influence the process of preparing these patients for transition to adult care.

- Test: online at [AACN.org](#)
- Cost: free for AACN members (CE available to members only)
- Registration deadline: August 1, 2019
- Valid for **1.0 accredited hour**

## MENOPAUSE

Ward, K. and A. Deneris (2016). "[Genitourinary syndrome of menopause: A new name for an old condition.](#)" *Nurse Practitioner* **41**(7): 28-33.

Genitourinary syndrome of menopause (GSM) is the new name for the conditions that formerly included vulvovaginal atrophy and atrophic vaginitis. GSM better describes the range of conditions associated with low estrogen levels in menopause and invites patient discussion without the use of words that might be uncomfortable to say. This article discusses the physiology of GSM and reviews both hormonal and nonhormonal treatment options.

- Test: online at [NursingCenter.com](#)
- Test instructions: (2016). "[Genitourinary syndrome of menopause: A new name for an old condition.](#)" *Nurse Practitioner* **41**(7): 33-34.
- Cost: \$ 21.95 (USD)
- Registration deadline: July 31, 2018
- Valid for **2.0 accredited hours**

## METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS

Holt, S. and K. A. Thompson-Brazill (2016). "[Treating Central Catheter-Associated Bacteremia Due to Methicillin-Resistant Staphylococcus aureus: Beyond Vancomycin.](#)" *Critical Care Nurse* **36**(4): 46-57.

Methicillin-resistant *Staphylococcus aureus* is a frequent cause of hospital-associated infections, including central catheter-associated bacteremia. Vancomycin has been the drug of choice for treating this type of bacteremia for decades in patients who have no contraindications to the antibiotic. However, resistance to vancomycin is an emerging problem. Newer antibiotics approved by the Food and Drug Administration have activity against methicillin-resistant *S. aureus*. Some of the antibiotics also have activity against strains of *S. aureus*

that are intermediately susceptible or resistant to vancomycin. This article uses a case study to highlight the clinical signs of vancomycin failure and describes the indications for and appropriate use of alternative antimicrobials such as ceftaroline, daptomycin, linezolid, tigecycline, and telavancin.

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- Cost: free for AACN members (CE available to members only)
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- Valid for **1.0 accredited hour**

## NURSE PRACTITIONERS

West, S. K. (2016). "[Advanced Practice Nursing Committee on Process Improvement in Trauma: An Innovative Application of the Strong Model.](#)" *Journal of Trauma Nursing* **23**(4): 227-230, E3-E4.

This article aims to summarize the successes and future implications for a nurse practitioner-driven committee on process improvement in trauma. The trauma nurse practitioner is uniquely positioned to recognize the need for clinical process improvement and enact change within the clinical setting. Application of the Strong Model of Advanced Practice proves to actively engage the trauma nurse practitioner in process improvement initiatives. Through enhancing nurse practitioner professional engagement, the committee aims to improve health care delivery to the traumatically injured patient. A retrospective review of the committee's first year reveals trauma nurse practitioner success in the domains of direct comprehensive care, support of systems, education, and leadership. The need for increased trauma nurse practitioner involvement has been identified for the domains of research and publication.

- Test: online at [NursingCenter.com](http://NursingCenter.com)
- Cost: \$ 21.95 (USD)
- Registration deadline: August 31, 2018
- Valid for **2.0 accredited hours**

## PATIENT SAFETY

Flynn, F. (2016). "[Progressive Care Nurses Improving Patient Safety by Limiting Interruptions During Medication Administration.](#)" *Critical Care Nurse* **36**(4): 19-35.

- Test: online at [AACN.org](http://AACN.org)
- Cost: free for AACN members (CE available to members only)
- Registration deadline: August 1, 2019
- Valid for **1.0 accredited hour**

## PRESSURE ULCER

Raff, L. A., H. Waller, et al. (2016). "[Identification of Risk Factors for the Development of Pressure Ulcers Despite Standard Screening Methodology and Prophylaxis in Trauma Patients.](#)" *Advances in Skin & Wound Care* **29**(7): 329-334.

- Test: online at [NursingCenter.com](#)
- Cost: \$ 21.95 (USD)
- Registration deadline: July 31, 2018
- Valid for **2.0 accredited hours**

## PSYCHIATRIC NURSING

Read the following **3 articles** and complete the "CNE QUIZ":

Bingol, F. and S. Buzlu (2016). "[Effect of a Cognitive-Behavioral Prevention Program on Levels of Depression Symptoms Among Working Adolescents in Turkey.](#)" *Journal of Psychosocial Nursing & Mental Health Services* **54**(7): 43-51.

Givens, S. E., C. Skully, et al. (2016). "[Psychiatric Inpatient Bedside Handoff.](#)" *Journal of Psychosocial Nursing & Mental Health Services* **54**(7): 33-37.

Pestka, E. L. and C. E. Shea (2016). "[Advocating for the Use of Pharmacogenomics.](#)" *Journal of Psychosocial Nursing & Mental Health Services* **54**(7): 38-42.

- Test: online at [Villanova University Website](#)
- Test instructions: (2016). "[CNE Quiz.](#)" *Journal of Psychosocial Nursing & Mental Health Services* **54**(7): 52-54.
- Cost: \$ 20.00 (USD)
- Registration deadline: June 30, 2019
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## SARCOPENIA

Eglseer, D., S. Eminovic, et al. (2016). "[Association Between Sarcopenia and Nutritional Status in Older Adults.](#)" *Journal of Gerontological Nursing* **42**(7): 33-41.

Sarcopenia is an important geriatric syndrome with high prevalence rates and one of the most common causes of reductions in mobility, quality of life, and increasing dependency on care. The current study examined the relationship between sarcopenia and nutritional status in adults 60 and older. A systematic literature search was conducted, and data from 33 publications were included. The currently available literature indicates that sarcopenia is correlated with poor nutritional status (e.g., low body mass index, unfavorable nutritional risk screening results, decreased nutritional laboratory parameters, anorexia). Comparison of the studies' results were complicated by the lack of a generally accepted definition for sarcopenia, as well as the use of many different instruments to detect sarcopenia. The co-occurrence of malnutrition and sarcopenia is of great relevance. Future scientific work should focus on the formation of consistent definitions and instruments for the detection of sarcopenia to improve data comparisons.

- Test: online at [Villanova University Website](#)
- Test instructions: (2016). "[CNE Quiz](#)." *Journal of Gerontological Nursing* **42**(7): 42-43.
- Cost: \$ 20.00 (USD)
- Registration deadline: June 30, 2019
- Valid for **1.2 accredited hours**

## STRESS, OCCUPATIONAL

Hylton Rushton, C. (2016). "[Moral Distress: A Catalyst in Building Moral Resilience](#)." *American Journal of Nursing* **116**(7): 40-49.

Moral distress is a pervasive problem in the nursing profession. An inability to act in alignment with one's moral values is detrimental not only to the nurse's well-being but also to patient care and clinical practice as a whole. Moral distress has typically been seen as characterized by powerlessness and victimization; we offer an alternate view. Ethically complex situations and experiences of moral distress can become opportunities for growth, empowerment, and increased moral resilience. This article outlines the concept and prevalence of moral distress, describes its impact and precipitating factors, and discusses promising practices and interventions.

- Test: online at [NursingCenter.com](#)
- Test instructions: (2016). "[Moral Distress: A Catalyst in Building Moral Resilience](#)." *American Journal of Nursing* **116**(7): 50,51.
- Cost: \$ 24.95 (USD)
- Registration deadline: July 31, 2018
- Valid for **2.5 accredited hours**

## THROMBOCYTOPENIA

Allen, J. D. (2016). "[When and how to treat childhood immune thrombocytopenia](#)." *Nurse Practitioner* **41**(7): 18-26.

Childhood immune thrombocytopenia is an autoimmune process resulting in an isolated thrombocytopenia that puts the child at risk for bleeding and can negatively impact quality of life. Pharmacologic intervention aims to stabilize the platelet count, with the goal of achieving hemostasis and maximizing health-related quality of life.

- Test: online at [NursingCenter.com](#)
- Test instructions: (2016). "[When and how to treat childhood immune thrombocytopenia](#)." *Nurse Practitioner* **41**(7): 25-26.
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