

## CEU ALERT SERVICE FOR MUHC NURSES

JULY 2015

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## CARDIOVASCULAR DISEASES

Sherrod, M. M., N. M. Sherrod, et al. (2015). "[Follow the guideline for reducing cardiovascular risk with statins.](#)" Nursing **45**(6): 40-46.

- Test: (2015). "[Follow the guideline for reducing cardiovascular risk with statins.](#)" Nursing **45**(6): 46-47.
- Cost: \$21.95 (USD)
- Registration deadline: June 30, 2017
- Valid for **2.0 accredited hours**

## CAREGIVER BURDEN

Beach, P. R. and B. E. White (2015). "[Applying the evidence to help caregivers torn in two.](#)" Nursing **45**(6): 30-37.

- Test: (2015). "[Applying the evidence to help caregivers torn in two.](#)" Nursing **45**(6): 37-38.
- Cost: \$21.95 (USD)
- Registration deadline: June 30, 2017
- Valid for **2.0 accredited hours**

## CHANGE MANAGEMENT

Porter-O'Grady, T. (2015). "Through the looking glass: Predictive and adaptive capacity in a time of great change." Nursing Management **46**(6): 22-29.

- Test: (2015). "[Through the looking glass: Predictive and adaptive capacity in a time of great change.](#)" Nursing Management **46**(6): 29-30.
- Cost: \$21.95 (USD)
- Registration deadline: June 30, 2017
- Valid for **2.0 accredited hours**

## CRITICAL CARE NURSING

Davidson, J. E., C. Winkelman, et al. (2015). "[Pain, Agitation, and Delirium Guidelines: Nurses' Involvement in Development and Implementation.](#)" Critical Care Nurse **35**(3): 17-32.

The 2013 American College of Critical Care Medicine/Society of Critical Care Medicine clinical practice guidelines for the management of pain, agitation, and delirium in adult patients in the intensive care unit serves as a living example of nurses' involvement in the development and implementation of professional guidelines. Nurses who served on this guideline-writing panel describe their experiences. Specific examples from the pain, agitation, and delirium guidelines for care are used to explore the roles of the nurse leader, nurse informaticist, staff nurse, and nurse researcher in relationship to guideline implementation.

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

- Valid for **1.0 accredited hours**

Khan, B. A., S. Lasiter, et al. (2015). "[The Critical Care Recovery Center: An Innovative Collaborative Care Model for ICU Survivors.](#)" *American Journal of Nursing* **115**(3): 24-31.

OVERVIEW: Five million Americans require admission to ICUs annually owing to life-threatening illnesses. Recent medical advances have resulted in higher survival rates for critically ill patients, who often have significant cognitive, physical, and psychological sequelae, known as postintensive care syndrome (PICS). This growing population threatens to overwhelm the current U.S. health care system, which lacks established clinical models for managing their care. Novel innovative models are urgently needed. To this end, the pulmonary/critical care and geriatrics divisions at the Indiana University School of Medicine joined forces to develop and implement a collaborative care model, the Critical Care Recovery Center (CCRC). Its mission is to maximize the cognitive, physical, and psychological recovery of ICU survivors. Developed around the principles of implementation and complexity science, the CCRC opened in 2011 as a clinical center with a secondary research focus. Care is provided through a pre-CCRC patient and caregiver needs assessment, an initial diagnostic workup visit, and a follow-up visit that includes a family conference. With its sole focus on the prevention and treatment of PICS, the CCRC represents an innovative prototype aimed at modifying post-critical illness morbidities and improving the ICU survivor's quality of life.

- Test: Contrada, E. (2015). "[The Critical Care Recovery Center: An Innovative Collaborative Care Model for ICU Survivors.](#)" *American Journal of Nursing* **115**(3): 32, 46.
- Cost: \$ 24.95 (USD)
- Registration deadline: March 31, 2017
- Valid for **2.5 accredited hours**

Warlan, H. and L. Howland (2015). "[Posttraumatic Stress Syndrome Associated With Stays in the Intensive Care Unit: Importance of Nurses' Involvement.](#)" *Critical Care Nurse* **35**(3): 44-54.

More patients in the intensive care unit are surviving their critical illnesses because of advances in medical care. This change in survival has led to an increased awareness of the emotional consequences of being critically ill. Posttraumatic stress disorder has been identified in approximately 9% to 27% of critically ill patients compared with 7% of the general US population. Risk factors such as treatment with mechanical ventilation, sedation, delusional memories, and agitation are associated with development of posttraumatic stress disorder in patients in the intensive care unit. Individuals with posttraumatic stress disorder are more likely to experience negative physical and psychiatric health outcomes and a lower quality of life than are patients without the disorder. Early identification and treatment of patients experiencing these signs and symptoms may reduce these physical and psychological comorbid conditions. Through careful monitoring of medications, early mobilization, sleep promotion, and pain management, nurses may be able to reduce signs and symptoms of posttraumatic stress disorder.

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

## CROSS INFECTION

Garrett Jr, J. H. (2015). "[A Review of the CDC Recommendations for Prevention of HAIs in Outpatient Settings.](#)" *AORN Journal* **101**(5): 519-528.

According to the Centers for Disease Control and Prevention (CDC), most health care associated infections (HAIs) are caused by contamination from the hands of health care providers or patients, contamination from the environment, and contamination from the patient's own skin. To mitigate common sources of infection transmission, frontline health care providers must be compliant with basic infection-prevention interventions, including hand hygiene, environmental cleaning and disinfection, safe injection practices, and designation of a trained health care professional to be responsible for the infection prevention and control program. Integration of CDC recommendations should incorporate a bundled approach to these interventions and should be part of a comprehensive approach to infection prevention and control. Effective infection-prevention practices in outpatient settings are critical for reducing the risk of infection transmission, improving patient safety and patient outcomes, and reducing costs associated with health care delivery.

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

## CRYPTORCHIDISM

Fantasia, J., J. Aidlen, et al. (2015). "[Undescended Testes: A Clinical and Surgical Review.](#)" *Urologic Nursing* **35**(3): 117-126.

- Test: online at [SUNA Online Library](#)
- Test instructions: included with the article.
- Cost: \$ 15.00 (USD)
- Registration deadline: June 30, 2017
- Valid for **1.4 accredited hours**

## DELIRIUM

Cohen, C. L. (2015). "[Refractory Delirium in a Hospice Patient.](#)" *Journal of Hospice & Palliative Nursing* **17**(2): 98-102.

Delirium affects an enormous number of patients at end of life and entails great physical, emotional, and financial burdens. Existing algorithms approach this phenomenon simplistically with the primary goal of identifying and treating the underlying cause. However, many episodes of delirium are multifactorial and not so easily resolved. Much has been written about controlling for physical and pharmacologic causes, but there has not been much attention paid to the interaction of the care setting in managing delirium. This case study illustrates some of the challenges in caring for a patient with refractory delirium in a skilled nursing facility.

- Test: (2015). "[Refractory Delirium in a Hospice Patient.](#)" *Journal of Hospice & Palliative Nursing* **17**(2): 103-104.
- Cost: \$ 24.95 (USD)

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

## DEMENTIA

Yen-Hua, S., W. Chi-Jane, et al. (2015). "[Behavioral Characteristics of Bowel Movement and Urination Needs in Patients With Dementia in Taiwan.](#)" *Journal of Gerontological Nursing* **41**(6): 22-29.

Patients with dementia, especially those with advanced dementia, may not be able to express their bowel movement and urination needs using lucid language, and instead do so through behaviors. The aim of the current study was to understand and compare the behavioral characteristics of bowel movement and urination needs in patients with dementia. Observations were made by caregivers of 187 patients with dementia based on the Behavior Checklist developed by the research team for bowel movement and urination. Sixteen behavioral characteristics were identified for both bowel movement and urination; among these, anxiety, taking off/putting on clothes inappropriately, restlessness, attempting to go elsewhere, scratching skin, repeated behavior, and making strange sounds were commonly reported. Facial expressions of sorrow, restlessness, and anxiety were the three most common behaviors related to bowel movement needs, whereas anxiety, taking off/putting on clothes inappropriately, and constant moaning were the most common behaviors for urination needs. The findings suggest that the common behavioral characteristics could be seen as indicators of excretion need and the others can be used to distinguish between the need for bowel movement and urination. [Journal of Gerontological Nursing, 41(6), 22-29.]

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[cne QUIZ.](#)" *Journal of Gerontological Nursing* **41**(6): 30-31.
- Cost: \$ 20.00 (USD)
- Registration deadline: May 31, 2018
- Valid for **1.2 accredited hours**

## ENVIRONMENTAL EXPOSURE – (ARTICLE IN FRENCH)

Provost-Dubois, R., C. Michaud, et al. (2015). "[L'eau, source de vie! Parfois de maladies... \[French\].](#)" *Perspective Infirmiere* **12**(3): 35-41.

- Test: online at [MISTRAL](#) website.
- Cost: \$ 21.34 for OIIQ members, \$30.48 for non-members
- Registration deadline: none
- Valid for **2.0 accredited hours**

## HEALTH PROMOTION

Chase-Ziolek, M. (2015). "[\(Re\)Claiming THE CHURCH'S ROLE IN PROMOTING HEALTH: A PRACTICAL FRAMEWORK.](#)" *Journal of Christian Nursing* **32**(2): 100-107.

- Test: online at [NursingCenter.com](#)
- Test instructions: (2015). "[\(Re\)Claiming THE CHURCH'S ROLE IN PROMOTING HEALTH: A PRACTICAL FRAMEWORK.](#)" *Journal of Christian Nursing* **32**(2): E14-E15.
- Cost: \$ 17.95 (USD) for NCF members; \$ 24.95 for non-members

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

## PAIN MANAGEMENT

Glowacki, D. (2015). "[Effective Pain Management and Improvements in Patients' Outcomes and Satisfaction](#)." *Critical Care Nurse* **35**(3): 33-43.

Adequate pain management is a compelling and universal requirement in health care. Despite considerable advancements, the adverse physiological and psychological implications of unmanaged pain remain substantially unresolved. Ineffective pain management can lead to a marked decrease in desirable clinical and psychological outcomes and patients' overall quality of life. Effective management of acute pain results in improved patient outcomes and increased patient satisfaction. Although research and advanced treatments in improved practice protocols have documented progressive improvements in management of acute and postoperative pain, little awareness of the effectiveness of best practices persists. Improved interventions can enhance patients' attitudes to and perceptions of pain. What a patient believes and understands about pain is critical in influencing the patient's reaction to the pain therapy provided. Use of interdisciplinary pain teams can lead to improvements in patients' pain management, pain education, outcomes, and satisfaction.

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

## PENETRATING WOUNDS

Gettig, K., K. A. Lawson, et al. (2015). "[Penetrating Knitting Needle Through the Mediastinum in a Child](#)." *Journal of Trauma Nursing* **22**(3): 132-135.

Thoracic injuries are second only to central nervous system injuries as the leading cause of traumatic death in patients of all ages. Penetrating chest injury is very uncommon in children, but it comes with significant morbidity and mortality. Presentation of penetrating thoracic injury in the child is unique with inherent opportunities for learning. The purpose of this case report was to disseminate information regarding rare thoracic trauma in the pediatric patient.

- Test: online at [NursingCenter.com](http://NursingCenter.com)
- Test instructions: (2015). "[Penetrating Knitting Needle Through the Mediastinum in a Child](#)." *Journal of Trauma Nursing* **22**(3): E1-E2.
- Cost: \$ 21.95 (USD)
- Registration deadline: June 30, 2017
- Valid for **2.0 accredited hours**

## PERIOPERATIVE NURSING

Van Wicklin, S. A. (2015). "[Back to Basics: Specimen Management 0.8.](#)" *AORN Journal* **101**(5): 558-565.

Specific actions for handling various types of specimens may differ; however, the management process is essentially the same. Accurate specimen management requires effective multidisciplinary communication, minimal distractions, and awareness of the opportunities for error. When advocating for patients and working with members of the health care team to provide a safe perioperative environment, perioperative nurses should adhere to best practices for specimen management and strive to prevent specimen-related errors that may lead to inaccurate or incomplete diagnoses, the need for additional procedures, and perhaps most importantly, physical and psychological injury to patients.

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

**Read the following 6 articles and do the "Clinical Issues 2.6" questions:**

Van Wicklin, S. A. and L. Spruce (2015). "[Antimicrobial and fluid barrier fabrics.](#)" *AORN Journal* **101**(5): 583-584.

Van Wicklin, S. A. (2015). "[Contaminated rigid sterilization containers.](#)" *AORN Journal* **101**(5): 577-578.

Van Wicklin, S. A. and S. A. Brubaker (2015). "[Dropped autografts.](#)" *AORN Journal* **101**(5): 581-583.

Van Wicklin, S. A. and S. A. Brubaker (2015). "[Requirements for storing autologous tissue.](#)" *AORN Journal* **101**(5): 578-579.

Van Wicklin, S. A. and S. A. Brubaker (2015). "[Storing autologous human vein autografts.](#)" *AORN Journal* **101**(5): 579-580.

Wood, A. (2015). "[Update on perioperative Ebola precautions.](#)" *AORN Journal* **101**(5): 575-577.

- Test: online at [AORN website](#).
- Test instructions: (2015). "[Continuing Education: Clinical Issues 2.6.](#)" *AORN Journal* **101**(5): 585-585.
- Cost: \$ 20.80 for AORN members, \$41.60 (USD) for non-members
- Registration deadline: May 31, 2018
- Valid for **2.6 accredited hours**

## PRESSURE ULCERS

Posthauer, M. E., M. Banks, et al. (2015). "[The Role of Nutrition for Pressure Ulcer Management: National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, and Pan Pacific Pressure Injury Alliance White Paper.](#)" *Advances in Skin & Wound Care* **28**(4): 175-188.

- Test: (2015). "[The Role of Nutrition for Pressure Ulcer Management: National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, and Pan Pacific Pressure Injury Alliance White Paper.](#)" *Advances in Skin & Wound Care* **28**(4): 189-190.

- Cost: \$ 27.95 (USD)
- Registration deadline: April 30, 2017
- Valid for **3.0 accredited hours**

## PROFESSIONAL BURNOUT

Harris, C. and T. Q. Griffin (2015). "[NURSING ON EMPTY: COMPASSION FATIGUE SIGNS, SYMPTOMS, AND SYSTEM INTERVENTIONS.](#)" *Journal of Christian Nursing* **32**(2): 80-87.

- Test: online at [NursingCenter.com](#)
- Test instructions: (2015). "[NURSING ON EMPTY: COMPASSION FATIGUE SIGNS, SYMPTOMS, AND SYSTEM INTERVENTIONS.](#)" *Journal of Christian Nursing* **32**(2): E12-E13.
- Cost: \$ 17.95 (USD) for NCF members; \$ 24.95 for non-members
- Registration deadline: June 30, 2017
- Valid for **2.5 accredited hours**

## PROFESSIONAL DEVELOPMENT

Miltner, R. S., A. Jukkala, et al. (2015). "[Professional Development Needs of Nurse Managers.](#)" *Journal of Continuing Education in Nursing* **46**(6): 252-258.

Background: Nurse managers have a key role in creating positive work environments where safe, high-quality care is consistently provided. This requires a broad range of skills to be successful within today's complex health care environment; however, managers are frequently selected based on their clinical expertise and are offered little formal preparation for this leadership role. Method: We conducted three focus groups with 20 nurse managers to understand their professional development needs. Transcripts were analyzed using conventional content analysis. Results: Three themes emerged: Managing Versus Leading, Gaining a Voice, and Garnering Support. Managers focused on daily tasks, such as matching staffing to patient needs. However, the data suggested gaps in foundational management skills, such as understanding organizational behavior, use of data to make decisions, and refined problem-solving skills. Conclusion: Professional development activities focusing on higher level leadership competencies could assist managers to be more successful in this challenging, but critical, role, *J Contin Educ Nurs.* 2015;46(6):252-258.

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[CNE QUIZ.](#)" *Journal of Continuing Education in Nursing* **46**(6): 259-260.
- Cost: \$ 20.00 (USD)
- Registration deadline: May 31, 2018
- Valid for **1.3 accredited hours**

## PROSTATE CANCER

Katz, A. (2015). "[Early Localized Prostate Cancer.](#)" *American Journal of Nursing* **115**(3): 34-44.

OVERVIEW: As many as 233,000 men in the United States are diagnosed with prostate cancer each year. Most diagnoses are of low-grade, localized disease, which tends to be slow growing and is rarely lethal, even in the absence of intervention. The amount and complexity of the information men receive at diagnosis may be overwhelming and difficult to process, particularly given the weight of a new cancer diagnosis and the potential for

long-term, life-altering adverse effects from treatment. This review examines the multiple options available for men with newly diagnosed, low-risk, localized prostate cancer and explains how nurses can help these men and their partners make treatment decisions that are appropriate for their particular circumstances.

- Test: Contrada, E. (2015). "[Early Localized Prostate Cancer](#)." *American Journal of Nursing* **115**(3): 45-46.
- Cost: \$ 24.95 (USD)
- Registration deadline: March 31, 2017
- Valid for **2.5 accredited hours**

## SALARIES AND FRINGE BENEFITS

Rhodes, C. A., M. Bechtel, et al. (2015). "CNE SERIES. An Incentive Pay Plan for Advanced Practice Registered Nurses: Impact On Provider and Organizational Outcomes." *Nursing Economic\$* **41**(3): 125-132.

- Test: None. Complete the evaluation form included with the article to receive credit.
- Cost: \$ 15.00 (USD)
- Registration deadline: June 30, 2017
- Valid for **1.3 accredited hours**

## SLEEP

Cox Sullivan, S. (2015). "[GETTING THE REST YOU DESERVE](#)." *Arkansas Nursing News* **11**(1): 15-19.

- Test: Included with article
- Cost: \$ 10.00 (USD) for ARNA members, \$15.00 (USD) for non-members
- Registration deadline: March, 2017
- Valid for **1.0 accredited hours**

## SURGICAL INSTRUMENTS

Cowperthwaite, L. and R. L. Holm (2015). "[Guideline Implementation: Surgical Instrument Cleaning 1.3](#)." *AORN Journal* **101**(5): 542-552.

- Test: Included with article, but go to the [website](#) for credit
- Cost: \$ 10.40 (USD) for AORN members, \$20.80 (USD) for non-members
- Registration deadline: May 31, 2018
- Valid for **1.3 accredited hours**

## TRAUMA NURSING

Saunders, C. B. (2015). "[Preventing Secondary Complications in Trauma Patients With Implementation of Multidisciplinary Mobilization Team](#)." *Journal of Trauma Nursing* **22**(3): 170-175.

Management of the trauma patient is complex. Immobility or bed rest has detrimental effects on multiple body systems. Early mobilization, especially in the multi-injured patient, can be challenging requiring a multidisciplinary team effort. Health care team members' and patient's understanding and perceptions of bed rest greatly influence successful early mobilization. Integrating a multidisciplinary mobility program in the acute care

setting can decrease secondary complications and hospital length of stay ultimately improving patient outcomes. Using the strategy for translating research into evidence based practice by incorporating the 4 “Es” of Engage, Educate, Execute, and Evaluate will assist in creating a culture of mobility.

- Test: online at [NursingCenter.com](http://NursingCenter.com)
- Test instructions: (2015). "[Preventing Secondary Complications in Trauma Patients With Implementation of Multidisciplinary Mobilization Team.](#)" *Journal of Trauma Nursing* **22**(3): E3-E4.
- Cost: \$ 21.95 (USD)
- Registration deadline: June 30, 2017
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