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September 2015

CONTENTS

ACETAMINOPHEN

Turkoski, B. B. (2015). "CE. Acetaminophen by Infusion." Orthopaedic Nursing **34**(3): 166-169.

Acetaminophen is a nonsteroidal, nonsalicylate analgesic and antipyretic that is, today, the most common medication ingredient found in oral and rectal over-the-counter and prescription drugs. However, it was not until 2010 that Ofirmev (acetaminophen), an injection form of acetaminophen, was approved for treating mild to moderate pain, as an adjunct to opioids for severe pain, and reduction of fever in those younger than 2 years. Thus, intravenous acetaminophen may be appropriately used in a wide variety of settings and nurses who are knowledgeable and informed about the correct use of intravenous acetaminophen will be able to reduce the potential for medication misadventures. In this article, the uses and cautions for Ofirmev are discussed.

- Test: (2015). "CE. Acetaminophen by Infusion." Orthopaedic Nursing **34**(3): 170-171.
- Cost: $ 7.50 (USD) for NAON members; $ 15.00 (USD) for non-members
- Registration deadline: June 30, 2017
- Valid for **1.5 accredited hours**

ADVANCE CARE PLANNING

Haras, M. S., K. S. Astroth, et al. (2015). "Nephrology Nurse Perceptions Toward Advance Care Planning: Validation of a Measure." Nephrology Nursing Journal **42**(4): 349-361.

Advance care planning is critical for persons with chronic kidney disease because they face a shortened lifespan. There is a paucity of reliable and valid measures exploring nephrology nurse perceptions toward advance care planning. This article reports the results of testing the factor structure, reliability, and validity of a newly developed measure of nephrology nurse perceptions toward advance care planning as well as information on nephrology nurses' perceptions on advance care planning. Measuring nephrology nurse perceptions toward advance care planning may facilitate planning of interventions to assist nurses to become more active in the process.

- Test: Included with article
- Cost: $ 15.00 (USD) for ANNA members, $ 25.00 (USD) for non-members
- Registration deadline: August 31, 2017
- Valid for **1.4 accredited hours**

BURNOUT, PROFESSIONAL

Hylton Rushton, C., J. Batcheller, et al. (2015). "BURNOUT AND RESILIENCE AMONG NURSES PRACTICING IN HIGH-INTENSITY SETTINGS." American Journal of Critical Care **24**(5): 412-421.

Background The high level of stress experienced by nurses leads to moral distress, burnout, and a host of detrimental effects. Objectives To support creation of healthy work environments and to design a 2-phase project to enhance nurses' resilience while improving retention and reducing turnover. Methods In phase 1, a cross-sectional survey was used to characterize the experiences of a high-stress nursing cohort. A total of 114 nurses in 6 high-intensity units completed 6 survey tools to assess the nurses' characteristics as the context for burnout and to explore factors involved in burnout, moral distress, and resilience. Statistical analysis was used to determine associations between scale measures and to identify independent variables related to burnout. Results Moral

distress was a significant predictor of all 3 aspects of burnout, and the association between burnout and resilience was strong. Greater resilience protected nurses from emotional exhaustion and contributed to personal accomplishment. Spiritual well-being reduced emotional exhaustion and depersonalization; physical well-being was associated with personal accomplishment. Meaning in patient care and hope were independent predictors of burnout. Higher levels of resilience were associated with increased hope and reduced stress. Resilience scores were relatively flat over years of experience. Conclusions These findings provide the basis for an experimental intervention in phase 2, which is designed to help participants cultivate strategies and practices for renewal, including mindfulness practices and personal resilience plans.

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

COGNITIVE TRAINING

Haesner, E., A. Steinert and M. Weichenberger (2015). "Evaluating an Online Cognitive Training Platform for Older Adults: User Experience and Implementation Requirements." Journal of Gerontological Nursing **41**(8): 22-31.

- Test: online at Villanova University Website
- Test instructions: (2015). "cne QUIZ." Journal of Gerontological Nursing **41**(8): 32-33.
- Cost: $ 20.00 (USD)
- Registration deadline: August 1, 2018
- Valid for **1.3 accredited hours**

COLORECTAL NEOPLASMS

Greenwald, B. (2015). "REDUCING THE RISK FOR COLON CANCER WITH HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY." Gastroenterology Nursing **38**(4): 307-310.

- Test: (2015). "REDUCING THE RISK FOR COLON CANCER WITH HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY." Gastroenterology Nursing **38**(4): 311-312.
- Cost: $ 10.00 (USD) for SGNA members; $ 20.00 (USD) for non-members
- Registration deadline: August 31, 2017
- Valid for **2.0 accredited hours**

CORONARY CARE NURSING

Sendelbach, S., S. Wahl, et al. (2015). "Stop the Noise: A Quality Improvement Project to Decrease Electrocardiographic Nuisance Alarms." Critical Care Nurse **35**(4): 15-23.

BACKGROUND AS many as 99% of alarm signals may not need any intervention and can result in patients' deaths. Alarm management is now a Joint Commission National Patient Safety Goal. OBJECTIVES TO reduce the number of nuisance electrocardiographic alarm signals in adult patients on the medical cardiovascular care unit. METHODS A quality improvement process was used that included eliminating duplicative alarms, customizing alarms, changing electrocardiography electrodes daily, standardizing skin preparation, and using disposable electrocardiography leads. RESULTS In the cardiovascular care unit, the mean number of electrocardiographic

alarm signals per day decreased from 28.5 (baseline) to 3.29, an 88.5% reduction. CONCLUSION Use of a bundled approach to managing alarm signals decreased the mean number of alarm signals in a cardiovascular care unit.

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

CRITICAL CARE NURSING

Frazee, E. N., H. A. Personett, et al. (2015). "INTENSIVE CARE NURSES' KNOWLEDGE ABOUT USE OF NEUROMUSCULAR BLOCKING AGENTS IN PATIENTS WITH RESPIRATORY FAILURE." American Journal of Critical Care **24**(5): 431-439.

Background The recent increase in use of neuromuscular blocking agents (NMBAs) in patients with acute respiratory distress syndrome is set against a backdrop of concerns about harm associated with use of these high-risk drugs. Bedside nurses play a pivotal role in the safe and effective use of these agents. Objective To describe critical care nurses' knowledge of the therapeutic properties, adverse effects, and monitoring parameters associated with NMBAs. Methods A prospective, multicenter survey of medical intensive care unit nurses between July 2012 and May 2013. The web-based survey instrument was designed, pretested, and administered under the direction of a multidisciplinary group of individuals. Results Responses from 160 nurses (22% of eligible nurses) were analyzed. Most respondents were able to identify NMBAs correctly as nonanalgesic (93%) and nonanxiolytic (83%).The perceived durations of action of NMBAs varied widely, and few nurses were familiar with patient-specific considerations related to drug elimination. Most (70%) recognized the independent associations between NMBAs and footdrop, muscle breakdown, and corneal ulceration. Pressure ulcers and a history of neuromuscular disease were the characteristics of patients perceived to most heighten the risk of NMBA use. Conclusions Critical care nurses are knowledgeable about the importance of concurrent analgesia and sedation during use of NMBAs. Routes of elimination, duration of action, and adverse effects were less commonly known and represent areas for focused education and quality improvement surrounding use of NMBAs in the intensive care unit.

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

Neville, T. H., J. F. Wiley, et al. (2015). "CONCORDANCE OF NURSES AND PHYSICIANS ON WHETHER CRITICAL CARE PATIENTS ARE RECEIVING FUTILE TREATMENT." American Journal of Critical Care **24**(5): 403-411.

Background Nurses and physicians often describe critical care that is not expected to provide meaningful benefit to a patient as futile, and providing treatments perceived as futile is associated with moral distress. Objective To explore concordance of physicians' and nurses' assessments of futile critical care. Methods A focus group of clinicians developed a consensus definition of "futile" critical care. Daily for 3 months, critical care physicians and nurses in a health care system identified patients perceived to be receiving futile treatment. Assessments and patients' survival were compared between nurses and physicians. Results Nurses and physicians made 6254 shared assessments on 1086 patients. Nurses and physicians assessed approximately the same number of patients as receiving futile treatment (110 for nurses vs 113 for physicians, P=.82); however, concordance was low as to which patients were assessed as receiving futile treatment <K=0.46).The 110 patients categorized by

nurses as receiving futile treatment had lower 6-month mortality than did the 113 patients so assessed by physicians (68% vs 85%, P= .005). Patients who were assessed as receiving futile treatment by both providers were more likely to die in the hospital than were patients assessed as receiving futile treatment by the nurse alone (76% vs 32%, P<.001) or by the physician alone (76% vs 57%, P=.04). Conclusions Interprofessional concordance on provision of critical care perceived to be futile is low; however, joint predictions between physicians and nurses were most predictive of patients' outcomes, suggesting value in collaborative decision making.

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

Sacco, T. L., S. M. Ciurzynski, et al. (2015). "Compassion Satisfaction and Compassion Fatigue Among Critical Care Nurses." Critical Care Nurse **35**(4): 32-44.

BACKGROUND Although critical care nurses gain satisfaction from providing compassionate care to patients and patients' families, the nurses are also at risk for fatigue. The balance between satisfaction and fatigue is considered professional quality of life. OBJECTIVES TO establish the prevalence of compassion satisfaction and compassion fatigue in adult, pediatric, and neonatal critical care nurses and to describe potential contributing demographic, unit, and organizational characteristics. METHODS In a cross-sectional design, nurses were surveyed by using a demographic questionnaire and the Professional Quality of Life Scale to measure levels of compassion fatigue and compassion satisfaction. RESULTS Nurses (n = 221) reported significant differences in compassion satisfaction and compassion fatigue on the basis of sex, age, educational level, unit, acuity, change in nursing management, and major systems change. CONCLUSIONS Understanding the elements of professional quality of life can have a positive effect on work environment. The relationship between professional quality of life and the standards for a healthy work environment requires further investigation. Once this relationship is fully understood, interventions to improve this balance can be developed and tested.

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

DIABETES MELLITUS, TYPE 2

Frank, M. L. and A. M. Gerhardt (2015). "Treating dyslipidemia in patients with type 2 diabetes mellitus." Nurse Practitioner **40**(8): 18-22.

- Test: (2015). "Treating dyslipidemia in patients with type 2 diabetes mellitus." Nurse Practitioner **40**(8): 22-23.
- Cost: $ 21.95 (USD)
- Registration deadline: August 31, 2017
- Valid for **2.0 accredited hours**

EARLY AMBULATION

Castro, E., M. Turcinovic, et al. (2015). "Early Mobilization: Changing the Mindset." Critical Care Nurse **35**(4): e1-7.

BACKGROUND Staff in the surgical intensive care unit (SICU) had several concerns about mobilizing patients receiving mechanical ventilation. OBJECTIVE TO assess and improve the mindset of SICU staff toward early mobilization of patients receiving mechanical ventilation before, 6 months after, and 1 year after implementation of early mobilization. METHODS The Plan-Do-Study-Act model was used to guide the planning, implementation, evaluation, and interventions to change the mindset and practice of SICU staffin mobilizing patients receiving mechanical ventilation. Interventions to overcome barriers to early mobilization included interdisciplinary collaboration, multimodal education, and operational changes. The mindset of the SICU staff toward early mobilization of patients receiving mechanical ventilation was assessed by using a survey questionnaire distributed 2 weeks before, 6 months after, and 1 year after implementation of early mobilization. RESULTS The median score on 6 of 7 survey questions changed significantly from before, to 6 months after, to 1 year after implementation, indicating a change in the mindset of SICU staff toward early mobilization of patients receiving mechanical ventilation. The SICU staff agreed that most patients receiving mechanical ventilation are able to get out of bed safely with coordination among personnel and that early mobilization of intubated patients decreases length of stay and decreases occurrence of ventilator-associated pneumonia, deep vein thrombosis, and skin breakdown. CONCLUSIONS SICU interdisciplinary team collaboration, multimodal education, and operational support contribute to removing staff bias against mobilizing patients receiving mechanical ventilation.

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

GOUT

Saccomano, S. J. and L. R. Ferrara (2015). "Treatment and prevention of gout." Nurse Practitioner **40**(8): 24-30.

- Test: (2015). "Treatment and prevention of gout." Nurse Practitioner **40**(8): 30-31.
- Cost: $ 21.95 (USD)
- Registration deadline: August 31, 2017
- Valid for **2.0 accredited hours**

HEMODIALYSIS

Bridge, A. B. and K. E. Holt (2015). "Effect of Nocturnal Dialysis on Prognosis in Adult Patients: A Review of the Literature." Nephrology Nursing Journal **42**(4): 375-380.

Compared to conventional hemodialysis dialysis, nocturnal hemodialysis represents a more effective modality for receiving hemodialysis and has been associated with a 25% reduction in risk of death and improved quality of life. This article identifies the evidence about the mortality and morbidity risk for patients undergoing conventional hemodialysis vs. nocturnal hemodialysis.

- Test: Included with article
- Cost: $ 15.00 (USD) for ANNA members, $ 25.00 (USD) for non-members

- Registration deadline: August 31, 2017
- Valid for **1.3 accredited hours**

Johnson, S. (2015). "Near-Death Experience in Patients on Hemodialysis." Nephrology Nursing Journal **42**(4): 331-337.

Near-death experience (NDE) is a phenomenon that occurs when a person loses consciousness and senses a disconnection from the world around them. Patients on hemodialysis can experience multiple NDEs over their lifetime. An NDE during a hemodialysis session while connected to a hemodialysis machine can present challenges to this patient population and the nurses caring for them. The purpose of this article is to discuss the potential after effects of NDE in patients who experience this phenomenon while connected to a hemodialysis machine and to propose that nurses lead the healthcare team in addressing the after effects of NDE in patients on hemodialysis.

- Test: Included with article
- Cost: $ 15.00 (USD) for ANNA members, $ 25.00 (USD) for non-members
- Registration deadline: August 31, 2017
- Valid for **1.3 accredited hours**

HISTORY OF NURSING

Wall, B. M., K. Dhurmah, et al. (2015). "'I Am a Nurse': Oral Histories of African Nurses." American Journal of Nursing **115**(8): 22-42.

Background: Much of African history has been written by colonial "masters" and is skewed by cultural bias. The voices of indigenous peoples have largely been ignored. Purpose: The purpose of this study was to collect the oral histories of African nursing leaders who studied and practiced nursing from the late colonial era (1950s) through decolonization and independence (1960s-70s), in order to better understand their experiences and perspectives. Methods: This study relied on historical methodology, grounded specifically within the context of decolonization and independence. The method used was oral history. Results: Oral histories were collected from 13 retired nurses from Mauritius, Malawi, and Togo. Participants' educational and work histories bore the distinct imprint of European educational and medical norms. Nursing education provided a means of earning a living and offered professional advancement and affirmation. Participants were reluctant to discuss the influence of race, but several recalled difficulties in working with both expatriate and indigenous physicians and matrons. Differences in African nurses' experiences were evident at the local level, particularly with regard to language barriers, gender-related divisions, and educational and practice opportunities. Conclusion: The data show that although institutional models and ideas were transported from colonial nursing leaders to African nursing students, the African nurses in this study adapted those models and ideas to meet their own needs. The findings also support the use of storytelling as a culturally appropriate research method. Participants' stories provide a better understanding of how time, place, and social and cultural forces influenced and affected local nursing practices. Their stories also reveal that nursing has held various meanings for participants, including as a means to personal and professional opportunities and as a way to help their countries' citizens.

- Test: Contrada, E (2015). "'I Am a Nurse': Oral Histories of African Nurses." American Journal of Nursing **115**(8): 33,42.
- Cost: $ 27.95 (USD)
- Registration deadline: August 31, 2017
- Valid for **3.0 accredited hours**

INTERPROFESSIONAL RELATIONS

Hart, C. (2015). "The Elephant in the Room: Nursing and Nursing Power on an Interprofessional Team." Journal of Continuing Education in Nursing **46**(8): 349-355.

Notions of competency development frequently underlie discussions of interprofessional education and practice. Yet, by focusing primarily on the development of competencies, the discourse remains at a surface level, thus obscuring the root of many of the tensions that commonly occur in interprofessional collaborative teamwork. This qualitative study explored how perceptions of status influenced participation on an interprofessional team. Findings indicate that underlying tensions exist, despite an overarching commitment in both interprofessional practice and client-centered care. In particular, notions of perceived power, voice, and status intersected to create a narrative about the role and status of nursing in an interprofessional team. Both nurses and non-nurses recognized the influence of this narrative on team dynamics and function. This narrative was enacted through verbal and nonverbal behaviors, with passive and active resistance often appearing as a strategy used by nurses to address perceived power imbalances. This study has implications for interprofessional education and practice as it relates to nursing. J Contin Educ Nurs. 2015;46(8):349-355.

- Test: online at Villanova University Website
- Test instructions: (2015). "CNE QUIZ." Journal of Continuing Education in Nursing **46**(8): 356-357.
- Cost: $ 20.00 (USD)
- Registration deadline: August 1, 2018
- Valid for **1.2 accredited hours**

KIDNEY DISEASES - EDUCATION

Enworom, C. D. and M. Tabi (2015). "Evaluation of Kidney Disease Education on Clinical Outcomes and Knowledge of Self-Management Behaviors of Patients with Chronic Kidney Disease." Nephrology Nursing Journal **42**(4): 363-373.

Chronic kidney disease (CKD) is a public health problem in United States. Providing kidney disease education (KDE) is an effective and integral part of CKD management. This two-part non-experimental study retrospectively evaluated clinical outcomes of participants of a Medicare Kidney Disease Education (KDE) program and prospectively evaluated kidney disease knowledge of survey participants from the general population of patients with CKD. Results showed that participants of a KDE program demonstrated slower decline in GFR compared to non-participants (M = 18.3 mL/min/1.73m², SD = 8.3 mL/min/1.73m² vs. M = 15.0 mL/min/1.73m², SD = 6.1 mL/min/1.73m²). Providing KDE to individuals with CKD Stage 4 was associated with improved clinical outcomes.

- Test: Included with article
- Cost: $ 15.00 (USD) for ANNA members, $ 25.00 (USD) for non-members
- Registration deadline: August 31, 2017
- Valid for **1.4 accredited hours**

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS

Atkinson Smith, M. (2015). "CE. The Epidemiology of Methicillin-Resisitant Staphylococcus aereus in Orthopaedics." Orthopaedic Nursing **34**(3): 128-135.

In the specialty of orthopaedics, methicillin-resistant Staphylococcus aureus (MRSA) is a major contributor to infections of the soft tissues, surgical sites, and joints, in addition to increasing disability, mortality, and healthcare costs. Inappropriate prescribing and misuse of antibiotics have led to bacterial resistance and the rapid emergence of MRSA. It is imperative for healthcare providers and facilities to improve quality, promote safety, and decrease costs related to MRSA infections. The healthcare profession and society as a whole play an important role in minimizing the transmission of pathogens, reducing the incidence of MRSA infections, and decreasing the development of future antibiotic resistant pathogens. This article discusses the epidemiology of MRSA and describes evidence-based guidelines pertaining to the prevention, minimization, and treatment of MRSA-related infections. Specific application to orthopaedics are discussed in the context of patient risk factors, perioperative and post-operative prophylaxis, and current trends regarding education and reporting strategies.

- Test: (2015). "CE. The Epidemiology of Methicillin-Resisitant Staphylococcus aereus in Orthopaedics." Orthopaedic Nursing **34**(3): 136-137.
- Cost: $ 12.50 (USD) for NAON members; $ 25.00 (USD) for non-members
- Registration deadline: June 30, 2017
- Valid for **2.5 accredited hours**

MUSIC THERAPY

Youngmee, K., L. S. Evangelista, et al. (2015). "Anxiolytic Effects of Music Interventions in Patients Receiving Incenter Hemodialysis: A Systematic Review and Meta-Analysis." Nephrology Nursing Journal **42**(4): 339-348.

Music interventions are effectively used to reduce anxiety in patients on maintenance hemodialysis (HD). The purpose of this review was to identify the methodological quality and examine the effectiveness of music interventions on anxiety in patients requiring maintenance HD. Articles were searched through 10 electronic databases, and relevant articles were systematically reviewed. Seven studies were analyzed for this study, and the combined seven studies revealed a medium effect size (pooled standardized mean differences [SMD] = 0.76; 95% CI: 0.55, 0.98). This study found that music interventions effectively reduce anxiety in patients on maintenance HD.

- Test: Included with article
- Cost: $ 15.00 (USD) for ANNA members, $ 25.00 (USD) for non-members
- Registration deadline: August 31, 2017
- Valid for **1.3 accredited hours**

ORTHOPEDIC NURSING

Grégoire, J. (2015). "Arthroplastie totale du genou : approches anesthésiques [French]." Perspective Infirmiere **12**(4): 48-54.

- 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**

Steinberg, T., M. A. Chernofsky, et al. (2015). "CE. Blisters Associated With Elective Wrist Surgery." Orthopaedic Nursing **34**(3): 154-156.

Blistering of the skin has been reported after high energy trauma or arthroplasties of large joints. It is rare in wrist trauma and seldom reported following elective wrist surgery. We present three cases of skin blistering after elective wrist surgery. Two female patients aged 18 and 35 years and one male patient aged 53 years were treated with total wrist fusion, carpometacarpal fusion, and open wrist ligament repair. They reported burning pain at the blister site. The blisters were clear and treated with dressing changes. There were no infections or wound complications and all blisters resolved without sequelae. These complications were probably due to a combination of factors, including swelling, compression from dressing and splint, multiple surgical incisions, and the use of adhesive dressing. Reassurance and proper wound care are recommended for the complication of clear blistering following elective wrist surgery.

- Test: (2015). "CE. Blisters Associated With Elective Wrist Surgery." Orthopaedic Nursing **34**(3): 157-158.
- Cost: $ 5.00 (USD) for NAON members; $ 10.00 (USD) for non-members
- Registration deadline: June 30, 2017
- Valid for **1.0 accredited hours**

OSTOMY CARE

Stelton, S., K. Zulkowski, et al. (2015). "Practice Implications for Peristomal Skin Assessment and Care from the 2014 World Council of Enterostomal Therapists International Ostomy Guideline." Advances in Skin & Wound Care **28**(6): 275-284.

- Test: (2015). "Practice Implications for Peristomal Skin Assessment and Care from the 2014 World Council of Enterostomal Therapists International Ostomy Guideline." Advances in Skin & Wound Care **28**(6): 285-286.
- Cost: $ 24.95 (USD)
- Registration deadline: June 30, 2017
- Valid for **2.5 accredited hours**

PERSONNEL STAFFING AND SCHEDULING

Schaeffer, R., T. Wicker, et al. (2015). "Waking up a sleeping elephant: Arizona's staffing initiative." Nursing Management **46**(8): 24-29.

- Test: (2015). "Waking up a sleeping elephant: Arizona's staffing initiative." Nursing Management **46**(8): 29-30.
- Cost: $ 17.95 (USD)
- Registration deadline: August 31, 2017
- Valid for **1.5 accredited hours**

PHYSICAL ACTIVITY

Vitztum, C. and P. Kelly (2015). "CE. Physical Activity in Adolescents With an Orthopaedic Limitation." Orthopaedic Nursing **34**(3): 138-145.

Nine out of 10 adolescents fail to achieve the Healthy People 2020 recommended levels of aerobic and muscle-strengthening physical activity (J. E. Fulton et al., 2011). Whereas all adolescents constitute a vulnerable population because of their minimal physical activity, those with an orthopaedic limitation, such as slipped capital femoral epiphyses, are at greater risk despite sharing characteristics with the general adolescent population such as normal cognition and independent ambulation. Twenty articles are reviewed describing components of effective physical activity interventions for adolescents aged 10-19 and their applicability to the target population of those with an orthopaedic limitation. Although physical activity interventions for adolescents with an orthopaedic limitation receive limited discussion in the literature, physical capability, belief in ability, and nontraditional activities, including dog-walking, are identified as behavioral facilitators.

- Test: (2015). "CE. Physical Activity in Adolescents With an Orthopaedic Limitation." Orthopaedic Nursing **34**(3): 146-147.
- Cost: $ 12.50 (USD) for NAON members; $ 25.00 (USD) for non-members
- Registration deadline: June 30, 2017
- Valid for **2.5 accredited hours**

SUBSTANCE ABUSE DISORDERS

Manworren, R. C. B. and A. M. Gilson (2015). "Nurses' Role in Preventing Prescription Opioid Diversion." American Journal of Nursing **115**(8): 34-40.

Prescription opioid abuse is at epidemic levels. Opioids diverted from friends and family members who have legitimate prescriptions are a major source of abused prescription opioids. Nurses are vital to any effort to combat this public health crisis because they have the opportunity to provide essential anticipatory guidance every time a patient receives prescription medication. The purpose of this article is to inform nurses of the magnitude of opioid diversion, the nonmedical use of opioids, and opioids' inappropriate disposal. The authors propose three potential interventions in which nurses can play a critical role: teaching patients about the risks of opioid diversion, providing patients with information on the safekeeping and proper disposal of opioids, and tracking patients' analgesic use to improve our knowledge of prescription analgesic requirements for pain management. Nurses are

in an ideal position to help reverse the occurrence and potentially fatal consequences of prescription opioid diversion.

- Test: Contrada, E (2015). "Nurses' Role in Preventing Prescription Opioid Diversion." American Journal of Nursing **115**(8): 41-42.
- Cost: $ 21.95 (USD)
- Registration deadline: August 31, 2017
- Valid for **2.0 accredited hours**

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