

COUNTERSHOCK

Spring 2001

Illinois Council Emergency Nurses Association

President's Message

By Darcy Egging

Have you ever thought about why you are in emergency nursing? Why you go back day after day? I believe nurses who choose the emergency department as their specialty are passionate about what they do. Webster defines passion *as intense, driving, a strong liking for or devotion to some activity*. I liken the word passion to what I feel about ENA. This is my second term as president and I have a passion for ENA. Although I believe some would call it crazy.

I believe in this organization and what it stands for. The vision statement for ENA is to *define the **FUTURE** of Emergency Nursing and emergency care through advocacy, expertise, innovation and leadership*. This is your future. You the member must define what direction the state takes.

To look at the future we need to look at our past. Seven years ago as president of the Illinois State Council, we were looking at membership, coalition building, and finances and bring the state together. Guess what? We are still looking at those issues. Have we made progress? There is always room for improvement. Will we ever get to where we have no issues? I hope not. If it happens we cease to exist because we no longer grow. Our past helped to refine the issues, but not solve them. We made progress.

How are we doing?

- Membership is nearing the 1,000 members mark. This year we again ask each of you to sign up a new member. We need to represent ALL emergency nurses. The only way to achieve this is to have all emergency nurses represented.
- Coalition building is progressing well; the State is very active in many avenues, such as, EMSC, trauma, education and legislative issues. We need more involvement from the grassroots level to make our voice louder.
- Finances: this year we are developing a financial plan for the future. We are selecting a new financial advisor to assist us in defining how we ensure fiscal stability for the future.
- Bringing the state together: This is one of the hardest problems to solve, but we have a plan. This year we will explore teleconferencing our meetings to assist in bring our State together via technology. Distance is an enemy and we need to use all the tools at our disposal to assist in bringing our state together. We are trying to see if this is a viable option for our future.

- Similar to last year, we planned several issue forums to hear from you. We need you to tell us the issues. Then, we can evaluate and prioritize these issues and work together for resolution (within the state's scope). This only if you share the issues with us.

I invite each of you to contact me throughout the year. I would love to hear from you. I challenge you to become passionate about this organization.

Illinois ENA to Hold the April State Meeting Via Video-conferencing!

For many Illinois ENA members attending the state meetings can mean a day of traveling, or in many cases inability to attend. In an effort to bring more interest and activity to the Illinois ENA, the board is going to hold it's next meeting via video conferencing. We would like to encourage your participation. We are currently planning to hook up at three sites: the main site will be Loyola University Health Systems Stritch School of Medicine at 2160 S. First Avenue, Maywood Illinois, Stritch School of Medicine Room 160. The other connecting sites will be Herrin Hospital at 201 S. 14th St., Herrin, Illinois and Illinois State University in Bloomington/Normal Illinois. For information regarding the video conferencing the following site coordinators can be contacted:

Loyola: Vicki Keough: 708-216-3582 or Evelyn Lyons: 708-327-3672

Heron Hospital: Rita Riggio: 618-942-2171 X-35428

Illinois State: Rita Schlomer: 309-662-3311 x-3018 (w) or 309-527-3612 (h)

If you have video conferencing abilities at your facility and would like to be a potential video conferencing site for future ENA meetings, please contact the representatives at Loyola for further information.

EVENTS

State Council Meetings

April 7 – Illinois State Council meeting 10:00 – 12:00n at Loyola University and 2 other sites via video conferencing. Contact Darcy Egging (630) 554-3432.

August 25 – Illinois State Council meeting 10:00 – 12:00n at OSF St. Joseph's Medical Center, Bloomington. Contact Darcy Egging (630) 554-3432.

November 10 – Illinois State Council meeting 10:00 – 12:00n at Northwestern Memorial Hospital, Chicago. Contact Darcy Egging (630) 554-3432.

Educational Opportunities

February 28, March 1 & 2 – *TNS Review* at Edward Educational Center, Naperville. Contact Kathy Jo Stegman (630) 527-6877.

March 1 & 2 – *TNCC* at Advocate Christ Hospital, Oak Lawn. Contact Jan Dorey (708) 346-5979.

March 2 & 9 – *ENPC* at Delnor Community Hospital, Geneva. Contact Irvanne Ester (630) 208-3092.

March 8 & 9 – *ENPC* at Proctor Hospital, Peoria. Contact Theresa Hoadley (309) 691-1000 x3074.

March 23 & 30 – *TNCC* at Children’s Memorial Hospital, Chicago. Contact Marge Nevison (773) 880-3808.

March 29 & 30 – *ENPC* at Advocate Christ Hospital, Oak Lawn. Contact Jan Dorey (708) 346-5979.

April 2 & 9 – *TNCC* at Good Samaritan Hospital, Downers Grove. Contact Mary Gramley (630) 275-5168.

April 26 & 27 – *ENPC* at Advocate Christ Hospital, Oak Lawn. Contact Jan Dorey (708) 346-5979.

May 4 & 11 – *CATN* at Good Samaritan Hospital, Downers Grove. Contact Mary Gramley (630) 275-5168

May 11 – *Spring Symposium* at Marriott Hotel, Oak Brook. Contact Pat Hickey (312) 633-3160

May 11 & 12 – *TNCC* at Loyola University, Maywood. Contact Colleen Andreoni (708) 216-8347.

ISSUES FORUM

April 6 – Bloomington at 7 PM Contact Darcy Egging at (630) 554-3432 or eggingd@aol.com

August 24 – Bloomington 7 PM. Contact Darcy Egging at (630) 554-3432 or eggingd@aol.com

ANNOUNCEMENTS

Congratulations to the following state members:

Polly Zimmermann for writing the triage chapter in *Emergency Nursing Secrets* by Oman, K., Koziol-McLain, J., & Scheetz, L.J.

Sharon Graunke for all her hard work as the Illinois member liaison to the Scientific Assembly held in Chicago last fall.

Jonathan Nelson received a free membership at the November State Council meeting.

Nwamara Erongue received a free membership at the January State Council meeting.

Julie Bracken appointed to the Upstate Quality Improvement Trauma Subcommittee IDPH as the Illinois State Council ENA representative.

Annie Moy appointed to the EMT-I Curriculum Subcommittee IDPH as the Illinois State Council ENA representative.

Lilia Dorsi appointed to the CQI Subcommittee EMSC as the Illinois State Council ENA representative.

Paula Tanabe attended the Trauma Advisory Board on behalf of Illinois State Council ENA.

Deepest regards to:

Cheryl Vinikoor for the loss of her mother.

Joan and Jane Duda for the loss of their brother Robert.

2000 GENERAL ASSEMBLY DELEGATES

Special thanks to the State Council members who represented Illinois at the General Assembly in Chicago in the fall of 2000 to help the national association set policy:

Delegates

Barbara Bollenberg

Julie Bracken

Regina Bracken

Jacquelyn Depoorter

Darcy Egging

Penny Hurley

Bev Klinkhammer

Thelma Kuska

Marcia Laesch

Robin Mazzuca

Joanne Mitchell

Bonnie Salvetti

Rita Schlomer

Sharon Schultz

Deborah Smith

Kathy Stegman

Marcia Sterk

Paula Tanabe

Cheryl Vinikoor

Elisabeth Weber

Barbara Weintraub

Alternates

Julie D'Agostino

Mary O'Shields

Deborah Trau

Below top photo is the delegation and bottom photo is the delegation at work.

(Marcia and Kenny insert the 2 photos here)

**FROM YOUR FORMER NATIONAL BOARD LIAISON
ANNE MAY**

Now that the annual meeting is over, we are back to our daily routines and fall is approaching (faster for some of us than others!), we begin to reflect on the past year and plan for our futures. Fall also brings the migration of geese southward and listening to their "honking" as they begin that migration, I am reminded something I read about geese and would like to share it with you. Before you think that this couldn't possibly have anything to do with you---just read it and think about how we can apply it to our ENA organization:

WHAT DO YOU KNOW ABOUT GEESE?

When geese fly in formation, they travel about 70% faster than when they fly alone. (If we work as a team, we can accomplish much more than trying to do things alone. The load of each team player is lighter if we all take a part in reaching the goal).

Geese share leadership. When the one in front gets tired, he rotates to the back and another flies forward to take his place. (Leaders burn out if they don't have the support of the group. At times we are called on to take a lead. Be ready when that call comes).

Geese honk from behind, those in the rear honk to urge those in the front to keep up their speed. (What can you do to encourage your leader? Supporting them makes the organization stronger, which in turn helps members).

Geese keep company with the fallen. When a sick or weak goose drops out of flight, at least one other joins him to help and protect. (We all have our moments of weakness lose our sense of direction, etc. but the support provided by someone else can mean the difference between success and failure).

We can learn a lot from geese! The next time you see a flight of geese, think about these traits and about how they could apply to our situation/organization. Each thing we can do to support the organization is returned to us in so many ways, making the organization stronger.

Thank you for your support and for all you do for ENA. Our strength is in YOU, our members. Without you, we cannot have a coordinated "flight" to reach our goals. Let us know how we can help you, which will also help us.

**2001 Education Committee Action Plan & Meeting Schedule
By Karen Hanick**

The Education Committee is looking forward to a busy but rewarding 2001. Come join us at any of the regularly scheduled meetings listed below. The food at the SuperRosa is just that - super! We welcome new members and input from all you ED nurses out there.

We are a friendly group and are open to presenting new and interesting educational seminars to meet member needs.

Our 2001 calendar includes sponsorship of a **TNS Review** class at Edward Hospital's Community Educational Center in Naperville on February 28, March 1 & 2. If interested, please contact Kathy Jo Stegman at 630-527-6877. **Triage** once again is offered in September with a final date yet to be determined. Barb Bollenberg is coordinating and reached at 630-852-3517. November 9 is the date set for a new program on the **Legal Issues of Emergency Nurses** to be held at Good Shepherd Hospital in Barrington. We're looking forward to a lively discussion of the many issues ED nurses regularly confront. Hope to see each of you there. For questions, contact Karen Hamick at 847-842-4368.

ENA Education Committee meeting dates are April 19, June 7, August 23, and October 11 at SuperRosa Restaurant in Woodridge, Ill. It's relatively easy to get to - just west of the South 355 Maple exit in Lisle. Call Maureen Gibbs (our fearless leader) for further directions and to reserve your spot at 847-934-7086.

PEDIATRIC COMMITTEE NEWS

By Mary Otting

The ENA Pediatric Committee is looking for candidates whom are interested in becoming ENPC instructors. You must hold a current ENPC card to be considered. All interested candidates should compile the following information:

1. Current resume
2. Letter of recommendation regarding your teaching ability
3. Short summary of how you plan to then use the information

All interested candidates please mail the above to the following address:

Mary Otting
3125 W. Addison #3
Chicago, IL 60618

Please forward any questions to motting@childrensmemorial.org

The Peds committee is also encouraging all Pediatric Liaisons of EMSC recognized facilities to join our committee. You may contact us at the above email address or linda.angarola@sih.net. Our next Peds committee meeting is February 15, 6-8pm at Loyola Medical Center.

RESEARCH COMMITTEE

By Rita Schlomer

Let your voice be heard - Needs of ED Nursing

Four focus groups will be conducted during the Illinois ENA Spring Symposium on May 11. The issues discussed include rewards and challenges we face. Each focus group is limited to the first twelve arrivals. A \$20 honorarium per participant is paid. The first twelve people to arrive at the session are admitted. Please come early. The four sessions

are tailored for managers, advanced practice and staff nurses. Come join us and LET YOUR VOICE BE HEARD!

The Research Committee is putting out a call for posters for the Friday, May 11, 2001 Illinois ENA Spring Symposium. Staff, educators, managers and researchers, involved in research projects, emergency department performance improvement initiatives or “change” projects are welcome to display a poster. If you have any questions, contact Rita Schlomer at 309-572-3612.

Please submit an abstract of your poster for the Research Committee to review by **April 30, 2001** to:

Rita Schlomer, RN, MS, CEN
RR #1 Box 232
El Paso, IL 61738

News from the Trauma Committee

By Donna Massey

Last year saw the release of the updated Trauma Nursing Core Course, 5th edition. Fifty-five instructors completed the update. In addition, we added 11 new instructors to our cadre last year. If you, or someone you know, are interested in becoming an instructor, Gail Tagney is offering a TNCC Instructor Course at Christ Hospital and Medical Center on Wednesday, May 16, 2001. Contact Jan Dorey at 708-346-5979 for details. If you are an ENPC instructor, you can “bridge” to TNCC that day as well.

As we have done in past years the Trauma Committee would like to honor those TNCC instructors who have been teaching TNCC for 10 years. So, if you happen to be one of those instructors who started teaching in 1991 please contact Donna Massey by phone at 847-460-4085 or by e-mail at dmassey@ena.org.

Are you interested in becoming a member of the Trauma Committee? Why not come to one of our meetings. They are hosted quarterly (April 23, July 23, October 29) by Edward Healthcare Center in Naperville from 12-3. Lunch is provided. For more information contact Donna Massey at the above numbers or stop by our booth at Spring Symposium on May 11.

Trauma Nurse Specialist Recertification Process

Initial Recertification Exam

Prerequisites for initial recertification exam:

Application form filled out and returned to TNS Course Coordinator at site where you plan to take the exam.

Attach a copy of the following to the application:

Green TNS certificate from IDPH
IDPH renewal form (child support document)
Current RN license
Picture ID

Check or money order to cover cost of test administration. Make payable to the institution where you take the exam. No cash or credit cards.

TNS Course Coordinator should receive the form at least 90 days before the posted test date.

You should test 90 days before the expiration date on your IDPH TNS certificate. This allows for remediation if necessary and retesting before your TNS certification expires.

If you choose to recertify more than 90 days before the expiration date on your TNS certificate you must sign a waiver indicating you know that all subsequent recertification will be calculated from the time you pass the exam. This means you will have a new expiration date and cycle for recertification.

Ways to study:

TNS review presented by TNS Course Coordinator

Study on your own

Attend current TNS lectures

Form a study group

Remember:

Testing space is usually limited, plan ahead, make arrangements early
Should you be unsuccessful on the first attempt, you have 2 more opportunities.

If you are unsuccessful on the third attempt, you must retake the entire course.

After Initial Recertification

Follow the same application process

Choose an option:

Take an exam

Obtain 40 hours of approved continuing education every two years, for a total of 80 hours of approved continuing education in four years.

TNS Refresher Courses 2001

Location	Contact	Dates	Times
Holy Family Hospital Des Plains	Connie Mattera 847-618-4480	March 20, 27 April 3	9a-4:30p Test: TBA
Northwest Community Arlington Heights	Connie Mattera	Nov 1, 8, 15	9a-4:30p Test: TBA
Memorial Medical Center, Springfield	Nancy Wall 217-557-5183	May 3-4	Test: May 10
St. John's Hospital Springfield	Nancy Wall	Sept 20-21	Test: Sept 27
St. John's Hospital	Nancy Wall	Nov 8-9	Test: Nov 16

Springfield

Provena St. Joseph
Medical Center, Joliet

Jan Gillespie
815-773-7700

Test: Call for time
Mar 5, 12, 129, 26
Apr 2, 9, 16, 23, 30

May 7, 14, 21, 28
June 4, 11, 18
July 23, 30
August 20
Sept 10, 17, 24
Oct 1, 15, 22
Nov 5, 12, 19
Dec 3, 10

Loyola Medical Center
Maywood

Colleen Andreoni
708-216-8347

May 21, 22, 23
Nov 15, 20, 27

Testing dates: Call for
time
Apr 18, May 16, June 20,
July 18, Aug 15, Sept 19,
Nov 21, Dec 19

Hinsdale Hospital
Hinsdale

Colleen Andreoni

June 12, 14, 19

See Loyola dates

Bloomington

Deb Trau
309-655-6306

April 26, 27

8a-5p
Test by apt

Peoria-Location
TBA

Deb Trau

July 26, 27

Test by apt

St. Anthony
Rockford

D'Anne Homer
815-395-5545

Oct 4, 5

Call for inf.

St. Anthony1
Rockford

D'Anne Homer

Oct 4,5

Call for inf.

Christ Hospital
Oak Lawn

Sue Barry
708-346-4409

May 9, 10, 15,
17

Test 4th Tues. each month
Other dates by apt

Provena St. Joseph
Hospital, Elgin

Joan Rembacz
847-888-5478

Mar 13, 20, 27
June 5, 12, 19

Test: 10a-1p Mar 8
Apr 2, May 1, July 26
1p-4p June 7, Aug 2,
Sept 6

Carbondale

Linda Angarola
618-549-0721
X65153

Quarterly

Call for inf.

St. Francis
Evanston

Marcia DeVine
847-316-4161

May 2, 3, 4

Call for details

State of Illinois TNS Courses for 2001

Northwest Community
Arlington Heights

Connie Mattera

May 15-June 21 9a-4:30p

Loyola Medical Center Maywood	Colleen Andreoni 708-216-8347	Mar 6-Apr18 Oct 9-Nov 14	8a-4:30p
Provena St. Joseph Medical Center, Joliet	Jan Gillespie 815-773-7700	May 3-June 12 Sept 6-Oct 16	7a-5p
St. John's Hospital Springfield	Brenda Margold 217-557-5183	Sept 5-Dec 5	
Provena St. Joseph Elgin	Joan Rembacz 847-888-5478	Sept 4-Oct 10	9a-5:30p T/W
St. Francis Peoria	Deb Trau 309-655-6306	Feb 19-Mar9	
Christ Hospital Oak Lawn	Sue Barry 708-346-4409	Sept 18-Nov 7	T/W
Memorial Medical Center Carbondale	Linda Angarola 618-549-0721x65153	Apr 3-May 16	
St. Anthony's Medical Center Rockford	D'Anne Homer 815-395-5545	Apr 4-May 16 Oct 3-Nov 14	8:30a-4:30p T/W
St. Francis Evanston	Marcia DeVine 847-316-4181	Oct 2-Nov 8	T/T

SENATE BILL 64

By Pat Hickey

Senator Ira Silverstein is sponsoring our bill, SB 64, for DUI fines - Trauma Center Fund. In a continuous initiative to get drunken drivers off the road this bill will increase the initial fine to \$100 and add another \$100 fine for a second or subsequent DUI conviction. We are encouraging everyone; especially trauma center personnel to strongly support this bill since it will increase trauma center funding. It would be especially helpful if all Illinois ED nurses would write or call Senator Silverstein, as well as, their own legislators.

For more detailed information on this bill (and for legislators' addresses and phone numbers) visit www.legis.state.il. If anyone has questions, please contact Pat Hickey, RN at 312-633-3160 or phickey@rush.edu.

2001 IMERT EDUCATIONAL OFFERINGS

By Pat Hickey

The Illinois Mobile Emergency Response Team (IMERT) will conduct weapons of mass destruction educational sessions as follows:

February 24, 2001 Bloomington, IL

March 7, 2001 911 Center, Chicago, IL

April 11, 2001 Trinity Medical Center, Moline, IL

May 3, 2001 Carbondale, IL
For further information, please contact the Illinois College of Emergency

Physicians at 630-495-6400, or 888-495-ICEP, or www.icep.org.

MEMBERSHIP COMMITTEE

By Deb Mirco

The first meeting of the Membership committee was January 30, 2001, and some good ideas were shared over a delicious meal at Shaw's Crab House. Our goals for the year are to increase membership and to retain those who are already members. To accomplish these goals we will focus on four areas.

1. A welcome to the Illinois ENA packet is to be developed for distribution at all educational programs and at Spring Symposium. It is to include a welcome letter from our president, Darcy Egging, a fact sheet outlining the benefits of being an ENA member and an application for membership.
2. A postcard is to be sent to all expiring members to remind them of the benefits of renewing.
3. A thank you letter is to be sent to all those renewing their membership, along with an invitation to attend future ENA meetings and join a committee.
4. A contact person in each ED will be recruited. This person is responsible for posting ENA meeting announcements, having applications available and encouraging staff to join their professional organization. Board members, chairpersons and SIG's will be the first to take on the responsibilities in their own hospitals.

We feel these ideas can have positive results and not too taxing to accomplish. If anyone has other suggestions, ideas or questions, please contact the Membership chairs. The next meeting is March 2, 2001 at Shaw's in Schaumburg at 5pm.

Barb Bollenberg
(630) 852-3517
changeRN@AOL.com

Deb Mirco
(847) 934-1849
Dmirco@AOL.com

SPRING SYMPOSIUM

By Julie Bracken

The annual Spring Symposium is scheduled for **May 11** at the Marriott in Oak Brook. The program offers something for everyone. The Research Committee plans to hold focus groups on a first come basis to gather information important to emergency nurses. The networking dinner is planned for Thursday evening **May 10** at 6:30 PM. This free dinner is sponsored by the Board and provides a wonderful opportunity to interact with the leadership of the state. During the dinner a silent auction to raise funds for the Emergency Nurses Foundation proves to be fun while contributing to the educational future of emergency nurses.

Watch your mail for the brochure and register for this event early. For additional information contact: Cheryl Vinikoor at Tovadog@aol.com or (847) 870-0793, Penny Hurley at Penny.hurley@advocate.org or (708) 346-4577 or Regina Bracken at (708) 636-3156.

CALL FOR SILENT AUCTION DONATIONS

By Kathleen Richmond, RN

The EMERGENCY NURSES FOUNDATION Silent Auction will be held again this year in conjunction with the Spring Symposium on May 11, 2001. Last year's event raised a total of \$1,490.00. These funds directly benefited emergency nurses, emergency patients and the public through the support of: emergency nursing research, the promotion of public education regarding prevention of illness and injury, and the awarding of undergraduate, advanced practice and doctoral scholarships. The auction takes place during the Symposium's Networking Dinner and is guaranteed to be lots of fun! *Dinner attendees are asked to consider bringing a small, suitable item to add to the auction offerings that evening.* ENF needs your support! Please contact me directly by e-mail or phone (RichmondK8@aol.com or 708-687-6044) if you know of an individual, a company, or an organization willing to donate a special item, such as sports memorabilia, theater tickets, or gift certificates.

POISON ANTIDOTE PREPAREDNESS IN HOSPITALS

New Illinois Poison Center Antidote List Now Available

Anthony Burda, R.Ph., Illinois Poison Center

Michael Wahl, MD, Advocate Illinois Masonic Medical Center & Illinois Poison Center

Christina Hantsch, MD, Loyola University Medical Center & Illinois Poison Center

In anticipation of the annual observance of National Poison Prevention Week, March 18-24, 2001, the Illinois Poison Center (IPC) is publishing an updated list of antidote stocking guidelines, which will be especially useful to pharmacy managers and emergency department physicians and nurses. The antidote list includes important poison antidotes, as well as the toxins for which the antidote may be indicated, the suggested minimum stock quantities and the rationale and comments influencing product stocking decisions.

The IPC often is consulted regarding which poison antidotes and what quantity of each antidote should be maintained in a hospital's inventory. By adopting the IPC's antidote stocking guidelines, your institution will be better equipped to manage a wide variety of toxicologic emergencies. However, it is important to point out that currently no private accreditation or government agency mandates minimum stock quantities of poison antidotes. IPC staff inquired with the Joint Commission on Accreditation of Health Care Organizations (JCAHO) regarding the absence of published antidote requirements for hospitals (refer to the end of this article for JCAHO's statement).

The quantities of medications listed in the IPC's new antidote list are suggested guidelines; the amounts may be adjusted based on factors such as anticipated usage in the

hospital's local area, the nearest alternate source of antidotes (i.e., the cyanide antidote kit) must be immediately available on site when a patient arrives at a hospital. Inadequate antidote preparedness may lead to increased morbidity and mortality.

The IPC's antidote stocking list is available at no charge to help your hospital for poison emergencies; to obtain a copy of the antidote stocking list, please call the IPC toll-free at 1-800-942-5969 and select option two on the call menu. Please review the list carefully and share it with members of your organization's pharmacy and therapeutics committee.

National Poison Prevention Week is an excellent time to remind all health care professionals about prevention and treatment services. Staffed by pharmacists, nurses, physicians and poison specialists, the IPC is available 24 hours a day, seven days a week to all residents and health care professionals in Illinois for consultation on the treatment of poisonings, medication interactions, occupation exposures, hazardous incidents, envenomations and other poison related concerns.

The following statement can be attributed to Darryl S. Rich, PharmD, JCAHO Associate Director, Home Care Accreditation Services:

"The Joint Commission, in moving towards a functional and nondepartmental approach to its standard manuals, no longer has such a specific standard related to antidotes. However, there are two standards that would apply to the need for a pharmacy to maintain a supply of common antidotes in stock. Standard TX 3.1 the organization identifies an appropriate selection of medications available for prescribing and ordering. This standard specifically requires hospitals to develop criteria for the selection of products maintained in stock by the pharmacy. Those criteria must address patient need, given the diseases and conditions treated by the hospital and its emergency room.

The second relevant standard is TX 3.5.5 emergency medications are consistently available, controlled and secure in the pharmacy and patient care areas. Although this standard usually refers to the control and security of medications in emergency medication carts on the patient units, it can be used if appropriately selected antidotes the pharmacy must then make sure the selected antidotes are readily available."

If you have any questions about the IPC's services, antidote stocking guidelines, poison prevention education programs or education materials, please call the IPC at 1-800-942-5969 or visit the IPC's web site at www.mchc.org/ipc.

**NATIONAL INSTITUTES OF HEALTH
HEART LUNG BLOOD INSTITUTE**

**STUDY SHOWS NEW LINK BETWEEN SALT SENSITIVITY AND RISK OF
DEATH**

A sensitivity to salt increases the risk of death as much as high blood pressure, according to a study supported by the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health. The study is the first to show that salt sensitivity increases the risk of death even for those with normal blood pressure. Prior studies had found that salt sensitivity increases the risk of death, as well as heart attack or other cardiovascular events, among those who already have high blood pressure, also called hypertension. The new study's findings were true for African Americans and whites, as well as men and women. The study, "Salt Sensitivity, Pulse Pressure, and Death in Normal and Hypertensive Humans," appears in the Council Supplement issue of Hypertension: Journal of the American Heart Association, published on February 16, 2001. Researchers at the Indiana University School of Medicine in Indianapolis conducted the study. "This study provides yet more evidence that Americans should be careful about their daily salt intake," said NHLBI Director Dr. Claude Lenfant. "People who have normal blood pressure but are salt sensitive should take action to protect their health. "Unfortunately," he continued, "there is no easy way to test for salt sensitivity. So, it's advisable for all Americans with normal blood pressure to follow the Federal recommendation of having no more than 2,400 milligrams of sodium a day." "Salt sensitivity increases the risk of death, whether or not a person has high blood pressure," stated Dr. Myron Weinberger, Director of the Hypertension Research Center at the Indiana University School of Medicine in Indianapolis and the study's principal investigator. "We also found in a prior study that those who were salt sensitive were more likely to develop high blood pressure as they aged. The United States is a 'salt-abundant' environment, which makes this problem more likely. Those who are salt sensitive need to take steps to reduce their salt intake and, thus, lower their risk of death and cardiovascular disease." Weinberger noted that some Americans are more likely than others to be salt sensitive. These include older persons, African Americans, and those with a family member who is salt sensitive or who have a parent, sibling, or child with hypertension. Based on the researchers' earlier studies, he estimates that about 26 percent of Americans with normal blood pressure and about 58 percent of those with hypertension are salt sensitive. Salt sensitivity is a measure of how blood pressure responds to a decrease in salt intake. Besides hypertension, salt sensitivity increases the risk of developing such conditions as left ventricular hypertrophy, in which the heart's main pumping chamber is enlarged and does not function properly, and the likelihood of kidney problems. In the new research, investigators followed up on persons who had participated in a hypertension study done more than 25 years ago. The original group included 708 persons aged 18 to 80. Investigators located 596 of the group and reexamined those still living. For those who had died, the investigators identified the cause.

At the time of the initial study, about 40 percent of the group had hypertension, about 45 percent were salt sensitive, about 44 percent were women, and about 25 percent were African American. About 26 percent of the original group had normal blood pressure and a sensitivity to salt. Researchers determined salt sensitivity by giving participants a saline solution followed by a diuretic and testing blood pressure and volume over 2 days as salt in the body was increased and then decreased. They found that, after about 25 years, 123 (about 21 percent) of the original group had died from

a cardiovascular disease or other cause. Participants who had normal blood pressure but were salt sensitive at the outset fared no better than those who were hypertensive at the outset. Only those with normal blood pressure who were not salt sensitive at the outset had a significantly better survival rate. The findings were true for various measures of blood pressure-systolic blood pressure (the top number in a blood pressure reading), diastolic blood pressure (the bottom number), and pulse pressure (the difference between systolic and diastolic pressures.) Additionally, the study found that such long recognized risk factors as body mass index and all measures of blood pressure (systolic, diastolic, and pulse pressures) also increased the likelihood of death.

"When we began the study more than 25 years ago," said Weinberger; "we wanted to learn more about the mechanisms involved in how the body controls blood pressure. Now, we've found that some of these mechanisms can be life threatening. "But Americans can take advantage of this finding. They don't need to drastically cut back on salt intake to reduce their risk of death or developing hypertension as they age. They'll reap a considerable benefit if they reduce their salt intake to 2,400 milligrams a day. The benefit will be even greater if they reduce their salt intake to 1,500 milligrams a day, as was shown in the DASH-Sodium study. In that study, the lower the sodium intake, the lower the blood pressure level. "Only 10 percent of dietary sodium comes from salt added to food at the table," he continued. "So, to reduce their salt intake, Americans should be careful about the sodium content in prepared, preserved, and processed foods. People should check food labels and watch out for high sodium items, including such processed foods as luncheon meats, prepared cheeses, canned vegetables, and baked products." NHLBI press releases, fact sheets, and other materials, such as recipes and guidance on following a low-sodium eating plan, are available online at www.nhlbi.nih.gov.

**EMERGENCY NURSES ASSOCIATION
INJURY PREVENTION INSTITUTE
Child Passenger Safety Work Group**

Child Restraint Non-Negotiable

*Follow basic "correct use" principles to provide education and guidance to child restraint users without compromising the child's safety. Parents must become familiar with their safety belt systems, child restraint and other vehicle safety features. **READ BOTH THE CHILD RESTRAINT AND VEHICLE OWNER'S MANUALS BEFORE ATTEMPTING A CHILD RESTRAINT INSTALLATION.** There is no short cut to achieve a safe installation.*

1. Infants ride rear facing until one year of age and 20 pounds. Child restraints (CRS) weight requirements are determined by government standards and the CRS manufacturer must test according to those standards. The American Academy of Pediatrics establishes the one-year age requirement. It is based on developmental maturity. Frequently infants reach the 20-pound weight limit before age one and a special CRS must be used.

2. Infants ride rear facing, semi-reclined at a 45-degree angle. This enables the infant to maintain an open airway. Deep bucket, sculptured and contour vehicle seats often require use of a tightly rolled towel or “noodle” at the vehicle seat bight (or crack) to obtain the desired recline degree.
3. Never place a rear facing CRS in the front seat of airbag equipped vehicles. Check the sun visor, dashboard and vehicle owner’s manual to determine if airbags are present in the vehicle.
4. Place the CRS harness through the slots at or below the rear facing infant’s shoulders; forward facing toddlers must have the harness at or above the shoulders (unless otherwise stipulated by the CRS manufacturer). Most CRS require use of the top harness slot for children over 1 who face forward.
5. Tighten the CRS harness to one finger width (measured at the collarbone) of space.
6. Place the vehicle safety belt around or through the CRS exactly where the CRS manufacturer directs.
7. Tighten and LOCK the vehicle safety belt according to directions found in the vehicle owner’s manual. Allow no more than 1 inch of movement side to side or front to back of the CRS. Check for tightness at the safety belt path.
8. Obtain and use any additional equipment necessary to secure the safety belt properly as directed by the vehicle owner’s manual. Locking clips, auxiliary buckles, tethers must be used if directed by the vehicle or CRS manufacturer.
9. Position all children occupants in the back seat of the vehicle when possible.

5/99 Revised

MEDICAL, HEALTH & EMERGENCY COMMUNITY

As a medical professional, you witness first hand the effects that crashes have on unbelted occupants, their families and friends. You know that by simply buckling up or properly restraining children 12 and under in the back seat, these devastating consequences could be avoided.

For doctors and nurses, an important part of practicing medicine includes counseling patients on how to stay healthy. When comes to seat belts, you often hear patients say things like “they’re uncomfortable,” or “I understand I shouldn’t wear it since I’m pregnant.” Physicians and nurses have many opportunities to correct the misunderstandings and myths about seat belts and point out why they are integral to keeping families safe and healthy.

All health care professionals can also work to pass stronger laws and actively support law enforcement’s efforts to visibly enforce seat belt and child safety seat laws. When medical professionals stand shoulder to shoulder with law enforcement, it sends a strong and unified message to the public and other opinion leaders that seat belt use is a priority in the community; that we should use these laws and enforcement to increase seat belt use and save lives, reduce injuries and save al of us money.

As medical and emergency professionals, you are in a unique position to help increase seat belt and child safety seat use in your community. You are some of the most trusted members of your community. Your ability to speak out and be heard is vital component of a strong **Buckle Up America** partnership in your community.

DOCTORS AND NURSES

- Be a role model. Always wear your seat belt, insist all passengers wear theirs, and always use appropriate child safety seats.
- Educate yourself on appropriate use of air bags, seat belts, and child safety sets.
- Talk to your patients and their families about why they should take these lifesaving precautions.
- Partner with law enforcement to work at seat belt and child safety seat checkstops.
- Talk to those riding unbelted about the danger of being unbelted.
- Offer safety workshops that include seat belt safety and enforcement information.
- Testify before your city council or state legislature in support of stronger seat belt laws.
- Publicly voice your support for enforcement for enforcement of existing laws.

Our north-side community hospital has openings for full-time night nurses to work Sunday – Thursday 12hr shifts. Our competitive compensation package includes a \$4K sign-on bonus, free parking, and tuition reimbursement

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