

COUNTERSHOCK

Fall 2002

Illinois Council Emergency Nurses Association

President's Message

by Barbara Weintraub

As more news appears in the press each day about the effects of the nursing shortage on patient outcomes, I took pause to ponder. What is it about nurses....

One day last summer, my son, Ben, and I were on our way for a day outing at Great America theme park. It was Chicago, August, hot, and heading north on the tollway was packed. I was in my typical hurry when Ben yelled "mom, stop!" I thought we were in imminent danger of crashing, so I hit the brakes. However, I then noticed traffic was stopped in the other direction, and there was a man lying in the road. Of course, I pulled over to the shoulder, jumped the barricade, and went to see what I could do.

Unfortunately, the man was a motorcyclist without a helmet who hit another motorcyclist (this one, thankfully, wearing a helmet). Of course, I was torn. Here was a man in truly dire condition. He clearly had severe head and facial injuries, no airway due to bleeding, and who knew what else. But what to do about my son? I certainly didn't want him seeing such a gory sight, but this man clearly needed help. Running through my head were the multiple tracks with which all E.D. nurses are so familiar. Has anyone called 911? Does he have a pulse? Has he been moved? What equipment is at hand that we can improvise with?

There were several other people stopped at the scene as well. I quickly assessed the skill sets present. Two men had seen the accident, but were not medical people. I asked one man to keep traffic stopped, and asked the other keep an eye on Ben. I turned to the two women, and much to my surprise, they were both nurses. One of them worked in a pediatrician's office, and the other I believe was a mental health nurse. Clearly, this situation was not what they were trained to do. Yet neither hesitated to do what was needed, as we logrolled the patient, cleared the airway as best we could without suction, and started CPR. I have to emphasize that this was a very bloody scene, yet neither nurse had a second thought about helping.

Finally, EMS arrived, and I gave them a quick summary of what had happened and the care we had rendered. I asked the paramedics if they wanted me to stick around as I always do. This time, however, as there were two patients, and this one was critical, they needed an engine backup. Because the tollway was jammed to begin with, and now was completely stopped, it was going to take a while before the backup got there. They asked me to stay. Again, as the patient still needed care, both nurses stayed as well. Eventually, the Flight for Life helicopter landed on the tollway (this part my son especially loved), and both patients were transported from the scene.

I certainly felt like I needed a debriefing at this point, but I was even more concerned about Ben. How was he handling this? Just as nurses are truly special people, the children of nurses are their own kind of angels. Ben was surprised I worried about him when there was a patient who so clearly needed medical assistance. His response was “mom, of course you should have stopped. You’re a nurse and you could help him. Do you think you saved his life?” Out of the mouths of babes...

Eventually we continued on to Great America, but later that night I ran through the situation in my mind, just as we always do with difficult codes, etc. What were the chances half the people who stopped would be nurses? Pretty darn good, I think. We as nurses not only care for people; we care about people as well. If someone needs help, we’re there. We’re the houses where kids come for Band-Aids; the friend calls for medical questions, the family member who researched the medical maladies and medications of each of our family members. As a nurse, we would never drive past someone needing our help, even if the situation is completely outside of our usual domain.

One measure of the esteem in which we are held was brought home a few weeks ago. My garage door had been possessed by an evil demon for some time, and I had finally found the time to have a repairman come look at it. While his assessment did not include demonic possession, there were quite a few repairs needed. As he worked, we started to talk. When he heard I was a nurse, the situation immediately changed. First of course, I heard about his temporary colostomy and his wartime injuries, his wife’s anaphylaxis, and several other personal medical details. More importantly, however, were the stories of the nurses who had cared for him during his multiple forays into the world of medicine.

After about an hour, my door having been exorcised, I thanked the gentleman and asked for my bill. Although he had spent an hour fixing the door and given me a new garage door opener, he said, “I want to do for you what nurses have done for me”. He charged me \$25 for the parts, and gave me his home phone number should I need help again. He said over and over again how much he thought of nurses.

This gave me pause to ponder, once again; there really is something about nurses. The difference we make in lives isn’t only measured in cc’s and mg’s, but in minutes spent comforting, in tears wiped away, in hands held, and in the hope we give back to each life we touch.

EVENTS

State Council Meetings

November 9 – Illinois State Council Meeting. Loyola University Medical Center. Contact Barb Weintraub 847-699-2980 or barbrn@earthlink.net.

National ENA Meeting

September 18 – 22 - ENA General Assembly & Scientific Assembly, New Orleans.
National ENA 800-900-9659.

Other Committee Meetings

October 3 – Education Committee Meeting. Contact Maureen Gibbs 847-934-7086 or Mag175@msn.com.

October 8 – Injury Prevention and Membership Committee Meeting. Contact Thelma Kuska 708-503-8892x20 or tkuska@nhtsa.dot.gov or Deb Mirco 847-490-6930 or dmirco@aol.com.

December 5 - Education Committee Meeting. Contact Maureen Gibbs 847-934-7086 or Mag175@msn.com.

EDUCATIONAL OPPORTUNITIES

October 3 & 4 – *ENPC* at Advocate Christ Hospital, Oak Lawn. Contact Jan Dorey 708-346-5979 or doreys@ameritech.net.

October – CEN Review Course is postponed. Contact Maureen Gibbs 847-934-7086 or Mag175@msn.com for more information.

October 11 & 15 - *TNCC* at Edward Hospital, Naperville. Contact Kathy Jo Stegman 630-527-3357.

October 24 & 27 – *Child Passenger Safety Course*, Orland Park. Contact Thelma Kuska 708-503-8892x20 or tkuska@nhtsa.dot.gov.

October 28 & 29 – *ENPC* at Children’s Memorial Hospital, Chicago. Contact Harriet Hawkins 773-880-6303.

November 18 & 20 – *TNCC* at Children’s Memorial Hospital, Chicago. Contact Harriet Hawkins 773-880-6303.

November 21 & 22 – *ENPC* at Advocate Christ Hospital, Oak Lawn. Contact Jan Dorey 708-346-5979 or doreys@ameritech.net.

December 5 & 6 – *TNCC* at Advocate Christ Hospital, Oak Lawn. Contact Jan Dorey 708-346-5979 or doreys@ameritech.net.

ANNOUNCEMENTS

Visit the Illinois State Council Web site!

<http://IllinoisENA.homestead.com/weclome.html>. Look for discussion of issues and topics (i.e., verbal orders and medication safety in the ED or care of private patients).

Want to make a donation to ENF in the name of a deceased friend or relative? What a wonderful way to honor a nurse. This information can be published on the web page and in this newsletter, as well.

Bylaws Revisions as published in the last edition of *Countershock* were approved at the last State Council meeting.

September 30 – Deadline for Research Proposals. Send to Vickie Keough 708-216-3582.

November 16 – Injury Prevention Tree Trimming, Brookfield Zoo. Contact Thelma Kuska 708-503-8892x20 or tkuska@nhtsa.dot.gov.

Congratulations to Penny Hurley on receipt of the Merikay Joyce Award from the Illinois State Council ENA.

Archives Corner

By Kathleen Richmond

The Merikay Joyce, RN, Meritorious Service Award

The Illinois Council ENA gives special recognition to an outstanding member through its *Merikay Joyce, RN, Meritorious Service Award*. Are you wondering who is this Merikay Joyce? Why is there an award in her name? Those of us who remember EDNA, our chartered chapters in Illinois, and the EDNA roadrunner logo/mascot can tell you.

The Illinois EDNA (Emergency Department Nurses Association) Coordinating Council in memory of Mary Catherine (Merikay) Millaney - Joyce, who died in February 1979, established the award in 1979. Merikay was an ER staff nurse at Little Company of Mary Hospital, and active in EDNA at the chapter and State levels. She was an admired colleague and good friend. The following is transcribed from the original memo about the award and its criteria sent to the Councilors and Chapter Presidents on March 20, 1979, by the Awards Committee Chairman Diane Lovett.

“As you may or may not know, Merikay Joyce, R. N., a former Illinois EDNA Councilor, died on Friday, February 16. In addition to serving on the council for three years, Merikay was an active member of the Southwest EDNA Chapter, and served for two years as EDNA Exhibits Chairman for the Illinois Combined Scientific Assembly. Her cheerful and enthusiastic donation of her time and talents to further the cause of emergency nursing can serve as a model to us all.

The 1978-79 Awards Committee has recommended that a permanent Illinois EDNA Award be established in Merikay’s name, to be called the *Merikay Joyce, R. N., Meritorious Service Award*. The award may be, but not necessarily must be, given annually by Illinois EDNA to an individual who fulfills the following criteria:

1. The person must be a member of the Emergency Department Nurses Association, ideally an EDNA member in Illinois.
2. The person must be nominated by an Illinois EDNA member.
3. The person must have furthered the cause of emergency nursing through all of the following:
 - a. Extraordinary leadership at the EDNA chapter or state level.
 - b. Significant contributions to the field of emergency nursing in at least two of the following:
 - (1) continuing education

- (2) legislation
 - (3) development and/or implementation of EMS systems
 - (4) increasing recognition and respect by other EMS health care professionals
4. The person must be unanimously recommended by the Awards Committee and unanimously approved by the Executive Committee.”

The first recipient to be honored with the award was Iris Sitarski who was the ER Supervisor at Roseland Hospital, a Chapter and State President, a mentor to new EDNA members. Illinois has a long line of outstanding ENA members, many who have been recognized with the *Merikay Joyce, R. N., Meritorious Service Award*. Be proud of your membership in our dynamic organization; I know I am.

ENA Minutes – Highlights from August 2002

by Sharon Graunke

The new by-laws, published in the last newsletter were approved as read. We will look at verbiage changes after we apply for and receive our 501c3 status next year.

Donna Nowakowski is the new Executive Director of National ENA. She is a nurse with over 25 years experience. The new board includes Mel Wilson, President.

National ENA is looking for faculty for the 2003 Scientific Assembly. Submit proposals by October 9, 2002.

Nominations and Elections- As of August 3, 50 ballots were returned for the Illinois State Council elections.

The American Trauma Society named a scholarship in honor of Shari Zougras.

Suggested we add something to our website to honor members who pass away.

Discussion on topical issues included: verbal orders in the Emergency department, Medical Errors and ways to decrease, and Private patients seen in the ED.

Director's Perspective

by Colleen Andreoni

It seems like many years have past since I decided to run for the ENA Illinois State Council Board of Directors. It has in fact, been less than 2 years. The two years have been challenging, difficult, fun, tense, a time of personal and professional growth, but above all else, definitely rewarding. As I reflect back upon my beginning time as a new board member I thought, “this will be easy.... attend the State Council meetings and represent the membership in areas requiring decisions or votes”. I have been an ENA member since 1977, I have chaired committees, and been involved in other Illinois ENA activities. I figured I should have some idea of what I'm doing by now.

I was confronted by perhaps the one area I have the very least amount of expertise: Finances and Investments. Illinois ENA is a state admired by other states for its profitable budgetary management and continued growth of income. This is due to past Illinois State presidents, board members and people on the finance committee such as Penny Hurley,

who really cared and knew what to do with the membership's money. Penny's financial finesse will not be forgotten. The key word here is the "membership's money". As I came on board almost two years ago the financial market changed, losses were quickly becoming the norm. No longer were we seeing huge increases every quarter in our budget from our investments. The expertise of prior finance committee members was less available as they moved into other areas and still, financial decisions had to be made in the best interests of our members. As Darcy Egging was president, she took her responsibility seriously (as she does just about everything). The Illinois State Council Board convened to review presentations from financial planners, investment managers, and stockbrokers. All of these groups and individuals had ideas about how we could best use our money, keep it safe, and even have growth of our income from investments. It was an educational session for most of us. I furiously took notes, trying not to ask the same questions time after time to each of the presenters. Finally after a very long day, heated (at times) discussions, and sincere attempts by each board member present to do the right thing, a decision was made to use a financial planner as well as a stockbroker. Those present felt we could live with this, however the next order of business was to develop an investment policy as soon as possible.

Within a short time another meeting was held in Joliet with our financial planner. Darcy also did her homework and prepared all board members with handouts, materials and examples of what an investment policy should be and what it should include. Those present had more discussions about how risky vs. how conservative we should be with our "membership's money". We always knew it was not our own money to risk. The birth of our investment policy followed. Today, I believe it is a policy of which we can be proud. There are still changes that may be necessary, we will not make millions in the next few years, but we all believe the right decisions were made for the membership's money.

We continued to evolve as a state council, as a board, and as a finance committee. We continue to have concerns about losses and lack of income from investments, however I know we made the right decisions for the right reasons. As the market continues to change, we realize financial losses with the rest of our country, but we may also increase our income from our investments sometime soon. As a board we recently re-evaluated our investment policy and made recommendations for changes in the management of our investments. These are not easy decisions; it's not a quick vote. All board members, keeping in mind it is not our money, but the membership's money, arrive at decisions after very serious thought and discussion. I don't know what our budget will reflect next year or 10 years from now, but I know the policies and the decisions made in the past two years were well thought out and the best your board could offer. I have great hopes for diminished losses as the market turns around and the board continues to keep the membership's needs foremost in their decisions. This was my biggest learning curve, and perhaps the most difficult, definitely the most challenging.

Over the past two years the times shared with other board members, committee chairs, and each ENA member reinforced my role as a director. I had assignments from the president, I had my "charges" for the year, but these didn't compare with the immense

sense of gratification I got in return from doing the best I could for the membership. Since 1977 I have been getting and taking from ENA, the benefits of membership, the networking, the professional collegiality, and personal sense of belonging. These have been my two years to return the benefits to ENA. I voted on bylaws, given my opinion (even when it wasn't asked for) on issues, and brought my expertise from other areas to the board. I represented Illinois ENA members at national and state conferences. Through the board each member in Illinois is represented. Your board is diverse. We have representatives on our board from metropolitan Chicago, smaller communities, and Bloomington, considered southern Illinois if you are from Chicago. We have community hospital, outpatient, and large medical center representatives. We have staff nurses, managers, nurse practitioners, and educators all sitting on your board representing you, the membership, with the absolute best interest of each individual member in their heart. I am proud to be a part of this group. I am proud to have been given the privilege to represent my colleagues from all over the state of Illinois. Thank you for giving me this opportunity.

SILENT AUCTION SURPRISE AT SPRING SYMPOSIUM

by Kathleen Richmond

The surprising amount of \$2,076.50 was raised for the Emergency Nurses Foundation during this year's Silent Auction at our Networking Dinner prior to Spring Symposium. Why was it a surprise? Actually, it should have been no surprise, as I have always found Emergency Nurses to be wonderfully generous professionals. And, yes, I am biased regarding my colleagues. Regrettably, this was a difficult year for small organizations seeking charitable donations in the wake of the 9-11 tragedy. Companies and organizations had given to the maximum in support of the 9-11 victims, and were not able to donate on behalf of our Silent Auction event. The word went out to our members, and the auction was inundated with items for the fund-raiser. The dinner and auction were fun, and the bids were generous. This was our most successful auction ever, thanks to all of you who donated and bid.

Donations to the Emergency Nurses Foundation directly benefit 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. As coordinator of the auction, I want to recognize those generous individuals and Illinois Council Committees that donated auction items, and are directly responsible for the huge success of this fundraising event.

Thank you to Illinois Council members: Colleen Andreoni, Julie Bracken, Regina Bracken, Kim Budil, Darcy Egging, Marion Ford, Sharon Graunke, Penny Hurley, Donna Massey, Joanne Mitchell, Mary O'Shields, Sue Pritscher, Kathleen Richmond, Elaine Sniegowski, Liz Weber, Barb Weintraub and Sharon Wysocki for the brass roadrunner, a CEN tote and goodies, numerous books, unique jewelry items, a Garden Gift Basket,

Wine Gift Baskets, a Relaxation/Be Good to Yourself Basket, Cherry Ames collectibles, porcelain collector dolls, a Handmade Woven Wood Basket with Glass Liner, the Beanie Babies 9-11 Tribute Basket, a Starbucks Coffee Basket, and Abraham Flamingo, among other unique items.

Thank you to: the Illinois Council Board of Directors for a fantastic Chicago Entertainment Basket, the Pediatric Committee for two cute Kids' Goodies Baskets, the Education Committee for the huge Nursing Education Tools Basket, and the Trauma Committee for two lovely Handmade Grapevine Wreaths.

Thank you to Polly Gerber Zimmerman, editor of the informative text *Nursing Management Secrets*, for her donation of a copy of the book, which has several Illinois nurse contributors.

Thank you to *Baked Treasures* for the tasty Baked Goods Gift Basket. RNs Angie Black and Susan Sanders are entrepreneurs with a talent for making mouth-watering treats. Look for a link to *Baked Treasures* on our web site.

Lastly, it's not too early to be thinking of next year's Silent Auction event. Please contact me if you can help by donating an item, or if you know of a business or organization willing to contribute. My e-mail is RichmondK8@aol.com or you can phone me at 708-687-6044.

Government Affairs Committee by Thelma Kuska

Public Act 92-0590

School districts are encouraged to create and use an emergency medical information form for bus drivers and emergency medical technicians for those students with special needs or medical conditions. The student's parent or guardian completes these forms. One copy is kept on file at the school and one copy on the student's school bus in a secure location.

This public act became effective July 1, 2002.

Note:

The American Academy of Pediatrics (AAP) has a similar form completed by the student's parent or guardian. You may access the form at www.aap.org

Public Act 92-0744

Section 225 ILCS 65/5-23

The Nursing and Advanced Practice Nursing Act is amended. The Department of Professional Regulations require an applicant for initial licensure to submit to a criminal background check by the Illinois State Police and the Federal Bureau of Investigation as part of the qualification for licensure. If an applicant's criminal background check indicates criminal conviction, the applicant must further submit to a fingerprint-based criminal background check.

This public act became effective July 25, 2002. This section will be repealed on January 1, 2008.

Note:

Section 65/10-30 has also been amended and a new section is added in this public act - Section 65/15-13. For a complete copy of this public act and the above act, go to www.legis.state.il.us

News from the Injury Prevention Committee

by Thelma Kuska

The Membership and Injury Prevention Committees combined their meetings since most are cross-members of the two committees. As a committee, we sent to those whose membership is expiring/has expired, a postcard handwritten by the committee members, encouraging them to renew. A membership packet is also being prepared. These packets will be sent to ED Nurse Managers.

The Injury Prevention (IP) Committee is preparing an Injury Prevention Treasury binder. This is a collection of information on many injury prevention topics complete with discharge instructions per topic. Examples of topics collected so far include, safety belt use, child safety seat use, helmet safety, bicycle safety, water safety, skating safety and scooter safety. When finished, the Injury Prevention Treasury will be available for purchase. Proceeds will benefit the Emergency Nurses Association, Illinois Council. The Injury Prevention Treasury is used as an incentive for hospital EDs to become members of ENA. If two or more nurses from a ED renew or become new members, the IP committee will send the ED a copy of this Treasury.

In October, the Membership, IP, and Government Affairs committees will make their Christmas tree ornaments in preparation for the Christmas Tree-decorating event at Brookfield Zoo held the weekend before Thanksgiving. Everyone is welcome to decorate with us at the Zoo. This event is fun. Our decoration theme is injury prevention, what else?

EN CARE received a grant from the National Highway Traffic Safety Administration to revise the TakeCare program. The revision is now complete and on August 24, 2002, EN CARE is conducting a TakeCare training for 20 of its EN CARE Provider Trainers nationwide, at the ENA headquarters in Des Plaines. EN CARE Illinois will play host for the day.

EN CARE co-hosted many child passenger safety courses throughout the Chicagoland area. There are about 1600 certified child passenger safety (CPS) technicians and 52 certified child passenger safety instructors in Illinois. The CPS community was busy conducting CPS classes and conducting child safety seat check events throughout the state. EN CARE members who are CPS technicians also participated in the statewide

CPS check held in May. Another statewide event is scheduled on September 18, 2002. The Illinois Department of Transportation sponsors the statewide events. Members of the Peds committee are attending the Standardized Course in Child Passenger Safety to be held in Orland Park on October 24-27, 2002. This is a 4-day course in child passenger safety. The cost of the class is \$125.00. All materials for the class will be provided.

EDUCATIONAL COMMITTEE

by Kathleen Henkelman

The Educational Committee met in July and August to discuss our "New Wave of Abuse Seminar" to be held at Northwest Community Hospital on August 29. After an overwhelmingly positive response to Sgt. Bruce Talbot, who spoke on "club drugs" at the Illinois State Council ENA Symposium, we were fortunate enough to secure him for this very important seminar. In addition, Dr. Rodgers Wilson covered the increase in adolescent abuse of over the counter medications and their unexpected consequences. Our own committee member Laura Tucco, APN, MSN, CEN wrapped up the evening by discussing ED management of these patients.

The committee is producing a Triage Course on November 14th. We are incorporating updated protocols and the new 5-category classification system. This "new and improved" triage course proves valuable to all ED nurses. Time and location to be announced. Keep the date open and watch your mailbox for registration information.

The long awaited Emergency Nursing Review Course is scheduled for February 5, 12 and 19, 2003. This course is applicable to those ED nurses reviewing for CEN or out of the clinical arena for some time and looking for a refresher, as well as all ED nurses looking to increase their knowledge base and update their practice.

Remember that we are always looking for new members to join us at our informal, fun, yet very productive meetings. While producing ways to educate others, we are always educating ourselves. Come learn something new with us!

Please contact Maureen Gibbs at mag175@msn.com for more information about becoming a committee member.

Research Committee

by Rita Schlomer & Vicki Keough

Call for Proposals

Deadline: December 13, 2002

Eligibility: ENA member

Purpose: To promote conduction of new or existing clinical nursing research.

Funding: A maximum of \$1,500 to be awarded. Funding is for the 2003 year.

Submission: Applications must be received no later that **4 PM on December 13, 2002** to Vicki Keough, RN-Cs, Ph.D. Illinois ENA Research Committee, Loyola University

Chicago, Niehoff School of Nursing, 2160 S. First Ave., Maquire Bldg., Maywood, Illinois, 60153

Expectations: Presentation of findings at annual Illinois ENA Symposium, write-up of research report to the Illinois ENA Research Committee, submission of grant report to the Illinois ENA Research Committee June 30, 2004

Application packet: The application packet must include the following:

- Proposal not to exceed 8 – 10 pages, single spaced, font size 11 – 12 points:
- Title Page
- Study aims/objectives
- Significance of problem to nursing/health care
- Literature review
- Research question
- Methodology
- Timetable
- Budget
- References
- Appendices
- Title page, abstract, timetable, budget and justification, references, appendices (not included in allotted page limit for proposal)
- IRB letter to institution at which the study will be conducted
- CV for each investigator, co-investigator, consultant (not to exceed 2 pages each)

If you have questions please call Vicki Keough at 708-216-3582 or Rita Schlomer at 309-662-3311, x3018.

Trauma Committee

by Jan Gillespie

The trauma committee was very busy this spring with the TNCC Challenge and Spring Symposium. We are hosting a TNCC Instructor Course at Edward Hospital on October 10, 2002. So if you are interested please call me at 630-527-3357. To be an instructor you need a letter of recommendation, have passed the provider exam with a 90% or higher and the skills portion at 80% or better.

The trauma committee is looking for some new members and our next meeting is 12:00 noon, Monday, September 23, 2002 at Edward Hospital outpatient facility at 95th Street and Book Road in Naperville, IL. If you'd like information please call me at 630-527-3357 or e-mail me at jgillespie@edward.org. This committee is always looking to expand its work, but we need more RNs interested in trauma. If you are a TNCC course director please e-mail me the dates and places of your courses so I can point folks in your direction. Trauma - you love it or you don't!

ILLINOIS ENA WEB SITE UPDATE

by Kathleen Richmond

Have you visited the Illinois Council web site recently? The site provides up-to-the-minute news on Council activities with current and future educational offerings, meetings, and news about you, the members. There are links to your Council board members and important web sites of interest to you. The recent issues of *Countershock* are online, and there is an archive page for those interested in the history of our organization. The *Chat Room* has premiered! There is a web poll on the chat page to see what time preferences you have for scheduled chats. Be sure to stop by and check it out. We are developing an *Issues Forum* page where you can view and comment on practice issues of concern to you and your colleagues. To reach the Illinois ENA web site, link at the national site (www.ena.org) under State Councils and Chapters, or directly connect at this url: <http://illinoisENA.homestead.com/welcome.html>. Visit your web site often, and please add your name to the e-mail list with a *Guest Book* entry. Email me at RichmondK8@aol.com with your comments an/or suggestions on how the web site can better serve you. See you online!

Spring Symposium Committee

by Cheryl Vinikoor

Please mark your Calendars! The 2003 Spring Symposium is scheduled for Thursday and Friday May 15 and 16, 2003. After the success of the TNCC Course before the Symposium this year, we hope to offer the opportunity to take either TNCC or ENPC...just in the planning stages now. The committee has convened already, planning for next year. With some new members on the committee, we have lots of energy to again provide a stimulating full day presentation specifically geared toward the emergency nurse. Members watch your mailbox for a reminder postcard to "Save the Date" for next spring.

Call for Speakers for Spring Symposium 2003

The Spring Symposium Committee wants to develop a program reflective of current trends and issues facing emergency nursing. Therefore, proposals for speakers are requested. Please forward your proposal consisting of brief biographical information and a topic outline for approximately 50 minutes to:

Julie Bracken
2616 West 99th Street
Evergreen Park, IL. 60805

For questions please call 312-633-7683 days or 708-636-3156 evenings.

Peds Committee

by Mary Otting

The next Peds Committee meeting is September 24, 2002 at 6 P.M., Loyola EMSC office. The Peds committee is partnering with the Injury Prevention Institute in the upcoming year to promote Child Passenger Safety Education. A class is being held October 24-27 in Orland Park with the Peds Committee sponsoring several members in

the class. If you are interested in joining the committee please contact Angie Black at ablack@childrensmemorial.org or Mary Otting at motting@childrensmemorial.org.

NIH NEWS RELEASE

7/31/2002

National Institutes of Health

National Heart, Lung, and Blood Institute

NHLBI's Framingham Heart Study Finds Strong Link between Overweight/Obesity and Risk for Heart Failure

While extreme obesity has been associated with heart failure, until now, data have been limited regarding the influence of overweight and lesser degrees of obesity on the risk of this disease. According to a new study supported by the National Heart, Lung, and Blood Institute (NHLBI), excess body weight is strongly and independently associated with an increased risk of heart failure. This risk, which increases continuously with increasing degrees of body weight, is 34 percent higher for overweight individuals and 104 percent higher for obese persons.

The large, community-based study investigated the relations between body mass index (BMI), a measure of excess weight for height, and the risk of heart failure in over 5,000 participants in the NHLBI's Framingham Heart Study, a landmark epidemiological study that began in 1948. Study findings will be published in the August 1, 2002 issue of *The New England Journal of Medicine*.

"Obesity has reached epidemic proportions in the United States and it is increasing," said NHLBI Director Dr. Claude Lenfant. "While the death rate from heart disease has decreased by 60 percent over the last 40 years, the death rate from heart failure has not declined. This study suggests that obesity is an important risk factor for heart failure in both women and men. Promoting optimal body weight may help reduce the burden of heart failure we're seeing," he added.

An estimated 61 percent of U.S. adults aged 20-74 years are either overweight or obese. About 34 percent of these people are overweight and 27 percent or 50 million people are obese. Nearly 5 million people in the U.S. have heart failure, a condition in which the heart cannot pump enough blood through the body.

"It was unclear from the scientific literature whether lesser degrees of obesity predispose an individual for heart failure, as most of the existing studies were limited to people who were severely obese (BMIs over 40)," said Dr. Satish Kenchaiah, lead author of the study, and a research fellow at the Framingham Heart Study. Participants in the study, who were followed for nearly 15 years, were under continuous surveillance for the development of cardiovascular events. The researches looked for the occurrence of a first episode of heart failure.

After adjustments for known risk factors, there was an increase in the risk of heart failure of 5 percent for men and 7 percent for women, for each increment of 1 in the body-mass

index. As compared with normal weight individuals, obese women had a doubling of the risk of heart failure and obese men had a 90 percent increase in the risk of heart failure. Overweight individuals were at intermediate risk. The effect of BMI on heart risk did not vary with age, sex, smoking status, alcohol consumption or the presence or absence of valve disease or diabetes.

“We know that obesity and overweight are associated with several health hazards. For example, they increase the risk of high blood pressure and diabetes, both key risk factors for heart failure,” said study co-author Dr. Ramachandran Vasan, a Framingham investigator and Associate Professor of Medicine at Boston University School of Medicine. “We found that even after accounting for these other risk factors, obesity was independently associated with the risk of heart failure,” he added.

Dr. Daniel Levy, director of the Framingham Heart Study and co-author of the study, noted that the obesity trend in younger Americans may affect future rates of heart failure.

“We know that there are growing numbers of young children with advanced degrees of obesity. The results of this study are a wake-up call to a public health problem that we may be addressing 10 to 50 years from now, when these obese youngsters become old enough to be at risk of heart failure,” he said.

For children aged 6-11, an estimated 13 percent are overweight; for adolescent’s aged 12-19, an estimated 14 percent are overweight. During the past two decades the prevalence of overweight has doubled among children and has almost tripled among adolescents.

Levy stressed the importance of maintaining a healthy weight, both for children and adults, with dietary measures and regular physical activity being the keys to addressing overweight and obesity problems. He advised that for individuals, who do fall into the overweight and obese BMI ranges, efforts should be made to reduce BMI into normal range. Knowing your BMI is an important first step in understanding your risks, according to Levy.

To interview a scientist about this study, please contact NHLBI Communications Office at (301) 496-4236.

Was it a heart attack?

Editorial BMJ 2002; 377-378 (16 February)

Troponin positive acute coronary syndrome verses myocardial infarction

Are you aware the definition of an acute myocardial infarction changed? Check out the above editorial for a discussion of the impact. More patients are now diagnosed with an acute myocardial infarction, which should improve outcomes.