

## COUNTERSHOCK

Fall 2003

Illinois Council Emergency Nurses Association

### Editor's Note

Please note this year (2003) only two Countershock Newsletters are being published. Please consult our web site for up-to-date information at [www.illinoisENA.org](http://www.illinoisENA.org).

### President's Message

By Barbara Weintraub, RN, MSN, MPH, CEN  
Members and cherished friends,

My 2 years as your State President are coming to an end. While there are aspects, which are immensely appealing (I estimate my email should decrease by approximately 150%), there are aspects I know I will miss. Strangely, much has been that very same email. One of my personal top priorities these past 2 years is to be in contact with as many of you as I can, and indeed, I have "spoken" with many of you via email often. Thank you for taking the time to ask questions, to give feedback, to tell me what we're doing well, and to tell me what we could improve. I've enjoyed every email, and encourage all of you to contact me, or any one of our board members (all of which you can find at our state website, [www.illinoisENA.org](http://www.illinoisENA.org)).

One of the aspects I did not expect was the amount of correspondence I received from nursing students. Many senior nursing students are charged with contacting a professional organization and interviewing someone. Although I didn't really expect this, I've welcomed, and answered, every single nursing student who has taken the time to write. I thought I would share with you one such letter, as well as my response. This is what our future co-workers are coming to the workplace with, and I know each of you will be the mentor that each new nurse deserves.

-----Original Message-----

Sent: Sunday, September 14, 2003 10:10 PM

To: barbrn@earthlink.net

Subject: Questions about the organization.

Hello Barbara,

I am a fourth year nursing student at Edgewood College in Madison Wisconsin. For one of my assignments I am supposed to get in touch with a member of an organization that I am interested in. I found your email address on the website and I am hoping you could answer a few questions.

1. How useful do you find it to be a member of this organization?
2. Would you recommend this organization to a new graduate?
3. How much does it cost for a membership?
4. What are your opportunities if you belong to this organization?

Thank you so much for taking the time to answer these questions. I truly appreciate it, and look forward to hearing from you.

Sincerely,

L,

Thanks for getting in touch with me! Yes, I most definitely feel it is helpful to belong to a professional organization. We do not work in a vacuum, nor are the problems each nursing specialty faces unique between facilities. For instance, a particular problem we have been facing in our E.D. is the number of psych patients we are seeing, which has increased immensely. Through ENA, I am able to interact with others in the same situation, which first of all tells me it is not just a problem in our area, but a national trend. Second of all, it gives me access to any number of different strategies from which to formulate our policy...we're all too busy to have to recreate the wheel!

ENA also gives me the opportunity to talk with others, who understand what I do, understand the stresses unique to our jobs, etc. Sometimes, the only stress debriefing you need is having someone understand what you're talking about, and to laugh at your offbeat jokes!

I would definitely recommend the organization to a new grad. There is so much to learn as a new grad, that frequently your head is spinning and you feel overwhelmed. I remember praying for my first six months that I didn't kill a patient because of my lack of knowledge. ENA, as is the case with many other professional organizations, welcomes new grads, gives them a huge body of experienced, intelligent, and empathetic ears, not to mention the wealth of knowledge you find you need once you start your first job.

Annual membership is only \$96, which, if you break it down, is about \$4 a pay period. If you can spend that much on Starbucks, you can certainly spend it on your professional organization and your career.

The opportunities are what you make of them. Most people start by coming to state council meetings, where they meet other members active in the organization. They learn about some of the interesting things going on at the state level, and find they want to become more involved. They join a committee, and learn about injury prevention, or trauma, or pediatrics, about course planning, conference hosting, PowerPoint skills, etc. They can become chairs of state committees, and if they so desire, move on to the national arena on national committees, etc. Through ENA I've had the chance to be published in textbooks, write clinical journal articles, both plan and speak at professional conferences, be interviewed on television, develop national curricula for E.D. managers and child abuse awareness, and represent emergency nursing on a national consensus panel. And, for me, it all started with agreeing to host a state council meeting at my hospital. That meeting was only 5 years ago; before that, I had only been to 1 or 2 state council meetings! My fellow ENA members welcomed me, mentored me, taught me, and eventually, learned from me. I can not imagine professional nursing without activity in professional organizations.

I'm so pleased you chose to become a nurse. Though heaven knows some shifts are incredibly difficult, and the faces of some patients left an imprint on my heart, not one day has gone by that I regretted becoming a nurse. Remember through those difficult days the family whose hand you held when they were scared, that patient whose subtle symptoms you picked up, alerting the doctor in time and saving that patient's life. Remember the tears you cry when a patient dies, and the tears you cry when you bring a life back from the edge. And go home every night, knowing that every minute of every day, you make a difference in so many lives. Best of luck to you in your new profession!

Bless each and every one of you, and the jobs you do every day. It has been my honor to represent you and thank you for all you have taught me over the past 2 years. As of January 1<sup>st</sup>, I will officially become Immediate Past-President, but though my official term of office will be over, my activity in ENA most definitely will not be! And, oh, yeah, keep those cards and letters coming!

### **President-Elect Message**

By Sharon Schultz RN, MPH

I would like to introduce myself to you, as I am the incoming President for Illinois ENA, for the term 2004 – 2006. I am proud to be involved in the leadership team representing all constituents in Illinois Emergency Nursing and look forward to working with many of you over the next few years.

Currently, I am Director of Nursing Administration and Coordinator for Magnet Recognition, at Rush-Copley Medical Center, which means I am the person who has a job description that says “and other duties as assigned”.

In my 32 years as a nurse, I have worked over 20 years in Emergency Nursing, both as a staff nurse and a leader. I love being a nurse. It is my calling and my passion. What we do as nurses, whether as a clinician at the point of care, an educator or manager, we do for one person at a time, and that person is the patient.

So as we embark on a New Year for Illinois ENA Leadership, we face some challenges:

1. An impending Illinois Medicaid tax on our hospitals, (for those of you who were nurses in the 90's, you may recall nursing was negatively impacted);
2. We continue to experience more growth than capacity in our emergency departments;
3. We struggle with diversity in emergency nursing positions;
4. We are challenged by decreasing membership and membership participation;
5. We juggle family and career, sometimes not well, and often at the expense of the other;
6. We are faced with the unknowns of violence, bioterrorism, and funding, but the most distressing is that
7. We are faced with a shortage of experienced emergency department nurses and inexperienced nurses who want to work in emergency departments.

My desire is to have an RN waiting list for all Illinois Emergency Departments, to increase membership participation to greater than 1000, and to have a voice in Illinois “politics”, so no patient care delivery decision is made without us present to “cast our vote”.

As you begin to hear more about this “Medicaid tax bill”, please let your legislators know where you stand, your voice is important, regardless of which way your conscience guides.

Finally, I ask you to please join me in embracing emergency nursing, to be strong in number, patient outcomes and advocacy.

I am available for you and can be reached at work, [saschultz@rsh.net](mailto:saschultz@rsh.net), [sroomers@aol.com](mailto:sroomers@aol.com), or by phone: (630) 518-3506, home 630-416-1310, or pager 630-727-0906.

### **State Council Meetings**

**November 8** - Illinois Council ENA Meeting at Loyola University Medical Center, Maywood. Contact Barb Weintraub 847-618-5432 or [barbrn@earthlink.net](mailto:barbrn@earthlink.net)

### **Other Committee Meetings**

**November 8** – Research Committee Meeting (immediately following the State Council meeting), Loyola Medical Center, Maywood. Contact Vicki Keough 708-216-3582 or [vkeough@luc.edu](mailto:vkeough@luc.edu)

**November 22** – Injury Prevention/Government Affairs/Membership. Contact Thelma Kuska at 708-361-8677 x20 or [tkuska@nhtsa.dot.gov](mailto:tkuska@nhtsa.dot.gov)

**December 3** – Education Committee meeting at 6:30 p.m. Contact Maureen Gibbs at 847-934-7086 or [mag175@msn.com](mailto:mag175@msn.com)

### **Events**

**November 14** - Deadline for Research Grant Proposals. Contact Vicki Keough 708-216-3582 or [vkeough@luc.edu](mailto:vkeough@luc.edu)

**November – TBA** – Injury Prevention Tree Trimming at Brookfield Zoo. Contact Thelma Kuska at 708-361-8677 x20 or [tkuska@nhtsa.dot.gov](mailto:tkuska@nhtsa.dot.gov)

### **Educational Opportunities**

**November 12** – Triage Essentials, Morris. Contact Maureen Gibbs at 847-934-7086 or [mag175@msn.com](mailto:mag175@msn.com)

**November – TBA** - TNCC at Edward Hospital, Naperville. Contact Jan Gillespie at 630-527-3357 or [jgillespie@edward.org](mailto:jgillespie@edward.org)

**November 6 & 7** – ENPC at Advocate Christ Medical Center, Oak Lawn. Contact Jan Dorey at 708-346-5979 or [dorey@amertech.net](mailto:dorey@amertech.net)

**November 10 & 14** - TNCC at Children’s Memorial Hospital, Chicago. Contact Harriet Hawkins at 773-880-6303 or [hhawkins@childrensmemorial.org](mailto:hhawkins@childrensmemorial.org)

**November 17 & 18** – TNCC at St. John’s Hospital, Springfield. Contact Mary Leach at 217-544-6464 x 46715 or [maryleach@st-johns.org](mailto:maryleach@st-johns.org)

**December 4 & 5** – TNCC at Advocate Christ Medical Center, Oak Lawn. Contact Jan Dorey at 708-346-5979 or [dorey@amertech.net](mailto:dorey@amertech.net)

**February 27-29, 2004** - ENA Leadership Challenge, Salt Lake City. Contact National ENA at [ena.org](http://ena.org)

### **Announcements**

**Visit the Illinois State Council Web Site for up-to-date information at [www.illinoisENA.org](http://www.illinoisENA.org)**

Thanks to the Council members who served as delegates at the General Assembly in Philadelphia: Barb Weintraub, Laura Tucco, Sharon Graunke, Marilyn Rice, Vonda Wielsma, Elisabeth Weber, Kathleen Richmond, Rebecca Steinmann, Josh, Johnson, Terri Campbell, Merri Lazenby, Thelma Kuska, Sharon Schultz, Vicky Goeddeke, Darcy Egging, Kathleen Phelan, Kathy Koch, Polly Zimmermann, Bonnie Salvetti and Deborah Smith

### **Archives Trivia**

Do you know that two of national ENA's past-presidents are from Illinois? Can you name them and the year they served? (Look for the answer in this newsletter.)

### **2004 ENA Wallet Card**

Educational information is currently being collected for the 2004 ENA Wallet Cards. If you are planning any ENPC or TNCC courses in 2004 and would like your course information included on the 2004 wallet card, please forward the following information to Evelyn Lyons at [elyons@lumc.edu](mailto:elyons@lumc.edu) by **November 3, 2003**. Course dates (or month), location, course coordinator name, contact phone and email address.

### **Research Committee**

By Vicki Keough

The research committee is currently reviewing submissions for the Illinois ENA Research Grant in the amount of \$2000. The committee will report the winner in the next issue and is excited about the submissions this year. If you would be interested in participating in the research committee please contact Vicki Keough at (708) 216-3582 or Rita Schlomer at (309) 662-3311 X3018.

### **Pediatric Committee**

By Mary Otting

The Peds Committee will begin the new ENPC instructor updates beginning spring of 2004. The committee is awaiting the updates to be rolled out at National ENA in Philadelphia in September.

Please e-mail one of the following members, so we can keep our records up-to-date and ensure all current instructors receive the dates of the update and the locations:

[ckirschner@childrensmemorial.org](mailto:ckirschner@childrensmemorial.org)

[motting@childrensmemorial.org](mailto:motting@childrensmemorial.org)

[hhawkins@childrensmemorial.org](mailto:hhawkins@childrensmemorial.org)

[rsteinmann@childrensmemorial.org](mailto:rsteinmann@childrensmemorial.org)

Looking forward to seeing all at an update session.

We are hosting an instructor update on May 20, 2004 at the Oakbrook Marriott as the pre-conference for the Illinois ENA Spring Symposium. The registration for this session is limited.

### **Spring Symposium**

By Elisabeth Weber

The Spring Symposium is turning thirty (the pearl anniversary)!

The **30<sup>th</sup> Annual Spring Symposium** of the Illinois State Council of the Emergency Nurses Association takes place on **Friday, May 21, 2004** with pre-sessions and the networking dinner/silent auction on **Thursday, May 20<sup>th</sup>** at the Oak Brook Marriott in Oak Brook, Illinois.

Save the date to hear local, regional and national speakers who are being confirmed at this time. The committee consisting of Chairperson: Cheryl Vinikoor, Regina Bracken, Julie Bracken, Joanne Mitchell, Penny Hurley, Mary "MO" Otting, Kathleen Richmond, Rebecca Steinmann, Patricia Hickey, Karin Buchanen, Elaine Sniegowski, Diane Rogal, Sharon Graunke, Julie D'Agostino and Elisabeth Weber enjoy meeting monthly during the fall and more frequently in the spring while planning this conference. We are looking for additional interested committee members. Call or e-mail Cheryl Vinikoor, [tovadog@aol.com](mailto:tovadog@aol.com) or (847) 870-0793 if you are ready to join us.

### **Call for Speakers for Spring Symposium 2004**

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

Julie Bracken  
2616 West 99<sup>th</sup> Street  
Evergreen Park, IL 60805  
[Juliebracken@msn.com](mailto:Juliebracken@msn.com)

For questions please call 312-996-9267 days or 708-636-3156 evenings.

### **WEB SITE NEWS**

By Kathleen Richmond

We are [www.illinoisENA.org](http://www.illinoisENA.org). Your Council Board of Directors determined the membership can be better served with a professionally managed web site, and are hiring an internet webmaster in the near future. Please visit online and give the Board your feedback on what you the membership want to see online as the organization keeps pace with today's e-commerce world. Your opinion is important to a successful future for the Illinois Council. See you online!

### **Education Committee**

By Karen Hamick

The Education Committee is busy planning the Triage Essentials program to be held November 12, 2003 in Morris, Illinois. This program reviews the triage process and is ideal for nurses new to the Emergency Department, as well as, a good opportunity to review problematic triage case studies. You can register by sending your name and address along with a check addressed to the Illinois State Council – ENA for either \$65.00 (ENA member) or \$80.00 (non-ENA member) to Kathy Henkelman, 585 Yarmouth, Elk Grove Village, Illinois 60007.

In the works for 2004 are plans for several more new triage programs across the state. These will present the research based 5-tiered triage process, known as Emergency Severity Index (ESI) along with case studies for group practice. ESI categorizes patients into one of 5 categories based upon chief complaint and anticipated use of resources.

Reduced interrater variability is demonstrated using both case studies and actual ED triage patients assessed using the ESI system. Our upcoming educational programs offer practical experiences and insights gained from new users of the ESI program so we need to hear from a variety of ED departments: city, suburban, and rural locations, as well as various sizes of community hospital and medical center based EDs. Please e-mail Karen Hamick at [karenhamick@juno.com](mailto:karenhamick@juno.com) with either your ESI experiences or questions.

Due to the great attendance at our previous trauma seminars and the need for continuing education credits we most definitely will sponsor a trauma program next year. Any hospitals interested in being a host location should contact me at the above e-mail address.

Last but not least, we are a fun group sharing ED experiences and learn from one another. Anyone looking to join the Education committee is welcome to join us. The committee generally meets on the first Wednesday of every other month at a member's home. We also welcome comments, and new educational ideas so feel free to contact us via the above e-mail address or call Karen Hamick at 847-381-5342. Please also remember to look up our next year's schedule in the 2004 ENA pocket calendar.

## **Emergency Medical Services for Children (EMSC) Facility Recognition Renewal**

By Evelyn Lyons

We've often heard the statement that children are not "small adults". Ill and injured children do indeed have unique physiologic and psychosocial needs and require a specialized approach to care. Emergency Departments should be equipped with appropriately trained personnel and resources to meet the needs of children. Ensuring facilities are appropriately prepared for a child is an essential step in achieving improved pediatric outcomes.

In 1998, the Illinois Department of Public Health began recognizing the pediatric emergency preparedness of hospitals through the EMSC Facility Recognition process. To date, 110 hospitals received formal recognition from the state as either an Emergency Department Approved for Pediatrics (EDAP) or Standby Emergency Department for Pediatrics (SEDP). These two levels focus primarily on emergency department pediatric capabilities and resources.

In 2002, a third level was added called the Pediatric Critical Care Center (PCCC). Requirements for the PCCC level extend beyond the emergency department and address pediatric critical care and pediatric specialty services. Four Illinois hospitals are currently recognized at the PCCC level. Any hospital that meets the PCCC level criteria is now able to apply for this level. Hospitals applying for the PCCC level must have attained EDAP status, and must have a pediatric intensive care unit and other pediatric specialty services.

Earlier this year IDPH notified hospitals the Facility Recognition process has been formally adopted into the Illinois EMS Rules & Regulations. In addition, hospitals were sent a timeline for renewal of their EDAP and SEDP status. Hospitals began to undergo renewal based on their EMS region location – beginning this year with hospitals located in EMS Regions 2 and 8. See the schedule below to identify when hospitals within your region will undergo renewal.

EMS Region	Year of Initial Facility Recognition	Proposed Year of Renewal Application/Survey
1	2001	2005
2	1998	2003
3	2001	2006
4	1999	2004
5	2000	2004
6	2001	2006
7	2001	2006
8	1999	2003
9	2000	2005
10	2000	2005
11	1998	2004

Hospitals are sent an application packet prior to the date of renewal to maintain their EDAP or SEDP status. The Region 2 & 8 renewal application packets along with template submission forms are available on the EMSC website for reference (go to [www.luhs.org/emsc](http://www.luhs.org/emsc) and click on Facility Recognition). Note the application packet are reviewed and revised annually, so always refer to the website for the most current packet. As hospitals are notified they need to reapply for recognition as either an EDAP or SEDP, they need to submit documentation assuring compliance with either the EDAP or SEDP criteria. This requires submitting any updates to your original EDAP/SEDP plan (i.e. submit any updated policies/protocols related to the facility recognition requirements; submit updated lists of physician/nursing/mid-level providers and compliance with the credentialing/continuing education requirements). In addition, you need to submit documentation addressing any new criteria that were added since the time your hospital underwent the original recognition process.

After your renewal application is received and reviewed, a site survey of your facility will be scheduled. A major focus of the renewal process is directed at pediatric quality improvement activities. In addition, pediatric disaster/bioterrorism preparedness will be reviewed.

If your hospital would like to participate in facility recognition or if you have any questions regarding the facility recognition renewal program, please contact Evelyn Lyons at 708-327-2556 or [elyons@lumc.edu](mailto:elyons@lumc.edu).

### **Injury Prevention Institute/Government Affairs**

By Thelma Kuska

#### **Illinois Has A New Primary Safety Belt Law**

With Governor Blagojevich's signature on July 3, 2003, effectively immediately, Illinois adopted a primary (standard) enforcement law allowing law enforcement officer to stop or cite an individual when the officer observes an unbelted driver or passenger. Prior to July 3, 2003, Illinois had a secondary enforcement law, which means a citation for not wearing a safety belt can be written only after the officer stops or cites an individual for another infraction.

#### **Requirements:**

- Each driver and front seat passenger of a motor vehicle operated on a street or highway in this State shall wear a properly adjusted and fastened seat safety belt; except that, a child less than 6 years of age shall be protected as required pursuant to the Child Passenger Protection Act.
- Each driver under the age of 18 years and each of the driver's passengers under the age of 18 years of a motor vehicle operated on a street or highway in this State shall wear a properly adjusted and fastened seat safety belt.
- Each driver of a motor vehicle transporting a child 6 years of age or more, but less than 16 years of age, in the front seat of a motor vehicle shall secure the child in a properly adjusted and fastened seat safety belt.

**Exemptions:**

- A driver or passenger frequently stopping and leaving the vehicle or delivering property from the vehicle, if the speed of the vehicle between stops does not exceed 15 miles per hour.
- A driver or passenger possessing a written statement from a physician that such person is unable, for medical or physical reasons, to wear a seat safety belt.
- A driver or passenger possessing an official certificate or license endorsement issued by the appropriate agency in another state or country indicating that the driver is unable for medical, physical, or other valid reasons to wear a seat safety belt.
- A driver operating a motor vehicle in reverse.
- A motor vehicle with a model year prior to 1965.
- A motorcycle or motor driven cycle.
- A motorized pedal cycle.
- A motor vehicle, which is not required to be equipped with, seat safety belts under federal law.
- A motor vehicle operated by a rural letter carrier of the United States Postal Service while performing duties as a rural letter carrier.

**Violations:**

- Failure to wear a seat safety belt in violation of this Section shall not be considered evidence of negligence, shall not limit the liability of an insurer, and shall not diminish any recovery for damages arising out of the ownership, maintenance, or operation of a motor vehicle.
- A violation of this Section shall not be a petty offense and subject to a fine not to exceed \$25.00.

A law enforcement officer may not search or inspect a motor vehicle, its contents, the driver, or a passenger solely because of a violation of this Section.

**The Illinois Child Passenger Protection Act**

Governor Blagojevich also signed on July 3, 2003, to be effective on January 1, 2004, the upgrade to the Illinois Child Protection Act.

**Requirements:**

- When any person is transporting a child in the State under the age of 8 years in a non-commercial motor vehicle of the first division, a motor vehicle of the second division with a gross weight rating of 9,000 pounds or less, or a recreational vehicle on the roadways, streets or highways of this State, such person shall be responsible for

providing for the protection of such child by properly securing him or her in an appropriate child restraint system.

- The parent or legal guardian of a child under the age of 8 years shall provide a child restraint system to any person who transports his or her child.

For the purposes of this Section, “child restraint system” means any device which meets the standards of the United States Department of Transportation designed to restrain, seat or position children, which also includes a booster seat.

- Every person, when transporting a child 8 years of age or older but under the age of 16, shall be responsible for properly securing that child in safety belts.
- Every person under the age of 18 years, when transporting a child 8 years of age or older but under the age of 18 years, shall be responsible for securing that child in a properly adjusted and fastened seat safety belt or an appropriate child restraint system.

**Exemptions:**

- Any person who transports the child of another shall not be in violation of this Section unless a child restraint system was provided by the parent or legal guardian but not used to transport the child.
- In no event shall a person’s failure to secure a child under the age of 8 years of age in an approved child restraint system constitute contributory negligence or be admissible as evidence in any trial or civil action.

**Violations:**

A violation of this Act is a petty offense punishable by a fine of not more than \$50 waived upon proof of possession of an approved child restraint system as defined under this Act.

A subsequent violation of this ACT is a petty offense punishable by a fine of not more than \$100.00.

**Mucomyst...It’s not just for Tylenol Overdoses Anymore**

By Rebecca Steinmann, RN, MS, CEN, CCRN, CCNS

Emergency Departments used Mucomyst (Acystelsteine) as the antidote for Acetaminophen overdoses for decades. Now, many centers are administering Mucomyst to patients with impaired renal function prior to and after the administration of IV contrast.

Administration of X-ray contrast agents often results in an acute reduction in renal function (that’s why knowing the patient’s BUN and creatinine before the administration of contrast is so important). Risk factors for contrast-induced decline in renal function include pre-existing renal insufficiency, heart failure, volume depletion, diabetes with evidence of renal involvement, contrast dose > 2 ml/kg. (Angiographic studies generally require the greatest amount of contrast), repeat contrast administration within 72 hours, other nephrotoxic drug use, and multiple myeloma.

IV hydration with 0.9% saline or .45% saline (both before and after administration of contrast agents) has been the standard for preventing contrast-agent nephropathy in patients at risk for impaired renal function. Recent studies suggest Mucomyst, because of its vasodilating and anti-oxidant properties, is also useful in preventing reduced renal function from radiographic contrast dyes in patients with impaired renal function.

The usual dosing of Mucomyst is 600 mg orally (adult dose: insufficient research to recommend pediatric dosing at this date). Mucomyst typically comes in a multi-dose vial (200mg/ml). Three (3) ml of Mucomyst would be diluted 1:3 with cola, orange juice or other soft drink (about 10 ml of diluent) to make the required dose.

*Mixing the Mucomyst with more diluent runs the risk of not knowing how much medication the patient actually receives if they do not drink the entire volume.* The sulfhydryl groups in Mucomyst generate the “rotten-egg” smell of the medication so you may want to encourage the patient to hold their nose while they drink the mixture!

## **INCREDIBLE SILENT AUCTION AT SPRING SYMPOSIUM**

By Kathleen Richmond, RN

The incredible amount of \$4,002.00 was raised for the Emergency Nurses Foundation during this year’s Silent Auction at our Networking Dinner prior to Spring Symposium. Through the generosity of our members, friends and families, we surpassed last year’s donations. Thanks to all of you who contributed donation items and/or bid at the auction.

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 who donated auction items, and are directly responsible for the huge success of this fundraising event.

Thank you to Illinois Council members: Julie Bracken, Regina Bracken, Darcy Egging, Penny Hurley, Joanne Mitchell, Kathleen Richmond, Diane Rogel, Sharon Schultz, Elaine Sniegowski, Rebecca Steinman, Cheryl Vinikoor, Liz Weber, and Barb Weintraub for the numerous books, unique jewelry items, Waterford Crystal vase, Nurse Entrepreneur workshop gift certificate, Garden Basket, Fix Anything Tool Kit, handmade grapevine and floral wreaths, leather Samsonite briefcase, handknit silk scarf, Cubs game tickets, crocheted baby blankets, Wine Gift Baskets, Taking Time for Myself Basket, porcelain collector dolls, nursing collectibles, Longaberger Woven Wood Basket, Starbucks Coffee Basket, and a 2001 ENA Orlando Symposium Backpack, among other unique items.

Thank you to: the Illinois Council Pediatric Committee for the Child’s Treasure Chest and the Philadelphia Freedom Tote, the Education Committee for the two Nursing Education Tools Baskets, and the Injury Prevention Committee for the Margarita Basket and the Baking Basket.

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 friends of ENA, Joe and Sarah D’Amico, for numerous items donated. And a very special thank you to Joy Buddig RN for her generous monetary contribution adding to the success of our fund-raiser. Joy is a former ENA member and dear friend to many in the Illinois Council.

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](mailto:RichmondK8@aol.com) or you can phone me at 708-687-6044.

### **Answer to Archives Trivia**

June Brown 1978 and Marilyn Rice 1994

### **NIH NEWS RELEASE**

**February 24, 2003**

#### **Low Dose Warfarin Prevents Recurrence of Blood Clots**

##### *NHLBI Stops Study*

A study of long-term, low-dose warfarin to prevent the recurrence of the blood clotting disorders deep vein thrombosis (DVT) and pulmonary embolism resulted in such a high degree of benefit to the patients - without significant adverse effects - that the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health has stopped the study early.

The multi-center Prevention of Recurrent Venous Thromboembolism (PREVENT) trial found a 64 percent reduction in episodes of DVT and pulmonary embolism in study participants taking low-dose warfarin compared to those taking a placebo. Furthermore, there was no evidence of significant risks such as major hemorrhage or other potential side effects of warfarin, which is an anticoagulant - a drug that prevents blood clotting. At the time the study was terminated, patients had been followed for up to about 4 years with an average of about 2 years. All study participants had experienced a previous episode of either DVT or PE placing them at greater risk of a recurrence.

PREVENT is the first study to evaluate the use of low dose warfarin for the long-term prevention of venous thromboembolism (VTE), a term that includes both DVT and pulmonary embolism. The study will be published in the April 10, 2003 issue of *The New England Journal of Medicine* (NEJM). Due to its importance, the NEJM posted the article online on February 24.

The trial, which began in 1998, was scheduled to run until 2005. However, at a regularly scheduled meeting of the study's independent Data and Safety Monitoring Board (DSMB) held December 4, 2002, the interim findings were reviewed and based on the strong benefit of low-dose warfarin, the DSMB recommended halting the study. The recommendation was approved by the NHLBI.

"This is an important finding for the estimated half million Americans who each year experience either deep vein thrombosis or pulmonary embolism," said NHLBI Director Claude Lenfant, MD "These results suggest that low dose warfarin is a safe and effective way to prevent future episodes of these potentially serious blood clotting problems," added Lenfant.

The current standard treatment for DVT and pulmonary embolism not associated with surgery or another specific cause is 5 to 10 days of intravenous or subcutaneous heparin followed by 3 to 6 months of full-dose warfarin. Therapy typically stops after the initial treatment period because long-term use of full-dose warfarin is associated with a substantial risk of major bleeding. After the initial therapy is completed, recurrent blood clots occur in 6 to 9 percent of patients each year. The new data demonstrate that these recurrent blood clots can be avoided using an inexpensive and safe therapy.

"This is a win-win situation for our patients and for health care providers," said Paul Ridker, M.D., the principal investigator of PREVENT and professor of medicine at Harvard and director of the Center for Cardiovascular Disease Prevention at Brigham and Women's Hospital in Boston.

"The PREVENT results strongly suggest that long-term use of low-intensity warfarin should be considered a new standard of care for the management of venous thrombosis after stopping full-dose warfarin therapy," Ridker added.

In deep vein thrombosis, a blood clot develops in one of the deep veins that are surrounded by muscle near the center of the leg. The clot may partially or completely block blood flow through the vein. Symptoms include pain, sudden swelling in the leg, enlargement of the superficial veins, reddish-blue discoloration of the skin, and warm skin.

If DVT is not treated, it can lead to pulmonary embolism in which the clots detach and travel through the bloodstream to the lungs, where they may enter a pulmonary artery. Large clots that completely block the pulmonary artery can be fatal. Symptoms of pulmonary embolism include sudden shortness of breath, sharp chest pain, a cough with bloody sputum, excessive sweating, rapid pulse, and lightheadedness. Acute DVT can also lead to complications like chronic venous insufficiency, which is characterized by pooling of blood, chronic leg swelling, and increased pressure on the skin.

There are a number of risk factors for DVT and pulmonary embolism, including long periods of inactivity, which decrease blood flow. People who are immobile after surgery or serious injuries and travelers on long trips are at increased risk of blood clots.

In addition, the hormone estrogen found in birth control pills has been shown to increase the risk of blood clots. The results of the Women's Health Initiative study, reported last July, found significant increases in pulmonary embolism in healthy women taking combined estrogen and progestin. Since the start of the PREVENT trial, 508 patients at 52 clinical sites in the US, Canada, and Switzerland were enrolled in the study. Had the study continued, 750 patients would have been enrolled. Participants in PREVENT were age 30 and older and had documented DVT or pulmonary embolism within the previous two years with at least three uninterrupted months of treatment with full-dose warfarin. The patients' episodes of DVT or pulmonary embolism were required to be "idiopathic" - unrelated to recent surgery, trauma, or a diagnosis of metastatic cancer.

Patients in PREVENT were randomly assigned to low-dose warfarin or to placebo and as a "double-blind" study neither the patients nor the investigators knew the treatment assignment.

Of the 253 patients assigned to placebo, 37 had a recurrent episode of DVT or pulmonary embolism compared to 14 of the 255 patients assigned to low-dose warfarin. This finding was the equivalent of a 64 percent reduction in risk for those treated with warfarin.

Results were similar for all patients - men and women and those of all ages - including those with factor V Leiden and the G20210A prothrombin polymorphism, common genetic variants that increase the risk of blood clots.

Major bleeding complications occurred in 2 patients in the placebo group and 5 in the low-dose warfarin group. There were 8 deaths in the placebo group compared to 4 in the low-dose warfarin group.

An analysis that combined the numbers of recurrent blood clots/cases of pulmonary embolism with the number of hemorrhages and deaths found a 48 percent reduction in risk for patients assigned to warfarin.

"This study gives us a new use for a 50-year-old drug," noted Ridker, who added that this is a very inexpensive therapy.

NHLBI is part of the National Institutes of Health (NIH), the Federal Government's primary agency for biomedical and behavioral research. NIH is a component of the U.S. Department of Health and Human Services. NHLBI press releases and other materials including information about high blood pressure, high blood cholesterol, and heart disease, are available online at <http://www.nhlbi.nih.gov>.

## **FDA Talk Paper**

February 14, 2003

### **FDA Clears New Lab Test to Help Rule Out Heart Attack**

The Food and Drug Administration (FDA) cleared for marketing a new laboratory blood test that will significantly increase the ability of doctors to rule out a heart attack when a person shows up at an emergency room with severe chest pains.

The test is the first new blood test for evaluation of heart attacks since the introduction of the blood test for troponin, a protein present in the blood after heart attack, in 1994.

The test, the Albumin Cobalt Binding (ACB) Test, manufactured by Ischemia Technologies, Inc., of Arvada Colo.; works by measuring how much cobalt is bound to the blood protein albumin. Changes in the structure of albumin occur in several illnesses, including heart attack.

The ACB test is not a stand-alone heart attack test but must be used together with an electrocardiogram (ECG) and a blood test for troponin. A normal ACB test with a normal ECG and normal troponin gives doctors increased confidence that patients can go home because they did not have a heart attack.

An estimated 3 million to 5 million Americans come to the emergency rooms each year with symptoms of a heart attack. Only an estimated 22 percent actually have a heart attack. The rest have a variety of other ailments, such as severe indigestion, hiatal hernia, pneumonia, gallstones, and hepatitis.

With the ACB test, a cobalt solution is added to a blood sample. Results are read on a chemistry analyzer. In patients with a normal albumin, more cobalt is bound to the albumin, leaving less free cobalt to be detected by the test. In patients with abnormal albumin, less cobalt is bound to the albumin, leaving more free cobalt to be detected by the test.

FDA cleared the test based on results of a study conducted by the manufacturer of more than 200 patients at high risk of heart attack who had severe chest pain. Sixty three percent of the patients had heart attack. The ACB test helped to correctly identify the patients who did **not** have heart attacks.

The study showed that when the ACB test was used together with an ECG and troponin test, physicians were 70 percent accurate in ruling out heart attack. With an ECG and troponin test alone, physicians were 50 percent accurate in ruling out a heart attack.

**PRESIDENT: Barb Weintraub, RN, MSN, MPH, PCCNP-BC, CEN**

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**DIRECTORS: Evelyn Lyons, RN,  
Cheryl Vinakoor, RN,**

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- please change the return address to:

COUNTERSHOCK  
Illinois Council Emergency Nurses Association  
Julie Bracken  
2616 West 99<sup>th</sup> Street  
Evergreen Park, IL 60805