

# COUNTERSHOCK

Fall 2004

Illinois Council Emergency Nurses Association

## Editor's Note

This is the last edition of Countershock for 2004. Please consult the web site for up-to-date information at [www.illinoisENA.org](http://www.illinoisENA.org).

## President's Message

By Sharon Schultz

“Things are different today.  
You **can** make nursing's presence known and  
encourage better healthcare policy”

American Nurses Association

Not so very long ago all Americans did not have the freedom, right or choice to vote. Seems like centuries ago, but actually, it has been less than 100 years. The Voting Rights Act only came into being in 1965, immediately following the Civil Rights Act of 1964, led Martin Luther King Jr. Isabel Hampton Robb was elected the first President of the American Nurses Association in 1897, however, being a woman she was not allowed to vote for President, Senator, Representative or any other elected official in this country. Woman did not win this right to vote until 1920, after years of efforts by woman such as Susan B. Anthony, who voted and was subsequently arrested in New York in 1872.

When we cast our vote we are saying we have something of value to give our Nation. In the ANA Code of Ethics there are a total of nine statements guiding our professional practice, you could look at four of them in relation to the importance of voting to protect our rights and those of the patients we serve: 1). *The nurse promotes, advocates for and strives to protect the health, safety and rights of the patient.* The government has introduced many patient safety initiatives, and many states are introducing staffing ratios with which you may or may not agree. You can help drive decision-making through your selection of candidates, in all of the levels of office. 2). *The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care.* In Illinois we are currently experiencing ethical concerns regarding the CON (certificate of need) Illinois Health Facilities Planning Board and whether or not it serves the purpose for which it is intended. The purpose is to approve medical expansion projects worth hundreds of millions of dollars, thereby ensuring fiscal responsibility to the communities we serve in the State of Illinois. 3). *The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.* There are approximately 44 million **uninsured Americans** as of 2003, (this data does not include migrant workers or illegal aliens who frequent our emergency departments) and it is predicted the number could exceed 48 million by 2009. 4). *The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, to maintain the integrity of the profession and its practice, and for shaping policy.*

Through representation for the constituents of the Illinois ENA State Council, we the Board, are not endorsing either presidential candidate, but rather would like to give you facts on their views for healthcare to help you make an informed decision.

**President Bush and Vice-President Cheney:**

President Bush believes all Americans should have access to affordable, high-quality health care. To achieve the goal, he has:

**Created New Health Savings Accounts.** The President signed legislation making HSAs available to millions of Americans.

**Created a Prescription Drug Benefit under Medicare.** In December 2003, President Bush signed legislation making prescription drug coverage available to 40 million seniors and people with disabilities through Medicare.

**Opened or Expanded Community Health Centers.** Access to health care has been extended to 3 million additional Americans -- part of the President's five-year plan to fund 1,200 new or expanded sites to serve an additional 6.1 million people.

**Strengthened Medicaid and SCHIP.** HHS helped states develop new approaches to expanding coverage and avoiding reductions in their Medicaid and SCHIP programs.

**Provided a Health Insurance Tax Credit.** The trade bill provides a tax credit to help workers who lose their jobs due to international trade obtain health insurance coverage.

**Medical Liability Reform.** The President proposes to address the skyrocketing medical malpractice premiums through national adoption of proven minimum standards to make the medical liability system more fair, predictable, and timely.

**Association Health Plans (AHPs).** The President supports legislation enabling small employers to pool together in order to offer health insurance options to their employees by giving small businesses the same purchasing power large employers and unions have. CBO estimates that by 2008, 7.5 million people would obtain health insurance through AHPs and 600,000 would be newly insured.

**Health Information Technology.** The President proposes to use modern health information technology to achieve high-quality care, reduce preventable medical errors, and reduce costs. President Bush's FY'05 Budget request doubles the amount of funding for demonstration projects for broader adoption of health IT systems in communities and states to \$100 million. The President announced a goal that most Americans have personal electronic health records within the next ten years, and is working to make sure the federal government is fostering the adoption of these technologies.

**Senators Kerry and Edwards** propose affordable, high-quality health care will keep our families healthy, our businesses competitive, and our country strong. Over the last three years, family premiums have increased by more than \$2,600 and prescription drug prices have grown four times faster than inflation. These skyrocketing costs have hurt our economy and forced many families into bankruptcy. We deserve a president who understands that in America, regular check-ups shouldn't empty family checkbooks - a president who will put people ahead of insurance and drug companies.

John Kerry and John Edwards have a plan to address the soaring premiums and cut Americans a break. Their plan will lower family premiums by up to \$1,000 a year, cut waste from the system, lower the cost of prescription drugs to provide real relief to

seniors, and use targeted tax cuts to extend affordable, high-quality coverage to 95 percent of Americans, including every child. And because John Kerry and John Edwards believe that everyone's health is equally important, they will provide all Americans with access to the same coverage that members of Congress give themselves.

To make affordable health care a right - not a privilege - for every American, John Kerry and John Edwards will:

#### **Cut Your Premiums**

John Kerry and John Edwards will cut family premiums by up to \$1,000. That's \$1,000 in real savings people can use to buy groceries, pay the bills, and save for their children's future. And that will mean more jobs and more competitive American businesses.

#### **Cover All Americans with Quality Care**

The Kerry-Edwards plan will give every American access to the range of high-quality, affordable plans available to members of Congress and extend coverage to 95 percent of Americans, including every American child. Their plan will also fight to erase the health disparities persisting along racial and economic lines, ensure people with HIV and AIDS have the care they need, end discrimination against Americans with disabilities and mental illnesses, and ensure equal treatment for mental illness in our health system.

#### **Provide Affordable Prescriptions**

The Kerry-Edwards plan will reduce prescription drug prices by allowing the re-importation of safe prescription drugs from Canada, overhauling the Medicare drug plan, ensuring low-cost drugs, and ending artificial barriers to generic drug competition.

#### **Cut Waste and Inefficiency**

Today, approximately 25 percent of health care costs are wasted on paperwork and administrative processing. The Kerry-Edwards plan harnesses American ingenuity to cut waste, save billions, and take new steps to ensure patient privacy.

**Please take time to cast your vote on Tuesday November 2, 2004, it is your right and privilege and a means to serve your Country.**

#### **Events**

**September 27 – October 2 – National ENA Meeting** in San Diego, CA. Contact National ENA at 800-900-9659.

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

#### **State Council Meetings**

**October 12** – Illinois Council, ENA Board Budget Meeting at Northwest Community Hospital, Arlington Heights. Contact Sharon Schultz at 630-518-3506 or [saschultz@rsh.net](mailto:saschultz@rsh.net).

**November 6 – Hamburger University, Oak Brook** (Note change of location). Contact Sharon Schultz at 630-518-3506 or [saschultz@rsh.net](mailto:saschultz@rsh.net).

#### **Other Committee Meetings**

**September 28** - ENA Pediatric Committee. Contact Claudia Kirschner at 773-880-3800 or [ckirschner@childrensmemorial.org](mailto:ckirschner@childrensmemorial.org).

**October TBA** – ENA Injury Prevention/Government Affairs Committee. Contact Thelma Kuska 708-361-8677 x20 or [thelmakuska@comcast.net](mailto:thelmakuska@comcast.net).  
**October TBA** – ENA Membership Committee. Contact Merri Lazenby 630-762-8945 or [rnflygirl@comcast.net](mailto:rnflygirl@comcast.net).  
**October 13** – ENA Education Committee. Contact Karen Hamick at 847-842-4368 or [karen.hamick@advocatehealth.com](mailto:karen.hamick@advocatehealth.com).  
**November TBA** – ENA Injury Prevention/Government Affairs Committee. Contact Thelma Kuska 708-361-8677 x20 or [thelmakuska@comcast.net](mailto:thelmakuska@comcast.net).  
**November TBA** – ENA Membership Committee. Contact Merri Lazenby 630-762-8945 or [rnflygirl@comcast.net](mailto:rnflygirl@comcast.net).  
**November 6** – ENA Research Committee. Contact Vicki Keough 708-216-3582 or [vkeough@luc.edu](mailto:vkeough@luc.edu).  
**December TBA** - ENA Pediatric Committee. Contact Claudia Kirschner at 773-880-3800 or [ckirschner@childrensmemorial.org](mailto:ckirschner@childrensmemorial.org).  
**December 8** – ENA Education Committee. Contact Karen Hamick at 847-842-4368 or [karen.hamick@advocatehealth.com](mailto:karen.hamick@advocatehealth.com).

### **Educational Opportunities**

**November 2** – TNCC Instructor Course at Edward Hospital, Naperville. Contact Jan Gillespie at 630-527-3325 or [jgillespie@edward.org](mailto:jgillespie@edward.org).  
**November 3** - Trauma Seminar at Alexian Brothers Hospital. Contact Karen Hamick at 847-842-4368 or [karen.hamick@advocatehealth.com](mailto:karen.hamick@advocatehealth.com).  
**November 5** - Emergency Department Nurse Leadership Workshop at Hamburger University, Oak Brook. Contact Barb Weintraub at [Barbm1@comcast.net](mailto:Barbm1@comcast.net) or Evelyn Lyons at 708-327-2556 or [elyons@lumc](mailto:elyons@lumc).  
**January 12-13** – Concepts in Advanced Trauma Nursing II. Contact Jan Gillespie 630-527-3357 or [jgillespie@edward.org](mailto:jgillespie@edward.org).

### **Announcements**

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

***COME ONE! COME ALL!***

***Emergency Department Nurse Leadership Workshop  
Friday, November 5, 2004***

Calling all ED Nurse Managers, Educators, EMS Coordinators, Trauma Coordinators and Other ED Nurse Leaders. Have you registered yet for the ED Nurse Leadership Workshop?

Illinois State Council, Emergency Nurses Association is sponsoring an ED Nurse Leadership Workshop from 10:00am – 2:00pm on Friday, **November 5, 2004** at **Hamburger University in Oak Brook, Illinois**. This is our 2<sup>nd</sup> annual forum for nurse leaders from throughout the state to network and discuss current emergency department issues. Presentations will focus on:

- Implementation of the ENA Staffing Tool
- Integrating Evidence Based Practice in the ED

- The Future of Emergency Care: Updates Related to JCAHO Regulations and the Institute of Medicine (IOM) Reports
- Dealing with Mental Health Issues in the ED: Updates on the Screening, Assessment and Support Services (SASS) Program and Guardianship Issues

The workshop registration fee is \$25.00. Overnight lodging is available at \$79.00/night. CECH's will be available.

Make this an ENA weekend! Plan to stay overnight for the quarterly meeting of the Illinois State Council, ENA on Saturday, **November 6<sup>th</sup>** from 9:00am – 1:00pm.

The workshop registration brochure is available on the Illinois ENA website at [www.illinoisena.org](http://www.illinoisena.org). To register for the workshop or for further information, contact Barb Weintraub at [Barbrn1@comcast.net](mailto:Barbrn1@comcast.net) or Evelyn Lyons at 708-327-2556 or

[elyons@lumc](mailto:elyons@lumc).

Delegates to the 2004 General Assembly in San Diego:

Sharon Schultz	Kimberly Budil
Barb Weintraub	Teri Cambell
Sharon Graunke	Amy Varenwald
Thelma Kuska	Vicki Goedeke
Darcy Egging	Kim Marie Macygin
Debbie Smith	Penny Hurley
Julie Bracken	Josh Johnson
Julie D'Agostino	Kathy Koch
Elisabeth Weber	Rebecca Steinmann
Joanne Mitchell	Regina Bracken
Elaine Sniegowski	Kathleen Richmond

### **Illinois ENA State Council Meeting Minutes – Highlights from August 14, 2004**

By Sharon Graunke

- Illinois State Council will be the first state to receive a National ENA award for Government Affairs. It will be presented in San Diego for the state's efforts to pass, among other things, a primary seat belt law and to expand the child restraint limitations.
- Illinois Sate Council is in the midst of updating its strategic plan to take us through the next five years.
- Received a HRSA grant for the INVENT program for \$56,000. Expecting another grant next year to help offset the cost of hiring a person to do some computer work for the group. INVENT's website is up, [www.INVENT.org](http://www.INVENT.org).
- CMS has a proposal out for funding of uninsured patients seen in Emergency Departments.
- Manager's educational program and luncheon is scheduled for Friday, November 5 at Hamburger University in Oak Brook. Topics include: implementation of the ENA staffing tool, updates related JCAHO regulations, looking toward evidence-based medicine and charge nurse/leadership development.
- Having problems with e-mails from national being blocked as "spam". Looking in the *Connections* magazine for ways to unblock these messages.
- Membership for the state is 1018 as of August 12, 2004.

- Spring Symposium in May had 182 attendees with 91 being early bird registrants. Next year's symposium is Friday, April 29, 2005 with dinner the night before and some pre-sessions on Thursday.
- We have a full slate of delegates attending the September National meeting in San Diego. Some tightening up of the process for selection and notification of the delegates is needed for the future.

### **Pediatric Committee**

By Mary Otting

#### **Concerning the ENPC instructor update:**

Please note that many of your concerns have been noted by not only the Peds Committee for Illinois but also by the state council, and the board. We sent letters to the national office concerning many of the issues addressed by ENPC instructors in our state and are hoping to hear a reply. I will keep you posted on this issue.

With that said however, I wish to thank all the instructors throughout the state of Illinois for your commitment to teaching ENPC past, present and future. Your efforts have not gone unnoticed and as a committee we wish to thank each and every one of you. The new ENPC manual and course put forth by ENA is truly of the highest quality. All of those involved with the new material should be proud of their efforts.

We are continuing to schedule updates for ENPC instructors. Please contact Mary Otting 773-880-4437 or email at [motting@childrensmemorial.org](mailto:motting@childrensmemorial.org) for future dates or questions.

### **Membership Committee**

By Merri Lazenby

#### **Member Get a Member Campaign Boosts IL Membership**

The member gets a member campaign sponsored by national ENA began this year. In exchange for recruiting new ENA members, national ENA rewards you with your choice of many beautiful prizes. It's not too late to get your prize! Recruit new ENA members and have them record your name and ENA membership number on their application and you get credit for their membership. The program ends December 31<sup>st</sup>, 2004.

Nationally, ENA members have recruited 314 new members. Illinois State Council ENA membership topped 1000 in June and continues to increase. Now more than ever membership has its rewards.

### **Trauma Committee**

By Jan Gillipsie

The Trauma Committee is accomplishing two of its goals in the next few months. One is having a **TNCC Instructor Course**. This course is held on **November 2, 2004** at Edward Hospital in Naperville, IL. In order to sign up for this course you must already be a TNCC Provider and have a letter of recommendation. The TNCC-I Course lasts for one complete day. The class is limited in size; so please call Jan Gillespie at 630-527-3357 so she can fax you an application and all the information. The second goal we will accomplish is to have the new **CATN Course on January 12 and 13, 2005**. This course is now available for CEUs only – there is no verification process. This would be a great

way to get continuing education hours for TNS. The place is yet to be determined. Please call Jan Gillespie for more information 630-527-3357 or [jgillespie@edward.org](mailto:jgillespie@edward.org).

TNCC Course Directors, there are a few misconceptions as to how TNCC Instructor Candidates are to be verified. Here are some simple guidelines:

- The Instructor candidates must not constitute more than 50% of your faculty.
- You must keep your student to instructor ratio to one instructor to four students. If you must use one instructor to six students, the plan must be approved by national ENA.
- The instructor candidates must attend and teach in both days of the class. One lecture must be at least 40 minutes. The candidates must teach and test skill stations. They must also take the written exam. Call Jan Gillespie at 630-527-3357 for more information on this.
- In order to be a course director, you must be an ENA member.

Remember there is nothing better than a good trauma to get the adrenaline going.

## **CATN-II**

By Rebecca Steinmann

The Trauma Committee will be sponsoring Concepts in Advanced Trauma Nursing (CATN-II) program on **January 12 & 13, 2005**. This class is designed for nurses who are experienced in trauma care and wish to explore in greater depth the pathophysiology associated with various injuries. It is recommended that participants have completed TNCC prior to attending this educational offering. For more information regarding the upcoming program please contact Jan Gillespie, Trauma Coordinator, Edward Hospital, 630-527-3357 or [jgillespie@edward.org](mailto:jgillespie@edward.org).

## **Spring Symposium**

By Cheryl Vinakoor

The 30<sup>th</sup> Illinois Spring Symposium in May 2004 was a huge success. The registration numbers grew and the early bird special rate was outstanding. We intend to continue this new tradition. The early bird special helps the committee plan and it helps you the emergency nurse schedule your life and work schedule. A reminder card for the 2005 Symposium will be sent out to all Illinois ENA members, but mark the date now for Friday, April 29, 2005 at the Oak Brook Marriott. Pre-conference programs are being planned now.

The committee wants to express our appreciation to the nurses who attended in May 2004 for the many evaluations completed and the suggestions for the upcoming programs. The next symposium for April 2005 is currently planned from your feedback. We strive to provide educational options, which provide CECHs for the many licenses and certificates you carry. Your feedback is important so please e-mail me with additional suggestions at [tovadog@aol.com](mailto:tovadog@aol.com).

This is a program for ENA members and all emergency nurses in our state and surrounding states. The sharing of information trends in our patient populations and supporting each other is so very important. Each year the Illinois State Council provides a day dedicated to this purpose.

## **SILENT AUCTION NETS \$2,814.50 FOR ENF AT SPRING SYMPOSIUM**

**By Kathleen Richmond**

Thanks to the generosity of our members, families and friends, \$2,814.50 was raised for the Emergency Nurses Foundation during this year's Silent Auction. This annual event is held at our Networking Dinner prior to Spring Symposium, and includes a 50/50 Raffle. 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: Evelyn Lyons, Maureen Gibbs, Karen Hamick, Thelma Kuska, Merri Lazenby, Julie Bracken, Regina Bracken, Darcy Egging, Penny Hurley, Joanne Mitchell, Kathleen Richmond, Diane Rogel, Sharon Schultz, Elaine Sniegowski, Mary Ellen Burfield, Laura Tucco, Rebecca Steinmann, Liz Weber, and Barb Weintraub for the numerous books, frames posters, ENA logo items, unique jewelry pieces, Cubs Tickets and Take Me Out to the Ball Game Basket, Breakfast Goodies Basket, Jumbo Simba, New England Basket, Italian Dinner Basket, handknit silk scarves, crocheted baby blanket, Wine Gift Baskets, porcelain collector dolls, nursing collectibles, among other fun items for our "Pearl" anniversary celebration.

Thank you to: the Illinois Council Education Committee for the Nursing Education Basket, and the Injury Prevention Committee for the South of the Border Goodies Basket.

Thank you to ENA Director 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. Polly also donated a wonderful gift basket for the auction.

Thank you to PEPID, LLC for their generous donation of two RN Clinical Software CD-ROMs. Be sure to visit PEPID online at [www.pepid.com](http://www.pepid.com) for information on this handy product.

Thank you to Tom Scarpetti, owner of City Sports Lettering Company in Palos Park, for the Official Sammy Sosa Rawlings Baseball Bat. City Sports Lettering is the official lettering supplier to the Chicago Blackhawks, and specializes in NHL & MLB Jerseys. Visit them online at [www.citysportslettering.com](http://www.citysportslettering.com) or call 708-923-6250 to find out more about custom pro lettering.

Thank you to Air Angels, Inc. for the logo backpack. Visit them online at [www.airangels.com](http://www.airangels.com) to find out about their air transport services.

Thank you to friends of ENA, Joe and Sarah D'Amico, for numerous items donated.

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.

## **Education Committee**

By Karen Hamick

The Education Committee presented three seminars on the 5-tiered ESI triage system. The latest seminar was sponsored by Memorial Medical Center in Springfield, Illinois. Karen Hamick, Sue Pritscher, Sandi Roy and Laura Tucco presented the ESI system, triage case studies, crowd control/managing violence and legal issues related to triage.

Thanks to Site Coordinator, Sandra Mercer, for being such a great hostess. It seems the research based ESI system is catching on all over the Midwest, as participants from Iowa and Minnesota have come to Illinois to participate in the program.

A Trauma program will be held on **November 3, 2004** at Alexian Brothers Hospital. The topics include Pediatric Case studies, Child Abuse, Geriatric Considerations, Chest & Abdominal Trauma and Care of Spinal Cord Injuries. Six continuing education credits have been applied for – with two these specific Pediatric credits. To register contact Marcie Crawford via e-mail at: [crawdaddys@comcast.net](mailto:crawdaddys@comcast.net). Register early as seats for the trauma program fill up fast!

Plans are underway for 2005 as we look to address the needs of new ED nurses and those considering transferring into the ED, as well as, experienced ED nurses considering an advanced practice role. Look at the Illinois ENA website for more information, [www.illinoisENA.org](http://www.illinoisENA.org). Thanks to all of our great members who work hard to bring quality programs to all areas of Illinois. Please e-mail the Education Committee Chair with any seminar ideas, questions, or concerns at [karenhamick@sbcglobal.net](mailto:karenhamick@sbcglobal.net).

## **ENA Members Make a Difference**

Barb Gambino, an ED nurse at Edward Hospital in Naperville was returning from a luxurious Hawaiian vacation on ATA when an announcement was made requesting medical assistance. Barb, always the professional, identified herself as an ED nurse. The flight attendant brought her to first class where she found “her patient” unconscious and unresponsive in his seat. Barb and the flight attendant were able to move the patient to the floor of the plane so CPR could be started. In the midst of CPR Barb asked if they had an AED – and one was provided. He was hooked up to the AED and was in asystole, so no defibrillation took place. It was obvious the patient was not doing well and Barb then requested a medical bag - and one was provided. In the bag Barb found oxygen supplies, IV supplies and medications. At about this time a retired anesthesiologist asked if he could be of some assistance. Barb said, “sure come and intubate this guy.” The anesthesiologist did the intubation and Barb started an IV. Believe it or not, there was no tape on board so the IV was held in place with none other than duct tape. Barb then started giving Epinephrine and Atropine and guess what? The patient had a heart rate and pulse.

The anesthesiologist and Barb looked at each other and said at the same time – “When do we land?” The flight attendant, in a matter of fact tone, said “a little over an hour and a half – we’re right over the middle of the ocean.” Barb took care of the patient for the long hour and a half and then turned him over the LAFD paramedics. Boy were they surprised to receive a live patient. Barb, who always has great documentation, did a

code summary on toilet paper. When she walked to the back of the plane to greet her family they all said – “Mom, what took you so long?”

Excellent job! This is a nurse you should get to know.

Leslie Wilkans, staff nurse at Good Shepherd Hospital and formerly at the University of Illinois, is training hard for her first marathon. She is participating in the AIDS Marathon fund-raiser held in Honolulu, Hawaii on **December 12, 2004**. Each runner must raise \$3,500.00 to participate and Leslie is close to her goal. Creative raffles and lots of interesting pitches have been very successful. To contribute to the AIDS Marathon you can simply log onto the web and sponsor Leslie. The site is [www.aidsmarathon.org](http://www.aidsmarathon.org) and click <sponsor a runner>, enter in #4220 and complete the donor information. Remember your contribution helps fund medical care and services for the 30,000 HIV positive and AIDS victims throughout the United States and is tax deductible.

## **INVENT**

By Barbara Weintraub, INVENT Grant Administrator

September 11, 2001 at 8:46 a.m., do you remember where you were and how you felt at that moment? Do you remember what you were doing as the towers came down, as the Pentagon crumbled, as the brave men and women of Flight 93 thwarted another attack on America? As the events unfolded, each of us was left to mourn the loss of America’s innocence in our own ways.

For those of us who call ourselves emergency nurses, however, there was an additional pain as well. As emergency nurses, we pride ourselves on our ability to act in all conceivable situations. Deliver a baby? Done. Resuscitate a drowning victim? Done. MI? Lightning strike? Triple A? Done, done, done. To have others need us and to not act is an anathema to emergency nurses. Yet, here we sat, while the Pentagon burned and the towers surrendered. In those days after 9-11, as the current Illinois ENA president, I tried frantically to answer all the calls from my colleagues across the state, asking, begging, pleading for ways to help. I called the New York ENA, New York Nurse’s Association, Lifesource, and IDPH. Yet, in the end, all we could send were our prayers.

Emergency nurses are truly among the most resourceful humans on earth, and out of this resourcefulness was born a mechanism through which we could help when that next disaster strikes. The Illinois Nurse Volunteer Emergency Needs Team (INVENT) is the mechanism. The mission is simple; to train nurses to respond to a state disaster or emergency situation. Activation is voluntary, the time commitment is decided by each individual nurse; there is no call time.

As a fledgling part of the Illinois State Disaster Plan, we have work ahead of us, but have accomplished much in this past year as well. Our website, [www.inventRN.org](http://www.inventRN.org), is now up and running, along with an online application. The uniforms are ordered, and are actually in my garage at present. We are actively recruiting nurses across all specialties throughout the state. We are training trainers to help disseminate the 4-hour course throughout the state (courses will be posted on the website). The HRSA grant awarded to Illinois ENA through IDPH has been renewed for next year, and with that, many more details of which to attend.

If you are thinking, “great idea, but I’ve got a job, kids, pets, parents, school, etc. and I can’t make any further commitments”, I ask you to remember one thing, 8:46 a.m., September 11, 2001. Do you remember where you were and how you felt at that moment?

The commitment to join is minimal, while the rewards are immeasurable.

### **Alternating Antipyretics**

By Rebecca Steinmann

Is alternating Tylenol and Motrin better than either drug alone in reducing fever?

*What we do know.*

1. Fever is one of the body’s normal defense mechanisms, a non-specific response to various inflammatory, viral, and bacterial processes. It is a symptom of illness, not the illness itself. Untreated fever may shorten an illness by 24 hours.
2. For temperatures below 38.9° C (102° F) both Tylenol and Motrin appear to be equally effective. For higher fevers, Motrin appears to offer superior fever reduction.
3. Parents frequently do not administer an effective dose of either Tylenol or Motrin based on the dose recommended for their child’s weight.
4. Miscalculated dosing of Tylenol from parents trying to control fever is the biggest cause of acetaminophen toxicity in children under 10 years of age.
5. Health care providers often recommend various methods of alternating these two antipyretics to reduce fever in children..... Motrin every 6 hours and Tylenol every 4 hours.... alternating between the two every 4 hours .....
6. Complicated dosing schemes increase the risk of dosing errors.

*What we don’t know.*

Surprisingly there is **NO** reliable evidence to support the safety or efficacy of alternating these drugs. In fact the American Academy of Pediatrics does not recommend it and many experts recommend against it.

*So what are the arguments for using the combination?*

1. Many times the child’s fever returns before the next dose of the same medication is “due”. The alternating method does provide better fever coverage and may help prevent overmedication with a single agent.
2. Parents are concerned with not being able to control their child’s fever with a single medication. A child is generally miserable with a high fever and at higher risk of dehydration due to fever, anorexia, and lethargy. Lowering the temperature to below 38.9° C (102° F) makes the child more comfortable and more likely to take fluids.

*So what are the arguments for not using the combination?*

1. Alternating Tylenol and Motrin is confusing to parents and is thereby potentially harmful.
2. Masking fever with antipyretics may provide a sense of well-being to the parents preventing them and their physician from recognizing the severity of a particular illness.
3. Parents become impressed (obsessed) with the perception that “fever is bad”

*So what's the bottom line?*

Until there is definitive evidence that the combination of Tylenol and Motrin is more effective than either drug alone, it is suggested that parents be advised to use just **ONE** drug to manage their child's fever: either the **appropriate dose** of Tylenol every 4 hours, up to 5 doses/day or Motrin every 6-8 hours up to 4 doses/day.

## **NIH NEWS**

### **Update on Cholesterol Guidelines: More-Intensive Treatment Potions for Higher Risk Patients**

*National Heart, Lung, and Blood Institute, American College of Cardiology, and American Heart Association Endorse Report*

A 2004 update to the National Cholesterol Education Program's (NCEP) clinical practice guideline on cholesterol management advises physicians to consider new, more intensive treatment options for people at high and moderate high risk for a heart attack. These options include setting lower treatment goals for LDL ("bad") cholesterol and initiating cholesterol-lowering drug therapy at lower LDL thresholds.

The update published in the July 13 issue of *Circulation: Journal of the American Heart Association* is endorsed by the National Heart, Lung, and Blood Institute (NHLBI), the American College of Cardiology, and the American Heart Association. The document is based on a review of 5 major clinical trials of statin therapy conducted since the 2001 release of the NCEP's cholesterol guideline known as the Adult Treatment Panel (ATP) III Report. NHLBI, a component of the National Institutes of Health, coordinates the NCEP.

"The recent trials add to the evidence that when it comes to LDL (bad) cholesterol, lower is better for persons with high risk for heart attack," said NHLBI Acting Director Barbara Alving, MD. "These trials show a direct relationship between lower LDL cholesterol levels and reduced risk for major coronary events. So, it is important to consider more intensive treatment for people at very high risk," she added.

Major recommendations in the update include:

**High and Very High Risk:** For high-risk patients, the overall goal remains a LDL level of less than 100mg/dL. But for people at very high risk, a group that is considered a "subset" of the high-risk category, the update offers a new therapeutic option of treating to less than 70mg/dL. For very high-risk whose LDL levels are already below 100 mg/dL, there is also an option to use drug therapy to reach the less than 70 mg/dL goal.

For the overall category of high-risk patients, the update lowers the threshold for drug therapy to a LDL of 100 mg/dL or higher and recommends drug therapy for those high-risk patients whose LDL is 100 to 129 mg/dL. In contrast, ATP III set the threshold for drug therapy for high-risk patients at a LDL of 130 mg/dL or higher and made drug treatment optional for LDL 100 to 129 mg/dL.

The NCEP defines high-risk patients as those who have coronary heart disease or disease of the blood vessels to the brain or extremities, or diabetes, or multiple (2 or More) risk factors (e.g., smoking, hypertension) that give them a greater than 20 percent chance of having a heart attack within 10 years. Very high-risk patients are those who have cardiovascular disease together with multiple risk factors (especially diabetes), or severe and poorly controlled risk factors (e.g., continued smoking), or metabolic syndrome (a constellation of risk factors associated with

obesity including high triglycerides and low HDL). Patients hospitalized for acute coronary syndromes such as heart attack are also at very high risk.

**Moderately High-Risk:** For moderately high-risk patients, the goal remains an LDL under 130 mg/dL, but the update provides a therapeutic option to set a lower LDL goal of under 100 mg/dL, and to use drug therapy at LDL levels of 100 – 129 mg/dL to reach this lower goal.

For **high-risk or moderately high-risk** patients, the report advises that the intensity of LDL-lowering drug therapy be sufficient to achieve at least a 30 to 40 percent reduction in LDL levels. This can be accomplished by taking statins or by combining lower doses of statins with other drugs (bile acid resins, nicotinic acid, or ezetimibe) or with food products containing plant stanol/sterols.

**Lower/Moderate Risk:** The update did not revise recommendations for lower risk persons: those with moderate risk (2 or more risk factors plus an under 10 percent risk of a heart attack in 10 years) or those with 0 to 1 risk factor. According to the report, the absolute benefits for people at the lower levels of risk are less clear cut and the recent clinical trials do not suggest a modification of treatment goals and cut points.

The report emphasizes the importance of therapeutic lifestyle changes (TLC – intensive use of nutrition, physical activity, and weight control) for cholesterol management.

“Lifestyle changes continue to be an essential part of controlling cholesterol. TLC has the potential to reduce cardiovascular risk through several mechanisms beyond LDL lowering,” said Scott Grundy, MD, director of the Center for Human Nutrition at the University of Texas Southwestern Medical Center at Dallas and chair of the NCEP working group that developed the update report.

Like ATP III, the update addresses and emphasizes cholesterol lowering in older persons (age 65 or above). High-risk older persons with established cardiovascular disease are included in the recommendations for intensive LDL-lowering therapy.

“Although the update suggests the physicians use their clinical judgment to determine whether intensive LDL-lowering therapy is warranted in older persons, these people should not be excluded from the benefits of LDL-lowering treatment just because of age,” said NCEP Coordinator James Cleeman, MD.

A comparison of the key modifications in the update with the ATP III recommendations follows:

**ATPIII:** The goal for high-risk patients is a LDL of < 100 mg/dL.

**Update:** LDL < 100 mg/dL is still an overall goal for high-risk patients; for very high-risk patients, a therapeutic option is to treat to < 70 mg/dL.

**ATP III:** The threshold for cholesterol-lowering drug treatment for high-risk patients was 130 mg/dL or higher, and cholesterol-lowering drugs for LDL 100-129 mg/dL were “optional.”

**Update:** The threshold for cholesterol-lowering drug treatment is lowered to 100 mg/dL or above, and it is recommended those patients with LDL 100-129 mg/dL receives cholesterol-lowering drug therapy.

**ATP III:** For moderately high-risk persons, the LDL treatment goal is <130 mg/dL and drug therapy is recommended if LDL is 130 mg/dL or higher.

**Update:** A therapeutic option is to set the treatment goal at LDL <100 mg/dL, and use drug therapy if LDL is 100-129 mg/dL to reach the goal.

**ATP III:** Achieving a certain percentage lowering of LDL cholesterol was not emphasized.

**Update:** When LDL-lowering drug therapy is used in high- and moderately high-risk patients, it is advised the intensity of therapy is sufficient to achieve at least a 30 to 40 percent reduction in LDL levels.

**ATP III:** Initiate therapeutic lifestyle changes (TLC) in patients whose LDL cholesterol numbers are above goal levels.

**Update:** In addition to patients with LDL above goal, any person at high- or moderately high-risk who has lifestyle-related risk factors is a candidate for TLC regardless of LDL level.

According to Dr. Cleeman, the update to the ATP III guidelines is not the final word on LDL goals. There are three ongoing trials in high-risk individuals, which when completed, may lead to a broader recommendation for reaching very low LDL goals in high-risk patients.

A copy of the update and information on the ATP III guidelines can be found online at <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>. A 10-year heart attack risk calculator can be found at <http://hin.nhlbi.nih.gov/atpiii/calculator?usertype=prof>.

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