



Illinois State Council

COUNTERSHOCK

❖ Fall 2008 ❖

Editor's Note

Please consult the web site for up-to-date information at www.illinoisENA.org. Canceled meeting notification is found there.

President's Message

By Cheryl Vinikoor

It has been a pleasure to serve as the 2007-2008 president of the Illinois Emergency Nurses Association (IENA). I am swearing in Rebecca Steinmann as president October 18, 2008, and moving into the Past President role. During the last two years I met many nurses from the state, both through email and in-person. I was afforded the opportunity to spend time with the Student Nurses' Association for Illinois, as well as develop a professional relationship with the Illinois Nurses Association, through efforts to encourage the sharing of information between the professional nursing organizations in Illinois. IENA exhibited at the SNAI/INA October 2007 conference and at Illinois Student Nurse Political Action Day in April 2008 in Springfield, interacting with the students and telling them about our organization and what ED nurses do everyday. We plan to exhibit at the Illinois State Advanced Practice Nurses conference in Schaumburg and the SNAI conference in Peoria both in October 2008. These are wonderful networking and marketing opportunities for IENA and emergency nurses.

The membership in Illinois is hovering around 1300 for the last year. This is a significant increase from a few years ago. Our most valuable resource for increasing membership is you. Please encourage someone to join the organization; the application process is very easy. Obtain information from www.ena.org and be sure to include your name and member number as the sponsor.

Becoming an emergency nurse is still a very desirable specialty for student nurses. Our student membership increased, which is exciting. Students getting involved with a professional organization have all the privileges of membership except voting. National ENA supports this initiative by providing some

complimentary memberships to IENA that we then award to students who participate at state meetings and educational programs.

Postage, paper and copying costs are a significant expense for every budget. In the attempt to be fiscally and environmentally responsible the IENA Board of Directors made several decisions in the last few years to improve our "green" effort. IENA partnered with an event planning organization to electronically send brochures, Save the Date reminders cards and other mailings. Thanks to the devoted IENA members for all their effort to make this happen. In addition, our website was upgraded to provide the first paper-free ballot and election process for the 2009 officers. An e-newsletter allows supplements to the biannual Countershock newsletter, providing up-to-date information on a more frequent basis. Going completely electronic may never happen, but we are seeking every opportunity. Please be sure to update your personal information on the National ENA website since this is the source of your contact information.

As I write this letter, the twenty-seven Illinois delegates prepare to travel to the ENA General Assembly in Minneapolis. Our delegate contingent includes several "first-timers" which is fantastic! This is a wonderful opportunity for involvement and observing the efforts and strength of the ENA, 35,000 members strong. At the General Assembly the delegates decide the direction of the organization's involvement in health care policy development, improving work environments, and safety initiatives for the ED nurse and their patients. Consider applying to be a delegate next year. The application is on the www.illinoisENA.org website under "About Us". The process walks you through the point selection. Start thinking about it for next spring.

Please use the website to obtain information about the quarterly meetings which are totally

free...and we feed you! We offer an excellent educational program as part of the meeting. I personally love the networking, meeting new people and sharing what is happening at different facilities. Every nurse is invited and encouraged to attend; it is not only for members.

Hope to see you at the October 18, 2008 Illinois ENA meeting at Northwest Community Hospital. Check the website for more information. To my colleagues, thank you for encouraging and allowing me to serve as president of this organization.



Featured Hospitals:
Memorial Medical Center,
Springfield

By Sharon Iben



ER Abroad: Mission Possible

What started as a patient-nurse relationship blossomed into an Emergency Department's mission to provide healthcare to an orphanage in Guatemala. In February 2008, eleven staff members of Memorial Medical Center in Springfield, Illinois did make that mission possible.

Peggy Knowski, RN, met Melissa and Jeremy Keltner, missionaries for the orphanage Casa Angelina in the small village of Chimaltenanago, when Melissa was a patient in the ED. She learned a medical clinic and housing was being built for the lost

and forgotten children of Guatemala. Thanks to organizing efforts by Peggy Knowski, the desire to help arose, and for Christmas 2006 an angel tree for 30 orphans developed. Soon after began the planning for a group of medical personnel to head there with more than just Christmas presents. Donations and fundraisers made it possible to pay for the group's trip and donate \$2000 to the medical clinic.

On February 17, 2008, the team of Peggy Knowski, RN, Rachel Sedlacek, RN, Annie Kennedy, RN, Angie Rodriguez, RN, Leigh Ann Abbott, RN with her son Nolan, (age 7), Kate Phillips, RN, Dennis Danner, RN, Chrissy Knepler, RN, her husband Monty (from Memorial Homecare), Randy Burge, EMT, Carmen Wittmer, EMT, and Bo Schneider, MD, all employees of Memorial's Emergency Department, left for their destination. They brought along eleven suitcases with almost 500 pounds of medical supplies, medicines, soap, lotion and school supplies. The team staffed the clinic for five days and saw almost 400 orphans and people from surrounding villages. Ailments ranged from skin infections to machete wounds. Through an interpreter, basic first aid and CPR were taught to the orphanage staff members.

The emotions felt by the ER Abroad team members ranged from being extremely frustrated, due to the villagers having no access or money for basic medical care, to a thoroughly enriching experience, since the smallest things were so greatly appreciated by the patients. Knowski relates, "We were giving out toothbrushes and toothpaste and you would have thought we were handing them gold bars. I think that is what we all got back the most. It reminded us why we went into healthcare in the first place. We are put on this planet to help each other and it was very, very rewarding to do that."

The strong bond formed between the ER Abroad team and the people in Guatemala continues on with the planning of another trip to Casa Angelina next year. The hopes and dreams of this group would be for missions to continue to provide healthcare to these orphans and villagers for many years to come. If anyone is interested in learning more about this orphanage, please visit www.ivantaitmissions.com.



Advocate Christ Medical Center

By Kathy Koch

The emergency department (ED) at Advocate Christ Medical Center is a state of Illinois designated Level I Trauma Center, capable of providing all essential services in-house, 24 hours a day. It is among the busiest EDs in the Midwest, treating more than 80,000 patients a year.



The ED team of board-certified emergency physicians, trauma surgeons, registered nurses, nurse liaisons, respiratory therapists, and emergency technicians is specially trained and experienced in treating patients with emergency health conditions. Resident physicians in the ED are supervised by attending physicians.

The most advanced technology and resources of one of the nation's leading medical centers is available to patients in Advocate Christ Medical Center's ED. The medical center is a smoke free facility and the largest private hospital in Illinois based on admissions, is a recognized leader in emergency medicine, cardiology, pediatrics, surgical services, oncology and women's services. Advocate Christ Medical Center is a Level III Perinatal Center – the highest designation – and home to Advocate Hope Children's Hospital.



Advocate South Suburban Hospital

By Megan McCann

SANE Nurse Program

The emergency department at Advocate South Suburban Hospital is one of the only in Cook County staffed 24 hours a day with certified sexual assault nurse examiners (SANE).



Nurses with the SANE certification provide care, gather forensic evidence, counsel the victim, and testify in court. "The way a victim is treated after an assault can make a huge difference in how he/she heals," said the hospital's SANE coordinator Nancy Healy. In a traditional emergency department, nurses are often overwhelmed by the large number of patients and are not trained to properly collect evidence. This can result in the perpetrator not being prosecuted.

A special treatment room at Advocate South Suburban Hospital is dedicated for the care of sexual assault victims. It is equipped with state-of-the-art equipment used for patient comfort and advanced evidence collection. A vital piece of equipment is the colposcope, which provides high quality magnified images of injuries. Prosecutors recently used images of a victim's injuries taken by the hospital's SANE team to strengthen their case against an accused perpetrator. "When the images were entered into evidence the person's bail was raised to \$1 million overnight," said Healy. "The photos lead to a guilty plea and prosecutors are now seeking life in prison."

Healy is working with local advocacy groups and law enforcement to create a South Cook County Regional SANE Center. "We want to use a team approach involving law enforcement, the medical community, rape crisis advocates, and the prosecutor's office to provide the best care to victims," said Healy. "The program would have agencies refer victims to one hospital to ensure they are treated by a certified SANE nurse. This will aid in patient care and should positively impact prosecution of sexual assault perpetrators." Advocate South Suburban Hospital would be the referred hospital for the South Cook County region. Healy and the other organizers hope the South Cook County project will be a pilot program for the entire county.



Events

STATE COUNCIL MEETINGS

October 18, 2008 – *Northwest Community Hospital*. Contact Cheryl Vinikoor at 847-480-3751 or cvinikoor@comcast.net.

EDUCATIONAL OPPORTUNITIES

October 6, 2008 – *ENPC, Chicago*. Contact Harriet Hawkins at 773-880-6303 or hhawkins@childrensmemorial.org

October 8, 2008 – *ENPC Reverification, Park Ridge*. Contact Harriet Hawkins at 773-880-6303 or hhawkins@childrensmemorial.org

October 10, 2008 – *TNCC, Geneva*. Contact Irvanne Ester at 630-208-4022 or iester@delnor.com

October 14, 2008 – *TNCC, Batesville*. Contact Theresa Joy at 317-630-6318 or theresa.joy@wishard.edu

October 21, 2008 – *ENPC, Arlington Heights*. Contact Sue Golbeck at 847-618-7403

October 23, 2008 – *ENPC, Oak Lawn*. Contact Janice Dorey at 708-684-5979 or janice.dorey@advocatehealth.com

October 30, 2008 – *CATN, Arlington Heights*. Contact Rebecca Steinmann at 630-527-5737 or rsteinmann@ameritech.net

November 3, 2008 – *TNCC, Chicago*. Contact Harriet Hawkins at 773-880-6303 or hhawkins@childrensmemorial.org

November 3, 2008 – *TNCC, Park Ridge*. Contact Joan Morris at 847-723-7817 or joan.morris@advocatehealth.com

November 5, 2008 – *ENPC, Naperville*. Contact Rebecca Steinmann at 630-516-0608 or rsteinmann@ameritech.net

November 6, 2008 – *TNCC, Peoria*. Contact Cathie Bell at 309-672-5905 or cbell@mmci.org

November 7, 2008 – *ENPC, Geneva*. Contact Cheryl Lorenzin at 630-208-9860 or cbreeze1564@sbcglobal.net

November 10, 2006 – *TNCC, Springfield*. Contact Dee Anne Rentmeister at 217-544-6464 or dee.rentmeister@stjohns.org

November 12, 2008 – *ENPC, Park Ridge*. Contact Darlene Seeman at 847-723-5155 or DarCar4CEN@aol.com

November 13, 2008 – *ENPC, Rock Island*. Contact Nancy Frederiksen at 309-779-3292 or fredern@ihs.org

November 17, 2008 – *ENPC, Chicago*. Contact Harriet Hawkins at 773-880-6303 or hhawkins@childrensmemorial.org

November 20, 2008 – *TNCC, Oak Lawn*. Contact Janice Dorey at 708-684-5979 or janice.dorey@advocatehealth.com

November 21, 2008 – *TNCC, Arlington Heights*. Contact Sue Golbeck at 847-618-7403

December 1, 2008 – *TNCC, Chicago*. Contact Harriet Hawkins at 773-880-6303 or hhawkins@childrensmemorial.org

December 2, 2008 – *TNCC, Peoria*. Contact Debra Yandell at 309-624-9492



Announcements

ELECTION RESULTS

The following ENA members were recently elected to the Illinois State Council, ENA Board of Directors for the 2009 – 2010 term of office. They will be formally inducted into their roles during a brief ceremony conducted at the Fall Illinois ENA State Council meeting on Saturday, October 18, 2008.

President- Elect

Stephen J. Stapleton, RN, PhD(c), CEN
Assistant Professor, West Suburban College of Nursing, Oak Park

Secretary

Vicki Bacidore, RN, MSN, ACNP, CEN, TNS, Nurse Practitioner, Emergency Department, Loyola University Health System, Maywood

Director

Sharon Iben, RN, BSN, CEN
Supervisor, Emergency Department, Memorial Medical Center, Springfield

Congratulations to Thelma Kuska for her acceptance as FAEN.



Illinois Emergency Department Asthma Surveillance Project (IEDASP)

By Nicole Thompson

The Illinois Emergency Department Asthma Surveillance Project (IEDASP) is a statewide asthma surveillance program sponsored by the Illinois Department of Public

Health (IDPH). IEDASP is an internet-based Emergency Department (ED) surveillance program gathering information about the burden of asthma and how it is treated, both in your community and statewide. Once information is collected, your hospital receives site-specific surveillance reports providing information on asthma severity, prior asthma treatment, frequency of previous asthma visits, and interactions with providers in your ED. Critical elements of ED care and discharge procedures are included in the reports as well. Site recruitment is underway and we look forward to your hospital's participation in this unique and important endeavor. Please visit our website at www.iedasp.org.

Any additional questions can be addressed by contacting Nicole Thompson, Project Director at 312-942-3604 or via email: nicole_t_thompson@rush.edu.



Archives Corner

By Kathleen Richmond

ARCHAIC MEDICAL TERMINOLOGY

From the 1930 American Pocket Medical Dictionary

Can you match the term with its definition?

- | | |
|---------------|------------------------|
| 1. Phthisis | 6. Dropsy |
| 2. Scald-head | 7. Pyrosis |
| 3. Ague | 8. Catarrh |
| 4. Apoplexy | 9. Infantile paralysis |
| 5. Quinsy | 10. Miasma |
-
- A. Intermittent fever with hot and cold paroxysms
 - B. Acute suppurative tonsillitis
 - C. A noxious effluvium/poisonous vapors thought to infect the air especially at night
 - D. Cerebral hemorrhage or stroke
 - E. Inflammation of mucus membrane with free discharge, usually the nose and pharynx
 - F. A crusty disease of the scalp usually fungal
 - G. A wasting of the body, usually pulmonary tuberculosis
 - H. Heart-burn
 - I. Accumulation of serous fluids in a body cavity or tissues, usually ascites
 - J. Poliomyelitis

Find the answers on the last page.



Illinois State Council Meeting Highlights

By Karin Buchanan

MINUTES SUMMARY

Awards and Recognition

Thelma Kuska was inducted into the Academy of Emergency Nursing

Mary Connelly cited in Spectrum about IL nursing and emergency preparation
IL ENA received outstanding State Council at Spring Conference

Kathy Koch and **Amy Krupa** were initiated into Sigma Theta Tau

Sue Surane was interviewed by ADVANCE for her work with implementing SBIRT in her ED

Vicki Goeddeke's abstract was accepted by the National Children's Medical Center
Christine Chaput completed her masters at Loyola

Paula Tanabe received the NIH career development award

Lynette Hemphill was promoted to supervisor in the ED

Radek Hoffman was a Nurse of the Year finalist from SPECTRUM

Amy Krupa was published in SPECTRUM

Presentations

Risa Denenfeld presented the Illinois Education Foundation Nursing Mentor Program

Website

Evelyn Lyons reviewed new items on the website

IDPH Asthma Project

Paula Tanabe provided updates on the IDPH asthma surveillance program

CVENT

Bonnie Mobley reviewed the CVENT program. In addition to being used for the Spring Symposium and meeting announcements, it will be used this year for elections.

CE presentation

Letty Valdiviez, RN, MSN, CNS, at CMH presented Hematological Emergencies

Student Nurses

Cheryl Vinikoor and **Vicki Goeddeke** provided information at Student Lobby Day in Springfield.



Decisions Made in Minneapolis Advance ENA

By Julie D'Agostino

Emergency nurses converge on Minneapolis, Minnesota September 24 and 25, 2008, to represent YOU at this important General Assembly meeting. Illinois ENA members are selected by a point system to be delegates. This year we are represented by 27 Delegates! Our number of delegates rises as our membership increases.

A key issue related to how our organization moves forward is a timely discussion on term limits. This topic came up before at other General Assembly meetings. Do you have an opinion regarding term limits? See the delegate list below and contact one of them or our President Cheryl Vinikoor cvinikoor@comcast.net, so your views may be represented.

For more information www.ena.org for the full details of agenda items for the General Assembly.

The delegates representing you are:

Cheryl Vinikoor, Arlington Heights
Vicky Goeddeke, Rockford
Elisabeth Weber, Chicago
Julie D'Agostino, Arlington Heights
Rebecca Steinmann, Elmhurst
Darcy Egging, Oswego
Kathy Koch, Tinley Park
Thelma Kuska, Palos Heights
Mary Otting, Chicago
Laura Tucco, Chicago
Christine Chaput, Brookfield
Cathie Bell, Pekin
Bonnie Mobley, Chicago
Cassandra O'Brien, Chicago
Patricia Madden, New Lenox
Harriet S. Hawkins, Oak Park
Kim Mann, Long Grove
Vicki Keough, Chicago
Vicki Bacidore, Chicago
Steve Stapleton, Chicago
Susan Remaly, Plainfield
Sharon Iben, Carlinville
Marites Gonzaga, Chicago
Lynette Hemphill, Brookfield
Kim Budil, Oak Forest
Benson Wright, Chicago
Joanne Mitchell, Homewood

Remember even you could be a delegate or alternate. Watch for information in the Spring Countershock.



Silent Auction Nets \$2,816.50 for ENAF at 2008 Spring Symposium

By Kathleen Richmond

Thanks to the generosity of members, families and friends of ENA, \$2,816.50 was raised for the Emergency Nurses Foundation during this year's Silent Auction on April 3rd. 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 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 who donated auction items, and are directly responsible for the huge success of this fundraising event.

Thank you to Illinois Council members: Penny Hurley, Thelma Kuska, Julie Bracken, Regina Bracken, Darcy Egging, Sharon Graunke, Harriet Hawkins, Decann Faragoi, Joanne Mitchell, Kathleen Richmond, Diane Rogel, Marilyn Rice, Rebecca Steinman, and Barb Weintraub. Donated items included White Sox tickets, jewelry pieces, prints, picture frames, hand knit wool hat and scarves sets, gift baskets of all sorts, wine, nursing collectibles, Aussie, and vintage items.

Thank you to MacNeal Hospital Emergency Department for the super "Chicago Cubs" gift basket including game tickets!

Thank you to Superior Ambulance for the generous donation of "Chicago White Sox" skybox tickets.

Thank you to our Illinois Council Pediatric Committee for two special gift baskets.

Thank you to "friends of ENA", Sarah and Joe D'Amico and Patricia Wilfinger, for a variety of 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 or you can phone me at 708-687-6044.



Treasurer's Report

By Elisabeth Weber

ASSETS (As of June 30, 2008)

Checking Account (Fifth Third Bank)
\$29,875.51*

Money Market Account (Fifth Third Bank)
\$10,008.74

Investment Account (Journey Financial)
\$138,344.65

(April + \$ 4473.27) (May + \$2429.01)
(June - \$6233.39)

TOTAL \$178,228.90

**This does not reflect deposits of over \$9000.00 in July (ENPC, TNCC, CATN, SIU Injury Prevention, and remaining Spring Symposium Vendors and Spring Symposium Class Attendees)*

LIABILITIES (Upcoming)

Delegate Reimbursements
\$17,500.00**

*** Third Quarter Expense*

PROFIT AND LOSS STATEMENT

Separate handout reviewed by Treasurer. Loss to June 30, 2008 is **\$7,068.63** relative to budget. The \$5000.00 donation to ENAF State Challenge was not budgeted but approved at the meeting in April.

TAX RETURN AND REGULATORY FILING

Federal 990 Form filed with IRS on May 15 2008, IL 990 Form filed by June 30, 2008, IL Non-for-profit forms and fees filed by deadline of August 1, 2008

2009 BUDGET PLANNING MEETING

Scheduled for **Tuesday, October 14, 2008** 6:00 p.m. Location to be announced at a restaurant near Children's Memorial Hospital, 2300 N. Lincoln Avenue, Chicago, 60614

EQUIPMENT INVENTORY OF ENA ASSETS

No assets were reported except the computer and software currently in possession of the Treasurer.

FINANCE COMMITTEE

No update.

DELEGATE INFORMATION

Packets distributed or mailed to all delegates with forms and instructions. Deadline for reimbursement remains 30 days after end of meeting, i.e. **October 25th** but with the change in Treasurers it would be appreciated if you could return documents as early as possible following the meeting. For any questions contact Treasurer@illinoisena.org or call 773-868-8960.

**Communications Committee**

By Evelyn Lyons

The Communications Committee was busy overseeing several website projects over the past several months. A new feature added to the website is online voting capabilities. The online voting component went live in May 2008 and was utilized for the Illinois State Council Board of Director positions (2009 – 2010 terms). This was the first time Illinois ENA conducted voting via our website and most of the feedback we received was positive. A few members commented the initial registration process was not user friendly. We are currently reviewing feedback and will modify the process as necessary for future voting. The new platform supporting the online voting program will also support other board-only and member-only capabilities, including the ability to conduct surveys of Illinois ENA members. These features provide assistance with future activities.

In addition, a new policy titled Illinois ENA State Council Web Policy was developed and received approval at the April 26, 2008 State Council meeting. The policy outlines website guidelines and procedures in the areas of privacy, linking, copyright and submission/posting of information. It can be accessed on the Illinois ENA website in the "About Us" page.

New information and links continue to be added to the website so it stays current. The "Featured Hospital" link on the home page is a fairly new item and provides a forum for sharing information on Illinois hospitals. Lake Forest Hospital was the first featured hospital. Currently Northwest Community

Hospital is featured on the website. Hospitals throughout the state are welcome to submit an article and picture regarding their emergency department and hospital.

The Communications Committee encourages all Illinois ENA members to visit the Illinois State Council website at www.illinoisena.org. New information and resources are routinely added to the website to ensure it continues to meet your needs and it stays as current as possible. If you have any recommendations for the website or if there is any additional information or resources you would like to see added to the website, please contact Evelyn Lyons at 708-327-2556 or Evelyn.Lyons@illinois.gov.

Spring Symposium Committee

By Cheryl Vinikoor

Hard to believe but it is the 35th consecutive year for this state to hold a spring conference. It has evolved into a 2 day conference.

Day One, April 2, 2009, provides a TNCC and ENPC Instructor course. Please check the website for all the information to apply for these courses. The advanced practice program. Also on Day One, includes a workshop and pertinent presentations for the advanced nurse, providing CECH. It is not mandatory to be a CNS, NP or APN to attend.

Day Two, April 3, 2009, the planning committee is excited to announce Terry Foster, known nationally as a dynamic, (and entertaining nurse) will be our keynote speaker for the 35th Annual Spring Symposium. In addition to Terry, we have confirmed presentations on up-to-date topics such as post resuscitation hypothermia protocols in the ED, pediatric resuscitation, and military trauma, as well as many other topics.

Please watch for the email reminders for registration. A brochure will be mailed to each Illinois ENA member's home with preferred conference and hotel registration via the website.

Please note you will be provided a CD the day of the conference with the speaker handouts, instead of paper copies. This is one of our efforts to "go green."

Check website for more information.



Evidence Based Practice (Research) Committee

By Vicki Keough

Illinois ENA Wants Your BEST ED Project!!!!

Enter the 2008 Illinois ENA Evidence-Based Project Contest

4 people will win:

- ❖ a total of \$400 AND
- ❖ Free registration at the 2009 Illinois Spring Symposium AND
- ❖ An opportunity to present your project at the Illinois Spring Symposium

Requirements:

- ❖ Must be an Illinois ENA Member
- ❖ All material must be submitted by **November 1, 2008**
- ❖ Must submit:
- ❖ A 500 word abstract

A paper that describes your project and includes:

- ❖ Title
- ❖ Significance to ED Nursing
- ❖ Brief summary of the review of the literature
- ❖ Overview of the project
- ❖ Discussion and future recommendations

If selected you will present your project poster at the Spring Symposium and give a 15-minute oral presentation

Send final project paper to:

V. Keough, Loyola University Chicago School of Nursing, 2160 S. First Ave, Maguire Building, Maywood, IL 60153.

Need help? Contact: Vicki Bacidore (708)-216-5600 or vbacido@lumc.edu



Trauma Committee

By Jan Gillespie

The Trauma Committee had a very busy 2007 and first quarter 2008 updating TNCC Instructors, in addition to presenting provider courses, instructor courses and CATN. It was very satisfying to find and update over 200 TNCC Instructors. If there are any TNCC instructors who have not been updated you need to contact national ENA for direction. We hope everyone remembers if you were not listed as a current TNCC instructor (taught one course within an eighteen month time frame) when the updating began, you would not be notified.

The first quarter of 2008 provided for a TNCC Instructor Course before the spring symposium. We had eighteen successful candidates. Due to a number of nurses who qualified, but unable to take the spring instructor course, we offered another course this summer and have an additional five candidates.

Rolling out the new 6th edition of TNCC was a challenging and rewarding process. As with any "new" course, there is a learning curve for both faculty and students. The skill stations were revised to include two teaching stations and one teaching/testing station. The airway station was changed to a teaching station with various scenarios including airway issues such as chest tube insertion/maintenance and endotracheal intubation/maintenance. The immobilization station, also a teaching station, was modified from how to "immobilize" someone to how to remove helmets and backboards safely. The HARE traction splint is brought more to the forefront in this station. The Trauma Nursing Process (TNP) remains a teaching and testing station. The exam, as with any new test, had more failures initially, but is now better. The new books and slides are excellent and appreciated by everyone.

We had many positive responses with the new disaster chapter and the combining of pediatrics, OB and elderly into one presentation.

As we head into Fall, the committee is planning several CATN-II courses, plus the provider and instructor TNCC courses.

We meet quarterly. The opportunity to join this meeting via conference call is also available, so anyone can join in on the conversation. Karin and I want to thank everyone for their participation on the Trauma Committee; this is a fabulous group of nurses who are dedicated to trauma.



Peds Committee

By Mary Otting

The Illinois ENA Pediatric Committee will again be hosting an ENPC Instructor course in conjunction with the annual Spring Symposium. The date of the course is Thursday April 2, 2009 at the Oakbrook Doubletree. Registration information will be available on the illinoisena.org website along with the full application needing to be completed and returned to MO (Mary Otting, Chair of the Peds Committee). Her email is

motting@childrensmemorial.org.

The Peds committee would like to welcome a new co-chair. Cassy O'Brien, EMS Coordinator for Comer Childrens, graciously agreed to assist with this process. Please welcome Cassy! Cassy's email is ercassy@yahoo.com.



APN SIG Group

By Darcy Egging

It is official; the Illinois ENA Special Interest Group (SIG) for Advanced Practice Nurses (APN) was formed. The official kick off was during Spring Symposium and our first meeting took place in September.

The rationale for this group was to allow Advanced Practice Nurses the ability to network. The other goals were to find commonalities among the various APN groups for example Clinical Nurse Specialist (CNS) and Nurse Practitioners (NP). Each group has their own unique practice patterns however there are commonalities this group needs to explore, while allowing each group their own separate identity.

Our first task was to identify topics for the APN tract at the Spring Symposium. The APN tract was started two years ago, allowing ALL nurses the opportunity to attend clinical topics and workshops more attuned to the APN practice. After discussion we then looked to our future. What do we want this group to be?

We will begin the year 2009 with our next meeting January 29th at Loyola. Julie Bracken agreed to be our speaker. Our next meeting will be during Spring Symposium, the group felt this would be an opportune time to meet and greet each other. Our last meeting will be September 24 again at Loyola. We felt three meetings will be a great way to bring forth new ideas, discuss issues, and network.

If you are an APN please feel free to come to the meetings, they will be announced on the Web and our meeting minutes will be posted there as well. Depending upon the response we may divide into our specialties to allow more discussion for each group more pertinent to their practice. This is an exciting NEW group; one I hope will flourish and grow to meet the needs of our APN's who are members of ENA. If you are interested in joining please feel free to email me at eggingda@comcast.net.



EMS Updates

Submitted by Annie Moy

IDPH Strategic Plan

IDPH is in the final stages of compiling a Strategic Plan led by Walter Bradley, MD, MBA, FACEP, Senior Medical Administrator of IDPH, Nels Sanddal, Trauma Consultant/Facilitator and Katrina Altenhofen, MPH, PS, EMS Consultant/Facilitator.

Eight task groups are meeting at least quarterly since Fall of 2007.

❖ Trauma has 4 task groups:

- ❖ Administration
- ❖ Information Systems/Evaluation/Research/Injury Prevention
- ❖ Human Resources/Education/Definitive Care Group
- ❖ Prehospital/Disaster/Communications

❖ EMS has 4 task groups:

- ❖ Administration
- ❖ Information Systems
- ❖ Human Resources/Education
- ❖ Operations

A draft of the Strategic Plan was circulated at our last combined Strategic Planning meeting in Springfield the end of July. The final document is anticipated to be shared at the next Strategic Planning meeting in Elmhurst on September 18, 2008. An implementation team of 19 members is scheduled to convene in October, 2008 and develop an implementation plan based on the approved Strategic Plan.

SMART Triage Tags

If you received patients from a disaster you may have noticed new triage tags being used from the field. The SMART tags were purchased by MABAS with funding from the Illinois Terrorism Task force for all ambulance providers within the state of Illinois. Statewide implementation was scheduled to occur July 1, 2008. Here is how they look:



These new tags have the flexibility to change their priority according to the patient's condition.

The legend for these new SMART Tags is:

Color	Priority	Treatment
Red	1	Immediate
Yellow	2	Urgent
Green	3	Delayed
Black	Dead	Dead

PPERS

PPERS is a new acronym for Private Providers Emergency Response System. Their Mission statement is to develop a unified, collaborative, coordinated response by private provider ambulances in Illinois to assist in large scale events and/or disaster situations.

This is an additional resource for health care personnel to become familiar. There are currently 11+ private providers who signed an agreement to assist during the following situations:

- ❖ Disasters
- ❖ Mass Casualty Incidents
- ❖ Assist with 911 calls in a community declaring a disaster
- ❖ SNS sites/DVC's
- ❖ Hospital/Health care facility evacuations
- ❖ Surge capacity at treatment facilities
- ❖ Emergency inter-facility transports
- ❖ Dissemination of Information (epidemics, hospital changes)
- ❖ Resource to MABAS

The key individuals involved in the initial development of this concept were Cyd Gajewski, Annie Moy, Leslee Stein-Spencer and Brian Dolan. Open meetings were held involving various key stakeholders: MABAS, EMS Personnel, Private Providers, Community Health Urgency Group (CHUG), Mutual Aid Response Network (MARN), etc. in the metro Chicago area. Most of the committed resources are currently geographically located in the metro Chicago area.

Deployment of these additional resources (PPERS) has been simulated with drill exercises and also a real activation.

PPERS is still undergoing growth and development. The goal is to hopefully have this concept utilized through out the state of Illinois.

State BLS Protocols

Progress is being made on developing draft BLS protocols for Illinois. The State Protocol meeting is meeting regularly. The pediatric protocols are complete.

New IDPH Staff/Personnel

IDPH, Division of EMS posted and filled a number of vacant positions within their department.

Stroke Center Legislation (HB 4699/SB 2708)

Rep. Bob Biggins introduced language for development of Stroke centers within the state of Illinois in HB 4699 earlier this year. This bill will be reintroduced when the legislators reconvene this fall. Currently the key stakeholders (EMS, AHA and IHA) are reviewing this bill and conducting internal discussions. The most recent comprehensive version of this legislation is House Amendment #3 to HB 4699.



SBIRT

By Susan Sarne

After attending an in-service on "Brief Alcohol Interventions for the ED Patients," my awareness of the need for this screening to become part of the Emergency Department triage process was greatly enhanced. The misuse of alcohol has such prevalence in so many emergency department patients, ranging from adverse reactions of patient's daily medications to fatal traumas and anywhere in-between. Alcohol abuse does not discriminate in age or gender. It affects the young, the old, men and women alike. Fortunately, there is recent evidence to support formal screening picking up at risk drinkers who might otherwise be overlooked. The screening is designed to motivate patients with unhealthy drinking behaviors to cut back or quit drinking.

In July 2008, Silver Cross Hospital in Joliet, IL incorporated three screening questions into our computerized charting. Those who test positive with the use of our screening tool is either given a chemical dependency referral card if discharged or an order for a chemical dependency consult if admitted.

Education of the staff, physicians and nursing, took place at our monthly physician and staff meetings, through personal correspondences including e-mails. Our Chemical Dependency staff had also been involved in the education.

The collaborate effort of the staff at Silver Cross Hospital will use this brief alcohol screening to identify the “golden moment” and share appropriate information with the patient about their risk for alcohol related problems. If we can prevent one future alcohol related illness, injury or death it will be worth the five minutes used to screen the patient.



My Experience as a Student Member

By Nicholas Nelson, MS(c), BGS, EMT-P

Over the past six months, I have had the privilege of being a student member of the Emergency Nurses Association and an active member within the Illinois ENA. Although I was initially excited to help out my nursing instructor, Julie D’Agostino, with the exhibits at the 34th Annual Spring Symposium, I had no idea I would learn so much and thoroughly enjoy being a student member. Already my experiences with the ENA have proved extremely valuable and I am certain they will continue to do so when I enter the nursing profession.

Thanks largely to the welcoming and encouraging atmosphere created by the Illinois ENA members, I was given and happily accepted many more opportunities than I thought were possible for a student nurse. Under the guidance of Julie D’Agostino and Illinois ENA President Cheryl Vinikoor, I was appointed as the first student co-chair of exhibits on the Symposium committee. I attend monthly meetings, help organize various aspects of next year’s Symposium, and learn from the experiences of well versed emergency nurses. I am continually amazed at how positive, inviting and receptive the members of the Symposium committee are to my suggestions and desire to contribute.

Already I have benefited from my limited time with the Illinois ENA. As an officer of my school’s Student Nurses Association, I am able to apply the skills of professional communication and collegiality with my classmates and hopefully show them there is more to nursing than theory and clinicals. In October, Cheryl Vinikoor will be speaking at the Student Nurses’ Association of Illinois Convention at Bradley University and we will be exhibiting an Illinois ENA booth. I am truly excited to be able to speak from experi-

ence and positively portray the many advantages of being a student member of the Illinois ENA.

Even more beneficial is I am mentored by not just one nurse, but many seasoned experts of emergency nursing. I continue to be fortunate enough to learn from nothing but the best of professionals, including (but not limited to) Cheryl Vinikoor, Elisabeth Weber, Bonnie Mobley, and Julie D’Agostino. Each of these nurses teaches me something different because of their diverse and unique professional backgrounds. This education is equally, if not more valuable in some ways than my formal nursing education. It fostered a sense of professional responsibility and pride within me to be under the wing of such gifted and respected nurses.

I implore every member of the Illinois ENA to work with a student nurse and teach them a little of what you have learned. I can’t express enough how much I value my involvement with the ENA as a student member. Your education and experiences are exceedingly more important than you know. During this time of another nursing shortage, we not only need more people to choose nursing and enter the workforce, but seasoned emergency nurses “who have been there” to lend their insight and empower the next generation to be great emergency nurses.



CaringBridge Delivers Hope in Times of Need

By Melissa Holm

Healthcare providers witness the scene repeatedly: families unprepared for a loved one’s healthcare diagnosis are overwhelmed by medical terminology and treatment decisions. Then they’re hit with another dose of reality: How will I tell others? How is Katie getting to softball practice? How will I get my work done? How are we going to get through this?

It’s times like these that families need support from extended family and friends. But even trying to respond (much less reaching out) to them using the phone or personal e-mails is overwhelming and exhausting.

Enter CaringBridge, a nonprofit providing free Web sites to help connect family and friends when someone is facing a serious health condition. CaringBridge helps patients and their families keep their communities of

supporters updated on an individual’s ongoing health status, treatment, surgeries, progress in therapies and recovery.

Sona Mehring, a Web site designer, founded CaringBridge in 1997, when a dear friend experienced a life-threatening pregnancy. Mehring created a Web site to help the family communicate with a wide circle of people without disturbing the mother’s need for rest or placing extra demands on hospital staff.

“That site confirmed for me the power of the Internet and the positive impact it can have,” said Mehring. “Today, I am encouraged by the people sharing their stories through CaringBridge. I’m proud that we’re able to connect families with supporters – without any charge.”

Mehring’s vision has caught on. Since its inception, more than 100,000 CaringBridge Web sites were been created, connecting more than 20 million families each year. More than 17 million messages of love, support and encouragement have been written in CaringBridge guest books, and family and friends have visited CaringBridge Web sites more than 600 million times.

Many people become familiar with CaringBridge because of a previous experience with a friend or family member’s site, or from a referral from a friend, hospital social worker, nurse, chaplain, child-life specialist, or other caring individual.

CaringBridge sites can be recommended as an important tool for families dealing with the stress of a health situation, giving them an appropriate outlet for sharing their feelings and receiving support. It can be used by patients in all types of medical situations, such as cancer, premature birth, organ transplant, hospitalization, hospice care, war injury, chronic illness, stroke, rehabilitation, and more.

Nurses and staff often encourage families to leave their bedside vigils. Updating their personal, private CaringBridge Web site provides a justifiable break and an outlet for stress relief.

“CaringBridge has helped us with our whole mission and philosophy – to lighten the load for families,” says Kendall Munson of the Family Resource Center at Children’s Hospitals and Clinics of Minnesota (Minneapolis). He finds CaringBridge accessible and comfortable for everyone regardless of their computer experience.

Creating a CaringBridge site is a simple three-step process taking about two minutes to complete. From any computer with an Internet connection, someone wishing to create a CaringBridge site simply goes to www.caringbridge.org. The intuitive form asks for some information about the author and the site's subject, offers personalized styles for site designs, and sets privacy parameters.

The author introduces the reason for the CaringBridge site in "My Story" and provides ongoing updates through entries in the "Journal." After receiving an e-mail confirmation of the active site, authors can easily forward their specific CaringBridge Web site name and address to family and friends. Friends and family members can receive automatic updates when journal entries have been made, and can leave messages of love, support and encouragement in the "Guestbook."

CaringBridge Web sites can be used as long as families want to keep them. Many users say while cards and letters are wonderful, they can't come close to the volume of well-wishes and compassion they receive through their CaringBridge experience.

Amy Taylor, author of a CaringBridge site, said, "When you're fighting cancer, you can feel like you're in a bubble and alone. Even when my body ached and I couldn't get out of bed, I could still send something. The responses, the love from people, their prayers kept me going and helped me realize that I wasn't isolated in this bubble."



Ten Facts about Intravenous N-Acetylcysteine In the Setting Acetaminophen Poisoning

By Briggetta Ducre' BSN, RN
Anthony M. Burda BS Pharm
Christopher J. Breier, PharmD Candidate
Michael Wahl, MD
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Illinois Poison Center, Chicago, Illinois

Each year, thousands of patients are treated at their local emergency departments for accidental or intentional poisoning from Acetaminophen (APAP). If untreated, it can lead to permanent hepatic injury and even death from fulminant hepatic failure. APAP is found in more than 100 over-the-counter preparations.

For years, patients have been successfully treated with Mucomyst® (N-acetylcysteine), a product formulated for inhalation (mucolytic) or oral administration (the route for APAP poisoning). In January 2004, the Federal Drug Administration (FDA) approved Acetadote®, an IV form of N-acetylcysteine, as an antidote for APAP poisoning. Since that time, national and Illinois Poison Center (IPC) statistics have demonstrated a trend toward the increasing utilization of this product and as well as escalating inquiries on the use of Acetadote. The following is a summary and review of the most frequently asked questions answered by the IPC as well as many poison centers nationwide.

FAQs

1. What considerations make IV administration of NAC a preferable alternative when compared to the oral route?

Answer: Both oral and IV NAC are indicated to prevent or lessen hepatic injury following an ingestion of a potentially hepatotoxic amount of acetaminophen. IV administration may be necessary if:

- a) Unable to tolerate oral NAC
- b) Refusing to take PO and administration would be a danger to patient or staff
- c) Coingestant with potential for significant morbidity or mortality necessitating GI decontamination with whole bowel irrigation or multi-dose activated charcoal
- d) GI bleeding or obstruction
- e) Acetaminophen toxicity presenting as encephalopathy
- f) Neonatal acetaminophen toxicity for maternal overdose
- g) Medical or surgical conditions precluding oral NAC administration

2. The loading dose of IV NAC is 150 mg/kg diluted in 200cc D5W. Some literature state it should be given over 15 minutes; whereas others state it should be given over 60 minutes. Which is correct?

Answer: The original IV NAC dosing schedule recommended an initial IV loading dose to be given over 15 minutes. In February 2006, the recommendation

was changed to 60 minutes as a result of studies demonstrating an overall reduction in the rate of adverse reactions i.e. tachycardia, nausea, vomiting, and anaphylactoid reaction.

3. Information is available about both the European/Prescott Protocol (21 hours) IV NAC dosing, and the Rocky Mountain Protocol IV NAC dosing (48 hours). Is one preferred over the other?

Answer: The Rocky Mountain Protocol delivers a total of 980 mg/kg over 48 hours which is greater than the European/Prescott Protocol which delivers a total of 300 mg/kg over 21-hours. The former Protocol is not FDA approved and the Illinois Poison Center recommends the 21 hour guideline as described in the package insert.

European/Prescott Protocol Dosing

- 1) 150 mg/kg IV in 200cc D5W over 60 minutes
- 2) 50 mg/kg IV in 500cc D5W over 4 hours
- 3) 100 mg/kg IV in 1000cc D5W over 16 hours

Rocky Mountain Protocol

- 1) 140mg/kg IV in 200cc D5W over 60 minutes
- 2) 70 mg/kg IV in 500cc D5W over 1 hour Q 4 hours for 12 doses
4. The hospital pharmacy does not have Acetadote™ and it can't be obtained quickly. The patient is NPO; could IV NAC be prepared from the oral product (Mucomyst™)? The Mucomyst™ package insert states "Sterile - Not for injection."

Answer: Mucomyst™ is a product formulated for inhalation (mucolytic) or oral administration, available as a sterile, unpreserved solution. The IPC has written guidelines for IV use of this product if Acetadote™ is unavailable. The oral NAC is mixed and administered in exactly the same way as the European/Prescott Protocol with an additional step of using an in-line .22 micron filter prior to preparation.

5. A patient has nearly completed the 21-hour course of IV NAC as directed in the package insert. The poison center has advised continuation of therapy. Is there any rationale for doing that?

Answer: For patients with measurable acetaminophen levels and/or evidence of hepatotoxicity after completing the entire 21-hour treatment protocol, the IPC recommends that IV NAC should be continued at a rate of 100mg/kg in 1000cc D5W over 16 hours until the APAP level is not detected and hepatotoxicity improves. Some patients may require continued treatment for several days to reach these endpoints.

6. There is a patient in the emergency department who overdosed on acetaminophen 48 hours ago. He is vomiting with right upper quadrant abdominal pain, and has elevated hepatic transaminases. The blood APAP level is undetectable but the poison control center is recommending treatment with IV NAC anyway. Is it too late to treat?

Answer: The major function of NAC as an antidote is to serve as a glutathione substitute and to assist in the neutralization of the toxic metabolite, N-acetyl-p-benzoquinonimine (NAPQI). Additionally, NAC has been shown to be effective in salvaging damaged liver parenchyma, even in fulminant hepatic failure. Some of the earlier articles of APAP toxicity state that treatment with NAC is not warranted after 24 hours, but later literature has shown that NAC after 24 hours is beneficial in severely poisoned patients.

7. A patient was started IV NAC twenty minutes ago and now he has developed a generalized flush. What do you recommend?

Answer: Most of the reported adverse reactions to IV NAC are transient and self-limiting consisting mainly of erythema and mild urticaria. In these instances, IV NAC may be continued at a slower infusion rate. Urticaria may be treated with IV diphenhydramine. For more serious reactions (e.g anaphylactoid), stop IV NAC and treat with antihistamines and epinephrine. Be aware that patients with a history of asthma are at a greater risk for developing more serious adverse reactions.

8. There is a pregnant patient in the emergency room overdosed on acetaminophen. Is it safe to give IV NAC?

Answer: The FDA has designated IV NAC as Pregnancy Category B. Since untreated acetaminophen poisoning poses a greater threat to the fetus than does NAC; and both IV and oral NAC have been used safely in pregnancy, pregnant patients should be treated if APAP overdose occurred.

9. What special considerations apply to pediatric patients or those requiring fluid restriction?

Answer: The package insert and IPC guidelines give specific dosing instructions for patients weighing less than 40kg using the three-bag method. Although the standard fluid recommendation for dilution of NAC is D5W, alternative IV fluids are compatible with IV NAC are 1/2 Normal Saline (0.45% Sodium Chloride Injection), and Water for Injection (WFI). See package insert or call the IPC at 1-800-222-1222 and request "Intravenous N-acetylcysteine Therapy for Pediatric Patients or Those Requiring Fluid Restriction."

10. What special considerations apply to large patients, e.g. greater than 100kg?

Answer: There is limited information regarding the dosing of IV NAC in patients weighing more than 100kg. According to Cumberland Pharmaceuticals Inc., manufactures of Acetadote[®], the maximum dose of NAC needed in patients weighting over 100kg should be a loading dose of 15 grams, followed by a maintenance dose of 5 grams over 4 hours, and a second maintenance dose of 10 grams over 16 hours. This recommendation is based on two approaches: liver size approach and equimolar approach. For further discussion of these approaches, call the IPC at 1-800-222-1222 and request "Dosing in Patients Weighing Over 100kg."

For assistance in the management of any acetaminophen overdose or other toxicology related question, contact your local poison center via the nationwide hotline **1-800-222-1222**. Poison specialists can be reached 24 hours a day, 365 days a year. Alternatively, a special health professional assistance line has been established for acetaminophen overdose at **1-800-525-6115**.



Answers to Archaic Medical Terminology Matching found on page 3

1. G
2. F
3. A
4. D
5. B
6. I
7. H
8. E
9. J
10. C

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