EMERGENCY NURSES ASSOCIATION
Illinois State Council

COUNTERSHOCK

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

As this newsletter goes to print, the council has a great deal to celebrate. In August, we received notification Illinois ENA won the State Challenge by contributing the largest amount to the Emergency Nurses Association Foundation (ENAF). Even better, we were informed three Illinois members won very special awards being conferred during the annual conference in Salt Lake City.

Earlier in the spring, the Illinois ENA (IENA) board nominated outstanding members for several of the awards being conferred by National ENA. The nomination process involved applications, letters of recommendation and some obviously worthwhile labor. I am sure you will recognize the names of the awardees: Thelma Kuska, Vicki Keough, and Robin Mazzuca. An article was submitted to the Nursing Spectrum celebrating the success of the IENA in 2007, and highlights are included in this newsletter with their pictures. I enjoy their professional and stimulating contributions to the Illinois state membership and emergency care. IENA is proud of their accomplishments and cherish their presence in our state.

Congratulations to Susan Harrison, from Children's Memorial Hospital, Chicago, who is the 2008 treasurer-elect for Illinois, and Ann Faragoi, from Christ Hospital and Medical Center, Oak Lawn, who is the new 2008 Director. I appreciate their willingness to contribute time to the Illinois ENA Board of Directors.

Illinois membership is up to 1200 this year, the highest ever. Increasingly, healthcare facilities are acknowledging professional certifications as well as encouraging membership in professional organizations. Membership and participation in ENA on any level adds your voice to over 30,000 other emergency nurses advocating for the profession, improved emergency care, and injury prevention.

Several listservs are available on **www.ena.org website**. I encourage you to sign up for one or more of them. The universality of some of the issues we face on a daily basis is amazing, whether it is accreditation issues, safety in the workplace, or procedures and guidelines related to a specific clinical situation. There are streams of information shared after Joint Commission surveys, for instance; the medication reconciliation issue. It is eye-opening to read some innovative ideas used by other hospitals, as well as avoiding the issue of "recreating the wheel".

The Illinois ENA website project is nearing completion. Access to local, state and national information related to emergency nursing is available through the links on **www.illinoisENA.org**. This is an ongoing project to improve communication with the membership. As you access the site, let me or any other board members know your ideas for continuing improvements.

Improving communication and information sharing with the 215 hospitals in the state of Illinois is a challenge. We have liaisons at several hospitals now. Their names are below. Initially this collaboration included sharing the state documents as well as national and state membership information, and the 2007-2008 ENA public policy objectives. Hopefully, this will generate more activity on a committee level and promote the professional organization on the unit level.

The most important thing we can do in our day-to-day lives is promote our profession, and let others know we are proud of what we do. Even during the short experience in the ED, we have an opportunity to make a connection with the patient and family. They often have no idea how much control we have over what happens to them during a visit to the ED; anticipating their care requirements to make the process run more smoothly, keeping them informed of the ever present wait times, and coordinating the other departments impacting their visit. I am proud of my licensure, my activity as an ECRN and a trauma nurse. I am blessed to be passionate about my career which actually defines who I am. Yes, some days are very tough. But many of us thrive on the feeling of competence, the autonomy, and influence we have in the ED environment, as well as the "adrenaline rush" followed by the "job well-done" feeling of the team after a crisis.

Please contact me with any questions, ideas, and ways the Illinois ENA Board of Directors can help you.

Hospital Liaisons:

Ann Adlington
St. Francis Hospital and Health Center
Blue Island

Vicki Bacidore
Loyola University Medical Center
Maywood

Karla Christianson
Good Shepherd Hospital
Barrington

Marites (Tes) Gonzaga
Rush University
Chicago

Adriana Munoz
Mac Neal Hospital
Berwyn

Carol Schulz
Rush-Copley Medical Center
Aurora

Sharon Iben
Carlinville

Tia Sellevold
Genesis Health
Moline

Featured Members: Three Illinois State Council ENA members are receiving awards at the National meeting in Salt Lake City.

ROBIN MAZZUCA, RN, MPH, chosen as the recipient of the Nursing Competence in Aging Award. This award recognizes an ENA member who demonstrates outstanding commitment to care for the older adult and the geriatric community. Robin is a preceptor and educator for geriatric education for many years and participated in the development of the ENA GENE (Geriatric Emergency Nursing Education) course curriculum. Through teaching the physiological and psychological differences in the older adult she promotes safety and injury prevention, as well as helps healthcare providers modify care to incorporate changes. Robin is a frequent presenter at national, state and local programs, including the 2007 ENA Scientific Assembly.

Our congratulations go to Robin! Thelma Kuska, Robin Mazzuca, Cheryl Vinikoor, and Georgia

THELMA KUSKA, RN, BSN, chosen as the recipient of the Barbara A. Foley Injury Prevention Leadership Award. This award honors a long-time leader in the development and promotion of injury prevention programs on the national, state and local level. Thelma is an energetic leader and motivator for many programs promoting safety, such as bike safety, gun safety, traffic safety, and child passenger safety. Her recent focus is mentoring healthcare providers to teach injury prevention through one of ENA's newer initiatives, "Advancing Injury Prevention in Your Community" train-the-trainer program. She fosters excellent working relationship with the local and state police organizations. She is employed by the National Highway Traffic Safety Administration. Thelma is the Chairperson for Illinois ENA Injury Prevention and Government Affairs Committee keeping the state organization informed about pertinent nursing and safety legislative action in Springfield and Washington, D.C...

Congratulations to Thelma!

VICKI KEOUGH, Ph.D., A.C.N.P., Associate Dean of the Master's Program at Loyola University, Chicago, chosen as the recipient of the Frank L. Cole Nurse Practitioner Award. This award recognizes excellence as a nurse practitioner in an emergency care setting. In addition to recognition for her compassionate care, she is receiving this award because of her devotion to promoting and strengthening the image of nurses and advanced practice nurses through her publications, presentations, research and practice. Dr. Keough opened the second Emergency Nurse Practitioner program in the country at Loyola University Chicago School of Nursing. She teaches in the academic setting at Loyola University Chicago, as well as mentoring and nurturing the NP students. Vicki also practices in the clinical setting as an ENP in three emergency departments affiliated with Evanston Northwestern Healthcare. As the chairperson for the Evidence-Based Practice Committee of the Illinois Emergency Nurses Association, she guides emergency nurses in developing evidence-based practice initiatives in their institutions.

Congratulations to Vicki!

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Featured Hospitals:

ED Nursing Spotlight: Loyola University Medical Center

By Vicki Bacidore

Working at Loyola's Emergency Department is more than a career. It's a calling. Taking care of some of the sickest patients is a challenge, but when you crave a challenge, then it is a personally rewarding job. As a major academic medical center, Loyola comprises four different types of Emergency Departments wrapped into one physical facility.

- ❖ Primary provider of emergency care to the surrounding community
- ❖ Secondary provider of emergency care to the Loyola Ambulatory Sites needing emergency back-up for their patients
- ❖ Tertiary provider of emergency care for area emergency departments for trauma, burn, pediatric critical care, stroke and other neurological emergencies and
- ❖ Quaternary provider of emergency care for specialty programs at Loyola, including transplant and cancer patients

Some Loyola ED Facts:

- ❖ Level I Trauma Center with Burn, Shock, Trauma Institute
- ❖ State of Illinois Disaster Preparedness POD Hospital
- ❖ Regional Burn Center
- ❖ Greater than 51,000 ED visits annually
- ❖ 82 ED RNs with a designated ED Nurse Educator and ED Nurse Practitioner
- ❖ 30 ED Physicians including designated ED Toxicologist and ED Pharmacist
- ❖ 47 ED Beds including multiple trauma bays, a pediatric ED, Fast Track and ED Observation
- ❖ ED Nursing Shared Governance Councils
- ❖ Flexible shifts and scheduling
- ❖ Nursing Clinical Ladder Program
- ❖ CE offerings: TNS, TNCC, ENPC, ECRN, CCEMT-P, ACLS, PALS, ABLS, EMS Instructor
- ❖ Monthly in-house educational offerings and grand rounds
- ❖ On-site fitness and wellness center
- ❖ Tuition benefits for employees and families at Loyola University Chicago

- Loyola Niehoff School Nursing Programs for BSN, MSN, PhD, Emergency CNS and NP
- Participation in emergency evidence-based research
- AirMethods-LifeStar Aeromedical Service
- Emergency Medical Services for Children's Pediatric Critical Care/EDAP Certification
- Illinois Poison Center Outreach Coordinator/Site
- Illinois EMS System Resource Hospital educating >1800 paramedics/EMTs from 43 surrounding departments

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Mentoring Our Future Nurses: St Francis Hospital & Health Center, Blue Island

By Ann Adlington

Summertime at St. Francis Hospital & Health Center's Emergency Department is an exciting time. The hospital sponsors a six week student nurse program every summer. In mid spring nursing students entering their final year the next fall are eligible to apply for positions as a student nurse. They must have a B average and provide two letters of recommendation in order to be considered for an interview. The students can either apply to work in an area of special interest or rotate through several nursing units. Clinical Coordinators and mentors are chosen in each department to work with the students and assist them in gaining valuable experience. The program structure includes educational experiences addressing issues such as interviewing skills, time management and critical thinking.

The Emergency Department welcomes the students with open arms. New students rotated through the department every week. Sue Schaller, the Clinical Coordinator for this summer made sure the students had the best possible experience. She reminded staff it is important to share our knowledge with these soon to be nurses. Staff was encouraged to share interesting cases and question the students to encourage thinking. At any time you could walk through the department and hear some one asking, "What do you think is wrong with this patient?" or "What treatment would you expect?" The students witnessed some very exciting situations, but they also faced some of the more challenging aspects of practice. On a given day they might learn to deal with a grieving family or care for a critically ill child. We made sure not to neglect discussing how to cope emotionally with these situations. Staff members also benefit from the students. It is refreshing to see the excitement of these future nurses and know they are the future of our nursing profession. I think the student nurses enjoyed us as much as we enjoyed having them.

At the completion of the program, the student nurses interview with unit nurse leaders for the opportunity to remain student nurses for the school year. The Emergency Department chose four student nurse externs this year, with one graduating in December, and the remaining three next May. These students work schedules conducive to school and are mentored by a specific nurse preceptor. The goal for the student nurses is to build an ongoing relationship with their nurse preceptor and the department in order to effectively transition to a new graduate upon completion of nursing school.

In the past many of our student nurses were hired as new graduates after completion of nursing school. We have a structured new graduate orientation program. This program is designed to support the new graduate nurse as they adapt to the role of staff nurse. In the Emergency Department we provide an extensive orientation. The new graduate works closely with an assigned nurse preceptor, as well as, the Clinical Educator. We utilize the ENA's Orientation to Emergency Nursing self directed learning modules and attempt to design clinical patient assignments to reinforce material in the modules. The new graduate meets weekly with the Clinical Educator to review the modules and discuss recent experiences. This time is also used for exposure to equipment or procedures not yet encountered in orientation. The average orientation for a new graduate is 4-5 months, but it is individualized to need. Our student nurses who move into the role of new graduate seem to make the transition with relative ease.

Our belief is time spent mentoring student nurses and new graduate nurses are an investment in the future. Our experiences and knowledge are valuable assets needing to be shared with new nurses. We are attempting to break the stereotype of "nurses eat their young". This is an opportunity to develop nurses who will be working side by side and caring for us in the future. This opportunity can't be wasted.

As we move into the new school year it is exciting to think once again we can impact the development of a new nurse.

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Events

State Council Meetings

October 27, 2007– Advocate Good Shepard Hospital
Contact Cheryl Vinikoor at 847-480-3751 or cvinikoor@comcast.net.

Educational Opportunities

October 26, 2007 – *Annual Leadership Workshop, Making Sense Out of the Chaos: From People to Resources,* Renaissance Schaumburg Hotel & Conference Center. Contact Cheryl Vinikoor at 847-480-3751 or cvinikoor@comcast.net.

November 5, 2007 –*TNCC*, Park Ridge. Contact Joan Morris at 847-723-7817

November 5, 2007 – *ENCP*, Chicago. Contact Harriet Hawkins at HHawkins@childrensmemorial.org.

November 6, 2007 – *ENPC*, Downers Grove. Contact Elizabeth Beranek at 630-243-7100 ext 330196.

November 7, 2007 – *TNCC*, Pekin. Contact Patricia Vandeschraaf at 309-353-0416

November 9, 2007 – *TNCC*, Arlington Heights. Contact Laura Aagesen at 847-618-4005

November 27, 2007 – *TNCC*, Winfield. Contact Karen Bosnyak at 630-933-6569

December 3, 2007 – *TNCC,* Chicago. Contact Harriet Hawkins at HHawkins@childrensmemorial.org

Announcements

Illinois ENA was recognized at the annual conference in Salt Lake City for making the largest state council contribution to the Emergency Nurses Assoication Foundation (ENAF) for 2007.

Julie D'Agostino and Kathleen Richmond were awarded scholarships to the national meeting in Salt Lake City for their volunteer activities in Illinois ENA.

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Archives Corner
By Kathleen Richmond

Have you ever looked at how nurses practiced "first aid" in the first half of the 20th century? Remember, there was no specialty of emergency nursing until 1970! I have several vintage nursing textbooks from the 1930's and 1940's that give some interesting insight into the history of our specialty. I'd like to share some of it with you here.

According to the 1940 Brooks and Castile's *A Textbook of Surgical Nursing*, "First aid compromises not only the emergency care of individuals undergoing accidents on the streets and in the home, but also the emergency care of patients in the hospital when sudden complications develop. The two principal general requirements for first aid are coolness and common sense." That's certainly true for today's emergency nurses. But I disagree with the advice that "a person with a severe injury may feel better for a short time if he is left entirely alone." Hard to imagine doing that!

The book goes into detail on how to handle poisoning, burns, wounds and hemorrhage, electric shock, drowning, bone and joint injuries, and dog and snake bites. Most alarming are the procedures for snake bite that include "sucking the wound if there is no abrasion on the lips" and for burns which advise "the immediate use of an oily substance to prevent access to air will help in relieving the pain." Patients experiencing shock should be kept warm and given stimulants such as hot coffee! The book does say, "never attempt to give stimulants to an unconscious person." There are detailed instructions on how to perform "artificial respiration" by the Shaefer and the Nielson methods. In both, the victim is placed in the prone position with the rescuer pulling back on the victim's arms to get air into the lungs. No mention of chest compressions! Modern emergency nursing has evolved from these early first aid protocols. It is fun, and sometimes scary, to look back at those old days. Nurses used the most up-to-date knowledge for the time, as we are doing today. Perhaps in another 60 years nurses will look back at us and be amused at how things have changed. But I know this 1940 message will still ring true: "If one can keep cool, use common sense, and has a little knowledge of the care of conditions in accidents, one may be able to save a life, prevent unnecessary suffering, and shorten the recovery period, by the prompt, efficient care of the patient."

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Illinois State Council Meeting Highlights
By Karin Buchanan

Minutes Summary Fall 2007

- Celebrating successes: Rebecca Steinmann has moved to Edwards Hospital to be the clinical educator
- Maija Anderson is the Director of Nursing Systems/Support at Sojourner Douglas College in Maryland and Assistant Professor at the University of the District of Columbia
- Barb Weintraub is submitting an article about the Spring Symposium to Advance Nurse

Off to Salt Lake City
By Julie D'Agostino

Illinois Emergency Nurses Association is on its' way to Salt Lake City. Twenty-five delegates and two alternates will be representing YOU on key issues related to our ORGANIZATION and emergency nursing issues. These members will vote on organization bylaw changes and other issues. The resolutions presented are:

- Resolution 07-05 "Leading the Nation's Emergency Departments to a State of Preparedness to Care for Children"
- Resolution 07-06 "Recommendation for Adoption of the Emergency Severity Index as the Standard for Triage Acuity Assessment".
- Resolution 07-07 "Emergency Preparedness and Emergency Nurses Association Strategic Goals.

Go to **www.ena.org** for the full details of agenda items for the General Assembly.

The delegates representing you are:

Cheryl Vinikoor, Arlington Heights, IL
Vicky Goeddeke, Rockford, IL
Kathleen Richmond, Oak Forest, IL
Carole Reif, Chicago, IL
T. Smith, Naperville, IL
Laura Tucco, Chicago, IL
Elisabeth Weber, Chicago, IL
Gayle Toscano, Orland Park
Rebecca Steinmann, Elmhurst, IL
Vicki Keough, Chicago, IL
Vicki Bacidore, Chicago, IL
Patricia Madden, New Lenox, IL
Harriet S. Hawkins, Oak Park, IL
Evelyn Lyons, Oak Lawn, IL
Thelma Kuska, Palos Heights, IL
Ann Adlington, New Lenox, IL
Julie Bracken, Evergreen Park, IL
Steve Stapleton, Chicago, IL
Diane Dischinger, St Louis, MO
Kathy Koch, Tinley Park, IL
Julie D'Agostino, Arlington Heights, IL
Barbara Landgraf, Orland Park, IL
Sharon Iben, Carlinville, IL
Eleanor Elaine Sniegowski, Tinley Park
Mary Ellen Burfield, Frankfort, IL

The alternates are:

Darcy Egging, Oswego, IL
Bonnie Mobley, Chicago, IL

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

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The Delegate Experience
By Vicky Goeddeke

Being a delegate to the National ENA General Assembly is a great experience! I encourage every one of you to apply to the State Council to serve as a delegate. The State Council adopted a new point system in 2007, which makes the application process simple. Serving as a delegate gives you insight to the Emergency Nurses Association and issues impacting emergency nurses as well as provide outstanding networking opportunities.

The first time I applied to be an Illinois State Council delegate I did not have a complete understanding of the role. But a co-worker and fellow ENA member encouraged me to participate. I thought, it might be interesting and look good on the resume, so why not? Looking back, I realize what a great opportunity had been afforded me.

The National ENA General Assembly takes place immediately before the annual National Conference, in September or October. The number of delegates sent by

each state is determined by the state's membership. Each state is given one delegate slot for every 50 members. There are currently over 30,000 ENA members, this translates to 600 delegates. Illinois currently has over 1100 members.

The Illinois State Council discusses the upcoming General Assembly and any issues to be presented at the session. This discussion happens at the Illinois State Council meeting preceding the Assembly, in August. First time delegates are also invited to a new delegate orientation at the national meeting on the night before the General Assembly begins. After attending the State Council meeting and the orientation I felt adequately prepared to participate as a delegate. While the State Council discusses issues, each delegate votes their conscience. Many national issues are covered during the meeting. States and or delegates have the opportunity to present resolutions to the delegate body. The discussion and debate around an issue or resolution can be quite lively as delegates often have very strong opinions regarding the issues! The voting is done quickly and efficiently using electronic devices so the outcome of any vote is known immediately.

Of course, another great opportunity is offered by staying after the General Assembly to attend the National Conference. You can earn CECH on a variety of topics, participate in a special interest group, or visit the massive exhibitor area. You also have the chance to network with other emergency nurses from across the U.S. And there are opportunities for fun and entertainment during the conference, too. The call for delegates for the 2007 ENA General Assembly went out and the roster is complete. Several members will participate for the first time among our Illinois delegate panel of 27 (plus alternates). All the delegates gain professionally by representing our state and personally by having a great time in Salt Lake City.

The 2008 General Assembly will be in Minneapolis. Consider serving as an Illinois state delegate. Talk to the 2007 delegates about their experiences. Then take the opportunity to gain "the delegate experience" for yourself in 2008.

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Silent Auction Nets $2,010 *for ENAF at Spring Symposium*

By Kathleen Richmond

Thanks to the generosity of members, families and friends of ENA, $2,010.00 was raised for the Emergency Nurses Foundation during this year's Silent Auction on May 17th. 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: Ron Suszek, Vicki Bacidore, Sharon Graunke, Julie Bracken, Regina Bracken, Darcy Egging, Joanne Mitchell, Kathleen Richmond, Diane Rogel, Marilyn Rice, Rebecca Steinman, and Barb Weintraub. Donated items included jewelry pieces, hand knit silk scarves, gift baskets, stationery, nursing collectibles, Aussie and vintage items.

Thank you to ENA Director Anne May for the wonderful "Tribute to Nursing" basket and the "ENA Magnetic Train" collectible.

Thank you to ENA Director Polly Gerber Zimmerman for the tasty "Girl Scout Cookies" gift basket and for the copy of her book "Triage Nursing Secrets".

Thank you to "friends of ENA" Sarah and Joe D'Amico for the Christmas collectibles. 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.

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ENA Scholarship to Scientific Assembly

By Julie Bracken

Illinois ENA awarded the 2007 Annual Scholarship to the Scientific Assembly in Salt Lake City to Kathleen Koch. Kathy supports ENA by educating the community to injury prevention. Congratulations and enjoy this great opportunity.

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Injury Prevention/Government Affairs and Membership Committee

By Thelma Kuska

Crash rates among teenage drivers remain higher than those of adults. According to a report from the National Conference of State Legislatures Transportation Reviews, drivers between the ages of 15 and 20 account for seven percent of the driving population but are involved in 14 percent of all fatal crashes. Contributing factors include their driving inexperience and the tendency to take risk. Most have "it could not happen to me" attitude. Statistics show the crash rate per mile driven for 16- to 19-year olds is four times the rate for drivers 20 and older.

The states began enacting graduated licensing laws in the 1990s. And in fact, this author was at the signing of the Illinois GDL Law held in Springfield at the State Fair in the mid 1990s. Two years ago, the Insurance Institute of Highway Safety reported a sharp drop in the fatal crash rate for 16-year old drivers attributed to graduated licensing.

A more recent study by the Insurance Institute for Highway Safety (IIHS) shows the picture of teen drivers is improving. The number of teens killed in crashes in 2005 was the lowest since 1992, despite the largest teen population since 1977. According to IIHS, much of the progress occurred in areas targeted by graduated licensing laws (GDL). Nighttime fatal crashes per population among 16-year old drivers decreased 48 percent during 1996-2005.

What is GDL? GDL is a system designed to phase in young beginning drivers to full driving privileges. There are three stages to a GDL: a supervised learner's period; an intermediate license (after passing the driver test) limiting driving in high-risk situations except under supervision; and the last one is

a license with full privileges, after completing the first two stages successfully.

Graduated licensing delays full licensure, thus allowing beginners to get their initial driving experience under lower risk conditions. GDL also provides for nighttime driving restrictions which are different from curfews designed to get young people off the street and into their homes at a set time. Why is nighttime restriction a very important component of GDL? It is because four of every 10 deaths of teenagers in motor vehicle crashes occur between 9 PM and 6 AM. Studies show nighttime restrictions are typically associated with crash reductions of about 40 to 60 percent during the restricted hours. (Information retrieved from *Q & As: Teenagers – graduated driver licensing. Insurance Institute for Highway Safety).*

Another component of GDL is passenger restrictions. Crash risk for teenage drivers increases as the number of passengers in the car increases. With three or more, fatal crash risk if about three times higher than when a beginner is driving alone. (Chen, LH et al. Carrying passengers as a risk factor for crashes fatal to 16-and 17-year old drivers. Journal of American Medical Association) According to a 2005 study, when teens drive with other teens, they tend to drive faster than other motorists and leave less distance between their vehicles and the vehicles in front of them.

Illinois recently upgraded its GDL. This is a summary of the Illinois teen driving law.

OLD LAW	NEW LAW
Minimum age for learner's permit	
15 years old	No change
Learner's permit stage	
Minimum of 3 months	Minimum of **9 months**
Supervised driving during learner's permit stage	
50 hours, including 10 hours of night driving	No change
Night Restrictions (Under 18)	
Sunday-Thursday: 11 PM Friday-Saturday: Midnight	Sunday –Thursday: 10 PM Friday-Saturday: 11 PM Some exceptions*
Intermediate stage	
Lasts until driver is 18 years old	No change
Passenger Restriction	
For first 6 months of intermediate license: no more than one teenage passenger, except immediate family Applies to 16-year olds	Restrictions extended to **first 12 months** of intermediate driver's license **Passengers can be ticketed** for violating law
Required driving instructions in public schools	
Six hours of supervised driving, which can include the use of simulators and "driving ranges"	Six hours of supervised driving **but only on actual streets**
Keeping a clean record	
First violation: Secretary of State sends warning letter to under 18 drivers and parents Two violations in two-year span: one month suspension	**Additional requirements:** Teens with learner's permits need clean record for nine months to get intermediate license Intermediate license holders need clean record for six months to apply for full licensure
When teenagers receive traffic violations	
Parents do not have to attend court hearings Mail-in court supervision, which allows driver to avoid a conviction, is acceptable	**Parents must attend** hearings when 16 - and 17-year-olds request court supervision **Drivers under 21 must attend traffic school** to get court supervision **No more mail-in supervision**
Street racing	
Not specifically addressed	**New street racing misdemeanor and felony crimes:** felony cases punishable by up to 12 years in prison

*Includes being accompanied by parent: errands for a parent, going to and from work or school, religious, government or civic activity

Sources:
Secretary of State Office, Illinois General Assembly
Executive Summary, Reducing Underage Drinking: A Collective Responsibility. 2003 National Academy of Sciences. Other sources if information: Traffic Safety Facts. National Highway Traffic Safety Administration 2005 Data

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Alcohol and the Young Driver

By Thelma Kuska

Alcohol use by young people is dangerous, not only because of the risks associated with acute impairment, but also because of the threat to their long-term development and well being. Traffic crashes are perhaps the most visible of these dangers with alcohol being implicated in nearly one-third of youth traffic fatalities. Today across the country, six young people 16 to 20 years of age will die from alcohol-related crashes. NHTSA reports in 2005, 12.6 percent (7,460) of all drivers involved in fatal crashes (59,105) were young drivers 15 to 20 years old, and 16 percent (1,699,000) of all drivers involved in police-reported crashes (10,832,000) were young drivers. For the same age group, 28 percent of the drivers who were killed in motor vehicle crashes during 2005 had been drinking and 23 percent of the young drivers 15- to 20-years old who were killed in crashes had a BAC of .08 g/dL or higher. The severity of a crash increases with alcohol involvement. Alcohol involvement for this age group is higher among males than among females.

Drivers are also less likely to use restraints when they have been drinking according to NHTSA. In 2005, among young passenger vehicle drivers involved in fatal crashes, 64 percent of those who had been drinking were unrestrained. Of the young drivers who had been drinking and were killed in crashes, 74 percent were unrestrained.

All States and the District of Columbia now have minimum-drinking-age laws of at least 21 years old. Although it is illegal to sell or give alcohol to youths under age 21, they often get it from adults. More than 90 percent of twelfth graders report alcohol is "very easy" or "fairly easy" to get. And when underage youth drinks, they drink more heavily and recklessly than adults. They report they "usually" drink an average of four and a half drinks, an amount very close to the threshold of five drinks typically used to define heavy drinking (also referred to as binge drinking). In contrast adult drinkers report usually drinking fewer than three drinks. Binge drinking is common in most segments of society in the U.S., according to a study in the Journal of the American Medical Association, and it is climbing fastest among 18-20-year-olds, who are too young to drink legally.

Illinois saw a decline in fatalities in teen drunk driving-crashes, 61 percent decline since 1982 and 3 percent decline since 2000. Laws and regulations as well as enforcement and education helped with our fight to reduce deaths and injuries due to impaired driving. However, every day, our pre-teens become teenagers and experimentation is a phase most of them go through. Like it or not, these teens try alcohol. Therefore, we have to be relentless in our effort to curb drunk and drugged driving. Reducing drunk and drugged driving remains one of the most difficult challenges in our quest to keep teens and the adult population safe.

Sources

Executive Summary, Reducing Underage Drinking: A Collective Responsibility. 2003 National Academy of Sciences.
Traffic Safety Facts. National Highway Traffic Safety Administration 2005 Data

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Communications Committee

By Evelyn Lyons

The committee is pleased to announce a web designer (Paul Pribaz) was contracted to redesign the Illinois State Council website.

In addition, the current web host service will change in September from Homestead to Discountasp.net. The new web host will support advanced services and resources. The committee agreed upon a template framework for the website and made a number of recommendations regarding the navigation/menu links.

- **Home Page** – the home page contains: Welcome verbiage, the Illinois ENA logo, our state vision statement, a banner to highlight special events, and copyright info;
- **About U**s – this page provides an introduction to our state council, identifies our current membership volume, states our council vision/mission/objectives, including an email link to board members, and a link to state council documents (i.e. bylaws, job descriptions, delegate selection policy, per diem policy, strategic plan)
- **Board** – this page contains board member bios, committee/SIG assignments, photos and email addresses;
- **Meetings** – this page contains information/documents related to the State Council meetings (meeting dates/locations, meeting flyers, meeting agendas, meeting summaries, email link to current president) and other meetings;
- **Committees** – a drop-down list for each committee supporting access to a summary of the activities of each committee, and committee meeting dates/locations, email link to each committee chair and a copy of the committee recruitment flyer;
- **Education** – a drop-down list contains links to a calendar of events, spring symposium, fall leadership, course information (for ENPC, TNCC, CATN II, Advanced Injury Prevention), links to National ENA education, other educational opportunities thru IMERT, INVENT, SANE, ICEP, etc;
- **Newsletter** – a drop-down list contains years (2004 – present) providing links to the two newsletters for each year. In addition, information will be available on how to submit an article, deadlines for submission, copyright issues, etc.;
- **Legislative Updates** – this page contains a link to the National ENA legislative web page as well as a link to the ENA Washington Update newsletter;
- **Archives** – this page contains material on the Archives section of our current website and any new scanned archive documents;
- **Web Resources** – this page contains links to other websites such as IDPH, ICEP, IMERT, INVENT, National ENA and others;
- **Other** – Other potential menu options will be explored, i.e. discussion board/chat room.

Maija Anderson is the current Illinois ENA webmaster and is working with Paul on the new website.

Join our committee if you are interested in developing articles for posting on the website or newsletter. Contact Evelyn at 708-327-2556 or Evelyn.Lyons@illinois.gov

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Spring Symposium Committee

By Julie Bracken

Spring Symposium is scheduled for **Thursday and Friday April 3 & 4, 2008**. Please mark your calendar now as it is earlier this year. The speakers will address an array of timely topics.

Sessions planned for **Thursday, April 3, 2008** include ENPC and TNCC instructor courses, INVENT and, the APN tract. The evening of April 3rd features the Networking Dinner and Silent Auction.

The location is changed to the **Doubletree Inn Oakbrook**. Watch for the brochure in your mail before Christmas. In addition, the brochure will be posted at **www. illinois ENA.org**, so check the website frequently.

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Evidence Based Practice (Research) Committee

By Vicki Keough

Spring Symposium

The 2007 ENA Spring Symposium offered the fist Advanced Practice Pre-Session Tact for APNs. The EBP Committee was a strong proponent of this tract and suggested topics and speakers. The early session included a workshop on "Basic Suture Techniques" presented by Kurt Ortwig and the Evanston Northwestern Hospital ED Practitioner Group (S. Bednar, A. Atwater, M. Angelico, F. Strong, and D. Hassman). The rest of the day included lectures on pharmacotherapeutics, pediatric sedation, and diagnostic decisions focusing on hand exams, rashes, and interesting case studies. Overall, the first APN pre-session was very successful with excellent speakers, excellent evaluations and requests from APNs to continue these offerings. The Spring Symposium Committee decided to continue offering an APN Pre-session for the 2008 conference.

The 2006 winners of the Evidence-based Practice (EBP) contest presented their findings at the 2007 Spring Symposium. There were 4 winners of the 2006 EBP Contest and each winner delivered a 15 minute presentation during the research lecture at the 2007 Spring Symposium. The cutting-edge topics were very interesting and focused on the latest research guiding current Emergency Nursing practice and projected practice for the future. The titles, authors and abstracts are presented below (alphabetically):

Disaster Training for Prehospital Providers

Christine J. Chaput, RN, BSN
(Illinois ENA Member – EBP Award Winner)
Matthew R. Deluhery, BS, EMT-Basic
Christine E. Stake, MA
Katherine A. Martens, MD, FACEP
Mark E. Cichon, DO, FACEP

Abstract: Prehospital providers (PPs) play a key role in the management of any mass casualty disaster; especially in a chemical, biological, radiological/nuclear (CBRN) accident or terrorist event. While education and training has been a priority of emergency preparedness efforts, limited research has been conducted to evaluate the quantity and format for disaster preparedness training, particularly in addressing the unique needs of PPs. Currently, there are no national or specific emergency preparedness guidelines for training and assessing the preparedness of PPs for CBRN events. The lack of standardized core competencies may result in inconsistent preparation, response and education tools available to PPs.

Objective: To survey PPs to determine: 1) the quantity and format of training recalled over the past year in CBRN and other mass casualty events (MCEs), 2) preferred educational formats, 3) self-assessed preparedness for various CBRN/MCEs and 4) perceived likelihood of Occurrence for CBRN/MCEs.

Methods: A survey, consisting of 11 questions, was distributed to 1,010 PPs.

Results: Surveys were completed by 640 (63%) PPs. Twenty-two percent (22%) of PPs recalled no training within the past year for CBRN or other MCEs, 19% reported 1-5 Hours, 15% reported 6-10 hours, 24% reported 11-39 hours, and 7% reported receiving greater than 40 hours. Lectures and drills were the most common formats for prior education. On a 5-point scale (1: "Never Helpful" through 5: "Always Helpful") regarding the helpfulness of training methods, mean scores were drills (4.46), lectures (3.73), self-study packets (3.20), Web-based learning (2.91), and other (3.00). On another 5-point scale (1: "Totally Unprepared" through 5:"Strongly Prepared"), PPs felt most prepared for MCEs (3.64), followed by chemical (3.14), biological (2.99), and radiation/nuclear (2.86). Over half (61%) felt MCEs were "Somewhat Likely" or "Very Likely" to occur, whereas chemical (42%), biological (38%), or radiation/nuclear (33%) rated lower.

Conclusion: This survey has demonstrated the need for the development of core competencies focusing on the quantity and format of training for PPs.

Pediatric Gastroenteritis Treatment Protocol

Darcy Egging, RN, MS, ANP
(Illinois ENA Member- EBP Award Winner)

Abstract: Vomiting and/or diarrhea in the pediatric population are common chief complaints presenting to the ED. Emergency RNs are essential in the treatment of this disorder. It is well documented that when parents are taught the correct way to utilize oral re-hydration therapy (ORT) many of these children can be safely discharged from the ED. Current literature suggest although the American Academy of Pediatrics has research protocols to support ORT, ED physicians feel IV re-hydration is a preferable, faster route.

Review of the Literature: Medline, CINAHL search

Fifteen articles addressing pediatric gastroenteritis were evaluated and all agreed ORT was the preferred therapy for mild to moderately dehydrated children. Five of the articles were a systematic review, one was a meta-analysis, two were randomized control trials, two were published guidelines and the rest were prospective studies or case reviews. The meta-analysis study suggested ORT was superior to IV therapy for the mild to moderately dehydrated child. Research supports the conclusion that time spent in the ED is decreased with ORT as compared to IV therapy.

Method: Retrospective chart review of 92 charts.

Results: IV therapy was utilized over ORT (43% vs. 29%) in the pediatric population (ages 0-18 months). Average length of stay for ORT therapy was 114 minutes compared to 199 minutes with IV therapy. Limitations included lack of control for degree of dehydration, laboratory testing, and pharmacologic intervention. Development of a guideline to include assessment parameters, estimating the degree of dehydration, use of ORT therapy, laboratory testing and pharmacologic intervention will improve care, decrease length of stay and

Fluid Resuscitation with Hypertonic Saline for Hemorrhagic Shock

Angelo Lucero, RN, BSN
(Illinois ENA Member – EBP Award Winner)

Abstract: There is continued uncertainty about the appropriate pre-hospital resuscitation fluids, especially in patients suffering from hemorrhagic shock. The reality of mass casualties through terrorism, natural disaster and war is evident in light of current events. Emergency nurses must consistently evaluate protocols and standards of care to maximize current resources, improve patient safety and implement new scientific findings into practice as needed in preparation for events that may tax the entire health care delivery system. Exploring alternate resuscitation fluids will benefit ED nursing and the populations they serve. This review explored the merits of hypertonic saline as an adjunct alternative to the standard of care, highlights its safety, efficacy, and logistical advantage through current research.

Method: Literature review: MEDLINE, CINAHL search

Findings: : Six studies were found comparing hypertonic saline (HTS) to other resuscitation fluids. One was a meta-analysis and five were randomized control trials (Bunn et al, 2004; Jarvela et al, 2000; Kolsen-Petersen et al, 2004; Kwan et al, 2003; Krausz & Hirsch, 2003). Patients who suffered from traumatic brain injuries (TBI) and were treated with Hypertonic Saline (HTS) had a higher incidence of survival than those patients who were treated with other fluids, however, of those survivors there was no difference in neurological function between groups at six months (Cooper et al, 2004). The other randomized control trials found no difference either in survival rates or adverse effects whether the patients were treated with HTS or normal saline (NSS). Animal studies reported decreased blood loss in animals with solid organ injuries when HTS was used as compared to NSS. Finally, HTS has shown to be a safe treatment for patients suffering from hypovolemia. There is a paucity of literature demonstrating any adverse effects when HTS was used as an initial or adjunct therapy to current protocols. In a military situation where equipment is scarce and consideration must be given to the weight and volume of resuscitation fluids available in the battlefield, hypertonic saline may prove to be a safe alternative to NSS. Further randomized control trials are needed to explore the widespread use of HTS in resuscitation therapy.

Ischemic Modified Albumin: A New Biomarker Used for Diagnosing Acute Coronary Syndrome in the Emergency Department

Dominique Zenon, RN, BSN
(Illinois ENA Member-EBP Award Winner)

Abstract: The initial presentation of patients with chest pain can be difficult to diagnose, as the complaint may be vague. For this reason, it is essential new assays be developed to assist providers in rapidly ruling out myocardial ischemia at initial presentation to the ED. The utilization of a new marker called Ischemic Modified Albumin (IMA) is explored.

Objective: To review the literature on IMA to determine if it is useful in the diagnosis and treatment of ED patients with chest pain.

Methods: Literature Review: CINAHL, MEDLINE search

Findings: Albumin is a large molecule with a region called N-terminus which has the ability to bind metallic ions such as cobalt. When the cells become ischemic, the N-terminus region becomes modified resulting in a decreased ability for this region to combine to cobalt. It is believed this lack of ability to bind with cobalt occurs as a result of ischemia. To determine if the albumin has been modified (as a result of ischemia); the IMA test is done to measure the ability of the albumin to bind with cobalt. IMA was found to be 82% sensitive in diagnosing Acute Coronary Syndrome (ACS) when compared to initial ECG (45%) and troponin (20%) (Sinah et al, 2004) and in the same study, when used as a marker for unstable angina, NSTEMI and STEMI, IMA was found to be 91% sensitive. These findings were corroborated in a similar study by Anwarrudin, et al., 2005. A separate study by Collinsoni et al, 2006; found IMA to be a good marker of exclusion but unable to confirm a final diagnosis of Acute MI. Currently there is a clinical trial underway to further investigate the utility of IMA called the IMAGINE trial. In conclusion, IMA can be helpful in the diagnosis of ACS and can help to decrease the incidence of misdiagnoses as well as costs associated with unnecessary hospital admission, however further research is needed in order to incorporate IMA testing into standard of care.

New 2007 EBP Contest: Deadline Dec. 1, 2007:

Illinois ENA Evidence Based Practice Committee Invites You to Enter the

ANNUAL Evidence Based Practice CONTEST:
"Evidence-based Research and Practice Innovations"
Contest Deadline: Dec 1, 2007

The Illinois ENA Evidence Based Practice Committee invites you to enter a contest centered on "Research and Practice Innovations": 3 Prizes will be awarded:

- 1st Prize: Fully paid registration, round-trip airfare and 2 days lodging to the 2008 National ENA Conference in Minneapolis (Sept 25-27)
- 2nd Prize: Registration at 2008 Illinois ENA Spring Symposium
- 3rd Prize: Registration at 2008 Illinois ENA Spring Symposium

Entry Deadline: ***December 1, 2007***

Choose an ED topic of interest and develop an evidence based practice project, protocol or recommendation.

MUST BE AN ILLINOIS ENA MEMBER TO PARTICIPATE!
Must submit:

1) **500 word abstract describing your project(single spaced, size 12 font)**
2) Submit a paper (maximum 12 pages) that describes your project and includes:
   Title and Introduction
   Significance to ED Nursing
   Brief summary of the review of the literature (including research)
   Discussion & future recommendations
3) Complete literature review grid (see pg.10) and list each article reviewed as follows:

If selected you must agree to:

- Present a poster at the 2008 Illinois ENA Spring Symposium
- Give a 15 minute oral presentation at the Illinois ENA Spring Symposium

Literature Review Grid (Number 3 on page 9)

Article: author/title/ journal/year	Type of Research (or lit revieww)	Number of Subjects	Major findings	Comments)

SEND ENTRIES TO:
Vicki Keough, PhD, RN, ACNP
C/o Loyola University Chicago,
School of Nursing
2160 S. First Ave, Maguire Building
Maywood, Il 60153
(or phone 708-216-3582)

Do you need help with your project? If you would like help or would like a mentor to help you with this project, please call Vicki Keough at the above number and a past winner, who has agreed to mentor other applicants, will be assigned to help you with your project

Trauma Committee
By Jan Gillespie

Some of the Trauma Committee completed the up-date for the new edition of the TNCC Provider Course (6th edition). Only the instructors who attended this up-date may up-date other current instructors.

We are requesting those institutions that have six or more instructors host an up-date course. Please contact Jan Gillespie at **jgilles@lumc.edu**.

After the end of September, we will have a listing of available dates and sites for the up-dates. That being said, no new instructor course will be available until all current instructors are up-dated.

Peds Committee
By Mary Otting

The Illinois ENA Pediatric Committee will be hosting an ENPC instructor course for the 2008 ENA Spring Symposium. The date is set for April 3rd at the Oakbrook Doubletree Hotel. Please contact MO regarding this course as registration will be limited. **Pre-testing will occur on April 2, 2008 in the evening and be prescheduled with MO**.

ENPC contact **motting@childrens memorial.org** (preferred) or 773-880-4437. Instructor Course admission requirements are:

- A letter from an ENPC provider course director who will assist in obtaining the monitoring necessary for completion of instructor candidate requirements.
- Current ENPC provider card.
- The letter of recommendation received from the ENPC Provider course director indicating instructor potential (preferred) OR a letter of recommendation from a professional colleague.

Pre-course Test Requirements: (April 2nd, 2008)

- Achievement of at least **90%** on the provider multiple-choice exam.
- Achievement of at least **85%** of total points in each provider skill station.

Applications will be reviewed and candidates notified of their acceptance into the course by March 8th, 2008.

Again like last year, we will offer the pre-testing for the class on Wednesday, April 2nd from 6pm-9pm. This will need to be prescheduled with MO.

The application is attached on the website. **Please note:** The number of registrants is limited so sign up early.

Update on Antidote Stocking in Illinois Hospitals
Megan A. Corrigan, Pharm.D,
Rush University Medical Center,
Anthony M. Burda, RPh, DABAT,
Illinois Poison Center, Chicago

In March, 2007, hydrodroxycobalamin (Cyanokit®) a new cyanide antidote was released. The introduction of this product to the US market sparked much discussion regarding whether to stock this agent in the hospital pharmacy and, if so, what quantity.

The Illinois Poison Center (IPC) received several inquiries concerning hydroxycobalamin as well as the stocking of other antidotes. Currently, the IPC suggest hospitals with emergency departments stock 2-4 Cyanokits®. This quantity is sufficient to treat 1-2 seriously poisoned patients.

A significant advantage of hydroxycobalamin is its greater margin of safety. The amyl nitrite/sodium nitrite/sodium thiosulfate kit can cause hypotension and/or methemoglobinemia, but hydroxycobalamin does not. Additionally, due to its more favorable safety profile, it can be administered in the pre-hospital setting by emergency medical service personnel at the scene in the treatment of smoke inhalation.

In 2000, a consensus panel published guidelines for the stocking of 16 antidotes in hospitals nationwide.[2] The authors based their recommendations on stocking enough antidotes to treat one-two 70kg adults for 4 hours. Another reference provides a "suggested minimum stocking level" based on the treatment of one 70kg adult for the first 24 hours.[3]

To assist health system pharmacists and members of pharmacy and therapeutics committees in Illinois, the IPC publishes an antidote stocking list which suggests stock quantities for 28 antidotes, 15 adjunctive agents, and three agents for radiological exposures. This list may be found at **http://www.mchc.org/ipc/InfoForProfessionals/HealthProfessionals/AntidoteList2007.pdf** Questions regarding these recommendations may be forwarded to the Illinois Poison Center's 24-hour emergency hotline at 1-800-

It is worthwhile at this time to discuss the importance of several other critical antidotes where absence or shortage of stock may contribute to inadequate patient care.

IV Pyridoxine HCl (Vitamin B6): This is a crucial antidote in the management of isoniazid (INH) poisoning. The IPC suggests an inventory of 10g which is equivalent to 100 vials of 100mg/ml strength. This amount represents an initial 5g dose and an additional 5g dose if necessary for symptomatic patients who have ingested an unknown quantity of INH. In the March 2007 issue of KeePosted, the IPC discussed a shortage of this product.[4] According to Abraxis Bioscience Inc., the only manufacturer of IV pyridoxine, the product is now available in adequate quantities.

Glucagon: This hormone is one of the many crucial interventions in the management of severe calcium channel blocker and beta blocker overdoses. The IPC suggests an inventory of 50mg which is equivalent to fifty one mg vials. High dose glucagon improves cardiac function and blood pressure via a non-adrenergic pathway by stimulating cardiac adenyl cyclase and increasing cyclic AMP.[5] Glucagon infusion rates range from 2-5 mg/hr and occasionally infusions may reach 10 mg/hr in severely poisoned patients.

Crotalidae polyvalent immune fab-ovine (CroFab®): Since antivenin polyvalent crotalidae (equine) is no longer being manufacturer, Crofab® is the only antivenin available in the United States for crotaline envenomations. Since the recommended initial dose of CroFab® is 4-6 vials, this is the stock quantity suggested by the IPC. An additional 4-6 vial, or more, may be necessary and pharmacies should have alternate sources for rapid procurement. In Illinois there are four types of venomous snakes. The timber rattlesnake, copperhead, and cottonmouth (water moccasin) are typically found in the southern third of Illinois, while the eastern massasauga is found in scattered counties throughout the state. The Illinois Department of Natural Resources can be consulted for more information on snake description, geographic distribution, habitat, etc.[6] In one review involving 14 snake bite envenomations in Illinois, 5 (36%) of the snakes were not indigenous to Illinois (i.e. western diamondback, tiger rattlesnake, Colorado sidewinder, and African gaboon viper).[7] Thus, even urban hospitals should be prepared to treat envenomations by illegally captured and trafficked species.

Fomepizole (Antizol®): Fomepizole, a safe and effective inhibitor of alcohol dehydrogenase, is a mainstay in the treatment of ethylene glycol and methanol poisoning. The IPC suggests an on-hand quantity of two 1.5g vials. An alternate antidote, intravenous 10% alcohol in 5% dextrose, is no longer manufactured.[8] The use of 5% alcohol in 5% dextrose to maintain a therapeutic blood alcohol level of 100-150 mg/dL may cause untoward effects such as fluid overload, hyponatremia, and hypoglycemia.

Although new pharmaceuticals appear on a regular basis, the introduction of new and innovative poison antidotes is infrequent. In the last 10 years, only a few agents have been approved being Antizol® in1997, Crofab® in 2000, Radiogardase® in 2003, Acetadote® in 2004, and pentetate calcium trisodium injection (Ca-DTPA) and penetate zinc trisodium injection (Zn-DTPA) in 2004. The release of Cyanokit® in 2007 represents an excellent opportunity for health systems pharmacists to assess their institution's antidote preparedness and make any necessary inventory adjustments. For further assistance regarding antidote stocking or consultation on the management of a poisoned patient, call the IPC at 1-800-222-1222.

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COUNTERSHOCK

Illinois Council Emergency Nurses Association
C/o Julie Bracken
2616 West 99th Street
Evergreen Park, IL 60805

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