

# *“The Siren”*

## *Dallas County ENA*

*Newsletter of the Dallas County  
Emergency Nurses Association*



*April – June 2007*

### ENA VISION

“Defining the future of emergency nursing and emergency care through advocacy, expertise, innovation and leadership.”

#### **2007 Dallas County**

#### **ENA Officers**

##### ***President***

Mary Dunklin, RN  
Presbyterian Hospital of  
Dallas

##### ***President-Elect***

Loren D. Larkin, RN  
Presbyterian Hospital of  
Dallas

##### ***Secretary***

Cathy Stang, RN  
Baylor University Medical  
Center - Dallas

##### ***Treasurer***

JoAnn Craze, RN

##### ***Past-President***

Hollie Gehring  
Medical Center of Plano

DCENA Website  
[www.dцена.org](http://www.dцена.org)

TENA Website  
[www.TXENA.org](http://www.TXENA.org)

National ENA website  
[www.ena.org](http://www.ena.org)

## Dallas ENA Meetings

CEU Offering and Dinner and  
Business Meeting:

June 12th @1900  
Medical Center Plano

Medical Office Bldg #3

Suite 315

### Topic:

Current Emergent  
Management of  
Stroke

### Speaker:

Dr. Tad Stiles

Spring is here...  
finally!



**Submit your Texas State  
delegate form to Chapter  
President by June 1, 2007—  
forms available at  
[www.txena.org](http://www.txena.org)  
ALL Dallas County ENA  
members are eligible.**

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## DCENA Membership Drive Goal for 2007

Increase membership by 10%

**Dallas ENA Chapter now has 418  
members**

### Membership

Whether you are a staff nurse or a manager in an emergency department, an administrator, a pre-hospital, flight, pediatric, or trauma emergency nurse, an emergency clinical nurse specialist, a nurse practitioner, a student or an educator, you can benefit from membership in ENA. No matter your level of experience or the size of your emergency department, membership in ENA contributes to your professional growth. For more information about ENA, please visit the national website: [www.ena.org](http://www.ena.org) then click on Membership

### Who We Are

The Emergency Nurses Association (ENA) is an international, action-oriented organization ready to support the nursing profession with access to important scientific information and the latest research; networking opportunities with key governmental, academic, and professional contacts; and monitoring of government activities affecting the profession.

### Mission Statement

ENA's mission is to provide visionary leadership for emergency nursing and emergency care.

### 2007 DCENA Chapter Board Members

*President: Mary Dunklin*

*President Elect: Loren D. Larkin*

*Treasurer: JoAnn Craze*

*Secretary: Cathy Stang*

*Past President: Hollie Gehring*

### Case Review Triage: What do you suspect?

A 7-year-old boy arrives in the ED stating that he was bitten on the foot while playing outside. He is screaming with pain at the bite mark, nauseated, and weak. He describes severe abdominal pain and spasms in his leg.

- A. Tick
- B. Black widow spider
- C. Wasp
- D. Brown recluse spider

*What do you suspect?*

## Summer is coming, look out for heat emergencies



### Heat exhaustion

Heat exhaustion is a clinical syndrome caused by prolonged heat exposure, usually over hours or days. Excessive perspiration and inadequate fluid and electrolyte replacement lead to fluid loss, electrolyte depletion, and dehydration. Heat exhaustion is characterized by rapid onset (within minutes) of extreme thirst, general malaise, muscle cramping, headache, nausea, vomiting, anxiety, and tachycardia—ultimately leading to syncope and collapse. Associated dehydration may cause orthostatic hypotension and mild to severe temperature elevation (98.6 – 105 F). Diaphoresis may or may not be present. Untreated, heat exhaustion can progress to heat stroke.

Initial treatment begins with moving the patient to a cool, quiet environment and removing constricting clothing. When significant hyperthermia is present, moist cloths placed on the patient reduce temperature by evaporation. Fluid and electrolyte replacement should be initiated. Oral replacement with a balanced commercial salt preparation can be used if the patient is not nauseated. IV 0.9% saline solution should be used if the patient is nauseated or vomiting. Hypotension may be corrected initially with a 300 ml to 500 ml bolus of 0.9% normal saline, with subsequent infusions correlated to clinical and laboratory findings. Admission should be considered for any patient who does not improve significantly with 3-4 hours of emergency treatment.

### Heat stroke

Heat stroke is the least common but most severe presentation of heat illness. Mortality as high as 70% is directly related to the speed and effectiveness of diagnosis and treatment. With heat stroke core

temperature exceeds 105 F. Heat stroke occurs when exposure to severe heat stress destroys the thermoregulatory system. Environmental factors and the patient's ability to dissipate heat affect the outcome of heat stroke. Onset of heat stroke is usually sudden; however, the elderly and patients in predisposing environments can develop heat exhaustion several hours before heat stroke develops. Heat stroke may present with changes in neurologic function such as anxiety, confusion, hallucinations, loss of muscle coordination, combativeness, and coma. Direct thermal damage to the brain combined with decreased cerebral blood flow can lead to cerebral edema and hemorrhage. Management of heat stroke is directed at reducing core temperature as rapidly as possible and treating subsequent complications. Maintenance of airway, breathing, and circulation is crucial for patient recovery. Establish an airway and administer supplemental oxygen by the method most appropriate for the patient's level of consciousness. Fluid volume is not depleted in most victims of hyperthermia; therefore, 1-2 L of isotonic saline solution during the first 4 hours is usually adequate. After ABCs are secured, rapid, aggressive cooling is the primary intervention. Aggressive ice or cold-water cooling should be avoided to prevent shivering and seizure activity that will only increase the core body temperature. Spray the patient with tepid water while fanning the entire body to promote cooling by evaporation. Well-padded ice packs in vascular areas such as the groin, axilla, and neck are also useful. Aggressive cooling measures such as gastric and peritoneal lavage can be used. Cooling blankets may be used; cooling from wet skin is 25 times more effective than cooling from dry skin. IV thorazine, 10-25 mg, may be used to prevent shivering during the cooling process. Cooling should be continued until rectal temperature is 102 F or less. Core temperature should be monitored frequently to prevent inadvertent hypothermia. Aspirin and acetaminophen have not proved effective in reducing hyperthermia secondary to heat stroke. Corticosteroid therapy, usually with methylprednisolone, may be used to treat cerebral edema. To increase renal blood flow, IV mannitol, 0.25 g/kg, is recommended in patients whose urinary output is less than 50 ml/hour. High-output cardiac failure may develop with heat stroke; therefore, patients should be placed on a cardiac monitor. Protecting the kidneys and liver from thermal and low-flow damage is CRITICAL. Myoglobinuria and poor renal perfusion put the kidneys at risk for renal failure; therefore, urine should be carefully monitored for color, amount, pH, and myoglobin.

**April is:**

- \* Alcohol Awareness Month
- \* National Child Abuse Prevention Month
- \* Sexual Assault Awareness Month

**May is:**

- \* Older American Month
- \* Elder Abuse Prevention Month
- \* National Bike Safety Month

- \* National Motorcycles Awareness Month
- \* National Trauma Awareness Month

**June is:**

- \* Fireworks Safety Month



Answer to Triage Question: ***B-Black widow spider.*** The black widow spider bite is neurotoxic. Systemic symptoms include nausea, vomiting, hypertension, increased temperature, and hyperactive reflexes. People who have been bitten by black widow spiders may also have respiratory difficulties, headache, syncope, and chest and abdominal pain or spasms. A tick bite may cause mild stinging at the site, but it does not cause neurotoxic effects. A wasp sting is a severe, painful sensation and may cause anaphylaxis. Muscle cramping is not common with a wasp sting. The brown recluse spider emits a cytotoxic venom. Symptoms can include local edema, erythema, local ischemia, and tissue necrosis.

## Educational Opportunities

***UPCOMING COURSES: check website for more information:***

[www.dцена.org](http://www.dцена.org)



### Mark Your Calendars:

**CEN REVIEW  
Medical Center of Plano**

**July 26 & 27, 2007**

**For flier look on the DCENA website or call:**

**214-345-6443**

**972-519-1140**

**972-268-0620**

## More Educational Opportunities

### **FORENSICS AND THE ED NURSE**

May 22 (Galveston, TX) 5:00pm-7:30pm

May 31 (Webster, TX) 5:00pm-7:30pm

Questions call: 281-384-0991

### **DFW Symposium**

August 17, 2007

Arlington Memorial Hospital

Look on DCENA Website for flier or email:

[lorenlarkin@texashealth.org](mailto:lorenlarkin@texashealth.org)

Wonder what's happening at Texas ENA State Level (TENA)? Check out the TENA website for news, upcoming State meetings and events, educational offerings, committee reports and much more. You can access the TENA website at: [www.TXENA.org](http://www.TXENA.org)



EMERGENCY NURSES ASSOCIATION

### **ENA Annual Meeting**

**SALT LAKE  
CITY, UT**

September 26-29,  
2007

**ONLINE  
REGISTRATION IS  
NOW OPEN!  
BOOK YOUR HOTEL  
RESERVATION  
ONLINE!**

**RESERVE YOUR  
EXHIBITOR BOOTH  
SPACE NOW!**



**Register Today for the ENA Annual Meeting**

## 2007 DCENA Committees and Chair positions

**Membership-JoAnn Craze**  
**Professional Education-Loren D. Larkin**  
**Nursing Practice -Loren D. Larkin**  
**Governmental Affairs-Mary Dunklin**  
**Pedi & Trauma-Hollie Gehring**  
**Newsletter-Cathy Stang**

**Want to volunteer on any committee or project???**

**\*\* see website for volunteer opportunities**

### **Upcoming Quarterly State meetings:**

**3<sup>rd</sup> quarter Lubbock  
July 6-7<sup>th</sup>**

**4<sup>th</sup> quarter State DFW area  
October 11th-13<sup>th</sup>**

**Visit [www.txena.org](http://www.txena.org)**

**Texas State  
Membership  
2744 !!  
Largest State  
Membership**

# CEN REVIEW

## Seizures

1. Discharge instructions to the parents of a child who has had a febrile seizure should include:
  - a. Instructions to prevent future seizures by treating fever with cool baths
  - b. Reassurance that febrile seizures do not cause brain damage
  - c. A discussion of the side effects of phenytoin (Dilantin)
  - d. Reassurance that febrile seizures do not last beyond adolescence
2. Thiamine (vitamin B1) should be administered in addition to dextrose 50% when an unknown patient is seizing for which of the following reasons?
  - a. To prevent Wernicke-Korsakoff syndrome
  - b. To assure proper patient nutrition
  - c. To enhance the potency of the dextrose
  - d. To prevent hypoglycemia
3. The goal of interventions for an adult patient with seizures is to:
  - a. Sedate the patient so rest can occur
  - b. Reduce fever
  - c. Prevent prolonged/recurrent seizures
  - d. Prevent injuries to the limbs
4. While assisting with gardening at home, a 14-year-old collapses in the yard. When the patient arrives at the ED by EMS, a seizure is in progress. After approximately 1 minute, the seizure ends, but muscle fasciculations continue. The patient remains unresponsive. The pupils are constricted, skin is moist, and excessive salivation is noted. Vital signs are BP 80/40 and HR 26. On the patient's admission to the ED, you suspect which of the following?
  - a. Heat exhaustion
  - b. Carbon monoxide toxicity
  - c. Petroleum distillate ingestion
  - d. Organophosphate poisoning

### Answers:

1. B-Parents are often concerned about the possibility of brain damage in a child who is having febrile seizures. Cool baths are not helpful in treating fever and may cause rebound fever. Dilantin is not used to treat febrile seizures. Febrile seizures rarely occur in school-age children.
2. A- Often an unknown patient with a seizure is a chronic alcohol abuser. Patients who are chronic alcohol abusers may be prone to sudden onset of Wernicke-Korsakoff syndrome, brought on by a thiamine deficiency that is exacerbated by the sudden administration of a large bolus of dextrose in the absence of adequate Vitamin B1, a cofactor in glucose metabolism. Thiamine does not enhance the potency of dextrose and does not prevent hypoglycemia.
3. C- Frequent, recurrent, or prolonged seizures may result in cerebral hypoxia, which leads to permanent central nervous system damage because the CNS is highly dependent on oxygen to function adequately.
4. D- Toxicity from organophosphates causes a cholinergic crisis whereby the substance binds to acetylcholinesterase, resulting in an accumulation of acetylcholine at the receptor sites. Symptoms include excessive salivation, seizures, fasciculations, hypotension, and bradycardia. Heat exhaustion would present with moist skin, but not the other symptoms described. A patient with carbon monoxide toxicity would have respiratory compromise but not the other symptoms listed. A petroleum distillate ingestion would present with primary respiratory compromise.

*Texas ENA State Meeting in Lubbock  
July 6-7 2007*

*See [www.txena.org](http://www.txena.org) for more information  
Board meeting on Friday open to all members !  
Council meeting open to all members on Saturday!  
Come and watch the business of Texas ENA*



## Why be a CEN?

***Passing the CEN exam demonstrates knowledge of current emergency nursing practice. Emergency nurses who have become CEN's experience:***

- ✓ *Personal satisfaction*
- ✓ *Increased self-esteem*
- ✓ *Validation of their emergency nursing expertise*
- ✓ *Career advancement opportunities*
- ✓ *Financial rewards*

Visit [www.ena.org](http://www.ena.org) and click on "Certification/BCEN"

## *Texas ENA Nursing Practice Committee*

The TX ENA Nursing Practice Committee is promoting the concept that Safe Practice Choices can equal or lead to a Safe Practice Culture within our health care facilities. The Committee is seeking to address issues that are real practice issues within hospitals throughout the State. Many questions have arisen concerning the use of propofol in the ED. While some in the National ENA are promoting such nursing practice, many States, including Texas, the boards of nursing have issued either a declaratory statement or an advisory opinion that procedural sedation administration and monitoring with propofol or other anesthetic agents is beyond the scope of non-CRNA nursing practice. We are interested in your institutions use of propofol. If you have any observations or comments please email Loren D. Larkin, President Elect at [lorenlarkin@texashealth.org](mailto:lorenlarkin@texashealth.org).

*Safe Practice Choices = Safe Practice Culture*

## What are "delegate forms?"

The form is a way that members of Texas ENA record their participation at the local, state and national level.

- \*Members who are interested in representing the Texas State Delegation at the General Assembly in September are selected by this process.
- \*The number of delegates a state has depends upon the number of members it has. Texas is able to send over 50 delegates + alternates to this!!!!
- \*Points are awarded for attending meetings, activity or committee involvement, work groups, speaking, and holding certifications such as TNCC, ENPC, CEN, and CFRN.
- \*Financial assistance is given by the state if chosen to be a state delegate.

Being part of the delegation is an awesome part of being an ENA member and an experience like no other. The business of the organization is done for 2 days and the delegation votes on issues, resolutions and bylaw changes at this time. Think of it as being a Texas Senator being sent to do business at the White House (but better)!

This is the true meaning of empowerment! Texas has the most delegates (most votes) and we are a powerful site and affect many aspects of ENA.

I encourage each and EVERYONE of you to look at the delegate form on the [www.txena.org](http://www.txena.org) website. You will be surprised on how many points you have!

The delegates are simply chosen by the number of points. (Example—taking the top 52 forms based on points.) All members are eligible and you never know how many points will be enough to have an experience of a lifetime!

Hurry deadline is fast approaching and Salt Lake City is waiting for you! If you have any questions please contact me [hollie.gehring@lonestarhealth.com](mailto:hollie.gehring@lonestarhealth.com)

Hollie