ACLS Course

A 2-day ACLS course, sponsored by CHB, will be offered on Saturday April 14 and Saturday, April 21. Please contact the Staff Development office at x5-7155 to register.
Cystic fibrosis (CF) is similar to congenital heart disease in regard to the aging population of patients that have this once primarily pediatric condition. Cystic fibrosis is a chronic, genetically recessive disorder that affects the lungs and digestive system of approximately 30,000 people in the United States (Nemours Foundation, 2007.) The alteration in normal functioning of the sodium channels in the epithelial cells of CF patients affects the skin, lungs, pancreas, liver, and digestive and reproductive systems (Nemours Foundation, 2007.) The typical CF patient is Caucasian and has an expected lifespan of 37 years (Cystic Fibrosis Foundation, 2007.)

For respiratory consequences of CF, the mutation of the CF gene alters protein structure resulting in the production of thick, sticky mucous that clogs the lungs (Hubbard & Antia, 2005.) Normally mucous in the lungs is used to trap germs and remove them. Unfortunately, this secretion accumulation can lead to life-threatening lung infections because the thick mucous is not able to be cleared from the lungs and the germs and bacteria remain within the body. These frequent lung infections are often a trigger for hospitalization. Other respiratory symptoms include persistent coughing and shortness of breath (Nemours Foundation, 2007.) CF patients are at risk for developing pulmonary hypertension and cor pulmonale. Chest physiotherapy is a staple of treatment for CF patients to help decrease secretions.

The same secretions that cause the respiratory difficulties also lead to the production of mucous that may obstruct the pancreas. This obstruction prevents digestive enzymes from reaching the intestines in order to break down and absorb food (Connors & Ulles, 2005.) Patients follow a strict replacement regimen for these enzymes. This results in CF patients having to take medication before all meals and snacks. Due to the pancreatic insufficiency, many patients are also diabetics. As a result of the poor absorption of food, these patients have poor weight gain and growth despite having a strong appetite (Hubbard & Antia, 2005.) These patients also frequently have steatorrhea (greasy, bulky stools.) Malnutrition in CF patients is a common indicator for poor outcomes that often lead to lung transplantation (Connors & Ulles, 2005.)

Because CF is a chronic disease, these patients have numerous hospitalizations. These frequent admissions cause less interaction with the peer group and influences self-image and socialization. Also due to the risk of infection and lung problems further separates and isolates these patients. As the patient population ages, more adults are continuing to be treated in pediatric facilities. These factors are prominent concerns for coping with the disorder and psychosocial status.

Although new treatment methods have extended the average life expectancy of these patients, many patients still experience poor outcomes. CF is the most common diagnosis and reason for pediatric lung transplantation.

References


This is the first in a 3-part series of articles submitted by Kathryn McLaughlin. Kathryn is a Boston College nursing student completing her senior synthesis on 8South with Erin Callahan, RN.
The 8 South conference room has been booked for all of these sessions. Anyone wishing to practice during the night or weekend may use the computers in the conference room for this purpose. The folder that you have received during training has a handout specifically teaching you “how to” practice in train and the patients to use for training purposes.

As everyone is aware, the Powerchart go-live is fast approaching. The official date is set for Sunday April 29th @ 0700. All staff members have successfully completed their Powerchart Training. Beginning the week of April 8th, there will be practice & review sessions to allow staff members to become more comfortable working in Powerchart. The first week will be reserved for superusers only. Superusers are strongly encouraged to attend a 3 hour session to be updated on the most recent changes. The following blocks of time have been allocated for superusers only:
• April 9th from 1pm-4pm
• April 10th from 1:30pm-4:30 pm
• April 11th from 10am-1pm

Beginning the week of April 15th, the rest of the staff are encouraged to attend “drop-in” sessions. The purpose of these sessions will be for each staff member to work independently on case studies and to continue navigating your way around Powerchart. There will be someone present during most of these sessions that will be available to answer questions should they arise. You can spend as much time as you feel necessary. There is no formal agenda. The following blocks of time have been allocated for all staff:
• April 17th from 7a-7p
• April 18th from 7a-7p
• April 23rd from 7a-4p
• April 24th from 7a-7p
• April 25th from 7a-7p

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Pump tubing plates and towel clips have been taped onto the ECMO instrument trays. The pump tubing plates are used hold the small ECMO tubing; they are secured to the sterile field with the towel clips during placement of the cannulas. The clips are very sharp, so use caution when manipulating them.

Please make sure that these devices are included with the rest of the instruments when the tray is returned to CPD. Once CPD receives the plates and clips, they will be included in the ECMO packs we receive in the future.

Upcoming Conferences

- Leadership: A Personal Reflection, April 24, 2007, 5:30 pm, Boston University Faculty Dining Room. More information in the 8S lounge.
- Making Waves in Critical Care, April 16 & 17, Dartmouth-Hitchcock Medical Center. More information in the 8S lounge.

Nurses Week Celebration
May 6-12, 2007

- Tuesday, May 8: Nursing Dinner
- Thursday, May 10: Nursing Exemplars
- Mid-week: Posters
- More information to come!
Just a reminder of the upcoming peer reviews that are due for April 15, 2007
There are a lot of them, so check the list carefully!

Mary Baron is the facilitator for Anne Marie Baldwin
Toni Imprescia is the facilitator for Maribeth Callery
Jen Mullen is the facilitator for Shannon Olbrot
Kathy Whelan is the facilitator for Alynne Johnson
Cindy Hogan is the facilitator for Sarah Beard
Jen Cummings is the facilitator for Bronna Schwaebel
Mona Thibeault is the facilitator for Christine LaGrasta
Kim Deckett is the facilitator for Sonia Almeida
Mary Eisenhaur is the facilitator for Kelly Richardson
Kristin Godfrey is the facilitator for Caroline Cantillion
Steve Bova is the facilitator for Kristin McGrory
Karen Horn is the facilitator for Kim Franey
Nelson Aquino is the facilitator for Liz Centofani
Brenda Tsuchiya is the facilitator for Erin Callahan
Courtney Toltz is the facilitator for Jen Mullen
Christine Placidi is the facilitator for Joanna Brandt

Diane Tibbert is the facilitator for Katie McGowan
Liz Swanson is the facilitator for Meaghan O'Keefe
Sara Kalbko is the facilitator for Kelsey Schwabach
Moira Carroll is the facilitator for Susan Deckers

You can find the information for completing the peer review in PS Common / 8 South / Peer Review. If you have any questions please see: Toni Imprescia, Suzanne Colonna, Sara Kalbko, Melanie Darcy or Liz Swanson. Be sure the peer review specifically identifies the person to be reviewed and the facilitator of the review.

If anyone has any comments, concerns or information that they feel should be included in any peer review, please feel free to contact the facilitator with your comments.

Thank you all for your hard work!