

CAMSN Newsletter

The official newsletter for the Canadian
Association of Medical & Surgical Nurses
February 2018

Special Points of Interest

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Laura Vogelsang

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provided by Brenda Lane, RN, BScN, Dip Ad Ed, MN, CMSN(C)
and President of CAMSN

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Courses featuring the third of four articles on the *5 most
common allegations associated with nursing negligence
lawsuits*, provided by Chris Rokosh of Connect Medical Legal
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CAMSN is an associate
member of the **Canadian
Nurses' Association
(CNA)**

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*Have you ever thought about joining
our team? Contact Esther Rees,
Communications Executive, if you are
interested in learning how you can
become involved.*

Our Vision

To be the voice of medical and surgical nurses in Canada

Our Mission

Medical and surgical nurses provide nursing care to
adults experiencing complex variations in health. They
utilize diverse clinical knowledge and skills to care for
multiple acutely ill adults and their families. They are
leaders at organizing, prioritizing and coordinating care
as well as working with interdisciplinary teams. The
practice of medical-surgical nursing requires
application of evidence-based knowledge and best
practice standards to provide quality, safe and ethical
care to clients across the continuum of care. The CAMSN
nurse advocates, supports and promotes the integral
role of medical and surgical nurses to the health care
system.

Individually, we are one drip.
Together, we are an ocean.
- Ryunosuke Satoro

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CAMSN Conference 2018

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Association Canadienne des Infirmières et Infirmiers en Médecine-Chirurgie

2018 CONFERENCE

Medical-Surgical Nursing: It's Getting Complicated

Ottawa Conference and Event Centre
Ottawa, Ontario

June 7th & 8th, 2018
0730–1630 hrs

Numerous oral presenters, posters and topics
including, but not limited to:

Crack me up! *Puzzling out Pelvic Fractures*
Psychedelic! - *Review of Psychiatric Medications on the Med-Surg Floor*
Can you feel the beat? - *A look at cardiac issues including ECG review*
Best Practice for Surgical Incisions: *Unraveling the Mystery of Products*
In a Haze - *Medical Marijuana Overview*
Septic Shock & Antibiotic Review
Medical Assistance in Dying
Take note! - *How to Avoid Becoming a Legal Case Study*

REGISTRATION COST (includes breakfast, lunch, coffee and snacks):

2-day: \$250 + GST

1-day: \$150 + GST

Students: \$120 + GST (proof of student status)

To register online, visit:

<https://ccdeconference.usask.ca/index.aspx?cid=347>

Rooms have been reserved for registrants at the Hampton Inn (100 Coventry Road, Ottawa, ON).
Rooms will be held until May 6th – to book yours, call 1-866-238-4218 and tell them you are with CAMSN. Rates are \$135/night for single and \$145/night for double.

This event is brought to you by the Canadian Association of Medical and Surgical Nurses (CAMSN).

www.medsurgnurse.ca



Share the **CAMSN Conference Poster** with your friends & colleagues!
<https://medsurgnurse.files.wordpress.com/2018/02/camsn-conference-poster-2018.pdf>

CNA Certification Program

CNA Certification Discovery
Week

January 28th – February 3rd

Have you ever thought about obtaining your CNA certification in medical-surgical nursing?

The CNA Certification program offers the only nationally recognized nursing specialty credential. Certified nurses are committed to an advanced standard of professional competence directly correlated with improved patient outcomes.

“Obtaining my medical-surgical certification through the Canadian Nurses’ Association has been one of the biggest milestones of my career. The credential of being a certified medical-surgical nurse has helped me to establish greater trust with my patients and colleagues. Doing CNA certification is a journey in which you end up feeling validated in your knowledge and more confident as a practitioner. My medical-surgical certification has benefited me in my roles as a staff nurse, educator, and researcher. I am proud to now be of the five medical-surgical certification nurse mentors in Canada and I hope to help others benefit from certification as well.”

Laura Vogelsang, RN, PhD(C), CMSN(C), CCNE(C)

Don’t do it alone. Contact one of the five medical-surgical certification nurse mentors in Canada who are eagerly waiting to support you in this journey! Medical-Surgical Nurse Mentors have a minimum of three years’ experience and hold current CNA certification in medical-surgical nursing.

<https://www.cna-aiic.ca/en/certification/exam-preparation/mentorship-program>

Learn more about becoming CNA Certified in Medical-Surgical Nursing:

Initial Certification

- Minimum of 3,900 hours of experience as a RN in your specialty area over the past 5 years

- Written certification exam

See more, including the application process at:

<https://nurseone.ca/en/certification/get-certified>

Certification Renewal

- Minimum of 2,925 hours of experience as a RN in your specialty area during your current 5-year certification term

- Demonstrate advanced knowledge of your specialty area through either:

- Continuous Learning – 100 hours of continuous learning activities over your 5-year certification term
- Re-writing the certification exam

See more at:

<https://nurseone.ca/en/certification/renewing-your-certification>



Spring Registration & application window to Renew by Continuous Learning is OPEN!!!

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Education Corner

Liver Dysfunction: Picture This

By Brenda J. Lane, RN, BScN, Dip Ad Ed, MN, CMSN(C)

Mr. Fail Livor, a 48 year-old male, is being admitted to your unit with cirrhosis. You mentally review the potential clinical manifestations, pathophysiology, and anticipate collaborative interventions.

Picture This:

Ascites – Peritoneal fluid collection is caused by increased portal hypertension and hypoalbuminemia. Due to scarring in the liver, the portal vein pressure increases and the hydrostatic (“pushing”) pressure increases leading to fluid shifting into the peritoneal space. Additionally, the liver decreases production of albumin resulting in decreased plasma colloid oncotic pressure (PCOP). This “pulling” pressure helps keep fluid in the vascular space (extracellular fluid); bringing fluid back into the vascular bed. When the PCOP is decreased the hydrostatic (“pushing”) pressure is greater and fluid leaves the vascular bed into interstitial spaces, like the peritoneum. You anticipate a paracentesis to drain off the serous fluid to decrease abdominal girth and facilitate ease of breathing. Albumin infusions may be ordered to increase the PCOP as albumin is a large protein molecule and will facilitate movement of peritoneal fluid back into the vascular bed. You anticipate that the albumin infusions will be followed by a diuretic in order to prevent fluid overload.



Jaundice – Yellowing of the sclera and skin is a commonly anticipated clinical manifestation. Bilirubin conjugation is altered and bilirubin enters into the blood stream and urine. Urine may appear dark brown due to urobilinogen. When the hemoglobin breaks down to heme and globin, the liver conjugates it to form bile. When this process is altered due to liver dysfunction the bilirubin is not metabolized properly and colours the skin and sclera. Also, as there is decreased bile in the intestinal tract, clay-coloured stools may be anticipated.

Portal Hypertension – The scarred liver increases the pressure in the portal vein and blood is backed up, most commonly into the gastric and esophageal veins. Beta-blockers may be ordered to help decrease portal hypertension. Surgical intervention may include placement of a shunt, which allows venous blood to bypass the liver. There are many types of shunts. For example, the portal vein may be surgically attached to the inferior vena cava (IVC) to bypass the liver so blood drains directly into the IVC returning to the heart. Other types may include the renal vein or splenic veins attached to the IVC. Surgical intervention (TIPS- transjugular intrahepatic portosystemic shunt) is used to bypass the liver and reduce portal hypertension. The interventional radiologist places a stent connecting the portal vein and the hepatic vein to carry blood from the liver back to the heart. This procedure will reduce portal hypertension, which contributes to esophageal varices and ascites.



Liver Dysfunction: Picture This (Continued)

Esophageal Varices - As the pressure increases in the portal vein, smaller more fragile vessels develop and are prone to rupture causing life-threatening hemorrhage. Regularly scheduled prophylactic banding procedures may be performed to tie off varices so they do not rupture. Bleeding may be complicated due to deficient clotting factors.

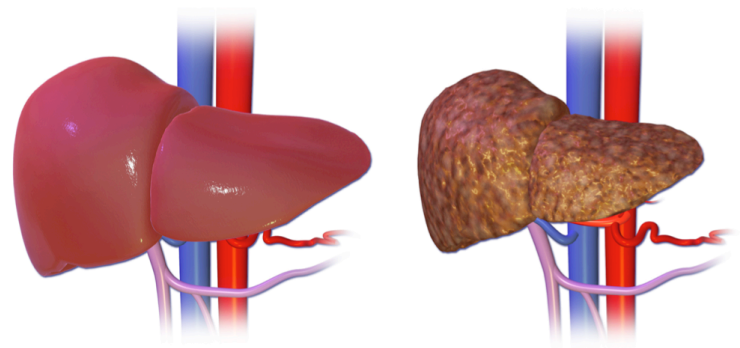
Bleeding – Decreased Vitamin K absorption leads to risk of bleeding, bruising, and challenging control of hemorrhage if the varices rupture. Anticipate Vitamin K administration. Additionally, most B vitamins are diminished thus folic acid, thiamine, and multi-vitamins are also anticipated orders. Coagulopathy due to reduced hepatic synthesis of factors II, V, VII, and IX may occur, thus monitoring clotting times will be a consideration. Observe for petechiae and purpura. Furthermore, a low-grade DIC (disseminated intravascular coagulation) may develop.

Hepatic Encephalopathy- Mental confusion and inappropriate behaviour is due to the accumulation of ammonia. Since the liver cannot convert ammonia to urea, the ammonia builds up and causes cognitive dysfunction. Elevated ammonia levels should be monitored. Lactulose will be ordered, but not as a laxative! Instead, it is ordered to bind with the ammonia in the gastrointestinal tract and cause it to be removed via defecation. BUT, yes, there will be increased bowel movements. Cognitive function should be monitored for improvement. Anticipate a low protein diet, as ammonia is a by-product of protein metabolism.

Caput Medusae – Due to portal hypertension, superficial abdominal venous engorgement may occur around the umbilicus appearing as snake-like meshwork. Treatments to decrease portal hypertension and ascites may be considered.

Spider Angiomas – Spider-like bluish discoloured veins may appear on the nose, face, neck and anterior chest. These may be due to hormonal imbalances with increased estrogen.

Gynecomastia – In men, breast enlargement may occur secondary to an imbalance of hormones, as testosterone decreases and estrogen levels elevate. Additionally, testicular atrophy may occur.



Normal Liver

Liver Cirrhosis

It is important to recognize that Mr. Livor has a complicated condition which requires safety measures and regular monitoring. **You are now ready for your admission!**

Author: Brenda J. Lane, RN, BScN, Dip Ad Ed, MN, CMSN (C), is a Professor in the Bachelor of Science in Nursing program at Vancouver Island University, teaching pathophysiology courses and clinical practice. She is a legal nurse consultant providing opinion on medical-surgical cases.

Education Corner

Continuous Learning
Opportunities:
Case Studies & Courses

Legal Issues in Nursing; Medication Errors

By Chris Rokosh RN, Legal Nurse Consultant, CEO and Founder of Connect Medical Legal Experts

CAMSN is pleased to share with you the third of four articles on the 5 most common allegations associated with nursing negligence lawsuits.

“Have you ever made a medication error? I know I have; and to date I have never met a nurse who hasn’t. Sadly, these errors occur much too frequently. In fact, medication errors constitute the greatest number of adverse events in healthcare. Fortunately, many of the errors do not result in harm. For instance, a nurse may give a patient Tylenol when Ibuprofen was ordered. As long as the patient doesn’t suffer significant injury or serious adverse reaction, this would be considered a breach in the standard of care but would not make for a successful lawsuit.

“On the other hand, if a nurse administers a medication that results in serious injury or death, the patient can sue the nurse and may also sue the doctor, pharmacist and hospital. Multiple parties can be sued with medication errors based on the fact that there may be many contributing factors, and many individuals, who play a part in the ordering, dispensing, administration and developing the processes for medication administration...”

Introducing the **“Introduction to Legal Nurse Consulting” Course**
by *Connect Medical Legal Experts*
April 17th-20th, 2018
Calgary, AB

A Legal Nurse Consultant (LNC) is a licensed, Registered Nurse who performs a critical analysis of clinical and administrative nursing practice, healthcare facts and issues and their outcomes for the legal and healthcare professions.

Learn more at:
<https://www.connectmlx.com/connect-to-education/introduction-to-legal-course-consulting>

Read more, including a fictional case study involving a medication error with an adverse outcome, at:
<https://medsurgnurse.ca/legal-issues-in-nursing-medication-errors/>



CE-4031 Pain Management Course – March 26th-June 15th, 2018

Nursing care of clients often involves managing pain alongside other health considerations. This course begins with an overview of concepts related to pain including common misconceptions, epidemiology, and basic neurophysiology of pain. You will learn how to work collaboratively to accurately assess pain in your patients as well as differentiate acute and chronic pain management techniques. Non-pharmacological pain management strategies are also discussed. Pain management in pediatrics, older adults, and Indigenous populations is examined. Opioid safety, the use of cannabis, and end of life pain management are some of the topics discussed in this course. You will complete this course armed with knowledge of effective evidence based strategies for managing pain. Prerequisite: LPN/RN. You will be required to provide your license number at the time of registration.

Online Registration: <http://saskpolytech.ca/programs-and-courses/part-time-studies/course/pain-management/CE-4031/>
(Deadline: March 16th, 2018)

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Education Corner

Continuous Learning Opportunities



**The Canadian Association
for Enterostomal Therapy**
**Association Canadienne
des Stomothérapeutes**

May 3-6, 2018
Victoria, BC
www.caet.ca

**ACTING UP,
REDUCING
HARM**
Clinical Practice
and Advocacy in
Context of Crisis

**Canadian Association of Nurses
in HIV/AIDS Care**
April 5-7, 2018
Vancouver, BC
www.canac.org



**Canadian Nurses
Protective Society**

The Nurse, the Chart, and the Law
Wednesday, March 14, 2018
12:00-1:00 PM EDT
CNPS Webinar
www.cnps.ca

Trends in Care of the Elderly
Freeport Physicians Education Fund

May 2nd, 2018 at 08:30-15:25
Kitchener, ON
<https://www.eventbrite.ca/e/trends-in-care-of-the-elderly-tickets-38450235690?aff=es2>

What's the Harm in Harm Reduction?
A Collective Action Community-Based Conference

March 29th, 2018
08:30-15:30
Chatham-Kent, ON
<https://www.eventbrite.ca/e/whats-the-harm-in-harm-reduction-registration-42485590545?aff=es2>



41st Annual National Conference
SASKATCHEWAN

Canadian Orthopaedic Nurses Association
May 27-30, 2018
Regina, SK
www.cona-nurse.org

**"The road to success is always
under construction."
- Lily Tomlin**

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Ways to become more involved with CAMSN...

Education Corner

An Education Corner has been added to the Canadian Association of Medical and Surgical Nurses' official website, www.medsurgnurse.ca, as well as the quarterly newsletters.

CAMSN's goal is to provide educational pieces that best serve the interest and learning needs of medical-surgical nurses across Canada.

- ❖ **Do you have an idea for our Education Corner? Is there a medical-surgical topic you would like to know more about?**
- ❖ **Are you involved in nursing education? Would you like to contribute an educational piece? Have you done a research study relevant to medical-surgical nursing?**
- ❖ **Are you writing the Medical-Surgical Certification Exam and there's an area of nursing included in the competencies that you'd like to know more about? Tell us what it is! We can create an educational piece to support you in your exam preparation.**

Visit: <https://medsurgnurse.ca/education-corner/> for access to all of the previous pieces included in the Educational Corner.

Next Newsletter:

- CAMSN 2018 Conference Agenda
- Education Corner
- Consider joining the CAMSN Executive Team!

Feature Member

The Canadian Association of Medical and Surgical Nurses would like to feature innovative CAMSN members who are making a difference in medical-surgical nursing.

If you would like to be featured in a CAMSN newsletter and/or on the website, send us your work initiative (500-750 words).

If you would like to nominate someone to be featured, let us know and we can contact them!

Contact Us!

Do you have an idea for our newsletter? Do you have a question for CAMSN, or an upcoming workshop you would like shared with fellow members?

We would love your feedback and we encourage our members to share their expertise!

**Please contact Esther Rees,
External Communications
Coordinator at
esther.rees@usask.ca.**

Visit the official CAMSN Website!
www.medsurgnurse.ca
Join the official Facebook group!
Search: **CAMSN**

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