CAMSN Newsletter

The official newsletter for the Canadian Association of Medical & Surgical Nurses
FEBRUARY 2017

SAVE THE DATE

We are excited to announce that our next biennial CAMSN Medical-Surgical Conference will be in **Ottawa, Ontario** in **June 2018**

This conference will provide information on topics pertinent to the bedside medical-surgical nurse.

Please consider participating in a brief survey at www.surveymonkey.com/r/W9H5WZD so that we can include the topics that best serve your interest!

As details are confirmed, they will be shared via:

- Facebook (search CAMSN)
- CAMSN's official website (www.medsurgnurse.ca)
- CAMSN's Newsletters

After a brief hiatus, the CAMSN quarterly newsletters are back!

We are very excited to distribute our newsletters to keep you informed and up-to-date about what is happening with the association and the latest in medical and surgical nursing. If you have any suggestions as to what you would like to see in this newsletter or if you would like to make a contribution, our contact information is on the last page. Please feel free to contact us.

SPECIAL POINTS OF INTEREST:

Canadian Association of Medical and Surgical Nurses

About Us

CAMSN is an associate member of the **Canadian Nurses Association** (CNA)

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.

CAMSN is unique in that it was established based on a recommendation from the 2006 Medical and Surgical nursing conference in Saskatoon at the CNA Biennial Conference. The nurses at this conference recommended the formation of a national nursing group charged with the task of creating a national certification program. Medical and surgical nurses form the largest single group of nursing professionals in health care and through CAMSN, will have an avenue for national recognition of excellence and competence in practice. Now that the certification exam has been established, we are examining other opportunities to promote and support medical and surgical nurses in various types of environments.

CAMSN currently has over 800 members across Canada!

CAMSN Membership is currently FREE!

If you received this newsletter via e-mail, it is because **you are one of our valued CAMSN members!!**
If you accessed this newsletter via a CAMSN member, **we want you to become a member!**
Becoming a member would confirm that your information is placed on our membership list and you are kept up-to-date with CAMSN activities. Membership also includes access to our quarterly newsletter. Anyone who has a vested interest in medical and surgical nursing can become a CAMSN member (nurses, managers, educators, students, and other health care professionals, etc.).
To become a CAMSN member, please fill out the registration form on our website (www.medsurgnurse.ca) and e-mail it to Crystal Côté, our secretary, at crystal.cote@mail.mcgill.ca.

CAMSN Executives

Welcome to our newest Executives!!

Crystal Côté, RN, BN, MSc (Admin), CMSN(C)

CAMSN Secretary

Crystal Côté began as a CAMSN Executive in 2016. She comes from a diverse nursing background with significant additional education since graduating from Vanier College with a Diplôme d'étude Collégiales in Nursing in 2005 and obtaining her Bachelor of Nursing at McGill University. Her nursing career began at the Montreal Neurological Institute. In 2006 Crystal started working at St. Mary's Hospital on the medical-surgical clinical teaching unit where she eventually took on the position of Assistant Head Nurse. She also had the opportunity to join the Professional Nursing Practice Committee followed by the Council of Nurses, where she served as President to the Council of Nurses for 5 years. Crystal obtained her Certification in Medical-Surgical Nursing in 2010 and in 2015, took on the role of interim counseillère en soins (educator) for the Department of Medicine. In 2016 she graduated from the University of Laval with a MBHA and is currently working at the Jewish General Hospital as a counseillère en soins (educator) in medicine and geriatrics. Crystal is very excited to be a part of CAMSN!

Brenda Lane, RN, MN, CMSN(C)

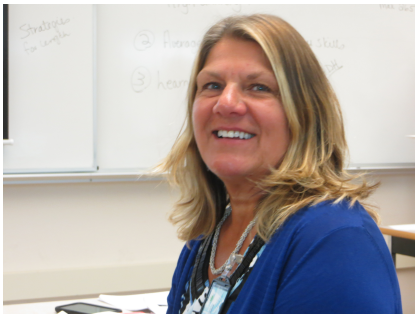
CAMSN President

Brenda Lane has been teaching in the Bachelor of Science in Nursing Program at Vancouver Island University for 15 years, in years one to three of the program. She most enjoys teaching Pathophysiology courses integrating complex health challenges. She loves to balance the theory with clinical practice on medical and surgical units working with nursing students and patients.

Prior to moving to the west coast, Brenda was a Clinical Nurse Educator for 12 years at the Ottawa Hospital in General and Thoracic Surgery, Cardiology and Respiratory Medicine, as well as the Regional Burn Educator and the Home TPN Training Coordinator. One of her most cherished experiences was working in the Intensive Care Unit. Additionally, Brenda provides Legal Nurse Consulting, which she considers "fun detective work" that keeps her humble, as she realizes how easily it is for nurses to slip the slope into providing substandard care.

Brenda graduated from the University of Ottawa in 1983, completed a Diploma in Adult Education from St. Francis Xavier University in 1998, and a Masters of Nursing from Athabasca in 2005, and completed CNA Certification in Medical-Surgical Nursing in 2010. She has participated in the competency development and exam item-writing for the Medical-Surgical Certification exam and is a member of the Exam Committee. She has also participated in item-writing for the Canadian Registered Nurses Examination.

Brenda considers it an honor to serve as President of the Canadian Association of Medical and Surgical Nurses and looks forward to meeting you at the next biennial conference in June 2018 in Ottawa, Ontario.



CAMSN Executives

Join our Team! We Need YOU!

Did You Know?
If you are CMSN certified, executive board membership contributes up to 25 CL hours towards your continuous learning activities. Get involved today!

EXECUTIVE CONTACT INFORMATION:

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Have you ever thought about joining our team? The team of CAMSN Executives is currently in need of a new President Elect.

President Elect: Succeeds to the presidency upon expiration of the President's term. Exercises duties of the President in the President's absence. Works in partnership with the President, carrying out the work of the board and has duties assigned by the board.

Please forward your name, contact information, and a 250-word bio and information sheet on why you would like to join the CAMSN board to **Esther Rees, External Communications Coordinator (esther.rees@usask.ca)** by May 1st, 2017 if you are interested.

CAMSN would like to thank Robbyn Peckford (Past President) and Ashley McKilligan (outgoing Secretary) for their commitment and contributions over the past few years. Their work has supported the growth and sustainability of the Canadian Association of Medical and Surgical Nurses. They will be missed and we wish them the best of luck in their future endeavors.

CNA Certification Program

The first exam for Certification in Medical Surgical Nursing became possible in 2010. Currently there are over 500 Registered Nurses across Canada that are certified in Medical-Surgical Nursing!

"Invest in yourself and show your employer, your patients and your clients that you Care to Be the Best. Join the growing network of more than 17,000 CNA-certified RNs in 20 nursing practice specialties at the leading edge of health care." - CNA

What is certification?

- Certification is the **voluntary** process by which the CNA recognizes that a Registered Nurse demonstrates competence in a nursing specialty.
- It is a recognized credential for RNs who have met a pre-determined, standardized criteria.
- Certification represents a commitment to the leading edge in health-care standards, and it gives national scope to continuing competence initiatives. When you achieve certification it **shows your commitment to a national standard of professional expertise and an in-depth understanding in your area of nursing practice.**

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 is now open!!!
Jan. 3rd – March 1st ➔ Application window to write exam & renew by exam
May 1st-15th ➔ Certification exam window

Jan. 3rd – Nov. 30th ➔ Application window to renew by continuous learning

Why earn CNA Certification?

"I wanted to test my knowledge base and challenge my learning. It was a very rewarding experience." - Noelle Rohatinsky, RN, MN, PhD, CMSN(C)

"I took my CNA certification as a personal challenge, to confirm to myself that I had been successful in my ongoing learning as a nurse since graduation. I renewed my certification because it demonstrates to those around me my commitment to refining my practice and to lifelong learning." - Laura Neal, RN, BN, MN, CMSN(C), CD

Education Corner

Devastating Pancreatitis: Getting Back to Basics

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

People with pancreatitis are admitted to medical and surgical units, usually for four to five days for bowel rest with NPO and pain management orders. So why is it that 10-30% of patients develop severe pancreatitis and succumb to the devastating complications of hypovolemic shock, sepsis, and fatality? Let's take a look at a typical patient.

Picture this:

A slight woman, age 44 years, coming back from a week's vacation in Hawaii, presents to the emergency department at 0930 hours in acute epigastric pain radiating to the back. She is hunched forward with slight symmetrical abdominal distention. Pain is 8/10 and there is no nausea or vomiting. Her past medical history includes four previous admissions with pancreatitis and ETOH use.

In the emergency department she receives an IV bolus of 2 litres 0.9%NaCl, followed by a rate of 150ml/hr. Her vital signs are respectable with BP 126/80; HR 82. She is transferred to a medical unit at 1730 hours with a diagnosis of acute pancreatitis and nursing report indicates she had not voided since admission.

At 2130 hours, she voids 150 ml and she has a BP 94/74, HR 100, with complaints of dizziness, feeling faint and being very restless. Analgesics are administered Q3h for pain as the patient paces throughout the night and is up to the bathroom attempting to void. At 0230 hours the nurse performs a straight in and out catheterization for 30ml dark, concentrated urine. At 0630 hours the patient is found unresponsive with an unattainable BP. She is transferred to the ICU and suffers a cardiac arrest at 0730 hours, twenty-two hours after admission. Following aggressive resuscitative measures in ICU she succumbs to death at 1800 hours, 32 hours since admission.

What went wrong and what timely assessments and interventions could be implemented?

In reviewing the anatomy, recall the pancreas secretes digestive enzymes (trypsin, amylase, and lipase) into the duodenum upon ingestion of food. Patients with pancreatitis are NPO so that the pancreas is not stimulated to secrete enzymes. The gallbladder secretes bile into the duodenum and if gallstones (cholelithiasis) develop they can be released and block the cystic or the common bile duct (choledocholithiasis). Biliary tract disease can lead to pancreatic duct obstruction due to cholelithiasis with the accumulation and activation of pancreatic enzymes, which can cause auto digestion of the pancreas. The inflammatory process causes edema and necrosis. Additionally, it is believed that bile acids reflux through the opened sphincter of Oddi into the pancreatic duct also leading to inflammation and auto digestion. The two most common causes of pancreatitis are biliary tract disease and chronic alcohol use, which account for 80% of pancreatitis. It is theorized the acinar cells metabolize ethanol

Devastating Pancreatitis: Getting Back to Basics (Continued)

and the toxic metabolites injure the acinar cells in the pancreas, which then activates enzyme release leading to auto digestion. Another theory suggests alcohol increases the production of digestive enzymes. 70% of chronic pancreatitis cases are associated with alcohol overuse; however, only 5-10% of people who overuse alcohol develop pancreatitis. Other causes can be trauma, steroids, mumps or infections, autoimmune (such as SLE), spider bites, hyperlipidemia, ERCP, or medications (corticosteroids, thiazides, azathioprine).

Predicting Severity

To predict severity, Ranson's Criteria, APACHE, or the Imrie scoring system may be used upon admission and throughout admission. Regardless of which system is used, consideration is given to elevated WBC (due to inflammatory process); hyperglycemia (due to destruction of pancreas and disruption with insulin production); elevated liver enzymes (AST, LDH); elevated pancreatic enzymes (amylase, lipase); and elevated C-reactive protein. Amylase is most accurate when at least twice the upper limit of normal; whereas, lipase has an increased sensitivity in alcohol-induced pancreatitis and is more specific than amylase. C-reactive protein is a late marker and high levels are associated with pancreatic necrosis. Elevation of Interleukins-6 and 8 are early indication of severity. Hypocalcemia occurs when calcium combines with fatty acid deposits, and although it is not well understood, it is an indication of severity. Severe pancreatitis can lead to hemorrhage as the pancreatic enzyme elastase breaks down the elastic fibers of the blood vessels. This can lead to a drop in hemoglobin and hematocrit. Hypovolemic shock is of major concern because of inadequate intravenous fluids, leading to decreasing circulating volume and the kidneys become hypoperfused causing prerenal failure evidenced by elevation of BUN. With decreased perfusion to organs the PaO_2 falls and patients become acidotic with elevation in base deficits. The greater the number of these indicators, the higher prediction of severity, leading to mortality.

Understanding Inflammation

Pancreatitis is an inflammatory process, which causes the release of mediators like histamine and bradykinin, increasing vascular permeability; this leads to fluid shifts from the vascular bed into surrounding tissues causing edema. Massive fluid shifts (third spacing) and inadequate fluid volume replacement can lead to sequestration of fluid. The sequestration of fluid greater than 6 liters within 48 hours is an indication of severity. In addition, patients may develop pseudocysts because the exudate that develops with the inflammatory process becomes encapsulated by granulation tissue. These pseudocysts can then rupture leading to peritonitis and sepsis. *Returning to the case study, this female had previous admissions with pancreatitis with weight loss, but did not have diabetes mellitus, both of which can occur with chronic pancreatitis. She had an ultrasound in the emergency department, which showed 3,500 ml of free fluid sequestered around her pancreas. In the emergency department she had 3,800 ml of intravenous fluid without voiding. When she did void at 2130 hours the volume was only 150 ml.*

Devastating Pancreatitis: Getting Back to Basics (Continued)

At this point she was already in irreversible hypovolemic shock with output less than the 30 ml/hr of progressive shock (0.5ml X 60 kg (her wt) =30 ml/hr). Her oliguria was secondary to the compensatory mechanism of the renin-angiotensin-aldosterone system, which retains sodium and water to maintain BP. However, as this mechanism fails due to lack of fluid volume replacement, the BP will start to fall. She was symptomatic with tachycardia indicating the compensatory mechanism of increased heart rate to compensate for decreased stroke volume due to decreased circulating blood volume (cardiac output = stroke volume X heart rate). She complained of dizziness and feeling faint due to the hypovolemia, and her restlessness was a sign of hypoxemia. In addition her BP was down to 94/74 indicating hypovolemia.

Getting Back to Basics

Nurses can monitor for the early indicators of hypovolemia, by looking for tachycardia, concentrated urine, and oliguria. Additionally, symptoms of dizziness, faintness, and restlessness are early signs of hypovolemia and hypoxemia. Instructing the patient to save the urine for measurement is a key intervention. Urinary catheterization should be considered if the patient has not voided within 6 to 8 hours. Anticipate intravenous rates at 250 ml/hr or higher with boluses until urinary volume is adequate.

In summary, pancreatitis is an inflammatory process with massive fluid shifts that may result in hypovolemic shock, which can then lead to multiple organ dysfunction, sepsis, and death. Nurses need to assess frequently, attentively and report regularly so that aggressive fluid resuscitation may be provided.

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.

References

Carroll, J.K., Herrick, B., Gipson, T., & Lee, S.P. (2007). Acute pancreatitis: Diagnosis, prognosis, and treatment. *American Family Physician*, 75(10), 1513-1520.

Lewis, S.L., Dirksen, S.R., Heitkemper, M., Burcher, L., Camera, I.M. (2014). *Medical-Surgical Nursing in Canada: Assessment and Management of Clinical Problems (3rd Canadian ed).* Toronto, Ontario: Mosby Elsevier.

Heuther, S.E. & McCance, K.L. (2012). *Understanding Pathophysiology (5th ed).* St. Louis, Missouri: Elsevier.

Education Corner

Medical Assistance in Dying

At the 2016 CAMSN Conference, attendees had the honour of hearing from Dr. Qaiser Fahim, MBBS, MHSc (Bioethics) on *Patient-Directed Medical Assistance in Dying.* Although his presentation was very informative, a number of questions were unable to be unanswered at that time as Bill C-14 was currently before the Senate.

National Nursing Framework on Medical Assistance in Dying (MAID)

- After Bill C-14 was passed, a national task force, created by the Canadian Nurses Association (CNA), began developing a guide to assist Registered Nurses and Nurse Practitioners in their roles and ethical obligations regarding medical assistance in dying.
- On January 23rd, 2017, the CNA released its national nursing framework on medical assistance in dying (MAID).
- The framework includes three main sections:
  - Statement of nursing values and responsibilities
  - A generic pathway for NPs providing MAID and nurses aiding in MAID
  - Case studies
- Please see the following link for more information and access to the framework:

https://www.cna-aiic.ca/en/news-room/news-releases/2017/cna-leads-the-development-of-a-national-nursing-framework-on-medical-assistance-in-dying

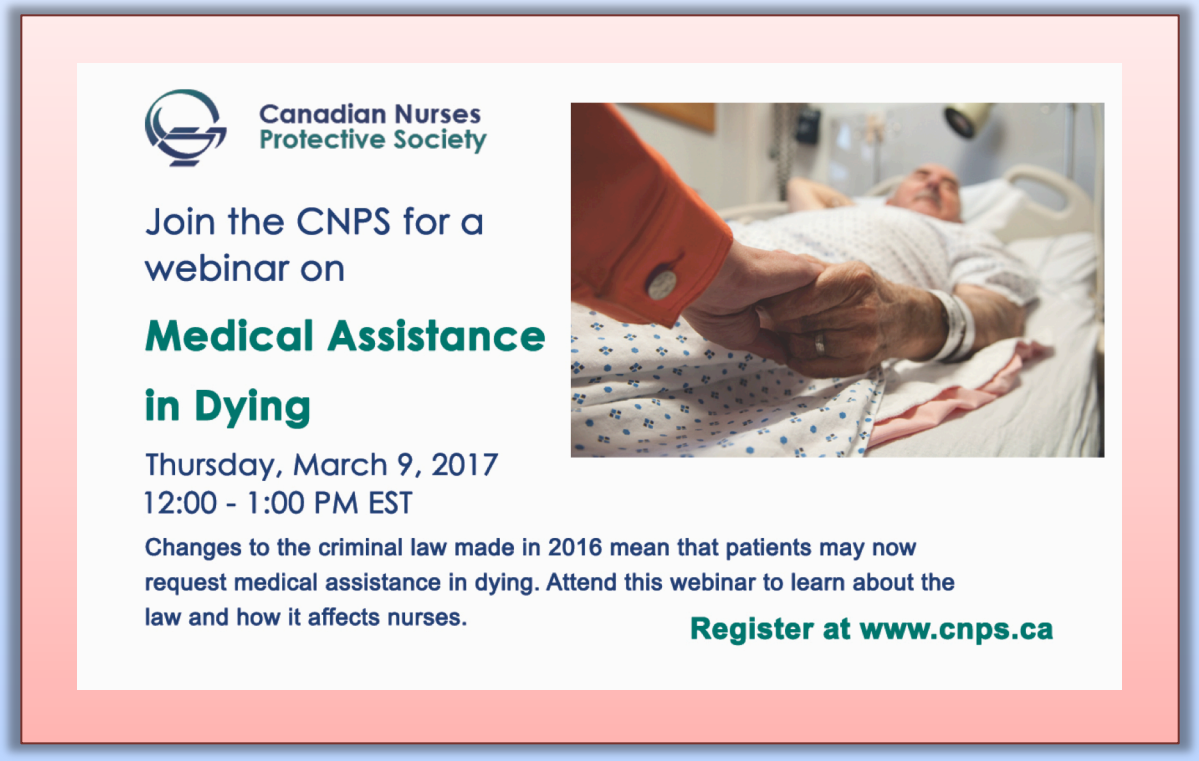
"The federal MAID legislation shows a clear understanding and recognition of nurses' roles as part of the interdisciplinary health-care team. This thoughtful and comprehensive framework will be a useful tool for nurses, employers and patients, as it clearly outlines the ethical expectations, responsibilities and limitations surrounding complex and sensitive end-of-life discussions with patients,"
- Barb Shellian, CNA President (CNA)

Education Corner

Medical Assistance in Dying – Canadian Nurses Protective Society

About CNPS

The Canadian Nurses Protective Society (CNPS®) is a not-for-profit society that offers legal advice, risk-management services, legal assistance and professional liability protection related to nursing practice to eligible Registered Nurses and Nurse Practitioners in Canada. The CNPS helps nurses understand the legal risks and obligations in their daily practice and can assist nurses involved in legal proceedings. With information and support from CNPS, nurses can practice their profession with confidence. CNPS is here for you! Contact CNPS at 1-800-267-3390 or www.cnps.ca.

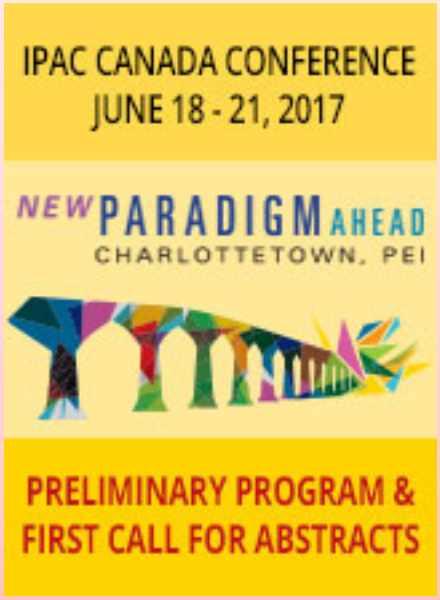


See Also: **Medical Assistance in Dying: What Every Nurse Should Know**

- General Question & Answer Briefing provided by the Canadian Nurses Protective Society
- Available at: http://www.cnps.ca/index.php?page=348

Education Corner

Continuous Learning Opportunities



Infection Prevention and Control Canada
June 18-21, 2017
Charlottetown, P.E.I.
http://ipac-canada.org

CNA Meeting of Members 2017
June 21st, 2017 (08:30-17:00)
Shaw Centre, Ottawa, ON
https://www.cna-aiic.ca/en/events

Canadian Association of Burn Nurses
Association Canadienne des Infirmières et Infirmiers en Soins aux Brûlés

Canadian Association of Burn Nurses
September 24-26, 2017
Winnipeg, MB
http://www.cabn.ca

Out on the Edge: LGBTQTS Health, Wellness and HIV

Canadian Association of Nurses in HIV/AIDS Care
May 4-6, 2017
Regina, SK
http://canac.org

Ways to become more involved with CAMSN…

Tell others about us!!
Advocate for your medical-surgical friends and colleagues to become CAMSN members. It's FREE and they too could be receiving quarterly newsletters!

Feature Member

The Canadian Association of Medical and Surgical Nurses would like to feature innovative CAMSN members who are making a difference in med-surg 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!

Next Newsletter:

- Coming out May 2017
- More details about the CAMSN Biennial Conference
- Education Corner

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?

Contact Us!

Submit your work initiative and/or nominate a colleague for the **Feature Member.**

Tell us your ideas and/or submit an educational piece for the **Education Corner.**

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.