CAMSN ACIIMC

Canadian Association of Medical and Surgical Nurses

Association Canadienne des Infirmières et Infirmiers en Médecine-Chirurgie

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

Winter 2022

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.

CONTACT INFO

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Canadian Nurses Association

Happy New Year

Upcoming Certification Dates

Jan 13 – March 7
Apply for initial certification

May1-15
Exam Window

Jan Feb Mar Apr May June July

January 13 – November 1, 2022

Renewal by continuous learning

Log into MyCNA.ca

Funding Opportunities for Certification

- Canadian Nurses Foundation: https://cnf-fiic.ca/
- British Columbia https://rnfbc.ca/bursaries/ *Waiting for 2022 announcement to see if this will include CNA specialty certification
- Alberta Registered Nurses Educational Trust: https://arnet.ca/
- Prince Edward Island Education Fund: https://peinu.com/education/
- Saskatchewan Nurses Foundation: https://sasknursesfoundation.wordpress.com/
- Foundation for Registered Nurses of Manitoba: http://frnm.ca/
- British Columbia - https://rnfbc.ca/bursaries/ *Waiting for 2022 announcement to see if this will include CNA specialty certification
- Ontario – RNAO NEI Grant: https://rnao.ca/education-funding/nei/faq-individual
- Newfoundland and Labrador – Education and Research Trust: https://www.nlrntrust.ca/continuing-education-bursaries

CAMSN Facebook Poll Results: What best describes your certification status?

I am CNA Certified 8 Votes

I am not certified yet – but someday! 5 votes

I have not looked into CNA certification 4 votes

I am planning to get certified in 2022 2 votes

myCNA formerly NurseONE.ca

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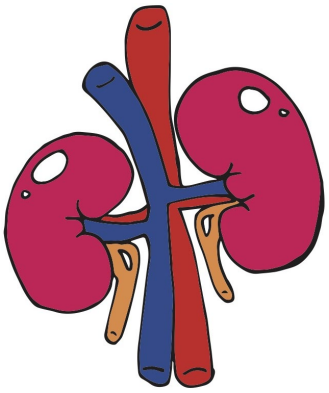
Featured CAMSN Member: Steven Hall

Steven Hall is a registered nurse and Master of Nursing student in Saskatoon, Saskatchewan. Steven has been working on a medicine ward for almost two years now, but his nursing practice spans beyond the bedside clinical setting. Steven is actively involved in nursing research and can often be found writing at his computer or presenting work at conferences. His thesis work focuses on setting priorities for support interventions for caregivers to older adults. In addition to bedside nursing and academia, Steven works as a clinical instructor at the University of Saskatchewan's College of Nursing. Recently, he taught a group of second-vear nursina students on a medicine ward in Saskatoon and has also acted as a preceptor to fourth-year nursing students. Steven is dedicated to the profession of nursing and describes why he chose to join CAMSN: "When medical nursing became my area of clinical practice, I felt it was important to seek out what resources and education existed to help further my knowledge and skill set. CAMSN is a network of medical-surgical nurses who are passionate about the specialty, and I wanted to be able to contribute to that culture." In 2022, Steven is keeping busy with teaching assessment labs to undergrads and a research course to NP students, working on quality improvement projects on his medicine ward, and he hopes to write the CMSN(C) exam in the fall.



An acronym to help remember the common functions of the kidney **"RED TUBA"**

RBC: Kidneys produce erythropoietin, which stimulates the production of red blood cells in the bone marrow. If the kidneys are damaged there will be less produced & therefore less RBCs. This is the reason why people with chronic kidney disease are often anemic & may have complications with oxygenation

Electrolyte Balance: When the kidneys filter the blood, they will regulate the electrolytes to help maintain normal range & excrete excess. This is often related closely to water consumption to ensure that dilution does not occur to a dangerous level where there may be systemic symptoms such as cardiac & neurological abnormalities

D Vitamin Activation: The kidneys do not produce vitamin D. Vitamin D comes from supplements or the sun. However, the kidneys have an important role in making vitamin D useful to the body. The kidneys convert vitamin D to the active form that is needed by the body

Toxin Removal: The nephrons of the kidneys will filter out toxins to be removed from the body, most commonly urea + creatinine which is why these values are valuable for overall kidney function, because they will accumulate in the blood if kidney function is ↓

Urine: The site of urine production is the kidney. This is the by-product of filtration where the kidneys filter the blood, removing & reabsorbing solutes such as glucose, ketones, electrolytes & creatinine

BP control: Through the feedback loop within the RAAS system the kidneys release renin into circulation which helps to maintain the blood pressure through sodium conservation, vasoconstriction & ↑ cardiac output

Acid-Base Balance: The main way acid-base balance is regulated through the kidneys is the reabsorption of bicarbonate from the urine & release of H+ ion to help keep the pH of the blood within the normal range

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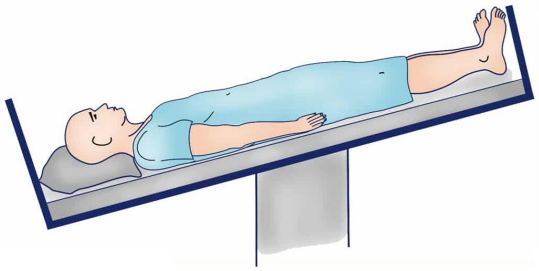
Evidence-Based Nursing Corner: Trendelenburg and Hypotension

You may have witnessed the intervention of placing a patient in Trendelenburg (supine with the head lower than the feet) during episodes of acute hypotension and shock. The rationale for this was that this facilitated return of blood to the heart, thus increasing cardiac output to the brain and other vital organs.

However…the effects were typically very transient and overall did not improve the hypotension or shock. Placement of patients into Trendelenburg is not current best practice and can actually have detrimental effects.

Several studies, with different methodologies and sample sizes, have found that if the Trendelenburg does increase the cardiac output and MAP the effects are short-lived and not effective for promoting more effective oxygen transport.

The harmful effects can include decreased chest expansion, thought to be caused by the pressure of the organs on the diaphragm. Other harmful effects can include increased pressure on the baroreceptors which would trick the body into thinking that blood flood is high and cause more harm. Current best practice guidelines recommend positioning supine rather than Trendelenburg.



Fun fact: the Trendelenburg position was invented to provide better visibility during abdominal surgery and was never intended to be used for management of BP changes.

Have an article you want to share? Send it to us: CAMSN@medsurgnurse.ca

Castiglione SA & Landry T. What evidence exists that describes whether the Trendelenburg and/or modified Trendelenburg positions are effective for the management of hospitalized patients with hypertension? Rapid Review Evidence Summary. McGill University Health Centre; October 2015.

Shammas, A., Clark, A. Trendelenburg Positioning To Treat Acute Hypotension, Clinical Nurse Specialist: July 2007 - Volume 21 - Issue 4 - p 181-187 doi: 10.1097/01.NUR.0000280485.03389.52

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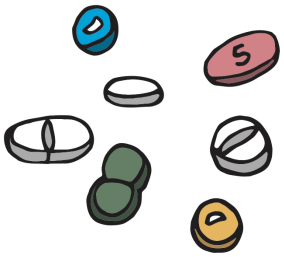
Pharmacology Update: Angiotensin Receptor-Neprilysin Inhibitors (ARNI)

Angiotensin Receptor-Neprilysin Inhibitors (ARNI) are a newer classification of medications resulting from the combination of two anti-hypertensive drugs (sacubitril and valsartan) that reduce blood pressure. They are now part of the recommended treatment for symptomatic heart failure with reduced ejection fraction (HFrEF), which means reduced function of the main pumping chamber. This is reflected in the Canadian 2021 Heart Failure Guidelines Update



ARNI medications have two active substances, sacubitril and valsartan, which work in different ways:

Valsartan blocks the action of a hormone from the kidney called angiotensin II, which can be harmful in patients with heart failure, by blocking the receptors to which angiotensin II normally attaches. This effect stops the hormone's harmful effects on the heart, and it allows blood vessels to dilate or widen.

Sacubitril blocks the breakdown of natriuretic peptides produced in the body. Natriuretic peptides cause sodium and water to pass into the urine. This effect reduces the work on the heart and reduces blood pressure. The combined effect of the two medicines reduces the strain of the failing heart.

These medications are recommended as part of combination therapy used in conjunction with Beta-blockers, MRA (mineralocorticoid receptor antagonists), and SGLT2 (Sodium-glucose transport protein 2) Inhibitors. This medication replaces ACEi and ARB medications as ARNIs are found to be superior in treatment for symptomatic HFrEF. Keep in mind that not everyone may be a candidate for this medication based on their symptoms, kidney function, or their ability to afford this medication.

Tips

ARNIs might reduce diuretic requirements and diuretic dosing should be evaluated when starting ARNI therapy

Drug tolerability, side effects, and laboratory monitoring of ARNIs is similar to that of ACEIs or ARBs

Source:
CCS/CHFS Heart Failure Guidelines Update: Defining a New Pharmacologic Standard of Care for Heart Failure With Reduced Ejection Fraction. Canadian Journal of Cardiology, 37(4), 531–546. https://doi.org/10.1016/j.cjca.2021.01.017

What happened to the woman who stole a calendar on New Years Eve?

She got 12 months!

Did you know:

There is a myth the naming of the segments of the liver was inspired by the administrative districts of France!

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Continuous Learning Opportunities

Canadian Cardiovascular Society
Leadership. Knowledge. Community.

Recorded Events
https://ccs.ca/recorded-events/

Canadian Vascular Access Association
Association Canadienne d'Accès Vasculaire
Canada's resource for vascular access and infusion therapy specialists

Canadian Vascular Access Association
April 27-29, 2022

Know of any upcoming educational opportunities? Email us and we will feature them in our newsletter!

National Conference
May 25-29, 2022

The theme of 2022 is "Protecting Health From Climate Change" – World Health Organization

CONNECTING PEOPLE SCIENCE PRACTICE
IPAC Canada
April 24-27, 2022
Toronto Ontario

Infection Prevention and Control Canada
April 24 – 27, 2022
Toronto, ON

January

- Alzheimer's Awareness Month
- Bell Let's Talk Day (28th)

February

- Heart Month
- World Cancer Day (4th)
- World Day of Social Justice (20th)

March

- Kidney and Liver Health Month
- Colorectal Cancer Month
- International Day of Happiness (20th)

CNA LEARNING CENTRE
New courses sponsored by MIP
ENROL NOW
MIP

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CAMSN Conference – TBA
Continue to watch for updates!

CANADIAN ASSOCIATION OF CRITICAL CARE NURSES

Dynamics of Critical Care Sept 19-21, 2022

CANO ACIO
Canadian Association of Nurses in Oncology
Association canadienne des infirmières en oncologie

Canadian Association of Nurses in Oncology: October 27 – 30, 2022