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Clinical Education

March, 2011

C.E.U.



Editors Note

Spring is on the horizon and with all the rain from the last few months, we can expect an abundance of flowers to bloom soon. In this issue, we announce the NEW Larry Ainsworth leadership scholarship. This scholarship joins the other Foundation sponsored scholarships that are named after past members of the St Joseph Hospital family: Alice Paone, Sister Frances Dunn, Dr. Thomas Dorsey, Dr. Dominick Gentile, and Madeline Colette Seeds. These dedicated individuals exemplified excellence in nursing and healthcare. The Clinical Advancements and Professional Certifications recognize staff committed to personal and professional growth. ***Congratulations*** to these individuals!

The “art of nursing”, as described in Jean Watson’s 9th Caritas and the sacred encounter by Michelle Lispi-Castro illustrate St. Joseph Hospital’s Care Delivery Model of Patient & Family Centered Care. Have fun playing the “matching” game on page 10 that will test your skills at navigating terminology. **Kathy and Sharon**

Evidenced-Based Practice Conference, October 7, 2011

Giving a Face to Mental Illness: Evidence-Based Approaches to the Care of the Psychiatric Patient

October may seem a long way from now, but a Planning Committee is already preparing for our 7th Annual Evidenced-Based Practice Conference! This year the focus will be caring for the psychiatric patient throughout the hospital. If you are interested in participating in the planning of this well-attended educational conference, please contact Kathy Dureault via email. The Planning Committee currently meets monthly on the first Tuesday of the month as we count down to October!



ST. JOSEPH HOSPITAL: NURSING PROFESSIONAL PRACTICE MODEL



Describes how nurses practice, collaborate, communicate, and develop professionally

Process by which nurses participate in decision making

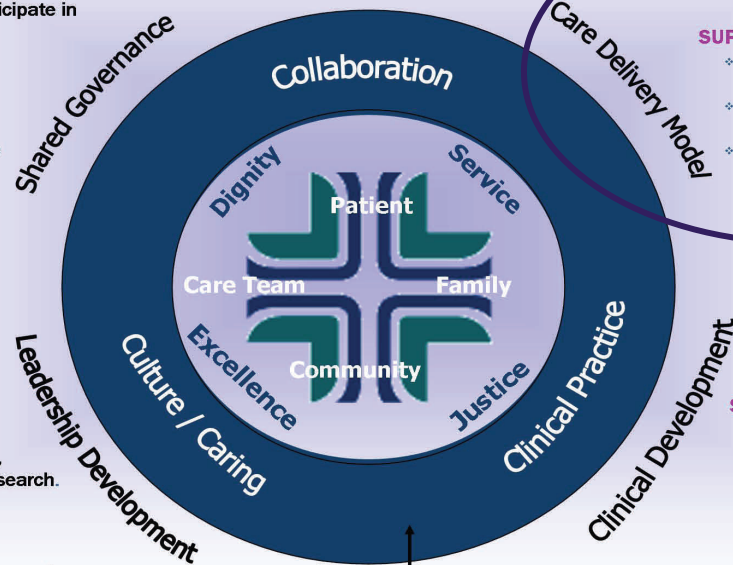
SUPPORTING STRUCTURES

- ❖ Unit Based Councils
- ❖ Nursing Councils
- ❖ Special Interest Groups
- ❖ Nursing Policy & Procedure

Prepares staff to assume professional roles in practice, leadership, education and research.

SUPPORTING STRUCTURES

- ❖ Charge Nurse Class
- ❖ Leadership Development
- ❖ Introduction to Nursing Research



Describes how nursing care is given

SUPPORTING STRUCTURES

- ❖ Patient needs are matched to the competency of the nurse
- ❖ Patient and Family Centered Compassionate Care
- ❖ Jean Watson "Theory on Human Caring"

Methods to achieve professional growth, development and recognition.

SUPPORTING STRUCTURES

- ❖ Clinical advancement
- ❖ Novice to Expert developmental theory
- ❖ Educational opportunities to enhance clinical expertise and critical thinking skills

3 Domains of Nursing Practice

November 09

In the March newsletter, we want to continue to focus on our Professional Practice Model. This issue will highlight another of the **4** Supporting Structures surrounding the outside of the dark blue ring of our nursing domains. These Supporting Structures assist the nurse in his/her practice and offer guidance to develop professionally.

The organizational component of the **Care Delivery Model** provides the nurse with a description of how nursing care is provided.

Components of this supporting structure include 3 important features:

1. Patient needs are matched to the competency of the nurse
 - Job duties and expectations are defined
 - Unit-specific competencies, i.e. Emergency Guidelines, Moderate Sedation, EKG
2. Patient and Family Centered Compassionate Care
 - Sacred Encounters
 - Family presence during codes
3. Jean Watson "Theory of Human Caring"
 - Clinical narratives and Caritas Processes

I was the break nurse that day on my shift. Passing by a room with the call light flashing, I overheard the patient inside complaining to her family, “They just ignore me and leave me in pain.” Knowing that the nurse was having a busy shift, I went to see if there was something I could do to help. The patient was in her 50s, well-developed. Her hard exterior almost completely masked the suffering I could sense beneath the surface. She told me her pain was in her back and her hip. She had come to see us after a hip fracture, which was now repaired; however, 3 months prior to that she had a lumbar fusion. As she explained her pain to me, she looked away. She couldn’t make eye contact. She fidgeted with her hands. I could see that asking for pain medication and talking about her situation made her a little anxious and uncomfortable. She said, “The nurse said I had to wait 2 hours for my pain medication and I don’t know how long it has been.” I calmly looked in her eyes, I **gently touched her hand** and said, “Give me just a minute, let me see what we can do.”

It was now time that she could get another dose, so I touched base with the nurse and went to prepare the syringe. As I drew up the medicine, I remembered all the things I knew from a **Healing Touch** class I once took and recalled that an **intention of healing** from the caregiver is important to translate relief to the patient. I focused my mind on intending her to feel relief, to be pain-free, and to be **comforted physically, emotionally, and spiritually**. As I went into the room I remained focused on these things. I gently moved her hand to expose the I.V. site and administered the medication. I told her, “This will help you feel better.” I explained I would be back to check on her to make sure the medicine brought her enough relief. She appeared calm and comfortable, but still couldn’t look me in the eye.

The next day I was on the floor and she was assigned to my care. I was happy I would get a chance to work with her and hopefully break down a little more of that wall she had built up. When I went into her room, she smiled a little and said, “Oh good, it’s you.” I re-introduced myself as I felt **warmth in my soul** that I had made some kind of impression on her. As the day progressed she told me more about herself. She had worked in construction since she became a single mother at age 22. Over the years that kind of work takes a toll on the body, especially as a woman. About 5 years ago she began to have back pain and was beginning treatment, resulting in a worker’s compensation case. Less than 1 year later, she found her husband dead on the bathroom floor from a heart attack. She described to me that his nitroglycerin pills were spilled out on the floor. She said, “He must have been trying to get to them but he couldn’t get it opened in time.” It was hard for her to talk about it. He had an appointment for an angiogram the next month. She went on to tell me that she got very depressed. She didn’t follow up on her worker’s compensation case. She said she had no other choice but to go back to work because there were so many bills left to pay. She had to take 5 Norco pills just to get out the door because her back pain was so bad, but she could not afford to not work. She admitted to even buying pain pills on the street when she didn’t have enough. She said, “I know it’s wrong, and I know I was taking a lot of pills, but I only took enough to take the pain away.” I could see the source of her conflict and shame. This went on for 4 years until she finally had the fusion surgery 3 months ago, then fell at the gas station and broke her hip which is what brought her to our hospital this admission. I developed such a **respect** for her and the work she did. Her perseverance in such a demanding profession is so admirable to me. She must have sensed that I **truly valued her** as an individual. Her

(Continued on page 4)

(Continued from page 3)

tough shell began to soften. Her soft skin and feminine bone structure began to show through. I began to see what a beautiful woman she was.

Two days later I was back to work as Relief Charge Nurse. I went in to see her and she smiled. I found out she was getting discharged to rehab that day. I went to a late lunch at about 4pm, and I knew that was the time she was getting picked up. I got a page that the RN and CNA needed me in her room. "Oh no!" I thought. What could be the problem? I went in the room, cautiously, and as it turned out the patient just wanted to say goodbye to me. She looked me ***straight in the eye*** and said, "***Thank you.***" She put a fist to her ***heart*** and proceeded, "You really got to me. Right here." As she patted her ***heart***. She then opened her arms for a hug and as I hugged her with a ***genuine compassion*** I told her, "Thank *you* for sharing your story with me."

I will always remember her. We don't always know what shapes people's lives and attitudes, or what has brought them to the position they are in today. For her it was years of hard labor and deep emotional and physical pain. I am glad I took the time to find out. Working at St. Joseph Hospital where ***sacred encounters*** are encouraged, I feel I have been given the ***freedom to care***, a license to reach out to someone suffering, and the guidance and direction to ***become the kind of nurse*** that makes me proud.



Celebrating The Success Of Our Staff



- **Allison Wickersheim**, RN, CN II, from Emergency Department received her CPEN (certified pediatric emergency nurse)
- **Jenny Ly**, RN, from Main OR received her CNOR
- **Christina Nelmida**, RN, from Main OR received her CNOR
- **Amylou Binosa Harms**, RN, BC, from Main PACU received her Pain Management Certification
- **Rosie Hernandez** from Outpatient Surgery Registration was among five 2010 World Class Customer Service Phone Etiquette awardees for the Pavilion.

Is Time Keeping You From Attending Nursing Grand Rounds...?

Remember that Nursing Grand Rounds is videotaped and available on Swank Health for viewing.

Each 30-minute session is found under "Course List" > "St. Joseph Hospital Nursing Grand Rounds" > "Nursing". Audio is required and you will find that the best viewing for picture quality is in the small screen mode.

Jean Watson Theory of Human Caring: *Caritas Process Nine*



By Vivian Norman, RN, MSN, CCRN

The following discussion of Caritas Process Nine is from Jean Watson's newest book: ***Nursing: The Philosophy and Science of Caring***, 2008 edition, published by University of Colorado Press

Carative Factor 9: Assistance with gratification of Human Needs has been transformed into Caritas Process Nine:

Administering Sacred Acts of Caring-Healing by Tending to Basic Human Needs

**Definition of *Caritas* is "to cherish"

One of the privileges of nursing is our interaction and ministering to another's body, to care for others and to help them to care for themselves. We have the "honored position of entering another's private physical-environmental surroundings" and have the opportunity to do for others things that, if they were not sick, they would be doing for themselves. *Caritas Process Nine* is all about ministering with loving-kindness, with a caring consciousness. It is during this time that our sick, vulnerable patients open to a connectedness and we open ourselves to be connected with them.

When caring for another, for instance, while giving a bath to another, we enter their personal space with respect and understanding that we are not only in the physical, but also the spiritual-intellectual-emotional world. Remember mindbodyspirit is one word. A *Caritas Nurse* treats this caring as a privilege, and it provides a connection, a sacred encounter, a transpersonal caring moment with our patient.

Consider the patient who needs assistance with meeting basic human needs, such as water. We deliver and administer the water in a kind and loving way. Consider the patient who requires assistance with breathing: fit the oxygen to the patient's face gently. Talk and comfort the patient who is on mechanical ventilation. It is not just a machine, it is breathing for our patient until they can breathe independently again.

We use the phrase "allow the patient to ventilate their feelings", which is another human need: to be heard, and as nurses, we are to be present with and to actively listen. This is a time that our very presence can be healing. Sometimes the simplest things, like straightening a sheet or repositioning a patient or holding a hand while they talk, can give us the most satisfaction and can be a Sacred Encounter.

2011 Foundation Sponsored Scholarships

St. Joseph Hospital is offering **six** Foundation sponsored scholarships. Applications may be picked up in person from the Clinical Education Department, 2nd Floor, Sister Frances Dunn Building, beginning April 1 and must be returned by May 31. Scholarships will be awarded during July 2011. Employees who have completed one full year of employment at St. Joseph Hospital are eligible for the following scholarships:

Sister Frances Dunn Scholarship

This scholarship provides individuals with certificates, degrees, or coursework leading to licensure for healthcare related careers, specifically those fields in which St. Joseph Hospital has a vested interest.

Dominick Gentile Scholarship

This scholarship provides for the promotion of professional advancement in health related areas for Renal Center nurses and technicians, as well as to provide a mechanism for the retention of highly qualified staff.

Madeline Colette Seeds Advanced Practice RN Scholarship

This scholarship provides an avenue for the promotion of Advanced Nursing Practice, as well as to provide a mechanism for the recruitment and retention of highly qualified staff. This scholarship is intended to support the academic achievement of the R.N./B.S.N. to the M.S.N. level.

NEW Larry K. Ainsworth Leadership Scholarship

This scholarship will be awarded to individuals working towards health-care or health-business related degrees, specifically those fields in which St. Joseph Hospital has a vested interest.

The following **two** scholarships are open to both employees and non employees:

Alice Paone Scholarship

This scholarship provides an avenue for the promotion of professional advancement in nursing, as well as to provide a mechanism for the recruitment and retention of highly qualified nursing staff. Recipients may be employees, volunteers or their children. There is no assumed employment obligation attached to this scholarship for non-employees.

Thomas Dorsey Scholarship

This scholarship provides for the promotion of professional advancement for Cardiac Catheterization Lab nurses and technicians, as well as to provide a mechanism for the recruitment and retention of highly qualified staff. This scholarship is awarded to any professional or technical cardiovascular or radiographic program that results in a degree or certificate.

Recipients of this award may be employees, volunteers, and/or their children, or community members with a St. Joseph Hospital sponsor. There is no assumed employment obligation attached to this scholarship for non-employees.

Congratulations to our Clinical Nurses who have Advanced on the Clinical Ladder

New CN III

Michelle Lispi	Medical Telemetry
Denis Montejo	Acute Renal
Ray Anne Chung	Critical Care
Leong Vong	Emergency Department

New CN IV

Jane Brugman	Critical Care
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CN III Re-applicants

Amelia Cuevas	Outpatient Surgery
Angela Bermundez	Endoscopy
Cecilia Fernandez	Labor & Delivery
Racquel Barnedo	Main Pre-op
Nena Doppenberg	Endoscopy
Lon Beckett	Emergency Department
Michelle Vasiloff	Outpatient PACU
Amylou Harms	Main PACU
Yvonne Shaver	Medical Pulmonary
Josie Gonzalez	Emergency Department
Abigail Pimienta	Critical Care
Cristina Baird	Labor & Delivery
Kelly Frontino	Cardiac Renal
Elaine Sylvester	Endoscopy
Erin McLeod	Labor & Delivery
Richard Urgel	General Surgery
Connie Landayan	General Surgery
Monica Gonzalez	Chest Pain Center
Linda Buck	Cancer Center
Elaine Cervantes	Critical Care
Kathleen Majeski	Oncology

CN IV Re-applicants

Wendy Escobedo	Kidney Transplant
Kathy Keener	Cancer Center
Amber Wilson	Emergency Department
Stephanie Harford	Oncology
Aurora de los Santos	Critical Care

2011

Nurse Week Award Nominations

Here is your opportunity to recognize a co-worker who exemplifies excellence and quality within nursing at St. Joseph Hospital. Please take a few moments and fill out a nomination form. Anyone can nominate.

Nancy Berardino Clinical Excellence Award

This award is to recognize a licensed staff nurse providing direct patient care, who exemplifies our four core values – Dignity, Excellence, Service, and Justice.

Nursing Leadership Excellence Award

This award was created to recognize Directors, Managers, Clinical Coordinators, Educators, Advanced Practice Nurses and extended role nurses who are excellent leaders and mentors.

Nursing Assistant Award

This award is intended to recognize the major contribution of our nursing assistants and patient care technicians to the overall success of patient care within our organization

Nurse Yearling Award

This award honors a newly graduated nurse or a seasoned nurse who is in a new area of expertise. Nomination forms have been distributed and are available on your unit, in the Staffing Office, and in Katie Skelton's office. Forms are also available on CareNet in the Nursing Center of Excellence.

Deadline for turning in nominations is Sunday, March 20, 2011.

Drop boxes for completed forms are located in the SJH Cafeteria, Staffing Office, NEB (Katie's office), Renal Center, CV-OR & main OR Nursing Lounges, ED Nursing Lounge, Cancer Center and the Pavilion Outpatient Nursing Lounge, or the Information booth on the 1st floor.

Nominees and winners will be recognized during the Nurse Week Reception on Tuesday, May 10th.
For any questions please call Peggy Walsh at ext. 28381.



On Site RN to BSN Program through CSUF



A Ministry founded by the Sisters of St. Joseph of Orange

[http:// nursing.fullerton.edu](http://nursing.fullerton.edu)
(657) 278-7648

A 1/2 hour tutorial on Swankhealth provides information on how to apply to the CSUF-St. Joseph Hospital RN to BSN program. Login to:

<https://stjoseph.swankhealth.com>

The course is 079:

“How To Apply to the CSUF-St Joseph Medical Center RN to BSN Program”
Found under the St. Joseph Hospital heading, Site Specific.

- *Classes one afternoon per week*
 - *Affordable tuition*
- *Web-based courses for a busy lifestyle*
 - *Distinguished nursing faculty*

Upcoming Skills Days

Surgical Services: OR	April 1, 2, 25, 26
PACU/Pre-op/Radiology/CVSSU	April 1, 2, 25, 26
Emergency Dept, Heart Center	May 19, 20, 21
Cath Lab	TBD
Endoscopy	June 4
Med-Surg/BHS	March 21, 24, April 13, 18, 27
Critical Care	March 21, 24, April 13, 18
Med Tele/Cardiac Renal	March 21, 24, April 13, 18

Let's prepare for our upcoming survey!

Match the Initials & Terms with their Meaning

- | | |
|-----------------------------|---|
| Nursing Strategic Plan ____ | 1. Policy & Procedure |
| RACE ____ | 2. Unit Based Council |
| PPM ____ | 3. Electronic Medical Records |
| EOC ____ | 4. Jean Watson Theory of Human Caring, 10 CP's |
| BERT ____ | 5. Material Safety Data Sheets |
| CAUTI ____ | 6. Design for Perfect Care (create medical charting) |
| POCT ____ | 7. Fire: Rescue, Alarm, Contain, Evacuate |
| PART ____ | 8. Environment of Care – Life Safety |
| HAPU ____ | 9. Safety/Sacred Encounter, Toileting, Ambulate/Assess for pain, Repositioning (Hourly rounding) |
| Egress ____ | 10. Clinical Nurse ladder |
| FASTG ____ | 11. Professional Practice Model |
| SIG ____ | 12. Sources of Evidence (Magnet) |
| STAR ____ | 13. 5-year Nursing Plan |
| Wet Contact Time ____ | 14. Exemplary Professional Practice (Magnet) |
| CN I, II, III, IV ____ | 15. Related to exit - keeping one side of the hall clear |
| Caritas Process ____ | 16. Medical Emergency Team |
| Forensic Training ____ | 17. Point of Care Testing (bedside testing) |
| Dashboard ____ | 18. Clinical Practice Council |
| DPC ____ | 19. Center for Medicare and Medical Services |
| St. Joseph Way ____ | 20. The Joint Commission |
| RIE ____ | 21. Surgical Care Improvement Project (national project to decrease surgical site infections) |
| EBP ____ | 22. Competency Based Orientation |
| HAI ____ | 23. Empirical Outcome (Magnet) |
| SOE ____ | 24. Catheter Associated UTI |
| EMR ____ | 25. Special Interest Group |
| Trial Release vs ROM ____ | 26. Collect Evidence / Training Policy Officer |
| EO ____ | 27. Length of time (indicated on the product label) that the solution needs to remain wet on contact with a surface to be effective |
| EPP ____ | 28. Hospital Acquired Pressure Ulcer |
| P&P ____ | 29. Rapid Improvement Event |
| CMS ____ | 30. Behavioral Emergency Response Team |
| UBC ____ | 31. Face, Arm, Speech, Time, Glucose (Stroke) |
| SCIP ____ | 32. PI (Professional Improvement) Model |
| MSDS ____ | 33. Hospital Acquired Infection |
| CPC ____ | 34. Nurse sensitive indicators for goals and outcomes |
| MET ____ | 35. Post Partum/Ante Partum Resource Response Team |
| TJC ____ | 36. "Trial releases" are NOT allowed! Refer to Restraint Policy (PC-277) |
| CBO ____ | 37. Evidence Based Practice |

(See page 15 for correct answers)



Welcome to Vickie's Research Corner. So far 2011 has been a very busy year for the Office of Nursing Research. Currently we have several studies and EBP projects in the works, along with several publications and presentations. I would like to tell you about Mary Gonzales and her EBP project focused on CAUTI (Catheter Associated Urinary Tract Infection) prevention. For those of you who don't know Mary, she is currently the manager of the Interventional Radiology department, and has been at St. Joseph's Hospital for 17 years.

Mary became interested in CAUTI prevention for several reasons: Mary is a 5 year member and the current chair of the SJH Device-Associated Infection Prevention (DAIP) Clinical Excellence Team. This multidisciplinary team comprised of physicians, clinical educators, managers, and staff nurses work on identifying quality improvement issues. Mary also needed a project for her graduate program at CSUF since hospitals are now being held financially accountable for Hospital-Acquired Infections (HAI). CMS and other insurance providers may NOT reimburse if UTIs develop in the hospital, secondary to urinary catheter placement.

According to Mary, in 2007 the hospital developed a policy for placement indications of indwelling urinary catheters. At that time, a Self-Learning Module (SLM) was developed and presented to staff. Unfortunately, neither the policy nor the SLM has been updated. Mary did a literature review, using both CSUF and Burlew Medical Libraries, to find articles related to CAUTI. Over these past five years, there has been an increasing amount of evidence related to preventing CAUTI's that we have not currently implemented into our policies.

The DAIP Clinical Excellence team identified the need to update the policy and SLM, with current evidence. They also developed a goal of decreasing CAUTI by 50% in the first year, with an ultimate goal over the next five years to reduce the rate to zero- this is a national patient safety goal. Currently, we have 32 infections/year, therefore the 2011 goal points us to only 16/year. The new policy is currently under review of committees and should be approved and ready for education and implementation within the next several months, along with the SLM.

This is Mary's first EBP project. She stated that this project was very helpful because it was insightful and helped her understand how to find and rate evidence. Learning how to find articles and read articles has also been scholastically and professionally valuable-Mary realized that clinical practice change isn't easy, even when the evidence is there.

When asking Mary if she would do another project- she responded "yes" and is currently in the process of working on a project for procedural pain management within interventional radiology.

The AMI Clinical Excellence Team is excited to announce a **NEW** process which will impact the care of our ST Elevated Myocardial Infarction (STEMI) patients.

While the Door to Balloon Time initiative has helped us make great strides in the care of Acute Myocardial Infarction (AMI) patients, the observation was made that the same level of care was not being met for our inpatients. Patients who are already hospitalized for other reasons and experience a STEMI in house may not have the same level of prompt response as those individuals who present to the Emergency Department. Currently in the E.D. there exists a well established process of care for these patients that begins with the E.D. staff and culminates with the prompt response of the Cardiac Catheterization Laboratory Team. All areas work together to ensure that patients are receiving, prompt, life-saving reperfusion therapy within the established goal of 90 minutes.

A subgroup of the AMI clinical excellence team consisting of Lupe Cuevas-Fisch, Nurse Practitioner for Cardiac Cath Lab, Elizabeth Hahn, CP Center Manager, Michelle Caulfield, Manager for CCL, Trish Cruz, Manager of Evidenced Based Care and Clinical Outcomes, and Carla Wilson, Clinical Outcomes Coordinator for Quality Management, met with Nancy Christiansen, Clinical Nurse Specialist who heads the MET nurses. It was decided that a similar process could be established for the inpatient setting. With support of the Interventional Cardiologists, Cardiac Cath Lab, Critical Care, Chest Pain, and other departments including

Laboratory, Radiology, Cardiology, and Respiratory, an algorithm was established to facilitate the flow of in house STEMI patients to the Cardiac Catheterization Lab.

If presented with a patient who is experiencing signs and symptoms of Acute Coronary Syndrome, all nursing areas are advised to initiate the standardized MET RN call as usual. Over the last several weeks, MET RN's have been in-serviced regarding 12-Lead EKG interpretation focusing on MI identification, Chest Pain assessment, and the use of the algorithm. They will take the lead in initiating care of these patients and facilitating their arrival in the CCL if appropriate or upgrading their care to a higher level of care if needed. If a patient does not have an attending cardiologist on the case, Interventional Cardiologists have agreed that the on-call Cardiologist for the E.D. will assume cardiac care for these patients.

At this point, the Inpatient Code STEMI process has been utilized once in Oncology. While the process did not flow without a few "bumps" we are happy to say that there was prompt response from Interventional Cardiologist Dr. Jairo Marin and the patient did arrive in the Cardiac Cath Lab in a timely manner.

A special thanks to all of the team members and departments who have helped to make this process possible. We appreciate any feedback regarding the process and areas for improvement. If there are further questions, please contact Lupe Cuevas-Fisch, NP for the Cardiac Cath Lab.

American Heart Association Update 2010 Guidelines with Evidence-Based Changes

BLS for Healthcare Providers

Assessments:

- Determine unresponsiveness while **scanning** for breathing/gasping
- Pulse check for minimum of 5-10 seconds
- Call for help

Interventions: **C-A-B**

- C – Chest compressions
- A – Open airway
- B – Breathing (give 2 breaths)

Begin compressions within 10 seconds of arrest.

Rate is at least 100/minute or 30 compressions in 18 seconds or less.

Depth of compressions:

- Infants: at least 1/3 the depth of the chest, approx. 1 1/2”
- Children: at least 1/3 the depth of the chest, approx. 2”
- Adults: at least 2”

“Look, listen, and feel for breathing” has been **removed** from the sequence for assessment of breathing after opening the airway.

Cricoid pressure is no longer routinely recommended for use with ventilations.

ACLS – Evidence-Based Changes

The goal is immediate compressions and defibrillation (≤ 3 minutes).

Avoid excessive ventilation.

Medications:

- Atropine has been removed from the PEA/Asystole Algorithm since it is unlikely to have a therapeutic benefit
- Adenosine may be considered in the initial diagnosis of stable, **regular** wide-complex tachycardia. It should **NOT** be used if the pattern is irregular.
- Bradycardia Algorithm –
 1. For symptomatic Brady, give 0.5mg bolus of Atropine and may repeat q 3-5” to a maximum of 3mg.
 2. If atropine is ineffective, consider transcutaneous pacing OR Dopamine infusion OR Epinephrine infusion

Continuous wave capnography is recommended for intubated adult patients throughout the periarrest period.

PALS – Evidence-Based Changes

Defibrillation: initial dose of 2 J/kg, second dose of 4 J/kg, subsequent doses at least 4 J/kg and higher energy levels, not to exceed 10 J/kg or the adult dose of 150 joules.

Routine use of calcium administration is **NOT** recommended.

Clinical Applications & Resources St. Joseph Hospital
ST. JOSEPH
HEALTH SYSTEM

[WEB Paging](#) | [Pulmonary Consultants](#) Hospital/Intensivist On-Call Schedule | [SJHMG](#) Hospital On-Call Schedule | [Neonatology](#) On-Call Schedule Password: choopa1 | [CHOC Paging](#) | [Privileging/Certification Information](#)

General Resources	Patient Care Resources	Medication Resources
<ul style="list-style-type: none"> • Ascom Phone Text Messaging • Burlew Library (To access non-public sites use: UserID: library, Password: web) • CARENet • Citrix Application Portal (PMM/Teletracking) • E-Mail - Outlook • Incident Reporting System • Information Systems 411 • Kronos • Meditech 5 64 Resources 	<ul style="list-style-type: none"> • Abbreviation Resources • ADA Nutrition Manual • ConsultGerRN • Downtime Physician Connect • Ethics Resources • Krames on Demand • Laboratory Reference Manual • Lippincott's Nursing Procedures, 5th ed Username: burlew Password: burlew • Pain Management Resources 	<ul style="list-style-type: none"> • Lexi-Comp Drug Info/IV Guidelines/Formulary Reference • Medication Management Resources
		Physician Resources
		<ul style="list-style-type: none"> • AAMG OR Display • CHOC Resources • Ethics Resources • QB Link • Physician Connect

Lippincott's Nursing Procedure Manual now available online!

Access the full text of Lippincott's Nursing Procedure Manual, 5th ed. via St. Joseph's Clinical Apps page. This is the same manual available to nurses on the units – but in a convenient online format. Additional nursing books are available online through the Burlew Medical Library website. Visit our website at

www.BurlewMedicalLibrary.org and click on the Online Books link on the left side of the page for a list of our new online nursing books.

New Nursing Books in Burlew

- Concept mapping : a critical-thinking approach to care planning , by: Shuster, Pamela McHugh.
- Guide to nursing management and leadership, by: Marriner Tomey, Ann.
- Guide to the code of ethics for nurses: interpretation and application, by: American Nurses Association.
- Infection prevention manual for hospitals, by: Bennett, Gail.
Association for Professionals in Infection Control and Epidemiology.
- Lean healthcare : get your facility into shape, by: Cottingham, Sarah.; Forst, Shawna.
- Legal & ethical issues in nursing, by: Guido, Ginny Wacker.
- Middle range theories : application to nursing research, by: Peterson, Sandra J. Bredow, Timothy S.
- Nurse as educator : principles of teaching and learning for nursing practice, by: Bastable, Susan B.
- Theoretical basis for nursing, by: McEwen, Melanie.; Wills, Evelyn M.

Support Evidence Based Nursing!

Learn to search the medical & nursing literature using PubMed & CINAHL

Brought to you by the professionals at Burlew Medical Library

Hands on classes start January 2011

Wed Jan 19, 10am – 12pm
Tues Apr 19, 10am – 12pm
Tues July 12, 10am – 12pm
Wed Oct 19, 10am – 12pm

All classes held in the computer lab
CR-6B, Sr. Francis Dunn
Building

Registration available now
via CAREnet
(see instructions on reverse)

Questions? Contact
Danielle Linden at
714-771-8291 or
danielle.linden@stjoe.org



What: This hands on class will focus on the basics of searching PubMed & CINAHL. Learn to create an effective search strategy using keywords, subject headings, & limits. Tools for saving searches, emailing results, & ordering documents will be covered as well.

Where: Computer lab — CR 6B in the Sr. Frances Dunn building

Who: Open to all SJH staff but especially geared toward nurses in support of evidence based practice.

www.BurlewMedicalLibrary.org

The staff at Burlew Medical Library started off January 2011 with what looks to be a wildly popular and very well attended hands-on training session on navigating our website, our online resources, and searching the nursing and medical literature in CINAHL and PubMed. Registration is now available via CAREnet for the April, July, and October classes. Sign up soon, a wait list is already in place for the April class!

Danielle's Database Tips

The Burlew Medical Library makes it easy to order articles from us while searching in PubMed! Interested in an article? Don't see our fulltext icon? No need to take the extra step of copying, pasting, and emailing us a request. Just sign up for a Loansome Doc account and do your searching and ordering in one simple step! Learn more about Loansome Doc for SJO employees by visiting our website at www.BurlewMedicalLibrary.org and clicking on the "Loansome Doc Service" link on the left side-bar.

Answers

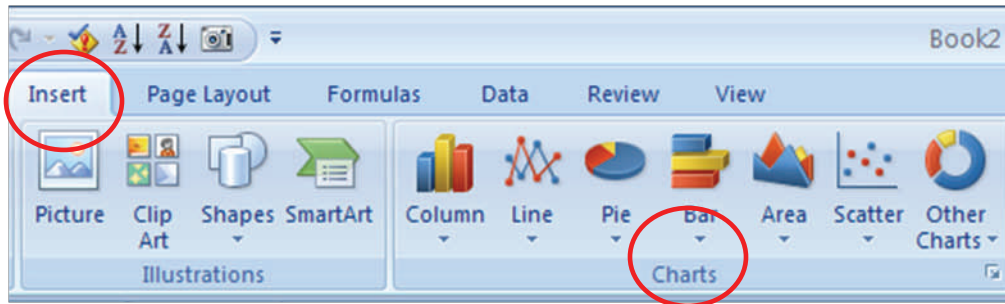
Nursing Strategic Plan 13
RACE 7
PPM 11
EOC 8
BERT 30
CAUTI 24
POCT 17
PART 35
HAPU 28
Egress 15
FASTG 31
SIG 25
STAR 9

Wet Contact Time 27
CN I, II, III, IV 10
Caritas Process 4
Forensic Training 26
Dashboard 34
DPC 6
St. Joseph Way 32
RIE 29
EBP 37
HAI 33
SOE 12
EMR 3
Trial Release vs ROM 36

EO 23
EPP 14
P&P 1
CMS 19
UBC 2
SCIP 21
MSDS 5
CPC 18
MET 16
TJC 20
CBO 22

Excel 2007 Charts and Graphs

The Excel 2003 charting engine looked tired and old. Little had changed in 15 years in charting. The popular chart wizard has been replaced in Excel 2007 by a set of dedicated buttons and groups located on the ribbon, simplifying the chart creation process



Click on the Insert tab of the ribbon and select from the charts category

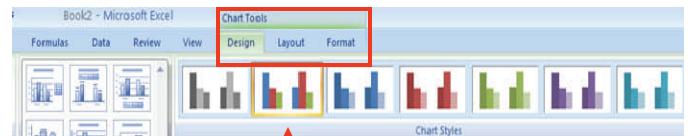
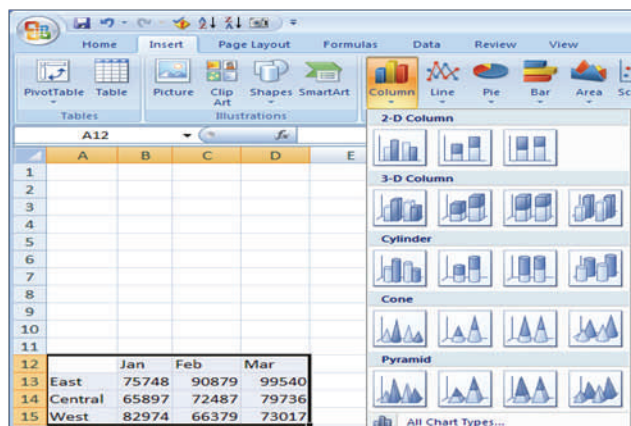
Creating a Chart in Excel 2007

Prepare your data. Make sure that you have headings above and to the left of the data to be charted. If one of the headings has date or numeric fields, leave the top-left corner cell blank. Select the range of data to be charted.

	Jan	Feb	Mar
East	75748	9087	99540
Central	65897	72487	79736
West	82974	66379	73017

Leave the top left cell blank when your headings are dates.

Choose one of the broad chart types from the gallery on the Insert ribbon. Although there are 70+ chart types, there are often three or four variations of each type.



Visit the **Chart Tools Design** ribbon to choose a **Chart Layout** and a **Chart Style**. Chart Layouts offer up to a dozen different views of the same chart.

Microsoft 2007 Classes

Access 2007 – Level 1 – Room 6A

Tuesday 4/19/2011 8:30-12

Access 2007 – Level 2 – Room 6B

Wednesday 6/1/2011 8:30-12

Excel 2007 – Level 1 – Room 6B

Thursday 4/7/2011 8:30-12

Wednesday 5/11/2011 1:00-4:30pm

Excel 2007 – Level 2 – Room 6B

Wednesday 5/18/2011 8:30-12

Excel 2007 – Level 3 – Room 6B

Thursday 6/23/2011 8:30-12, Day 1

Thursday 6/30/2011 8:30-12, Day 2

Outlook 07 New Features – Room 6B

Monday 4/18/2011 1-3pm

Thursday 5/5/2011 9-11am

Tuesday 6/21/2011 1-3pm

PowerPoint 07 – Level 1 – Room 6B

Thursday 4/14/2011 8:30-12

Word 2007 – Level 1 – Room 6B

Thursday 4/21/2011 8:30-12

Word 2007 – Level 2 – Room 6B

Thursday 5/26/2011 8:30-12

Microsoft 2003 Classes

Excel 2003 – Level 1 – Room 6B

Tuesday 5/3/2011 8:30-12

Basic Computer Skills– Room 6B

Monday 4/18/2011 9-11 am

Monday 5/16/2011 9-11 am

Monday 6/20/2011 9-11 am

For more information contact:

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