RESOLUTION WINS

By Stephanie Smith
CNSA Legislative Director,
2nd Semester

Despite the busyness of second semester, I and my fearless crew of resolution committee members made the trek south to our State Convention for CNSA. We piled into Nessa’s magic mini-van and decided that we would do whatever it takes to have our resolution chosen to represent by our state chapter of CNSA at next year National Convention.

This noble venture started this summer while most of our cohort were basking in the sun or engaging in volunteer projects. We took to the concrete walls of research and words. We had the goal of proving to our delegates that we had adequate peer reviewed studies. Acupuncture is a viable treatment for pain management. With much research and time spent in the halls of the Sac State Library, a resolution took form entitled, In Support of Increasing Awareness of the Benefits of Acupuncture Therapies for Pain Management. After submission to the resolution committee and a few editing sessions our submission was accepted along with three other resolutions to be presented for vote at convention. Little did we know what adventures waited for us a few hundred miles away.

We arrived Thursday night, made our way to our rooms and prepared for an early rise. Friday morning we met with our advisors. They explained the format for the day and how our resolution would be introduced first. It became clear to me that my speech needed to be focused and I only had two minutes. We frantically worked on revising and practicing it. By the time it was ready to print, the hotels internet was down. Thank goodness for smart phones. I was able to use mine to deliver our speech for our informal run down of Robert’s Rules. That night after hearing the other presenters’ speeches I knew we needed to make some adjustments to our speech in order to inspire the chapter make a stand for pain management and this alternative treatment. Saturday began early as we made our way into the House of Delegates where the doors locked at 8am.

Stephanie Smith preparing with her legislative committee.

Our chapter won the CNSA “Chapter Award” for our outstanding leadership, mentoring, fundraising and community efforts. We also won “Outstanding Chapter Newsletter”. In addition to those awards, a special congratulations to those now on the 2014-15 State Board: Nessa Osuna, Melissa Byrnes and Krystal Scott!

Join us in Phoenix, AZ for the NSNA 63rd Annual Convention! April 8th - 11th

Resolution: Continued on pg. 2
By Brandy Scoggan
AAMN Education Committee Chair, 2nd Semester

During a clinical experience, I was privileged to have a patient who was being monitored for seizures. Having a patient in the Epilepsy Monitoring Unit (EMU) means that the patient is on an Electroencephalogram (EEG) that reads their brain waves while the patient simultaneously receives video monitoring to better interpret an "event." My patient did not require many interventions; my focus was on assessments, medication administration, and safety. It was a unique experience, however, in that I could sit at a desk and watch the video of what she was doing in her room at all times.

As a young adult, she was mainly on her phone, completely cognizant and able to ambulate. She was also extremely aware of her medication regimen. She knew much more about this than me. As I fumbled around in the morning to give her what seemed like an avalanche of oral meds, she patiently explained what she needed to take before meals, with meals and after meals. In addition to this, she was in constant pain due to a pre-existing condition and it wasn’t just localized pain, it was everywhere, all the time. During my 8-hour shift as her student nurse, there wasn’t much I could do besides staying ahead of her pain by offering her pain medication at regular intervals. It was an interesting experience and luckily she did not have an event during my shift.

The next day I couldn’t stop thinking about my patient. She was mature for her age with an incredibly difficult life long diagnosis. During my shift, I had chatted with her about college and she asked about my nursing program. What I realized afterwards was that I should have taken the time to sit down with her and ask her more about her life and her diagnoses. As nursing students, we have more opportunities and time to ask our patients questions. Most of my shift, I was in awe of my nurse who was an amazing multitasker and prioritizer. Just watching him work was inspiring. When I graduate, I hope to be as competent as he is.

The message I gleaned from reflecting on this experience is that as nursing students, we should take advantage of those moments when our patients don’t require a lot of care. Don’t be afraid to ask questions and learn what living with a disease is really like. I regret not asking her, and I feel like I missed an opportunity to learn about how it feels to live with a chronic condition, not just what the RN role is.

In the end, I feel like the patient perspective is really what will improve our practice. So hopefully all of you may learn from my mistake and seek out as many learning experiences and different perspectives as you can.
Child Life Shares Hope

By Kirstie Hanson
CNSA Breakthrough to Nursing Director, 3rd Semester

One of my favorite parts about nursing is teamwork. The multidisciplinary team consists of a variety of persons, each with a unique role yet ultimately working for the same cause: health and wellness for the patients.

Until third semester, I had interacted with and worked alongside many of these members: the respiratory therapist, occupational therapist, speech therapist, physical therapist, physician, etc. However, it wasn’t until pediatrics that I fell in love with a member of our team whom I had never heard of! This incredible person is the Child Life Specialist. The Child Life Specialist can only be found in pediatrics and focuses on helping children and families overcome life-altering events. As experts of child growth and development, they understand how children cope with illness at different ages, as well as how to prepare them for procedures, pain, chronic illness, and even death. They do so by incorporating age-appropriate play and emotional/developmental needs. Beyond caring for the child, Child Life Specialists also care for parents by providing psychosocial support. Parents feel reassured that they, as well as their children, are comforted through their difficult time.

While on the floor, I witnessed daily moments in which interventions by Child Life allowed children to momentarily forget about their illnesses. I’ll never forget the look on one girl’s face when Child Life brought a miniature horse to visit the kids in the hallway. This girl had been diagnosed with leukemia and just days before was extremely weak and lethargic. However, when she saw the horse, her eyes lit up and her joyous smile froze on her face. In another case in outpatient surgery, I observed a Child Life Specialist distract a child with Fragile X Syndrome before a procedure. Since he was very difficult to keep still, she brought light up toys into the operating room and held his attention while the staff prepared him for the procedure. With this support, the child was much more compliant.

I am so thankful for the work of the Child Life Specialist and the difference they make in the lives of children and families in difficult situations. As nurses strive to provide physical as well as emotional support, lack of time can really limit how long they are able to play with the child—which is very much part of a child’s healing and coping process. In honor of their great work, I wanted to introduce this member of our multidisciplinary team whom some may not have met!

An Unexpected Meeting

By Amy Bouck
3rd Semester

I recently participated in the Flu Shot Clinic held at the University Union on September 18th, 2014. It was a great way to get experience giving intramuscular injections.

I felt nervous when my first “customer” sat down in front of me. Would he think I was experienced since I was wearing scrubs? Could he tell I was nervous? Obviously, I have studied the theory, been checked off in lab, and been checked off in clinical. Even so, I have not had much practice with this skill. I decided to act confident, go stepwise and slowly through what I have been taught, and pretend to be calm. To my great satisfaction, it worked! Turns out, that’s all there is to it.

I administered close to 30 shots before introducing myself to a familiar looking woman who was giving shots alongside Jenna, Kimberly and myself. She introduced herself as the Nursing Department Chair. I said, “Isn’t Dr. Goetze preparing to give Amy and Kimberly Ghiselli their flu shots.

Meeting: continued on page 4
Can I Get a WOCN Please?

By Alison Shuker
CNSA Community Health Director,
3rd Semester

Being a Wound, Ostomy and Continence Nurse (WOCN) is more than just wound vacs, pouches, and chux pads. One of the responsibilities of a WOCN is to educate their patients about their new ostomy. Going home with this new addition to your body is frightening and emotional. According to new research in the Journal of Support Care in Cancer, colorectal cancer survivors (CRC) with ostomies have expressed the common theme of “…the need for continued access to trained nurses for ostomy self-care…” (Sun et al., 2014, p. 1563).

As nurses we have learned about ostomies either from a lecture in school, seeing one on the unit, or talking with a WOCN. The average nurse may never become an ostomy expert and that is okay! One of the best things about nursing is the variety of specialties out there including WOCNs. These nurses are experts about ostomies and can really help their patients learn not only the basics, but “tricks of the trade.” The most common positive healthcare experience expressed by the CRC patients during their initial hospital stay was having interactions with experienced nurses who taught them the proper way to manage their ostomy (Sun et al., 2014, p. 1565).

On the contrary, the commonly expressed negative healthcare experience for the CRC patients was an inexperienced nurse. One quote from a CRC patient in the study stated, “They act a little embarrassed about it—the nurse that came—she acted embarrassed” (Sun et al., 2014, p. 1567-8). This saddens me to hear that an ostomy patient did not get the best experience from a nurse since this can be an extremely difficult time for new ostomy patients.

From this study, we can all learn the importance of having an expert, like a WOCN, teach ostomy patients so they can have a positive learning experience. As the number of ostomy patients is on the rise either temporary or permanent, from cancer or other disease, nurses need to be prepared.

**The Gravida of Caffeine Intake**

*By Ashley Mykita*

CNSA Mentorship Coordinator, 4th Semester

Caffeine is a mild central nervous system stimulant that is consumed on a vast scale worldwide, but the effect of caffeine on fetal birth weight of is something that needs to be investigated further.

In the United States alone, greater than 85% of adults and children consume caffeine on a regular basis, and 68% of pregnant women also ingest caffeine regularly (Anderson et al., 2009). Women typically metabolize caffeine at slower rates during their second and third trimester of pregnancy, which means that if a pregnant woman maintains her pre-pregnancy intake of caffeine, she will have higher caffeine levels than she otherwise would.

Elevated caffeine levels allow for greater exposure to the fetus as well. Fetuses and neonates metabolize caffeine at an extremely slow rate due to their immature liver systems (Anderson et al., 2009). Many studies have linked increased caffeine consumption during pregnancy to a decrease in birth weight among newborns. According to the American Nursing Association’s (ANA) standards for professional nursing practice (2010), collecting comprehensive patient data that is pertinent to the patient’s health or situation is part of the assessment of a registered nurse. Therefore, it is extremely important for a nurse to be familiar with the effects that a pregnant woman’s caffeine intake has on her baby while in utero. Screening pregnant patients or patients planning on becoming pregnant for caffeine consumption should be part of assessment protocol with this population.

Research supports that maternal caffeine consumption increases the incidence of spontaneous abortion and low birth weight (Weng, Odouli, & Li, 2008). Even as little as one to two cups of coffee a day can be associated with low birth weight (Boylan et al., 2008). Although more research is needed on this subject, it is quite clear that there is a relationship between caffeine consumption and low birth weight. If you have a passion for maternal-newborn nursing, make sure you are screening patients about their caffeine use!


Green I heart Nursing T-shirts on sale for $10 Sizes XS, S, &XL. For graduating seniors there are license plate covers for $15. These will be available at the next CNSA meeting Dec. 5th @ 1630 and at the pinning ceremony Dec. 18 @1300. For a full list of items available and order forms visit http://csuscnas.synthasite.com/store.php
As a nurse, we should focus on our patients as a whole. Having our standard of practice be holistic and meeting the biologic, psychologic, and sociologic needs of the patient can result in a more satisfying experience.

According to Koehn, “Alternative and complementary therapies are frequently looked at as a new approach to health care. However, they have always been a part of nursing practice, although they may not have been labeled as such. In particular, alternative and complementary therapies have long been used to aid in decreasing the pain and discomfort of childbearing.

These alternative therapies often were labeled as comfort measures or “non-pharmacologic methods.” Also, “Holism is apparent in Florence Nightingale’s approach to nursing. Besides physical care, she also advocated spiritual care along with the influence of the environment” (Koehn, 2000, p. 67).

Today, the standard pain management in the hospital during labor is the use of epidurals. Epidurals are associated with complications, such as maternal hypotension and postdural puncture headaches. Rare but life threatening complications may include epidural mass or meningitis, cardiac arrest, permanent neurologic deficit, and maternal convulsions (Vincent & Chestnut, 1998).

If nurses know the effectiveness on pain relief of complementary alternative therapies, such as massage, they can meet the ANA standard of resource utilization. That is, the registered nurse can provide services that are safe, effective, and financially responsible (ANA, 2010). Massage carries little risk to the mother or baby and can provide adequate relief of pain during the childbirth process.

With the research conducted, there would be a proposed change for an increased use of Complimentary and Alternative Medicine (CAM) therapies in the labor and delivery units of hospitals for pain management during labor. Increasing registered nurses’ knowledge of such practices could result in holistic treatment of patients; thus creating a more satisfying experience, reducing adverse effects experienced by patients, and allowing greater autonomy for the birthing mother.


Pneumonia is the second most common hospital acquired disease and it affects a large number of hospital patients. By far, the majority of pneumonia cases in the hospital are due to the patient being on a ventilator, often for an extensive period of time (Koenig, 2006). These cases are called ventilator-associated pneumonia (VAP).

A major need of ventilated patients is effective pulmonary care and regular mobilization as applicable to patient ability. It is within the responsibility of the nurse as a holistic caregiver to be an advocate for the patient. This includes frequent assessment for and implementation of the best pulmonary care that is possible. While different pulmonary care protocols may be in place, some are more effective than others. In addition, the quality of the pulmonary care that is performed by the nurse is inconsistent and difficult to monitor. Frequent oral care, done multiple times per shift, is more effective in preventing ventilator-associated pneumonia than once per shift or less.

VAP bundles are groups of procedures that have been developed in many agencies to reduce the incidence of VAP in critical patients. In a recent study conducted in six Korean hospitals, the introduction of and compliance with VAP bundles reduced the incidence of VAP cases from 4.08 cases per 1000 to 1.16 cases in the same time frame (Eom, 2013). The VAP bundle in this study was similar to other agencies and “consisted of head of bed elevation, peptic ulcer disease prophylaxis, deep venous thrombosis prophylaxis, and oral decontamination with chlorhexidine 0.12%” (Eom, 2013).

UC Davis Medical Center has implemented a VAP bundle to be included as a component of the policies and procedures for “airway management for adult and pediatric patients” (Nursing, 2013, para. 1). In addition to the components of the previous VAP bundle, this bundle adds a daily interruption of sedation and an assessment by the physician of patient readiness for extubation (Nursing, 2013). These additions will help to further decrease the incidence of VAP cases by shortening the length of time on a ventilator as well as length of ICU stay.

Check out the policies and procedures on your unit and make sure you are advocating for your patient by promoting proper execution of VAP bundles.
A couple of weeks ago, I was observing some of the first semester students prepare for their manual blood pressure check-off. The worry they were showing and the doubts being expressed out loud sounded familiar. Being in third semester now, I fondly remember those harrowing moments of check-offs accompanied by the stress, pressure, and lack of confidence.

Since first semester, I have not had many opportunities to practice my manual blood pressure for a couple of reasons: 1) Most of my clinical rotations use portable units that give a digital reading after the cuff is applied and the ‘START’ button is pushed and 2) I wore out my welcome with my friends and family after all the practice for that blood pressure check-off first semester (Just kidding…kind of).

This summer, I had the opportunity to get more practice on manual blood pressure when I became a nursing assistant at an outpatient clinic. My job, primarily, was to take vitals and to auscultate heart, lung, and bowel sounds. For many of these patients, the doctor ordered manual blood pressure readings. Needless to say, I got a ton of practice.

I remember fumbling a little with the bulb on the first one, but the deep memory from skills lab kicked in and it began to go smoothly. Then, I had a reading of 190/98, which sent me right back into that doubting zone: “Did I do it correctly? Is the cuff the right size? Is the position of the patient correct?” I calmly repeated the measurement. It didn’t make the patient nervous because the patients are very used to having multiple checks and rechecks on their vital signs. The next reading was a little higher: 200/102. Doing well to keep my ‘worry’ face from showing, I called the RN. She came in to assess and recheck the reading. Her reading was similar.

“Good job. No need to doubt yourself” ~ RN

The RN must have known what I had been thinking, looked at me, and said “Good job. No need to doubt yourself. Now, call the doctor!” So, I also got to practice another skill: SBAR! As nursing students we can get jobs as Nursing Assistants and it is a great opportunity. Not only for some extra dough but to increase our confidence and master our skills.

If you have the chance I would recommend getting a job in the health field or volunteer. If you do not have time for that get out there and participate in the many community events made available to us. It could be just a “boring blood pressure clinic,” but take it as a chance to hone your skills and interact with the public. So have fun with it and build your confidence. It will give you that “something extra” to put on your resume that will set you apart from the hundreds of nursing graduates in the Sacramento job market.
Top: Amy Bouck performing double duty at the Causeway Classic Blood Drive: studying & donating O-.

Left: Ebony Cross passes the torch to the newly elected Melissa Byrne, who will be the new Breakthrough to Nursing Director.

Bottom: All Patients Take Medication! 1st semester students in skills lab with Professor Kolar tuning their hearing skills.

Top: CNSA Board and members had a blast at the alien dance party. Bottom: Service Learners (left to right) Lauren and Alison, Monique, Guy Galante (staff) and Stephanie growing fun at Soil Born Farms.
Write articles for the Monthly Shot!

Each article is one CNSA event and is great for your resume! Articles should be at least 250 words, can be about anything nursing- or school-related, and are due the first week of each month. We want to hear from all semesters, including first as you learn about the fundamentals, ethics, cultural care lessons, adjusting to nursing school, and more!

Community Health Director Alison Shuker leads by example and you can too! Join CNSA at nsnamembership.org

Upcoming CNSA Community Health Events:

- Foot Clinics at Friendship Park: Dec. 16, 1245 - 1445
- Yolo County Flu Shot Clinic at West Sacramento: Nov. 22, 0800 - 1500
- Run to Feed the Hungry at CSUS Main Campus: Nov. 27, 0800 - 1030

Please visit the CNSA discussion board for more details for each event. Just go to the Sacramento State Nursing Source page and click on discussions.

Improve the lives of others!! AAMN is looking for donations of canned and non-perishable food items, as well as new socks for the homeless and HIV/AIDS families. Donate on or before Nov. 25th to Heidi’s office in the festive holiday boxes.

Important Dates

November 17 - 26:
0800 - 1600 Board Elections, ballots at Roberta’s Office

November 21 (Friday):
1630-1730 AAMN Meeting, FLS room 1050

November 27 - 28:
Thanksgiving Break

November 25 - December 6:
Online Registration for January 4 WPJ (must take before 2nd semester)

December 5 (Friday):
1630-1800 CNSA Meeting, FLS room 1050

December 12 (Friday):
Deadline for Event Forms
Hard Copy only to Heidi’s Office

December 12 (Friday):
1630-1730 AAMN Meeting, FLS room 1050

December 18 (Thursday):
1400 -1600 Pinning Ceremony for Fall 2014 Class

December 20 (Saturday):
0830 CHHS Commencement, Sleep Train Arena, FAQs page

December 22 - January 25:
Winter Recess

January 16 (Friday):
NSNA Scholarship Due, www.nsna.org

January 26 (Monday):
Spring 2015 Semester Begins

April 8 - 11 (Wednesday - Saturday):
NSNA National Convention
Phoenix Convention Center
Phoenix, Arizona

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