

The NURSE ADVOCATE



By Nurses for Nurses

Issue 14, November 2014

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Welcome Message

By Professor Ann-Marie Cannaby – Chief Nursing Officer, HMC



Professor Ann-Marie Cannaby
Chief Nursing Officer, HMC

I would like to congratulate everyone who submitted a project for consideration and all of our winners of the Stars of Excellence program this year. The annual Stars of Excellence award dinner, which was held on October 23rd, saw a record number of submissions, with a total of 372 entries. The criteria for awards is becoming more stringent as a greater number of staff are focusing their efforts on applying international best practices, driving outcome focused improvements across varied clinical areas and demonstrating achievements in the area of patient experience with their care givers and service providers.

I would like to congratulate all of the nurses and midwives who were recognized and celebrated at the prestigious event and would like

to highlight the following teams for winning in their respective categories.

Health: Patient Experience

- Star of Excellence – Pediatric Home Total Parenteral Nutrition (TPN)
- Award of Merit – Hamad General Hospital Art & Healing Program
- Award of Merit – HUG: Helping Parents to Embrace their Newborns

Health: Collaborative Achievement

- Rising Star – Skilled Nursing Facility – A Home Away From Home
- Award of Merit – Expansion of Medical Clinics

Education

- Star of Excellence – Baby Friendly Hospital (BFH) Project
- Rising Star – Leadership for Change
- Award of Merit – Becoming an ANCC Nurse Education Provider Unit
- Award of Merit – Empowerment of Midwives at Women's Hospital

The winners, rising stars, recipients of the awards of merit and all of those who submitted a project for consideration for a "Star of Excellence," all demonstrated a

commitment to providing the safest, most effective and most compassionate care to our patients as well as delivering “Best Care Always.”

I look forward to seeing continued dedication and perseverance, in the pursuit of providing world leading nursing care and hope that we

can set another record next year, in both the number of projects demonstrating improvements in patient outcomes and the recognitions received.

The Evolution of The Nurse Advocate

Written by: The Editorial Board of The Nurse Advocate



Attendees of The Nurse Advocate Away Day

The Editorial Board of The Nurse Advocate was brought together in April 2013, from across all of HMC’s facilities. The Board consisted of mainly frontline nurses, with the exception of the chair, membership from HMC’s Corporate Communications Department, a head nurse and representation from the Nursing and Midwifery Education and Research (NMER) Department.

When the Board was brought together, it was a time of transition for nursing and there was an opportunity for the profession to collaborate across HMC; to share patient impact stories, quality improvement initiatives and other great work that was being carried out across the eight hospitals in the community, in the PEC’s and in the

other areas where nursing care is provided.

The first meetings of the Editorial Board were focused on planning out the details of the publication. Everything from initiating a ‘name the newsletter’ competition, agreeing on a logo and determining the most appropriate content topics, was debated and discussed extensively. For many of the members this was the first time that they were engaged at this level of decision-making, away from the patient’s bedside, and it is remembered as an empowering time by the group. “They had the autonomy to set the course for a very large initiative with great potential to impact HMC’s nursing community.”

The Editorial Board agreed that the newsletter needed to be a medium for sharing best practices, innovative practice, research, practice tips, achievements, international nursing news, as well as providing focused articles on specialty services, units and the people that made these great things possible. From this initial plan we developed regular newsletter items such as Education News, Nurse Spotlight, Service Spotlight and the Nursing Executive Notice Board, which brings you information from the monthly Nurse Executive Committee.

The Nurse Advocate has come a long way since the first issue; it has progressed with each month and as such the Board felt it was necessary to hold a planning meeting

to discuss how we can make further improvements as we move forward.

The first annual planning meeting was recently held with the purpose of having a frank conversation regarding achievements, areas requiring support and what is required to elevate the publication to the next level. It was agreed that the Editorial Board, with the support of Corporate Nursing and Corporate Communications, will work towards:

- Changing the layout of the publication from a newsletter to a magazine
- Providing standing items and templates for research, evidence-based practice, nursing clinical practice,

quality improvement initiatives, shared governance updates and outcomes

- Writing articles which cover emerging trends in nursing, new technologies and innovations in practice
- Building a platform through the Corporate Nursing website which will allow for easy communication with the committee, article submission and template access

The Editorial Board has committed to working out of hours on their respective areas of responsibility for The Nurse Advocate, to ensure that the monthly meetings can focus on the implementation and support of their strategic plan.

The Editorial Board knows that the continued success of The Nurse Advocate depends heavily on the nurses who provide the stories, articles and content. We want to thank everyone who has submitted an article for review and congratulate those who have had their articles published.

In order to support and facilitate nurse involvement, each member of the Editorial Board has established a sub-committee for the facility they are representing. Some have well-established groups and other members are currently working diligently to extend their groups and we would encourage you all to consider joining to make a valuable contribution to this publication.

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If you are interested in joining the sub-committee for your hospital/facility, please contact the appropriate Editorial Board member directly. If you do not wish to be a sub-committee member but would like to submit an article for inclusion in The Nurse Advocate, please email the article to: nursing.newsletter@hmc.org.qa - making sure you include your name, position and facility.

NDNQI RN Survey 2014

By Michaela Vickers, DON Corporate Nursing

HMC's inaugural NDNQI RN Survey came to a close on 27th October. The Survey was open for three weeks and the participation results were phenomenal! We would like to say a big thank you to all of those who took the time to tell us about their working life as a nurse in HMC. Overall participation rates at the close of the Survey were:

The final results will be sent to each hospital, by NDNQI, in early December; summarizing the data for the entire hospital and providing some individual unit level data.

The results will allow us to:

- obtain an accurate picture of the RN work climate
- identify how each unit is progressing along its journey of 'Best Care Always'
- identify unit specific opportunities for further improvement and growth

When the reports have been analyzed the information will be shared with you.



| NDNQI RN Survey - Average Unit Participation Rates | |
|--|--------------------------------------|
| HOSPITAL | Close of Survey 27th October 2014 |
| Al Khor | 91% |
| Al Wakra | 91% |
| Cuban | 100% |
| Heart | 95% |
| HGH | 94% |
| NCCCR | 88% |
| Rumaila | 97% |
| Women's | 92% |

Once again, thank you to all those who participated. We know that satisfied nurses lead to better outcomes. Your opinions really do count.

NURSING EXECUTIVE NOTICE BOARD

Welcoming Ms. Elaine Druhan



Elaine has joined Corporate Nursing in the capacity of Assistant Executive Director for Business Development. Elaine is originally from Ireland, where she worked for 11 years within the telecommunications sector.

Elaine has a diverse commercial background, holding a number of management positions in finance, sales, enterprise marketing and franchising.

Throughout her career Elaine has demonstrated a proven track record in achieving business goals through inspired leadership, motivation and performance management. She has led and developed sales teams to support strategies and deliver exceptional profitable sales growth and results.

Elaine has extensive experience in developing and maintaining

strategic relationships, having managed a portfolio of key clients.

In her marketing capacity, Elaine was instrumental in designing and delivering a number of high-calibre business marketing campaigns which drove business revenue, and for which she received a number of industry awards.

Elaine is very much looking forward to working with the Corporate Nursing team, using her knowledge, skills and experience to help implement and achieve the Nursing Strategy.

Nursing and Midwifery Recruitment

In an effort to further support our frontline nurses and midwives with additional staff, Professor Ann-Marie Cannaby has initiated the 'Strategic Nurse Recruitment Committee'. This Committee, comprising executives from the areas of nursing, midwifery, human resources (HR), facility HR business partners and corporate communications, is behind the internal transfer and promotion campaign. The Committee

also supports several large scale recruitment trips to the Philippines and India. This recent trip is expected to yield approximately 300 new frontline staff. Several other trips are planned in the coming months to Egypt, Jordan, Ireland and the United Kingdom, with similar recruitment figures expected.

HMC Code of Professional Behavior and Ethics for Nurses and Midwives

In addition to the launch of the Code, which was held in September, several sessions are planned for Al Wakra Hospital, Al Khor Hospital and The Cuban Hospital during the month of November. The sessions will cover both the introduction of the Code and an update on the progress of The Nursing Strategy objectives to date. Information regarding dates, times and venues for the aforementioned hospitals will be sent out from the respective facility Nursing Executive.

Nursing Competency and Professional Development Support

Professor Annie Topping, Assistant Executive Director of Nursing and

Midwifery Education and Research, is leading an initiative to acquire the Lippincott Skills Inventory as well as their broad journal resource. Professor Annie recently took the proposal for acquiring these resources to the Library Committee, where it received the necessary support to purchase the product. The Lippincott resources will be accessible via the Library once acquired. More information on this initiative will be provided once it becomes available.

The New Career Framework for Nurses and Midwives at HMC

With the implementation of The New Career Framework for Nurses and Midwives at HMC approaching, the corporate nursing team is diligently working towards completion of the roll out plan. Facility-based project teams are currently being formed to support the rollout at each of our hospitals and facilities. The roll out of the career framework is expected to commence in April 2015. More information will follow as it becomes available.

The Cancer and Palliative Care Clinical Nurse Specialists: Positively Impacting Patient Care

Catherine Gillespie, AED of Nursing, Cancer Transformation Team - NCCCR

The work of the cancer and palliative care clinical nurse specialist (CNS) team has been endorsed through the findings of the National Cancer Patient Survey, which was undertaken in early 2014. Carrying out a survey, which documents the experience of patients with cancer in Qatar, was a recommendation of the National Cancer Strategy (2011).

The Survey was conducted by the UK-based company responsible for carrying out the National Cancer

Patient Experience Survey in the UK in 2009 and 2011. Patients who had completed cancer treatment and were attending outpatient appointments at NCCCR were asked to complete a written questionnaire about their entire cancer pathway. 101 patients responded to the Survey.

A number of the questions answered compared favorably with the responses given to similar questions asked in the UK; for example, patients felt that they were given their

diagnosis in a sensitive way, patients reported that they understood the explanation of what was wrong with them, patients felt that they were informed of their treatment choices and that staff did all they could to control the side effects of chemotherapy and radiotherapy.

Patients were asked specifically about their interactions with a CNS. As we are still building the CNS team, only 55% of the patients who completed the Survey stated that they were

given the contact details of a CNS; however, all of the patients who had a CNS during their cancer pathway reported a more positive experience across the Survey and in 45 out of 48 questions, this relationship was statistically significant.

Assistant Executive Director of Nursing for the Cancer Transformation

Team and NCCCR, Catherine Gillespie, said "This is a great endorsement of the CNS role within the cancer and palliative care teams. The contribution of the CNS to the experience of patients with cancer is well documented from other healthcare systems internationally, so it is really good news that the role of the CNS has been so well received by patients at HMC."

The positive Survey results support the ongoing recruitment of CNS's to the team and in particular supports the Masters in Nursing program developed jointly between HMC and the University of Calgary – Qatar, ensuring a sustainable and locally trained CNS workforce.

Nurses Join HMC's Mental Health Community to Celebrate World Mental Health Day



On Tuesday 28th October HMC's Psychiatry Department hosted an event to celebrate World Mental Health Day. World Mental Health Day takes place annually world-wide on October 10th but often the whole month is utilized to raise awareness of mental illness and to celebrate good mental health.

This year's event was the largest organized by the Department to date. It saw them invite over 150 people from the mental health community; including staff (clinicians and nurses), patients who are in a recovery phase and other associated groups. The purpose of the event was to celebrate positive mental health by bringing the community together for a fun and creative activity.

The main activity for the day was a painting activity and an instructor was present to guide and help all those involved – some had never painted before and some enjoyed art



as a regular hobby. The theme for the artwork was 'positive mental health' and each person took the opportunity to express what that meant to them.

Ms. Barbara Burnette, Director of Interior Design at HMC, who volunteered her time and expertise to lead this class said "Painting gives one a great feeling and the process involved can help every individual, including those with mental illness to overcome their condition, because for that moment when they are painting, their mind is fixed on the image they are painting and not on their condition."

Joining the large group was Sheeba Pattattu Sankaran, Nurse Educator, and Mr Henry Ade Aderogba, Clinical Nurse Specialist at the Department of Psychiatry (see pictures), both of whom chose an existing piece of artwork as inspiration for their own creations.

The event was a huge success and

people enjoyed the social interaction, lunch and creative outlet it provided. Social and creative activities are known to contribute to positive mental health and the Psychiatry Department's Occupational Therapy section uses this as a form of regular treatment for HMC's Psychiatry Department patients who are in a recovery phase.

The Acting Chairman of the Department and Senior Consultant Psychiatrist, Dr. Hazem Hashem, emphasized during his introduction of the event that "HMC is committed to providing the people of Qatar with family-centered mental health care and access to specialized services which are tailored to their needs, including care in community settings. We also help children and adults living with mental illness to manage their condition, enabling them to live full, productive and healthy lives."

Dr. Hazem also emphasized the excellent work and commitment being shown in the Department by the clinicians, nurses and administration staff as the Department makes some very important changes relating to Qatar's National Mental Health Strategy. "I would like to take this opportunity to say a big thank you to the Department staff for their hard work and commitment. This event, in part, aims to celebrate them and the positive impact they have on mental health care in Qatar," he said.

Service Spotlight: Urgent Care Unit – NCCCR

Researched by Deena-Raiza Asaari SN, UCU – NCCCR and Abudlqadir Nashwan, HN – NCCCR



The Urgent Care Unit (UCU) provides urgent and non-urgent care to oncology and hematology adult patients in Qatar. We enhance efficient transition into the hospital by providing accurate triage assessment for all patients who arrive at the Unit. Our aim is to deliver the highest standards of technical quality and safety according to the needs of each individual patient. We also aim to provide dignity, privacy and confidentiality for patients and their families.

The Unit has a total of six beds including one isolation room and is staffed by five oncology and hematology medical professionals. We see up to 600 patients per month and co-ordinate our services with all other departments within the National Center for Cancer Care and Research (NCCCR), such as, inpatient units, outpatient units, the Day Care Unit and the Departments of Radiology, Pharmacy and Radiotherapy.

Our services include:

- PEG tubes dressing
- Balloon pump removal

- Abdominal tapping
- Central vascular access devices (CVAD) care
- Pain management
- Management of side effects after chemotherapy, i.e. nausea, vomiting, diarrhea, etc.
- Management of oncologic emergencies, i.e. spinal cord compression, tumor lysis syndrome, etc.
- Supportive management

Urgent Care Unit Three Year Strategy (2014-2017)

Earlier this year the UCU held a workshop to share and discuss our three year strategic plan for the period of 2014 – 2017. The workshop was led by Mr. Abdulqadir Nashwan, who is presently Acting Head Nurse of the UCU. Mr. Nashwan will be leading the new changes and as such he made the announcement and opened discussion at the workshop. The workshop was attended by the NCCCR's nursing leaders and frontline staff. Prior to this it had been discussed that UCU needed a more clearly defined scope of service; this was the driving issue around producing a sustainable strategy. The UCU strategic plan is

inspired by the wider HMC strategic plan together with the Qatar National Health Strategy 2011-2016; it sets out the priorities and specific initiatives required for effective execution of the Corporate Strategy.

The key goals of the three year plan are:

1. Improving quality of patient care
2. Optimizing nursing manpower
3. Leading governance excellence
4. Building a research culture
5. Raising the quality of education
6. Advancing an integrated clinical information system
7. Adopting advanced technology
8. Responding to community needs

First Urgent Care Unit Educational Day

UCU organized its first educational day in June this year. The aim of the activity was to provide in-service training within the Unit to refresh staff knowledge and update them with the current management standards relating to evidence-based practices and educational needs assessment. Staff presented informative sessions

on topics that were relevant to the Unit; such as sharing baseline knowledge of certain cancer cases based on the individual's first-hand involvement in the clinical setting. In addition, staff utilized different teaching methods and approaches during the presentation to ensure that

delivery of information was effective. The sessions were as follows:

1. Didactic: Nature of Cancer. Presented by Mr. Abdulqadir Nashwan
2. Round Table Discussion: Policy Review and Management of

Bed Crisis. Presented by: Ms. Lincy Andrews

3. Spinal Cord Compression. Presented by Ms. Saumya Varughese

In the UCU, we recognize that education is an essential component in providing our patients with the safest and most effective care.

Internal Medicine Clinic: Team Work from the Beginning

Written by: Ms. Liz Thiebe, Assistant Executive Director of Nursing - AMIS



The new Internal Medicine Clinic opened on September 7th. Professor Abou-Samra and I have been delighted with the teamwork that has developed. Nurses, doctors, pharmacists, the cashier, admin team, housekeeping and security have all participated in taking the Clinic from an idea to a fully functioning service. The ethos which drives our Clinic is that we are all active participants in the care of our patients.

Each Thursday we meet as a multi-professional team. This meeting is an important part of our week and is structured to capture the things we have done well, the things we need to improve and finally a session on a clinical topic which will enhance our knowledge. We come together with different perspectives and have an opportunity to hear and learn from each other. Noticeably the reception

team and the cashier who are in patient-facing positions have been invaluable in sharing patient feedback using the meeting as a channel to address the whole team; for example, patients will tell them if the Clinic was hard to find, or if the appointment was not communicated well to them. This sharing process has allowed us to deal with any initial problems quickly. Allowing all staff to have a voice is fundamental to our system; the voice is both to identify the problem and then suggest solutions.

Any time a new service opens there are usually bumps in the road which need to be smoothed out in the first few weeks. Our team has worked well to spot the problems and proactively resolve them. As a new team, we are learning how to work in this new environment with a new model of care. Open communication has been a key element to our success so far.

Negative Pressure Therapy: A Successful Case Study in Plastic Surgery OPD

Researched by Ms. Mariamma George SN, Procedure Room/Plastic Surgery OPD - RH

The Plastic Surgery Department at Rumailah Hospital (RH) offers a range of cosmetic procedures that aim to enhance appearance or resolve long standing body image issues. Body contouring involves a range of procedures that improve the shape of different areas of the body. The

procedures include: Liposuction, abdominoplasty (tummy tuck) brachioplasty (arm lift) and thighplasty (thigh lift).

Wound infection and delay in wound healing is one of the most common problems after abdominoplasty. The

management of large cavity wounds has always posed particular challenges for nurses and clinicians. Vacuum-assisted closure (VAC) is an innovation that is being given increased attention. The process is a noninvasive active wound closure system that uses controlled, safe and localized negative



to manage a variety of wound types effectively.

How VAC works:

The application of negative pressure in vacuum-assisted closure removes edema fluid from the wound through suction. This results in increased blood flow to the

pressure to promote healing in acute and chronic wounds by delivering negative pressure (a vacuum) at the wound site through a patented dressing. This helps to draw wound edges together, remove infectious materials and actively promoting granulation at the cellular level.

Initially, the VAC procedure was carried out in inpatient units; meaning that a bed would be occupied over several days purely for this purpose. Currently VAC dressing is done by a procedure room nurse in the outpatient clinic; meaning that the patient is free to go home after the procedure is carried out. This mode of treatment is helping us to reduce readmissions of the patient. It also promotes effective utilization of hospital beds and is cost effective. Cases attended to in this way require a dressing change twice per week. After a couple of weeks with negative pressure therapy the wound is ready for re-suturing. Re-suturing is carried out by the doctors in the Day Care Facility.

The VAC Therapy System is designed to provide therapeutic options that can be customized for different wound care needs. When used in conjunction with good wound healing management (debridement and antibiotics), instillation therapy allows physicians

wound (by causing the blood vessels to dilate) and greater cell proliferation. Another important benefit of fluid removal is the reduction in bacterial colonization of the wound, which decreases the risk of wound infections. Through these effects, vacuum-assisted closure enhances the formation of granulation tissue, an important factor in wound healing and closure.

A case study:

Undertaking case studies is a useful tool for learning as much as we can about the effectiveness of treatment. Below is a summary of one such case study.

Who: A 40 year old female patient with a history of post-abdominal plastic surgery.

What: The patient presented to the Plastic Surgery Department's Outpatient Clinic with an open infected wound on her abdomen.

Action taken: Initially a large surgical debridement was performed by a plastic surgeon followed by VAC dressing applied with pressure 125mmofhg continuously. Dressings were subsequently changed every three days in the Outpatient Clinic dressing room.

Results: After 14 days of therapy there was a rapid development of

homogeneous granulation tissue and the wound appeared clean. A plastic surgeon then closed the wound and the patient was discharged after three days. No incision dehiscence or wound complications were noted on subsequent visits.

Patient satisfaction: The patient and her family were very satisfied and very happy with the service they received.

Clinical benefits of VAC therapy: It reduces localized edema, stimulates localized blood flow, promotes granulation tissue formation, and reduces bacterial colonization. It provides a moist wound healing environment and enhances epithelial migration.

Indications for VAC therapy: Chronic open wounds, diabetic ulcers, venous ulcers, pressure ulcers –stage 3 and 4, flaps and grafts, partial thickness wounds and dehisced wounds.

VAC therapy contra- indications: Necrotic tissue / eschar present, exposed vital structures, untreated osteomyelitis, fistulas to organs or body cavities and malignancy in the wound.

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Smart Doctors Listen to the Nurse

Researched by Jyothi H. Shadakshraiah, RN, PEC – Al Sadd



As a member of the Nursing Newsletter Committee and an active learner, I ensure that I read a number of journals. I recently came across an article online in the American Journal of Nursing which really inspired and motivated me. As such, I wanted to share this story with all HMC nurses, many of whom I think can relate to the messages within it.

The following is an article taken from the American Journal of Nursing, written by Ann Flemming Beach, MD. It discusses her experiences as a physician and the important role of the nurse as a vital and effective source of information in the proper treatment of patients.

"I was in the hall outside a patient's room with a new crop of interns and residents. As usual, they had all made rounds first thing in the morning, checked on new lab results, examined their patients, and were now ready to report everything to me, the attending. And, as usual, these bright, eager residents, though anxious to do a good job, hadn't thought to talk with the nurses taking care of their patients.

I patiently started my spiel. "You dart in and dart out. Your impression of your patient is like a snapshot. Your patient's nurse has been here for 12 hours. Her

impression is like a video. You can't tell me you've made rounds unless you can tell me the nurse's name and what she has to say." I continued, "Say this to the nurse, each time: How are things? Anything you're concerned about? Anything you think I should know? Any orders you think I might want to change?"

My residents seemed surprised by this notion. I called the nurse Susan over. She told us the grandmother of one of our pediatric patients had unexpectedly died the night before, so the parents were anxious for discharge so that they could mourn and arrange the funeral. She also suggested we could stop IV fluids, since the child had just had a good breakfast.

This was all news to the residents.

I'm the daughter of a nurse. When I went off to medical school, Mom told me, "I don't often give unasked-for advice. But I will tell you this—a smart doctor listens to the nurses." That advice has stood me in good stead for the past 25 years as I practiced pediatrics.

My mother grew up on a small farm. Her dad farmed; her mom did sewing. All the children did odd jobs to help make ends meet. When she finished high school she went to work as an inspector in a nearby factory. She had a dream that she could save enough money to go to nursing school. After two years in the factory, she was almost ready. Then her little brother needed an operation, and there went all of her money, until an anonymous donor in her small town gave the needed money for nursing school. She never found out who it was but always suspected the town doctor.

She thrived in nursing school, and afterward she moved to a town that

needed hospital nurses. In that hospital (in the closing days of World War II) she met my father, a handsome young sailor, sick with pneumonia, just mustered out of service.

When I was a kid, I was fascinated by her stories. I remember her excitement, telling me of the first blood transfusion she helped with, the first time she gave a dose of penicillin, of taking care of patients in iron lungs during the 1952 polio epidemic. I loved putting on her navy wool nurse's cape and pretending to wipe out disease.

When I was in high school, she was head nurse in the local ED. She looked so capable in her starched white uniform, lace-up clinic shoes, and white nurse's cap with black velvet ribbon, I was sure she could handle anything.

She could diagnose at 40 paces, we all said. On weekends, I was allowed to come and watch. You never knew what would come through the door. When I was in college, and doing premed observations with local physicians, they would invariably suggest that I could learn more from watching my mom than anyone else. "She's seen it all," they said.

So when I went off to medical school (at the same school my mother attended), I was always conscious that I was walking the same halls she had trod 30 years earlier. When she came to visit, I showed off the new big city ED and she oohed and aahed at the equipment. In the NICU she beamed at tiny babies who wouldn't have survived when she was a student. When I didn't know what to do (such as what size umbilical artery catheter to ask for with my first 1,200-gram preemie), asking the nurse would put me on the right track. And when I spent my first week in practice as a pediatrician, I wished she were my

office nurse, to help me with all of the real world issues I hadn't yet learned.

So here I am, after 10 years as an office pediatrician, four as a hospital administrator, and 12 as a pediatric hospitalist. Last night I took care of a patient with critical hypocalcaemia,

discovered only because an astute nurse noticed some subtle muscle twitching in the middle of the night. She was sure something wasn't right, even though the patient said he felt just fine. She called me, and I listened. A smart doctor listens to the nurses."

The content of this article was sourced from the American Journal of Nursing: http://journals.lww.com/ajnonline/Fulltext/2013/04000/A_Smart_Doctor_Listens_to_the_Nurses.36.aspx

Rounding: An Evidence-based Practice

Researched by Susan Shaila, Head Nurse – Al Wakra Hospital



Rounding is an evidence-based practice recently introduced into the Pediatric Inpatient Unit. It is an interventional practice which defines eight core behaviors which nurses should follow in order to meet the needs of the patient and provide an effective service.

The eight behaviors are:

1. Introduction to the patient
2. Performance of scheduled nursing activities
3. Performance of the 6 Core P's (and service sensitive P's, if applicable)
 1. Pain
 2. Position
 3. Personal needs
 4. Possessions
 5. Pumps
 6. Privacy
4. Address additional comfort needs
5. Perform an environmental assessment
6. Use closing key words such as

"Is there anything else I can do for you?"

7. Documentation of rounding
8. Informing the patient and family of when the nursing staff member will return for the next round.

As a newly implemented process the guidelines for development are:

- Rounding will be an ongoing inpatient unit nursing intervention
- It will encompass the entire 24 hour period
- The rounding process will be modified as required to fit unit specific existing best practices
- There will be an applied 'I am Here-Rounding' assessment checklist
- Leader rounds will occur at least once daily
- Evaluations will be completed on an on-going basis utilizing the auditing tools to ensure compliance
- Daily the HN/CN completes at least one patient and family leader round.

This round will focus on:

- Patient feedback
- Nurse's name
- Hour of nurse round
- Attention to the 6 P's
- Family feedback
- Satisfaction with information
- Care environment

Rounding Tool Kit

In order to facilitate this process staff are provided with a tool kit to aid and ensure compliance. The tool kit is primarily made up as a package of documents which include:

- A welcome card
- 'I am Here – Rounding' documentation log
- Pillow cards
- Call bell log
- Patient and family leader (HN/CN) round audit tool
- 'I am Here – Rounding' assessment checklist

Head Nurse Role

The head nurse role in the process of rounding is:

- Ensuring that all staff have access to the hourly rounding toolkit
- Assessing the unit specific patient population care needs
- Submitting the aggregated data to nursing administration
- Overseeing the rounding initiative on each unit
- Reviewing documentation logs for completeness

- Monitoring nursing sensitive indicators
- Completing at least one I am Here – Rounding per day

General Nurse Role

The nursing staff will complete the following tasks as part of their commitment to the process:

- Complete the hourly 'I am Here – Rounding' assessment checklist prior to initiating rounding
- Ensures that 'I am Here' rounds have been completed hourly
- (The assigned nurse) commences rounds in conjunction with the nurse to nurse bedside handover
- Ensures the 6 Core P's are assessed and addressed during the round
- Ensures that the evidence based activities are completed with every round

- Utilizes the 'I am Here – Rounding' key elements during the rounding process, these include:

- 1) The primary nurse provides a handover using ISBAR communication to the relief nurse prior to leaving the ward/unit
- 2) The relieving nurse ensures the rounding is completed as per protocol
- 3) On admission to the unit, the nurse welcomes the patient and family
- 4) The nurse completes the 'I am Here – Rounding' documentation log during each round
- 5) The nurse updates the plan of care reflecting on the outcomes of the rounding intervention
- 6) The nurse leaves a pillow card on the patient's pillow when the patient is not in the room during rounds, e.g. out on pass.

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POCT Implementation of Nova StatStrip Glucometer in AKH

Researched by Marysia (Maria) Vieira, Nurse Educator – AKH

The Point of Care Testing (POCT) Section of HMC's Department of Laboratory, Medicine and Pathology began implementation of standardized training for POCT devices in March 2014 – throughout HMC facilities. This is an account of the implementation of the Nova StatStrip blood glucose monitoring device in Al Khor Hospital (AKH).

The process began with a Train the Trainer Program which was provided to Coordinators and Nurse Educators from the Nursing and Midwifery Education and Research Department. In this case the initial training was provided by the Nova Biomedical Company – producers of this equipment. Once trained, the Coordinators and Nurse Educators disseminated training to the wider nursing staff at AKH. A total of 369 nurses were trained over a period of four days to ensure that this device

is used effectively for the purpose of glucose monitoring.

Choosing the appropriate POCT Devices:

This POCT device (Nova StatStrip Blood Glucose Monitor) was chosen for the following reasons:

- It is easy to use.
- It is accurate in the monitoring of patient blood sugar levels.
- It is easy to maintain.
- It enables quality control (QC).
- It has good connectivity to other systems; it integrates into CIS.
- It is suitable for standardized use throughout HMC facilities/hospitals.
- A commitment to the device incorporates a high level of after sales service by the contracting company.
- It saves time overall in comparison

to existing practices; shifting nurse time from charting results to spending more time at the patient's bedside.

An Overview of Training:

- Train the trainer sessions were intensive two day courses attended by all nominated staff.
- Train the trainer sessions included a number of elements such as: eLearning modules, lectures relating to the device, a presentation, hands on training and a written examination. Some sessions were repeated as a way of ensuring that trainers were confident and competent to train end-users.
- Each trainee had to demonstrate that they could perform two training sessions under observation in order to be certified as a trainer.
- Once fully trained the certified staff were able to contribute to the wider training sessions.

Challenges

- This POCT device was introduced to AKH at a time when the electronic medical record system was also being introduced; therefore, nurses were attending more than one training session to accommodate both of the new systems.

- The availability of trainers to train all of AKH's 450 nurses over a short period was also challenging.
- AKH has two Nurse Educators and one POCT Coordinator – these small numbers made the initial stages of training difficult and collaboration from other hospitals and facilities was necessary to accommodate this.

Ongoing training

At the end of the four day training session 369 nurses had been trained. To date 450 nurses have been trained as well as 12 anesthesia technicians. The training system will remain in place for all new staff joining AKH.

Enhancing Communication with Children in a Multi-Language Environment

Researched by Theresa B. Jimena, RN – PEC Al Sadd



Nepal, Sri Lanka (and others) where English and Arabic are not the first language. This makes the already complex nature of effective communication even more complex and massively increases the possibility of miscommunication.

Communicating, to define it in simplistic terms, is the act of transferring information from one person or group to another person or group. Although this definition is simplistic, the ways in which we communicate are extremely complex. In a healthcare setting, one of the qualities that a competent nurse should possess is good communication skills. This can be further split into good communication with colleagues and good communication with patients. In both cases our level of skill in communication directly affects the level of service we provide.

Hamad Medical Corporation (HMC) is the principal public healthcare provider in the State of Qatar – catering to different nationalities with individual and diverse needs. Not all of the population in Qatar is able to speak and understand English; the native language of the country is Arabic and a large percentage of the population come from countries such as India,

Effective communication skills are vital in all aspects of a nurse's work irrespective of role or hospital, but dealing with pediatric patients offers a unique challenge and its own type of desirable communication skills. Dealing with children requires a lot of patience, understanding, compassion, and an ability to negotiate in a way that children respond to in order to elicit cooperation. Those skills are all dramatically enhanced by being able to speak a shared language to some degree.

Recognizing the positive impact of having shared languages, the PEC at Al Sadd recently conducted its first staff Arabic class. The idea to introduce language classes was formulated after the results of annual self-evaluation showed that a great number of staff indicated some difficulty in communicating with patients due to a language barrier. A plan to develop language skills using structured classes

was subsequently put together as a response. The plan was presented by Sister Noora Sendad, Head Nurse and Sister Zainab A. Khalek, Acting Head Nurse. The PEC administration approved and supported the commencement of Arabic lessons which take place every Saturday (0630H-0800H). The lessons are delivered by Sister Zainab A. Khalek.

There were 13 nurses who attended the first batch of Arabic classes between February and September 2014. On completion they received a certificate and the feedback from the group was extremely positive. Since then it has been noted that even knowing certain words and phrases massively contributes towards effective communication.

Learning Arabic is just one way in which nurses can improve their communication skills. All nurses could realistically aim to learn useful words and phrases in languages that are common in Doha. This will help them in effectively communicating with patients that struggle with English. Doing this has obvious practical benefits but it also helps to establish a positive nurse-patient relationship from the outset. Being able to say 'thank you' is always a good start.

Arabic: Shukran Jazeelan!

English: Thank you very much!

Education News

Researched by Marysia (Maria) Vieira, Nurse Educator - AKH

In this section we aim to keep you updated about educational developments, courses and other learning associated activities.

● **International Nurse Education Conference: An Overview**

Researched by Safia Syed, Nurse Educator, Nurse and Midwifery Education and Research

It was a great pleasure to attend the 4th Nursing Conference in Abu Dhabi at the National Exhibition Centre, UAE. I am a Nurse Educator working in both the Education Department and in the Cardiology Department at Heart Hospital (HH). The opportunity for me to attend this Conference came as part of our organizations aim of becoming an academic health system; many educational opportunities have been provided in order to support continuous professional development for nurse educators.

The Conference formed part of the Abu Dhabi Medical Congress (ADMC) – one of a handful of events in the region to offer accredited continuing medical education to attending medical professionals via its scientific conference program.

The theme of this Conference was 'Pillars of Nursing Care', which focused on topics such as:

- Ethics
- Critical thinking
- Patient advocacy
- Reflective thinking
- Holistic patient care
- Research
- Leadership and management

As an attendee I had the wonderful

opportunity to share some positive patient care experiences from HMC's Heart Hospital, not only with the other attendees but also with the contributors to the scientific program; Prof. Jane Griffiths, Director of Nursing, Rashid Hospital, Dubai - UAE, was one such person. After sharing my feedback the audience was clearly impressed with the work we undertake coupled with our results.

The Conference was an excellent learning opportunity for me as a Nurse Educator; it re-emphasized to me that patient care is not only to provide pharmacological management but it is about understanding and providing for cultural and emotional needs. From the variety of topics explained I learned that reflective thinking helps a lot in education and improving nursing practice in real clinical settings. One of the most beneficial sessions for me was the session on critical thinking as it helped in the understanding of conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action.

● **Essential Midwifery Skills Workshop at AWH: An Overview**

Researched by Aisha Alshdefat, Nurse Educator – AWH

In collaboration with the Department of Nursing and Midwifery Education and Research and Women's Hospital, the first Essential Midwifery Skills Workshop was hosted at Al Wakra Hospital between 8th and 10th September, 2014. The program is accredited by the American Nursing



Credentialing Center (ANCC). The purpose of this activity was to enable nurse-midwives to apply the essential principles of midwifery in relation to knowledge, skills and attitude. It helps in developing core midwifery skills that will enhance the care of the woman and her family throughout the process of childbirth.

Currently nurse-midwives in Qatar need to demonstrate autonomous midwifery practice. The workshop will ensure a minimal level of 'competence' is benchmarked across all midwifery care practices within the Corporation in alignment with the National Health Strategy of Qatar.

The appointment of a new Assistant Executive Director of Nursing, specifically for midwifery education, is timely and has renewed the need to address international standards related to midwifery skills. The feedback from participants was very positive and the responses reflected the usefulness of the event and the appreciation of those who attended.

Event Notice: UCQ-HMC Leadership Forum

What: UCQ-HMC Nursing Leadership Forum

Why: Maximize impact through strong leadership. Hear Tilda Shalof, Critical Care Nurse, best-selling author and international speaker share her views on overcoming professional, clinical and system challenges. This event will be of interest to all nurses in Qatar.

When: Thursday, 4 December, 2014; 12:00–3:00pm (registration and lunch 11:15am –12:00pm)

Where: Hajar Auditorium, Educational Center

Please register before 30 November, 2014 at <http://goo.gl/OSg540>; CNE Credits: 3 hours

Post-Diploma Bachelor of Nursing Program Road Shows

HMC nursing and midwifery staff are invited to submit their application for September 2015 entry to the Post-Diploma Bachelor of Nursing (PDBN) program at the University of Calgary Qatar (UCQ). All HMC diploma-level nurses and midwives interested in upgrading to a Bachelor's degree can apply.

Applicants are required to meet both UCQ entry criteria and the eligibility criteria for a HMC scholarship. The closing date for applications is 29 January 2015; priority will be given to Qatari national applicants.

A series of information sessions will be held at HMC facilities to provide additional details about this exciting opportunity. Sessions will commence in early November and conclude in mid-January 2015. The Department of Nursing and Midwifery Education and Research (NMER), Human Resources Training and Development, UCQ staff and a number of current UCQ students, will be available to provide information and advice on course content, the application process and HMC's scholarship policy, during the following sessions:

| Date | Time | Location |
|-------------|-----------|-------------------------|
| 10 November | 0900-1200 | Rumailah Hospital Foyer |
| 19 November | 0900-1100 | NCCCR Foyer |
| 19 November | 1200-1400 | Heart Hospital Foyer |
| 24 November | 0900-1200 | Hamad General Foyer |
| 26 November | 0900-1200 | Women's Hospital Foyer |
| 03 December | 0900-1200 | The Club Hotel Foyer |
| 08 December | 0900-1200 | Al Wakra Hospital Foyer |
| 16 December | 0900-1200 | Psychiatry Dept Foyer |
| 13 January | 0900-1200 | Al Khor Hospital Foyer |

All HMC nurses and midwives are welcome to attend any of the above sessions.



The Nurse Spotlight

Researched by Ms. Glory Martin RN, and Jyothi H. Shadakshraiah, RN – PEC Al Sadd

Who: Ms. Gloria Arrojo Lariago

Position: Director of Nursing, PEC Satellites

Hospital: PEC Satellites, HGH

Background:

Affectionately referred to as Ms. Gloria, Gloria Arrojo Lariago is admired throughout Hamad Medical Corporation's (HMC) Pediatric Emergency Centers (PEC) as a charismatic and highly capable leader. Originally from Manila in the Philippines, she started her nursing journey there in 1989 when she undertook the role of Pediatric Staff Nurse. She was quickly recognized for her hard work and leadership qualities and was promoted to Head Nurse in 1992 before progressing to Supervisor in 2001.

In 2001 Ms. Gloria moved to Qatar after she was offered a position at HMC as Head Nurse at the PEC – Al Sadd, a role which she undertook diligently until she was promoted to her current role of Director of Nursing (DoN) for all PEC Satellites in 2011.

Questions and answers:

Q: What is the most challenging aspect of your job?

A: Being a nurse is a challenging role. My particular position demands me to play different roles; like a counselor, listener and adviser. In my position I have to support and deal with a great number of staff members who all look to me for clear leadership – this is additional to the patient responsibilities that I have as a nurse.



Ms. Ms. Gloria Arrojo Lariago, Director of Nursing, PEC Satellites, HGH

Q: What are your goals for the future?

A: My goals for the future involve maintaining the highest expected standards in my areas of responsibility.

Q: What does being a nurse mean to you?

A: Nursing for me is a heart and soul experience. It is more than a profession; it is a calling and one I am grateful to be able to participate in.

Q: What advice can you offer new staff?

A: Honesty, fairness and transparency have been the virtues that have brought me this far and I have faith that these will carry me forward in my life. My advice for the new generation of nurses is that they too should

have some virtues to guide them in facing the challenging healthcare world. Secondly, nurses should make an effort to learn something new every day. It can be related to their profession, technology or something specific to their personal life, but learning does help us all to be dynamic in a fast paced ever challenging world.

Achievements:

Some of Ms Gloria's achievements:

- She has been a Certified Pediatric Nurse for 25 years (Since 1989).
- She has been a speaker at the 3rd, 4th and 5th Pediatric Emergency Symposiums on the topics of pediatric pain assessment and management, discharge against medical advice (DAMA) in the PEC, and blood culture contamination.
- She has co-authored an article regarding the topic of DAMA in the PEC, which was published in JEMTAC.
- She is actively involved in research undertaken in the PEC.

Awards:

Some of the Awards Ms. Gloria has received:

- Star of Excellence – HMC Health-Performance Award (2012)
- HMC Guiding Star of Excellence – Excellence in Leadership and Performance Award (2011)
- Distinction in Practice Award – Excellence in Practice Award (2011)
- HMC Guiding Star of Excellence – Highest Level of Excellence (2010)

Fun Stuff

Researched by Ruby Untalasco, CN – Skilled Nursing Facility

In this month's fun stuff section: Test your knowledge with our 15 questions quiz, find the hidden words in our medical terminology word search and review the answers to last months crossword to see how well you did.

15 Questions to Test your Knowledge

1) Mr. Hamad has undergone a kidney transplant, what assessment would prompt Nurse Katrina to suspect organ rejection?

- a. Sudden weight loss
- b. Polyuria
- c. Hypertension
- d. Shock

2) The immediate objective of nursing care for an overweight, mildly hypertensive male patient with urethral colic and hematuria is to decrease:

- a. Pain
- b. Weight
- c. Hematuria
- d. Hypertension

3) Mrs. Hamda, with hyperthyroidism is to receive Lugol's iodine solution before a subtotal thyroidectomy is performed. The nurse is aware that this medication is given to:

- a. Decrease the total basal metabolic rate
- b. Maintain the function of the parathyroid glands
- c. Block the formation of thyroxine by the thyroid gland
- d. Decrease the size and vascularity of the thyroid gland

4) Mr. Abdulla, was diagnosed with type 1 diabetes. The nurse is aware that acute hypoglycemia also can develop in the patient who is diagnosed with:

- a. Liver disease
- b. Hypertension

- c. Type 2 diabetes
- d. Hyperthyroidism

5) Ms. Haya is receiving combination chemotherapy for treatment of metastatic carcinoma. Nurse Ruby should monitor the client for the systemic side effects of:

- a. Ascites
- b. Nystagmus
- c. Leukopenia
- d. Polycythemia

6) Mr. Rashed, having had a recent colostomy, expresses concern about the inability to control the passage of gas. Nurse Oliver should suggest that the patient plan to:

- a. Eliminate foods high in cellulose
- b. Decrease fluid intake at meal times
- c. Avoid foods that in the past caused flatus
- d. Adhere to a bland diet prior to social events

7) Nurse Hamad begins to teach a male patient how to perform colostomy irrigations. The nurse would evaluate that the instructions were understood when the patient states, "I should:

- a. Lie on my left side while instilling the irrigating solution."
- b. Keep the irrigating container less than 18 inches above the stoma."
- c. Instill a minimum of 1200 ml of irrigating solution to stimulate evacuation of the bowel."
- d. Insert the irrigating catheter deeper into the stoma if cramping occurs during the procedure."

8) Patrick is in the oliguric phase of acute tubular necrosis and is experiencing fluid and electrolyte

imbalances. The patient is somewhat confused and complains of nausea and muscle weakness. As part of the prescribed therapy to correct this electrolyte imbalance, the nurse would expect to:

- a. Administer Kayexalate
- b. Restrict foods high in protein
- c. Increase oral intake of cheese and milk.
- d. Administer large amounts of normal saline via I.V.

9) Mario has burn injury. After 48 hours, the physician orders for Mario to receive two liters of IV fluid to be administered q12 h. The drop factor of the tubing is 10 gtt/ml. The nurse should set the flow to provide:

- a. 18 gtt/min
- b. 28 gtt/min
- c. 32 gtt/min
- d. 36 gtt/min

10) Terence suffered from a burn injury. Using the rule of nines, which has the largest percent of burns?

- a. Face and neck
- b. Right upper arm and penis
- c. Right thigh and penis
- d. Upper trunk

11) Herbert, a 45 year old construction engineer is brought to the hospital unconscious after falling from a two-story building. When assessing the patient, the nurse would be most concerned if the assessment revealed:

- a. Reactive pupils
- b. A depressed fontanel
- c. Bleeding from ears
- d. An elevated temperature

12) Nurse Sherry is informing a male patient about his permanent artificial pacemaker. Which information given by the nurse shows her knowledge deficit about the artificial cardiac pacemaker?

- a. Take the pulse rate once a day, in the morning upon awakening
- b. May be allowed to use electrical appliances
- c. Have regular follow up care
- d. May engage in contact sports

13) The nurse is aware that the most relevant knowledge about oxygen administration to a male patient with COPD is

- a. Oxygen at 1–2L/min is given to maintain the hypoxic stimulus for breathing
- b. Hypoxia stimulates the central chemoreceptors in the medulla that makes the client breath
- c. Oxygen is administered best using a non-rebreathing mask
- d. Blood gases are monitored using a pulse oximeter

14) Tony has undergone a left thoracotomy and a partial pneumonectomy. Chest tubes are inserted, and one-bottle water-seal drainage is instituted in the operating room. In the postanesthesia care unit Tony is placed in Fowler's position on either his right side or on his back. The nurse is aware that this position will:

- a. Reduce incisional pain
- b. Facilitate ventilation of the left lung
- c. Equalize pressure in the pleural space
- d. Increase venous return

15) Kristine is scheduled for a bronchoscopy. When teaching Kristine what to expect afterwards, the nurse's highest priority of information would be:

- a. Food and fluids will be withheld for at least 2 hours
- b. Warm saline gargles will be done q2h
- c. Coughing and deep-breathing exercises will be done q2h
- d. Only ice chips and cold liquids will be allowed initially

Medical Terminology Word Search

Researched by Biji K. Mathai, SN, CICU - HH

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| I | P | U | L | M | O | N | A | R | Y | E | D | E | M | A | L | H | S | S | R | L |
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Find out the words

1. PULMONARY EDEMA
2. ANGINA PECTORIS
3. AORTIC STENOSIS
4. STRESS TEST
5. ECHOCARDIOGRAM
6. ENDOCARDITIS
7. COR PULMONALE
8. MYOCARDIAL INFARCTION
9. BRADY CARDIA
10. CARDIAC ARREST
11. ECG
12. PTCA

Answers to last month's crossword puzzle:

Newborn Assessment

Seth Reinhardt

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Across

1. A yellow pigment derived from hemoglobin release with the breakdown of RBCs.
3. Initiation of breathing is stimulated by the clamping of the _____ which causes a rise in BP which increases lung perfusion
4. 37 weeks gestation is considered what?
6. A protective mechanism that allows the infants to become accustomed to environmental stimuli.
9. Ophthalmia neonatorum is an inflammation of the eyes resulting from an infection when passing through the birth canal of a mother who has what STD.
11. The removal of the male foreskin.
13. Type of adipose tissue that is unique to newborns?
16. Touching the infants lip or cheek with the nipple will elicit the _____reflex.
18. The maintenance of balance between heat loss and heat production.
19. A term newborn heart rate of 120 is considered _____.

Down

2. Nasal flaring, retractions and grunting when expiring are sign of _____distress.
5. If the baby does not void within 48 hours of birth the doctor may suspect _____ impairment.
6. A newborn BP of 110/70 is indicative of _____.
7. A generalize edematous area of the scalp most commonly found on the occiput.
8. Greater than 60 respirations per minute.
10. A _____ is used to suction the baby's airway.
12. Wrapping of the baby in a blanket.
14. Stools while in utero.
15. _____ is clearly visible when bilirubin levels reach 5 to 7 mg/dl
17. The _____ score permits a rapid assessment of the need for resuscitation of the neonate.



University of Calgary in Qatar Open House

Your opportunity to visit UCQ campus to learn about our academic nursing programs, explore our facilities and discover a career in nursing.

Date: November 29, 2014
Time: 10:00am - 2:00pm
Location: UCQ Campus

ucalgary.edu.qa



جامعة كالغاري في قطر
UNIVERSITY OF CALGARY IN QATAR