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# The Prepared Mind

“Chance favors only the prepared mind” is a quotation that speaks to my nursing soul. For the author, Louis Pasteur, this meant flashes of insight do not just happen but arise from preparation. Best known for his remarkable breakthroughs in the causes and prevention of disease, such as pasteurization and the rabies vaccine, he mastered the art and science of preparation.



The journey to become a nurse is challenging, and requires personal strength, a heart-felt desire to help people, and a diverse skill set. Reflecting upon my own journey to become a certified nurse practitioner, three words consistently come to mind — preparation, discipline, and accountability.

Initial nursing preparation involves wise advice, good instruction, and a solid education.

However, to keep pace with advances in today's health-care and to ensure optimal patient care and outcomes, nurses must take responsibility for their own professional development and career advancement.

At Nursing Spectrum CE ([www.nurse.com/ce](http://www.nurse.com/ce)) and Gannett Education, we help nurses achieve milestones throughout their careers. Historically, we have provided continuing education through online modules, live seminars, and educational tours and cruises. Our newest addition, Pearls Review, enables us to offer 60 nursing certification prep courses through 1,000 online topics and live lecture courses. Our certification prep courses promote an advanced level of knowledge and clinical expertise, and lay the foundation for achievement of the gold standard in nursing — certification in your practice specialty.

Pearls Review ([www.pearlsreview.com](http://www.pearlsreview.com)) also offers 20 free lecture courses funded by state workforce grants, an inventory of 600 textbook topics that provide a concise review of educational material, and 65 online compliance topics in English and Spanish. By offering such diverse and innovative teaching modalities, we assist generations of nurses with their continuing education needs and achievement of their professional goals.

So, what's my best advice to nurses? Challenge yourself. Be a role model through guidance and inspiration. Keep fresh, engage, and always prepare for the next step. Incorporate discipline into your professional practice, be accountable for all you do, and most likely, chance will favor you.

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*Barbara S. Czerwinski, RN, PhD, NEA-BC, FAAN, director, professional nursing practice, and Jacqueline Keuth, RN, MS, CCNS, CCRN, cardiothoracic clinical nurse specialist, of Banner Good Samaritan Medical Center, Phoenix. Photo by Ben Arnold.*



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# Get Ready for Your Certification Exam

Online review courses give you high-quality content to prepare you for the certification exam

By Cynthia Saver, RN, MS

**Y**ou've heard all about the benefits of certification for nurses, employers, and most important, patients. But if you're like most nurses, you don't see how you can squeeze a certification prep course into your already packed schedule.

One option is an online prep course, which gives you maximum flexibility with your time and access to high-quality content.

You've counted on Nursing Spectrum Continuing Education for multiple services — print and online CE modules, seminars, CE Direct, and even vacations that combine CE with fun. Now Nursing Spectrum CE provides online certification courses through the Web site [pearlsreview.com](http://pearlsreview.com).

Pearlsreview.com provides prep courses for more than 70 nurse certifications, ranging from ACRN/AARN (AIDS nursing) to trauma nursing. And, those who take the course report a higher than average pass rate on their exam.

## Filling a Niche

Pearlsreview.com is the brainchild of Nicholas Lorenzo, MD, and Scott Plantz, MD. So how did two physicians end up with a CE Web site for nurses?

The physicians' partnership dates back to their medical school days in the late 1980s when they were classmates and roommates at the University of Nebraska. Fast-forward to 1996, when they cofounded eMedicine, a well-respected Web site for physicians, nurses, pharmacists, and optometrists, which was acquired by WebMD in 2006. The two created about 7,500 courses working with about 10,000 contributors. Content development included collaborating with the University of Nebraska School of Nursing and a legion of nurse experts.

After their experience with eMedicine, the two decided to specialize in nursing.

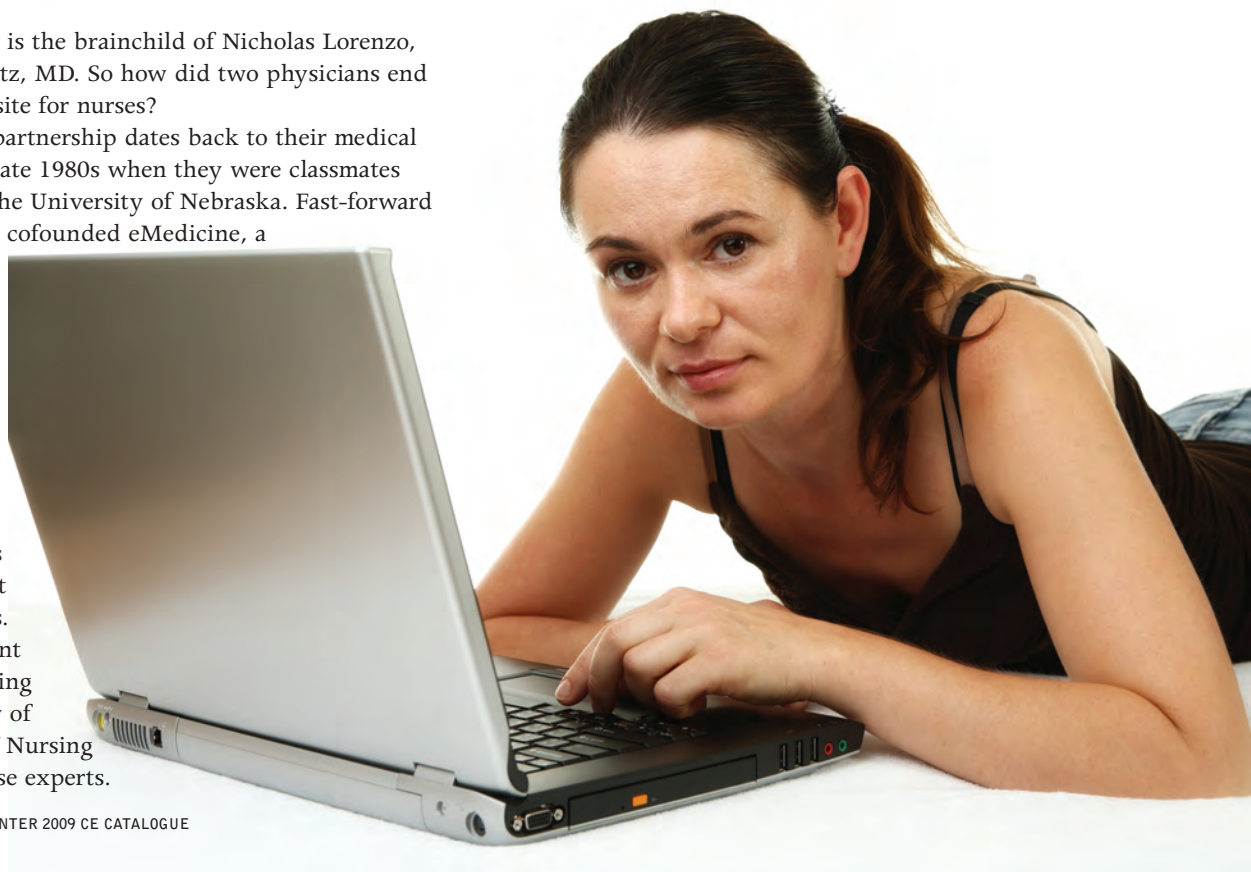
"We asked ourselves, 'What is the niche or the need we can fill?'" says Lorenzo, a neurologist who still maintains a part-time consulting practice. "Certification helps nurses obtain their goals, such as progression on a clinical ladder or promotion, and it helps the facility obtain its goals, such as Magnet status."

An online search turned up few online certification courses, with no single site having an in-depth catalogue.

"We decided to build high-quality certification courses online," says Lorenzo.

Lorenzo and Plantz had more personal reasons, too. "My mother is a retired nurse, so for me personally that was a motivating factor," says Lorenzo.

"I was seeing fresh grads with minimal background to work in specialty areas," says Plantz, who has written several certification review books and still practices medi-





cine in Florida. “We saw that we could help them enhance their knowledge.”

Both physicians point to nurses as the reason for the company’s success. Nurses develop the courses and nurses ensure those courses meet the stringent CE requirements of the American Nurses Credentialing Center.

## The One-Stop Shop

Lorenzo calls Pearlsreview.com the “one-stop place for certification.” After paying a subscription fee, the nurse can access a wide range of courses. Each certification is linked to a list of courses to complete.

Let’s say you want to prep for the critical care certification (CCRN) exam, so you add the relevant courses to your curriculum list.

You decide to start with acid base and electrolyte review. You’re pleased to learn the main author is a CCRN, and the editors include a nurse practitioner and two physicians.

Next you read the course, which includes slides and images for maximum learning, online or as a PDF you downloaded.

Once you’re done, you’re ready to take the online post-test so you can receive CE contact hours for your work.

## An Effective Combination

Pearlsreview.com also combines online courses with lectures at hospitals. “The [live] lectures focus on the most difficult material they will be asked about,” says Scott Plantz, MD, Sr. VP continuing education, Pearls Review.

In fact, the lectures started before the Web site. A nurse educator at a hospital where he works inspired Plantz to start offering the courses.

“She said they were having a terrible shortage of ED and critical care nurses and would I help to prep them for the certification test.”

By offering prep courses onsite, the hospital was able to hold out a tasty recruitment carrot to potential staff.

Soon, staff educators in multiple states were asking the team to provide certification courses in hospitals. But the hospitals also faced a problem — tight education budgets.

Where others might have been discouraged, Nicholas Lorenzo, MD, Sr. VP continuing education, Pearls Review, and Plantz were innovated instead. They applied for the workforce grants that nine states (plus Puerto Rico and the Virgin Islands) grant for providing education.

“We had to convince some of the governors that the grants applied to nursing because of the shortage,” says Plantz.

The two soon realized they wanted to provide supplemental information to the live courses. They recruited 55 nurses and 15 physicians to help them develop the self-study courses that became the nexus of pearlsreview.com.

Now hospitals can combine the two. For example, usually there are five days of classes, with each day focused on a different specialty. The nurses at the hospital then receive a free subscription for one year to the Web site.

You’re halfway through when your friend calls. No problem. Partially completed tests are automatically stored for future completion.

Once you successfully complete the post-test, you receive your certificate. Your personal transcript tracks your achievements, and you can download your certificates to print or have them sent to you via e-mail.

You sit for the certification exam a month later and pass with flying colors!

Pleased with your success, you decide to become certified as a diabetes educator, since many of your patients have the disease. You use the links under the certification section of the Web site to go directly to information about the exam, download an application, and review test sites and upcoming test dates.

## Impressive Results Based on Quality

The normal pass rate for certification tests is 70% to 75%, but for those who use the pearlsreview.com certification prep course and report their results, the success rate is 85% to 95%, says Lorenzo.

Lorenzo and Plantz credit their high success rate to the rigorous development of content and realistic advice for nurses.

“Our courses are very intense,” says Lorenzo. “Before the exam, people ask, ‘Do we really need to know this stuff?’ After the exam, they say the level of difficulty is correct.”

A nurse can’t just take a course and forget about it.

“If you are highly motivated, you can do everything online, but you still have to study,” says Plantz.

To create a new specialty course, Lorenzo and Plantz work with lead nurse planner, Robert G. Hess, RN, PhD, FAAN, executive vice president for CE programming, to find nurse experts in the specialty. One nurse becomes the editor, and the others contribute the content.

Only the top experts qualify to develop courses. One example is Diana Swihart, RN-BC, PhD, DMin, CS, APN, who created the nursing professional development certification review course and is the Magnet program director at Bay Pines VA Healthcare System in Florida.

Swihart has a broad background in curriculum development and many years of experience writing programs and seminars for colleges, universities, and healthcare organizations. She used the topic outline from ANCC for the NPD certification exam as a foundation for the course she developed, first for her colleagues and then for pearlsreview.com. Swihart prepared the online presentation and included a manual for participants, a bibliography, and an extensive list of resources so nurses could continue to study after they completed the basic course.

Another expert is Diana Stark, RNC, MN, an advanced nurse specialist who works at a Level 3, 20-bed NICU at Sarasota Memorial Hospital in Florida. Stark worked with Chris Sharfstein, RN, MS, to develop the NICU review course. Her years of experience teaching review courses

helped her develop the curriculum, which, like Swihart, she based on ANCC guidelines.

Part of the author's job is to cull vast amounts of information — something nurses rarely have time to do.

"I pull out the most important items from the resources that fit with the topic outline for the targeted exam, and fold them into the participant's guide," says Swihart. "That way, the material provided for the course is sufficiently rich in information so when nurses do individual or group study, the information is there for them, tucked into one package."

Her strategy worked: To date, 20 nurses who have taken the exam after completing the review course reported back to her that they all passed.

Nurse experts certified in the specialty area, Lorenzo, and Plantz all review the final content. Pearlsreview.com has more than 90 experts to tap into, including 70 nurses, physicians, and depending on the content, additional experts, such as attorneys.

Once the course is approved for 1.0 contact hour of CE credit, it's posted on the Web site. One review course for a certification may consist of 40 or more topics and contact hours. A sample course can be reviewed at [www.pearlsreview.com/sample.html](http://www.pearlsreview.com/sample.html).

## Keeping up with CE

Nursing Spectrum CE provides print, online, and "live" CE programs for nurses to choose from for preparing and maintaining certification.

"Everyone has a different way of learning, so offering various methods of learning is important," says Christina Dobson, RN, MSN, FNP-C, editorial director for Nursing Spectrum CE.

Nursing Spectrum's CE Direct program provides an option for organizations that want to support nurses' certification efforts. The program supplements certification review courses and provides nurses

## Why Get Certified

"Certification takes you to the next level," says Christina Dobson, RN, MSN, FNP-C, editorial director for Nursing Spectrum CE. "It reflects achievement beyond your basic licensure and enhances your professional credibility."

Findings from a survey of more than 11,000 nurses found that the top perceived values of certification include enhanced professional credibility and providing evidence of professional commitment, as well as giving nurses a feeling of personal accomplishment and satisfaction. The study, "The American Board of Nursing Specialties Value of Specialty Nursing Certification Study," was published in 2006.

"Certification is easy to promote," says Molly Billingsley, RN, MSN, EdD, NEA-BC, assistant vice president, operations support, Georgetown University Hospital, Washington, D.C. "It benefits the nurse and benefits the patient. We are specialty oriented here, and certification helps our nurses know they're current on best practices in nursing care."

According to American Nurses Credentialing Center, board-certified nurses are in high demand and command an average of \$9,000 more than counterparts who aren't board certified.

"Certification brings something extra to the table," says Jeanne M. Floyd, RN, PhD, CAE, executive director of ANCC. Other certification benefits include earlier intervention to prevent problems, more nurse/physician collaboration, and increased confidence in a nurse's abilities.

In addition, the trend among hospitals toward obtaining Magnet status has placed new emphasis on certification. Diana Swihart, RN-BC, PhD, DMin, CS, APRN, Magnet program director at Bay Pines VA Healthcare System in Florida, says, "Certification is directly in concert with the Magnet Recognition Program approach to excellence in nursing care and reflects the Magnet constructs."

Billingsley, who is director of Magnet at Georgetown, agrees, adding, "It's strong message that the institution supports excellence in clinical specialties; it's reflective of the Magnet environment."

Certification benefits more than nurses. "It's important for

the patient, for the hospital, and for the physician," says Susan Phillips, RN, MSN, PMH, CNS-BC, senior clinical manager for the Center for Professional Nursing Practice at Banner Good Samaritan in Phoenix.

A 2002 Harris survey found that 73% of those polled said they would be "much more likely" to select a hospital with a high percentage of nurses with additional specialty certification.

That may be why many employers now offer incentives for certification, including reimbursement for CE courses to prepare for the test and for testing fees, paid time off for these classes and to take the exam, and review courses onsite. Rewards include salary increase, clinical ladder advancement, listing of the certification on the nametag, and a one-time bonus.

Georgetown's certification efforts have paid off. "We went from 40 certified nurses to 285 in the last five years," says Billingsley. "Our goal is to have 100% of eligible nurses certified." Nurses need two years of experience before they can be certified.

Certification gains momentum as it is integrated into the organization.

"There is so much energy and enthusiasm that it's taken on a life of its own," says Phillips. For example, certification has become built into the culture of oncology nurses, with 71% certified. "When we queried what was standard in Magnet hospitals, we were informed that 30% to 33% was typical and some Magnet hospitals had as many as 50% of their nurses certified."

Phillips compared certification to board requirements for physicians. "If I was looking for a surgeon, I would want a board-certified physician, so why wouldn't I want a board-certified nurse looking after me as well?"

But perhaps most important, Dobson says certification supports life-long learning, necessary in today's ever-changing healthcare environment.

"It promotes better practice, better nurse/physician relationships, and better job satisfaction. And, it promotes personal pride and professionalism."

**Catherine Spader, RN, contributed to this sidebar.**

a resource to support studying for the exam.

"It's difficult to cover everything in a review course, says Susan Phillips, RN, MSN, PMHCNS-BC, senior clinical manager for the Center for Professional Nursing Practice at Banner Good Samaritan in Phoenix.

"I can say: 'We don't have time to talk about adolescent dating violence, but you can go to CE 269 on that topic.' It's a great way to study," says Phillips, who has taught review courses for psych-mental health certification.

Organizations pay an annual fee for CE Direct, allowing nurses access to more than 500 CE courses online and more than 50 as podcasts. Pearlsreview.com can be added to the program.

CE Direct provides support after certification is achieved, too. "Most certifications require CE to keep up certification, so nurses use CE Direct liberally for that," says Molly Billingsley, RN, MSN, EdD, NEA-BC, assistant vice president, operations support, Georgetown University Hospital in Washington, DC.

### Go for it!

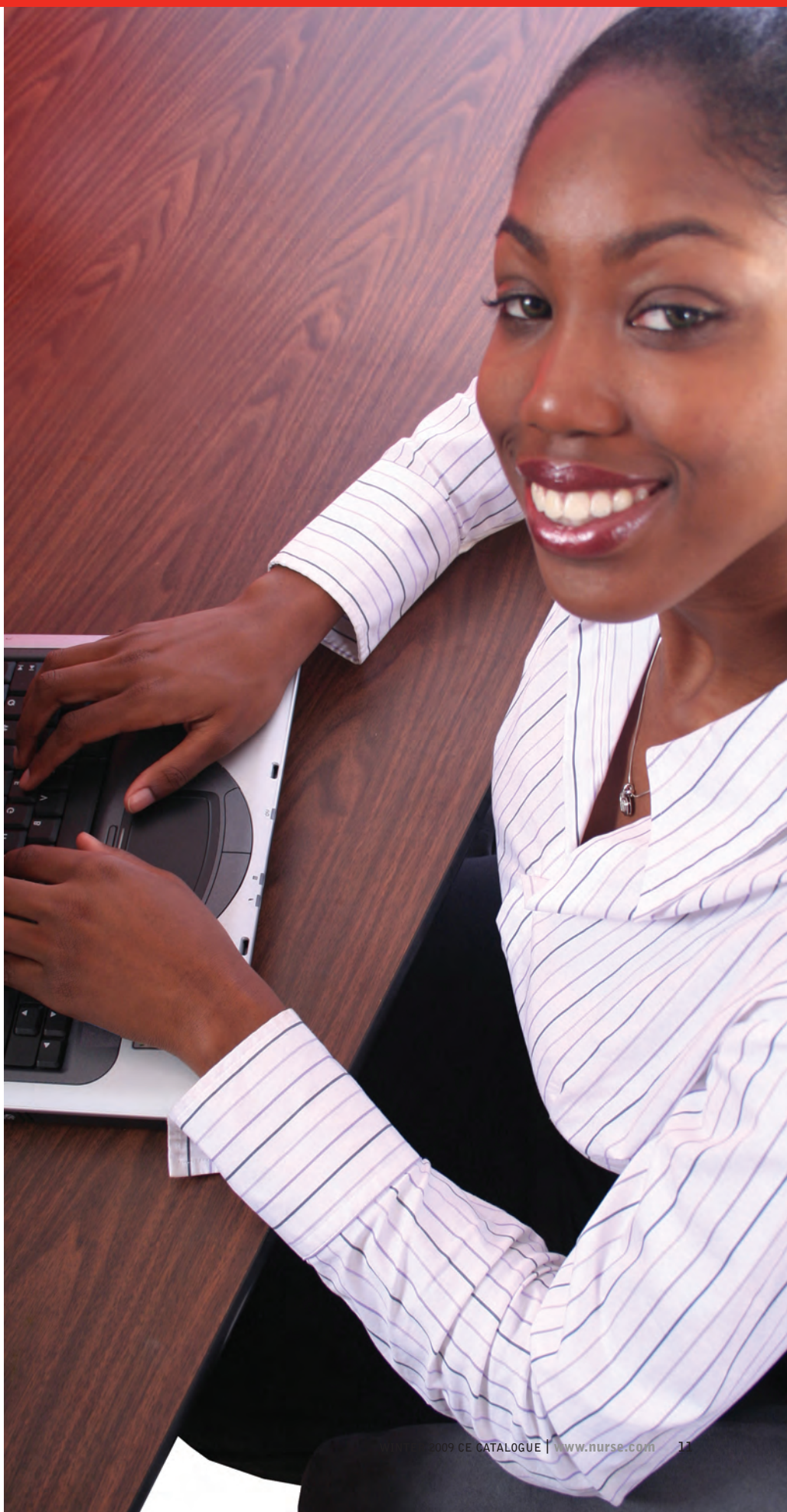
Plantz sees certification as a way to ease the nursing shortage by stopping the exodus of nurses. "You're more confident if you're well trained, so you're more likely to stay."

Dobson likes to tell nurses, "A rolling stone gathers no moss. Certification keeps you fresh and energized."

*Cynthia Saver, RN, MS, is president of CLS Development, Inc.*

### Did You Know?

Here are samples of pearlsreview.com certification review courses: ACLS, CCN (corrections), CCRN-P (pediatric critical care), CDDN (developmental disabilities), CDE (diabetes), CEN (emergency), CHRN (hyperbaric), CCM (case management), CMSRN (medical surgical), CPSN (plastic surgery), CTN (transplant), hemodynamic review, healthcare legal, MN (newborn), NCLEX (licensure), OCN (oncology), PALS, sedation and pain management



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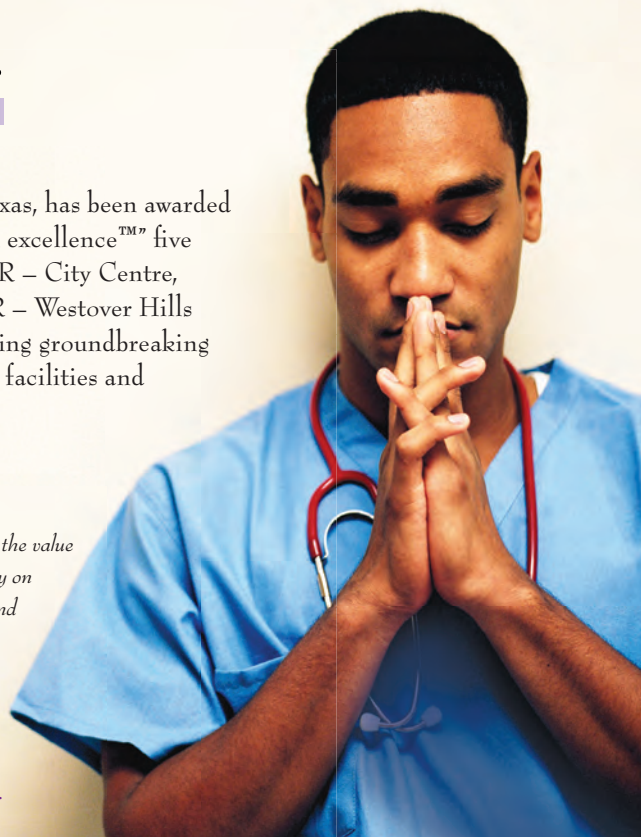
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ce383-60B

# Blood Test, Drugs Boost Success in Managing Heart Failure

John P. Harper, MSN, RN-BC

**The goal of this program is to provide nurses with information about the incidence, etiology, pathophysiology, diagnosis, and pharmacologic management of heart failure, including the use of B-type natriuretic peptide (BNP) assay levels. After studying the information presented here, you will be able to —**

- Describe the pathophysiology of heart failure.
- Discuss the use of BNP assay levels in the management of heart failure.
- Discuss three medications used in the management of heart failure.

*Mrs. Holland,\* 69, presents to the ED with a sudden onset of acute shortness of breath. Mrs. Holland has a past medical history of hypertension and COPD. Her vital signs are 182/100; 98-124-32. She's gasping with each breath. Her lungs have scattered crackles and expiratory wheezes. Oxygen saturation by pulse oximetry (SpO<sub>2</sub>) is 86%. (Normal oxygen saturation is above 95%.) Mrs. Holland's chest X-ray shows a flattened diaphragm and increased pulmonary vasculature. Her BNP assay is 2,050 pg/mL, and she is diagnosed with acute decompensated heart failure (HF). After receiving furosemide (Lasix) 40 mg IV push and nitroglycerine paste 1 inch to the chest wall, she is admitted to the coronary care unit. Mrs. Holland diureses 1,500 mL of urine. Her vital signs have improved: 144/82; 98.8-100-24. She says her breathing is much better. A repeat BNP assay is 1,380 pg/mL.*

**H**ear failure — a major health, social, and economic problem — affected 5.3 million Americans, in 2005, the most recent year for which figures are available.<sup>1</sup> In the same year, 1,084,000 patients were discharged with a diagnosis of HF. The estimated cost to treat HF in 2008 is \$34.8 billion.<sup>1</sup> The BNP assay is a tool in HF diagnosis and management. This blood test measures the amount of circulating BNP — a cardiac neurohormone — secreted from the ventricle in response to HF. It's beneficial in differentiating the cause of dyspnea and monitoring the effects of diuretic therapy.

New diagnostic and treatment modalities for HF are emerging. Nurses need to be aware of the latest treatment for HF to help care for the growing number of HF patients.

The causes of HF include acute myocardial infarction, hypertension, valvular dysfunction such as aortic stenosis and mitral regurgitation, and cardiomyopathy (disease of the heart muscle). HF is due to impaired ventricular contractility resulting in a reduction in cardiac output (CO) and tissue perfusion. HF is a clinical syndrome characterized by dyspnea and fatigue at rest or with exertion. Other signs and symptoms of left ventricular HF include tachycardia, tachypnea, lung crackles ([www.med.ucla.edu/wilkes/cracklesmain.htm](http://www.med.ucla.edu/wilkes/cracklesmain.htm) — this link is provided courtesy of UCLA Medical Center), cough, S3 gallop ([www.med.ucla.edu/wilkes/S3main.htm](http://www.med.ucla.edu/wilkes/S3main.htm) — this link is provided courtesy of UCLA Medical Center); third heart sound created by a stiff or non-compliant ventricle), hypoxia, and dysrhythmias (abnormal heart rhythms such as premature ventricular contractions, ventricular tachycardia, and ventricular fibrillation).

HF can manifest as systolic or diastolic dysfunction. Systolic dysfunction causes impaired ventricular contractility with an ejection fraction (EF) — the percent of blood ejected from the ventricle with each heart beat — of under 0.45. Diastolic dysfunction is evidenced by impaired ventricular relaxation and an EF greater than 0.45.<sup>2</sup> An EF of 0.45 means the left ventricle ejects 45% of its volume each time it contracts. An EF of 0.45 is borderline between normal and abnormal ventricular function.

Normal EF is between 0.50 and 0.65 and can be measured by an echocardiogram. This noninvasive test uses ultrasound to evaluate the function of the heart, including chamber size, wall motion, pumping function (as measured by EF), and valvular function. The echocardiogram can differentiate between systolic and diastolic dysfunction.

The sympathetic nervous system and the renin-angiotensin-aldosterone system (RAAS) are activated as compensatory mechanisms for the failing ventricle. The sympathetic nervous system is part of the autonomic nervous system that regulates internal processes within the body, and the RAAS is a mechanism for regulating blood pressure (BP). As the CO decreases, the sympathetic nervous system releases catecholamines, such as epinephrine and norepinephrine, which increase the heart rate, contractility, and vasoconstriction. As renal perfusion decreases, renin is released by the kidneys. Renin stimulates angiotensin I, which is converted by the enzyme angiotensinase to angiotensin II, a powerful vasoconstrictor, which increases systemic vascular resistance (SVR). The SVR is the resistance against which the ventricle ejects blood into the aorta and arterial vascular

bed. Angiotensin also stimulates the secretion of aldosterone, which causes reabsorption of sodium and water, increasing plasma volume. Initially, these mechanisms increase the BP and CO, but they become maladaptive in the long term, and HF progresses.

### What's the BNP connection?

As the left ventricle fails, ventricular contractility decreases, and the ventricle cannot eject a normal volume of blood. This additional volume causes the myocardium to stretch. BNP is secreted from the ventricular myocardium in response to the increase in volume and pressure. BNP exerts the following effects: natriuresis (excretion of abnormal amounts of sodium in the urine), which causes a decrease in circulating volume. It also causes vasodilatation that reduces the volume of blood returning to the ventricle, thereby reducing the volume of blood the ventricle ejects. Vasodilatation causes a decrease in BP.

The vasodilatory and natriuretic properties of BNP counteract the vasoconstriction and sodium and water retention caused by activation of the sympathetic nervous system and the RAAS, providing a favorable effect on the failing ventricle in HF.<sup>3</sup>

### Debut of the BNP assay

The level of circulating BNP can be measured in serum plasma, referred to as the BNP assay, developed in 2000 as a diagnostic tool in HF. A venous blood sample is collected and should be analyzed within four hours.<sup>3</sup> The turnaround time for this rapid assay is 15 minutes.

The BNP assay helps in the diagnosis of HF, since it can differentiate cardiac from pulmonary causes of dyspnea.<sup>4</sup> The BNP assay can guide HF therapy and predict postdischarge outcomes (death/readmission) of patients with HF.<sup>5,6</sup> Clinical trials have focused on the use of BNP in the diagnosis of HF and LV dysfunction and their prognostic usefulness in chronic HF, acute coronary syndrome,



stable coronary artery disease, and other medical conditions.<sup>7</sup> A recent study has demonstrated that an elevated BNP level upon admission is a significant predictor of in-hospital mortality in patients with acute decompensated HF, with either reduced or preserved systolic function, independent of other clinical and laboratory variables.<sup>7,8</sup> BNP levels may be beneficial to stratify risk in

HF patients, with the potential to aid in medical decision making.<sup>7</sup> Future research will need to determine if patients with higher BNP levels upon admission benefit from more aggressive management modalities.<sup>7</sup>

The normal BNP level is 0 to 100 pg/mL. The unit of measure, the picogram, is abbreviated as pg. A picogram is one trillionth of a gram (10 g to 12 g). In patients with BNP levels

between 101 and 400 pg/mL, left ventricular dysfunction without volume overload, pulmonary embolism, and cor pulmonale (right-sided HF) must be excluded as possible causes of dyspnea.<sup>3</sup> The BNP levels are elevated in HF, greater than 400 pg/mL and correlate to the severity of left ventricular dysfunction. The higher the BNP level, the greater is the severity of HF. BNP levels are elevated in both diastolic and systolic dysfunction, but BNP levels cannot differentiate between systolic and diastolic failure.<sup>3</sup>

Another biomarker available for the diagnosis of HF is the N-terminal pro-B-natriuretic peptide (NT-proBNP), which is a biologically inactive molecule. The accuracy of the BNP and NT-proBNP assays has been found to be comparable. In patients with HF, the NT-proBNP levels are 6 to 10 times greater than the BNP. The difference in levels may be due to the prolonged half-life of NT-proBNP and has had little impact on the diagnostic accuracy of the two tests during acute decompensated HF.<sup>9</sup> Kidney disease affects between 30% and 50% of patients with decompensated HF. One study indicated that the presence of kidney disease and an elevated NT-proBNP in decompensated HF indicated a poorer prognosis.<sup>9</sup>

BNP levels are beneficial in the differential diagnosis of dyspnea. HF, asthma, and COPD symptoms are overlapping; therefore, these syndromes are often difficult to differentiate. BNP levels can identify acute HF and help to differentiate from asthma and COPD in patients presenting to the ED with acute dyspnea.<sup>4</sup> HF as the cause of dyspnea has levels ranging between 401 and 5,000 pg/mL.

The use of BNP levels is well-established in HF, but levels may be elevated in other conditions and populations (stroke, severe sepsis or septic shock, the elderly, hyperthyroidism, and subarachnoid hemorrhage).<sup>10-14</sup> Like any diagnostic tool, the BNP assay has limitations, and nurses should focus on clinical assessment, pharmacological management, and evaluation of a patient's response to therapy.

## The mainstays

Diuretics and salt reduction are mainstays in the management of HF. Furosemide, a loop diuretic, blocks the reabsorption of sodium and water within the nephron's ascending loop of Henle and promotes the excretion of excess volume. Loop diuretics also excrete potassium, which may lead to hypokalemia. Potassium chloride supplements may be required to maintain the serum potassium within normal limits (3.5 mEq/L to 5.5 mEq/L). Hypokalemia predisposes the patient to developing dysrhythmias, which may be life-threatening.

BNP levels can also be used to monitor and manage HF. Elevated levels indicate an increase in intracardiac volume and pressure due to decompensated HF. Diuretic therapy reduces circulating volume through fluid elimination. As circulating volume is reduced, less blood returns to the right side of the heart, the pulmonary vascular bed, and the left ventricle. As a result, there is a reduction in intracardiac volume, with a decrease in heart size and improvement in contractility.<sup>15</sup> As intracardiac volume decreases, BNP levels fall. Serial levels have been used to determine the effectiveness of

diuretic therapy. However, there are concerns regarding the day-to-day variability of serial testing.<sup>8</sup> Studies have found a poor correlation between BNP levels, clinical findings, and intracardiac filling pressures.<sup>9</sup> Although there is little merit to serial testing to guide in-hospital therapy, there is important prognostic information in evaluating the change in BNP and NT-proBNP between admission and discharge. The poorest prognosis was associated with an increase in NT-proBNP levels greater than 30% between admission and discharge.<sup>9</sup> Recent studies have shown that BNP levels may be beneficial in guiding therapy for stable HF outpatients. There were significantly fewer HF admissions and less mortality in patients managed with NT-proBNP levels compared to patients managed by clinical judgment alone.<sup>9</sup> Large multicenter studies are underway to examine the use of BNP levels to guide therapy.<sup>9</sup> Increasing levels of BNP despite optimal therapy may also be indicative of patients at a higher risk of mortality associated with HF.<sup>3</sup>

Nurses can help evaluate the patient's response to diuretic therapy by monitoring the vital signs, lung sounds, SpO<sub>2</sub>, urine output, body weight, BNP, and potassium levels. Effective diuresis will result in an improvement in the patient's signs and symptoms (a decrease in dyspnea, heart rate, and respiratory rate, and an increase in oxygenation). As fluid is eliminated, the urine output increases, resulting in a decrease in body weight and BNP and potassium levels.

Although fluid restriction has been utilized in the management of HF, a recent study looked at time to clinical stability between patients on fluid restriction and those permitted free access to fluids. No significant differences in outcomes were found between the two groups.<sup>8</sup>

## ACE inhibitors, ARBs, and beta blockers

Unless contraindicated (as with heart block, potassium-sparing diuretics, and bilateral renal artery stenosis), all HF patients with an EF of 0.40 or lower should be treated with an angiotensin-converting enzyme (ACE) inhibitor such as captopril (Capoten).<sup>16</sup> ACE inhibitors block the conversion of angiotensin I to angiotensin II, producing vasodilatation. Venous vasodilatation reduces the amount of blood volume returning to the ventricle, and arterial vasodilatation reduces the resistance to ventricular contraction, thereby reducing the workload on the failing ventricle. ACE inhibitors increase bradykinin levels that may produce a cough (known as the ACE inhibitor cough), which patients may not be able to tolerate.

Angiotensin receptor blockers (ARBs), such as valsartan (Diovan), are recommended for HF patients with a reduced EF who are ACE inhibitor intolerant.<sup>16</sup> ACE inhibitors and ARBs are usually not prescribed in combination. ARBs block the vasoconstrictor and aldosterone-secreting effects of angiotensin II. Since ACE inhibitors and ARBs produce vasodilatation, nurses need to monitor the patient's BP upon initiation and throughout therapy. ACE inhibitors and ARBs may cause hyperkalemia and should be used with caution in patients with renal insufficiency or failure.



Beta blockers, such as carvedilol (Coreg), are recommended for the treatment of HF patients with a reduced EF unless contraindicated (second- or third-degree heart block, cardiogenic shock, severe bradycardia).<sup>16</sup> Beta-blockers blunt the effect of catecholamines, decreasing the heart rate and contractility and reducing the workload on the failing ventricle. Due to the effects of beta-blockers, nurses should monitor patient BP and heart rate. Note that with the initiation of beta blocker therapy, HF symptoms may worsen as a result of decreased contractility associated with beta blockers. However, symptoms usually improve over time with continued use. A once-a-day controlled release preparation of carvedilol (Coreg CR) was approved by the FDA with the same indications as the original twice-a-day preparation of carvedilol. The availability of once-a-day preparations of beta-blockers with favorable tolerability may increase adherence to therapy.<sup>17</sup> ACE inhibitors and beta blockers reduce mortality associated with HF.<sup>16</sup> Typically, physicians may write orders to hold ACE inhibitors, ARBs, (i.e., systolic BP less than 90 or 100 mm Hg), and beta blockers (i.e., systolic BP less than 90 or 100 mm Hg and/or heart rate less than 50/min). RNs should consult the healthcare provider about any concerns on administration of these medications.

In June 2005, the FDA approved the combination drug hydralazine and isosorbide dinitrate (BiDil) for HF in African Americans.<sup>18</sup> This new HF drug produces vasodilatation and reduces the workload on the failing ventricle. The approval was based on the results of the African-American Heart Failure Trial, conducted after two previous clinical trials in the general population of HF patients found no drug benefit but suggested a benefit in African-American patients. Patients experienced a 43% reduction in mortality and a 39% reduction in hospitalization for HF. This is the first drug to be approved for a specific ethnic population.<sup>18</sup> Studies have indicated that a fixed-dose hydralazine-nitrate combination shows reversal of abnormal cardiac structure and performance.<sup>8</sup>

### First in class: nesiritide

Nesiritide (Natrecor) is the first member of a new drug class, a recombinant form of human BNP. The FDA approved this drug in 2001 for patients with acutely decompensated HF and New York Heart Association Class III and IV (moderate and severe stages of HF).<sup>3</sup>

Its mechanism of action is vasodilatation. Nesiritide decreases pulmonary capillary wedge pressure (PCWP) or volume and SVR. The PCWP is measured by a balloon-tipped catheter that is inserted through a central vein (i.e., internal jugular, subclavian) into the right side of the heart and positioned in the pulmonary artery. The catheter is connected to a bedside monitor, where it displays the pulmonary artery pressure and waveform. When the balloon is inflated, the catheter floats into the pulmonary capillary bed, where it becomes “wedged” and measures the forward pressure (left side of the heart). Therefore, it is an indirect measurement of the pressure or volume of blood in the left ventricle. The normal PCWP is 6 mm Hg to 12 mm Hg. As

volume increases in the left ventricle, the PCWP increases, indicating HF. Vasodilators are beneficial in HF, since they decrease PCWP. Nesiritide has both safety and therapeutic benefits over traditional vasodilators, such as nitroglycerine and nitroprusside (Nipride). The use of both nitroglycerine and nitroprusside result in neurohormonal activation of potent vasoconstrictors such as norepinephrine and angiotensin II, which counteract the vasodilatory effect of these drugs.<sup>19</sup>

Nesiritide is administered as a 2 mcg/kg bolus over 60 seconds and followed by a continuous infusion of 0.01 mcg/kg/min for up to 48 hours. Nesiritide reduces the PCWP in 15 minutes after starting the infusion. The drug is not titrated. It may be increased to 0.03 mcg/kg/min for desired effect. Since nesiritide produces vasodilatation, the nurse should monitor the patient's BP and PCWP.<sup>20</sup>

The major adverse effect is hypotension. For symptomatic hypotension, the infusion should be reduced or discontinued and other measures to support BP instituted. It has a short half-life of 18 minutes. Once the BP is stabilized, the infusion may be restarted at a dose that is reduced by 30% without the bolus dose. Nesiritide is contraindicated in patients hypersensitive to any of its components and in patients with cardiogenic shock, systolic BP of less than 90 mm Hg, significant valvular stenosis, restrictive or obstructive cardiomyopathy, constrictive pericarditis (inflammation of the pericardium or sac surrounding the heart), or pericardial tamponade (excess fluid in the pericardial sac that compresses or constricts the heart).<sup>20</sup> Nesiritide may affect renal function in susceptible individuals. In patients with severe HF whose renal function is dependent on the RAAS, treatment with nesiritide may be associated with azotemia. When nesiritide was initiated at doses greater than 0.01 mcg/kg/min, there was an increased rate of elevated serum creatinine over baseline, compared with standard therapies, although the rate of acute renal failure and need for dialysis was not increased.<sup>20</sup>

Due to incompatibility, nesiritide should not be administered with drugs such as heparin, insulin, bumetanide (Bumex), enalapril (Vasotec), hydralazine (Apresoline), and furosemide. Note that these drugs are often prescribed in the management of patients with HF. Nesiritide should not be infused through a heparin-coated intravenous catheter.<sup>20</sup> Plasma BNP levels will be falsely elevated, since the BNP assay cannot differentiate between endogenous BNP and the recombinant drug form.<sup>3</sup>

In July 2005, there were reports that questioned whether nesiritide may have adverse effects on survival and renal function. An expert panel recommended additional clinical trials.<sup>21</sup> The panel also made recommendations about the appropriate use of nesiritide, which is approved only for inpatient settings for acute HF, not for intermittent outpatient infusion, for scheduled repetitive use, to improve renal function, or to enhance diuresis. The FDA approved updated labeling for nesiritide.<sup>21</sup>

The follow-up serial infusions of nesiritide for the management of patients with heart failure II (FUSION II) analyzed

### Clinical Vignette

David arrived in the ED at 0230 with shortness of breath. His vital signs were 154/92; 98.4-112-30. Lungs had bibasilar crackles up 1/2 posteriorly. Oxygen saturation by pulse oximetry (SpO<sub>2</sub>) was 90% and his heart revealed an S3. The monitor showed sinus tachycardia. An initial BNP assay was 1,650 pg/mL. He was treated with furosemide (Lasix) 40 mg IV push and O<sub>2</sub> at 3 L/min. via nasal cannula. Before leaving the ED, he diuresed 500 mL of urine.

At 0600, he was transferred to the telemetry unit with a diagnosis of heart failure. His admission vital signs were 122/74; 98-102-24. Lungs had bibasilar crackles. The monitor showed sinus tachycardia. He was given an initial dose of enalapril (Vasotec) 2.5 mg PO. At 1000, his blood pressure was 106/60. He diuresed an additional 600 mL of urine, and a repeat BNP assay was 1,100 pg/mL.

**1. Upon the patient's arrival to the telemetry unit, the initial nursing assessment should include —**

- a. Chest X-ray.
- b. Oxygen saturation.
- c. ECG.
- d. Echocardiogram.

**2. The blood pressure on admission to the telemetry unit was lower because of —**

- a. Diuresis.
- b. Circulating BNP.
- c. Tachycardia.
- d. Oxygen administration.

**3. The blood pressure decreased after administration of enalapril as the result of which of the following mechanisms?**

- a. Excretion of excess sodium
- b. Excretion of excess volume
- c. Systemic vasodilatation
- d. Increased contractility

**4. BNP levels decrease in response to which of the following?**

- a. Vasodilatation
- b. Increased contractility
- c. Increased blood pressure
- d. Decreased volume

1. B — The admission oxygen saturation was only 90%, oxygen was administered, and a repeat oxygen saturation should be done to determine the response to treatment.  
 2. A — Diuresis decreases excess circulating volume and lowers the blood pressure.  
 3. C — ACE inhibitors such as enalapril produce vasodilatation, lowering the blood pressure and decreasing the workload on the failing ventricle.  
 4. D — BNP levels decrease in response to diuresis and loss of excess circulating volume.

Correct Answers

the safety and efficacy of serial infusion of nesiritide in patients with advanced HF. The results of this clinical trial showed that the administration of nesiritide did not improve patient outcomes in decompensated HF. However, administration of nesiritide was not associated with an increased mortality or deterioration in renal function.<sup>8,22</sup> The FUSION II trial offered some reassurance that nesiritide could be administered safely.<sup>8</sup>

### A happy ending

What happened to Mrs. Holland? She was discharged after three days on a low-sodium diet, furosemide, a potassium chloride supplement, captopril, carvedilol, activity as tolerated, and daily weight monitoring with instructions to contact her physician for a weight gain of more than 2 pounds a day. Vital signs are 130/70; 98.2-84-20. Lungs are clear. Oxygen saturation is 93% on room air. Her discharge BNP is 350 pg/mL. She has a follow-up appointment with her cardiologist.

HF affects millions and is the most common cause of hospitalization for people over 65. Patients with HF as the cause of dyspnea have BNP levels greater than 400 pg/mL. Diuretics cause a rapid fall in BNP levels because of a decrease in circulating volume. In addition to diuretics, ACE inhibitors and beta blockers are used in the management of HF and decrease mortality associated with it. The drug nesiritide (a form of human BNP) is used for patients with moderate and severe HF.

Clinicians caring for patients with HF should be knowledgeable about the BNP assay-normal values, abnormal values, and the pharmacological management of HF — and should — fine tune their history-taking and physical assessment skills to provide optimum evidence-based care.

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### References

1. American Heart Association. *Heart Disease and Stroke Statistics: 2008 Update At-a-Glance*. Dallas, TX: American Heart Association; 2008.
2. Saul L, Shatzer M. B-type natriuretic peptide testing for detection of heart failure. *Crit Care Nurs Q*. 2003;26(1):35-39.
3. Prahash A, Lynch T. B-type natriuretic peptide: A diagnostic, prognostic, and therapeutic tool in heart failure. *Am J Crit Care*. 2004;13(1):46-53.
4. Morrison L, Harrison A, Krishnaswamy P, Kazanegra R, Clopton P, Maisel A. Utility of a rapid B-natriuretic peptide assay in differentiating congestive heart failure from lung disease in patients presenting with dyspnea. *J Am Coll Cardiol*. 2002;39:202-209.
5. Nicholls M, Lainchbury J, Richards A, Troughton R, Yandle T. Brain natriuretic peptide-guided therapy for heart failure. *Ann Med*. 2001;33:422-427.
6. Logeart D, Thabut G, Jourdain P, et al. Predischarge B-type natriuretic peptide assay for identifying patients at high risk of re-admission after decompensated heart failure. *J Am Coll Cardiol*. 2004;43:635-641.
7. Fonarow G, Peacock W, Phillips C, Givertz M, Lopatin M. Admission B-type natriuretic peptide levels and in-hospital mortality in acute decompensated heart failure. *J Am Coll Cardiol*. 2007;49:1943-1950.
8. Tang W, Francis G. The year in heart failure. *J Am Coll Cardiol*. 2007;50:635-641.

9. DeFilippi C. Natriuretic peptides for diagnosing heart failure and beyond: What we know in 2007. *Medscape Cardiology*. Available at [www.medscape.com/viewarticle/557030](http://www.medscape.com/viewarticle/557030). Accessed April 1, 2008.
10. Mäkikallio AM, Mäkikallio TH, Korpelainen JT, Sotaniemi KA, Huikuri HV, Myllylä VV. Heart rate dynamics predict poststroke mortality. *Neurology*. 2004;62:1822-1826.
11. McLean AS, Poh G, Huang SJ. The effects of acute fluid loading on plasma B-type natriuretic peptide levels in a septic shock patient. *Anaesth Intensive Care*. 2005;33:528-530.
12. Parab R, Vasudevan A, Brensilver J, Gitler B. Utility of brain natriuretic peptide as a diagnostic tool for congestive heart failure in the elderly. *Crit Pathways Cardiol*. 2005;4:140-144.
13. Schultz MA, Faber J, Kistorp C, et al. N-terminal-pro-B-type natriuretic peptide (NT-pro-BNP) in different thyroid function states. *Clin Endocrinol*. 2004;60:54-59.
14. Tung PP, Olmsted E, Kopelnik A, et al. Plasma B-type natriuretic peptide levels are associated with early cardiac dysfunction after subarachnoid hemorrhage. *Stroke*. 2005;36:1567-1569.
15. Futterman L, Lemberg L. Diuretics, the most critical therapy in heart failure, yet often neglected in the literature. *Am J Crit Care*. 2003;12:376-380.
16. Hunt SA, Abraham WT, Chin MH, et al. ACC/AHA 2005 guideline update for the diagnosis and management of chronic heart failure in the adult. Summary article: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2005;112:1-28.
17. Albert N. Switching to once-daily evidence-based beta-blockers in patients with systolic heart failure or left ventricular dysfunction after myocardial infarction. *Crit Care Nurse*. 2007;27:62-72.
18. FDA. FDA approves BiDil heart failure drug for black patients. Available at: [www.fda.gov/bbs/topics/NEWS/2005/NEW01190.html](http://www.fda.gov/bbs/topics/NEWS/2005/NEW01190.html). Accessed April 23, 2008.
19. Kirk JD, Diercks DB, Amsterdam EA. The use of vasodilators in the treatment of acute decompensated heart failure: Novel versus conventional therapy. *Crit Pathways Cardiol*. 2004;3:216-220.
20. Scios Inc. Natrecor (nesiritide) for injection. Mountain View, CA: Scios Inc; 2007.
21. Scios Inc. 2005 Safety Alert: Natrecor (nesiritide). Available at: [www.fda.gov/medwatch/safety/2005/natrecor2\\_DHCP.htm](http://www.fda.gov/medwatch/safety/2005/natrecor2_DHCP.htm). Accessed April 23, 2008.
22. Gruberg L. Nesiritide infusions for the management of decompensated heart failure: Safety and efficacy results of the FUSION II trial. *Medscape Cardiology*. Available at [www.medscape.com/viewarticle/557139](http://www.medscape.com/viewarticle/557139). Accessed February 20, 2008.

# ce383-60B — Test

1. **Which ejection fraction is indicative of systolic dysfunction?**
  - a. 0.30
  - b. 0.45
  - c. 0.60
  - d. 0.75
2. **Angiotensin II compensates for the failing ventricle through which mechanism?**
  - a. Increased heart rate
  - b. Increased contractility
  - c. Vasoconstriction
  - d. Decreased sodium reabsorption
3. **BNP is secreted from the ventricular myocardium in response to —**
  - a. Decreased blood pressure.
  - b. Increased volume.
  - c. Decreased contractility.
  - d. Increased heart rate.
4. **BNP has a beneficial effect on the failing ventricle because of —**
  - a. Increased contractility.
  - b. Vasodilatation.
  - c. Decreased heart rate.
  - d. Increased cardiac output.
5. **Which BNP level is indicative of HF?**
  - a. 100 pg/mL
  - b. 235 pg/mL
  - c. 370 pg/mL
  - d. 505 pg/mL
6. **BNP levels will decrease in response to —**
  - a. ACE inhibitors.
  - b. Nesiritide.
  - c. Diuretics.
  - d. Beta blockers.
7. **Which drug should be administered to all HF patients with an EF < 0.40?**
  - a. ACE inhibitor.
  - b. Calcium channel blocker.
  - c. Digoxin.
  - d. Nesiritide.
8. **Beta blockers are beneficial for HF because of —**
  - a. Increased contractility.
  - b. Increased cardiac output.
  - c. Decreased conduction.
  - d. Decreased heart rate.
9. **What is the recommended bolus dose of nesiritide?**
  - a. 1 mcg/kg
  - b. 2 mcg/kg
  - c. 3 mcg/kg
  - d. 4 mcg/kg
10. **What is the recommended continuous infusion dose of nesiritide?**
  - a. 0.01 mcg/kg/min
  - b. 0.02 mcg/kg/min
  - c. 0.03 mcg/kg/min
  - d. 0.04 mcg/kg/min
11. **What is a major adverse effect of nesiritide?**
  - a. Hyperkalemia
  - b. Dysrhythmias
  - c. Hypotension
  - d. Pericardial tamponade
12. **Which drug is incompatible with nesiritide?**
  - a. Carvedilol
  - b. Captopril
  - c. Digoxin
  - d. Furosemide

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**ce383-60B**

Blood Test, Drugs Boost  
Success in Managing  
Heart Failure

1. a.  b.  c.  d.
2. a.  b.  c.  d.
3. a.  b.  c.  d.
4. a.  b.  c.  d.
5. a.  b.  c.  d.
6. a.  b.  c.  d.
7. a.  b.  c.  d.
8. a.  b.  c.  d.
9. a.  b.  c.  d.
10. a.  b.  c.  d.
11. a.  b.  c.  d.
12. a.  b.  c.  d.

(Please print clearly.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_  
optional

Home E-mail \_\_\_\_\_  
optional

<b>Evaluation</b>	<b>Strongly Agree (5)</b>	<b>Strongly Disagree (1)</b>
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# Infusion Therapy

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EOE

Women are more likely than men to experience atypical symptoms of AMI. Acute symptoms include shortness of breath, weakness, and fatigue while prodromal symptoms most often include fatigue, sleep disturbance, and shortness of breath.<sup>7</sup> Presentation with painless AMI is more common in the elderly, and this group has an increased frequency of congestive heart failure (CHF) as the initial presenting symptom.<sup>6</sup>

To better understand the pathophysiology of an AMI, acute coronary syndrome needs to be mentioned. ACS includes unstable angina (UA), non-ST-elevation AMI, ST-elevation AMI, and sudden cardiac death. They all share a pathophysiology characterized by acute coronary insufficiency resulting from the rupture of a vulnerable atherosclerotic plaque and subsequent thrombus formation. The dissolution of the thrombus may evolve over minutes or even days, during which time coronary flow may be intermittently or persistently compromised. Not all plaque rupture leads to an AMI. The patient's outcome depends on the severity of atheromatous plaque stenosis, the size of the thrombus, the degree of local coronary vasoconstriction, the extent of collateral blood flow, and oxygen demand.<sup>8</sup>

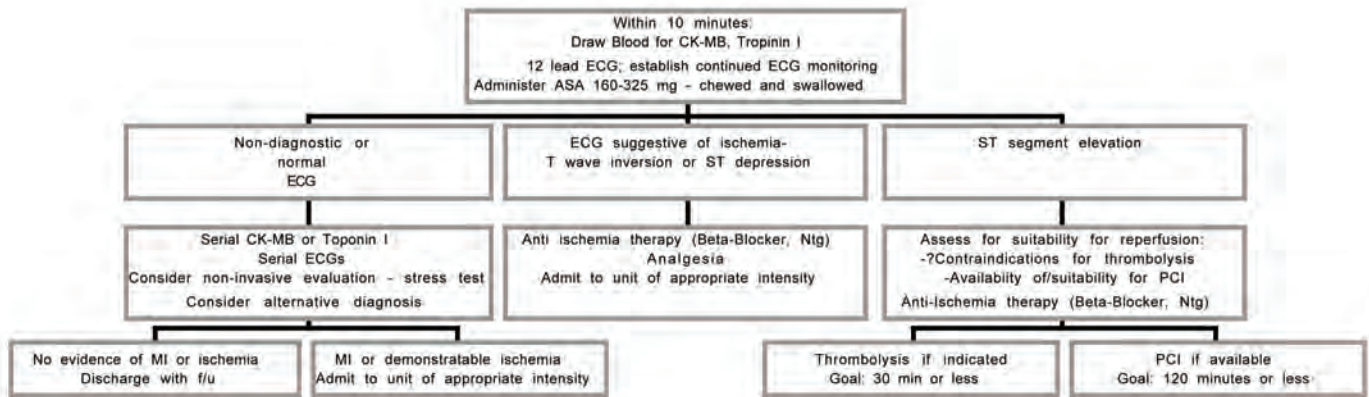
### Making the diagnosis

The general appearance of a patient experiencing an AMI is the first clinical cue to ordering appropriate, timely diagnostic tests and treatments to prevent complications and loss of myocardial tissue. Most patients have some sense of impending doom. They may appear gray or ashen. Diffuse diaphoresis is common.

Vital signs should be taken immediately. A normal heart rate usually indicates that the patient is not under significant hemodynamic compromise. Blood pressure may be increased secondary to anxiety, or it may be decreased from cardiac failure. Diminished peripheral pulses, especially the carotid pulse, may indicate a low cardiac output state. The cardiac rhythm is important because of the frequency of ectopic atrial and ventricular beats in AMI. The respiratory rate may be normal — or increased in



**Acute Coronary Syndrome Management**



the anxious patient. Bibasilar rales are a sign of pulmonary congestion as a result of heart failure.

AMI has typically been diagnosed on the basis of chest pain, ECG changes, and elevated plasma enzyme activity. Most patients with risk factors who present to the ED with chest pain will be admitted to the hospital to rule out AMI. In some cases, obvious noncardiac sources of chest pain — chest wall pain, hyperventilation, or gastroesophageal reflux disease — are obvious to ED practitioners, who then send the patient home.

The ECG is sensitive for detecting ischemia and infarction. The early ECG changes of T-wave inversion or ST segment depression may reflect ischemia or infarction. ST segment elevation is most specific for ST-segment elevation AMI (STEMI) and is a sign of epicardial injury as a result of total occlusion of a coronary artery. The lead in which the ST elevation occurs will point to the location of the injury and the coronary artery affected. Serial ECGs during an AMI reflect evolutionary changes in the majority of patients. The hallmark of STEMI is the development of abnormal Q waves, which appear about eight to 12 hours after the onset of symptoms. The presence of Q waves indicates myocardial cell death.

The death of cardiac cells (myocardial necrosis) releases a variety of proteins that have been evaluated as diagnostic markers for STEMI. The use of creatinine kinase (CK) and creatinine kinase-muscle and brain (CK-MB) has become routine, and these markers are highly sensitive, specific, and cost-effective for diagnosing AMI. Cardiac troponin radioimmunoassay is very specific and sensitive for myocardial injury. In patients admitted 48 to 72 hours after the onset of symptoms, troponin is the preferred diagnostic marker because it stays elevated for 10 to 14 days after an infarct.<sup>6</sup>

**Time is muscle**

The Joint Commission’s core measures for prompt treatment of an AMI patient are 1) aspirin; 2) beta blocker; 3) time to thrombolysis, with a goal of less than 30 minutes from hospital arrival; and 4) time to percutaneous coronary intervention (PCI), with a goal of less than 120 minutes from hospital arrival.<sup>1</sup> The Joint Commission selected these core meas-

ures because they all relate to preserving myocardium. The expression “time is muscle” underscores the importance of a systematic approach to a suspected AMI that leads to rapid preliminary evaluation, acquisition of a 12-lead ECG, establishment of IV access, continuous ECG monitoring, and supplemental oxygen. Next, blood is drawn for cardiac enzymes (CK-MB and troponin). If ischemia is suspected and no contraindications exist, a patient receives aspirin 160 mg to 325 mg to chew and swallow. Sublingual nitroglycerin may also be given if systolic BP is greater than 90 mmHg. An algorithm for the initial assessment and evaluation of the patient with acute chest pain is a key tool for rapid triage of patients in whom AMI is suspected<sup>6</sup> (See sidebar “Acute Coronary Syndrome Management.”)

**To the core**

Following is a detailed discussion of The Joint Commission Core Measures for AMI:

**Aspirin:** Patients who have not taken aspirin before presentation with an AMI should chew aspirin. The initial dose should be 160 mg to 325 mg.<sup>9</sup> Nonenteric coated aspirin formulations are recommended to enhance rapid buccal absorption. At this recommended dose, aspirin produces a rapid antithrombotic effect. AMI patients should continue to receive aspirin indefinitely at a daily dose of 75 mg to 162 mg. Aspirin’s antiplatelet effects reduce the incidence of vascular events in patients with AMI, a history of transient cerebral ischemia or stroke, or UA.<sup>1,6</sup> If a patient is allergic to aspirin, the healthcare provider can substitute other another antiplatelet agent, such as clopidogrel (Plavix).<sup>9</sup>

**Beta adrenergic receptor blockers (beta blockers):** Beta blocker therapy should be administered upon arrival to the ED to AMI patients without a contraindication, irrespective of concomitant thrombolytic therapy or performance of primary percutaneous coronary intervention (PCI).<sup>9</sup> Beta blockers reduce myocardial oxygen demand by reducing heart rate, systemic arterial pressure, and myocardial contractility. They do this by blocking the effect of catecholamines (epinephrine and norepinephrine). In STEMI, beta blockers also reduces ventricular ectopy, atrial fibrilla-



tion, nonfatal cardiac arrest, frequency of progression of threatened infarction to completed infarction, and recurrent ischemia and infarction during the first six weeks after the initial event.<sup>6</sup>

No strong evidence supports the routine use of IV beta blockers in uncomplicated STEMI. Patients with moderate CHF or other contraindications can receive beta blockers, but they should be monitored very closely. Patients with severe left ventricular (LV) failure should not receive beta blockers. Nurses should be aware of the relative contraindications to patients receiving beta blocker therapy: 1) heart rate less than 60 beats per minute, 2) systolic blood pressure less than 100 mmHg, 3) moderate or severe LV failure, 4) signs of peripheral hypoperfusion, 5) PR interval greater than 240 ms, 6) second- or third- degree atrioventricular block, 7) severe chronic pulmonary disease, 8) history of asthma, 9) severe peripheral vascular disease, and 10) Type 1 diabetes.<sup>11</sup>

**Thrombolysis:** Often called “reperfusion therapy,” thrombolysis is the administration of a pharmacologic agent to dissolve a clot causing an AMI and restore coronary perfusion. In the United States, several thrombolytic agents are approved for use: streptokinase (SK), anistreplase (APSAC), alteplase (rt-PA), tenecteplase (TNK-PA), and reteplase (r-PA). Each has been shown to limit infarct size, preserve ventricular function, and reduce mortality.<sup>6</sup>

AMI patients who present to a facility that doesn’t have the ability to do PCI promptly should receive prompt thrombolytic therapy (less than 30 minutes door-to-needle time, according to The Joint Commission core measures) unless contraindications exist.<sup>1,9</sup> The contraindications are listed in the sidebar.

Percutaneous coronary intervention. PCI may be an alternative to thrombolytics to achieve prompt coronary reperfusion. PCI needs to be performed promptly (in less than 120 minutes is The Joint Commission’s goal; in less than 90 minutes, according to the American Heart Association [AHA]) by skilled practitioners with experienced support staff.<sup>1,9</sup> These parameters can generally be met in high-volume cardiac centers. When these conditions are met, evidence indicates that STEMI patients treated with PCI have better outcomes than STEMI patients who do not undergo PCI.<sup>9</sup> PCI is indicated in patients who cannot receive thrombolytics because of the contraindications listed in the sidebar.

After reperfusion therapy, management of the AMI patient in the CCU or intermediate care unit centers on close monitoring, patient education, the addition of pharmacologic therapies for secondary prevention, and discharge planning. ECG and hemodynamic monitoring detect the development of cardiac dysrhythmias and ischemia or hemodynamic instability in the recovering AMI patient. The goal of patient education is to have the patient understand coronary artery disease, its risk factors, and ways to avoid future cardiac events through the reduction of risk factors. The Joint Commission has chosen as a core measure smoking cessation education and counseling for AMI patients who have a history of tobacco use.<sup>1</sup>

Ongoing pharmacologic therapy for post-AMI patients includes aspirin and beta blockers, as discussed. Additional pharmacologic therapies recommended by evidenced-based guidelines are angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) and in most cases a HMG-CoA reductase inhibitor (statin).<sup>9</sup> The Joint Commission core measures include the use of ACE inhibitors or ARB therapies upon the patient’s discharge from the hospital, along with aspirin and a beta blocker.<sup>1</sup>

**ACE inhibitors:** All AMI patients should be discharged on an ACE inhibitor, especially patients with an LV ejection fraction less than 40%.<sup>1</sup> ACE inhibitors interfere with ventricular remodeling, thereby reducing ventricular dilation over time. Ventricular remodeling and LV hypertrophy and dilation usually lead to CHF. Patients with LV dysfunction have improved clinical outcomes (less CHF, recurrent AMI, or death) as a result of taking ACE inhibitors. When patients cannot tolerate ACE inhibitor therapies, ARBs may be substituted with similar positive clinical outcomes.<sup>9</sup> The most common adverse effect of ACE inhibitor therapy is dry cough. Dry cough is rarely associated with ARBs.

**Smoking cessation counseling:** Recovering AMI patients who have a history of cigarette smoking should be counseled on complete smoking cessation and the avoidance of secondhand smoke. Inhaling smoke may result in coronary artery spasm; this results in ischemia and thereby increases mortality after AMI. Smoking cessation reduces rates of reinfarction and death within one year of quitting.<sup>10</sup> Nurses are key members of the healthcare team to provide patients and family members with education, counseling, and community resources to support smoking cessation. The most effective

### Contraindications of Thrombolytic Therapies<sup>8</sup>

Active bleeding (including menses)

Intracranial neoplasm or recent head trauma

Suspected aortic dissection

Pregnancy

History of hemorrhagic cerebrovascular accident or recent nonhemorrhagic cerebrovascular accident

Trauma or surgery that is a potential bleeding source within previous two weeks

Allergy to SK or APSAC if being considered

History of nonhemorrhagic cerebrovascular accident in distant past with complete recovery

Prolonged, traumatic CPR

Recent trauma or surgery more than two weeks previously

Active peptic ulcer disease

History of severe, chronic, uncontrolled hypertension. BP on presentation of more than 80 mmHg systolic or 110 mmHg diastolic

Concurrent use of anticoagulants (e.g., warfarin)

Previous treatment with SK or APSAC if being considered (does not apply to rt-PA).

## Clinical Vignette

Mr. Steven Briggs, age 48, presents to the ED at midnight, transported by local EMS. He developed “crushing” substernal chest pain about 90 minutes ago. Eventually, the chest pain began to move up into his neck and down his left arm. He became profusely diaphoretic and felt a sense of impending doom.

Mr. Briggs’ ECG in the field indicated ST elevation in leads II, III, and aVF. He received oxygen and three 81-mg aspirin to chew and swallow while en route to the hospital. Immediately upon arrival to the ED, Mr. Briggs was brought to the cardiac catheterization laboratory. He was found to have a 100% occlusion of his proximal right coronary artery. Three drug-eluting stents were placed, and appropriate flow was noted. There was also a 70% left anterior descending stenosis and a 90% stenosis at the first diagonal of the circumflex. The interventional cardiologist decided to treat these stenosis with PCI at a later date. Mr. Briggs was brought to the CCU for further workup and the management of this ST elevation AMI.

The patient’s history is significant for dyslipidemia (untreated) and tobacco use. He has a 45-pack-year history of smoking with no family history of heart disease. He’s married with three children and owns a landscaping business. He does not exercise regularly but feels he is active because of his work.

Mr. Briggs had an abbreviated course in the ED; he was immediately transported to the cath lab for PCI. Door-to-balloon time was about 60 minutes. In the CCU his work-up included: 1) lab work: CBC with differential, chemistry panel, liver function tests, and serial troponins; 2) aspirin 81 mg daily indefinitely and clopidogrel (Plavix) 75 mg daily for at least one year (poststent protocol); 3) 5 mg of metoprolol (Toprolol) every five minutes IV for 15 minutes and then maintain on 50 mg by mouth twice a day; 4) simvastatin (Zocor) 80 mg at bedtime; 5) captopril (Capoten) 12.5 mg by mouth every eight hours and titrate up as tolerated and will transition to a once daily ACE inhibitor, such as lisinopril (Prinivil), in approximately 24 hours; and 6) Phase I cardiac rehabilitation consultation (to include smoking cessation counseling).

**1. Mr. Briggs initial ECG revealed ST segment elevation in leads II, III, and aVF. This is most indicative of —**

- Inferior wall AMI.
- Myocardial ischemia.
- Acute congestive heart failure.
- Pericarditis.

**2. Mr. Briggs troponin level peaks at 28.2 ng/mL (0-0.3 ng/mL range). The best way to explain this result to the patient and family is —**

- An elevated troponin level is a cardiac risk factor.
- Elevated troponin indicates cardiac necrosis or myocardial cell death.
- Elevated troponin levels can be treated with cholesterol-lowering medications.
- This is a normal level indicating no heart damage has occurred.

**3. In planning for Mr. Briggs discharge, the nurse anticipates counseling him about strategies to reduce his risk of future cardiac events. Which statement regarding the discharge plan is correct?**

- Since the patient is active on his job, he does not need regular exercise.
- Cardiac rehabilitation has been consulted regarding smoking cessation counseling, so the nurse does not have to address this.
- The patient requires smoking cessation and exercise counseling in addition to cardiac rehabilitation.
- AMI patients should become sedentary to prevent future heart attacks.

**4. Mr. Briggs is discharged on a combination of aspirin and clopidogrel (Plavix). Which of the following statements is true regarding the use of these agents after AMI and PCI?**

- Aspirin should be used daily for three months.
- Aspirin should be given indefinitely.
- Aspirin is used only in AMI patients who have had a stent placed.
- Clopidogrel (Plavix) should not be given to patients who have a true allergy to aspirin.

### Correct Answers

1. A — ST segment elevation on a 12-lead ECG is indicative of ST elevation MI (STEMI). Knowing which leads correspond to areas of the heart allows the nurse to anticipate the location of the coronary artery occlusion.
2. B — A normal troponin level is 0.0 ng/mL to 0.3 ng/mL. An intermediate level of 0.4 ng/mL to 1.5 ng/mL indicates possible cardiac injury and a level of 1.6 ng/mL or greater is indicative of probable cardiac necrosis.
3. C — All healthcare providers should emphasize the importance of complete smoking cessation in counseling a post-AMI patient. Regular aerobic exercise reduces the risk of future cardiac events.
4. B — AMI patients should take aspirin daily, 75 mg to 162 mg, indefinitely. When a patient has a true aspirin allergy, clopidogrel may be substituted.

strategies are those that identify the patient's stage or readiness to change and provide appropriate information, and if needed, pharmacologic therapies targeted at the person's readiness and specific needs.<sup>10</sup>

**Cardiac rehabilitation:** The Joint Commission's core measures for AMI do not include a referral to cardiac rehabilitation program. But the AHA and American College of Cardiology (ACC) recommend cardiac rehabilitation for STEMI patients, particularly those with multiple modifiable risk factors and or those at moderate to high risk.<sup>9</sup> Cardiac rehabilitation provides supervised exercise training, lifestyle education, and emotional support to help patients meet secondary prevention goals and prevent recurrent events.

During the first four years (2002 to 2006) of tracking hospitals' performance on heart attack core measures, The Joint Commission noted an improvement of 7.5%. In 2006, the national average among hospitals for providing six of the seven evidenced-based measures was above 94%.<sup>11</sup>

## Key role

Organizations such as the AHA and the ACC develop national guidelines for the care of AMI patients after a rigorous review of the scientific literature, determining what works and what doesn't work to provide the best outcome for patients. But unfortunately, significant gaps exist between what the guidelines recommend and actual clinical practice. The AHA estimates that 80,000 lives could be saved annually by closing the treatment gap for patients with cardiovascular disease and stroke.<sup>12</sup> Nurses play a key role in translating these well-established guidelines to practice. Get with the Guidelines (described at [www.americanheart.org/presenter.jhtml?identifier=1165](http://www.americanheart.org/presenter.jhtml?identifier=1165)), an AHA quality improvement program, is one tool nurses can use to help their hospitals meet the core measures for AMI patients as outlined by The Joint

Commission and, most importantly, reduce mortality and improve patient outcomes.<sup>12</sup>

Standardized order sets, care pathways, and protocols help hospitals meet the recommendations outlined in national guidelines, hence, closing the treatment gap and meeting core measures.<sup>13,14</sup> Nurses involved in all levels of care for the AMI patient need to be involved in developing standard order sets and protocols to achieve "buy in" and eventual success.

Nursing case management is well documented as a successful approach to improving patient and healthcare system outcomes, which are markers of quality patient care.<sup>13,14</sup> A program called Reperfusion of AMI in Carolina Emergency Departments (RACE) documents the important role nurse coordinators play in improving reperfusion rates through shorter door-to-needle and door-to-balloon times.<sup>15</sup> Nurse case managers have specialty knowledge of the guidelines and the clinical trials that support them. They provide for continuity of care as patients move from one hospital department to another and plan for discharge. Nurse case managers regularly assess the patient's progress and treatment and compare them to established protocols. They partner with physicians and other care team members to promote the use of guidelines and documentation for any contraindications to using evidence-based therapies. Nurse case managers also provide patient and family education on evidence-based medication use and help patients and families set goals for therapeutic lifestyle changes, including smoking cessation.<sup>13,14</sup> Nurses have a constant presence at the bedside. Cardiovascular nurses must become care leaders to close the treatment gaps and help meet core measures as they apply to the care of the AMI patient.

## Patient outcomes

Assessment of patient outcomes plays an increasingly important role in health care today. The Joint Commission, as well as government agencies, professional societies, and major insurers, have established core measures and other performance indicators that are thought to reflect high quality patient care. How do these measures relate to patient outcomes? Too few studies may exist to accurately answer this question. In one recent study, The Joint Commission core measures for AMI explained only 6% of the variation in short-term (30-day) mortality rates for patients with AMI.<sup>2</sup> Another recent study revealed a strong association between patient outcomes and hospitals' performance with regard to meeting Joint Commission's core measures.<sup>16</sup> The study demonstrated that when hospitals met the core measures, morbidity and mortality were improved, and when they didn't, patients fared less well. This same report documented that up to 25% of opportunities for guideline-based care is being missed in hospitals across the country.<sup>16</sup> More work is needed to meet recommended guidelines and standards of care. Nurses should be empowered to lead the way in meeting Joint Commission core measures for AMI.

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**EDITOR'S NOTE:** References are available online at [www.nurse.com/ce](http://www.nurse.com/ce).

### Joint Commission Core Measures for Acute Myocardial Infarction

- AMI-1 Aspirin at arrival
- AMI-2 Aspirin prescribed at discharge
- AMI-3 ACE inhibitor or ARB for LVSD
- AMI-4 Adult smoking cessation advice/counseling
- AMI-5 Beta blocker prescribed at discharge
- AMI-6 Beta blocker at arrival
- AMI-7 Median time to thrombolysis
- AMI7a Thrombolytic therapy received within 30 minutes of hospital arrival
- AMI-8 Median time to primary PCI
- AMI-8a Primary PCI received within 90 minutes of hospital arrival (Current Goal)
- AMI-9 Inpatient mortality
- AMI-T1a LDL cholesterol assessment (optional test measure) — a CMS requirement
- AMI-T2 Lipid lowering therapy at discharge (optional test measure) — a Joint Commission statement

Source: Joint Commission. A Comprehensive Review of Development and Testing for National Implementation of Hospital Core Measures. Joint Commission website. Available at: [www.jointcommission.org/NR/rdonlyres/48DFC95A-9C05-4A44-AB05-1769D5253014/0/AComprehensiveReviewofDevelopmentforCoreMeasures.pdf](http://www.jointcommission.org/NR/rdonlyres/48DFC95A-9C05-4A44-AB05-1769D5253014/0/AComprehensiveReviewofDevelopmentforCoreMeasures.pdf). Accessed March 26, 2008.

## ce469 — Test

- \_\_\_\_\_ is one of the risk factors responsible for the vast majority of initial AMIs.
  - Consumption of too many fruits and vegetables daily
  - Hypothyroidism
  - Cigarette smoking
  - Bradycardia
- Common symptoms of AMI are —
  - Numbness and tingling down one side of the body.
  - Severe headache and nausea.
  - Photophobia.
  - Dyspnea, nausea, and diaphoresis.
- What is the underlying pathology of all forms of acute coronary syndrome?
  - Rupture of a vulnerable atherosclerotic plaque
  - Sudden vasodilation of a coronary artery
  - Severe bleeding into the pericardial sac
  - Ventricular tachycardia
- The physical appearance of a patient experiencing AMI usually includes —
  - Gray or ashen skin with diffuse diaphoresis
  - Facial flushing and itching
  - Expression of euphoria on the face
  - Absence of sweating; dry skin and mucous membranes
- AMI is diagnosed on the basis of which three factors?
  - Shortness of breath, abnormal chest X-ray, and cardiac arrhythmias
  - Chest pain, ECG changes, and elevated plasma enzyme activity
  - Syncope, hypotension, and elevated plasma enzymes
  - Elevated brain natriuretic peptide, chest pressure, and ECG changes
- Early ECG changes associated with AMI include:
  - Supra ventricular tachycardia.
  - Complete heart block.
  - ST segment elevation or depression.
  - Atrial fibrillation.
- What is the preferred diagnostic marker in patients presenting with cardiac symptoms for 48 or more hours?
  - Troponin
  - CK-MB
  - CK
  - CRP
- The Joint Commission's core measures for time of arrival of an AMI patient include —
  - Placing the patient on oxygen and administering nitroglycerin.
  - Giving the patient an ACE-I inhibitor as soon as possible.
  - Ensuring that the time from hospital arrival to thrombolysis is less than 30 minutes.
  - Administering a HMG CoA reductase inhibitor (statin).
- The relative contraindications to patients receiving beta blocker therapy include —
  - Heart rate less than 70 beats per minute.
  - Systolic blood pressure less than 90 mmHg.
  - Severe chronic pulmonary disease.
  - Diastolic blood pressure less than 60 mmHg.
- To meet the core measures for AMI, patients should be discharged from the hospital on the following pharmacologic therapies unless contraindicated —
  - Aspirin, beta blocker, and ACE-I.
  - Aspirin, ARB, and diuretic.
  - Beta blocker, nitroglycerin, and cholesterol lowering therapies.
  - Aspirin, calcium channel blocker, and ACE-I.
- How does ACE-I therapy affect the heart?
  - It promotes collateral blood flow to the myocardium.
  - It improves contractility.
  - It slows the heart rate down thereby reducing myocardial oxygen demand.
  - It interferes with ventricular remodeling.
- Which of the following patient counseling strategies helps prevent coronary spasm in the post-AMI patient?
  - Encouraging the patient to begin a regular exercise program.
  - Providing the patient with smoking cessation information.
  - Referring the patient and spouse to a nutrition class titled Low-Fat Living.
  - Counseling the patient about the importance of continuing clopidogrel (Plavix) therapy after a PCI.

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Time to Measure Up to The Joint Commission's AMI Core Measures

1. a.  b.  c.  d.
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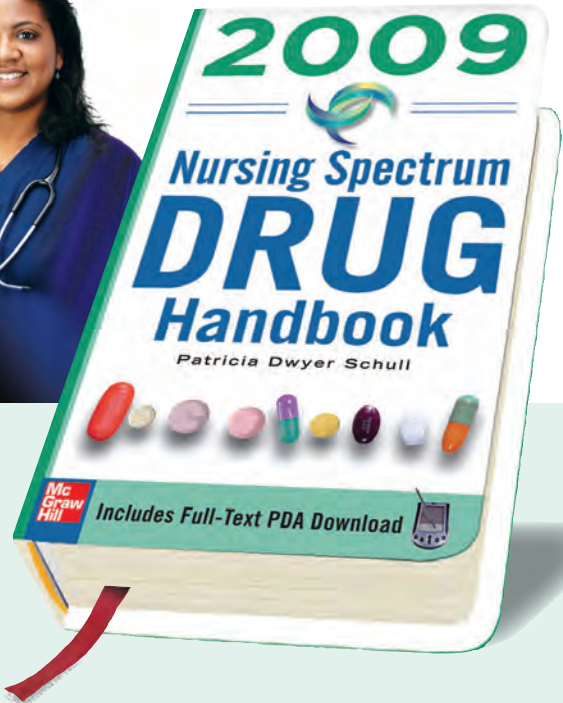
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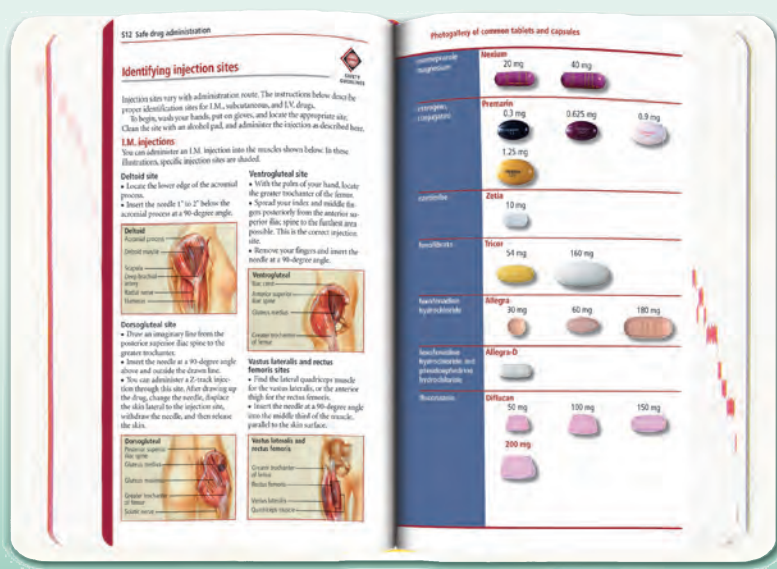
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ce387-60B

# Going ... Going ... Gone — Understanding Overactive Bladder

Susanne J. Pavlovich-Danis, RN, MSN, ARNP-C,  
CDE, CRRN

*The goal of this program is to assist nurses in devising plans to help patients deal with overactive bladder. After you study the information presented here, you will be able to —*

- Identify barriers to diagnosis and management of OAB.
- Describe four complications associated with OAB.
- Discuss pharmacological and nonpharmacological treatment options for OAB.

*“Where’s the restroom?”... a phrase Sharon utters again and again when she’s out shopping. An average of 14 trips a day to the bathroom to urinate, combined with the need to wear an adult incontinence brief, limits her desire to venture from home because she feels “unclean.” She tries to limit fluids but still enjoys a cup of coffee in the morning, diet cola at lunch, and a mixed drink before dinner every night, usually vodka and orange juice.*

**W**hat information could you give Sharon to help her with her problem? Would you be able to identify modifiable risk factors that may contribute to her overactive bladder?

Overactive bladder (OAB) is a widely misunderstood problem defined as urgency with or without urge incontinence; the sudden need to immediately urinate, usually with frequency; and nocturia in the absence of infectious or metabolic conditions that could explain the symptoms.<sup>1</sup> Two distinct types of OAB occur: “dry” OAB, which occurs without leakage of urine, and “wet” OAB, occurring with urine leakage. The presence of frequency and urgency are central to the diagnosis of OAB: Typically, people with OAB void more than eight times in a 24-hour period and experience two or more episodes of nocturia.<sup>2,3</sup>

The overall prevalence of OAB in the United States is estimated at 16.9% for women and 16% for men. OAB presents a global concern, as worldwide estimates place the prevalence at 17%. Women are more likely to experience “wet” OAB and men “dry” OAB.<sup>4</sup> The overall prevalence increases with age. In long-term care settings, it’s estimated that as many as half of residents have overactive bladder and incontinence.<sup>5</sup> Yet OAB is not a condition confined to the aged. In fact, nearly half of the people diagnosed with OAB are between the ages of 35 and 55.<sup>4</sup> Women who have diabetes and are obese are also more likely to have pelvic floor disorders that result in OAB and stress urinary incontinence.<sup>6</sup>

Despite evidence that medications and nonpharmacologic interventions can control OAB, the condition remains underdiagnosed and undertreated because many view it as a normal part of aging or a relatively minor problem. Many patients suffer in silence, avoiding activities or relying on incontinence garments and pads as well as fluid restriction to control accidents.<sup>3</sup> Nurses can provide much-needed education and support through the diagnostic process and discussion of treatment options. As front-line providers, nurses can help patients cope with this often debilitating disorder.

## Not just an annoyance

Many healthcare providers and patients alike continue to have the misconception that urinary incontinence and frequency problems are simply an annoying, normal, and inevitable part of aging.<sup>2</sup> OAB often develops slowly, and people adapt their lifestyles to facilitate frequent urination. Patients may be reluctant to discuss their symptoms or may assume that their symptoms are not serious enough to justify medical attention or that treatment will not be helpful. The annual estimated total cost of OAB in the United States is \$12 billion, a conservative estimate given the underdiagnosis and undertreatment.<sup>7</sup>

OAB affects many quality-of-life factors including social, psychological, occupational, physical, sexual, and domestic. It can cause embarrassment, restrict activities, and lead to social isolation and lost wages. Nocturia disrupts sleep and can disrupt daytime functioning. Patients may feel unclean or undesirable, causing them to avoid sexual intimacy.





Medications to treat OAB have anticholinergic properties, blocking the action of acetylcholine, a neurotransmitter chemical, at neuromuscular junctions. This reduces the ability of the message to “contract” to be sent from the nerve to the muscle. These drugs, known as antimuscarinics, are available in a variety of dosing schedules and delivery routes. Their effects inhibit muscarinic receptors, specialized receptor cells in the bladder that cause involuntary bladder contractions.

Until patients know how they will react to OAB medications, they may consider refraining from driving or performing other potentially dangerous activities because blurred vision and dizziness are possible adverse effects. It’s always prudent to warn patients and suggest they see how they respond first before driving or using machinery, especially older patients, who may be taking several other medications that also may cause visual disturbances and dizziness.

In warmer climates and during the summer, it’s important to remind patients taking anticholinergics that they may be more susceptible to heat prostration because their ability to cool off by perspiring will be diminished. Unless contraindicated by other health conditions, encourage patients to take their OAB medications with a full glass of water to promote hydration. Time-released tablets must be swallowed whole — not chewed, divided, or crushed.

Instruct patients who live in warm climates, spend time outdoors, or engage in activities that cause them to perspire to drink adequate amounts of fluid (typically eight 8-ounce glasses a day). People with OAB often avoid fluids in an attempt to reduce their disturbing symptoms. Remind them that the fluids are important not only to reduce constipation and dry mouth but also to avoid heat stroke.

Elderly patients may be less tolerant of the anticholinergic effects, including dry mouth, dizziness, constipation, sedation, and blurred vision. Cognitive function may also be affected, especially if more than one medication with anticholinergic properties is prescribed. It’s important to monitor for signs of mental confusion and sedation.

Unfortunately, the anticholinergic effects of overactive bladder medications do not abate with time. Instead, patients must accept them and take steps to make the symptoms more manageable. Drinking fluids, chewing on ice chips, chewing sugarless gum, or sucking on hard candy may be helpful. Unless contraindicated, encourage adequate fluid, a high-fiber diet, and perhaps a stool softener to combat constipation. Alcohol consumption may also lead to drowsiness when anticholinergic medications are prescribed.

Estrogen deficiency causes atrophic changes within the urogenital tract. Estrogen deficiency contributes to detrusor muscle and urethral sphincter dysfunction, causing a loss of bladder control and OAB.<sup>12</sup> The irritating symptoms of urinary urgency and frequency are well controlled with vaginal estrogen therapy including topical creams or intravaginally inserted rings, and such therapy may be a treatment consideration.<sup>12</sup> Estrogen therapy may also play a role in OAB treatment; while oral estrogen therapy remains controversial, research has shown that after surgical correction of stress urinary incontinence, vaginal estrogen therapy is effective in reducing OAB symptoms.<sup>12</sup> Teaching patients how to perform clean intermittent catheterization may be an appropriate intervention for those experiencing pelvic organ prolapse or incomplete bladder emptying.

New research indicates that botulinum toxin Type A (Botox) therapy can be used to suppress detrusor spasticity. Relief, however, is only temporary, and repeat injections are necessary after several months.<sup>13</sup> A meta-analysis of eight randomized or quasi-randomized controlled trials of treatment for OAB in adults in which at least one management arm involved intravesical injection of botulinum toxin, revealed that intravesical botulinum toxin shows promise as a therapy for overactive bladder symptoms. The limited number of studies failed, however, to scientifically support the benefits and safety compared with other interventions or with placebo. Currently, there is little more than anecdotal evidence, in the form of case reports, to support the efficacy of intravesical botulinum toxin, making it an off-label treat-

### Sample Voiding Diary

Date: 1/24/08

Time voided	Toilet	Leakage	Product/clothing	Activity	Fluid intake/output
4 AM	Yes	No	Pad	Sleeping	380 cc urine output 60 cc water intake
6:15 AM	Yes	No	Pad	Brushing teeth	140 cc urine output
7:50 AM	Yes	Yes	Pad	Cooking	110 cc urine output and half-soaked pad 240 cc apple juice, 120 cc coffee intake
9:25 AM	Yes	Yes	Pad	Walking up stairs to work	Fully-soaked pad
10:10 AM					120 cc water
10:40 AM	Yes	No	Pad	Sitting at desk	Small amount*
12:15 PM	Yes	Yes	Pad and panties soaked	Walking to cafeteria	Fully-soaked pad, and panty change needed

\* Can't measure urine at work

Source: Susanne J. Pavlovich-Danis, RN, MSN, ARNP-C, CDE, CRRN

Medications to treat OAB have anticholinergic properties, blocking the action of acetylcholine, a neurotransmitter chemical, at neuromuscular junctions. This reduces the ability of the message to “contract” to be sent from the nerve to the muscle. These drugs, known as antimuscarinics, are available in a variety of dosing schedules and delivery routes. Their effects inhibit muscarinic receptors, specialized receptor cells in the bladder that cause involuntary bladder contractions.

Until patients know how they will react to OAB medications, they may consider refraining from driving or performing other potentially dangerous activities because blurred vision and dizziness are possible adverse effects. It’s always prudent to warn patients and suggest they see how they respond first before driving or using machinery, especially older patients, who may be taking several other medications that also may cause visual disturbances and dizziness.

In warmer climates and during the summer, it’s important to remind patients taking anticholinergics that they may be more susceptible to heat prostration because their ability to cool off by perspiring will be diminished. Unless contraindicated by other health conditions, encourage patients to take their OAB medications with a full glass of water to promote hydration. Time-released tablets must be swallowed whole — not chewed, divided, or crushed.

Instruct patients who live in warm climates, spend time outdoors, or engage in activities that cause them to perspire to drink adequate amounts of fluid (typically eight 8-ounce glasses a day). People with OAB often avoid fluids in an attempt to reduce their disturbing symptoms. Remind them that the fluids are important not only to reduce constipation and dry mouth but also to avoid heat stroke.

Elderly patients may be less tolerant of the anticholinergic effects, including dry mouth, dizziness, constipation, sedation, and blurred vision. Cognitive function may also be affected, especially if more than one medication with anticholinergic properties is prescribed. It’s important to monitor for signs of mental confusion and sedation.

Unfortunately, the anticholinergic effects of overactive bladder medications do not abate with time. Instead, patients must accept them and take steps to make the symptoms more manageable. Drinking fluids, chewing on ice chips, chewing sugarless gum, or sucking on hard candy may be helpful. Unless contraindicated, encourage adequate fluid, a high-fiber diet, and perhaps a stool softener to combat constipation. Alcohol consumption may also lead to drowsiness when anticholinergic medications are prescribed.

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**OAB Pharmacotherapy Options**

Medication	Dosing and administration concerns	Drug metabolism, interactions, and adverse effects	Contraindications	Patient monitoring, teaching, and nursing concerns
<b>Oxybutynin</b> (Ditropan PO, Ditropan XL PO (Oxytrol TDS))	Immediate release (IR) 5 mg three times daily Extended release (ER) 5 mg to 30 mg once daily Transdermal (TDS) 3.9 mg patch applied twice weekly to stomach, hips, or buttocks	Oral forms are hepatically and intestinally metabolized. Transdermal delivery bypasses the first pass through the GI and liver. Adverse effects: dry mouth, dizziness, constipation, somnolence, HTN, palpitations. Transdermal may cause skin irritation.	Severe colitis, intestinal obstruction, myasthenia gravis, uncontrolled narrow angle glaucoma, GI reflux	Extended release and transdermal formulations cause less dry mouth. Patch application sites must be rotated to reduce skin irritation.
<b>Tolterodine</b> (Detrol, Detrol LA)	Immediate release (IR) 2 mg to 4 mg twice daily Extended release (LA) 2 mg to 4 mg once daily (4 mg usual recommended starting dose.)	Both forms are hepatically metabolized. Adverse effects: dry mouth, dizziness, constipation, tachycardia, somnolence, HTN, palpitations, peripheral edema, angioedema	Urinary or gastric retention, uncontrolled narrow-angle glaucoma, breastfeeding	Less inhibition of salivation, especially with the extended-release form. Take with food to increase drug bioavailability.
<b>Trospium chloride</b> (Sanctura)	20 mg twice daily, preferably an hour before meals or on an empty stomach. Geriatric patients and those with impaired renal function may be prescribed a single daily dose of 20 mg, usually given at bedtime. In elderly, can begin with one 20 mg tablet a day	Does not cross blood-brain barrier; causes fewer CNS adverse effects. Metabolized through the kidneys and affected by fatty meals. Studies are underway to evaluate the extent of drug-drug interactions; however, it's prudent for patients taking digoxin, procainamide, vancomycin, or metformin with trospium to be closely monitored for drug levels and blood glucose levels. <b>Adverse effects:</b> Dry mouth and constipation are common; rare tachycardia has been reported.	Patients with urinary retention, pregnancy, bladder obstruction, gastric retention, myasthenia gravis, ulcerative colitis, or uncontrolled narrow-angle glaucoma should not receive trospium chloride.	Missed doses should not be made up. Medication should not be taken with alcohol. Medication should be stored in a cool, dry place, away from extreme heat or light.
<b>Solifenacin</b> (Vesicare)	5 mg and 10 mg tablets once daily with or without food  Has long half-life of 52 hours Blurred vision (problem with accommodation) very important warning in this drug and for geriatric patients who already have problems with accommodation at night.	Extensively hepatically metabolized. Drug-drug interactions can occur with ketoconazole (Nizoral), itraconazole (Sporonox), clarithromycin (Biaxin), ritonavir or nelfinavir (Viracept), nefazodone (Serzone), flecainide (Tambocor), thioridazine (Mellaril); or tricyclic antidepressants: amitriptyline (Elavil), clomipramine (Anafranil), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Aventyl, Pamelor), and protriptyline (Vivactil). Cimetadine (Tagamet) minimally slows down the metabolism. <b>Adverse effects:</b> Most common: dry mouth constipation. Less common: blurred vision, dizziness, diaphoresis, heat prostration	Narrow-angle glaucoma, delayed or slow gastric emptying, obstructive GI disorders, myasthenia gravis, and urinary retention. Renal or hepatic impairment requires the lowest dose possible and careful observation for adverse effects.	Patients who take digoxin and warfarin (Coumadin) must be monitored for fluctuations in their therapeutic drug levels.
<b>Darifenacin</b> (Enablex)	7.5 mg or 15 mg extended-release tablets daily with or without food	All interactions as seen above with solifenacin. Paroxetine (Paxil) minimally slows down the metabolism of darifenacin. Adverse effects: Most common: dry mouth constipation. Less common: blurred vision, dizziness, diaphoresis, heat prostration	Narrow-angle glaucoma, delayed or slow gastric emptying, obstructive GI disorders, myasthenia gravis, and urinary retention. Renal or hepatic impairment requires the lowest dose possible and careful observation for adverse effects.	Those who are constipated for three days or more should consult with their prescribing professional. Patients who take digoxin and warfarin (Coumadin) must be monitored for fluctuations in their therapeutic drug levels.

Source: References 5, 15, 16, 17,18

### Clinical Vignette

Amelia is a 48-year-old university professor who shares concerns with you during her annual gynecologic checkup. She is embarrassed to admit that she wets herself so often that she dare not go out of the house without wearing an adult incontinence pad and bringing along a change of clothing - "just in case." The gynecologist suggested that she may have an "overactive bladder" (OAB) and recommends she see a urologist for consultation.

**1. Amelia questions what caused her OAB. Your best response is —**

- a. Numerous causes are possible and that further testing may help uncover the cause for her OAB
- b. It is a normal part of the aging process
- c. It is an unavoidable outcome following vaginal delivery of children
- d. OAB is directly related to pervious sexual activity and incidence of sexually transmitted diseases

**2. At the urologists' office, Amelia's postvoid residual (PVR) catheterization reveals 320 cc (very high). You would expect —**

- a. A prescription for oxybutynin (Ditropan) 5 mg three times a day
- b. A prescription for tolterodine (Detrol) 2 mg twice daily
- c. A prescription for oxybutynin transdermal patch (TDS) 3.9 mg applied twice weekly
- d. No OAB medication prescriptions just yet — the patient should have urodynamics to confirm her diagnosis

**3. Amelia is formally diagnosed as having OAB with urinary retention and overflow incontinence. Amelia asks about treatment options. Your best response is that —**

- a. Botulinum toxin (Botox) injections are very safe and effective
- b. Dietary modifications, prescription medications, surgical options, and even a "bladder pacemaker" are among the options available for OAB treatment
- c. Very little can be done to modify OAB — she will need to use incontinence briefs and develop a peri-care regime to prevent skin breakdown and infections
- d. Most patients will require reconstructive surgery to correct OAB

**Correct Answers**

1. A — When history and symptoms suggest OAB, further testing helps pinpoint causes and contributing factors. OAB is not considered a part of the normal aging process, nor is it expected as a result of vaginal childbirth. The relationship between prior sexual activity and sexually transmitted diseases is not a causative factor for developing OAB.

2. D — Urodynamics are required to confirm the diagnosis of OAB with urinary retention. Both oral and patch forms of oxybutynin as well as tolterodine are anticholinergic agents that can cause severe urinary retention when PVR is high.

3. B — Individuals with OAB are not doomed to an inevitable lifetime of adult diapers and incontinence pads. There are many pharmacological and nonpharmacological options available for OAB treatment. The correct options are typically determined based on the patient's coexistent medical disorders, ability to tolerate treatment, and ability to make lifestyle modifications. While Botox is used for OAB, it is not FDA approved and its safety has not been clearly substantiated. Corrective surgery, while not uncommon, is not required for most patients. It is typically reserved for the worst cases of OAB for patients intolerant of other therapy options.

ment option. The studies thus far have also failed to identify an optimal dose of botulinum toxin for efficacy and safety.<sup>14</sup>

### Obstacles to treatment

Despite improvements in the adverse effect profiles of newer medications available for OAB, many patients still remain undiagnosed and untreated. Perhaps the most significant barrier to diagnosis is patients' reluctance to seek treatment in the first place. Those who are diagnosed may have difficulty adhering to medication therapy.<sup>3</sup> Barriers to adherence include adverse effects, inadequate patient education and counseling about medication therapy, and an inability to afford the medications. To conserve medications, patients with limited financial resources may take their medication only when they leave home. This may be an acceptable strategy for some immediate-released medications, but not for time-released or transdermal ones.

### Beyond medication

Nonpharmacologic measures for OAB management include —

- Bladder training that includes timed or scheduled voiding: making a trip to the bathroom whether or not there is a desire to void. The intervals between the scheduled voidings are increased by 15 to 30 minutes every three to seven days, depending on the patient and the voiding diary.
- Urge suppression techniques involving strengthening the pelvic floor. The exercises, often called Kegel exercises, involve contracting the muscles used to stop urination. The exercises, which both men and women can perform, involve identifying and contracting the pelvic floor muscles for 10 to 12 repetitions, holding for 10 seconds each time. Fast contractions are also part of the regimen: a quick contract then relax, 10 repetitions with five seconds rest in between. Three to four sets of repetitions of both exercises daily are recommended. Strengthening these muscles is often a slow process; success depends on consistency and requires careful patient instructions and advice. Results are typically not seen for two to three months. The exercises should be performed away from the toilet, not during urination.
- Biofeedback to identify and exercise pelvic floor muscles
- Pelvic floor electrical stimulation: the delivery of stimulation to the pelvic floor muscles usually via a vaginal sensor
- The InterStim system, a surgically implant-

ed device for severe OAB that works like a “pacemaker” for the bladder

- Fluid and diet management: avoiding possible bladder irritants, including caffeine, artificial sweeteners, carbonated beverages, honey, tomato products, citrus fruits and juices, nicotine, spicy foods, and alcohol

## How nurses can help

Nurses can play important roles in educating patients about OAB, treatment options, and management of the condition. Nurses in all healthcare settings can promote the diagnosis and treatment of OAB by stressing to patients that their seemingly “minor” problem — or their extremely embarrassing accidents

— may be caused by a very common and highly treatable disorder. If left untreated, OAB can result in unnecessary physical and psychosocial complications. By being patient advocates, nurses can help remove the stigma of OAB — and its image as an unavoidable problem associated with only older women — and increase appreciation of OAB as a significant problem for both sexes.

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**EDITOR'S NOTE:** References are available online at [www.nurse.com/ce](http://www.nurse.com/ce).

# ce387-60B — Test

- Overactive bladder —**
  - Affects twice as many women as men
  - Decreases with age
  - Affects twice as many men as women
  - Occurs nearly equally in both sexes
- Treatment of OAB is often delayed because —**
  - Patients are reluctant to seek treatment — or view the problem as normal
  - There is no way to measure symptoms
  - Only a urologist can provide an accurate diagnosis
  - Diagnostic criteria for OAB are vague
- With normal urination, to empty the bladder —**
  - The detrusor muscle and internal and external sphincters relax
  - The detrusor muscle and internal and external sphincters contract
  - The detrusor muscle spasms; internal, external sphincters relax
  - The detrusor muscle contracts; internal, external sphincters relax
- Complications of OAB include all except —**
  - Depression
  - Skin infections
  - Increased bladder cancer risk
  - Increased risk for falls
- Irritants that can increase OAB risk include —**
  - Caffeine
  - Aged cheeses
  - Green, leafy vegetables
  - High-fat foods
- Medications for OAB —**
  - Have anticholinergic properties
  - Stimulate acetylcholine
  - Can increase alertness
  - Shouldn't be taken with water
- Nonpharmacological measures for OAB include —**
  - Complete fluid restriction for four hours before going out
  - Scheduled voiding at intervals that increase by 15 to 30 minutes every three to seven days
  - Avoidance of red meat
  - Pelvic floor muscle exercises with 30-50 repetitions at six times daily
- Which is false?**
  - Untreated OAB can lead to renal failure.
  - Patients with OAB may isolate themselves.
  - The elderly are less tolerant of the adverse effects of many OAB drugs.
  - Dry mouth is a common adverse effect of many OAB drugs.
- Women who may have OAB should be encouraged to —**
  - Limit fluids to decrease urinary frequency and volume
  - Stop hormone replacement therapy
  - Keep a voiding diary
  - Just accept it
- The greatest challenge in treating OAB is —**
  - The expense of meds
  - Patients' reluctance to seek treatment
  - A lack of research
  - Few treatment options
- Which is used most often for OAB management?**
  - Antimuscarinics
  - Hormone replacement therapy
  - Botulinum toxin
  - Surgical repair of the bladder neck
- The PVR in OAB —**
  - Is typically high
  - Is typically low
  - Varies according to the assessment method
  - Is irrelevant in evaluating OAB

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**ce387-60B**

Going ... Going ... Gone —  
Understanding Overactive  
Bladder

1. a.  b.  c.  d.
2. a.  b.  c.  d.
3. a.  b.  c.  d.
4. a.  b.  c.  d.
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7. a.  b.  c.  d.
8. a.  b.  c.  d.
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11. a.  b.  c.  d.
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1. The content was appropriate to the purpose and objectives.	5	4	3	2	1	
2. This teaching method was effective.	5	4	3	2	1	
3. The content added to my knowledge.	5	4	3	2	1	
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6. Suggestions for improvement? Future topics? _____						

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ce344-60C

# Staying Cool Under Fire: How Well Do You Communicate?

Maureen Habel, RN, MA

*The purpose of this module is to provide nurses with information about how to manage workplace communication challenges. After studying the information presented here, you will be able to —*

- Identify three primary communication styles.
- Discuss ways in which men and women differ in their communication style and stimuli for anger.
- Discuss strategies that can be used to communicate with people who are upset or angry.

**T**ave you ever been nailed by nasty remarks from a hostile family member? Ever been clobbered by comments from colleagues? How did you react? Were you able to gracefully defuse the situation? Or did you faint and fall down or rise up and attack? When communicating therapeutically with patients, most nurses are both skillful and confident. However, communicating effectively and comfortably when you are under fire from upset or angry patients, visitors, or colleagues is a challenge you may not be as well-prepared to meet. Although your résumé may focus on your experience with the “hard skills” of providing complex and highly technical nursing care, experts believe that “soft skills,” such as knowing how to manage the people part of your job, have a major impact on both your job satisfaction and your career advancement.<sup>1</sup> The good news is that, like other skills, your communication style can be improved with effort and practice.<sup>2</sup>

## Your style makes a difference

Working in health requires outstanding communication skills.<sup>3</sup> Communication is the transfer of understanding from one person to another.<sup>2</sup> Skillful communication is essential for clinical practice, for team building, and for maintaining a satisfying work climate. The ability to communicate effectively is one of the most important areas in which nurses need to be experts.<sup>4,5</sup> We communicate verbally by using words and tone of voice to transmit information, and nonverbally through facial expressions and gestures. Although nonverbal communication is always a vital part of our message, we are usually not aware of it.

Thus, it’s important to make sure that our body language is consistent with our verbal message.<sup>4,5</sup>

The style in which we communicate has a huge impact on creating understanding. Communication styles often are classified as passive, aggressive, or assertive. A person with a passive communication style appears to be timid, uninvolved, or uninterested. At the other end of the communication style spectrum is the person with an aggressive style.<sup>5</sup> People who use an aggressive style are often confrontational and choose words and use gestures that others perceive as sarcastic or even rude.<sup>4</sup> As opposed to the timid, passive communicator and the brash, aggressive communicator, a person with an assertive style communicates in a straightforward and confident manner.<sup>4,6</sup> He or she speaks in a well-modulated tone of voice and augments the verbal message by using direct eye





contact and appropriate gestures and facial expressions. Assertive communication involves more than standing up for yourself. Assertiveness is the ability to communicate with others about who you are and what you want and the ability to make others feel they can respond in kind.<sup>6</sup>

Even when you've developed an assertive style, there are still pitfalls that can undermine your communication effectiveness. Giving unsolicited advice, becoming defensive, using a patronizing manner, giving false reassurances, and blaming others are all behaviors that can sabotage effective communication.<sup>7</sup> Although it's tempting to give advice when another person raises an issue or problem, advice giving tends to stop the communication process. It's often more effective to allow the person with a problem to work through the problem by bouncing ideas off a willing and attentive listener. Becoming defensive is another communication barrier. Being on the receiving end of a hostile message stimulates a powerful defensive response in most people.

## A Confrontation at the Nurses Station

You have just finished the change of shift report when Mrs. Jasper confronts you at the nurses station. Due to a serious fall, Mrs. Jasper's sister, Nora Ingram, sustained a cervical fracture that, in spite of numerous efforts, has not yet been stabilized. During the past few days, Ms. Ingram also has shown signs of depression. Mrs. Jasper's first words to you are, "I need you to come check on my sister right now! She's having pain, and I put her call light on over 45 minutes ago. I want you to come take care of her right now. What kind of nurses are you that you don't care if a patient is in pain?"

Choose one of the following responses:

Choice A: "Please don't talk to me like that. I'm doing the best I can, and I doubt the call light was on for 45 minutes because we have a policy of answering call lights within 10 minutes. We're really understaffed this evening; as soon as a float nurse gets here, I'll see what I can do."

Choice B: "You have to understand that when we're in report, we can't be disturbed unless it's a real emergency. You should put her call light on at least 10 minutes before we start report."

Choice C: "I do care that your sister is in pain, but I have many other patients to take care of, and we really have some sick patients this evening. I'll ask one of the aides to check on her as soon as possible."

Choice D: "I can't be in two places at once. But if you think your sister is in such excruciating pain, I'll drop everything I'm doing and move her needs right to the top of my list."

Choice E: "I regret the delay. I know it's frustrating to wait for someone to respond, especially if your sister seems to be in pain. I'll meet you in her room in just a few minutes and evaluate what to do about her pain. We can also talk about how to respond to her needs, especially when we're changing shifts."

Analysis: Mrs. Jasper thinks the nursing staff is not responding to her sister's needs. She is also likely worried about the seriousness of her sister's injury, her lack of progress, her recent depression, and her prognosis. Mrs. Jasper may be feeling that if it takes such a long time to answer a call light, her

Rather than mount a defensive, emotional response to a verbal attack, try to recognize that the other person's communication behavior may be prompted by fear or stress.<sup>7</sup> If you find that you are starting to communicate aggressively, look for a physiological or psychological signal that can help you identify your own distress. Stop, take a deep breath, acknowledge that the message was not the one you intended to send, and start over.<sup>7</sup> Patronizing, or speaking down to another person, can stop the communication process in its tracks. Because as nurses we are motivated to relieve distress, we may have to resist the urge to give false reassurances. It helps to remember that it is unrealistic to expect that nurses can solve all problems or rescue everyone in need. A more therapeutic strategy is to support people as they work through uncomfortable situations by using active listening and solicited feedback. Blaming others is another communication stopper.

sister's needs are seen as unimportant. The length of time that Mrs. Jasper perceives it takes the call light to be answered also may increase her anxiety about how fast she can obtain assistance in an emergency. She is making a reasonable request — that you assess her sister's pain as soon as possible.

Let's look at the response choices:

Choice A: This response is defensive and argumentative. The nurse has taken Mrs. Jasper's comments as a personal attack, and her response does not demonstrate that she has read Mrs. Jasper's distress level. Debating the length of time the call light was on is likely to escalate Mrs. Jasper's anxiety level. Stating that the unit is understaffed and the need to wait for a float nurse to appear may reinforce Mrs. Jasper's suspicion that there aren't enough nurses (or caring nurses) to take care of her sister.

Choice B: This is an aggressive response. The nurse declines any acknowledgement of or responsibility for a delay in call light response by blaming Mrs. Jasper for not following the "rules."

Choice C: This is a passive-aggressive response. The nurse states that she does care about Ms. Ingram, but then establishes control by informing Mrs. Jasper that she is in charge of determining in what order patients' needs should be met. Her response also implies that Ms. Ingram is less deserving of attention because she isn't "sick enough." Suggesting that an aide will evaluate her sister's pain is a patronizing response and may increase Mrs. Jasper's view that she will need to be more demanding to ensure that sister receives adequate care.

Choice D: This is a sarcastic response that will likely infuriate Mrs. Jasper and increase the likelihood that she will be a frequent visitor to the nurses station. Once the nurse calms down, she probably will regret responding in this way.

Choice E: This is a responsive answer. The nurse acknowledges Mrs. Jasper's complaint without debating the length of time the call light was on or implying that Ms. Ingram's immediate needs aren't important. The nurse clearly lets Mrs. Jasper know that she is being heard. The nurse's response also sets the stage for future problem solving with Mrs. Jasper.

### Clinical Vignette

Brenda is the charge nurse on a busy medical/surgical unit. It's only 6:45 PM, and she has already handled a family member complaint, averted a conflict between two staff members, responded to an angry physician, and counseled a staff member about her interactions with a patient.

1. Mr. Clements is complaining that a staff member has treated him rudely. Which of the following responses is most appropriate for Brenda to make?
  - a. "Tell me exactly what happened."
  - b. "I'm sorry that happened, but our staff are really busy tonight."
  - c. "That particular staff member is having family problems."
  - d. "All of our staff have gone through customer relations training."
2. Shirley, the staff member about whom Mr. Clements complained, admits she was rude. Which of the following statements is most likely to help Shirley modify her future behavior?
  - a. "I'll have one of the other staff members take care of Mr. Clements."
  - b. "I'm going to have to write you up."
  - c. "Let's talk about what happened."
  - d. "I don't have time to solve your interpersonal problems."
3. James and Kayla, two nursing assistants, are arguing loudly at the nurses' station about break times. Which of the following statements is most appropriate in this situation?
  - a. "If you can't work this out, neither one of you will have a break tonight."
  - b. "Let's flip a coin."
  - c. "I knew I shouldn't have come to work tonight."
  - d. "Let's discuss this calmly in a more private place."
4. Dr. Gable is upset because a lab report he needs is missing. Which of the following nonverbal behaviors is most likely to communicate disinterest and escalate his angry response?
  - a. Sitting down to listen to what he is saying.
  - b. Continuing to chart while he is talking.
  - c. Making eye contact with him.
  - d. Writing down the facts he is stating about the missing lab report.

**Correct Answers**

1. A — This answer shows that Mr. Clements has Brenda's attention. It is a respectful answer that communicates that she is willing to listen to what happened from Mr. Clement's perspective. The other answers are dismissive non-answers that are likely to agitate Mr. Clements even further.
2. C — This reply demonstrates Brenda's willingness to be open and objective and to listen to both sides. Giving Shirley the chance to talk about what her feelings are is likely to start a dialogue about modifying future behaviors. The other answers will not solve the problem or attempt to avoid the problem.
3. D — Moving a public altercation such as this to a private place is the appropriate response. The other answers are either sarcastic or dismissive and don't demonstrate effective communication skills.
4. C — Continuing to carry on with other tasks while a distressed person is trying to talk communicates lack of respect. Sitting down, making eye contact, or writing down the details of a problem are nonverbal behaviors that communicate sincere interest in problem solving.

In nearly every situation, the responsibility for a communication breakdown is a joint responsibility.<sup>7</sup> You always have control over your response to an uncomfortable situation, even if it is to say: "I can't discuss that with you right now. I'd like to talk about this later when I have had time to think about it."<sup>7</sup>

Gender differences also affect the communication process. Research has confirmed what most people have learned through experience: Men and women use different communication styles, and these differences can create misunderstandings.<sup>6,8</sup> There are important differences in the way men and women work alone and in groups and in how they communicate with each other in a work setting.<sup>8</sup> Men tend to communicate to accomplish goals, while women often communicate to establish or to maintain relationships. Men are conditioned to use a direct and forceful manner of communicating, in contrast to women, who generally use a quieter and sometimes a more passive or tentative approach.<sup>6</sup>

Communication experts suggest that men need to increase their skills in listening to women express their feelings and points of view. Women can improve their communication with men by being more direct, by explaining their reasons for their views, and by being more tolerant when disagreements become part of a conversation. Research also shows that both men and women have fewer successful strategies for controlling anger than any other emotional state, including anxiety and fear.<sup>9</sup> There are also differences in what prompts an angry response. Men tend to become angry at loss of control, system inefficiencies, or lack of staff professionalism. Women experience both anger and hurt when they perceive other people as uncaring, unwilling to listen to them, or uninterested in forming a relationship.<sup>6,9</sup>

### Saying "no"

Responding to patient requests is an integral part of a nurse's role. Additionally, you must respond to requests from many other people, including colleagues, other healthcare team members, visitors, and supervisors. Requests may range from a patient's asking for your home telephone number or e-mail address to a coworker asking you to switch days off. Each request made of you usually is seen as reasonable from the point of view of the person making the request.<sup>6,10</sup> Assessing whether a request is unreasonable is your personal decision. A request may be considered unreasonable if it interferes with your ability to provide nursing care in a way that is consistent with your ethics and values or if it disrupts your personal life.<sup>10</sup> Obviously, in some situations you must comply with a request, such as a legitimate request made by your supervisor. However, other situations arise in which people make demands on your time and skills that you should decline.

It's often hard for nurses to turn down unreasonable requests because our strong need to be helpful can interfere with our right to say "no" clearly and direct-

ly.<sup>10</sup> To escape from these uncomfortable situations, we may concoct excuses about why we must say no and, as a result, feel helpless and frustrated. At other times, inappropriate guilt feelings about turning down an unreasonable request prompt us to respond in a hostile and defensive way. The middle ground is to learn how to recognize unreasonable requests and how to refuse such requests in a way that preserves your self-respect and also shows consideration for the person making the request.<sup>10</sup>

Saying no to a request requires using an assertive, rather than an aggressive or passive, communication style.<sup>9</sup> By being assertive, you protect yourself by turning down a request you choose not to handle and, at the same time, consider the feelings of the other person by refusing in a direct but polite manner. If you plan to refuse a request, tell the person so at the beginning of your conversation. Don't give elaborate background information and bury your refusal toward the end of your reply. If it makes your refusal more palatable, give some concise reasons why you are not able to comply with the request. It's also helpful to communicate that you understand the requestor's dilemma even if you can't solve it.<sup>10</sup> If appropriate, suggest an alternative course of action. Don't convey in any way verbally or nonverbally that you are unsure of your response or that with a little more pressure you could be persuaded otherwise.

For example, suppose a colleague asks you to help complete her charting because she is behind in her work. A passive (and illegal) response would be to simply comply with her request. A person with an aggressive style might take this opportunity not only to refuse the request but also to lecture your colleague about how she could keep up with her work if she were better organized. A more appropriate way to say no would be: "I'm not able to chart for care I haven't personally given — but I know you're running behind. Is there something else I can do to help you catch up?"

## Dealing with distress

Healthcare restructuring has had a major effect on the expression of distress in the workplace. When too few nurses are spread too thin, caring for high-acuity patients and worried families, anger often is directed to nursing staff.<sup>9</sup> Anger is a normal human emotion. However, when anger becomes destructive, it can make individuals feel vulnerable and even threatened.<sup>11</sup> Learning how to maintain your sensitivity to others so that you can respond in a caring and professional way without becoming distressed yourself requires good listening and assessment skills. The instinctive way to respond to anger is to respond aggressively. An aggressive response is likely to incite an angry person. When confronted with a request from an angry person, stop what you are doing, carefully listen to what the person is communicating, what he or she is feeling, what is being requested of you, and whether what the person is requesting is reasonable.<sup>10</sup> (See "A Confrontation at the Nurses Station.")

Besides the use of the appropriate words, the nonverbal manner in which you respond to a distressed person is also important. It is crucial for the person who is angry or upset to believe that he or she is being heard. To convey this impression, stop what you are doing, face the person, elimi-

nate distractions, and give your full attention to the speaker.<sup>8,12,13</sup> If possible, move to a private area. It's also important not to interrupt the person who is angry or upset.<sup>5,13</sup> Time is a precious commodity for most nurses, and the upset person may need your attention at a less-than-optimum time. However, taking the time up front to hear out a distressed person is a wise time investment because it increases the potential for problem solving. In dealing with coworkers who are angry, you can use several strategies to get communication back on track. Some helpful techniques include listening carefully to the source of the problem, increasing your aggressor's awareness of the abusive behavior and its negative effects, and not losing your composure.<sup>3,8</sup>

To defuse a hostile encounter, first try to determine the source of the problem. Focus on feelings, as well as facts. Don't interrupt — when it's your turn to speak, ask open ended — questions to gain clarity about why the person is upset. Asking an irate person for data can help him or her move from anger to problem solving.<sup>8</sup> Paraphrasing what the angry person has said is a way of showing you are actively listening.<sup>13</sup> If necessary, ask for more information so you can better understand the reason for the person's angry reaction. Using "I" messages prevents you from assigning blame, which tends to aggravate a person who is already angry.<sup>3</sup> For example, you might say, "I can see that you are angry. Can you tell me what upsets you about what I did?" The next step is to increase the person's awareness of the negative impact of the hostile communication. An assertive way of communicating this would be to say, "Dr. Brown, you may not realize that you are shouting at me. This makes me feel uncomfortable and prevents us from resolving this problem. I would be glad to talk to you when you lower your voice."<sup>7</sup> Remaining calm and in control in an aggressive situation also provides a contrast that may help the irate person realize that the aggressive behavior is inappropriate.<sup>7</sup> It is important to set limits on the inappropriate expression of anger.<sup>8</sup> If an angry colleague will not back down, you should inform the person that you will not tolerate verbal abuse. For example, you might say, "I spoke to you earlier about the comments you made in the hallway. If they continue, I will report them to my supervisor."<sup>14</sup>

As nurses, we encounter distressed people daily and need to find ways to relate to them that can help relieve their distress without upsetting us. We need to replace "the patient is always right" to "the patient deserves respect."<sup>12</sup> Nurses must be prepared to deal with the anger of patients, family members, and colleagues and even their own anger. Recognizing and minimizing communication barriers, using an assertive communication style, developing skill in refusing unreasonable requests, and knowing how to respond to an angry person can help you meet these workplace communication challenges.

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## References

1. Golman D. What makes a leader? *Harvard Bus Rev.* 1998;November-December:93-102.
2. McConnel CR. Interpersonal skills: what they are, how to improve them, and how to apply them. *Health Care Manager.* 2004;23(2):177-187.
3. Ogilive L. Dealing with upset people. *Nursing News.* 2004; 17 (6): 1-2.
4. Grohar-Murray M, Di Croce HR. *Leadership and Management in Nursing.* Upper Saddle River, NJ: Prentice Hall Health; 2003:1-65.
5. Ellis JR, Hartley CL. *Managing and Coordinating Nursing Care.* 4th ed. Philadelphia, PA: Lippincott, Williams & Wilkins; 2005:130-139.
6. Tomey AM. *Guide to Nursing Management and Leadership.* 7th ed. St. Louis, MO: Mosby; 2004:11-28.
7. Kowalski K. Building teams through communication and partnerships. In: Yoder-Wise P. *Leading and Managing in Nursing.* 3rd ed. St. Louis, MO: Mosby; 2003:323-347.
8. Rudan BT. The best of both worlds: a consideration of gender in team building. *J Nurs Adm.* 2003;33(3):179-186.
9. Thomas SP. Anger: The mismanaged emotion. *MEDSURG Nurs.* 2003;12(2): 103-109.
10. Riley JB. *Communication in Nursing.* 4th ed. St. Louis, MO: Mosby; 2002:252-315.
11. American Psychological Association. Controlling anger — before it controls you. APA Web site. <http://www.apa.org/topics/controlanger.html>. Accessed March 11, 2008.
12. Berger B. Managing the angry patient. U.S. Pharmacist Web site. <http://www.pharmacist.com/oldformat.asp?url=newlook/files>. Accessed February 4, 2008.
13. Oxtoby K. How to tackle verbal abuse. *Nurs Times.* 2004;100(43):20-22.
14. Buback D. Assertiveness training to prevent verbal abuse in the OR. *AORN J.* 2004;79(1):148-164.

# ce344-60C — Test

1. **Which of the following is an example of a “soft skill”?**
  - a. Starting an intravenous line.
  - b. Interpreting laboratory values.
  - c. Being able to manage the people part of your job.
  - d. Giving medications.
2. **Which of the following statements is accurate?**
  - a. Facial expressions and gestures are means of verbal communication.
  - b. Nonverbal communication is an important part of communication.
  - c. For effective communication, it is not necessary that body language be consistent with the verbal message.
  - d. People are usually aware of how they communicate nonverbally.
3. **A person who uses an aggressive communication style is often perceived by others as —**
  - a. Uninterested
  - b. Straightforward
  - c. Confrontational
  - d. Timid
4. **A person who has an assertive communication style —**
  - a. Tends to give a lot of advice
  - b. Focuses blame on others
  - c. Is argumentative
  - d. Speaks in a straightforward manner
5. **Which of the following is generally a stimulus for an angry response from women?**
  - a. Loss of control.
  - b. Perceiving others as uninterested in relationships.
  - c. System inefficiencies and breakdowns.
  - d. Lack of staff professionalism.
6. **People generally lack successful strategies for controlling which of these emotional states?**
  - a. Fear.
  - b. Anxiety.
  - c. Sadness.
  - d. Anger.
7. **Who is responsible for deciding whether a request is reasonable?**
  - a. Your family members.
  - b. Your coworkers.
  - c. You.
  - d. Your boss’s immediate supervisor.
8. **All of the following statements are accurate about assessing whether a request made of you is reasonable except —**
  - a. The assessment should be based on your personal decision
  - b. The request will create an inconvenience for you
  - c. The request will interfere with your ability to provide appropriate nursing care
  - d. The request will disrupt your personal life
9. **In turning down an unreasonable request, which of the following strategies can be appropriate?**
  - a. Using an aggressive communication style.
  - b. Suggesting an alternative course of action.
  - c. Placing your refusal at the end of the conversation.
  - d. Implying that you are willing to change your position.
10. **Which of the following techniques is important in responding to a distressed person?**
  - a. Asking the person to get to the point.
  - b. Giving your full attention to the person.
  - c. Ignoring the person until he or she calms down.
  - d. Distracting the person so he or she forgets about the problem.
11. **A crucial need experienced by people who are angry or upset is for them to believe that —**
  - a. They will be able to share their views with an administrator
  - b. They are being heard
  - c. They will have a chance to confront staff members
  - d. They will be able to put their concerns in writing
12. **The first step in defusing a hostile encounter is to —**
  - a. Set limits on the inappropriate expression of anger
  - b. Threaten to report the incident to your supervisor
  - c. Listen carefully to the source of the problem
  - d. Tell the person that he or she needs to calm down

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2. a.  b.  c.  d.
3. a.  b.  c.  d.
4. a.  b.  c.  d.
5. a.  b.  c.  d.
6. a.  b.  c.  d.
7. a.  b.  c.  d.
8. a.  b.  c.  d.
9. a.  b.  c.  d.
10. a.  b.  c.  d.
11. a.  b.  c.  d.
12. a.  b.  c.  d.

(Please print clearly.)

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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_  
*optional*

Home E-mail \_\_\_\_\_  
*optional*

<b>Evaluation</b>	<b>Strongly Agree (5)</b>	<b>Strongly Disagree (1)</b>
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La Palma Intercommunity Hospital - La Palma, CA  
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Montclair Hospital Medical Center - Montclair, CA  
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Torrance Memorial Medical Center - Torrance, CA  
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#### **WASHINGTON, DC/BALTIMORE**

Alleghany Regional Hospital - Low Moor, VA  
Anne Arundel Medical Center - Annapolis, MD  
Bon Secours - Baltimore, MD  
Calvert Memorial Hospital - Prince Frederick, MD  
Children's School Services/Children's National Medical Center - Washington, DC  
Culpeper Regional Hospital - Culpeper, VA  
Fairfax County Health Department, Division of Patient Care Services - Fairfax, VA  
Franklin Square Hospital Center - Baltimore, MD  
Georgetown University Hospital - Washington, DC  
Good Samaritan Hospital of Maryland - Baltimore, MD  
Greater Baltimore Medical Center - Baltimore, MD  
Greenbrier Valley Medical Center - Ronceverte, WV  
HealthCare Professionals Unlimited - Washington, DC  
Inova Health System - Falls Church, VA  
Kennedy Krieger Institute - Baltimore, MD  
Lewis-Gale Medical Center - Salem, VA  
Maryland General Hospital - Baltimore, MD  
MediCorp Health System - Fredericksburg, VA  
Mercy Medical Center - Baltimore, MD  
Montgomery General Hospital - Olney, MD  
Montgomery Regional Hospital - Blacksburg, VA  
National Rehabilitation Hospital - Washington, DC  
Providence Hospital - Washington, DC  
Pulaski Community Hospital - Pulaski, VA  
Reston Hospital Center - Reston, VA  
Sibley Memorial Hospital - Washington, DC  
St. Mary's Hospital - Leonardtown, MD  
Union Hospital - Elkton, MD  
Union Memorial Hospital - Baltimore, MD  
Washington Hospital Center - Washington, DC

#### **GREATER CHICAGO**

Advocate Good Samaritan Hospital - Downers Grove, IL  
Alton Memorial Hospital - Alton, IL  
Cancer Treatment Centers of America at Midwestern Regional Medical Center - Zion, IL  
DuPage Medical Group, Ltd. - Downers Grove, IL  
Mercy Hospital Chicago - Chicago, IL  
Provena Saint Joseph Hospital - Elgin, IL  
RML Specialty Hospital - Hinsdale, IL  
Sinai Health System - Chicago, IL  
St. James Hospital and Health Centers - Chicago Heights, IL

#### **SOUTHEAST**

Bertie Memorial Hospital - Windsor, NC  
Carolinas Hospital System - Florence, SC  
Chowan Hospital - Edenton, NC  
Crestwood Medical Center - Huntsville, AL  
Duke Health Raleigh Hospital - Raleigh, NC  
Duke University Hospital - Durham, NC  
Durham Regional Hospital - Durham, NC  
Flowers Hospital - Dothan, AL  
Gadsden Regional Medical Center - Gadsden, AL  
Gateway Medical Center - Clarksville, TN  
Gwinnett Health System - Lawrenceville, GA  
Mary Black Health System - Spartanburg, SC  
Medical Center of Central Georgia - Macon, GA  
Medical Center Enterprise - Enterprise, AL  
Memorial Health Care System - Chattanooga, TN  
Rex Healthcare System - Raleigh, NC  
River Region Health System - Vicksburg, MS  
Saint Joseph's Hospital of Atlanta - Atlanta, GA  
The Outer Banks Hospital - Nags Head, NC  
Trinity Medical Center - Birmingham, AL  
Wesley Medical Center - Hattiesburg, MS

#### **NEW ENGLAND**

Baystate Health - Springfield, MA  
Central Vermont Medical Center - Barre, VT  
ENRM Veterans Hospital - Bedford, MA  
Goodall Hospital - Sanford, ME  
Intellicare - South Portland, ME  
Mercy Medical Center - Springfield, MA  
Milton Hospital - Milton, MA  
Mount Auburn Hospital - Cambridge, MA  
Newton-Wellesley Hospital - Cambridge, MA  
Providence Behavioral Health Campus, Sisters of Providence Healthcare Systems - Holyoke, MA  
Saint Francis Hospital & Medical Center - Hartford, CT  
The Miriam Hospital - Providence, RI  
Waldo County General Hospital - Belfast, ME

#### **HEARTLAND**

Barnes-Jewish Hospital - St. Louis, MO  
Cancer Treatment Centers of America at Southwest Regional Medical Ctr - Tulsa, OK  
Central Arkansas Veterans Healthcare - AR





Claremore Regional Hospital - Claremore, OK  
 Deaconess Hospital - Oklahoma City, OK  
 Foundation Healthcare Management - Oklahoma City, OK  
 Great-West Healthcare - Greenwood Village, CO  
 McKesson Health Solutions - Broomfield, CO  
 Medical Center of South Arkansas - El Dorado, AR  
 National Park Medical Center - Hot Springs, AR  
 NEA Baptist Medical Center - Jonesboro, AR  
 North Kansas City Hospital - North Kansas City, MO  
 Northwestern Medical Center - Bentonville, AR  
 Northwestern Medical Center - Springdale, AR  
 Nurses PRN - Appleton, WI  
 Overland Park Regional Medical Center - Overland Park, KS  
 Parker Adventist Hospital - Parker, CO  
 Regional Health - Rapid City, SD  
 Saint Mary's Regional Medical Center - Russellville, AR  
 SouthCrest Hospital - Tulsa, OK  
 St. John's Mercy Medical Center - St. Louis, MO  
 Willow Creek Women's Hospital - Johnson, AR  
 Woodward Regional Hospital - Woodward, OK

### **NORTHWEST**

Alaska Department of Corrections - Anchorage, AK  
 Alaska Regional Hospital - Anchorage, AK  
 Central Peninsula General Hospital - Soldotna, AK  
 Mat-Su Regional Medical Center - Palmer, AK  
 McKenzie-Willamette Medical Center - Springfield, OR  
 Peace Harbor Hospital - Florence, OR  
 Providence Health and Services Alaska - Anchorage, AK  
 Samaritan Health Services - Corvallis, OR  
 St. John Medical Center - Longview, WA  
 Willamette Valley Medical Center - McMinnville, OR

### **MIDWEST**

AdvantageRN - Westchester, OH  
 Affinity Medical Center - Massillon, OH  
 Bluffton Regional Medical Center - Bluffton, IN  
 Dukes Memorial Hospital - Peru, IN  
 Dupont Hospital - Fort Wayne, IN  
 Health Providers Choice - Rochester Hills, MI  
 Henry Ford Health System University - Detroit, MI  
 Kosciusko Community Hospital - Warsaw, IN  
 Licking Memorial Health Systems - Newark, OH  
 Lutheran Hospital of Indiana - Fort Wayne, IN  
 Marion General Hospital - Marion, OH  
 New Albany Surgical Hospital - New Albany, OH  
 RediMed - Fort Wayne, IN  
 Rehabilitation Hospital of Fort Wayne - Fort Wayne, IN  
 St Joseph Hospital - Fort Wayne, IN

### **NEW YORK/NEW JERSEY**

Atlantic Health System - Florham Park, NJ  
 Bergen Regional Medical Center - Paramus, NJ  
 Carrier Clinic - Melle Meade, NJ  
 Chilton Memorial Hospital - Pompton Plains, NJ  
 Christian Health Care Center - Wyckoff, NJ  
 East Orange General Hospital - East Orange, NJ  
 Elizabeth Seton Pediatric Center - New York, NY  
 Englewood Hospital and Medical Center - Englewood, NJ  
 FF Thompson Hospital - Canandaigua, NY  
 Hackettstown Regional Medical Center - Hackettstown, NJ  
 Harlem Hospital Center - New York, NY  
 Horizon Blue Cross Blue Shield of New Jersey - NJ  
 Horizon NJ Health - NJ  
 Hospital for Special Surgery - New York, N  
 Loving Care Agency - Ridgefield Park, NJ  
 Memorial Sloan Kettering Cancer Center - New York, NY  
 NYU Hospital for Joint Diseases - New York, NY  
 Palisades Medical Center - North Bergen, NJ  
 Presbyterian Homes and Services of New Jersey - NJ  
 Queens Hospital Center, HHC - Jamaica, NY

Raritan Bay Medical Center - Perth Amboy, NJ  
 Saint Peter's University Hospital - New Brunswick, NJ  
 Somerset Medical Center - Somerville, NJ  
 St. Joseph's Healthcare System - Paterson, NJ  
 St. Joseph's Wayne Hospital - Wayne, NJ  
 St. Lawrence Rehabilitation Center - Lawrenceville, NJ  
 Trinitas Hospital - Elizabeth, NJ  
 Valley Health System - Ridgewood, NJ  
 Western Suffolk BOCES Health Careers - Northport, NY

### **FLORIDA**

CareGuide - Coral Springs, FL  
 Edward White Hospital - St. Petersburg, FL  
 Englewood Community Hospital - Englewood, FL  
 GEO Care, Inc. - Pembroke Pines, FL  
 Glades General Hospital - Belle Glade, FL  
 Helen Ellis Memorial Hospital - Tarpon Springs, FL  
 Lee Memorial Health System - Ft. Myers, FL  
 Martin Memorial Health System - Stuart, FL  
 Mercy Hospital - Miami, FL  
 Miami-Dade County Health Department - Miami, FL  
 Miami Jewish Home & Hospital - Miami, FL  
 Moffitt Cancer Center - Tampa, FL  
 Morton Plant Mease Health Care - Clearwater, FL  
 Mount Sinai Medical Center - Miami Beach, FL  
 Northwest Medical Center - Margate, FL  
 Shriners' Hospital for Children - Tampa, FL  
 St. Anthony's Health Care - St. Petersburg, FL  
 St. Joseph's-Baptist Health Care - FL

### **GREATER PHILADELPHIA**

Albert Einstein Healthcare Network - Philadelphia, PA  
 Alliance Healthcare Information - Lyland, PA  
 Bayhealth Medical Center - Dover, DE  
 Cancer Treatment Centers of America at Eastern  
 Regional Medical Center - Philadelphia, PA  
 Capital Health System - Trenton, NJ  
 Christiana Care Health System - Newark, DE  
 Community Medical Center - Scranton, PA  
 Eagleville Hospital - Eagleville, PA  
 Genesis HealthCare - Kennett Square, PA  
 Hanover Hospital - Hanover, PA  
 Health Partners - Philadelphia, PA  
 Holy Redeemer Home Care - NJ/PA  
 Independence Blue Cross - Philadelphia, PA  
 JustiCorp - Paoli, PA  
 Kennedy Health System - Cherry Hill, NJ  
 Keystone Mercy Health Plan - Philadelphia, PA  
 Memorial Hospital of Salem County - Salem, NJ  
 Mercy Fitzgerald Hospital - Darby, PA  
 Mercy Home Health - Springfield, PA  
 Mercy Hospital of Philadelphia - Philadelphia, PA  
 Mercy Suburban Hospital - Norristown, PA  
 Parkhouse, Providence Pointe - Royersford, PA  
 Phoenixville Hospital - Phoenixville, PA  
 Pottstown Memorial Medical Center - Pottstown, PA  
 Presbyterian Homes & Services of New Jersey - NJ  
 Princeton HealthCare System - Princeton, NJ  
 Robert Wood Johnson University Hospital - Hamilton, NJ  
 St. Francis Healthcare Services - Wilmington, DE  
 St. Francis Medical Center - Trenton, NJ  
 St. Joseph Medical Center - Reading, PA  
 St. Joseph's Manor - Meadowbrook, PA  
 St. Mary Medical Center - Langhorne, PA  
 The Lafayette Redeemer - Philadelphia, PA  
 The Visiting Nurse Association of Greater Philadelphia - PA  
 Thomas Jefferson University Hospital - Philadelphia, PA

### **SOUTHWEST**

Banner Baywood Heart Hospital - Mesa, AZ  
 Banner Baywood Medical Center - Mesa, AZ

Banner Behavioral Health Hospital - AZ  
 Banner Churchill Community Hospital - Fallon, AZ  
 Banner Desert - Mesa, AZ  
 Banner Estrella Medical Center - Phoenix, AZ  
 Banner Gateway Medical Center - Phoenix, AZ  
 Banner Good Samaritan Medical Center - Phoenix, AZ  
 Banner Thunderbird Medical Center - Glendale, AZ  
 Carl T. Hayden VA Medical Center - Phoenix, AZ  
 Carlsbad Medical Center - Carlsbad, NM  
 Flagstaff Medical Center - Flagstaff, AZ  
 Kingman Regional Medical Center - Kingman, AZ  
 Lea Regional Medical Center - Hobbs, NM  
 Mesa View Hospital - Mesquite, NV  
 MountainView Hospital - Las Vegas, NV  
 MountainView Regional Medical Center - Las Cruces, NM  
 Northwest Medical Center - Oro Valley, AZ  
 Northwest Medical Center - Tucson, AZ  
 PHC-Las Cruces dba Memorial Medical Center - NM  
 St. Joseph's Hospital and Medical Center - Phoenix, AZ  
 St. Rose Dominican Hospitals - Henderson, NV  
 Sunrise Hospital and Medical Center - Las Vegas, NV  
 Tucson Surgery Center - Tucson, AZ  
 University Medical Center - Tucson, AZ  
 Verde Valley Medical Center - Cottonwood, AZ  
 Western Governors University - Salt Lake City, UT

### **SOUTH CENTRAL**

Abilene Regional Medical Center - Abilene, TX  
 Accordant Health Services, Inc. - San Antonio, TX  
 Baylor All Saints Medical Centers - Fort Worth, TX  
 Brownwood Regional Medical Center - Brownwood, TX  
 Christus Health System - TX/LA  
 College Station Medical Center - College Station, TX  
 DeTar Hospital - Victoria, TX  
 Dubuis Health System - Beaumont, TX  
 Ector County ISD - Odessa, TX  
 Green Oaks Hospital - Dallas, TX  
 Kindred Hospital - San Antonio, TX  
 Las Colinas Medical Center - Irving, TX  
 Longview Regional Medical Center - Longview, TX  
 Medical Center of Plano - Plano, TX  
 Navarro Regional Hospital - Corsicana, TX  
 People's Health - Metairie, LA  
 Plaza Medical Center - Fort Worth, TX  
 Post Acute Medical, LLC - San Antonio, TX  
 Presbyterian Hospital of Denton - Denton, TX  
 San Angelo Community Medical Center - San Angelo, TX  
 San Jacinto Methodist Hospital - Houston, TX  
 Shannon Medical Center - San Angelo, TX  
 St. Joseph Medical Center - Houston, TX  
 Tulane University Hospital & Clinic/  
 Tulane - Lakeside Hospital - New Orleans, LA  
 Women and Children's Hospital - Lake Charles, LA  
 Woodland Heights Medical Center - Lufkin, TX

### **NATIONAL/INTERNATIONAL**

50 States Staffing	Access Nurses
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Clinical One	Corrections Corp. of America
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Kuwait Oil Company - Kuwait	Nurses 24/7
Odyssey Healthcare	TravelMax Medical Professionals
Travel Nurse Across America	
UnitedHealth Group	



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# Self-Study Modules | State Required

Price includes initial test processing fee. For more information or to order, please see pages 80-81

## FLORIDA REQUIREMENTS

CE Broker system is the Florida Department of Health continuing education tracking database. If directed by a nurse completing education activities (and provided with a valid Florida license number), Nursing Spectrum CE will report their contact hours to CE Broker.

All Florida-licensed RNs and LPNs are now in a 24-month renewal cycle and must complete 25 hours of appropriate continuing education during each renewal period. This continuing education must include two (2) hours on Prevention of Medical Errors. HIV/AIDS is now a one-time, 1-hour CE requirement to be completed prior to the first renewal. Domestic Violence CE is now a 2-hour requirement every third renewal.

### 60033 Preventing Medical Errors — Florida Requirement

This program explores approaches to prevent medical errors that are both system-based and human performance-based and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) National Patient Safety Goals as they pertain to medical errors. This course meets the requirement for prevention of medical errors continuing education for Florida-licensed professionals.

**CONTACT HOURS:** 2.0 **FEE:** \$15

### 60133 Domestic Violence

This course is designed to meet the new two-hour requirement in domestic violence for Florida-licensed professionals.

**CONTACT HOURS:** 2.0 **FEE:** \$15

### CE 234 Florida HIV/AIDS Update — The New Millennium

This course meets the one-time requirement for HIV/AIDS continuing education for Florida-licensed professionals.

**CONTACT HOURS:** 1.0 **FEE:** \$10

## KENTUCKY REQUIREMENTS

### 60019 Kentucky HIV/AIDS Requirement for Healthcare Professionals

Healthcare professionals applying for license renewal in Kentucky must complete two hours of AIDS-related CE approved by the Kentucky Cabinet for Health Services. This module meets that requirement.

**CONTACT HOURS:** 2.0 **FEE:** \$25

## MICHIGAN REQUIREMENTS

### CE391 Pain Management Basics for Nursing Licensure in Michigan

Nurses applying for relicensure in Michigan must complete a program addressing pain management basics. This module meets that requirement.

**CONTACT HOURS:** 1.0 **FEE:** \$10

## NEVADA REQUIREMENTS

### 60044 Weapons of Mass Destruction & Emergency Preparedness for Nursing Licensure in Nevada

Fulfill the new Nevada requirement by completing this four-contact-hour module on biological, chemical, and radiological/nuclear weapons.

Beginning January 1, 2005, all nurses renewing their license must have completed a four-hour bioterrorism



course as part of their CE renewal requirement. For more information about this requirement, go to <http://nursingboard.state.nv.us/contedu/bioterrorism%20CEs.htm>.

**CONTACT HOURS:** 4.0 **FEE:** \$25

## NEW YORK REQUIREMENTS

### 60010 NY Mandated Infection Control for Healthcare Professionals

RNs, LPNs, physicians, physician assistants, podiatrists, optometrists, dentists, dental hygienists, and other health care professionals must receive state-approved training on infection control and barrier precautions for a new or renewed New York license. This module satisfies that requirement.

**CONTACT HOURS:** 3.0 **FEE:** \$30

### 60012 Identifying and Reporting Child Abuse and Maltreatment in New York

RNs, physicians (including psychiatrists), chiropractors, dentists, podiatrists, optometrists, psychologists, dental hygienists, teachers, pupil personnel services professionals, school administrators, and other professionals must document completion of state-approved coursework about physical and behavioral indicators of child abuse and maltreatment for initial licensure in New York. This module satisfies that requirement.

**CONTACT HOURS:** 2.0 **FEE:** \$25

## OHIO REQUIREMENTS

### 60031 Becoming Familiar with the Ohio Nurse Practice Act

Nurses applying for relicensure in Ohio must complete a program addressing Ohio's nurse practice act. This module meets that requirement.

**CONTACT HOURS:** 1.5 **FEE:** \$12

## OREGON REQUIREMENTS

### 60069 A Nurse's Guide to Pain Management

Nurses applying for relicensure in Oregon must complete a program addressing pain management. This module meets that requirement.

**CONTACT HOURS:** 6.0 **FEE:** \$42



## PUERTO RICO REQUIREMENTS

### 60037 Breastfeeding for Nursing Licensure in Puerto Rico

Nurses applying for relicensure in Puerto Rico must complete a three-hour program that addresses breastfeeding. The content of this module is designed to meet that requirement.

**CONTACT HOURS:** 3.0 **FEE:** \$20

### 60038 Domestic Violence and Abuse for Nursing Licensure in Puerto Rico

Nurses applying for relicensure in Puerto Rico must complete a three-hour program that addresses domestic violence and abuse. The content of this module is designed to meet that requirement.

**CONTACT HOURS:** 3.0 **FEE:** \$20

**60039 Infection Control for Nursing Licensure in Puerto Rico**

Nurses applying for relicensure in Puerto Rico must complete a three-hour program that addresses infection control. The content of this module is designed to meet that requirement.

**CONTACT HOURS:** 3.0 **FEE:** \$20

**60049 Adolescent Health Care for Nursing Licensure in Puerto Rico**

Fulfill the new Puerto Rican requirement on adolescent health care by completing this course.

**CONTACT HOURS:** 4.0 **FEE:** \$25

## Self-Study Modules | Multiple Unit

Price includes initial test processing fee. For more information, or to order, please see pages 80-81

### Advanced Practice Nursing

**60156 The Advanced Practice Nurse CE Anthology, 2008 edition**

Our anthologies continue to be our biggest sellers because customers enjoy the variety of topics and the convenient, easy-to-read format of single-unit CE modules. The APN anthology features a wide range of topics of interest relevant to advanced nursing practice. This 2008 edition includes such topics as female sexual disorder, pandemic preparedness, Sjogren's syndrome, women and lung cancer, post-polio syndrome, HPV vaccine, benign prostatic hypertrophy, and much more.

**CONTACT HOURS:** 15.0 **FEE:** \$50

### Bio- and Radiological Terrorism

**60045 Weapons of Mass Destruction — Emergency Preparedness for Nurses**

Are you prepared in the event a biological, chemical, or radiological/nuclear assault strikes the U.S.? Learn about the signs and symptoms related to each category of weapons, medical management, personal protective equipment, the Health Alert Network, and much more.

**CONTACT HOURS:** 4.0 **FEE:** \$25

**60068 Preparing for Bioterrorism: Nurses on the Front Line**

Often the first to encounter victims of a bioterrorist assault, nurses need to be ready to respond. This course describes the six agents most likely to be used in a bioterrorist attack (including anthrax and smallpox) and what you need to know to care for victims and yourself.

**CONTACT HOURS:** 5.0 **FEE:** \$42

### Bioethics/Legal/Regulatory Issues

**60051 One-Size Doesn't Fit All When it Comes to Age-Specific Competencies**

This course will help to increase your understanding of the competencies required to provide care to patients of different age groups. It describes the JCAHO standard that relates to age-specific competency, and it identifies the specific age ranges and the nursing considerations relevant to each of the age strata.

**CONTACT HOURS:** 1.7 **FEE:** \$15

**60097 Everyday Ethics for Nurses**

Do you feel at a loss when ethical dilemmas occur in your clinical setting? Written for all nurses, this insightful course will help you to recognize and work through situations to which there are no easy answers.

**CONTACT HOURS:** 7.3 **CCM CLOCK HOURS:** 6.0 **FEE:** \$49

## WEST VIRGINIA REQUIREMENTS

**60139 End-Of-Life and Pain Management Issues for Nursing Licensure in West Virginia**

Nurses applying for license renewal in West Virginia must complete a two contact hour program on the topic of end-of-life issues. This program meets that requirement.

**CONTACT HOURS:** 2.0 **FEE:** \$15

**60150 Preventing Medication Errors**

Despite the efforts of healthcare providers, medication error rates in communities, hospitals, and homes remain high. When errors happen, nurses react in similar ways, experiencing guilt, worry, and loss of clinical confidence. Find out what you can do to avoid them.

**CONTACT HOURS:** 2.0 **FEE:** \$15

### Career Fitness®

**60148 Writing Well: A Nurse's Handbook**

Here's a handbook of tips and tricks on writing well that's geared specifically to nurses. Learn how to write for publication, including community or workplace newsletters and professional nursing journals.

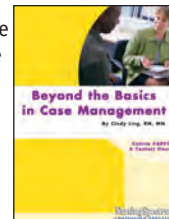
**CONTACT HOURS:** 5.5 **FEE:** \$42

### Case Management

**60055 Beyond the Basics in Case Management**

Written for the experienced case manager, this course builds upon *Case Management Basics*, the first course in this series, by providing more advanced information about the specialty. It covers industry trends and opportunities, levels of practice, five direct outcome areas of case management, legal issues and risk, and ethical dilemmas. The end-of-course case study, Expert in Action, will test your expertise.

**CONTACT HOURS:** 6.0 **CCM CLOCK HOURS:** 4.0 **FEE:** \$47

**60101 Utilization Management: A Core Course**

Get the information you will need to perform the utilization management process in this course for nurses in acute care, home health, psychiatry, and long-term care, as well as UM nurses in insurance companies and managed care.

**CONTACT HOURS:** 10.0 **CCM CLOCK HOURS:** 8.0 **FEE:** \$64

**60102 Case Management Basics**

Are you just getting started in case management? Written for the entry-level case manager, this easy-to-read, concise course covers the key concepts of case management and the case management process.

**CONTACT HOURS:** 5.8 **CCM CLOCK HOURS:** 4.0 **FEE:** \$47

**60103 A Nurse's Guide to Discharge Planning**

Get the essential information you'll need to ensure continuity of care and health maintenance for your discharged patients.

**CONTACT HOURS:** 5.0 **CCM CLOCK HOURS:** 4.0 **FEE:** \$38

# Self-Study Modules | Multiple Unit Continued

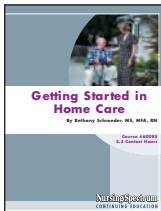
Price includes initial test processing fee. For more information, or to order, please see pages 80-81

## Community and Home Health Nursing

### 60085 Getting Started in Home Care

Are you just getting started in nursing home care? This introductory course will provide you with all the basic information you'll need. Topics include the history of home care, case management, clinical expectations, coordination of care, home health benefits, community referrals, managing outcomes — plus sample home health case management scenarios.

**CONTACT HOURS:** 5.3 **CCM CLOCK HOURS:** 4.0 **FEE:** \$42



### 60132 Getting Started in Hospice Care

Are you interested in hospice care? Or have you just entered the practice and want to add to the information you received during orientation? This course will provide you with the basics a novice needs to know. Learn about the role of the hospice nurse, the function of the interdisciplinary team, and the process for accessing the clinical team. Pain and symptom management and care of the hospice patient as death approaches are covered. Topics such as the Medicare hospice benefit, hospice eligibility requirements, reimbursement, and documentation are also included.

**CONTACT HOURS:** 6.5 **CCM CLOCK HOURS:** 6.0 **FEE:** \$45



## Complementary Care

### 60015 A Nurse's Sourcebook of Complementary Therapy

Chances are that your patients are using complementary health care in their lives. Become familiar with 20 of the most popular modalities — their uses, adverse effects, precautions, and associated research. The sourcebook also includes a listing of related organizations and associations.

**CONTACT HOURS:** 2.5 **FEE:** \$20

### 60141 Complementary Alternative Medicine Online Certificate Program (ONLINE ONLY)

Are you interested in finding out more about complementary and alternative medicine (CAM)? Developed by faculty at Rush University who are experts in CAM, this course features everything you want to know about CAM — and more. Learn about the five major areas of CAM, the indications, safety considerations, contraindications, and ways to assess your patients' use of common therapies. An evidence-based practice model and its applications to CAM are included. End-of-life care, stress and anxiety, cultural issues, depression, and community-based health care are discussed within the context of CAM. Hyperlinks to helpful resources and information will broaden your knowledge of CAM. Case studies and opportunities for interactivity are provided to reinforce your learning.

**CONTACT HOURS:** 11.0 **FEE:** \$75



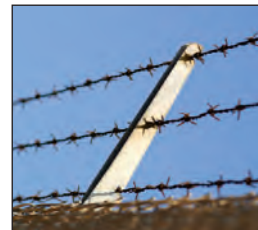
## Correctional Health Nursing

*This series of educational programs reveals the little-known world of correctional health nursing. This growing specialty has twists and turns to care that are present in no other setting.*

## 30 Correctional Health Nursing

Buy all five courses in the correctional health series for one low price! This item contains: "Chronic Illness in the Correctional Setting," "Control and Management of Infectious Diseases in the Correctional Setting," "Legal Origins and Issues Behind Correctional Nursing," "Psychiatric Nursing in the Correctional Setting," and "Women in Prison." The courses can be studied independently since each one has its own test.

**CONTACT HOURS:** 5.0 **FEE:** \$40



## Critical Care

### 60052 Recognizing and Treating the Five Shock States

Early recognition and treatment of shock saves lives. This course will help nurses in acute care settings become knowledgeable about the general pathophysiology of shock and the five distinct types of shock: cardiogenic, hypovolemic, anaphylactic, neurogenic, and septic shock. Case studies will test your knowledge.

**CONTACT HOURS:** 4.0 **CCM CLOCK HOURS:** 4.0 **FEE:** \$30

### 60090 Rhythm Recognition: Getting to the Heart of the Matter

Written for med/surg, critical care, and emergency department nurses, this course provides a step-by-step approach to rhythm analysis and interpretation. It will help to enhance your ability to recognize and interpret cardiac dysrhythmias — a major nursing responsibility in the acute care setting.

**CONTACT HOURS:** 5.8 **FEE:** \$47

### 60100 Knowing Your ABGs: The Blood Gas Report

Do you need clarification on your ABGs? This course provides all the information you'll need to fine tune your interpretation skills: acid-base and oxygenation, buffer systems, renal and respiratory control of acid-base, and the mechanisms of hypoxemia. Examples and practice exercises are included to help reinforce these concepts.

**CONTACT HOURS:** 5.0 **FEE:** \$40

### 60159 The Critical Care Nurse CE Anthology, 2008 Edition

Convenient and easy to read. A variety of interesting critical care topics, such as the appropriate care for artificial airways, measures to fight central line infections, the differences between shock states, and advice on interpreting the liver function panel in our new specialty targeted CE anthology.

**CONTACT HOURS:** 10.0 **FEE:** \$40

## Endocrinology

### 60034 Thyroid Disorders

The thyroid is the butterfly-shaped gland that keeps all systems humming along in harmony. But let it flap its wings a few times, and all sorts of discord can erupt. More than 20 million Americans have some form of thyroid disease, and in many cases it goes misdiagnosed or undiagnosed. This offering presents a current overview of the most common thyroid disorders.

**CONTACT HOURS:** 1.5 **FEE:** \$15



**60104 A Nurse's Guide to Diabetes Care**

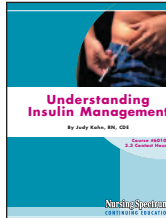
More than 10% of Americans over age 55 have diabetes. You'll be better prepared to care for patients with diabetes by learning about current diabetes care, bedside blood glucose monitoring, and advances in insulin therapy.

**CONTACT HOURS:** 2.5 **CCM CLOCK HOURS:** 2.0 **FEE:** \$24

**60105 Understanding Insulin Management**

This is an excellent course for nurses caring for patients with diabetes in any setting. Learn about the insulin regimens available, along with the principles of insulin dosage management using prospective and retrospective approaches. Find out about the benefits and practical guidelines for using insulin analogs: lispro (Humalog), aspart (NovoLog), Glulisine (Apidra), Glargine (Lantus), and Detemir (Levemir).

**CONTACT HOURS:** 3.3 **CCM CLOCK HOURS:** 4.0 **FEE:** \$28

**Forensic Nursing****60024 Violence and Families**

Violence in our society is documented statistically in the FBI Crime Reports and National Crime Surveys and clinically in the number of victims admitted to EDs in trauma centers and hospitals. The possibility that people might be injured or have their home invaded by a stranger is a frightening thought. But hundreds of Americans face an even more devastating reality when they are harmed, not by a stranger, but by someone they trusted: a member of their own family. Learn the scope, trends, and characteristics of family violence so you can make the appropriate interventions.

**CONTACT HOURS:** 2.0 **FEE:** \$15

**60025 Rape Violence**

What is a rapist, and what drives him to his crime? Is he simply a sexually aggressive macho man, or is he a demented fiend driven by manic lust and violence? In reality, offenders don't have to resort to rape to achieve sexual relations. If sex isn't a primary motive, then what is?

**CONTACT HOURS:** 2.0 **FEE:** \$15

**Gerontological Nursing****60087 Promoting Continence**

Do you know how to care for patients with urinary incontinence? This CE resource covers assessments and interventions, pharmacological therapies, nonsurgical treatment, and incontinence's psychological impact.

**CONTACT HOURS:** 5.0 **FEE:** \$38

**60144 Osteoporosis: A Preventable Epidemic**

Learn how to prevent and treat osteoporosis in your patients, your family, and yourself. Topics include normal bone physiology and pathogenesis of the disease, risk factors and their modification, treatment and prevention strategies, and hormone replacement therapy.

**CONTACT HOURS:** 8.3 **CCM CLOCK HOURS:** 6.0 **FEE:** \$55

**60154 The Geriatric Health Anthology, 2008 Edition**

The 2008 *Geriatric Health Anthology* will help you care for this unique patient population and for your own family members. Whether you're working on an acute care unit, in home care, in long-term care, or in an assisted living setting, this convenient, easy-to-read anthology will help you better understand this patient population. Some topics included are: colorectal cancer, periodontal disease, tinnitus in the elderly, post-polio syndrome, benign prostatic hypertrophy, female sexual disorder, shingles, cataracts, and much more

**CONTACT HOURS:** 20.0 **FEE:** \$65

**Infectious Diseases/Infection Control****60011 Infection Control for Healthcare Professionals**

With potential infection lurking in every corner, health care can be a risky business. Learn how to disrupt disease and maintain a safe environment to prevent the spread of infectious and communicable diseases. And this module is even an entertaining read — really!

**CONTACT HOURS:** 3.0 **FEE:** \$20

**60040 Infectious Microbes and Diseases**

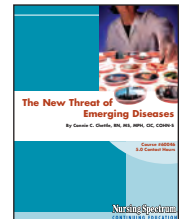
Even in the presence of antimicrobial pharmacotherapies, nurses are key to the control of the spread of infection and the safety and health of patients. However, infection control practices follow numerous and, at times, conflicting guidelines and regulations, which may vary somewhat by agency. This offering explores the structures and physiology of pathogens and the nature of infectious disease causation to enable nurses to develop effective strategies for the disruption of disease transmission.

**CONTACT HOURS:** 1.4 **FEE:** \$15

**60046 The New Threat of Emerging Diseases**

At least 40 new infectious diseases — including HIV, hepatitis C, avian flu, SARS, West Nile virus, and mad cow disease — emerged by the end of the 20th century. Other diseases once thought eradicated — like cholera, yellow and dengue fever, and TB — have reemerged. Increased human population, environmental deterioration, global trade and travel, and the use and abuse of antibiotics have contributed to this upsurge of infectious disease. Learn about this new public health threat, including the signs and symptoms of the more common diseases and their treatment and prevention.

**CONTACT HOURS:** 5.0 **FEE:** \$40

**60073 Treating and Preventing Communicable Diseases**

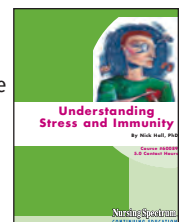
No matter what the setting, nurses need to know about infectious diseases and infection control practices. This well-written, informative course covers tuberculosis, foodborne illnesses, meningitis, multi-drug resistant organisms, lice, scabies, Lyme disease, viral hepatitis (including hepatitis C), and travel medicine — plus the latest isolation precautions.

**CONTACT HOURS:** 7.9 **CCM CLOCK HOURS:** 6.0 **FEE:** \$58

**60089 Understanding Stress and Immunity**

It's no secret that stress affects our well-being and performance. Learn more from an expert about this link between stress and immunity and how to educate patients about preventing damage to their immune systems. This course covers the concept of stress, the response to stress, stress physiology, the immune system, stress-induced immunologic imbalance, and the protection of the immune system.

**CONTACT HOURS:** 5.0 **CCM CLOCK HOURS:** 4.0 **FEE:** \$40

**Management Nursing****60106 Developing your Leadership Potential**

Written for all nurses, this timely course features the practical skills and strategies you need to become an effective leader. Learn about communicating effectively, managing conflict, delegating and evaluating the work of others, using critical thinking skills, and managing change.

**CONTACT HOURS:** 6.8 **CCM CLOCK HOURS:** 6.0 **FEE:** \$52

# Self-Study Modules | Multiple Unit Continued

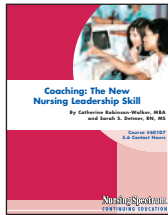
Price includes initial test processing fee. For more information, or to order, please see pages 80-81

## Management Nursing — Continued

### 60107 Coaching: The New Nursing Leadership Skill

With coaching, all levels of nurses in formal or informal leadership roles can improve staff performance, facilitate exceptional teamwork, and enhance professional development. This course describes the coaching skills necessary to develop staff in the quest for outstanding patient care. These concepts will provide the map to transforming your unit and your organization, with the positive results reflected on the bottom line.

**CONTACT HOURS: 5.6 CCM CLOCK HOURS: 4.0 FEE: \$47**



### 60108 Learning to Lead: From Staff Nurse to Charge Nurse

All nurses are leaders when they care for patients, but many nurses also find themselves in a position to lead colleagues in a team or on a patient care unit. This course highlights the skills you'll need to handle managerial roles confidently and enthusiastically. Topics include conflict and relationship management, coaching, delegation, and evaluation, with numerous case examples of how to handle the challenges of moving from staff nurse to charge nurse.

**CONTACT HOURS: 5.0 FEE: \$42**



## Medical/Surgical Nursing

### 60041 The Right Nursing Guide for Parenteral Nutrition for Adults and Children

Parenteral nutrition (PN), cost-cutting, and the nurse. Where's the connection? To start with, PN use has declined as the number of patients who can be fed enterally has risen. Given that, many multidisciplinary nutrition support teams have been disbanded as a way to reduce costs. Not surprisingly, the RN has had to become an expert in delivering PN. But do you really know all you need to about this life-sustaining measure? Find out how you'll have to go beyond the five rights of medication administration.

**CONTACT HOURS: 2.5 FEE: \$20**

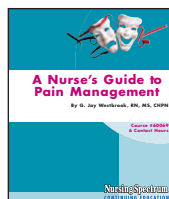
### 60042 The ABCs of Blockers — The Antihypertensive Agents

Hypertension is a silent killer. More than 50 million Americans have it. When uncontrolled, the risk for stroke and heart disease increases. In fact, higher morbidity and mortality rates directly correlate with uncontrolled hypertension. Even when treated, 40% of patients continue to run dangerous, uncontrolled blood pressures. Learn about the three types of medications most commonly used to treat hypertension and improve cardiovascular and cerebrovascular health and understand the nursing implications associated with these medications.

**CONTACT HOURS: 2.7 FEE: \$25**

### 60069 A Nurse's Guide to Pain Management

This course provides an overview on pain management for nurses in any setting who work with patients in pain. It discusses the myths and misconceptions related to pain assessment and treatment, describes pain assessment techniques, and explains the use of analgesics, including the use of the



equianalgesia chart for pain management. Non-drug pain relief measures are also featured.

**CONTACT HOURS: 6.0 CCM CLOCK HOURS: 6.0 FEE: \$42**

### 60071 Balance and Hearing: At Risk From Drugs

Medications can cause anything from mild hearing loss to profound bilateral deafness and severe balance problems. Written for ENT, med/surg, and home care nurses, this home study course is one of the most comprehensive resources on ototoxicity.

**CONTACT HOURS: 5.0 FEE: \$38**

### 60072 Of Human Bondage: Alternatives to Restraints

Be sure you're up-to-date on the newest findings and regulations regarding the use of restraints with this comprehensive course.

**CONTACT HOURS: 2.5 FEE: \$24**

### 60074 Management of the Patient with Stroke

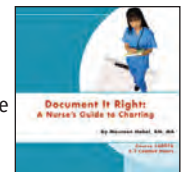
Stroke is the leading cause of disability and the third leading cause of death in the United States. Learn about the latest therapeutic strategies, the modification of risk factors, and acute and rehabilitative care.

**CONTACT HOURS: 9.2 CCM CLOCK HOURS: 8.0 FEE: \$61**

### 60076 Document it Right: A Nurse's Guide to Charting

Would your charting stand up to scrutiny? Find out with this course that includes charting fundamentals, the formats and the legal requirements, as well as the use of computerized documentation.

**CONTACT HOURS: 5.2 CCM CLOCK HOURS: 4.0 FEE: \$40**



### 60083 Putting Patient Teaching Into Practice

Would you like to be more skilled at patient teaching? Help patients and families learn how to manage health care problems and to achieve optimal health by reading this comprehensive course that's packed full of the information you'll need to be an effective educator.

**CONTACT HOURS: 7.5 CCM CLOCK HOURS: 8.0 FEE: \$58**

### 60084 Getting Your Message Across: Patient Teaching

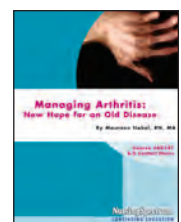
You can make a difference in patients' and families' health outcomes by becoming an effective educator. Learn about the nurse's role in patient teaching and the goals of patient education — including Joint Commission standards, the step-by-step teaching-learning process, and how to customize learning to meet individual needs.

**CONTACT HOURS: 2.6 FEE: \$24**

### 60147 Managing Arthritis: New Hope for an Old Disease

Arthritis has always plagued the human race, and for centuries we have had to bear the pain. Now, however, much can be done to abate this age-old malady. This comprehensive course for nurses covers the most common forms of arthritis, osteoarthritis, and rheumatoid arthritis as well as less frequently seen forms of arthritis. It includes review of joint anatomy, diagnostic tests, pharmacological treatment strategies, surgical management and nutrition, exercise, and complementary therapies.

**CONTACT HOURS: 6.5 CCM CLOCK HOURS: 4.0 FEE: \$49**



**60151 Multidisciplinary CE Anthology, 2008 Edition**

The 2008 Multidisciplinary Continuing Education Anthology will help broaden your clinical knowledge — almost all specialties are represented by a diverse range of modules. This convenient, easy-to-read CE anthology consists of CE modules from Nursing Spectrum and NurseWeek in 2007, plus several extra ones. The modules were written by your expert colleagues and thoroughly reviewed by members of our CE Advisory Board. It includes topics like female sexual disorder, insomnia, Sjogren's syndrome, P. aeruginosa, post-polio syndrome, colorectal cancer, pandemic preparedness, the 2008 safety goals, and much more.

**CONTACT HOURS:** 30.0 **CCM CLOCK HOURS:** 20.0 **FEE:** \$69

**60152 Multidisciplinary CE Anthology, 2007 Edition**

**CONTACT HOURS:** 24.0 **FEE:** \$63

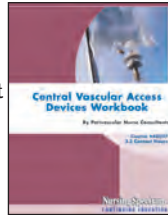
**60153 Multidisciplinary CE Anthology, 2007 Edition**

**CONTACT HOURS:** 20.0 **FEE:** \$57

**60157 Central Vascular Access Devices Workbook**

This workbook reviews the four major catheter classifications and types; their indications, uses, and complications; and related nursing management interventions. It is based on the latest Infusion Nurses Society's standards of practice, as well as the Centers for Disease Control and Prevention guidelines.

**CONTACT HOURS:** 3.0 **FEE:** \$45

**60158 IV Venipuncture Procedure Workbook**

This workbook reviews venous anatomy and physiology related to the insertion of peripheral vascular access devices, specifically the catheter-over-the-needle, as well as criteria for selecting a vein, device, and gauge. Documentation guidelines and legal issues are also discussed.

**CONTACT HOURS:** 3.0 **FEE:** \$45

## Oncology

**60075 Cancer and Chemotherapy**

This excellent, concise resource covers the essential information you need to know to care for patients with cancer in any setting. Learn about chemotherapy, its adverse effects, and physiological impact on patients.

**CONTACT HOURS:** 8.3 **CCM CLOCK HOURS:** 6.0 **FEE:** \$56

## Pediatric Nursing

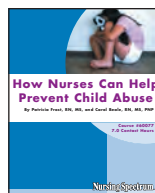
**60050 Keeping Adolescents on a Healthy Track**

Working with adolescents is an exciting and challenging opportunity for nurses. This course will help you to be more effective when caring for this dynamic population. Learn about pubertal growth and development, the cognitive changes, nutritional requirements, the principles of resiliency, effective communication techniques, and more.

**CONTACT HOURS:** 4.0 **CCM CLOCK HOURS:** 4.0 **FEE:** \$25

**60077 How Nurses Can Help Prevent Child Abuse**

Do you know how to recognize the physical, psychological, and emotional signs and symptoms of child abuse? Nurses need to be informed about this all-too-common crime against children. This course fulfills requirements for California public health nurses. (This CE program describes



the child abuse definitions and reporting laws used in California and Texas. If you are a healthcare provider from another state, you should review your state-approved definitions of child abuse and reporting requirements.)

**CONTACT HOURS:** 7.0 **FEE:** \$42

**60078 Common Pediatric Problems in Ambulatory Care**

This easy-to-read guide covers the key information you need to care for pediatric patients and to educate their parents.

**CONTACT HOURS:** 5.0 **FEE:** \$38

**60080 Meeting the Challenge of Pediatric Pain Management**

Children in pain can exhibit vastly different behaviors, presenting unique challenges to care providers. This course will help you recognize, assess, and treat children's pain and includes the latest Joint Commission mandates.

**CONTACT HOURS:** 2.9 **CCM CLOCK HOURS:** 4.0 **FEE:** \$27

**60081 Pediatric Respiratory Infections**

Children are especially vulnerable to respiratory infections.

Learn more about viral and bacterial respiratory infections that can result in serious and sometimes life-threatening illnesses, such as respiratory syncytial virus, epiglottitis, croup, pertussis, and the pneumonias.

**CONTACT HOURS:** 5.8 **CCM CLOCK HOURS:** 6.0 **FEE:** \$45

**60082 Kids in Crisis: Pediatric Emergencies**

Do you know how to treat and prevent pediatric trauma? Learn new strategies and the national standards for a variety of common pediatric emergencies.

**CONTACT HOURS:** 3.8 **CCM CLOCK HOURS:** 6.0 **FEE:** \$31

**60086 Pediatric Resuscitation: Recognizing and Managing Children at Risk**

Need a quick review for PALS? Learn to recognize the prearrest state in your pediatric patients, set priorities for nursing and medical management interventions, and increase your understanding of intraosseous infusion.

**CONTACT HOURS:** 4.7 **FEE:** \$37

## Perinatal Nursing

**60021 Chronic Medical Conditions and Pregnancy**

More than 15% of the four million births in the U.S. are high risk because of maternal or fetal complications. Chronic medical conditions account for two-thirds of maternal mortalities, with hypertensive disorders alone accounting for more than 20% of all maternal deaths. Nurses periodically must review major chronic medical conditions, and their effects on both mother and fetus. This module reviews 15 of them.

**CONTACT HOURS:** 1.7 **FEE:** \$15

**60023 Hypertensive Disorders of Pregnancy: Pathology, Symptoms, and Treatment**

Some pregnant women occasionally have serious maternal symptoms, such as hypertension, weight gain, proteinuria, and even seizures that only delivery of the fetus could eliminate. This pathology, eclampsia, complicates 8% of pregnancies, causing 25% of perinatal deaths. Learn how to identify and manage pregnancy-induced hypertension.

**CONTACT HOURS:** 1.7 **FEE:** \$15



# Self-Study Modules Multiple Unit Continued

Price includes initial test processing fee. For more information, or to order, please see pages 80-81

## Perinatal Nursing — Continued

### 60057 Childbirth Education: A Handbook for Nurses

Childbirth is one of the most memorable moments in a woman's life. Nurses play a unique and important role in facilitating a joyful, positive birth for a woman and her family. Their expert interventions often turn a painful, uncertain situation into a happy, fulfilling event. This self-study guide explains pain management strategies and information taught in childbirth preparation programs, so that nurses may incorporate these skills into the care of their patients. This module will inform nurses so they can guide women through the birth process as active participants.

**CONTACT HOURS:** 4.2 **FEE:** \$30

### 60149 Perinatal Infection

Perinatal infections are a leading cause of maternal morbidity as well as neonatal mortality and morbidity. This module provides information about epidemiology; assessment and diagnosis; management of mother, fetus, and newborn; and implications for nursing practice when dealing with toxoplasmosis, rubella, rubeola, fifth's disease, genital herpes, varicella zoster, syphilis, bacterial vaginosis, and Group B streptococcus.



**CONTACT HOURS:** 3.0 **FEE:** \$20

## Professional Issues

### 60137 Charting Your Course to an Academic Nursing Career (ONLINE ONLY)

Have you ever considered a career in teaching? This course provides a realistic portrayal of an academic career in nursing: It discusses the faculty shortage, the critical need for more nursing instructors, and the many personal rewards and challenges of teaching, including testimonials from practicing instructors and professors. It highlights the changing role of nurses and how it's impacting nursing education. Also provided are the essential steps to get started on this fulfilling career path.

**CONTACT HOURS:** 3.6 **FEE:** Free (Sponsored by Johnson & Johnson's Campaign for Nursing's Future)



### 60140 Research in the Clinical Setting: Taking Nursing to New Heights

Have you ever thought that you may know of a better way to perform a clinical procedure? Or perhaps you've wondered about the subtle differences between patient populations. Or you've observed that certain treatments work better than others. Like any good detective, you have to substantiate what you suspect and this course about conducting research can help you get started in proving your case.

**CONTACT HOURS:** 2.0 **FEE:** \$15

## Psychiatric Nursing

### 60016 Depression and Suicide: Risk Factors, Diagnosis, and Treatment

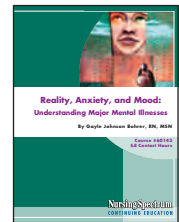
During any one-year period, more than 17 million Americans (10% of the population) suffer from a depressive illness. As a nurse, chances are that one of your patients is trying to cope with depression right now.

**CONTACT HOURS:** 1.5 **FEE:** \$15

### 60143 Reality, Anxiety, and Mood: Understanding Major Mental Illnesses

Caring for patients with chronic mental illness is a unique challenge. Written for adult care and entry-level mental health nurses, this course will better prepare you to care for patients with schizophrenia, depression, bipolar illness, and obsessive compulsive disorder.

**CONTACT HOURS:** 5.8 **CCM CLOCK HOURS:** 4.0 **FEE:** \$45



## Spanish

### 60064 Spanish for Healthcare Professionals

Do you wish you could communicate better with your Spanish-speaking patients? This two-volume, 25-contact-hour course starts with basic vocabulary and grammar and progresses to intermediate grammar, medical terminology, histories, physical exams, and diagnostic tests.

**CONTACT HOURS:** 25.0 **FEE:** \$107 (Text & audiocassette)



The two volumes are also available separately with audiocassettes:

### 60062 Part 1, Medical Spanish for Beginners

**CONTACT HOURS:** 12.5 **FEE:** \$55 (Text & audiocassette)

### 60063 Part 2, Intermediate Course

**CONTACT HOURS:** 12.5 **FEE:** \$55 (Text & audiocassette)

### 60067 Spanish for Health Care Professionals

Same great course — now available in CDs!

**CONTACT HOURS:** 25.0 **FEE:** \$115 (Text & CD)

The two volumes are also available separately with CDs:

### 60065 Part 1, Medical Spanish for Beginners

**CONTACT HOURS:** 12.5 **FEE:** \$60 (Text & CD)

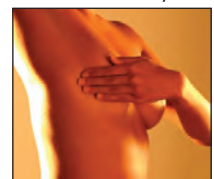
### 60066 Part 2, Intermediate Course

**CONTACT HOURS:** 12.5 **FEE:** \$60 (Text & CD)

## Women's Health

### 60020 Navigating the Breast Cancer Journey

Affecting one in eight women and touching the lives of most nurses, breast cancer is the most common cancer in women. Among neoplasms, only lung cancer kills more women. However, earlier detection and improved treatment are significantly reducing mortality rates. Follow the personal journey of one nurse for an overview of the risk factors, diagnostic and treatment modalities, and support that can make all the difference for women diagnosed with this disease.



**CONTACT HOURS:** 1.7 **FEE:** \$15

### 60098 Woman & Heart Disease

Heart disease is the leading cause of death among American women. This course provides nurses with the information they need to educate women about heart disease, whether in a healthcare provider's office or hospital.

**CONTACT HOURS:** 7.6 **CCM CLOCK HOURS:** 8.0 **FEE:** \$58



**60099 Women's Hormones Across the Life Span**

Newly updated to include the latest study findings on hormone replacement therapy, this course features a comprehensive view of normal and abnormal menstrual function, hormonal contraception, and menopause — including drug dosages and case studies to test your knowledge.

**CONTACT HOURS:** 7.5 **FEE:** \$58

**60155 The Women's Health Anthology, 2008 Edition**

This course is geared to nurses who care for women in any setting. Convenient and easy-to-read, it features single-unit modules on a wide variety of topics related to women's health. The anthology includes topics such as women and lung cancer, insomnia, female sexual disorder, endometrial cancer, HPV, fetal alcohol syndrome, menopause, uterine fibroid embolization, social anxiety disorder, and much more.

**CONTACT HOURS:** 20.0 **FEE:** \$65

# Self-Study Modules | Single Unit

All courses are 1 contact hour and \$10 each.

Some modules are available **online only**.

## Bio- and Radiological Terrorism

- CE286** Biological Weapons & Emergency Preparedness, Part 1
- CE287** Biological Weapons & Emergency Preparedness, Part 2
- CE363** Radiation Incidents and Emergency Preparedness
- CE368** Chemical Weapons and Emergency Preparedness
- CE516** Smallpox Vaccine: Making an Informed Decision

## Bioethic/Legal/Regulatory Issues

- CE102** Adverse Drug Events
- CE151** Fall Prevention Among the Elderly
- CE158** Healthcare Fraud
- CE242** Patients Who Refuse Blood
- CE271** Mad Cow and New Variant Creutzfeldt-Jakob Diseases
- CE339** The Organ Donation Choice: Families Need Information and Sensitivity
- CE353** JCAHO Gets Tough on Wrong-Site Surgery
- CE360** Can You Answer Patients' Questions About Clinical Trials
- CE462** Lines of Communication
- CE510** Document it Right: Would Your Charting Stand Up to Scrutiny?
- CE513** HIPAA and Confidentiality: Practice May Change, But Principles Endure
- CE535** Advance Directives: An Unrealized Goal
- CE549** Safety First: The Joint Commission's Patient Safety Goals for 2009

## Cardiology

- CE178** Cardiac Invasive Procedures
- CE196** Control of Hypertension: Can We Win the War?
- CE337** Cholesterol: The Good, the Bad, and the Balanced Part 1: Assessment
- CE338** Cholesterol: The Good, the Bad & the Balanced 2: Treatment
- CE383** New Test and Drugs Boost Success in Managing Heart Failure
- CE389** How Do You Mend a 'Broken' Heart?
- CE421** Periodontal Disease Is a Systemwide Risk
- CE469** Time To Measure Up to The Joint Commission's Acute MI Core Measures
- CE484** Are the Core Measures for Heart Failure a Part of Your Practice?
- CE506** Hypertension: Review of Guidelines and Drug Therapy Management
- CE507** Keeping the Beat — Pacemaker Therapy Grows More Important as the Population Ages
- CE531** Cardio Tests: Noninvasive Procedures Aid Diagnosis of Cardiovascular Disease

## Career Fitness®

- CE90** Working with Interdisciplinary Teams
- CE112** Surviving and Thriving with Conflict on the Job
- CE140** Interviewing for Career Advancement
- CE147** Resumes: The Recruiter's Perspective
- CE166** Networking for Career Advancement
- CE168** Improving Your Ability to Think Critically
- CE171** Earning Degrees by Distance Education
- CE183** A Quick Guide to Preparing Professional Presentations
- CE190** Partnership: Making the Most of Mentoring
- CE221** Unlock Your Creativity
- CE236** Harmonize Diversity Through Personality Sensitivity
- CE250** How to Develop a Business Plan
- CE307** The Uncommon Handshake
- CE328** Keeping Colleagues — Nurse Retention Is Everyone's Responsibility
- CE365** The Power of Change: Nurses Make the Difference
- CE548** Protect Yourself: Know Your Nurse Practice Act

## Case Management

- CE340** Making the Transition to Workers' Comp Case Management
- CE354** Disease Management Empowers Patients, Improves Lives

## Community and Home Care Nursing

- CE80** Wounds: Nursing Care and Products — Part I
- CE81** Wounds: Nursing Care and Products — Part 2
- CE108** Epidemiology: Introductory Concepts
- CE109** For Nurses New to Home Care
- CE125** Managing Legal Risks in Home Healthcare
- CE172** Taking an Exposure History
- CE176** Heroin is Not Chic: The Epidemic Continues
- CE194** Contemporary Body Piercing and Tattooing Renaissance
- CE207** Smoking Cessation — Developing a Workable Program
- CE211** Screening: How to Change World Health
- CE229** How Can We Reach Teenage Smokers?
- CE251** Exercise for Health and Fitness
- CE258** Out of Harm's Way: Healthy Homes for Children
- CE268** Family Caregivers: Doing Double Duty
- CE278** Indoor Radon Health Risks: A New Field for Nurses
- CE293** The Impact of Cults on Health
- CE306** Human Growth Hormone — Pharmaceutical Fountain of Youth?
- CE308** Methyl Mercury Poisoning: A Public Health Menace
- CE312** Hospice Care — Right Patient, Right Time, Right Place
- CE336** Financial Triage: Enhancing Medical Adherence

# Self-Study Modules | Single Unit Continued

All courses are 1 contact hour and \$10 each. Some modules are available online only.

## Community and Home Care Nursing — Continued

- CE409** RNs Shelter Victims of Disaster  
**CE422** Are You Prepared for a Flu Pandemic?

## Complementary Healthcare

- CE199** Complementary and Integrative Practices Potpourri  
**CE247** Guided Imagery — A Powerful Therapeutic Support  
**CE290** Understanding the Complexities of Herbal Medicine  
**CE385** Research Reveals the Benefits of Meditation

## Correctional Health Nursing

- CE520** Legal Origins and Issues Behind Correctional Nursing  
**CE521** Control/Manage Infectious Diseases in the Correctional Setting  
**CE522** Psychiatric Nursing in the Correctional Setting  
**CE523** Women in Prison  
**CE524** Chronic Illness in the Correctional Setting

## Critical Care Nursing

- CE83** Emergency Drug Therapy  
**CE123** Hemodynamics for the Bedside Nurse  
**CE144** Early Intervention: Automatic External Defibrillators  
**CE148** Right Versus Left Ventricular Infarctions  
**CE226** Gastric Tonometry: Early Warning of Tissue Hypoperfusion  
**CE228** Abdominal Aortic Aneurysm  
**CE332** Pace Yourself: Temporary Epicardial Pacing  
**CE345** ICU Alert: Worsening Respiratory Function Can Signal ARDS  
**CE404** Nurses Can Help Zap VAP  
**CE408** Weathering the Electrical Storm of AF  
**CE415** Families in the ED: Helpful or Harmful?  
**CE423** Getting to the Heart of MI — and STEMI  
**CE431** To Air Is Human: Care of the Patient with an Artificial Airway  
**CE444** A Test of Skill: Learning to Interpret the Liver Function Panel  
**CE445** Treatment and Prevention of Anemia of Critical Illness  
**CE461** Stroke Alert: Brain Attack — Think TPA!  
**CE468** Rapid Response Teams Can Rescue Patients from Inhospital Cardiac Arrest  
**CE475** Noninvasive Positive Pressure Ventilation Requires Healthcare Team Spirit  
**CE476** A Lurking Danger: A 'Bundle' of Safety Measures Available to Fight Central Line Infections  
**CE505** Shock States: Knowing the Similarities and Differences Is Vital  
**CE517** Sepsis: The Body's Overreaction to Infection Can Prove Deadly

## Cultural Competency

- CE255** An Action Plan for Cultural Competence  
**CE263** Cultural Perspectives in Childbearing  
**CE398** Cultural Competence for Today's Nurses, Part 1 — Culture and Women's Health  
**CE399** Cultural Competence for Today's Nurses, Part 2 — Culture and Mental Health  
**CE400** Cultural Competence for Today's Nurses, Part 3 — The Cultural Factor in Pain Management  
**CE401** Cultural Competence for Today's Nurses, Part 4 — Communicating Effectively with Patients Who Have Limited English Proficiency

- CE402** Cultural Competence for Today's Nurses, Part 5 — Culturally Diverse Nursing Staff: Working Together  
**CE455** Moving Past Stereotypes with the Roma  
**CE525** Foreign-Educated Nurses: Overcoming Barriers to Job Satisfaction and Belonging, Part One  
**CE526** Foreign-Educated Nurses: Overcoming Barriers to Job Satisfaction and Belonging, Part Two

## Emergency Nursing

- CE79** Cardiovascular Effects of Cocaine  
**CE100** Hand Trauma: Emergency Measures to Rehab  
**CE142** ABCs of Emergency Burn Management  
**CE167** Rattlesnake Bite: Treatment or Mistreatment?  
**CE210** Recognizing Drug-Seeking Behavior  
**CE346** Abdominal Trauma: A Major Cause of Morbidity and Mortality  
**CE379** Emergency Care Is a Patient's Right — Insured or Not  
**CE403** Drowning from the Inside Out  
**CE415** Families in the ED: Helpful or Harmful?  
**CE419** Coping with Nonurgent Patients in the ED  
**CE427** EDs Face Influx of Nonurgent Patients  
**CE433** Cold Comfort: Treating Hypothermia in the Trauma Patient  
**CE436** A Valid, Reliable Triage System Can Help You Better Assess ED Patients' Acuity  
**CE449** Too Hot to Handle: Heat-Related Injuries in the ED

## Endocrinology

- CE135** Insulin Pump Therapy: An Alternative to Conventional Insulin Injections  
**CE252** Hypoglycemia in Tightly Controlled Type 1 Diabetes : How to Recognize, Prevent, and Treat It  
**CE288** The Piece de Resistance: Insulin Resistance Syndrome  
**CE378** From Lizards and Laboratories: New Diabetes Treatment Options  
**CE439** New Horizons in Diabetes Treatment  
**CE457** Nurses Can Be Diabetes Detectives

## ENT

- CE111** Recognizing Ototoxicity  
**CE215** Hearing Loss and Assessment: A Concern for All  
**CE543** The Patient with Ménière's Disease

## Florida Board of Nursing Requirements

- CE234** Florida Update — HIV/AIDS in the New Millennium

## Forensic Nursing

- CE192** Forensic Nursing and Violent Schoolchildren  
**CE253** Sexual Assault and Rape: The Nursing Role  
**CE296** Evidence Collection and Preservation in a Healthcare Setting

## Gastroenterology

- CE103** Endoscopy  
**CE113** Gastroesophageal Reflux Disease: Infancy Through Adulthood  
**CE217** Irritable Bowel Syndrome: Not Just a Gut Feeling  
**CE262** Shaping Up with Liposuction  
**CE333** Where No Scopes Have Gone Before: Capsule Endoscopy  
**CE355** Endoscopic Ultrasound Reveals GI Tract Secrets

- CE451** Chromoendoscopy — The Colors of Health and Disease  
**CE542** Diverticular Disease: Proper Diet May Help Prevent Common Colon Condition

### Gerontologic Nursing

- CE98** Two Sides of Stroke  
**CE101** Late Onset Alcoholism in the Community  
**CE127** Combating the Effects of Immobility  
**CE128** The Management of Urinary Incontinence  
**CE151** Fall Prevention Among the Elderly  
**CE202** Disease Management of Osteoarthritis  
**CE213** Parkinson's Disease: What a Nurse Should Know  
**CE214** Polypharmacy in the Elderly  
**CE239** The Mystery of Sleep: How Nurses Can Help the Elderly  
**CE259** Age-Related Macular Degeneration  
**CE261** Focus on Feet  
**CE277** Preventing Late-Life Suicide  
**CE284** Let's Talk Teeth — Dental Health of Older Adults  
**CE302** Nursing Home Inspections — It's About the Residents  
**CE304** Dementia in the Elderly  
**CE310** Dizziness in Elders: Defined and Differentiated  
**CE313** Stopping Abuse in Nursing Homes  
**CE324** Postprandial Hypotension in Older Adults  
**CE335** When the Nose No Longer Knows — Smell and Taste Disorders in Elders  
**CE350** Nurses Can Help Older Drivers Steer Clear of Trouble  
**CE371** Elderly Want to 'Age in Place'  
**CE405** Sarcopenia Robs Older Adults of Strength  
**CE458** Tinnitus: More Than Ringing in the Ears  
**CE511** Elder Abuse — Mistreatment of Older Americans on the Rise  
**CE533** The Hospitalized Older Adult: Entering a Danger Zone

### Immunology

- CE369** Hope for the 'Heartbreak of Psoriasis'  
**CE386** Celiac Disease Demands a Lifelong Gluten-Free Diet  
**CE388** Lupus Remains Incurable, but Research Offers Hope  
**CE397** Fibromyalgia: Looking Good and Feeling Awful  
**CE429** The Desert of Sjögren's Syndrome  
**CE512** Fundamentals of Chronic Fatigue Syndrome  
**CE515** Rheumatoid Arthritis — Living with a Chronic Disease  
**CE530** Autoimmune Disease: A Leading Cause of Death Among Women

### Infectious Disease/Infection Control

- CE145** Chlamydia: The Silent Epidemic  
**CE163** Infection Control: HIV/AIDS and Other Bloodborne Pathogens  
**CE182** Lyme Disease  
**CE191** Promoting Medication Adherence in HIV Treatment  
**CE200** Hepatitis C: The Shadow Epidemic  
**CE233** Clinical Management of HIV Disease in Adults in the HAART Era  
**CE271** Mad Cow and New Variant Creutzfeldt-Jakob Diseases  
**CE285** Emerging Infectious Diseases — Intercontinental Travelers  
**CE311** Clinical Management of Adults with HIV Opportunistic Infections  
**CE323** SARS — The Latest Menacing Microbe  
**CE325** The Pox Collection — Two Classics and an Exotic Import  
**CE341** Will Avian Flu Mutate into a Pandemic  
**CE361** Coping with the Unwelcome Surprise of Shingles  
**CE362** *C. Difficile* Threatens Hospitalized Patients  
**CE376** The Inside Story on Mold  
**CE384** New 'Super Bug' a Danger for Even the Young and Healthy

- CE390** Life-Threatening Fungal Infections on the Rise  
**CE410** Herpes — Common and Sometimes Dangerous  
**CE413** Bacterial Meningitis — Still a Dangerous Foe  
**CE453** New Norovirus Strain Spreads Across U.S.  
**CE459** Food Gone Bad  
**CE464** Malaria: A Global Killer  
**CE480** MRSA May Be Waiting Right Around the Corner  
**CE482** Dengue Fever Could Threaten U.S.  
**CE483** The Germy Truth About Public Swimming Pools  
**CE504** West Nile Virus: Spread of the Mosquitoborne Illness  
**CE509** Antibiotic Resistance: The Emergence of 'Super Bugs'  
**CE527** Emerging Infectious Diseases: A Growing Threat in the U.S.  
**CE547** The ABCs of Hepatitis: Preventive Measures Can Halt Transmission

### Management

- CE105** The Staff Nurse as Risk Manager  
**CE392** Sexual Harassment, Personal Liability, and Related Issues  
**CE514** Spread Your Wings: RNs Have What It Takes to Be Effective Leaders

### Medical/Surgical Nursing

- CE78** Enhancing Family Communications  
**CE84** Alcoholism in the Hospitalized Patient  
**CE85** Advanced Physical Assessment: Breasts  
**CE86** TB or Not TB?  
**CE89** Seizure Disorders  
**CE92** Interstitial Cystitis  
**CE94** Avoiding the Pitfalls of IV Therapy  
**CE104** Winning the War Against Antibiotic-Resistant Infections  
**CE110** The Patient with Pancreatitis  
**CE133** Your Worst Headache — Migraine  
**CE136** International Travel: Traveling Healthy  
**CE138** Troubleshooting Central Venous Catheters  
**CE146** Orthopedic Emergency: Compartment Syndrome  
**CE152** Latex Allergy Alert  
**CE174** Drug Interactions with Medication and Food  
**CE179** A Peek at the Eye: What to See and Do  
**CE189** Therapeutic Advances: New Hope for Patients with ALS  
**CE198** Comprehensive Disease Management of Patients with Asthma  
**CE201** Mechanical Complications in Long-Term Feeding Tubes  
**CE203** Obstructive Sleep Apnea  
**CE206** Warfarin Basics  
**CE222** vonWillebrand Disease  
**CE227** Genetic Risk Assessment  
**CE235** Identifying Pain in the Hospice Patient  
**CE241** Tennis Elbow Is Not Just for Tennis Players  
**CE249** Making a Spiritual Assessment  
**CE266** The Healing Power of Humor  
**CE272** Assessing and Managing Dyspnea  
**CE279** CBC 101: Blood Count Basics  
**CE283** Low-Back Pain: The Nurse's Nemesis  
**CE299** Genetic Testing — Decoding the Mysteries  
**CE300** The Nose Knows: Insights into Allergic Rhinitis  
**CE303** Complex Regional Pain Syndrome — Type 1  
**CE319** Got Gout? Ancient Malady, Modern Concerns  
**CE327** The Ins and Outs of Continent Urinary Diversions  
**CE356** Visitors at the Bedside — Blessing or Bane?  
**CE357** Putting the Squeeze on Edema  
**CE359** Follow the Evidence to Up-to-Date Practice  
**CE366** Hidden Danger: Venous Thromboembolism

# Self-Study Modules | Single Unit Continued

All courses are 1 contact hour and \$10 each. Some modules are available online only.

## Medical/Surgical Nursing — Continued

<b>CE367</b>	Clearing up the Confusion About Delirium
<b>CE374</b>	Fighting for Breath with COPD
<b>CE375</b>	Body Fat Shapes Patients' Health
<b>CE380</b>	Providing Relief for Patients with Malignant Wounds
<b>CE382</b>	Helping Veterans Back to Civilian Life
<b>CE387</b>	Going ... Going ... Gone — Understanding Overactive Bladder
<b>CE406</b>	Nanotechnology in Medicine: The Future Is Very Small
<b>CE411</b>	Back in Action with Joint Replacement, Part 1
<b>CE412</b>	Back in Action with Joint Replacement, Part 2
<b>CE418</b>	SJS and TEN Leave Their Mark on the Skin
<b>CE420</b>	Telephone Triage: Help Is Just a Call Away
<b>CE424</b>	From 'Distress' to 'De-stress' with Stress Management
<b>CE426</b>	Insomnia: Sleepless in America
<b>CE430</b>	Safer Handling Saves Nurses' Backs
<b>CE442</b>	Knocking Out Pain Safely with PCA
<b>CE450</b>	Decades Later — Post-Polio Syndrome
<b>CE463</b>	Attention Nurses: Anticoagulant Overdoses Prompt Joint Commission to Issue New Safety Requirement
<b>CE481</b>	A Perfect Match: Preventing Blood Incompatibility Errors
<b>CE485</b>	Nurses Critical as Reimbursement Dries Up for Catheter-Associated UTIs
<b>CE487</b>	Marfan Syndrome: Inherited Disorder Has Far-Reaching Effects
<b>CE500</b>	Toxic Alert: Many Commons Drugs Can Damage Kidney and Liver
<b>CE528</b>	Weighing the Choices: Sorting Through the Diet Hype
<b>CE534</b>	Cystic Fibrosis: No Cure Yet, But Treatment Advances Continue
<b>CE538</b>	Facing Limb Loss, Part 1: Helping Patients to Regain Function
<b>CE539</b>	Facing Limb Loss, Part 2: Hope for the Future
<b>CE544</b>	Kidney Disease, Part 1: Early Detection Can Delay Progression
<b>CE545</b>	Kidney Disease, Part 2: Understanding Dialysis
<b>NW0017</b>	Asthma: Diagnosis and Treatment

## Men's Health

<b>CE275</b>	Understanding the Challenges of Prostate Cancer
<b>CE309</b>	Silent Suffering in Men — Detecting Prostatitis
<b>CE321</b>	Testicular Cancer Hits Below the Belt
<b>CE330</b>	Erectile Dysfunction: Straight Answers About Treatment Options
<b>CE352</b>	Transition Not Crisis — Men at Midlife
<b>CE356</b>	BPH — A Growing Problem for Men

## Michigan Requirement

<b>CE391</b>	Pain Management Basics for Nursing Licensure in Michigan
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## Neonatology

<b>CE465</b>	Congenital Heart Disease in the Neonate
<b>CE474</b>	Neonatal Hyperbilirubinemia: Early Detection and Proper Nursing Care

## Neurology

<b>CE156</b>	Brain Attack, Part 1 — Diagnostic Studies
<b>CE157</b>	Brain Attack, Part 2 — Administering a Thrombolytic Agent

<b>CE231</b>	Myasthenia Gravis: A Baffling Neuromuscular Disease
<b>CE238</b>	Multiple Sclerosis: New Options for Care
<b>CE291</b>	Neuroprotection: An Idea Whose Time Has Come?
<b>CE292</b>	The Nursing Role in Stroke Clinical Trials
<b>CE488</b>	Strange Sensations Invade the Extremities in Restless Legs Syndrome
<b>CE536</b>	Spinal Cord Injury, Part 1: The Acute Phase
<b>CE537</b>	Spinal Cord Injury, Part 2: Rehabilitation and Beyond
<b>CE540</b>	Stroke: Providing the Best Care From the ED to Rehab

## Oncology

<b>CE126</b>	Cancer Update
<b>CE141</b>	Common Fallacies About Cancer Pain
<b>CE170</b>	Cervical Cancer Prevention
<b>CE177</b>	Lung Cancer
<b>CE237</b>	Ovarian Cancer: Awareness Is Key
<b>CE264</b>	Flexible Scopes and Photodynamic Therapy
<b>CE295</b>	How to Give Psychological Support to Patients with Cancer
<b>CE297</b>	Multiple Myeloma — Exploring the Challenges
<b>CE342</b>	Cancer Treatment: The Role of Monoclonal Antibodies
<b>CE343</b>	Bladder Cancer
<b>CE425</b>	Women Face Special Lung Cancer Risks
<b>CE452</b>	Progress Made Against Colorectal Cancer

## Ophthalmology

<b>CE120</b>	What's Your Eye-Cue: Contact Lens Basics
<b>CE364</b>	Outlook Positive for Today's Cataract Patients
<b>CE550</b>	Glaucoma — Stealing the Sight of 3 Million Americans

## Pediatric Nursing

<b>CE82</b>	Attention Deficit Hyperactivity Disorder
<b>CE97</b>	Short Bowel Syndrome in the Hospitalized Pediatric Patient
<b>CE106</b>	Lead Poisoning in Children
<b>CE107</b>	Nocturnal Enuresis: How Nurses Can Help
<b>CE116</b>	Bronchiolitis in Children: How Do You Spell Relief?
<b>CE129</b>	Childhood Immunization Update
<b>CE131</b>	Pediatric Tracheostomy and Ventilator Care
<b>CE134</b>	Autism and Pervasive Developmental Disorders
<b>CE181</b>	Parent Reactions to Having a Child with Disabilities
<b>CE185</b>	Child Abuse
<b>CE188</b>	Pediatric Traumatic Brain Injury
<b>CE219</b>	Dog Bites in Children
<b>CE243</b>	Obesity in Young Children
<b>CE244</b>	Picky Eaters
<b>CE245</b>	The Toddler with Excessive Juice Intake
<b>CE254</b>	Tourette Syndrome
<b>CE265</b>	Spare the Rod? Children & Corporal Punishment
<b>CE274</b>	Closing the Gaps in the Care of Children
<b>CE276</b>	Children in Pain
<b>CE280</b>	Head Lice: You Do Really Need to Know This
<b>CE305</b>	Helping Children Who Have Been Teased and Bullied
<b>CE314</b>	Pediatric Defibrillation: A Window of Opportunity
<b>CE315</b>	Introduction of Solid Foods

<b>CE316</b>	Obesity and the School-Age Child
<b>CE317</b>	The Vegetarian Teen
<b>CE318</b>	Child Exploitation on the Internet: A Nurse's Role
<b>CE320</b>	Anabolic Steroids — Body Busters, Not Builders
<b>CE351</b>	Type 2 Diabetes Among Youth Reaches Epidemic Proportions
<b>CE396</b>	Child Care Quandry: When to Exclude an Ill Child
<b>CE454</b>	Late Preterm Infants Need Special Care
<b>CE486</b>	School RNs Lead Education Efforts for Students with Diabetes

### Perinatal Nursing

<b>CE72</b>	Beyond the Baby Blues: Postpartum Depression
<b>CE77</b>	Ectopic Pregnancy
<b>CE93</b>	Contraception Counseling & Lactating Patients
<b>CE162</b>	Managing Preterm Labor
<b>CE184</b>	Cord Blood for Transplant and Research
<b>CE205</b>	Uncovering Abuse in the Pregnant Woman
<b>CE208</b>	Folic Acid — The Hope for the Future
<b>CE212</b>	The Challenges of Infertility
<b>CE246</b>	Newborn Screening: The Nurse's Role
<b>CE260</b>	Preventing Perinatal HIV Transmission
<b>CE273</b>	Hyperemesis Gravidarum — More Than Morning Sickness
<b>CE381</b>	The Sobering Facts About Fetal Alcohol Exposure
<b>CE394</b>	Trends in Pediatric Genetics for Maternal-Child Nurses
<b>CE470</b>	Guarding the Safety of VBAC Patients

### Perioperative Nursing

<b>CE115</b>	Caring for the Postanesthesia Patient
<b>CE159</b>	Administration of Conscious Sedation/Analgesia
<b>CE193</b>	Leech Therapy
<b>CE267</b>	Bariatric Surgery Update
<b>CE353</b>	JCAHO Gets Tough on Wrong-Site Surgery
<b>CE358</b>	Hygiene and Surgical Scrubs: New Frontiers for Perioperative OR Staff
<b>CE416</b>	Proper Positioning Helps Avoid Nerve Damage During Surgery
<b>CE417</b>	Helping Patients with Kidney Disease and Transplantation
<b>CE435</b>	Safe Labeling Helps Prevent OR Errors
<b>CE443</b>	Anesthesia in the Perioperative Setting
<b>CE446</b>	Balancing Act: Managing Fluid Intake and Output in the Surgical Patient
<b>CE460</b>	Robots Join the Surgical Team
<b>CE466</b>	Take Aim at Medical Errors by Creating a Culture of Safety in the OR
<b>CE472</b>	Avoiding Common Lower Extremity Nerve Injuries in the Operating Room
<b>CE477</b>	'Shockingly High' Rates: Surgical Site Infections Remain a Constant Threat
<b>CE541</b>	OR RNs Lead the Way in Managing Surgical Patients' Skin Integrity

### Professional Issues

<b>CE124</b>	Delegating to Unlicensed Assistive Personnel
<b>CE130</b>	Preventing Violence in the Healthcare Setting
<b>CE153</b>	The Impaired Nurse
<b>CE169</b>	Managed Care: Nursing's Friend or Foe
<b>CE195</b>	Improving Patient Education for Poor Readers
<b>CE257</b>	End-of-Life Issues
<b>CE270</b>	Teaching Adult Patients with Learning Disabilities
<b>CE281</b>	Caring: The Essence of Nursing

<b>CE326</b>	The Rap of Rapport — The Door to Therapeutic Communication
<b>CE331</b>	The Art of Suggestion — The Power of Positive Thought
<b>CE334</b>	A Helping Handheld Computer — Technology at the Point of Care
<b>CE344</b>	Staying Cool Under Fire: How Well Do You Communicate?
<b>CE348</b>	Stem Cell Research Generates Hope — and Controversy
<b>CE349</b>	Reframing: A Fresh Outlook Helps Patients Envision Positive Outcomes
<b>CE373</b>	Emotional Intelligence Helps RNs Work Smart
<b>CE393</b>	Precepting: The Chance to Shape Nursing's Future
<b>CE414</b>	Who Will Teach Nursing's Next Generation?
<b>CE478</b>	Bridging the Generation Gaps
<b>CE479</b>	Genetics Soon to Be Part of Nursing Practice

### Psychiatric Nursing

<b>CE117</b>	Post Traumatic Stress Disorder, 1 — An Overview
<b>CE118</b>	Post Traumatic Stress Disorder, 2 — Interventions
<b>CE155</b>	Co-Occurring Mental and Substance Use Disorders
<b>CE175</b>	Anxiety Disorders
<b>CE197</b>	Gambling and Health: Against the Odds
<b>CE209</b>	Munchausen Syndrome by Proxy
<b>CE218</b>	Caught in the Web of Internet Addiction
<b>CE240</b>	Obsessive Compulsive Disorder
<b>CE248</b>	Calming the Cognitively Impaired
<b>CE269</b>	Adolescent Dating Violence
<b>CE322</b>	On the Border — Borderline Personality Disorder
<b>CE329</b>	What Are You Afraid Of? A Phobia Review
<b>CE347</b>	Beyond Standardized Care for the Homeless and Mentally Ill
<b>CE372</b>	Compulsive Hoarding: Sign of a Deeper Disorder
<b>CE395</b>	Coming Soon to Your Neighborhood: Meth Abuse
<b>CE407</b>	Divorce: When It's Not Happily Ever After
<b>CE448</b>	Social Anxiety Disorder Restricts Lives
<b>CE501</b>	Uncovering Depression
<b>CE518</b>	Mental Health and Older Adults: What to Expect with Aging, Part 1
<b>CE519</b>	Mental Health and Older Adults: Mental Illness in Later Life, Part 2
<b>NW0240</b>	Substance Abuse
<b>NW0261</b>	Adolescent Drinking: Teen Alcohol Use and Abuse
<b>NW1430</b>	Prescription Drug Abuse: Knowing the Danger Signs

### Women's Health

<b>CE143</b>	Nurses, Women, and Heart Disease
<b>CE154</b>	Caring for Women Experiencing Hysterectomy
<b>CE204</b>	Osteoporosis Update
<b>CE232</b>	Inevitable Menopause
<b>CE282</b>	Alternative Therapies in Osteoporosis
<b>CE289</b>	Cyclic Upheaval — Premenstrual Syndrome and Premenstrual Dysphoric Disorder
<b>CE301</b>	Polycystic Ovarian Syndrome: A Poly-System Problem
<b>CE377</b>	UFE Can Spell Relief from Uterine Fibroid Misery
<b>CE428</b>	New Focus on Women's Sex Disorders
<b>CE447</b>	HPV Vaccination Fights Cervical Cancer
<b>CE508</b>	Perimenopause: Is It Hot in Here, or Is It Just Me?
<b>CE532</b>	Uterine Myomas: A Significant Women's Health Concern
<b>CE546</b>	Hormone Therapy: What We Know Now

*Price includes initial test processing fee.  
For more information, or to order, please see pages 80-81*



# Self-Study Modules | Multiple Unit

All courses from March of Dimes are \$30 each. For more information or to order, please see pages 80-81



## The March of Dimes: Making A Difference

March of Dimes researchers, volunteers, educators, outreach workers, and advocates work together to give all babies a fighting chance against the threats to their health: prematurity, birth defects, and low birthweight.

### Perinatal Nursing Education

Nursing Spectrum Continuing Education is working in conjunction with the March of Dimes to bring you these special continuing education courses.

The March of Dimes is an approved provider of continuing nursing education by the New York State Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

It has been assigned code 6R2GNS-PRV-06.

They offer courses on a broad range of topics designed to help perinatal nurses integrate scientific and clinical advances into the care of mothers and babies. Nursing modules are written for nurses, by nurses, and are a cost-effective way for nurses and certified nurse-midwives (CNMs) to earn continuing education credit.

The following list includes the number of contact hours approved for RNs and continuing education units (CEUs) for CNMs, if applicable.

**All courses are \$30 each.**

### #33-2118-06 Abuse During Pregnancy: A Protocol for Prevention and Intervention, 3rd Edition (2007)

Presents research documentation and clinical protocols designed to enable healthcare providers to prevent abuse, interrupt existing abuse, and protect the safety and well-being of pregnant women. Includes vignettes written from the perspective of abused pregnant women as well as from their healthcare providers.

**CONTACT HOURS:** 4.9, 0.49 CEUs for CNMs (CEUs expire 1/19/09)

### #33-2294-08 Assessment of Risk in the Term Newborn, 2nd Edition (2008)

Provides perinatal and neonatal healthcare providers with essential, evidence-based information to assess a newborn's physiologic adaptation to extrauterine life and to assess for infectious or metabolic disorders and positively support development. Gestational age assessment, physical assessment and newborn behavior patterns are discussed. The module outlines nursing management during the early newborn period, including identification of risk factors, and assessment, monitoring and intervention during hospitalization and postdischarge follow-up.

**CONTACT HOURS:** 6.4

### #33-2149-06 Breastfeeding the Healthy Newborn (2008)

Discusses the benefits of breastfeeding for infant, children, mothers, families, and society. Describes techniques for supporting the breastfeeding dyad in the preconception, antepartum, intrapartum, and postpartum periods. Addresses special conditions, including hyperbilirubinemia, dehydration, weight gain, insufficient milk supply, engorgement, and fatigue. Provides information on maternal nutrition, maternal and infant separation, and breastfeeding support technology.

**CONTACT HOURS:** 4.3, 0.43 CEUs for CNMs (CEUs expire 7/3/09)

### #33-1994-05 Breastfeeding the Infant with Special Needs, 2nd Ed. (2007)

Addresses techniques for supporting the breastfeeding dyad when the infant has special needs. Describes hands-on clinical support techniques for breastfeeding premature infants as well as infants with cleft lip and palate, neurological disorders, and cardiac disorders.

**CONTACT HOURS:** 4.3, 0.43 CEUs for CNMs (CEUs expire 9/23/09)

### #33-1905-04 Care of the Multiple-Birth Family: Postpartum Through Infancy (2005)

Provides information for the nurse who cares for multiple-birth families during the postpartum period and infancy. Discusses maternal recovery and discharge, well-baby care and neonatal intensive care, feeding multiples, postnatal family adjustments, and loss and grief related to multiple birth.

**CONTACT HOURS:** 4.5

### #33-1904-04 Care of the Multiple-Birth Family: Pregnancy and Birth (2006)

Presents information for the nurse who cares for multiple-birth families during pregnancy and birth. Describes physiology of twinning; infertility technologies; and diagnosis of multiples. Discusses specialized prenatal care, pregnancy weight gain, anomalies and prenatal diagnosis, preterm labor, and labor and delivery.

**CONTACT HOURS:** 5.8

### #33-2195-07 Challenges and Management of Infertility, Including Assisted Reproductive Technologies (2008)

Focuses on the life crisis of infertility and the unique problems it brings to women and their partners. Describes factors that render couples unable to conceive naturally and treatment strategies intended to overcome them. Details assisted reproduction methods. Emphasizes the special contribution that nurses make to the care of infertile women and their families.

**CONTACT HOURS:** 4.8

### #33-1656-02 Cultural Competence in the Care of Childbearing Families (2003)

Provides information on culturally competent nursing care of childbearing women and their families, including U.S. demographics; cultural perspectives, traditions, and characteristics; nutrition and physiological differences; cultural assessment; and ethical issues. Also presents profiles of 13 different cultural groups, which include information on prenatal care, labor and birth, and postpartum care.

**CONTACT HOURS:** 8.2

### #33-1806-03 Diabetes in Pregnancy, 3rd Edition (2004)

Guides nursing care and education of pregnant women with pregestational diabetes and women who develop gestational diabetes. Addresses nursing management of complications of diabetes in pregnancy, as well as neonatal considerations.

**CONTACT HOURS:** 5.7



### #33-1433-00 Discharge and Follow-Up of the High-Risk Preterm Infant (2001)

Presents information on discharge management, transition to home, and post-discharge issues for preterm infants and their families. Focuses on recovering preterm infants who are discharged on medications but who are otherwise not dependent upon technological support.

**CONTACT HOURS:** 3.7

### #33-1520-01 Embryonic and Fetal Evaluation During Pregnancy (2002)

Provides a broad understanding of intrauterine surveillance, including growth, development, and teratogenic agents; genetic screening; ultrasound evaluation; and fetal well-being studies.

**CONTACT HOURS:** 4.8

### #33-1751-02 Genetic Issues for Perinatal Nurses, 2nd Edition (2003)

Includes an update of genetic discoveries for inherited diseases and birth defects and discussion of genetics-related ethical issues and nursing responsibilities for reproducing families. Addresses collection, recording, and interpretation of genetic information; genetic resources and referrals; informed consent; and management of individuals with genetic conditions.

**CONTACT HOURS:** 4.3

### #33-1993-05 Hemodynamic Monitoring of the Critically Ill Obstetric Patient, 2nd Edition (2007)

Provides an overview of the physiological and psychological needs of the critically ill pregnant woman requiring hemodynamic monitoring. Discusses normal cardiovascular, pulmonary, renal and hematologic changes of pregnancy; conditions during pregnancy that classify a woman as critically ill; and the use of pressure lines, catheters and nursing implications for their use in critically ill pregnant women.

**CONTACT HOURS:** 5.5

### #33-804-99 High-Risk Antepartal Home Care (1998)

Reviews historical perspectives of home care, regulations, and professional issues. Discusses patient selection, admission to home care, and elements of home visits. Describes antepartal complications — preterm labor, prolonged premature rupture of the membranes, hypertensive disorders, hyperemesis gravidarum, diabetes mellitus, multiple gestation, cardiac disease, and hemorrhagic complications — in terms of definition and incidence, risk factors, and etiology. Discusses criteria for selection of home care services, home management, and patient and family education.

**CONTACT HOURS:** 4.8

### #33-1902-04 Interviewing by the Perinatal Nurse (2005)

Helps nurses improve their interviewing techniques. Includes suggestions for creating a relaxed interview environment, overcoming communication barriers, respecting cultural traditions, formulating questions, and interpreting nonverbal communication. Provides assessment models to screen for high-risk conditions, such as intimate partner violence; tobacco, alcohol, and other substance use; and postpartum depression. Addresses legal and ethical responsibilities of nurse interviewers.

**CONTACT HOURS:** 4.6

### #33-1547-01 Loss and Grieving in Pregnancy and the First Year of Life: A Caring Resource for Nurses (2002)

Discusses grief associated with death during the perinatal through postnatal periods, heightens nursing awareness and understanding of parental and family grief, and provides guidelines for nursing interventions and support mechanisms for working with grieving families.

**CONTACT HOURS:** 4.8

### #33-1906-04 Obstetrical Emergencies for the Perinatal Nurse, 2nd Ed (2005)

Provides information for the nurse caring for a woman experiencing obstetrical emergencies during the antepartum or intrapartum period. Discusses obstetrical hemorrhagic complications, intrapartum complications, and trauma. Addresses nursing management for clinical emergencies as well as definition, incidence, and etiology.

**CONTACT HOURS:** 5.0

### #33-1828-03 Perinatal and Neonatal Ethics: Facing Contemporary Challenges (2004)

Addresses contemporary challenges facing nurses who provide care to neonates, childbearing women, and their families. Provides an overview of ethical thought, strategies for identifying and managing moral distress, and a holistic case study approach for analyzing ethical dilemmas in the clinical setting.

**CONTACT HOURS:** 6

### #33-1859-04 Postpartum Care (2004)

Provides the perinatal nurse with critical knowledge to safely and effectively care for mothers during the postpartum period. Offers strategies for prenatal education, discharge planning, and postpartum care. Comprehensive physical, learning needs, and psychological assessments are outlined.

**CONTACT HOURS:** 5.4

### #33-1680-00 Preconception Health Promotion: A Focus for Women's Wellness (2003)

Addresses the importance of nurses in promoting preconception wellness, updates information and research on health promotion content, and explores opportunities for providing health information to prospective parents. Explores the rationale behind pre-pregnancy health, provides guidance on preconception risk identification, and outlines approaches to promoting preconception wellness.

**CONTACT HOURS:** 3.3

### #33-806-99 The Premature Infant: Nursing Assessment and Management, 2nd Edition (2007)

Addresses the pathophysiology of respiratory, cardiovascular, immunological, and neurological problems commonly facing the premature infant in the neonatal intensive care unit. Discusses prevention of prematurity, respiratory distress syndrome, bronchopulmonary dysplasia, apnea of prematurity, hypotension, patent ductus arteriosus, sepsis, and intraventricular hemorrhage. Describes treatment for each problem as well as nursing implications, interventions, and future treatment modalities.

**CONTACT HOURS:** 6.4, 0.64 CEUs for CNMs (CEUs expire 9/23/09)

### #33-1805-03 Preterm Labor: Prevention and Nursing Management, 3rd Edition (2004)

Presents pathophysiology of preterm labor, diagnostic criteria, history of preterm birth prevention programs, and preterm labor prevention strategies. Discusses nursing management of women hospitalized with preterm labor, women being treated for preterm labor in the home, and women facing inevitable preterm delivery.

**CONTACT HOURS:** 5.1

### #33-2082-06 Sexually Transmitted Infections, Including HIV: Impact on Women's Reproductive Health (2008)

Provides clinical information about sexually transmitted infections (STIs). Includes information on the scope of the problem, pathogens, epidemiology, risk factors, transmission, and complications. Identifies nursing interventions for women's sexual health, safer sex guidelines, screening, and counseling. Addresses treatment guidelines from the Centers for Disease Control and Prevention (CDC).

**CONTACT HOURS:** 7.7

### #33-2196-07 Tobacco, Alcohol and Drug Use in Childbearing Families (2008)

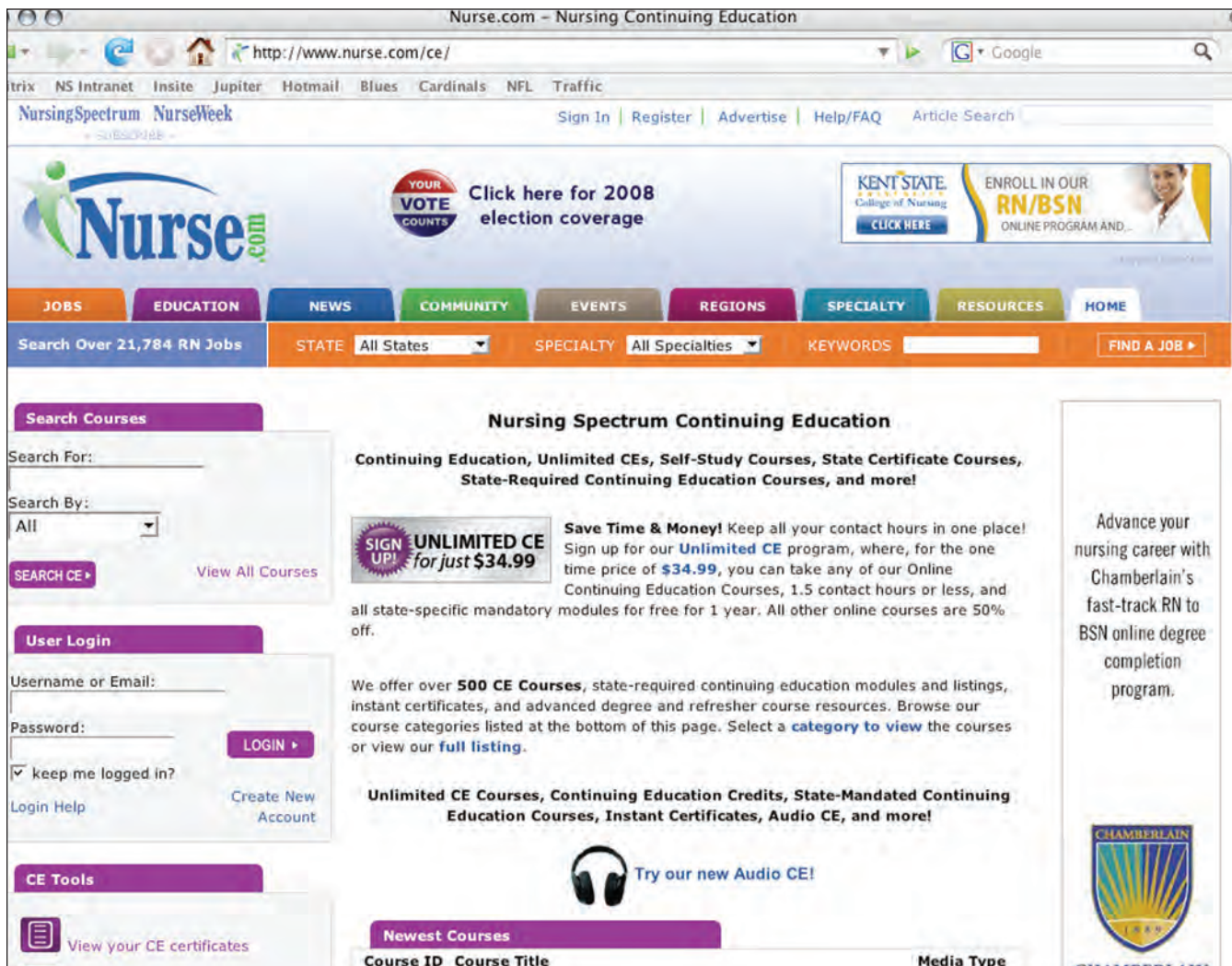
Provides clinical information about sexually transmitted infections (STIs). Includes information on the scope of the problem, pathogens, epidemiology, risk factors, transmission, and complications. Identifies nursing interventions for women's sexual health, safer sex guidelines, screening, and counseling. Addresses treatment guidelines from the Centers for Disease Control and Prevention (CDC).

**CONTACT HOURS:** 5.3

*For more information or to order, please see pages 80-81.*

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# 2009 CareerFair Schedule

## ARIZONA

Phoenix Spring TBA, Fall TBA

## CALIFORNIA

Anaheim June 3

Burbank TBA

Los Angeles April 24

Oakland TBA

Ontario March 31

Pasadena February 26

San Diego July 17

San Francisco April 14

Santa Clara June 23

## COLORADO

Denver TBA

## CONNECTICUT

Hartford Area TBA

## FLORIDA

Ft. Lauderdale November 5

Tampa January 27

## ILLINOIS

Lincolnshire March 27

Oakbrook Terrace April 23,  
September 25

Oak Lawn Area TBA

## MARYLAND/DC AREA

Baltimore TBA

Greenbelt April 22

## MASSACHUSETTS

Burlington March 13

## MISSOURI

St. Louis TBA

## NEVADA

Las Vegas TBA

## NEW JERSEY

Edison October 23

Mt. Laurel September 22

Teaneck March 26

## NEW YORK

Melville March 12

New York City November 4

Tarrytown July 31

## OREGON

Portland TBA

## PENNSYLVANIA

Philadelphia April 7

## TEXAS

Austin TBA

Dallas Spring TBA, Fall TBA

Houston March 25, Fall TBA

San Antonio TBA

## WASHINGTON

Seattle Spring TB



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**ruth@expanding-horizons.com**

## GREEK ISLAND CRUISE • MAY 13-23, 2009

### Venice, Italy • Split, Croatia • Corfu, Greece • Piraeus (Athens), Greece • Mykonos, Greece • Katakolon, Greece

Your Greek Island Adventure begins with a 2-night stay in romantic Venice and continues aboard Royal Caribbean's Splendour of the Seas with a visit to one of the Adriatic's most amazing seaports, Croatia's Split. Then it's on to the breathtaking Greek Isles with their lively tavernas, whitewashed houses, pristine beaches, and colorful balconies. And, of course, not to be missed ... "The Cradle of Democracy" — Athens!

#### Highlights and Travel Details

- A two-night stay prior to your sailing is planned in Venice, Italy. Composed of 117 islands in the Venetian Lagoon and held together by a series of canals, Venice is like no other city in the world.

- Split is one of the Adriatic's most amazing seaports and Croatia's second-largest city. Not only does this 1,700-year-old harbor have its share of historic monuments, museums and galleries but also from here, you can visit dreamy Adriatic islands, sporting some of the world's best beaches.
- Known as the "Emerald Island" because of its lush greenery and breathtaking beauty, Corfu is one of the hidden treasures of the Mediterranean. Possessing an intense culture and unparalleled coastline, the island has provided endless inspiration for many artists and literary figures.
- Piraeus is the main port of Athens, the biggest in Greece, and one of the most important in the Mediterranean Sea. Piraeus is walking distance from Kastella, a hill strewn with beautiful houses that offers a majestic view of the Saronic Gulf.
- In the deep blue waters of the Mediterranean lies one of the most inviting places in all of Greece — Mykonos. Its countless bays and beaches and its quaint cobblestone streets are bound to welcome any visitor.
- If you're into sports, history, art, or just lounging by the sea, the charming village of Katakolon, Greece, is a good place to start. From here it's just a quick trip to famed Olympia, birthplace of the modern Olympics and one-time home to a Wonder of the Ancient World.
- Cruise cost is 2,878 to \$3,998. Program price reflects cash discount price, is per person double occupancy, and includes cruise in cabin category as selected, port charges, round-trip economy flight from New York, two-nights in Venice at a deluxe four-star hotel, breakfast at hotel, welcome cocktail reception onboard ship, and all meals onboard. Government taxes and prepaid gratuities are an additional \$163 per person. Cost for continuing education program is an additional \$240 per person and is only available for cruise purchased in conjunction with Expanding Horizons.

#### Continuing Education

Enjoy stimulating and informative seminars by Nick Hall, PhD, nationally renowned speaker and best selling author of *I Know What To Do, So Why Don't I Do It?* Seminar topics and a hospital visit in Venice are under development.



**CHINA TOUR • AUGUST 30–SEPTEMBER 6, 2009**

**Macau • Guangzhou**

Located on the southern tip of China, and facing the South China Sea, Macau was a Portuguese colony from the 16th century until China regained control of the territory in December 1999. Over the years, Macau has developed into a city known for blending the cultures and characteristics of its Chinese and Portuguese backgrounds. As southern China's largest city, Guangzhou (formerly called Canton) has a metro area population of around 10 million. The city was originally founded in 214 BC as Panyu and has been continuously occupied since that time.



**Highlights and Travel Details**

- Fly from New York or Los Angeles on Cathay Pacific, Asia's premier airline since 1946. Arrive Hong Kong and continue on to Macau by hydrofoil for the short one-hour cruise.
- Enjoy 5-star accommodation: luxury rooms at the Mandarin Oriental Hotel in Macau and river view rooms at the White Swan Hotel in Guangzhou.
- Participate in breakfast seminars and hospital visits in both Macau and Guangzhou and receive up to 10 contact hours of continuing education.
- Join your fellow travelers for a welcome cocktail reception, daily breakfast, special lunches and dinners and sightseeing tours in Macau and Guangzhou.
- Travel between Macau and Guangzhou by deluxe motor coach, with interesting sightseeing en route and by scenic train from Guangzhou to Hong Kong for the return flight home.
- Tour cost is \$3,650 per person, sharing twin room; add \$100 for a New York departure, add \$475 for single occupancy of hotel rooms.

**Continuing Education**

Enjoy stimulating and informative seminars by Daria C. Ruffolo, RN, MSN-CS, CCRN, ACNP, a nationally renowned speaker and author with more than 20 years of surgical/trauma intensive care experience. Seminar topics and a hospital visits in Macau and Guangzhou are under development.

**OPTIONAL Pre-Tour to Hong Kong (August 27–September 1, 2009)**

**Highlights and Travel Details**

- Fly directly into Hong Kong from New York or Los Angeles on Cathay Pacific Airlines.
- Enjoy 5-star accommodation, in harbor view rooms, at the luxurious Harbour Plaza Hotel.
- Join your fellow travelers for a sightseeing tour of Hong Kong's major tourist attractions; a special lunch high up the mountain at Victoria Peak; a special cocktail cruise aboard the superb Chinese junk "Aqua Luna" and a farewell dinner at the exclusive, private China Club.

- Free time available for individual activity, such as duty-free shopping or individual sightseeing — or participate in an optional sightseeing tour to Lantau Island.
- Depart Hong Kong by hydrofoil for the one-hour cruise to Macau to join the main tour group at the Mandarin Oriental Hotel.
- Optional Pre-Tour cost is \$985 per person, sharing twin room; add \$299 for single occupancy of hotel room.

**OPTIONAL Post-Tour to Beijing (September 6–9, 2009)**

**Highlights and Travel Details**

- Following the conclusion of the Main Tour, fly from Guangzhou to Beijing.
- Enjoy 5-star deluxe accommodation at the luxurious Renaissance Hotel.
- Participate in sightseeing tours to some of the world's most exotic tourist attractions — a Hutong tour by rickshaw to the 700-year-old Drum Tower; an excursion to the Great Wall of China; visits to Tiananmen Square, the Forbidden City and the Summer Palace.
- Special meals will include lunch at the Commune at the Great Wall; lunch at Bai Mansion, near the Summer Palace; and a Peking Duck dinner at the famous restaurant Qianmen Quanjude.
- Fly Beijing to Hong Kong to connect with your Cathay Pacific flight to New York or Los Angeles.
- Optional post-tour cost is \$1,395 per person, sharing twin room; add \$285 for single occupancy of hotel room.



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- CCM (Case Management)
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- CCRN (Critical Care)
- CCRN-P (Pediatric Critical Care)
- CDDN (Developmental Disabilities)
- CDE (Diabetes)
- CEN (Emergency)
- CEN-P (Emerg. Pediatrics)
- CFRN (Flight Nurse)
- CGN/CGRN (Gastroenterology)
- CHN (Hemodialysis)
- CHPN (Hospice/Palliative)
- CHRN (Hyperbaric)
- CIC (Infection Control)
- CLA (Lactation Consultant)
- CORLN (Otorhinolaryngology & Head-Neck)
- CRN (Radiologic)
- CMCN (Managed Care)
- CMSRN (Medical-Surgical)
- CNN (Nephrology)
- CNOR (Perioperative)
- CNRN (Neuroscience)
- COCN (Ostomy)
- COHN (Occupational)
- COMPLIANCE (Nursing and Staff)
- CPAN (Post Anesthesia)
- CPDN (Peritoneal Dialysis)
- CPHQ (Quality)
- CPHRN (Risk Management)
- CPN (Pediatric)
- CPON (Pediatric Oncology)
- CPSN (Plastic Surgery)
- CRNI (Infusion)
- CRNO (Ophthalmic)
- CRRN (Rehabilitation)
- CVN/CVR (Cardiovascular)
- CWCN (Wound)
- DNC (Dermatology)
- Emergency & Phone Triage
- ENPC (Pediatric Trauma)
- GCN (Genetics)
- Gerontological
- HNC (Holistic)
- Healthcare Legal
- Hemodynamic Review
- HIPAA
- Informatics
- INPT (Inpatient OB)
- RN (Low Risk Neonatal)
- MN (Newborn)
- NCA (Aging/Geriatric)
- NCLEX (Licensure)
- NCSN (School Nurse)
- NE-BC/NEA-BC (Administration)
- NIC (Neonatal ICU)
- NLS (Neonatal Life Support)
- NPD (Nursing Prof. Development)
- OCN (Oncology)
- ONC (Orthopedic)
- PALS
- PCCN (Progressive Care)
- Perinatal
- PMCN (Pain)
- PMHN (Psychiatry)
- Sedation & Pain Management
- Trauma Nursing Review
- CLA (Lactation Consultant)
- CNS (Clinical Nurse Specialist)
- CORL (Otorhinolaryngology & Head-Neck)
- CRN (Radiologic)
- HNC (Holistic)
- 12 Lead EKG and Rhythm
- Strip Interpretation
- Stroke Review

# Career Alternatives for Nurses®

By Donna Cardillo, RN, MA

*Exciting news!* This popular seminar has been completely revised and updated to bring you all the latest information and resources on the hottest specialties in nursing. Learn about medical esthetics, forensic nursing, medical coding and billing, legal nurse consulting, life care planning, case management, massage therapy, fitness nursing, and so much more. You'll also learn about perennial favorites like the pharmaceutical industry, insurance industry, research nursing, medical writing, holistic nursing, nursing informatics, speaking and training, and many, many others. If you've attended this seminar in the past, it's time to attend again. There have never been so many exciting ways to use your nursing knowledge and experience ... and love what you do!

Discover what transferable skills you already have, what you do and don't need additional training and certification in, and where you can get it if you need it. Whether you have a diploma or an advanced degree, there is something for everyone. Donna will debunk all the myths of nontraditional specialties, including "everyone wants experience," "you have to know someone to get in," or "you need to be certified before you can do that." Don't sign up for anything else until you take this course!

Attendees will receive a comprehensive 50+ page manual loaded with resources, company names, professional associations, addresses, phone numbers, websites, and sample forms, including resume, cover letter, and a thank you letter that you can adopt for your own use.

**CONTACT HOURS:** 7.0 **FEE:** \$199

## Date and Location (7:30 a.m. to 4:30 p.m.)

### 2/23/09 Trump Taj Mahal Casino Resort

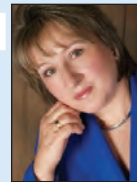
1000 Boardwalk at Virginia Avenue  
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(800) 825-8888

*Busy that day? Pick up a recording of the seminar.  
See page 77 for details.*

**Donna Cardillo is also the author of two books: *Your First Year as a Nurse* and *The ULTIMATE Career Guide*. More information is available on page 00.**

## Speaker Information

**Donna Cardillo, RN, MA**, is the country's foremost authority on nontraditional career opportunities for nurses. This trademarked program is the most current and comprehensive of its type offered anywhere in the country. Whether happy in your current job, looking to make some changes, or just wanting to know what else is out there, you can't afford to miss this seminar. It's guaranteed to make you feel charged up, motivated, and feeling good about yourself and your profession.



## SCHEDULE & COURSE CONTENT

7:30	Registration
8:00	Your Motivation for Seeking Career Alternatives <ul style="list-style-type: none"> <li>Overcoming the fear of change; Leaving your "comfort zone"; Discovering what it is you really want to do; Networking your way to a dream job; Identifying transferable skills</li> </ul>
10:00	<b>BREAK</b>
10:15	The World Is a Nurse's Oyster <ul style="list-style-type: none"> <li>Options, options, and more options; New and emerging specialties; What's hot and what's not</li> </ul>
12:00	<b>LUNCH (On Your Own)</b>
1:00	A New Twist on Some Old Standards <ul style="list-style-type: none"> <li>What's happening in school nursing, occupational health, case management, quality improvement and more; Entrepreneurship and consulting; Where the jobs will be in the next five years</li> </ul>
2:15	<b>BREAK</b>
2:30	Landing the Opportunities You Want <ul style="list-style-type: none"> <li>How to write a powerful, professional resume; Interviewing like a pro; Overcoming the "experience required" barrier and other obstacles</li> </ul>
4:30	Adjournment

## What some of our participants are saying about this seminar:

*"Two weeks after attending your seminar I was offered a job as a pharmaceutical sales rep. Your helpful hints regarding networking and interviewing definitely landed this job for me. I now work great hours (no weekends, no holidays) and have increased my salary by 40%. I highly recommend your lecture to all nurses seeking to expand their opportunities. Thanks for sharing your positive energy. It is contagious!"*

Kate Forte, RN, Boston, MA

*"After attending this seminar, I was able to make a successful career change. I now work as a legal nurse consultant and am very happy. Thank you for opening my eyes to a new career."*

Cheryl Myers, Tinton Falls, NJ

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# How to Start Your Own Business or Consulting Practice

By Donna Cardillo, RN, MA

More flexibility, more income, and fewer bureaucrats to deal with — yes, you can have all three when you start your own business or consulting practice. You can even work at home and nurture your creative talents. Whether you want to become a legal nurse consultant, education specialist, nurse massage therapist, or open a staffing agency, the basics of starting and operating a successful business are the same. If you're considering business ownership or want to put your nursing-related business on a surer footing, this seminar is for you.

**CONTACT HOURS:** 6.0 **FEES:** \$229

**Date and Location** (8:00 a.m. to 4:00 p.m.)

**2/24/09 Trump Taj Mahal Casino Resort**

1000 Boardwalk at Virginia Avenue  
Atlantic City, NJ 08401  
(800) 825-8888

## SCHEDULE & COURSE CONTENT

8:00	Registration
8:30	Is Business Ownership Feasible for You? <ul style="list-style-type: none"> <li>Challenges and rewards; Assessing your entrepreneurial potential; Financing your business venture; Getting ready for action</li> </ul>
10:15	BREAK
10:30	Business Basics <ul style="list-style-type: none"> <li>Legal, insurance, and accounting issues; setting up your office; How to set fees profitably and confidently; Contracts, proposals, and other necessary paperwork</li> </ul>
12:00	LUNCH (On Your Own)
1:00	Attracting Customers for Your Business <ul style="list-style-type: none"> <li>Developing a marketing plan that works; Identifying your target market; Developing effective marketing materials; How to promote your product or service</li> </ul>
2:15	BREAK
2:30	Secrets of Success <ul style="list-style-type: none"> <li>How to pull it all together; Networking and mentoring; Valuable resources; Setting goals to make it all happen</li> </ul>
4:00	Adjournment

## Seminar Information

### General Information for All Seminars

Fee includes instructional materials and continental breakfast. Lunch is on your own. For directions, group discounts, or questions, please call (800) 866-0919 or e-mail us at [ce@gannetthg.com](mailto:ce@gannetthg.com). Please note that written confirmation is not routinely provided. Seminar room temperatures are difficult to control. For your comfort, please plan accordingly. Seminar sites are handicapped accessible and barrier-free.

10% discount for 3 or more people attending the same seminar.

\*Seminars provided by Perivascular Nurse Consultants, Inc., are approved by the Pennsylvania Nurses Association, an accredited approver and provider of continuing nursing education by the American Nurses Credentialing Center.

### Cancellation and Refund Policy for Seminars

Phone cancellations must be confirmed in writing. Cancellations received four weeks prior to the seminar receive a full refund of the registration fee. Cancellations received after four weeks and up to seven days prior to the seminar are assessed a \$50 processing fee. Cancellations received seven days prior to the seminar or "no shows" are nonrefundable. Registration fees are transferable, upon request, to an upcoming seminar within the same calendar year or to another participant. In the event that a seminar is canceled, a full refund will be issued.

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# Intravenous Venipuncture Certification

## How to Insert Peripheral IV Catheters

By Sue Masoorli, RN

This comprehensive program teaches participants how to properly insert a peripheral IV catheter. Participants will receive in-depth venipuncture theory with multiple opportunities for hands-on participation to enhance the learning process. Locating veins by palpation will be part of the practicum. The Infusion Nurses Society's 2006 Standards of Practice and the Centers for Disease Control and Prevention (CDC) 2002 Intravascular Guidelines will be incorporated into this program. This program details venous anatomy and physiology, vein identification, criteria for vein selection, device and gauge selection, complications, legal aspects, documentation, and the venipuncture procedure using a safety IV catheter. Provided by Perivascular Nurse Consultants.\*

### SPECIAL NOTE:

Due to the OSHA Occupational Exposure and Bloodborne Pathogens Standards, practicum for each seminar will be on a model.

**CONTACT HOURS:** 9.7 **FEE:** \$210

### Dates and Locations (7:30 a.m. to 5:30 p.m.)

- 2/25/09 Trump Taj Mahal Casino Resort**  
1000 Boardwalk at Virginia Avenue, Atlantic City, NJ 08401  
(800) 825-8888
- 4/20/09 Boulder Station Hotel and Casino**  
4111 Boulder Highway, Las Vegas, NV 89121  
(800) 683-7777
- 7/8/09 The Rockefeller University**  
Benjamin and Irma G. Weiss Research Building  
Rooms 301 and 305  
1230 York Avenue (at East 66th Street)  
New York, NY 10065
- 10/1/09 College of DuPage**  
Jack H. Turner Conference Center  
Student Resource Center, Room 2800 (2nd floor)  
425 Fawell Boulevard, Glen Ellyn IL 60137
- 11/11/09 The Reading Hospital and Medical Center**  
RG Rooms 1, 2, and 3  
Sixth Avenue and Spruce Street, West Reading, PA 19611

### SCHEDULE & COURSE CONTENT

7:30	Registration
8:00	Venous Anatomy
8:30	Vein Location <ul style="list-style-type: none"> <li>• Cephalic Veins</li> <li>• Basilic Veins</li> </ul>
9:00	Vein Identification <ul style="list-style-type: none"> <li>• Vein Assessment Practicum on Partners</li> <li>• Palpation Techniques</li> <li>• Visualization Techniques</li> </ul>
9:30	Superficial Arteries/Nerves of the Forearm
10:00	<b>BREAK</b>
10:15	Criteria for Vein Selection
11:00	Selecting Peripheral Access Device & Gauge
11:15	Complications of Intravenous Therapy <ul style="list-style-type: none"> <li>• Infiltration</li> <li>• Phlebitis</li> <li>• Extravasation</li> </ul>
12:15	<b>LUNCH (On Your Own)</b>
1:15	Legal Aspects <ul style="list-style-type: none"> <li>• Malpractice Insurance</li> <li>• Documentation</li> </ul>
2:00	Insertion Procedure on Models
3:45	<b>BREAK</b>
4:00	Individualized Skill Validation
5:30	Awarding of Certificates





# Peripherally Inserted Central Catheter Lines

## DAY 1 — PICC Lines: Clinical Monitoring and Complication Management

By Sue Masoorli, RN

This program provides participants with educational preparation to properly care for and maintain PICC lines. Participants will be able to recognize PICC line complications and implement appropriate interventions in all settings. Areas of nursing malpractice related to PICC lines and courtroom defense strategies will be addressed. Provided by Perivascular Nurse Consultants.\*

Infusion Nurses Society's 2006 Standards of Practice and the Centers for Disease Control and Prevention 2002 Intravascular Guidelines will be incorporated into this program. Nurses who are caring for patients with PICC lines, but who will not be inserting PICC lines, should attend this one-day program. **This is not a PICC Insertion Certification Program.**

**CONTACT HOURS:** 8.7 **FEE:** \$199 (Day 1 only)

### Date and Location (7:30 a.m. to 5:00 p.m.)

#### 3/26/09 Methodist Charlton Medical Center

Auditorium  
3500 West Wheatland Road  
Dallas, TX 75237

### DAY 1 — SCHEDULE & COURSE CONTENT

7:30	Registration
8:00	Vascular Anatomy & Physiology <ul style="list-style-type: none"> <li>• Vein Layers; Central Venous Anatomy</li> </ul>
9:30	Patient Selection Guidelines <ul style="list-style-type: none"> <li>• Appropriate Candidates; Reimbursement</li> </ul>
10:00	<b>BREAK</b>
10:15	Catheter Selection Guidelines
11:15	PICC Line Nursing Management <ul style="list-style-type: none"> <li>• Catheter Removal; Documentation</li> </ul>
12:30	<b>LUNCH (On Your Own)</b>
1:30	Catheter Complications <ul style="list-style-type: none"> <li>• Catheter Malposition; Catheter Fracture; Sepsis; Thrombotic Occlusions; Fibrin Sheath Formation</li> </ul>
3:30	<b>BREAK</b>
3:45	Legal Implications <ul style="list-style-type: none"> <li>• Consent Forms; Standards of Care; Defense Strategies; Malpractice Cases</li> </ul>
4:15	Case Review
5:00	Awarding of Certificates

## DAY 2 — PICC Lines: Certification

By Sue Masoorli, RN

This program is interactive which affords each participant the opportunity to observe the complete PICC insertion procedure and also to simulate the complete PICC insertion procedure using a provided sterile PICC kit. PICC competency checklists will be provided to aid the educational process. Provided with Perivascular Nurse Consultants.\*

**CONTACT HOURS:** 5.4 **FEE:** \$499 (For BOTH Days)

### Date and Location (7:30 a.m. to 1:00 p.m.)

#### 3/27/09 Methodist Charlton Medical Center

Auditorium  
3500 West Wheatland Road  
Dallas, TX 75237

#### SPECIAL NOTE:

Participants must have previously attended the "PICC Lines: Clinical Monitoring and Complication Management Program" (Day #1) in order to attend this (Day #2) program and receive PICC Certification. Nurses who have previously attended a PICC certification program offered by Perivascular Nurse Consultants, Inc. may attend this program to update their insertion skills.

### DAY 2 — SCHEDULE & COURSE CONTENT

7:30	Registration
8:00	Review of Anatomy <ul style="list-style-type: none"> <li>• Vein Location</li> <li>• Vascular Anatomy</li> <li>• Catheter Tip Placement</li> </ul>
9:00	PICC Insertion Procedure <ul style="list-style-type: none"> <li>• Measurement Techniques</li> <li>• Peelable Sheath Introducer</li> <li>• Microintroducer Insertion Technique</li> <li>• Catheter Advancement</li> <li>• Catheter Securement Device Application</li> </ul>
10:30	<b>BREAK</b>
10:45	Practice/Competency Session #1 <ul style="list-style-type: none"> <li>• Complete Individual Kits for Each Participant</li> <li>• Interactive/Hands-on Procedure</li> </ul>
11:30	Practice/Competency Session #2 <ul style="list-style-type: none"> <li>• Complete Individual Kits for Each Participant</li> <li>• Interactive/Hands-on Procedure</li> </ul>
1:00	Awarding of Certificates

*Due to the OSHA Occupational Exposure and Bloodborne Pathogens Standards, practicum for each seminar will be on a model.*

# Best in Class Case Management: Introduction to a Leading Edge Practice

By Catherine M. Mullahy, RN, BS, CRRN, CCM

## DESCRIPTION

Best in Class Case Management is an authoritative learning experience that explores the scope of and opportunities of case management. It will energize your nursing career, harness your intuitive vision, and reclaim your energy and passion, while offering you a career of uncompromising integrity.

## BENEFITS

- Prepare for the CCM Exam
- Receive the most popular and authoritative reference book in the industry: *The Case Manager's Handbook*, Third Edition included in registration fee for ongoing reference and study.
- Receive the ongoing opportunity to join an exclusive Online Mentoring Group and continue your learning experience.
- Close the gap between your dreams and your achievements. This two-day seminar is the fastest way to explore a full range of case management opportunities.
- Obtain state-of-the art information about all aspects of case management.

**CONTACT HOURS:** 14.0 (7.0 contact hours per day) and 14.0 CCM clock hours\*

**FEE:** \$499 (both days) Registration fee includes a copy of *The Case Manager's Handbook, Third Edition*, by Catherine Mullahy, and a continental breakfast.

\*CCM hours by Commission on Case Manager Certification will be available from Mullahy & Associates, LLC



## Dates and Locations (7:30 a.m. to 4:30 p.m.)

### 3/30-31/09 Trump Taj Mahal Casino Resort

1000 Boardwalk at Virginia Avenue  
Atlantic City, NJ 08401  
(800) 825-8888

### 7/20-21/09 The Rockefeller University

Benjamin and Irma G. Weiss Research Building  
Room 305  
1230 York Avenue (at East 66th Street)  
New York, NY 10065

## AGENDA — Day 1

7:30	Registration
8:00	Case Management: A Reason for Change
8:30	Profile of a Case Manager
9:30	<b>BREAK</b>
9:45	Case Manager Role and Functions
10:45	Specific Case Management Activities
11:45	<b>LUNCH (On Your Own)</b>
12:45	Case Management Work Format — The Process Applied
1:45	Effective Communication Skills
2:45	<b>BREAK</b>
3:00	Healthcare Delivery Systems & Insurance Lines and Health Benefit Plans Coverage Issues
4:30	Adjournment

## AGENDA — Day 2

7:30	Registration
8:00	Community Resources
8:30	Legal Responsibilities of the Case Manager
9:30	<b>BREAK</b>
9:45	Ethical Issues in Case Management
10:45	Cultural Issues
11:45	<b>LUNCH (On Your Own)</b>
12:45	Behavioral and Psychosocial Issues
1:45	Clinical Functional Satisfaction Outcomes
2:45	<b>BREAK</b>
3:00	Case Study
4:00	Moving Toward the Future
4:30	Adjournment

# The Business of Case Management: Building Your Own Company

By Catherine M. Mullahy, RN, BS, CRRN, CCM

## DESCRIPTION

Whether you're an experienced case manager with an entrepreneurial spirit or a professional seeking to explore the potential of a career as a community-based case manager, this program is for you! This cutting-edge workshop will provide you with the important "need-to know" basics to develop and grow your own business.

## FEATURES

- Taught by case management pioneers and successful entrepreneurs.
- Reality based...not "pie in the sky" theories.
- Learn what not to do and recovery steps for when you falter (i.e. Plan B and Plan C).
- Gain flexibility, control of your future, economic prosperity...and the satisfaction and passion that comes from doing what you love!

## BENEFITS

7:30	Registration
8:00	Introduction — Overview
8:30	Assessing Your Personal Skills
8:45	Assessing Your Professional Skills
9:15	Transition Challenges... From Employee to Business Owner <ul style="list-style-type: none"> <li>• Strengths and Weaknesses</li> <li>• What Do You Have?</li> <li>• What Do You Need?</li> </ul>
10:00	<b>BREAK</b>
10:15	Business Issues — Components for Success <ul style="list-style-type: none"> <li>• Financial</li> <li>• Administrative</li> <li>• Legal</li> <li>• Marketing — Public Relations</li> <li>• Technology</li> </ul>
12:00	<b>LUNCH (On Your Own)</b>
1:00	Networking — Making Connections
1:30	Resources: Local, Community, State, Federal, Professional And Business...Get What You Need!
2:30	Overcoming Challenges — Problems — "Life" Getting Ready For "Plan B"
2:45	<b>BREAK</b>
3:00	Hiring Staff...Or Going It on Your Own... Considerations
3:30	Striking a Balance — Enjoying Success
4:00	The Future Is Yours! — Conclusion
4:30	Adjournment

- Transfer your professional expertise into a marketable, successful business.
- Assess personal skills for predisposition toward business success...or need for additional skills.
- Analyze community and healthcare trends for business potential and opportunities
- Understand and apply the concept of transferable skills to optimize business success.
- Learn how to access necessary financial, marketing, administrative and legal resources.
- Attain the desired work-life balance!
- Turn your passion for helping others into a financially lucrative and satisfying business
- Benefit from the profession's most cost-effective, high level training.

**CONTACT HOURS:** 7.0 and 7.0 CCM clock hours\*

**FEE:** \$299

\*CCM hours by Commission on Case Manager Certification will be available from Mullahy & Associates, LLC

## Date and Location (7:30 a.m. to 4:30 p.m.)

### 7/22/09 The Rockefeller University

Benjamin and Irma G. Weiss Research Building  
Room 305  
1230 York Avenue (at East 66th Street)  
New York, NY 10065



# Meditation Specialist™ Certification

By Susan Taylor, PhD

The Meditation Specialist™ Certification is a complete course in the theory, science, and practice of meditation therapy with a focus on the use of meditation as a true healing science that can be applied in a wide variety of health conditions. The program's mission is to guide the transformation of health care by creating, educating, and supporting professionals, and to provide the concepts of meditation, as well as the know-how behind it.

This training program prepares students to work with specific populations, such as cancer, pain, heart disease, and anxiety and depressive disorders, and it's intended to prepare today's professionals to define the entire field of meditation specialization as it evolves into a universally recognized profession. Graduates will gain the skills, tools, and framework for incorporating meditation into their medical practice or for developing a private meditation therapy practice.

The certification program progresses from introductory to advanced concepts in core content areas. Upon successful completion of written and practicum testing, certification is provided by the Center for Meditation Science. Continuing education contact hours are provided at the conclusion of each session by Nursing Spectrum Continuing Education. The Meditation Specialist Certification Program is an ANCC-accredited Nursing Skills Competency Program.

**CONTACT HOURS:** From 35 to 45 per session  
**FEE:** New fee schedule is under development.

## SCHEDULE SUMMARY

### CLINIC 4

Day 1

Day 2

Day 3

Day 4

### Vital Mind: The Pillar of Transformation

4:30 p.m. – 9:00 p.m.

6:30 a.m. – 9:00 p.m.

6:30 a.m. – 9:00 p.m.

6:30 a.m. – 4:30 p.m.

New 2009 schedule is under development

## Dates

### Clinic 4: Vital Mind: The Pillar of Transformation

3/8-11/09 California location

3/22-25/09 Pennsylvania location

Additional 2009 dates to be determined

## Locations



### East Coast

Himalayan International Institute of Yoga Science and Philosophy  
 952 Bethany Turnpike, Honesdale, PA 18431-9706  
 (800) 822-4547



### West Coast

Institute of Noetic Sciences (IONS) Retreat Center  
 101 San Antonio Road, Petaluma, CA 94952  
 (707) 775-3500 (for directions only)

## Speaker Information



**Susan Taylor, PhD**, is Director of Educational Programs and Founder of the Center for Meditation Science. An accomplished nutritional biochemist and meditation specialist with more than 25 years of experience, and a pioneer in the field of mind/body medicine, Taylor continues to transform our understanding of health.

Taylor is the author and producer of the *Healing Power of Meditation* and *The Vital Energy* audio programs, and The Healing Power of Meditation national seminar and the Meditation Specialist™ Certification Training for healthcare professionals.

She holds a PhD in nutritional biochemistry from Case Western Reserve Medical School and an MS in human nutrition from Columbia Medical School. She is a member of the American Society of Nutritional Sciences and American Society of Clinical Nutrition. Taylor's research has appeared in the scientific journals *Analytical Biochemistry* and *The American Journal of Physiology*. She has also been profiled in many national magazines, including *Nursing Spectrum*, *Healthy Living*, *Fit Magazine*, *New Age Journal*, *Mademoiselle*, *Country Living*, and *Cosmopolitan*.

## Hotel Information

At the Himalayan Institute, room accommodations are available at the following daily rates, single \$95, double \$85, dorm \$75. Accommodation rate includes three vegetarian meals for full-days, supper on first day, and breakfast and lunch on last day. Participants should call (800) 822-4547 for reservations or visit [www.himalayaninstitute.org/Inside/RegistrationInfo.aspx](http://www.himalayaninstitute.org/Inside/RegistrationInfo.aspx) for complete details.

At IONS, room accommodations are available at the following daily rates, single \$138, double \$113, offsite \$63. Accommodation rate includes three meals for full-days, supper on first day, and breakfast and lunch on last day. Participants should call (800) 866-0919 for reservations.



# Books and Videos | By Donna Cardillo, RN, MA

For more information or to order, please see pages 80-81.



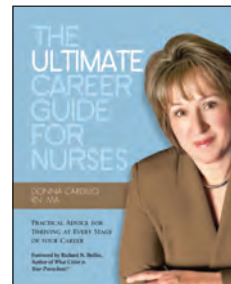
*Donna Cardillo, RN, MA, president of Cardillo & Associates, Sea Girt, NJ, is Dear Donna, Nursing Spectrum Continuing Education's career guru. She is a career development*

*consultant, keynote speaker, seminar leader, and author of Your First Year as a Nurse: Making the Transition from Total Novice to Successful Professional (see below). She also writes Dear Donna columns on career development in Nursing Spectrum and NurseWeek magazines and daily online. You can ask her a question by going to [www.nurse.com](http://www.nurse.com).*

*Bring Dear Donna to speak at your facility. Limited dates available. Call Nursing Spectrum Continuing Education at (800) 866-0919 for details.*

## 7250 The ULTIMATE Career Guide for Nurses

Whether just starting out in nursing, getting ready to retire, or anywhere in between, *The ULTIMATE Career for Nurses: Practical Advice for Thriving at Every Stage of Your Career* offers something of value for every current and future nurse. While clinical skills are the foundation of nursing practice, so many additional skills and so much more knowledge beyond the clinical realm are necessary to have a satisfying and fulfilling career. Author Donna Cardillo takes you step by step through career development and advancement as well as personal development. Written in her customary down-to-earth and humorous style, she gently nudges readers to maximize their career opportunities and to reach their full potential as nurses and as humans.



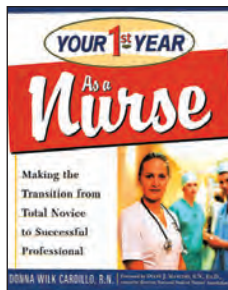
Discover how to —

- Reenergize your nursing career
- Get the most out of your current position
- Identify transferable skills
- Decide what you really want to do
- Discover and develop your own unique talents and skill set
- Avail yourself of all that nursing has to offer
- Write a winning résumé and interview like a pro
- Overcome challenges, take career risks, and make decisions
- Build professional support systems
- Explore career options ... and love what you do!

**BOOK COST:** \$29.95

## 7010 Your First Year As a Nurse

You've seen her picture. You've read her column. Now read her book. *Your First Year as a Nurse* provides practical, real-world solutions to the profession's most common and difficult issues. Inside, new grads will find out what they really need to know, who they need to know, how to avoid missteps, and where to go for help when they need it. Gritty, witty, and full of invaluable tips and advice for first-year nurses, this book is a personal mentor for their new career.



Ensure a healthy first year by: acquiring the job that's perfect for you; creating your own patient-centered style of nursing; developing positive relationships with doctors, patients, and other nurses; staying positive, dealing with conflict and adversity, and avoiding burnout; networking; enhancing your education and career; and becoming a leader.

Readers who aren't beginners will also find the book beneficial: Information about business cards, professional associations, managing difficult situations, avoiding burnout, and getting along with coworkers can benefit even the most seasoned professional.

*Continuing education credits are available for this book. Call (800) 866-0919 for a free continuing education packet.*

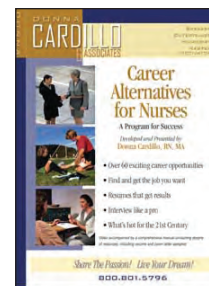
**BOOK COST:** \$19.95

## Career Alternatives for Nurses®

### A Program for Success

*Capture the spirit and enthusiasm of a live presentation by Donna Cardillo, RN, MA (see page 70 for dates of live seminar).*

- Valuable information on more than 60 exciting career opportunities
- Find and get the job you want
- Résumés that get results
- Interview like a pro



This five-hour program was recorded during a live Career Alternatives for Nurses® seminar.

**Tapes are accompanied by a FREE comprehensive 50-page manual containing:**

- Dozens of resources
- Professional associations
- Phone numbers
- Sample forms (including résumé, cover letter, thank you letter, etc.) that you can adapt for your own use
- Company names
- Addresses
- Websites

*\*This offering has been approved for 5 contact hours by the New Jersey State Nurses Association. NJSNA is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.*

**COST:**

<b>DVD1</b>	<b>DVD</b>	<b>\$149.95</b>
<b>CD6</b>	<b>CD</b>	<b>\$ 99.95</b>

# Books and Videos

For more information or to order, please see pages 80-81.

## Career Fitness®

### NW5020 Building and Managing a Career in Nursing: Strategies for Advancing Your Career

Terry W. Miller, RN, PhD

This unique book offers a comprehensive exploration of career management for nurses. The book covers the lifespan of a career in nursing from discovering and developing a career to changing and reclaiming a career. The author and expert contributors explore each of these stages from theoretical and practical perspectives, with research-based tools and strategies, and real-life examples that illustrate how nurses have successfully managed their careers. A separate unit on reclaiming one's career includes three unique chapters on the stalled career, the impaired career, and overcoming damage. The final two chapters address the importance of building support networks and mentoring. There are also discussions on inquiry letters, resumes, CVs, and how to complete a successful interview, with examples of each. Whether you are thinking about a career in nursing, changing careers within nursing, or leaving nursing, this book will be a valuable resource to help you make better, more informed decisions in your career development.

**BOOK COST:** \$25

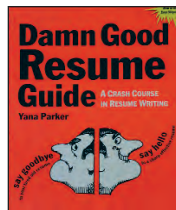


### NW5070 Damn Good Résumé Guide: A Crash Course in Résumé Writing

Yana Parker

Need to write a résumé for that special job you want? One of the strongest books in its field, this excellent guide will help you write a résumé that stands out from all the others.

**BOOK COST:** \$10

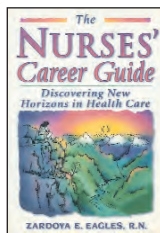


### NW6020 The Nurses' Career Guide

Zardoya E. Eagles, RN

Whether you are a new graduate or a career nurse, this inspiring guide and workbook will help you to chart your career path. From self-assessment to evaluation, this career development guide and workbook includes lots of exercises, resources, sample résumés, and much more.

**BOOK COST:** \$19



## Complementary Care

### 7140 Guided Meditations: The Healing Power of Meditation Series

Susan Taylor, PhD

Join Susan Taylor as she leads you through three powerful meditation practices used to heal, nourish, and transform your life. The first practice, breath awareness, is beneficial for balancing the nervous system and relaxing into meditation. The second practice adds a counting technique that trains the mind to focus and improve concentration. The third practice uses mantra to balance energy and establish a more refined concentration for the mind. Practices have been designed for the beginner and experienced meditator. (CD, 50 minutes)

**CD COST:** \$18.95

Also available (\$18.95 each):

- 7190 Meditations for Weight Loss
- 7200 Meditations for Menopause
- 7220 Meditations for Pregnancy
- 7230 Meditations for Healing Power
- 7240 Meditations for Sleep

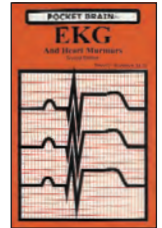
## Critical Care

### NW6200 Pocket Brain EKG and Heart Murmurs

Peter Q. Warinner, MD

Although small enough to fit in your pocket, this course completely covers the clinically useful aspects of EKG analysis. At the end of the book, as a bonus, there is a comprehensive guide to understanding all the details of heart murmurs. The information is well-organized and extensively cross-referenced.

**BOOK COST:** \$13



## Medical/Surgical

### NW6125 Mosby's Diagnostic and Laboratory Test Reference, 8th Ed.

Kathleen Deska Pagana, RN, PhD, and Timothy J. Pagana, MD, FACS

Comprehensive and current, this popular handbook offers information about numerous clinically relevant laboratory and diagnostic tests. Patient teaching points are included.

**BOOK COST:** \$44.95



### NW6520 Mosby's Handbook of Diseases, 3rd Ed.

Rae W. Langford, EdD, RN, MS, and June M. Thompson, RN, DRPH

This portable, user-friendly guide provides an up-to-date profile of more than 250 adult and pediatric diseases and conditions — with 32 new diseases added to this edition. Diseases and conditions are listed alphabetically, from abruptio placentae to Zollinger-Ellison syndrome. It provides the essential information with easy access, including the definition of the disease or condition, the etiology and incidence, gender and lifespan considerations, underlying pathophysiology, the complications, and frequently ordered diagnostic tests.

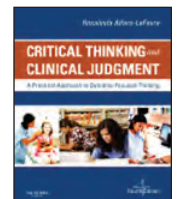
**BOOK COST:** \$37.95

## Professional Issues

### 6105 Critical Thinking and Clinical Judgment: A Practical Approach to Outcome-Focused Thinking, 4th Ed.

Rosalinda Alfaro-LeFevre, RN, MSN

Develop the critical thinking skills you need for success in today's challenging healthcare setting with *Critical Thinking and Clinical Judgment: A Practical Approach to Outcome-Focused Thinking*. This book's insightful and motivational style makes the concept of critical thinking come alive. Learning difficult concepts is easy with the book's "how-to" approach that provides supporting rationales to help you understand why and how to make decisions.



### New to this Edition

- New illustrations clarify key concepts and reflect the latest developments in critical thinking.
- Unique application of brain-based learning principles through the use of strategies that challenge the mind to help you gain a better understanding of the content.
- A wealth of new content, including problem-focused versus outcome-focused thinking, prioritization, novice and expert thinking, evidence-based practice, and more, provides you with the latest information in the field.
- Other Perspectives and Critical Moments vignettes with giraffe and elephant icons make learning this important information fun and engaging.
- Covers the Institute of Medicine's competencies and delegation strategies based on the ANA's Principles for Delegation.
- NCLEX® examination-style review section includes multiple-choice questions to help you prepare for board exams.

**BOOK COST:** \$41.95

### 7080 **Making a Difference: Stories from the Point of Care, Volume 1**

Sharon Hudacek, RN, EdD

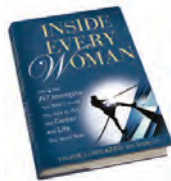
*Making a Difference: Stories from the Point of Care, Volume 1*, is the revised and updated version of the immensely successful *Making a Difference* book that was first published in 2000. Like the original, this book reminds nurses why they chose their profession ... and makes healthcare consumers glad they did! Gripping the heart, it is a compelling collection of personal experiences told by nurses around the world. The stories are woven together by the insightful observations of Sharon Hudacek, RN, EdD, and paint a true picture of how nurses impact the lives of patients from the moment life begins to the moment it ends.

**BOOK COST:** \$29.95

### 7180 **Inside Every Woman: Using the 10 Strengths You Didn't Know You Had to Get the Career and Life You Want Now**

Vickie L. Milazzo, RN, MSN, JD

Whether you are positioning yourself for a promotion, pursuing a life goal, or simply figuring out what you want to be when you grow up, you possess 10 strengths that will help you achieve lasting success and fulfillment. *Inside Every Woman* is an indispensable guide to discovering and harnessing these strengths.



Vickie Milazzo shares the secrets that made her a multimillionaire and an *Inc.* Top 10 Entrepreneur. She openly discusses the obstacles she — and the thousands of other women she has trained and mentored — overcame on the path to success. The book gives you the tools for unlocking 10 times your power, potential, and possibilities to close the gap between your dreams and your success.

**BOOK COST:** On sale now for only \$15.00

## Spanish

### NW5000 **Medical Spanish: The Instant Survival Guide**

Cynthia J. Wilber and Susan Lister

Need to brush up on your medical Spanish terminology? This easy-to-understand reference book provides useful translations for general health care situations and subspecialties. It provides specific questions and instructions on special services, such as labor and delivery, dialysis, CT scans, on-site emergencies, admissions information, and psychiatry.



**BOOK COST:** \$33.95



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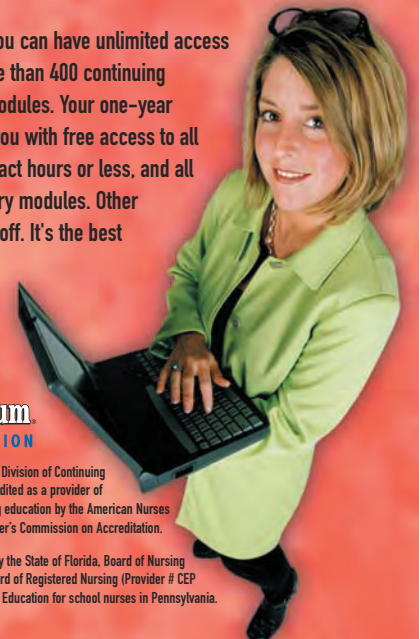
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CONTINUING EDUCATION



Nursing Spectrum Division of Continuing Education is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Nursing Spectrum is also accredited by the State of Florida, Board of Nursing (provider no. FBN 2904); California Board of Registered Nursing (Provider # CEP 13213); and through the Department of Education for school nurses in Pennsylvania.



# General Order Information

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1. Order **online** at [www.nurse.com/ce](http://www.nurse.com/ce).
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For more information or reservations for Nursing Spectrum  
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## HOTEL Information

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Reservations at the Trump Taj Mahal Casino Resort can be made online by going to [www.trumpmeetings.com](http://www.trumpmeetings.com), entering the appropriate Group Code, and completing the necessary information to make the reservation. If a guest does not have internet access, he or she may contact the Reservations Department by calling (800) 825-8888. Each individual must identify him- or herself by the group code listed below to receive the discounted rate of \$89 single/double per night plus taxes. After the deadline date, the hotel will take reservations on an availability basis and at current hotel rate.

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# Continuing Education Order Form

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ITEM	PAGE	TITLE	COURSE NUMBER or DATE OF EVENT	QUANTITY	UNIT PRICE	TOTAL PRICE
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