

2015 Board of Directors

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President's Message Summer Review

Chris Baker, RN, MSN, CEN

This year's MENA State Conference in Mt. Pleasant provided an opportunity for emergency nurses from Michigan, Canada and surrounding states to rejuvenate and renew our "minds and souls". When leaving the conference, I felt so proud to be an emergency nurse. Life becomes complicated and we sometimes lose sight of happening except the hospital we are working in. Our annual conference is an opportunity to meet and talk with people that have a commonality ER emergency care. It also gave everyone an opportunity to meet National ENA leaders and to talk with them about issues and concerns in Michigan. A special thank you to *Karen Wiley, MSN, RN, CEN*, National ENA President-Elect, *Joan Somes, PhD, RN-BC, CEN, CPEN, FAEN, NREMT-P*, National ENA Secretary/Treasurer, *Jean Proehl, RN, MN, CEN, CPEN, FAEN, Laura M. Criddle, PhD, RN, CEN, CPEN, CFRN, FAEN* and Senator *Judy Emmons* for attending and/or presenting this year.

At the conference it was exciting to see how many people were nominated for awards. The letters submitted were heart felt and it was inspiring to see how many people were committed to nominate their colleague for one of the MENA awards. Thank you all for making it a challenge to select winners this year!

Thank you annual MENA conference committee, for all your hard work and dedication while planning an outstanding conference this year! You work hard all year long to make this happen and we appreciate you! The attendees and the vendor numbers surpassed even last year's numbers and we still have room to expand for next year's conference. Thank you for your foresight and planning topics of interest to Emergency Nurses in Michigan and surrounding areas. We are glad that emergency nurses from other States and Canada were able to attend as well. Job well done!

Many people and chapters donated items for the raffle this year and we truly appreciate all the support for the foundation. We surpassed last year's numbers and raised over two thousand dollars. Half of the money raised will be donated to the national ENA Foundation to support their causes. The other half will be used to support Michigan ENA members returning to school. If you are interested in a scholarship, the application is on the MENA website or you can contact one of the board members if you have questions about how to apply.

Now for just a little legislative information for people that are unaware. MENA is in full support of high school students learning BLS before graduation. We joined a coalition with Michigan College of Emergency Physicians (MCEP) to support this effort. MENA is also working with state officials to make violence against a healthcare worker a felony. Currently, it is only a misdemeanor and that is not deterring people from using violence against us or people seeking emergency care. More to come as we move forward in this adventure to help staff and patients feel safe in our emergency care environments.

President's message

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2016 MENA Meetings

- ✓ Sept 8
- ✓ Nov 11

MENA Website

www.michiganena.org

President's Message continued

We are always looking to you our members to talk about topics and points of interest at our council meetings. We are also looking for practice articles to be included in this Triage Notes publication that is sent quarterly to MENA members. The next issue comes out in 2016 so please send your article to Eileen Negri our current secretary for publication consideration by August 31 at negrieileen77@gmail.com.

I would also like to let you know that we have a State Treasurer position that will be open and it will be posted after August this year. So if there is anyone interested in running for this board position, please let Mary Berri Bovia or me (Chris Baker) know with a written letter or an email. If you have any questions, please contact our current treasurer Kim Johnson about the position (248-391-3476 or kjohnson765@yahoo.com).

Thank you all for the opportunity to meet you and talk with you at the conference. I am honored to serve as your 2016 Michigan ENA President and I look forward to the ongoing challenges of being an emergency nurse!

Don't miss the conference in 2017 on May 3rd



West Michigan Chapter ENA 2016 Meetings Dates:

8/2, 9/6, 10/4, 11/1, and 12/6

Huron Valley Chapter:

We are having a conference on the 8th of October at Beaumont Hospital-Dearborn. The conference is from 8a-12n at the hospital on Oakwood Blvd. Topics include pain, sepsis, human trafficking and generational differences. Continental breakfast will be provided. The cost is \$25. We are in the process of applying for CEU's. Please contact Sheri Belanger (crawford1922@aol.com) or Wendi Brown (rnwendi@hotmail.com) for any further questions or information. Flier to be emailed in the next few weeks.

We are looking for chapter updates, clinical articles, case reviews or policy updates. Asking each chapter to submit an article throughout the year, and each committee to submit an article. Please submit to MENA Secretary, Eileen Negri at negrieileen77@gmail.com

Deadlines are: August 15 and November 15



“Day on the Hill” 2016 Washington, DC

Each year the Emergency Nurses Association sponsors a “Day on the Hill” event in Washington DC. This is an opportunity for members of each state council to meet with representatives to promote ENA supported legislation. Emergency nurses are on the front line of healthcare and understand how legislation can impact patient care and nursing practice. This year’s event was May 10th and 11th.

The two day event began with town hall meetings with the Board of Directors and advocacy training for all attendees. The purpose of this training was to learn how to best maximize the time spent with each legislator and their staff. Including a personal story when possible was one of the important take aways related to training. Advocacy training also included a summary of the two ENA supported bills.

The Helping Families in Mental Health Crisis Act, House (H.R 2646) and the Mental Health Reform Act Senate (S.2680) will improve the mental health system by providing more resources and funding for psychiatric care. Michigan ENA members Jennifer Gegenheimer-Holmes and Jon Fairchild had the privilege of meeting Senator Debbie Stabenow, Senator Gary Peters and Congressman Tim Wahlberg. In each meeting they were attentive, asked questions and seemed genuinely concerned about Mental Health Reform.

Getting involved is not that difficult. A letter, email, or phone call is all it takes to share your opinion and provide valuable insight that can help shape health care for the future. The national Emergency Nursing Association website (ena.org) has more information on government relations and can also keep you up to date on current issues.



Summer 2016

Triage Notes

Are you considering joining the Emergency Nurses Association?
 Are you currently a member, but not sure if you should renew?

Here is a highlight of some of the many benefits that ENA offers its members:

- Networking opportunities at local, state, national, and international meetings, conferences, and events
- Subscriptions to *ENA Connection*, *Journal of Emergency Nursing*, and *ENA Newsline*
- Discounted pricing on CEN, CPEN, CFRN, CTRN, and TCRN certification exams
- Discounted registration fees to attend the Annual Michigan ENA Spring Conference
- Discounted registration fees to attend the ENA Annual Scientific Assembly, being held September 14-17, 2016 in Los Angeles, CA (visit www.ena.org for more details)
- Discounted shopping at the ENA Marketplace (online merchandise)
- Many **FREE** online continuing education programs (\$25 each for non-members)
- Numerous grant and scholarship opportunities
- Access to emergency nursing resources, Listserv communities, EN411 Legislative Networks, ENA Position Statements, and more
- Discounted opportunities for nationally recognized services such as MetLife and Nurses Services Organization (NSO)
- Emergency nursing employment opportunities at the ENA Career Center
- And much, much more!

Pricing:

Discounted memberships are also available for military personnel, senior members, and group memberships/renewals. Visit www.michiganena.org or www.ena.org for more details.

Renew or join our internationally recognized association, over 40,000 members strong, and take advantage of the many benefits available as an ENA member today!

Remember to "Like" us on Facebook—**Michigan Emergency Nurses Association MENA** and follow us on Twitter—**michiganENA@ENAMichigan**.

Stephanie Wilson, RN, BSN, CEN
 MENA Membership Committee Chair

1 year	\$115
3 years	\$288
5 years	\$432
Lifetime	\$1438



Welcome to summertime! In West Michigan that generally includes the outdoors, water and this year lots of *heat*. The landscape and temperatures we are experiencing remind me more of July and August than June with so many days in the 90's.

There are three heat related syndromes we may see in the ED. Heat cramps, heat exhaustion, and heat stroke.

Heat cramps: Defined as brief involuntary muscle cramps that may spasm and or jerk. These can occur during exercise or work—usually an activity you aren't accustomed to doing or are now doing in an overly warm environment—or later after the fact. The usual areas for cramps are arms, abdomen, or calves. Usually you can prevent these by maintaining hydration and electrolyte balance. However, providing a sports drink to re-hydrate and replace electrolytes is usual treatment for these; they are self-limiting once fluid and electrolyte balance is achieved. Teach patients to avoid salt tablets, these are dangerous and should not be relied upon to restore balance for fluids or electrolytes. A homemade solution of one liter of water can be mixed with $\frac{1}{4}$ to $\frac{1}{2}$ teaspoon of table salt to replace the sodium lost by sweating in the heat.

Heat exhaustion: Is a collection of symptoms that occur in conditions with exposure to high temperatures, especially if it is humid or the individual is or has been doing anything strenuous. Remember heat indexes are also higher if in direct sunlight. Further environmental factors can also increase the heat index, such as poor air quality, stagnant air flow—as in enclosed spaces or areas of a city for example without a breeze or highly polluted areas with car exhaust. Cement, stone, brick and asphalt all hold heat and prolong the heat index even after the sun has set.

Age can also make you more susceptible, if you are under 4 years old or greater than 65 you have less ability to efficiently sweat and cool the body. This puts these groups at greater risk. Also people with certain health or medical conditions such as Diabetes, Sickle Cell, alcoholism, kidney disease, hypertension, obesity, extensive sunburn, mental illness to name a few.

There are two drivers of heat exhaustion, depletion of water and depletion of salt. General signs and symptoms are: Confusion, concentrated/dark colored urine (increased specific gravity, not rhabdo), dizziness, fainting, fatigue, headache, muscle cramps, abdominal cramps, nausea, vomiting, diarrhea, profuse sweating, and increased heart rate. Some signs and symptoms may give you a clue to the primary driver of the deficit. If the presenting signs and symptoms include excessive thirst, weakness, headache, dark urine, and decreased level of consciousness chances are good that you are dealing with water depletion. Salt depletion signs and symptoms include nausea, vomiting, muscle cramping and dizziness. Remember, heat exhaustion can be the precursor to heat stroke, which can be life threatening if not treated appropriately and quickly.

Treatment: Get the patient in to a cooler environment, preferably an area that is air conditioned. Remove tight and unnecessary clothing. This is another great reason to get the patients into a gown. If outside of the ED environment, cool tub bath or shower—without shivering, this will drive the temp further up due to the muscle activity. Fans can be helpful, cool cloth for the face/forehead. Ice packs, but again, be careful to not cause shivering.

Rest, may sound difficult to us to assist a patient rest in the ED, but we can turn lights lower and get patients into a comfortable position. Also remember to teach the options in other environments as well for purpose of preventing this in the future and share with patients and families.

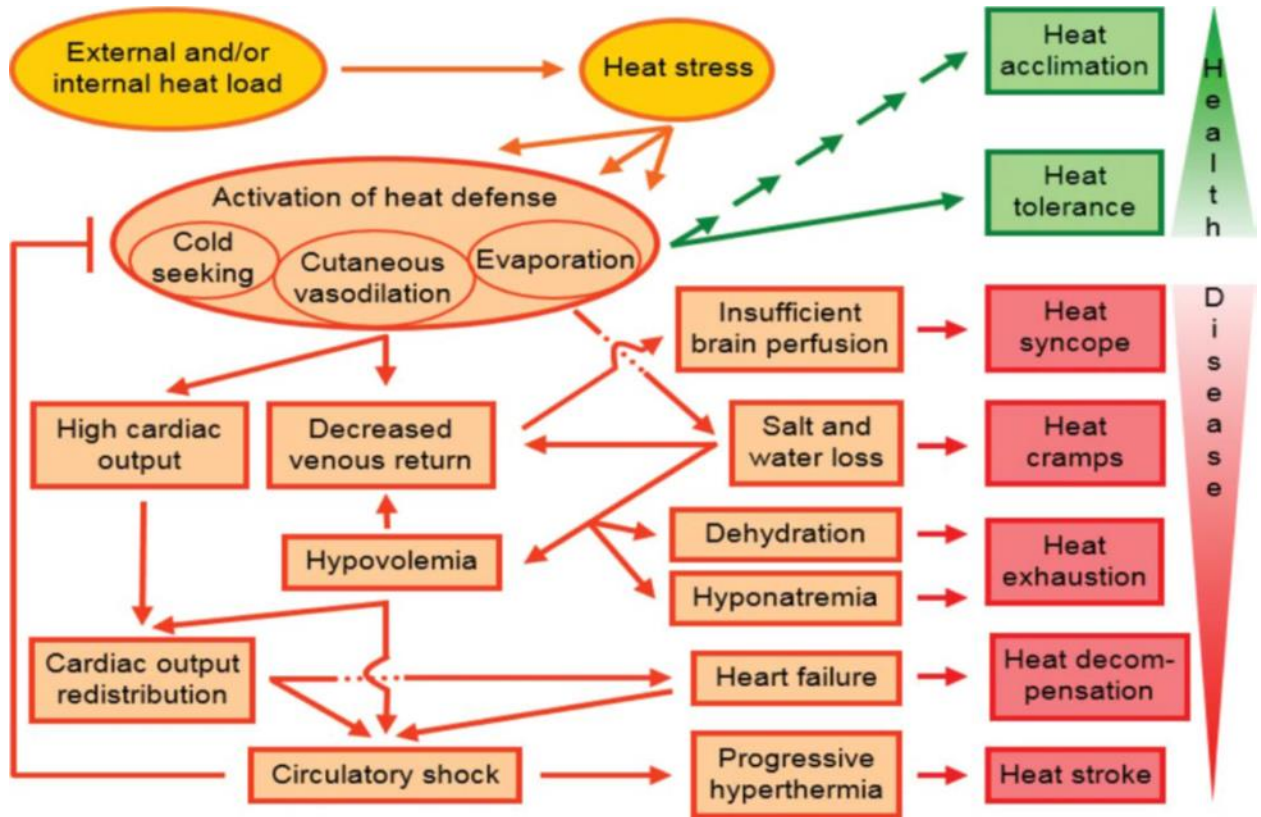
Refill the body with fluids and electrolytes. Like in the treatment of heat cramps, electrolytes are best given to patients in fluids versus salt tablets.

Heat Stroke: Occurs when the body's mechanisms to regulate the core temperature are no longer effective and core temp rises to 105F or higher. This is often accompanied by decreased level of consciousness as the ability of the brain to function is affected. Symptoms are usually progressive if not treated and can proceed to death. Sometimes the progression is slow and different phases are discernable, other times they are rapid. It is thought that the dehydration component may be what causes the collapse of the body's ability to maintain the core temperature within safe limits.

Certain age groups are more susceptible, as with heat exhaustion, the very young, especially infants and toddlers (think this group left in cars with the windows up especially) and people older than 50. Young athletes are another group seen frequently if they are not prepared or do not heed their body's warning and push themselves to finish the race or other endeavor. Anyone who does not drink enough is at risk, especially if there are other comorbidities or chronic diseases like kidney disease. People who chronically abuse alcohol are also at greater risk.

Environmental factors also increase the risk greatly especially during time of consistently increased temperatures above 90F and relative high humidity, especially over 60%. Also the 'heat island effect' when asphalt and cement in urban areas hold significant heat and continue to release it after the sun goes down. Areas with little breeze or air movement, such as in the city with multiple high rise buildings make it hotter and more difficult to cool. Another risk is found in apartment buildings, extended care facilities or homes without central air conditioning during heat waves. Every summer we hear on the news about elderly people dying who become overheated and dehydrated. Remember the body's thirst drive in the elderly population is not as strong making them at higher risk. To further complicate issues for this group due to comfort or financial reasons, they may choose not to use central air conditioning or do not have it available to them during the heat. Many churches will provide respite from the heat for those who do not have air conditioning available to them.

Here is the list of potential symptoms: Throbbing headache, dizziness, lack of sweating despite high temperature (as opposed to copious sweating with heat exhaustion—the body is no longer able to compensate at all), red, hot, dry skin, muscle weakness or cramping, nausea, vomiting, increased heart rate, bounding or weak pulses, shallow tachypnea, behavioral changes, decreased orientation and increased confusion, staggering or change in gait, seizures, and coma or unconsciousness. The most common signs and symptoms at presentation to the ED often include nausea, seizures, and decreased level of consciousness. See below by TeSzekely, M., Carletto, L., & Garami, A. 2015.



Treatment in the ED involves actively cooling the body to get the core temperature down to between 101-102 F. This may include ice packs to the groin, axilla neck and lower back as there are significant numbers of relatively surface blood vessels in these areas. Sponging and a fan can also be effective. You should also use mechanical cooling mats and pads (like the Artic Sun) if you have those available.

Prevention is the better plan. Wearing loose, light weight clothing preferably in light colors is preferred and wearing long sleeves is also a big help. The more rays you reflect versus absorb is key. Wear sunscreen with an spf of 30 or greater. Try to stay out of direct sunlight; it can increase the reported heat index by as much as 15 degrees! Don't forget your wide brimmed hat--these measures will also protect you from melanoma so it is a double win. Drink plenty of fluids, the base recommended water intake is 64 ounces for an adult, and you need to increase that amount for the heat. Remember if you're sweating you will need to replace electrolytes as well, especially salt. Sports drinks can help with this. And be wary if it is really humid outside so that you don't get yourself in trouble. These are especially true for the clean air action days, the conditions are right for developing heat exhaustion and stroke on these days.

Take extra precautions if you are planning to work or exercise outside on hot days. Try to reschedule or complete activity either first thing in the morning or after the sun sets. Pre-hydrate with 24 ounces of fluids 2 hours prior to activity and add another 8 ounces right before you begin. It is important to consume 8 ounces of the appropriate fluid about every 20 minutes while engaged in activities during the high heat or the day even if you don't feel thirsty. Your body will thank you and so will the ED staff.

Triage Notes

References:

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CNS Mercy Health Emergency Services

Immediate Past President West Michigan ENA