



Triage Notes

President's Message - Are Nurses Good Team Players? How Can They be Better Team Players?

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Nurses are team players! The nursing profession has provided us the opportunity to work as a team. As nurses, we not only care for our patients, but manage and operate nursing units and various healthcare environments which include the leading process, maintenance and retention process, and collaboration with many healthcare disciplines. In most healthcare environments, nurses work traditionally in community based hospitals. These settings have empowered nurses to work diligently as team members. It is important to understand and define good team players. We need to focus on nursing team players and the nursing team leaders.

Good nursing team players have nursing team leaders that commit themselves to the success of their mission. Often there are nursing team players and nursing team leaders that are not aware of their own emotional intelligence, behavior, skill and ability to work as a nursing team player or nursing team leader. Each nursing team player and nursing team leader should understand their role and function to ensure the team accomplishes their tasks and decisions. That is, each team should be conscious and aware of their strengths and weaknesses. The team nursing leader sets the ground rules and should be highly skilled in emotional intelligence. The emotional intelligence of the

team sets the stage of high performing nursing team players and nursing team leaders from mediocre nursing teams. The team works collaboratively with the nursing team leader. The nursing team players and nursing team leader all have the opportunity to put forth their best effort in collaboration and teamwork thus accomplishes their mission.

Historically and in my experience, nurses are good team players. There have been times and opportunities where nurses have not been team leaders, team players, and teams. These instances have provided nurses the opportunity to improve the art in communication and collaboration. As nurses, we must identify where these deficiencies are and address them in a respectful manner. We discussed before that nursing leaders need to exhibit authenticity, foster a nurturing relationship with their colleagues, and empower or utilize shared governance with the nursing team players. These descriptions enable the nursing team to strengthen its process and not weaken it. Nurse leaders have the perfect opportunity to mentor and delegate to the team players. It is essential that the team communicates effectively among each other and the nursing team leader. To ensure good nursing team players, we ought to discourage "clicks" or "favoritism". These behaviors often undermine the

integrity and destroy the team. Each team member, either the player or leader, needs to value one another. Also, it is important that nursing team players and nursing team leaders respect, trust, and understand each other and that there is a commonality within each other.

In order for nurses to become better team players we require a mutual agreement and foundation guided by our nursing leaders. One area where improvement can be achieved is conflict resolution and communication. There will be incidents where there is not a consensus or there is conflict. By understanding and knowing how to address conflict we can create conflict resolutions. This enables the nursing team player and nursing team leader to move forward and getting past these "road bumps". It should be also recognized that the nursing profession is a complex environment that is one component of the healthcare environment. Nurses need to be aware that they are not the only profession of people who need to work together, but to collaboratively work together. As nurses, we have worked very hard as team players. Still, there is much work to improve not only ourselves, but the team.

Mark Goldstein, RN, MSN,
EMT-P I/C

2013 Michigan ENA President

The Characteristics of Nursing Leaders: What I have seen and want to see in nursing leadership.

I have had a wonderful emergency nursing career. I have worked with nurses ranging from awesome to poor. This is different from nursing leaders. I have worked with and mentored by Col. Ann Wolford-Connors (US Army, Ret.), Janet Gren-Parker, and Val Gokenbach. These nurses are the epitome of "Nursing Leaders". I have tried to model some of their behaviors while being myself. By being myself, I am an authentic leader and I would like to see more authentic nurse leaders.

I have found emotional intelligence as a powerful tool. While we as future nurse leaders work diligently on various issues, we need to be cognizant how to become emotionally intelligent. One author describes them as sharing the vision and setting an example. We, as nurse leaders, need to become emotionally intelligent. This will allow everyone the opportunity to excel in emergency nursing.

Former CEO of the Girl Scouts of America, Hesselbein, describes leadership as "leadership is a matter of how to be, not how to do it". Fortunately, I work in an environment that fosters this behavior. As I have said before, I have had a wonderful emergency nursing career. This is partially due to our leaders, colleagues, and my attitude. Unfortunately, I have read and been told that not all places in the nation is like the healthcare system in which I work. I would like to see nurse leaders inspire new nurses and help them process how to be a leader.

I have discussed my previous experiences with nursing leaders. For the most part, it has been very positive. However, we are an expanding profession in which more leaders are required. I pledge that everyone of us take another oath to improve and become nursing leaders. I have the confidence that over time, everyone will seek a nursing leader over an administrator, physician, and business associate for guidance with healthcare needs.

How would you want someone to describe your leadership qualities? In your own assessment of being a leader, what is missing? We often think, how can we improve ourselves? What type of degree should I seek, what specialty course or certificate should I obtain? Many of us have come to the crossroads and have asked these very same questions. Let's take this a step further.....

Like many of us, we have circled the globe to seek answers and improvement. I have the opportunity to attend some very powerful courses and seminars, but to only find myself believing what I absolutely know is true, *It is in your heart or Lead with your heart and not your head.* We have experienced leaders, managers, nurses, and people with and without spirituality. Spirituality is much different than religion in that spirituality provides a greater understanding of self-awareness and that religion comes from spirituality. We can agree that people who exhibit spirituality are often unique

and provide a more caring and purposeful demeanor.

Patients, family members, employees appreciate Nurses and Nurse Leaders who are spiritual. We have the obligation, as *Nursing Leaders*, to assess our own needs. By this sole fact, we are required to perform a spiritual assessment. This spiritual assessment identifies our development level of spiritual well-being and an understanding of not only our own position and belief, but a better understanding of others. Being spiritual should not be embarrassing and should be encouraged. Employees understand if their "boss" or Nurse Manager cares about themselves, they often perform with a sense of purpose. With the sense of purpose, there is no hidden motivation beyond spirituality. This is a trait and quality we all should seek.

Some people are not ready to accept the fact that their need for spirituality will complete their well-being as a Nurse Leader. Often times, individuals are unaware of this need. I am sure this individual, one way or another will eventually come to their crossroads. This is a wakeup call to all Nurses and Nurse Leaders. In order to promote your service or product, you need to accept spirituality as a significant part of leadership. We need to find innovative ways to instill this magical, but real sense of being a spiritual leader. It is my firm belief and intent to continue to lead with my heart. By doing so, I have remained spiritually aware and understanding, to include being emotionally intelligent and authentic.

Mark Goldstein, RN, MSN, EMT-P I/C
2013 Michigan ENA President

Save The Date!

The annual Michigan Emergency Nursing Conference will be held on April 30 and May 1 at the Soaring Eagle Conference Center in Mt. Pleasant, Michigan.

Malignant Hyperthermia

Malignant hyperthermia is no longer confined to the operating room! With the increasing use of succinylcholine for rapid sequence intubation in the emergency department and pre-hospital settings, emergency nurses must be able to recognize and manage the potential complications and potentially fatal sequelae.

Malignant hyperthermia (MH) is a life threatening hypermetabolic crisis that occurs in individuals with a hereditary skeletal muscle defect who receive halogenated anesthetic agents or depolarizing neuromuscular agents such as succinylcholine. This triggering agent interferes with the ability of the cells to move calcium. Excess intracellular calcium, excessive release of calcium or interference with return to storage creates a high intracellular level of calcium resulting in the continuous contraction of skeletal muscle.

Early recognition of MH is Key and the early signs and symptoms include: High Fever, Tachycardia, Tachypnea, Unstable blood pressure, Dysrhythmias, Cyanosis, Sweating and an Increase in end-tidal CO₂. Late signs include: Fever Rigidity, discolored urine, metabolic and respiratory acidosis, Hyperkalemia, Myoglobinuria, and an elevated creatine phosphokinase. There may be facial muscle fasciculation's or rigidity of the jaw, ex-

trémities, or chest muscles. Skin color is flushed but with vasodilatation becomes mottled and later cyanotic. Fever, the clinical hallmark, is a late sign. Complications include left-sided heart failure, pulmonary edema, disseminated intravascular coagulation and permanent renal damage. Mortality is related to the maximum temperature reached by the body, although patients with a temperature of 44 (111.2F) have survived.

Treatments consist of discontinuing the triggering agent, supportive therapy and definitive therapy. Supportive therapy would include; 100% oxygen, Sodium Bicarbonate for acidosis and invasive cooling fluids. Using fluids, mannitol or lasix to help to maintain a urine output of 2ml/kg/hr. The definitive treatment is dantrolene sodium, a skeletal muscle relaxant that counteracts the high levels of intracellular calcium.

Dantrolene comes as a powder of 20mg with 3 gm of mannitol and is diluted with 60ml of sterile water. It needs to be shaken vigorously for several minutes. The initial dose should be 2.5mg/kg IVP and repeated every 5 to 10 minutes until a max of 10mg/kg is given or the episode is controlled. It should be repeated at 1 mg/kg every 6 hours for 24 to 72 hours in order to keep MH under check.

Succinylcholine is being used commonly within the emergency room settings. Because of this the ER nurse needs to be keenly aware of the progression of malignant hyperthermia and its potential fatal demise. Several emergency rooms have even gone to the length of preparing a Malignant Hyperthermia cart. Therapy should be aimed at prompt treatment of hyperkalemia, administration of dantrolene, hyperventilation and cooling to the target core temperature of 38 C. Each vial of dantrolene should be reconstituted by adding 60ml of sterile water for injection and the vial shaken until the solution is clear. If the MH episode is proceeding rapidly, simply mix and inject. Lidocaine or procainamide should not be given if a wide-QRS complex arrhythmia is likely due to hyperkalemia; this may result in the patient becoming asystolic.

Christine Baker, MSN, RN, CEN

MENA Foundation Update

I am writing this article with the deepest of thanks to all of the Emergency Room nurses in Michigan. It is with the greatest pleasure that I would like to inform you that after the State Education Conference of 2013 the State of Michigan we will be able to name a scholarship that will be presented to an Emergency Room Nurse at the National Convention. Thank you for all you do to keep the dream alive for Emergency Nursing.

So, here is special thanks from your MENA sisters of Michigan.

Just to give you a little background about the ENA Foundation. The ENA has set aside over one million dollars as of 2011 as a special account in perpetuity. The principal amount cannot be spent, but the investment income gener-

ated can be used to fund additional scholarships and research grants in accordance with approval. It is through fundraising efforts of by all states the fundraising efforts can increase the number of emergency nurses receiving scholarships or research grants. Investing in a nurse today is an immeasurable contribution to the future of emergency nursing.

Just to let everyone know what the money and the ENA Foundation does for us:

- Provide education scholarships to emergency nurses to pursue higher education and career advancement.
- Support continuing education scholarship for emergency nurses to improve practice and patient care

- Enhance the profession of emergency nursing and emergency care through scientific research

Assist those in emergency care positions to obtain a nursing degree.

There have been 3 Endowments that have been added this year:

- Judith Keleher Memorial Endowment
 - Karen O'Neil Memorial Endowment
- New York Sept 11th Endowment

Please go to the ENA foundation website ENA.Foundation@ena.org to learn more about the Foundation or contact Chris Baker @ baker1016@comcast.net your Michigan Foundation chair to learn more!

MENA Membership Update

There are currently over 1,200 MI nurses and more than 40,000 nurses worldwide that belong to the Emergency Nurses Association. If you are not convinced that joining or renewing your membership is for you, please note a few of the many ENA membership benefits available to you below.

- Networking opportunities at local, state, and national meetings, conferences, and events
- Subscriptions to ENA Connection, Journal of Emergency Nursing and ENA Newslines
- Discounted pricing on certification exams, national conferences, and shopping in the online ENA Marketplace

- Many FREE online continuing education programs
- Numerous grant and scholarship opportunities
- Access to emergency nursing resources, Listserv communities, EN411 Legislative Networks, ENA Position Statements, and more
- Discount 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!

Join a nationally recognized association and take advantage of the many benefits available to you as an ENA member. Join or renew your membership today!

Remember to "Like" us on Facebook-- MichiganEmergencyNursesAssociation-MENA.

Stephanie Wilson, Membership Committee Co-Chair

Sheri Belanger, Membership Committee Co-Chair