Side rails are used extensively in hospitals, long-term care (LTC) facilities, and private homes to prevent patients from falling from their beds. Since January 1990, the Federal Drug Administration (FDA) has received more than 100 reports of head and body entrapments involving hospital bed side rails. Sixty-eight deaths, 22 injuries, and 12 entrapments without injury occurred in hospitals, LTC facilities, and private homes. According to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), between 1995 through 2001, the FDA received more than 380 entrapment reports of deaths, injuries, and near misses which involved side rails; 237 of these were deaths, and 20% of which occurred in hospitals (Talerico & Capezuti, 2001).

The standard practice at many institutions is to raise the side rails on all patients at night. Many people continue to view side rails as assisting in keeping patients in the bed. Side rails were once used freely and were never considered as a potential threat to patients. However, with reports of adverse incidents involving side rails, health care personnel will need to re-examine what has been considered standard practice.

In 1995, the FDA issued a safety alert, “Entrapment Hazards with Hospital Bed Side Rails.” The safety alert concerned entrapment hazards associated with the use of hospital bed side rails in an identifiable patient population. The alert recommended actions to prevent such hazards. These actions include evaluating the bed, mattress, and side rails, as well as taking additional safety measures for patients at-risk for entrapment. Reports received by the FDA of death and injury continue to highlight patient entrapment in bed side rails by frail or elderly patients, and those with altered mental status.

In 2002, JCAHO published a Sentinel Event Alert on bed rail-related entrapment deaths. JCAHO received a report of 7 deaths or injuries related to bed rails. A root cause analysis was completed on 5 of these cases, all of which occurred either in a hospital or LTC setting. Certain findings were recurrent in the root cause analyses. All reported that entrapments occurred in one of the following ways (USDA, 1995):

- Through the bars of an individual side rail.
- Through the space between split side rails.
- Between the side rail and the mattress.
- Between the headboard or footboard, side rail and mattress.

All deaths involved entrapment of the head, neck, or thorax, while most injuries involved fractures, cuts, and abrasions to the extremities.

The Centers for Medicare and Medicaid Services (CMS), formerly known as the Health Care Financing Administration, has released guidelines for the use of side rails. These guidelines emphasize the importance of patient assessment and the need for specific measures to prevent entrapment. CMS recommends that side rails be used only when necessary, and that alternative interventions, such as repositioning, be considered to reduce the risk of entrapment. CMS also advises health care providers to conduct regular reviews of safety measures and to educate patients and families about the potential risks of side rails.

Raising the standard practice of side rail use requires a multidisciplinary approach, involving nurses, physicians, and other health care professionals. Continued research and vigilance are necessary to ensure patient safety and to prevent further entrapment incidents.
**President’s Message**

**AMSN: Moving to the Future**

As the excitement of the annual AMSN meeting in Chicago fades into “fond memories,” the AMSN Board of Directors is moving to direct the future of the organization. Before those plans are discussed, we must take a moment to thank those members of the Board who have worked so hard to achieve our recent accomplishment. Many thanks go to President Doris Greggs-McQuilkin, who has been a strong advocate for the “specialness” of medical-surgical nurses. We are delighted that Doris will remain on the Board as past-president. Northeast Regional Director Karen McPherson, and Treasurer Kathy Reeves leave their positions as members of the Board. We want to thank them for their leadership, dedication, and willingness to devote time and energy to the future of AMSN. We look forward to working with them in new ways. We also welcome Treasurer Jacqueline Guhde and Director Ann D’Agostino to the Board. We look forward to the new perspectives and expertise they bring to us.

Over the past several years, the Board of Directors has been guided by an excellent strategic plan. Under this plan, we have seen growth in the organization, the creation of certification for medical-surgical nurses that is affiliated with their specialty organization, and many other achievements. Now, it is time to review that plan and revise it to meet the challenges of the future. The Board of Directors has made strides toward the development of that new strategic plan, and we want to share that information with you.

The first step was changing the framework of the Board of Directors. With the approval of the AMSN membership, we are now a Board of Directors that is nationally focused, not regionally based. This change fosters the selection of Directors based on qualifications without the limitation of regional location. To effectively adopt a national focus, the Board will use strategies that center on information-based strategic planning. In doing so, the Board will direct its attention to issues that are key to the practice of medical-surgical nursing, and the visibility and welfare of medical-surgical nurses. To achieve this goal, the role of our Committees (such as the Clinical Practice Committee, Research Committee, Chapter Development Committee, etc.) will be enhanced as they assist us in handling the work of the organization. This is an exciting adventure and one that will only improve service to our membership.

Now for strategic planning! A good strategic plan for AMSN is developed from information from the membership and leadership of the organization, data about the “state of the health care environment,” and important facts from stakeholders, such as other nursing organizations, nurse recruiters, chief nursing officers, and more. We have essentially assembled all this information. During the summer, we asked our membership to complete a survey about the “state of their work environment” and what they expect from AMSN. We were pleased that 612 of our members took the time to complete this survey. The results have been analyzed and will be a critical piece of the strategic planning information. In addition, we asked our leaders (committee chairs and members, MEDSURG Nursing editorial board, and the Medical-Surgical Nursing Certification Board members) for insight into improving AMSN and its representation of medical-surgical nurses. We also held focus groups with seasoned and new members to learn what they want from and why they joined AMSN. Board members interviewed chief nursing officers to gain their view of what is needed to enhance medical-surgical nursing practice. We also invited nurse recruiters and corporate representatives attending our annual meeting to share their perspectives with us. Finally, we have identified sentinel articles that define health care and the state of nursing; these articles will give us the national and public perspective. To say the least, we have lots of information to consider.

The next step is to use this information to develop a strategic plan that will guide us over the next five years. In November, the Board will complete this task. Once the strategic plan is drafted, it will be distributed to our membership via the AMSN Web site. Your input is critical so that we are assured that we represent medical-surgical nurses and your practice in the manner that you think is appropriate and forward-thinking. Once the strategic plan is refined and passed, the Board will then develop action strategies to achieve the goals and objectives of the plan.

We are very excited about this process as it is the next step into the future. We are determined that the new strategic plan will increase the visibility of medical-surgical nurses and their extraordinary contributions to the health care of the public.

Cecelia Gatson Grindel, PhD, RN, CMSRN
AMSN President

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**The Academy of Medical-Surgical Nurses gratefully acknowledges the financial support received from the following hospital partners and corporate members:**

**Hospital Partners**
- New Hanover Health Network
- University Health Systems of Eastern Carolina

**Corporate Sponsor**
- Ross Products Division/Abbott Labs
AMSN Celebrates Its Magnificent Specialty With Record Attendance

With more than 750 medical-surgical nurses and 80 exhibitors present, the Academy of Medical-Surgical Nurses (AMSN) celebrated a record attendance this year during its 13th Annual Convention, held September 8-12, 2004, in Chicago, IL. The focus of the 2004 convention was The Magnificent Specialty of Medical-Surgical Nursing, a theme that challenged attendees to stretch their nursing knowledge, explore new technological advancements, and learn new innovative approaches to patient care.

A 2-day pre-convention workshop provided an in-depth review of preparing for the medical-surgical nursing certification examination. Presented by Sally Russell, MN, CMSRN, and Karen McPherson, MS, RN, BC, APRN,BC, CRNP, CMSRN, the Medical-Surgical Overview/Certification Review Course is also available for purchase as a CD-ROM.

Additional 1-day pre-convention workshops included the Leadership Workshop, Results-Based Leadership, presented by Connie Curran, EdD, RN, FAAN; the Clinical Workshop, Taking the Mystery out of Wound Care, presented by Marsha Kline, BSN, RN, CWCN; and the Research Workshop, Clinical Research Skills to Enhance Your Practice, presented by Linda Yoder, PhD, MBA, RN, AOCN.

A rousing Blooze Brothers performance kicked off the opening ceremonies of the convention. AMSN President Doris Greggs-McQuilkin, MA, BSN, RN, gave her President’s Address, which was followed by the Keynote Address, The Magnificent Specialty of Medical-Surgical Nursing, presented by Connie Curran, EdD, RN, FAAN.

Later in the conference, noted TV Journalist Anne Ryder presented a general session entitled, Three Steps to Power, Peace, & Perseverance – Lessons in Health Care from Mother Teresa. This inspiring session related the methods of dealing with daily stressful situations and described positive attitudes shown by various leaders.

More than 25 concurrent sessions throughout the convention offered a broad range of topics, including those on cultural sensitivity, IV therapy, clinical research skills, inflammatory bowel disease, Type 2 diabetes, pain management and end of life, acute renal disease, patient safety, wound care, and cardiac medications, to name a few. A record total of 80 exhibitors packed the exhibit hall, allowing attendees the opportunity to browse the latest products, talk with vendors, and network with colleagues.

On Sunday, September 12, Incoming President Cecelia Gatson Grindel, PhD, RN, CMSRN, received the gavel from Doris Greggs-McQuilkin, and officially began her two-year term as AMSN President. The conference concluded with a general session by renowned speaker Faith Roberts, BSN, RN, CRRN, who spoke on the benefits of empowerment in the work environment.

Congratulations to the 2004 AMSN Program Planning Committee for a job well done! AMSN looks ahead to the future, when med-surg nurses will gather in New Orleans from September 22-25, 2005, for the 14th Annual Convention, The Many Faces of Medical-Surgical Nursing.
Sally Russell
Honored with Prestigious Anthony J. Jannetti Award

The Academy of Medical-Surgical Nurses (AMSN) has proudly awarded the Anthony J. Jannetti Award to AMSN Education Director Sally S. Russell, MN, CMSRN, for outstanding and extraordinary contributions to nursing and AMSN. The award, which is the highest honor an individual can receive from AMSN, was presented to Sally during the AMSN 13th Annual Convention, September 8-12, in Chicago, IL.

Nominated by her peers, Sally has demonstrated a long-term commitment to the profession of nursing, specifically the needs of the medical-surgical nurse. As the third president of AMSN and an educator presenting valuable information, Sally continually exhibits numerous qualities of an effective and outstanding leader. She has been very involved with AMSN since the early 1990s, and as Education Director (a position she has filled since her presidential term ended in 1995), Sally assures that the education content is excellent and meets continuing education contact hour criteria. She also oversees all AMSN publications and projects that are published, thereby ensuring the educational content is current and correct.

Under her direction, she and the AMSN Board of Directors recognized the need for a medical-surgical nursing certification examination. With the approval of the Board of Directors, she and Sally Brozenec created AMSN’s Core Curriculum for Medical-Surgical Nurses, now in its third printing, and established the framework for certification. Sally was instrumental in the development of review material for those taking the medical-surgical nursing certification exam.

Sally has presented at every AMSN conference since becoming a member and has lectured across the country on a variety of medical-surgical nursing topics. Many have admitted to attending a conference simply because Sally was on the program to speak. As one colleague states, “Sally has a special ability for making difficult concepts seem simple. For those who teach, knowing how to make things understandable to the learner is the key and often the most challenging…Sally’s feedback from her presentations always indicates that she is more than able to meet that challenge.” Another colleague claims, “Sally has positively impacted so many nurses in this country by providing them user-friendly education on systems issues that pertain to the medical-surgical patient. Her expertise and ability to make a difficult subject understandable is a true gift.”

In addition to Sally’s responsibilities and dedication to AMSN, she served on the Commission on Accreditation for the American Nurses Credentialing Center (COA-ANCC) Board of Directors from 1996-2000, and has continued as an ANCC site visitor since that time.

Sally graduated from Ball State University in Muncie, IN, with a BSN and Master’s Degree in Education/Medical-Surgical Clinical Specialist. She is employed by Anthony J. Jannetti (AJJ), Inc., AMSN’s management firm, as Director of Education Services, with her responsibilities including service as Education Director for several other nursing associations. Prior to working at AJJ, Inc., Sally taught in the St. Elizabeth School of Nursing, Rensselaer, IN, for 10 years.

The Anthony J. Jannetti Award is designed to recognize a nurse who stands out from the others, one who is dedicated and passionate about medical-surgical nursing and its nurses, and a leader of those who desire to learn more about this specialty. Sally Russell is that nurse. Sally has “spent her career educating nurses and student nurses. She has worked hard to enhance the visibility of medical-surgical nurses and the value they contribute to the care of adults in this country. She truly has made extraordinary contributions to health care.” It is through Sally’s quiet but purpose-driven leadership that has taken AMSN and the specialty of medical-surgical nurses to new heights.

AMSN President Doris Gregg-McQuilkin, MA, BSN, RN, presents AMSN Education Director Sally Russell, MN, CMSRN, with the Anthony J. Jannetti Award for Extraordinary Contributions to Health Care during the Opening Ceremonies.

CELEBRATE
Medical-Surgical Nurses’ Day
November 1st
Clinical Practice and Clinical Leadership Awards Presented During AMSN’s 13th Annual Convention in Chicago

Congratulations to the Clinical Practice and Clinical Leadership Award recipients, who were presented with the awards during the Academy of Medical-Surgical Nurses’ (AMSN) 13th Annual Convention in Chicago, IL, in September. The nomination letters of both winners reflected outstanding exemplars of AMSN’s CORE values: Commitment, Opportunity, Responsibility, and Education that characterize these distinguished nurses.

Nominated by her peers at Pinnacle Health System in Harrisburg, PA, Suzanne Demchak, RNC, was the winner of the Clinical Practice Award. Ms. Demchak’s nomination letter describes her as having spent 41 1/2 years in the specialty of medical-surgical nursing. A role model practitioner and patient advocate who never seems to tire, Ms. Demchak has put her heart and soul into nursing. She carefully and individually explains the rationale behind all care activities to patients, their families (as appropriate), and unlicensed members of the health care team. She is a member of a planning team that develops role-playing scenarios for improving communication among staff members. Ms. Demchak is active on the unit-based Education Committee, as well as the hospital’s Nurse Practice Committee. In addition, Ms. Demchak was actively involved in data collection for research projects conducted by her unit. As one colleague states, “Suzanne is highly respected by all physicians and surgeons with whom she has worked. They are always reassured when she is caring for their patients.”

The Clinical Leadership Award was presented to Clara Borchardt, MS, RN, CNA, BC. Ms. Borchardt has served as an excellent role model and has promoted nursing excellence through adherence to the ANA Standards of Clinical Nursing Practice and Code of Ethics. In her facility, she works with the efforts of six teams to ensure continuity of processes and elimination of duplicate efforts. In addition, she directed and coordinated the change from hand-written to automated nursing documentation, and she currently serves as a resource and expert for the automated documentation system. Having been certified in medical-surgical nursing through the ANCC since 1991, Ms. Borchardt actively promotes national nursing certification and recognition in her facility. As administrative advisor to the Nurse Governance Council, she has been instrumental in the development of the Professional Nursing Achievement Program (PNAP), which recognizes and rewards the efforts and activities of patient care by registered nurses. She is a strong advocate for registered nurse participation in the PNAP, and through her efforts, the program has grown from 64 participating RNs in 2003 to 140 RNs in 2004. Furthermore, Ms. Borchardt is involved in all Performance Improvement Committees and initiatives that affect patient care and has also been instrumental in working with the facility’s Pharmacy Department to promote patient medication safety. As one of her colleagues states, “Through her hard work, dedication, and nursing knowledge, medical-surgical nurses and their patients have received improved processes and equipment, which translates into improved patient outcomes. There is no one more dedicated to showcasing and highlighting medical-surgical nursing as the nursing specialty it is.”

Chapter of the Year
Southern Coastal Carolina

Collaboration with other Professional Nursing Organizations and Multi-Disciplinary Health Care Groups
Alamo

Community Activities
Central Indiana

Educational Opportunities
Maine
Central Virginia

Recruitment and Retention
Blue Ridge

Congratulations to all chapters for your accomplishments and commitment to the specialty of medical-surgical nursing!
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spectrum-health.org
Through the Eyes of a First-Timer

As Chair of the Legislative Policies and Issues Committee, I had the exciting opportunity to attend the 13th Annual Convention of the Academy of Medical Surgical Nurses (AMSN) in Chicago in September. The convention was a wonderful mix of social activities, awards, diverse educational sessions and plenaries, meetings, and exhibits. Let me tell you about my first-time experience.

I arrived in Chicago on Wednesday afternoon to attend the first Leadership Summit held that evening. AMSN brought all its leaders together for dinner and discussion on a variety of topics. Six groups were formed, and a spokesperson from each group presented his or her group’s varied and creative responses to the questions. AMSN will now work on implementing the suggestions that were proposed. I guarantee the officers and board members will be busy!

Thursday was a busy day! I attended the 6-hour pre-convention workshop entitled, Clinical Research Skills to Enhance Your Practice and Your Career, presented by Linda Yoder, PhD, RN, MBA. I attended the orientation for attendees (I believed this was important as a first-timer) and the opening ceremonies that began with the Chicago Blooze Brothers warming up the audience. And warm up they did! Everyone was out of their chairs and dancing in the aisles! This was followed by a dynamic keynote address presented by Connie Curran, EdD, RN, FAAN, that ended the day.

Friday and Saturday were a whirlwind of activities. The exhibit hall opened and everyone poured in to see what the exhibitors had to offer nurses. The posters were presented in the exhibit hall, and it was wonderful to see what other AMSN members are doing in the clinical, educational, and research arenas. Poster and journal award presentations were great fun because the participants had no idea they had won! Anne Ryder, a television journalist, presented Three Steps to Power, Peace, and Perseverance: Lessons Learned in Health Care from Mother Theresa. During and after this presentation, there wasn’t a dry eye in the house! I held a Leadership Policies and Issues Committee meeting, and the members had the opportunity to meet Jackie Guhde, our board liaison.

I participated in two other activities while I was at the convention. I was a moderator for several sessions where I had the wonderful opportunity to talk with the speakers whose presentations were both interesting and motivating. Question-and-answer segments at these presentations were lively and active. I also helped out at the AMSN booth in the exhibit hall. What a great way to meet and network with people! It never felt like work because it was such a fun experience. The whole exhibit hall was awesome!

After four days, I came home exhausted but exhilarated. Congratulations go out to the AMSN Program Planning Committee, AMSN Association Services Manager Sue Stott, and AMSN Conference Manager Marcie Pallante for putting this together. I guarantee I’ll be back, and I hope I see you in New Orleans!

Barbara Chamberlain, MSN, APRN, BC, CCRN
Chair, Legislative Politics and Issues Committee

A Nurse’s Story

My first job as a new graduate was on a general med-surg unit in a large teaching hospital. Back then, things were different. It was my second week on the job, and I was asked to come in extra one weekend. The charge nurse, who was an LPN, had to cover two units, and there was no one to pass meds. The only other staff members scheduled were patient assistants. I was only a GN and still technically on orientation.

There was a patient, Linda, a 24-year-old woman who had developed hepatitis following a blood transfusion. She had received this blood after the delivery of her fourth child four months prior. On this weekend, her doctors decided to do a total blood transfusion because she was bleeding badly. At that time, the Blood Bank was in a different building, and only a nurse could get the blood. So, I was running back and forth all day.

We inserted two large bore IVs – one to remove her blood and one to infuse the new blood. I was excited and nervous all at the same time. Of course, being nervous, when I spiked one of the blood bags, I accidentally poked a hole in it. In addition to blood everywhere, I had to go back and get more blood.

However, this treatment did not work, and Linda proceeded to get worse. She started bleeding from everywhere and had to be transferred to the ICU. I had become very close to her and her family, so I continued to visit her in ICU. I was working on a Sunday evening, and Linda’s husband came to tell me that she was not doing well at all, and the doctors had given up hope. I went to visit her, but she was unresponsive, so all I could do was squeeze her hand. That evening, at 9:30, I had to go to another unit to help out. When I got back to my unit, Linda’s husband was waiting for me in the lounge. He told me that Linda had died about an hour ago, and he wanted to stay to let me know. We cried together, talked about how much we cared for Linda, and promised to keep in touch. Unfortunately, that did not happen. I often wonder how her little boy is – he would be over 30 years old now.

Vicki Llewellyn, RN
Med-Surg Nurse for more than 30 years and proud of it!
Summary of Fall 2004 
AMSN Board of Directors Meeting

The AMSN Board of Directors held meetings during the 13th Annual Convention, held in Chicago, IL, in September. The following items were discussed: 

Bylaws Change – The change in bylaws allowing AMSN to move to knowledge-based strategic governance was approved. The Board will now consist of the president, president-elect or past president, secretary, treasurer, and four directors. Directors will serve and be voted on by all members.

Chapter Support – The role of development of new chapters and communication with existing chapters will now be carried out by the Chapter Development Committee. The committee will be responsible for developing a plan for the support of chapters.

Strategic Plan – The Board will hold an extra meeting in November devoted entirely to strategic planning. In preparation for this planning session, a Leadership Summit was held with the volunteer leaders to discuss the future of the organization. Focus groups with new members, seasoned members, recruiters, and vendors were also held during the convention.

Web Site – The new e-commerce Web site went online during the convention. A Web site editor position was proposed, which will have primary role of maintaining accuracy and timeliness of the Web site, in collaboration with the Web Site Committee.

Membership Committee – A new membership committee is being formed to help recruit new members and retain seasoned members. New member orientation can be one function of this group.

Electronic Nurses Nurturing Nurses – Interest has been expressed in developing an electronic version of the N3 mentoring program. This possibility will be investigated further.

Convention Statistics – There were 757 attendees, with 683 paid attendees; 58% of the attendees were attending their first convention. There were 84 exhibitors and 41 poster presentations. There were 83 individuals who attended the med surg certification review course, and 72 certification candidates took the exam held during the convention.

Cindy Ward, MS, RNC, CMSRN
AMSN Secretary
MedSURG Nursing: The Journal of Adult Health, recognized several nurse authors for outstanding contributions to the journal during the Academy of Medical-Surgical Nurses (AMSN) 13th Annual Convention, September 8-12, in Chicago, IL.

Lynne M. Connelly, PhD, RN; Linda H. Yoder, PhD, MBA, RN, AOCN; and Denise Miner-Williams, MSN, RN, received the 2004 MedSURG Nursing Research for Practice and Best Practice Award for their article, “A Qualitative Study of Charge Nurse Competencies.” It was published in the October 2003 issue of the journal. Dr. Connelly is an assistant professor, University of Texas Health Science Center, School of Nursing, San Antonio, TX. Dr. Yoder was assigned as the senior nurse researcher, Walter Reed Army Medical Center, Washington, DC, during the time the article was written. Ms. Miner-Williams was a research associate on the study, and is currently a doctoral student, University of Texas Health Science Center, School of Nursing, San Antonio, TX.

Debra A. Peter, MSN, RN, C, and Carol Saxman, MSN, RN, CCRN (center), received the 2004 MedSURG Nursing Research for Practice and Best Practice Award for their article, “A Qualitative Study of Charge Nurse Competencies.” It was published in the October 2003 issue of the journal. Ms. Saxman is currently a doctoral student, Oregon Health & Science University School of Nursing, West Linn, OR. She is also co-chair of the International Society of Nurses in Genetics Professional Practice Committee and secretary of the Genetic Nursing Credentialing Commission.

Elaine Souder, PhD, RN; Carla Gene Rapp, PhD, RN, CRRN; Gwynn V. Davis, MNSc, RN; Cornelia Beck, PhD, RN; and Pham H. Liem, MD, received the 2004 Nurse Competence in Aging Award for their article, “Care of Individuals With Alzheimer’s Disease in the New Millennium.” It was published in the February 2004 issue of the journal. Dr. Souder is a professor, University of Arkansas for Medical Sciences (UAMS) College of Nursing; Director, Education Core, UAMS Alzheimer’s Disease Center; and Education Coordinator, Hartford Center for Excellence in Geriatric Nursing, in Little Rock, AR. Dr. Rapp is an assistant professor, Duke University School of Nursing; and a senior fellow, Duke University Center for the Study of Aging and Human Development, Durham, NC. Ms. Davis is a 2003 John A. Hartford Pre-Doctoral Scholar, UAMS College of Nursing, Little Rock, AR. Dr. Beck is a professor, UAMS Department of Geriatrics and Psychiatry and Behavioral Sciences; Director, UAMS Alzheimer’s Disease Center; and Director of Research, Hartford Center for Excellence in Geriatric Nursing, Little Rock, AR. Dr. Liem is a Professor and Chair for Clinical Affairs, UAMS, Donald W. Reynolds Department of Geriatrics, Little Rock, AR.

Karen E. Greco, MN, RN, ANP, received the 2004 Nursing in Genetics Award for her article, “Nursing in the Genomic Era: Nurturing Our Genetic Nature.” The article was published in the October 2003 issue of the journal. Ms. Greco is a doctoral student, Oregon Health & Science University School of Nursing, West Linn, OR. She is also co-chair of the International Society of Nurses in Genetics Professional Practice Committee and secretary of the Genetic Nursing Credentialing Commission.

Sharon Henderson, BSN, RN, BC received the 2004 Student Writer’s Award for her article, “The Role of the Clinical Nurse Specialist in Medical-Surgical Nursing.” It was published in the February 2004 issue of the journal. Ms. Henderson is a staff nurse, Med-Surg Division, Southern Regional Medical Center, Riverdale, GA; and a student in the Clinical Nurse Specialist Program, University of Alabama, Birmingham, AL.

For more information about the awards, or to receive guidelines for the 2005 Writer’s Awards, contact Lori Ann Tornatore, Editorial Assistant, MedSURG Nursing; Phone: 856-256-2300 ext. 2344; e-mail: tornatol@ajj.com. Manuscripts must be completed and received by June 1, 2005, to be considered for a 2005 Writer’s Award.
Southern Illinois Prairie Chapter

The Southern Illinois Prairie Chapter holds its monthly meeting on the first Monday of every month, alternating between business meeting and educational program. This year, the programs have been in collaboration with the Illinois Nurses Association (INA). In November, the program was on “Fibromyalgia Pain.” The March program, which was also student night, focused on “Retention and Recruitment of Nurses.” Attendance for both programs was very good. This Fall, the chapter is planning to host a Fall program (not in collaboration with the INA) about diabetes.

Pam Newland
Chapter President

MEDSURG Nursing: The Journal of Adult Health

Call for Manuscripts

- Acidosis and alkalosis
- Antibiotic-resistant organisms
- Bariatric ergonomics/care of the obese patient
- Bariatric surgery
- Complementary/integrative health care
- CVA care
- Death and dying
- Diabetes care
- Disaster response
- Fluid and electrolytes
- JCAHO National Patient Safety Goals
- Lymphedema
- Osteoporosis
- Ostomies
- Pain management principles/strategies
- Pressure ulcer prevention/treatment
- Respiratory assessment
- Sleep apnea
- Telemedicine for medical-surgical nurses
- Telemetry on medical-surgical units
- Total joint replacement
- Women’s health/gynecological surgery

Questions regarding these or other topics can be directed to Editor Dottie Roberts, MSN, MACI, RN, CMSRN, ONC (drobertscns@earthlink.net). For more information, contact MEDSURG Nursing, East Holly Avenue Box 56, Pitman, NJ 08071-0056. Phone: 856-256-2300.

HOT OFF THE PRESS!

Medical-Surgical Nursing Review Questions

Edited by Dottie Roberts, MSN, MACI, RN, CMSRN, ONC

Assess your medical-surgical nursing knowledge.

Written by content experts, this publication contains test questions written in the format of the medical-surgical nursing certification exam. A valuable review for nurses who wish to pursue medical-surgical certification, as well as for those who wish to sharpen their current practice through vital self-assessment.

- 245 questions and answers in the areas of pulmonary; cardiology; gastrointestinal; genitourinary, renal, and reproductive; musculoskeletal and neurologic; and diabetes and other endocrine systems.
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Abstracts Presented at the 2004 Annual Convention

AMSN is proud to announce the abstracts selected for oral presentation at the 13th Annual Convention in Chicago, IL. These abstracts demonstrate excellence in clinical practice, research, and education/management. Abstracts submitted for poster presentations were reviewed by the Research Committee. One abstract from each category (clinical practice, education/management, research) was chosen to be presented in a concurrent session. AMSN congratulates all individuals whose abstracts were selected for presentation in Chicago.

Clinical Practice Category:
Bar Codes at the Bedside

BAR CODES AT THE BEDSIDE

The "five rights"—right drug, right dose, right time, right route and right patient—are the basic components of medication administration. All nurses learn these "rights" in Nursing 101 and quite frankly, did we ever believe there was any possibility, or even the need, to infuse INNOVATION into this basic formula? Now think 2003... That little black-and-white bar code appears on virtually every commercial product—but on a patient ID bracelet? Yes, indeed! At the Lehigh Valley Hospital and Health Network (LVH/HN) in Allentown, Pennsylvania, bar codes are the final step in an innovative new approach to giving medications. It’s an approach being used at only 5 percent of hospitals across the United States and the nurse’s double check for the “five rights.”

This poster will share the development, evaluation strategies and outcomes of bar-coding—the final step in an innovative new approach to giving medications. It is an approach being used at only 5 percent of hospitals across the United States. Bar-coding is part of the medication management system at Lehigh Valley Hospital and Health Network (LVH/HN), an 800-bed Magnet hospital located on 3 campuses. The initiative began as a performance improvement effort in response to the Institute of Medicine’s 1999 “First Do No Harm” Report. First came the computerized assisted physician order entry (CPOE), to overcome the problems of illegible handwriting. Second was the real-time electronic medication record, including the patient's allergies and lab results. Third is the bar-coding and scanning. Currently bar-coding is used for administration of all drug medications, but our goal is to eventually include lab specimen collection and blood product administration. This poster will detail the steps taken to successfully plan and implement bar-coding on medical-surgical units. In addition, costs and benefits and key challenges and solutions will be illustrated.

Lyneen Smith, RN, MSN

Research Category:
Unpuzzling the Code Process

UNPUZZLING THE CODE PROCESS

Problem: Nurses working in adult acute care areas often lack the confidence and experience to recognize the need to initiate emergency measures that avert cardiopulmonary arrest or to start measures before the hospital "Code Team" arrives.

Method: To eliminate the "Code Team" factor, nurses were taught to "unpuzzle" the code.

Results: The "Code Blitz" program was implemented and reviewed quarterly to ensure continued accuracy and reliability. The results were consistent with the "Code Team" program.

Janet Bascom RN, C. CMSRN
Janice Tauli-Lassine RN, MN, CCRN
Mary Sabevielle RN, MSN
Jacqueline Warren RN, BSN

Education/Management Category:
Transferring Care at the Bedside

Transforming Care at the Bedside

Problem: Nurses working in adult acute care areas often lack the confidence and experience to recognize the need to initiate emergency measures that avert cardiopulmonary arrest or to start measures before the hospital "Code Team" arrives.

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Present Findings: The nurses were able to successfully complete Phase 1. They were able to quickly and accurately identify the patient’s medical condition and initiate appropriate treatment measures. The nurses were also able to effectively communicate their findings to the appropriate medical staff.

Implications for Practice: The "Code Blitz" program has significantly improved the nurses’ ability to recognize and respond to medical emergencies. The program has resulted in a decrease in the number of patients suffering cardiac arrest, and an increase in the number of patients who receive prompt and effective treatment.

Mary Viney, MSN, RN
13th Annual Convention  
September 8-12, 2004  
Chicago, IL

Photo Highlights

1  AMSN attendees are entertained by the Blooze Brothers during the Opening Ceremonies.

2-8 Attendees network with colleagues and mingle with friends as they browse the exhibit hall during the Exhibit Hall Grand Opening.

9  AMSN 2004-2005 Board of Directors. Standing (L-R): Director-elect Teresa Snyder; Directors Ann DiAgostino, Katherine Chick, Noel Banks; and Secretary Cynthia Ward. Seated (L-R): Director Tonye Cox-Miller, Treasurer Jacqueline Guhde, President Cecelia Gatson Grindel, Past-President Doris Greggs-McQuilkin, and Director-Elect Edna Ennis.

10 The Central Indiana Chapter distributes ribbons in remembrance of 9/11.

11 Doris Greggs-McQuilkin, MA, BSN, RN, concludes her term as AMSN President as she hands the President’s Gavel over to Cecelia Gatson Grindel, PhD, RN, CMSRN.
The Magnificent Specialty of Medical-Surgical Nursing
The New AMSN Web Site: Creating an Account

Whether or not you are a member of AMSN, creating an account will make it easier for you to use the new Web site. You will be able to tap into a variety of on-line networking opportunities and easily purchase products.

When you create an account, you allow us to store your information in our database, which makes it easier for you to:

- Register for a meeting.
- Renew/apply for membership through the site.
- Purchase a product.

You will also be able to:

- Participate in bulletin board discussions.
- Join in chat room meetings.
- Access members-only resources such as the online Membership Directory.

Now That You Have an Account, What Can You Do with It?

A great part about the Internet is using it to communicate with others. Once you create an account, you can access the various Bulletin Board discussions. If you are a member, you can participate in “Members Only” discussions and chat rooms. If you are an AMSN member, you also have access to “Members Only” resources such as the AMSN online Membership Directory and online issues of Med-Surg Matters, the official newsletter of AMSN.

You can also easily modify your membership account at any time. If you move to a new address or change jobs, you can easily update this information through the Web site.

Creating an account will make it easier for you to purchase a product or service. For example, since we have stored your mailing address, that particular part of the order will already be filled in for you. However, you are still able to make changes to that section if needed. This is also the case when you renew/apply for membership or register for a conference.

When you create an account, we know whether or not you are an AMSN member. For example, when you make a purchase, the Web site knows whether to charge you the member or non-member price for an item. It will even show you how much money you save or could save if you were to join AMSN.

Now that you know the benefits of creating an account with the AMSN Web site, you probably can’t wait to get started!

How Do I Get Started?

To connect your new Web site account with the information we already have about you in our database, you will need to enter your membership number. If you don’t know your membership number, you can do one of the following:

1. Call the AMSN National Office toll-free at 866-877-AMSN (2676) and ask for your number.
2. E-mail the National Office at stotts@ajj.com and ask for your number.

You can choose from any of the above methods for determining your membership number. Once you have it, then you are ready to create an account.

Visit the AMSN Web site at www.medsurgnurse.org

Most tasks are challenging. Being a Skin and Wound Assessment Team (SWAT) representative for my unit can be both challenging and rewarding. I believe the rewards outweigh the challenges by far.

There are wonderful benefits to being a SWAT representative. To me, the most valuable benefit is the increase in knowledge that I have obtained about skin care and skin care products. It is important to me to do things the right way for safety purposes and for long-term positive effects of the patients. The information the SWAT members receive is excellent. Our clinical nurse specialist, Argelia Welber, CWOCN, is an expert in her field. She is very informative, and she also invites representatives from product companies to teach us about the products that we use in our facility. If we have questions or problems with any of the products, Argelia listens and then assists us in formulating a plan on how to resolve such issues. Through education and discussion, we are given the tools to better care for our patients. The products vendor also assists in identifying solutions after we have voiced our problems.

As a staff nurse, what I have learned from the SWAT meetings are carried over into my care for my patients. I am able to bring my knowledge right to the bedside. I feel a great sense of security knowing that I am doing my job the right way and within the guidelines of my profession, as well as the policies and procedures of my facility. In addition, my care and concerns go beyond the patient’s hospital stay. As a SWAT nurse, I feel a sense of obligation for the continuity of care for my patients; therefore, discharge instructions are very important to ensure that my patients receive the ongoing care they require.

Overall, I must stress that knowledge is very important for all of us on the health care team. I learn; therefore, I teach. It is very important for the SWAT members to share the information we have learned with the rest of the staff on

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Welcome New Members!

AMSN would like to extend a warm welcome to our newest members! The following individuals joined our ranks between July 1 and September 30, 2004.

NORTH CENTRAL

Jennifer Ernst
Paula Failla
Scott D. Falkenstein
Ann Falke
Diane Figiel
Patricia A. Filley
Janet Finlon
Sandi Fisher
Janice R. Flentje
Anne Fletcher
Leslie Fontaine
Brenda S. Fos
Susan Franson
Deborah Gaspari
Sandra Gause
Kathryn Geffert
Donna Gehring
Stephanie Gergen
Gina Gerol
William K. Gilbert
Geraldine Gilbert
Deb Gilby
Laura Luc Gorby
Margaret Adamkiewicz
Gorecki
Marianne Gray
Veneta Green
Lisa D. Greenan
April Groth
Natalie Hanka
Mitchell Harrington
Vickie Harrington-Thompson
Kimberly Heino
Kathryn A. Hennemann
Lenore Hennesy
Laura Herges
Karen Herman
Robin Hertel
Lisa A. Hile
Melissa Hinton
Elizabeth A. Hoard
Diane Hulsebusch
Melissa Hutchison
JoElia Hynes
Alexis L. Jackson-Martinez
Carla Jenner
Beth Johnson
Elizabeth A. Johnson
Cynthia A. Johnson
Cheryl Jones
Jacqueline Kalal
Keely L. Kalin
Betty Jo Kamens
Jennifer Kennedy
Deborah Kocis
Lorelei Koepp
Gail Kramer
Francia Kraft
Elena Kornoks
Julie Kryger
Diane R. Kuehlhenn
Erma Kulas-Zacharjus
Sally M. Kupczyk
Stephanie Landherr
Barbara A. Lang
Crystal Laskowski
Amy LaVigne
Deb Lee
Angela Leep
Mary Lenkey
Lanae Levetzow
Diane Lloyd
Angie Loos
Djudy Mahoney
Cecilia Jane Maier
Monica June Makrannik
Cynthia A. Marmen
Mary L. Mattheke
Lisa Mayas-McCollum
Debbie McCarter
Mary E. McDowell
Emily Meiernt
Amy J. Meyers
Janet R. Miller
Donna Miller
Tammy Minshall
Jennifer Mu
Jean Montgoymery
Cindy Montgomeri
Cheryl M. Moore
Penny P. Morris
Kelly L. Mueller
Norma T. Nagel
Mary E. Nedland
Christiane Ngonga
Rebecca Newman
Eleni Nunley
Amy Nunberg
Darica A. Odegard
Christine J. Olson
Jamie M. Olson
Dorothy J. Ordosky
Andrea K. Overstreet
Dawn Owen
Bonnie L. Owens
Jennifer Palmer
Lori Parkow
Victoria Pascheke
Laura Paschke
Malinda Pennington
Sandra Peruschis
Deborah L. Pesavento
Linn Phillips
Maggie Phillips
Carolene Phillips
Barbie Picciano
Bertha Pittot
Debra Poff
Sandra Post
Don Potter
Barbara Powell
Lori Pribble-Williams
Deborah Price
Lee Anne Quarles
Jennifer Ray
Allyse Ringenberg
Suzanne Robertazzi
Maura A. Roche
Darti A. Roeschlein
Laura Rogers
Maureen Romeo
Julianne Rose
Mary Ross
Karen Ruggles
Angela M. Runkel
Denise Sample
Glena M. Schaffer
Judy Schaller
Ileen Self
Jessica Shea
Kohnalee Shew
Theresa S. Smith
Christina Sondreal
Carol A. Souhan
Beverly South
Cynthia Standish
Jean Steck
Richard A. Stefanski
Angela Stokes
Jaquline Strazlka
Rhonda Suddeth
Lea Ann Sugg
Laura Ann Sullivan
Laura Sweany
Sandra Tadey
Gail Tagney
Karyn Tammel
Dorothy Tembei
Bernie Theobald
Frederick K. Thomas
Diana Thompson
Diana A. Tilus
Dawn L. Murphy
Tripp
Cathryn L. Troiano
Margarette Troxel
Viki Valent
Randy Van Aelst
Svetlana
Vovkovinska
Carol L. Wade
Julia Ruth Walker
Michelle Walker
Nicole Walker
Lisa Walter
Shirley A. Watkins
Michelle Wattz
Judith M. Weare
Melissa Welles
Nancy Wheelock
Denise Whipple
Lori Beth Whittle
Colleen M. Wilken
Katy Williams
Cynthia Williams
Jackie Lee Williams, Jr.
Felicia Windnagel
Sammie S. Wolf
Emelda M. Wolney
Jamie Renee Wozny
Angela Wright
Candace Wrobleswki
Stephanie Zylstra

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Erica Alonso
Penny J. Allman
Susan Amerman
Cecilia Langas
Anahaw
Hannah Andrew
Kathy Artherounian
Dean A. Aurnick
Bernadette Depka
Aurand
Valerie Bannigan
Barbara Barruet
Lisa C. Bayer
Maria Belofski
Kochurani Benny
Helen Berry
Donna Berry
Clare Birch
Anne Bishop
Ana Cadena
Beth A. Campbell
Lynne P. Carpenter
Lillian Castor
Carmella D. Catalano
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Susan J. Clark
Karyn Conway
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Donna Denza
Emma DiBartolo
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Diane Domonell
Maureen Dungan
De
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Dorothy A. Engle
Eileen L. Enriquez
Janet A. Espinade
Colette Estrada
Mary M. Fisher
Tess Flanda
Karen Foel
Oana Ford
Alison T. Forsythe
Sue Ann Kofmark
Denise Geoghegan
Melanie A. Geringer
Linda Gilbert
Samantha Goodman
Jaclyn Medieda
Gove
Candice Robin Graef
Victoria E. Graham
Anne Gregory
Chaty H. Grimes
Susan R. Grozderr
Teresa Gross
Hedi A. Gwinn
Antoinette
Alicean W. Haubenk
Michelle L. Healey
Wilhelmina Hebron
Elinor S. Hempel
Annette Herrmann
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Jon Long
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Cruz
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Mastrangelo
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Carolyn McClellsan
Susan McBay
Amy McKinney
Rosanna McMahon
Kathryn Miler
Mary Pier M. Miller
Elizabeth I. Miller
Lori Minteer
Charlie Mitchell
Paula Molloy
Roseann Moschella
Mary J. Mozzo
Cindy L. Nelson
Esther North
Margaret O’Connor
Pam O’Malley-
Anderson
Maria Sandra
Osman
Alvin C. Padayag

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Priscilla Achipina
Patrick O. Ajayi
Pamela Alpin
Rufus O. Ariyo
Bob Armstrong
Laura Armstrong
Traci Ashcraft
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New Members
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Teri Lynn Bailey
Ramona Baker
Tammy Banas
Tyana Banks
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Frances A. Barnes
Lynn Barnes
Richard Beard
Janet R. Beasley
Jeanne Belanger
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Mwandu Chinwa
Estella Celeste
Churchill
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Louise P. Cofield
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Greer
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Tina K. Smith
Debbie F. Smith
Desiree L. Smith
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Lima Udeogu
Kecily H. Underwood
Lindsey Usry

Heidi Uchteh
Ana C. Vergara
Paula Wedding
Julia Weaver
Valerie A. Weber
Nellie Ying
Veronica Wirquin
Anastasia Weronah
Wells
Leaura White
Brooke Whithoke
Case Wiedenmann
John Scott Williams
Sondra Williams
Betsy Williams
Amanda Williams
Amanda L. Williams
Shelby R. Wilson
Michelle Wilson
Patricia Wilson
Judith Wilson
Natina J. Wisner
Cynthia Woodard
Annette Woodrow
Alicia Wright
Donelle E. Yelberton
Heather Young
Dana Zachary
Josephine H. Zamora

WESTERN

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Cornella Aldana
Dexter Ancheta
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Ma Aranda
Naomi Barrett
Sarah Jane Basa
Michael Bautista
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Linda Bern
Cheryl D. Bernal
Anna Bezar
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Brenda Sarah Bueno
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Michele N. Byron
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Nicole Chapman
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Annie Petrich
Cornelius
Terra Dabling
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Alice Dabuheit
Sandra E. Davis
Kimberly Davis
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Mae Melonor T. de Lara
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riskon
Sheryl Ward
Francine West
Susan Strauch
Wiegley
Jacqueline Williams
Alyce Wong
Jessica Strouth
Yarrell

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Benefits of S.W.A.T.
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our units. I submit written memos to my assistant nurse manager on a monthly basis. This information is then relayed to the rest of the staff during our monthly staff meetings.

There are other perks to being a SWAT member. These would include the free seminars and lunches. It also looks great on my resume. However, the greatest perk is the comfort I feel from the information I have received.

As members of the health care team, other staff members can assist the SWAT representative. If a staff nurse has problems with any products or wounds, they may consult with the SWAT representative. It’s important for all staff members to learn about new skin care products. I encourage my peers to attend the in-services and seminars that are offered and to ask questions. As nurses, our goal is ultimately to ensure that our patients have positive outcomes. We can make this happen when we are educated and are able to utilize this knowledge in the care of our patients.

Daydra Leak, RN
North Broward Medical Center
3 NE/MedSurg Orthopedics/Trauma
Pompano Beach, Florida

MEDSURG Nursing Journal Ranks High in Evidence-Based Practice Survey

In a survey conducted by the Nursing Research journal, MEDSURG Nursing: The Journal of Adult Health was listed as the 12th most prolific journal in research utilization. The survey results appear in the article, “Mapping the Field: A Bibliometric Analysis of the Research Utilization in Nursing,” which was published in the September/October 2004 issue of Nursing Research.

Among the aims of the research was to identify the current network of researchers in the area of research utilization or evidence-based practice. The bibliographic data were obtained by searching large databases. Results showed that between 1981-2001, 630 research utilization articles were published by 194 English language journals. The researchers ranked the 20 most prolific journals, with MEDSURG Nursing ranking number 12 by publishing 11 research utilization articles.

MEDSURG Nursing Editor Dottie Roberts, MSN, MACI, CMSRN, RN, ONC, stated, “I am very proud to be associated with a journal that has, through its entire history, recognized the importance of nursing research. All who have been AMSN leaders and Editorial Board members should be given a huge amount of credit for this significant recognition.”
<table>
<thead>
<tr>
<th>Zone</th>
<th>Description</th>
<th>Image</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone 1</td>
<td>Within the rail.</td>
<td></td>
</tr>
<tr>
<td>Zone 2</td>
<td>Between the top of the compressed mattress and the bottom of the rail, between the rail supports.</td>
<td></td>
</tr>
<tr>
<td>Zone 3</td>
<td>Between the rail and the mattress.</td>
<td></td>
</tr>
<tr>
<td>Zone 4</td>
<td>Between the top of the compressed mattress and the bottom of the rail, at the end of the rail.</td>
<td></td>
</tr>
<tr>
<td>Zone 5</td>
<td>Between the split bed rails.</td>
<td></td>
</tr>
<tr>
<td>Zone 6</td>
<td>Between the end of the rail and the side edge of the head or foot board.</td>
<td></td>
</tr>
<tr>
<td>Zone 7</td>
<td>Between the head or foot board and the mattress end.</td>
<td></td>
</tr>
</tbody>
</table>

Administration (HCFA), issued guidelines in June 2000 for surveyors to determine hospitals’ compliance with federal regulations relating to restraint use. One section states, “It is important to note that side rails present an inherent safety risk, particularly when the patient is elderly or disoriented. Disoriented patients may view a raised side rail as a barrier to climb over; may slide between raised, segmented side rails; or may scoot to the end of the bed to get around a raised side rail. When attempting to exit the bed by any of these routes, the patient is at risk for entrapment, entanglement, or falling from a greater height posed by the raised side rail, with a possibility for sustaining greater injury or death than if he/she had fallen from the height of a lowered bed without raised siderails” (HCFA, 2000). In another statement issued by CMS in September 2000, revisions were made. “The same device may have the effect of restraining one individual but not another, depending on the individual resident’s condition and circumstances. For example, partial rails may assist one resident to enter and exit the bed independently while acting as a restraint for another” (CMS, 2000).

In the Draft Guidance for Industry and FDA Staff (U.S. Food and Drug Administration, 2004), 7 entrapment zones were identified (see Figure 1 and Table 1). This tool provides recommendations for manufacturers of hospital beds and hospital bed accessories, and they are intended to reduce life-threatening entrapments associated with hospital bed systems. Entrapments have occurred in all patient care settings. The patient population most vulnerable to entrapment are the elderly (especially those who are confused), frail, restless, or those who have uncontrollable body movements. Table 2 provides guiding principles for side rail use (Hospital Bed Safety Workgroup, 2003).

With the knowledge that side rails can be dangerous to our patients, we need to be sure to assess all of our patients before using side rails. If you have a concern about the side rails in use at your institution, bring your concerns to your patient safety officer or director of nursing. No patient should be put at risk because of the use of side rails.

**References**


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**Figure 1. Entrapment Zones**

![Figure 1. Entrapment Zones](https://via.placeholder.com/150)

**Table 2. Guiding Principles as Identified by the Hospital Bed Safety Workgroup**

The automatic use of side rails may pose unwarranted hazards to patient safety. Individualized patient assessment, including interdisciplinary and family input, should be the determining factor as to whether the side rails should be utilized or not.

**When planning patient care, consider the following:**

- The potential for serious injury is more likely to be related to a fall from a bed with raised side rails when the patient attempts to climb over, around, between, or through the rails than from a bed without rails in use.
- Evaluation is needed to assess the relative risk of using the side rail compared with not using it for an individual patient.
- Side rails sometimes restrain patients. When used as restraints, side rails can pose the same risk to patient safety as other types of physical restraint.
- If physical restraints (such as a vest or leg/arm restraints) are used in conjunction with raised side rails, consider that the risk to patient safety may increase, patients should be monitored closely, appropriate care (such as toileting) should be provided, and reassessment for medical necessity and removal is needed on a regular basis.
- Strangling, suffocating, bodily injury, or death can occur when patients or parts of their bodies are caught between rails or between the side rails and mattresses.

**Source:** U.S. Food and Drug Administration (2004).
mission: The Academy of Medical-Surgical Nurses enhances the knowledge, skills, and professionalism of medical-surgical/adult health nurses in all practice settings.

vision: The medical-surgical/adult health nurse is a valued health care professional and a vital part of the health care continuum committed to leadership, quality care and advocacy for patients, their families and the community in which they live and work.

2005 CALL FOR ABSTRACTS

General Information
Interested speakers for the 2005 Annual Conference, scheduled to be held September 22-25, 2005, are encouraged to submit an abstract following the guidelines as described under “Required Information.” Speakers are encouraged to submit topics that reflect the theme of the conference and program objectives.

The theme for this meeting is The Many Faces of Medical-Surgical Nursing, and it is preferable that submissions be reflective of that theme. Abstracts reflecting innovative and/or new practice information affecting medical-surgical nursing practice are desired for selection as a presentation at the 2005 Annual Meeting.

Participants
Nursing staff, administrators, educators, clinical nurse specialists, advanced practice nurses, and researchers who are involved in the delivery of nursing care in the medical-surgical arena.

Submission Deadlines
All abstracts must be postmarked no later than November 15, 2004, and be received at the National Office no later than November 30, 2004.

Review and Acceptance
Abstracts are selected on blind review by members of the Annual Program Planning Committee. Notice of abstract review results will be mailed in early January, 2005.

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