LIFELINE NEWSLETTER

STUDENT NURSES' ASSOCIATION

AT UNIVERSITY OF CENTRAL FLORIDA

ORLANDO

Volume 11 – Issue #6
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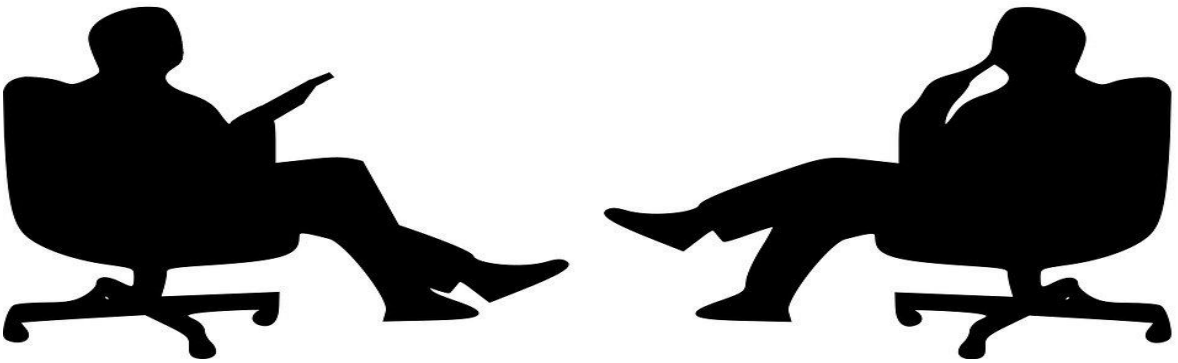
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

Editor's Piece

UCF SNA Media Director

Erick Gonzalez, Basic BSN '20

When we think of interview prep for a new job one usually thinks of the general go to questions that will be asked. What are some of your strengths and weaknesses? Why this job? Tell me about yourself? These are some of the expected questions that one can expect during an interview. However, while a nursing interview may include these questions, one should be prepared to expect other more behavioral-based questions as well as situational-based questions too. I recently had a nursing interview and some of the questions I got surprised me. Reflecting on the experience as whole, I want to share some tips that I got from the nurse manager.



Volume 11 – Issue #6 February 2020
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

- **Be mindful of who is in the room!**
  - Midway during my interview, the nurse manager had mentioned that there may be other nurses that would join us during the interview. Do not just assume that because they are "other nurses" that they won't have a role in deciding if you get the job or not! Make eye contact with everyone in the room and make sure you greet everyone as well. It just so happened that the "other nurses" that joined us were actually an Assistant Nurse Manager, Charge Nurse and Unit Preceptor!
- **Dress the part!**
  - This one seems self explanatory but you would be surprised about how some people dress when they show up to the interview? I saw someone interview before me and he showed up in jeans and a T shirt. Needless to say, I don't think he got the job.
- **Reflect on your clinical experiences!**
  - I would say 75% of all the questions came from situations that I encountered during clinicals and/or during work (if applicable). Some of the questions were: Name a time you disagreed with a preceptor? Describe your practicum experience? What is something you did during clinicals that you regret? It really takes some deep reflection to come up with answers for these questions and these things you cant really come up on the spot!

Volume 11 – Issue #6 February 2020
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

- **Tips from Dr Peach**
  - If you're nervous talking to people and answering questions, what are you going to be like when you have to speak to patients or families about challenging topics like death? Are you going to be nervous when a patient is decompensating? It's fine to be nervous, but I'd strongly recommend against verbalizing it during an interview. It's important to project confidence, without coming across as a know-it-all.
  - Bring nice glossed folders with your resume, a list of references, and a business card if you have one. This shows that you've prepared for your interviews and are taking it seriously, which is attractive to employers. I generally bring 10 folders with me to hospital interviews, so the nurses know I considered them in my preparations.
  - I always tell students, do not volunteer your flaws. Those that are interviewing you recognize that you are a new nurse, and will have gaps in your knowledge. They have your resume in front of them, and can often pick up on areas you may be weak in, such as leadership experience or experience in their particular speciality. If they ask you about your biggest weakness, you can answer their question, but I wouldn't volunteer that information without being prompted to do so.

Volume 11 – Issue #6
February 2020
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

Triage: Mass Casualty Situation

Jacqueline Pajarillo
Basic BSN '20

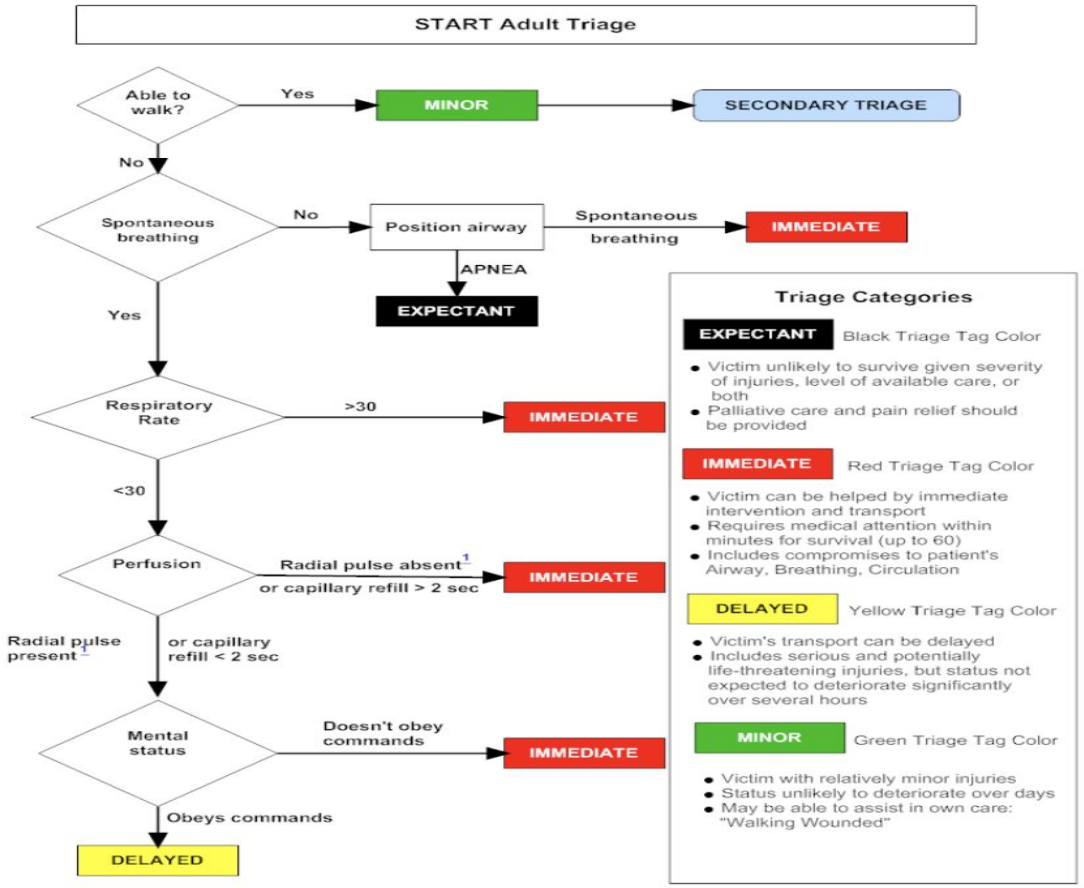
It has always been instilled in us the importance of prioritization. We have learned phrases to help us prioritize what patient need our attention first. I was taught "acute over chronic, life over limb." What would happen if more than one patient had an acute over a chronic illness? What would I do if more than one life needed my skills? Triage.

Triage is the assignment of degree of urgency to wounds/illness to facilitate the order of care during a mass casualty situation. As a triage nurse, we must quickly and correctly assess the needs of the victims in order to facilitate the flow of care. There are four levels of triage that are coded via colors. Minor (green tag), delayed (yellow tag), immediate (red tag), and expectant (black tag). The four levels are described below:

Volume 11 – Issue #6
February 2020

Lifeline Newsletter

Student Nurses' Association – UCF Orlando



Minor: minor injuries, ambulating, may assist in own care, "walking wounded"

Delayed: serious/life-threatening injuries, but status will likely not deteriorate within the next few hours

Immediate: injuries require medical attention within minutes, airway/breathing/circulation is compromised

Expectant: victim unlikely to survive, palliative and pain relief should be provided

Volume 11 – Issue #6
February 2020
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

These tags help medical personnel determine which victim can wait a few hours, which victim can wait a short time, which victim needs immediate help, and which victim is expected to expire. In a mass casualty situation, nurses need to triage victims to ensure the survival of the most amount of people. By "tagging" the victims via a triage algorithm, medical personnel are able to scan the scene and immediately begin providing necessary, life-saving care. The use of a triage algorithm allows for the best outcome of care for victims during a mass casualty situation.

Benson et. al. (1996). START adult triage. [Online image]. https://chemm.nlm.nih.gov/startadult.htm.

Volume 11 – Issue #6
February 2020
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

Pediatric Acute Care Unit

Samantha Cooney, President Elect

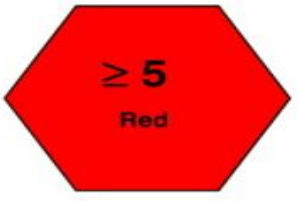
Basic BSN '21

Hello! My name is Samantha Cooney and I am currently a junior in the UCF College of Nursing Traditional BSN Program. I just recently finished a wonderful clinical in the Pediatric Acute Care Unit at Arnold Palmer Hospital for Children. With this being my first clinical in the hospital environment, I definitely learned a lot about the organization of nursing!

A day in the life of a nurse on this floor begins with rounds at 6:45 am. A change of shift report is conducted to provide information on the patient's health throughout the night and to plan proper care for the day. Following this, a head-to-toe assessment is performed along with routine vitals, I's and O's, and other documented criteria. A nurse on this floor is designated 4 patients with the age range of a newborn to an 18-year-old (and sometimes older). This at first seemed a little challenging to me considering the variability of vital signs that accompany each age, but I soon overcame this with the help of vital sign charts and the supportive nurses.

Volume 11 – Issue #6
February 2020
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

One of the biggest differences I noticed from pediatric care that is not seen in adult care is the use of PEWS. Otherwise known as the Pediatric Early Warning Score, this identifies patients that may be at risk for developing more complications. It is listed as a series of questions based on behavior, cardiovascular assessment, respiratory assessment, and vomiting post-surgery. Each category is rated 0-3 and when added up determines deterioration in a pediatric patient. This scale is very important to use for all pediatric patients because of how subtle their change in condition may be. I found this to be very interesting and encourage the use of similar versions to be used in the adult hospital.

		
• Continue routine assessments	• Increase frequency of vital signes /CHEWS assessments • Notify charge nurse, physician, nurse practitioner or physician assistant • Discuss treatment plan with team • Consider higher level of care • Document interventions *Consider:* Intensive Care Unit Evaluation (page "EVAL," 3825)	• Physician, nurse practitioner or physician assistant evaluation at bedside • **Notify attending physician** • Discuss treatment plan with team • Document interventions *Consider:* Activating an Intensive Care Unit STAT (Rapid Response Team)
*** ICU STAT/CODE BLUE CAN BE ACTIVATED AT ANYTIME BY ANYONE*** **Use SBAR communication**		

Volume 11 – Issue #6
February 2020

Lifeline Newsletter

Student Nurses' Association – UCF Orlando

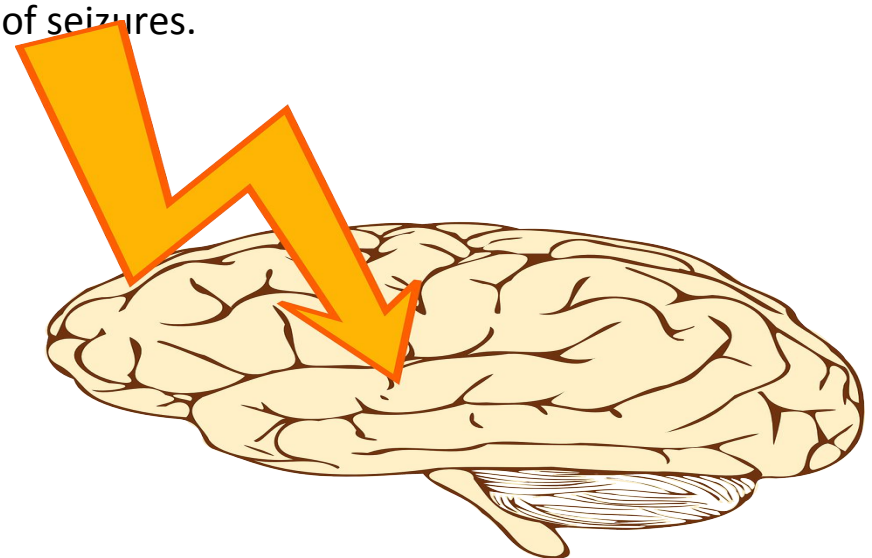
These past couple weeks in the Pediatric Acute Care Unit were very informative and I enjoyed every minute of it. I am thankful to be given these opportunities to experience different hospital settings and look forward to future clinicals!

Volume 11 – Issue #6
February 2020
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

Innate Impulse

Cesar Vigil
Basic BSN '20

The concept of seizures, though considered a subject of Neuroscience, should be understood by all nurses as it could happen on any unit or floor. Seizures are essentially an abrupt increase in electrical impulses of the brain causing it to fire more signals than normal. The triggers that can cause a seizure attack can be pretty generalized and vary depending on the patient. Such factors are; stress, overexertion, electrolyte imbalances, illness, recreational drugs, and alcohol withdrawal (Sawaf, 2020). These triggers can be present in any type of patient in the hospital, especially with one who has a past continuous history of seizures known as epilepsy. As newly graduated nurses, it important to re-familiarize ourselves with proper seizure precautions that should be taken into action when presented with a patient of current/past history of seizures.



Volume 11 – Issue #6 February 2020
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

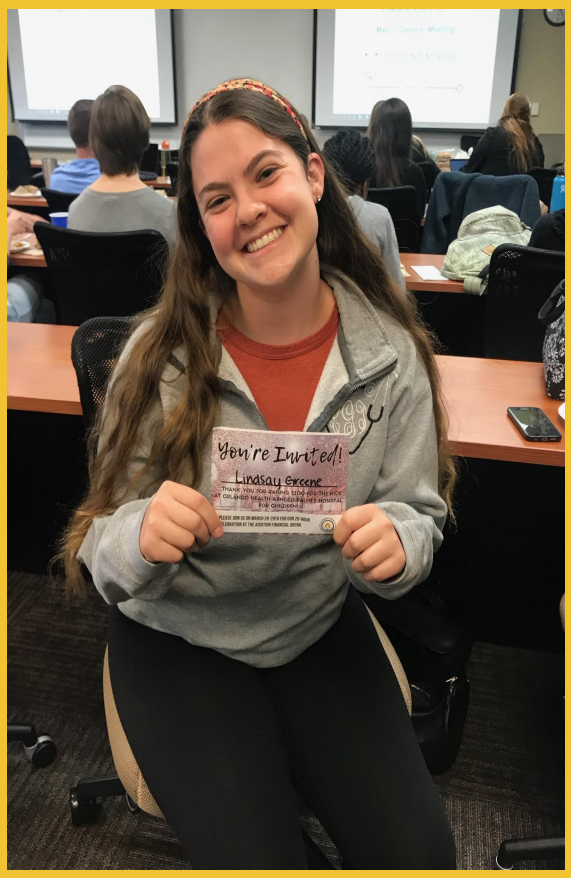
The priority intervention for the nurse is to keep the patient safe. This is can be done by acting proactively and taking precautions such as having oxygen, suctioning equipment, and an oral airway present at bedside. Bed siderails should be up and padded with cushions such as thick blankets and pillows to help reduce the potential for injury. Though this is part of every patient assessment, the nurse must ensure patent IV access to administer medications in case of emergency. If the nurse is present for an active seizure, he/she should stay with the patient and ensure patent airway is maintained by turning patient to their side and keeping a time count of how long the seizure lasts. Active seizure activity can be frightening to the patient and family, so it is important to talk to and orient them about what had occurred. The patient can also provide a description of the sensations and signs that he/she experienced right before the seizure to help predict future one. This sensation is known as an "aura". Our overall priority as nurses is to keep our patients safe. Establishing safe and effective seizure precautions is a concept that can help avoid preventable injuries and disability.

Sawaf, A. A. (2020, February 19). *Seizure precautions*. https://www.ncbi.nlm.nih.gov/books/NBK536958/

Volume 11 – Issue #6
Feburary 2020

Lifeline Newsletter

Student Nurses' Association – UCF Orlando



3 students raised $200 for KnightThon !

Pictured Left: Lindsay Greene

Pictured Right: Rebecca Smith

Not pictured: Taylor Alexander

Volume 11 – Issue #6
February 2020
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

Nursing Concept Map

Chloe Frye, Treasurer Elect

Basic BSN '21

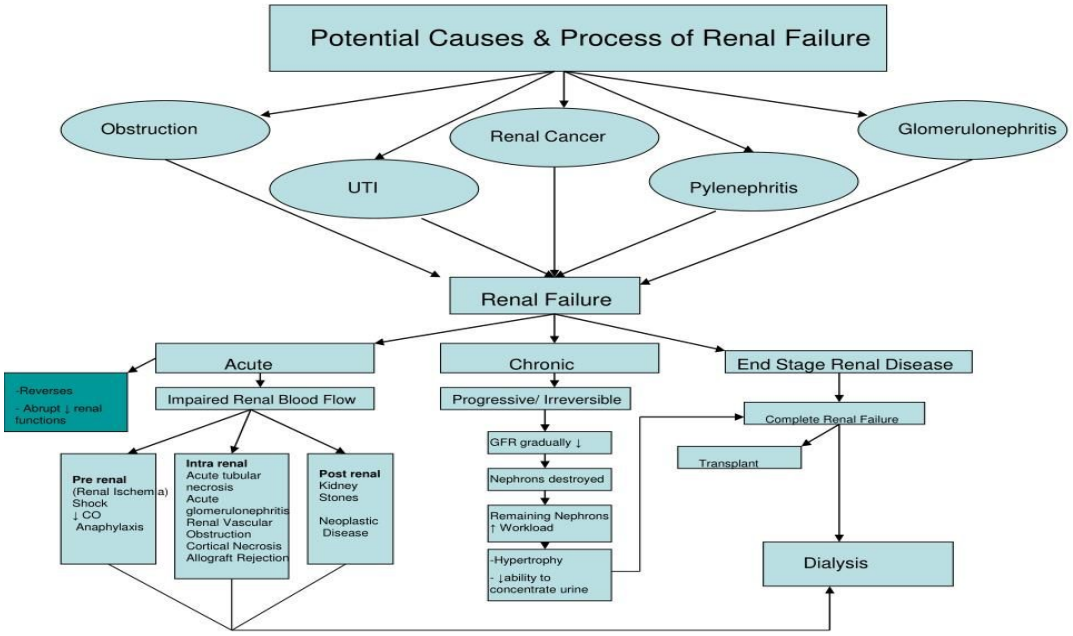
As I am sitting down to write this, I have just finished my first ever nursing concept map. I feel crazy for not ever thinking of doing this. This simple piece of information has been what I have been missing all along. By having this resource that I have made, it helps me better understand the ways in which disease processes can connect to other underlying issues as well.

The concept map connects medical diagnoses with labs, medications, and procedures. By doing this, it allows you to see the patient as a whole and how one thing has led to another as their illness and time have progressed.

For example, a patient that is diagnosed with Chronic Kidney Disease can have their disease progress to End Stage Renal Disease (ESRD) and further contribute to the development of anemia. From there, they may have a procedure for an arteriovenous graft and undergo hemodialysis. Medications that this patient is on may include a drug to treat the anemia and one to treat the kidney issues. Lastly, their ESRD will cause a change in the patient's BUN or creatinine labs and the anemia will impact their red blood cells, hemoglobin, and hematocrit levels. If there are any other underlying disease processes, other labs may be impacted as well.

Volume 11 – Issue #6
February 2020
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

By doing concept maps, we can see how everything flows together and creates a patient's background. Without a tool like this, I feel as though I would not be able to further progress as a student nurse. This thought process allows me to connect the dots and retrace the steps the patient went through by connecting each piece of their history to something else. Our goal as nurses is to treat the patient as a whole, not simply treat the symptoms. By creating concept maps we are able to understand what went wrong, where it went wrong, and why it went wrong.



An example of a concept map

Volume 11 – Issue #6
February 2020
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

My SNA Experience

Josée S. Etienne, Legislative Director Elect

Basic BSN '21

As a tyro in the nursing profession, I am becoming more certain about the type of care I want to one day provide to patients. As a nursing student, I get the opportunity to be part of great organizations such as the University of Central Florida (UCF) Student Nursing Association (SNA) chapter. I get to make new connections with fellow classmates and instructors, and I get the benefit of being welcomed into several different health facilities throughout the city of Orlando. Every facility has their own characteristics and each of those characteristics may seem new from my untrained eyes however, those are the characteristics that I can integrate into my academic growth. I have not adjusted yet to stepping onto the floor for clinicals , however I look forward to observing and participating in the new experiences that will take place. The patient-provider relations, the interprofessional interactions, and the inter family connection are all aspects of nursing I wish to continue to practice and eventually master. Combining these aspects of nursing contributes to the holisticness of nursing I wish to practice.

Volume 11 – Issue #6
February 2020

Lifeline Newsletter

Student Nurses' Association – UCF Orlando

The start of a new clinical day for most, starts with gathering history from a patient. The initiation to obtain such information may equate to the level of responses received from that patient. This is also why I believe in the strength of the nursing profession; they are often the first and the last providers seen in a patient's experience. They get the opportunity to start and finish great connections every day and the benefit of caring for them medically and socially. This is the type of care I hope to one day provide. It will be done with accuracy, compassion, as well as professionalism.

Volume 11 – Issue #6
February 2020

Lifeline Newsletter

Student Nurses' Association – UCF Orlando

Pictured: Josee Etienne, Legislative Director Elect

Contact Info for the 2019-2020 SNA Board!

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Clubhouse Director	Heather Plachte	ucfsnaorlclubhouse@gmail.com
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Advisor	Joyce DeGennaro	Joyce.DeGennaro@ucf.edu

Social Media Buzz
Facebook: Student Nurses Association-Orlando
Instagram: snaucforlando
Twitter: @snaucforlando
Website: snaucforlando.com

Top Point Earners
Basic BSN 2021: No top 3 point earners at this time.
Accelerated 2020: Erin Lucore, Nicole McCormick, Natalie Zanella
Basic BSN 2020: Lindsay Greene, Destiny Miller, Jacqueline Pajarillo