



LIFELINE

NEWSLETTER



STUDENT NURSES'

ASSOCIATION

AT UNIVERSITY OF CENTRAL FLORIDA

ORLANDO



Editor's Piece:

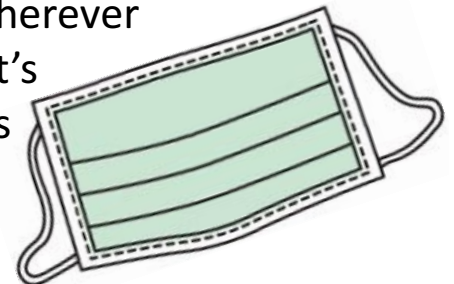
Life in the Operating Room: A Different Kind of Nursing

By Samantha Sherman, Media Director, Basic BSN'19



By our senior year of nursing school, most of us feel comfortable collecting I&O's, giving a medication, speaking with patients, doing a blood draw, walking patients, doing assessments, and maybe even charting. It's my final semester and I am just starting to feel comfortable doing all those things on my own (or with supervision) and more. However, all of that just went out the door for my new practicum. This month, I began my practicum in the GYN operating room of Winnie Palmer Hospital and it was time for me to learn a new and different kind of nursing.

The OR isn't a place to do med pass or start an IV. And while we do get to know our patients, it's in a totally different way and they are asleep for most of it. Life in the OR is structured; everyone has a role and there is a groove and rhythm to what's going on. As a student, it can be hard to find your place. Remember, they have been doing these procedures without you this whole time, so you kind of have to insert yourself wherever you can and wherever you think you can help the best. It's all about knowing what you can and can't do, not only as a student, but as a scrub person, a doctor, an anesthesiologist, or even a circulating nurse.



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We learn sterile field our first semester in nursing school. We learn how to don sterile gloves and how to put in a Foley and we even talk about it in our classes. To be honest, that first semester, I thought that sterile gloving was one of the hardest things ever! I quickly got over that fear in the OR. You have to put on sterile gloves at least once a case, so you quickly get used to it. I'm not sure if it was confidence or sheer will of wanting to get it right, but I haven't had any trouble donning gloves in the OR. I'd like to thank all the nursing lab instructors my first semester, I couldn't have done it without you.



This month, I have learned what I can and can't touch, when I can touch it, how to move, how to grab, how to hand items, how to set up, when a mask is needed and when it's not, and of course, how to scrub. I will say, setting up a sterile table requires some finessing and some really good aim. I have been so lucky; I have a wonderful preceptor and some amazing scrub techs who have helped me every step of the way. They have taught me some really handy tricks on how to un-package items and get them on the table. It takes a lot of balance, good aim and timing. Everyone has been so patient and guiding, because trust me, the last thing you want to do is drop a \$1,400 dollar piece of equipment and have to grab another one because unfortunately, the patient does have to pay for it and the doctor might not appreciate having to wait while you run to grab a new one.

Working in the OR is a learning process. We don't really do assessments like we would on a unit, and the questions we ask our patients are a little different: Do you have an allergy to iodine or latex? When was the last time you ate? Do you have any metal or piercings? We want to make sure everything is ready and in order before taking them back. As a circulating nurse, you probably don't have orders in the EMR like we are used to. You look in the chart to make sure everything is signed and up to date and maybe look at labs if they are done. Sometimes the orders might

be hand written in there, or they could be on a “pick sheet” you get handed or, it could be the surgeon simply telling you what they want. Yes, they can just tell you and you do it. That has been one of the biggest adjustments for me. You confirm aloud and then you simply do what they ask and chart it.



Lastly, there is Universal Protocol. This is a big deal! This is something the Joint Commission has put in place for patient safety. It includes: **Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery.** First, we do a pre-procedure verification. That’s when we check the orders, consents, labs, ask those questions, and we verify we have the right patient, DOB, and that the

Orlando Health medical numbers match the armband and Sunrise. Most of the time, for our GYN surgeries, we have a consent that says “left or right”, meaning that no site marking is necessary, but we would also check that if there was a marking. It must say “YES”; not an X and not initials. Then when we go back we would want to do introductions and start the time out. No one should be moving during the time out and nothing should be done to the patient, besides anesthesia. My preceptor and I lead the time out. You can’t be afraid to shout in the OR to get everyone’s attention. We call a time out and state the patients name and DOB. Anesthesia confirms the Orlando Health medical numbers with me. Then I state the procedure and site that it being worked on. Then everyone in the room must say the EXACT same thing that I said. The surgeon, scrub person and anesthesia should all agree. Then we call time out to a close. We ask the doctor for the estimated blood loss and estimated length of surgery and everyone begins.

One of the main jobs as a circulator, besides opening and setting up, is charting. Everything needs a time: when you walk in, when you do the induction, when you time out, when you start, etc. You have to pay careful attention to when everything is happening. The other big job, is prepping.

It's actually one of my favorite things to do in the OR. We can't do Foleys as students, but I can do vaginal and top preps. Believe it or not, I actually think a top prep or abdominal prep is harder. You have to know what cleaning product you are using and how to effectively use it. For example, Chlorhexadine requires a scrubbing action for 30 seconds (hint: sing happy birthday twice if you can't see a clock). You work your way around the site, usually the bellybutton, until you finish. It's a lot of back and forth, but you have to make sure not to go back over spots you've already been. Vaginal preps use betadine because of the mucus membranes. Betadine is more of a paint, you just need to make sure you cover everything and work your way down. It's really all about learning your materials.

Life in the operating room is definitely different than working on a floor, but so far it's been an adventure. I've had nothing but wonderful people who have been willing to let me learn. Even the surgeons have helped me prep! The patients have been very receptive to answering my questions and letting me care for them. In a way, it's just like any other practicum floor. It is what I make of it. The more I want to do, the more they let me and the more I learn. I'm not sure if I will end up in the OR, but there is still so much knowledge to gain by working there. No matter what, as a nurse, I am there to take care of my patient, whether they are awake or not! In the end, you are only going to learn if you want to learn. You should put your best foot forward and work with everyone and they will help you get to where you want to be, because it's not just my preceptor helping me, it is everyone who is in that room. Remember, even if you aren't on a clinical floor you want, or in a specialty you want, or if you didn't get the practicum you wanted, there is always something to learn there. Take advantage of every opportunity you can, because if you are willing to grow, there will always be someone there who is willing to teach you.



Diverticular Disease (Diverticulosis & Diverticulitis)

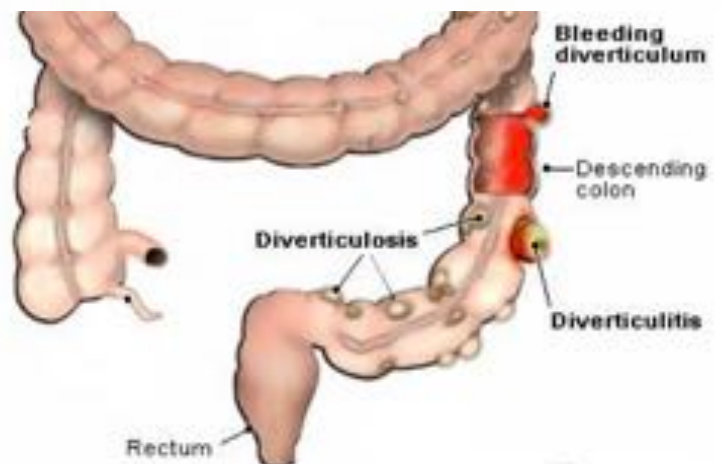
By Erin Degler, Accelerated BSN'19

What is Diverticular Disease?

Diverticulosis is a condition where small pouches (diverticula) bulge outward through weak spots the colon. These pouches can form anywhere in the large intestine but are most common in the sigmoid. Hard stools and slowed transit time through the bowels create pressure on the intestinal wall and eventually form pockets. Diverticulosis is often asymptomatic but may cause mild cramping and bloating. Diverticulitis is when some of the diverticula become infected or inflamed. The fecal material becomes trapped in the diverticula and the bacteria triggers an inflammatory response and possibly infection. Diverticulitis can lead to serious secondary complications.

Statistical information

- * About 35% of U.S. adults <50 yrs have diverticulosis
- * 58% of 60+ yrs have diverticulosis
- * Most people with diverticulosis will never develop symptoms or complications (<5%)



Risk factors

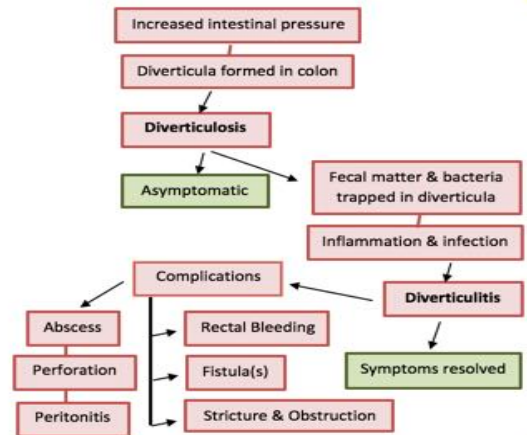
Gender: in 50+, women are more likely BUT in <50, men are more likely

Age: older increases risk

Fiber: research has tied low-fiber diets

Medications: NSAIDs & steroids

Others: lack of exercise, obesity, smoking, decrease in healthy gut bacteria



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- Stricture (narrowing of colon) & Obstruction
- Fistulas (usually connects colon to bladder, skin, uterus, vagina, or another bowel section)
- Rectal bleeding
- Perforation & Abscess formation → Peritonitis

Diagnostic Tests

Abdominal & Pelvic CT: computerized tomography scans with use of contrast dye. Most common method.

Colonoscopy: uses long, flexible, narrow tube with camera to visually examine the colon & rectum.

Lower GI Series: also known as a barium enema, uses barium liquid and x-rays to view large intestine with imaging & fluoroscopy.

Fecal Occult Blood Test (FOBT)

Treatment

Diverticulosis

- **High-fiber Diet:** reduces chances of gas and pain in abdomen (possibly fiber supplements also)
- **Medicine:** mesalazine (Asacol) & rifaximin (Xifaxan)
- **Probiotics:** increases good gut flora bacteria

Diverticulitis

- **Bedrest & Oral Antibiotics:** reduce inflammation and tx of infection
- **Diet:** either liquid or TPN until symptoms resolve

Complications

- **Abscess** → antibiotics and possibly drainage
- **Perforation** → surgical bowel resection, removal, or repair
- **Peritonitis** → immediate surgery to clean abdominal cavity and possible colon resection
- **Fistula** → colon resection
- **Intestinal Obstruction** → surgery and possible bowel resection if completely blocked

Nursing Concerns

1. Constipation r/t dietary deficiency of fiber and roughage.
2. Diarrhea r/t increased intestinal motility caused by inflammation.
3. Imbalanced nutrition: less than body requirements r/t loss of appetite and ineffective absorption.
4. Acute pain r/t inflammation of bowel.
5. Overall concern → at risk for developing secondary complications.

Ackley, B. J. & Ladwig, G. B. (2014). *Nursing diagnosis handbook*. St. Louis, MO: Elsevier.

National Institute of Diabetes and Digestive and Kidney Disease. *Diverticular disease*. Retrieved from <https://www.niddk.nih.gov/health-information/digestive-diseases/diverticulosis-diverticulitis>

American Society of Colon and Rectal Surgeons. *Diverticular disease*. Retrieved from <https://www.fascrs.org/patients/disease-condition/diverticular-disease>
MedlinePlus.gov. *Diverticulosis and diverticulitis*. Retrieved from <https://medlineplus.gov/diverticulosisanddiverticulitis.html>

Alumni Association

By Kimberly Sarah, BSN, RN,, (Basic BSN C/O 2018), Nemours Children's Hospital – ED Nurse and Alumni Reunion Chair



At this time last year, I had a lot going on. As a senior-year nursing student, most of my days consisted of studying for exams, sorting out my practicum schedule, fearing the NCLEX, and daydreaming about the day I would

become a nurse. Open spaces on my calendar were few and far between. So, when I heard about the College of Nursing's 5th Annual Reunion, I was hesitant to commit to spending one of my evening's off doing anything other than studying. I decided I would regret missing out, so I ended up attending as a volunteer.

It was an awesome night: I was able to mingle with so many amazing Knight nurses, network with healthcare professionals (including my future manager and nurse educator), and learn about the college's past and its dreams for the future. It felt really special to be surrounded by nurses who had also learned about the art of nursing at the CON. It was also wonderful to hear their stories and learn about their current projects; it made me so excited for the future and inspired me to work even harder to achieve my dreams. I'm now a proud Knight nurse working in the emergency department at Nemours Children's Hospital, and I know that I would never have made it this far without the knowledge and support provided by UCF's College of Nursing and the amazing faculty and staff.

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This year, the College of Nursing is encouraging senior-year students to attend the reunion to represent Class Year 0. I serve as the reunion chair on the College of Nursing's Alumni Board, which means I have been working closely with the CON's Assistant Director of Alumni Engagement, Christina Gonzalez, to plan out a celebration that will be engaging and fun for Knight nurses. From delicious food and drinks, to a dance floor, to photo ops, and it is sure to be a night to remember. If you are interested in attending the event as a senior-year student, the registration link can be found on the UCF College of Nursing Facebook page and the UCF College of Nursing Alumni website. If you have any questions, feel free to email me at kimberlyb333@knights.ucf.edu.

As nursing students, I know that you all have a lot on your plates and it doesn't seem like there are enough hours in the day to get everything done. However, I genuinely hope that you will consider attending the reunion. You will not only be able to network with amazing nurses, but also spend an evening celebrating rather than studying for a change!

The Sixth Annual UCF Alumni All-Class Nursing Reunion will take place on April 13th, 2019 from 6-10 p.m. at the College of Nursing.



5th Annual Inter-Professional Coalition Healthcare Summit

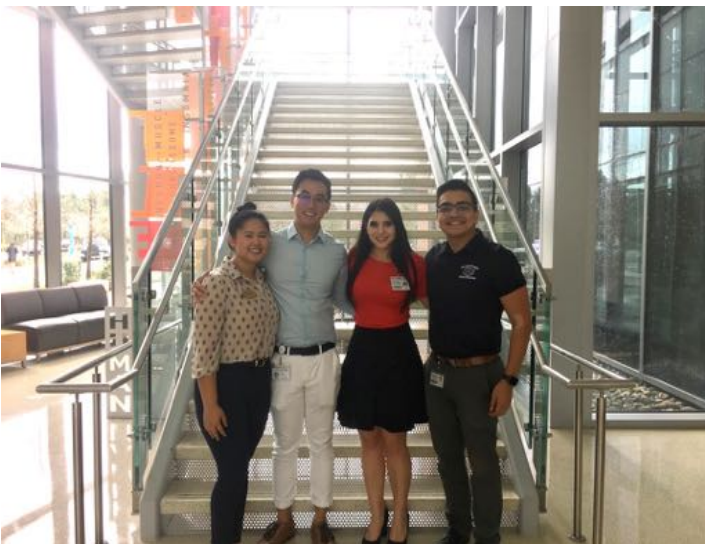
By Emily Derayunan, Vice President, Basic BSN'19

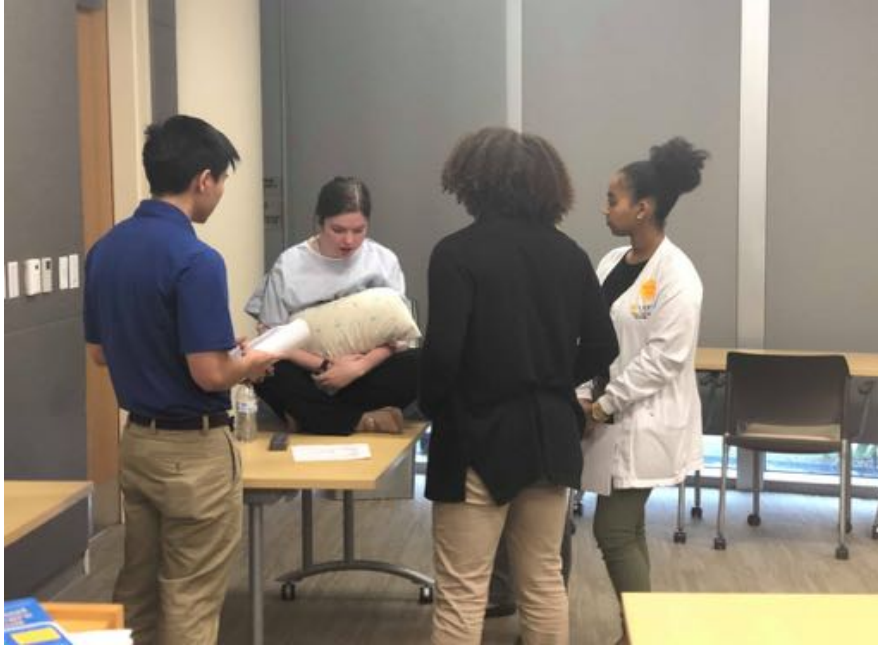
On Sunday, February 10th the UF College of Pharmacy hosted the 5th Annual Inter-Professional Coalition Healthcare Summit. I attended the event as a junior nursing student last year as a way to become more involved in SNA and find networking opportunities with other healthcare professional students.

After participating in the event, I grew a respect and passion for IPE. Faculty and students from the UCF College of Medicine, UF College of Pharmacy, UCF College of Nursing, and UCF Physical Therapy participated. Students from each discipline were split into groups and rotated among five stations that consisted of either case studies or simulations. Through these rotations, students were able to learn the roles of their discipline and of the other disciplines; we were all able to see how each of our profession work together as a healthcare team to give quality patient care. A huge takeaway

I gained from the event was being able to witness how the UCF College of Nursing prepares their students. Attending this event as a junior can be extremely intimidating, but nursing students really do shine at IPE events.

This year I was able to coordinate the event with other students from the different colleges.





Planning this event has been an exciting experience because as Vice President of SNA, I'm able to network with many students and healthcare professionals within the community. I have gained a lot from these opportunities and IPE serves as a great way for me to extend networking opportunities to the members of SNA. Additionally, this IPE summit is truly special because it's designed by students from each college with the participating students' interests in mind!

At this year's summit, we had nearly 100 students attend! I'm proud to say that almost a third of those students were from the College of Nursing! The College of Nursing station at the event was hosted by Professor Dever with the help of senior nursing student Caitlin Cox. We all worked together to create a simulation of a patient being discharged from the hospital post gallbladder surgery demanding a larger quantity of Norco, an opioid analgesic. This simulation was meant for the disciplines to work on therapeutic communication as many of us will run into a situation where a patient may be complaining of pain and demanding medication even though they have already been medicated. Many times when we walk into a patients room we have an idea of what's going to play out, but in reality it's

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unlikely that everything goes as planned. The nursing students that participated in the simulation knew exactly how to handle the situation and it was impressive to see some of the other disciplines be great at communicating in this situation.

The other stations consisted of two UCF College of Medicine stations including an emergency case involving TeamSTEPPS and a patient Facilitation case, the Physical Therapy station with a neuro case, and lastly the UF College of Pharmacy with an antimicrobial case.

Overall, this event turned out to be huge a success with an immense amount of positive feedback. Events like IPE allow us nursing students to be exposed to working with others which will be our reality once we graduate. I encourage everyone to participate in next year's Inter-Professional Coalition Healthcare Summit because it truly is a great way to be involved in SNA and develop great professional skills that focus on teamwork and communication.



5TH ANNUAL HEALTHCARE SUMMIT
February 10 | 10:00am - 2:00pm | UF Research and Academic Center

Calling all future Health Care Providers! Inter-Professional Healthcare Coalition invites you to join us in Lake Nona for an afternoon of inter-professional teamwork. The Healthcare Summit provides you the opportunity to collaborate with other healthcare disciplines giving you a chance to shine in your respective area while sharpening your communication and teamwork skills. Your team will be working on fun and exciting patient cases created just for you! We're excited to see you there!

Register at: <https://tinyurl.com/IPHCsummit2019>

HOSTED BY THE UF COLLEGE OF PHARMACY IN COLLABORATION WITH THE UCF COLLEGE OF MEDICINE, COLLEGE OF PHYSICAL THERAPY, AND COLLEGE OF NURSING

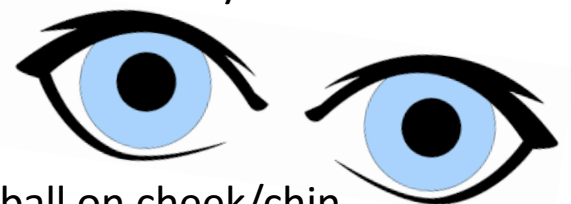
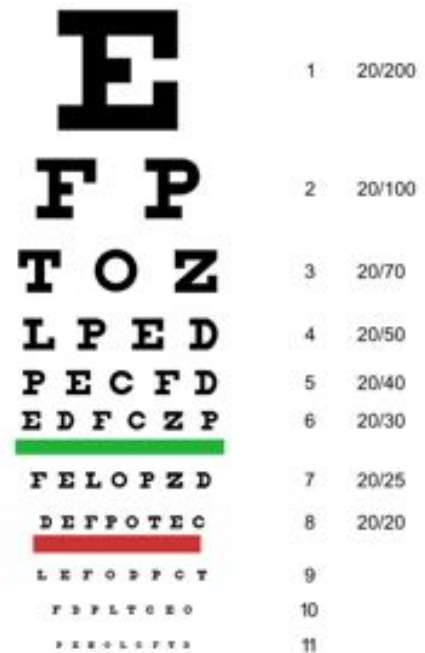
The Cranial Nerves

By Jordyn Kerce (Sheffield), Basic BSN'19

There are 12 nerves that come from the brain and in nursing school, we learn how to test or assess them. It's one of the first things we learn in school, so here's a little refresher.

Nerves: Olfactory, Optic, Oculomotor, Trochlear, Trigeminal, Abducens, Facial, Vestibulocochlear, Glossopharyngeal, Vagus, Accessory, Hypoglossal.

- CN1: Olfactory
 - Sense of smell
 - Patient is asked to identify odors
 - Abnormal: They can't smell.
- CN2: Optic
 - Visual acuity= Snellen chart. The nurse or healthcare professional wiggles fingers from 6 different directions.
 - Look at dunsus for color, size, shape of optic disc.
- CN3: Oculomotor, CN4 Trochlear, CN6 Abducens
 - These three are tested together.
 - CN3= PERRLA, tracks 6 cardinal positions, look for nystagmus.
 - CN4 and CN6 = Inferior lateral movement of eye.
- CN5 Trigeminal
 - Motor: Have them clench their jaw.
 - Sensory: Have the patient feel a cotton ball on cheek/chin



- CN7 Facial

- Motor: Look for symmetry when smiling, frowning, closing eyes tight, flight of eyebrows, showing teeth, and puffing cheeks
- Sensory: Taste (which is not regularly tested).



- CN8 Vestibulocochlear (acoustic)

- Whisper test in one ear while pumping the tragus of the other ear.



- CN9 Glossopharyngeal and CN10 Vagus

- These two are tested together.
 - Say “aaahh” and see uvula rise
 - Gag reflex

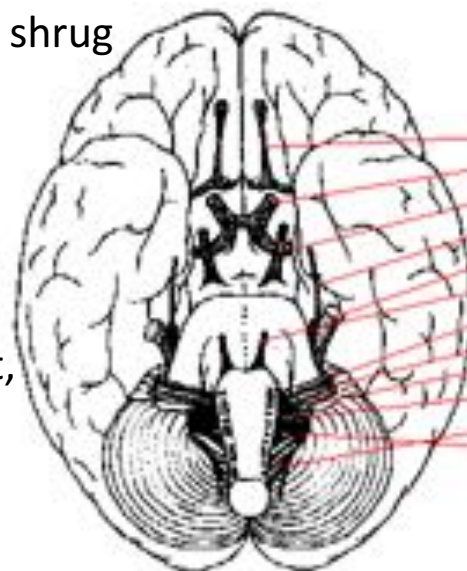


- CN 11 Accessory

- Shoulders should be able to shrug against resistance.
- Turning one’s head against resistance.

- CN 12 Hypoglossal

- Speech: Have them say light, tight, dynamite
- Tongue: midline



Cranial Nerve Name

- I - Olfactory
- II - Optic
- III - Oculomotor
- IV - Trochlear
- V - Trigeminal
- VI - Abducens
- VII - Facial
- VIII - Vestibulocochlear
- IX - Glossopharyngeal
- X - Vagus
- XI - Spinal Accessory
- XII - Hypoglossal

Why? It's For The Kids!

By Amy Coisnard, Community Health Director, Basic BSN'19

If you've ever visited the University of Central Florida's main campus, you have probably seen at least one student like me with a bright yellow bucket asking for donations "For The Kids". For those of us who have participated in a Dance Marathon before, those three words bring up so many emotions and memories. So, what does it mean to be "For The Kids" and what are we raising money for?

Miracle Network Dance Marathon is a movement that aims to raise funds and awareness for Children's Miracle Network (CMN) Hospitals. Knight-Thon is UCF's Dance Marathon and our largest student run philanthropy. Because Children's Miracle Network is committed to keeping 100% of the funds raised local, all the money Knight-Thon raises goes directly to Orlando's local CMN Hospital, Orlando Health's Arnold Palmer Hospital for Children (Children's Miracle Network, 2019b).

So why is this important? Why do we reach out with our yellow buckets? The truth is that each dancer that commits to fundraising for a year and for standing for 20 hours has their own reason why. This year's Knight-Thon theme is "This Is Why" for this reason. In an effort to bring our fundraising efforts back to the cause, we have set a goal to raise \$1.7 million For The Kids. The Knight Nurses will have 18 students participate at the Knight-Thon main event March 30th. We will be standing and dancing for 20 hours as in celebration of our year-long fundraising efforts.



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But the fundraising isn't over until March 31st when those 20 hours are done. Here are a few of the Knight Nurses' reasons why they are "For The Kids".

"When I was 13, I missed 63 days of schools because of various health issues. I spent more time in and out of the hospital than I did in my classrooms. I know the difference that having the resources to properly care for a child and take their mind off of what is happening can make. That is why I am raising money for Knight-Thon!" -Amy Coisnard, Team Ambassador, 4th Year Dancer

"I've seen first hand the impact that the Orlando CMN Hospitals have. The differences that they can make in these children's lives and the lives of their families is amazing. Many of us will or have had clinical at Arnold or Winnie Palmer. When you are there, you really get to see what those children go through and why those hospitals are so important. This is why I stand. This is why I am a part of Knight-thon." -Samantha Sherman, 4th Year Dancer

"Because these children deserve to be fought for. As future nurses, these kiddos are some of the patients we may encounter, and it is our responsibility to ensure their well-being. Those children who have to fight every day are stronger than anyone knows, and their fight is our fight. My why, is them." -Kayla Senecal, 3rd Year Dancer

"My 'Why' is to stand, dance, and fight for every child to have a second chance at life." -Kimberley Lucas, 3rd Year Dancer

"One of my best friend's sisters was diagnosed with a rare form of brain cancer when we were in high school. She fought so hard and eventually lost the battle about 6 months later. She is my WHY!" -Casey Blackwell, 1st Year Dancer



There are a million reasons why UCF students choose to stand and raise money and awareness for this amazing cause. But the reality is that with every minute that passes 62 children enter a CMN hospital (Children's Miracle Network, 2019a). Arnold Palmer Hospital for Children is one of these hospitals and they are in our own back yard. They need our help and support. This Is Why!

If you would like to learn more about Knight-Thon and Miracle Network Dance Marathon please visit

<https://dancemarathon.childrensmiraclenetworkhospitals.org/>.

If you would like to donate to the Knight Nurses Knight-Thon fundraising efforts you can do so through our donor drive at <https://goo.gl/ofz1tC> or look out for those yellow buckets. Thank you! It's all FOR THE KIDS!

Children's Miracle Network. (2019a). About Us. Retrieved from <https://childrensmiraclenetworkhospitals.org/about-us/>

Children's Miracle Network. (2019b). #Forthekids. Retrieved from <https://dancemarathon.childrensmiraclenetworkhospitals.org>

“The Characteristics of an Excellent Leader are Some of the Same Characteristics of an Excellent Nurse.”

By Abbygail Lapinski, Treasurer, Basic BSN'19

Before beginning nursing school, I thought over my capabilities of maintaining leadership involvement as a nursing student and throughout nursing school. As we all know, nursing school on its own is a large commitment of our time but more importantly a professional commitment to providing safe patient-centered care during clinical. After discussing it with nursing students in leadership positions, I knew maintaining leadership involvement was not only possible but valuable to my journey to becoming a nursing professional.

As a student leader and nursing student, I have been asked why; why did I decide to get involved with leadership? The answer is simple; it has made me a stronger nursing student through personal, academic, and professional growth. Serving a student leader has challenged me in nursing school, but it has never taken away from my experiences as a nursing student. It enhanced them. The quote above came to me as I prepared for my mock interview and reflected on how leadership experiences have shaped me.

Nursing is a leading force in the health care field. Our role is integral to the safety and health of our patients. Holding leadership positions allows you to develop key skills and behavioral characteristics

integral to our practice in clinical and our future practice as registered nurses. Leadership positions allow you to develop a range of skills from communication, delegation, organization and time management skills while remaining flexible, committed, and motivated. It makes you practice creative problem solving and learn how to grow from your mistakes whether large or small.

Whether it's serving on a committee, taking leadership over an event or serving in a formalized role, leadership experience can be found in many places or through various roles. As the end of the semester is approaching and elections for leadership involvement will be held soon, I wanted to provide a list of how serving in leadership roles like the Student Nurses Association can impact you.

Networking: Leadership roles allow you to gain recognition with the faculty and administration at the College of Nursing, community leaders, and peers.

Recognition which can be important for securing letters of recommendations for awards and employment opportunities. Additionally, serving in a role can lead to gaining mentors who can help guide you as a leader and as a future nurse. Leadership roles may also connect you with events and opportunities where you can meet future employers, or organizations and associations you are interested in becoming involved with. The network you build through your role can provide connections you need to further develop as a leader or connect you with new opportunities.



Team building: As a leader, you will work with a team of peers who are passionate about similar items whether it be community service, an activity, or your profession. Through serving a leader, you develop skills on how to work with a team and build a productive and positive team culture. It

provides opportunities on learning how to delegate and monitor the success of an idea, project, or campaign.

Experience: Experience in a role you are passionate about is one of the best reasons to serve as a leader. I cannot speak enough about how leadership roles allow you to develop and grow skills while learning about how to impact people and communities in a positive, sustainable way.

Resume building: Though resume building should not be the only reason you pursue a leadership position, it is one of the benefits. As a nursing student, you will begin the mock interview process in your final semester. Finding ways to stand out as a candidate is important in securing career opportunities following graduation. Leadership roles can be one of the ways to stand out as a student and future graduate nurse. Hospital and health care organizations are investing in time and training when selecting graduate nurses. Having leadership experience is one way to show them why you are the perfect candidate to invest in.

Awards and Scholarships: Like resume building, leadership experience is one way to stand out as a candidate for awards and scholarships. It shows dedication, and commitment to your community, education, and profession. For scholarship and awards granted by UCF, leadership in on-campus organizations shows a commitment to UCF and its Creed.



I encourage each of you to reflect on how staying involved with or pursuing new leadership experiences can impact your growth as a nursing student and help you reach your goals both in nursing school and in the nursing profession.

Hiatal Hernia

By Jesyca Ramirez, Accelerated Liaison, Accelerated BSN'19

Definition

A hiatal hernia is when a part of the stomach pouches into the esophagus through an opening. This is caused by structural changes leading to a weakening of the muscles in the diaphragm around the esophagogastric opening. There are two different types of hiatal hernias. The most common is a sliding hernia, where both the stomach and esophagus are above the diaphragm. This typically occurs when the patient is supine and will usually return to the abdominal cavity when the patient stands up. The other kind is a rolling hernia, which is when the upper portion of the stomach rolls up through the diaphragm and forms a pocket alongside the esophagus. This is considered a medical emergency.

Risk Factors

- 50+ years in age
- Overweight/ obese
- Smoking, both current and former
- Ascites

- Tumors
- Intense physical exertion, and heavy lifting on a continual basis

Manifestations

- Heartburn
- Regurgitation of food or liquids into the mouth
- Backflow of stomach acid into the esophagus (acid reflux)
- Difficulty swallowing
- Chest or abdominal pain
- Shortness of breath
- Vomiting of blood or passing of black stools

Diagnostic tests

- Barium swallow
 - Patient drinks a special liquid and then takes X-rays to help see problems in the esophagus and the stomach
 - It shows how big the hiatal hernia is and if there is twisting of the stomach as a result

- X-ray of the upper digestive system
 - The patient drinks a chalky liquid that coats and fills the lining of the digestive tract
 - This creates a silhouette of your esophagus, stomach and upper intestine

Treatment

- Lose weight
- Decrease the size of meals
- Avoid acidic foods (tomato sauce and citrus fruits or juices)
- Limit fried and fatty foods & foods containing caffeine (chocolate, peppermint, carbonated beverages, alcoholic beverages, ketchup and mustard, and vinegar)
- Eat meals at least three to four hours before lying down, and avoiding bedtime snacks
- Keep your head six inches higher than the rest of your body when lying on your back
 - helps gravity keep your stomach's contents in the stomach.
- Quit smoking (you should probably do this anyway)

- DO NOT wear a tight belt or clothing (No Spanx)
 - It increases the pressure on the abdomen

Drug Therapy

- Proton pump inhibitors- block acid production and heal the esophagus
- H₂-receptor blockers- reduce acid production,
- Antacids- neutralize stomach acid, provide quick relief of symptoms

Surgical Therapy

- Nissen fundoplication
- Toupet fundoplication

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Cleveland Clinic. (2015, May 27). Hiatal Hernia. Retrieved from <https://my.clevelandclinic.org/health/diseases/8098-hiatal-hernia/outlook--prognosis>

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Finding Your Balance

By Rebecca Smith, Treasurer-elect, Basic BSN'20

Prior to the beginning of my nursing school career I thought I had it all figured out. I had found my perfect balance between family, school, friends, and still had time for myself. Little did I know the perfect balance I had fashioned for myself was about to be flipped completely upside down when I came to the college of nursing. Long classes, clinicals, and studying had taken over my life. I felt as though I was constantly working. There's always another test to study for, medication card to prepare, quizlet to make. I know many of my peers feel the same way I did. I soon realized that by letting "me time" go by the wayside I wasn't performing as well as I used to. I know that we hear it time and time again, but taking some time for yourself is okay! In fact, it's necessary. No matter what that "me time" looks like to you, you can't do it wrong.

I wanted to take this opportunity to remind everyone that we don't have to be perfect. We are in school for a reason, to learn and grow; with that comes mistakes and bumps along the way. Nobody expects perfection from us, only that we try our best and learn from the mistakes we make along the way. For those of you who know me, know that this lesson was not one I was willing to learn for a while, but I have begun to embrace it, and encourage everyone to as well. With spring break on the horizon, we can all look forward to taking a much needed break and enjoy spending time with our loved ones before we come back for the final stretch of a great school year.



Interview with Kyra: School vs Work

By Kyra Mullins, Basic BSN'19

Are you a tech while in nursing school? If so, where do you work? What unit? How often are you there?

I am currently a “Nursing Assistant I” at Dr. P. Philips Hospital in the flex pool department. As a part of the flex pool department, every time I go to work, I am on a different unit. I am allowed to make my own schedule at my own discretion, this including choosing day shift or night shift. I am required to work at least 2 shifts a month, but I am allowed to work as frequently as I want. I can put myself on the schedule up to 12 hours before the shift I’d like to work. The flexibility is a major benefit while being in nursing school. My goal is to work once a week but I can adjust it around tests, practicum, etc.

How do you like working for the different units? What kind of tasks do you perform?

I was very nervous to work on different units at first, especially because they don’t tell you the unit assignment until the 5 am or 5 pm before your shift. However, I’ve been exposed to many different units now and had a lot of great experiences. I’ve worked in med-tele, medical PCU, surgical PCU, the emergency department, oncology, neurology and I’ve even been floated to ORMC in their ortho and ICC units. My tasks depend on the unit I am on. In med-surg level units, I am responsible for completing and documenting all of the vital signs. However, on PCU and up, techs don’t do vital signs. I am typically responsible for all point-of-care testing (accuchecks) and basic

patient care, such as eating and bathing. On certain units, particularly the ED, I am allowed to do wound care and put on splints. I also do EKGs on all units.

How is it to have practicum and work at the same time? How do you balance your time? Where is your practicum?

My practicum is in the Trauma ICU at ORMC. Due to the flexibility of my job, I am able to balance my time fairly easily. If I put myself on the schedule for work and realize that I have something to do that day, I can cancel as long as its 24 hours before my scheduled shift without penalty. Having the ability to choose between days and nights also makes it much easier to make a schedule that works for me.

What do you get to do in the ICU? What is your favorite part? What is your least favorite part?

I have loved the ICU so far. There is just so much to see and do. I've had the opportunity to be a part of a code and do compressions. I've been at the bedside during an emergent bedside laparotomy. I get to monitor and titrate patients' drips. I have the opportunity to perform wound care on very extensive wounds from traumatic injuries and burns. My favorite part is being able to apply what we're learning in class to what I'm seeing in practicum, such as hemodynamic monitoring and ventilators. All of the nurses on the unit are very excited for my learning experience and love showing me interesting things around the unit. My least favorite thing is definitely charting. I am now charting for both of my ICU patients that require vitals, I&Os and neuro assessments every hour in addition to the head-to-toe and other assessments due every four hours. It is definitely a lot to manage at first. It is a lot of pressure too because doctors get very upset if the vitals and I&Os aren't kept up-to-date every hour.

Student Nurses' Association: UCF Daytona – What have we been up to?

**By Trung Tran, Historian/Media Director, Daytona Basic
BSN'19**

Hello, my name is Trung Tran and I am currently serving as Historian/Media Director for the SNA Chapter at UCF Daytona Beach. Our organization has been quite busy this spring semester with different events, activities, and fundraisers. Serving in my SNA Chapter has been both a tremendous privilege and honor, as I am able to contribute to my community through outreach and volunteering, while developing myself professionally with students and educators alike. It has truly been a fun and enjoyable experience so far, and I am excited for what is to come in the next couple of months. With that being said, I would like to shed some light on some of the amazing work my Chapter has done over this Spring Semester!

ONE BLOOD Donation Drive

In January, ONE BLOOD received blood donations from 20 different SNA members!

Breakthrough To Nursing – University High School

SNA members set up a display tent at the Annual Health/EMS/Military Expo at University High School in Orange City. We



spoke to local students about the profession of nursing and presented on various topics such as nursing management of a stroke and substance abuse!



Valentine's Day Cards

No gesture of kindness is ever too small. A collective effort from members produced over 60 personalized Valentine's Day Cards. We were able to individually distribute them to a local health rehabilitation/long-term care facility!



Daytona International Speedway – G.I.V.E.S.

On two consecutive Sundays, over 50 SNA members volunteered with the Daytona G.I.V.E.S. program at the International Speedway. Volunteers assisted with ticket admissions, attended the stands/elevators/entrances,

and served as ushers. This was a fundraising event that generated over \$2000 dollars in funds for our organization.



Officer Elections

Elections were held and the positions of Vice President, Secretary, Community Health Director, BTN Director, and Historian/Media Director were fulfilled. These officer-elects now join the President-Elect and Treasurer-Elect to complete the Class of 2020 Executive Board.

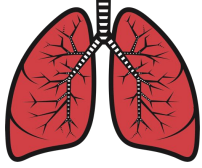


What is Next?

Follow SNA at UCF Daytona Beach on our social media platforms as we tackle on the 14th Annual Buddy Walk in March, NSNA Convention in Salt Lake City, Utah in April, and our Senior Footprint Project in May. Please see below!

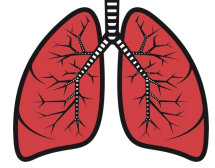
Facebook: *Student Nurses' Association: UCF – Daytona*

Instagram: *@ucfsnadaytona*



SPOTLIGHT DISEASE

Pneumonia



Pneumonia is an infection that inflames the air sacs in one or both lungs. They may fill with fluid or pus. It can be caused by bacteria, viruses or fungi.

Signs and Symptoms:

- Chest pain when you breathe or cough
- Confusion or changes in LOC
- Cough (phlegm)
- Fatigue
- Fever, sweating and chills
- Possible low or high temperature
- Nausea, vomiting or diarrhea
- Shortness of breath

Diagnostics:

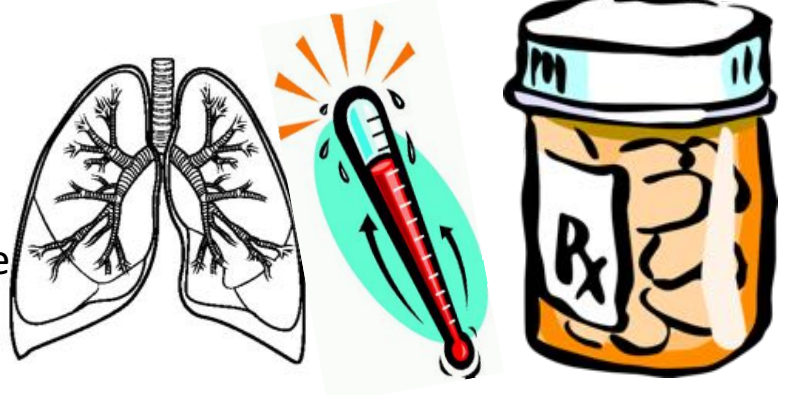
- Blood tests - what organism is causing it.
- Chest X-ray - The severity and location of the infection.
- Pulse oximetry
- Sputum test - Sputum is taken after a deep cough and used to find the cause of the infection
- CT scan
- Pleural fluid culture – Determine the type of infection.

Risk factors:

- Children who are 2 years old or younger
- People who are age 65 or older
- Ventilators or hospitalizations – think incentive spirometer
- Smoking
- Weak immune systems

Treatment:

- Antibiotics, antivirals, or antifungals
- Cough medicine
- Fever reducers/pain relievers
- Some can be prevented with vaccines.
- Rest and fluids.



President's Corner

Introducing Mrs. Kate Dorminy MSN, RN-BC, PCCN A Spotlight Feature on the UCF College of Nursing Undergraduate Clinical Education Coordinator By Kimberley Lucas, President, Basic BSN'19

Earlier this semester, the UCF College of Nursing Orlando introduced Mrs. Kate Dorminy, the newly established clinical coordinator for the College of Nursing. As Clinical Coordinator, Mrs. Dorminy oversees all of the nursing cohorts (juniors, accelerated students, and seniors) and the details of their clinical rotations including the clinical sites, instructors, and scheduling. An essential role of the college of nursing, the clinical coordinator is one that is involved with students from their first days of nursing school to their final shifts in practicum. Therefore, I thought that spotlight feature would be a great way for students to get to know one of our newest faculty members. I was able to ask Mrs. Dorminy some questions regarding her background, her goals as clinical coordinator, and even some challenges that she has faced encountering this new role. So without further ado, please welcome our clinical coordinator, Mrs. Dorminy!

Where are you from?

I was born in Columbus, Ohio at Ohio State University Medical Center and as a child we moved every year. Mainly within the states of Ohio, Texas, (I do say “ya’ll”) and Florida.

Where did you attend college, and what is your degree(s) in?

(insert chant) UCF! UCF! I am a proud double alumnus. BSN '06 MSN in Nursing Education '10



When did your affiliation with the UCF College of Nursing begin? (Alumnus, were you involved with UCF prior to becoming clinical coordinator, etc.)

[It] began at UCF after high school graduation. I tried to be an active student and was on the board for our SNA (Fundraising Chair – we raised over \$10,000 for our charities – Yeah!). After CON graduation, I've taken opportunities within Sigma Theta Tau, UCF CON Alumni board,

and others to maintain my contacts and networking options at the College. Moral of the story... it was of benefit when last year I sought after the Clinical Coordinator role.

What made you want to become the UCF CON clinical coordinator? What has been your favorite part of your job so far?

Last year I had my second daughter, and returning to my job I realized that I was ready for a change. I had been in my prior role for 6 years...options I was considering was going back to school or a career change. Luckily, around that time of soul searching the Clinical Coordinator position became open. My favorite part is any opportunity I have to prepare our undergraduate students for 'real world' nursing. Whether talking to the entire class or 1:1, I am passionate about mentoring and helping others through this transition.

What do you look forward to for the rest of the semester as clinical coordinator?

The longer I'm here, the more I look forward to recognizing students and seeing their personal growth. I can't wait to celebrate milestones of students learning new skills, getting job offers, and passing NCLEX!!

What is the most challenging part of your role in guiding all of the nursing students at the UCF CON?

Being objective and fair. As a nurse I am compelled to have compassion and empathy for the many struggles and stresses that occur to our students while in nursing school. (It's an emotional roller-coaster for many). However, I am learning to resist the urge to create alterations for one that can impact others or solutions that propose short-term benefits with long-term impact. I've come to respect the equation for success that UCF College of Nursing has developed. Ultimately being mindful of the objectives, requirements, and structures in place to ensure all our students have the ultimate success of graduating, passing NCLEX and being a successful and professional RN.

What is something you wish you knew before becoming clinical coordinator? Is there anything you would change?

I could say that I wish I had a more diverse clinical background since I am now overseeing many clinical sights. Nursing obviously has so many opportunities within critical care, peds, OB, ED, OR, etc. However, I recognize too the power of being passionate and focusing efforts into a specialty and accelerating your expertise. So although I wasn't a jack of all trades, the beauty of nursing is that you don't have to change your past, because you can always change your future! Without requiring a different degree, as an RN you always have the option to change, to grow, and to learn.

What advice do you have for seniors as they are two months away from graduation?

What a pivotal point, much like being a senior in high school and asking yourself "what do I want to be when I grow up?" "where should I go to school?" ...now asking yourself "What kind of nurse do I want to be?" and "What hospital



or unit should I start at?” With all the major decisions to come in the next couple months, I would say as a UCF student, it’s really impossible to make a poor decision. 1) you’ve been prepared well, trust the process 2) use the endless advisors around you – CON faculty, practicum preceptor, family/friends 3) It’s about the journey, not the destination. Enjoy your last couple weeks with your peers, on campus, in the library, at Dunkin’ Donuts when they open at 5am, etc. 4) Saying “yes” to one question, doesn’t mean you’re saying “no” to another – if just means not right now. 5) Whatever decision you make, its not a mistake if you always learn from it.

“SAYING ‘YES’ TO ONE QUESTION DOESN’T MEAN YOU’RE SAYING ‘NO’ TO ANOTHER – IT JUST MEANS NOT RIGHT NOW.”

What advice do you have for accelerated students who will have practicum placements next semester?

Get the most you can from it and anticipate to start your role as an independent learner. When you see something you don’t know or don’t understand – go home and look it up! If you forget something you once learned – go home and look it up! Thus far you’ve likely studied and learned for the benefit of a grade, a presentation, course requirement etc. That’s ok when you’re a professional student, but soon you will be out of the formal academic setting and rather you will be evaluated based on your practice and patient outcomes. Yes, these are measured too, so you won’t ever be completely removed from systematic measuring, however instead of grade it’s a story – a patient story. Instead of a GPA, it’s a mortality rate. It’s important for you to develop the habit now of being a life-long learner – you’re patients will thank you.

What advice do you have for the juniors who are almost finished with their first year?

You’ve got this! Remember your why, develop now your stress management/self-care strategies (you’ll need them in future), and take it

one semester, one class, one day at a time. PS: Maintain professional relationships with as many student peers, instructors, and faculty as you can. Although everyone navigates to certain people and personalities, in the realm of nursing you just never know who you will work with or for in the future. For example, my best buddies in nursing school went into pediatrics and the Army. Little did I foresee that after college, I would be working with another nursing student who I barely spoke with on my same unit! In future another prior student peer became my nursing supervisor, my peds instructor as my future Chief Nursing Officer, and even now...my prior MSN preceptor as a the UCF CON Undergraduate Program Coordinator. There are many opportunities for paths to cross in future.

What is something you wish to tell all of your students and fellow faculty members?

I am so proud of the students we have and the faculty that continue to dedicate their time and passion to growing nurses. Nursing is the best profession (ok I'm biased), but truly it's a community of learning, mentoring and support that many other professions don't have.

The clinical coordinator has the unique opportunity to follow the continuum of students from their early long-term care facilities until their practicum placements in their last semester, offering the opportunity of watching the students grow from their first days of nursing school until the day they become BSN graduates. In this way, the role of the clinical coordinator also fosters the ability to be a mentor, resource, and role model to student nurses. Even in our last semester, but our first with Mrs. Dorminy, she has already exceeded expectations in this way. I think I can speak for many when I say that Mrs. Dorminy has made herself a supportive, informative, and positive resource for many of us seniors even without knowing any of us for very long. So from one Knight Nurse to another, welcome home, Mrs. Dorminy.

Announcements & Upcoming Events!



Relay for life will be on March 23rd and 24th.

SNA elections will be in April!

Keep your eyes posted on the social media webpages for meeting dates and events.

Knight-Thon is March 30th! Contact our Community Health Director for more info!

Faculty vs Student kickball will be on April 15th, 1700 at Lake Claire.

SNA is hosting a Bake Sale on March 19th-20th. Look at our flyer for details.

March Bake Sale

All proceeds from this bake sale will be split between UCF SNA and the Knight Nurses Knight-thon Team.

Buy a **SWEET TREAT** or a **HEALTHY SNACK** at this bake sale!!

When: Tuesday, March 19 from 10am-2pm and Wednesday, March 20 from 10am-2pm

Where: First floor lobby of UCF College of Nursing



The Student Nurses' Association @ UCF presents:

LAKE CLAIRE DAY!

featuring our 2nd annual
Faculty v. Student Kickball Game!
April 15th, 5:00-7:00 PM

\$5 for Admission + Food
Enjoy games, kayaking, paddle-boarding, volleyball,
and of course... **KICKBALL!**

Sign up for the student kickball team TODAY!
Email Kimberley Lucas at
ucfsnaorlpresident@gmail.com or
kim423lucas@knights.ucf.edu for more info!



Contact Info for the 2018-2019 SNA Board!



President	Kimberley Lucas	ucfsnaorlpresident@gmail.com
Vice President	Emily Derayunan	ucfsnaorlvicepresident@gmail.com
Secretary	Allison Bushbom	ucfsnaorlsecretary@gmail.com
Treasurer	Abbygail Lapinski	ucfsnaorltreasurer@gmail.com
Clubhouse Director	Megan Argento	ucfsnaorlclubhouse@gmail.com
Historian	Shannon Straus	ucfsnaorlhistorian@gmail.com
Legislative Director	Bryce Harrison	ucfsnaorllegislative@gmail.com
Breakthrough to Nursing Director	Rachel Evans	ucfsnaorlbtn@gmail.com
Media Director	Samantha Sherman	ucfsnaorlwebmaster@gmail.com
Community Health Director	Amy Coisnard	ucfsnaorlcommunity@gmail.com
Fundraising Chair	Casey Blackwell	ucfsnaorlfundraising@gmail.com
Accelerated Liaison	Jesyca Ramirez	ucfsnaorlaccelliaison@gmail.com
Co-Advisor	Chris Deatrick	Christine.Deatrick@ucf.edu
Co-Advisor	Joyce DeGennaro	Joyce.DeGennaro@ucf.edu

Social Media Buzz

Facebook: Student Nurses Association:
UCF - Orlando
Instagram: snaucforlando
Website: snaucforlando.com

Top Point Earners

Basic BSN 2019: Delaney Miklos, Morgan Adams,
Caitlin Cox.
Accelerated 2019: Kelsey Tilton, Alexis
Hollingsworth, Andrew Bedaure
Basic BSN 2020: Jordyn Watson, Bryana Blanc,
Dana Monsalvatge, Lindsay Greene