



LIFELINE

NEWSLETTER

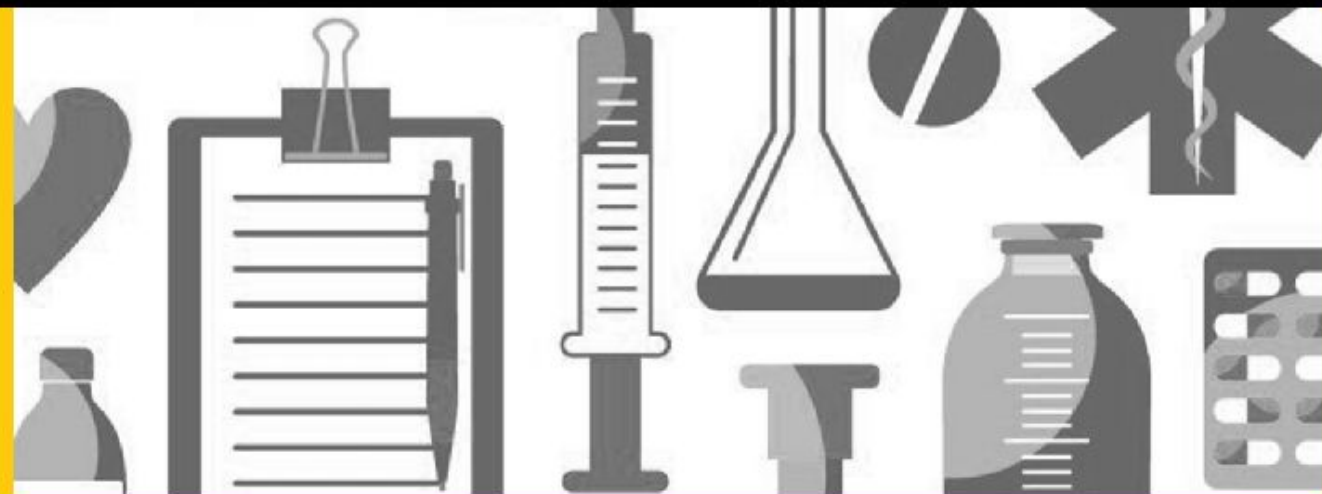


STUDENT NURSES'

ASSOCIATION

AT UNIVERSITY OF CENTRAL FLORIDA

ORLANDO



Editor's Piece

Amber Keller

SNA Media Director, Basic BSN '21

At our February meeting, SNA held elections and welcomed our new and upcoming board members!

SNA's officers for 2021-22:

President: Erin Tonkin

Vice President: Vanessa Iturri

Breakthrough to Nursing Director: Samantha Maiolo

Community Health Director: Peyton Hawks

Fundraising Director: Megan Fleming

Historian: Cynthia Fonseca

Legislative Director: Lauren Fuller

Media Director: Sarah Stukey

Secretary: Caroline Porter

Treasurer: Monique Ccenteri



A Myxoma Love Story

Natalie Klosinski

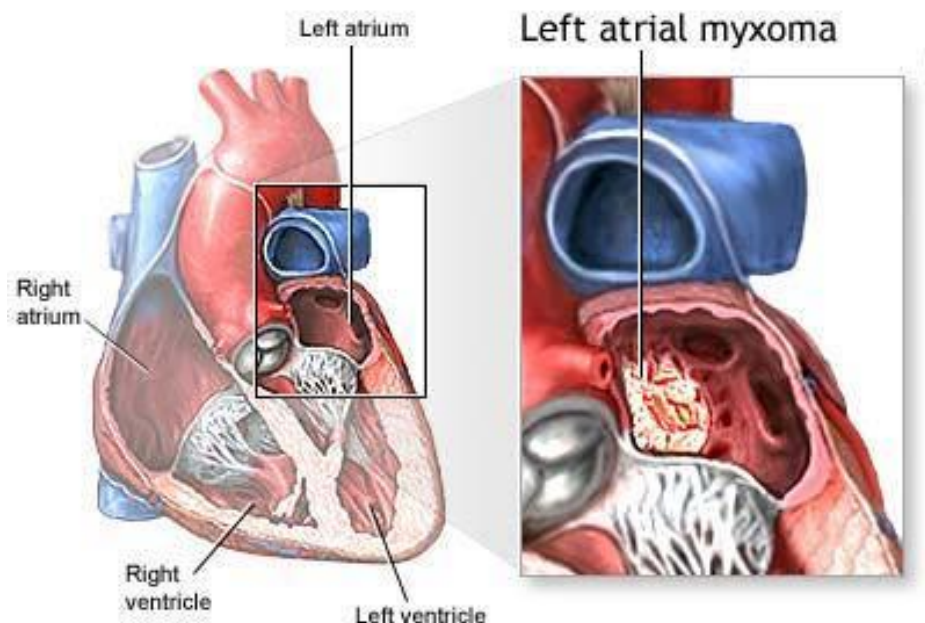
SNA Breakthrough to Nursing Director, Basic BSN '21

February is heart month, so what better way to celebrate than a story about a rare heart condition that led to love! It all started when my mom was in her twenties. She was healthy, single, active, and had a great job for an advertisement company. She had recently vacationed in Florida, met a guy, and spent the week with him. Back in Toronto, Canada where she lived, life was normal except she found herself feeling very anxious. The anxiety would get worse at night, and it would get to the point where she would hyperventilate. My mom was not stressed or particularly anxious about anything, except for the fact that she couldn't figure out why her heart was racing. She would also experience dizzy spells, sometimes to the point of fainting.

When these episodes would get really bad, she would end up in the Emergency Room, where it would be brushed off as “stress” or “too much coffee,” but my mom knew it had to be something else. Each time they would only perform an EKG, which would always come back normal, and send her home telling her to stop drinking coffee and just relax. Until one night in the ER, my mom was tired of not being believed, and there was an eager resident working who actually listened to her concerns. He advocated for her and sent her to the cardiologist the next day.

At the cardiologist, they finally did an echocardiogram on my mom's heart. Suddenly, the technician left the room and started whispering with the cardiologist. Then, another cardiologist joined, and another one, and eventually the head of cardiology was called. It was that moment my mother knew that something was wrong.

My mom had a rare heart condition called an Atrial Myxoma, which is a jelly-like tumor on the left atrium wall. The cardiologist explained that she was a "ticking time bomb," as part of the myxoma was dangling, and little pieces were breaking off, which was the reason for the dizziness and fainting due to lack of oxygen at times. My mom was told at the time, in 1986, that because she had Atrial Myxoma, she was a one in a million case.



My mom needed to get surgery as soon as possible if she wanted to live, and her family and friends did not handle it well. Whenever she would try to talk to her parents or even her best friends, they couldn't stop crying or worrying. My mom felt like she had no one to talk to, that is, until she decided to call the guy she met in Florida, just for the heck of it. The Florida boy became her main support system, and even from 1,500 miles away, would send her cards and letters every day.

The surgery lasted four hours, where they sawed down the sternum, cracked open the rib cage, and put my mom on a heart and lung machine. Then they made an incision in the atrium, and out came the myxoma! My mom woke up and felt like there was a block on her chest. The recovery process was grueling, and she could barely walk without being short of breath. Her nurse said that she was "the talk of the hospital," and she became a rare teaching experience for the interns that kept coming in and out of her room.

After ten days in the hospital, and four weeks of recovery (half the time doctors said it would take), my mom was back at work and her life was almost back to normal! The Florida boy came to visit her for a few weeks, and a few years later, they got married. Yes, the Florida boy is my dad!

My parents have a pretty cute love story, and it probably wouldn't have happened if it wasn't for the Atrial Myxoma! However, the most crucial thing to take away from this story is the importance of believing and

advocating for your patients. As nurses, we see our patients more than anyone else, and we know them best. It is very easy to judge people and think they are being dramatic, but every patient needs to be cared for and fully listened to. They may not look sick on the surface, but they could have a rare underlying condition, and by believing them and giving them a thorough assessment, you could save their life.



My parents; if you look closely, you can see my mom's scar!

Reference

ADAM. (2020). *Atrial myxoma*. MedlinePlus. <https://medlineplus.gov/ency/article/007273.htm>

Faculty Spotlight

Kate Dorminy, RN-BC, PCCN

UCF SNA Advisor



Tell us about yourself and what brought you to the UCF College of Nursing?

I am a dual alumna of the UCF College of Nursing. In 2006 I received my BSN, and in 2010 I completed my MSN in Nursing Education. Honestly, there is no place I'd rather teach nursing students. I bleed black and gold.



What motivated you to pursue a career in nursing?

No exact moment or event, rather it was just always nursing for me. Likely I can pinpoint key influences being my mom and

aunts who are nurses, my love for learning about science, the human body, and my desire to help others. All of these are cliché reasons I know, but as I encourage my seniors to understand as they prepare for interviews—your story is your truth! Be proud of it.

Since you are an alumna, what fond memories do you have at UCF?

By far the most memorable moments I had were associated with SNA. I was the Fundraising Director, and as a board member I was actively involved in all of our events. Meetings, Relay for life, car washes, charity walks, etc. In the academic setting I enjoyed my times in CNC. Our group bonded fast given the unfamiliar environments we were in. My favorite class looking back was probably Patho because of my passion for learning the details of how it all works.



What are some things you enjoy doing in your free time?

Mainly spending time with my family – my husband, two little girls (Kendall is 6, and Kaylyn is 3), and my dog Rocky. I recently learned how to ride a bike (crazy right?!) so family bike rides, going to the park, and baking. I love a good movie, and I try to work out most days or at least be active. I now attend my church online, and if I ever have a free moment you will probably find me cleaning.



What advice would you give a CON student?

Seniors: Such a pivotal time. With all of 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 - it just means not right now.
- 5) Whatever decision you make, it's not a mistake if you always learn from it.

Accels: Anticipate to start your role as an independent learner. Thus far you've likely studied and learned for the benefit of a grade, a presentation, or course requirement etc. That's ok when you're a professional student, but soon you will be out of the formal academic setting and 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 – your patients will thank you.

Juniors: 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. Lastly, start cultivating professional relationships with as many student peers, instructors, and faculty as you can. After your time at the CON we will be your colleagues and fellow alumni, with many opportunities for paths to cross in the future.



Torsades de Pointes

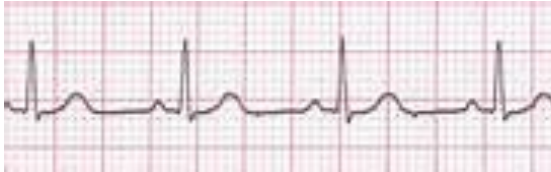
Delainey Dietz

SNA Community Health Director, Basic BSN '21

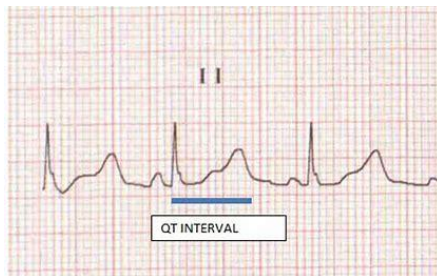
Torsades de Pointes (French for “twisting of the points”) is a ventricular arrhythmia that results from congenital or acquired Long QT Syndrome (LQTS) (Johns Hopkins Medicine, n.d.). LQTS causes tachycardia and chaotic heartbeats which lead to syncopal episodes, seizures, or even death.

The cause of LQTS is abnormalities in the heart’s electrical system. While in a typical heartbeat, the heart’s electrical system will recharge itself in a regular pattern in between beats, a heart with LQTS will take longer than normal to recharge leading to a prolonged QT interval. Congenital LQTS results from an inherited genetic mutation, while acquired LQTS occurs due to electrolyte imbalances such as hypokalemia, hypocalcemia, and hypomagnesemia, as well medications such as antibiotics and antiarrhythmics (Johns Hopkins Medicine, n.d.).

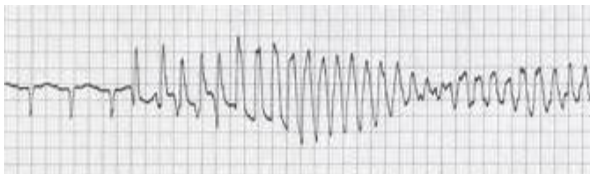
Symptoms of LQTS include palpitations, seizure-like activity due to a lack of blood flow to the brain, syncope, or sudden cardiac arrest (Baptist Health, n.d.). People with LQTS do not always experience symptoms and may not be aware they have it until an electrocardiogram (ECG) is performed (Baptist Health, n.d.). Treatment includes lifestyle changes, beta blockers, and surgery. The heart generally returns to its normal rhythm or an external defibrillator can be used to set the heartbeat back to normal (Baptist Health, n.d.).



Normal Sinus Rhythm



Long QT Syndrome



**LQTS transitioning into
Torsades de Pointes**

LQTS transitions into Torsades de Pointes when a ventricular arrhythmia develops. At this point, the ventricles may beat over 200 times per minute and are out of sync with the atria. If left untreated, it can progress to ventricular fibrillation which can lead to death. However, Torsades de Pointes can typically be resolved with treatment of the cause, such as electrolyte replacement like magnesium or stopping certain medications (Johns Hopkins Medicine, n.d.).

References

Baptist Health. (n.d.). *Torsades de Pointes (TDP)*.

<https://www.baptisthealth.com/services/heart-care/conditions/torsades-de-pointes-tdp>

Johns Hopkins Medicine. (n.d.). *Long QT Syndrome (LQTS)*.

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/long-qt-syndrome-lqts>

Community Nursing Care

Josée Etienne

SNA Legislative Director, Basic BSN '21

As a tyro nursing student at the University of Central Florida (UCF), one of the first clinical experiences I had during my first semester was public health nursing. At the time, my understanding and my interest in public health was faltering, and my involvement even more so. However, this month I had the opportunity to administer the COVID vaccine to the public, which awoke a flame in me. I returned home with curiosity. I became more curious about how the communities that surround us affect the nursing care we provide. More so about how many are not fortunate enough to receive treatment, how we failed some communities, and how rewarding it can be to return a patient to a loving community.

The American Public Health Association defines public health nursing as the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences (2013). It states that we provide protection to the public, which reminded me how the country failed to do so when the pandemic started and how it has yet to cease. However, hope has awakened, with the COVID vaccines; nurses and healthcare providers can protect civilians once again with our knowledge about the pandemic and the immune system.

Without our surrounding communities, hospitals would be dormant. Therefore, we must not ignore them, and we must provide for and protect them. A hospital's patient diversity is extracted from surrounding inhabitants. Consequently, this is why we often ask Human Resources (HR) and coworkers about the patient population that frequent our hospitals. Does it consist of undocumented citizens, the homeless, non-English speakers, or a specific cultural group? That is how we will learn to customize our nursing care, allowing for personalized care for each member of such communities. Thereby, I live to be an advocate for those who fear speaking up. For the patients of color, the women, the minorities, the non-English speakers, and the homeless. They are often told that they do not make up a part of their communities; thus, they remain fearful of seeking aid and suffer in silence. We are to blame. We have forgotten to protect our communities, not just part of them but every single individual that inhabits them.

Reference

American Public Health Association, Public Health Nursing Section. (2013). *The definition and practice of public health nursing: a statement of the public health nursing section*. Washington, DC: American Public Health Association.

Osteoporosis

Lisa Joseph

Accelerated BSN '21

Until we age, the breakdown of bone by osteoclasts and the build-up of bone by osteoblasts is in balance. Gradually, the osteoclasts break down more bone than the osteoblasts build, resulting in a thinning of bones, meaning that bones begin to break more easily. The loss of bone mass is greater in females than in males because the drop in estrogen in menopause contributes to the loss of bone mass already taking place. Weak bones are prone to fracture, and there are no clinical symptoms of osteoporosis until a fracture occurs, so that's a problem.

Osteoporosis affects trabecular bone more than cortical bone. The bones with a lot of trabecular bone in them are bones like the spine, the hip at the head of the femur, and the wrist at the distal radius. These are the most common locations. Most of the osteoporosis you'll see is primary osteoporosis, also called senile or postmenopausal osteoporosis, and this is due to aging. The lab values you'll see for osteoporosis are normal, so Calcium, PTH, and Alkaline Phosphatase are all normal values, which is really important to remember. You can't typically detect osteopenia or osteoporosis in routine lab work!

Diagnosis of osteoporosis is made by the presence of a “fragility fracture,” so this is a fall from a standing height or less. If the patient doesn't come in with a fragility fracture but during a screening DEXA scan they have a T-score of -2.5 or lower, then that's osteoporosis as well.

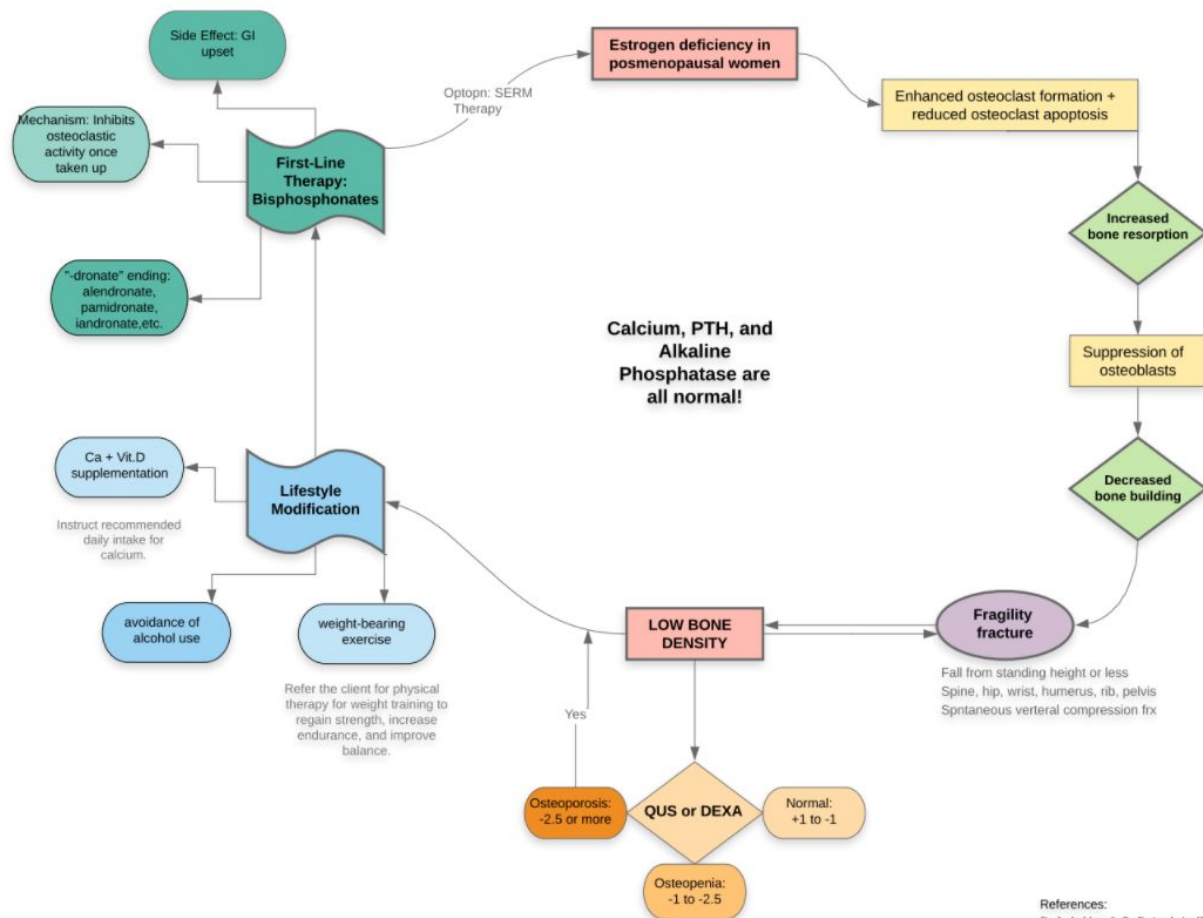
Some nursing interventions for osteoporosis are listed here: weight-bearing exercise, avoidance of alcohol use and smoking, as well as recommended daily intake of calcium and vitamin D.

First-line therapy is bisphosphonates! These drugs bind calcium and accumulate in the bone, and are taken up by osteoclasts and inhibit their activity. The main side effect of the oral bisphosphonates is upper GI upset: acid reflux, esophagitis, and ulcers. Patients need to take them with water on an empty stomach first thing in the morning and stay upright for 30 minutes to avoid the upset. Another potential side effect of bisphosphonates is osteonecrosis of the jaw, which is rare but very serious.

To bring the Pathoflow full circle are SERMs, or selective estrogen receptor modulator therapy. They have estrogen actions on bone, can be used for prevention of breast cancer, actually, and may cause hot flashes as a side effect.

Lisa's Pathoflow:

Osteoporosis Development and Treatment



References:
 B. J. Ackley & G. B. Ladwig (Eds.). (2020). *Nursing diagnosis handbook* (12^{ed.}). Elsevier.
 Weltzmann, M. N., & Pacifici, R. (2006). Estrogen deficiency and bone loss: an inflammatory tale. *The Journal of clinical investigation*, 116(5), 1186–1194. <https://doi.org/10.1172/JCI28550>

Student Spotlight

Nicole Stallworth

Accelerated BSN '21

Tell us about yourself and what brought you to UCF?

I am an ABSN student about to enter my last semester of the program this summer. Before coming to UCF, I graduated from Florida State University with a BS in exercise physiology in 2018. I graduated feeling unsure of what I wanted to do. I spent the year after graduation working in Atlanta pursuing a career in the fitness industry since my background matched up, but early on I realized that I wanted to find a different path.



My boyfriend and I both decided we wanted to go back to school and decided living in Orlando and attending UCF would be a great experience. I knew I wanted to attend UCF, but it took me a while before I realized nursing was what I wanted to pursue. When I realized UCF had an accelerated program, I was more than sold on not only how quickly I would finish but also by the resources they would provide. Since starting the program, I have been able to take advantage of opportunities UCF and Orlando Health have had to offer to gain experience in the nursing world. I have been working for the last three months as a student nurse intern for Orlando Health Vascular Stepdown. Coming to UCF, I didn't have clinical experience, so I wanted to continue to learn and practice nursing skills in my free time. I have gained amazing experience working with certified nursing assistants and nurses on the unit who have taken many opportunities to answer my questions, and show me the many skills they use every day. It is absolutely helping me to feel more comfortable as well as more confident as a student nurse.

What motivated you to pursue a nursing education?

I was always interested in medicine growing up. I had multiple surgeries as a child, and I never minded going to the doctor and always loved hearing the doctor explain things. When I got to college, I thought maybe I wanted to go to medical school but started to realize that patient interaction is much more limited, so I strayed away from medicine and focused on physical therapy. Over time, nothing I thought about pursuing really inspired me or made me excited. One day I was looking on UCF's website trying to figure out what I wanted to do, and I saw nursing. It really hit me all at once like

that. I could not figure out why I had not thought about it before. Nursing was everything I loved: science, people, and healthcare. I also had always had a desire to be able to take blood and insert IVs, so it felt like the perfect fit. I started thinking about all the nurses I had encountered all those years before, and I realized that I was never scared of the hospital. The nurses were the reason because they kept me entertained, smiling, and distracted. I then realized I have a desire to become a nurse and help children feel that same way I did all those years ago.

How have you been involved at UCF?

I am a member of SNA and have been able to hear some fantastic nurses speak on their line of work at meetings, and I have been able to participate in volunteer events and donation drives. I am also working on an Honor's Undergraduate Thesis by working with Dr. Ladda Thiamwong in her research. It blends my nursing and human physiology knowledge as the study is researching how body composition in the elderly affects fall risk. Between classes, work, and research, the week is always busy, but I cannot think of being at a better place than Orlando and UCF to learn.

What advice do you have for other CON students?

Take advantage of all of the resources that you have available to you. My first time in college I had so many resources and opportunities available to me that I did not take advantage of. The CON has so many great experiences and resources that can help you get experience and career resources that can help you prepare to be a phenomenal nurse. Do not be afraid to look

into whatever you may be interested in and ask faculty about it because more than likely they will have a way to get you the education or experience you are looking for.

What do you enjoy doing in your free time?

Nursing school has taught me to appreciate the free time that I have. Right now, I enjoy spending my free time just relaxing and binging new TV shows with my boyfriend. I also recently got a kitten, so I try to play and spend time with her whenever I get the chance and she decides to let me.



Visiting Disney World is another great use of free time!

The Leading Cause of Death in the US: Coronary Artery Disease

Sadie Richards

SNA Vice President, Basic BSN '21

What is Coronary Artery Disease (CAD)?

CAD is the most common form of heart disease in the United States and is the nation's leading cause of death (CDC, 2019). CAD is a disease in which the blood vessels that supply the heart (coronary arteries) become damaged and narrowed. Over time, cholesterol deposits (plaque) build-up on the inner walls of the vessels, causing narrowing. The plaque build-up eventually calcifies leading to stiff and inflamed vessels. This process is known as atherosclerosis. Atherosclerosis can either partially or completely occlude the vessels, causing decreased perfusion to the heart muscles, resulting in chest pain (angina) or an MI (CDC, 2019).

Causes & Risk Factors (CDC, 2019)

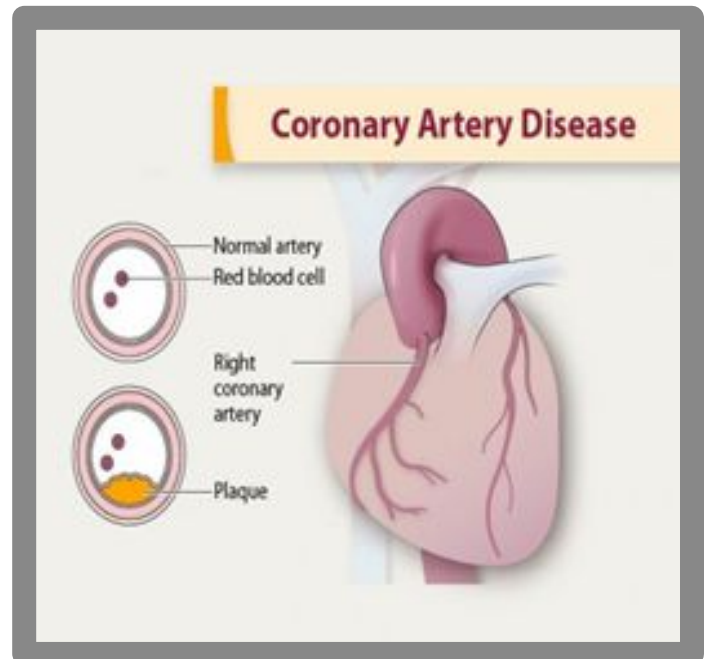
- Diet high in cholesterol
- Obesity
- Sedentary lifestyle
- Uncontrolled high blood pressure
- Uncontrolled diabetes
- Smoking
- Family history
- Older age
- Male gender
- Stress

Symptoms (CDC, 2019)

- Chest pain or angina
- Pain in the arms and shoulders
- Shortness of breath
- Weakness
- Dizziness
- Nausea
- Cold sweats

Prevention (CDC, 2019)

- Have a healthy diet that is low in fat and salt
- Stay physically active
- Maintain a healthy weight
- Manage high cholesterol, hypertension, and diabetes
- Manage/reduce stress
- Quit smoking



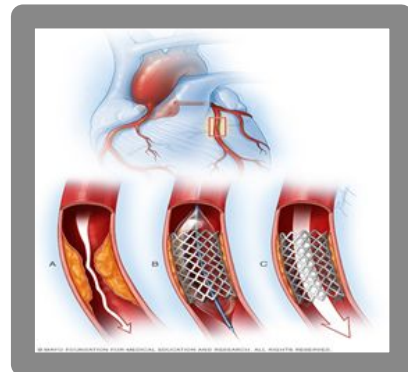
Medication Management (Mayo Clinic, n.d.)

- Cholesterol lowering agents (i.e. statins, niacin, fibrates and bile acid sequestrants)
- Antihypertensives (i.e. beta blockers, ACE inhibitors, calcium channel blockers)
- Anticoagulants (i.e. Aspirin)
- Vasodilators (i.e. Nitroglycerine)

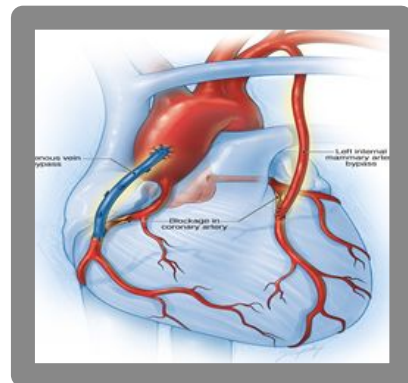
Procedures to improve blood flow (Mayo Clinic, n.d.)

- Angioplasty and stent placement (percutaneous coronary revascularization)

- Coronary artery bypass surgery



(Mayo Clinic, n.d.)



(Mayo Clinic, n.d.)

References

Centers for Disease Control and Prevention. (2019). *Coronary artery disease (CAD)*. Retrieved from https://www.cdc.gov/heartdisease/coronary_ad.htm

Mayo Clinic. (n.d.). *Coronary artery disease*. Retrieved from <https://www.mayoclinic.org/diseases-conditions/coronary-artery-disease/diagnosis-treatment/drc-20350619>

Announcements & Upcoming Events!



The next Newsletter
Submission
Deadline is **April
18th!**
Earn 2 SNA points!

Contact Amber!
(info on next page)

National
Convention is
April 5-10th,
2021!

Next General
Meeting:
March 31st
at 1700 on Zoom!

Meeting ID:
949 2995 9257
Password: OrISNA

Join our
**KnightThon or
Relay for Life**
teams!

Contact Delainey
or Audrey!
(info on next page)

Contact Info for the 2020-2021 SNA Board!



President	Samantha Cooney	ucfsnaorlpresident@gmail.com
Vice President	Sadie Richards	ucfsnaorlvicepresident@gmail.com
Secretary	Amanda Shover	ucfsnaorlsecretary@gmail.com
Treasurer	Chloe Frye	ucfsnaorltreasurer@gmail.com
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Historian	Audrey Been	ucfsnaorlhistorian@gmail.com
Legislative Director	Josée Etienne	ucfsnaorllegislative@gmail.com
Breakthrough to Nursing Director	Natalie Klosinski	ucfsnaorlb2n@gmail.com
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Advisor	Dr. Brian Peach	Brian.Peach@ucf.edu
Advisor	Kate Dorminy	Kate.Dorminy@ucf.edu

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Facebook: Student Nurses

Association: UCF -Orlando

Instagram: @snaucforlando

Website: snaucforlando.com

