





Editor's Piece Amber Keller

SNA Media Director, Basic BSN '21

Happy New Year and welcome back to the Spring 2021 semester! There are a lot of amazing opportunities for SNA members coming soon!

SNA Elections

One great upcoming opportunity is elections for SNA Board positions! Attend our General Meeting on 1/27 for more information. If you are interested in any available positions, I encourage you to reach out with questions and run! Being involved in an organization like the Student Nurses' Association at UCF is a great way to get experience in professional organizations and leadership. It is an excellent experience!

National Convention

The National Student Nurses' Association's Annual National Convention is three months away on April 5-10, 2021. This event is an amazing opportunity to network with nursing students from all across the nation, practice and learn skills relevant to your nursing practice, and meet with exhibitors from amazing companies and nursing programs throughout the nation. Some highlights of this year's virtual convention include keynote speakers, breakout rooms, NCLEX review for seniors, and much more!

Check your email for information about attendance or contact ucfsnaorltreasurer@gmail.com or ucfsnalegislative@gmail.com for more information!

Clinical Tips and Tricks Hope Wegge

SNA Fundraising Director, Basic BSN '21

For those of you beginning your in-person clinicals for the first time this semester... I am so excited for you! You learn SO much, more than you ever thought you would in the clinical setting, but I know some of you must be freaking out inside. "What do I bring?" "How do I assess a real patient?" "What if I forget what medication this These thoughts are totally NORMAL. This is all a learning experience for you and I am here to share some tips & tricks that I know really helped me during clinical!



- Use a brain sheet: Depending on your clinical instructor, they may provide you with what they call a "brain sheet". This is a condensed piece of paper that has an outline of the really important things about your patient. It is supposed to give you a quick look at their information without it being an overload. If your instructor doesn't give you one, I suggest maybe making your own once you figure out what the crucial information is that you need about your patient population. Examples: room #, allergies, admitting diagnosis, code status, isolation status, pertinent Hx (DM, HTN, etc.), labs, & then a breakdown of each body system. I was on a surgical transplant PCU for my Adult I clinical and the brain sheet I used is pictured!
- Mini notebook: I highly recommend going to the dollar store, Target, or Walmart to purchase a mini notebook you can keep in your scrub pocket. You never know when you are going to need to jot down something important so having that on you will be a life saver! You can also write a little on this notebook or print out your own "cheat sheet" of lab values you tend to forget or a checklist of what you need to cover in your head to toe assessment for easy reference!
- **Snacks**: Clinical days are long and if you are like me, I am always hungry! I suggest packing a granola bar, fruit snacks, or anything quick if your own blood sugar starts running low. Of course, make sure you go to the break room to eat and take your mask off, not on the floor, or especially not in a patient's room.

- Ask as many questions as you can: Your clinical experience is 100% what you make of it. It is different for each and every one of you. You want to make use of every minute you're there, because before you know it, you'll be graduating! No question is a bad question, so don't be scared to ask your nurse or instructor anything if you don't understand or would like them to explain something more in depth. You never know, someone may be thinking the exact same thing as you. This is your time to take in as much as you can, so ask ask away!!!
- **NEVER SAY NO**: There will be opportunities for you to discontinue a foley, discontinue an IV, give an injection, hang a new med, etc. But there's a chance that opportunity will never happen again. That being said, if your nurse asks you if you want to discontinue a patient's foley, you better say yes!! Even if you're nervous, your instructor will be with you the whole time and you can quickly look up a refresher if you don't remember how. That may very well be the only time you will get to do it before you're an RN. Trust me, it will be totally worth it.
- **Enjoy it !!!**: Even though clinical can be intimidating, this is your time to take in everything you can and have fun while doing it! Clinical is most students' favorite part about nursing school, because you actually apply what you have learned so far! So don't put too much pressure on yourself and just focus on taking in as much as you can during those shifts. You will do just fine!

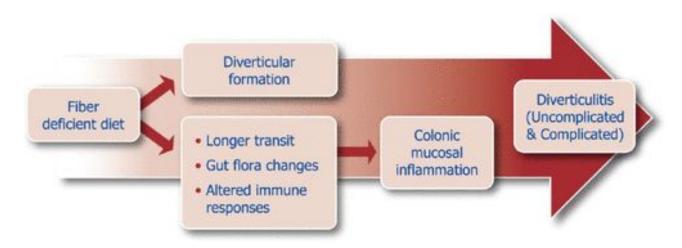
Diverticulitis Audrey Been

SNA Historian, Basic BSN '21

Diverticulitis is an infection or the inflammation of pouches that can form in the lining of the digestive system, most commonly found in the lower part of the large intestine (sigmoid colon). This causes severe abdominal pain, fever, nausea, and a change in bowel habits. Diverticula occur in areas of relative colonic wall weakness, passing through the circular muscle layer where blood vessels (vasa recta) penetrate to supply the mucosa. They typically occur in parallel rows along the mesenteric side of the antimesenteric taeniae; with progression, an additional row of diverticula may be found between the antimesenteric taeniae. Microscopic studies of areas of the colon with early small diverticula display areas of thinning due to focal microscopic muscle atrophy. The reason for development of diverticula along the mesenteric side of the antimesenteric taeniae of the colon is unknown. The most likely explanation relates to the colonic muscular blood supply which comes from the mesenteric side of the colon. This then leads to thickening of the intestine wall. However, despite thickening, they are more prone to herniation and rupture which then introduces infection. Blockage of diverticula by feces may also cause diverticulitis.

Diverticulitis occurs in 5 stages.

- **Stage I**: A pericolic abscess confined by the mesentery of the colon.
- **Stage II**: A pelvic abscess resulting from local perforation of a pericolic abscess. This abscess may be walled off by colon, mesocolon, omentum, small bowel, uterus, fallopian tubes and ovaries, and/or pelvic peritoneum.
- **Stage III**: General peritonitis resulting from the rupture of either a pericolic or pelvic abscess into the free peritoneal cavity
- **Stage IV**: Fecal peritonitis resulting from the free perforation of a diverticulum.



Pathophysiology of diverticular disease by Scarpignato et al. (2018)

Some **risk factors** for diverticulitis include aging, obesity, smoking, lack of exercise, diets low in fiber and high in animal fat, and drugs such as steroids, opioids, and NSAIDS.

Manifestations of diverticulitis include cramping on the left side of abdomen that goes away after passing gas, bright red blood in stool, fever, nausea and vomiting, abdominal tenderness, and constipation or diarrhea.

Some **diagnostic** tests are a CBC that presents increased leukocytes, an abdominal CT scan, or a colonoscopy.

Treatment consists of surgical removal of diverticula, oral antibiotics, high fiber diets for prevention, bed rest, stool softeners, a liquid diet, or a colostomy.

Some **nursing interventions** would include encouraging fluid intake, increasing patient comfort and rest, educating patient on a high fiber diet, and evaluating patient progress.

Reference

Scarpignato, C., Barbara, G., Lanas, A., & Strate, L. L. (2018). Management of colonic diverticular disease in the third millennium: Highlights from a symposium held during the United European Gastroenterology Week 2017. *Therapeutic Advances in Gastroenterology*, 11, 1-21. https://doi.org/10.1177%2F1756284818771305

Carrying Out Mrs. D's Legacy Andrea Garcia Alvarenga

Accelerated BSN '21

Happy New Year UCF College of Nursing faculty, students, and alumni! Like so many others, I couldn't wait for this new year to begin. It was a needed fresh start after the year that was 2020. I am a nursing student in the Accelerated Program, which means that this semester marked the beginning of my third semester.

The beginning of this semester was filled with a wide range of emotions. It was honestly bittersweet. Like the rest of my cohort, I sat down waiting for our Adult 2 lecture to begin. I could feel my heart ache as I wished Mrs. D would appear on my screen. However, she has gone to a much better place where there are no tears and suffering.

Instead, another professor appeared, and she graciously acknowledged our loss and encouraged us for the future.

As I sat there, I recalled the memories that had formed last year. There's no doubt that there's a whole lot of people that miss Mrs. D's fiery presence, but for students in the Accelerated cohort, Mrs. D's absence is greatly felt.

In our program, we only have four semesters, and she was going to be with us throughout the whole journey. The moment we learned that she had passed, we mourned and celebrated her life. We shared pictures and videos that we had with and of her with each other. In one of those videos, Mrs. D explained how she would be with us throughout the entire nursing

journey. She was like a mother to us. She received us when we knew little about nursing, and she helped us take our first baby steps into the world of nursing.

During our second semester, she was present in our seminar class. She was the lead instructor for a couple of the students in this seminar class. She saw us begin to walk on our own. We still held on to her hand figuratively speaking, but we were growing. However, now we have to continue this journey without her, and it is incredibly hard. Her presence alone brought so much comfort.

I treasure Mrs. D's lectures. It is overwhelming how much material she taught me that I have been able to recall as I sit through my third-semester classes. She was a marvelous and intelligent professor. It is like I can hear her say: "Safety! Safety! Dangle your patients before ambulating them!" By "dangle", she meant to let the patient sit with their legs hanging from their bed if you never had and heard her say this.

My reader, I want to leave you with a question that I have reflected on and answered for myself already. How do you want to carry out Mrs. D's legacy this year?

Mrs. D was a PHENOMENAL woman. She was a woman of great faith who loved and supported her students wholeheartedly. Our cohort saw it better than most. Our first semester was entirely through Zoom, which like Dr. Covelli stated allowed us to see into each other's world in a new and unique manner. We saw students being parents as their children wandered into the camera view, husbands bringing coffee to their spouses, and dogs and cats demanding attention. We saw Mrs. D as a nursing professor, a mother, and a cancer fighter. I attribute much of my success to her daughter during my first semester. She was her mother's helper during our

semester as Mrs. D went above and beyond in her efforts to teach us.

Mrs. D had numerous roles, from being a professor, a mother, wife, SNA mentor and advisor, and she carried each diligently. I seek to carry out Mrs. D's legacy by modeling her wonderful example of going above and beyond in every role I hold.

I want to be the best student nurse I can be. I want to be the best daughter I can be. I want to be a good friend. I want to be a woman of strong faith despite life's challenges. I want to be the best nurse I can possibly be one day as well.

Mrs. D wore many hats, and she excelled in each. It wasn't because she was perfect (although I think she was <3), but it was because she put so much heart, effort, and intention into each of her roles.

So I repeat my question, how would you like to carry out Mrs. D's legacy this year? Will it be by preserving through life's difficult moments? Surviving AND excelling in Adult 2? Is it by being a great mom or dad? There are so many ways in which we could carry out her legacy!

Most of us (ABSN Class of 2021) didn't get to meet Mrs. D in person, but instead, we saw her through a screen. We never felt her embrace, but she still held, loved, and supported us throughout our journey. I am in awe of her impact. We didn't have to meet her face to face to have our world changed by her.

Though she is no longer with us, it doesn't mean she is gone. I can see her in my memories. I can practically hear her during lectures and study time. She never demanded perfection, but she believed and hoped for excellence. Though she won't see me run after teaching me to walk, I will continue to carry out Mrs. D's teachings and legacy. I hope you do too.

Badge Buddies remembering Ms. D made by Leah Utt are still available on the cork board on the 6th floor of the College of Nursing.

MS.D BADGE BUDDY



My Life During the Pandemic in an Immunosuppressed Household Chloe Frye

SNA Treasurer, Basic BSN '21

While this pandemic has changed the way many of us live our lives, this pandemic has quite literally shaken me to the core. I no longer just worry about myself and my patients; I now have to worry about the people that I take care of daily at home. My life has become complicated with an uncle with cancer, mother with autoimmune diseases, a father as an essential worker, myself as a nursing student, and a boyfriend living in California. Gone are the days where I make decisions that only impact myself. Hello to the days where every choice impacts those I love the most.

2020 was a year of growth and reflection for many of us. For others, 2020 was a year of uncertainty, despair, and darkness. Now it is 2021 and not much has changed, other than the release of the Coronavirus Vaccine.

Over the course of 2020, there were a lot of hard decisions that had to be made in my household. One being when and if I could see my boyfriend and how that would impact those in my household. Another being who I should include in my *bubble*, and unfortunately some of my dearest friends had to be left out. Then came the decisions of how I could safely re-enter my home after a long day at clinical, without exposing my family to the germs I would be bringing into our *bubble*. Lastly, it was the decisions of where do we go from here. It goes without saying, there was a lot on my plate. Though through all of this, we persevered.

The hardest parts of 2020 were explaining to those that I couldn't include in my *bubble*, that this decision was not personal. It is hard when it is made because of the decisions my friends have made. To tell you the truth, it really wasn't personal but this is a hard thing to navigate and understand when none of us have lived through a pandemic like this before. Even when you say it isn't personal, the other party may feel like it is.

Knowing that every decision I made in 2020 could potentially put those I love the most in danger was hard to cope with. Another hard thing to cope with was the fact that not only could I be a vector for coronavirus, but I could be a vector for so many other things. This weighed on me. There were days when I had headaches due to a lack of caffeine and I would *fear the worst*. There were days when I had been exposed to an allergen that I knew would impact me, yet when I woke up with an itchy nose the next day, I still *feared the worst*. There were days when I would freak out and think my taste was going even though it was not, and yet I still *feared the worst*. At the end of the day, even in 2021, I still *fear the worst*.

After all of this, I think that the hardest thing for me to cope with has been the people that have not had to live with the same worries and are able to resume a more normal life without worrying about possible implications imposed on others. Could I come into contact with one of them accidentally and unknowingly infect my family? What if we just had hunkered down for a few weeks like we were supposed to? Would we all be in a much better situation now? Though I may never know these answers, I still can't help but wonder.

Moving forward, I challenge each of you to evaluate your choices and your *bubble*. What would you do if you were in my situation? Are you making the best choices for those you love the most?

SNA Top Point Earners

Basic BSN 2021 Cohort

- Amanda Lynch
- Nicholas Hamilla
- 3. Alissa Andrighetti

Basic BSN 2022 Cohort

- Mikayla Dockery
- Stephanie Glass
- Elizabeth Peter

Accelerated BSN 2021 Cohort

- Meagan Carroll
- Megan Wheeler
- 2. Irida Roman
- Gabriella Fraebel

Point System

General Meeting 1 point (2 points on zoom)
Community Service 1 point per hour (4 max)
Breakthrough to Nursing 1 point per hour (4 max)
Fundraiser 2 points
Newsletter Submission 2 points
State Convention 5 points
National Convention 10 points

Announcements & Upcoming Events!













The next Newsletter
Submission
Deadline is
Februaury 21!
Earn 2 SNA points!

Contact Amber! (info on next page)

National Convention is **April 5-10th**, 2021!

Next General
Meeting:
February 24th
at 1700 on Zoom!

Meeting ID: 949 2995 9257 Password: OrlSNA Join our

KnightThon or

Relay for Life

teams!

Contact Delainey or Audrey! (info on next page)

Contact Info for the 2020-2021 SNA Board!





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Breakthrough to Nursing Director	Natalie Klosinski	ucfsnaorlb2n@gmail.com
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Advisor	Kate Dorminy	Kate.Dorminy@ucf.edu

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Legislative Elect	Lauren Fuller
Treasurer Elect	Monique Csenteri

