LIFELINE NEWSLETTER

STUDENT NURSES' ASSOCIATION

AT UNIVERSITY OF CENTRAL FLORIDA

ORLANDO

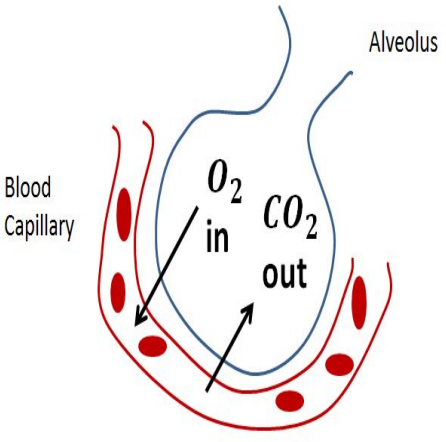
Volume 11 – Issue #2
August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

Editor's Piece

UCF SNA Media Director

Erick Gonzalez, Basic BSN '20

Many people across the country have recently fallen ill to vaping induced respiratory failure and some have even died. These people are otherwise healthy and have no significant medical history so how could something so "benign" cause something so serious? I recently came across an interesting editorial in the New England Journal of Medicine that discusses the implications of vaping and pulmonary illness. The editorial stated the majority of the patients presented with a myriad of respiratory and gastrointestinal symptoms. Symptoms were reported to have begun approximately six days before inpatient admission with a range of symptom duration. The most common symptom reported was shortness of breath, followed by cough and some chest pain. GI symptoms included nausea and vomiting,



diarrhea and abdominal pain. Around eighty seven percent of the patients had leukocytosis and ninety four percent had neutrophil predominance. Lung imaging was done and it appeared to be either bacterial or viral pneumonia but testing revealed no infection in the lungs. However in many of the cases, the lung disease was so severe that many patients required supplemental oxygen and as many as one-third required ventilator support. Several Patients even developed ARDS. One patient required ECMO.

You may ask yourself, why is this occurring? How could it be so bad? There are several theories floating around right now but the one with the most weight states that a dangerous chemical or combination of chemicals was introduced into the actual products. It is believed that when people start to vape, it can set off a toxic, and perhaps lethal reaction inside the lungs. It is not known which substance or device may be causing this reaction, and that is the subject of current investigations.

We know that E-Cigarettes and other vaping apparatuses were developed to help people quit smoking and help with nicotine addiction. But I think we as a society should start thinking twice about vaping and those that do not smoke in the first place should steer clear of it.

Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

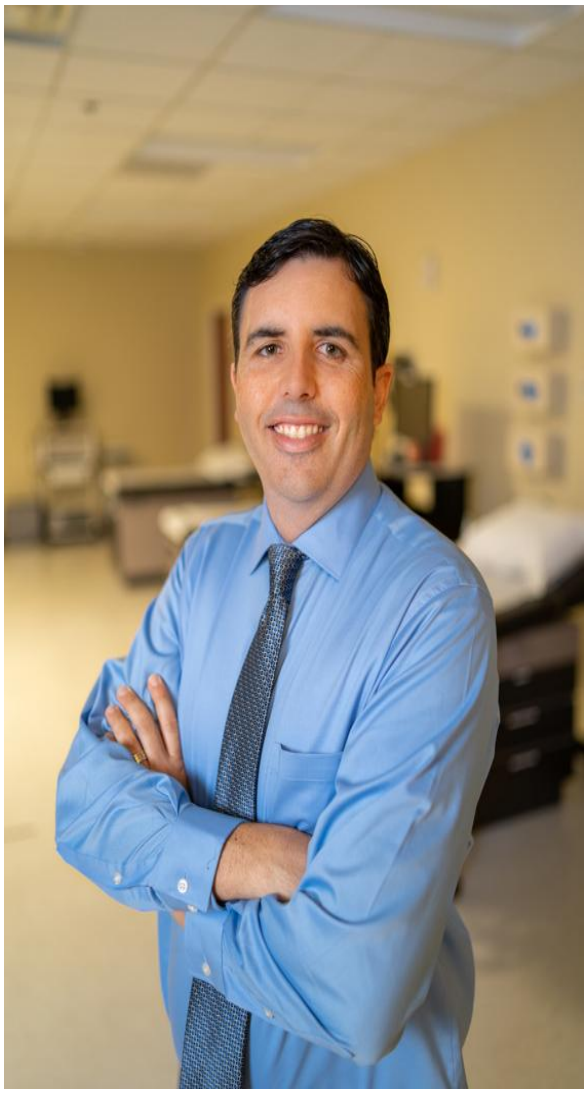
I will leave the name of the report below if you choose to read further into the study. The findings are preliminary but it is nonetheless an interesting read.

Pulmonary Illness Related to E-Cigarette Use in Illinois and Wisconsin - Preliminary report

Volume 11 – Issue #2
August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

Faculty Spotlight

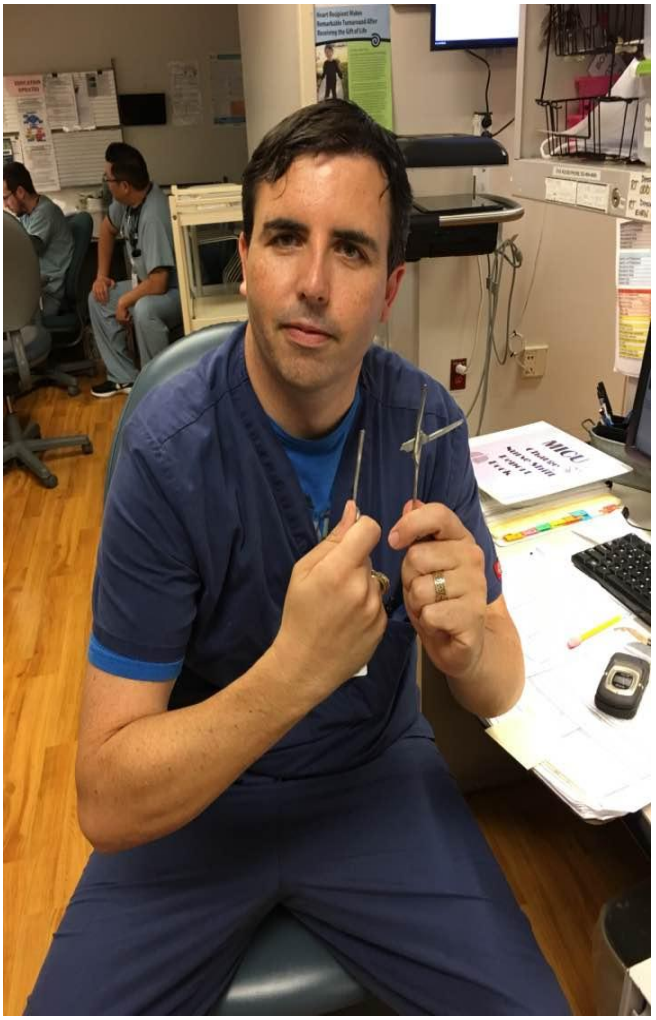
Dr. Brian Peach, PhD, RN, CCRN



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

I've been a nurse for nearly 15 years. My first position after graduating from Villanova University's BSN program was on a medical-telemetry floor at the Hospital of the University of Pennsylvania (HUP). After 3 years, I transferred to HUP's Medical Intensive Care Unit (MICU), where I worked for 5 years. While I worked at HUP, I completed my MSN in nursing education.

Volume 11 – Issue #2
August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando



After completing my degree, I taught undergraduate clinical and lab courses at Temple University and Drexel University for 3 years, while still working in the HUP MICU. I routinely slept 2-4 hours a night because I was so busy grading care plans every week after my 12 hour shifts. I put a lot of time and effort into them! I knew that life wasn't sustainable, and I wanted to teach and do research, so I applied to several PhD programs. My wife and I missed our family in the South, and were tired of Philadelphia's winters, so I accepted an invitation into the University of Florida's PhD program.

I also worked as a charge nurse in the UF Health, Shands Hospital MICU in Gainesville. After completing my PhD in Nursing Science with a concentration in Epidemiology, I interviewed at 3 other universities in Atlanta and Birmingham, but UCF offered the best fit for me in terms of teaching and research.

In addition to my position at UCF, I also work in Orlando Regional's Multi-system ICU. It's important to me to maintain my clinical practice, and my work there informs my teaching and research. I grew up in Orlando, and it's good to be home near family. My wife Julia and our 2 girls, Allison (7) and Caitlin (4), love Orlando and we plan to be here a long time.

What motivated you to pursue a career in nursing?

When I was graduating high school nearly 20 years ago, I wanted to be a physical therapist, but the job market was poor and it was becoming standard that you would need a doctorate. I had no interest in being in school that long! The irony is I could have completed a doctorate in far fewer years. My mom, a nurse and hospital executive at the time at Orlando Health, encouraged me to enter Villanova as a nursing major. As a male, I had mixed feelings about being a nursing major, but I was hooked after my first year. Villanova offered a 4 year nursing program, and I became heavily involved with the student nurses association at the chapter and state levels. I attended all 4 state and national conventions, and fell in love with the profession. What I love most about nursing is the critical thinking that's required, and the autonomy that the critical care setting affords me. I know every day when I go to work that I will have the opportunity to save lives or make someone's final hours comfortable, and that's a pretty amazing feeling.

Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

What are some of your research interests and why are you passionate about them?

Over the last 15 years, I've witnessed firsthand some major changes in healthcare. In 2008, the Centers for Medicare and Medicaid Services announced that they would no longer pay for the treatment of hospital-acquired infections and wounds. This dramatic change led to the creation of quality departments in every hospital in America, and with that brought a lot of innovation in care. In order to improve the quality of care provided, hospitals also changed their hiring practices. They began hiring baccalaureate nurses and improving staffing ratios based on research from Dr. Linda Aiken and her colleagues at Penn. They were able to show that hospitals with greater percentages of baccalaureate nurses and lower nurse:patient ratios had better patient outcomes in terms of inpatient mortality, 30 day mortality, and failure-to-rescue metrics. I found it fascinating that their research could dramatically change practice in the U.S. and around the world. I ended up training under one of Dr. Aiken's colleagues at UF. At present, I am using big data to identify organizational factors that can be changed to improve outcomes for septic patients. I also am intrigued by post-intensive care syndrome (PICS), and am looking for ways to study it. I'm disturbed by the idea that we save lives, but many patients' quality of life is poor afterward. Patients who survive sepsis and acute respiratory distress syndrome, 2 of my favorite clinical conditions, are at higher risk of developing PICS.

Volume 11 – Issue #2
August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

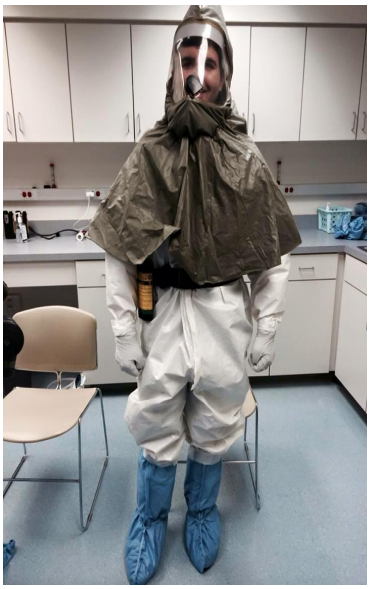
What are some things you enjoy doing in your freetime?

Faculty members' days rarely end at 5pm, so I don't have nearly as much free time as I would like. However, I am a huge sports fan, and love watching and attending basketball, football, and soccer games. If you visit my office, you will see that the Villanova Wildcats are the team I care about above all others. I once failed a chemistry exam because I was going to study at halftime. I never missed home games in my time at Villanova. Don't be like me. I am also a fan of the UCF Knights, Orlando Magic, Orlando City Lions, Philadelphia Union, and the Philadelphia Eagles. I love to travel and watch House Hunters International. At last count, I've been to 10 countries and 32 states. My wife and I love watching Top Chef, Chopped, and Madam Secretary. I am a huge fan of 80s music, and my daughters and I hold impromptu dance parties. You will never see this.

Volume 11 – Issue #2
August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

What advice would you give to CON students?

First, we all make mistakes as human beings and as nurses. If a nurse tells you they've never made a mistake, they're not being honest with themselves and you. If you make a mistake, own up to it, learn from it, and move on. Increasingly we've begun to recognize in healthcare that most mistakes are caused by system issues. We are the most trusted profession 17 years running. Please don't ever jeopardize the public's trust in us by hiding your mistakes, and putting patients at risk.Secondly, no one expects you to know everything as a new nurse, but they do expect you to work hard. Experienced nurses always watch new nurses closely to see if they can trust them. Don't give them a reason to not trust you. Come to work with your A game, ready to work hard, and be receptive to learning. Everybody hates the lazy nurse, and there's always at least one on every unit. Don't let it be you.



Thirdly, when you enter the profession, identify people who inspire you with their practice. They may be on your unit, but often times they are not. Study what they've done to be successful, and model your own practice after theirs.When I was a new nurse at the HUP, I met three people who just blew me away.I even gave them a goofy name, The Cerebral Triad.

The first was an ICU nurse named Mary who taught some of my early orientation courses. She blew me away with her critical thinking abilities, and that's when I decided that I would one day be an ICU nurse.

The second person was a clinical nurse specialist in the Neuro ICU named JoAnne Phillips. JoAnne brought rapid response to HUP when it was a brand new concept, and implemented it hospital-wide in a couple months. From JoAnne, I learned that nurses could dramatically change the care provided in their institutions in real and lasting ways. Her work has saved thousands of lives! I later chaired Unit Practice Councils at HUP and Shands, because I wanted to improve the care we provided to our patients. JoAnne is now the Director of Clinical Practice over multiple hospitals in New Jersey's Virtual Health System.

The final person that inspired me was John Gallagher. John started off as a paramedic, then became a respiratory therapist, a nurse, a clinical nurse specialist, and he's now the director of the trauma, surgical critical care, and emergency surgery division at Penn Presbyterian Medical Center. I attended lectures that John gave on a variety of topics. John inspired me to want to teach, and he also taught me the importance of preparation when teaching. I keep in touch with JoAnne and John, and recently saw them at a critical care conference last spring. Don't be content with providing adequate care. Don't be afraid to be a change agent. Strive for greatness in everything you do!

Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

My Experience in the ED: The Calm Before the Storm

Johmarc dela Cruz
Basic BSN '20

I remember it was the weekend when everyone, the nurses, the patients, and the nursing students, were anxious about when and where Hurricane Dorian would strike. It was also my first time in the ED that was not pediatrics since I had already experienced pediatric ED before. It was not what I expected at all. I envisioned it as more chaotic in nature in which healthcare professionals would defibrillate patients who were unconscious and unresponsive like those you find in medical drama shows like Grey's Anatomy. But it was nothing like that. I saw some trauma patients in the med bays but nothing too severe or life-threatening.

I saw IV normal saline bags hanging in each room and the all too familiar beeping of the monitors. I stared at them, wide-eyed, hoping the numbers would fall within the baseline and nothing out of normal range. I followed Nurse C around and he showed me how to insert a peripheral IV. Truthfully, it took me two attempts.

Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

A few more practice and I will be more confident and competent with inserting PIVs. My experience in the ED helped me build my confidence in speaking to my patients. I had a few patients who were very anxious because they did not want to be stuck in the hospital when Hurricane Dorian would strike.They were worried about who would take care of their pets at home, if they had adequate gas and food, and how long would they stay in the hospital before they get discharged. I empathized with them and reminded them that they are not alone, that my nurse and I would take great care of them.

Nurse C was kind enough to teach me the basics of cardiology during my time in the ED. As an ED nurse, Nurse C has to act quick and think critically whenever a patient's vitals fall out of baseline. He has to document any timed event. If you do not document, it never happened. Not only must we protect our patients, but we must also protect our license. Moving forward, I see myself either working in the ED or PICU. My experience in the ED is one that I will always remember, because I learned how to treat patients with acute illnesses, something that is greatly and interestingly covered in Adult II course.

Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

An Interview with a Senior BSN student

Jacqueline Pajarillo

Basic BSN '20

What's your favorite thing about UCF?

My nursing cohort! A year ago, we all walked into room 602 quiet, shy, and not knowing one person in the room. Now, we stress together, we cry together, but most importantly, we laugh together.

Have you had to overcome any fears since starting nursing school?

I had to learn to trust my gut! I felt like the "novice student nurse" when I was starting out and I did not want to speak up. I was afraid to make a mistake. Trust your instincts because more often than not, you are right! During my Labor and Delivery rotation, I noticed a fetal heart monitor strip that did not seem "correct." I spoke up and stated that this particular strip was concerning me. The RN I said this to quickly looked at the strip and agreed with me.

We hurried into the room to assess the patient, reposition, and apply oxygen. If I did not trust my gut and speak up about the concerning strip, the outcome might not have turned out the way we wanted.

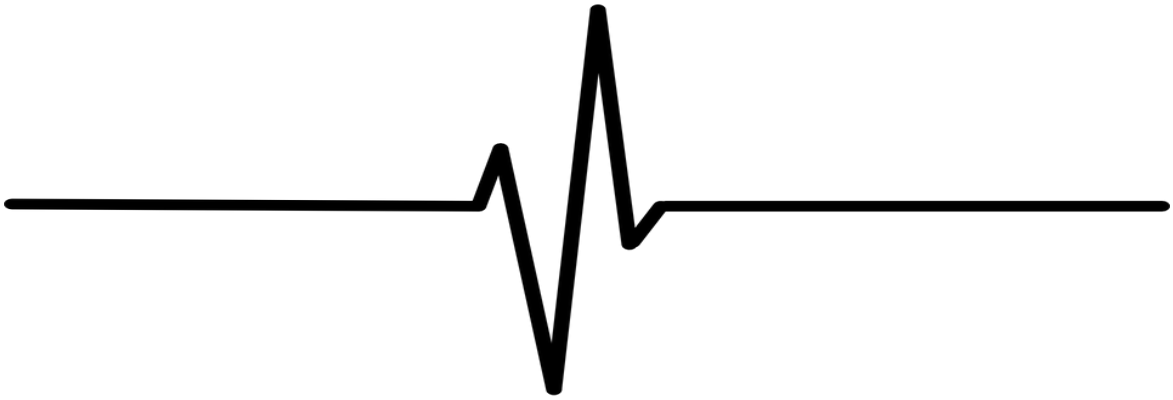
What new skills have you learned?

Reading EKG strips. After lecture, I was overwhelmed by all the new material that was thrown at me. I went home and read and reread the chapter. I practiced reading EKG strip upon EKG strip. I am more comfortable now with reading these strips. Today, we just learned something new again…reading 12 Lead EKG strips! Here I go again hitting the books to read and reread this chapter!!! Learning never ends!

Do you have any advice for our current juniors who will start their CNC or long term care?

Apply as much as you can when you are in your CNC or long term care rotation. Remember the pathophysiology of diseases to help you understand and care for your patients better. This is also the best time to practice. You will do hundreds of blood pressure screenings – take this time to master your craft. This is the opportunity to take blood pressures on different bodies, different arms, different people. By the end of one blood pressure screening, you will leave that place feeling extremely confident!

Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando



What is the benefit of having a junior buddy?

When I first started nursing school, I felt overwhelmed and lost. Nursing school is go, go, go! It literally is sleep (hardly), study, clinicals, and repeat. I want to help guide my junior buddy as best as I can. I was a junior nurse just over one year ago so I understand the panic, fear, and the "nursing school breakdowns."

Any advice or helpful tips for your peers?

Listen to lecture more than once. I listen to lecture on my way to Publix, at the gym, and when I cook dinner. Hearing it more than once engrains it in your head. If your professor allows you to record lecture, do so! This has truly helped me and I recommend this to every nursing student.

Good luck to us all and welcome to UCF College of Nursing, junior nurses!

Volume 11 – Issue #2
August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

President's Corner

Kendall Neswold

Basic BSN '20

The Student Nurses' Association is off to a great start this year! We kicked things off August 26th with the back to school BBQ! Fun was had by all and we had a phenomenal turn out from juniors, seniors, professors, and even Dean Sole was able to make it out and talk with the students. At the back to school BBQ we were able to have many of our Junior/Senior buddies meet and get to know each other. We are looking forward to many more fun events this upcoming semester. One of those events that we are very excited about are our NCLEX nights.

NCLEX-RN

Volume 11 – Issue #2
August/September 2019

Lifeline Newsletter

Student Nurses' Association – UCF Orlando

Some of our SNA members enjoying the BBQ

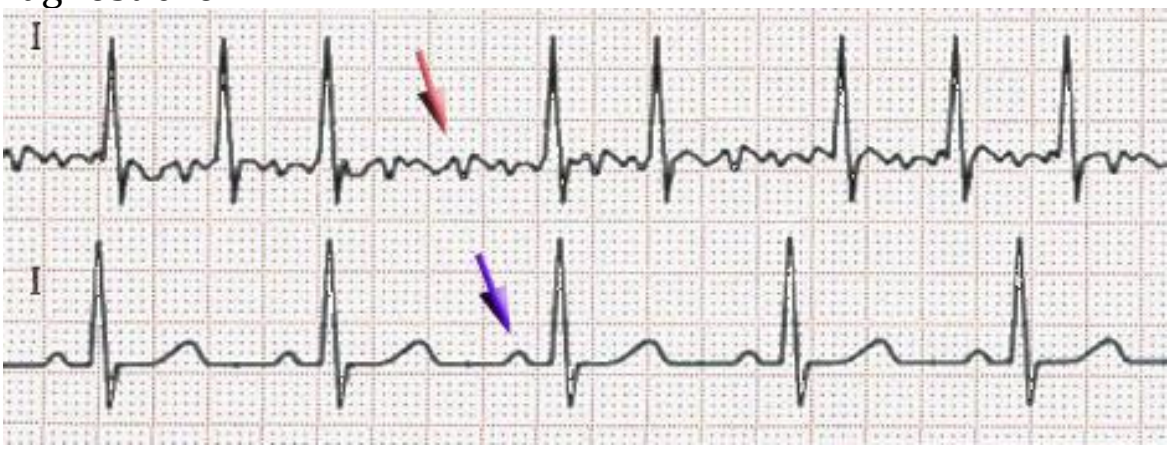
All SNA members will be welcome to come to room 602 while we have our NCLEX review night for an hour and a half. This review will be very special because we will have NCLEX questions to work on and once everyone has completed the question, we will go over the correct answer and rationale with one of our professors who can explain more in-depth about why the answer is correct. This will be an amazing opportunity to hang out with friends, learn more about how the NCLEX questions will be, and learn how the NCLEX wants you to think and answer questions.

Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

Atrial Fibrillation

Jordyn Watson
Basic BSN '20

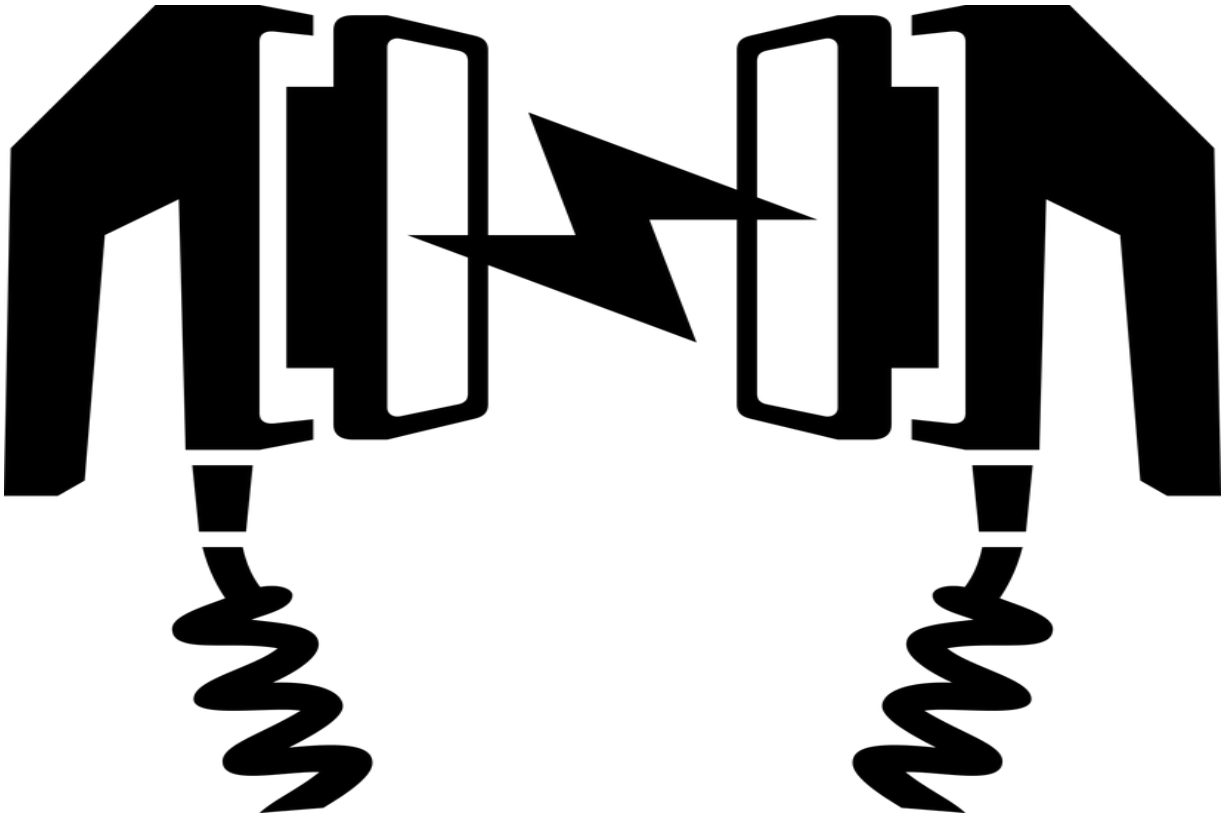
AFIB is the most serious of atrial dysrhythmias. It is characterized by an atrial HR of 350-600 and the ventricular HR is not working in conjunction with the atrium. Both sections of the heart are working on their own. The ventricular HR will be dependent on how many impulses successfully are sent to the AV node- This results in an irregular rhythm. P waves on an EKG represent "atrial depolarization", because of the rapid firing of impulses from multiple parts of the atrium, a P wave is not able to be detected. An irregular rhythm and absence of P waves is diagnostic for AFIB.



The red arrow shows atrial fibrillation while the purple arrow shows a normal rhythm

Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

AFIB is a symptom, not a disease, therefore to cure AFIB we must find the cause. Common causes of AFIB include, Rheumatic heart disease, CAD, cardiomyopathy, HTN, CHF, lung disease, pericarditis. Because some of these diseases are chronic- many patients today are currently living with AFIB. Putting your body at this constant state will result in a decrease of 25% cardiac output- from either a healthy level, or continually decreasing if other factors are also contributing- in order for the patient to physically feel the effects of AFIB their cardiac output would have to had decreased 75%.

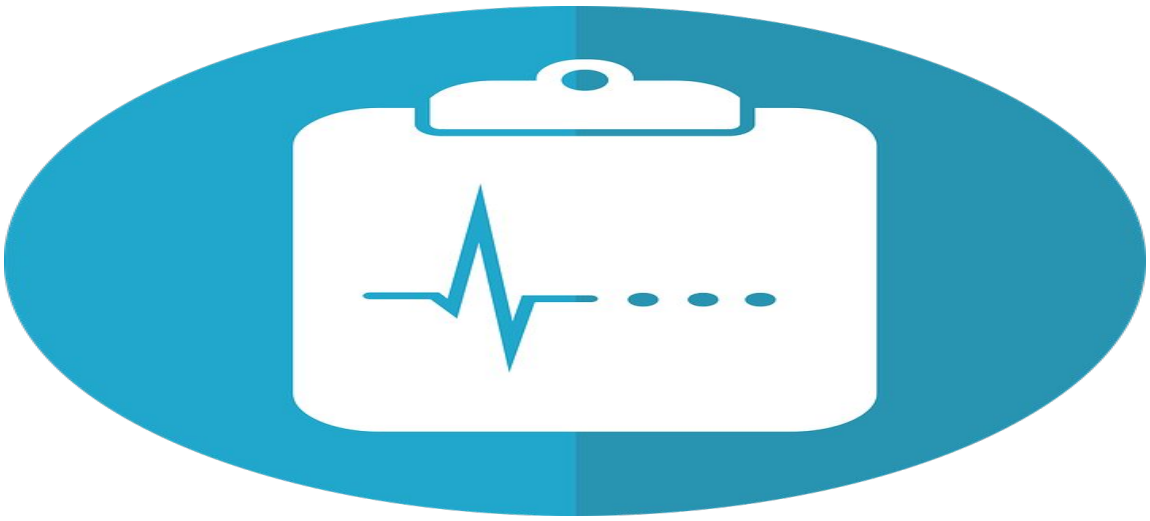


Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

Why do we care? AFIB puts the patient at risk for thrombi formation in the atrium leading to pulmonary embolism, CVA or other atrial embolic events. A patient in AFIB put be monitored for pulmonary embolism via right atrium-lung sounds present?, or embolic type strokes via left atrium clot-frequent neuro checks.

Assess, Assess, Assess!

Reference: January, C. T., Wann, L. S., Alpert, J. S., Calkins, H., Cigarroa, J. E., Cleveland, J. C., Jr, … ACC/AHA Task Force Members (2014). 2014 AHA/ACC/HRS guideline for the management of patients with atrial fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on practice guidelines and the Heart Rhythm Society. *Circulation*, *130*(23), e199–e267.



Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

Subarachnoid Hemorrhage

Cesar Vigil
Basic BSN '20

What is a SAH?

Brain has different layers or mater (thick layer of tissue)

- *The Subarachnoid space is located below the Arachnoid mater and above the Pia mater*
  - Pia Mater---Contains Cerebrospinal fluid ---CUSHIONS AND PROTECTS THE BRAIN
- Area that is used for protection becomes compromised with a bleed (INC ICP)
- A Subarachnoid Hemorrhage is the bleeding in the space between the brain and the tissue covering the brain = STROKE
- The bleeding can spread around the brain and increase Intracranial Pressure

– *Common Causes: Ruptured Aneurysm (dilation),* TRAUMATIC BRAIN INJURY

Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

Statistical Information

– SAH is a Neurological disease that affects over 30,000 people in the United States

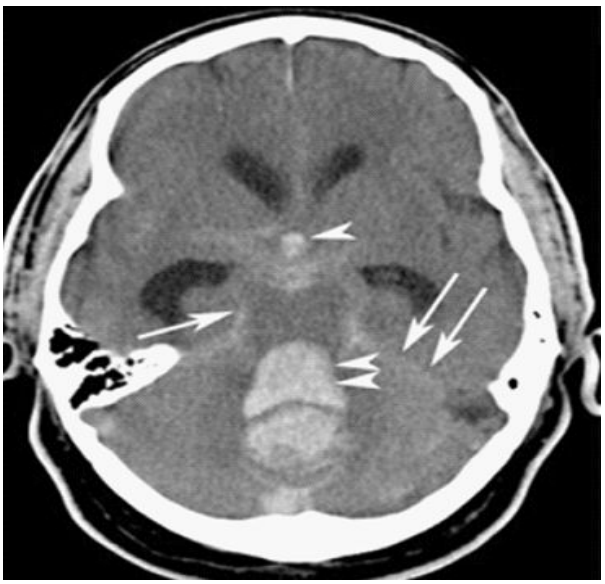
– Roughly 1 out of 50 patients admitted to ED for a "headache" has had a ruptured aneurysm

– 35% patients die after the first Aneurysmal SAH----15% die within a few weeks due subsequent ruptureàINC chance of subsequent rupture after initial

– In a study performed by Latntigua, if diagnosed with SAH in the in-hospital setting:

■ Carries 18% Mortality rate ---amongst those who died 42% were brain dead

■ Stroke treatment WITHIN TWO HOURS of first symptom reduces risk of long term health issues and increases chance of survivalàneuro-deficits can be permanent/ irreversible



Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

Clinical Manifestation of SAH

- #1 ---SEVERE Headache that peaks within a short few seconds
- Decreased level of consciousness (after several hours)
- Vision Perception ----sensitivity to light, decreased vision, double vision
- Neck and shoulder pain
- **Confusion, seizures (Keppra), vomiting, rapid loss of alertness**
- **Stroke Symptoms (FAST)**
- *Unilateral facial droop, Unilateral arm weakness, Speech difficulty (slurring of words, unable to communicate or understand)*

Diagnostic Tests Needed for SAH

- First signs through Head to Toe/Neuro-assessmentàWorst Headache=Not enough
  - ***Noncontrast CT----done within 6 hours of onset of FIRST symptom*
  - *If SAH is suspected but neuroimaging is not available or CT is negative-----Lumbar Puncture*
  - CSF indication of Positive SAH ----numerous RBCs, Xanthochromia= yellow discoloration of CSF= INC bilirubin
- *If suspected Increase in intracranial pressure ----do not perform = causes rapid decrease in CSF pressure --decrease tamponade of a clot----further bleeding*

SAH is often misdiagnosed because 73% of people do not get scans!

Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

Medical Treatments

Nicardipine (Antihypertensive MAP +130mmHg)---preferred due to less hypotension, bradycardia and AV block risk (stops HTN crisis) 5mg/hr IV~

– Nimodipine--- to prevent Vasospasms = prevents biochemical changes from being released that can cause bleed to continue or worsen. 60mg po q4hr for 21 days. Blood pressure needs to be controlled

– ***Burrhole and Ventriculostomy---Removal of drainage, prepares for craniectomy (small tubing drain)***

– ***Craniectomy---removal of piece of skull---relieve pressure !!!***

References:

Geraldo, E. A. (2017, February 10). Subarachnoid hemorrhage (SAH) - neurologic disorders. Retrieved from https://www.merckmanuals.com/professional/neurologic-disorders/stroke/subarachnoid-hemorrhage-sah#v1035259

Johansen, D. F. (2018, June 16). Subarachnoid Hemorrhage (SAH): Management and Treatment. *Cleveland Clinic.* Retrieved from https://my.clevelandclinic.org/health/diseases/17871-subarachnoid-hemorrhage-sah/management-and-treatment

Volume 11 – Issue #2
August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

Yantalo,Peru

Chantelle Garcia

Basic BSN '20

This summer I was given the wonderful opportunity of volunteering in Yantalo, Peru along with ten other nursing students from the College of Nursing. Our interdisciplinary team was made up of 19 physicians, 10 4th year medical students, 11 2nd year medical students, 4 pharmacy students, 8 physical therapist, and 2 social workers.

Volume 11 – Issue #2
August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

With this large team, we were able to provide the best care possible to this small rural town in Northern Peru. Yantalo is a small agricultural town that has limited access to healthcare. On the first day, when we arrived in Peru, an earthquake occurred at midnight in the town of Moyobamba where we were going to be staying at. When we woke up the next morning to catch our connecting flight, we had no idea of the damaged that occurred in this town. We had called the clinic and they assured us that nothing had happened to the clinic, but we were not sure of the road damage we were going to encounter from Tarapoto to Yantalo. We had been on the road for about an hour until we were stopped as the rocks from the mountain had blocked the parts of the road. We didn't know how long it was going to take the city officials to clear up the road. We were on the bus for about five hours that day when the trip is usually only three hours from Tarapoto to Yantalo. When we got to the clinic, we immediately started to set up for the next day.

We unloaded and started to sort through the medications that were brought and started to set up the pre-operating area and post-operating area. On Monday, the first day the clinic opened, we saw more than 400+ people waiting to be seen by internal medicine, gynecology, pediatrics, surgery consultations, and physical therapy.

Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

The patients we saw traveled up to 10 hours to visit the clinic because they believed we could help them and provide them a better type of care than the doctors that they saw at their local clinics. Throughout the week we were able to work with the patients, learn from their culture, and see how they trusted us immediately. The physicians and pharmacy student worked hard to ensure the medications could be found in the local pharmacies. Nursing students, medical students, and the surgeons all worked together to help 22 patients that needed surgery.

Volume 11 – Issue #2
August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

We had interviewed about 150 patients that needed surgery and it was hard to determine which patients would get scheduled for surgery throughout the week. We all wanted to help out those 150+ patients we saw that needed surgery, but we knew that we didn't have enough time to schedule each one nor did we have enough supplies to get through all those surgeries. But with the patients that we were able to help, they continuously told us how they would be forever grateful for the help we gave them.

Volume 11 – Issue #2 August/September 2019
Lifeline Newsletter
Student Nurses' Association – UCF Orlando

During this week-long trip, we all made it our mission to help these patients to the best of our abilities. Before we began our trip, we were all excited to help these people and we all shared how much patient education we would be doing, but we never anticipated how much these patients were going to teach us. I am and will forever be grateful to have played a role in this team that gave these patients the best type of care we could with what little we had.

Announcements & Upcoming Events!

FNSA Convention October 24-26th!!

October General Meeting 10 / 16 @ 1700 in room 490!

Congratulations to our newly elected SNA President-Elect, Treasurer-Elect and Legislative Director-Elect!!

President Elect	Treasurer Elect	Legislative Director Elect
Maddie Jarocha	Chloe Frye	Josee Etienne

Contact Info for the 2019-2020 SNA Board!

President	Kendall Neswold	ucfsnaorlpresident@gmail.com
Vice President	Jake Sandoval	ucfsnaorlvicepresident@gmail.com
Secretary	Dana Monsalvatage	ucfsnaorlsecretary@gmail.com
Treasurer	Rebecca Smith	ucfsnaorltreasurer@gmail.ocm
Clubhouse Director	Heather Plachte	ucfsnaorlclubhouse@gmail.com
Historian	Jordyn Watson	ucfsnaorlhistorian@gmail.com
Legislative Director	JohMarc Dela Cruz	ucfsnaorllegislative@gmail.com
Breakthrough to Nursing Director	Kathleen Jaramillo	ucfsnaorlbtn@gmail.com
Media Director	Erick Gonzalez	ucfsnaorlwebmaster@gmail.com
Community Health Director	Amanda Stack	ucfsnaorlcommunity@gmail.com
Fundraising Chair	Bryana Blanco	ucfsnaorlfundraising@gmail.com
Accelerated Liaison	Tom Gregorich	ucfsnaorlaccelliaison@gmail.com
Advisor	Joyce DeGennaro	Joyce.DeGennaro@ucf.edu

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

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