



# LIFELINE

## NEWSLETTER



# STUDENT NURSES' ASSOCIATION

AT UNIVERSITY OF CENTRAL FLORIDA

ORLANDO



# Editor's Piece:

## Back to School

**By Samantha Sherman, Media Director, Basic BSN'19**

A new year has started for nursing school. I didn't realize how relaxed summer had been until Monday morning on August 20<sup>th</sup>. Class starts at 0730 and I am not a morning person myself, so getting up at 0500 to make it on time can be a bit of a challenge. Especially since I have been going to bed at 0300 every night over summer, which is a bit of a bad habit, I know. Night shift is definitely made for me. Nursing school however, is based pretty much solely off of day shift and for someone like me, that can be difficult.

A new semester, means that you have to try and figure out a new groove. What teachers want, how to study for exams, what do your clinical instructors expect from you and of course how to approach all your homework and test dates. The first day back at school and there's already a quiz to do. There's a module to go with it and the quiz is due that same night. That's nursing school for you. They don't wait for anything. There's no wasting time, which will be true when we are in the field as well. After syllabus is done, we immediately go into our chapters. Like I said, they break you in fast. I soon realized that I had to kick back into gear. It was time to start planning ahead, studying, and taking the quizzes. I already knew that I had the medication calculation quiz coming up on Thursday. There's nothing that scares me more than that test, even though I know it shouldn't, but the pressure of having to get a 100% can really get to me. I know that I have the opportunity to make it up, three chances to be exact, but for some reason, I still panic. And honestly, that's okay. I don't mind that



## Conversion table

Unit	Abbreviation	Equivalent	Metric
Teaspoon	t (tsp)		5mL
Tablespoon	T (tbs)	1T=3t	15mL
Ounce	oz	1oz=2T	30mL
Cup	C	1C=8oz	240mL
Pint	pt	1pt=2C=16oz	500mL
Quart	qt	1qt=4C=2pt=32oz	1,000mL
Pound	lb	1lb=16oz	2.2lb=1kg(1000g)

it scares me a little, because getting these calculations right is important. We are going to be using them every day and our patients lives depend on us getting them right. In general, math is not my strong suit, but after a while, the conversions start to stick with me because of how often I see them. And, like Dr. D tells us, pretty much every job we apply for is going to give us a medication calculation exam of some sort. It's an important aspect of our job. I'm not trying to scare anyone, I just want anyone else who is scared of them like I am to know that it's not just you. Everyone gets a little test anxiety. Obviously all our exams can be a little scary, but I know that for me, when it comes to math, that is my weakest link as a nursing student. But, because I know this, I can work on it more and eventually feel confident enough to master that test when it comes time to get a job.

This semester, clinical also starts right-off-the-bat. This year I have Adult 2 first. Again, starting a new clinical site can be nerve racking, even if you have orientation to break you in. Every hospital and every floor has a different way of doing things, so day one is pretty much just trying to



figure everything out.

After the first day, I felt pretty confident on the floor. We got right back into the habit of head-to-toes, vitals and ADLs (pretty much the backbone of the nursing program). Of course short forms come along with that as well. You can't have nursing school without some paperwork. I

was worried that after being away from clinical for 3 months, I might be a little rusty. And I guess I kind of was, but I still remembered the basics. I didn't have to look at a paper to do my assessment anymore, I just did it. I didn't even realize that I had formed a habit, but somewhere along the lines I did. It was just like riding a bike. It went really smoothly and I didn't worry so much about bothering my patient as I did last year because now I realize that it is simply something that has to be done. I was also more confident than I thought I would be. My first year I was unsure, I hesitated and tried to avoid pestering my patient and was even afraid to introduce myself at times, but now I just did what needed to be done. It's become so much easier to "be the nurse" for my patients now. It's truly surreal to see how far we have come from our first semester. Things we had no clue how to do or even what they even were are now second nature to us. Vitals, assessments, nursing diagnosis, medications, and skills are a part of our daily lives now. I know I still have much to learn, and in another year I will look back and see how much more progress I have made since then. Each year we will learn more and more and I know that it won't stop. The nursing world changes so fast and we will all have to find ways to keep up with it. Whether it's from school, continuing education requirements, or on the job learning, there will always be more for us to learn and new ways to grow.

# The Freedom and Care that I Can Give

**By Kailey Kubisch, SNA Vice President, UCF Daytona Beach**

Hello everyone! My name is Kailey Kubisch. I'm currently the Vice President for UCF SNA at Daytona Beach. I am a true Floridian, born and raised! UCF has been such an amazing experience throughout these past 3 years, and I'm excited to see what senior year has to offer. I'm currently a cadet in the United States Army and will commission upon completion of nursing school here at UCF. I have a strong calling to serve my country, and to work with NICU babies

Personally, I feel that life is about giving back. I decided to carry on the tradition of our freedom, that our brave young men and women provide for us each and every day. I was a premature baby, and stayed in the NICU for two months after being a high-risk pregnancy. I feel that it's my

duty to provide freedom for our country, and to repay the love and high quality care that I received during my time in the NICU. I look forward to senior year at UCF, and wouldn't be where I'm at without the loving support of God, my family, the love of my life, and my friends. I hope everyone has a great semester!



# Time to Wake Up and Go Back to School

**By Jenn Conaway, Accelerated BSN'19**

I do not believe I am the only one that feels this way, but the start to this second semester has been ROUGH! During the first week of this fall semester, I felt like I was an old car with flat tires that had been sitting in the driveway for a long stint and all of a sudden my owner wanted to start me up and take me on a 4-month long road trip (aka fall semester). Last semester was an ultramarathon that ended in 2-weeks of Netflix, family time and REM sleep.

Thankfully, this second week of school has re-awakened me, and not only because we have a 5-day weekend. The Adult 1 clinical has added oxygen to that nursing fire inside of me. Everything from seeing nurses, doctors and staff run around outside of ORMC at 6:30 in the morning, to the nurse I was shadowing quoting Dumb and Dumber all day (“Pillsss are goood”) to listening to jokes of patients returning from surgery (I bet they never knew they could be so funny); all of it was great.



Once again, I have an awesome clinical group and excited to learn about classmates I haven't really interacted with before. Moral of this story- when you're feeling like you are in a rut and dragging through some mud, remember that there will be some sort of moment in nursing school that will lift you up again and remind you why you are here. Cheers to this semester!



# The Pressures We Put On Ourselves: An Open Letter to My Peers

**By Emily Derayunan, Vice President, Basic BSN'19**

When you get into the College of Nursing, you are reminded that you are the best of the best. Seeing the “Congratulations from the College of Nursing!” is a validation of all the hard work you put into your first two years of college... and then you start your first semester. Within the first week, you feel like you’re already behind and on the path to saying goodbye to your 4.0. Everyone says nursing school is going to be hard, but you think to yourself, “That’s not going to be me. I’m going to get into nursing school, keep my 4.0, graduate top of my class and get a job in the specialty that everyone else wants a job in because I know I’ll work harder to deserve it.”



Before nursing school, there was no doubt in my mind that I would be able to accomplish all those things, but I’m half way through the program, and a lot has changed.

I got into nursing school and immediately within the first week I became aware of the fact that I was 1 out of 127 people that were equally just as smart as I was, just as hard-working, and just as deserving. From the beginning, I felt this enormous pressure that many of us who go through this program feel: a pressure to maintain the image of the “perfect student nurse.” I dedicated my life to studying that first semester because I didn’t want to fail to meet the expectations that I thought everyone else had of

me. Turns out those expectations were only put there by myself. That first semester was filled with a lot of stress, sleep deprivation, and tears, but I wasn't the only one feeling this way. Feeling this way has become normalized by a lot of us in the nursing program. Yes, nursing school is hard, and to an extent, it should be this hard (we are dealing with people's lives here). The content can be challenging, the format of nursing style questions is different, just adjusting to the transition is hard enough, but I think we put a lot of pressure on ourselves that doesn't need to be there.

For me personally, I felt it was important to get perfect grades, form relationships with the faculty, and be involved while in nursing school. I wanted to become a "well-rounded" person because I thought this was how I was going to land a job in the NICU when I graduated, but a lot of change happens during the first year of nursing school. I got my first B in Patho, like many of us do, and there went my hope for a having a perfect GPA. Then I became aware of how many other people wanted to work in the NICU (pretty much half my cohort), how practicum placement was decided (GPA based for the most part) and thought, "time to choose a different specialty."



During the second semester, I realized that my world of nursing didn't start and end with the NICU. After being assigned a few cardiac patients during Adult I rotation, I found that it's possible to have more than one passion. Thankfully nursing gives us the opportunity to not just pigeon-hole ourselves into one area of nursing for the rest of our lives. People change interests and the changes I experienced my first year, while I thought weren't great at the time, gave me the opportunity to pursue a new interest area I didn't think I would have.





Now that I'm going into my last year of nursing school, I've tried to accept that I'm not living up to the image of the nurse that I had in my mind when I started nursing school, but it's easier said than done. This program makes us grow and develop in such positive ways, and I'm so proud of all the great strides that I've seen my peers make, but it's hard to not compare ourselves to others. Whether it's someone scoring really well on an exam, another person getting a job as a Student Nurse Intern or Nurse Tech, seeing people form significant relationships with faculty through Honors in the Major or seeing people be really involved in the Student Nurses' Association, I think it's hard not to feel like we're not doing enough or that we're somehow "less than."



We can't keep comparing ourselves to our peers who are doing different things than we are. We can't keep setting high expectations or keep putting pressures on ourselves to be more. I do think that people can do it all while in nursing school, but just because others are "doing it all," this doesn't mean that you must as well. Trying to actually accept and understand this concept is difficult for me and still continues to be a work in progress. While it's important to strive to better ourselves and set aspirations for our futures, it's essential for us also to be aware of how some of this pressure can actually derail us from achieving our goals.

We may complain about how nursing school is hard, but we never really talk about how hard it is on us. There's a need to talk about these pressures that can be felt because it's important to know that the way you are feeling is not just exclusive to your own emotions. I hope that for some of you reading this made you feel a little less alone in the journey.

# Car Seat Safety

**By Brittany Pappas, UCF Daytona Beach, BSN '19**

Since becoming a mother, one thing I am very passionate about is car seat safety. According to NHTSA (n.d.), “Car seats and boosters provide protection for infants and children in a crash, yet car crashes are a leading cause of death for children ages 1 to 13.” I have definitely had a lot of people ask me why my son is still rear-facing, and I tell them that science proves that it is safer! A rear-facing car seat has “a harness and, in a crash, cradles and moves with your child to reduce the stress to the child's fragile neck and spinal cord” (NHTSA, n.d.). A lot of parents feel societal pressure to turn their children forward in their car seats, or perhaps their babies cry because they can't see what's going on. Every family is different and not one fit is right for all, I just want to spread information about the safety and benefits of rear-facing for longer than the legal minimum. Speaking of which, it is important to note your state's laws. In Florida, a child must be rear-facing until the age of 2 (Sunstar Paramedics, 2014). These laws can vary but as long as you meet the minimum legal requirement, you can still rear-face beyond it! According to CSFTL (2017), “at age three there is still only a 50% probability that the C3 vertebra has finished ossification. The older a child gets, the more time their spinal column has to strengthen and the reality is the longer, the better. Most car seats on the market today will easily rear face even above average height and weight kids until 3-4 years of age.”



Car Seats for the Littles. (2017). Why rear-facing: the science junkie's guide. Car Seats for the Littles. Retrieved 05 May 2018 from <https://csftl.org/why-rear-facing-the-science-junkies-guide>

National Highway Traffic Safety Administration. (N.d). Car seats and booster seats. United States Department of Transportation. Retrieved 05 May 2018 from <https://www.nhtsa.gov/equipment/car-seats-and-booster-seats>

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# An Introduction to Me

**By Allison Buschbom, Secretary, Basic BSN'19**

Hi everyone! I hope this semester has been treating you well so far. For the junior students, I wanted to provide a little bit of advice that helped me get through my first year of nursing school. I know this can be a very stressful time and filled with so much anxiety for some of us. A few things that helped me during this time was to stay organized. It's very easy to become overwhelmed with all the long clinical days and preparation for tests, but if you stay on top of everything it will feel a lot easier.



Second, make friends with people in your cohort and make study groups (especially for Patho), it will be a life-saver! Make sure to take care of yourself both mentally and physically. For me, I enjoy working out or going for runs and that is my safe haven. Find something that gives you energy, and also a break from nursing school. I found an hour of going to the gym can

be very valuable and even help me to study better afterwards.

Another tip that helped me was to find different places to study. Staying cooped up inside your room or the library can get boring and lifeless. However, finding new coffee shops and cool places to study is something I have found fun, and gives me more energy and excitement to study. Believe in yourself and your abilities to succeed in this program, and you will. Don't hesitate to reach out to me for anything!

# Therapeutic Orphans

By Sarah Frank, Accelerated BSN'19

The term therapeutic orphan refers to the lack of studies addressing the safety, dosing and efficacy of pediatric drug administration (Therapeutic Orphan, n.d.). Drugs have been approved through extensive research for adult dosing, safety and efficacy; however, many of them lack the appropriate, rigorous Food and Drug Administration labeling for use in children. As a result, pediatric drug therapy has a long way to go before it reaches the level of safety and efficacy of adult drug therapy. As nursing students, we should be vigilant in monitoring pediatric patients' during drug therapy for any abnormal reactions or changes in baseline lab results or vital signs.



It should be noted that “two thirds of drugs used in pediatrics have never been tested in children” (Burchum & Rosenthal, 2016). Legislation was passed in the early 2000s to promote drug research in children: the Best Pharmaceuticals for Children Act in 2002 and the Pediatric Research Equity Act in 2003. Early studies demonstrated significant differences in efficacy, safety and dosing levels, which could potentially lead to serious and sometimes lethal adverse drug reactions (ADRs). For example, “about 30% of drugs caused unanticipated side effects” when used in children, and some of them were potentially lethal (Burchum & Rosenthal, 2016).

**SIDE EFFECTS**

Many drugs are used off-label when treating pediatric patients. “On-

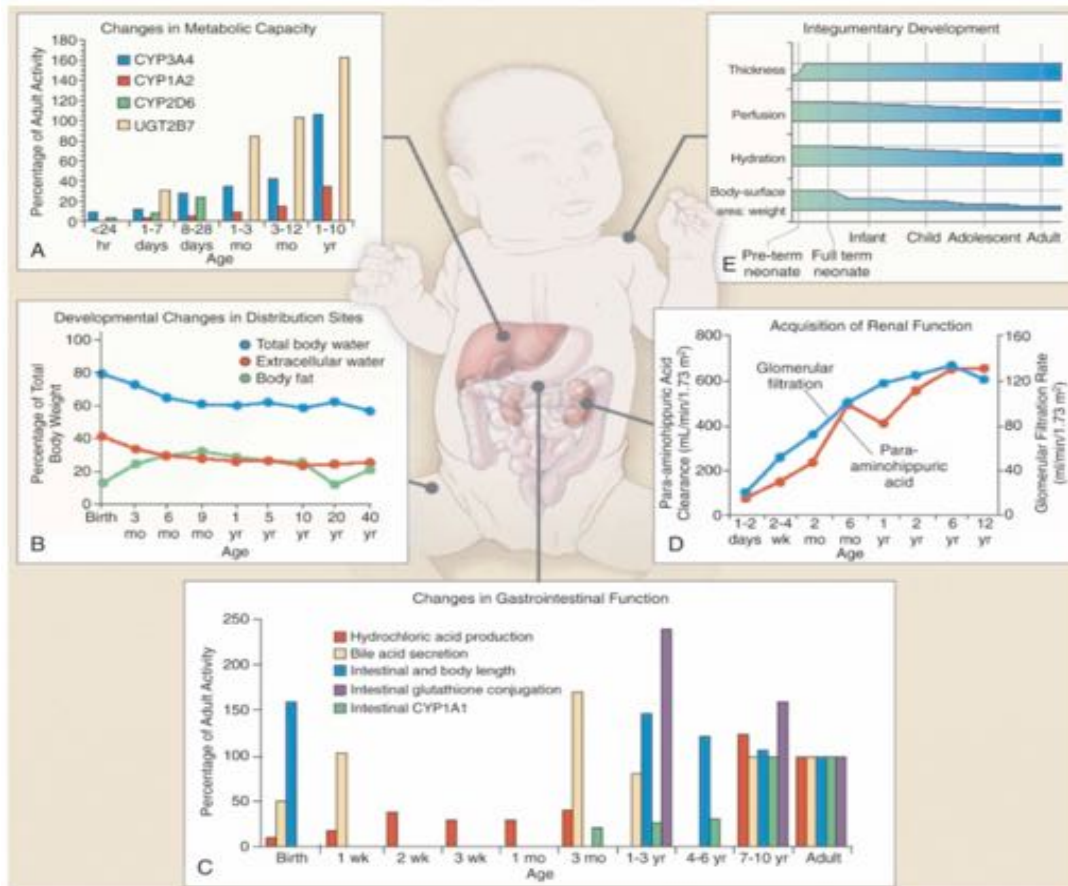
evidence but off-label use is not based on labeling information by definition, meaning it lacks regulatory approval but it may be sufficient to guide clinical management decisions for the benefit of the patients” (Ito, 2017). To put this into perspective, a study on pediatric drug therapy in the emergency department found that of the “359 patients who received medication(s) while in the ED, 156 (43%) received drugs that were not FDA-approved for use at their respective ages” (McKinzie, Wright, & Wrenn, 1997).

Unfortunately, the pediatric patient population is at higher risk for off-evidence and off-label drug therapy, which could potentially lead to ADRs. Off-evidence and off-label drug therapy is commonly seen when there is a lack of evidence for the drug’s use and the patient’s disease condition is complex, both of which are common in pediatric medicine (Ito, 2017). The problem is further exacerbated by complex pharmacokinetic variables inherent to the pediatric population. Depending on the child’s stage of development, absorption, distribution, metabolism and excretion of drugs can vary widely from adult levels and even amongst developmental peers since all patients are unique. The image on the next page includes general developmental stages for pediatric patients that affect pharmacokinetic variables. It provides a visual depiction of how different each variable can be depending on the developmental stage of the patient.



As student nurses, it is important to keep the lack of evidenced-based research surrounding pediatric drug therapy in mind as we treat these patients and develop our nursing practice. This will help ensure patient safety, enhance the quality of our nursing care and ultimately improve patient healthcare outcomes.

## Developmental changes in physiologic factors that influence drug disposition in infants, children, and adolescents.



Source: *Nelson Textbook of Pediatrics*

### References

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- Ito, S. (2017). Drugs for Children. *Clinical Pharmacology And Therapeutics*, 101(6), 704-706. doi:10.1002/cpt.675
- Lowry, J. A., Jones, B. L., Sandritter, T. L., & Kearns, G. L. (2016). Principals of drug therapy. *Nelson Textbook of Pediatrics* (20<sup>th</sup> ed. Pp. 404-416). St. Louis, MO: Elsevier.
- McKinzie, J. P., Wright, S. W., & Wrenn, K. D. (1997). Original contribution: Pediatric drug therapy in the emergency department: Does it meet FDA-approved prescribing guidelines?. *American Journal Of Emergency Medicine*, 15118-121. doi:10.1016/S0735-6757(97)90079-6
- Therapeutic Orphan. (n.d.) *Segen's Medical Dictionary*. (2011). Retrieved September 3 2018 from <https://medical-dictionary.thefreedictionary.com/Therapeutic+Orphan>

# Back to School Barbeque: A Success

**By Samantha Sherman, Media Director, Basic BSN'19  
And Shannon Straus, Historian, Basic BSN'19**

This year the Student Nurses Association held its annual Back to School BBQ on August 27<sup>TH</sup> at the UCF College of Nursing on the patio of the Tropical Café. It was from 1700-1900 and there was a great turn out. We enjoyed hamburgers, hot dogs, sides and drinks. Everyone was able to socialize and meet new people. We got rained out halfway through and we moved inside. We took some fun pictures with UCF signs and some people entered in the raffle. We had three lucky winners! Overall, it was a wonderful success and we just wanted to thank everyone who participated and helped with the event, especially the SNA board and Accelerated class. We couldn't have done it without you all!



# SPOTLIGHT DISEASE

## Type 1 Diabetes Mellitus

Type 1 diabetes is a chronic illness characterized by the body's inability to produce insulin due to the autoimmune destruction of the beta cells in the pancreas along with hyperglycemia. The body breaks down the sugars and starches into a simple sugar – glucose -- for energy. Insulin is a hormone that the body needs to get glucose from the bloodstream into the cells of the body. Without it, your cells are essentially starving. Patients may present with diabetic ketoacidosis. Increased metabolism of fats and proteins lead to an increase in circulating ketones. A decrease in pH leads to metabolic acidosis. Compensation – hyperventilation and excretion of acetone – fruity smelling breath

### Diagnostics:

- A fasting plasma glucose  $\geq 120$  mg/dL
- A 2-hour plasma glucose level  $\geq 200$  mg/dL during a 75-g oral glucose tolerance test (OGTT)
- A random plasma glucose  $\geq 200$  mg/dL in a patient with classic symptoms of hyperglycemia or hyperglycemic crisis
- Finger stick glucose test.
- Glucose tolerance test-Urinalysis

They require lifelong insulin therapy. People with type 1 DM should have a daily caloric intake prescription, recommendations for amounts of dietary carbohydrate, fat, and protein. Patients should also exercise daily.

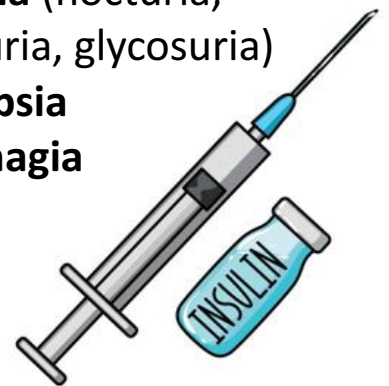
The classic symptoms of type 1 diabetes are as follows:

### The three P's;

**Polyuria** (nocturia, ketonuria, glycosuria)

**Polydipsia**

**Polyphagia**



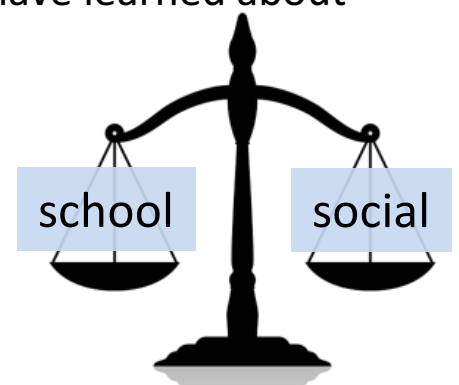


# The Nursing School Balance

**By Casey Blackwell, Fundraising Chair, Basic BSN'19**

My first year in nursing school was one of the most difficult years of my life. However, it proved to be one of the most rewarding years, as I worked towards my nursing career. Learning to balance the academic classes, long clinical days, and endless hours of studying proved to be a major obstacle for me. But, it was the social events and friends that helped me get through it all. After the first couple of weeks in my first semester I realized that in order to continue my love of nursing, I had to be able to still maintain my social life and do the activities I enjoyed. This included participating in intramural sports, going to football games, hanging out with friends, and cooking. I learned that I had to keep the balance between my love of nursing and my love for social events. I was able to integrate these two things by hanging out with my nursing friends doing fun things at times, and studying together at other times. It is the friends that I have made in nursing school who have ultimately helped me to get through the difficult times. I constantly had to remind myself that the way I love going to social events, was just as great as my love for nursing. This is why I found that achieving a balance for nursing school is so critical.

I am now in my fourth semester of nursing school, and I love each and every day of it. Each day that I am in the hospital, I am reassured of why I chose the nursing profession. The skills that I have learned about time management will carry me through my life. This is especially true for when I am a nurse and I will have to manage care for multiple patients at the same time. Nursing is such a rewarding career that I become more and more excited about each day in clinical.



# The Reflection of My First Day as a Senior Nursing Student

**By Alexandria Beaudet, UCF Daytona Beach, BSN '19**

I completed my first day as a senior nursing student today. My head hurts, but the excitement created is the type of fuel I needed to get pumped up about the upcoming semester. As you see, the summer semester was a breeze. The online courses allowed me to stay in my pajamas all day or hit the beach pretty much whenever I pleased. I know this semester will be different. The previous seniors and professors advised me the level of difficulty is heightened, which elevates my fear significantly.



This morning I had no idea what to expect. I pictured I would leave class in a panic already feeling behind. To my surprise, I feel great. In class, I was making connections like never before. Sure, this was the first and probably the easiest class of the semester, but I'm beginning to think the endless hours of reading and fifty-page study guides were worth it. I am more excited for this semester than all of the preceding semesters. I am excited to work hard. Organization will be my best friend and probably my only friend. I know the effort I put in now will help determine whether or not I am a nurse worthy of the RN title. I refuse to be anything short of extraordinary.

All in all, it was a very good day. Now, I'm not saying I won't have a mental break down tomorrow, but I figured I'd share my motivation with other fellow students who understand my pain. Anyways, only 348 days until graduation and I can't wait.

# President's Corner

## A Day in the Life of SNA Presidency

By Kimberley Lucas, President, Basic BSN'19



Since I began my nursing school journey just a little over a year ago, becoming a member of the Student Nurses' Association has been one of the greatest decisions I have ever made. I have been able to work more closely with faculty members, became close to many of the senior (or rather now, alumni) members who to this day give me so much advice on a weekly basis, and have been able to enhance my leadership and networking skills greatly. The best decision of all, however, was deciding to run for President of SNA. But I'm sure sometimes people may wonder, what *exactly* does SNA President do?

Firstly, the President is the primary source of contact. Officers report to you, and you report to advisors. Administration and advisors will likewise reach out to you, and you provide this information for your board members and members. The President is involved in a continuous cycle of communication, and you ensure everyone is on the same page.

In addition, the President is responsible for planning trips to the Florida Nursing Students Association (FNSA) state convention and National Student Nurses' Association (NSNA) national convention. This involves working with SGA to request funding, communicating with the Fundraising director to plan fundraising events, and coordinating with advisors to work out all the details of each trip.

Another important role involves a prestigious award entitled Diamond Chapter. This is a document that the President creates and submits at the state convention. It is awarded to the SNA chapters that have met exceedingly high standards through their membership, professional development, legislative and political action, community outreach, faculty support, breakthrough to nursing, and state and national participation. Therefore, the President has a responsibility for ensuring we exceed these expectations and receive accreditation for doing so.

Most of all, as President you support and offer guidance to your fellow board members. The board works best as a team, and while you provide authority in ensuring everything runs smoothly, at the end of the day it is about promoting team-work and good morale. Each board member has a lot of responsibilities and tasks they must complete, and as President I have taken the role of helping others achieve their goals very seriously.

In summation, the President has a duty to SNA. The President accomplishes this through initiation, facilitation, orientation, encouragement, and communication. If there is something that needs to get done, the President will take the first step in ensuring it does. In my case, however, all of the SNA Board Members have and usually get things done before I even have to ask! Secondly, when a meeting or event is occurring, the President is responsible for keeping things in order and making sure it runs smoothly. In addition, the President helps the board learn its individual roles. This requires orienting everyone to how to make a motion, what options they have to achieve their individual goals, and what to expect at the state and national convention. The President does this while lifting people up, not



putting them down. Lastly, none of this is possible without efficient communication.

For me, being President of the SNA has been one of the most rewarding experiences I've ever had. I have had several leadership roles in my lifetime, but nothing has compared to SNA President. My professional development has grown exponentially through my continuous work side-by-side with faculty members and advisors, I have networked with students across the state and country, gained experience in political and legislative opportunities, served the community, and worked with one of the best teams I could have ever imagined. On a sappy note, through this organization I have also made some of my best friends.

Now that you know all about what the President does, you may be pleased to know that SNA will be having elections in September for President-Elect, Treasurer-Elect, and Legislative Director-Elect at our September General Meeting. These positions will shadow the current officers to see first-hand their responsibilities and how to do them after they are initiated into the position with the other board members in Spring. If you decide to run, I wish you the best of luck! If not, I still hope to see you in attendance in order to support those who will be leading this incredible organization in the future and lead it to great things.

Sincerely,

Kimberley Lucas

Your 2018-2019 SNA Orlando Chapter President



**GREAT LEADERS  
DON'T SET OUT TO  
BE A LEADER..  
THEY SET OUT TO  
MAKE A  
DIFFERENCE. ITS  
NEVER ABOUT THE  
ROLE-ALWAYS  
ABOUT THE GOAL.**

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# Announcements & Upcoming Events!



October 11th is the Timber Creek Career Fair.

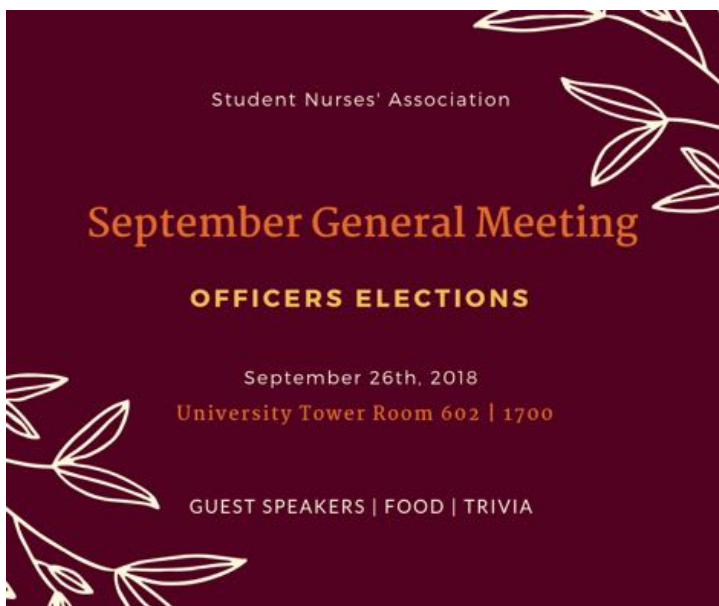
The University HS Career Fair is October 16th!

FNSA Convention is October 25<sup>th</sup>-27<sup>th</sup>.

There will be a SNA Bake sale on Wednesday, September 19th from 1000-1300 at the CON.

The September Meeting on 9/26 it is also the Officer Elections.

September 18th is the first BTN tabling event at winter park high school from 10:45-12:30.



# 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-Orlando  
 Instagram: snaucforlando  
 Twitter: @snaucforlando  
 Website: snaucforlando.com

## Top Point Earners

Basic BSN 2017: Haley Edenfield, Delaney Miklos, Caitlin Cox  
 Accelerated 2017: Andrew Bedaure, Daniel Olivia, Victoria White  
 Basic BSN 2018: