



# LIFELINE

## NEWSLETTER



# STUDENT NURSES' ASSOCIATION

AT UNIVERSITY OF CENTRAL FLORIDA

ORLANDO



# Editor's Piece:

## AMA: What to Do When Your Patient has a Different Plan

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

In class we always learn about educating our patients and doing what is best for them. Our job is to protect our patients, to get them better so that they can leave the hospital safely. But what do you do when your patient doesn't want to listen? What do you do when they want to leave before it's safe? I had this problem during my practicum rotation recently. I had to wrestle with my own feeling on the matter and the result may not always be what you want.

I had been in my practicum for a month at the time. I was working three days a week and I received nearly the same patients for 2 weeks. I got to know them pretty well and what their medical issues were. Jane Doe was a woman who had come in and had two failed cerclages due to bleeding both times. She was 3 cm dilated at 19.1 weeks of gestation. She was a G3P1. She had previously lost a baby at 17 weeks. The doctors goal was to get her to at least 32 weeks which is quite a while to be in the hospital. She was put on bedrest and we were on alert because she was put as a high bleeding risk. She was afraid because she figured she was going to loose the baby. I cared for her several time over those two weeks and tried to keep her as comfortable as possible.

After two weeks of being there, she asked us not to bother her unless it was for medications or fetal heart tones so she could get some rest. We did our best to cluster our care so that she could have more time to



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G3P1 meaning: G = Gravida and P = para

- Gravida is the total number of confirmed pregnancies that a woman has had.
- Para is the number of after 20 weeks gestation.

herself. We were a little worried, because she was a bleeding risk and there was a high risk of premature delivery, but we wanted her to get some sleep, especially because it was important to her.

We had been caring for her all day and around 1300 she came to us asking to leave. I was very confused at this time. Why would she want to leave? She knows why she's in the hospital and how important being there is. I couldn't image why she would suddenly want to go home after two weeks. So I asked her. She then told me about her daughter, who is in elementary school. I had met her husband several times, but I hadn't seen her daughter yet. She explained to us that there was no one home to take care of her daughter and get her from school. Her husband had been called away to work and there was no one else to care for her. We tried to see if there was anybody else to help her but she said there wasn't. We were trying to do everything in our power to keep her there but in the end, she needed to take care of her child. We told her there was some paperwork she could sign to leave and she said that she would do it. I went to see the nurse secretary and she handed me the forms. We called her doctor to explain and while she wasn't happy, she understood. We started the AMA paperwork or against medical advice paperwork so she could leave.

We explained all the risks and her doctors came by to talk with her as well. We got the paperwork signed and called transport. She didn't have anyone to take her home so she had to leave by taxi. We helped her pack her things, gave her some discharge instructions, took out her IV, sent her on her way, and charted what happened.

In the end, I know why she had to leave. If you kid needs you,

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they need you. She wanted to do right by her daughter even if that was a risk to her own health. She was our patient so we wanted to care for her, but it's her job to take care of her child.

In class we learn about the fact that we have biases and opinions that may not always match our patients. It's important to realize that we all have different viewpoints, but we have to work with our patients to give them the best care for them! The key is to understand our own beliefs and values, while still respecting what our patients want and need.

I know that we can't hold our patients hostage, no matter how much we want to care for them. They always have the choice to leave if that's what they want. Of course I wanted to protect my patient, but in the end, I gathered the paperwork and assisted with calls to make it all happen. We may not always agree with our patients, but they have the right to chose how to take care of themselves. It's one of the reasons we do bedside report and include our patients in their care. At the end of the day, they have the right to decide what course of action is best for them.

### GYN Terminology: TPAL and GPA

T — term births

P — preterm births (prior to 37 weeks gestation)

A — abortions

L — living children

G — gravida (number of pregnancies)

P — para (number of births of viable offspring)

A or Ab — abortions

# Rheumatoid Arthritis

By Kendall Neswold, President-elect, Basic BSN'20

**Definition:** An autoimmune disease characterized by chronic inflammation of joints and can also involve inflammation of tissues in other areas of the body, such as the lungs, heart, and eyes.

## Pathoflow:

Hereditary predisposition or environmental factors such as smoking, infections, or stress



Triggers an autoimmune reaction



Which releases cytokines and causes inflammation



This causes the synovial tissue to be chronically inflamed



This causes Pannus which is a layer of vascular fibrous tissue that covers organs or joints



Pannus starts to cover the joints, bones, and goes into the cartilage



The joints, bones, and cartilage start to degrade and erode

## Statistical information

- More prevalent in women than men, 3:1 ratio but after 50 years old the difference is not as prevalent
- The prime time to get RA is between the ages of 35-45 but you can get it as a child it is just called juvenile idiopathic arthritis

## Clinical manifestations:

- Visible bumps or masses on the joints and fingers, disfiguration of fingers, pain, swelling, the joints are stiff, tender, and weak. They will experience fatigue, dry mouth, and possibly anemia.

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- **Diagnostic tests:**
  - Blood work to detect elevated erythrocyte sedimentation rate, C-reactive protein, rheumatoid factor, and anti-cyclic citrullinated peptide antibodies. X-rays of the joints are also used to determine if the patient has RA
- **Medical treatments:**
  - Anti-inflammatory drugs, steroids, immunosuppressive drugs, using a heating pad, arthroplasty, and joint replacement surgery. People can go to physical therapy to stretch joints and work on preventing more stiffness. These treatments help but this disease can not be cured.
- **Nursing interventions:**
  - Nutrition and lifestyle education
  - Healthy diet and avoid alcohol
  - Quit smoking to prevent symptoms from getting worse and to keep the body healthy so that it can fight the inflammation more easily
  - Encourage exercise
  - To help keep joints loose and from getting stiff
  - Promote rest
  - Keeps the body healthy and allows the body to combat the inflammation
  - Promote positive self image
  - Joints start to become deformed, hands start to look mangled: must promote a positive self image so it does not lead to depression and hiding away from the public

### References:

Nursing Care Plan for Rheumatoid Arthritis (RA). (2018, November 09).

What is the Cause of Rheumatoid Arthritis? Non-Genetic Factors. (2016, December 06).

# Student Nurse Week

February 24<sup>th</sup>-March 2<sup>nd</sup> of 2019

February 24<sup>th</sup> through March 2<sup>nd</sup> is Florida's Student Nurse week. This week is to acknowledge us as nursing students. FNSA (The Florida Nursing Students Association) chooses the theme every year, and this year is all about advocacy, positive influence, encouragement and perseverance. All of these qualities are a part of our nursing journey, both in school and in the professional world.

This week is all about celebrating the hard work and commitment we all put into our schoolwork everyday. We've worked so hard to learn new skills, drugs, organizational tactics and more. Focus on yourself this week. Do something just for you, whatever that may be because you deserve it. We have all put so much work in to get where we are so it is important to remember that and take care of ourselves. We spend all our time trying to take care of our patients and learn more to protect them and we have to remember to care for ourselves once in a while.

## Things to try for yourself during the week:

- Reflect on why you chose nursing
- Give some words of encouragement to a classmate
- Do some self care: relax and get some sleep
- Find something to laugh at
- Do something nice for someone
- Look back and see how far you have come in your nursing journey



# Hello everyone!

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

Happy Spring 2019 semester! With graduation coming up, it seems like such a crazy semester for seniors. I currently have my practicum on the Special Care Unit at Arnold Palmer Hospital for Children. I have fallen in love with this unit and the challenges I am presented with each shift. The adversity of this unit motivates me to continually learn and keep asking questions.

Through my Public Health Practicum, I volunteer with an organization called, UCF Soldiers to Scholars. Through this organization, I walk kids almost 2 miles home from school to the apartment complex they live in. While walking them, I realized many of them can not afford backpacks or do not own backpacks. My classmate and I felt it was our responsibility to do something about this. So far, we have collected around 15 backpacks to provide to the kids in this apartment complex. If you feel inclined to donate, we are still accepting donations until April!

A few tips that help me get through the semester:

- Exercise!! Whether it's running or lifting weights, this helps to clear my mind and keep me focused.
- Drink lots of water!! Dehydration can make me feel extremely tired and less productive.
- Plan ahead and use a planner
- Praying and reading the Bible (this is obviously personal and will be different for every religion, but this is what keeps me grounded)
- Me time!! (For me, listening to music, spending time outside or going surfing are all things I enjoy and can help to relieve stress)

Have a great semester!!



# UCF's Dance Marathon

By Paula Campo, Daytona BSN'20



Hello, everyone. My name is Paula Campo. I'm a second semester student at the Daytona Campus. I wanted to talk about an event that I love and have participated in for the past 3 years. Knight-Thon is UCF's yearly dance marathon, which raises money and awareness for Children's Miracle Network Hospitals. Arnold Palmer Hospital for Children is our local CMN Hospital. It is a 158-bed facility that provides a full spectrum of pediatric specialties and sub-specialties including trauma and emergency care, cardiology and heart surgery, craniomaxillofacial surgery, gastroenterology, nephrology, neurology, neurosciences, hematology/oncology, orthopedics and sports medicine, pulmonology, general surgery and a lot more pediatric sub-specialties and community outreach services.

In all, Arnold Palmer is fully equipped to help so many children when they are sick or injured. UCF is greatly involved with them, making sure that the kids that have to stay at the hospital can afford to get their treatments and have access to the proper care that they need. Many of the children who are admitted into our local hospitals go through pain and suffering that most of us cannot even comprehend. Knight-Thon is a 20 hour dance marathon. The act of staying on our feet for 20 hours straight is meant to give participants a greater appreciation and understanding of the struggles these kids go through every day. Participants are faced with both



# Medication Administration

**By Megan Argento, Clubhouse Director, Accelerated BSN'19**

It is always so exciting when you are given the opportunity to administer medications to a patient as a student nurse, but this week I was especially excited because the patient I was giving medications to had an enteral feeding tube. Enteral feeding tubes provide nutrition to patients who cannot eat enough on their own to fulfill their daily requirements. This can include stroke patients who have the potential to aspirate, burn patients who can eat on their own but need even more calories for optimal healing, and more. After checking my medications against the MAR 3 times, doing the 6 rights, and identifying the patient, I was ready to start administering the patient's medications! It is important to flush 30 mLs of water before and after medication administration through an enteral feeding tube. This ensures that the tube is patent so it won't get clogged and the patient can receive all of their medications. After flushing the tube, the medications need to be ground into a fine powder so they will fit through the plunger and the tube! This is where I had some trouble. I thought my medications were ground into small enough pieces, but I had the hardest time suctioning up the meds. I had one piece that was so big; it clogged my plunger and prevented me from suctioning anything else up.

My instructor stepped in to help me unclog the plunger. After suctioning up the medications, I had to get the air out of the plunger. It got stuck again! This is when I got nervous; I didn't want to accidentally push too hard and lose all of the medication, and I needed to get the air out. I was able to push hard enough to lose the air, a little of the liquid but I almost squirted my instructor in the face! Nurses I've seen make administering medication through an enteral feeding tube look so easy, but now I know I need more practice.

# Parkinson's Disease

By Jordyn Watson, Basic BSN'20

## Define:

- Parkinson's is a neurodegenerative disorder, meaning it is a loss of cells at the brain or spinal cord that lead to dysfunction. The cells affected are the dopamine producing neurons in the substance nigra- a part of the basal ganglia which is predominately involved in motor function.

## Statistical info/risk factors:

- Approximately 60,000 Americans are diagnosed with Parkinson's each year.
- More than 10 million people worldwide are currently living with Parkinson's.
- Incidence of Parkinson's' disease increases with age, but about 4% of people are diagnosed before age 50.
- Men are 1.5 more likely to develop PD than women, African Americans rarely develop the disease.
- Medications can cost \$2,500 a year and surgery can cost \$100,000 per person.
- The last major study done of Parkinson's was in 1978.

## Clinical Manifestations:

- Symptoms generally develop slowly over years and can vary from person to person however, common symptoms include: tremor at rest, bradykinesia, limb rigidity, shuffling gait and balance problems, mask like/blank expression, and dysphagia.

### **Diagnostic Tests:**

- There is no objective testing for Parkinson's to make a definitive diagnosis. The doctor instead takes careful medical history and neuro exam for the presence of 2+ cardinal signs.

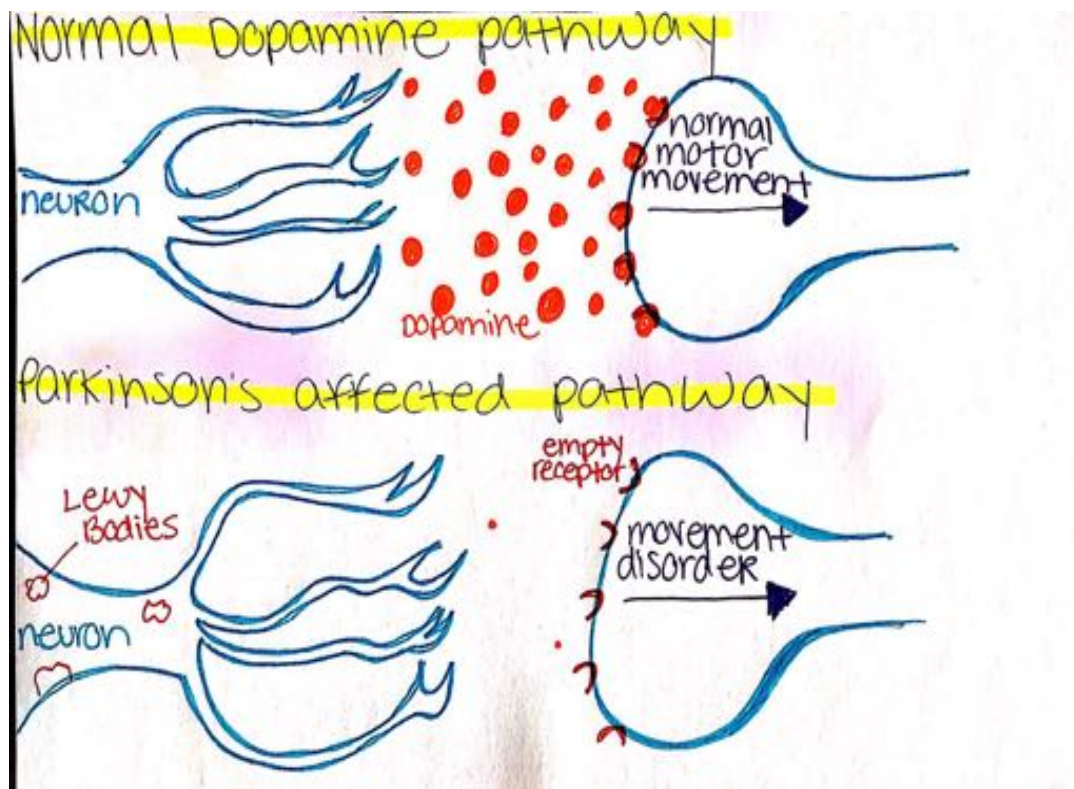
### **Medical Treatments:**

- There is no standard treatment for Parkinson's disease. Treatment is based on each person based on their unique signs and symptoms.
- First choice medication treatment is LDOPA. Most medications either mimic the action of dopamine or temporarily replenish. They will generally help to reduce muscle rigidity, improve speed and coordination, and lessen tremor. Another option are anticholinergic drugs which do not act on dopamine but decrease acetylcholine to rebalance its levels (which regulates movement). This type of treatment is most helpful for patients with a chief complaint of tremor.
- Surgical treatment is recommended for patients who have exacerbated medication treatment. There are two types.
  - Deep brain stimulation: (a surgery where an electrode is placed in a targeted area of the brain and an attached pacemaker like device is implanted either under the collarbone or abdomen and sends constant impulses to the brain to help improve motor function)
  - Duopa: (a surgery in which a tube is inserted via stoma (usually a peg tube) and delivers a gel formulation of LDOPA directly into the small intestine)



**Four Nursing Interventions:**

- Foster independence of ADL's. Educate pt and pt family of wearing clothing without buttons or zippers, encourage use of Velcro. Educate pt not to drive or use any heavy machinery.
- Avoid social withdrawal- involve patient in work and social activities or groups.
- Avoid embarrassment while eating: use straws, wipe drool, use bib, and use large handle grips.
- Encourage high fiber diet with oral fluid intake to decrease chances of chronic constipation. Assess bowel sounds often along with palpation.



References:

<https://parkinson.org/understanding-parkinsons/what-is-parkinsons>

<https://www.mayoclinic.org/diseases-conditions/parkinsons-disease/symptoms-causes/syc-20376055>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3405828/>

# Time Flies When You're Having Fun!

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

My name is Casey Blackwell and I am graduating May 2019. I am doing my practicum on the Trauma ICU at ORMC. I am truly impressed by how much my skills have accumulated over my time in nursing school. In practicum you are essentially putting all of your nursing skills together.

It is so important that you have mastered the basic skills so you can grow to develop more advanced skills. However, my biggest message in your final semester of nursing school is to have fun and get involved. There are so many different events occurring in the spring semester both at the College of Nursing and at UCF main campus. Doing extracurricular events helps you to create memories that will last forever. Also, you are leaving an impact on your community to better it. Some of my best nursing memories have been created at SNA bake sales, the SNA state convention, and IPE events.

Although these events were not particularly required, they have been so fun to participate in with people who share some of my same passions. You may be thinking that you already do not have a lot of free time and getting involved would just cut into any of the free time that you do have. However, once you create a network of support systems with friends and faculty, you learn that the time you spend getting involved is more fun and beneficial than not. Truly enjoy your time in nursing school because it goes fast... take advantage of every opportunity to get involved and have fun, because it will be those times that create the memories to last a lifetime.



# SPOTLIGHT DISEASE



## Sepsis

Sepsis is a whole-body inflammatory response to an infection and is newly defined as a life-threatening organ dysfunction caused by a dysregulated host response to infection. It's clinically represented by an increase in the Sequential Organ Failure Assessment (SOFA) score of 2 points or more.

Patho: An infectious agent infiltrates the body → an excessive inflammatory response and vasodilation and leukocyte accumulation → hypoperfusion → oxygen delivery or demand is off → multi-system organ dysfunction

- New SOFA score:
  - respiratory rate of 22/min or greater
  - altered mentation
  - systolic blood pressure of 100mmHg or less.
- SIRS Criteria (currently used):
  - Temp < 36°C or > 38°C
  - HR > 90 beats per minute
  - RR > 20 breaths per minute or pCO<sub>2</sub> < 32 mmHg
  - WBC < 4,000 or > 12,000 or > 10% bands

### Signs and Symptoms:

Decreased urine output, changes in mentation, low platelets, increased respiratory rate and heart rate, chills, temperature changes, weakness

	Score				
	0	1	2	3	4
<b>Respiratory system</b>					
P <sub>a</sub> O <sub>2</sub> /F <sub>i</sub> O <sub>2</sub> (mmHg)	≥400	<400	<300	<200 with respiratory support	<100 with respiratory support
<b>Hepatic system</b>					
Bilirubin (mg/dL)	<1.2	1.2–1.9	2.0–5.9	6.0–11.9	>12.0
<b>Cardiovascular system</b>					
MAP ≥70 mmHg	MAP ≥70 mmHg	MAP <70 mmHg	Dopamine <5 or dobutamine (any dose) <sup>a</sup>	Dopamine 5.1–15 or epinephrine ≤0.1 or norepinephrine ≤0.1 <sup>a</sup>	Dopamine >15 or epinephrine >0.1 or norepinephrine >0.1 <sup>a</sup>
<b>Coagulation</b>					
Platelets ×10 <sup>3</sup> /µL	≥150	<150	<100	<50	<20
<b>Central nervous system</b>					
Glasgow coma scale	15	13–14	10–12	6–9	<6
<b>Renal system</b>					
Creatinine (mg/dL)	<1.2	1.2–1.9	2.0–3.4	3.5–4.9	>5.0
Urine output (mL/d)				<500	<200

Singer M, Deutschman CS, Seymour CW, Shankar-Hari M, Annane D, Bauer M, et al. The third international consensus definitions for sepsis and septic shock (Sepsis-3) JAMA. 2016;315(8):801–810. doi: 10.1001/jama.2016.0287.



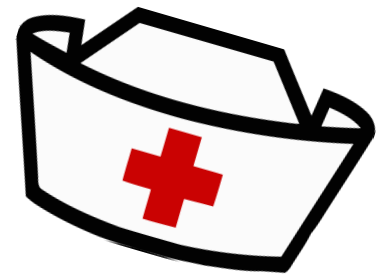


# President's Corner

## Last Semester of Nursing School Myths Debunked

By Kimberley Lucas, President, Basic BSN'19

Starting this last semester of nursing school, I didn't know what to expect. Was it true that this semester was easier than the rest? Can the words "nursing school" and any form of the word "easy" even be in the same sentence? Was I going to finally feel ready to graduate and start taking care of patients of my own?



Well let me tell you something. Six short weeks ago, seniors started their last semester of nursing school, and I have yet to find anyone who has found this semester to be easy. It doesn't matter if you're a board member of the SNA, working on top of school, or not doing much else other than school: the last semester is a lot! Seniors, I know we're all feeling the pressure. But we're all going through this together more than we ever were before.

Myth #1: Last semester = easiest semester. Sure, you have one class that actually has exams. How bad can that be? That's a fair argument, but your free time outside of class has gone from minimal to practically non-existent. Between doing community hours for public health and 12-hour practicum shifts once, twice, maybe even three times a week, the clinical demand is much more due to your reduced class time. This does not include if you work a job as a tech, which is an additional 12-hour shift, or if you have a job outside of class. Personally, now that I have fully adapted to the routine of this semester, I love the pace of it. Being 80% done with our requirements to graduate with a BSN before we take the NCLEX and are registered nurses, I'm thankful to be able to spend as much time as possible

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in the hospital learning how to be a nurse on my own. However, it is wise not to go into any semester, especially your last one, thinking that it is going to be a breeze.

Myth #2: Everyone is ahead of you and you're behind. At this point in the semester, all of your classmates are talking about the same things. Job offers. Interviews. Applications. Letters of recommendation. Even in the last semester, once again we are sucked into the competitive nature of nursing school. The fear of inadequacy while comparing yourself to the person next to you. This person's resume is fuller than mine, this person already has this interview scheduled, this person is interested in the same position I am. Here's why this myth is a myth: everyone feels the exact same way. What I have learned is that you have to focus on yourself and what you're doing, and not what everyone else is. At the end of the day, we are all worried about what others have that we don't have, and if we are going to be good enough. **One thing you have to learn is to get out of your head thinking that one person's success diminishes your own, because this is just not true.** This person got a job offer? Good for them! This person is also interested in your specialty or unit of interest? Awesome! Maybe we'll work together! Especially for those of us who are interested in the really competitive specialties such as pediatrics, ICU, and labor and delivery, it can be nerve-racking when you overhear someone else wanting to apply to the same specialty that you are. But here's the thing, it is just going to happen. There is no point in psyching yourself out, thinking that because this person applying means you won't get it, because at the end of the day you can only focus on yourself and what you are doing. What matters is that you are doing *something*. Whether it's applying or making



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connections or scheduling some interviews. Do something and go for what you want. You can't control what others are doing, you can only control what you are. And what YOU are doing is what should be YOUR priority.

Myth #3: Your first job determines your future. Alright. This one is especially hard for me. If you know me at all, you know that I have an absolute passion for critical care. I work in the Cardiovascular ICU, I got into the ICU for my practicum, and ICU nursing is my ultimate goal. Of course I want to start in the ICU! I'm familiar with the environment, I'm more comfortable in the ICU than any other unit I've been on, and I perform at my best when in the ICU. However, it is very rare to start in the ICU as a graduate nurse. Mostly because, it is very rare to find a manager that will hire graduate nurses to start in the ICU! This is obviously different between the local hospital systems, but in my experience this is very much the reality. However, I am confident in the fact that I will end up in the ICU and there is nothing wrong with not starting there. Most people *do not start in the ICU*. If they do, they were at the right place, at the right time, when the *right person was hiring*. And that's great for them! But allow me to reiterate, **one person's success does not diminish your own**. (Now that my pep talk for myself is over, let me get back to what I was saying). Whether you want to do ICU like myself, or PCU, or pediatrics, or labor and delivery, it is very possible that we will not be starting on the same unit that we dream of working on for the rest of our lives. That's the great thing about nursing! You can go anywhere and do anything. It seems that now that we are all applying, we are in such a frantic panic to get in to our dream jobs right out of school. And we should most definitely try! But if it really is your dream job, then you will get there. Even if it's after just one year of working somewhere else. Remember what we've been told since our very first day in this program? We WILL be hired. We WILL have job offers. Not everyone starts in their dream job fresh out of nursing school. A



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lot of times, that's for the best. And sometimes, people start in what they think is their dream job and end up absolutely despising it! So when it comes to this, I do urge you all to go after your dream job. Interview like crazy and go after what you want. If you don't get it right now, you will get it soon. And if it really is your dream, then it will definitely be worth it.



It is always going to be hard to not compare yourself to literally everyone around you. In fact, it's impossible not to. What you don't have time for, frankly, is letting what everyone else is doing stop *you* from doing what *you* need to do. You can't not apply for the job you want because you think someone else would get it over you. Because then you'll for sure not get it. You can't control what happens after the interview, but you can control your own actions to get to that interview. You may feel the pressure and the competitive nature of the semester with your classmates or even your friends, but you should also be happy for your classmates and friends when good things happen to them. You would want them to be happy for you right? Plus, we've all worked hard to be where we are now. We all deserve the best. It's important to support your peers and cheer them on. More likely than not, we're probably going to be working with several, if not many, of our classmates! Whether it's running into each other in the halls of the hospital, giving report when transferring your patient to a new unit, or even working on the same floor. It is important to support each other now so that we can continue that support when we work together.



This semester has been anything but easy, physically, emotionally, and mentally. Everything we've worked for has led to now: the time to apply, apply, interview, and apply



some more. We've perfected our resumes, expanded our nursing knowledge, and done everything right up to this point. But now, please focus on yourself. Take care of yourself.

Try to ignore the outside conversations of what so-and-so is doing and where so-and-so is going. Don't let anything stop you from going after what you want. And again, for the last time, **one person's success does not diminish your own.**

Your classmates are doing great things, your friends are doing great things, and *you* are doing great things. The only thing you can do now to mess up is to give up and stop trying. Always be doing something, whether it's applying, making connections, reaching out to contacts, perfecting your resume, etc. Focus on yourself, and you'll end up just fine. And especially for my classmates, I truly wish you all the best. Although I can't guarantee it, I sincerely hope that we can all end up right where we want to be. What I can say, however, is that we will end up where we are meant to be. Even if it doesn't feel like it. Even if it's not where you wanted to be, or ever thought you would be. Even if your first job is not your dream job. Just know that you have done and are continuing to do everything right, and everything will work out just fine. After all, we are Knight Nurses.

Go Knights, Charge On!

**One person's success does  
not diminish your own.**

# Announcements & Upcoming Events!



Our annual Lake Claire Kickball Day will be on March 20<sup>th</sup>. We hope to see you there!

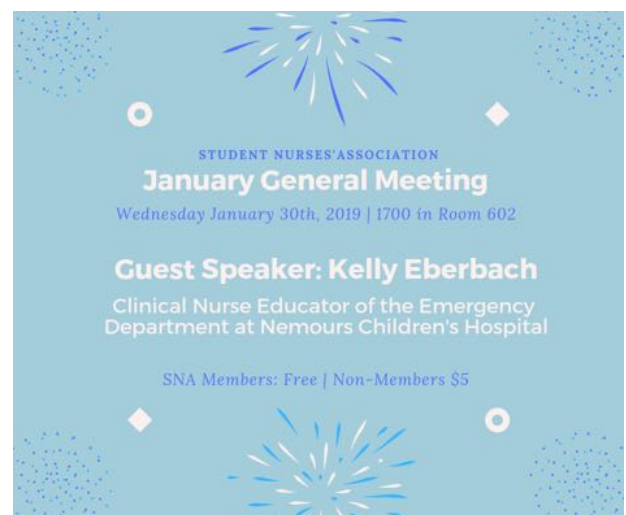
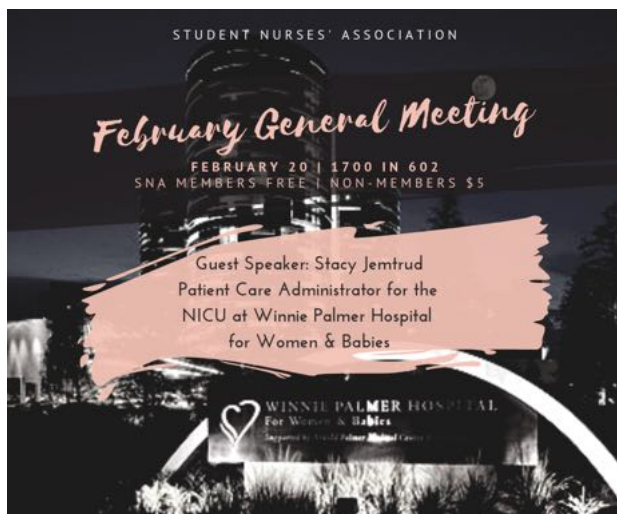
Knight-Thon is March 30<sup>th</sup>! Contact our Community Health Director for more info!

SNA is hosting a Bake Sale on March 19<sup>th</sup> and 20<sup>th</sup> at the College of Nursing Lobby. Come buy a treat and support SNA.

Keep your eyes posted on the social media webpages for Spring 2019 SNA meeting dates and events.

Relay for life will be on March 23<sup>rd</sup>. Contact our Historian for more info!

SNA's car wash is on February 23<sup>rd</sup> from 0800-1400.



# Contact Info for the 2018-2019 SNA Board!



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

## Social Media Buzz

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

## Top Point Earners

Basic BSN 2019: Delaney Miklos, Morgan Adams,  
Caitlin Cox.  
Accelerated 2019: Kelsey Tilton, Alexis  
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