LIFELINE NEWSLETTER

STUDENT NURSES' ASSOCIATION

AT UNIVERSITY OF CENTRAL FLORIDA

ORLANDO

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The Editor's Piece:

Make the most of your morning

By: Alexandra Weinstein, SNA Media Director, BSN'18

Getting up early has always been a challenge for me. Previously mornings consisted of chaotically running around trying to grab everything I need, but along the way I've picked up some tips and tricks of making the morning sail by smoothly. I found that prepping the night before substantially increases my productivity for the mornings as well as making a checklist. I wanted to write a little bit about what helps me in the morning in hopes that it might make someone else's morning easier, but if the advice doesn't work for you, do what's best for you.

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It's all in the prep:

Lunches: I pack my own lunches for clinicals or long class days. Whether it's leftovers or a sandwich/ salad, I like to get everything together the night before. I have fallen victim to the I-left-my-packed-lunch-at-home issue. If this issue haunts you too, I advise you to put your car keys with your lunch. It makes it extremely difficult to leave the house without both.

Backpack: I always put together my backpack with the correct folders and texts the night before my classes. It may seem lame, but I've made a checklist for my clinical days and separate classes. I posted the checklists on the calendar by my bedroom door, and organize my backpack accordingly. Just implementing this daily insures I don't forget something simple like my 4-color pen.

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Coffee: I like my coffee to be ready to go in the morning. My roommate and I have a foolproof system for morning coffee since we are both coffee addicts. We don't own a Keurig, so one of us will fill the coffee maker with enough water and coffee. Then whichever one of us gets up first, starts the coffee in the morning- Bam! Coffee is hot and ready.

Also, speaking of coffee: I can talk about coffee endlessly. Between my roommate and I, we have two French presses, two coffee pots, and endless possibilities for coffee anytime of the day. If I want to make coffee that is quick, easy, and ready to drink in the morning, then my trick is the night before I'll brew a huge pot of coffee, pour it into a pitcher, and stick it in the fridge over night for premade iced coffee in the morning. Now, if you want to be even crazier, fill an ice cube tray with coffee to make coffee cubes.

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The Morning of:

Breakfast: I tend to base my breakfast on the day I'm planning. If I know I'll be sitting in class all day I'll choose something like cereal, toast, oatmeal, or fruit. If I know I have a full 12-hour clinical day ahead of me I choose more filling choices. Hardboiled eggs are usually my go-to because they are easy to pick up and eat if I'm rushing. I love spicy, so sometimes I will cut up the hardboiled egg to mix it with hot sauce or maybe avocado. Avocado toast is another favorite breakfast on a clinical day. I always make sure I have a plan for breakfast because I hate running on no energy.

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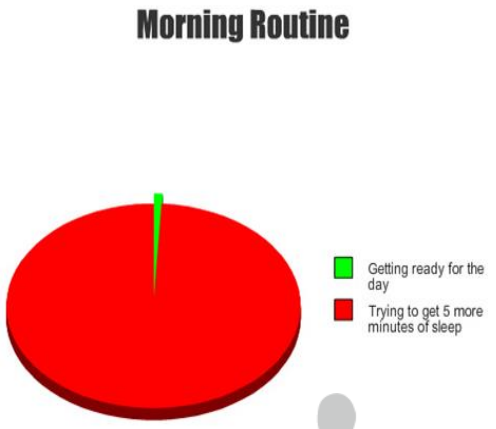
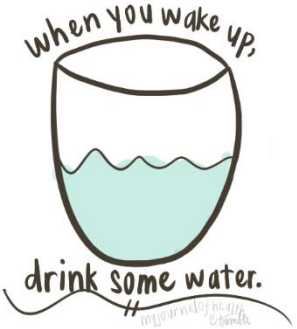
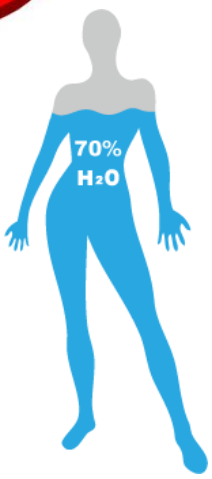
Routines: First; choose an alarm that you HATE! Having a routine that suits you is important to adjust individually. Personally, I brush my teeth, wash my face, and use the restroom first. To each its own.



Water: I always try to drink a glass of water before my coffee. I feel like the water wakes me up immediately while I know the coffee will kick start my day in the next hour. As nurses, we know how important water is for the body, so start your day with a glass.





Walking out the door: Like I said before, I always prep the day before so everything I need for the day is already together and by the door. Easy mornings are the best mornings.

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Normalizing healthcare for transgender patients

By: Alexandra Fox, SNA Historian,BSN'18

Transgender people are no strangers to society. When it comes to transgender, gay, lesbian, and bisexual individuals, although in the national spotlight of today, one of their most basic needs – healthcare – still seems to be ignored. There is much confusion and unfamiliarity between healthcare and transgender, gay, lesbian, and bisexual individuals. I believe education needs to be implemented on the side of healthcare on how to go about asking these questions. Studies show that transgender, gay, lesbian, and bisexual individuals want to be asked the status of their sexual orientation and gender identity. By asking these questions to every patient, it helps to normalize the situation and not discriminate against a specific population of individuals. Some organizations believe that these questions should be as routine as demographic questions, such as a person's race.

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With a fast-paced environment of an emergency room (ER), these issues can often be overlooked. However, it is here in the ER that the beginning of documentation begins. If patients are not asked these questions – it can start in the ER, and travel with the patient to their home. Studies show that by not asking a patient their sexual orientation and gender identity, a patient could feel as if that is not an important matter to bring up. This can lead to them harboring these emotions, which could potentially lead to an increased likelihood of drug use and suicidal ideations. Also, having this information documented already can be helpful in the long run when the patient comes back to the department or even if they get admitted to another unit.

Change needs to be implemented and education needs to happen on the side of healthcare. There is much confusion and unfamiliarity when it comes to asking a patient their sexual orientation and gender identity. How do I go about asking these questions to my patient? How do I chart it?

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How do I refer to my patient if they are born a female, but identify as a male? How do I not offend them? Many questions are unanswered when it comes to these issues.

Although these questions can seem unfamiliar, with the growing of the medical field as well as the transgender, lesbian, gay, and bisexual community, these are not questions that should be overlooked anymore. When it comes to asking our patients these questions, if we ask, they will tell.

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Growing

By: Ricardo Sánchez, Basic BSN 2018

I'm scared, the boy moaned as he squeezed his mother's hand. She smiled that sad-smile every kid knows when their parents are holding something back. He had on a sky blue collared button-up, khaki shorts, and new grey socks under a fresh pair of black Michael Jordan sneakers. I remember those days, when my parents would buy shoes two sizes too big so I could grow into them during the school year. It was his first day of third grade and the first time he got to ride in an ambulance.

It was my first clinical day in the pediatric emergency department. Everything was new to me, although I had spent years rehearsing in heroic daydreams my turn on the frontline saving lives.

Rushing, I followed the medical staff as they swarmed in and surrounded the boy, quickly removing his shirt and shoes.

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"When did it begin?" the doctor asked the mother.

"About a month ago," she said. "He was playing soccer and his father noticed he was walking funny."

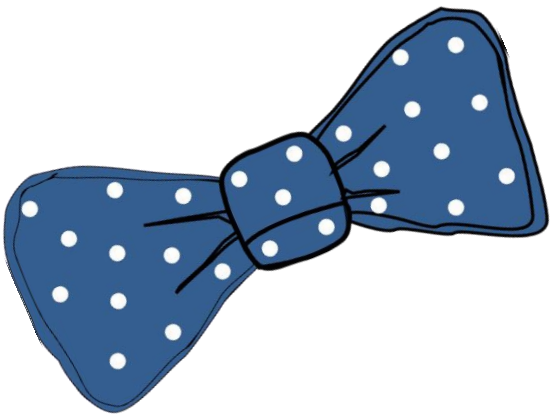
"Did you give him any medicine?" the doctor asked.

"I gave him aspirin. I think he hurt himself playing, he said his head's been hurting."

"And what happened today?"

"I was walking him to school, and I noticed that the left side of his face looked a little droopy."

The neurologist came in and assessed swiftly. He wore grey slacks and a blue button-up with a crimson and white polka-dot bowtie. Wielding an oversized reflex hammer, the humor of his appearance and high-pitched voice offset the tension in the room.



"Can you smile for me? Good. Blow up your cheeks? Okay. Squeeze my hands. Ouch! You're strong buddy. Can you straighten your leg for me? Great."

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Both doctors looked to each other and agreed to an MRI. The nurse and I wheeled the family into the radiology area, asking them to remove all the metal from their persons.
I'm scared, the boy moaned, still squeezing his mother's hand.

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Lying inside the whizzing MRI machine, the boy silently watched Finding Nemo from the visor hanging in front of him. The mother sat behind him, her wide brown eyes never glancing away. In the adjacent room, the radiologist and nurse graciously answered the plethora of questions I had about everything. Everything was new and I wanted to immerse myself into the experience. My nurse's expression was still and solemn as stone.

After an hour of anticipation, the screen lit up and panned through black and grey images of the boy's brain.

Silence.

The tech whistled a long whistle.

"What a shame. I hate when I see images like this," the radiologist said with a sigh, "it's on his brainstem. Inoperable. Call oncology, have them take a look."

An icy silence pierced inside me, I lowered my gaze towards the floor.

I remember when my parents bought shoes two sizes too big.

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Caught With My ~~Pants Down~~ Jacket Up

By: Makayla Cuppett, Basic BSN 2018

The day had started hectic, as it usually does in the first semester of nursing school, with me yanking on a pair of sweatpants and grabbing my favorite hoodie on the way out the door. It was a morning class (isn't it always?) and I wasn't exactly worrying about my appearance as I dragged my 4AM-bedtime butt through the classroom door. I plopped myself down smack dab in the middle of the class, right in front of our instructor's desk, next to an acquaintance of mine from the first few days of classes—no one really knew each other yet. It was still the first month of the semester and thus far, no one had bonded over the unfortunate poop-stained memories of LTC clinicals. So acquaintances we all were, with gleaming fresh slates to write new first impressions upon.

I was eager to make my impression a good one. So imagine my horror when I looked down at my shirt and noticed I was wearing (what I was fairly sure to be) the same shirt I had worn yesterday. Normally, I wouldn't care. I mean, it was 9 in the morning and the night prior, I had decided doing a late night puzzle was a better option than actually going to sleep. I was too tired to care what shirt I grabbed off of the back of my desk chair. But this was *first impression* time, and my acquaintance next to me was pretty rad, so I had to try my best, right? But lo and behold, I looked up from my abject alarm and saw the hoodie I had blessedly thought to bring with me to class.

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Perfection. I'd just slip this on, and no one would be the wiser. Sure, I'd look like a baggy bed sheet caught billowing in the wind with the sweatshirt and sweatpants combination, but at least I'd be a *covered* baggy bed sheet billowing in the wind. Class had already gone underway, and our instructor had launched into her PowerPoint, with me front and center, absorbing all that vital information while slowly climbing into my hoodie. Wouldn't want to be a nuisance, right? Well, the universe heard all of my thoughts up until this point. And I bet you it smiled down on me like a ray of sunshine before it rested it's hand on my shoulder and gently whispered: "Nah, we're not doing that."

Remember when I said this was before our clinicals had begun? Yeah, so I was still enjoying the elegant perks of dangly earrings—real classy, you know, dangly earrings, day-old shirt, and sweatpants.

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Well, one of those fantastic looking aquamarine dangly earrings decided to *latch* on to the inner fibers of my sweatshirt like it was Rose from the freaking Titanic. And it decided to do this about three quarters of the way into the sweatshirt-donning process. So my face was just barely blooming out of my sweatshirt head-hole, like one of those old-timey sunflower Halloween costumes that your mom made you wear when you were four. Not only this, but my arms were halfway through the sleeves and were unavailable to do what they're supposed to do in a situation like that: discreetly free the earring and smoothly pull on the rest of the hoodie.

So instead, they elected to flail wildly around while I jerked my head inside the hoodie in a hopeless attempt that the gods of panicking would pity me and free my ear. Unfortunately, they didn't heed my writhing prayer, and I—apparently—struggled so violently that our teacher stopped lecturing, leaned on to her podium and made laser-like, direct eye contact with me. She must have seen my despairing soul in my gaze, because she turned to my rad acquaintance and said, "Would you help her, please?"

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I had officially become a class disturbance with my innocent hoodie thrashing. So, whoever wasn't looking at my wild bucking in the front row was certainly paying attention now. I turned to my acquaintance, a thousand dying stars in my voice as I asked her to *reach* into my *hoodie hole* and free me from my cloth prison. She did, and bless her dexterous fingers, because I was finally unfettered. Finally free to absorb the fact that I had just introduced myself to 120 students and my teacher as "the girl who got stuck in her sweatshirt". *Awesome.*

stuck!

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Functional Consequences Theory in Nursing Care for Older Adults

By: Hannah Stein, Basic BSN 2018

One of the most common focuses in nursing care of the older adult is falls prevention. Because falls are heavily linked to death and major complications in the older adult, it is important within nursing to prevent and manage falls in this group of people. The functional consequences theory involves various components including age-related changes and risk factors. These points come into consideration of falls prevention because as nurses, we must understand WHY the older adult is more prone to experiencing a fall and HOW certain factors an individual may have that can enhance this susceptibility. For example, it is common knowledge that the older adult may experience a decline in hearing and vision which can lessen their overall perception of their surroundings. In knowing these age-related changes, as nurses, we can better guide the older adult in walking or performing other activities of daily living. We can also facilitate the assessment of these changes and carry out a plan to address these concerns (i.e. perform a vision test and recommend a follow up to receive glasses.)

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Another major component of the functional consequences theory is the environment of the older adult. The environment can also come into play in falls and falls prevention. For example, client A lives at home alone on the 3rd story of his apartment building. Client A has just had a stroke and has had difficulty in regaining his strength on his left side. Within his apartment, we had loose carpet maps in the kitchen and electrical wires for his lamps and TVs hanging loosely on the floors. Client B has also had a stroke and has unilateral weakness as a residual effect of the stroke, but client B now lives on the first floor at his daughter's home. His daughter has just installed handle bars throughout the home to assist in her father's gait, and all mats and wires have been taped securely down to the floor. As a home health nurse for both of these clients, it is important to assess the safety of the environment of the older adults and determine how the environment can result in unintentional consequences (i.e. a fall.) In this case, the nurse would be more concerned with altering client A's environment to ensure the safety and prevention of a fall.

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