

Welcome To the Winter 2023 PA-AC NRP Collaborative Meeting

Friday January 20, 2023

8:30am-11:30am

Welcome From Your Chair

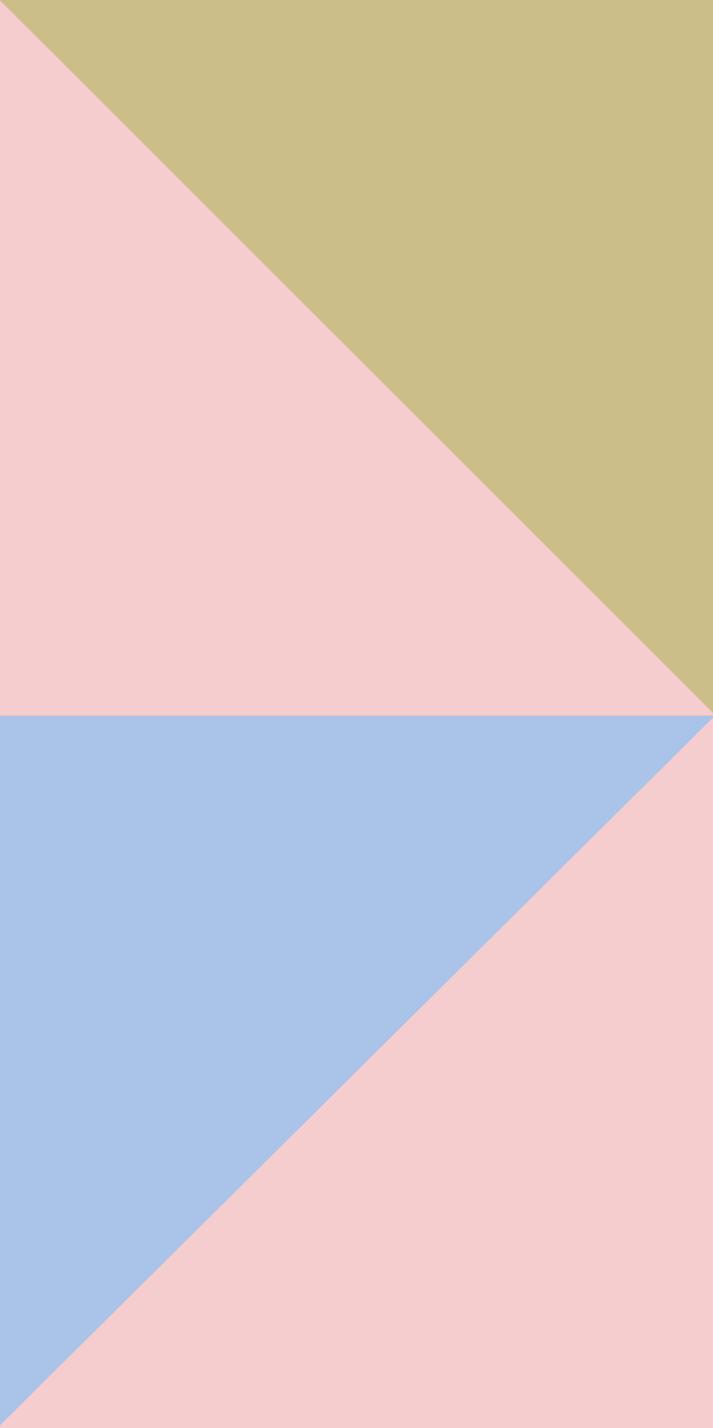
Tiffany L. Conlin, MSN, RN, CMSRN, NPD-BC

Welcome to our New Members!

Washington Health System

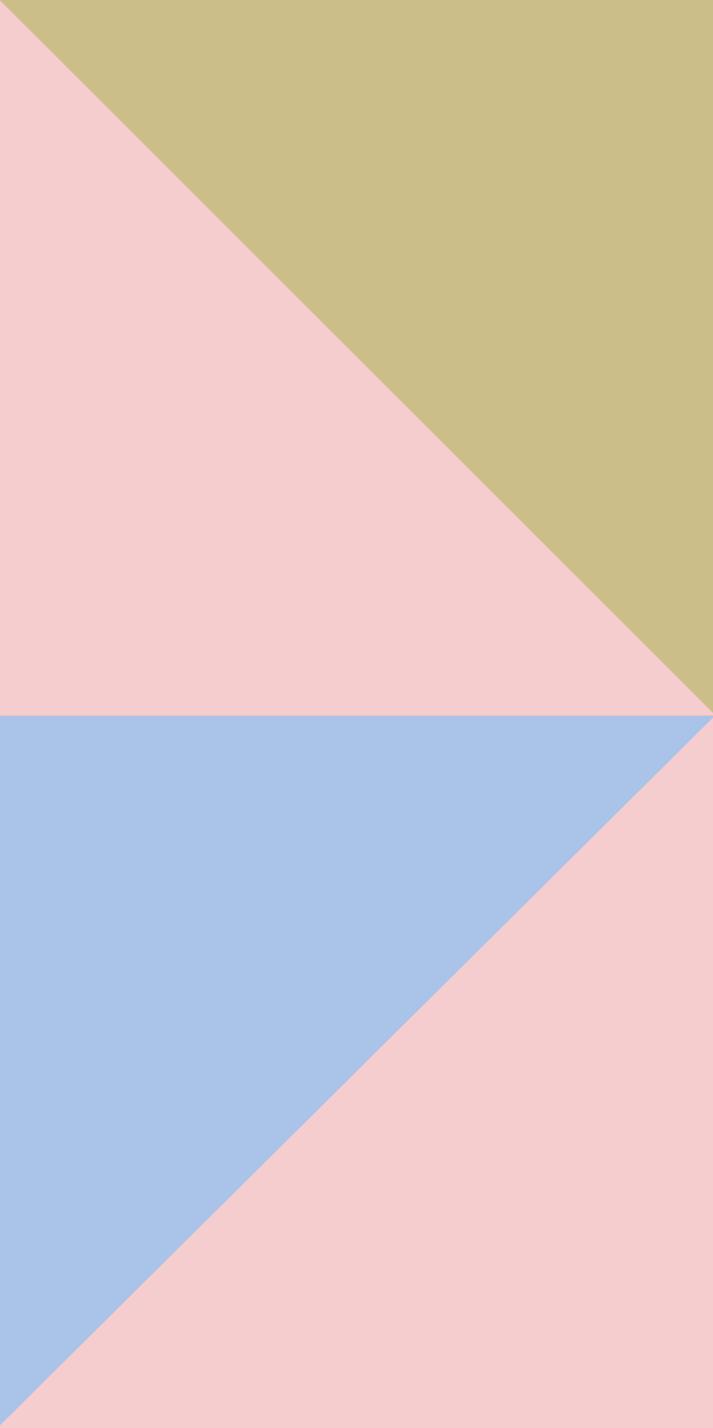
AGENDA

Time	Topic	Presenter
0815-0830	Informal Networking	Group
0830-0835	Welcome	Tiffany Conlin
0835-0945	Moral Injury	Joy Gero
0945-0955	Stretch Break	
0955-1030	Break Out Session <ul style="list-style-type: none"> • How have you personally experienced moral injury? • What have your residents shared regarding their own moral injury? • What strategies have you/your institution put into place to combat moral injury? 	Group
1030-1040	Report Out	
1040-1100	Nurse Resident EBP Project Presentations	Jacqueline Laurenzano and Amber Perelman Baylee Whitebread and Abby Hackenberry Samantha Henderson, Sarah Esposito, and Madalyn Stiebritz Tiffany OShell Higgins
1100-1120	NRP Coordinator Panel: Support of the Nurse Resident through the EBP Process	Janice Gibson Amy Popp Joanna Dixon
1120-1130	Closing	Amy Ricords



The National Nurse-Led Care Consortium is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity has been accredited for 2.5 contact hours of continuing nursing professional development.



The planners and presenters of this (clinical) activity have no relevant financial relationships with ineligible companies to disclose.

In order to receive CE credit for this activity you must:

- Be registered for this event with your name and email
- Attend all this 3-hour presentation.
- Fill out our evaluation survey
- Provide your name and email as you want it to appear on your CE certificate in the evaluation survey

Moral Injury

J. Joy Gero, PsyD

Director of Population Health & Improvement

Program Manager, LGBTQIA+ Health Quality

Joy Gero, Psy.D. (she/her) is a psychologist who began her career at UPMC 15 years ago at UPMC Western Behavioral Health. During her time at UPMC, she has worked in leadership and training roles across the health care system including as the leader of patient relations at UPMC Children's Hospital of Pittsburgh. She was named the manager of LGBTQIA+ Health at UPMC in February of 2019 and helped lead a team that improved UPMC's participation and designation in the Human Rights Campaign Healthcare Equality Index. Dr. Gero currently serves as the Director of Population Health and Improvement for UPMC.

In addition to her work at UPMC, Dr. Gero has facilitated trainings and spoken about topics ranging from implicit bias, being an advocate for intersectional communities, moral injury, suicide, and anxiety.



BREAK OUT Session Questions

- How have you personally experienced moral injury?
- What have your residents shared regarding their own moral injury?
- What strategies have you/your institution put into place to combat moral injury?

Come Back at 10:30am!



Main Line Health[®]

Thermoregulation in the Care of Infants

Jacqueline Laurenzano & Amber Perelman

7/4/2022

We Care for People



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LANKENAU INSTITUTE FOR MEDICAL RESEARCH



11,900+ Employees 

7,553 Births 

35,497 Total surgeries acute 

87 Bassinets 

8,695 Total surgeries surgery centers

160,258 ER visits 

1,314 Licensed beds 

249,168 Home health visits 

58,954 Total discharges 

1,156,024 Outpatient visits 

Mission

Our Mission statement summarizes the fundamental purpose of our organization—what we do.

To provide a comprehensive range of safe, high-quality health services, complemented by related educational and research activities, that meet the health care needs and improve the quality of life in the communities we serve.

Vision

Our Vision statement defines our aspiration as an organization—what we want to be.

Be the health care provider of choice in our communities by eliminating harm, achieving top decile performance, delivering equity for all and ensuring affordability.

Values

Our Values are our core beliefs that guide our daily behaviors in fulfilling our Mission and achieving our Vision—what we believe.

- Deliver **high quality, compassionate care**
- Keep our patients, employees and medical staff **safe**
- Foster an environment of **diversity, respect and inclusion**
- **Innovate**, embrace change, and do the **right** thing
- Work together as a **system** to achieve common goals

Implementation of consistent guidelines for incubator humidity in the Neonatal Intensive Care Unit (NICU)

- Purpose
 - Among NICU nurses, how does implementing a standardized humidity weaning policy for infants in isolettes improve consistency in practice as evidenced in EHR documentation?
- Background
 - Utilizing humidity in incubators for very low birth weight infants (VLBW) during the first week of life has many benefits, but can be detrimental to development if used too long.
 - The current humidity weaning policy in Elsevier is vague, causing variations in isolette humidity levels in our NICU.

Benefits of Humidity

Utilizing humidity in incubators for VLBW infants during the first week of life has many benefits, including maintaining body temperature, promoting development of a mature skin barrier, and decreasing trans-epidermal water loss.



(General Electric Company, 2022)

Review of Literature

- A study by Kalia et al. found that infant skin barrier formation is completed and comparable to adults by 30-32 weeks.
- A systematic review conducted by Glass, L. & Valdez, A. found that using 60-70% humidity for the first week of life followed by 50-60% humidity positively impacts preterm infant outcomes by;
 - decreasing electrolyte imbalances
 - decreasing weight loss
 - decreasing insensible water loss

The National Association of Neonatal Nurses (NAAN)

NAAN updated their humidification guidelines in the 2021 publication; *Thermoregulation in the Care of Infants: Guideline for Practice*. They define starting humidity at 70% for the infant born at 30 weeks or less and weaning humidity after the 7th DOL and maintaining humidity at 50% until 30-32 weeks gestation.



(National Association of Neonatal Nurses, 2022)

Methods

- A retrospective chart review performed on VLBW infants at Lankenau in 2021
- An MLH note outlining new humidity guidelines was added to the current Thermoregulation: Delivery Room care, Radiant Warmers, and Double-Walled Incubators (neonatal) Elsevier Clinical Skill
- Educational in-service given to all nursing staff
- Laminated job aide card was created to be placed on admission to all incubators with humidity in use
- Post Data Collected after 2 months

Job Aide Card

CLINICAL PRACTICE GUIDELINES FOR HUMIDIFICATION IN THE VERY LOW BIRTH WEIGHT (<1500GM) INFANT

INITIATE HUMIDITY FOR INFANTS BORN AT ≤ 30 WEEKS GESTATION/ <1500 GMS



FIRST WEEK OF LIFE HUMIDITY = 70%. DATE INITIATED: _____



DOL 8 HUMIDITY DECREASED TO 50%. Maintain humidity at 50 % until 30-32 weeks gestation:

DATE INITIATED: _____



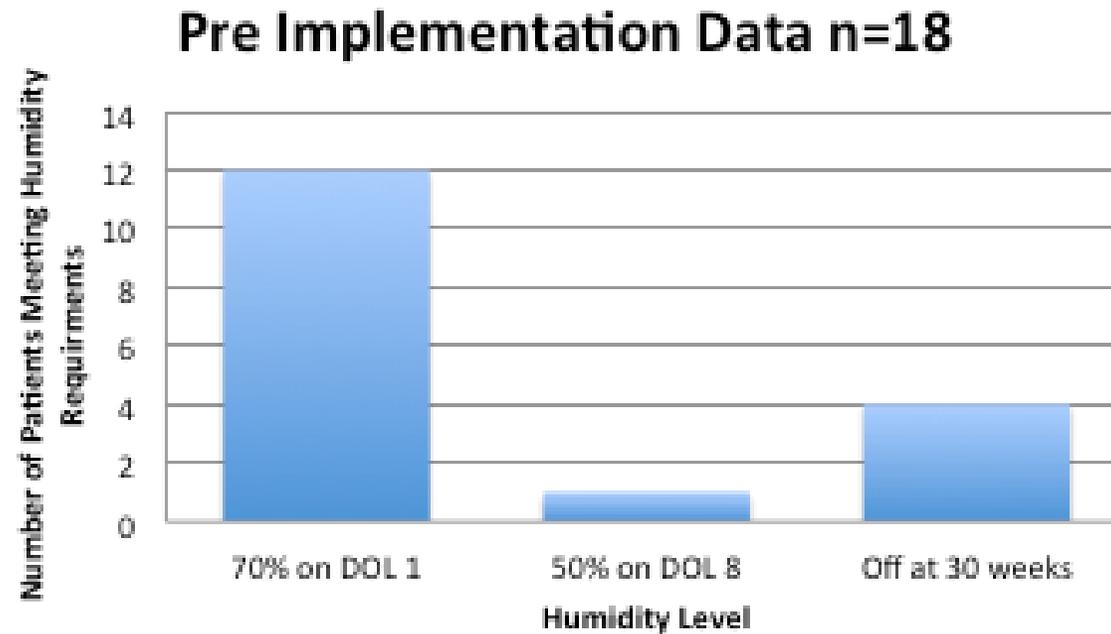
CHANGE BED FOR CLEANING Q 2 WEEKS. DUE DATE: _____



CLEAN AND DISINFECT INCUBATOR HUMIDIFICATION CHAMBER Q 1 WEEK WITH CLOROX SPRAY AND

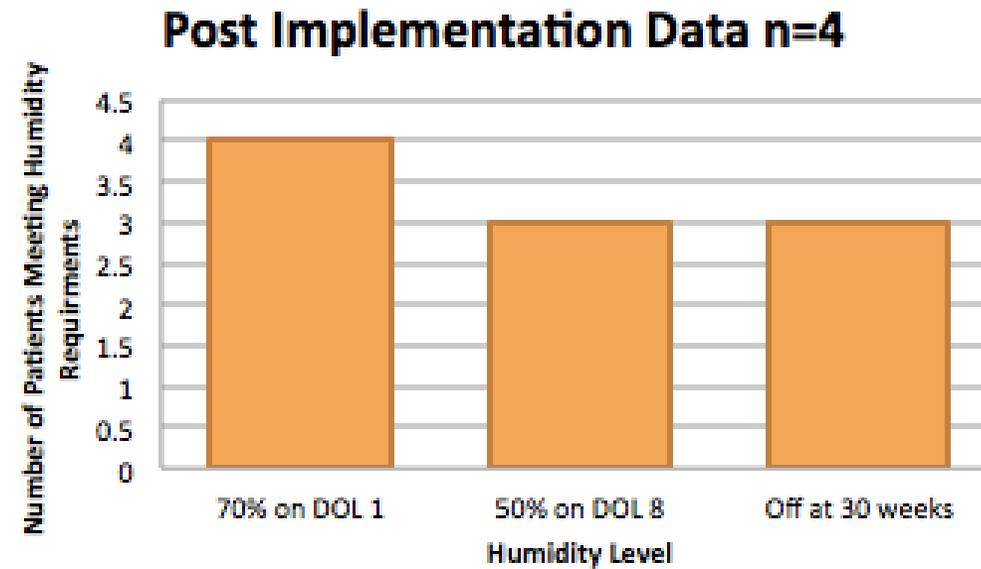
STERILE WATER. DUE DATE: _____

Results



The retrospective chart review of 18 patients revealed a wide variation in the use of humidity.

Results



Four infants met the criteria to implement our new humidity protocol.

Implications for Nursing Practice

- Improve consistency among bedside nurses and help provide safe care for our patients
- Allow our VLBW infants to achieve adequate skin barrier formation as well as other benefits of appropriate humidity
- Potential to improve efficiency of the care provided to VLBW infants
- Enhance family education and family centered care by addition of the crib side humidity guideline

Acknowledgments

- Carol Hand, MHA, BSN, RNC-NIC (Nurse Educator)
- Ellen Kane, MSN, RNC-NIC (Nurse Educator)
- Renae Lewis, MSN, RNC-NIC (Nurse Manager)
- Marta Schindler, BSN, RNC-NIC (Assistant Nurse Manager)

References

- Glass, L. & Valdez, A. (2020). Preterm Infant Incubator Humidity Levels: A Systematic Review. *Advances in Neonatal Care: Official Journal of the National Association of Neonatal Nurses*. Advance online publication. <https://doi.org/10.1097/ANC.0000000000000791>
- Argen, J., Sjors, G., & Sedin, G. (2006). Ambient Humidity Influences the Rate of Skin Barrier Maturation in Extremely Preterm Infants. *Journal of Pediatrics*. DOI:10.1016/j.jpeds.2005.11.027
- Kalia, Y. N., Nonato, L. B., Lund, C. H., & Guy, R. H. (1998). Development of skin barrier function in premature infants. *The Journal of investigative dermatology*, 111(2), 320-326. <https://doi.org/10.1046/j.1523-1747.1998.00289.x>
- National Association of Neonatal Nurses. (2021). *Thermoregulation in the Care of Infants: Guidelines for Practice*. Print.
- 360 View Giraffe OmniBed Carestation [Online Image]. (2022). General Electric Company. <https://www.gehealthcare.com/products/maternal-infant-care/giraffe-omnibed-carestation>
- NANN Logo [Online Image]. (2022). National Association of Neonatal Nurses. <http://nann.org/>

Safety Naps

Baylee Whitebread, RN, WS5M

Abby Hackenberry, BSN, RN, WS5M

UPMC West Shore Hospital

UPMC
LIFE CHANGING MEDICINE

Background

- 24 hours a day, 7 days a week, 365 days a year profession
- Circadian rhythm
- Physical and mental health risks



Assessment of the Problem



Physical

- Reduced reaction timing
- Decreased motivation
- Increase in work related injury/accidents
- Stress

Cognitive

- Decreased memory
- Poor communication
- Impaired problem solving

Environmental

- Sleep
- Personal/family responsibilities
- Noise
- Light
- Phone calls
- Pets
- Deliveries

In acute care night shift nurses, does the opportunity for a break to be taken in the form of a safety nap improve nurse alertness compared to not having a safety nap?



(American Nurses Association, n.d.)



(The Joint Commission, 2022)



(National Academy of Medicine, n.d.)

Shift Work Disorder Results from a Community Hospital

A recent study was conducted at UPMC Community Osteopathic (CO) and UPMC West Shore (WS) Hospitals regarding Shift Work Disorder. These statistics were discovered:

➤ Night shift nurses at CO were found to have a 45% chance of developing Shift Work Disorder

➤ Night shift nurses at WS were found to have a 53% chance of developing Shift Work Disorder

Napping on the Night Shift: A Two-Hospital Implementation Project

Night shift sleepiness produces three problems:

Reduced alertness and increased risk for involuntary sleep and patient care errors

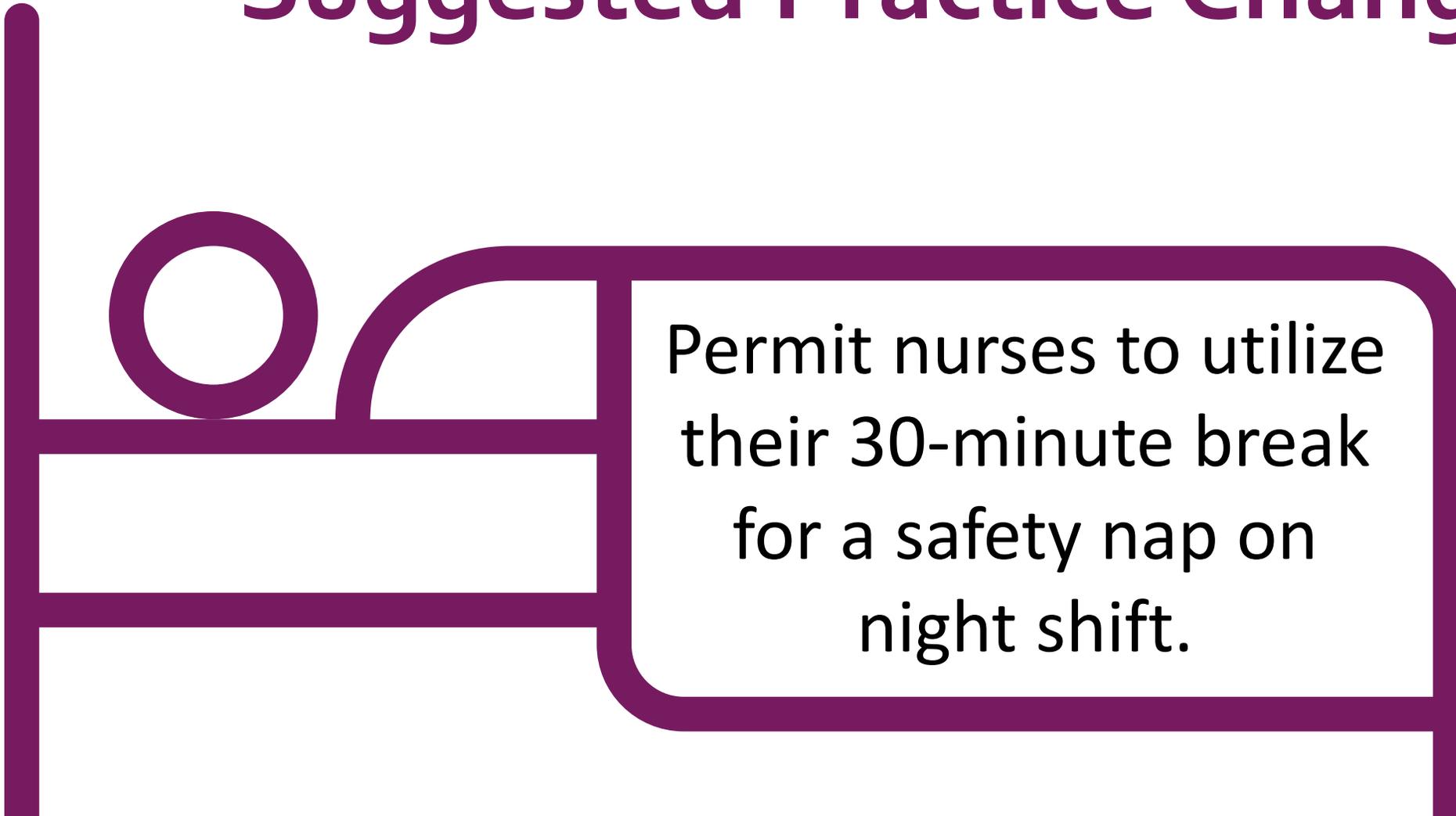
Increased risk of job-related accidents and injuries, including motor vehicle accidents on the drive home from work

Increased risk for long term impaired health, associated missed work, and increased health care costs

Let them sleep: The effects of a scheduled nap during the night shift on sleepiness and cognition in hospital nurses

- Rationale for the nap strategy in shift workers is based on a two-process model of sleep regulation: The homeostatic drive for sleep and the circadian rhythm
- A nap during night shift can interrupt the continuation of wakefulness, reduce sleep pressure, and subsequently improves alertness and cognitive function
- Barriers:
 - Sleep inertia
 - Circadian nadir
 - Age, chronotype, children at home, nap quality, and pre-sleep quality

Suggested Practice Change

A stylized purple graphic of a bed with a speech bubble containing text. The bed is represented by a vertical line on the left, a horizontal line for the headboard, and two horizontal lines for the mattress. A circular shape is positioned above the headboard. A speech bubble with a rounded top and a tail pointing to the headboard area contains the text.

Permit nurses to utilize their 30-minute break for a safety nap on night shift.

Moving Forward

- Discussions with nursing leadership
- Identify barriers
- Assess efficacy of the safety nap via Psychomotor Vigilance Test (PVT-B)

(Basner et al., 2011)

References

- ANA. (2017, May 1). Healthy Nurse, Healthy Nation. ANA. Retrieved February 15, 2022, from <https://www.nursingworld.org/practice-policy/hnhn/>
- American Nurses Association. (n.d.). Retrieved from https://www.nursingworld.org/~49411a/globalassets/logos/logo_ana_svg_new.svg
- Basner, M., Mollicone, D., & Dinges, D. F. (2011). Validity and sensitivity of a brief psychomotor vigilance test (PVT-B) to total and partial sleep deprivation. *Acta astronautica*, 69(11-12), 949–959. <https://doi.org/10.1016/j.actaastro.2011.07.015>
- CDC. (2020, April 1). Circadian Rhythms and Circadian Clock. CDC. Retrieved February 15, 2022, from <https://www.cdc.gov/niosh/emres/longhourstraining/clock.html>
- CDC. (2020, March 30). NIOSH Training for Nurses on Shift Work and Long Work Hours. Naps at Work. Retrieved January 15, 2022, from <https://www.cdc.gov/niosh/work-hour-training-for-nurses/longhours/mod7/07.html>
- Geiger-Brown, J., Sagherian, K., Zhu, S., Wieroniey, M. A., Blair, L., Warren, J., Hinds, P. S., & Szeles, R. (2016). CE: Original Research: Napping on the Night Shift: A Two-Hospital Implementation Project. *The American journal of nursing*, 116(5), 26–33. <https://doi.org/10.1097/01.NAJ.0000482953.88608.80>
- George, R., Besecker, E., & Hetrick, C. (2021). Shift work disorder, results from a community hospital [Unpublished manuscript]. Department of Nursing Education and Research, UPMC Central PA.
- Margo Halm; Night Shift Naps Improve Patient and Workforce Safety. *Am J Crit Care* 1 March 2018; 27 (2): 157–160. doi: <https://doi.org/10.4037/ajcc2018861>
- National Academy of Medicine. (n.d.). Retrieved from <https://nam.edu/wp-content/uploads/2021/12/website-logo.png>
- The Gold Seal of Approval. The Joint Commission. (2022). <https://www.jointcommission.org/-/media/enterprise-imagery/logos/goldsealdomestic.png?h=150&w=150&hash=C5818BCEB73CF01E8458EA2D34845E39>.
- Wickwire, E. M., Geiger-Brown, J., Scharf, S. M., & Drake, C. L. (2017). Shift Work and Shift Work Sleep Disorder: Clinical and Organizational Perspectives. *Chest*, 151(5), 1156–1172. <https://doi.org/10.1016/j.chest.2016.12.007>
- Zion, N. (2019). *Journal of Advanced Nursing*, Volume 75(11), 2603–2615. <https://onlinelibrary.wiley.com/doi/abs/10.1111/jan.14031>



Main Line Health®

Knowledge Assessment of Pulse Oximetry Probe Technology, Placement and Skin Pigmentation and the Impact on Results

Sarah Esposito BSN, RN, PCCN, Rashee Hall
BSN, RN, Samantha Henderson BSN, RN,
Madalyn Stiebritz BSN, RN

January 20, 2023

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PAOLI HOSPITAL | RIDDLE HOSPITAL | BRYN MAWR REHAB HOSPITAL
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LANKENAU INSTITUTE FOR MEDICAL RESEARCH

9,829 Full-time employees



7,553 Births



Births

35,497 Total surgeries acute



87 Bassinets



Bassinets

8,695 Total surgeries surgery centers

160,258 ER visits



ER visits

1,314 Licensed beds



Licensed beds

249,168 Home health visits



Home health visits

58,954 Total discharges



Total discharges

955,331 Outpatient visits



Outpatient visits

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PICOT Question

- In surgical stepdown nurses, how does education about different technology of pulse oximetry sensors, compared to current state, influence correct placement of sensors over a six-week period?

Background

Background

- COVID19 brought light to pulse-ox challenges
 - Patients desaturate quickly
- Observations made of pulse-ox probes not being used correctly
- Correct placement is important
 - Manufactured for specific body parts
- Qualitative Feedback from nursing staff
 - Using pulse-probe anywhere a "good waveform" was found

Background Cont.

- Pulse-ox probes and darker skin complexions
 - Lack of studies
- Pulse-ox probes created on a lighter skin complexion model

Literature Review

Literature Review

- Milutinovic et al. (2016) concluded that nurses in this study did not meet the satisfactory level when providing their own knowledge about proper pulse oximeter usage
- Feiner et al. (2007) found that individuals with darker pigmentation will show a false high reading when compared to ABG results.
- Yont et al. (2011) found that the measurements of the forehead pulse ox was found to be in closest relation to the SaO₂ from an arterial blood gas. This led to the conclusion that a forehead oximeter is the best tool used to assess oxygenation with of an pulse ox accurately
- Yont et al. (2011) found that forehead probes that reads over the supraorbital artery stays the most adequately perfused

Methods

Methods

- Obtain all available pulse ox sensors from the Lankenau Medical Center (LMC) storeroom.
- Using standardized questions, ask SDU nursing staff to demonstrate on mannequin, how and where they have placed each sensor in a clinical situation regardless of pulse ox type
- Record body part chosen vs. type of pulse-ox sensor
- Provide education.
- Test participants post education
 - Record body part vs. pulse-ox sensor.

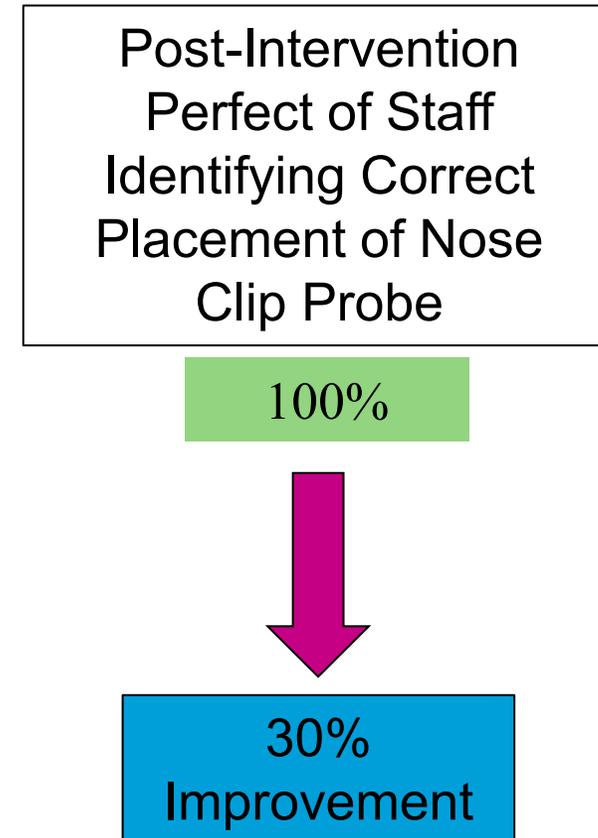
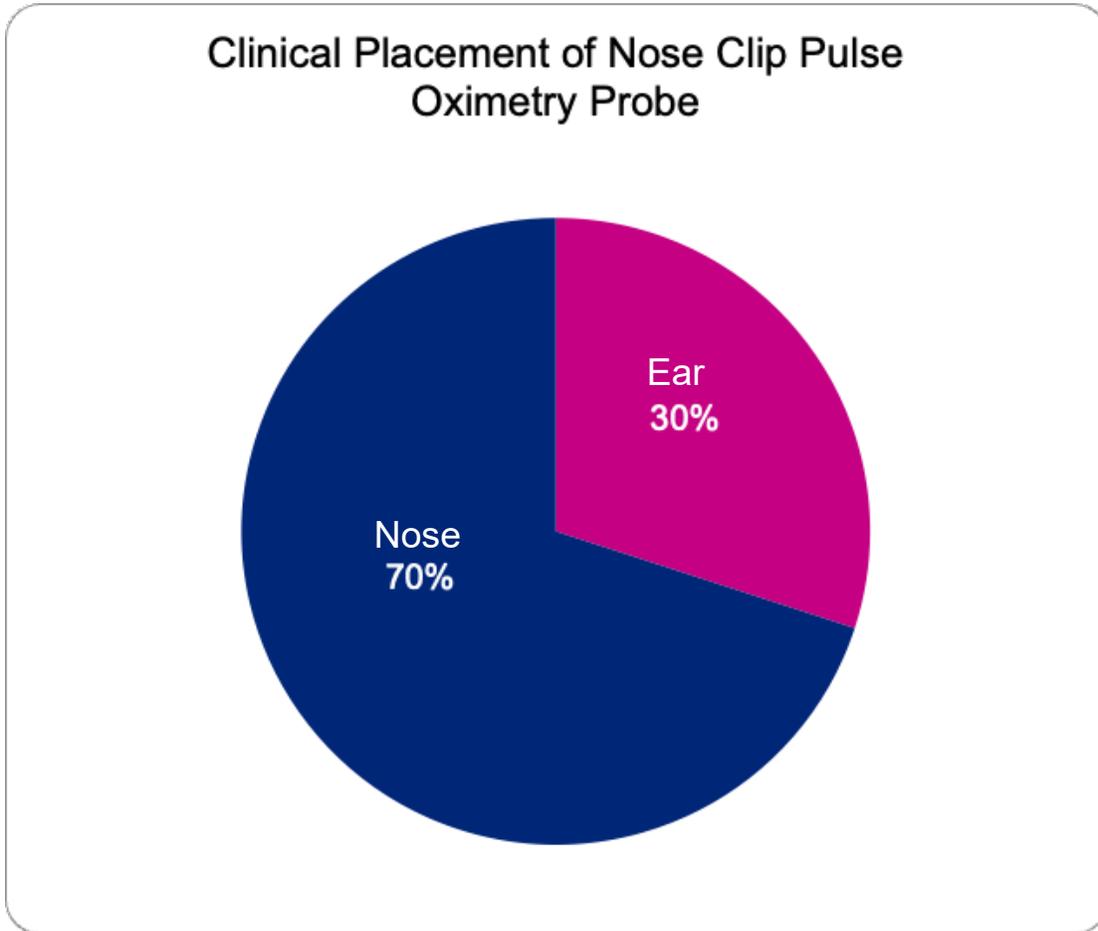


Results

Results

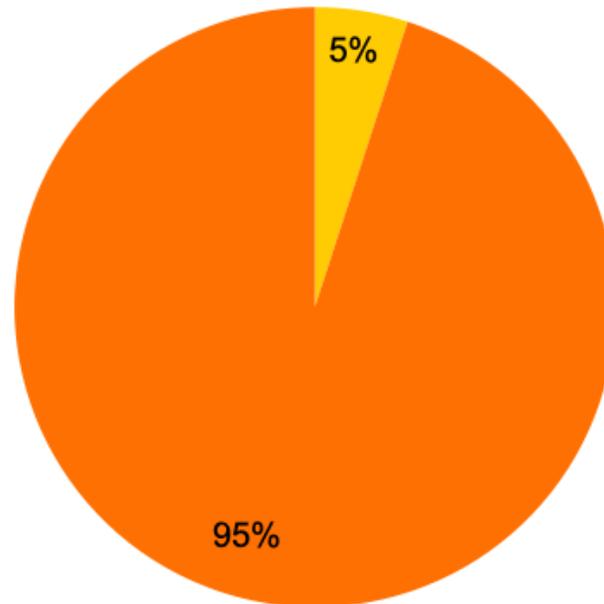
- N=20
- Nose clip
 - 20% knew only on nose, 100% admit to using on ear
- Bride of Nose probe
 - 95% use on forehead
- Factors that affect pulse-ox accuracy
 - 5% knew (only 1 participant) skin tone

Graphs and Charts



Graphs and Charts

Participants Knowledge of Skin Complexion
Affecting Pulse Oximetry Accuracy



Only **5%** knew skin complexion affects pulse-ox accuracy

Post-intervention
Percent of Participant
Knowledge of Skin
Pigmentation
Affecting Pulse-Ox
Accuracy

100%

95% Improvement

Implications to Nursing Practice

Implications for Nursing Practice

- Relevant to our unit, the MLH system, and to any acute care
- Outcomes show a gap in knowledge in pulse oximetry usage and unawareness of factors that could lead to inaccuracies
 - Providing education to our nurses impacts patient care by ensuring accurate assessment of a patient's condition
- Improve patient outcomes in the acute care setting
 - receiving supplemental oxygen sooner
 - ensuring that patients are receiving a therapeutic dose of oxygen therapy

Next Steps

Next Steps

- Project presented to Main Line Health Hospital Leaders
- Creation of "Pulse-Ox" Tip Sheet to be distributed throughout Lankenau Medical Center
- Include information and education in daily safety huddles and unit weekly updates
- Work with Nelcor/Medtronic to share our project and data

References

- Selfi S., Khatony A., Moradi G., Abdi A., Najafi F. (2018). Accuracy of pulse oximetry in patients admitted to the intensive care unit of heart surgery: comparison of finger, toe, forehead, and earlobe probes. *BMC Nursing*, 17(15). <https://doi.org/10.1186/s12912-018-0283->
- Feiner J., Severinghaus J., Bickler P. (2007). Dark skin decreases the accuracy of pulse oximeters at low oxygen saturation: the effects of oximeter probe type and gender.
- Milutinovic D., Epic G., Arandelovic B. (2016) Clinical nurses' knowledge level on pulse oximetry: A descriptive multicenter study. *Intensive Critical Care Nurse*, 37. 19-26.
- Yönt, G. H., Korhan, E. A., & Khorshid, L. (2011). Comparison of oxygen saturation values and measurement times by pulse oximetry in various parts of the body. *Applied Nursing Research*, 24(4). <https://doi.org/10.1016/j.apnr.2010.03.002>

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Main Line Health®

Multimodal Pain Management Education and its Effects on the Post-op Spinal Patient Pain Severity

O'Shell Higgins BSN, RN

January 20, 2023

Does the introduction of multimodal pain management education for spine related surgeries to night shift staff decrease severity of pain levels for day shift assessments?



BACKGROUND

- This project was implemented on a Medical/Surgical Telemetry Orthopedic unit, targeting patients who underwent spinal surgery and admitted to the unit.
- Visual Analog Scale (VAS) as well as numeric and word pain scales were used to obtain pain levels.
- Pain scores in morning assessments were higher than goal.
- Inconsistent pain management practice by night shift nurses was identified.
- Effective pain management is crucial in order to optimize positive patient outcomes and decrease post-operative complications.

- Based on a publication from the *Journal of the American Academy of Orthopedic Surgeons*, a multimodal approach to pain management is recommended for best pain control to improve patient outcomes after spinal surgery. This approach addresses the several types of pain a patient experiences after spinal surgery.
- Types of pain include: neuropathic, inflammatory, radicular, or nociceptive in nature and using a Multimodal approach to pain management decreases recovery time, increases ambulation, reduces complications, and improves patient satisfaction (Kurd, Kreitz, Schroeder & Vaccaro, 2017).
- Neuro-modulatory agents such as Gabapentin reduce opioid consumption as well as reduces the incidence of opioid side effects such as nausea/vomiting and urinary retention. (Peng, C., Li, C., Qu, J., & Wu, D. (2017).
- The use of NSAIDs in multimodal pain management reduces pain and overall opioid side effects by approximately 30%.
- Patients that have appropriate pain control are more ambulatory. Early and frequent ambulation in the postoperative patient decreases the likelihood of urinary retention and the need for Foley catheter placement, improving gastric motility, and preventing postoperative ileus.

- Pre-education:

Morning pain level data was collected through chart audits. All methods of pain scales were reviewed.

400 patient charts were audited from March 2021-mid-December 2021.

- Education:

Collaborated with orthopedic spinal surgeon, Dr. Mark Kurd, MD for a multimodal pain management protocol.

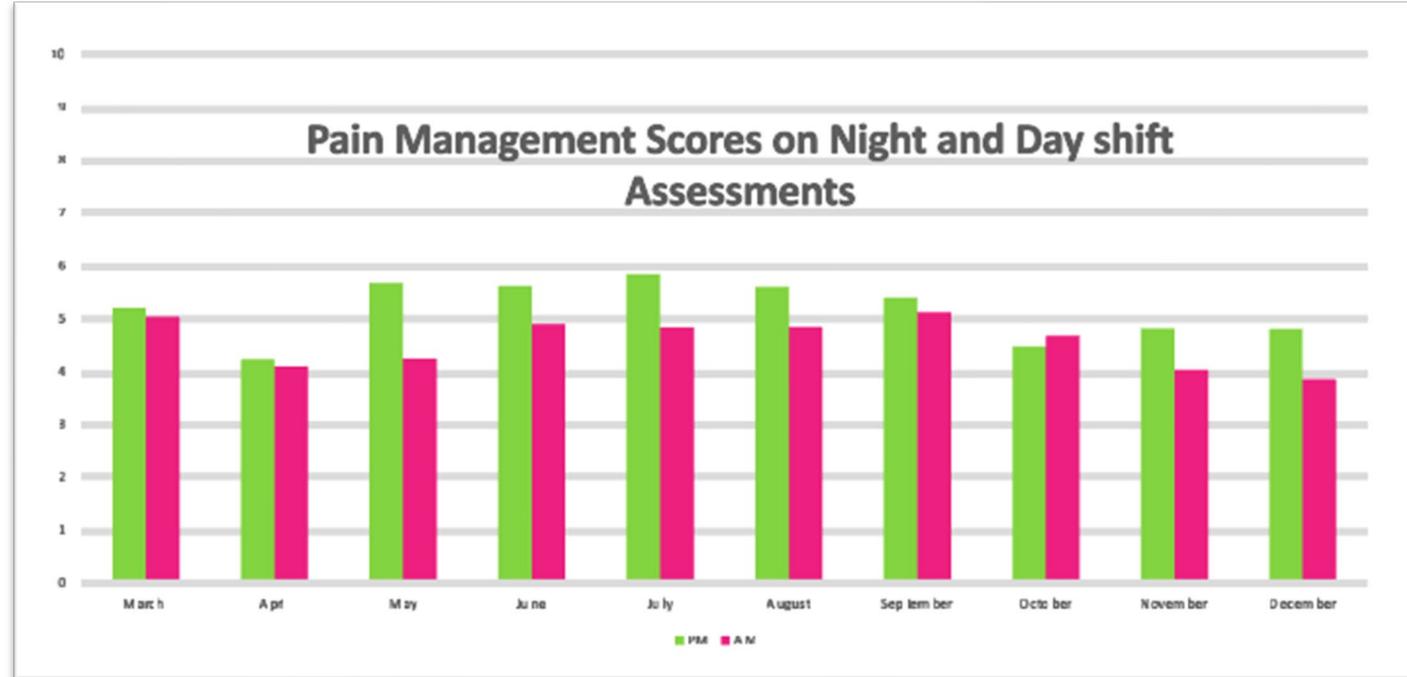
An education tool was then created and placed on the orthopedic unit, outlining the importance of consistent medication administration, even during the night shift.

Individual one-on-one education was conducted with night shift nurses to reinforce the education.

- Post-education:

50 patient charts were audited from mid-December 2021-mid-January 2022.

PAIN SCORES MARCH 2021- DECEMBER 2021



Average pain score pre-education was 4.56/10 compared to post-education at 3.85/10

Collected data found a **15.5%** reduction in pain severity

The first post-education audit date in December noted the lowest average pain score year to date for post-op day 1 surgical patients.

These statistics were presented to the orthopedic spinal surgeons, which resulted in the development of a *standardized multimodal pain management protocol*.

- Increased adherence to multimodal pain management administration can lead to improved patient outcomes.
- More effective pain management leads to earlier ambulation which improves rehabilitation in spinal patients.
- Reducing pain levels for patients who have had spinal surgery can increase early ambulation, reduce post-operative complications and improve overall patient experience.



NEXT STEPS

- Continue to reinforce the education with day and night shift staff and add to new hire orientation, focusing on the importance of pain management.
- Pain management education handouts placed in patient education folders, providing information on the various medications used to manage their pain.
- Meet with the Pain (Quality) Committee at Bryn Mawr Hospital and present findings.

PATIENT EDUCATION/HANDOUT

Medication Purposes and Side Effects Pain Medications			
Medication	Class	Purpose	Side Effects
Roxicodone (Oxycodone)	Opioid	Moderate to severe pain	Constipation, dizziness, drowsiness, itching, nausea, vomiting
Tylenol (acetaminophen)	Non-opioid	Mild to moderate pain	Nausea, vomiting and liver damage with high dosage
Toradol (ketorolac)	Non-steroidal Anti-inflammatory drug	Mild to moderate pain/ swelling	GI pain, headache, indigestion, nausea and GI bleeding
Ultram (tramadol)	Opioid	Moderate to severe pain	Constipation, dizziness, drowsiness, itching, nausea, vomiting
Norco (hydromorphone/acetaminophen)	Opioid	Moderate to severe pain	Constipation, dizziness, drowsiness, itching, nausea, vomiting
Flexeril (cyclobenzaprine)	Antispasmodic (Muscle Relaxant)	Pain and stiffness caused by muscle spasms	Dizziness, drowsiness, nausea, vomiting, diarrhea, dry mouth, confusion
Zanaflex (tizanidine)	Antispasmodic (Muscle Relaxant)	Pain and stiffness caused by muscle spasms	Dizziness, drowsiness, nausea, vomiting, diarrhea, dry mouth, confusion
Valium (diazepam)	Anxiolytic (treats muscle spasms)	Pain and stiffness caused by muscle spasms	Drowsiness, dizziness, muscle weakness, headache, constipation
Decadron (dexamethasone)	Synthetic adrenocortical steroid	Decreases inflammation	Heart palpitations, shortness of breath, dizziness, anxiety
Gabapentin (Neurontin)	Anti-convulsant (off label use for nerve pain)	Neuropathic/ Nerve Pain	Drowsiness, dizziness

REFERENCES

Gupta, A., & Bah, M. (2016). NSAIDs in the treatment of postoperative pain. *Current Pain and Headache Reports*, 20(11). <https://doi.org/10.1007/s11916-016-0591-7>

Kurd, M. F., Kreitz, T., Schroeder, G., & Vaccaro, A. R. (2017). The role of multimodal analgesia in spine surgery. *Journal of the American Academy of Orthopaedic Surgeons*, 25(4), 260–268. <https://doi.org/10.5435/jaaos-d-16-00049>

Peng, Chuangang PhD; Li, Chen PhD; Qu, Ji PhD; Wu, Dankai PhD. Gabapentin can decrease acute pain and morphine consumption in spinal surgery patients: A meta-analysis of randomized controlled trials. *Medicine* 96(15):p e6463, April 2017. [|https://doi.org/10.1097/md.00000000000006463](https://doi.org/10.1097/md.00000000000006463)

Vallaerand, A.H. & Sanoski, C.A. (2019). *Davis's Drug Guide for Nurses*. Philadelphia, PA. F. A. Davis Company



NRP COORDINATOR PANEL: SUPPORT OF THE NURSE RESIDENT THROUGH THE EBP PROCESS

Featuring:

Janice Gibson
Amy Popp
Joanna Dixon

Closing

Amy H. Ricords, MEd, BSN, RN, NPD-BC

PA-AC Director of Nursing Professional Advancement



Evaluations



COMPLETE YOUR EVALUATION
BEFORE FRIDAY FEBRUARY 3RD, 2023.
MUST DO FOR CE CREDIT. INCLUDE
YOUR NAME AND EMAIL.



PLEASE PROVIDE ANY
COMMENTS/QUARTERLY CONTENT
TOPIC IDEAS!



EVALUATION LINK WILL BE EMAILED
THIS AFTERNOON.



Mark Your Calendars!

- Vizient National Conference in New Orleans March 6-9th We will gather for the first lunch as a collaborative!
- April 28, 2023 Spring Collaborative Meeting 8:30-12pm VIRTUAL
- June 23, 2023 Summer Collaborative Meeting 8:30-12pm VIRTUAL

Vizient National Conference- lunch gathering

What topics would you like to network/discuss during our lunch gathering?

Please go to:

www.menti.com

And use the code 1132 9810

Or the QR code below





Thank you!

Speakers
Steering Committee
To our members and your
commitment to making
Nurse Residency AWESOME!

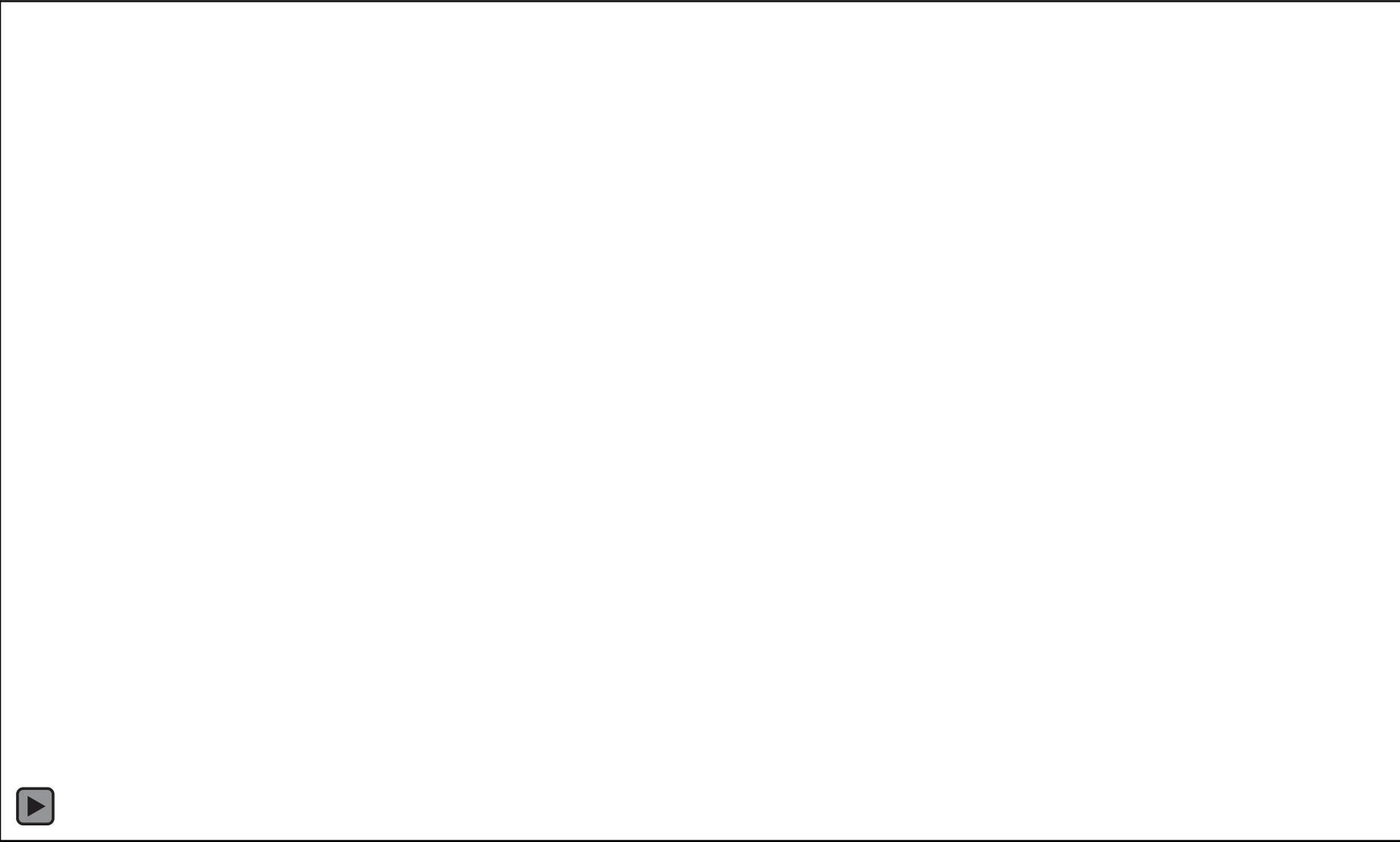
Committee Role	2022-2023 Term
Chair	Tiffany Conlin (UPMC Presbyterian)
Co-Chair	Elizabeth Holbert (Penn State Hershey Medical Center)
Past Chair	Jeanette Palermo (Thomas Jefferson)
Director Member	Lindsey Ford (Geisinger Medical)
System Coordinator Member	Teddi Porter (Excelsa)
Coordinator Member	Cathy Witsberger (UPMC Presbyterian)
New to Vizient Member	Cindy Liberi & Lisa Sheehan (UPMC)
Networking Lead	Janice Gibson (Jefferson Health, Northeast)
Academic Partner	Brianna Blackburn (Penn State College of Nursing)

Thank YOU!

PA-NRC Member login

The PA-NRC Login is located here on the PA Action Coalition website:

<https://www.paactioncoalition.org/>



Member Login

Username *

Password *

Remember me

Log in

[Forgot your password?](#)

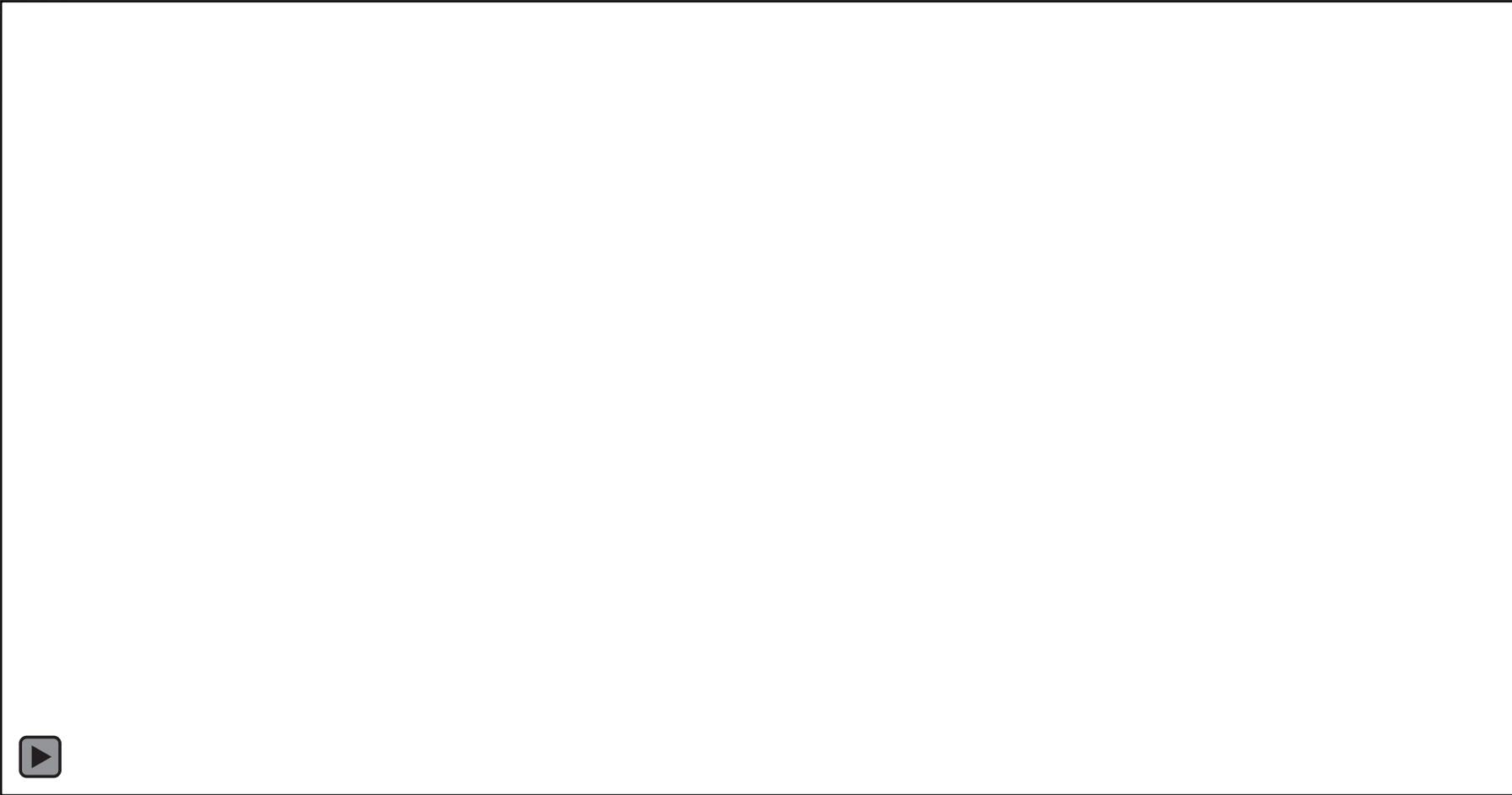
[Forgot your username?](#)

- Enter Username and Password. Your username is your email.
- If you forget your username or password, **click the “Forgot Username/Password”** option. A verification code will be sent to your email.
- **If you do not have an account, please email** PA Action Coalition Sr. Manager, Zaharaa Davood at zadavood@phmc.org to set up an account



The Member Login portal includes:

- Information about the PA-NRC and Steering Council
- PA-NRC Materials – slides and recordings from previous meetings
- PA-NRC Members – Contact information of members to connect with



PA-NRC Members Page – This lists PA-NRC Members and their contact information. Members can use this to connect with each another.

If changes need to be made to the contact information or a new member needs to be added, please email Zaharaa Davood at zadavood@phmc.org with changes.

If you want to update your password or other user information, click the “View/Update My Profile” option. Enter updated information and click save.

Member Pages

- About the PA-NRC & Steering Council
- PA-NRC Members
- PA-NRC Materials
- Steering Council Items
- View/Update My Profile**

User Profile

[Edit Profile](#) [My Subscriptions](#) [Subscription History](#)

Profile Data

Username	Password	Retype Password *
zaharaadavood@gmail.com	<input type="password"/>	<input type="password"/>
First Name *	Last Name *	Organization *
<input type="text" value="Zaharaa"/>	<input type="text" value="Davood"/>	<input type="text" value="PA Action Coalition"/>
Address Type *	Mailing Address 1	Mailing Address 2

About the PA-NRC

**PENNSYLVANIA
ACTION
COALITION**



vizient™

- Learn about what we do!
- New sessions announced:
 - February 14th, 2023 from 2pm – 3pm
 - February 15th 8:30 am – 9:30 am
- Zoom links will be sent out after this meeting

PA Action Coalition Staff Contacts

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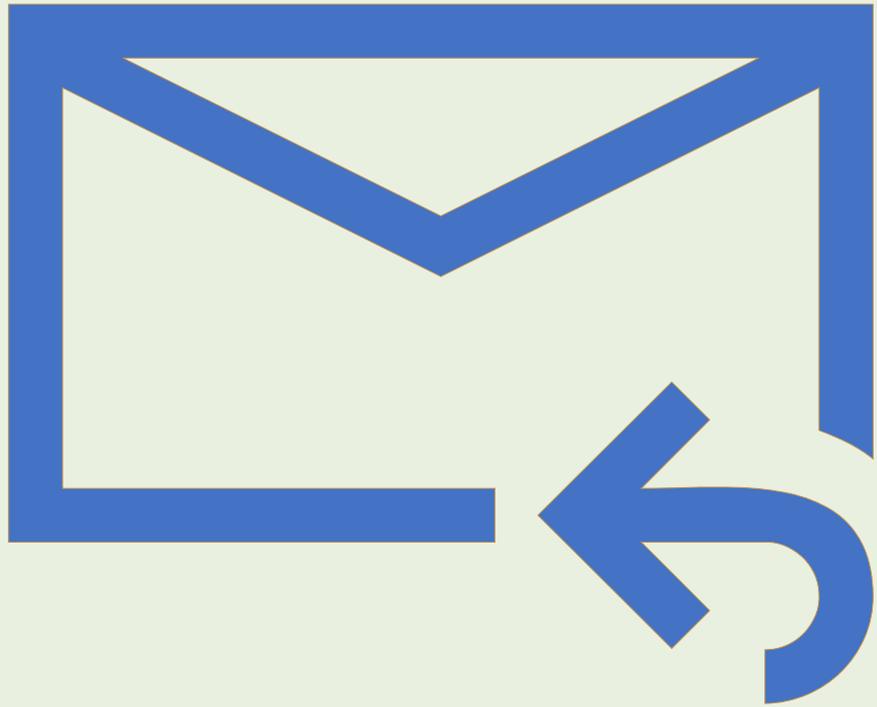


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Manager
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How Can We
Support You?

aricords@peakoutcomes.com