

May 1993

Volume 13, Number 1

### President's Address

Mary Ellen Wilson, RN BA BS CEN



The 1993 State President's meeting was held February 14-15, 1993 in San Diego, CA. Mary Ann Wylie, NYSCENA President-Elect, and I represented New York State.

This year's meeting included reports from the 1993 ENA committee chairpersons on their

1993 charges. A special report on draft bylaw revisions from the Nominations and Elections Task Force was presented. We attended several forums on council leadership topics.

Ms. Wylie and I had an opportunity to attend the Leadership Symposium that was held prior to the President's meeting. This gave us the opportunity to network and share information with others involved in emergency nursing across the county.

1993 is proving to be an exciting year for emergency nurses in New York State. The NYSCENA has formed a Task Force to define and identify the specific roles and responsibilities of the state council committees and board members.

The Emergency Nursing Pediatric Course (ENPC) is finalized. The New York State ENPC committee has selected ten candidates to attend the regional course in Boston, April 15-18, 1993. These candidates will disseminate the course throughout the state.

New York State Council ENA will continue to strive to keep New York members aware of current trends and issues affecting emergency nursing. ❖



### Genesee Valley Chapter — "Where Land Meets Water"

Gwen Williams, RN BSN CEN

The beautiful Genesee Valley of New York State is the home of ENA Chapter #276 - Genesee Valley Chapter (GVC). This chapter includes the counties of Monroe, Livingston, Wayne, and Ontario. These counties are known for their annual high accumulations of snowfall and as the fruit belt for New York State.

The Genesee Valley Chapter currently has 120 members, making it the fourth largest in the state. The chapter first received their charter in the early 1970's along with eleven other state chapters. GVC was deactivated in July 1983, but quickly reformed and was reactivated in November 1984. Since 1984, GVC has been very healthy on both the state and local levels. The 1992 and 1993 New York State Council Presidents, Gwen Williams and Mel Wilson, are from the Genesee Valley Chapter.

GVC sponsors quarterly dinner meetings each year, with speakers and a teaching day in the fall. In 1993, GVC was the host chapter for the annual State Conference "Setting the Pace." Local chapter members have been instrumental in planning and implementing the local hotel and meeting arrangements.

Chapter involvement in local emergency issues and events is evident through attendance at chapter meetings, serving on the local EMS Council, participation in nursing activities and being visible as experts in the practice of emergency nursing. Active participation is the key to the GVC success. One third of the membership voted in the 1992 chapter elections! Five of the six Rochester hospitals are represented on the monthly Executive Committee meeting.

(continued on page 3)

Submit articles, comments or suggestions to:  
Susan Strauss, RN CEN  
CCRN, Editor or Jeanette  
Barth, RN BSN CEN,  
Associate Editor  
167 Hooker Avenue  
Poughkeepsie, NY  
12603-3305

# Changes in the NYSCENA Bylaws

Cliff Green, RN NP CS CEN

Mary Ellen Wilson, RN BA BS CEN

The Policy and Procedure Committee of New York State Council of ENA is pleased to announce acceptance of the revised edition of the state bylaws. These revisions were accepted at the January 1993 meeting in Albany. The committee was comprised of Mary Lou Killian, Virginia Hens, Cliff Green and chaired by Fran Sikso. The committee worked hard last year to finalize changes that make the state policies and procedures current and equitable. Three major changes have been incorporated. These relate to the Board of Director-Member at Large positions, elections, and selection of delegates to the National General Assembly. Finalized copies were given to the chapter delegates at the April State Council meeting in Rochester.



## 1. Board of Directors - At Large Member

Previous bylaws stated that the candidate for Member at Large must be a member of the New York State Council. Now, any New York State ENA member may run for these two positions. Intent to run and documented involvement in ENA activity at the national, state or local level should be made in writing by April 1st of any election year. Elections will be held at the first state council meeting of the year. It is recommended that nominees plan to attend the state council meeting following their declaration.

## Violence in the ED

Susan F Strauss, RN CEN CCRN

I wish to extend my sincere appreciation to the members of New York State ENA who responded to the recent survey on safety in the emergency department. I have now received approximately 300 responses and am in the process of tabulating the data and further researching this problem. The overwhelming response truly indicates the need for further research and interventions to protect the health care worker. Look in your next issue of NYSCENA NEWS for some conclusions based on the information that you provided. ❖

## 2. Election of State Council Officers

The election of New York State Council officers will be held at the last meeting of each calendar year. Voting will be done through ballots by the state council delegates or alternates. Both the Secretary and Treasurer will serve for two calendar years. The Treasurer will be elected on odd years and the Secretary on even years.

## 3. Delegates to the National Assembly

The New York State delegates to the National Assembly will be selected to fill allocated slots in the following manner.

- A. State Council President, Officers, and Board of Directors
- B. Chapter delegates - in the event that the listed delegate cannot attend, the chapter alternate may fill this position.
- C. Chairpersons of state committees
- D. Remaining alternate chapter delegates
- E. In the event of open delegate positions, a lottery system will be instituted. Any New York State ENA member may submit his/her name for the lottery in writing to the State Council President by June 1 of that year.

*I wish to thank Fran and the committee members for all their work. From a personal perspective, my participation was enlightening and educational. The open exchange and sharing of thoughts and ideas make this difficult task very rewarding and . . . almost pleasurable. — Cliff Green RN NP CS CEN ❖*



New York State Council News is published quarterly. The opinions expressed in this newsletter are not necessarily those of the New York State Council of the Emergency Nurses Association.

|                                  |                   |
|----------------------------------|-------------------|
| President . . . . .              | Mary Ellen Wilson |
| President-elect . . . . .        | Mary Ann Wylie    |
| Secretary . . . . .              | Michelle Silliker |
| Treasurer . . . . .              | Patsy Ballard     |
| At-Large Board Members . . . . . | Barbara Kirby     |
| . . . . .                        | Susan Strauss     |
| Past President . . . . .         | Gwen Williams     |

The committee worked hard last year to finalize changes that make the state policies and procedures current and equitable

# What's New in Nursing Research?

Mary Ann Wylie, RN BS CEN



## Clinical Practice -----

### Drug-Induced Myocardial Ischemia and Acute Myocardial Infarction.

Bergstrom D, Keller C. *Critical Care Nursing Clinics of North America* 1991; 4(2):273-278.

This article provides a thorough understanding of central nervous stimulant effects on the myocardium. It is a valuable nursing resource for the assessment of any adult patient with chest pain or any patient who is prescribed a central nervous stimulant.

### Skin Malignancies in the Elderly: Diagnosable, Treatable and Potentially Curable.

Smoller J, Smoller B. *Journal of Gerontological Nursing* 1992; 18(5):19-24.

"Emergency nurses should be expected to recognize skin abnormalities." This article reviews assessment information for skin lesions and emphasizes the importance of early detection in the assessment of all elderly patients.

### Aseptic Meningitis: A Case for Clinical Experience.

Polito, Stollerman G. *Hospital Practice* 1992; 27(5A):27-39.

"The Center for Disease Control notes a significant increase in 1991 (up more than 50 percent from 1990) in cases of aseptic meningitis in the United States." This article provides emergency nurses with helpful information in the understanding of aseptic meningitis and should assist in overall patient management.

## Pediatric Clinical Practice -----

### Chest Wall and Pulmonary Injuries in Children.

Messier R, Marmon L, Hoy G. *Trauma Quarterly* 1992; 8(3):51-58.

This article is a must for your emergency department. It reviews pediatric anatomy and physiology, epidemiology and the management of chest injuries. The authors provide an excellent discussion of respiratory failure.

The newsletter of the New York State Council of ENA currently has a circulation of 1800, is published quarterly, and reaches all ENA members within New York State. NYSCENA accepts paid advertisements for products or services that relate to emergency nursing within New York State. Ads are subject to committee approval prior to publication. Advertisements must be camera-ready and reducible.

Advertising space and price (per issue):

1/8 page (3" x 2") . . . \$40

whole page . . . . . \$300

Make checks payable to NYSCENA and send to Susan Strauss, RN, Editor, 167 Hooker Avenue, Poughkeepsie, NY 12603-3305.

The New York State Council of ENA disclaims any responsibility or liability for advertising material and does not guarantee, or endorse, any product or service advertised.

## Prehospital Clinical Practice -----

### Cultivating the Prehospital Care of Agricultural Emergencies.

Bledsoe B, Bundick K. *Journal of Emergency Medical Services* 1992; 17(6):66-79.

"The National Safety Council has ranked agriculture as the second most dangerous industry in the United States." This article is highly recommended for any emergency nurse who would like to learn more about agricultural emergencies.

## Leadership/Management -----

### The Big Picture: Total Quality Management and Continuous Quality Improvement.

Kirk R. *JONA* 1992; 22(4):24-31.

This article provides the nurse manager with a "comprehensive, easy to follow, and succinct discussion of TQM."

### Leadership Perspectives.

Sayre M. *Leadership and Management in Emergency Nursing* 1992; 1(5):3-22.

This article is recommended for all ED nurse managers. It discusses various aspects of leadership and emphasizes the importance of respecting oneself as a leader.

## Ethics -----

### Violence in the Emergency Department.

George J, Quattrone M, Espinosa J. *Emergency Nurse Legal Bulletin* 1992; 18(2):2-8.

Violence in the ED is a very real issue for emergency nurses. The article acknowledges our concerns, provides information concerning legal issues, and includes a list of ten suggestions for making the ED a safer place. Emergency nurses owe it to themselves to review this information. ❖

---

## (Genesee - continued from page 1)

The chapter is very excited about the upcoming Emergency Nurse Pediatric Course (ENPC) developed through National ENA. Jan Rogers, of the University of Rochester Medical Center is a member of the National ENA ENPC Task Force. The GVC is giving a stipend to its members who are participating in the Regional ENPC.

### 1993 Chapter Officers are:

- President* - Gwen Williams, Rochester General Hospital
- President-elect* - Flora McEntee, Rochester General Hospital
- Secretary* - Dottie Krause, Highland Hospital
- Treasurer* - Kathleen Stout, St Mary's Hospital
- Immediate Past President* - Susan Knapp, Highland Hospital
- State Council Delegates* - Suzanne Wall, Univ of Rochester  
Mary Ellen Wilson, Genesee Hospital
- Alternate Delegates* - Peggy Burke, University of Rochester  
Susan Knapp, Highland Hospital

The future looks bright for the chapter - every member is encouraged to become more active by attending the dinner meetings, becoming an officer or being involved in a committee. Share your expertise with your fellow ENA members. ❖

## Emergency Nursing Pediatric Course

Jan Rogers, RN MS, National Pediatric Task Force

The pilot Emergency Nursing Pediatric Course (ENPC) was successfully presented in Dallas, Texas in January 1993. We now have 40 ENPC instructors who are responsible for teaching the five regional courses. Marcy Noble RN, BSN from the Genesee Valley Chapter successfully completed the pilot provider/instructor course. We appreciate having such an outstanding candidate representing New York State.

Ten New York State ENA members were selected from a very well qualified group of applicants to attend the regional provider/instructor course in Boston, MA, April 15-18, 1993.

*Jeannette Barth, RN BSN CEN - Suffolk Chapter*

*Barbara Glatz Cotton, RN MSN CEN - Genesee Chapter*

*Mary Hayes, RN MSN CEN - Nassau-Queens Chapter*

*Mary Lou Killian RN MSN CEN - Adirondack Chapter*

*Susan Knapp, RN CEN - Genesee Chapter*

*Kathleen Letizia, RN CEN - Lower Hudson Chapter*

*Linda Levy, RN MSN CEN - Manhattan-Bronx Chapter*

*Catherine Lind, RN BS CEN - Nassau-Queens Chapter*

*Carol Sheldon, RN MS CEN - Central New York Chapter*

*Dorothy White, RN BS CEN - Suffolk Chapter*

Thank you to all the applicants for their interest and commitment to pediatric emergency nursing. ENPC is a two day comprehensive pediatric course which integrates both lecture and psychomotor skills. At the April State Council meeting, the pediatric committee discussed the dissemination of the ENPC throughout the state. Course dates and locations will be arranged. CECHs and verification will be awarded to nurses who successfully complete the course. We are looking forward to bringing ENPC to New York State and encourage you to attend one of the upcoming courses! ❖

## Legislative Priorities for NYSCENA

Vi Ayalon, RN MS CNA CEN, Government Affairs Chair

It is great to collaborate with the New York Chapter of the American College of Emergency Physicians (ACEP). We have made some very positive accomplishments in our networking sessions. The time is right for joint efforts. The following list is not in order of priority, but are areas of concern that need to be addressed in the upcoming year.

1. Health care reform with access for all.
2. Free choice of health care providers.
3. Funding for Article 30 implementation.
4. Mandatory helmets for bicycle riders.
5. Funds for continuing education and research.
6. Managed Care = Primary Care + Emergency Care.
7. Restructure and redesign of emergency departments.

Meeting the needs of our infectious disease patients requires allocation of capital funds and makes emergency departments more effective and efficient. ❖

## The Clinical Side - Disease of the Month

Rena Rovere, RN MS, Clinical Nurse Specialist,  
Albany Medical Center



An adult patient was admitted to the emergency department in January 1993. The patient had a severe rash and a differential diagnosis of Toxic Epidermal Necrolysis (TEN) versus an allergic reaction to Bactrim. The patient was HIV+ and had a history of a Bactrim allergy. The patient presented with a fever of 104 degrees, hypotension, facial swelling and a bright red flushed appearance. There were signs of airway compromise including laryngeal edema. He was initially treated for anaphylaxis with minimal response.

TEN is a rare, severe skin disorder that causes epidermal erythema, superficial necrosis, and skin erosions. The skin appears to be scalded, hence this disease is also referred to as scalded skin syndrome. The mortality is high especially among elderly or debilitated patients. Reepithelialization is slow and residual scarring is common.

The causes of TEN are not entirely known. It is thought that it may be a reaction to a toxin, allergen or both. Drugs associated with the development of TEN include butazones, sulfonamides, penicillins and barbiturates. TEN may be associated with an immune response or an overwhelming physiological stress, such as a coexisting sepsis or neoplastic disease.

Early presentation includes inflammation of the mucous membranes, burning sensation of the conjunctivae, malaise, fever and generalized skin tenderness. These symptoms may be followed by three phases of the disease:

1. *Diffuse erythematous rash.*
2. *Vesiculation and blistering*—The large bullae rupture easily.
3. *Large scale epidermal necrolysis and desquamation*—There areas of denuded skin permit loss of tissue fluids and electrolytes.

The diagnosis is supported by the presence of Nikolsky's sign. When present, the skin sloughs with slight friction over the areas of erythema. Laboratory findings include leukocytosis, elevated SGOT and SGPT levels, albuminuria and electrolyte imbalances. Cytology and biopsy aid in ruling out erythema multiforme and exfoliative dermatitis.

Treatment includes high dose steroids and careful maintenance of fluid and electrolyte balance with IV therapy. Assessment of hemoglobin and hematocrit, electrolytes, serum proteins, and blood gases are essential.

Nursing care includes frequent monitoring of fluids and electrolytes, prevention of secondary infections, assessment of renal functions, and administration of analgesics. Cool sterile compresses may be used for comfort. These patients require careful handling to reduce skin sloughing. Protective isolation should be instituted early. ❖

## Committees Update . . . Committees Update . . .

### Government Affairs Committee Report

*Vi Avalon, RN MS CNAA CEN*

The ten commandments of political influence as presented by Dr. Stephan G. Lynn at the New York Chapter ACEP Key Contact Workshop, January 12, 1993.

1. Know your legislator personally.
2. Know about your legislator.
3. Do not limit your visitation to crisis situations. The influence is inversely proportional to the square of the length of time between visits.
4. Know the legislative staff, especially the legislative aide and appointment persons.
5. Have a concise and focused message which can be conveyed in five minutes or less.

6. Do not commit affrontery to someone else's project.
7. Visit the legislator in his/her district.
8. Get to know who the key legislators are.
9. Accept a turn down or a set back graciously.
10. Do not lobby like a lobbyist, i.e. offer money or skills in return for consideration.

An important factor to your success in the legislative arena is to follow up on your advances. Always send a "letter" or "thank you" to the legislator or the staff commending them for their accomplishments and reminding them of your needs. Send a press release to your local newspaper and include pictures whenever possible. ❖

### Setting the Pace 1994

*Kathy Conboy, RN CEN*

Almost every day is a disaster for emergency nurses as we cope with the impact of the health care crisis, AIDS, holding, the homeless and the uninsured. What kind of crises do we face?

- 15 holding patients in an 18 stretcher ED
- Rural hospital with unstable critical patients when all the receiving centers are "full"
- An AIDS patient (or two) with TB in the hall
- Closed critical care beds because the nurse/patient ratio is too high

- Combative, homeless and psychiatric patients
- Most days it is difficult for us to imagine the addition of a true disaster on our already stressed environments. Yet in the past two years, nurses across the country have been faced with countless disasters - Operation Desert Storm, Earthquakes in California, Hurricane Andrew in Florida, The Blizzard of '93 and the explosion in the Twin Towers in New York City.

Plan to join us at the NYSCENA "Setting the Pace 1994" as we discuss the problems and solutions of disaster management from an emergency nurse's perspective. ❖

### EMERGENCY DEPARTMENT NURSE MANAGER

The Mary Imogene Bassett Hospital, located in Cooperstown, NY, seeks an experienced emergency service Registered Nurse to manage our Emergency Department and to provide leadership of the Department's nursing and support staff. Responsibilities will include providing direction in the planning, development, and operation of the department to assure quality, contemporary emergency services, effective use of the department's resources, and smooth functioning systems both intra and interdepartmentally. This is an excellent opportunity to work in collaboration with our exceptional Medical Staff in a progressive nursing environment where shared governance is being implemented.

Bassett is a 180-bed, acute care, regional referral and teaching center affiliated with Columbia University, which services the 10 counties surrounding us in Upstate New York. Cooperstown is a lakeside resort village with fine schools and outstanding cultural/recreational opportunities. A BS in Nursing, current CEN, 3-5 years experience with at least 2 years working in an administrative capacity required. Master's degree preferred. We offer an excellent salary and an outstanding flexible benefits package.



Please contact:  
Kelly P. McGraw  
Personnel Representative  
The Mary Imogene Bassett Hospital  
One Atwell Road  
Cooperstown, NY 13326  
1-800-526-1271  
EOE:MF

## Sudden Bereavement

Rena Rovere, RN MS CEN

Sudden death is a tragic occurrence. It threatens the world of the survivors, paralyzing their normal thought processes and leaving unanswered questions. Accidents resulting in death, sudden cardiac death, stillbirths, miscarriages and SIDS are among the most devastating deaths because one cannot prepare.

Reactions to sudden death may vary dramatically. Some people have a flight response, "running away." One of the greatest challenges for emergency nurses is to provide solace to someone who has just lost a loved one in a sudden death.

Emergency nurses can help survivors cope. We can reduce the shock by providing support and information. Emergency nurses can be instrumental in effecting a healthy grieving process by relating the news of the death in an honest, compassionate manner. The following are approaches to death's other victim, the loved ones left behind.

- **Provide Privacy** - the family/friends should be given a room away from the activities of the rest of the department.
- **Verbally prepare the mind** - When possible, griever should be told "He/she is not doing well." or "His/her injuries are life-threatening."
- **Be Honest** - Express compassion and empathy and tell it like it is.
- **Do not make families/friends wait** - waiting can increase hostility or give false hope.
- **Choose your words carefully** - avoid statements such as "I am sorry, there was nothing WE could do." This may be interpreted to mean another hospital or health care worker could have done more. Also refrain from ambiguous statements like "I'm sorry we lost him." It is better to express compassion by saying "I'm sorry the news is not good, 'John' has died."
- **Don't rush away** - remain as long as you can. You do not need to say anything. Be a good listener and answer any questions honestly and to the best of your ability.

Normal grieving begins with shock and denial. Some people may be amnesic of the event even if they were present. Accept screaming and anger as means of expressing grief. Allow griever to use denial, but do not reinforce it. Some people may respond mechanically as they regulate the stimuli coming in and block other stimuli out. It is important for the nurse to give

supportive care, such as cool drinks, blankets, touching, and a strong shoulder to cry on.

Some families may wish to be present during the resuscitation. This can be beneficial to some griever while creating some difficulty for the emergency nurse. The nurse must recognize that this dying person is another person's spouse, parent or child.

The family should never be asked if they would like to see "the body." Always refer to the deceased by name or their relationship to the griever. Viewing of the loved one should be done by **preparing the minds and softening the sights**. Unsightly materials, such as blood and body fluids, should be removed. If a patient's body is badly mutilated, it should be bandaged and cleaned, but undressed if the family so desires.

Griever frequently need someone with strength to reach out and help them say goodbye. A staff member should accompany them into the room and say "I will see you through this, I am here for you." Encourage them to touch, stroke, or talk to their loved one. Some families may want to help bathe or assist in the care of the loved one. Offer them the opportunity to cuddle or hold a child in their laps. It will be their last time to hold their child.

The emergency nurse should help the family draw on their own convictions, whether religious or not. Avoid platitudes such as "It's God's will" or "He had a full life." Offer practical help by calling relatives or friends, locating a ride home, giving them community resources for the bereaved and lastly giving them permission to go home with reassurance that you will look after "John's" care.

The emotional stress of a sudden death in the emergency department affects the staff as well as the family and friends. The needs of the staff members should be considered also. When possible, health care workers should be given time alone to help them deal with their own feelings and reactions to death and loss. Time, love and tenderness need to be exhibited to all involved with the victim of sudden death.

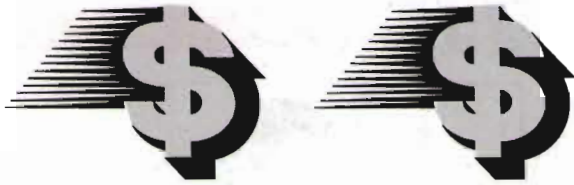
As emergency nurses dealing with sudden death, we need to know what to say to ease the pain, show compassion and guide the survivors gently to the grieving process. Knowing you did all this for the bereaved will help give you the comfort and strength to face it again and again. ❖

---

The emotional stress of sudden death in the emergency department affects the staff as well as the family and friends.

---

## General Assembly Delegate Funding Available for You!



The New York State Council will provide partial funding to New York State ENA Delegates to attend the General Assembly in Seattle, Washington. Every New York State ENA member is eligible to become a delegate and represent New York State. In 1992, thirty-five delegates and two alternates received partial funding from the state council.

The number of delegates for New York State to the General Assembly will be based on the total number of ENA members in the state as of June 1993. The State President will receive notification from the national office of the number of state positions available as of July 1993.

To be eligible as a delegate the applicant must:

1. Attend both days of the General Assembly, September 8-9, 1993, in Seattle, Washington.
2. Be a current member of ENA.
3. Have attended 50% of local chapter meetings.

The chapter president will validate the application.

4. Have held an elected or appointed position in local, state, or national ENA in the past three years.
5. Have participated in one of the following emergency nursing activities:
  - Lecturer
  - Projects - i.e. public education
  - Research related to emergency nursing
  - Obtained certification as a CEN or made a commitment to take the exam within the year.
6. Have attended one state council meeting in the past year.
7. Plan to attend the August 6-7, 1993 State Council Meeting in Albany, New York to discuss the General Assembly Resolutions for 1993.

The amount of funding provided is determined by the State Council Treasurer, Patsy Ballard, during the summer prior to the General Assembly. In 1992, delegates received an average of \$400 each to attend. Funding may also be available through your local chapter. Contact your local chapter president for possible additional funding.

To obtain an application to become a General Assembly Delegate for 1993 write to the 1993 NYS Council President, Mel Wilson, 65 Clovercrest Dr., Rochester, NY 14618. The deadline for application submission is July 1, 1993. ❖

## Research Announcement

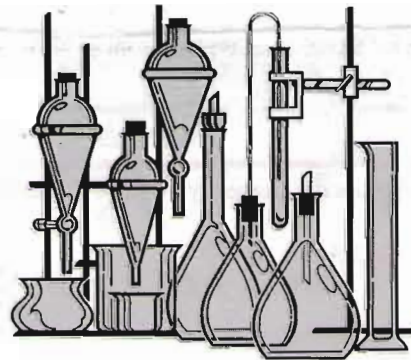
### Universal Precautions in the ED

June Thompson, from Ohio, is conducting research for her doctoral dissertation on the use of Universal Precautions (UP) by emergency nurses in the emergency department. Past research has shown poor compliance with UP by emergency department personnel when caring for seriously ill or injured patients. This is true even though hospital policies and OSHA regulations clearly require compliance. The reasons for non-compliance are poorly understood.

Ms. Thompson will be studying a sample of 1,200 ENA members in California, Florida, New York, New Jersey and Texas. New York was chosen as a study state because of our high prevalence of HIV/AIDS patients. If you receive a questionnaire in the mail, please take the time to complete it and participate in this important study. This study is funded in part by the Emergency Nurses Foundation (ENF).

### Abstract

Emergency nurses are frequently exposed to blood and body fluids while caring for acutely ill and injured patients. Diseases from bloodborne pathogens are increasingly reported. They present a serious danger to the nurse. The HIV/AIDS status of most patients is unknown at the initiation of the treatment. Thus, the potential risk of exposure to a bloodborne pathogen disease (in this case HIV/AIDS) is considered to be great. The Center for Disease Control and OSHA



have established guidelines to protect health care workers from contamination by bloodborne pathogen diseases. These precautions, however, are not being consistently used by emergency department personnel. Despite hospital policies and educational efforts, compliance remains poor. The reasons for non-compliance are not clearly understood.

Using the Health Belief Model as a theoretical framework, this non-experimental exploratory survey study of 1,200 emergency department nurses in five states will attempt to identify factors that lead to compliance or non-compliance with Universal Precautions when caring for critically ill or injured patient in the emergency department.

A clear delineation of the factors leading to compliance and non-compliance will aid in the efforts undertaken by equipment manufacturers, educators, and policy makers attempting to ensure better protection of nurses working in high risk situations. ❖

## Calendar of Events

### APRIL

- 29 NYSCENA Meeting,  
Holiday Inn South, Rochester, NY
- 30-1 NYSENA Annual Conference  
"Setting the Pace 1993",  
Holiday Inn South, Rochester, NY

### MAY

- 5-12 Nurses Week
- 14 Deadline for applications for July CEN Examination  
and Flight Nurse Examination
- 19 Genesee Valley Chapter Educational Meeting,  
Topic - *Head Injury Rehabilitation*

### JULY

- 24 CEN Examination
- 24 First Flight Nurse Certification Examination

### AUGUST

- 6-7 New York State Council Meeting, Binghamton, NY

### SEPTEMBER

- 8-9 National ENA General Assembly, Seattle, WA
- 10-12 National ENA Scientific Assembly, Seattle, WA
- 28 Genesee Valley Chapter Educational Meeting,  
Topic - *Epiglottitis*

Do you have an upcoming event that you would like placed in our calendar? Send a postcard with the time, date, place and contact person to: Susan Strauss, 167 Hooker Ave, Poughkeepsie, NY, 12603-3305 ❖

## Current Research in New York State

Mary Ann Wylie, RN, BS, CEN



Information on these research topics is available to emergency nurses. If you are interested in information pertaining to a specific topic, please contact the appropriate person listed.

| Topic   | Facility                        | Contact Person |
|---|---------------------------------|----------------|
| <i>Disposition of Walk-In Ambulatory Care Patients</i>                | Coney Island Hospital           | Nancy Walter   |
| <i>CKMB Study with Major Trauma Victims</i>                           | University of Rochester         | Bonnie Coons   |
| <i>SQ Terbutaline vs. Nebulizer Terbutaline in Pediatric Patients</i> | University of Rochester         | Jan Rogers     |
| <i>Toradol vs. Demerol in Back Pain</i>                               | University of Rochester         | Anne Wall      |
| <i>Managed Care</i>   | United Hospitals Medical Center | Vi Ayalon ❖    |

New York State Council Emergency Nurses Association  
PO Box 23451  
Rochester NY 14692-3451

Bulk Rate  
U.S. Postage  
**PAID**  
Rochester NY  
Permit No. 1404

BRIDGET H. WEEKS RN  
1066 W BROADWAY  
WOODMERE, NY 11598