

President's Message

Susan F. Strauss, RN CEN CCRN



Change is difficult for some people. It requires moving from a position that is familiar to one that is different and possibly uncomfortable. The book, *Do It!: Let's Get Off Our Buts* by John Roger and Peter McWilliams, describes the security of living in our comfort zone. The book states "When faced with the choice between changing and proving there's no need to do so, most people get busy on the proof." 1996 brings one certainty — things are going to change.

The upcoming year brings new legislation and government initiatives. NYSCENA will be hosting its first legislative breakfast January 17 for the 207 member State Assembly and Senate. For NYSCENA to have a voice in the legislative changes that regulate our practice it is necessary to have a substantial presence.

The Nurse Practice Committee will be investigating recent COBRA interpretations that have affected many New York hospitals. Changing qualifications, reimbursement and legislation on advanced nursing practice will be closely monitored.

The Membership Committee will be working to set up a hardship fund for "displaced" nurses who have undergone restructuring "changes." The committee will be actively recruiting new members to strengthen the voice of New York State emergency nurses.

The Education Committee has been charged with adding educational programs throughout the state to keep the members of ENA cognizant of the changes in our practice.

(continued on page 2)

ATTENTION . . . ATTENTION . . .

*Mary R. Hayes, RN MSN CEN
Chairperson, 1996 Awards Committee*

Is there a fellow Emergency Department Nurse who deserves a pat on the back for a job well done? Why don't you nominate that nurse for one of New York State Council Emergency Nurses Association (NYSCENA) Awards. It's a true honor and thrill to be nominated for an award. You will feel great about helping a peer receive the recognition they deserve for a job well done.

The following awards are presented annually at the New York State Conference Awards Banquet to be held this year, May 3, 1996 in Syracuse, New York.

Anita Dorr - This award is presented to an emergency nurse recognized by his/her peers for their knowledge in emergency nursing and for their caring and professional approach to patient care. These qualities reflect the dedication, integrity and commitment of the woman in whose memory the award is given. Anita Dorr was the co-founder of what is now the Emergency Nurses Association (ENA).

Education Award - This award is presented to the registered nurse, a member of ENA, who has been recognized for excellence in the education of nurses or others in the area of emergency nursing.

Special Recognition Award - This award recognizes an individual who has demonstrated a commitment to NYSCENA and has helped promote the ideas of ENA through various special projects and efforts.

Any association member or chapter may submit nominations for these awards. Please submit the following typewritten information to: Mary Hayes, RN, MSN, CEN 31 Lincoln Walk, Breezy Point, NY 11697.

1. Category of Award
2. Name, address and phone number of the

(continued on page 2)

Submit articles, comments or suggestions to:
Jeanette Barth, RN BSN
CEN, 19 Longworth
Avenue, Dix Hills, NY
11746-6920 or
Kathleen Letizia, RN BSN
CEN, 504 Warren
Avenue, Hawthorne, NY
10532.

(President - continued from page 1)

Last year the council was awarded a \$3300 grant from National ENA for the purchase of computer equipment. We are in the process of making NYSCENA a "paperless" council. This will not only save thousands of trees it will also save the council approximately \$500 annually. The Finance Committee and I are actively addressing the informatics issues that will allow us to better serve the NYSCENA membership and cut costs.

This year I have instituted a new committee, the Nursing Research Committee. To validate our practice, research is essential. Effective change can only be brought about by demonstrating the influence of health care reorganization on nursing care, the consumer, and nursing personnel. This committee will be involved in both state and nationally organized research projects.

So, do we sit in our comfort zone or do we realize our dream. With your active involvement, NYSCENA will realize our dream and be an active part of the change.☞



1996 Election Results

Elections were held for the office of President-elect, Secretary and Director-at-Large during the November meeting of the New York State Council Emergency Nurses Association (NYSCENA) in Suffern, New York.

Mary Hayes, RN MSN CEN (Nassau-Queens Chapter) is President-elect for 1996. Ms. Hayes has been active on the local and state level for several years. She has been a member of the Board of Directors, Trauma Chairperson on the state level and this year has become a member of the National Trauma Committee.

Ann Marie Tyrell, RN MSN CEN (Western Chapter) has been elected to a two year term as Secretary and will serve from 1996-1997. Ms. Tyrell has been active on the local and state level and was chairperson of the Membership Committee in 1995.

Catherine Norton Lind, RN MSN CEN (Nassau-Queens Chapter) has been elected Director At-Large. Ms. Lind has been Chairperson of the Trauma Committee 1995 and has served on the local level in many capacities.

1996 NYSCENA OFFICERS

Susan F. Strauss, President
Mary Hayes, President-elect
Ann Marie Tyrell, Secretary
Margaret Burke, Treasurer
Ramona Sowers, Director-at-Large
Catherine Lind, Director-at-Large
Michelle Silliker, Past-President

(Awards - continued from page 1)

- nominee
- 3. Professional achievements of the nominee
- 4. Curriculum Vitae of the nominee
- 5. Letter of nomination which includes the rationale for the nomination

All nominations are due by April 22, 1996. NYSCENA will notify all nominees, by mail, of their nomination. Nominees who are unable to attend the state conference will be asked to designate a representative to accept the award on their behalf.☞



Correction

Apologies to Linda Sabatini RN, EMT, author of article "It's All in a Day's Work" featured in the October 1995 issue of Newsletter. Ms. Sabatini resides in Horseheads, NY, not Highfields.☞



Outgoing president Michelle Silliker passes the gavel to incoming president Susan Strauss.

Committee Chairpersons

Diane Castro, Education
Virginia Daly, Government Affairs
Michelle Forness, Membership
Anne Wall, Finance
Christine Cerulo, Trauma
Jeanette Barth, "Setting the Pace" Editor
Kathy Conboy, Nurse Practice
Susan McAllen, ENPC/Pediatrics
Bonnie Coons, Conference
Arline Reinking-Hanf, Research

Liaisons

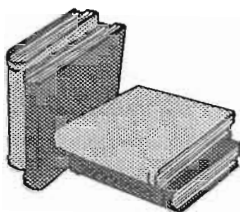
Anne Manton, National ENA Board☞

Policies and Procedures Amended

Susan F. Strauss, RN CEN CCRN

Bylaw Revision Task Force

Several changes to the standard operating procedures for NYSCENA were approved by the council at the November 5th state council meeting. Proposed amendments and rationale for these changes were published in the October issue of the newsletter. Please familiarize yourself with these new procedures. If you have any question regarding the impact of these modifications on you or your chapter, contact your chapter president for assistance.



Chapter Revisions

1. Chapter delegates will now be called chapter representatives. The term delegate will be used to denote representation to the National Annual meeting. Each chapter is entitled to two representatives.
2. Two members of each chapter should serve as representatives on the NYSCENA. Each chapter may have up to four alternate representatives.
3. The proposed amendment to allow the use of proxy voting for chapters was defeated.

Elections

1. To run for the office of President-Elect, Secretary, Treasurer, or Director at Large, it is recommended that the candidate be a chapter representative or currently hold a Board of Director (BOD) position. Upon election, an officer is unable to hold chapter representation status. Once elected the officer is then a representative of the NYSCENA. The BOD retains all rights of discussion on the floor, and therefore does not need permission to speak to the council. The Board of Directors does not have a vote on elections or motions that come to the floor. In the event of a tie vote, the President will then cast his/her ballot.
2. The elections for the NYSCENA BOD shall take place on the first day of the last state council meeting of the year. In the event of nominations from the floor, elections will be postponed until the second day of the state council meeting to assure qualification of the new nominees.✽

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

President:	Susan F. Strauss
President-elect:	Mary Hayes
Secretary:	Ann Marie Tryell
Treasurer:	Margaret Burke
At-Large Board Members:	Catherine Lind
	Ramona Sowers
Past President:	Michelle Silliker



Reflections - 1995

Michelle Silliker, RN CEN Past-President

The Emergency Nurses Association's 25th Anniversary year proved to be exciting and productive for New York State ENA. The committees worked hard and accomplished many tasks. I appreciate everyone's involvement and dedication. A sincere thank you to the New York State ENA Council.

It was a year of tremendous learning and growth. This year enabled me to make new friends around the state and even across the country. The experience of serving as your leader is one I enjoyed and will cherish.

It was my privilege to represent nearly 2000 emergency nurses in New York State.✽



New York State Council members turn out in large numbers for the ConvaTec Fun Run at ENA's Annual Meeting.

A Round of Applause ...

... To all emergency nurses throughout New York State for your participation in the ConvaTec Emergency Nurses Fun Run held at the Emergency Nurses Association 25th Jubilee in Nashville, Tennessee September 9, 1995. The New York State Council won the two hundred dollar prize for having the largest number of participants. The prize was donated to the Emergency Nurse Foundation (ENF) to promote research in emergency nursing. All participants showed the true grit of emergency nurses by participating in a run-walk which started at six o'clock in the morning. A check was presented at the ConvaTec Awards Party that evening.

To Belinda Elli and Gwen Williams winners of a free registration to "Setting the Pace" 96 to be held May 2-3 in Syracuse. Ms. Elli and Williams came up with the prize winning title for the NYSCENA Newsletter. See front cover.

ENA Bank Draft Option is the result of a proposal and lots of hard work on the part of Romona Sowers, At-Large Member of the Board of Directors of the State Council. See page 7 for details.✽

Forness Receives EMS Award

Ms. Forness, RN
MBS, CEN, EMT-
CC, a Pre-Hospital
Care Coordinator and
emergency department
staff nurse at Olean
General Hospital, was
the recipient of the
1996 NYSCENA
EMS Award. The
award was presented
to Ms. Forness by
Michelle Silliker,
1995 NYSCENA



Michelle Silliker (left) presents the
EMS Award plaque to Mickey Forness (center) while Edward Wronski,
EMS Deputy looks on.

President, at the EMS Awards banquet in Saratoga Springs. Ms. Forness has been involved as a Critical Care Transport Nurse and staff educator with TransAm Ambulance Services Inc. since 1983. Mickey is a member of the Allegany Volunteer Fire Department Rescue Squad and the Olean-10 ALS Flycar Staff.

Cattaraugus County EMS was comprised of volunteer squads except for the city of Olean. In 1991, Mickey was instrumental in helping to get ALS services initiated in that county. She spent many hours preparing and implementing the EMT-CC curriculum. Thanks to Mickey's persistence and that of many others, this community now has well trained pre-hospital personnel that can provide ALS services. Ms. Forness is active in the Western Region EMS (WREMS), participating on the Focus Chest Pain Study Committee.

A member of ENA since 1972, Mickey is the 1996 chairperson of the NYSCENA Membership Committee.☞

Safety Information Available

Safety for Life is an inexpensive booklet available through the New York State Council to educate the public about injury prevention and safety. It was developed by emergency nurses in New York State, addresses all age groups and its targeted audience is lay people.

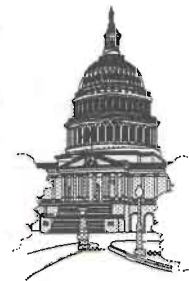
Cost is \$5 per copy and it is available through the NYSCENA Education Committee.

Contact: Diane Castro, Chairperson, 9 Moorea Court, Garnerville, NY 10923

Government Affairs Committee

Virginia Daly, RN BSN MPA CEN

The Government Affairs Committee will be hosting a breakfast for all members of the New York State Senate and Assembly Wednesday, January 17, 1996 from 8:30 to 10 AM in the State Senate, Room 711-A. We are looking forward to discussing pertinent health care issues with our legislators. Anyone interested in attending can contact me at (516) 326-1728.



A survey conducted by the Government Affairs Committee on Managed Care Patients in the Emergency Department has been completed. We received information from 20 hospitals around New York State. Although the sampling group is not as large as I would have liked it to be, I feel the information is helpful and it gives us all an idea of what is going on around the state.

Although the information is vague, the one thing on which we all agree is that all patients are seen and evaluated upon entry to an Emergency Department.

This committee is closely watching ACEP's bill, "Access to Emergency Medical Care Act", and hopes legislation will be passed which will give some relief to hospitals as well as to the patients in managed care plans. At present, the bill has been referred to committee in both the Senate and House.

If you have any questions, please feel free to call me at (516) 326-1728.☞

Survey Results	
All patients are seen	20
Calls placed to PCP/HMO by hospital	5
Call placed to PCP (if admission needed)	1
MD or RN speaks to PCP	2
Other arrangements made (patient interviewed by MD after triage, if stable, send to PCP)	2
Patient speaks to HMO/Managed Care	1
Patient advised insurance may not cover visit	2
Patient signs AMA if informed visit is not covered, after speaking to provider	2

Hypothermia - A Cold Front is Moving in

Michelle Silliker, RN CEN

One study of trauma patients showed that 60% were hypothermic on admission to the Emergency Department. The combination of trauma and exposure to the cold increases complications. Hypothermia is responsible for 25,000 deaths per year.

Hypothermia can go unrecognized. Temperature is a vital sign that is often ignored during medical emergencies. Hypothermia exists when the core body temperature drops below 95 degrees Fahrenheit (F). Body temperature is a balance between heat production (metabolic breakdown of food) and exchange of heat with the environment. Hypothermia occurs when more heat is lost than is being produced. The body cools 26 times faster when submerged in water. There is hope; since patients with temperatures as low as 60 F have been known to survive.

Several groups are at high risk for hypothermia (e.g. children, the elderly, alcoholics and the homeless). The small body mass and large head of young children predispose them to hypothermia. They have a limited amount of subcutaneous fat, thin skin and a delayed ability to shiver. Infants less than three months are unable to produce heat by shivering. The elderly also lack proper body-insulating tissue and their reduced mobility results in a decreased production of heat. Issues, such as living alone, improper home insulation or heat (due to low income) and medical problems (e.g. central nervous system dysfunction due to stroke) can make older people even more vulnerable.

Alcoholics and drug addicts pose different problems. The addictive substance causes vasodilatation to occur. They are unable to conserve heat by vasoconstriction, leading to rapid heat loss even in mild temperatures. The mentally ill can have altered perception and may not protect themselves from the cold. Other groups at risk are workers who are required to be outdoors for long periods and people involved in popular recreational activities such as skiing, mountain climbing and ice skating.

High risk exposure situations that predispose patients to hypothermia are exhaustion, dehydration and excessive sweating. Weather changes also pose a threat. Wind, combined with extreme cold, rain or snow increases the threat of hypothermia.

Signs and symptoms associated with hypothermia will vary according to the core temperature of the patient. Mildly hypothermic patients (90-95 F) are cold, pale, disoriented, shivering and tachycardic. Shivering increases heat production but raises the oxygen requirements of the body. Long periods of shivering use up glucose and insulin and lead to hypoglycemia. In moderate cases (87-90 F) the patient may act drunk, have sluggish pupils, be confused and show poor decision making and engage in paradoxical undressing. The most common cardiac rhythms seen are atrial or ventricular fibrillation. The electrocardiogram of 30% of the patients will exhibit an Osborne or "J" wave. In severe cases (below 87 F) the patient will be unresponsive and have gray or cyanotic coloring. The body will be stiff and cold with fixed dilated pupils, areflexia, no palpable pulses,

and shallow, slow or absent respirations. In sum, the patient appears dead.

The hypothermic patient requires swift action. Injuries and medical emergencies are complicated by exposure to the cold. Resuscitation efforts should be aggressive, but with careful handling. Rough handling may precipitate ventricular fibrillation (VF). Compare your handling of the hypothermic patient to that of a spinal injured patient. The goal is to resuscitate the patient with intact neurological function.

When checking for the pulse and respirations, a longer period is needed to detect any cardiopulmonary response. Pulse oximeters are unreliable to measure oxygen saturation due to vasoconstriction. Cardiac arrest is handled differently than for a normothermic arrest. The hypothermic heart usually will not respond to defibrillation if temperature is less than 85 F. Treatment should be prolonged, especially for cold water immersion victims. Rapid hypothermia has a protective effect, with a decreased oxygen consumption the body can tolerate a decreased cardiac output.

Medications should be utilized cautiously during CPR. In hypothermic patients liver functions are slowed and drugs will reach toxic levels when not metabolized. Lidocaine has been ineffective in VF, however, one dose of bretylium has been shown to be successful. These patients are hypovolemic due to cold diuresis. Warm fluid is needed to expand the vascular space and provide calories to raise body temperature. Treatment is aimed at preventing further heat loss and restoring body temperature to normal.

Conditions that complicate care are traumatic injuries, burns, spinal cord injuries, submersion, metabolic disorders, malnourished or sepsis, and the use of medications (TCA, barbiturates, phenothiazides and salicylates). Prehospital providers are faced with the problems of delayed rescue and care due to weather and road conditions such as extreme cold, snow, ice and access to the victim. The rescue team must be vigilant of their own safety in the cold along with the care of the victim.

Care of the hypothermic patient will vary according to the situation, but adherence to the ABCs is essential. Simple measures may include a warm, sweet drink to some form of exercise to generate heat, or insulating the patient with a dry sleeping bag. Care givers should keep the patient horizontal, remove all wet clothes, provide a warm environment (70-75 F), give warm humidified O₂ at high flow 10-15L, intubate if needed and administer warm IV fluids (102-104 F). Re-warming measures should raise the core temperature 1 F per hour.

Passive external re-warming can be accomplished by removing any wet clothes, wrapping the patient with several layers of warm blankets and providing a draft-free warm environment. Active external torso re-warming can include

(continued on page 8)

Upcoming Trauma Nurse Core Course (TNCC) Provider Courses

Trauma Chairperson, Christine A. Cerulo, 100 Vincent Drive, Middletown, NY 10940, (914)344-0221 (H) (914)285-8320 (W)

Downstate:

January 26-27 Westchester Medical Center

Contact: Rita Anderson (914) 783-2384 (H)
(914) 285-7307 (W)

January 30 - 6 PM - 10 PM

February 1 - 6 PM - 10 PM

February 3 - 8 AM - 5 PM

Huntington Hospital, Huntington, New York
Contact: Jeanette Barth (516) 667-6430 (H)

Western/Upstate:

Contact: Anne Wall, Rochester, NY (716) 663-5773

Elmira, NY

Instructor Course - March 15

Contact: Mary Ann Wylie (607) 737-4194 (W)

Provider Course - March 16 - 17

Contact: Mary Ann Wylie (607) 737-4194 (W)

Calendar of events

January 17

Legislative Breakfast with New York State Senate and Assembly

Host: Government Affairs Committee (NYSCENA)

Subject: Health Care Issues

8:30 AM - 10:00 AM, State Senate, Room 711-A, Albany

Contact: Virginia Daly, Chairperson Government Affairs
(516) 326-1728

January 17-18

New York State Council ENA Meeting

Desmond Hotel, 660 Albany Shaker Road, Albany

NY 12211, (518) 869-8100

Contact: Susan F. Strauss (914) 473-7341 (H)
(914) 431-8766 (W)

January 15-17

New York State Emergency Medical Services (EMS)

Council Empire Plaza, Albany, NY

Contact: NYS EMS Program, (518) 474-2219

February 17

CEN, CFRN examination

March 27-28

New York State EMS Council Meeting, Empire State Plaza
Albany, NY Contact: NYS EMS Program, (518) 474-2219

Emergency Nurse Pediatric Courses Provider Courses

ENPC/Pediatric Chairperson, Susan Mc Allen, 6 Pontiac Court, Washingtonville, NY 10923, (914)496-8429 (H), (718)920-2988 (W)

Downstate

March 29-30

Good Samaritan Hospital, West Islip

Contact: Jeanette Barth (516) 667-6430 (H)

Capital Region: Albany

Contact: Marylou Killian, 4018 Chaucer Place

Slingerlands, NY 12159 (518) 456-4138 (H)

Western/Upstate: Olean

March 2-3

Contact: Michelle Silliker, 3215 W 5 Mile Road,

Allegany NY (716) 373-0735 (H)

(716) 375-6275 (W)

Binghamton

Contact: Susan Fendrick, 1124 Sapphire Drive

Endwell, NY 13760 (607) 763-6546 (W)

(607) 757-9091 (H)

Buffalo

Contact: Susan Carden

(716) 878-7953 (W)

(716) 684-5798 (H)

Rochester

Contact: Marcy Noble

(716) 584-3924 (H)

(716) 275-0891 (W)

Education Offerings

February 9-11

ENA Leadership Symposium Marriott's Orlando World Center, Orlando, Florida

Sponsor: Emergency Nurses Association

Contact: ENA, 216 Higgins Road, Park Ridge, IL 60068,
(800) 243-8362

May 3 - 4

Setting the Pace "To a Trauma Beat", Syracuse, New York

Sponsor: New York State Emergency Nurses Association

Contact: NYSCENA, PO Box 23451, Rochester, NY
14692

**ENA BANK DRAFT PAYMENT PLAN
APPLICATION INSTRUCTIONS**

In order to provide for convenient quarterly payments to ENA for your annual membership dues, the Association has developed a bank draft payment plan. After the introductory 1st quarter payment, the funds for 1/4 of your annual dues will be automatically withdrawn from your checking account on a quarterly basis. A \$1 service fee is included in each quarterly dues payment. **New members may enroll in the plan at the time they join the Association. Current members may enroll at the time they are due to renew their ENA membership.**

To enroll in the bank draft payment plan:

- Read and complete the Authorization form.
- Submit a recent dues invoice (renewing members) or a completed membership application (new members).
- Remit a check for the first quarterly payment for your dues category. Please refer to the chart below for rates.
- Return the above items to ENA at 216 Higgins Road, Park Ridge, IL 60068-5736.

1-YEAR ENA MEMBERSHIP*	ANNUAL DUES	QUARTERLY PAYMENT
Active	\$80.00	\$21.00
Affiliate	\$47.50	\$13.00
Retired	\$47.50	\$13.00

* California members add \$4.50 and Arizona, Florida and Massachusetts members add \$1.25 to quarterly payment for additional state council assessment fee.

\$6 of the annual ENA membership dues is for a one-year subscription to the *Journal of Emergency Nursing*. This dues payment is not deductible as a charitable contribution but may be deductible for most members as a business expense; however, ENA estimates that 5% of the dues payment is not deductible as a business expense because of ENA's lobbying activities on behalf of members. ENA membership is run on an anniversary basis.

**AUTHORIZATION AGREEMENT FOR
PREAUTHORIZED PAYMENTS**

I hereby authorize the Emergency Nurses Association, hereinafter called ENA to initiate debit entries to my checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. This authorizes ENA to withdraw 1/4 of my annual dues from my checking account each quarter on or after the 15th of the appropriate month. My checking account is designated and maintained as shown by the enclosed check for the first quarterly payment. ENA is authorized to change the amount by giving the undersigned thirty (30) days written notice.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____

CHECKING ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until ENA has received written notification from me of its termination thirty (30) days prior to the deduction date as indicated above. All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

NAME _____ ENA ID # _____

(Please Print)

DATE _____ SIGNED _____

NEW MEMBER APPLICATIONS ONLY

Social Security # _____ RN License # _____

Address _____

City _____ State _____ ZIP _____

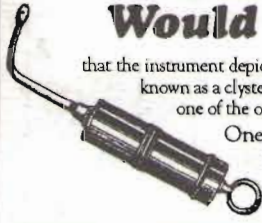
Home Phone _____ Work Phone _____

Active (RN) _____ Affiliate (LPN, LVN, EMT ...) _____ Retired (RN) _____

(Check Appropriate Membership Category)

Would you have guessed?

that the instrument depicted here is a precursor of today's syringes? Made out of tin and known as a clyster, it was used to inject liquids into patients in medieval times at one of the oldest hospitals in the world.



One of New Jersey's leading health care institutions, Morristown Memorial Hospital is a 600+ bed teaching affiliate of Columbia University and a Regional Trauma Center located 35 miles from New York City in an ideal suburban setting.

EMERGENCY CLINICAL NURSE SPECIALIST

You will act as an educator, researcher and resource for our Emergency Department patients. A Master's degree in nursing, CEN certification and 3-5 years recent Emergency Department experience required. BLS, ACLS, PALS & TNCC preferred. Applicants currently enrolled in graduate programs will be considered.

Have the Professional support you've always wanted by joining 19 CNS colleagues at MMH. As a nursing professional you owe it to yourself to explore this special opportunity. Please contact: Lesley Meyer, Morristown Memorial Hospital, P.O. Box 1956, Morristown, NJ 07962-1956 or call (201) 971-5750.



MORRISTOWN
MEMORIAL HOSPITAL

"Nursing... a lifetime of unmatched achievement and reward" EOE

(Hypothermia - continued from page 5)

application of warm thermal blankets or hot water bottles applied to the trunk of the patient. There is a risk of re-warming afterdrop (shock) with these methods and access to the patient is limited. Afterdrop occurs 30 minutes into the re-warming process, the patient's temperature drops 0.5 F to 3 F in combination with a drop in blood pressure. Re-warming shock occurs when cold peripheral acidotic blood travels to the heart causing fibrillation. This happens when warming of the extremities occurs faster than the core.

Active core re-warming achieves warming of vital organs, such as the heart, first. It is the best method to prevent re-warming shock. It can be accomplished with heated, humidified O₂, IV fluids, gastric lavage, peritoneal or hemodialysis, or extracorporeal circulation (heart-lung by-pass). The drawbacks of some of these techniques are they become invasive and special training and equipment is needed. Microwave oven use for warming of fluids is controversial due to the inability to control and measure the temperature of the fluid. Constant monitoring of the core temperature is essential.

The healthcare team must remember that the patient is not dead until he is warm and dead.☞

The ENA Experience

Barbara Kirby RN, Chairperson Public Awareness

In July there was an article in the Etcetera regarding a scholarship offered by the exhibitors of the Scientific Assembly to enable people to attend the Nashville conference free of charge. They had listed some criteria for application and a deadline.

I have always wanted to attend a national ENA conference and have never been able to do so. The single parent of three college age children left little extra to travel with. I decided to apply and to my surprise was awarded this wonderful scholarship. I would be attending a National Conference for the first time in my life. What a special honor.

The conference in Nashville, Tennessee opened my professional work up to many new horizons and experiences. Learning the latest in emergency care, looking at management issues, clinical issues and the networking was incredible. There was also time for fun everyday.

Meeting nurses from all over this great nation is an experience I shall never forget and am looking forward to Hawaii in 1996.

A very special thank you goes to the members of the exhibitor's committee and all the exhibitors of the national ENA Scientific Assembly for making this wonderful experience possible for me. I do hope someone else will have the opportunity to win in 1996.

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

Bulk Rate
U.S. Postage
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MARY SCHMIDT ROTH RN
43 LEHIGH COURT
ROCKVILLE CENTRE, NY 11570