

CAMSN Newsletter

The official newsletter for the Canadian
Association of Medical & Surgical Nurses
Summer 2020

Table of Contents

Membership update – Page 2
Just in Time Education – Page 3
Certification Program – Page 4
Continuous Learning – Page 5
Featured Education Topic – Page 6-10

Join the Canadian Association of Medical and
Surgical Nurses group on Facebook!
(Search: **CAMSN**)
Visit CAMSN's official website:
www.medsurgnurse.ca

Nursing Certification: Registered Practical Nurses

Specialty certification provides official recognition by nursing
colleagues and health system stakeholders of the unique
community practice focus and that certified nurses are
qualified, competent, and current in the practice of their area
of nursing

The medical-surgical nursing for **registered practical nurses**
exam, will be offered for November 1-15 exam window.
Application opened on June 1st, 2020

Our Vision

To be the voice of medical and surgical nurses in Canada

Our Mission

Medical and surgical nurses provide nursing care to adults
experiencing complex variations in health. They utilize diverse
clinical knowledge and skills to care for multiple acutely ill
adults and their families. They are leaders at organizing,
prioritizing and coordinating care as well as working with
interdisciplinary teams. The practice of medical-surgical
nursing requires application of evidence-based knowledge and
best practice standards to provide quality, safe and ethical
care to clients across the continuum of care. The CAMSN nurse
advocates, supports and promotes the integral role of medical
and surgical nurses to the health care system.

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Canadian Association of Medical and Surgical Nurses

Registration Difficulties – Resolved!

It has come to our attention that some of our members have had trouble with registering as a CAMSN member using our online platform.

We have resolved this issue and are up and operational again. If you have ongoing registration difficulties please reach out to a CAMSN member for more information.



CANADIAN
NURSES
ASSOCIATION

On December 1st 2019 CAMSN changed to an annual paid membership system

Membership is open to both Registered Nurses and Practical Nurses across Canada.

Annual Membership Fees:

Regular Member (RN & PN) - \$50.00

Retired Member (RN & PN) with/without active license - \$35.00

Student Member (RN & PN) - \$35.00

Your membership will be valid for one year after purchasing. You will receive notifications when your membership is close to expiring and needs to be renewed.

To renew please use the following link:

<https://www.xcdsystem.com/camsn/store/index.cfm?ID=jTHox39>

Top 10 Reasons to be a CAMSN

Member:

1. Stay up-to-date with CAMSN activities
2. Receive quarterly newsletters
3. Connect with a community across Canada that shares a passion for medical-surgical nursing
4. Expand your knowledge and skills, share in best practices and remain current, connected and relevant
5. Access to CAMSN's Standards of Practice
6. Demonstrate your commitment to competence in your specialty area
7. Opportunities to be featured or have your work featured in CAMSN's quarterly newsletters
8. Discounted CAMSN conference registration fees
9. Access to archived newsletters and documentation from past conferences
10. Work collaboratively with the Canadian Nurses Association

Have you made a MyCNA Profile yet?
Formerly NurseOne, MyCNA grants you access to CanadianNurse and other member discounts!
Visit the CNA official website to register:
<https://mycna.ca/en/login/srp-register>



Q: What type of medication is the funniest?

A: Beta blockers because they make you 'LOL'

CAMSN



Canadian Association of Medical and Surgical Nurses

ACIIMC

Association Canadienne des Infirmières et Infirmiers en Médecine-Chirurgie

Just in Time Education: Autonomic Dysreflexia

Ever had someone sending you mixed signals? Well Autonomic Dysreflexia takes it to a whole new level!

If you break the words down you can probably guess it has something to do with the part of our brain that isn't under conscious control + dys = bad/difficult reflex

Autonomic Dysreflexia is common in spinal cord injuries especially above T6. It is characterized by the sudden onset of high BP, flushing of the skin, headache, & bradycardia.

Essentially, it's over-activity of the autonomic nervous system – usually triggered by a stimulus that the client cannot feel because of a lack of sensation resulting from their injury. For instance, full bladder, constipation, restrictive clothing or pressure ulcers below the level of the injury. Normally, when we feel a painful stimulus the signal travels to the brain and we are able to respond. In this case the signal is blocked and instead mediated by the spinal reflexes. This reflex causes a sympathetic response below the level of the injury by the autonomic nervous system. The parasympathetic response is blocked below the level of injury thus the sympathetic response of vasoconstriction continues unopposed with piloerection, cool limbs, while above the lesion the PNS tries to restore balance with bradycardia and vasodilation resulting in flushing. However, the systemic SNS of hypertension continues above the lesion

This creates a potentially life-threatening emergency due to the high BP and risk for hemorrhagic stroke

Nursing Care:

Prevention:

- Monitor your patient's output especially for overfilled foley bags or a distended bladder
- Avoid tight or restrictive clothing
- Assess skin and reposition to prevent ulcers and pressure points
- Constipation can also cause autonomic dysreflexia and a bowel routine can help prevent it

Interventions:

- Priority is finding and eliminating the stimulus
- Raise the HOB to 90 degrees and lower the legs
- Loosen any tight clothing
- Check all catheters
- Continue to monitor BP as frequently as q5min

Just in time nursing tip
presented by instagram's
@nurseitlikeyoumeanit

Remember to act
like a blood type
and B Positive!

Did you know that the CNA has a number of Professional Development opportunities, including Online-learning modules?
CNA members: log into MyCNA (formerly NurseONE) at <https://nurseone.ca/en/login>
Check out <https://cna-aiic.ca/en/professional-development>



CNA Certification Program

CAMSN would like thank all front line workers who have worked hard to keep everyone safe during the pandemic!

What distinguishes CNA-certified nurses:

- Advanced clinical expertise with a commitment to lifelong learning
- Recognizes specialty knowledge, authenticated by exacting national standards
- Dedication to evidenced-based care and patient safety

Learn more at:

<https://nurseone.ca/en/certification/get-certified>

What employers of certified nurses are saying about certification:

- Confirms an RN's enhanced competency and specialized knowledge
- Helps to recruit and retain the best nurses
- Fosters safe, high-quality care and raises the entire education culture

Nurses who applied to write an exam in May will be able to write it in the fall window, which runs from October 15 to November 15, 2020

See more at:

[https://www.cna-](https://www.cna-aiic.ca/en/certification#sthash.iLUFWc1.dpuf)

[aiic.ca/en/certification#sthash.iLUFWc1.dpuf](https://www.cna-aiic.ca/en/certification#sthash.iLUFWc1.dpuf)

Fall 2020 Registration Dates:

June 1st - September 30th 2nd → Application window to write exam

October 15th - November 15th → Certification Exam Window

Jan 10th - Nov 1st → Renew by Continuous Learning

New exams in 2020: Starting in January, registered psychiatric nurses can apply to write their nursing specialty certification exams in **gerontology** as well as in **psychiatric and mental health**.

Once CNA Certified, your CMSN(C) credential is valid for a five-year term.

The Medical-Surgical Certification Exam encompasses competencies that are classified under twelve categories of content commonly seen by the medical-surgical nurse:

| Categories | Approximate weight |
|---|--------------------|
| Neurological System | 7-11% |
| Eye, Ear, Nose and Throat System | 3-7% |
| Cardiovascular System | 10-14% |
| Respiratory System | 10-14% |
| Gastrointestinal System | 6-10% |
| Genitourinary and Reproductive Systems | 4-8% |
| Musculoskeletal and Integumentary Systems | 5-9% |
| Immunological, Hematological and Endocrinological Systems | 6-10% |
| Infectious Diseases | 5-9% |
| Pain | 9-13% |
| Mental Health | 5-9% |
| Professional, Legal and Ethical Issues | 5-9% |

Learn more at: https://cna-aiic.ca/-/media/nurseone/files/en/ms2015_blueprint_final_e.pdf?la=en&hash=60FF2647DECE0FF1CA095A062A6B349D12AEBF36

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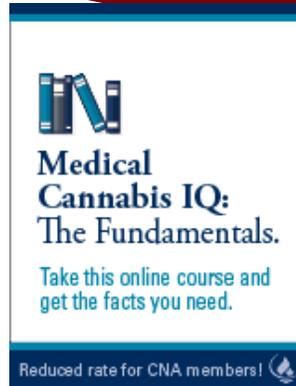
ACIIMC

Association Canadienne des Infirmières et Infirmiers en Médecine-Chirurgie

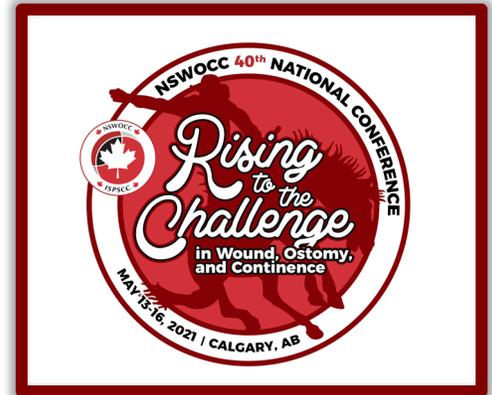
Continuous Learning Opportunities



WoundsCANADA.ca
Wounds Canada 2020 Conference:
 Virtual Conference October 15-18 2021
<https://www.woundscanada.ca/>



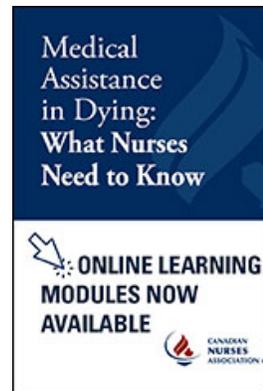
Medical Cannabis IQ: The Fundamentals.
 Take this online course and get the facts you need.
 Reduced rate for CNA members!



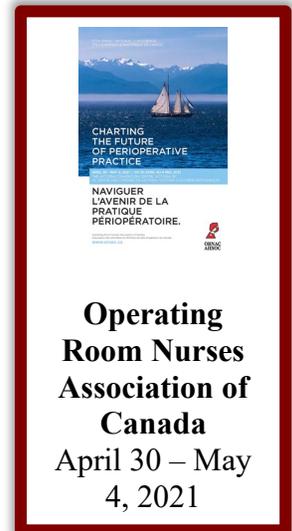
NSWOC 40th NATIONAL CONFERENCE
Rising to the Challenge
 in Wound, Ostomy, and Continence
 MAY 15-16, 2021 | CALGARY, AB

On the lighter side
 Did you hear the joke about the germs?
 I'd tell it to you but I don't want to spread it around!

From all of us at CAMSN we wish you a safe and happy Summer!



Medical Assistance in Dying: What Nurses Need to Know
 ONLINE LEARNING MODULES NOW AVAILABLE
 CANADIAN NURSES ASSOCIATION



Operating Room Nurses Association of Canada
 April 30 - May 4, 2021

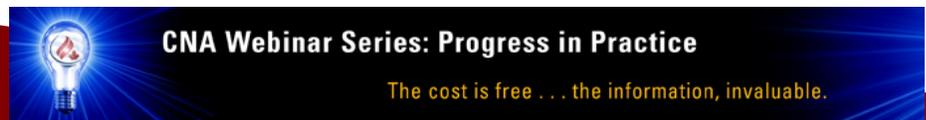


COMMUNITY HEALTH NURSES OF CANADA
CHNC 2021
 May 12 - 14, 2021
 Vancouver, BC



CASN BIENNIAL CANADIAN NURSING EDUCATION CONFERENCE 2020
 CALGARY, ALBERTA
 MAY 25-27, 2020

Never stop learning - Because life never stops teaching



CNA Webinar Series: Progress in Practice
 The cost is free . . . the information, invaluable.

Education Corner: An Ortho Nurse's experience with a Fibula Fracture

Part Two

This is the second of two articles describing a former orthopaedic nurse's personal experience with a leg fracture. In the previous article, I discussed the fracture itself, life with a cast, and the psychological experience of the injury. In this part, I will talk about what helps a fracture to heal, how to maintain fitness, as well as how to mobilize and get back to work early through the use of a knee-walker. Aspects of my experience were expected and followed the pathway as I knew it from teaching patients about broken bones. However, I will also share some personal experiences that were new or surprising to me, including helpful tips I learned about the healing process. While the focus will be on a leg fracture experience, perhaps there will be ideas that you can pass along to other orthopaedic patients, or to use yourself if you end up in a similar situation.

What does the Body need for Healing?

Vitamins and Minerals

During the healing process, it is common to receive many suggestions from well-meaning friends for natural healing remedies. While some of those remedies may be helpful, always be aware of potential side effects, and what those substances do at the cellular level of the fracture. Make decisions based on what has been scientifically proven, and what makes sense from your educated physiological understanding of the human body.

Vitamins and minerals are necessary for bone healing; with vitamin C, D, calcium, zinc, iron, among others, being key players in the bone healing process (Giganti et al., 2014; Karpouzios et al., 2017). Try to get as many of these from your daily diet, but include supplements if needed. If taking supplements, be aware of how best to take them to encourage and/or prevent their interactions in the body. For example, if calcium and vitamin D are taken together, vitamin D assists in the absorption of calcium (Harvard Health Publishing, 2009). Another example is the interaction between calcium and iron: if you are taking these as supplements, they should be taken at separate times, as calcium may decrease iron absorption. An additional tip is to consume foods containing iron alongside foods high in vitamin C (this will increase the amount of absorbed iron) (Government of British Columbia, 2018).

And finally, if you take other medications (prescription or supplemental), be aware of potential interactions that may interfere with their intended effects. You want to do everything you can to ensure that you are getting the greatest benefit of everything you are taking.

Food and Caloric intake

Because I was motivated to heal my fracture quickly, it became more important than ever to eat well. As indicated earlier, eating a well-balanced diet, that is rich in vitamins, minerals, and nutrients will go a long way towards healing a broken bone (Karpouzios et al., 2017). Depending on your previous eating patterns, this may mean that you increase (or decrease) your caloric intake in order to promote bone healing. Weight gain may occur with an increase in intake, but is not likely as the body uses many calories in the process of healing (Better Bones Foundation, 2016).



Education Corner: An Ortho Nurse's experience with a Fibula Fracture -Continued

Part Two

While a moderate amount of alcohol likely won't hurt (2 drinks/day for men and 1 drink/day for women [Plawecki & Chapman-Novakofski, 2010]), minimizing alcohol is wise. Alcohol intake has been shown to impair the callous formation portion of bone healing (Lauing et al., 2012). So, even if it might be nice to drown your fracture-related worries with a glass of wine, it's not a great idea during this critical time of healing. And while the use of marijuana could also be effective in reducing anxieties during this time, further research needs to be done to assess its' impact on fracture healing.

Sleep

During your recovery, it's important to rest when you feel tired. You may even find that you need more sleep than usual (bone healing takes a lot of energy!). As nurses, we often feel guilty for taking it easy, but in this case, additional sleep may actually be an investment in getting ourselves healed, and moving, sooner rather than later (Government of Alberta, 2019).

Mobilizing, Staying Fit, and Driving

Moving around and Returning to Work (yes, this might be possible!)

When healing from a leg fracture, it's natural to feel anxious about moving about, and wanting to keep the injured limb safe. But some movement will be necessary in daily life. When moving around, remember the rest of your body still works. For example, when getting into the tub (showers may be out of the question depending on the type of cast you have), your anxiety may increase. Breathe, and trust the strength of your upper arms. Lower yourself down slowly, and remember not to immerse the cast in water – rest it on the edge of the tub if you can.

The extent that you are able to move around must be done in consultation with your surgeon, to ensure you are not compromising your healing. Personally, I am known to be a 'bend-the-rules' kind of person, but when it's about our own future mobility/health, it's worth listening to the expert. Remember, you must be safe in your mobility at all times – an unexpected fall could set back your recovery time significantly. Depending on your finances, different options are available for mobility:

- Crutches – the old stand-by for a lower limb injury, but few people know just how exhausting they are (even if you are fit!). There are right and wrong ways to use crutches (Canadian Red Cross, 2011). The right way is to support your weight on your hands (not armpits), but this requires considerable strength, which some patients may not have. I found I was able to use crutches quite successfully daily until about mid-afternoon; after this, my body became fatigued, my posture suffered, and discomfort ensued. Knowing this, what other mobility options can we give patients for later in the day? Or how can patients conserve energy while using crutches?



Education Corner: An Ortho Nurse's experience with a Fibula Fracture -Continued

Part Two

- iWalks, Knee Walkers, etc: Thanks to advancing technology, there are some excellent alternatives to crutches, even if you are non-weight bearing. I invested in an iWalk (I've also seen a colleague use a wheeled knee walker), which allowed me to work throughout the six weeks that I was non-weight bearing*. While you may be able to find these devices in your local medical equipment lending program (eg. Red Cross), they are still fairly new on the market, so they may not yet be available at those sites. Also of importance, is that some of these new mobility options are not yet covered through some health benefit plans. You could attempt to negotiate for payment with your benefit plan administrator, using the argument that it gets you back to work quicker, but you may not be successful.
- Wheelchair: this is an easy option for those times when you are too tired to be upright, or it's time for your limb to be elevated. Wheelchairs can likely be borrowed from your local medical equipment lending cupboard (eg. Red Cross). A doctor's referral may be necessary for this loan.

Whatever device you use for your mobility, don't use it on the stairs until you are fully comfortable with it. Even then, I was extremely cautious, and went up and down my home stairs on my buttocks for six weeks (as a bonus, this helps with upper body strength!). If you are using your mobility device on the stairs, research the safe method carefully, and practice with a partner, in case you slip.

*If you do return to work during your recovery time (only with the blessing of your surgeon!), discuss your plan with your workplace disability benefit person. Seek the appropriate guidance so that you aren't risking your ability to collect disability benefits should you need to reverse your decision and recover at home instead. In my experience, the disability office applauded my efforts to return to work early. This was key learning for me: so often, we plan/strategize in isolation, and then run into issues later. It is much more comforting to bring in our resource people right away so that we are working together with them.

*Depending on your work site, carefully evaluate (together with your supervisor) if it will be possible for you to maintain infection control while using a mobility device. If it won't be possible, then you may have to delay your return to work.

*Also, depending on the type of work you do, consider how much of your work can be done from home (this might be surprising to you!). Are there technologies available (eg. Zoom, Skype, teleconference) that allow you to attend meetings from a distance? Or perhaps your colleagues can come to your home for meetings while you are laid up? What other options do people have to work from home?

What does Self-care mean?

While you are recovering, many people will suggest that you take time off work for 'self-care'. This is where reflection about your abilities is required:

- How much self-care do you need, and does 'self-care' mean taking time off work?
- At what point does self-care mean returning to work (using safe means!) because work gives us some kind of purpose and balance?
- Is it possible that returning to work might actually be healthier than being isolated and under-stimulated at home?

My key learning during this time was that 'self-care' for me looks different than what 'self-care' might look like to others. As long as I felt that I was still getting enough rest, and my emotional and physical needs were being met, I felt able to return to work in a balanced way. When making this decision, always do it in consultation with your surgeon and your supervisor.

Maintaining Fitness

If you were an active person pre-injury, the recovery period can be challenging. It is possible to maintain fitness during this time, but adaptation in your workout (and discussion with your surgeon and/or physiotherapist) will be required. Depending on the location of your fracture (mine was the fibula), hand weights, sit-ups, knee push-ups, one-legged planks, some yoga/pilates positions, using resistance bands, etc. may still be possible (US News Health, 2018). Make sure to use a stool to maintain balance, as needed. If you regularly use exercise to reduce stress, you may also consider meditation, stretching, yoga, journaling, etc. This may also be a great time to try a new form of activity in order to cope with daily challenges.

Starting to Walk and Drive again!

When the surgeon says you can start weight-bearing, start slow. One idea is to begin walking with crutches (using them as supports); then, advance to using just one crutch; and when you feel comfortable, eliminate the crutches. Don't forget to use analgesic, as needed, so you can mobilize safely. Don't push yourself. If the limb hurts and is swollen at the end of the day, consider slowing your progress the next day. And remember, elevation continues to be helpful to reduce the swelling, even at this stage.

If you normally wear orthotics, don't forget about them while you're in an air cast and starting to weight-bear. I forgot about mine, and had a lot of pain that was unrelated to my injury! The air cast itself is completely flat, with no arch support. Ask your surgeon if you can place your orthotic inside the air cast when weight-bearing. Your foot may appreciate the support.

If you're an active person and are eager to go for a run or other athletic pursuit, follow the surgeon's (and physiotherapist's) advice. Once your bone is sufficiently healed, you will receive the go-ahead, but be patient and wait for it. In the meantime, be creative with other fitness ideas (see above). When you do start running, keep your pace slow, and increase your running times gradually. You may experience times of discomfort where you have to decrease your training, or even stop altogether – listen to your body and the experts.

When you are given the go-ahead to start driving after being in a cast for weeks, practice in a safe place. The injured limb may be surprisingly weak, and it takes strength to push the pedals. Start with a few short, slow drives before doing the highway commute (it takes time to build-up strength and confidence to do this). Also, consider your parking situations carefully at your destinations – try to find parking nearby, to reduce the walking distance. Remember, your endurance will be reduced in these early walking days.

Education Corner: An Ortho Nurse's experience with a Fibula Fracture -Continued

Part Two

Acknowledge your feelings during this phase of your recovery. While you will be eager to return to normal life as quickly as possible, you will likely still feel vulnerable at times. Take things slowly and carefully, and be proud of each new 'step' that you master. Heal well, and journey on, friends.

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Contact Us!

Do you have an idea for our newsletter? Do you have a question for CAMSN, or an upcoming workshop you would like shared with fellow members?

We would love your feedback and we encourage our members to share their expertise!

**Please contact Laura Vogelsang, External Communications Coordinator at
laura.vogelsang@lethbridgecollege.ca**