



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

Summer 2022

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Welcome New CNA Executive Members:

President

Kimberly LeBlanc

Vice-President

Tracie Risling

Board Members

Farah Khan

Bukola Salami

Leila Gillis

Megan Hudson

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.

Upcoming Certification Dates 2022



For more information visit:

<https://www.cna-aiic.ca/en/certification/about-certification>

Important CNA Certification Update

Due to historical low interest in the Medical-Surgical exam this will likely be your last opportunity for initial certification before the exam is retired. If/once you are certified, you will be eligible to continue to renew by continuous learning and list your credential

Calling all future executive members!

Are you interested in becoming more involved with the Canadian Association of Medical-Surgical nurses? We have several openings on our executive leadership board. We welcome anyone to reach out via email to express interests



We would like to wish all CAMSN members a safe and happy summer!



Peritoneal Dialysis: Case Study

Chronic kidney disease (CKD) remains a significant health challenge.

Diabetes, hyper-tension, heart disease, and family history are the most common risk factors CKD can lead to accumulation of fluid and nitrogenous wastes in the blood, causing azotemia and uremic syndrome (Russell, 2016). A common way to manage CKD is through peritoneal dialysis (PD), in which a soft catheter is placed in the abdominal cavity. This catheter usually is placed 3-5 cm below the umbilicus to facilitate dialysate solution exchanges throughout the treatment period (Russell, 2016). The procedure can be performed independently by the patient without use of a machine (continuous ambulatory PD), or with a machine through either intermittent or continuous cycling PD (Willis, 2018).

1. Which assessment finding, if present, would the nurse recognize as consistent with the diagnosis of peritonitis?

- Abdominal distention
- Angioedema
- Peripheral cyanosis
- Tetany

2. Which potential problem should the nurse know is most likely for this patient?

- Hypokalemia
- Hypercalcemia
- Fluid volume excess
- Fluid volume deficit

3. The nurse has just finished a peritoneal dialysis cycle. All the following after-care interventions should be implemented except:

- Wear disposable gloves when handling the peritoneal dialysis bag.
- Place contaminated materials directly in a regular bin.
- Flush peritoneal fluid in the toilet.
- Observe hand hygiene strictly.

4. The patient expresses concern about the peritoneal dialysis process and states, "I have had this catheter for a while now, but I still do not get it. My spouse does it for me at home." Which statement should the nurse incorporate into patient teaching about peritoneal dialysis?

- "Don't worry if you have a low-grade fever; that's a common reaction to the dialysis fluid."
- "If you can't drain all of the fluid out, try changing your position."
- "The dialysis fluid can irritate the bowel, so you might get diarrhea."
- "If you notice drainage around the catheter, take a bath and clean it with soap and water."

Answers on the last page!

Case Study

A 52-year-old patient was admitted to the medical-surgical unit with chief complaints of chills, weakness, pruritus, and abdominal pain. Medical history includes: diabetes type 2, severe hypertension, cardiomegaly, and CKD.

The patient's home medication list included the following oral medications: hydralazine 50 mg three times a day, glipizide 5 mg once daily, and lisinopril 5 mg once daily.

Some other home medications recently were discontinued by the primary care provider. The admitting nurse also noted presence of a peritoneal dialysis catheter while doing a thorough assessment. Initial vital signs included temperature 38.4°C, heart rate 100bpm, respiratory rate 22/min, blood pressure 145/98 mm Hg, and SpO₂ 98% on room air. The primary admission diagnosis was peritonitis

Have an article you want to share? Send it to us: CAMSN@medsurgnurse.ca

Padua, R. M. Z. (2022). Peritoneal Dialysis. *MEDSURG Nursing*, 31(2), 127-128.

Russell, S. (2016). The renal and urologic systems. In H. Craven (Ed.), *Core curriculum for medical surgical nursing* (5th ed.) (pp. 376-377). Academy of Medical-Surgical Nurses.

Willis, L. (2018). Lippincott certification review. *Medical-surgical nursing* (6th ed.). Wolters Kluwer.



Feature CAMSN Member: Rebecca Merkle

Rebecca is a medical-surgical nurse of over ten years and nursing educator for undergraduate nursing students. She practices and teaches in both rural and urban settings. In an effort to stay connected with her students during the pandemic she founded the educational Instagram page @nurseitlikeyoumeanit which has grown to be one of the largest educational social media pages in Canada and has an international following. Reflecting on why she is a CAMSN member Rebecca commented:

“CAMSN provides an opportunity for nurses at any level of their career to become part of a national voice for medical-surgical nurses. Especially in rural areas we many not have as many opportunities for networking. CAMSN is a way to connect us across the country and learn about events and initiatives”

When she is not working her passion is to travel the world with her Husband.



Want to keep up with more med-surg content around the world? Try a Podcast! Our Summer Recommendation: ‘**Med-Surg Moments**’ (available on most streaming platforms)

Pharmacology Corner: Understanding Therapeutic Index

Therapeutic Index is a ratio which compares the *blood concentration at which a drug becomes toxic and the concentration at which the drug is effective*; even vitamins & minerals have a therapeutic index. The larger the therapeutic index (TI), the safer the drug is (because there is a broad range in which the drug is effective and safe).

If the TI is **small** (the difference between the two concentrations is very small), the drug must be dosed carefully and the person receiving the drug should be monitored closely for any signs of **drug toxicity**. Keep in mind that depending on the patient’s overall diagnosis and health status the individual symptoms and susceptibility will vary. Common drugs with a narrow Therapeutic Index and what to monitor:

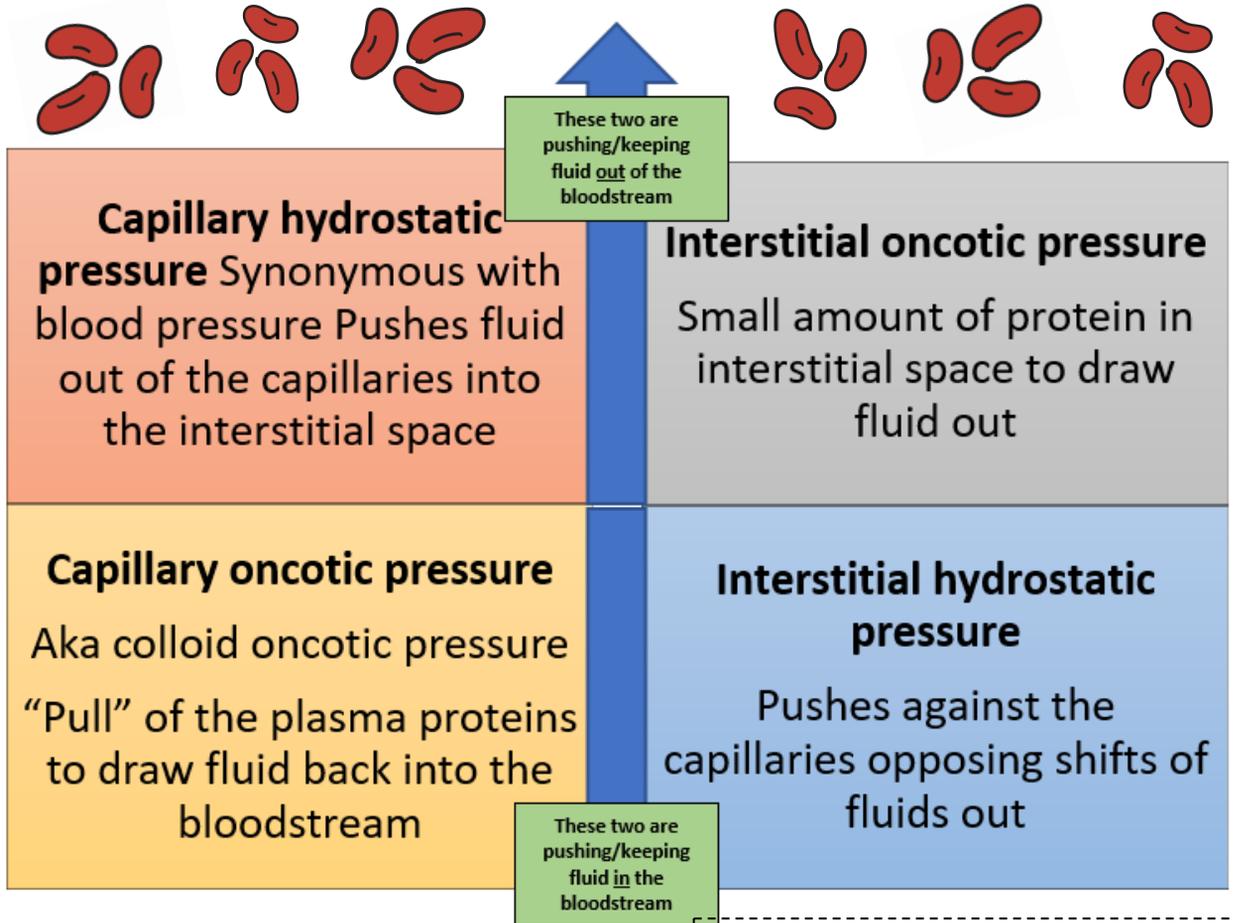
- 👉 **Clonidine**: Altered LOC (fatigue), bradycardia, hypotension, miosis (pupillary constriction)
- 👉 **Digoxin**: Nausea, anorexia, confusion, drowsiness, headache, hallucinations, photosensitivity. Blurred vision, seeing halos around lights
- 👉 **Heparin**: Bleeding! Monitor for epistaxis, bleeding gums, eyelids, hematuria, hemoptysis, and also for heparin-induced thrombocytopenia
- 👉 **Levothyroxine**: headache, cramping, irritability, chest pain, shortness of breath, bounding pulse
- 👉 **Lithium**: severe nausea/vomiting, severe tremors, vision changes, confusion, muscle weakness
- 👉 **Phenobarbital**: blurred or double vision, nystagmus, confusion decreased LOC which may progress to coma
- 👉 **Valporic Acid**: CNS and respiratory depression, myoclonus, lethargy, N&V
- 👉 **Vancomycin**: nephrotoxicity, hearing loss
- 👉 **Warfarin**: Bleeding! Monitor for epistaxis, bleeding gums, eyelids, hematuria, hemoptysis,

👉 It is important to know your patient’s baseline to be able to monitor for these changes, especially for neurologic changes in older adults.



Focus on Pathophysiology: Starling Forces

Sometimes called Starling pressures, these are the forces that drive the exchange of fluid through the walls of the capillaries



Quick Reference: Hematocrit	
% of blood by volume that is RBCs	
High Hematocrit	Low Hematocrit
Dehydration Polycythemia	Anemia Hemorrhage Fluid resuscitation



10 Online Canadian Information Sources:

1. Canadian Cardiovascular Society
2. Canadian Diabetes Association
3. Canadian Neurological Society
4. Canadian Task force On Preventative Health Care
5. Canadian Thoracic Society
6. Canadian Urological Association
7. Choosing Wisely Canada
8. Crohn's and Colitis Canada
9. Hypertension Canada
10. The Lung Association



Continuous Learning Opportunities



Canadian Cardiovascular Society
Leadership. Knowledge. Community.

Recorded Events
<https://ccs.ca/recorded-events/>



UNIVERSITY OF ALBERTA

<https://www.ualberta.ca/nursing/programs/continuing-professional-education/index.html>

Want to advertise with us? Reach out directly by email to discuss how to be featured!



THE CENTRE FOR PROFESSIONAL DEVELOPMENT

<https://bloomberg.nursing.utoronto.ca/pd/courses/>



The CNA Learning Centre will no longer be available effective June 30, 2022.



CANADIAN ASSOCIATION OF CRITICAL CARE NURSES

Dynamics of Critical Care
Sept 19-21, 2022

July

- National Injury Prevention Day (5th)
- International Self-Care Day (24th)
- World Hepatitis Day (28th)

August

- Gastroparesis Awareness Month
- World Lung Cancer Day (1st)
- International Overdose Awareness Day (31st)

September

- Arthritis Awareness Month
- World Sepsis Day (Sept 13th)
- Ovarian & Prostate Cancer Awareness Month

CAMSN

ACIIMC



Canadian Association of Medical and Surgical Nurses

Association Canadienne des Infirmières et Infirmiers en Médecine-Chirurgie

CAMSN Conference – TBA
Continue to watch for updates!



WoundsCANADA.ca

Pressure Injury Symposium – Nov 17, 2022

SOCIÉTÉ CANADIENNE DE THORACOLOGIE



CANADIAN THORACIC SOCIETY

Canadian Respiratory Conference
April 20-23, 2023



Canadian Association of Nurses in Oncology
Association canadienne des infirmières en oncologie

Canadian Association of Nurses in Oncology: October 27 – 30, 2022