

The Official Newsletter for the Canadian Association of Medical Surgical Nurses

Spring 2024



CAMSN



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www.medsurgnurse.ca



President's Message

Dear CAMSN Members,

Welcome to Spring. I am excited about all of the growth in membership we are already seeing in 2024. Together, we navigate challenges, and advocate tirelessly for the well-being of both our patients and our

profession. CAMSN is the voice of medical and surgical nurses in Canada. I encourage you to use CAMSN as a network to bring forward initiatives and opportunities that share our collective interest. To remain viable, we are still hoping to grow our executive leadership – if you are able to take on some of these shared responsibilities please do not hesitate to reach out. As we head into some more active summer months I hope you are all able to enjoy meaningful time with friends and family.

Laura Vogelsang, RN



Becoming a Canadian Certified Medical Surgical Nurse CMSN(C)

Good luck to those who are writing their certification exam between May 1st and 15th!

IMPORTANT DATES

FALL 2024 EXAM DATES

Applications to write the CMSN(C) exam are open from <u>JUNE 10th to</u>
<u>SEPT 30th.</u>

Exam window is **NOV 1st to 15th**

RENEWAL

You can renew your certification by continuous learning year round!

Check out the <u>CNA website</u> for Exam Preparation resources





Thursday May 9th 10am MST (JOIN MEETING)

Tuesday May 14th 1pm MST (JOIN MEETING)



Wellness Corner

We often neglect what exercise can do for our mind, body and soul. In the busy day to day hussle we all are in, it is so important to take a little extra time for YOU!

Why is exercise important?

- Weight control- exercising can help prevent excess weight gain or help you keep off weight lost.
- Exercise combats health conditions and diseases.
- Exercise improves mood, boosts energy, promotes better sleep, can enhance your sexual health, improve your brain health, strengthen bones and muscles and improve your ability to do everyday activities.
- Exercise can be fun and social!

Short on Time: Try a HIIT workout! What is HIIT?

It is a type of interval training exercise. It incorporates several rounds that alternate between several minutes of high intensity movements to significantly increase the heart rate to at least 80% of one's maximum heart rate, followed by short periods of lower intensity movements. You can do this with: cardiovascular, resistance, bodyweight and full body movements.

It is best to perform HIIT 2-3 times a week as everyday it is extremely taxing on your body. Aim to recover for 48 hours in between workouts if you can.

HITT Example

Metabolic Circuit- Body Weight

Complete 4-5 times, rest only when done all 10 exercises are done, try to go as fast as you can. Rest for 1-2 minutes inbetween and repeat:

1) 10 Burpees

2) 10 Walking Lunges (each leg)

- 3) 10 Push ups
- 4) 10 Step ups (each leg)
 - 5) 10 Superman's
 - 6) 10 Plank Jacks
 - 7) 10 Air squats
 - 8) 10 Toe touches
- 9) 10 Plank Shoulder Tap

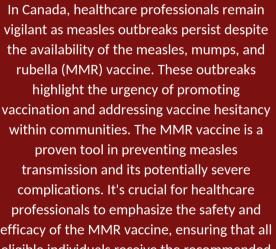


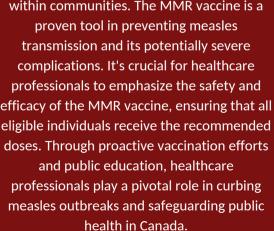
* Make sure to spend 5-10 minutes with stretching and flexibility post *

Denise Dmitruk LPN, IIWCC, MSPNC(c), PTS, FIS, CES

Do you have an idea for the Newsletter? Are you looking for hours that count towards your renewal? Send us an email at <u>Camsn@medsurgnurse.ca</u>. We are looking to feature any topic you find interesting!









Thank you Rachel Stevens-Koerber for submitting this case study!



Case Study

A 32 male suffered a crushing snowmobile accident. While preforming stunts, he was launched from his machine and then pinned by his right lower leg between his snowmobile and a tree. This patient is POD 0 following an ORIF of a fractured right tibia. He confirms alcohol and tobacco use and there is no other significant health history. Shortly following his return to the surgical unit from the recovery unit, he has been reporting high levels of pain. He had received 10mg sub cut morphine and 1000mg po Tylenol for 10/10 right lower extremity pain that is constant and aching an hour prior without relief. When considering an alcohol withdrawal score, the patient presents with tachycardia (HR: 112, BP 167/89, Sp02 94% on room air, Temp 36.8 and resps 20/minute) but otherwise no nausea, sweating, altered perception, tremors, or visible agitation excluding for his pain. You assess his right lower limb and can palpate weak pedal pulses. His right leg is visibly edematous compared to his left. He reports numbness to soft touch and exhibits weakness in dorsi flexion of his right foot. His fresh post-operative bulky dressing is shadowing 30% but intact.

Management of Fasciotomy

Multiple Choice Questions

You decide to update the surgeon, what is your priority concern?

- A. Inadequate pain control
- B. Mental health and social work referral
- C. Suspected compartment syndrome
- D. Nicotine replacement therapy

The patient has been diagnosed with compartment syndrome. The plan is to return to a clean procedure room to perform fasciotomy. While the room is being prepared, the medical/surgical nurse can complete all of the following tasks EXCEPT

- A. Remove the bulky dressing as ordered by the surgeon
- B. Place the patient's limb on a sterile drape
- C. Apply supplemental oxygen
- D. Elevate leg and apply ice

Untreated compartment syndrome can result in

- A. Muscle necrosis and rhabdomyolysis
- B. Myoglobinuria and Kidney Failure
- C. Paralysis
- D. Infection and possible amputation
- E. All of the above

YUSMERS: 1. C, 2. D, 3.E

Extremity fasciotomy can be limb saving. Reperfusion following fasciotomy causes local and systemic effects that can be life-threatening and can complicate wound care. Reperfusion usually causes muscle edema. The extent of the edema is depended upon a variety of factors like location of injury, mass of ischemic muscle, severity of the ischemia and status of the patient's venous circulation. Byproducts of muscle ischemia like potassium, phosphate, organic acids, myoglobin, creatine kinase and thromboplastin can cause conditions like hyperkalemia, hyperphosphatemia, metabolic acidosis, and myoglobinuria.

Wound management consists of debriding nonviable muscle and maintaining wound moisture balance while preventing infection. NPWT can be used to assist with wound closure, cleaning any metabolic wastes and maintaining a clean wound environment. NSWOC may be consulted. Wound closure is considered once the muscle viability has been confirmed and the muscle's swelling regressed. Premature wound closure can cause recurrent compartment syndrome. Optimal time required for wound closure is unclear, though one study found less than five days to produce increased undesirable outcomes. Wound closure typically occurs between eight to fourteen days and is done so by the surgeon.

References

(Childs and Barry 2014) Chapter 64 Nursing Management: Musculoskeletal Trauma and Orthopedic Surgery in Lewis et al Medical Surgical Nursing in Canada pg. 1751-1752 (Modrall et al, 2023) Patient management following extremity fasciotomy. In UptoDate Wolters Kluwer (Hammerberg et al, 2023) Acute compartment syndrome of the extremities. In UptoDate Wolters Kluwer









HAPPY NURSES WEEK!





FREE HIV CARE WEBINARS
CLICK HERE TO SIGN UP









Canadian Nurse Educators Institute
Institut canadien des infirmières et infirmiers enseignants
WEBINARS



APRIL IS DAFFOFIL MONTH

Take some time this month to review the risks, signs and symptoms, diagnosis, outlook and treatments for a wide ranges of cancers.