

Delaware SGNA

Newsletter

January 2008

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Front Page SGNA News

Chesapeake, Delaware, and Old Dominion SGNA are currently planning the multi-regional education weekend in Chantilly, VA that will take place April 11-13, 2008. Book your hotel reservations prior to March 21, 2008 to get the Conference rate. The brochure with all the information is available online. The speakers look great this year. The tentative program is as follows:

Friday

7:00-8:00 Reception Cash Bar

Saturday

7:00-8:00 Registration Continental Breakfast

8:00-8:15 Welcome Chesapeake President

8:15-8:45 Getting Involved With SGNA Cathy Dykes, MS, RN, CGRN,

8:45-9:15 Endoscopy Benchmarking Bonnie Streeter, MSN, RN, CGRN

9:15-10:15 Capnography in the Endoscopy Setting Karen Bergenholtz, RN, MSN, CRNP-CS

10:15-11:15 Break and Vendor Visits

11:15-12:15 ERCP and the Latest Stenting

Dr. Paul Yeaton

12:15-12:45 Scope Cleaning

Bonnie Streeter, MSN, RN, CGRN

12:45-2:15 Lunch and Vendor Visits

2:15-3:15 Endoscopy Mentoring

Denise Thornby

3:15-4:15 Ergonomics in Endoscopy

Lynn Thomas, BSN, CGRN

4:15-5:15 Electrosurgery Use and Safety

Susan Teaque, RN, CGRN

In the Endoscopy Setting

Old Dominion President

5:15

Closing Announcements

Sunday

7:00-8:00 Breakfast

8:00-8:15 Announcements

Old Dominion President

8:15-9:00 GI Research-H Pylori Related to Periodontal Disease

Dr. Andrew Gentry

9:00-10:00 Photodynamic Therapy

Tanya Morris, RN

10:00-11:00 Esophageal Cancer from Discovery To Recovery

Ginny Anderson, BSN, RN
Grace Elizabeth White, RN, CGRN
Caroline Williams, Patient

11:00-11:15 Break

11:15-12:15 Gastroenterologist's Experience

Dr. Jayde Kurland

In Kuwait

12:15-12:30 Evaluations and Closing Remarks

Delaware President



A Look Back to Last year.



Delaware is a small region that covers the eastern shore of Maryland and the complete state of Delaware. We have 36 members and have consistently endeavored to provide the members and non-members, within the profession of Endoscopy, education and professional leadership following the *Standards of Practice* set forth by the SGNA.

The year 2007 has come and gone and, with it, the Delaware SGNA has seen many changes. This year has been a year of technological growth for the region. A **website** and a **newsletter**, published bi-monthly and hosted on the website, was started. This has increased the availability of information and communication region wide. It also gave Delaware a National presence that communicated our regions activities and news to other regions. We created a mass e-mailing to all members to increase communication and ultimately interest and enrollment in the Delaware Region. Holding **videoconferencing** for all the member meetings connected the region. Now almost everyone in the region is within a 1-hour drive to the meetings.

Education has always been and will remain a top priority for its members.

Participating in a Multi-Regional weekend offering each March or April for the past Nine years with **Chesapeake** and **Old Dominion** regions and solely providing fall education days in October or November has provided valuable GI specific education to the area endoscopy nurses and associates. In 2007 the Multi-Regional event was held in Richmond, VA on the weekend of March 2-4 and was a great success. Over 100 Nurses and associates attended the conference. A profit was made and divided between the regions. Delaware hosted its educational day at Dover Downs Conference center on November 3, 2007. Over 50 nurses and Associates attended this meeting. The evaluations were very positive and we are currently in the process of planning next year's education day. The tentative date will be November 8, 2008 at the Dover Downs Conference Center. The website featured a downloadable brochure for the Delaware fall education day, so those interested could print it and register for the course. The multi-regional brochure is now hosted on the Delaware website in a printable version for the Delmarva multiregional education weekend April 11-13, 2008.

Delaware has had several new members join our ranks this year. We have had 10% of our member take the certification exam in 2007. Congratulations to those who became certified RNs in 2007. We are so very proud of you.

One of Delaware's members is active on the National Education Committee and was a concurrent session speaker at the 34th annual course, in Baltimore, Maryland. Delaware will be sponsoring a regional member as a speaker at the 35th Annual course in Salt Lake City, Utah. This will make the third year in a row that Delaware; Region 10 has provided a speaker to the National Convention. Two poster abstracts were submitted in December 2007 and are awaiting approval/acceptance notification from National Headquarters.

Karen Bell BSN, RN, CGRN, who has been a long-standing, dedicated member of SGNA since the 1990's, has been nominated for the *Regional Member of the Year* award. She currently holds two very difficult positions within the SGNA of regional and multi-regional treasurer. When I think of Karen I think of someone whose dedication has never wavered, even when her health did.

The region has resubmitted its chartering information as requested by the National SGNA headquarters and we are awaiting notification of the Re-Charter for 2008. Delaware has supported members at the House of Delegates and the leadership conference for 2007. Delaware wrote two resolutions for 2007 and is currently authoring two more resolutions for 2008. It has been an educationally and financially prosperous year for Delaware, Region 10. Although our numbers are small, Delaware is a region of rich heritage and great endoscopy nurses and associates. It has been an honor to serve as your President for the year of 2007. I stand amazed at our accomplishments and cannot wait to see what 2008 will bring.

Melinda A Huffman MSN, RN, CGRN.
President Delaware Region 10.

Delaware has accomplished a lot in the year 2007. Education, Certification, Website, Newsletter, and videoconference at the top of the list.

Advances in Medicine-Humira

By Etta Banke, LPN

Humira (adalimumab) is a medication used to treat patients with moderate to severe rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, and adults with moderate to severe Crohn's disease with poor response to other treatments. Patients with these illnesses have too much TNF (tumor necrosis factor), a protein made by the body's immune system. Humira can reduce TNF and suppress its damaging effects. However, it can also decrease the immune system response to fight infection. As GI nurses, we will focus on the treatment of patients with Crohn's disease.

CONSIDERATIONS PRIOR TO THERAPY

Before beginning treatment, patients should make their physicians aware if they have or are being treated for an infection, have open wounds or a history of recurrent infections, have or had Hepatitis-B, TB or had close contact with someone infected with TB. Clients should be tested for TB prior to the initiation of therapy. If patient is found to have TB, they should finish their full course of treatment for TB prior to starting Humira. Caution should be exercised in individuals identified as HBV carriers. HBV reactivation has been reported in patients receiving TNF blockers including Humira, and some cases have been fatal. Routine baseline labs should be obtained prior to initiation of treatment as well as thyroid function studies and Hepatitis serology.

TREATMENT

Initiation of treatment should be performed under the supervision of a qualified health care professional. Risks and benefits of treatment should be reviewed with the patient, and the patient should be instructed to read the entire package insert that comes with their medication. In training the patient and/or caregiver, it is necessary to assess their level of understanding and ability to properly administer the injections.

Humira is available in single dose pens and prefilled single dose syringes. Both provide 40 mg (0.8 ml) of Humira. Recommended adult dose for patients with Crohn's disease is 160 mg initially on day one. (The medication can be given as 4 injections in one day or 2 injections per day over 2 consecutive days.) Day 15 the patient receives 80 mg, and beginning on day 29 they will inject 40 mg, and 40 mg every other week thereafter. (There have been no clinical studies on Crohn's patients requiring therapy beyond one year.) Crohn's patients may experience a reduction of symptoms or remission with Humira.

ADDITIONAL PATIENT TEACHING

Advise patients that during treatment they will need routine follow-up and monitoring of blood work to screen for hematologic reactions (e.g., thrombocytopenia and leucopenia). Hypersensitivity reactions have been reported in approximately 1% of patients including anaphylaxis and allergic rash. Instruct your patients that Humira lowers the immune system and the ability to fight infection. They need to seek immediate medical attention if they show any signs of infection, persistent fever, pallor, bleeding, bruising, TB, or reactivation of Hepatitis-B. Other serious reactions in clinical trials were tremor, confusion, paresthesia, multiple sclerosis, subdural hematoma, lymphoma and malignancies while on Humira. Individuals with latex sensitivity should be aware that the cap of the prefilled syringe contains latex. Instruct patients that they should not receive any live vaccines while on treatment. Humira should be stored in the refrigerator in its original container until use at a temperature of 36-46 degrees F (2-8 degrees C). The medication should be protected from light and not frozen. If the medication is frozen, it should not be used. Patients when traveling should store their medication in a cool container with an ice pack. Clients and caregivers should be taught proper needle/syringe disposal, and that these items should not be reused.

Humira can reduce Tumor necrosis factor and suppress its damaging effects. However, it can also decrease the immune system response to fight infection.

FUTURE Events-Delaware SGNA

- ❖ **April 11-13, 2008**- **10th Annual DelMarVa Multi-Regional, “Bridging The Chesapeake With Current GI Trends”**, Marriott, Chantilly, VA.
- ❖ **April 12, 2008-5:30pm**-**Delaware SGNA Meeting**- Marriott, Chantilly, VA. The meeting will be held during the Multi-Regional this month as a convenience to members and officers.
- ❖ **May 3, 2008**- **DelMarVa Multi-Regional Planning Committee meeting**-Inova Hospital- Alexandria, Va. 10am. Contact Melinda Huffman or Karen bell if you are interested in becoming a member of this committee. Delaware will host next year (2009).
- ❖ **May 16-21, 2008**- **SGNA’s 35th Annual Course. SGNA & YOU. The Power to Make a Difference.** Salt Lake City, Utah.
- ❖ **June 9, 2008**- **Delaware SGNA Meeting-7pm**-Nanticoke Memorial Hospital Cancer Care Center and Christiana Care Education Center- Room 14.
- ❖ **September 8, 2008**- **Delaware SGNA Meeting-7pm**-Nanticoke Memorial Hospital Cancer Care Center and Christiana Care Education Center- Room 14.
- ❖ **November 8, 2008**- **Delaware SGNA Fall Education Day**-Dover Downs Convention Center. 8am-5pm. Speakers to be announced.
- ❖ **November 10, 2008**- **Delaware SGNA Meeting-7pm**-Nanticoke Memorial Hospital Cancer Care Center and Christiana Care Education Center- Room 14.

