



**MIAMI  
CHILDREN'S  
HOSPITAL®**

*We're here for the children*

**Nurse Leader**



**In the Spotlight**

**Elena Ortega,  
ARNP, MSN**

**Education:**

- Pediatric Advance Registered Nurse Practitioner, MSN from Florida International University, graduated 2005.
- BSN from Barry University, graduated 2001

**Licensure/Certifications:**

- 2005- Present: Advance Registered Nurse Practitioner in Florida.
- 2001- Present: Registered Nurse Licensure in Florida.
- 2002- Present: Neonatal Resuscitation Program (NRP)
- 1999- Present: Basic Cardiac Life Support

**Professional Experience:**

- 2006- Present: Clinical Nurse Specialist in the NICU at MCH
- 2001-2006: Registered Nurse Level III RN in NICU at MCH
- 2000-2001: Care Assistant at neighboring hospital
- 1994- 2000 Secretary and bookkeeper in real estate company

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# PURSUIT OF EXCELLENCE

PUBLISHED FOR THE NURSING STAFF OF MIAMI CHILDREN'S HOSPITAL

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## Career Days: Teaching the ABCs of Modern Nursing

*By Monica H Brown, RN, BSN, CPN, Jacqueline Whyte, RN, CPN, Sue-Helen Rojas, RN, BSN, Donna Spillman, RN, April Anderson, RN, CPN*

**J**udging from the response of a cross-section of elementary school students in the Miami-Dade County School system, it would appear that the sole purpose of the nurse is to “help the doctor.” At the beginning of every year, the list is posted seeking volunteers to speak about nursing at career day festivities for elementary, middle and or high schools in the Miami-Dade area.

We on 2NE/CICU, look forward to these events with much anticipation because we feel a sense of empowerment by helping to introduce nursing as a profession, educate future nurses and earn APEX points. According to Wendy Johnson, Education Community Coordinator, we also have the distinction of being the nursing unit with the most volunteers for this particular venue. This is due in no small part to the positive encouragement we receive from Ingrid Gonzalez, MSN, RN, CPN, our clinical specialist.

As the big day approaches, I feel the need to indulge myself in several sessions of transcendental meditation in order to clear my mind and stay focused. One can never be too prepared because, as the students’ questions and answers are never scripted, it opens the floodgates for some of the most amusing answers. For instance, when I asked a third grade class the question “What is the most important thing we can do to avoid spreading germs?”, a little girl immediately raised her hand and said, “get tested.” And let’s not forget the third grader who enquired about cryogenics.

As recently as three years ago, many K-2<sup>nd</sup> graders were convinced that only women were nurses and only men were doctors. One interesting observation however, was that those students who had been exposed to a hospital setting, were able to educate their colleagues.

Many of the children who had visited our emergency room mentioned having been treated by female doctors.

A few of those students also thought or claimed to have been told by a family member that boys could not be nurses. They could not quite elaborate on what they meant but in order to clarify any misconceptions, we now invite as many of our male colleagues as possible from different units. Adam Fader and Richard Bolanos, both RNs from 3NE and Leon Melbourne, RN from the Float Pool have all volunteered to speak at these events. Invariably, the students then focus their attention on the male members in the group.

We have all asked students from different schools and at different times to explain what they thought the nurse’s primary role was and at all times we have heard the same retort,

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Nurse Leader



In the Spotlight

**Elena Ortega, ARNP, MSN**

**Professional Affiliations:**

- National Association of Neonatal Nurses
- Sigma Theta Tau International, Lambda Chi Chapter, Honor Society.

**Committees:**

- Policy & Procedure Council
- Advance Practice Nursing Council
- Research Council
- Clinical Practice Council
- Professional Development Council
- Equipment Evaluation Committee

**Hobbies:**

- Spending time playing with Emily (my 9-month-old) and my husband in the park
- Photography
- “I do the March of Dimes Walk every year.”
- “I love being a new mom, It is one of the greatest feelings in my life.”

*continued from page 1*

## Career Days

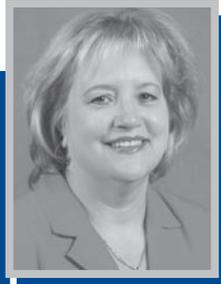
“They help the doctors and bring the video games.” This is always very disheartening. We then go on to explain many of the things we do and the variety of areas where nurses practice and by the end of the session almost all are convinced that we are important members of the health care team. The middle and high school students sometimes have a better idea but their interests usually revolve around how much money they can earn, and how quickly they can earn it. We then see the deer in the

headlights expression when we explain that nursing requires additional education.

Many students are also influenced by the media which creates a fictional idea of what the medical field entails. The students then base their areas of interest on whatever TV program is in vogue at the time and expect a “happy ending” finale. For instance, ER, CSI, and Gray’s Anatomy figure prominently. We are then faced with

the very serious and common question of “Have you ever had a baby die?”

Talking about death with a child is quite difficult and needs to be handled with tact and sensitivity. This subject can turn kids away from pursuing a career in the medical field and, as nursing professionals we must educate them to the fact that we do deal with death but, most importantly, we deal with life.



## From the Desk of Jackie Gonzalez

Dear Nursing Team:

One of my favorite things to say to new nurses during orientation is that it is my hope that Miami Children’s Hospital will be a better place for them having traveled here. I would like to share with you a personal experience of how one person can make an impact in a seemingly small, but ultimately powerful way.

Several years ago, I attended a national summit meeting in Washington, D.C. At that meeting a very elegant and stately woman sat down beside me and extended a very warm hello. During the session, I observed her attentiveness to the topics and the speakers as she wrote copious notes throughout the presentations. She was very engrossed in their subject matter and I was struck by her depth of concentration. After the lunch break, the meeting reconvened and was I surprised that the woman who had sat beside me in the morning was the closing speaker for the day and was none other than Margretta Madden Styles, PhD, RN, FAAN, former President of the American Nurses Association (ANA) and the first American President of the International Council of Nurses and former Dean of the University of California-San Francisco. As she began to speak and throughout her talk, I realized that all the information that she had listened to so intently throughout the day, became integrated into the points that she was making in her speech. I walked away that day learning an unexpected lesson about the value of listening deeply and really using what we hear.

In 2002, prior to Miami Children’s Hospital’s first ANCC Magnet site visit, Dr. Styles was invited to MCH to keynote a September nursing celebration. Prior to the evening, Dr. Styles asked to meet with me and I was only too happy to spend a private hour with her. Again, this amazing woman surprised me by asking me questions about the MCH nursing staff, where was it going and what did I want everyone to walk away with. During our time together, I realized that she was actually a bit nervous. Someone who talks to nurses throughout the world, who led a university school of nursing and the ANA, was worried about talking to MCH nurses! Later that evening she delivered a powerful speech and drove home every point we had discussed and then some. Again, I walked away with an unexpected lesson – that being nervous and keenly aware of the audience when speaking publicly can deliver rewarding results.

In my life, I have had the good fortune to meet many wonderful and positive role models that I have grown to admire and strove to emulate. I have to say that the grace and power of Dr. Gretta Styles and her commitment to excellence, left a permanent memory of what distinction and style in communication is all about. Last year, Dr. Styles passed away after a courageous battle with cancer. I can honestly say, that I am a better nurse for having known her if even for a short time and it is my goal to use the lessons I learned from her to pass on to others.

Sincerely,

**Jackie Gonzalez, ARNP, MSN, CNA, BC, FAAN**  
Senior Vice President / Chief Nursing Officer



# How Prepared Are We?

By Kelli-Ann McIntosh, RN

**W**ith the 2007 hurricane season well underway, the one question on everyone's mind is: Am I ready for this season again? Like all Floridians, especially those residing along the coast, Miami Children's Hospital employees get ready for the hurricane season. For us, it is more than getting our homes and family prepared. We also have to think about our obligation to our job. Here at the hospital there are two teams, Alpha and Bravo, during this nerve-racking season.

The Alpha team members are the individuals who stay at the hospital during the hurricane. All the members of this team should report to work prepared to stay in the hospital prior to, during and once the "all clear" has been called and someone from the Bravo team arrives to relieve that individual of duty. It is advisable for all members

on the Alpha team to use the hotline or the hospital's website to be informed about when they are expected to report to the hospital.

The Bravo team members are those who report to duty once an "all clear" has been issued. Either the directors or managers for each department will contact the staff to inform them of when they are expected to arrive at the hospital. Like the Alpha team, it is recommended to use either the hotline or the website to be kept up to date on when to arrive at the hospital.

For both teams, upon arriving to the hospital each person must sign in at the outpatient registration in the assigned book. Each employee is also required to swipe out. All clinical staff should report to their specific floor where assignments are obtained.

With past experience of hurricane season here at the hospital, there are both positive and negative memories. Many of us experienced hurricanes Andrew, Frances, Katrina and Irene and hope not to relive those experiences. However, each member of the MCH family has worked hard in the past and will work equally hard this season to dedicate time away from their loved ones to prevent disruption of the excellent quality of care offered here at our facility.

FYI: The Hotline phone number is (305) 667-1957 and website [www.mch.com](http://www.mch.com). Also the policy for the hurricane can be retrieved from the portal.

Remember, choose your team wisely if you are given the opportunity.

# The American Association of Critical Care Nurses

By Allison Schefflow, RN, BSN, MA, CCRN – staff nurse PICU

**T**he American Association of Critical Care Nurses (AACN) was founded in 1969 as the American Association of Cardiovascular Nurses in response to the need for more specialized education for nurses working in newly developed intensive care and cardiac care units. The expert care required for acute and critically ill patients meant an increased need for continuing education in specialty areas of nursing.

In 1971, the association's name was changed to American Association of Critical Care Nurses to better represent all nurses in critical care specialty areas. AACN is the world's largest specialty nursing organization. Today, as always, education remains the number one priority of AACN. It recognizes the need for critical care nurses to remain up to date with the latest treatment modalities and equipment. AACN's mission is to provide these nurses with the knowledge and resources needed to provide optimal care for the critically ill.

Benefits include:

- Yearly membership fee is \$78, or \$69 for bulk membership (five or more applications at one time)
- Subscriptions to Critical Care Nurse, American Journal of Critical Care, AACN news, and the online newsletter Critical Care Newline with links to practice alerts, FDA recalls, etc., and discounted subscription to AACN Advance Critical Care
- Eligibility for grants, scholarships and awards
- Discounted member rates for NTI (see below), chapter programs, AACN products and certification exam fee
- Professional liability, group term life, major medical, excess major medical, dental, disability income and hospital income insurance programs; long-term care insurance
- Low interest credit card from Chase
- 5% discount on veterinary pet insurance

NTI is the National Teaching Institute which was started in 1974. It is the annual convention, exposition and educational "extravaganza." NTI is held in a different city each year in May and attracts about 6,000 attendees. The exposition is a gathering of more than 400 vendors from medical, pharmaceutical and durable equipment companies and more. They offer CEs at their exhibits. The mainstay of NTI is the concurrent sessions, of which there are four to six session times per day, each offering an educational opportunity in many different subjects of interest to the different specialties in critical care nursing: cardiac, neonatal, pediatric, adult, trauma, pulmonary, hematology/oncology and more. There are also keynote addresses from inspirational speakers, and usually one night of entertainment (this year it was KC and the Sunshine Band).

AACN represents nurses at the state and national levels, advocating for safe working environments, the role of the critical care nurse, mandatory overtime (their position:



# Support Groups: An Important Tool in the Healing Process

By Jeanne Buckley, RN

Compassionate nursing addresses both the physical and psychological healing of our patients. Oftentimes our patients are diagnosed with long-term conditions that permanently alter the lives of the children and their family members. Many times it may be difficult to relate to what our patients and their families are going through. In our relatively short contact with these patients, it is virtually impossible for us to provide all the tools necessary to assist them through this life experience. One often-overlooked tool available to help ease their transition is referral to support groups specifically set up to meet the very specific needs of these families.

Several years after our son was diagnosed with McCune Albright Syndrome (MAS), we discovered the MAGIC Foundation, an organization that provides support for families of children with varying diseases/syndromes/conditions that affect growth and development. When we found MAGIC, we felt as though we had come home. We were with people who understood what we were going through. The feeling was priceless. Having served for several years as the division consultant for the MAS division of the MAGIC Foundation, I often received letters from families who felt this same connection. The following are quotes from several family representatives from far flung locations, which serve as testimony to the universal benefits that support groups can offer. Although the quotes may specifically mention this foundation and my son's syndrome, I am sure you could replace the name of the support group and disease with any other and the sentiments would be the same.

**New Zealand:** *"There have been many opportunities for me during this convention to get alongside of and chat with many of the MAS families, some of our stories unsurprisingly similar; this disease that affects all peoples, of all races, of all nations, this condition that gathers us all from the different corners of God's earth under one roof at one time, this unforgiving syndrome that would weaken the mortal fabric of our*

*children and strengthen the resolve of us parents."*

*"Despite my initial anxieties about attending the conference I'm glad I accepted the challenge. Mostly I'd rather stay within my personal comfort zones. The journey into the unknown my wife and I embarked on at the birth of our daughter and the ensuing diagnosis of McCune Albright Syndrome has been a long, lonely one, never really finding anyone who empathized or understood this condition until by chance we found the MAGIC Foundation on an Internet search engine. To finally meet other MAS families has been an absolutely refreshing experience, to know that we are not alone in the world and that we belong to this special and unique family beneath one magical umbrella.*

**Arizona:** *I found the honesty and truthfulness of the group inspiring. It is helpful to know that I am not blazing this trail all by myself, although we all know that at times it feels that way. There is so much pain for all the family members, that this provides some outlet and an ability to be a part of the greater whole.*

**England:** *Wow.....what can I say!?! What an amazing experience!! I am still buzzing from it!! I had the most amazing time at the convention. If anything it has given me renewed strength to face this disorder head on and all the complications it brings. Someone described it in the meeting as walking on the dark side of the moon, which I found very apt. It does feel like we have been battling on our own for nearly four years and now we have found a new medical family that understands precisely what we have been experiencing. Thank you!"*

**North Carolina:** *"One family (lives in a crime ridden area of her town) attended our convention on scholarship. She mentioned to her son that she hoped that their home was OK and no one had broken into it while they were away. Her son replied,*

*"They can steal everything we own Mom, but they can never take this week away from me." JT is 17 and this was the first time he has been able to relate to other kids and adults who understand what he is going through."*

**Iowa:** *"One word: 'Amazing.' What a wonderful education you receive. We left with so much knowledge of the MAS/FD disease. The best part is the extended family you become a part of. The spirits of the children with the disease just melts your heart!! This will be a part of our lives every year. Thanks!"*

**Kentucky:** *"On Saturday night, I lay in bed and cried. I cried for all the kids with all the problems they have, and wished so much that they didn't have to go through any of this. I cried because we would once again be leaving the 'family.' I cried because I felt totally overwhelmed but couldn't put my finger on why. Now I think I know...when we are at the convention we are engulfed in love. A love of understanding, support and listening to each other. MAGIC is magic!"*

At this time I remove myself from my role as a nurse and write as a family member fortunate to be involved in a support group. My involvement in this support group can be compared with the hurricanes we experience here in Florida.

Although our past few years of hurricanes have been quite tumultuous, tribulations aside, there is much to be learned from a major hurricane. Hurricanes bring people together. Neighbors become true neighbors once again. We help each other prepare, pray for each other during the chaos, and are there for each other in the aftermath. Neighbors helping neighbors! We share food, water, gas, generators, whatever is needed. It is not unusual to see extension cords running from one neighbor's generator to another neighbor's home. After Hurricane Wilma, early one morning, one of our neighbors spotted an opened gas station. Our neighborhood



became like a picture from the early settler's years. We had our own pony express. People went door to door alerting each other.

We have a relative who, whenever we have a hurricane, takes his family to Disney World to keep cool. He calls us for updates and returns when things get better. I, for one, believe the whole hurricane experience is invaluable, an experience I want all my children to partake of. The memories and lessons of these times will be forever ingrained in their impressionable minds.

The diseases/afflictions we are faced with can be likened to the weather. Sometimes there is calm or just a gentle breeze. At other times the wind stirs up and it becomes a real inconvenience. And then there are the times when the "hurricane" strikes. Our lives feel like they are being torn apart. We do not know if we will make it through, but we hang on for the ride. Our neighbors (other support group members) are there for us; helping us prepare, as best we can. Then, during the storm, although they are not physically with us, they understand what we are going through and offer their support. In the aftermath, these "neighbors" will lend a listening ear, a word of advice, or a helping hand. We know we are all in this together. And, often, just as things are nearly "normal" again, along comes another storm. But, there is comfort in knowing our "neighbors" are nearby. Through our contact with these "neighbors" we have come to embrace the lessons to be gained from our own personal "hurricanes." And, armed with these lessons; we will survive.

So in our efforts to provide ongoing, compassionate care to our families, let us not forget where possible to provide our families with this valuable tool; a gift that will keep on giving.



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## Association of Critical Care Nurses

retain more nurses, hire more nurses to cover the shifts; mandatory overtime leads to increased length of stay due to increased incidence of medication errors, nosocomial infections; it also ignores other responsibilities the nurse may have at home, and it increases job dissatisfaction), and many other issues related to nursing.

The local chapters of AACN include Miami-Dade, Broward and Palm Beach. Each offers monthly meetings (except during the summer) at either local hospitals or restaurants. They also have their own conferences featuring national speakers and seminar topics of interest to critical care practitioners. More information can be found on the website at [www.AACN.org](http://www.AACN.org).

AACN also offers national certification of critical care nurses in a variety of specialties including pediatrics, adult, progressive care and cardiac care. The test is offered at NTI by paper and

pencil and by computer year-round. The test is voluntary, of course, and helps to identify nurses who have "knowledge, abilities and skills that go beyond the scope of RN licensure."

AACN also has established the Beacon Award to recognize intensive care units for their excellence in a number of categories important to maintaining a healthy work environment. These include recruitment and retention; education and training, mentoring; evidence-based practice and research; patient outcomes; the healing environment and leadership and organizational ethics.

As an AACN/CCRN ambassador, I strongly encourage all critical care nurses to join this organization. The website is an excellent source of information: [www.AACN.org](http://www.AACN.org). If you are interested in joining at the discounted bulk rate (\$69 per year) please contact me at Allison Schefflow in PICU at ext 3460.

## Skin Prevalence Study

*By Kristeen Roberts RN, MSN, CPN*

**D**id you see the signs for the "Skin Prevalence Study" and wonder what it was all about? Did you wonder why we do it? Here are some facts that will hopefully answer those questions and give you a clearer picture of things.

The Hill-Rom International Skin Prevalence Study is a noninvasive study that takes place every year on the same three days throughout the world. Last year there were over 700 participating facilities and organizations. The participants were made up of acute care, long-term acute care, long-term care, and home care organizations. 2007 marked the study's fifth year as an international study and its 11<sup>th</sup> year as a national study. Participation on the part of the patients is completely voluntary and they must have been in the facility or organization for more than 24 hours.

On the day of the study, each eligible patient is assessed for breaks in skin integrity. Other factors that are looked at include: height, weight, type of mattress, type of risk scale used as well as last score, last time that risk assessment was completed, and prealbumin and albumin levels if available. Each of these factors is noted on a scantron sheet that is then submitted to Hill-Rom for analysis.

Each participating organization in the study then can receive one of two types of reports. All participants are given a report that gives an evaluation of their ulcer prevention program, determination with compliance to their program, identification of at risk patients or patients already with ulcers, population characteristics, and finally directions on how to improve their individual programs. In addition, they may receive

*continued on page 7*



# Fostering Family-Centered Care

By Janet Bell-Taylor, MBA

**P**atient and family-centered care is an approach to health care that redefines the relationship between and among patients, families and health care providers.

The priorities and choices of patients and

- Respect
- Strengths
- Choice
- Flexibility
- Information
- Support
- Collaboration
- Empowerment

their families drive the delivery of health care. The core concepts of patient and family-centered care are:

Miami Children’s Hospital recognizes that the benefits of patient and family-centered care can lead us to achieve the following:

- Stronger alliance with family
- Improved clinical decision making with better information and collaboration
- Improved communication
- More competitive position in health care
- Greater child and family satisfaction
- More effective use of preventive care

In 2006, the Family Centered Care Steering Council (FCCSC) was created at MCH. It is composed of families, staff, nurses, physicians, department directors, staff and the Family Advisory Council members. The FCCSC has the same basic mission as the Family Advisory Council:

“The mission of the FCCSC is to create a partnership with hospital personnel to ensure that families receive sensitive, comprehensive, compassionate and family inclusive services. The council seeks to accomplish this by educating staff on family care issues, educating families on health care issues, reviewing family concerns and providing recommendations to the hospital. The council also strives to promote a positive relationship between the hospital and the community.”

The goals of the FCCSC for 2007 are: a) To increase communication with patients and families, b) Improve the appearance of waiting areas; c) Participation of families in medical care.

To increase communication with patients and families, the FCCSC has promoted the use of communication boards in all the inpatient units. These boards are filled out daily by the nursing staff to advise families as to the name of their nurse, physicians and care assistants during each shift.

The FCCSC has also converted the list of family-centered care services developed by the Family Advisory Council into large displays to be hung in elevators and family waiting areas, advising families of the numerous services offered at MCH for patients and families.

# JCAHO Survey Savvy

By Loubna Nouredin,  
Director of Staff and Community Education

Are you survey ready? Can you answer all of these questions correctly?

1. What do you do if a family member becomes violent?
  - a. Ask him to leave the premises immediately.
  - b. Call Security at ext. 4911.
  - c. Call your manager to assist you.
2. What do you do if you find someone suspicious in your area?
  - a. Ask him for his visitor or vendor ID.
  - b. Call Security at extension 4911 and provide security with the person’s description and location.
  - c. Call your manager to share your concerns.
  - d. Any of the above is acceptable.
3. Handwashing is the single most effective way to prevent infectious diseases.
  - a. True
  - b. False
4. It is best to use the alcohol-based solution to clean your hands. If your hands are dirty or soiled, wash hands with soap and water.
  - a. True
  - b. False
5. You find spilled liquid on the floor at the entrance of the cafeteria. What do you do?
  - a. Contain the spill or call Support Services at ext. 4040. Make sure a “wet floor” sign is placed in the area.
  - b. Call Security at ext. 4945 or ext. 4911. This is a safety issue.
  - c. Call Risk Management immediately. Patient falls are a risk.
  - d. Nothing, surely someone is on his/her way to clean the area.
  - e. a, b and c are correct.

*Responses provided on page 10*

# MRI Service at Dan Marino Center

By Maxine Jacobowitz, RN, BSN

**T**he Miami Children’s Hospital Dan Marino Center opened its doors to MRI services in April 2004. The center started providing full MRI services with and without sedation to the children and families of Broward County and beyond.

The MRI Department is staffed by a physician, sedation nurses, MRI technologists, an MRI assistant and scheduler. The MRIs are performed in a mobile

unit which houses a state-of-the-art G.E. 1.5 Telsa HD system. In its short tenure, the MRI department has performed over 2,500 procedures of which 45 percent are sedation. The service is currently offered four days per week, but is projected to increase to five days in the Spring of 2007.



The Dan Marino Center is currently the only freestanding pediatric outpatient center that offers this

level of MRI/sedation service in the country. The new service allowed for the transfer of three experienced and talented nurses who live in Broward County. The nursing team adheres to the sedation policies established at the main campus to ensure one standard of care across the organization. “Our highly skilled and specially trained nurses have been a wonderful asset to the new service,” said Al Rego, Director of Operations.



## Pharmacy Update: Maxipime®

By Ileana Soto, PharmD

**C**efepime (brand name Maxipime®) is a fourth generation cephalosporin manufactured by Endo. Cefepime inhibits cell wall synthesis of many gram positive and gram negative bacteria and is indicated for the treatment of moderate to severe pneumonia, urinary tract, skin and subcutaneous tissue infections. It is also indicated for

the empiric therapy of febrile neutropenia. Common side effects include rash, injection site inflammation, colitis, diarrhea and headache. More serious side effects include encephalopathy and seizures.

The adult dose is 1 to 2 grams IV every 12 hrs and the pediatric dose is 50mg/kg / dose up to 2 grams every 12 hours. Febrile

neutropenia is treated every eight hours instead of 12 hours. Maxipime® is 85% excreted in the kidneys unchanged and the elimination half life is 2 hours. Maxipime® may be diluted in D5W, NS and administered over 30 minutes. Maxipime® can also be given IM. Intramuscular dose is mixed with sterile water, NS, D5W or with lidocaine.

## Crash Carts Enhance Trauma Care Efficiency

By Lynda Nylander-Housholder, ARNP, MSN, CCRN

**T**he hospital has acquired 36 new Broselow crash carts through a grant from the Trauma Center. The carts will be delivered soon to clinical areas following in-services for staff.

Based on the principle that a child's length is related to his or her lean body weight, the Broselow carts have drawers that are color coded based on patient length as measured by the Broselow tape.

Use of the Broselow system allows for quick determination of weight, drug dosages, and equipment needed for pediatric patients. By placing the arrow on one end of the tape at the head of a child and extending the other end of the tape downwards, whatever color the tape is as the level of the child's feet will correspond to a color drawer on the crash cart. The drawer will contain appropriate-sized equipment as well as pre-calculated resuscitation drugs and infusion rates, and CPR standards.



## MCH Rapid Response Team

By Lynda Nylander-Housholder, ARNP, MSN, CCRN

**D**id you know Miami Children's Hospital has a Rapid Response Team (RRT) which was started May 2007?

It is estimated that thousands of patients nationwide suffer from clinical decompensation and cardiac arrest outside of the ICUs or ERs that are unrecognized or under treated.

The Rapid Response Team (RRT) consisting of an ICU nurse, fellow, and respiratory therapist can save lives by responding to clinical emergencies and providing urgent care.

The RRT may be activated by anyone by dialing the operator 24 hours a day/7 days a week if a patient fits the following criteria

Criteria for calling the RRT

- Acute change in respiratory status
- Acute change in perfusion
- Acute change in neurologic status
- Altered lab values
- Concern about the patient's condition.

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## Skin Study

prevalence rates, overall international prevalence benchmarks, and prevalence rates by department. For an additional fee, participants may also obtain additional benchmarks and comparisons, such as: patient characteristics, protocol compliance, size and types of wounds,

geographical locations, neonatal prevalence.

Miami Children's participates in this yearly study for several reasons. First, it allows us to assess our ulcer prevention program and protocols. Clearly, it allows

us to see our rate of pressure ulcer occurrence. But I believe that the most important reason that Miami Children's participates in this international study is that we want to achieve the best possible patient outcomes for those children entrusted to our care.



# Know the Forces: Magnet Forces 13 and 14

By Deborah Hill-Rodriguez, MSN, ARNP, CS, BC

*Magnet Forces 1 through 12 were discussed in previous issues.*

## **Force 13 - Interdisciplinary Relationships**

Interdisciplinary relationships are characterized as positive. A sense of mutual respect is exhibited among all disciplines.

- 1) Structural elements within the organization, such as committees and task forces, model multidisciplinary membership and interdisciplinary decision-making.
- 2) Patient care documentation systems reflect and support formal communication within and among the disciplines.
- 3) Collaborative mechanisms are evident in the formulation of clinical care policies, standards, and/or guidelines.
- 4) Collaborative mechanisms are evident in the approval of clinical care policies, standards, and/or guidelines.
- 5) Established mechanisms are used effectively, efficiently, and constructively to manage interdisciplinary conflict.

## **Force 14 - Professional Development**

Significant emphasis is placed on orientation, in-service education, continuing education, formal education, and career development. Personal and professional growth and development are valued. In addition, opportunities for competency-based clinical advancement exist, along with the resources to maintain competency.

- 1) A continuous learning environment is evident.
- 2) Adequate fiscal and human resources are allocated for professional development activities.
- 3) Management fosters and supports excellence through the development of clinical competence and leadership capability.
- 4) Professional certification is promoted by the healthcare organization.

# All About RSV

By Kelli-Ann L. McIntosh, RN

**R**espiratory syncytial virus, better known as RSV, is the most common cause of lower respiratory infections such as bronchiolitis and pneumonia among children under the age of 1 year. Among adults, the symptoms present like a mild cold. However, in premature infants and infants with disease of the heart, lungs and immunological system, it can be a serious problem. Symptoms seen in babies are as follows: wheezing, coughing, low grade fever, runny nose, listlessness, irritability and a lack of appetite.

RSV is prevalent during the winter through spring months, or November through March. The virus is extremely contagious and spreads via droplets from human to human contact. The virus tends to be viable for eight hours on inanimate objects such as clothing, doorknobs and counters. With this in mind it is advisable for healthcare workers to change clothing after contact with a patient with RSV.

Although RSV is easily transmitted it is also preventable. The best method of prevention is good hand washing. The use of soap and water makes the virus inactive. If soap and water are unavailable after coughing or sneezing or physical contact with someone with a cold, the use of an alcohol hand wash is appropriate.

Currently there are no vaccinations against RSV but there is an effective prophylactic drug known as Synagis (palivizumab). The American Academy of Pediatrics has made the following recommendations related to the use of palivizumab:

1. Palivizumab or RSV-IGIV prophylaxis should be considered for infants and children younger than 2 years of age with chronic lung disease who have required medical therapy for their lung disease within 6 months before the anticipated RSV season. Palivizumab is preferred for most high-risk

children because of its ease of administration, safety, and effectiveness. Patients with more severe lung disease may benefit from prophylaxis for two RSV seasons, especially those who require medical therapy.

2. Infants born at 32 weeks of gestation or earlier without chronic lung disease or who do not meet the criteria in recommendation also may benefit from RSV prophylaxis. Infants born at 28 weeks of gestation or earlier may benefit from prophylaxis up to 12 months of age. Infants born at 29 to 32 weeks of gestation may benefit most from prophylaxis up to 6 months of age.
3. Given the large number of patients born between 32 to 35 weeks and the cost of the drug, the use of palivizumab in this population should be reserved for those infants with additional risk factors (day-care attendance, school-aged siblings, four or more people living in the home with the infant, exposure to passive smoke, being a member of a multiple birth).
4. Palivizumab has not been evaluated in randomized trials in immunocompromised children. Although specific recommendations for immunocompromised patients cannot be made, children with severe immunodeficiencies (e.g., severe combined immunodeficiency or severe acquired immunodeficiency syndrome).

Synagis is administered as a monthly shot to at-risk children.

Treatment of RSV includes but is not limited to oxygen therapy if needed, fluids and nutritional support, bronchodilators, and corticosteroids. Antibiotics are not used to treat RSV because the causing agent is viral therefore antibiotics are ineffective.



# Summer Daisy Award Winners



**Daisy Award  
June Winner for 2007:  
Pat Dean, RN  
Comprehensive Epilepsy Program**

Pat has devoted her life and career to being a champion for children. She becomes the “extended family” to the children she has helped. She is the clinical coordinator of the Comprehensive Epilepsy Program. Every time you go to 3South and you see Pat with one of her patients you can tell that she becomes their guardian angel and their trusted friend. She remains at their side as they endure frightening, lengthy and sometimes painful procedures.

Pat is nationally recognized for her work with children with epilepsy on local, state and national levels. She is highly sought-after lecturer nationally and has published numerous articles.

She has been Volunteer chair of the Epilepsy Foundation of South Florida’s Professional Advisory Board for 10 years and is presently volunteer president of the foundation’s board. She has also been a member of the board of the Epilepsy Foundation of America for over 10 years and has been a recipient of the Medical Services Award from the Epilepsy Foundation of South Florida and the Volunteer of the Year award from the national organization.

Ms. Dean also created a summer camp experience for children with epilepsy over 20 years ago. Each and every summer she takes a week of her vacation time to volunteer at the camp as a resident nurse.

*– Nominated by Giselle Bisbal  
(MCH Brain Institute)*

**Daisy Award  
July Winner for 2007:  
Elizabeth Woodman, RN  
3S**

Liz is an extremely dedicated nurse to her patients, families and staff. She is always willing to assist patients, their families, along with her fellow employees. She goes above and beyond what is asked of her. She is extremely knowledgeable about the diagnosis and treatment of our patients, and is willing to share this with the patient, their families and her staff. An example of her dedication to this facility and its clients is as follows: Liz had called out (a rare occurrence for her, she is usually always here, and always early) because her child was sick. In the morning, after re-evaluating her child, Liz decided to come to work because she knew the floor was short-staffed. Later that evening, during report, a family wanted to give their child a tub bath. It was already after 8 p.m., but Liz jumped up with a smile on her face and helped this family with their child.

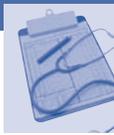
She is constantly thinking of ways to improve patient care in 3 South. She is always willing to go that extra mile for everyone she is in contact with and is always striving to make patients, families and staff feel welcome when on 3 south. She is never too busy to help the staff, answer questions from patients, families, doctors, and staff and will stay after the shift to make sure that issues are resolved. Liz is an example of what all nurses should strive for.

*– Nominated by Karen Ricketts, RN  
(3 South)*

**Daisy Award  
August Winner for 2007:  
Anna Pelligra, RN  
PICU Manager**

I would like to nominate Anna Pelligra for a Daisy Award for her dedicated care to the patients and families in PICU. On Wednesday, June 20 the family of a near drowning victim decided it was time to disconnect from life support. After a month stay in the PICU many staff felt close to this family. Dealing with death is not an easy thing for anyone. On this day the family of this child decided they could not handle this moment and left their child in our hands. Our manager Anna took it upon herself to hold and rock this precious child until her last breath. Caressing her hair and blowing her kisses, and feeling Anna’s warm arms was the last thing the child felt on this, her last living day. After this emotional event, Anna managed to continue her day with her duties as a charge nurse. She took an admission because there was not enough staff for the day. Her strength kept the unit running for the rest of the patients, parents and staff. It is hard to deal with such an event but, Anna does it with strength and pride for her profession. She is an example for others in her caring ways and her bountiful heart.

*– Nominated by Claudia Garcia, RN  
(PICU Manager)*



# N U R S I N G N E W S

## CERTIFICATIONS

Critical Care Nursing Certification

**Alison Scheffow**

**Lourdes Gonzalez, RN**

Pediatric Nurse Certification

**Lisa Sosa**

**Diana Lopez**

**Jacklyn Whyte**

**Evelyn Dragon**

Neonatal Critical Care Certification

**Angela Romack, RN, MSN**

## RECOGNITION

**Maria Fernandez,**  
**MSN, ARNP, MBA,**

CMTE was chosen  
2007 Florida

Transport Nurse of  
the Year Award



**Michelle Burke, ARNP, MSN, CPON**

received The Jean Fergusson Excellence  
in Pediatric Hematology/Oncology  
Nursing Award.

**Lizette Garcia** won as runner up for LPN

of the year in *Advance for LPNs*. Her  
picture will be included in the August  
edition of the magazine.

Congratulations to both **Jill Tahmooressi**  
and **Jean Buckley** (Staff nurse 3NE) for  
being finalists as Nursing Excellence nominees  
by Nursing Spectrum. Winners will be named  
September 8<sup>th</sup>. Jill- Advancing and Leading the  
Profession. Jeannie- Community Service (for  
her work with the Nationally based MAGIC  
Foundation)

## NEWS/UPCOMING EVENTS

The first issue of the Psychiatry Depart-  
ment newsletter *The Freudian Slip* came  
out in July and will be published on a  
quarterly basis.

**Psychiatry Nursing Grand Rounds will  
be Nov 26:** “Self Injurious Behaviors in  
Children and Adolescents.”

## GRADUATION/BOARDS

Listed below are the GNs who passed  
their NCLEX exam:

**Meilin Diaz- Paez, GN**  
**Katarina Fernandez GN**  
**Danielle Emmerick, GN**  
**Jeanette Tejada GN**  
**Nicole Nazon GN**  
**Norma Morales, GN**  
**Daniela Ricci, GN**  
**Tania Martinez, GN**

## NEW HIRES

**Michelle Pretsky, RN**  
**Janice Serrano, RN**  
**Gisselle Andramunio, GN**  
**Christianne Senglemann, GN**  
**Ariana Pandal, RN**

**Jorge Valdes, EMT-P**  
**Jacques Gazzola, EMT-P**  
**Barbara Gonzalez, EMT-P**  
**Michael Jerome, EMT-P**

**Gina Zambelli GN for CICU**  
**Danielle Emmerick for CICU**  
**Ana Castro, GN**  
**Laura Traini-Mongelli, GN**  
**Beatriz Herrera, GN**  
**Jeanette Tejada, RN**  
**Ellen Ault, RN**  
**Susan McConnell, RN**  
**Carmen Peña, RN**  
**Marisol Guerra, GN**  
**Daniela Ricci, RN**  
**Sarah Malberg, RN**  
**Aimee Lopez-Baena, RN**  
**Christian De Villafuerte, GN**  
**Tania Martinez, RN**  
**Aileen Betances, LPN**  
**Rebecca Rodríguez, LPN**  
**Michelle Perez, LPN**

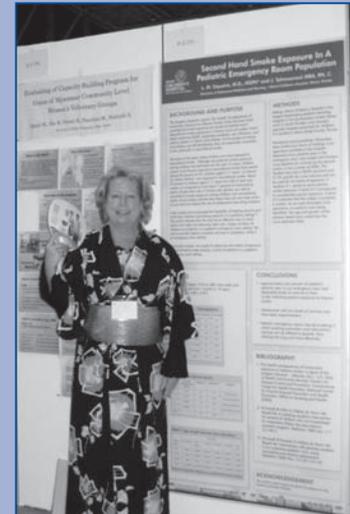
## JCAHO Survey Answers

Answer Key for JCAHO Survey Savvy from page 6.

1. b
2. d
3. a
4. a
5. a



*Bing Wood ARNP, MSN Director PICU and Jill Tahmoore RN-BC, MBA, BS Director Medical Surgical Services dressed in traditional Japanese attire provided by the nurses of the Japan Nurses Association while attending the International Council of Nurses May 2007 Yokohama Japan.*



*Jill Tahmoore RN-BC, MBA, BS Director Medical Surgical Services standing at research poster "Second Hand Smoke Exposure Among Children" at May 2007 International Council of Nurses, Yokohama Japan. Jill also conducted a podium presentation on "Hurricane Alley Florida Nurses Respond to Disasters Using Art, Science and Compassion."*



*Kathryn Geiger RN, BSN, CPN Manager presenting "Testing Three Pain Modalities" poster at the American Pediatric Surgical Nurses Association Annual Conference May 2007, Orlando Florida.*



*Kris Roberts RN-BC, MSN Clinical Nurse Specialist and Ntiense Inokon RN, BSN Staff Nurse 2East conducting a podium presentation on "Bladder Augmentation" at the May 2007 American Pediatric Surgical Nurses Association Annual Conference, Orlando Florida.*



*Picture of Sandra Perry RN, Manager at the May 2007 American Surgical Pediatric Nurses Association Annual Conference, Orlando Florida. The poster was "Specialty Bed Reduces Patient Pain while reducing Nurse Back Strain."*



*Jeannette Diana Zerpa, ARNP, MSN (left) was awarded the Excellence in Leadership Award from Sigma Theta Tau International (STTI) Beta Tau. Jeannette has been a nurse at Miami Children's Hospital (MCH) for the past 32 years and an ARNP in pediatric surgery for the last 13 years. Jeannette serves as a role model at MCH to other ARNPs, CNs and staff nurses for introducing visionary and innovative leadership approaches. Jeannette developed the nitrous oxide analgesia program at MCH (first in the country with ARNPs dispensing nitrous oxide sedation without an anesthesiologist present). This paper was presented at the STTI Nursing Research Congress in St Thomas, Virgin Islands, July, 9-11, 2003. Jeannette's other research projects include developing delayed dressing changes protocol for burns which will be presented at STTI Nursing Research Congress in Vienna, Austria in July, 11-14, 2007. Jeannette is President elect 2007 for the American Pediatric Surgical Nurses Association (APSNA).*

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**Jackie Gonzalez, MSN, ARNP, CNAA**  
Senior Vice President  
Chief Nursing Officer

**Marcia Diaz de Villegas**  
Director of Marketing and Public Relations

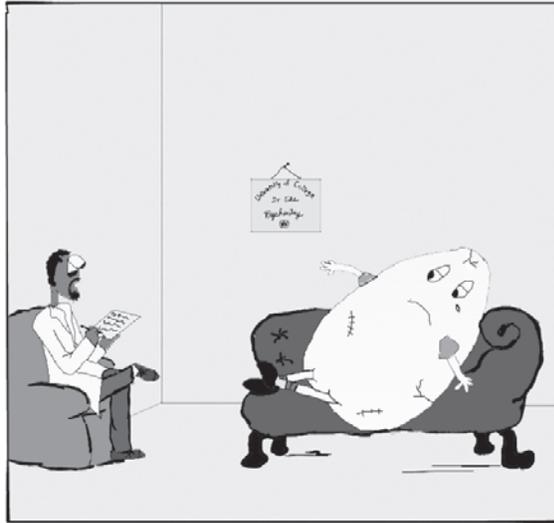
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"So, explain to me again, Mr. Dumpty, exactly your feelings when you awoke from your 'shattering' experience to find your name and likeness plastered all over the hospital as a warning to others..."

## Food For The Soul

*Food for the Soul is a regular feature of the Pursuit of Excellence newsletter. MCH nurses share favorite recipes such as this one provided by Kimberly Martin.*

### CREAMY DREAMY FLAN

#### Ingredients:

- 2 cans of evaporated milk
- 2 cans of condensed milk
- 9 extra large egg yolks
- 1 tsp vanilla extract
- A dash of salt
- 1 1/2 cups of sugar

Pre-heat oven to 375 degrees.

Caramelize one cup of sugar in saucepan on stovetop to light brown. Pour caramelized sugar into 8 inch deep round pan. Combine egg yolk, evaporated milk, condensed milk, salt and remaining sugar in a bowl. Pour into pan with caramelized sugar. Bake in water bath for 2 hours (or until knife comes out clean when placed into center of flan).

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