Spring 2010
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SOHN Newsletter

Maryland/DC Chapter

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Important Dates

June 9, 2010 MD/DC SOHN

June 24, 2010 Poster/Video Application deadline

September 8, 2010- MD/DC SOHN Meeting at JHH

September 24-28 34th Annual SOHN Congress, Boston, MA

October 15, 2010 Call for Abstracts for

November 10, 2010 MD/DC SOHN Meeting- GBMC

February 9, 2011- MD/DC SOHN Meeting at Greenspring Station

March 25, 2011-Annual Spring Conference

April 9, 2011MD/DC SOHN Business meeting

Next meeting

Topic: Speaking Valves
Speaker: Linda Dean
Place: JHOC 6th floor
Time: 5:30 pm **CEUs:** Awarded
Brief meeting to follow.
Volunteers needed to bring food for dinner

President's message:

As we welcome the warm weather, we welcome our new and not so new officers. Our new Vice President is Vinciya Pandian and nomination committee chair is Mary Beth Gentry. The following member have been appointed as Committee Members: Education-Elaine Walizer will head committee for the last year, Doreen Gagne, Karen Ulmer, Nina DeSell, Carol Maragos; Membership-Barb Gottschalk, Donna Friesner, Susannah Wargo; Communications: Newsletter and Website-Nina DeSell, Mary Beth Gentry, Vinciya Pandian; Budget and Finance Committee Tina Anagnostopoulos, Joyce McAdoo; and Government Relations Committee-Laurie Turner.

This year we would like to increase involvement in both our chapter and the national chapter. We would like to make it easier for people to have virtual involvement. We will trial Skype to call into meeting or have webcasts. We would like to continue to have high quality programs. Some suggestions have included: HTT, vascular malformation in children, health care reform, writing an article seminar. Any ideas or speaker suggests, please contact me. We will continue expand our information and articles for our newsletter. We will continue to add archived information, meeting info, resources to our website. Our committees member will work together to make less work for the individuals. We will continue community and nursing education. Our member will continue and increase involvement in participation in meeting as speakers, poster and video presenters, coordination or moderators. We will try to do 2-3 projects in fall and spring: Hope Lodge, Children's' House and Blood drive.
Thanks for you continued support and help, this year will be awesome!
Nina

Meeting Highlights-

March and April

March 10. 2010 at 5:30 P.M., Speaker: Matt Stewart, MD, PHD Departments of Otolaryngology Head and Neck Surgery Topic: Interesting Otology Cases Location: Johns Hopkins Outpatient Center

April Board Meeting Place: Stoney River Steaks-see picture

Covidien Initiates Voluntary Recall of Certain Shiley™ Tracheostomy Tubes

BOULDER, CO – April 23, 2010 – Covidien (NYSE: COV) has initiated a voluntary recall of certain lots of its cuffed Shiley™ tracheostomy tubes and Custom/Specialty tracheostomy tubes due to the product's cuff not holding air as a result of leaks in the pilot balloon inflation assembly. With respect to the affected units, if a cuff does not hold air, ventilation will be adversely affected since the ability to generate positive pressure in the airway could be compromised by lack of cuff seal. This could result in a sudden decrease in the amount of oxygen in the blood or a sudden increase in the amount of carbon dioxide in the blood, especially if the patient requires assisted mechanical ventilation. In some instances, this could result in serious injury, including death. http://www.nellcor.com/about/contactus.aspx

The Maryland/Washington DC Chapter 16th Annual Meeting- What's Hot in ORL Nursing

The conference was held on March 26, 2010 at the Greater Baltimore Medical Center in Baltimore, Maryland. We had 23 nurses in attendance. All the reviews were good. The program/presenters were: Submandibular Gland Transfer- Patrick Ha, MD,

KEYNOTE: On Osler and Other Thoughts- Charles Cummings, MD

Use of daVinci / Robots in ORL Care- Jeremy D. Richmon, MD

Resources for Head & Neck CA Patients- Elisabeth Carrino-Tamasi, MSW, LGSW

Otology: Cochlear Implants- John Niparko, MD and Barbara Gottshalk, CRNP

EXIT Procedure for CHAOS- Ian Smith, MD and Rose Stavinoha, MD

Facial Reanimation- Patrick Byrne, MD

Pediatric: Genetic Syndromes- Melinda DeSell, CRNP SOHN

Become a certified in ORL nurse or recertify.

Application Deadline: 9/18/2010

Exam Dates: 10/9/2010 - 10/23/2010

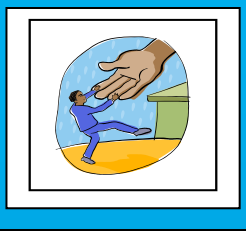
Please go to the National Certifying Board of Otorhinolaryngology Head and Neck nursing website http://www.ptcny.com/clients/NCBOHN/index.html to learn more details and to apply.

Improving quality of life with FESS

Functional endoscopic sinus surgery (FESS) has been performed for more than 20 years in the United States. The main purpose of FESS is to restore natural sinus drainage and function. The surgery is used primarily to treat chronic rhinosinusitis (CRS), a complex disease process that affects approximately 14% of the U.S. population. Nearly 32 million cases of chronic sinusitis are reported to the CDC annually.

FESS is performed when CRS is refractory or unresponsive to medical management. The long-term success rate of FESS for symptomatic improvement in these patients is approximately 90%. With the advent of more sophisticated endoscopic surgical experience and instrumentation, FESS is now the gold standard treatment of CRS. OR Nurse, 2009, pages 24-29.

By Carol S. Maragos, MSN, CRNP, CORLN



SPOHNC Meetings

Johns Hopkins: Meets monthly on the 2nd Wed. at **7:00 – 8:30 p.m.**

Place: Johns Hopkins Greenspring Station, 10755 Falls Road, Lutherville, MD.

Next JH meeting is. June 9th & July 14th, 2010 For more information on participating, call Kim Webster at 410-955-1176 or Dwayne at 717-615-7464.

www.jhhspohnc.com

GBMC SPOHNC support Group meets the 3rd Tuesday of each month

Time: 7 pm - 8:30 pm

Place: Physician's Pavilion East conference center

Laryngectomy Interest Group meets the 1st Tuesday of each month

Time: 12 noon 'til 1 pm

Place: Physician's Pavilion East conference center

SPOHNC is a patient-directed, self-help organization dedicated to meeting the needs of oral and head and neck cancer patients or caregivers. **www.spohnc.org**

What's New in Maryland Legislation for Nurse Practitioners?

Many of you may have heard words buzzing in the NP community recently about HB 319 and SB 484. This bill, which was co-sponsored by Delegate Sue Kullen, and Senator Dyson, successfully passed the Maryland Senate and House of Delegates last month. This bill is now on the desk of Governor Martin O'Malley, will ***become law*** after it's signing, and will become effective in October 2010.

What does this law entail? This bill, known as "The Nurse Practitioner's Authority to Practice" was proposed by NPAM, the Nurse Practitioner Association of Maryland. Through countless hours of phone calls, lobbying, and letter-writing, NPAM, partnered with the Maryland Coalition of Nurse Practitioners, which represents Southern Maryland, The Board of Nursing, and the Maryland Nurses Association. Many hours to craft and gain support for this legislation finally paid off for the more than three thousand nurse practitioners in the state of Maryland, who will no longer need to wait 3-6 months to have their written letter of agreement approved by the Maryland Board of Nursing and Maryland Board of Physicians. The bill inserts our scope of practice into statute, not just regulations, and now eliminates the words ' written collaborative agreement "in conjunction with our scope of practice, prescription privileges, and designation as a primary care provider by an HMO.

What many of you may or may not know that there is a primary care shortage in the state of Maryland. There are over 810,000 uninsured citizens in Maryland, as well as an 87% shortage of PCP providers. Baltimore is also a federally-designated primary care shortage region. The economic climate in Maryland and nationally has also negatively impacted the ability of patients to obtain care. The long, bureaucratic wait, that was once 3- 6 months, will no longer be apart the necessary wait for NP who work in Maryland. This is a real victory for NPAM and the nurse practitioners, and patients in the state of Maryland. For more information on this topic and other legislative issues, check out www.NPAMonLine.org.

Doreen Gagne, MS, CRNP CORLN

Kudos to our Members

Presentations: Triological Society at the Combined Otolaryngology Spring Seminar Vinciya Pandian
SOHN Pediatric Conference Nina DeSell

Editor's Note:

Please submit information to me as the news happens.
Send all info by email: mdesell1@jhmi.edu

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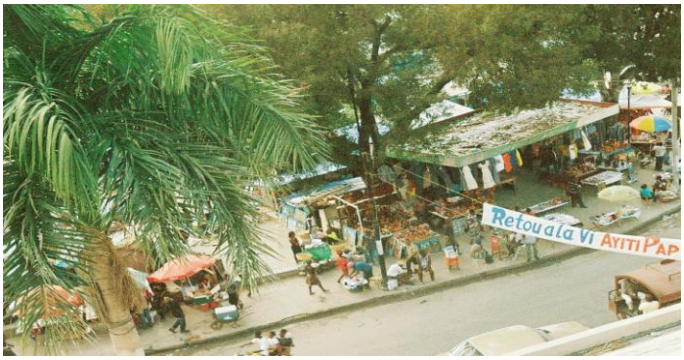
Triological Society at the Combine Otolaryngology Spring Seminar

I presented the findings from a cross-sectional study conducted on 15 medical students to identify the number of attempts required to attain competency in performing flexible laryngoscopy. The medical students were given unlimited time and number of attempts to perform the procedure until considered competent by 3 evaluators for two consecutive attempts. A total of 105 flexible laryngoscopies were performed by 15 medical students. The study showed that it takes six attempts on an average for a novice to become competent in performing flexible laryngoscopy. With the 15th attempt, there was more than 90% probability of being competent. An inverse relationship was noted between the number of times the scope hit the mucosa and the probability of being competent. Similarly the time taken to perform the procedure decreased with increasing number of attempts. These findings have implications for residency programs as this learning curve can be achieved in the simulation centers rather than practicing on patients. Learning on mannequins decreases the risk for mucosal injury, bleeding, pain, anxiety and mistrust on the patient's part. Similarly, it is important to identify the learning curve for nurse practitioners who perform flexible laryngoscopy.

Vinciya Pandian



My mission to Haiti

As I sit comfortably in my suburban Maryland home, recuperating and resting from my 16 day volunteer trip, I can't help but feel intense sadness and pangs of guilt for what I have left behind in Haiti. I recently had the privilege to travel with International Medical Corps, a global, humanitarian, non-profit organization which is currently providing volunteer services in the emergency room of the University Hospital in Port-Au-Prince and in mobile clinics in underserved areas surrounding the Port-Au-Prince area.

Upon arrival to the Port-Au-Prince airport, we were immediately directed to board the IMC bus for the hotel. Armed guards stood in several strategic areas inside and outside the airport. The hurried nature of the staff that came to pick us up was obvious, as was the lack of conversation amongst our group. As we glared out the windows to see firsthand the effects of the January 12 earthquake, the silence reflected the utter awe, shock, and intense anxiety what we as we eyed the devastation. I don't think any amount of preparation would have helped us digest what were to see and experience in the days to come.

What once were hotels, offices, and stores, are now crumbled piles of debris and garbage. There are numerous "tent cities", where those in Port-Au-Prince and surrounding earthquake-affected areas now call home. There are sheets held up by broken tree branches, and clotheslines strewn about which hold the only thing many Haitians have, and that is, the shirt on their back. There are lines for water, lines for food, lines to get into the ER, and lines for just about everything. Stray farm animals walk alongside the hoards of Haitian people as if it were the norm, and children play soccer in the cul-de-sacs of the tent cities, as they do in our suburban neighborhoods in the U.S.

My mission to Haiti-continued from page 4

I spent several days working in the Emergency room, which consisted of three large tents. There were no curtains separating the patients, no monitors, and the IV tubing looked identical to what I used as a staff nurse in 1985. We all felt as if we had walked back into time about twenty years. Haitian patients understood that family members were responsible for providing sheets and pillows for their family members, responsible for bathing, feeding, and attending to their toileting. There were many patients that returned home after receiving care, but just as many, if not more, have died at home, in clinics, or in the emergency room of causes we treat daily in the U.S. It was not unusual to have a car pull up to the emergency room and see family members carry their unconscious, apneic patient into the ER.

Malaria, typhoid fever, tuberculosis, and dengue fever, where always possible etiologies of their illness. If the patient was febrile and had a seizure, one immediately thought of cerebral malaria. There were no CT scans, only limited access to x-rays, and rare use of the laboratory for blood work. The choice of medications was limited to what we had in stock in the ER "cabinet "for the day. Clearly the primitive healthcare system was unprepared to handle these patients. It was for all of us, very difficult to adjust to working in this environment, but we did, and many Haitian's received care for illnesses that would have gone untreated and many did live because of the efforts of our work.

My second week was spent in Carrefour clinic, which is one of 15 mobile clinics staffed and operated by International Medical Corps. I saw lots of the same complaints: diarrhea, fever, 'anemia", depression, insomnia, allergies and asthma, (exacerbated by the piles of rubble,) scabies, pin worms, and headaches. Many of these same patients came in with the usual laundry list of complaints, along with the chief complaint of chest pain and palpitations. Mental health professionals refer to this as the "earthquake shock". This is the persistent sensation that the earth is still shaking. Many patients are in fear of another aftershock or quake. Anxiety and depression is common among the Haitians and mental health-care and services are now being employed in the outpatient and inpatient settings. There are many Haitians who are in utter fear of returning to their homes, their jobs, or schools in fear of being trapped like their unfortunate family members or friends.

I have tried to explain to my friends and family about this experience and why I wanted to go. They all applauded my efforts, but I can't help but feel that I don't deserve their praise. I was able to leave after 16 days, yet the suffering of the Haitian people will endure for months and years to come.

The appreciation that the Haitian people have for "those who come to help the people of Haiti" is so very touching, as is their respect for health-care providers, the American people, and our health-care system. Despite all they have endured in this country, these people remain focused to rebuild their homes, neighborhoods, families, and country. As our bus drove us from the hotel to the Emergency room, we were greeted daily by cheers and waves from the patients who waited in line for hours to be seen. There is mostly orderly waiting, very few complaints, even after waiting in line for several hours in the hot, blazing sun.

The Haitians have shown their appreciation with smiles, hugs, and thank yous. One elderly woman proclaimed to a group of ER doctors and nurses as she left, "Thank you so much for helping my country... If it weren't for you, there would be no Haiti." We all left with a momentary sense of accomplishment and appreciation of the immense suffering that exists in this country. The enormity and degree of intensity is hard to articulate to those who haven't experienced it firsthand. The hero's of Haiti are the Haitian people who rumble up the strength to go on with their daily lives after having lost everything.

A handsome, well-spoken man, who brought in his nephew to be seen, explained that the young boy was having difficulty sleeping since the earthquake. The young boy was told his mother was in a neighboring village with family. The family has not been back into the house, as it was completely destroyed by the earthquake and the child's mother's body is somewhere in the rubble. His father is now left to raise three boys, without a wife, a home, and not even a tent.

I went to Haiti totally unprepared for this experience, and I would have to say that I will definitely return at some point. This experience has been invaluable to me, as it has matured me, both emotionally and spiritually. My perspective and priorities are now better aligned and my eyes wide open to the meaning of human suffering and how important humanitarian missions are for those who provide the help and those who receive it. I am so grateful for the experience I have had in Haiti and for the life lessons that I have been taught. It is I and the many other volunteers who have been to Haiti since the earthquake, who have learned the most and have been given the most. We all seem to have been changed by this experience and by the spirit of these wonderful Haitian people, who are by far are the ones who have had the least to give.

Doreen Gagne'
Nurse Practitioner