The winter months have turned into a colorful spring of surprise and wonder. AZENA has been busy with activities that involve advocacy, education, along with reconnecting with ENA past presidents and members from other states.

January was an active month. The state meeting in Tucson had great attendance, great educational opportunities included a Sepsis review by Maureen Creegan and Cro-Fab update, Ann Brummell from the Houston/Galveston chapter of the Texas ENA offered a different perspective in conversations that revolved around ENA classes, member engagement, overall state council participation, and the national Opioid crisis. Thanks to all who traveled thru significant weather conditions to attend. The month also gave Rita Anderson and I the opportunity to meet and speak with Gail Nicoll RN. Gail was the ENA national President in 1982 and the first to represent Arizona. She had many things to say about the “early days” in emergency nursing. She spoke of the collaboration of Anita Dorr and Judith Kelleher across the miles to pool resources that set standards and developed improved methods for effective emergency nursing practices. She shared that orientation included a couple of hours in the department, with equipment that would frustrate and amuse nurses today. Care depended on hands on skill, gut instinct and caring attitude. She spoke of building relationships with ED physician colleagues and her involvement with opening several early trauma centers in our state. Gail turned over many early editions of the emergency nursing publications including early RoadRunner, and EDNA newsletters, along with several early editions of the Journal of Emergency Nursing. These treasures have been handed over to Joanne Fidale, ENA past president and Historian. Gail currently lives in Tempe and has a son that works as a Physician Assistant with several of our state council members.

The State Council Achievement application for 2016 has been submitted for review and accepted. Our state council has received this award and recognition for the last several years. It is our hope that our accomplishments will be recognized this year at the national convention in St. Louis. If you are interested in applying to represent the state as a delegate please go the AZENA website and download application. The deadline is May 1st.

Thanks to Mountain Vista Medical Center for hosting the March state council meeting. A great mix of state council members, nursing students, and an ENA past president, Joanne Fidale attended. All were treated to a spirited educational moment by Shari Ryback “Respecting the Amygdala: The Drama behind the Trauma”, Joanne Fidale shared the
“IF you’re not living on the edge, your taking up too much space”
Flo Kennedy

SEPTEMBER 13-16TH IS EMERGENCY NURSING 2017
REGISTRATION IS NOW OPEN ON ENA.ORG

President’s Message Continued from Page 1

The next couple of months will be busy with activities involving education, activity and planning for delegation for the state council. Be involved, get a friend involved, and help our state council to continue to do ordinary things in an extraordinary way. Your voice is important.

Any questions or want to share the newest certification in your department please reach out:

ginny_orcutt@yahoo.com
Emergency Nurse Pediatrics Course

Quality patient care is a goal of every nurse. Pediatric patients add special challenges. Keeping in mind fewer than 5% of pediatric emergency room visits are true medical or surgical emergencies. ENPC was developed to educate nurses on caring for children both acute and non-acute. The course is designed to develop and reinforce critical thinking. This is an excellent course for all nurses caring for the pediatric population in the acute setting.

2017 Courses

- HonorHealth Scottsdale Shea  May 20-21
- Phoenix Children’s Hospital  June 3-4
- Phoenix Children’s Hospital  July 22-23
- Phoenix Children’s Hospital  Aug 5-6
- HonorHealth Scottsdale Shea  Aug 12-13

Cancellation Policy:
Registration may be cancelled up to 30 days prior to the course date for a partial refund, less $50 for the course materials; If between 15-30 days of the course date, $120 will be retained to cover course materials and application process. If cancellation is requested within 14 days of the course, fees are not refundable. Changing course date after application requires a $40 fee regardless of dates.

Course Fees:
- $300 Non ENA member
- $260 ENA Member

ENPC Registration – Please Print Clearly
NO PHONE REGISTRATIONS WILL BE ACCEPTED

Name ____________________________ ENA Member # __________ RN LPN

Address __________________________________________________________________________ Email __________________________

City_______________________State________Zip Code_______Phone (      )_______________

Hospital or facility where employed________________________________________________

Enclosed is:
____$300.00 Non ENA member  ____$260.00 ENA Member  FOR COURSE:_____________________________________________

Send Registration & Payment to:
AZ ENA ENPC
19243 N. 47th Drive
Glendale, AZ 85308

Course information: Tiffiny Strever  Email: tstreerrn@gmail.com
“Why I do What I do,, My Journey”

Shannon Dunn RN
Fundraising Chair

From the second I found out I was accepted into nursing school I knew deep within me I wanted to practice Emergency Nursing. I was one of nine students to complete my senior practicum in the Emergency department. To my great relief, I passed the NCLEX and got a job offer. Thus began my now nine year journey in Emergency Nursing.

As we all know there are many more than just “one” patient that imprints on our memories. Some nights I would sit up recalling these cases… most of them senseless and without reason. Many of them preventable. My mind would wander to the families I had cried with when they lost someone far too soon, calls made to help those deployed get home as soon as possible in order to share one last moment with those who “might not make it through the night”. I thought about children crying in pain from an injury that could have been prevented by use of a helmet, a mother’s fear that could of been abated by a seatbelt, starting a narcan drip on a baby because a relatives narcotics were not properly secured. All of these things were preventable with education.

I knew I wanted to do something more… something that offered that next level of challenge. During the winters in Arizona “ER Holds” began. I wanted to provide better care for the ICU and other patients that inevitably would grace our rooms and hallways for longer the typical ER stay. This was when I found out that while the acuity and pathophysiology interested me a great deal, the daily routine was not for me. It was shortly after this I was approached to apply for a new position at our hospital; Trauma Injury Prevention and Outreach Coordinator. What would this be like, what would this new opportunity entail? After encouragement to apply and another night driving home from a 12 hour shift with the same ghosts of tragedies that were preventable playing in my mind, I applied.. I still wasn’t completely sure what I had signed up for , but I accepted when offered the job.

Challenge was an understatement when it came to injury prevention. Like EVERYTHING in nursing now, there must be evidence behind what we do. Over the course of the next year, I went to many community events, talked at numerous schools and interacted with individuals to educate about the preventable dangers in life that pertained to traumatic injuries. The problem with this approach however is how does one track the number of accidents prevented through conversations, lectures and presentations? It’s not like a magic score board lights up and says “Jimmy only received a skin knee instead of a concussion because you convinced him to wear a helmet when he’s on his skate board- one point you”. How did I know that what I said was really put into action? Did John from the college decide to buckle up because my voice ran through his head on night, and when he was involved in a car accident he had only minor injuries as opposed to being ejected and killed? Of course I would love to say, yes, yes that happens. However, there is no telling what impact this has on the individuals I’m reaching out to.

Deep down that I felt I was making a difference no matter how small, but did not have the proof. I began research on previously validated injury prevention programs. I talked with those in similar positions to mine and realized they too struggled with this. During this time, I also recognized something was still missing for me. I missed providing patient care. It was at this time my passions in nursing were torn. Chasing a dream , I applied for a flight nurse position, and accepted. However, I couldn’t abandon the projects I had started with injury prevention position. Luckily, I was able to continue this position on a part-time basis. This is when I started really formulating and developing tractable injury prevention programs. I began partnering with state and local organizations to provide education with surveys to see if what was being taught would change their behaviors.

To me injury prevention is just as much of a passion as caring for the critically ill. It is something that I feel all nurses should take part in no matter how small of a role you take. It can be as simple as letting you kids and their friends no the dangers of distracted driving. While HIPPA prevents us from revealing specific patient’s cases, we can create cases from a compilation of things we have seen in our careers and create a “story” that is memorable, impactful and teaches a lesson. After all, cultures the world over have been using this technique for centuries. So, I urge you all to take a few moments to turn your ghosts into angels and use them to help others make decisions that could save their life one day.
As emergency nurses are acutely aware, patients unable to access healthcare for a myriad of reasons (financial/unavailable or inaccessible providers/lack of knowledge, to name a few) see the emergency department as their safety net for medical care. We are on the front line caring for all who come through our doors. That gives us a unique and expert view of the deficiencies in any health care system. Our legislators, both state and national, are focused on this issue due to the current discussions and debate on the repeal of the Affordable Care Act (ACA). The Emergency Nurses Association is our expert resource for speaking to the issues. You can access information at www.ena.org. All nurses have the right to speak to legislators on a personal level, but in our state, you must be registered as a lobbyist to speak for an organization. Our state Advocacy Committee has Designated Lobbyists (Board members) to speak with legislators as AZENA. We are also available to assist you in any way.

On a national level, AZENA members are looking forward to representing our state at ENA Day on the Hill on May 2nd and 3rd. Ginny Orcutt and Rita Anderson will be attending as members of the ENA Advocacy Advisory Council. John Fraleigh was accepted to be the AZENA member at the event by ENA. John has been mentoring this year with the state Advocacy Committee chair. He attended AZENA Lobby Day at the Capitol in January. This will be his first Day on the Hill. Our state budgets yearly for at least one member to attend the Washington DC event. Ginny and Rita are funded by ENA, as members of the national Advocacy Advisory Council, so there was an opportunity to fund a member. We are pleased that John will be joining us this year. Educational opportunities are provided on May 2nd as well as a networking dinner Tuesday evening. Wednesday is spent meeting with legislators or their Healthcare Legislative Aides. Meetings are being scheduled with the offices of Senators McCain and Flake and our personal Congressmen/women. Does this sound like a great opportunity? Start thinking now about getting involved in government affairs at AZENA!

At the local level, AZENA has been monitoring a number of bills. Senator Farley (Tuscon) introduced three bills addressing texting and driving. Unfortunately, none have moved out of their assigned committees. Senate Bill 1080 (Senator Fann) addresses teenage drivers, prohibiting use of communication devices. This bill has passed out of the Senate and, at this writing, is working its way through the House. There has been much discussion, both pro and con, about the bill. Although it is a researched fact that decreasing distractions for new drivers saves lives, some feel that legislation targeting only young drivers sends a message to society that it is permissible to text and drive if you are older. What do you think?

I am always eager to receive your input on current legislation, assist you in identifying your state and national legislators, or work with you in any way to let your voice be heard. Please contact me at andersonrnrita@aol.com. Thank you for all you do to make safe practice and safe care a reality in Arizona.
“The History of the ENA Journey”, along with a great in-service by the ‘Quick Clot” representative. Thanks to all for sharing a night with your AZENA colleagues: past, present, and future.

Trauma nursing is not solely defined by working in a verified/designated trauma center. Trauma nursing occurs wherever nurses care for injured patients. Trauma nursing starts in the prehospital environment, continues through resuscitation in the emergency department, extends into surgery in the operating room, progresses throughout recovery in the inpatient units, remains during rehabilitation, and lasts through return to the community.

The Emergency Nurses Association (ENA) developed the Trauma Nursing Core Course (TNCC) to establish a standardized body of trauma nursing knowledge that is core to improving the care and the outcomes of all trauma patients. TNCC is widely recognized as the premier course for hospitals and trauma centers worldwide. The course helps meet the verification process mandate of “providing trauma education” to those individuals who care for injured patients. TNCC empowers nurses with the knowledge, critical thinking skills, and hands-on training to provide expert care for trauma patients. It provides the foundational basis for rapid identification of life-threatening injuries, comprehensive patient assessment, and enhanced intervention for better patient outcomes.

The Arizona Emergency Nurses Association’s (AZENA) Trauma Committee is committed to the belief that trauma nurses are an integral component in meeting the complex needs of the injured patient and in delivering evidenced-based care that produces the best possible outcomes. The Committee dedicates its efforts to bring the vital education contained in the TNCC curriculum to all nurses and ancillary staff caring for the trauma patient throughout the state of Arizona!
TRAUMA NURSING CORE COURSE INFORMATION

Two Day Provider Course

TNCC was developed and implemented to identify a standardized body of trauma nursing knowledge. The TNCC (Provider) course is a course designed to provide the emergency nurse with essential cognitive knowledge and psychomotor skills to care for the adult trauma patient.

Course Fees:

2-day provider course:
- Non ENA members $300.
- ENA member is $260, ENA number must be documented to receive discount.

One Day Renewal Course: (NEW)

Description:
- Robust self-guided independent learning
- 1-day hands-on review of the Trauma Nursing Process (TNP) & Airway Management with expert instructors
- Faculty ratio of approximately one faculty per four learners

Requirements
- Current TNCC verification (must present current card)
- Review of course content contained within 7th edition provider manual

Course Fees:
- Non-ENA members – $216
- ENA members – $216

Material:
- TNCC Provider Manual 7th edition
- Access to online learning modules and resources
- Continuing Education Units (CEUs)

ALL COURSES CLOSE TO REGISTRATION 30 DAYS PRIOR TO COURSE DATE! IF YOU DO NOT RECEIVE YOUR COURSE MATERIALS 30 DAYS PRIOR TO THE COURSE, PLEASE CONTACT THE AZ ENA TRAUMA CHAIR, DAVID J LOPEZ (aztncc1@outlook.com). YOU ARE NOT SCHEDULED FOR ANY COURSE UNTIL YOU RECEIVE A CONFIRMATION EMAIL/LETTER AND STUDY MATERIALS.

Cancellation / Reschedule Policy:

Cancellation
- 30 days prior to the course date = partial refund (less $68 – course materials)
- 15 – 29 days prior to course date = partial refund (less $120 – course materials & application fees)
- 14 – 0 days prior to course date = no refund

Change
- $40 fee regardless of dates
TRAUMA NURSING CORE COURSE

TNCC was developed and implemented to identify a standardized body of trauma nursing knowledge. The TNCC (Provider) course is a course designed to provide the emergency nurse with essential cognitive knowledge and psychomotor skills to care for the adult trauma patient.

Course Fees: $300 per 2 day course. ENA members receive a discount (ENA number must be documented to receive discount). Study materials are mailed out approximately 4-6 weeks prior to class. IF YOU DO NOT RECEIVE YOUR COURSE MATERIALS 30 DAYS PRIOR TO THE COURSE, PLEASE CONTACT THE AZ ENA TRAUMA CHAIR. YOU ARE NOT SCHEDULED FOR THIS COURSE UNTIL YOU HAVE CONFIRMATION LETTER AND STUDY MATERIALS.

Cancellation/reschedule Policy
Registration may be cancelled up to 30 days prior to the course date for a partial refund. Changing course date after application requires a $40 fee regardless of dates.

PLEASE CHECK THE WEBSITE: WWW.AZENA.ORG FOR NEW CLASSES AND ON-LINE REGISTRATION

May 20-21 Sat/Sun Honor Health- Shea    Payment due April 15th,  
June 3-4 Sat/Sun Yavapai Regional Prescott    Closed course  
June 17-18, Sat/Sun Mtn Vista  Mesa    Payment due May 12  
July 22-23 Sat/Sun Summit Healthcare-Show Low    Payment due June 18

Course Fees:

TNCC Verification: $300 Non ENA member $260 ENA Member* ENA Number must be included for the discount

TNCC Registration – Please Print Clearly

NO PHONE REGISTRATIONS WILL BE ACCEPTED

Name _____________________________________ENA Member #___________  □ RN Other disciplines are Audit □ LPN □ Other

Address______________________________________________________________EMAIL:________________________________________

City_______________________State________Zip Code_______Phone (      )_______________

COURSE DATE/LOCATION:________________________________________________________

Hospital or facility where employed________________________________________________

Enclosed is:  

____$300.00 Non ENA member    ____$260 ENA Member

A confirmation email or letter will be sent to the address you provide– PRINT LEGIBLY. If your information is unreadable, your materials will not make it to you. You will then be responsible for the cost of a second mailing.

Send Registration & Payment to:
AZENA TNCC
Rachel Perkins Garner
3820 N 153 rd Ave
Goodyear, AZ 85395
Prom and graduation season is fast approaching bringing excitement to the vast majority but anguish to some who engage in risky behaviors. Preparation should not only include clothing, dining, and who but also should include open family discussion on how to celebrate safely. Discussions should be held early and often on safe healthy choices covering alcohol and drugs, how to turn down offers, and most importantly not riding or driving under the influence. High school students are vulnerable and susceptible to the temptations of peer pressure especially during this exciting time in their life.

The sobering statistics point to the fact that high school students are still engaging in high-risk behaviors. According to the CDC (2016) Morbidity and Mortality Weekly Report (MMWR) Youth Risk Behavior Surveillance (YRBS) more than 15,000 U.S. high school students participated in surveys conducted in 37 states and 19 large urban school districts high school students. Of those students 32.8% drank alcohol, and 21.7% used marijuana while driving. Additionally the CDC reports alcohol is responsible for approximately 4,300 underage deaths every year.

As parents and nurses communicate clearly through both actions and words by not only insisting on no drug or alcohol but by not hosting a party that allows under-age drinking, buying alcohol or renting a room for an after-party. These types of behaviors not only send the wrong message but might lead to legal trouble and professional licensing action. Arizona DUI laws are zero-tolerance with regard to underage drinking and driving. In fact, a teenager with a blood alcohol concentration of as little as .01 will be charged with a DUI. Furthermore hosting a party with two or more minors who are not members of your family in possession of or drinking alcohol equals being guilty of a Class 1 misdemeanor. Penalties for underage DUI and hosting a party are a maximum of a $2500 fine and/or up to 6 months in jail. Teen students also potentially could ruin their future dreams running the risk of losing the right to attend college or enter the military.

Not only does a parent face heavy penalties through the legal system, the Arizona State Board of Nursing holds nurses who are parents to standards above and beyond those of non-licensed parents if engaging in behavior that is cited as a misdemeanor or is reported. For instance;

**R4-19-305 License Renewal - An applicant for renewal of a registered or practical nursing license shall:**

- Responses to questions regarding the applicant’s background on the following subjects: i. Criminal convictions for offenses involving drugs or alcohol since the time of last renewal; ii. Undesignated offenses and felony charges, convictions and plea agreements including deferred prosecution; iii. Misdemeanor charges, convictions and plea agreements, including deferred prosecution, that are required to be reported under A.R.S. § 32-3208; iv. Unprofessional conduct as defined in A.R.S. § 32-1601 since the time of last renewal. Other rules that might affect license - R4-19-402. Standards Related to Registered Nurse Scope of Practice A registered nurse (RN) shall … and within the scope of practice of an RN as determined by the Board. 1. Practice within the legal boundaries of registered nursing within the scope of practice authorized by A.R.S. Title 32, Chapter 15 and 4 A.A.C. 19; 2. Demonstrate honesty and integrity; Additionally under R4-19-403. Unprofessional Conduct For purposes of A.R.S. § 32-1601(22)(d), any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public includes …

Empowering teens to make their own choices requires the guidance of educated parents, adults, and mentors. As parents make expectations clear by insisting on an alcohol and drug-free prom and graduation season not to be “mean” but
The Opioid Epidemic
Charlann Staab MSN, RN, CEN, CFRNFAEN

In the last several years, increased awareness of what media is calling the Opioid Epidemic has come to light. Opioid abuse is the fastest form of drug abuse over the last decade. To most nurses, this is no surprise as some of us see it daily. According to the AzSBN (2016), 1,000 people a day are treated for misuse of prescribed opioids. In the US, current statistics suggest 91 (U of A Rural Health, 2017) people die everyday related to opioids and more specifically prescribed opioids. Opioid dependence, tolerance and abuse transcends all socioeconomic boundaries. Opioid abuse is not necessarily tied to race, culture, or how you were raised. It is about chemistry. Opioids when introduced for extended periods can develop a chemical change in the mu opioid receptors throughout the body and dopamine neuro-receptors in the brain responsible for euphoria. The statistics change nearly monthly, however not in a positive manner. 12.3 million people in the US reported misuse of opioids (prescribed and illicit) in 2013 (CDC, 2014). Abuse of prescription drugs is quoted as over 7 million (Bates, 2017) with over 21.6 million Americans age 12 and older classified as involved in substance abuse or experiencing a dependence disorder (Bates, 2017). The US makes up roughly 5% of the world’s population but has been “credited” as utilizing over 80% of the manufactured opioids in the world. Opioid abuse, tolerance and dependence all have social and financial impacts on our society. For some the chronic use has an impact on personal life, lost productivity and employment, maybe a run in with criminal justice and in some cases loss of life; their own, a family member or a stranger. Every 25 minutes, a baby is born suffering from opioid withdrawal (NIH, 2015) which is 5 x increased from 2000. Regardless, chronic use, abuse or dependence comes with a price. Private insurance accounts for approximately 18% of the cost for the epidemic with Medicare/Medicaid entering in at around 10% followed by CHAMPUS/VA at 2% and the uninsured make up about 3% of the overall picture. Death related to opioids started increasing around 2002 when opioid caused death outpaced heroin or cocaine caused overdose and death (Smith, 2016). How much is too much? World Health Organization suggest that a significant risk of overdose occurs as patients reach 100 mg of Morphine equivalent /day doses of opioids. The inserted table was adapted for a comparison of natural, semisynthetic and synthetic opioids in use today. Please note Fentanyl is significantly more potent than Morphine, quicker active and has a longer half-life and according to DEA analytics (2015) . Fentanyl is the newest threat for abuse, overdose and death in the United States. Arizona is ranked at 6th in the nation for Opioid deaths and 5th in nation for highest prescribing rate (ADHS, 2014). What is Arizona doing about these alarming trends? In 2004 the AzSBN developed an advisory opinion, in 2014 AzDHS published prescribing guidelines. In 2016 The CDC released guidelines for prescribing opioids for chronic pain, the JCAHO has changed practice regarding pain as the 5th vital sign, (Mind you pain assessment and acute pain management is still important. The opioid abuse issues are about chronic pain and prescribing practices mostly. But it does start with acute pain management. AAP in it’s October Issue headlined with “Codeine: Time to Say NO”. ENA has a position paper on Chronic Pain and most recently, Arizona SB 1283 becomes effective in October 2017. If you didn’t see the AZSBN issue on what your should know: check out the AZSBN link on the next page under resources and references. It’s time to change your practice.

Resources:
Search Arizona controlled substances prescription monitoring program
Controlled Substance Act

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Extensive Table on page 994 of DiPiro American Pain Society, 5th edition
AZENA is a 501© 3 non-profit organization. AZENA functions as a specialty nursing organization for professional nurses committed to the advancement of emergency nursing, including education, legislative concerns and injury prevention. AZENA state council represents Arizona emergency nurses for the Emergency Nurses Association.

Upon joining the national association, a member obtains membership at the national level, as well as representation at the state level. Active members have the right to vote and hold office at all levels. Joining ENA means joining a international professional network of emergency nurses!