



# Synapse

Official Newsletter of the American Association of Neuroscience Nurses

## AANN Selects Assistant Editor for the Journal




**A**ANN is pleased to announce the appointment of Susan Carroll, MS RN, as assistant editor of the Journal of Neuroscience Nursing. Susan started in her new role on July 1, and

will continue as assistant editor until January 1, 2008, when she will become editor. We invite you to take a few moments to get to know Susan, in her own words:

Writing and publishing have been a part of my life since I finished undergraduate school. With a newly minted degree in journalism and literature in hand, I began a career in public relations in Chicago. Looking for new challenges, I went back to school and became a nurse

and continued to write and edit for more than 20 years. As I become a part of the *Journal of Neuroscience Nursing*, I come full circle, as editing will again play a central role in my professional life.

I had the good fortune to start my neuroscience nursing career as part of a large university movement disorder practice. The physicians hired me as their nurse partner and taught me the intricacies of neurology, neurosurgery, and neuropharmacology. Fellow neuroscience nurses taught me the basics and nuances of neuro nursing care. I have been a part of AANN since the early 1980s and have served as a local chapter president, chair of the ABNN Item Writing Committee, president of ABNN, and a member of AANN's Board of Directors. Many of my closest friends and colleagues are also AANN activists.

I began work with *JNN* as a manuscript reviewer, then became an editorial board member and section editor. I hope to continue the work already in progress that makes *JNN* a strong voice for our specialty practice. I want to strengthen our focus on evidence-based neuroscience nursing practice and provide a forum for nursing practice and care issues related to our unique and often very vulnerable patients. I also want to hear from all of you—writing can be a scary, lonely process, but editors, editorial boards, and manuscript reviewers can lessen the fear and make writing a rewarding expression of your passion for neuroscience. I leave you with this thought from Wordsworth: "Fill your paper with the breathings of your heart." 

## AANN's Annual Election: Why You Should Vote

Norma D. McNair, MSN RN CNRN, Chair, Nominating Committee


**V**oting in the AANN national election is probably something that you think about only occasionally, and it may not seem important to you as one member. After all, it is one more thing to do, and one single vote does not make a difference, right? Well, not exactly.

The process for electing the leadership of AANN is an important one. It is carried out with a view toward presenting a slate of candidates that will provide strong leadership to the association.

The nominating committee (composed of AANN members) interviews and reviews all applicants for national office positions to ensure that the candidates represent the membership, are diverse in their professional roles, and are from all areas of the country.

The committee's responsibility is to ensure that all suitable candidates are presented to the membership. Once a slate of candidates is prepared by the nominating committee, the membership decides who should be elected.

As in previous years, the election will be conducted online and will run October 1–31, 2007. The link for the ballot will be on the AANN Web site, and e-mail reminders will be sent out as the election draws near.

AANN is a worldwide leader in the care of neuroscience patients, and our leadership reflects the caliber of our membership. In order to keep AANN in the forefront, strong leaders need to be elected. In order to have leadership that represents the membership (i.e., you), you need to vote. 



**AANN 40TH ANNUAL  
EDUCATIONAL MEETING  
MARCH 28–31, 2008  
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# Opportunities Continue for Further Ventures

Susan B. Fowler, PhD RN CNRN FAHA



The American Association of Neuroscience Nurses (AANN) has ventured into collaboration with the European Association of Neuroscience Nurses (EANN) and the Canadian Association of Neuroscience Nurses (CANN) by sponsoring the president to attend educational programs and meetings held by EANN and CANN. This spring I had the wonderful opportunity to attend the 8th Quadrennial Congress of EANN in Reykjavik, Iceland, and the 38th Annual Meeting and Scientific Session of CANN in Edmonton, Alberta, Canada. Both educational programs covered a variety of clinical topics; many were research-focused and others targeted the various roles of neuroscience nurses. But more importantly, the networking and collegiality was inspiring. The passion to advance the art and science of neuroscience nursing is evident throughout the world. I uncovered this definition of networking that I think captures the essence of

what I have observed of neuroscience nurses around the world: "Networking is connecting with people of like interests for the purpose of uncovering opportunities, identifying land mines, and learning of best practices."

Future opportunities to engage in collaboration with our colleagues around the world include the following: 2008 CANN Annual Meeting and Scientific Session in Victoria, British Columbia, Canada; 2009 World Federation of Neuroscience Nurses (WFNN) Congress in Toronto, Ontario, Canada; 2009 CANN Annual Meeting and Scientific Session in Halifax, Nova Scotia, Canada; and 2011 EANN Congress in Blankenberge, Belgium. Please visit their various Web sites ([www.cann.ca](http://www.cann.ca), [www.wfnn.nu](http://www.wfnn.nu), [www.eann.net](http://www.eann.net)) for more information.

Future ventures need to be based on consumer needs and societal trends. A recent survey disseminated to neuroscience nurses has yielded results that will drive activities of various groups within AANN, namely the Products and Publications Task Force, the Membership Task Force, and the Clinical Reference Series Editorial Board. The survey focused on clinical information in terms of what kind of information nurses need and how they want to obtain this information. It also addressed input about the Clinical Reference Series, patient and family education, the role of neuroscience nurses, the annual meeting, chapters, and certification. These results are being shared with NNF and ABNN, our collegial partners. Please see the section below that provides further details on the survey results.

As we approach our 40th anniversary in 2008, AANN continues to build on excellence. A thought from motivational speaker Greg Hickman to keep in mind as we continue on this journey, "Paint a masterpiece daily. Always autograph your work with excellence."

### 2007 Survey of Neuroscience Nurses

In March, AANN disseminated a survey to AANN members seeking information primarily focusing on clinical information needed by neuroscience nurses. The purpose of the survey was to provide AANN with information reflective of member needs that can be used to drive changes

related to patient care, practice, and our professional careers. This summary will target the education questions and answers.


We had approximately 1,200 responses, and 75% of them were generated by current members. More than 50% of those who responded were (1) nurses in practice for more than 15 years, and (2) staff nurses. Forty-one percent of respondents identified their practice as focusing on stroke with another 33% in neurotrauma.


Nurses identified needs in a variety of clinical areas, with the most urgent needs in severe traumatic brain injury (TBI), transient ischemic attack (TIA), ischemic stroke, intracerebral hemorrhage (ICH), subarachnoid hemorrhage (SAH), subdural hematoma (SDH), epidural hematoma (EDH), aneurysms, and seizures. The preferred means by which to obtain information on these subjects were online (60%–65%), printed materials (55%–60%), PDF files (50%), and simulation DVDs (40%).

Information was sought to assess the need for patient and family education materials. Those areas identified as most urgently needing materials were TBI, stroke/TIA, all bleeds, arteriovenous malformations (AVMs) and aneurysms, carotid stenosis, primary and metastatic brain tumors, seizures, and hydrocephalus.

Nurses who responded to the survey stated that they require continuing education often or very often to update existing knowledge, acquire new knowledge, ensure that practice is evidence based, understand technical advances, and keep abreast of advances in the neurosciences. According to the data gathered, 33%–41% of respondents desire the following information relevant to their practice: technology, pharmacology, devices, patient education, prevention, and research.

AANN strives to provide access to education, networking with colleagues, volunteer opportunities, and leadership development. Nurses who completed the survey felt that AANN accomplished this 54%–87% of the time, with access to education receiving the highest response (87%).

Thank you to all of those who participated in the survey. Your input is greatly appreciated! 



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**Synapse**, the official newsletter of the American Association of Neuroscience Nurses, is published in January, March, May, July, September, and November. AANN members are invited to submit articles and announcements for possible publication.

Submission inquiries should be directed to Kari Lee, [klee@connect2amc.com](mailto:klee@connect2amc.com), 847/375-4823. Advertising inquiries should be directed to Terri Berkowitz, 847/375-4763, [tberkowitz@connect2amc.com](mailto:tberkowitz@connect2amc.com).

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# Personal Value of CNRN Certification

Karen Potocki, MSN RN ACNP CNRN, ABNN President


**W**hat is the value of my Certified Neuroscience Registered Nurse (CNRN) certification? Each neuroscience nurse must ask themselves this question. To me, the value is *priceless!* Obtaining and maintaining my CNRN certification has opened many avenues for me, both personally and professionally.

Personally, the CNRN certification has given me a sense of pride and accomplishment. I am proud that I carry a certification unique to neuroscience nurses. Wearing the CNRN pin and having patients and families ask what CNRN means is a wonderful experience. I believe patients and families feel an increased level of comfort when a certified neuroscience registered nurse is taking care of them. Achieving and maintaining that CNRN certification is like getting a daily pat on the back!

Professionally, my CNRN certification demonstrates my ongoing commitment to the unique specialty of neuroscience nursing. I enjoy providing care to this patient population and being thought of as an expert in the field. I have provided both formal and informal in-services on different neuroscience topics to nurses. For example, often less experienced nurses approach me to ask questions about a certain disease process or surgical procedures. I also serve as a preceptor for nursing students at both the undergraduate and graduate levels. As I work with these nurses, I try to give them important knowledge about how to care for the neuroscience patient population.


Since I have maintained my CNRN certification I have become involved at the local and national levels. On the local level, I have given in-services and participated in daylong nursing education programs for nurses and other healthcare disciplines. On the national level, I served for several years on the Test Development Committee, which is responsible for developing and maintaining the CNRN examination. While serving on the

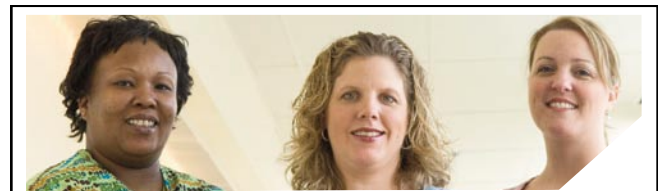
test committee, I had a chance to work with other dedicated neuroscience nurses from whom I learned a great deal. After serving on the test committee, I was appointed to the American Board of Neuroscience Nurses (ABNN) for a 3-year term. ABNN's main responsibility is to oversee the CNRN examination. Serving on this board gives me a chance to network and exchange valuable information with other neuroscience nurses.

As you read this brief article about the value of CNRN certification, I hope you will send in your recertification information and encourage other neuroscience nurses to consider CNRN certification. Remember, you can recertify in two ways: By achieving enough continuing education units or by taking the CNRN examination. If you are thinking of certifying or recertifying by taking the exam, please refer to the current CNRN matrix on the ABNN Web site, [www.cnrn.org](http://www.cnrn.org). Under the "Certification Exam" heading, click on the "detailed information" link, then click "Candidate Application Handbook" to review the matrix. It has been revised recently and provides the most up-to-date categories that are on the exam. Anyone planning on taking the CNRN exam should refer to the CNRN matrix prior to beginning his or her studies. 

## News on JNN Case Study Contest

The Case Study Contest for the *Journal of Neuroscience Nursing (JNN)* has been so successful for the last 4 years that the editorial board has decided to put it on hold while a new and more challenging direction is developed. "We thank all the authors who have contributed in the past, and welcome new case study submissions as general articles at any time," stated JNN Editor Chris Stewart-Amidei.

Case studies submitted for publication consideration will undergo the same review process as other articles. In addition, case studies submitted by AANN members may still be considered for the Writing Excellence Award. 



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## Best Practices

AANN Best Practices Task Force: Susan Bell, MS RN CNRN CNP; Susan B. Fowler, PhD RN CNRN FAHA; Janice L. Hinkle, PhD RN CNRN; Laura McIlvoy, PhD RN CNRN CCRN; in consultation with Tamara Dickinson, RN CURN CCCN BCIA-PMDB, President-Elect, Society of Urologic Nurses and Associates (SUNA).

In April 2004, the AANN Board of Directors approved a position statement on best practices. The statement is available to the public as a PDF file at [www.AANN.org/pubs/index.htm](http://www.AANN.org/pubs/index.htm).

This article is the final short research review from the AANN Best Practices Task Force. Our intention is to update members about the evidence on best practices of particular relevance to neuroscience

nurses. It is not possible to exhaustively review all the available information on a specific topic, but we have attempted to provide an introduction and indicate areas that require further investigation.

The topic of this column is prevention of urinary complications. The method is similar to previous reviews where the task force reviewed evidence that appeared in

the literature during approximately the last 5 years. The article provides a definition and briefly outlines the significance to neuroscience nursing, the incidence, interventions, a take-home message, and references.

We welcome your comments, feedback, and suggestions. Please contact Susan Fowler at [njfowlers761@msn.com](mailto:njfowlers761@msn.com) with comments or questions.

# Prevention of Urinary Complications

## Definition

*Impaired urinary elimination* is defined as a disturbance in urine elimination (North American Nursing Diagnosis Association [NANDA], 2005). Defining characteristics include incontinence, urgency, nocturia, hesitancy, frequency, dysuria, and retention.

## Significance to Neuroscience Nursing

Neuroscience nurses care for patients who commonly require assistance with management of urinary function as a result of their neurological disorder or associated condition. Use of assistive devices such as an indwelling catheter for acute or chronic urinary tract infection can increase patient-care costs and interfere with quality of life.

## Risk Factors

Risk factors for impaired urinary elimination include:

- abnormal anatomy
- inadequate functioning of the urinary tract and nervous system
- impaired physical and psychological abilities (i.e., motor, speech, sensory, depression, cognition)
- impaired fluid intake resulting in dehydration
- impaired filling
  - failure to store urine because of bladder muscle (bladder contracts)
  - failure to store urine because of sphincter (outlet; sphincter relaxes)
- impaired emptying
  - failure to empty bladder because of bladder muscle
  - failure to empty bladder because of sphincter (outlet)

- stroke
  - initially bladder retention with bladder detrusor muscle areflexia (85%), followed by detrusor hyperreflexia with coordinated urethral sphincter activity
  - urinary incontinence between 51% and 60% with a steady decline after the first 2 weeks to 32% at 4 weeks and 21% at 12 weeks (Bronstein, Popovich, & Stewart-Amidei, 1991).

## Incidence of Urinary Tract Infections

- Urinary tract infections (UTIs) account for 36% of all healthcare-associated infections in U.S. hospitals among adults and children outside of intensive care units (Klevens et al., 2007).
- UTIs account for 4 million ambulatory care visits or 1% of all outpatient visits (Centers for Disease Control [CDC], 2005).
- Catheter-associated bacteremia increases by 5%–8% each day during period of catheterization (UTIs are often asymptomatic).

## Assessment

- history of previous elimination patterns and habits, including amount and pattern of fluid intake and amount and pattern consistency of output
- history of contributing factors, such as current medications, infections, motor and speech impairments, and cognition or behavior
- intake—30 cc/kg adequate to prevent infection (Society of Urologic Nurses & Associates [SUNA], 2005) and facilitates 1,500–2,000 cc/24 hours (SUNA)
- bladder function including output (well-designed cohort studies, expert opinion, and case reports)

- urinary retention by bladder scan
- measurement of frequency, volume, and control
- presence of dysuria

## Interventions

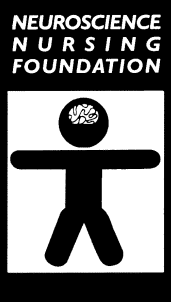
- indwelling catheters
  - use only when needed (CDC, 2005; Category I—strongly recommended)
  - practice proper hand-washing when inserting (along with aseptic technique) and manipulating catheter (CDC, 2005; Category I—strongly recommended; endorsed by SUNA, 2005)
  - use silver-alloy-coated catheter (at least two randomized, controlled studies—Level I)
  - secure catheter properly (CDC, 2005; Category I—strongly recommended), to thigh or abdomen (SUNA, 2005)
  - maintain closed drainage system and aseptic samples (CDC, 2005; Category I—strongly recommended and supported by SUNA, 2005)
  - maintain unobstructed flow of urine (CDC, 2005; Category I—strongly recommended)
  - removal of catheter within 48 hours (well-designed cohort studies—Level II)
  - clean area with clean gauze and/or soap and water and avoid lubricants (Category II, moderately recommended by the CDC, 2005, and Pfeiffer, 2005; Level I by Joanna Briggs Institute for Evidence-based Nursing and Midwifery [Joanna Briggs], 2006, systematic review of randomized, controlled trials)
  - do not change catheter at arbitrary fixed intervals; only if urinary tract

*continued on page 6*

## Foundation Corner

# Facing the Challenge Together

Staying on top of the ever-changing ways to deliver the best care to patients is a huge challenge that neuroscience nurses face every day. The Neuroscience Nursing Foundation (NNF) is the only foundation solely dedicated to finding ways to help you and your colleagues meet these challenges. NNF does this by supporting research to identify the best ways to provide care and by supporting expansion of neuroscience nurses' knowledge and expertise as they manage more complex patients, technologies, and medications.



With a growing number of neuroscience patients and an increasing scarcity of nurses to care for them, NNF's mission is more critical than ever.

### NNF Mission

The Neuroscience Nursing Foundation exists to advance the science and practice of neuro-science nursing by identifying and promoting research and evidence-based practices that optimize patient-centered outcomes for people with neurological conditions.

Our special goal in 2007-2008 is to award Annual Educational Meeting Travel Grants to 40 AANN members. These grants are for \$1,000 each and help members defray the costs of attending the conference. However, we can only reach this goal with your help. Therefore, NNF is launching the 40/40/40 Campaign to raise the necessary funds for this ambitious project. You can lend your support to NNF by contributing \$40 to the campaign.

Outright donations can be sent directly to NNF or can accompany your AANN dues renewal. We know there are many competing interests for your charitable dollars, and we thank you for donating to NNF.

### Levels of Recognition

Up to \$99	Bronze
\$100-\$249	Silver, Supporter
\$250-\$499	Gold, Mentor
\$500 and above	Platinum, Master Mentor

### I want to help NNF send 40 neuroscience nurses to the AANN 40th Annual Educational Meeting.

Here's my donation:  \$40  \$80  \$120  
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# Loyola

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Loyola University Health System is currently seeking a Nurse Practitioner for Neurosurgery. Responsibilities include supporting/enhancing productivity of physicians/clinics and educational and research activities; initiating/developing teaching guidelines, internal & external formal education programs; documenting activities in patient medical records; and serving as a resource/liason to patients. Requirements include a Master's Degree in Nursing, current State of IL RN Licensure, and a min. 3 yrs. clinical experience.

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- infection occurs (Category II by the CDC, 2005, and Pfeiffer, 2005; SUNA, 2005, Category II recommendation)
- empty drainage bag when half to two-thirds full to prevent pull on urethra from weight of the bag (SUNA, 2005)
- conduct ongoing audits of practice and formal training in urinary catheter care (to ensure adherence to national guidelines; Joanna Briggs, 2006; SUNA, 2005 adopted CDC recommendations)
- follow best strategies for removal of short-term indwelling urethral catheter in adults (Joanna Briggs, 2006):
  - Following urological procedures and surgery, remove catheter at midnight (effective—merits application; Giffins & Fernandez, 2005)
  - Early removal reduces UTI and decreases level of stay, but produces more risk of short-term voiding problems (some effectiveness—suggests application)
  - Not enough evidence for clamping. Allow for free drainage 24 hours before removal (limited effectiveness)
- individualized bladder management for incontinence
  - individualized bladder training program if incontinent (expert opinion, case studies)

- prompted voiding if incontinent (at least one randomized, controlled trial)
- limit bladder irritants (SUNA, 2005)
- daily pelvic muscle exercises to retrain bladder and sphincters (SUNA, 2005), but may not be appropriate for stroke patients because the detrusor area of the brain is fed by the artery often involved in stroke and much of the resulting dysfunction is out of voluntary control
- seek a specialist (SUNA, 2005)
- treat different types of incontinence specially (e.g., stress, urge, overflow; SUNA, 2005)
- other
  - administer cranberry juice and/or cranberry juice pills (no evidence; SUNA, 2005)
  - reduce encrustation with acidic bladder washouts and ascorbic acid installation
  - implement citric acid catheter “maintenance” solutions

### Take-Home Message

Neuroscience nurses can impact the prevention and management of urinary complications following neurological insults, such as stroke, especially in the use of indwelling urinary catheters and the incidence of urinary tract infections. Continued research is needed to identify effective interventions tailored to specific patient populations. 

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### Clinical Research Nurse

University of Louisville

Department of Neurology, Movement Disorder Program

The **University of Louisville Movement Disorder Program of the Department of Neurology** is seeking a Clinical Research Nurse to coordinate all components of current and ongoing clinical trials, provide nursing service, and perform clinical procedures. Duties include, but are not limited to, identifying/recruiting subjects for studies, coordinate scheduling of subjects and study-related procedures, clinical examinations, phlebotomy, collection and processing of specimens and vital signs. Candidate will also maintain subject records and documentation in accordance with FDA, GCP, IRH, IRB regulations and study-specific protocols. Candidate will collect, organize, compile, and maintain research clinical data and prepare protocols and reports for submission to the Institutional Review Board. Attend investigator meetings for specific study protocols, which may require periodic travel. The position will act as liaison for research sponsors such as the National Institutes of Health, the Human Studies Committee, and the investigator. In addition, the candidate will assist with the daily functions of the Movement Disorders Clinic, administer neuropsychological testing on study subjects, and supervise student workers and volunteers.

Candidate must have strong organizational skills, be extremely motivated, and be able to work independently and autonomously as well as with a team. Bachelor's degree in Nursing or a related field, license to practice as an R.N. in Kentucky, and two to four years of related experience. ACRP Certification in Clinical Research Coordination is desirable. Salary commensurate with experience. Grade EG.

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# In Memory of Deborah Webb

**A**ANN has lost a valuable member, a brilliant mind, and a wonderful human being. Deborah Webb died June 14, 2007, in Seattle, following a 6-month battle with glioblastoma multiforme.

Deb was a nurse's nurse and neuroscience was her passion. Her career was extensive, and yet, far from completed. She loved to teach, write, and explore new options to improve neuroscience practice. Her contributions to AANN are lengthy, having served on the board of directors and multiple committees and task forces, as well as having worked on publications. Deb's smiling face was always a cheerful




sight at the annual meetings—she loved to meet and greet members, new and old. There was never a time when Deb was inaccessible.

Many of her friends and family were able to follow Deb's day-to-day struggles and successes during her illness by using the CarePages Web site ([www.carepages.com](http://www.carepages.com)). As all the entries were reviewed, common threads emerged: gentle; calm; brilliant teacher; funny; a voracious reader; loved her family, her friends, and her cat, Button. As

Beth Helvig commented, "I remember when Deb interviewed at Harborview Medical Center and how she exuded competence, confidence, and maturity in the clinical specialist role—we knew she was a 'wow' then, and she always lived up to that belief"

Our sympathies are with the Webb family. We will all miss and honor Deb.

Remembrances can be made to the Deborah Webb Memorial Scholarship Fund for Neuroscience Nursing, c/o Amanda Potter, Harborview Medical Center, 325 Ninth Ave., Seattle, WA, 98104. Cards can be sent to Deb's mother, Violet Webb, 1201 Claire Rd., Montoursville, PA, 17754. 

## Foundation Corner

### Time to Apply

**N**NF sponsors several grant and scholarship programs to benefit members. The deadlines for these programs are approaching, but there is still time to submit your application. For applications for any of the following grants or scholarships, visit [www.AANN.org/nnf](http://www.AANN.org/nnf).

#### NNF Research Grant

The purpose of the NNF Research Grant Program is to encourage qualified nurses to contribute to the advancement of neuroscience nursing through research.

- **Award:** Up to \$5,000
- **Deadline:** November 1, 2007

#### Travel Grant to AANN Annual Educational Meeting

Through the NNF Travel Grant Program, NNF

awards monies to AANN members attending the AANN annual educational meeting in the spring. Award monies can be used toward any direct expense that will assist the member in attending the meeting, from registration to airfare to hotel accommodations.

- **Award:** \$1,000
- **Deadline:** November 15, 2007

#### NNF Scholarships

The NNF Scholarship Program promotes excellence in neuroscience nursing. Scholarships are awarded annually to registered nurses pursuing studies to advance a career in neuroscience nursing at the undergraduate or graduate level.

- **Award amount:** \$1,500
- **Deadline:** January 15, 2008

## Calendar

### October 1, 2007

#### CNRN Early Recertification Application Deadline

Sponsor: American Board of Neuroscience Nursing  
Contact: [www.CNRN.org](http://www.CNRN.org)

### October 1–31, 2007

#### AANN Online Election

Sponsor: AANN  
Contact: [www.AANN.org](http://www.AANN.org)

### October 11–12, 2007

#### Parkinson's Disease Foundation's 50th Anniversary Conference: Frontiers of Science & Clinical Advances in Quality of Life New York, NY

Sponsor: Parkinson's Disease Foundation  
Contact: [info@pdf.org](mailto:info@pdf.org), [www.pdf.org/50th](http://www.pdf.org/50th)

### October 19–November 16, 2007

#### CNRN Computer Testing Window Open

Sponsor: American Board of Neuroscience Nursing  
Contact: [www.CNRN.org](http://www.CNRN.org)



American Association of Neuroscience Nurses  
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Address Correction Requested

To access the members-only section of the AANN Web site, you will need your membership ID number.

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