

Nurse Leader



In the Spotlight

Ntiense Inokon

3 Northeast Nurse Manager

I graduated from UM with a BSN in 2004. After graduating, I was hired as a care assistant for 3S. Once I obtained my RN license I entered the Nurse Extern program as a night shift staff member. I continued working on 3S for three months, then rotated to 2E for an additional three months, followed by 3NE for two months. I loved working with the staff on 3NE but I am a morning person. So, after two months on 3NE, I transferred to full-time day shift staff on 2E. I spent the next two and a half years developing friendships, expanding my clinical skills, taking the role of charge, and discovering my passion for nursing. I became involved with their Morale, Customer Satisfaction and the hospital Equipment Committees. I also chaired The Scheduling Committee. I truly enjoyed working on 2E where I precepted nursing students during their pediatric rotations and was as a practicum and new employee preceptor. In August 2007, I went to Ghana with a friend who counsels HIV positive prison inmates in Delaware. The trip was partially purposed to visit

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Haiti Heroes

Offer Compassion and Hope

By Yoely Hernandez, RN, BSN, Psychiatry Manager



Being on this trip has truly opened my eyes to all the simple things we take for granted on an everyday basis. This has been a life-changing experience. Our team has been working extremely hard, for countless hours around the clock. I have to remind staff constantly to drink water, because they are so engaged in helping others that they forget to take care of themselves.

The Haitian people are some of the most resilient individuals I have ever seen. Yesterday they all joined together and were singing to lift each other's spirits. It was truly a sight to be seen. Having to work with minimal resources has united everyone



on the team and has brought us that much closer. We have become really close in a short period of time and have learned to rely on each other. This place puts your path of each disease process to a true test, going on only signs and symptoms to diagnosis in most patients. Even though it has been tough, this group has not forgotten the main reason why we all volunteered for this mission, which is to bring hope and compassion to the families in Haiti.



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her family but, we decided to take it one step further. We made arrangements to visit the Adabraka Primary School and several churches in Accra to teach AIDS awareness to the youth. This was a life-changing experience for me. Not only did I learn what life is like outside of the United States but I saw first hand how devastating the AIDS epidemic was in developing countries like Ghana. It touched my heart deeply. When I returned, I decided to challenge myself clinically and transferred to NICU. There I was welcomed and mentored by the staff to become level 3 ICU trained. It was a challenging experience which I will always value. Amidst all this, I began working towards an MSN at Barry University in the fall of 2006, and completed my MSN in Nursing Administration in December of 2009. Outside of work I have mentored teenagers through a non-profit program called A.B.S.T. (Abstinence Between Strong Teens).

This program teaches teen girls about HPV and focuses on abstinence as primary prevention. I am also very active with Sigma Gamma Rho Sorority Inc. My main involvement is with the Rhoer program which mentors high school girls by promoting and supporting their development towards college education. I am very enthusiastic about working with the staff on 3NE and hope that together, we can accomplish many goals which will continue to make MCH a "great place to work."



From the Desk of Jackie Gonzalez

Dear Nursing Team:

2010 is starting off as a remarkable year of outreach and excellence at MCH. As we celebrate our 60th anniversary, I am filled with tremendous respect and pride for the nursing teams that have helped this hospital evolve into one of the nation's best over the course of only six decades, and for today's nurses who continue to meet and exceed the expectations of the families we serve.

It is fitting that in this milestone year we honor the nursing teams upon whose commitment we so proudly build. I am pleased to remind staff that we have published an extensive history of the nursing program at MCH, titled "Great Hearts Great Minds and a Love for Children." The book includes detailed narrative and dozens of photos related to our nursing forebears here, and also captures very recent events and accomplishments. The book details our history from 1950 to 2008, so many familiar projects and images grace its pages. Copies are available for purchase in the gift shop.

An important new chapter in our history was written in 2010, with the deployment of MCH nurses to serve in the pediatric medical tent in Haiti. Dozens of our nurses, EMTs, paramedics and OR technicians have joined with members of our medical staff to serve children injured following the January earthquake. I have been overwhelmed and humbled by the commitment of our nurses as team after team deployed to serve in the most challenging of conditions. All who have served have been touched by the resiliency of the Haitian people and by the bond that has formed among teams who have worked together in such an intensely demanding setting. Thank you to those who have worked so diligently in caring for the children who arrived at MCH, having suffered tremendous losses and having been uprooted from their families and their country. Your commitment, willingness to go above and beyond as well as your advocacy is much appreciated.

As we mark this milestone year together, I thank you one and all for all you do for Miami Children's, and for the children of today and tomorrow!

Sincerely,

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



Let's Talk Pain

By Cindy Garlesky, Pain Service

Is your patient receiving analgesics via a PCA Infusion Pump (PCA)? *If so, be sure you are accurately documenting the amount of medication and volume administered.*

Problem: potential for inaccurate documentation related to the delivery of alternate concentrations of opiates (other than 1 mg/ml) via the Smart PCA pump. Available concentrations include:

DILAUDID 100 mcg/ml (Prepared By PHARMACY)	10 - 30 kg
DILAUDID 300 mcg/ml (Prepared By PHARMACY)	30.1 - 70 kg
MEPERDINE 10 mg/ml (Prepared By PHARMACY) Ordered by Pain Service Only	40 kg +
MORPHINE 500 mcg/ml (Prepared By PHARMACY)	2.5 - 10 kg
MORPHINE 1 mg/ml (Pyxis PCA Vial 30 ml)	10.1 - 70 kg
MORPHINE 10 mg/ml (Prepared By PHARMACY)	PALLIATIVE

Solution: Cheryl Topps, Nursing Informatics Specialist, was instrumental in solving this issue within the limits of our current electronic documentation system (EMTEK). Please refer to guide below.

NOTE: The PCA Infusion Pump orders reflect patient weight, allergies, medication, dosages/weight, and treatments for opiate side effects. Concentration is identified by the pharmacy upon evaluation of the child's weight. Each PCA Infusion Pump has a laminated card attached which includes the various concentrations available per patient weight.

Still need help or additional clarification? Contact your unit Clinical Specialist or Educator or me at ext. 4262 or cindy.garlesky@mch.com.

In EMTEK go to vital sign screen

PCA Infusion Pump Documentation Guide (This is for both PCA and NCA)

1. Modify form
2. Add PCA medication as appropriate to order/concentration.
 - This will automatically add a line on the I & O page for volume documentation
 - Sign to complete modification.
3. On the vital sign page, the hourly cell will take two numbers

#
#

Reading from the pump during each hour (you add this). This indicates amount of medication administered during the hour.

Indicates volume administered during the hour (EMTEK will calculate this amount). **YOU** will need to enter this amount in the appropriate hour I & O cell.

EXAMPLE

Vital Sign Page	1700	1800	1900	2000
Dilaudid 300 mcg/ml	60	120	90	150
Vol to be entered on I & O	0.2	0.4	0.3 (pump reading 2330)	0.5

I & O Page	1700	1800	1900	2000
Dilaudid 300 mcg./ml	0.2	0.4	0.3 verified JQ, BM	0.5

TIP: On your worksheet write down the hourly pump reading. Subtract the previous hour from the current hour and that will be the number to document for the hour. This indicates the dosage of medication received during the hour.

4. At Handoff, document initials of second witness within the hourly cell verifying accuracy of PCA medication and settings with orders.



Psychiatry Unit News Alert

Collaborative Problem Solving (CPS)

“Children Do Well If They Can”

By Nova Franklin-Bremmer, RN

In an effort to raise our standards of care and achieve the best goals for our patients and their families, we have implemented the Collaborative Problem Solving technique in the Psychiatry Unit. The philosophy of CPS is that “Children Do Well if They Can.” According to Ross W. Greene, PhD, our children who have explosive behavioral challenges are not manipulative, attention-seeking, limit-testing, and/or unmotivated, but are in fact disabled in the areas of lagging cognitive skills. He compares the explosive child’s “ability or disability” to that of a child who is dyslexic. The dyslexic child is not lazy and is not unmotivated but, lacks certain brain functions that make learning how to read in the traditional manner very difficult. Our explosive children are also disabled and have “lagging skills” in the areas of language, emotional regulation, cognitive flexibility, and social and executive functioning skills. According to Dr. Greene, “kids do well if they can,” and if they cannot, it is up to adults to teach them how.

Our psychiatry staff is learning the A B C plans and to pinpoint the skills that are lagging and thus, helping the kids to solve problems collaboratively rather than explosively. In facilities which this approach is being utilized, the intensity of explosive noncompliant behaviors have been reduced, as well as the need for seclusion and chemical restraint. Presently, at MCH, we are in the process of starting a research project to verify the outcomes of CPS.

- Plan A: “Adult Imposing His Will”(“old school, my way or the highway”)
- Plan B: “Collaboration between the Adult and the Child.”
- Plan C: Giving in to the Child.

N U R S I N G N E W S

CERTIFICATIONS

Cheryl Minick is now an ARNP
Eric Babineaux is now an ARNP

Passed CCRN exam:
Donna Kilheeny, RN

NEW HIRES

Welcome to our new Emergency Department nurses:

Nicolabo “Nicky” Nicolabo, RN
Veronique Lubin, LPN
Aileen Perez, RN
Bismark Cuadra-Roque, RN
Marie-Louise “MaLou” Riccilli, RN
Betty Viaud, RN
Carmen Lopez, RN
David Prieto, LPN
Rosenique Duverna, RN
Sara Mesi, RN
Ingrid Hernandez, RN
Karl Lanton, LPN
Idania Leon, LPN
John Lloyd
Miriam Ruiz, LPN

Welcome to our new 3South staff:

Anamaria Jauregui
Kristyn Jones
Mallory Mendez
Laura Rodriguez
Iris Marquez

Welcome to new Staff members in 3East:

Monica Cameron, Care Assistant (Day shift)
Alicia Moreira, RN (Night shift)
Natalia Zorrilla, RN (Night shift)
Carmen Duque, MSN, ARNP – Clinical Specialist
Cynthia Ruiz
Alejandro Perez
Jovana Saunders
Elizabeth Alboniga



DAISY Award Celebration

The following are recent DAISY award winners. Congratulations to these nurses for making a difference in the lives of the patients they serve.

November: **Emergency Department**

December: **Clarisa Avalos, MSN, ARNP, BMT**

January: **Melinda Duran, RN, PICU**

February: **Rosanne Wills, BSN, RN, 3NE**





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Did You Know?

Charting Update

Submitted by Deborah Salani
Pediatric Early Warning Score (PEWS)

PEWS - Pediatric Early Warning Score should be documented every 4 hours at the time of assessment. Incorporating the PEWS score may help identify early deterioration in order to promptly treat or transfer the patient to a higher level of care.

Please be sure to place the colored PEWS magnet (yellow or orange only) next to the child's name on the assignment board as a reminder that frequent assessments are necessary. Children with yellow or orange PEWS scores should be placed in rooms close to the nurse's station for closer observation and monitoring.

In an effort to improve communication between the nursing and medical staff, please be sure to communicate to the attending physician if he or she is on the unit before calling the Rapid Response Team (RRT).

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 by Aimée Richardson RN, CPN, MCH/CMS Primary Care Project Administrator, CMS/MCH Campus.

AIMÉE'S COCA-COLA CHICKEN WINGS

Ingredients:

Family pack of chicken wings

2 cans of Coca-Cola

1/2 bottle of Worcestershire sauce

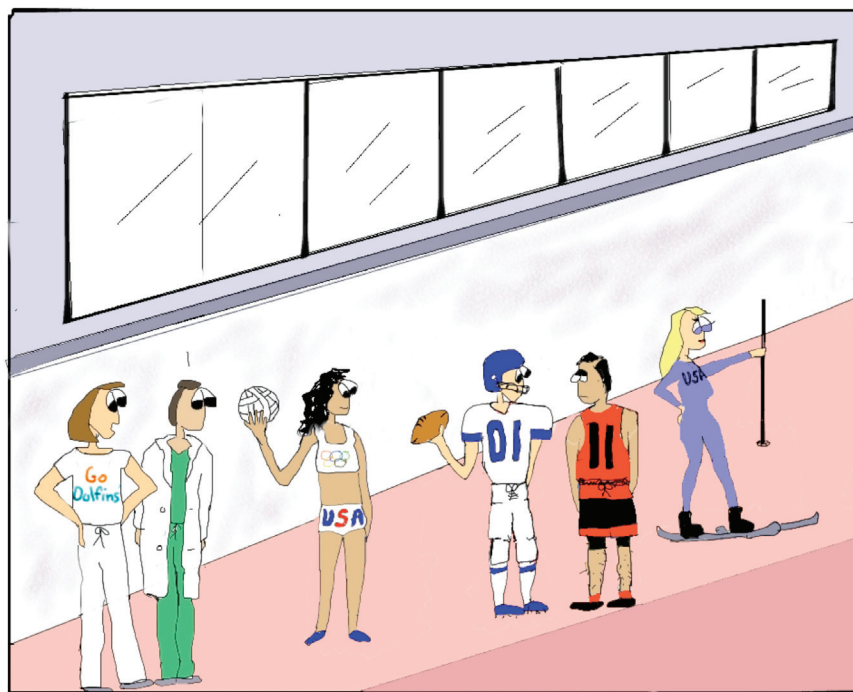
Salt and pepper to taste.

(Above ingredients can be modified to taste.)

Directions:

- Mix all above ingredients together and cover with tinfoil. Let marinate for at least 1 hour (can prepare night before; place in refrigerator).
- Bake at 350 degrees in a deep dish, oven-safe pan, covered with foil for at least 1 hour to 1 1/2 hours until chicken wings are cooked. Turn chicken wings at least 2- 3 times during bake time.
- Serve warm. Tastes great served cold the next day, too!

Enjoy!!!!



"Well, we probably should have laid some ground rules before announcing 'wear your favorite team jersey to work' day..."

Joy Ortiz
2010

Reminder Box

Did you know that you are not permitted to arrive late to an MCH education class? Please allow plenty of extra time to make it to your scheduled class, particularly during high volume traffic hours.

Don't forget to
**CHECK THE MCH
PORTAL** for updated
policy information.

Don't be caught
unprepared!