ED Day

June 1, 2016

Unit Minutes

Introduction — Brooke

Clinical Ladder — Lisa, Jerilyn, and Holly

Holly and Jerilyn passed out packets regarding the Career Ladder. It is stated that if the nurses participate in this Career Ladder their wages would increase upon completion. It was explained that the nurses would have to earn points to complete the course. To earn points they would have to volunteer, present presentations, and participate in other goal reaching activities.

Gastroparesis — Sheila

At the national conference in Seattle, conference in Settle Sheila went to see Patricia who talked about Gastropareses. She was introduced to the signs and symptoms of Gastropareses. Treatment options and what medications maybe used to decrease the gastric symptoms were discussed. Some of the symptoms include nausea, vomiting, and abdominal pain, feelings of fullness and weight loss. Some of the treatment options were to avoid soda, alcohol, and smoking. Also walking 15 minutes after eating was recommended. The diet should consist of be small portions and eat anything that you can smash with a fork.

Adult Eosinophilic Esophagitis — Kim

Kim also attended the conference in Settle and listened to Kim Keerns from Illinois on the topic of Adult Eosinophilic Esophagitis (EOE). Males in their late 30's are affected more than woman. Since we have figured out how to diagnose EOE, diagnosis has increased to 80%. Symptoms, tests, and treatments were also discussed. A study was done regarding the safety of esophageal dilation in patients with EOE. It was found to be safe..

First Impressions — Mel, Bonnie, Theresa and Carrie

Always smile!! Acknowledge the patient, never forget to say Thank you. This does not always start at the front desk but also on the phone call from a patient that is trying to schedule an appointment. Bonnie, Carrie and Theresa did a presentation on how to greet a patient entering the office. A smile goes along way.

Review Guidelines for Colonoscopy Surveillance after Screening and Polypectomy — Barb

Barb introduced the key quality indicators when a patient should be put on a 10 year, 5-10 year or 3 year list after finding the average risk baseline. For a 10mm or smaller polyp or no polyp the patient will be put on a list for 10 years for the next colonoscopy.

A patient with a Low Risk Adenomas or 1-2 Tubular Adenomas less than 10 mm will be put on a 5-10 year list to return.

A patient with a High Risk Adenomas or great then 10mm or with 3 or more Adenomas will be put on 3 year list.

With these guidelines we will try to catch any interval cancers that may develop. If interval cancer does develop it usually happens within 3- 5 years of a colonoscopy. Any adenomas incompletely removed can also result in interval cancer.

If a patient comes in with a poor prep the colonoscopy needs to be repeated in a year. Optimal prep allows detection of lesions less than 5 mm and smaller. These patients need to be seen for a follow up in 5 years.

The SGNA Boards Test — Barb

Congratulations to Kim, Julie, Sheila, and Mindy for passing the test and becoming certified.

FOBT between Colon — Barb

An Interval Fecal testing should not be performed with in last 5 years of a colonoscopy. If tested, the result would likely be false. When to stop screening for colon cancer? Not after the age of 85. Between ages 75-85 is recommended if the benefits out weights the risk.

Infection Control — Holly

Nothing has changed. Competencies will be in July with Mindy from Olympus. Keep doing the great job everyone is doing with the scopes.

Closing/Dismissed — Brooke