THE TORCH

**The Official Newsletter from the Virginia Nursing Students Association**

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**Our Mission:**

**Our Mission:** to advance professional nursing practice through student mentorship, community service and scholarship.

Our meetings are open to all VNSA members, so come see what it’s like to be on the VNSA board. If you would like to attend a meeting, please feel free to contact anyone on our board of directors for finalized dates, times, and location. Once you see firsthand how great being a board member would be, come to our annual VNSA convention and run for a position!

**The Nurse’s Role around the Anesthesia Experience and Post-Anesthesia Acute Delirium in the Geriatric Population**

Article by Crysta Guynn, Senior Nursing Student at Radford University School of Nursing



The nursing profession allows for career opportunities in many different fields, including experiences around the operating room. As nurses, we are able to provide care for patients prior to an operation and anesthesia experience, during the procedure and following the procedure. Any operating room experience requires some degree of anesthesia, which affects every patient differently. One of the most common and often misunderstood postoperative complications following anesthesia is delirium in the geriatric population and it requires prompt identification and treatment.

Delirium is a rapid, yet reversible change due to an underlying cause that occurs within days and is often confused or mistaken for dementia, thus making it imperative to know the correlating signs and symptoms of both delirium and dementia. In delirium, there are observable changes including disorientation, labile mood, hallucinations, decreased intellectual function, and hyperactivity or hypoactivity. Dementia is a chronic, slower paced change that occurs over a period of time. Signs and symptoms include short-term and long-term forgetfulness, mood changes, and inability to speak or understand when spoken to. However, the key distinction between delirium and dementia is the time of onset of changes in the patient. Prior to undergoing anesthesia, it can be anticipated a patient may experience delirium following anesthesia if they are of older age, dementia diagnosed, or carry comorbidities such as diabetes or hypertension. It is very important to recognize early, as proper treatment needs to be prepared and put in place as soon as the signs and symptoms are recognized.

 As a whole, the anesthesia experience involves a preoperative, intraoperative, and postoperative component. These stages involve at least two different types of nurses, a preoperative and postoperative nurse, and an operating room nurse. The preoperative nurse will get initial vital signs, obtain a clear and detailed history that will be very important for the nurse anesthetist or anesthesiologist to know, and most importantly, comfort the patient before their anesthesia experience. The intraoperative nurse, also known as an operating room nurse, will prep the patient as appropriate for their procedure and be the patient’s advocate while under sedation. The postoperative nurse will first obtain information on the procedure and all agents used for anesthesia and then, get the patient’s vital signs and monitor the patient for any complications. The role of each of these nurses is unique, yet very important to the patient’s outcome, safety, and advocacy at all times.

 As a preoperative nurse, the initial information obtained known as the baseline data is heavily relied upon throughout the patient’s operation experience. The patient’s baseline data is significant because it provides information on the stability of the patient and their ability to undergo surgery without complications. It is also important because it provides specific information about the patient’s lifestyle that aids the anesthesia provider in determining appropriate drugs and dosages to use on the patient. For example, in a patient who smokes cigarettes, the neuromuscular blocking agent Vecuronium is required in a higher dosage to achieve skeletal relaxation due to smoking’s effects on the liver (Sweeney & Grayling, 2009). The preoperative nurse will need to be a strategic questioner, as well as educator, as patients who participate in altered lifestyle habits may be embarrassed and not fully report their history. The nurse needs to educate the patient on the importance of eliciting all information about their lifestyle in order have the optimal anesthesia experience.

 The job of an operating room nurse begins and ends with sterile technique. The nurses in this room are typically identified either as a circulating nurse or scrub nurse; highly specialized nurses who pay close attention to detail. The circulating nurse is responsible for answering phone calls, retrieving additional items needed for the surgery by the physician or the anesthesia provider, and charting. The scrub nurse stands beside the operating physician and aids in the operation. Both nursing roles center their care around the patient’s safety and advocacy as they see fit. They may ensure the patient is appropriately positioned on the table, as unusual positions can result in impairments of skin integrity and significant post-operative pain.

 The postoperative nurse, also known as a PACU (post-anesthesia care unit) nurse, helps the patient with any post-operative complications and stabilizes the patient to be able to return home or be transferred to their appropriate inpatient unit. These nurses must be very detail-oriented. Frequent assessment of vital signs and body systems is essential, as early recognition of complications is key in having the best possible patient outcomes. Anesthesia and operating experiences make a patient very vulnerable, especially immediately following the event. The geriatric population is among the most vulnerable, as aging slows down the body systems and tolerance to stress is greatly reduced. Included in possible complications following anesthesia, particularly in the elderly is delirium. The signs and symptoms of delirium are often mistaken as a normal finding for the elderly by the general public. However, this is not at all normal. Identification of such is essential and requires treatment as soon as it is recognized.

Following anesthesia, nurses should first begin by knowing the patient’s baseline. A thorough assessment should follow, specifically in the first 48-72 hours. Specific assessments may include intake and output, vital signs, circulatory assessment, mental status examinations, and pain assessments. Precisely assessing these areas may aid the provider in ruling out other possible underlying causes so that appropriate treatment may begin promptly.

Medical professionals should always first assess that there are no other underlying problems associated with the delirium before they proceed with a plan of treatment specific to anesthesia as the cause. Other possible factors causing this delirium are blood pressure instability, dehydration, serum glucose instability, stress, infection, and more. Should the found cause be in fact, acute delirium related to anesthesia, it is best to treat first without the use of pharmacologic therapy (American Geriatrics Society [AGS], 2015). This could include behavior therapy, fluid and nutrition replacement, or early physical activity (AGS, 2015). If treatment without pharmacologic agents is ineffective, pharmacologic agents may be considered. Nursing interventions for these patients includes providing the patient a low stimulus environment, reorienting the patient, and activation of bed alarms to ensure patient safety. In addition, education for families is especially crucial, as they should be aware that quick onset changes are not normal and seeking medical treatment is necessary.

The duty of the nurse is that of many around the operating room and anesthesia experience. Nurses in this environment must pay close attention to detail and have thorough knowledge on postoperative complications. Accurately being able to identify the patient’s status as dementia or delirium is particularly important, as each have different causes and treatments. Anesthesia affects one’s body in various ways and nurses must know that their geriatric patient is of heightened vulnerability to complications related to these pharmacologic agents. Perioperatively, a nurse must know their role whether it be before, during or following the experience and appropriately consult and intervene as needed. By doing this, the healthcare team is able to provide high quality care to the patient, which then increases the chances of a positive outcome.

References

American Geriatrics Society. (2015). American geriatrics society abstracted clinical practice guideline for postoperative delirium in older adults. *Journal of the American Geriatrics Society*, *63*, 142-150. doi:10.1111/jgs.13281

Sweeney, B.P., & Grayling, M. (2009). Smoking and anaesthesia: the pharmacological implications. *Journal of the Association of Anaesthetists of Great Britain and Ireland*.*, 64,* 179-186. doi:10.1111/j.1365-2044.2008.05686.x

**THE TORCH Writing Contest:**

**Torch Writing Contest**

Share Your Stories with the VNSA Writing Contest!

The Virginia Nursing Students Association’s 65th annual conference will take place on Saturday February 10th , 2018 at James Madison University.
**This year’s theme is*“Where Will Your JouRNey Take You”.***
 VNSA wants to hear your experiences in preventing nursing burnout, and strategies that nursing students can use to help them through challenging times throughout their careers.

First place winner will be awarded $50 dollars, free registration to the VNSA 2018 Conference, and will be published in the 2017 VNSA Spring Torch Newsletter.
 Second place winner will also be published in the 2018 VNSA Spring Torch Newsletter.

Please limit submissions to 1,000 words and attach the following form to the submission. We encourage funny and serious essays! Please note that any articles that were written for previous class-related assignments may not be submitted. Winner will be contacted the last week of January.

**Please write an article on a topic of your choice relating to what started your jouRNey to nursing and submit it to****vnsaelections@gmail.com****by 11:59pm on January 27th, 2018.**

**\*\*Please see the LAST page for Application instructions\*\***

**UPDATES:**

Guidelines for VNSA Awards



**GUIDELINES FOR VNSA AWARDS**

**2018 Update: All applications and nominations (with the exception of the scrapbook and MAC book MUST be submitted to** **vnsaelections@gmail.com** **by 11:59pm on January 27, 2018**

NURSING STUDENT OF THE YEAR

Nominee must be an active member of the VNSA. One faculty member and one student must fill out the nomination form. A total of two forms are required. Self-nomination is acceptable. VNSA/NSNA Board of Directors are ineligible.

MOST SUPPORTIVE FACULTY MEMBER

This award is given to the faculty member who has been nominated to be the most supportive of VNSA activities. Complete the application form and describe the manner in which the support has been given.

MOST ACTIVE CONSTITUENCY AWARD (MAC)

This award is given to the VNSA Chapter that has shown the greatest amount of activity during the past year. Written documentation must be submitted according the criteria. Awards will be given for first place and two runners up. MAC books must be submitted to the awards table by 10:00 am on the day of the Annual Convention.

MAC books must be organized in order of categories and must be pre- scored by NSA President or Faculty Advisor. **If MAC books are not pre- scored, they will be immediately disqualified.**

TORCH WRITING CONTEST

This award is given to a first and second place winner who have submitted a maximum 1,000-word article pertaining to the theme of the annual convention (see updated application for yearly themes). Articles may be serious, funny, creative, or poetic. Articles previously used for class-related assignments may not be used. First place will win $50, free admission to the annual convention, and will be published in the spring Torch Newsletter. Second place will also be published in the Torch.

MOST OUTSTANDING STATE COMMUNITY SERVICE PROJECT

This award is given to the chapter whose community service project demonstrated an appropriate community needs assessment, significant scope of the problem addressed, creativity and originality of the intervention and participation in the project by a respectable number of chapter members. Documentation may be through minutes, flyers, photos, etc. Awards will be given for first place and runner up.

SCRAPBOOK CONTEST AWARDS

Scrapbooks may include pictures and memorabilia. Outstanding covers will be recognized in the judging. Scrapbooks must be submitted to the awards table by 10:00 am on the day of the Annual Convention. Awards will be given for first place and runner up. Once scrapbooks have been deposited with the Board of Directors, they will not be for public viewing until the judging has been completed.

EXCELLENCE IN BREAKTHROUGH TO NURSING AWARD

Excellence in Break Through to Nursing Award to one chapter who strives for excellence in BTN on a national, state, and/or local level. The project will be judged on creativity, effectiveness (number or people reached), and quality. Chapters applying for this award should submit a paper (maximum one page) describing the project and application form. The chapter must also submit a flyer/pamphlet with brief overview and visual proof of the project.

EXCELLENCE IN NURSING INSTRUCTION AWARD

Each year the VNSA Board of Directors will select one Instructor or Professor who has received a nomination from a student (or students) attending a constituent institution of the VNSA, for recognition of Excellence in Nursing Instruction. Those nominated will have demonstrated excellence as a teacher, a mentor, and will have made a consistent and truly positive contribution to the future of nursing in the Commonwealth of Virginia. This award is presented during ceremonies at the Virginia Nursing Students’ Association Annual Convention.

GUIDELINES FOR VNSA SCHOLARSHIPS



GUIDELINES FOR VNSA SCHOLARSHIPS

2018 Update: All applications must be submitted to Kaytie Loving at vnsaelections@gmail.com by 11:59pm on January 10, 2018. Winners will be announced at VNSA Annual Conference on February 10, 2018.

For questions or concerns email vnsaelections@gmail.com.

SECOND DEGREE STUDENT SCHOLARSHIP

Applicator must be an active member of the VNSA. Earned at least a BA/BS previously. Entered or enrolling in a nursing program that leads to RN licensure. A total of four forms are required, one optional. VNSA/NSNA Board of Directors are ineligible.

SINGLE PARENT SCHOLARSHIP

Applicator must be an active member of the VNSA. Be a Single Parent. Entered or enrolling in a nursing program that leads to RN licensure. A total of five forms are required, one optional. VNSA/NSNA Board of Directors are ineligible.

TRADITIONAL NURSING STUDENT SCHOLARSHIP

Applicator must be an active member of the VNSA. Entered or enrolling in a nursing program that leads to RN licensure. Entered program as first degree. A total of four forms are required, one optional. VNSA/NSNA Board of Directors are ineligible.

VNSA POSITION UPDATES

**PRESIDENT:** Presides over all meetings; appoints committees; cosigns checks with Treasurer; represents VNSA in matters relating to association.

**FIRST VICE PRESIDENT:** Assumes the duties of President in the absence/vacancy of the President; responsible for the planning of the Annual Convention.

**SECOND VICE PRESIDENT:** Reviews and gives recommendations for the Bylaws; serves as a resource person in the parliamentary procedures; assumes the position of the First Vice President when there is a vacancy

**SECRETARY:** Keeps files and records all minutes; keeps register for roll call of all official delegates; conducts general correspondence for the VNSA as requested.

**TREASURER:** Acts as custodian of VNSA funds; keeps accurate files and gives reports at the Board Meetings.

**BREAKTHROUGH TO NURSING DIRECTOR:** Coordinates activities for general recruitment to the nursing profession, particularly of minority group; advises constituent associations of recruitment affairs and programs.

**DIRECTOR-AT-LARGE:** Assists the 1st Vice President in planning of the Annual Convention; assists the Torch editor.

**TORCH EDITOR:** Responsible for writing, editing, publishing, and distributing the official publication of VNSA, The

Torch

**NOMINATIONS AND ELECTIONS COMMITTEE DIRECTOR:** Responsible for organizing and running elections at the VNSA Annual State Convention, acts as custodian of VNSA funds; keeps accurate files and gives reports at the Board Meetings.

**PUBLIC RELATIONS DIRECTOR:** Responsible for updating and maintaining content of the VNSA website.

**HISTORIAN:** Collaborate with the Public Relations Director and The Torch of the Union Editor pertaining VNSA publications, makes a yearly scrapbook, which will be available for view at the Spring Convention.

**POLICY INITIATIVES DIRECTOR:** Keeps VNSA members updated on healthcare policy initiatives and their impact on the sate of Virginia and nationwide.

**Applications for office due to:**

vnsaelections@gmail.com by 11:59pm on January 27th, 2018 in order to be pre-slated to run for the Board of Directors at the House of Delegates Meeting at the Annual VNSA Convention on February 10th, 2018 at James Madison University.

**SAVE THE DATES:**

VNSA 66th ANNUAL STATE CONVENTION:

“Where Will Your *JouRNey* Lead You?”

When: February 10, 2018

Where: James Madison University – Health and Behavorial Studies Building

The 66th Annual State Convention: More details about the convention, including parking and a convention schedule, are available under the "VNSA Events" tab.

Contact Jada Jordan at vnsapresident@gmail.com with any specific questions or concerns.

**Students and Faculty:
Online registration for convention is OPEN**

[**https://www.regonline.com/builder/site/?eventid=2089008**](https://www.regonline.com/builder/site/?eventid=2089008)

 **Exhibitors
Please contact Rachel Civale at** **vnsasecretary@gmail.com****.

 Questions?**
**Contact our Advisor, Sandra Annan, at 540-568-8944 or our President, Jada Jordan, at** **vnsapresident@gmail.com**

**Social Media - #VNSA18**
**Get connected with VNSA during Convention this year by using "#VNSA18" on Facebook (VNSA - Nursing Students' Association), Twitter (@vnsapr), and Instagram (@vnsapr)! We want to see all your posts and pictures!**

**CONNECT:**

***With and Learn More about VNSA!***

VNSA Official Website- <http://www.vnsa.us>

VNSA Facebook- VNSA Nursing Students’ Association

Twitter- @vnsapr

Instagram- @vnsapr





**Torch Writing Contest Submission Form**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Self-Bio: (please include a short bio 2-6 sentences about yourself including your year in school and your future goals for nursing)**

**I pledge that my attached submission is my own work, was not previously used as a class assignment, and I give permission for my writing to be published in the 2018 Spring Torch Newsletter.**

**Signature:**

**Date:**