

## President's Voice by Josie Kik



Dear MENA members,

*If we celebrate the small victories, eventually the mountains will be conquered.*

I am still reeling from the irony that this is the “year of the nurse” as well as it being ENA’s 50 th anniversary. We certainly have earned it this year and it deserves a proper celebration in due time.

Yet, we are realizing our immortality. Our idealized superhero image becomes harder to maintain as our threshold wears thin. More than ever, we are feeling the heaviness of it *all*. We are the gateway to communities. Because we are facilitators and healers, we cannot even escape it beyond the infrastructure of the hospital because we are still decompressing while nurturing our loved ones through these times. Many of you volunteer outside the hospital to hold communities up. Thank you immensely for all you do.

**This is heavy stuff.**

If you are like me, you are hopeful for 2021. You might think “Maybe, if we just get to 2021, then it will have a fresh slate.” Maybe.

The truth is these next few months are a wild card. We have no idea what it will bring. It is unsettling to me as are now in the midst of Round #2 (if you have not already heard) I worry WPV will intensify. I worry for the wellness of Emergency Nurses. Nurses are leaving, not for a better job but leaving altogether.

I do not know all your stories so I know I may not be able to offer the right words that are useful.

However, I can share what helps me through difficulty times. Through the years, I have learned to set attainable goals that bring small victories. This helps me keep going when I am exhausted and overwhelmed as I face a dark looming mountain. It grounds and stabilizes my hope.

Practicing gratitude helps. My medical trips to Bangladesh, Haiti, and Mexico have kept me going because I believe there is a higher calling to do what we can to create global equality from poverty, and hardship. All humans deserve a quality chance to this path of life. Understanding this and learning other walks of life beyond my own has cultivated a deep gratitude for me.

Listening to other people’s stories also inspires hope within me. It restores that humanity piece that can easily get tarnished by others that are so hurtful and insensitive.

We need hope. What inspires your hope?

As we move through these next few months, I would love to see our community of emergency nurses grow and bond tighter than it ever has. We need to support each other through these times of uncertainty.

We provide many opportunities to stay connected. We have a [MENA Instagram](#) and [Facebook](#) account. I have an [informal FB page “Michigan Emergency Nurses”](#) you can join as well. There is a [MENA website](#) you can reference. You can also call or email me any time.

We have had small victories and we celebrate them!

This newsletter will reflect some of those victories. Let us celebrate them and look to 2021 with hope! I am excited for some of the ideas that we have for our future. Your engagement and your contributions will fuel that fire and keep it alive!

Our plan for 2021 is to have more opportunities to come together via virtually!!

We will be preparing for 2021 by holding a virtual **Town Hall on December 8<sup>th</sup>, 2020 6pm**. We want to hear from you! We are counting on your input to help us to prioritize our 2021 MENA! The link will be sent out separately, as well as you can find it on the various media sites previously mentioned.

Thank you for holding strong during these challenging times!

Sincerely,  
Josephina (Josie) K Kik BSN RN CPEN  
MENA State Council President  
[menapresident1@gmail.com](mailto:menapresident1@gmail.com)  
(616) 446 - 7689

### **Emergency Nursing Awards**

Each year the Michigan Emergency Nurses Association (MENA) awards Michigan emergency nurses across the state for their Excellence, Leadership, and Achievements in the field of emergency nursing. These awards are based on nominations and recommendations by the award winners' peers, coworkers, supervisors, and in many cases, the nurses that directly report to them, showing not only their strength in nursing, but in their leadership as well.

Typically, the awards ceremony is celebrated at the annual emergency nursing convention in May with hundreds in attendance, but it was obviously cancelled in 2020 like so many of our events and celebrations.

This year, as COVID ravaged many of our Michigan hospitals, MENA thought it was more important than ever to recognize the hard work, dedication, and strength of our emergency nurses. After an especially difficult year MENA leadership made the decision to surprise award winners at their workplaces, with socially distanced coworkers present as much as possible of course 😊

Appropriately, these awards (for the most part) were delivered during Emergency Nurses Week



Laura White, RN, CEN, CPEN, TCRN, EMT-P  
- Kalkaska Memorial Health Center  
Excellence in Emergency Nursing Award  
Winner



Alita C. Pitogo, RN, BSN, CEN, TCRN –  
Detroit Receiving Hospital  
Excellence in Emergency Nursing Award  
Winner



Leigh Grzywacz  
MHA, BSN, RN, CEN - Beaumont Troy  
Nurse Manager Award Winner (right)

Naomi Ishioka, MSN, RN, CEN, NHDP-BC –  
Beaumont Troy  
Excellence in Emergency Nursing Award  
Winner (left)



Jac Getzinger, MSN, RN, TCRN - Beaumont  
Royal Oak  
Nurse Leader Award Winner

## 2020 General Assembly ENA Bylaw & Resolution Update

This year General Assembly has been a new experience with everyone. This was supposed to be held in Las Vegas, but due to the COVID 19 Pandemic, we had to come up with an alternative approach. This was the first time going “virtual”. This General Assembly was held on September 8<sup>th</sup>, 2020 8:00 AM central standard time and concluded at 4:30 PM. This is usually a one and half day in-person process and was completed in eight hours. Our Michigan ENA Delegates attended the on-line session where there were over 700 delegates national and international. There was only one bylaw amendment and seven resolutions. According to Merriam-Webster definition a bylaw is: “a rule adopted by an organization chiefly for the government of its members and the regulation of its affairs”. Usually this is a contentious and grueling process to process change. But this year was easy and benign. The majority of our Michigan ENA Delegates met in Grand Rapids at the Embassy Suite Hotel using the LUMI and Zoom platform.

There were seven resolutions and according to Merriam-Webster definition it is: “a formal expression of opinion will, or intent voted by an official body or assembled group”. The resolutions were; GA20-02: Hemorrhage Control Education in Schools, GA20-03: Request for Emergency Nurses Association Organization to Facilitate Collaboration with the Occupational Therapist Organization(s), GA20-04: Patient Screening in the Emergency Department, GA20-05: Recognition of Emergency Clinical Assistant/Technician, GA20-06: Preparing Nurses for Care in the Prehospital Emergency (EMS) Setting, GA20-07: Increasing Community Engagement through Collaboration and Recognition, GA20-08: Advocating for Standardized Safety and Well Being of ER Nurses.

One resolution to dive into was “Hemorrhage Education in Schools”. A brief SBAR is below.

### **ENA Resolution GA 20-02 entitled; “Hemorrhage Education in Schools”.**

**S:** Emergency Nurses believe and feel they can be supported by the Emergency Nurses Association (ENA) by creating a **resolution** to advocate and educate school aged children regarding hemorrhage control. ENA created a position statement regarding hemorrhage control. Within this resolution mentions a national platform to mitigate active shooter or mass casualty scenarios with the goal of increased survivability.

**B:** The authors, Brannon Gillies, Chenoa Hanson, and Donelle Brasseal, highlight several (10) articles. Several citations were from the American College of Surgeons. In the past there was limited education in this area. However, with the advent of “Stop the Bleed”, thousands of people have been educated how to manage bleeding control in a variety of manners and techniques. The authors draw parallel to previous public safety and CPR training. Because of mass education towards cardiac arrest and utilization of AEDs, active shooter and penetrating trauma has risen and may be addressed with education and basic supplies. Thus, having improved outcomes of trauma.

**A:** The germination was originally from Resolution GA 19-05, “All Nurses Should be Permitted and Encouraged to Learn and Provide Hemorrhage” which was approved by the General Assembly in 2019 in Austin, Texas. This resolution was written by three authors (3) and endorsed by and 12 ENA member supporters. The author references ENA bylaws, mission, values and several articles and recent, relative history of mass casualty and active shooter incidents related to school settings. The authors would like to draw attention as a healthcare leader and organization to “evaluate for resource planning in alignment with ENA’s strategic plan and operational goals.

**R:** By supporting this resolution, ENA would have the ability to place a nominal \$10,000 of funding to develop and create a potential educational product to manage hemorrhage education in schools and potentially partner with other healthcare organizations.

In the past, we have had Michigan ENA members create and draft Resolutions. We would encourage any member to create and draft a Resolution for ENA. Feel free to reach out and support our General Assembly process. One way to get involved is at your local chapter and state council.

Mark Goldstein, MSN, RN, EMT-P I/C

2020 Michigan ENA Delegate, East Michigan Chapter Member





## Membership Updates—Stephanie Wilson, MENA Membership Chair



I was unsure how the added physical, emotional, and financial pressures of COVID-19 would affect our 2020 Emergency Nursing Membership Drive, however, I am thrilled to share that we still had (56) nurses take advantage of the discounted membership during the month of October! Of those individuals, (29) nurses renewed their active ENA membership and (27) joined as new or lapsed members! I certainly did not expect nearly 50% of the registration forms received to be from new members given our current state of emergency!! That just goes to show how amazing and committed the emergency nurses are in the state of Michigan!!! Thank you to everyone who participated and/or encouraged those new members to join!! Your efforts helped to keep our MENA membership nearly 1200 members strong!

I would like to give special recognition to:

- **Anita Glaser** at Ascension Macomb for recruiting the most new members.
- The **East Michigan** and **West Michigan Chapters** for raffling a free membership to their chapter meeting attendees. The winning members were Daniel Waderlow and Angela Hufnagel respectively.
- And **Henry Ford West Bloomfield**, as they had the most members join/renew with the assistance of Gail VanStanton.

Registration forms and payment will be sent to ENA in the next week or so. Thank you to everyone who helped to make this Membership Drive a huge success!

Finally, I would like to thank the many Michigan ENA (MENA) members, as well as the “too many to count” state and national leaders that have made my role as your MENA Membership Chair so worthwhile and enjoyable over the past 8 years. It was truly an honor to have served in this volunteer position and to have been afforded the many opportunities to represent and speak on behalf of the amazing ED RN’s across Michigan at state and national events. Due to added responsibilities in my Nursing Director position, however, it is time to turn over the MENA reins. I am very pleased to announce that Gail VanStanton with the East Michigan Chapter will assume the Membership Chair position later this month. I had

the great privilege of working with Gail for many years in one the busiest Emergency Centers in the nation during the 1990’s/early 2000’s, and more recently as an engaged emergency nurse at the state level, so I am confident she will be a knowledgeable and motivated successor! I trust she will bring a new spirit and fresh ideas to continue to help move MENA forward in our “new” world. Please help me in welcoming Gail to this position!

This is Stephanie Wilson signing off!



Michigan ENA Members,

Fall is now well upon us, and winter will soon be knocking on our door. Many of us we have been navigating new territory in our personal lives, as our children headed back to school. Many of us are getting used to new application of technology as our children have started their educational journey in virtual learning. Parents also have been taking on extra responsibility beyond what is expected at work to ensure our children succeed in their academic journey. To all of you parents, congratulations for keeping your family moving in the right direction.

During this pandemic advocacy may necessarily be a little different when interacting with your legislators. Coffee hours have ranged from Zoom meetings or limited socially distanced meetings in person.

If you would like to know if your legislator is holding coffee hours, their social media pages are often the best place to look. I have found their social media pages to be more accurate with the most information on upcoming coffee hours or another method to reach them in lieu of coffee hours.

The Legislature will be in lame duck session after the election until adjourning for the year. It is unclear at this point what bills will be passed during lame duck. There is the possibility of a lot of action, very little action, and anything in between. Stay tuned for any emergent updates.

This is also a great time to reach out to your legislature to get to know them better. This is especially true for those newly elected legislators that are just getting to know their constituents and districts. Establishing yourself as a healthcare expert now can position you well to speak for emergency nursing this upcoming legislative session. Get out there and use your voice!

The WPV bills in the House and Senate have not had any movement or attention since my last update. Senator Horn, 32<sup>nd</sup> District (Frankenmuth), introduced SB 80, in 2019. SB 80, had bipartisan support but failed to make it out of the Judiciary and Public Safety Committee. Representative Vaupel, 47<sup>th</sup> District (Fowlerville), introduced HB 4327. The bill failed to make it out of the Judiciary Committee. Only one hearing was held. Representative Vaupel is term limited out of House at the end of this year. We thank him for the support throughout the years.

If the bills are not passed by the end of the year, we will unfortunately need to start over again in 2021. In 2021, we would need to find a Legislator to introduce a new workplace violence bill for the session.

As a member of ENA you each have the opportunity to become a grassroots advocate on federal concerns. I have received valuable information from their emails. During important legislation you may receive an action alert. The action alert is simple and quick to send your feedback to your Legislature, let your voice be heard in Washington. From the ENA website:

“A grassroots advocate is someone who supports or promotes the interests of a proposal, cause, or group at the basic or fundamental level. ENA's grassroots advocates are members, friends, family, and anyone who supports emergency nursing. We rely on supporters to be actively engaged as grassroots advocates to effect change at the local, state, and national levels (ENA website, 2020). We established the EN411 Action Network to strengthen the voice of emergency nurses in the legislative and regulatory process. Members of the EN411 Action Network are the first to hear about important opportunities to engage with policymakers through ENA's Action Alerts. They also receive a monthly newsletter highlighting news, issues, and legislation impacting emergency nursing. Join the thousands of emergency nurses who are already standing up and speaking out! <https://www.ena.org/government-relations#advocate>

As COVID continues to be our focus, when needs are identified in your practice, or for your patients, reach out to your elected representatives to share these stories. Please share your experiences or write with questions to [menagovernmentaffairs@gmail.com](mailto:menagovernmentaffairs@gmail.com).

Brandi Uren- Government Affairs Chair

## Tips, Tricks, and Fun Facts About Burn Care

Rebecca VanStanton, MSN, RN, CEN, CPEN, TCRN

### The Basics



**LR** is the fluid of choice for burn patients

First degree burns are **NOT** included in the TBSA calculation

Adult fluid replacement guidelines for flame, chemical, or scald burns =

**2mL X kg X TBSA** and is titrated based on urine output. Half is given over the first 8 hours from the time of injury, the other half over the next 16 hours.

Urine output should be 0.5mL/kg/hour for adults and children >30kg

Pediatric (children less than 14yo or 40kg) fluid replacement guidelines = **3mL X kg X TBSA** (administered the same as it is for adults, above).

Urine output should be 1mL/kg/hour for children ≤30kg

### Antidotes, Treatments, and Chemicals NOT Treated with Immediate Water Irrigation

- **Cyanide** - Hydroxocobalamin infusion, starting dose of 5g, administered by IV infusion over 15 minutes. A second dose of 5g may be administered by IV infusion up to a total dose of 10 g. The rate of infusion for a potential second dose may range from 15 minutes to 2 hours, as clinically indicated.
- **Hydrofluoric Acid** - Calcium Gluconate topical, intradermal, intravenous, or intraarterial. To create a topical treatment, mix one ampule of calcium gluconate and 100gm of water soluble lubricating jelly and apply to the affected area.
- **Dry Lime/ Quicklime** (in cement powder) - Brush powder off. When combined with water the mixture will create a strong alkali and burn the skin.
- **Elemental Metals** (sodium, potassium, magnesium, phosphorous, lithium, cesium, titanium tetrachloride - All fragments should be carefully removed with dry forceps and placed in a nonaqueous solution (eg, mineral oil). Once this is done, the affected area should be covered with mineral oil (or a comparable nonaqueous solution) to prevent further exposure to air and moisture. The mineral oil may be wiped off and reapplied to ensure that any remaining metal fragments are removed. Surgical debridement may be necessary if fragments are embedded in the skin.
- **Phenol** - Removal requires it be wiped off the skin by sponges soaked in 50 percent polyethylene glycol (PEG). Decontamination may be started with large amounts of water until PEG is obtained. It is important to use copious amounts of water because dilute solutions of phenol are more rapidly absorbed through the skin.



Hydrofluoric acid burn treated with local injection of calcium gluconate

Image from: <http://www.emdocs.net/hydrofluoric-acid-burn-keeps-burning/>

### Methods of TBSA Calculation

There are three primary methods for the calculation of total body surface area or TBSA. Rule of Nines, Lund & Browder, and the Palmar method are all useful tools in calculating TBSA. Burn Centers primarily use the Lund & Browder for its accuracy, but all can be effective and helpful

when used appropriately.

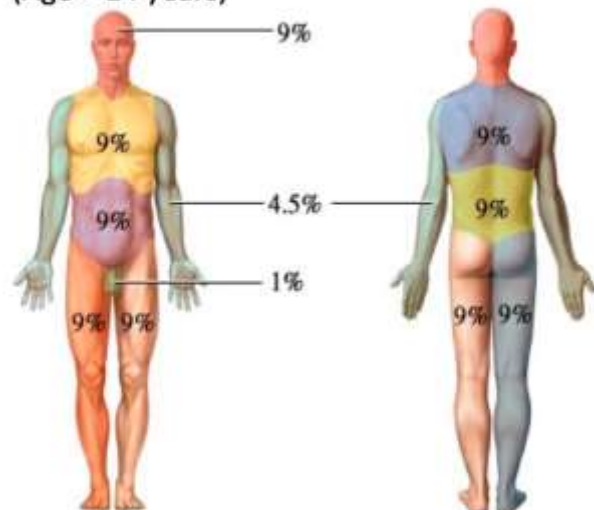
### Rule of Nines

Utilize the below body diagrams, based on age, to estimate TBSA.



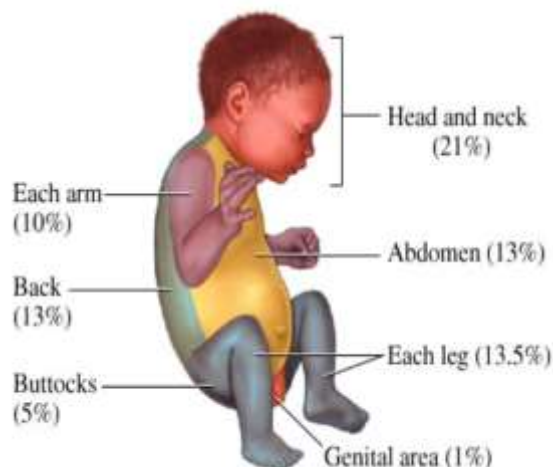
## Rule of Nines for Adults

(Age > 14 years)



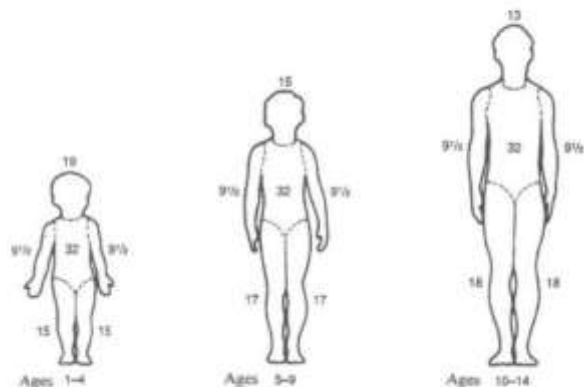
## Rule of Nines for Infants

(Age < 1 year)



## Rule of Nines for Children

(Age 1-14 years)



Images from: <https://www.health.state.mn.us/communities/ep/surge/burn/tbsa.pdf>

### Lund & Browder

Utilize the grid using body area to estimate the TBSA. Notice the arms and legs are broken down more specifically into separate areas (upper arm, lower arm, hand, thigh, leg, foot) and certain body areas change depending on age (head, thigh, leg).

Area	Birth 1 yr.	1-4 yrs.	5-9 yrs.	10-14 yrs.	15 yrs.	Adult
Head	19	17	13	11	9	7
Neck	2	2	2	2	2	2
Ant. Trunk	13	13	13	13	13	13
Post. Trunk	13	13	13	13	13	13
R. Buttock	2.5	2.5	2.5	2.5	2.5	2.5
L. Buttock	2.5	2.5	2.5	2.5	2.5	2.5
Genitalia	1	1	1	1	1	1
R.U. Arm	4	4	4	4	4	4
L.U. Arm	4	4	4	4	4	4
R.L. Arm	3	3	3	3	3	3
L.L. Arm	3	3	3	3	3	3
R. Hand	2.5	2.5	2.5	2.5	2.5	2.5
L. Hand	2.5	2.5	2.5	2.5	2.5	2.5
R. Thigh	5.5	6.5	8	8.5	9	9.5
L. Thigh	5.5	6.5	8	8.5	9	9.5
R. Leg	5	5	5.5	6	6.5	7
L. Leg	5	5	5.5	6	6.5	7
R. Foot	3.5	3.5	3.5	3.5	3.5	3.5
L. Foot	3.5	3.5	3.5	3.5	3.5	3.5

Image from: <https://resident360.nejm.org/rotation-prep/pediatric-critical-care/critical-burns/fast-facts>

### Palmar Method



Although called the “Palmar Method”, the entire hand, *including* the fingers is used to estimate 1% TBSA, whereas the palm itself more closely resembles 0.5% TBSA.

Image from: <https://journals.rcni.com/emergency-nurse/cpd/emergency-management-of-burns-part-2-en.2018.e1815/print/abs>

### Burn Center Referral Criteria (as recommended by the American Burn Association)

- Partial thickness burns greater than 10% TBSA
- Burns involving the face, hands, feet, genitalia, perineum, or major joints
- Third degree burns
- Electrical burns, including lightening injuries
- Chemical burns
- Inhalation injuries
- Burn injuries in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality
- Any patients with burns and concomitant trauma in which the burn injury poses the greatest risk of morbidity or mortality.
- Burned children in hospitals without qualified personnel or equipment for the care of children
- Burn injury in patients who will require special social, emotion, or rehabilitative intervention

### Mass Disaster

The State Burn Coordinating Center offers classes and resources that can be found at: [www.michiganburn.org](http://www.michiganburn.org), including,

- Michigan Burn Mass Casualty Incident Surge Plan
- Fluid Resuscitation Guidelines and Protocols
- Burn Assessment, Debridement, Sedation, and Pain Control Modules

Below is the Tiered Triage Table from the Michigan Burn Mass Casualty Plan,

AGE	% Total Body Surface Area Burn + 10 for Inhalation Injury									
	0 - 10	11 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 90	91 +
<2	Very High	Very High	Very High	High	Medium	Medium	Medium	Low	Low	Very Low
2 - 5	Survivable	Very High	Very High	High	High	High	Medium	Medium	Low	Low
5 - 19.9	Survivable	Very High	Very High	High	High	High	Medium	Medium	Low	Low
20 - 29.9	Survivable	Very High	Very High	High	High	Medium	Medium	Low	Low	Very Low
30 - 39.9	Survivable	Very High	Very High	High	Medium	Medium	Medium	Low	Very Low	Very Low
40 - 49.9	Survivable	Very High	Very High	Medium	Medium	Medium	Low	Very Low	Very Low	Expectant
50 - 59.9	Survivable	Very High	Very High	Medium	Medium	Low	Very Low	Very Low	Expectant	Expectant
60 - 69.9	Very High	Very High	Medium	Medium	Low	Very Low	Very Low	Expectant	Expectant	Expectant
70+	Very High	Medium	Medium	Low	Very Low	Expectant	Expectant	Expectant	Expectant	Expectant

#### Definitions:

**Survivable:** Survival and good outcome expected without requiring initial admission.

**Very High:** Survival with good outcome highly expected.

**High:** Survival and good outcome expected with limited/short term initial admission and resource allocation (LOS less than or equal to 14 days, 1-2 surgical procedures)

**Medium:** Survival and good outcome expected with aggressive care and comprehensive resource allocation, including initial admission (greater than/equal to 14 days), resuscitation, and multiple surgeries.

**Low:** Survival and good outcome low even with long-term, aggressive treatment and resource allocation.

**Very Low:** Survival and outcome poor even with unlimited resources.

**Expectant:** Survival less than 10% even with unlimited, aggressive treatment

Image from: [http://michiganburn.org/images/BMCI\\_Triage\\_Table.pdf](http://michiganburn.org/images/BMCI_Triage_Table.pdf)

The table above would be utilized during a burn mass casualty in the state of Michigan. The age of the patient, along with the TBSA would be used to consider the relative survivability of the burn injury sustained. A similar diagram, the Baux Score, is utilized to consider survivability of burn wounds outside of the mass disaster setting, but this diagram has been specially tailored to Michigan's specific plan.

#### References

American Burn Association. (2018). Advanced Burn Life Support Course.

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