



SUMMER 2025 TRIAGE NOTES

Please take a moment to look over our Summer 2025 Triage Notes with upcoming events and information.

Happy Summer to all our incredible ER nurses! 🌞

As the days grow longer and the sun shines brighter, we hope you find time to relax, recharge, and enjoy the season you so deeply deserve. Whether you're on shift caring for others or spending well-earned time off with family and loved ones, your strength, compassion, and dedication never go unnoticed. May this summer bring moments of joy, laughter, and peace. Remember to care for yourself—mind, body, and soul. Stay safe, stay cool, and soak in every sunshine-filled memory. Thank you for all you do, and have a wonderful, healthy summer!



Chelsea Meixner

2025 MENA State President

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UPCOMING DATES:

Aug 6th and 7th Stryker Mobile Experience

Aug 24th Member Appreciation Tigers Game and CE Event

Sept 6th State Meeting and Delegate Meeting (Hybrid) Crazy Vines Winery, Midland 0900-1300

Sept 16th and 17th General Assembly New Orleans

Sept 17th to Sept 20th EN 2025 New Orleans

Oct 5th to Oct 11th AWARDS distribution

Oct 15th MICHIGAN DAY ON THE HILL, Heritage Hall Lansing Michigan

Oct 21st Educational Dinner- sponsored event Grand Rapids

Nov 15th State Meeting and Budget Meeting (Hybrid) Southfield 0900-1300

As we continue to work our way around the State, we are super excited to announce our 2026 and 2027 Conference locations. Registration will open in the fall for the 2026 Conference.



2026 DETROIT

MOTOR CITY CASINO HOTEL

May 5th, 2026, CONFERENCE

May 6th, 2026, TCRN Review Course and more

L to R (Chelsea Meixner 2025 President, Anita Glaser 2026 Conference Chair, Gail VanStanton 2025 President Elect)



2027 MACKINAC ISLAND

MISSION POINT RESORT

MAY 4TH AND 5TH, 2027

L to R (Chelsea Meixner and Gail VanStanton)

More details to follow in the upcoming months!

Please take a moment to view some of the photos from our 2025 Conference:

<https://www.dropbox.com/scl/fo/maoed4ood8yn23722coe6/AHNRNR88NjjCd4tIWm4HbHE?rlkey=ytzrd1hndhzntl5to0swpks9h&e=1&st=w1c5wwph&dl=0>

https://www.dropbox.com/scl/fo/2tu6ywpbk9m3j70af0hdr/APYUTOG4OzHdVxjYn_XqAG4?rlkey=j3r67uq24kz05leb3n35vyfcl&e=1&st=vwnuchaz&dl=0



Thank you to our 194 Attendees and 47 Vendors who attended our 2025 Michigan ENA State Conference. We look forward to seeing you next year!

QSIP UPDATE:

Dear Michigan ENA Members,

We are pleased to share that the past few months have been highly productive for both the Quality, Safety, and Injury Prevention (QSIP) and Government Affairs committees. Our monthly meetings—held on the third Thursday of each month from 4:00 PM to 5:00 PM via Microsoft Teams—have sparked valuable conversations and led to exciting new initiatives. If you're interested in joining us, please contact Leigh Grzywacz at leigh.grzywacz@corewellhealth.org and alishamckay@outlook.com to be added to the meeting invite.

Our recent discussions have addressed a variety of critical topics, including human trafficking prevention, gun and fire safety, and awareness campaigns for conditions such as prostate and other cancers. We welcome your input and ideas for future monthly focus areas related to QSIP.

If you would like to contribute, please utilize our Signup Genius link. <https://www.signupgenius.com/go/10C0945ADA62EA2F4C25-57202709-qsip#/>

During last month's meeting, Cody provided an informative update on key legislative bills currently on the ENA's watch list, many of which directly impact safety in emergency departments. The session also highlighted meaningful ways members can become involved in advocacy efforts.

We're excited about the continued momentum of these committees and invite you to connect with fellow Michigan ENA members. These meetings are a great opportunity to share ideas, learn best practices, and stay engaged in the important work of improving emergency nursing across the state.

Warm regards,
Leigh and Alisha, MENA QSIP chairs

Government Affairs Update: Legislative Watch – June 2025

Your Government Affairs Committee continues to monitor key legislation that could significantly impact emergency nurses and the broader healthcare community in Michigan. Here are the most important bills we're currently tracking at the state level:



House Bill 4213 – Firearms in Hospitals

HB 4213 was recently introduced and would permit members of the public to carry firearms within hospital settings. This legislation is of major concern to the Michigan ENA, as it poses serious safety risks to patients, visitors, and healthcare professionals. We are tracking this bill very closely. If the bill is scheduled for a hearing in the House, we will be calling for volunteers to provide testimony in opposition. Your voices as frontline emergency nurses are powerful and necessary in this conversation.



Senate Bill 58 – Firearm Safety Education in High Schools

SB 58 proposes to make firearm safety education a mandatory component of the high school curriculum across Michigan. While this bill does not directly affect emergency departments, we are watching it to assess potential public safety and injury prevention implications. As advocates for safe communities, we're interested in understanding the long-term impact of this kind of education on gun-related injuries.



House Bills 4532 and 4535 – Protection for Healthcare Workers

These two bills would elevate the penalty for assaulting a healthcare worker to a **felony offense**. Michigan ENA strongly supports initiatives that protect emergency nurses and all healthcare professionals from workplace violence. We are tracking these bills very closely and are optimistic about their potential to improve safety in our hospitals and emergency departments.

We'll keep you updated as these bills move through the legislative process. If you're interested in advocacy or want to be more involved with our government affairs efforts, now is a great time to step up—especially with possible testimony opportunities on the horizon.

Thank you for being a strong voice for emergency nursing in Michigan.

— *Michigan ENA Government Affairs Committee*



MICHIGAN ENA SPONSORED
Member Appreciation AUGUST 24TH
CE EVENT AND TIGERS GAME

Location: Comerica Park Blue Moon Brewhouse 3rd Floor

Seats: Section 326

Check in: 12-1230pm

CE Presentation starts at 12:30pm

Game Time 1:40pm

Pediatric Pitfalls and Pearls

Presented by Sheila Meshinski



Members Sign Up Here: \$25 VENMO to @MICHIGANENA upon attendance- fee returned upon check in

Included for Nurses: 1 CE hour, 1 Game Ticket and Lunch

Family welcome to join- purchase their game tickets here:

(\$32.88 no lunch included) www.gofevo.com/event/Michiganena2

MENA 2025 AWARDS

Nominations Due by August 1st, 2025



<https://form.jotform.com/251046416558256>

Nominate a friend, coworker, manager, mentor, or mentee now!

Awards are presented during EN week Oct 5th- Oct 11th in the winner's department with food, celebrations, and prizes

All members are welcome to participate



Michigan ENA goes global

Michigan ENA recently assisted in supporting an international dissemination program bringing the 9th edition Trauma Nursing Core Course to Ghana. Two MENA members Rebecca Van Stanton, TNCC Faculty and Marie Awuah, TNCC Instructor and Ghanaian Native spent three weeks in Ghana training 21 TNCC students and created 11 instructors and 2 course directors





Join Rebecca at EN25 in New Orleans to hear all about it!

Speaking Details

Session Title: **Lessons learned: TNCC dissemination in Kumasi, Ghana**

Session Format: Fast Track

Date: **Thursday September 18, 2025**

Time: **4:30 PM - 5:00 PM (Local CST time)**

Primary Speaker: **Rebecca VanStanton, MSN, RN, CEN, CPEN, TCRN**

Attend an event on

Acute Care Mobile Experience



Save the date!

We invite you to join us on the Acute Care Mobile Lab. We're excited to offer hands-on experience with the latest technology designed for your real-world care environments.

Event overview

Step inside a fully immersive experience and explore Acute Care's latest solutions across the continuum of care with Vocera, care.ai, connected beds and stretchers. See firsthand how our connected ecosystem works together to help make care more efficient and workflows smoother.

Details

Date/time

Wednesday, August 6th, 2025

Thursday, August 7th, 2025

Open to all healthcare professionals!

Parking location

Detroit, MI

Sign up below to receive parking details and confirmed hours!

Contact information

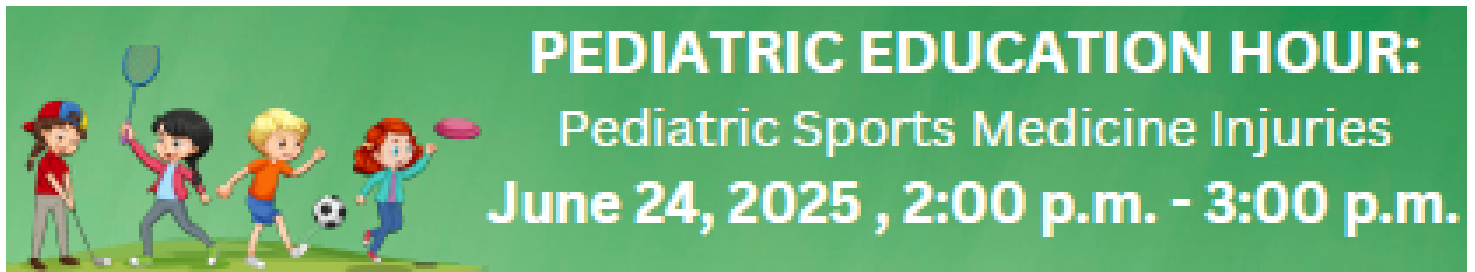
Zachary Sadler

zachary.sadler@stryker.com



Scan or [click here](#) to receive event notifications!











Presented by Jeffrey Callard PA-C

Department of Emergency Medicine, Trinity Ann Arbor Hospital

This session will include:

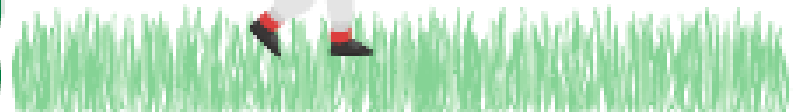
-  Cooperation between Athletic Trainers, EMS and ED
-  Neck injuries: Pearls and Pitfall, when not to remove a helmet!
-  Head injuries: Concussions, can you let them back in the game?
-  Ankle injuries: What to do on the sideline?
-  Knee injuries: Is there a true emergency?
-  Other important injuries



Register on the eLicensing
portal using Course ID:
25-ICE-14265

Approved EMS CEs for all levels:
Pediatric Trauma: 1 hour

CEs available for nurses, PAs
and physicians through WMed



MICHIGAN
EMSC State Partnership Program



Scan the code or click on the link in the attached PDF document to join

PEDIATRIC EDUCATION

In collaboration with the 2025 ENPC Review Committee please find some important information below that may help you if you have a pediatric patient. With summer here, our peds patients are heading to pools, lakes, and beaches and so are the submersion injuries. We all know these can be deceptive: a kid who *looks totally fine* at triage... then crashes two hours later with respiratory distress.

Have you seen one like that?

What part of the *history* helped you recognize it wasn't "just water up the nose"?

Here is an example:

A 4-year-old boy is brought to the ED by his parents 3 hours after a backyard pool incident. He had been briefly underwater, came up coughing, and vomited once. Afterward, he played and acted normally, so the parents delayed coming in. At triage, he is alert and playful, with normal vitals.

The nurse remembers the submersion education and asks about duration underwater, initial symptoms, and behavior since. Recognizing risk factors (coughing, vomiting, <6-hour window), she assigns ESI Level 2 and places the child in observation. Two hours later, he develops mild retractions and increased respiratory rate.

1. Pathophysiology: Why Submersion Injuries Are Dangerous

- Drowning isn't about how much water is inhaled, it's about hypoxia.
- Even small amounts of aspirated water can cause pulmonary inflammation, surfactant washout, and non-cardiogenic pulmonary edema.
- Symptoms can be delayed for 1 to 6 hours post-event.

2. The Danger of "Looking Fine".

· Children may arrive appearing well, but even a brief submersion can lead to delayed respiratory compromise. Normal vitals and behavior are not enough to rule out risk.

3. Start with your Pediatric Assessment Triangle.

- We teach it for a reason: Appearance, Work of Breathing, and Circulation to Skin should always be your initial guide.
- But in submersion injuries, the PAT may look deceptively normal. That's why the history is so critical.

4. Critical History: Key Questions to Ask at Triage

- How long were they under water?
 - Anything more than a brief dunk (<10 seconds) raises concern.
 - If unknown, err on the side of caution.
- Did the child cough, choke, or gasp after getting out?
 - Indicates possible aspiration, even if symptoms resolve.
- Did the child vomit after the event?
 - May signal hypoxia or aspiration-induced irritation.
- Was there a change in behavior, alertness, or energy level?

- Fatigue, confusion, or "just not themselves" may suggest developing hypoxia or acidosis.
- How long ago did the event happen?
 - If within 6 hours, they are in the window for delayed deterioration (typically within 1–4 hours).

5. ESI Triage Guidelines

- ESI Level 2:
 - Any symptoms (e.g., coughing, vomiting, SOB, behavior changes)
 - Unknown or prolonged submersion
 - Delayed presentation (<6 hours since event)
- ESI Level 3:
 - ONLY if child is completely asymptomatic, witnessed, brief event, and no risk factors
 - Still requires observation

Never assign ESI Level 4 or 5 to submersion injury cases

6. Observation = Safety

- Observe at-risk children for 4–6 hours post-event (but may warrant 24-hour admission).
- Discharge instructions should include:
- Signs of worsening breathing
- Vomiting, especially if paired with fatigue
- Behavioral changes or unusual sleepiness

7. Just a note as we talk terminology:

- Terms like "dry drowning" and "secondary drowning" are no longer recommended and can cause confusion.
- These events are more accurately described as submersion injuries with delayed onset respiratory symptoms.
- Clear, consistent language helps ensure better understanding for both caregivers and clinicians.

8. Family Education Tips

- Symptoms can appear hours later
- Advise families to watch for:
 - Coughing
 - Labored breathing
 - Vomiting
 - Fatigue or confusion
- Reinforce that this is not a "wait and see" at home situation

9. Injury Prevention Pearls

- Designate a Water Watcher (no phones!), just like you do a Designated Drive
- Bright swimsuit colors (neon pink/orange/yellow) for better visibility
- 4-sided pool fencing with self-latching gates
- Use only Coast Guard–approved life jackets
- Teach water safety and swim basics early, but never rely on swim skills alone

10. Respiratory Treatments

High-Flow Nasal Cannula (HFNC):

- Delivers heated, humidified oxygen at flow rates up to 2 L/kg/min, capped at around 25-30 L/min in older children.
- Provides a PEEP-like effect that improves alveolar recruitment and reduces work of breathing.
- Better tolerated than CPAP, especially in infants and toddlers which less intrusive and allows for parent contact.
- Can prevent escalation to more invasive support if used early in mild to moderate distress.
- Titration tip: Among young children, a flow of 1 L/kg/min is often appropriate-but for younger infants or sicker children, starting at 1.5–2 L/kg/min may be needed for optimal effect. Close monitoring of treatment response and flow titration based on individual needs is essential for success.

CPAP (Continuous Positive Airway Pressure):

- Delivers set positive pressure which is often more effective in moderate to severe hypoxemia or pulmonary edema.
- Useful when higher PEEP is needed to maintain oxygenation and reduce atelectasis.
- Less tolerated in younger children due to tight mask fit and noise.
- Requires vigilant monitoring for vomiting or aspiration risk in non-intubated patients.

Age-Specific Considerations:

- Infants & Toddlers: HFNC is preferred due to comfort, lower distress, and ease of use; CPAP may be distressing and poorly tolerated without sedation.
- School-Age Children & Teens: More likely to tolerate CPAP, especially if experiencing significant respiratory compromise, but still may benefit from HFNC as a first step.

Clinical Tip for ED Nurses:

If a child presents post-submersion and is breathing comfortably but has any crackles, coughing, or low O₂ sat (even briefly) consider starting HFNC early and monitor for delayed decompensation over 4–6 hours. Watch for signs like increased work of breathing, lethargy, or rising oxygen needs.

Oxygenation Endpoint in Pediatrics: What Are We Aiming For?

Target Oxygen Saturation (SpO₂):

- General target: $\geq 92\%$ in most pediatric patients.
- Higher-risk children (e.g., with cardiac or pulmonary disease): May need 94–98%, based on clinical judgment.
- Patients with chronic hypoxemia: Individualized targets may be appropriate.

Include ETCO₂ Monitoring When Available:

- Normal range: ~35–45 mmHg.
- A rising ETCO₂ in a child with increasing work of breathing may signal hypoventilation and fatigue, even if SpO₂ appears stable.
- A sudden drop in ETCO₂ could indicate worsening perfusion or potential deterioration.
- Trending ETCO₂ alongside SpO₂ and clinical exam helps anticipate respiratory failure before saturation drops.

Remember, SpO₂ and ETCO₂ are just part of the picture. Also assess for:

- Decreased work of breathing (fewer retractions, no grunting or nasal flaring)
- Normalized respiratory rate for age
- Stable perfusion and heart rate
- Age-appropriate mental status and feeding ability

Even if saturation looks okay, delayed deterioration is a real risk post-submersion. Stay vigilant and reassess frequently.



THANK YOU FOR TAKING THE TIME TO READ OUR SUMMER 2025 TRIAGE NOTES!