

President's Voice by Josie Kik



Dear MENA Members,

It is with great honor I address you today. A new year always brings an element of change. I had the fortunate opportunity to be transitioned into this role throughout the past year. Mary BB provided excellent mentorship. As a newer presence to your MENA State Council, I speak with great pride in saying that we have an amazing group of individuals that work many volunteer hours to ensure we are represented and supported as emergency nurses. I hope to draw more light to their efforts in these upcoming years. I also hope to challenge you as a member to learn more from them and find your path in giving back to the specialty of emergency nursing.

I have included this photo so that I can share a little bit about myself! I have been married 14 years to my husband, Bryan. I

have two boys; Benjamin (Ben) and Samson (Sam). They are 14 months apart! We love the outdoors. It tends to ground us as a family.

As for me, I am happy when my family is happy. As you get to know me, you will find that my *family* lies beyond my bloodline. When I commit to something, I own it and live it. I am a fierce and passionate soul. I have made this commitment to be your President. You are now my extended family.

With that being said, I am also an imperfect human. I make mistakes and I constantly have to self-check myself to keep the balance. A passionate person needs to understand the difference between the drive and the emotion. It is a constant practice for me.

As I write this, I am messaging a Director in Bangladesh. I will be leaving in less than a week to course direct three AHA BLS courses there in Bangladesh! This took years of closed doors to *finally* have an approved training site to make this possible! Doctors and Nurses will become officially certified in BLS and held to a higher standard that saves lives! We take so much for granted here with our educational opportunities. This will also open the door for a potential international training center! This demonstrates that with commitment and perseverance, we can arrive to our purpose. It may not always be our original intent nor is the timing to our liking, but we can succeed with an outcome that is still just as wonderful, maybe even better!

As I conclude this, I present to you a request. Upon reading this triage note, I ask that you share this with 3 other emergency nurses in your “family”. They do not need to be members. There are so many emergency nurses out there that do not know they have a professional organization that supports them. One of my passions is to keep us as emergency nurses connected. We can be seen and heard when we are vibrant as one. A family in unison has a bond that is hard to break.

Sincerely,
Josephina K Kik BSN RN CPEN
MENA State Council President

2020 Michigan ENA Board of Directors**President-** Josie Kik**Past President-** Mary Berry- Bovia**Treasurer-** Kim Johnson**Secretary-** Chelsea Meixner**Directors at Large-** Michael Mooney and Rebecca Van Stanton**Foundation**

We are truly fortunate to be working alongside of individuals, MENA, and ENA who are investing in the education of emergency room clinicians seeking to enrich and expand their knowledge and expertise in emergency nursing. Those that choose to give to the state or national ENA foundation we are tremendously grateful for your contributions. In 2019, the MENA Foundation funded (3) \$500.00 scholarships for emergency nurses to continue their education. In 2019, ENA gave out \$478,000.00 in scholarships and grants to 173 individuals. ENA supported individuals who meet the criteria for all scholarships. The conference cost was \$520.00. Undergraduates receive scholarships of \$3000.00 and Master or Doctoral education received scholarships of \$5000.00. ENA was able to raise enough money to support 173 individuals who qualified for these different scholarships. When giving to the ENA foundation, you are supporting emergency nurses. You are supporting our profession. Each year, the MENA organization holds a conference at Soaring Eagle. You will find a MENA foundation table with opportunities to win different prizes. All money raised at this event goes to the foundation to support scholarships. The MENA foundation accepts donations as well. We have a tax identification number for those interested in donating to support our mission in providing scholarships to support higher education for emergency nurses. To make a donation, you can call Kim Johnson at 248-496-5627. Help use continue to inspire nurses to increase their education by providing scholarships to them. On behalf of all that make scholarships possible for our emergency nurses by your generous contributions, we thank you for your continuous support.

Kim J.

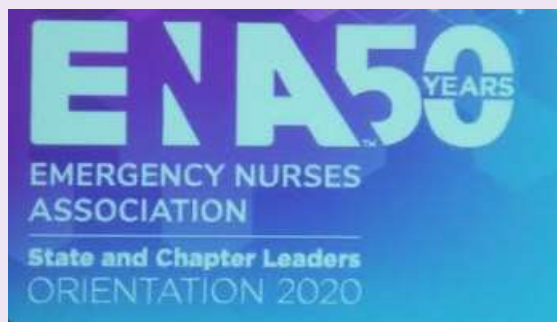
State and Leaders ENA Conference 2020- San Diego California

Your 2020 Board of Directors attending State and Leader Chapter Orientation in San Diego, California from Jan 23rd - Jan 25th. At this conference we learned more about our roles in ENA leadership and how to engage our members, retain our membership and tips as to how to celebrate ENAs 50th Anniversary. We also were able to network with the other 50 State and Chapters Leaders.



Back Row- Chelsea, Rebecca and Natalie (Huron Valley President)

Front Row- Kim, Josie and Mike





Annual Spring Conference May 6, 2020

Soaring Eagle Conference Center, Mt. Pleasant, MI

Online Registration: www.michiganena.org



CEN Exam Cram

Michael Gooch

May 5, 2020

Registration Fees:

Before April 15, 2020:

Members \$65.00

Non-Members \$90.00

After April 15, 2020: \$100.00 for All

Featured Speakers:

Danielle Bastien DNP, APRN, ENP-BC

Michael Gooch DNP, RN, APRN, ACHP-BC, ENP-C, ENP-BC, CERN, CTRN, CEN, TCAN, NREMT-P

Michael Hastings MSN, RN, CEN

Kirstin Neuman-Sweeney SSN, RN, SANE-A, SANE-P

Imana Minard MSN, RN, CNP, ENTP

Michelle Moccia DNP, ANP-BC, CCRN, GS-C

Sheila Meshinski SSN, RN, CEN, CCRN

Madonna Walters MS, RN

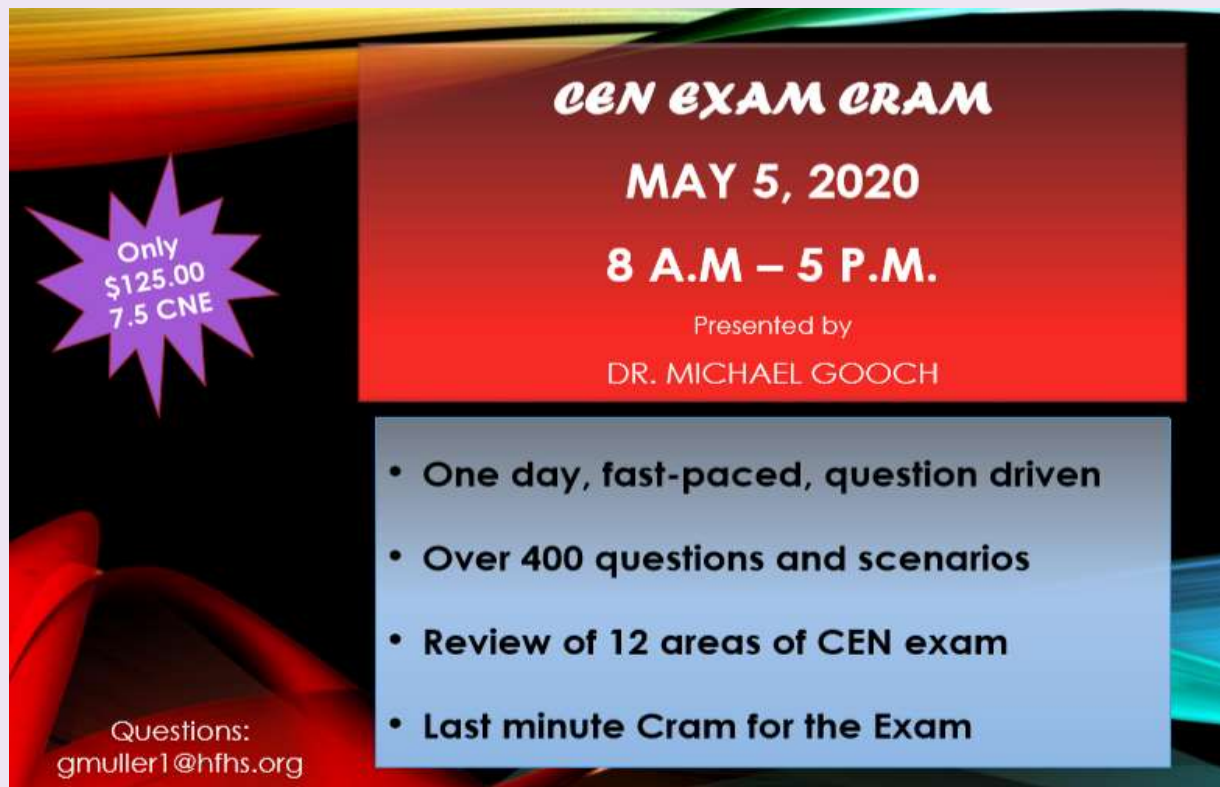
This activity has been submitted to the Emergency Nurses Association for approval to award contact hours. The Emergency Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

May 5, 2020 Evening Reception

- 4:00 pm — Vendor Hall Open
- 6:30 pm — Awards Banquet
- 7:00 pm — The Power of One—Mike Hastings, 2020 National ENA President
- 8:00 pm — ER Group Therapy

Complimentary hors d'oeuvres and refreshments provided

QUESTIONS? GERARDMULLER@PRODIGY.NET



CEN EXAM CRAM

MAY 5, 2020

8 A.M – 5 P.M.

Presented by
DR. MICHAEL GOOCH

- One day, fast-paced, question driven
- Over 400 questions and scenarios
- Review of 12 areas of CEN exam
- Last minute Cram for the Exam

Only
\$125.00
7.5 CNE

Questions:
gmuller1@hfhs.org



VENDORS WANTED
MI ENA ANNUAL CONFERENCE
MAY 5 & 6, 2020



- Connect with over 350 Michigan Emergency Nurses
- Reach new prospective customers
- Demonstrate new products and services
- 90% of attendees visit the exhibit hall

Gold and Silver sponsorships available

Location:

Soaring Eagle Resort and
Conference Center
6800 Soaring Eagle Blvd
Mt. Pleasant, MI 48858
888.7EAGLE7

Registration and W9 available at:
<http://www.michiganena.org/>

Call for Poster Abstracts

Michigan ENA would like to provide an opportunity for members to share clinical innovations, evidence-based projects, quality improvement initiative or original research that is related to Emergency Nursing at our Annual Spring Conference held at Mt. Pleasant MI on May 6, 2020.

Please complete this application form by March 16th, 2020 in order for your poster abstract to be considered for a poster presentation at the conference.

You will be notified by April 3rd, 2020.

Name & Credentials:
Email:
Title of Poster:
Author(s) names and affiliations:
Purpose: Begin with one to two background sentences stating the scope or nature of the problem you are addressing in your research or evidence-based project; i.e. ' the rationale supporting the need for the endeavor. Clearly state the objective of your study/project. .
Design, Setting, Sample: For research studies, state the design using appropriate terminology (e.g., utilization, prospective, descriptive, qualitative, quasi-experimental, experimental, etc.). For evidence-based projects, describe whether this was a staff development project, quality assurance project, etc.
Methods: Describe the study/project procedures, interventions, and evaluation methods or data analysis. Instruments or tools (including questionnaires) should be described in detail. Variables and measurements should be defined.
Results/Outcomes: Present the specific data that address your research question or project purpose. Include statistical data, if appropriate. Evaluate the outcomes of this study/project in relation to the need for this study/project. For research in progress, present the preliminary findings.
Implications: State reasoned conclusions based on the data presented and implications for emergency nursing research, education, practice and/or policy. Provide recommendations for managers, leaders, nurses and researchers as appropriate. For research in progress, provide anticipated or projected outcomes of the study.

Submit completed application to Mary Berry-Bovia at maryberrybovia@gmail.com

Poster Presentation Criteria:

- There are two options for poster format
 - Use a tri-fold board that will sit on a table-top (tables provided) OR
 - Bring an easel to display your poster
- Board should be no larger than 48X36
- Posters will be displayed for the entirety of the conference
- There will be opportunity to distribute handouts regarding your poster

Conference attendees will vote on the top poster and the winner will receive the “People’s Choice Award”.

2020 MENA AWARDS

EMERGENCY NURSE AWARDS FOR MENA 2020

Nominate your friend, chapter, colleague, or manager to recognize their work in ENA or emergency nursing. Awardees must be a current ENA member and have an unrestricted nursing license. The awards will be presented at the opening reception at the 2020 Annual Michigan Emergency Nurses Conference in Mt Pleasant on May 5th, 2020. This is a great way to recognize some of the many excellent providers of emergency care in this state.

EXCELLENCE in EMERGENCY NURSING AWARD

Criteria for nominees: Must currently practice in the field of emergency care (Examples, Flight nursing, ED staff, Educator, Manager and Advanced Practice). They are a current member of ENA and a RN. This award honors a member of Michigan Emergency Nurses Association who exhibits passion, knowledge, skill, and professionalism in Emergency Care. Send two letters of support.

CHAPTER AWARD

Michigan Emergency Nurse Chapter Award. This exemplifies outstanding work and contributions to ENA. Send one letter of support.

RISING STAR AWARD

New member or a member that has recently become active and has promoted their chapter or MENA. Send one letter of support.

LIFETIME ACHIEVEMENT AWARD

Longtime active ENA member with Achievements in Emergency Nursing. Demonstration of service/commitment beyond job expectations. Send one letter of support.

NURSE MANAGER/LEADER AWARD

Honors a nurse who has consistently demonstrated excellence in the profession of emergency nursing and has made significant contribution through an emergency management role. Send 2 letters of support with at least one of the letters must be from a person or persons that the nominee leads or manages.

Send your nominations to Josie Kik menapresident1@gmail.com by March 30th, 2020. Name and contact information of the nominator must be included

Frostbite

Rebecca VanStanton, MSN, RN, CEN, CPEN, TCRN
Burn Coordinator – Detroit Receiving Hospital
Director - Michigan State ENA
Treasurer – Huron Valley Chapter ENA

When you think of winter in a burn center, you probably think of house fires, smoke inhalation, and injuries from cooking or space heaters. In Detroit, the homeless trying to stay warm by steam grates around the city and the resulting burns may come to mind. Although the burns and inhalation injuries described are a great deal of what burn centers do see, burn centers also provide the highest quality care for frostbite injuries.

Frostbite is an injury to body tissue caused by freezing. The damage caused by freezing can be reversible or irreversible, with injury severity impacted by length of exposure and temperature. Freeze-thaw-refreeze cycles worsen the inflammatory process and increase cellular damage, resulting in a more severe injury.

Providers not experienced with frostbite may underestimate how frostbite can progress from a lower to higher degree based on rewarming methods, infection, and trauma. Similar to burns, frostbite may be graded from first to fourth degree:

TISSUE DAMAGE	INITIAL APPEARANCE	APPEARANCE AFTER WARMING
First degree	White hard plaque; redness; edema, no necrosis	Mottled cyanotic; painful; intense pruritus; burning sensation; desquamation of superficial tissue 5-10 days after injury.
Second degree	Blisters with clear fluid; redness	Deep red; area hot and dry to touch; swelling 2-3 hours after re-warming; blisters fill with clear fluid after 6-12 hours
Third degree	Bluish or purple skin discoloration; blisters with purple hemorrhagic fluid; deep blisters; necrosis of skin; tissue is icy hard without deep tissue resilience	Early anesthesia of area followed by severe aching or throbbing within 1-2 weeks; massive progressive edema over the week following re-warming; may take 1-6 months to identify extent of injury
Fourth degree	Gangrene; complete necrosis and loss of tissue or bone	Deep red, mottled, or cyanotic; anesthesia of area; proximal swelling; persistence of coldness and numbness in an area while surrounding tissue becomes hot (an ominous symptom) edematous, painful, and red (indicative of no blood flow); dry gangrene and mummification develop

Chart courtesy of Detroit Receiving Hospital

Frostbite can mimic laboratory cryopreservation with small ice crystals initially forming in the extravascular space. The damaged soft tissue cells have potential to survive after thawing if vascular infarction and further cellular damage is prevented (Gonzaga et al., 2016).

Cellular damage occurs by two distinct mechanisms, direct and indirect:

Direct Cellular Damage	Indirect Cellular Damage
<ul style="list-style-type: none"> ➤ Exposure to the cold freezes tissues ➤ Intracellular and extracellular ice crystals form ➤ Cell dehydration and shrinkage result from ice crystal formation ➤ Lipid protein denaturation and intracellular electrolyte concentrations occur 	<ul style="list-style-type: none"> ➤ Early cycles of vasoconstriction and vasodilation cause microvascular insults and thrombosis ➤ Tissue ischemia occurs from microthrombi ➤ The ischemia leads to metabolic acidosis, endothelial injury, inflammatory mediator release, and edema ➤ Blood flow is reduced due to the edema, increasing thrombosis

Wathen and Emery

If the course of progression from the indirect cellular damage is not stopped, necrosis and tissue loss will occur (Wathen & Emery, 2011). Due to the microthrombi and resulting conditions, serious frostbite injuries requiring treatment need experienced surgeons to care for the wounds, as well as interventional radiologists comfortable delivering intra-arterial tissue plasminogen activator, or tPA. tPA is a viable treatment due to the vascular thrombosis found in frostbite (Zafren & Mechem, 2018).

Contraindications to the use of tPA for frostbite injury include, greater than 24 hour onset, normal capillary refill to the affected limb, platelet count less than 100,000/mm³, pregnancy, methamphetamine use at presentation, freeze-thaw-refreeze injury, or active bleeding. Combination therapies may include the use of papaverine, heparin, or enoxaparin, in addition to the tPA. Individuals treated with tPA for frostbite require ICU level nursing care following administration for arterial sheath care, neurovascular function assessment, bleeding, and ongoing monitoring (Zafren & Mechem, 2018).

Frostbite can require long-term wound care, including hydrotherapy, repeated debridement, escharotomy, fasciotomy, and possible delayed amputation; this is where a qualified burn center with experience managing frostbite is extremely valuable in tissue preservation (Zafren & Mechem, 2018). Ideally, patients with frostbite to an extremity should be transferred to a verified burn center within 12 hours of exposure to have the greatest possibility for saving damaged tissue (American Burn Association, n.d.).

Care considerations in the initial stages are similar regardless of the setting. As always, start with the primary assessment - airway, breathing, circulation, and disability, with any necessary interventions. Treat any underlying trauma or hypothermia as a priority. And remember, early consultation or transportation to a burn center is ideal.

Prehospital care considerations	General care considerations
<ul style="list-style-type: none"> ➤ Get the patient to a warm environment as soon as possible. ➤ Whenever possible, pad or splint the affected area to minimize injury en route. ➤ Remove wet clothing. ➤ Avoid walking on frostbitten feet; this can increase tissue damage. If walking is 	<ul style="list-style-type: none"> ➤ ABCs ➤ Treat underlying trauma or instability ➤ Re-warm core temperature to 35 degrees Celsius before rewarming the affected area ➤ Remove jewelry from extremities ➤ Rehydrate as appropriate with warm IV or PO fluids

<p>necessary for evacuation, do not rewarm the feet before walking.</p> <ul style="list-style-type: none"> ➤ Do not rewarm frostbitten tissue if there is a possibility of refreezing before reaching definitive care. Freeze-thaw-refreeze cycles increase tissue damage. ➤ If prehospital warming is attempted, options include placing the affected area in warm (not hot) water or warming it using body heat (eg, placing frostbitten fingers in the axillae). ➤ Do not rub frostbitten areas in an attempt to rewarm them; this can cause further tissue damage. ➤ Avoid the use of stoves or fires to rewarm frostbitten tissue. Such tissue may be insensate and burns may occur. <p>(Zafren & Mechem, 2018, para. 27)</p>	<ul style="list-style-type: none"> ➤ Manage pain ➤ Tetanus prophylaxis ➤ Monitor for myoglobinuria ➤ Assess for signs and symptoms of infection ➤ Watch for compartment syndrome and complete routine neurovascular assessments ➤ Elevate affected areas to decrease edema formation ➤ Anti-inflammatory medication ➤ Initiate transfer to a burn center ➤ Thrombolytic therapy ➤ Wound debridement ➤ Antimicrobial dressings <p>(Mattson, 2016) (Zafren & Mechem, 2018)</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Superficial frostbite (second degree) with debridement of clear fluid-filled blisters (Lindford et al., 2017).



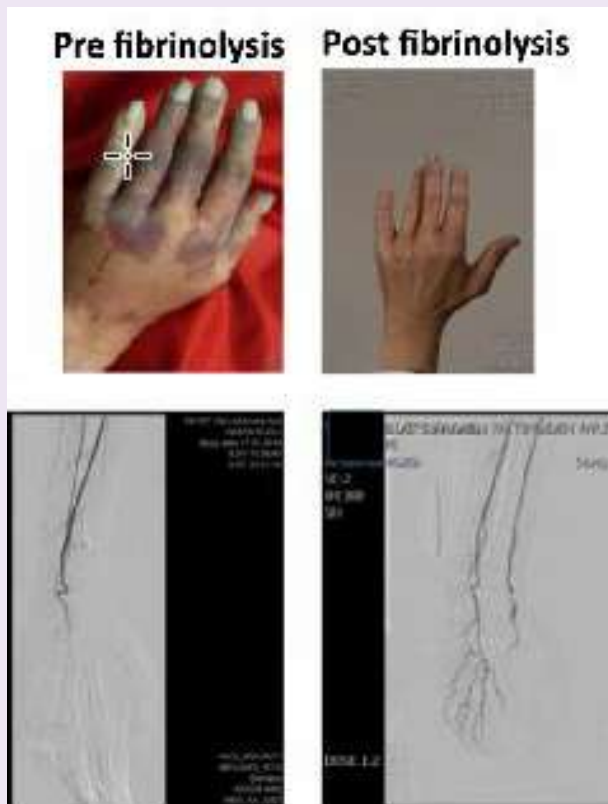
Frostbite to hands demonstrating hemorrhagic blebs on the right vs clear blebs on the left (Gonzaga et al., 2016). Second degree demonstrated on the left, third on the right.



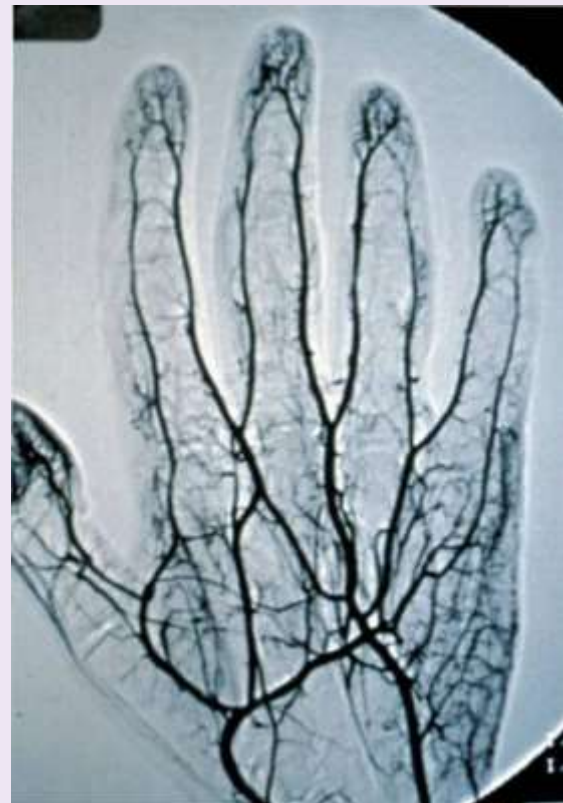
Severe frostbite with necrosis of the fingers – fourth degree (Lindford et al., 2017).



Severe frostbite with well-demarcated dry gangrene – fourth degree (Zafren, 2018)



Pre and post tPA treatment - clinical and angiographic images (Lindford et al., 2017).



Normal angiogram showing patent digital arteries and distal vascular blush (Gonzaga et al., 2016)

ABA Verified Burn Centers in Michigan

Children's Hospital of Michigan – Detroit
Detroit Receiving Hospital – Detroit
University of Michigan/Mott Children's – Ann Arbor

Regional Burn Centers in Michigan

Bronson Methodist Hospital - Kalamazoo
Hurley Medical Center - Flint
Spectrum Health Butterworth/Helen DeVos Children's – Grand Rapids

References

- American Burn Association. (n.d.). Be prepared for cold weather. Retrieved from <http://ameriburn.org/wp-content/uploads/2017/05/frostbiteteach.pdf>
- Gonzaga, T., Jenabzadeh, K., Anderson, C.P, Mohr, W.J., Endorf, F.W., & Ahrenholz, D.H. (2016). Use of intra-arterial thrombolytic therapy for acute treatment of frostbite in 62 patients with review of thrombolytic therapy in frostbite. *Journal of Burn Care Research*, 37(4), e323-e334. doi: 10.1097/BCR.0000000000000245
- Lindford, A., Valtonen, J., Hult, M., Kavola, H., Lappalainen, K., Lassila, R., Aho, P., & Vuola, J. (2017). The evolution of the Helsinki frostbite management protocol. *Burns*, 43, 1455-1463. doi: 10.1016/j.burns.2017.04.016
- Mattson, A.E. (2016). Treatment options for frostbite. Retrieved November 6, 2019 from <https://ce.mayo.edu/sites/ce.mayo.edu/files/Mattson%20Alicia%20Frostbite%20PGR%201%2019%202016.pdf>
- Wathen, J., & Emery, K. (2011). Thermal injuries. In L. Bajaj & G. Kerby (Eds.). *Berman's Pediatric Decision Making*, 5th Edition. Philadelphia: Elsevier.
- Zafren, K., & Mechem, C.C. (2018). Frostbite. In Danzl, D.F and Grayzel, J. (Ed.). *UpToDate*. Retrieved November 6, 2019, from https://www.uptodate.com/contents/frostbite?search=frostbite%20prehospital&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H10

If you are looking for an opportunity to get involved in injury prevention and community outreach, please contact me. The Huron Valley Chapter of the ENA and Detroit Fire Department are looking for volunteers to install smoke and carbon monoxide detectors in Detroit homes. The program offers free smoke and carbon monoxide detectors to the most vulnerable and at risk in our city and we would love your help!

Rebecca VanStanton
rvanstan@dmc.org
313-745-0942