



CSNA BOARD MEMBER OF THE MONTH

Barbara Lucas

I've served as the secretary for the CSNA since October of '07. I have truly enjoyed my term in office and working with the other board members. My interest in medicine began as a vet tech, a "nurse in Veterinary Medicine. I decided to further my education and in 1998 received my first B.S. degree from CSU in Fort Collins.

Shortly there after my husband and I moved to the Colorado Springs area. With encouragement from my sister (who also happens to be a nurse) I applied and was accepted into the nursing program as a degree-plus student at CSU Pueblo. When I first came to the program I wondered if I'd made the right decision, crossing over from veterinary to human nursing. I have to say I was pleasantly surprised to learn that like me some of the RN's I worked with (during clinicals) had started their nursing career as a CVT. I'm glad I didn't let my lack of experience dissuade me from my goal. I'm currently a senior in the program at CSU-Pueblo and will be graduating this May.

CSNA Update

MAY 2008

NSNA Annual Convention

By: Kalina Miller and Leigh Walzer
CSNA Student Delegates

Last month we had the opportunity to attend the National Student Nurses' Association Convention in Grapevine, Texas. The highlights of the convention were embracing our leadership roles, having a national voice and networking with people near and far.

One of our responsibilities and privileges was to represent the University of Colorado-Denver College of Nursing in the House of Delegates. Using parliamentary procedures, we passed the first resolution from Colorado, debated and voted on 28 resolutions, learned about

NSNA's finances, and elected the new NSNA board.

Learning about leadership was another important aspect of this convention. Major General Gale Pollock spoke to the important qualities a leader should have during her keynote address in the Opening Ceremony. We were also able to attend some of the many focus sessions that supported the professional development of nursing students.

The convention provided a venue for us to network with nursing students from around the country. We had fun learning to country line dance with the 3,000 students that were in attendance at the first night's "Texas-

themed" party. The exhibitor's hall provided a professional opportunity to link with graduate schools, professional organizations, as well as potential employers from all over the United States. The most personal networking was done with the CSNA board members who were gracious, generous, and professional.

Attending this convention has been a major highlight of our nursing school journey. We would like to thank the CSNA board for the opportunity to attend. We hope to take the energy, lessons, and passion for nursing that were furthered at this convention into the next phase of our careers as nurses.

Perkins Loan Forgiveness

By: Tammi Gomez
CSNA Membership Director

Listen up! You will want to keep this newsletter! It will save you \$\$\$. We are talking about Perkins Loan Forgiveness for nursing. Perkins Loans borrowed to pay for nursing school can be forgiven after you graduate and begin working. The requirements are that you must work at a medical facility (including hospitals and physician's offices) and you must be employed **AS A NURSE**. If you work in something other than a nursing position you will not qualify.

Once employed as a nurse, your employer must complete paperwork for a deferment. After a full year of employment your employer will need to complete additional paperwork to verify your eligibility. A percentage of your Perkins Loan balance will be forgiven each year: 15% for year 1, 15% for year 2, 20% for year 3, 20% for year 4, and the remainder of the balance for year 5. After 5 years of employment your Perkins Loan will be 100% forgiven.

Changing employers will not affect your eligibility as long as you continue to work at a medical facility in a nursing position. However, you must have **NO MORE THAN** a one-week gap in employment to qualify during that year.

When you are ready, you may call 1-800-875-8910 to get started.

Featured Nursing
Program:
Regis University

Mission

Our mission is to educate men and women as leaders committed to excellence within the health professions.

Available Nursing Programs

- Offers three BSN programs: Traditional, Accelerated, and CHOICE
- RN-BSN Program
- RN-MS Program
- Several MS Nursing (NP) specialties

Highlights

- Founded in 1877.
- Ranked as a top school by U.S. News.
- Small class size: averaging 17 students.
- **95% NCLEX pass rate.**
- High tech simulation and skills labs.
- Emphasis on community involvement through Service Learning.

For more info, visit
<http://regis.edu/>
or email
healthcare@regis.edu

Newsletter
edited by
Aurora Davis

Beat that Colorado Heat!

By: Valerie Patterson
CSNA Treasurer

A well known benefit of being a resident of beautiful Colorado is our seasons. As members of the healthcare field, it is imperative that we prepare ourselves for the common injuries and complications that are associated with each time of year, so that we may better care for and educate our patients and communities.

With summer and warm weather quickly approaching, we will be seeing an increase in cases of dehydration and hyperthermia, from the mild to more severe forms. We must be alert to the signs and symptoms of these conditions, as well as proper treatment.

Dehydration as a result of inadequate fluid intake is evidenced by dry mucous membranes, decreased urine output, pale skin with poor skin turgor, sunken eyes, increased respiratory and heart rates, delayed capillary refill, and irritability. In more severe cases, the skin may be mottled to cyanotic and cool to the touch. More severe cases may be lethargic and have cracked mucous membranes. Interventions include the administration of fluids. If the person is weak or dizzy, assist them with ambulation. If the patient has diabetes, monitor the blood glucose. (Be alert for fluid excess as a result of excessive fluid replacement.)

Hyperthermia caused by excessive heat exposure is characterized by a body core temperature greater than 37.2°C/99°F. Heat edema and heat cramps are symptoms of mild hyperthermia, and can be relieved by moving the person into a cooler environment and providing fluids with electrolytes, such as sports drinks. Salt tablets are generally not recommended.

More serious forms of hyperthermia are heat exhaustion and heat stroke, caused by excessive fluid loss when exposed to high heat and humidity, and the body's inability to regulate internal temperature.

Heat exhaustion is evidenced by an elevated temperature as high as 41.1°C/106°F. Signs of heat exhaustion include dizziness, headache, muscle cramps, nausea, vomiting and collapse. Skin is usually damp and pale. Treatment involves moving the patient to a cool environment, preferably an air conditioned area. Loosen the clothing and splash cool water on the skin. Electrolyte drinks will also be helpful.

Heat stroke is the most serious form of hyperthermia and involves a body core temperature greater than 41.1°C/106°F (may reach as high as 43.3°C/110°F). Heat stroke is initially similar to heat exhaustion with dizziness, weakness and nausea. As the condition progresses, however, the skin becomes red, hot, and the lack of perspiration is very apparent. Untreated, the sufferer may collapse and have seizures. Cooling the person quickly and immediately transporting them for medical care is a must. If transport is not possible, they should be moved into the shade or air conditioning. Wet, cool towels should be placed over their trunk and extremities and ice packs over their forehead and axillae. The victim may be placed in a cool bath. Cooling measures should be continued until their body core temperature falls below 38.3°C/101°F.

A teaching plan would include the prevention of these complications by informing the person to avoid participating in strenuous activity outdoors when it is very hot, increasing fluid intake to replace excessive fluid loss, and the need to take frequent rest breaks when working in hot weather, especially if it becomes humid.

It is important to note that the elderly and very young are most susceptible to these conditions due to the fact that their bodies are less able to adapt to extremes than the rest of the population. However, people of any age can become affected, therefore teaching the prevention of these complications should not be limited to any particular group.