



South Central Region

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# Five Alive

January, 2007

The Newsletter of the South Central WOCN Region WOCN



## President's Message—January, 2007

**Jill Conwill**

### Communication

I am truly honored and excited to commence my term as our region's President. I have thoroughly enjoyed serving as your Treasurer for the past five years and have learned so much about the organization. I have been a member of the WOCN (IAET) since 1981. I went to Abbott Northwestern ETNEP in Minneapolis and in 1983 moved to Texas. Like most of you, I have attended several regional conferences. However, it was very obvious to me that I really didn't know what was happening in between the meetings until I received the occasional newsletter. I felt that consistent communication was lacking. I have seen improvement over the past couple of years and feel that the opportunity to enhance communication must be continued.

We have come a long way since the occasional newsletter. Emails are a part of our lives. A few short years ago SCR started our website and electronic *5 Alive* enews. We also committed to sending periodic letters to the entire SCR membership to keep everyone abreast of what is going on in the region. This process was originated by Kathleen Murphy, Past-President. She assigned each of us on the board a segment of the membership and asked that we write or contact everyone on a regular basis. She called it the Communication Tree. We have decided this year to enhance our web site and add a section called *Tree Mail*. Past and present letters will be there in case you missed them.

Communication is so much easier these days but it cannot be one way. All of us as members need to have an active voice in the region. It is essential that we hear from our membership to know and understand what is going on. I commit to communicating often and I request that you share my commitment in communicating with me and the other board members often. We are asking for "roving reporters" from each state to keep us abreast of any news from our peers. There are larger cities that have several WOCNs who meet regularly. It would be nice to get a meeting recap as we rarely hear what is happening from the smaller communities within the SCR.

Another *5 Alive* section will be "Sharing nETwork". In this section, we would like members to share with us hints on how to enhance our practice. For example, I recently was consulted on two different cases where the ostomy patients had their surgery out of state and were coming to me as an out-patient needing to be refitted. I found that these patients didn't receive handouts with information they needed to be able to problem solve on their own when they went home and/or they failed to retain the information taught post-operatively. That's where I got the idea for this segment. You will note that I wrote the first *Sharing nETwork* regarding this particular issue. What

post-operatively. That's where I got the idea for this segment. You will note that I wrote the first *Sharing nETwork* regarding this particular issue. What other areas could we share? Put on you thinking caps and please email your suggestions to Bette Kussmann (bkussmann@ochsner.org).

Our membership is strengthening through communication and we are looking to growth in the future. Again, I look forward to serving as your President for the SCR.

It's going to be a great year.

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# Farewell



## A Note of Farewell



As I leave the office of President, I would like to say that it has been a privilege to serve as your leader for the last 3 years. The journey wasn't always easy but it was interesting. I think that collectively we have accomplished a lot. There is much to be proud of personally and professionally.



Some of the highlights for me have been:



SCR website – the dream became a reality! We have received numerous compliments and requests for information on how we set up our site. Other regions/affiliates have commented that they want to develop a site a nice as ours.



Hurricane Relief fund. Our mission was to provide some kind of assistance/aid to those members affected by the Hurricanes of 2005. This region rose to the occasion once again, and although it has taken longer than planned to come to fruition, our goal has been realized.



Scholarship assistance. The SCR gives more money in **scholarships for WOC education** that ANY region or affiliate within the WOCN. We are taking over the entire process of awarding the Beverly G. Hampton Scholarship Fund, and we are going to contribute to the national scholarship fund as well. A **poster presentation scholarship** was born, and an emphasis on sending someone from the SCR to **NIWI** has occurred during my tenure. We have supported both the UOA Youth Rally and now the **Youth Rally Camps** offering financial aid to the camp itself and in sponsoring campers and/or counselors.



Foot and Nail Kit. A bang up job, quickly done without losing quality.



SCR conference cruise was a big success despite doubts expressed during the planning process. Everywhere we go, we hear: "When are you doing another cruise?"



I thank all those whose support and assistance I could not have done without. To the SCR council members, I am honored to have served with you. I have learned a great deal in the last three years. To the SCR members, I have been proud to represent such a diverse and dynamic group. And as always, I wish you all good things.



Sincerely,  
**Kathleen M. Murphy**  
Houston, TX





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The 2007 SCR Regional Conference will be on October 11-13, 2007 at the Hilton Capitol Center in downtown Baton Rouge, Louisiana.

## Meet Your New SCR Council Members

### [President- Jill Conwill](#) *(Click for Picture)*

Jill has been a member of the WOCN since 1981. Originally from Wisconsin, she moved to Texas in 1983 (now considers herself a native). Over the years she has attended several of the SRC conferences but she wanted to become more active in SCR's organization. She has been the treasurer for the South Central Region since 2001. She will serve the next two years as SCR's President starting January 1, 2007.

She is the Ostomy/Wound Care specialist at CHRISTUS Spohn Hospital-Shoreline, an acute care health system in Corpus Christi, Texas. For the past 23 years, her role has kept her quite busy since it has gone from one hospital to a six-hospital system over the past few years.

When she isn't working she is playing golf or shopping (this girl loves to shop!). Jill and her husband Michael have 3 cats, Bailey, Meggie and Gracie.

### [Treasurer- Kimberly Stallo](#) *(Click for Picture)*

Kim has been an RN since 1983 and CWOCN since 1995. She has worked in the acute care and home health practice settings until last year when she accepted a position with Tyco Kendall Healthcare as their Wound Care Specialist for the western zone region three. Kim has been a member of the WOCN since 1994. She became active with the SCR in 2001 working on the CPC for the Dallas conference held in 2002. Kim has remained active since that time in the role of public relations chairperson. She will begin functioning in the role of treasurer on January 1, 2007.

When Kim is not working she enjoys her family. She has been married to Mark for 23 years and they have two wonderful children, Patty (20) and Joe (19). Kim also loves to spend time with her beautiful grandson Aiden. Kim and Mark enjoy traveling and have been to Hilton Head, Hawaii, and Napa, CA. this past year. Hawaii is their favorite vacation spot and they are already looking forward to returning there next February to do some whale watching.

### [Nominations Chairperson- Meliss Carlson](#) *(Click for Picture)*

Meliss is the incoming SCR Nomination chairperson. She has been a member since 1993. She became interested in wound care when she was working on a Med-Surg unit and had a necrotizing fasciitis patient in which she was diligently trying to save her leg. That's where Meliss met Bernie Cullen who began teaching her about wound care and became her mentor. She felt she "couldn't have asked for better teachers than Bernie and her partner Gaynelle McNeil".

She attended Emory's Wound, Ostomy and Continence Nursing Education Program three years later. After graduation she went home to a well established practice at East Jefferson General Hospital in Metairie, Louisiana and has been there ever since. The majority of her practice is wounds, ostomies, fistulas, and occasionally dabbles in nail in the acute care setting. Her outpatient practice is small and is mostly ostomy and teaching intermittent self catheterization.

Meliss is the proud Mom of a very busy six year old daughter, Layne Nicole. Meliss and her husband can hardly keep up with her social and

Meliss is the proud Mom of a very busy six year old daughter, Layne Nicole. Meliss and her husband can hardly keep up with her social and extracurricular activities. Her husband works the evening shift for Walgreen's drug store and loves to travel (as long as it doesn't mess up his football schedule). Meliss loves to read, do crafts, and be a social butterfly.

**[Public Relations- Donna McClure](#)** *(Click for Picture)*

Donna became a CWOCN in 2003. She is currently employed at CHRISTUS Spohn Wound Care and Hyperbaric Center as the Patient Care Coordinator - "that just means I get to do the job of whoever doesn't show up today". She is over daily operations of a busy outpatient wound center on 3 campuses, expanding to the three outlying areas very soon.

Donna became interested in wounds when she first became a nurse. One of her first patients had a pressure ulcer that she "could have crawled inside and gotten lost in. He was very bitter and depressed because he was quadriplegic as a result of a robbery gone badly. He was shot by bad guys in his own store. Helping him put the pieces together to get his wound to heal was one of my toughest challenges ever". After that, hyperbarics was a natural addition as a wound care tool and because she is also a scuba diver.

Outside of work, Donna likes spending time with her family. They do competitive shooting sports like Cowboy Action Shooting. She volunteers with Girl Scouts, Police Explorers and the Red Cross. In her spare time Donna likes to read.

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## Clinical Corner

### Diabetic Foot and Neuropathy- Simple Testing

by Jim McLean, RN, BSN, CWOCN, CFCN

When caring for patients with diabetes, it is very important to know which of your diabetic patients are considered at high risk for foot complications. Those individuals with the following one or more identified problems should be considered at high risk:

- Signs or symptoms of peripheral neuropathy (sensory, motor or autonomic)
- Signs or symptoms of peripheral vascular disease
- Presence of abnormal gait or shoe wear
- Foot deformity
- Prior ulceration or amputation
- Poor understanding of diabetes or the need to follow good self care practices

Providers are advised to follow high risk patients more frequently, at least twice a year or as clinically indicated. Low risk patients, those without demonstrated risk factors, can be followed with a complete foot exam and foot care instruction on an annual basis.

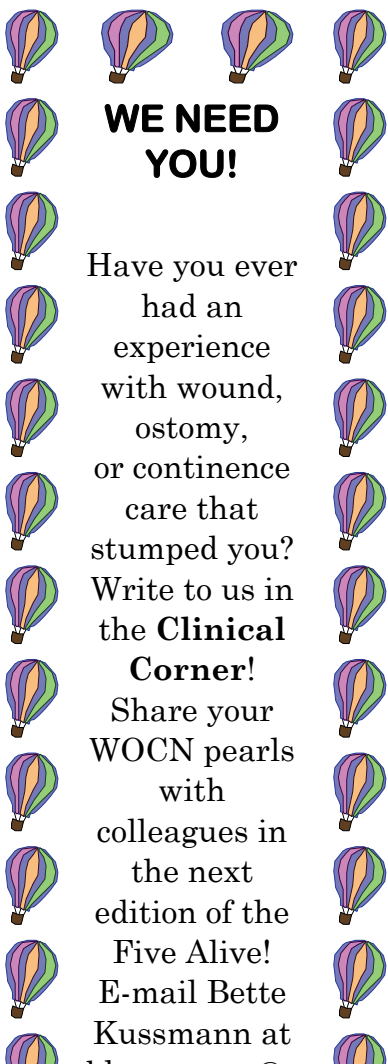
Studies have demonstrated that the use of the Semmes-Weinstein monofilament testing is a simple and inexpensive clinical tool to identify high risk patients with neuropathy. Individuals who lack sensation to the 5.07 gm monofilament with approximately 10 gm of linear pressure (pressing the tip of the monofilament against the plantar surface of the foot until the monofilament has a nice bow in it) are at higher risk for injury or ulceration than those who retain sensation. In a recent study with a prospective 3 yr follow up, it was shown, in terms of predicting patients at risk, that more than 90% of ulcerations and all amputations occurred in the higher risk group. Thus, the necessity to identify these patients with full blown or developing neuropathy who are at higher risk for developing foot complications of diabetes.

For an initial testing for neuropathy, it is recommended that you place the 5.07 monofilament to the plantar surface of the patient's feet at the following sites:

- The tips of distal pads of the 1st, 3rd and 5th digits
- The metatarsal heads of the same digits
- Each side of the mid foot, plantar surface
- Some testing literature suggests that you test the heel pads and the dorsal aspects of the arch of each foot

Do not try to do a monofilament test over a callous. All calluses should be sanded down frequently enough to keep the callous tissue reduced, which will help reduce the trauma to the soft tissue between the callous and bone.

I would encourage anyone who is interested in further information to visit





Kussmann at  
bkussmann@o  
chsner.org  
with your  
story and  
photos.



I would encourage anyone who is interested in further information to visit our national website, [www.wocn.org](http://www.wocn.org) and review the certification information for Foot and Nail.

Levin, M., O'Neal, L., Bowker, J.: ***The Diabetic Foot***, 5th Edition, St. Louis, M.O., 1993, Mosby-Year Inc.

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## Tid-bits and Pearls

### Protection While Irrigating

To irrigate small wounds, use a 19-22-gauge needle attached to a 3-cc syringe. First, stick the needle through a 4x4-inch piece of gauze. Then, hold the needle 1 to 1.5 inches from the wound and irrigate. The gauze will prevent fluids from splashing toward your face.

*Gary Ramirez MHS, PA-C from Pico Rivera, CA contributed this to Clinician Reviews \*November 2006\*Vol 16, No. 11*

Janet M. Davis MSN, RN, APRN-BC, CWOCN  
Supervisor, Clinical WOC Nurses  
Program Coordinator for the WOCNEP  
The University of Texas MD Anderson Cancer Center

### Congratulations on the nomination...

**The Nightingale Awards are awarded through the LSNA and held yearly in**

**Baton Rouge. Myra Varnado was nominated for clinical practice nurse of the year. The nomination is an honor. Let's cheer her on for the award!!**

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## How do We...

### Discharge Ostomy Patients from Inpatient Facility to a Home Health Agency

by Ken Clark, RN, CWON

It is very important to coordinate care with the Home Health Ostomy (ET) Nurse prior to discharging an ostomy patient from a hospital to a Home Health Agency (HHA).

Too often patients return home with insufficient ostomy supplies, which results in a catastrophe.

When a patient is under the care of a HHA, the agency is required by Medicare to supply the patient's ostomy equipment until discharged from the agency. It will take several days for the Home Health Agency to obtain needed ostomy supplies.

Here is a best-case scenario...

Day 1 D/C from hospital. (HHA can not see patient on same day of D/C from Hospital)

Day2 Home Health admits patient.

Day 3 Ostomy Nurse is consulted, and correct equipment is verified and ordered.

Day 7 4 days later... the ostomy equipment is received by the HHA.

Day 8 supplies are delivered to the patient.

Upon discharge from the hospital a colostomy patient may only need 2-3 bags, where an ileostomy patient will need much more to sustain them until Home Health can obtain supplies. Remember the ostomy equipment used in the hospital, may not function as well for the patient as their activity level increases. This will result in a more frequent change of the wafer due to leakage.

A lack of supplies can result in excoriation of peristomal skin, cause body image issues related to odors etc, and often unnecessarily stress the patient and caregiver. This increased anxiety will make teaching self-care much more difficult.

How do we make this work? TEAMWORK

We must work together through clear communication of patient needs.

The HHA should be informed what supplies the patient is currently using so they can be ordered prior to discharge. The patient should be sent home with an adequate quantity of supplies. This will result in improved outcomes and patient satisfaction.



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## Sharing nETwork

### Patient Teaching Handouts

Jill Conwill RN, MSN, CWON

Through the many years as an ET (WOCN) I have seen many out-patients who were sent home with minimal written material regarding their ostomy care. They may have received a video on how to change their appliance or one of the many booklets from the ostomy product companies that have minimal information.

Patients don't remember much of what they were told due to effects of their pain medication. Then they are discharged with a few supplies and told to call if they have any problems or questions. Some will go home and muddle through the best they can and some will become your new pal calling daily with questions.

I have found that if the patients have written materials with pictures for step-by-step instructions, problem solving information along with the video/DVD they feel better equipped to handle many of their concerns on their own. I still receive calls when uncertainty arises about something new—like a rash or sensation around their stoma but in general they are pretty self-sufficient.

So what do I give them? First, I get a hospital folder—most facilities have a pocket folder with their logo on it. I staple my card on the inside pocket so it won't get lost. The folder consists of:

- A measuring guide (in case they lose the one in the box of supplies)

- Brochure(s) where to obtain their ostomy supplies

- A step-by-step instruction sheet on how to empty the pouch. It has pictures so that helps with the illiterate/non-English speaking patients. I typed up exactly how I teach the patient, found pictures depicting how they were instructed then cut and pasted them onto the form.

The products that I tend to use the most at the time of discharge are listed on a sheet of paper with the company name, item description, order numbers, and quantity per box. That way I can just circle what they need to order—like a grocery list. It is fast and simple. I use Microsoft EXCEL and save it so if I need to add or delete items it is easy to change.

For the Ileostomy patients I include information regarding fluid and electrolyte imbalance. I explain what has occurred with their GI system now that their colon has been removed or bypassed, the signs and symptoms of dehydration and what fluids can be consumed to rectify the problem before they end up in the emergency room.

I include the company step-by-step instruction card on how to change their appliance. It has pictures for quick viewing. (They also receive a video or DVD).

I typed up a 20 page care guide that covers what an ostomy is (many patients end up going to surgery before they are seen by a WOCN so they aren't given the introductory booklet). Specific information regarding their specific type of ostomy and then day to day living tidbits. These

they aren't given the introductory booklet). Specific information regarding their specific type of ostomy and then day-to-day living tidbits. These tidbits include: diet, showering and bathing, clothing, exercise and sports, staying odor-free, sexuality, travel, when to change the appliance, skin problems, and when to call the physician. Then the last few pages list associations, insurance information, ostomy nurse information, and then a list of common appliances and accessories—defined so they know why they would use them.

I print up one for each type of ostomy and have them color coded. Salmon for colostomies, light green for ileostomy and canary yellow for urostomies. The only difference in them is the section on their specific ostomy information. That way I can prepare each folder ahead of time and add the pouching instruction card as I grab it for that particular patient.

This discharge folder holds all their information regarding their ostomy and the patient can keep things more organized when they return home. It helps to have everything I tell the patients in writing since they will forget most everything they are told. I have found this teaching method to be invaluable through the years.

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## Scholarship News

### Scholarship News...

By Debbie Fulmer, Scholarship Committee Chairman

Exciting News from the Scholarship Committee! The SCR membership has spoken and as a result there is a lot occurring with the scholarship designations from our region. See some of the exciting news below:

**Beverly Hampton Scholarship** – As of this year, the Beverly Hampton Scholarship will be administered solely by the South Central Region. Applications for this scholarship must be received by the SCR Scholarship Committee by May 1st or November 1st. The application form is on the website in the forms section. Eligibility criteria for this scholarship are:

1. A registered nurse residing in one of the SCR WOCN states (AR, LA, MS, OK, TX).
2. Seeking education in wound, ostomy, and continence nursing at M.D. Anderson WOC Nurse Education Program (WOCNEP).
3. Proof of one of the following:
  - Acceptance in the M. D. Anderson WOCNEP.
  - Current enrollment in the M.D. Anderson WOCNEP.
  - Certificate of completion of the M. D. Anderson WOCNEP.

**SCR WOCNEP Scholarship** – This is a new scholarship from the SCR which will be administered by the WOCN Scholarship Committee. Applications are available on the WOCN website and must be received by the WOCN Scholarship Committee by May 1st or November 1st. One \$1500 scholarship is available each year from the SCR. Eligibility criteria for this scholarship is:

The applicant selected to receive the SCR WOCNEP Scholarship must be a resident in one of the states within the South Central Region (Arkansas, Louisiana, Mississippi, Oklahoma, and Texas).

The applicant must show proof of acceptance and enrollment in a full-scope WOCNEP.

The recipient must become a participating member of the SCR-WOCN upon completion of the program.

**Hurricane Relief Scholarship** – This scholarship officially ended on December 31, 2006. However, many of our members in the affected areas, who sustained damage, did not qualify for the scholarship as written. These members will have an opportunity to get a scholarship to cover the cost of WOCN membership. This scholarship extension is available through January 31, 2007. The application is available on the SCR website. If you feel you might qualify for this assistance, don't delay. Get your application sent promptly.

**A reminder:** Don't forget that we have scholarships available for children and/or young adults with diversions to attend a summer camp. Encourage your young patients to apply for these scholarships and have a wonderful

your young patients to apply for these scholarships and have a wonderful experience. This scholarship may also be used by one of the SCR WOC nurses who want to attend either of the summer camps as a counselor. What a wonderful experience that would be for any of us.

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**Austin, TX**—Meets 2nd Wed. at 6:00 PM.  
Contact Karen Hollis @ (512)-324-1053.

**Arkla-Tex**—Meets 2nd Fri. of each  
quarter at 6:30 PM in Bossier City, LA.  
Contact Margaret Davis @ (318)-675-6924.

**Baton Rouge**—Meet at 7pm on the  
third Thursday in Jan, Apr, July, and  
Oct.  
Location varies. Please call Laurie Hood  
at 225-381-6355 for further  
information.

**Biloxi, MS**—Contact Paula Green @ (601)  
288-4244.

**Dallas, TX**—Meets 2nd Thurs. of each  
month at 11:30 AM at Presbyterian  
Hospital Dallas in the Tenth Floor board  
room, 8200 Walnut Hill. Contact  
Presbyterian WOCN Dept. 214-345-5053

Please send any updates about your local  
WOCN group to [Bette Kussmann](#).

**Northeast Texas WOCN**—Meets  
quarterly at various locations in the  
Longview-Tyler area. Contact Tammi  
Short@ (903) 297-2560.

**Fort Worth, TX**—Meets 1st Thurs. at  
11:30 AM at the Klabzuba Tower.  
Contact Valerie Pemberton @ (817) 820-  
4970 (W).

**Houston, TX**—Meets 4th Wed. at the  
Rotary House at 11:30 AM. Contact  
Contact: Janet Davis @ 713-895-9541

**Houston Northwest**—Meets every 3rd  
Thursday of the month at 6PM. Contact:  
Pat Thompson, (W) 281-397-2799; (H)  
832-484-8656;  
[pat.thompson@tenethealth.com](mailto:pat.thompson@tenethealth.com)

**Lafayette, LA**—Meets 3rd Thurs. of each  
quarter at 6:30 PM. Contact Rita  
Hernandez @ (337) 981-4935.

**Oklahoma City, OK**—Meets 3rd Wed.  
of every other month on “on-call” basis in  
the American Cancer Society office.  
Members will receive mailing notice of  
when meeting will be held. Contact  
Sharon Williams @ (405) 949-3770.

**San Antonio, TX**—Meets 3rd Wed. at  
the American Cancer Society at 4:30 PM.  
Contact Diane Rudolph @ (830) 336-3565.

Are you Up to Date?

Have you checked out your member information lately? Go to [www.wocn.org](http://www.wocn.org)  
and log on under the member section and check or update your member  
contact information, demographics, communication and directory  
information.

The only way the South Central Region can contact you is if we have up to  
date records from the national office. The national office needs YOU to  
update the information.

For regional membership questions or information, contact:

Janet M. Davis

[jmdavis@pdq.net](mailto:jmdavis@pdq.net)

713-895-9541 after 7pm CST

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