



South Central
Region WOCN

April, 2010

The Newsletter of the South Central WOCN Region WOCN

Five Alive



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Jill Conwill

April already, I can't believe it. The SCR Conference Planning Committee has been busy planning our fall conference. There will be great speakers and topics to meet everyone's educational needs. It will be at the Peabody Hotel in Little Rock, AR which is located in the heart of the bustling downtown River Market District and home of the world famous Peabody Ducks. The brochure is on our website and early registration is now available. The conference dates: September 16th to 18th. Please plan on coming in early enough on the 16th for the evening event that will start at 6 pm. The Arkansas group has been working hard to make this an unforgettable conference.

Donna McClure and **Jean Cefalu** received the WOCN NIWI scholarship this year. They were there March 14th though the 16th. Be sure to read Donna and Jean's recap of their trip and check out the Power Point presentation that Donna put together. Nice work Donna. **Diana Gallagher** also attended representing WOCNCB. http://www.scrwocn.org/scrapbook/2010_NIWI/Nurse%20in%20Washington%20Internship%20-NIWI-March.pdf

We have placed a timeline of events under the Events/Ed on the SCR website. Listed are all awards and scholarships and their deadlines. We plan to send out notices to all members as a reminder but you can log onto the SCR website at any time to verify the application/nomination processes. Here are the highlights:

<http://www.scrwocn.org/events/SCR%20Timeline%20of%20Events.pdf>

- Poster Presentation Scholarship available for a SCR member presenting a poster at the WOCN National Conference that did not receive support from industry or their facility in the production of their poster. The deadline is May 25th

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- Awards: start thinking of nominating a SCR member for the SCR of the Year; SCR Educator and Rookie of the Year; as well as the Manufacturer/Representative of the Year. These nominations can be done at any time before August 1st
- The Beverly G Hampton Memorial Scholarship application deadline is August 15th

Call for nominations will begin June 11th so if you are interested in running for President, Treasurer or Nominations Chair contact **Tina Meyers**.

On January 19th a press release was issued announcing the WOCNCB 2010 board members. Congratulations to our SCR members: **Diana Gallagher** (President), **Marilyn Swindle** (Financial Officer and Chair, Nominations and Awards Committees) and **Jeannine Thompson** (Alternative Level of Certification Committee Liaison and Chair, Experiential Pathway Committee).

In 2009, we introduced the SWAT (Skin and Wound Action Team) Toolkit. It has been quite successful and it continues to generate sales. **Rebecca Garcia** (PR Chair) has worked on an updated SWAT toolkit ad for our website and we will have it advertised again at national conference. We also plan to spotlight our 2009 SCR Award winners at the booth to promote our yearly awards. Be sure to stop by our booth—we will be across from Coloplast Corp. and Genalrex, Inc.

We have a new section in our *5 Alive*. It is the **Vendor's Corner**. ConvaTec was our Manufacturer/Representative of the Year winner in 2009. Tabatha Schroeder received the award for their company. So, we are introducing this new section with ConvaTec's information about their two piece moldable system. Not all of you may be aware that they now have a "flat" Durahesive Moldable Wafer.

Joan Flynn is our Communication's Chair and is always looking for articles for the *5 Alive*. If you have a clinical article or some pearls of wisdom to share please send them to Joan. You can use this for your PGP points. Send the article to agirflynn@att.net

If you are interested in becoming more involved with your region we are always looking for committee members please feel free to contact me jill.conwill@hcahealthcare.com

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Gina Wilson



Congratulations to **Gina Wilson** of Dallas for being selected as one of the “**Dallas-Fort Worth Great One Hundred Nurses**” for 2010. There were hundreds of nurses nominated for this prestigious award. She will be honored on April 14th at the Morton H Meyerson Symphony Center.

A panel of professionals based their decision entirely on the contents of the letters they receive. Some of her attributes include:

ROLE MODEL: This candidate is an expert clinician, teacher, and advocate. She readily speaks up for nurses and nursing. She epitomizes the profession’s image of the truly professional nurse. She is a great advocate for persons, especially older adults, in need of justice. This quality is especially evident in her role as expert witness (long-term care and wound care) in litigation involving older persons. She demonstrates her professionalism as she explains to juries the standards of nursing care, as well as the role and worth of nurses in health care. She is preparing to enter a NP program, not only to further her own education, but to provide more intense services in the expanded nursing role. She is certified as a wound/ostomy nurse (WOCN). She also a Diplomat in the American Professional Wound Care Association (APWCA).

LEADERSHIP QUALITIES: She is active in ANA/TNA/TNA D4, as well as WOCN, APWCA, AALNC (American Association Legal Nurse Consultants), and in NADONA (National Association of Directors of Nursing Administration). She is in the forefront of defining the role of the professional nurse in long-term care, and in influencing public policy. She has held offices in TNA D4, NADONA, and AALNC (Dallas Chapter). She is a nurse entrepreneur, starting her own company, ET Resources, to provide wound and ostomy care, as well as to present educational programs. Some of her clients are major hospitals, home health agencies, and nursing homes. She particularly likes to provide services in underserved rural areas, sometimes doing *pro bono* work. She is an accomplished mentor. She inspires confidence and trust. When she goes into a facility, she does not “take over” wound care. Instead, she works with staff as a team, sharing her expertise and building staff confidence. Overall, she makes nurses feel proud to be a nurse.

SERVICE TO THE COMMUNITY: This nominee readily accepts requests from colleges of nursing to guest lecture on wound care, legal issues, palliative and hospice care. This is a *pro bono* service. She also readily responds to TNA D4’s requests for CE programs at job fairs. She is a Rear Commodore in charge of membership in the Corinthian Sailing Club (CSC). Her duty is to encourage families to learn to sail and enjoy White Rock Lake. She also assists CSC in its fund raisers to help the Special Olympics, the Leukemia and Lymphoma Society, and the Dallas Zoo.

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• **COMPASSIONATE CAREGIVER:** This nominee cares for people in a holistic manner. She has a
• natural ability to provide palliative and hospice care. She does not hesitate to accept patients with horrific
• wounds. She also provides mentoring and a supportive environment for staff who may be timid or reluctant
• to care for patients suffering major wounds. She is especially effective in helping families cope with the
• human relations involved in end-of-life care, especially when cultural values and beliefs add to the
• dimensions of care. She knows how to comfort – i.e., she identifies cues to distress and provides nursing
• care to alleviate or prevent suffering. She nurtures a sense of hope in patients, families, and staff.

• **SIGNIFICANT CONTRIBUTIONS:** She actively promotes certification in wound care. She is active
• in QA/Peer Review and policy revision of skin and ostomy protocols in her professional organizations. She
• provides CE programs (many *pro bono*) for health professionals. She was a quality reviewer for TNA under
• its NACES Plus Foundation grant to audit quality of care rendered in skilled nursing facilities in Texas 2007
• – 2009. She is a “nurse’s nurse.” Most of all, she is an advocate for older persons, both in clinical care and
• in helping them obtain justice when they have been harmed.



Vendor's Corner


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Vendor's Corner

ConvaTec Advertorial: Tips in selecting the mold-to-fit skin barrier

Standards in ostomy care have come a long way. Many seasoned WOC nurses still remember when rubber bags, rigid faceplates and belts were the standard device used. It wasn't until the 1960's when the hydrocolloid adhesive was developed to not only adhere to dry skin surfaces, but withstand moist environments as well. With this innovation came the Stomahesive® skin barrier for use in ostomy care; introduced by ConvaTec. Stomahesive® technology is a combination of adhesive materials and skin friendly hydrocolloids working together to maximize performance and help protect peristomal skin. Over the past four decades, ConvaTec has remained focused on providing an adhesive skin barrier that forms a secure bond to the skin, while being skin friendly. The Stomahesive® line of skin barriers expanded to include flexible wafers with tape collars, and accessory products in paste or powder formulation.

In the early 1980's a need for the development of an extended wear skin barrier was recognized, and thus Durahesive® technology was developed. Many clinicians may not know how Durahesive® differs from Stomahesive® technology. Both skin barriers are formulated with the same patient needs in mind; provide a secure bond against the skin while being skin friendly. Durahesive® skin barriers, however, were created to withstand more liquid or enzymatic output, thus making it the more "durable" skin barrier for patients with either a urostomy or ileostomy. Durahesive® skin barriers have improved flexibility enabling it to be shaped; thus the convex shape is always made of Durahesive® technology.

The most recent milestone in skin barrier technology was the development of a flat, moldable wafer; ConvaTec Moldable Technology™ skin barriers. Gone are the days when the only option was to measure the stoma, create a template, trace the template onto the skin barrier, and cut the skin barrier according to the template to fit the stoma. Now, patients can easily mold the skin barrier to mirror the shape of their stoma by rolling the skin barrier onto itself. A better fit around the stoma may help patients better protect against leakage while protecting the peristomal skin. ConvaTec Moldable Technology™ skin barriers are useful for most ostomy patients and especially those who may have difficulty cutting a traditional cut-to-fit wafer due to either visual or dexterity problems.



ConvaTec Moldable Technology™ skin barriers are a unique, patented three layer adhesive with either Stomahesive® or Durahesive® technology on the body side, a middle film layer and a top Durahesive® layer. What this means is that whether the patient is using Stomahesive® or Durahesive® they will always get the benefit of Durahesive® technology. This is because Durahesive® technology is the most advanced adhesive technology available in the industry.



Durahesive® they will always get the benefit of Durahesive® technology on top. This top Durahesive® layer provides the



following benefits to ostomy patients:

- Improved adhesive strength, flexibility and durability
- Enables “shape memory” – snugs the shape of the stoma, even during peristalsis, while maintaining a secure seal
- Enables the Turtlenecking Effect – as water is absorbed by the hydrocolloids the network stretches and gently expands to snug the contours of the stoma, protecting it from stoma output
- Helps protect the skin
 - Turtlenecking in conjunction with shape memory enables the adhesive to maintain a close seal around the stoma
 - Turtlenecking directs output into the pouch and away from the wafer to skin interface

So, how would a nurse select a Stomahesive® versus Durahesive® ConvaTec Moldable Technology™ skin barrier? An assessment of the overall patient and stoma characteristics will help you in the selection process. The chart below details the features of both mold-to-fit options - Stomahesive® and Durahesive® - in relationship to the assessments you routinely perform.

	ConvaTec Moldable Technology™ in Stomahesive®	ConvaTec Moldable Technology™ in Durahesive®
Unique patented tri-layer wafer design	✓	✓
Durahesive top layer for Turtlenecking protection	✓	✓
Gradual absorbing top layer	✓	✓
Flexible, conforms to body	✓	✓
No trauma to skin upon removal	✓	✓
Skin irritation rare	✓	✓
Protects peristomal skin from output	✓	✓
Bonds securely to skin	✓	✓
Liquid to semi-liquid output		✓
High volume output		✓
Need Convexity		✓
Semi formed-to-formed output	✓	
Preferred for more frequent barrier changes	✓	
Recommended for patients who perspire a lot or live in humid climates	✓	

For more information on all ConvaTec skin barriers, please speak with your ConvaTec Representative or call ConvaTec’s Customer call center at 1-800-

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To learn more, call

1-800-422-8811

M-Th, 8:30 AM - 8:00 PM, ET

Fri, 8:30 AM - 6:00 PM, ET

Sat, 10:00 AM - 2:00 PM, ET

www.convatec.com

E-mail: CIC@ConvaTec.com

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Government — NIWI Recap

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Our NIWI Experience: Read both articles by Donna McClure and Jean Cefalu

By Donna McClure, BSN, RN, ACHRN, CWOCN

The Nurse in Washington Internship Program (NIWI) is sponsored by the Nursing Organization Alliance. The Alliance is a coalition of nursing organizations united to create a strong voice for nurses.

The Alliance provides a forum for identification, education, and collaboration building on issues of common interest to advance the nursing profession. The Alliance does not have delegated authority to speak for nursing or any member of The Alliance. Membership in The Alliance is open to any nursing organization whose focus is to address current and emerging nursing and health care issues. Structural nursing components of a multi disciplinary organization are also welcome to join. Website: <http://nursing-alliance.org/>

WOCN is a participating organization in the Alliance and in NIWI. The Internship program is an opportunity to learn about how public policy is made, what nurses can do to influence it and also a chance to participate directly in that process by networking with other nurses and interacting with legislators and their staff on Capitol Hill.

I was proud to be a representative of the South Central Region- WOCN at this year's NIWI held March 14-16 at the Liaison Capitol Hill. The story of this year's program is told in pictures on the SCRWOCA website: http://scrwocon.org/scrapbook/2010_NIWI/Nurse%20in%20Washington%20Internship%20-NIWI-March.pdf

I highly recommend this program to any nurse interested in the political or governmental systems. It was well organized and well run and kept us learning and engaged at all times. I am grateful to SCRWOCA for sponsoring my attendance and hope to use my knowledge on the public policy committee in the coming years.

By Jean Cefalu MSN, RN-BC, CWOCN

This year, 122 nurses from around the country were selected to meet in Washington, D.C., to actively participate in the legislative process during the Nurse in Washington Internship (NIWI) program presented by the Nursing Organizations Alliance (the Alliance). It was an honor to represent the South Central Region of the WOCN and an experience I will always remember.

Nurses have always been advocates for patients and taking an active part in health policy advocacy is taking this one step further. If nurses don't weigh in on proposed policies involving health care or the nursing profession, the Members will not be able to make truly informed decisions. I was surprised to learn that less than twenty Members of Congress have any medical background and only three were nurses. As a whole, the Members rely on us as experts in our field for current information on which to base their decisions and votes. It is not only our right, but our responsibility as nurses, patient advocates, parents, children, neighbors, and citizens to become and remain active in the political processes that govern our country.

The three-day workshop brought keynote speaker Paul Seltman, Director of Public Policy at Becton Dickinson and Company; a panel of expert nurse advocates including Geraldine Bednash, PhD, RN, FAAN; Mary Chaffee, PhD; Georgia Decker, APRN, ANP-BC; and Judith Leavitt, MEd, RN, FAAN; as well as Representative Frank LoBiondo (R, NJ), a member of the Nurse Caucus, to speak to us regarding the importance of political activism and the ways nurses can become involved.

We spent a full day visiting with Senators and Representatives to present important issues pertaining to the nursing profession and consensus statements developed by the Alliance in cooperation with numerous nursing organizations. In addition, we were able to spend a significant amount of time discussing the WOCN role in the provision of cost-effective and evidence-based patient care. I was encouraged by the amount of time and attention Senator Mary Landrieu, Congressman Steve Scalise, and their staff gave to us during the same week as the health care reform vote.

I highly recommend this program to everyone. The Alliance allows nurses a collective voice in Washington, D.C., and nurtures the neophyte advocate, giving us confidence and a strong voice with which to speak with Members of Congress.

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Abdominal Compartment Syndrome and NPWT

By: Cindy Schneider

Abdominal Compartment Syndrome (ACS) is much like any other compartment syndrome we are familiar with in an extremity. When fluids are trapped in the abdominal cavity pressure is placed on the contents, primarily organs and damage is done through the loss of circulation. Respiratory effort is compromised through decreased volumes and kidneys lose perfusion. It is the confined space and the organ failure which lead to the diagnosis of compartment syndrome.

What causes this build up of fluids? Well it could be trauma, chronic ascites, or fluids outside the abdominal cavity placing pressure over the abdomen. Two common causes are blunt abdominal trauma and pancreatitis. Whatever the cause, the intra-abdominal hypertension, IAH, limits over all organ function. Bowel wall edema can lead to leakage of bacteria across the more permeable membrane; porta-caval collapse limits flow to distal organs and extremities; and metabolic acidosis as well as anaerobic metabolism further complicates the picture. (Paula, 2009)

There is only so much space in the abdomen, even if it expands more the average extremity. And where fascia closure does not always lead to ACS, all those with compartment syndrome are connected to fascia closure. For this reason the fascia must be left open to relief simple pressure. As WOC nurses we are asked to support negative pressure wound therapy over these abdomens to facilitate closure, but more than that to clear excess fluid that is the primary cause of the problem. The dressings themselves are typically placed intra-operatively. It behooves us to know what we are seeing and how to support the surgeon's efforts.

The KCI abdominal compartment syndrome dressing is one way to facilitate these goals. The first generation of KCI dressings for ACS was comprised of a centrally located sponge with large draping extends circumferentially. This allowed the surgeon to tuck the drape around the cavity hopefully pulling fluids from the lateral and posterior areas of collection. However the newer revised dressing takes this a few steps further. The dressing is fashioned as the spokes of a wheel, with sponge extending into the spokes and allowing much more efficient collection and draining of the cavity fluids. The drape and sponge can be cut to fit the depths of the cavity so that the sponge remains free to pull fluids and is not occluded by drape. Gravity is the cause of fluid settling in the posterior recesses. The KCI dressing allows us to reach these recesses.

As the patient moves beyond the need for decompression the abdominal compartment syndrome dressing can be replaced by large black sponge, keeping in mind the cavity will

syndrome dressing can be replaced by large black sponge, keeping in mind the cavity will be open and the exposed bowel will require protection until a wall of granulation can be formed.

WOC nurses are often resources for physician staff when complex situations arise. Take is as one more tool in your arsenal!

Paula, Richard. Abdominal Compartment Syndrome. Updated Feb. 23, 2009. Retrieved April 1, 2010 from emedicine.medscape.com .

WOCNs in Action (where your local group meets)


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Please send any updates about your local WOCN group to [Joan M. Flynn](#) RN,CWOCN,CWS

Are you Up to Date?

Have you checked out your member information lately? Go to 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:

[Joan M. Flynn](#)
RN,CWOCN,CWS
phone:512-694-

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.

Jackson, MS— Contact Julie Turner, Work 601-200-6060, cell 601-668-8116

Dallas, TX— Meets 2nd Thurs. of each month at 11:30 AM at Texas Scottish Rite Hospital
2222 Welborn

Dallas TX 75219

Pickard Conference Room, 3rd floor, Building C

Contact Nikki House 214-559-7855

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

Houston, TX— Houston Area WOC nurses meet on the fourth Wednesday of the month. Contact Cynthia Worley at 713-792-3092 for more details on meeting times/locations.

Houston Northwest— Meets every 3rd Thursday of the month at 6PM.

Lubbock TX— Support group meets once a month, the first Tuesday of each month at 7 p.m., at our local chapter of the American Cancer Society. The group takes a break during the summer months and will meet again in September. For more information Contact Kristi Berry RN, BSN, WOCN

Caprock Home Health

3411 Knoxville Ave.

Lubbock, TX. 79413

806-792-2660 (Office)

806-787-9330 (Cell)

Metro New Orleans LA— East Jefferson General Hospital
Location ~ Times Vary

Please call Meliss Carlson RN
CWOCN for further information.

504-454-4941 mcarlson@eigh.org

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

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 at least quarterly at various locations around San Antonio. For more

phone:512-694-9359 CST

3rd Thursday of the month at 6PM.
Contact: Pat Thompson, (W) 281-397-2799; (H) 832-484-8656;
pat.thompson@tenethealth.com

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

around San Antonio. For more information please contact : Shanna Fraser @ 210-385-2747

The Lake Charles Area— Third Thursday of each quarter
Please email Erica Roach for any questions

erica.roach@christushealth.org