

# CACCN

*The Canadian Association of Critical Care Nurses - Greater Edmonton Chapter*

*Committed to assisting Critical Care Nurses reach their goals*

## Newsletter

March 2009

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## President's Message

*Our newly elected president, Ellen Reil, takes over from our now, Past President Charlotte Pooler. Ellen currently works at the General Systems Intensive Care Unit at the University of Alberta Hospital as a Clinical Nurse Educator. She has a vast set of experiences to draw from, and still currently works casual in the Cardiovascular Intensive Care Unit. Here are a few words from Ellen.*

I am pleased to accept the role of president for the Greater Edmonton Chapter of the CACCN. I hope to continue the great work of the previous Executive. Members should feel free to contact me or other Executive members with suggestions and ideas on how to continue supporting and informing nurses in the critical care field. If you can volunteer your time, we would be very happy to accommodate you. It is your chapter - help us meet member needs.



### We have a new President!!!

Seems like there are several inaugurations taking place. CACCN/GEC has a new President too!

*We would like to take this opportunity to thank Charlotte for all of her tireless work towards the success of the CACCN/GEC. We look forward to her continued support in her new role as Past President.*

### A Message from our Past President, Charlotte Pooler.

I and the CACCN Greater Edmonton Chapter welcome our new president. Many of you know Ellen in other roles. She came forward to fill the VP/President Elect position and kindly moved into the President role. As I move into the "Past-President" role, I want to thank each of the members of the executive for your contributions over the past several years. A particular thank you to Gwen who has now taken the added task of treasurer to that of secretary, and to Shane who was a great support to our executive and "infanto" Past-President to me. We have ongoing changes on our executive as people's time and circumstances require, but the major constant has been the commitment to the chapter, one another, and critical care nursing. We have worked and had fun. I am delighted to welcome our new president and members to the executive.

Best regards,  
Charlotte



## Gwen Thompson attended the 2008 Dynamics Conference in Montreal.

She has graciously written the following article outlining one of her experiences at the Conference.

Gwen is a member of the CACCN - GEC Executive.

One of the sessions I attended at Dynamics in Montreal this year was **Evidence-based Practice: Focus on Enteral Feeding** presented by **Annette Bourgault**. The session began with a short pre-test and four of the questions Annette asked were:

1. What are two recommended methods to verify tube placement?
2. Do bowel sounds need to be present before initiating enteral feeding?
3. Should enteral feeds be held during baths or linen changes?
4. How often should feeding tubes be flushed?

Enteral feeding is identified as a cost effective therapy with a reduced risk of infection when compared to parenteral feeding. Barriers to enteral feeding include underfeeding and interruptions. Underfeeding results from a slow progression of tube feed rates and nutritional goals not being established or communicated. Interruptions of enteral feeds can be due to the lack of a feeding tube, high gastric residual volumes, feeding tube occlusion, test/procedures/surgery, bathing, lack of bowel sounds and diarrhea. Initiation of feeding should occur within 24-48 hours of admission and within 24 hours of mechanical ventilation. Feeding should be held if patients are hemodynamically unstable due to the risk of aspiration and gut ischemia.

The benefits of placing a feeding tube in the small bowel are identified as reduced gastroesophageal regurgitation and decreased micro-aspiration. Placement in the duodenum or proximal jejunum is recommended for patients with impaired gastric mobility or a high risk of aspiration. It was also acknowledged that endoscopy or fluoroscopy may be required for patients undergoing small bowel tube placement as blind insertion methods are unreliable.

Complications related to enteral nutrition include malposition of a feeding tube, aspiration of gastric contents and failure to meet nutritional goals. Feeding tube insertion may cause lung perforation, pneumothorax, empyema, brochopleural fistula and death. Risk factors for aspiration of gastric contents include HOB <30, Glasgow Coma Scale <9, vomiting, or GERD. The recommended method to verify tube placement on insertion is radiographic. Recording the length of the tube at the nare or lip exit provides a reference point for secondary confirmation. Blue food dye and auscultory methods are not recommended to confirm placement. Use of pH or capnography/capnometry for tube placement has been shown to be inconclusive. Bilirubin measurement for tube placement shows promise but is not readily available.

The absence of bowel sounds should not delay enteral feeds. Bowel sounds do not correlate with peristalsis and the most reliable indicator of GI motility is flatus or bowel movements. Initiating enteral feeding is recommended even if bowel sounds are absent.

Holding feeds during bathing or linen changes was discouraged especially if the patient has a small bowel feeding tube. This practice can contribute to underfeeding if the feeds are held for extended periods of time. It was also identified that feeds do not need to be held prior to diagnostic tests or procedures and should be restarted within an hour of a procedure. Feeds can be held 2-4 hours prior to surgery.

Gastric residual volumes (GRV) do not directly correlate with gastric motility. Assessment of GRV must take into account that saliva and gastric fluid can add up to 188 mL/hr. When GRV is greater than 200 mL it was recommended to re-instill up to 200 mL of the gastric contents. Serum K<sup>+</sup> was found to be lower when the entire GRV was discarded. The amount of aspirate discarded should be documented as output. High GRV can be caused by inadequate GI mobility (consider gastric motility agents), delayed gastric emptying or inadequate bowel movements (consider bowel routine).

Delayed gastric emptying increases the risk of aspiration. Drugs such as Diprivan, Dopamine, muscular blocking agents and opioids decrease gastric motility leading to delayed gastric emptying. Assessment of GRV is not necessary for patients with small bowel tubes.

Strategies for preventing tube occlusions include water flushes of 30 mL every 4 hours, flushing tubes before and after medications and following aspiration of gastric fluid. Pancreatic enzyme solutions can be used for persistent feeding tube occlusions. The pre-test questions were then repeated at the end of the presentation:

1. What are two recommended methods to verify tube placement?

Primary verification is radiographic. Monitoring the exit point of the feeding tube provides secondary confirmation.

2. Do bowel sounds need to be present before initiating enteral feeding?

No

3. Should enteral feeds be held during baths or linen changes?

No

4. How often should feeding tubes be flushed?

Routinely every 4 hours, before and after medications, and following aspiration of gastric fluid.

An online reference describing Canadian clinical practice guidelines for nutritional support in mechanically ventilated, critically ill patients can be found at [www.criticalcarenutrition.com/](http://www.criticalcarenutrition.com/)

# Happenings & Updates from the CACCN-GEC



**Winners of the  
Summer 2008 25th  
Anniversary  
Chapters GIVE-  
away contest**

Nicole Fortin - Royal Alexandra ICU

Cecile Weikum - Neuro ICU UAH

Meagan Dunn - Royal Alexandra CCU

Michael Powell - CVICU UAH

Lana MacNeil - Miseracordia CCU

Johanne Bernier - Sturgeon ICU

Guin Boone - Grey Nuns ICU

Congratulations to all of the above  
winners.

We hope you had a chance to purchase  
some great reading material.

**Check out the Chapter Webpage @  
[www.CACCN.ca](http://www.CACCN.ca)**



## 2008 Dynamics



I had the pleasure of attending Dynamics in Montreal this year and representing the Greater Edmonton Chapter at Chapter Connections.

This year was the 25th anniversary of CACCN and the organizing committee for Dynamics must be congratulated for their hard work. To commemorate the 25th anniversary every registrant received a fleece blanket with the CACCN logo. The conference bags, created from recycled street banners, were literally works of art and a wonderful souvenir of Montreal.

Chapter Connections is a day long forum that provides an opportunity for the 11 chapters of CACCN to meet and share the successes and challenges of their chapters. The competition for Chapter of the Year was won by Calgary this year. There is also an education component to Chapter Connections and Riek van den Berg, the Parliamentarian, discussed how to organize a successful Annual General Meeting (AGM). The information was especially pertinent considering our AGM was being held in November. These suggestions were presented at the October executive meeting.

Dynamics was well attended with over 500 registrants. The keynote speakers were well chosen and the concurrent sessions offered a wide variety of topics. Montreal's weather was beautiful and the bustling downtown was easy and safe to navigate. The annual dinner was a great success with roving magicians and a stand up comedian who may have got more than he bargained with a room full of critical care nurses. As well a live band had the dance floor packed! Considering Edmonton hosts Dynamics in 2010, Montreal has definitely upped the ante for organizing a great conference. Members who attended from Edmonton included Tereza Coughlin, Patrick Pfefferle, Heather Colaco, and Teddie Tanguay who is on the CACCN Board of Directors.

# Educational Events

*The important thing is not so much that every child should be taught as that every child should be given the wish to learn.*

*-John Lubbock, 1887*

## Upcoming Education Day



The next GEC sponsored Education Day is happening

on **April 28th, 2009.**

It will take place at the Chateau Louis Conference Center in Edmonton.

The Guest Speakers include Dr. Curt Johnston, MD, Director of Critical care at the Royal Alexandra Hospital; Jennifer Halenar, NP for the Heart Failure Clinic; Wendy Austin RN, PhD; and Mark Ammann from the Health Law Institute.

We are looking forward to seeing you all out at the event.

Please see the brochure for further information.

## Fall 2008 Education Day

### A Huge Success!

The Fall 2008 GEC education day was a huge success. Turn out for the event was over 70 people with attendees from as far away as Fort McMurray. Several specialty areas were also represented including Recovery Room, Respiratory Therapy, Emergency, ICU, CCU, Neuro ICU, CVICU, and more.

Thank you to all the speakers for the terrific presentations. We all learned a lot!

## New Registration Process for GEC Education Events



The GEC CACCN executive has changed the registration process for our educational sessions. Please mail your completed registration form to

the address listed on the brochure. This allows us to maintain accurate numbers of those attending an education sessions for catering and printing purposes. Receipt of registration will be confirmed by email if your email address is included on the registration form. If you do not receive an email confirming your registration within 2 weeks of mailing the forms please email Gwen Thompson at the address listed on the last page of this newsletter.

**Mail completed registrations to:  
CACCN - Greater Edmonton Chapter  
P.O. Box 52191, Edmonton, AB, T6G 2C5**

# Around Town



Fall 2008 Education Day attendees



## Benefit to Membership

At the fall 2008 Annual General Meeting, all members in attendance received a \$10 coupon for reimbursement upon renewal of their CACCN membership.

Further incentives are being considered by the Executive Board.

If you have any suggestions for the executive, please do not hesitate to contact any of us via email, listed below.

## Bursary Information

Remember!! All members of CACCN Greater Edmonton Chapter are eligible to apply for bursaries of up to \$250.00 to help pay for attendance at many educational events or conferences. The bursary guidelines are available on our website at [www.caccn.ca](http://www.caccn.ca), or contact a member of the executive.



## Dynamics 2010 - Edmonton is the Host City!

The CACCN Dynamics Organizing Chair is looking for hard working volunteers for the organizing committee for 2010.

If you are interested in helping to plan one of the best conferences of the year, please send your resume to Teddie Tanguay at [teddie.tanguay@capitalhealth.ca](mailto:teddie.tanguay@capitalhealth.ca)

### **Chapter Contacts**

- ♣ **Past President:** Charlotte Pooler (C.C.I.)  
Email: [poolerc@gmail.com](mailto:poolerc@gmail.com)
- ♣ **President:** Ellen Reil  
Email: [ellen.reil@capitalhealth.ca](mailto:ellen.reil@capitalhealth.ca)
- ♣ **Vice President:** Christina Dixon  
Email: [nina\\_lol@hotmail.com](mailto:nina_lol@hotmail.com)
- ♣ **Secretary/Treasurer:** Gwen Thompson (UAH CNS GSICU)  
Email: [gwenthompson@capitalhealth.ca](mailto:gwenthompson@capitalhealth.ca)
- ♣ **Newsletter:** Sara Pretzlaff (CNE, RAH ICU),  
Email: [sscurrie@shaw.ca](mailto:sscurrie@shaw.ca)
- ♣ **Membership:** Liane Manz (UM, RAH ICU)  
Email: [bltjmanz@shaw.ca](mailto:bltjmanz@shaw.ca)
- ♣ **Member at Large:** Margo Miller, Cynthia Kuntz, Twyla Spoke
- ♣ **Website:** Shane Heavener (UM, RAH CCU)  
Email: [sjheavener@shaw.ca](mailto:sjheavener@shaw.ca)
- ♣ **Liaisons:** Elsie Boomer (SGH CCU), Sara Pretzlaff (RAH DICU), Sandy Hohn (MIS) email: [shohn@shaw.ca](mailto:shohn@shaw.ca), Edith Cooper (RAH Recovery) Email: [edith.cooper@capitalhealth.ca](mailto:edith.cooper@capitalhealth.ca)