

Back row (L-R) Brenda Columbus, Leonie Metcalfe (Chairperson), Angela Crespin (Treasurer), Robyn Hewlett, Suzanne Rolls (PNA)

Front Row Lea Thompson (TR rep), Deborah Urquhart, Sue Goodwin



Enrolled Nurse Section committee 2017 – August meeting

Enrolled Nurse Section Pānui



Enrolled Nurse Section
NEW ZEALAND NURSES ORGANISATION

Issue 8, December 2017

Highlights from the editor

Lea Thompson

Welcome to the December edition of the Enrolled Nurse Section NZNO



Pānui. We've come to, the end of another very busy year.

The National committee work hard all year, keeping Enrolled nursing in the minds of key stakeholders. Special thanks to Leonie and Angie for attending some very important meetings. It is great to see the Regional study days being well supported, a great day for EN's to get together and learn and network.

Watch out for the Annual EN conference next year which is being held in Christchurch in May 2018. Information is available on the website, please check it out and get those registrations rolling in!

Check out the scholarships, grants that are available.

It's also time to start thinking about presenting at conference – share your knowledge with your fellow Enrolled Nurses. Keep those articles and profiles coming in, it is always great to see the wealth of knowledge that is out there.

Please encourage the new Enrolled Nurses in your areas to become involved with the Section, after all, they are the future!

Nau mai, haere mai.

***Enrolled Nurses – we do
make a difference!***

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Chairperson's News

by Leonie Metcalfe



Welcome to the final issue of the Enrolled Nurse Section Pānui for 2017. I am certainly looking forward to enjoying summery days and the excitement of Christmas.

2017 has again been a very busy year for enrolled nursing. Auckland Regional Enrolled Nurse Section hosted the very successful 39th Annual Enrolled Nurse Section conference in Auckland 17-19th May where enrolled nurses presented abstracts showcasing their areas of clinical practice and delegates listened to and debated enrolled nurse issues with our health leaders. Congratulations to you all and great to continue to highlight the expertise and diversity of enrolled nursing, their contribution and value in the health team.

The 40th Annual Enrolled Nurse Section conference will be held at Rydges in Christchurch 15-17th May 2018 and will be hosted by Canterbury Regional Enrolled Nurse Section. We certainly look forward to the conference with a great programme, and the opportunity to profile enrolled nursing, to debate our challenges and to advance our opportunities. Conference details will be updated on the Enrolled Nurse Section webpage. www.nzno.org.nz/en

The Enrolled Nurse Section Committee held three meetings in Wellington/Christchurch in 2017, which were attended by key stakeholders including NZNO, Nursing Council of New Zealand, Ministry of Health, tertiary providers of the New Zealand Diploma in Enrolled Nursing and nurse leaders as we continue to progress enrolled nursing across the New Zealand health system. Five regional Enrolled Nurse Sections have held study days with increasing numbers of attendees and the Section have presented six National Enrolled Nurse Section awards to enrolled nurse graduates who have been nominated by the tertiary providers to receive awards for "Demonstrating Leadership Skills" It is certainly a privilege to acknowledge our future enrolled nurse workforce.

The May 2017 issue of Kai Tiaki showcased enrolled nursing in New Zealand, great stories from enrolled nurses on their very diverse areas of clinical practice. We certainly had great feedback on this issue. It is very hearting to hear the change in thinking in some areas as we see new employment opportunities for enrolled nurses and support for our new enrolled nurse graduates.

To the enrolled nurse membership who have contributed to consultation documents, to those who have supported enrolled nurse students at the educational institutes and graduations thanks for ensuring we continue to be a strong voice for enrolled nursing.

To the National Enrolled Nurse Section Committee, Suzanne Rolls, NZNO Professional Nursing Advisor and Sharyne Gordon NZNO admin support and to the Regional Enrolled

Nurse Section Chairpersons huge thanks for your support during 2017.

Wishing you and your families a very happy and safe festive season and an exciting 2018.

Leonie Metcalfe Chairperson,
Enrolled Nurse Section NZNO



Snippets from the regions

By Lea Thompson

Northland/Tai Tokerau

Very quiet up North with no issues at present.

Auckland

Regional Membership 118

News

- 6 new members to the Auckland Enrolled Nurse Section,
- Manukau Institute of Technology medal pinning ceremony on the 19th of October and presented the Enrolled Nurse Section Award for Leadership.
- 26 enrolled nurses received their medals.
- MIT record highest pass rate in NZ

Waitamata District Health Board (WDHB)

- Committee member and first EN undertakes 2 days research a week – Diabetes Service.
- EN's and new graduates being employed
- New graduates working in Theatre Admission and Discharge Unit.
- Another graduate has almost completed her 6-week orientation - feeling well supported
- have completed the relevant study days along with the NetP RN.

Auckland District Health Board (ADHB)

- Work continues, on a supported into practice education framework, for new graduate enrolled nurses in preparation for their employment at ADHB.
- The Charge Nurse of the Eye Clinic at Greenlane Clinical

Centre (ADHB) showing expressions of interest to employ EN's.

- Message has been posted on to ADHB
- MIT new graduate EN placements notified
- Thank you for ensuring that key stakeholders receive the enrolled nurse's newsletter.
- Auckland's EN section secretary, Dorothy's DON has been in touch with her and wants to review what CMH are doing for enrolled nurses, and how it would be best to support them which is fantastic.
- Finally thank you to you all for your continued commitment to enrolled nursing. Please keep up the excellent work.

Midlands

Membership 80

Education

Midlands Enrolled Nurse Section study day was held on Friday 17th November. A great programme and speakers.

- Waikato DHB to facilitate another enrolled nurse study day in early 2018 and will work with the section on the program content.
- The date for Midlands NZNO Regional Council Professional Forum is November 8th and titled, 'Making a difference for people with cancer diagnosis'.
- There are also violence intervention education sessions being held at Waikato DHB.

Current Issues

- Slow employment opportunities in our region for enrolled nurses including our graduates.

- Some enrolled nurses working in aged care facilities still working through pay rate issues following the Pay equity pay deal.
- The need for more involvement by NZNO for students, including National Student Unit engagement.

News

We continue to promote our regional section.

- Recently I met with the cohort of enrolled nurses that commenced at Wintec in July.
- An intake of 35 enthusiastic students with great culturally diversity.
- Great to hear that an enrolled nurse graduate has been employed in Fertility Services and is loving her job.

Canterbury

Membership 185

Education

- Online learning available through HealthLearn.
- National Early Warning Score has rolled out in Canterbury.
- Ara has put out the courses available for Enrolled Nurses for next year, beginning in February.

Current

Waiting for news on MECCA negotiations.

News

Canterbury is well underway with planning for the 40th annual EN conference, ResiliENT and Resourceful.

- We have a very keen conference committee, full of enthusiasm and great ideas.

- The dinner theme is Hollywood Red Carpet.
- Spinal Unit has employed 4-part time Enrolled Nurses, with one of them from the last class that graduated from Ara.
- The CNM is happy to have more EN's as part of the staff.
- We continue to do a lucky draw at Section meetings, to pay someone's conference registration.
- The recipient at the August meeting was Celeste. It was her first time at a meeting, and she is on the conference committee!
- At the August meeting we had five first timers, which was great.

I have had a varied background working mostly in surgical services, finding my niche in the specialty of ophthalmology at Greenlane Clinical Centre, ADHB. My roles working in this area are varied and challenging. I work either in the ward setting or in our surgical day stay unit where patients are predominantly prepared for cataract surgery.

All age groups are represented on our ward with four permanent paediatric beds allocated.

As an acute setting the ward environment is constantly changing, with admissions happening at any given time over and above other elective lists on any given day. This requires excellent time management skills and the ability to adapt, work as a team and constantly learn.

My role in the ward is to admit patients, treat a varied range of eye conditions, provide education, prepare patients for surgery when required, as well as care for them post op. Once the patient has been cleared for discharge, I complete the appropriate discharge process, all the while applying a holistic approach to my nursing intervention.

The acute eye service runs from the ward in our day stay unit afterhours. This adds another dimension and I am actively involved with this service, logging new patients onto the acute eye services system, doing visual acuity testing, eye washouts for chemical burns, and contacting the registrar when a referral arrives etc.

Our ward also assists the general surgical services at the Greenlane Clinical Centre. It does this by regularly admitting patients from

other specialties requiring overnight stays post GA.

Working as an Enrolled Nurse at ADHB, I was invited to assist with the development of an educational framework for the future employment of Enrolled Nurses. I have also been actively involved on the PDRP committee.

During my time as chairperson of the Auckland Enrolled Nurse Section and with the support of our dedicated committee, we have been responsible for the successful running and organising of annual study days. We have also hosted two national Enrolled Nurse section conferences. I have also been an active member of the Enrolled Nurse Section national committee and held the office of secretary.

I challenge all Enrolled Nurses that have the passion for Enrolled Nursing, to consider stepping up and becoming involved with your local section and from there getting on board with the National Committee. During my involvement at a regional and national level, I have been incredibly challenged, have personally grown and had the privilege of witnessing the positive changing environment for Enrolled Nursing in NZ.

I am proud to be an Enrolled Nurse



Full reports available on
 NZNO/EN website
http://www.nzno.org.nz/groups/colleges/sections/enrolled_nurses/regional/regional_reports

Profiles

Angela Thompson – Chair, Auckland DHB

As a child I always wanted to be a nurse and I have achieved that dream.



Val Scott - Chair, Bay of Plenty/Tairāwhiti DHB

My name is Val Scott and I am the current chair of BOP/Tairāwhiti Enrolled Nurses Section. Our region covers Taupo, Tauranga, Rotorua, Whakatane and Gisborne.

I began my training as a Registered Community Nurse in the early seventies, following a stint as a hospital aide in the then “geriatric” ward at Cook Hospital. Following registration, I worked in most of the general wards at Cook and after the arrival of my children, I began to do permanent night shift. I worked nights for almost forty years and enjoyed doing so.

In 1987 our family moved to Tauranga and I began working at Tauranga Hospital night shift in a medical ward. I changed wards after 8 years to a short stay surgical ward which was a great change for me. Eventually, with the changes in the hospital, new wards being built. I moved to the Women’s health ward and spent the rest of my time at Tauranga working in Women’s Health—I hasten to add that we didn’t just look after women. When a hospital is busy, and beds are short, any empty bed is utilised, whether the patient be male or female!

Tauranga E/N section was in recess in the 1980’s and I became the chair of Tauranga E/N section by default really when E/N’s at Tauranga decided we needed to get up and running again.

During my time as the chair I collaborated with the nurse educator at the DHB and organised study days for all E/N’s in the region.

Many nurses in the aged care sector were finding it difficult to get education and this helped them as well as others.

My time spent on the E/N National committee was a huge learning curve for me and I did learn much about the running of NZNO. This led to me being elected to represent our region on the Regional Council and then the NZNO Board, which was an enormous privilege.

I had always been an NZNO delegate, but didn’t get too involved in the early days, but after a year or so at Tauranga I began to find my feet. Times were difficult union wise in the eighties and there wasn’t much love lost between management and staff. Nurses went on strike for better conditions and pay and it seemed difficult to get anything changed. During my time as a delegate I have regularly supported nurses through disciplinary or mediation processes.

I was a founding member of JAG (joint action group) where changes that were made within nursing generally at Tauranga was when nurses and management entered into partnership and we began to work together to improve services for our communities.

To see how the “Releasing Time to Care” project made a difference to patient care when we all worked together was great. Many projects were undertaken and completed by everyone working together in partnership. I was part of the inaugural team that set the guidelines of the Discretionary Sick leave process, which has been used nationally.

In 2016 I retired from the BOPDHB and returned home to Gisborne. I did think that all my days from then on would be spent doing not much! I am still kept busy as chair of the section and we always seem to have a fund-raising event happening to enable as many as possible to get to our annual conferences!!

In July I became the E/N reliever at Chelsea Private Hospital and have been kept out mischief working there. Most enjoyable.

It has been wonderful in the past year or so to see new Enrolled Nurses in our region. In recent years there have not been too many opportunities for E/N’s to gain employment in smaller regions and it is good to see that is changing.

Long may it continue.



Sara Knight – EN, CBE, Southern DHB

Oamaru Maternity Centre is a rural, primary birthing unit that operates with 3 teams of 2-3 LMC midwives, and 7 enrolled nurses.

Women receive pregnancy care, are supported through normal (non-intervention) childbirth and can stay at the Centre postpartum for a few days gaining support in baby cares, parenting information and primarily support and information in feeding baby.

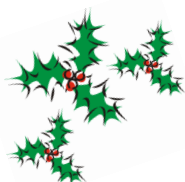
There are 2 birthing rooms with an ensuite, shower and toilet (one with a birth pool, the other with a bath),

2 ante-natal exam rooms and 3 post-natal rooms.

Enrolled nurses are highly skilled in supporting mothers through the early days of breastfeeding and can also assist midwives during a birth if needed. All enrolled nurses are trained in neo-natal resuscitation, are required to keep their breastfeeding education up to date as well as usual in-service workshops that are a condition of our employment (H&S, IPC, CPR, IV cert, fire training to start with).

Enrolled nurses have charge of the Centre on afternoon and night shifts and are under the supervision of the duty nurse (RN). The midwives are available by pager, and are required to be no less than 15 minutes away when on call.

Personally, the breastfeeding is my passion and I am currently waiting for my results after sitting the IBCLC exam in October, these are due on Friday.



Study Days

Southern Region Enrolled Nurses

90 Enrolled Nurses from DHB's, hospices, aged care, mental health, trust hospitals within the southern region; and other private sector facilities that enrolled nurses work in, from Oamaru to Invercargill attended our Study Day in Dunedin.

This included 23 enrolled nurse students from Otago Polytechnic, who were warmly welcomed by everyone present.

Presentations were on the following:

- "Percutaneous Endoscopic Gastrostomy", ("PEG's), presented by the CNM, of Gastroenterology, at Dunedin Hospital.
- "Synthetic Cannabis", A Detective Sergeant at Dunedin Police presented on synthetic cannabis.
- "Report from Palliative Care Conference Montreal 2016" presented by Sharron Peach, Enrolled Nurse, Otago Community Hospice.
- Life Matters Suicide Prevention Trust" – Two people came together to set up the life matters suicide prevention trust, raising awareness; bereavement support and reducing stigma.
- "Heart Failure", presented by the Heart Failure Nurse, at Dunedin Hospital. She runs a weekly clinic for patients with heart failure, where she educates patients about their medications, diet, and health promotion e.g. smoking cessation. She has developed a recovery pathway; heart failure management care plan and

action plan card for heart failure patients.

- "HazDrink", "Hazardous Drinking in Youth: a public health nurses approach" presented by a Public Health Nurse, (PHN) Child & Youth Service, Public Health South. In Dunedin he receives referrals from ED, child protection and children's inpatients.
- Alcohol and the adolescent brain can cause both immediate and long-term harm.
- "Assisted Dying", presented by Lorraine Ritchie, NZNO Professional Nursing Advisor, gave an update and overview on the Assisted Dying debate. Nurses need to be aware of all available resources which exist (e.g. palliative care) and/or how to access these and discuss these with patients.

Robyn Hewlett

Chairperson

Southern Region Enrolled Nurse Section

Midlands Study Day on the 17th November 2017 attracted 96 attendees

Waikato DHB EN update

The opening address from Sue Hayward, Waikato's DHB Chief Nursing & Midwifery Officer provided updates on what's happening for enrolled nurses at Waikato DHB

Sue reminded enrolled nurses that they need to know their own enrolled nurse scope of practice, advocate for themselves in their work places and get involved in

workplace activities. Demographics are changing, the needs of health consumers are changing and becoming more complex, enrolled nurses work in partnership with registered nurses throughout the delivery of care.

Waikato DHB have an enrolled nurse orientation program and there continues to be a small number of enrolled nurses being employed at the DHB including new graduates. It was a great opportunity to have some Q&A time with Sue and Kate Yeo, Associate Director of Nursing, Virtual Health and Older Persons on the medication management online learning which was introduced in Waikato DHB earlier this year and has certainly proved to be valuable as reiterated by enrolled nurses working in the rural hospitals.

Technology will see a wave of electronic devices replacing paper records. Patient observation recordings, events and care will be transmitted directly onto electronic devices such as iPads. Data will become available at the 'tap of a key'.

Community – Drugs awareness (Waikato organised crime squad)

Detectives from Waikato Organised Crime Squad gave a very interesting insight on 'Community-drugs awareness' and working in our community to prevent crime and offending. Methamphetamine and synthetic cannabis are certainly rife and affects not only those using but also in many ways affects the community as a whole. We heard about the history of drug manufacture and its use, how the drug scene has progressed over the years, the signs of drug use and the

physical and social impact on society.

Oranga Tamariki- Changes, processes and custody orders

Not all children live in a safe environment. There are many reports of concern each day in New Zealand. When making a report of concern ensure that you have as much accurate information as possible. At times communities hesitate in making reports of concern as they fear they "may make the situation worse for the children". There are trained teams working together eg MOVCO, police, teachers, health providers. Certainly a huge workload, timeframe for action on concern depends on the safety of the children involved.

Cardiovascular disease is the leading cause of death in women in New Zealand and globally. This is often referred to as a man's disease. There are some risk factors that we can't change such as age, sex, family history, increase in statistics in postmenopausal women but there are also factors that where we can influence change such as smoking, stress, obesity, poor diet and physical inactivity. Due to medical advances people with the disease are living longer. Women need to be vigilant on the signs of cardiovascular disease and seek early medical intervention.

NZNO presentation on 'What NZNO is currently working on'

Alignment with NZNO strategic plan:

The role of the professional body of NZNO, is to lobby stakeholders to improve access to reduce health inequalities. It is also aimed at improving the utilisation of nurses in

new models of care. This can be achieved through writing submissions, select committee hearings or meeting with health service providers.

Skilled nurses and strong workforce: Support the move to RN prescribing, and prescribing in community health. NETP, advocating for **all** new grad nurses to be employed in NETP or NESP programs and to encourage employers to support the development of leadership capability.

Campaigning for safe staffing, is a priority to maintain a healthy workplace. Lobbying for all three scopes of nursing practice RN, NP, EN helps to sustain and secure utilisation in the health system. Ensuring there is growth for Maori and Pacifica nursing workforces, and encourage members to seek professional opportunities. Effective organisation can be seen through the positive behavioural patterns within the organisation which improves morale. To become involved with improvements and development through strong staff relationships promote effective communications.

'Working together' New Zealand Diploma in Enrolled Nursing

The New Zealand Diploma in Enrolled Nursing graduate at NZQA level 5. Wintec are now in their 6th year of providing this enrolled nurse diploma course. Clinical placement in health care settings include rehabilitation, acute care and mental health, enrolled nurse graduates know their scope of practice, and are work ready to join the health workforce. The experienced Enrolled Nurse can preceptor and mentor the new graduates.

Immunisation update. It was very interesting to hear the update on New Zealand immunisation schedule. Please check out the website www.immune.org.nz

Prevention and treatment of prolapse and urinary incontinence

A great presentation explaining prolapse and the difference between stress and urge incontinence, known causes eg age, childbirth history, menopause and other contributing medical history. Treatment options were explained including surgical and non surgical interventions. This presentation generated some good discussion.

The complexities of the bariatric patient

Statistics show that New Zealand's obesity or over-weight statistics are the highest they have been. As a result of these major health problems, chronic illnesses have also escalated. This presentation certainly highlighted some of the challenges in caring for bariatric patients, the team work, the special equipment needed to provide safe practice and a safe environment for not only the patient but also the nursing staff.

Leonie Metcalfe
Midlands Enrolled Nurse Section

Saving a Life

Saturday night shift-Sunday morning

© Sara Knight October 2012



This was not one of my regular shifts, but I was happy to work it anyway; getting up at 11pm to be there at 11.45 is always difficult though once I'm there I'm fine, awake and ready to do whatever comes along.

Midwife Margaret MacDonald had been at the Centre for the better part of the day with a primagravida (first time pregnant) woman and true to form was spending 95% of her time in the labour room with the woman. I spoke to her at the beginning of the shift and she briefed me on how things were progressing. She also told me she wanted Kelly Kara as her second.

There were no other women at the Centre so I busied myself with other duties. I made sure all was prepared for the birth; towels and baby clothes on the heater, large cuddly blanket on the heater for the mum, birth pack trolley (already in the room) and a warmed wheat sack in the cot, ready for baby. Julie, the previous EN, already had done this

yet it's in all of us to check again at the beginning of a shift.

The family, whom I picked to be the labouring woman's parents and her sister, had obviously been asked to leave the birthing room and were awkwardly trying to make themselves comfortable in the waiting area. I introduced myself and offered them seats in the second birthing room, which has a TV and told them to help themselves to tea or coffee from the kitchen if they wished.

At around 0100 Margaret asked me to page Kelly and wanted to speak to her when she rang in; I knocked quietly and passed the phone through when she called.



Kelly arrived a short time later and made her way into the birthing room, I mentioned that I hadn't had the opportunity to check the resuscitaire, yet she reassured me that had already been done by Margaret and it was on pre-warm. There was an air of urgency in her movements.

Answering the call bell in the birth room, I knocked quietly at the same time as entering.

Kelly moved into the room from the ensuite to get me up to speed, the

suction on the resuscitaire was hissing loudly and the plan was to clamp and cut the cord and take baby there immediately.

I followed Kelly to the labouring woman who was seated on the toilet, I stayed back, keeping my distance yet watching what was happening.

The head was born; the mother was waiting for another contraction. I put gloves on and waited quietly, running through the neo-natal resus algorithm in my head.

On the Resuscitaire

When baby was born there was one cry immediately before being placed on mother's chest while the cord was clamped by Margaret and cut by baby's father.

I checked the time as I collected a warmed towel from the heater, I made a mental note to go and talk to the family (who were still in the other birthing room) when I knew more of what was going on, if that was what the midwives wanted.

Kelly carried baby to the resuscitaire and wrapped baby in the towel there, crying had stopped, I stood to Kelly's left, the resuscitaire directly in front of me.



Picture: Baby on the resuscitaire

After suctioning copious meconium stained mucous which was visible in the nose and mouth she placed the infant oxygen mask on her face. I put on the infant stethoscope, and tapped out the heart rate with my forefinger so Kelly could see it.

In December, at a Neo-Natal Resuscitation study day in Dunedin, I learned that the right hand is used for the O2 sats monitor sensor because it gives a true O2 reading. The dynamics of neo-natal circulation mean there can be up to a 10% lower, inaccurate, reading in O2 levels in the left hand.

Baby was limp, white and struggling to breathe yet her heart rate was 150, this was at 2 minutes.

I glanced at the time, keeping mental notes.

I used the towel to dry baby's limbs and body, trying to stimulate some movement at the same time. Since the heart rate was good, I had opportunity to 'float' and do whatever was needed of me, chest compressions were thankfully not needed at this time.

Margaret tried to tape the O2 sats monitor to baby's right hand, yet a wash of thick vernix and meconium wasn't allowing it to read, so I asked Margaret if I may try and put it on the left hand. It read straight away and with CPAP; her sats were at 99% yet she was grunting to breathe, in drawing her chest and flaring her nostrils. I found a piece of paper and began writing exact times and recording events.

Baby passed meconium, which I wiped free of her skin and then replaced the towel under her with a warm, clean one, working carefully around Kelly and the O2 mask

Dunedin Hospital was called and given our number for the Paediatric Registrar to contact the Maternity Centre. Baby had a large vomit, meconium stained.

The mask was removed briefly so I could wipe her face as Kelly asked, her O2 sats dropped markedly and quickly, the mask was replaced and the O2 delivery rate turned up to 8L/min.

Baby was having extreme difficulty breathing, in-drawing of chest and nasal flaring, yet her extremities and her body had become pink. Her tone was poor and her reflexes weak.

At 0232 the Paediatric registrar rang back from Dunedin and spoke at length to Kelly who remained at baby holding the mask to the face.



Picture: Baby is kept warm with a towel, a hat and the heated light

Blood Sugar Levels

The immediate plan was to take the baby's blood sugar levels (BSL) and if it was low to get the MOSS to insert an IV line.

I collected the BSL kit and after looking at baby's meconium stained feet, asked Kelly if a wipe or a wet facecloth would be better. A wet facecloth was used as there was nothing that could alter the BSL reading (such as alcohol).

I took the BSL reading, at 6.9 it was quite high, yet baby's father reminded us that mother had lots of energy drinks during her labour.

Dunedin was told of the BSL and we were advised baby was to be collected by helicopter.

Baby remained on CPAP, her O2 levels stayed up with the mask on, her heart rate was good, her colour was also good, yet she would have lost APGAR points for her tone. I rang the orderly and told him to expect a chopper.

I realised I was not needed at the resuscitaire all the time so I assisted Margaret who was preparing to suture the mother's perineum, preparing the bed, putting up the stirrups and helping the mother into the right position. I also put the portable light in place and turned it on and opened the suture pack ready for use.

All the time this was happening there was never any panic or raised voices from anyone, keeping calm seemed the most natural thing to do and the most helpful.

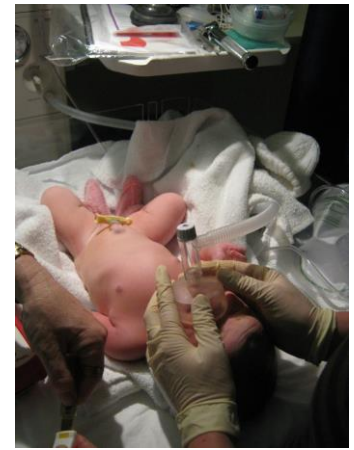


Picture: Baby on the scales, a beautiful 3900g

I found some booties and put them on baby, then asked the parents if they would mind me taking some photos to record what was going on, they thought it was a good idea. Baby was named! And everyone loved it.

Margaret finished the suturing and the mother was resting on the bed, full of analgesia and covered warmly, able to see her baby on the resuscitaire. Weighing baby meant removal from the resuscitaire and onto the scales. The heart rate was steady, skin and extremities pink and warm and muscle tone was markedly improved. The breathing was still an issue, O2 sats would drop without CPAP and there was still chest in drawing, nasal flaring and occasional grunting. So the weigh was quickly performed and baby put back on O2.

Things had slowed to a steady pace in the room, the urgency had settled to a state of vigilance and conversation was sometimes humorous, the atmosphere was a blessing for the baby, I thought, as new-borns are sensitive to the energy around them.



Picture above: Baby back on the resuscitaire after being weighed, Kelly on CPAP, Margaret plugging in the sats monitor. Baby was next covered with the towel

Baby is safe

I turned my attention to the mother and offered to assist her have a shower while the helicopter was on its way; she welcomed the idea.

After showing her the call bell is she needed me, and while she enjoyed the water, I arranged the room so the retrieval team's gurney would have room to come in. I removed anything that was no longer needed including soiled linen and rubbish, and pushed the bed to one side. I opened both main doors to the centre and moved chairs along the corridor. The door to the birthing room remained closed for warmth.

With the parent's permission, I had taken the opportunity a couple of times to reassure the family who were looking understandably worried. They had been into the birthing room to say hello and then left for home before the chopper arrived.

After helping Kelly have a drink of water (hot next to the resuscitaire!) I suggested we collect some colostrum considering baby would be in an incubator for a little while. The mother thought it was a great idea, so after explaining the process I collected the things I needed and washed my hands. It took me a little over 5 minutes to collect 7mls of colostrum!! I needed a bigger syringe, having started with a 1ml, and carefully dated, timed and named the syringes, then put them in a clean plastic bag.

The parents spent some time next to their baby at the resuscitaire; baby's father had been there most of the time up already and was very interested in the proceedings.



Left: Baby's parents look on while Midwife Kelly maintains CPAP on baby.



Above: Saying hello to their newborn

The Chopper Team

The orderly rang to say the retrieval team were on final approach, which I had already figured as the sound of the rotors was way ahead of the actual helicopter.

There were 4 of them, 1 pilot, 1 air Paramedic, the Paediatrician and a Nurse, and they were all very friendly and helpful, a great team. The pilot hung around in the corridor, so I made sure they had coffee's and even cracked open a packet of chocolates that were in the raffle basket.

Gill didn't miss a trick and I got a talking to few days later, but I think I was forgiven ☺



Picture: From left to right; the parents, the Paediatrician (Kelly behind) air

Baby had been stable on CPAP for a while and was now being examined by the Paediatrician and prepared for transport. The NICU Nurse was busy and sometimes needed my help. She had no 10% IV glucose in her kit, which she apologised profusely for; it didn't get any better when I found that the 10% glucose on the resuscitaire was expired!



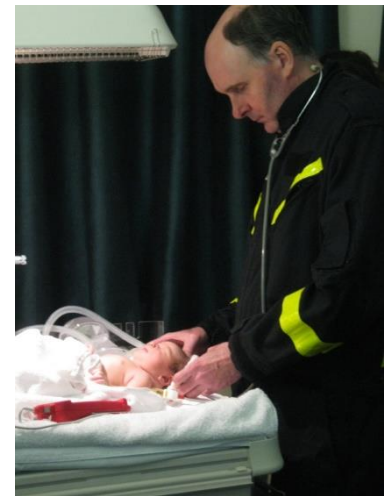
Picture: Baby's father and the Paediatrician talk about what will happen next.

A very fast trip round to the ward revealed theirs was expired too!

The Duty Nurse did a sub-4 minute mile to stores and delivered a new bag to maternity. Legend!

Leaving on a helicopter

The Paediatrician was calm and efficient. He gently examined baby and removed the mask occasionally to study O2 saturation levels.



He de-briefed with Margaret in the office when baby was being put in the incubator ready for travel.

Baby moved an arm in the porthole as the gurney was wheeled out the door; it was the most spontaneous movement I had seen and very heartening. I went out the side door after saying goodbye to the parents (who had to travel to Dunedin by car) and took pictures of the chopper leaving, it had arrived at 0420 and left at 0600.

The conversation in the office, after everyone else had left, was lively and unlimited. We had been a part of something really special, and no matter how much mess we made, the three of us had played a big part in saving a life.

Key points I learned from this event

- I learned that no matter how vigilant we, as Health Professionals, are with our checking of equipment, something will always slip through. Even the NICU retrieval nurse was missing an essential part of her kit, 10% dextrose. The expiry on the bag on the resuscitaire was out by a week.

Paramedic, assisting with the gurney, NICU retrieval Nurse.

- I learned that having paper or a notebook in my pocket is as important as having a pen! The paper I used was a page from the MMPO notes, reserved for stapling lab forms yet rarely used.
- I know I am good at keeping notes, this was reflected in Margaret counter signing all

my entries in the mother's MMPO notes.

- I learned that people appreciate being kept up to speed about events and being treated with respect. The family were very grateful to me for making them comfortable with a place to sit and some refreshments and they thanked me for telling them what I could about the events in the next room. The orderly was grateful for me telling him the chopper was coming, and he let me know.
- I learned that I am respected as a Health Professional in my position at the Centre. Margaret and Kelly told me again and again how they were grateful for my work.
- I know I love working with Kelly and Margaret.

How will this help to develop my practice?

- I am familiar with the resuscitaire yet will continue to squeeze in extra checks (besides the scheduled ones) when it's quiet at work.
- I do have a notebook I take to work, now it lives in my pocket rather than my bag.
- What you give out, you get back. It doesn't matter who you are dealing with, people deserve respect.

Further reflection

Training pays off. Listen and learn because that knowledge will need to be applied when you least expect it. Resuscitation is a high stress situation, and who do you answer to if I don't know what you're doing?

Everyone in the room and more besides; this includes yourself.

Permission was received from the family to publish this story.

CONGRATULATIONS



Otago Polytechnic Nursing awards

The Otago Polytechnic Nursing awards ceremony was held on 8th December 2017, prior to the Enrolled Nurses Graduating later in the day.



Southern ceremonies & awards

The Southland Institute of Technology (SIT) Awards Ceremony was held at the Civic Theatre, Invercargill on the 28th November 2017.



Enrolled Nurse (Left) Ruth Light received the Southern Region Enrolled Nurse Section award for "Contribution in an Acute Environment"

Enrolled Nurse (right) Darelle-Anne Anderson received the Enrolled Nurse Section NZNO Award for "Demonstrating Leadership Skills"



Left: Enrolled Nurse Stephanie MacMillan was awarded the Southern Region Enrolled Nurse Section award "Best overall Student"

Right: Enrolled Nurse Karen Sneddon was awarded the Enrolled Nurse Section NZNO Award "Demonstrating Leadership Skills"

Both were presented by Southern Region Enrolled Nurse Section Chair Robyn Hewlett (the same in Invercargill also, i presented them)

Robyn Hewlett

Preventing & understanding dementia

Rosie Schneider

INTRODUCTION

Both the prevention and understanding of dementia are major considerations for the health of the society we live in today. Statistics show we are a part of an ageing population with a huge growth in the advancement of dementia. Even though there is still a lot to learn about dementia, the Massive Open Online Courses (MOOC's) held by the University of Tasmania give an insight into dementia that is valuable to any caring professional. The courses look at strategies to prevent and manage the disease with an emphasis on quality of life. Throughout the MOOC's regular multi-choice quiz's test your knowledge and there is a social network where one can share ideas and information with other people on the course. 'Preventing dementia' MOOC delves into risk factors for dementia, and in the Understanding Dementia MOOC, topics such as the pathology of dementia, dementia behaviours and the diagnosis of dementia are investigated.

PREVENTING DEMENTIA

The first part of the Preventing Dementia MOOC looks at the modifiable risk factors around dementia. These adjustable risk factors include physical

inactivity, midlife obesity, diabetes, smoking, depression, midlife hypertension and low educational achievement. The MOOC discusses how managing or recovering from these conditions can diminish your risk of developing dementia. Some positive life time activities and disciplines can improve your risk of developing dementia. These include social engagement, education, 'cognitive reserve', diet and cognitively stimulating activities. Preventing dementia is possible.

Primary, secondary and tertiary prevention look at

1. Reducing the risk of dementia
2. Modifying the course of dementia
3. Maximising the quality of life for someone with dementia

As well as modifiable risk factors, the MOOC also considers non-modifiable risk factors (which can't be altered). These are advancing age and family history.

UNDERSTANDING DEMENTIA

The Understanding Dementia MOOC considers the prevalence of dementia with an emphasis on quality of life for the person with the disease. It explain what dementia is, discusses the function of the brain and looks into the pathology of dementia for some of the most common types including alzheimers, frontotemporal, vascular dementia and lewy body disease.

Although there is still a lot to learn about curing dementia and whether it is curable, the therapeutic goals around finding a remedy and treating dementia with the knowledge we already have include

1. Curing the disease
2. Symptom management
3. Disease modification
4. Neuroprotection

The Understanding Dementia MOOC looks at the five 'domains' of dementia. These categorise the symptoms of the disease. They are cognitive, functional, psychiatric, behavioural and physical. As the dementia progresses, increasing areas of dysfunction occur across all the different domains.

The MOOC approaches living with dementia from a personal perspective and a carers perspective. While on the topic you are required to think about ways of dealing with situations and give solutions to problems that arise whilst caring for someone with dementia. Pain, palliative care and palliation are considered.

There is an interesting discussion on dementia friendly communities and dementia inclusive design. This is larger scale thinking with the aim of enabling people living with dementia to take an active part in society and be supported by that community itself – treating the person as a citizen, not a problem. Dementia inclusive

design involves designing environments (institutions, homes, outdoor areas etc.) to be sensitive to the sufferers needs. There are ten simple design principles outlining what needs to be taken into consideration and thought about when designing dementia facilities.

Finally, alternative therapies such as sensory gardens, 'Paros' (robotic seals) and cognitive stimulation therapy is covered.

CONCLUSION

Dementia is a serious disease with the main non-modifiable risk factor being old age. The five domains of dementia categorise dementia presentations, making it easier to understand the effect that dementia has on body and brain. Research and continuing developments into the understanding and curing of the disease will help us as a society to accommodate and care for dementia sufferers.

Courses.



<https://mooc.utas.edu.au/courses/understanding-dementia>

New enrolled nurse positions at Auckland Prison

Auckland Prison is having a new maximum-security facility built to replace the now 50-year-old building.

The new facility, which is due to be completed mid-2018, has created exciting new opportunities for the health team. A purpose-built central health hub and "on unit" health treatment areas will be part of the new facility. In a first for Auckland Prison, the new visitor's centre will have capacity for healthcare awareness training and education to be delivered to friends, family and whānau of the patients in prison.

As part of the new build, a review of the health model of care has been undertaken, which has led to new positions becoming available. With the transition from the old to the new facility, three full-time enrolled nurse positions have been identified, initially as a fixed, two-year contract.

The position of enrolled nurse is a diverse and often challenging role. However, the role can also be incredibly rewarding in an environment where one can indeed make a difference. The position of enrolled nurse requires great assessment skills, a passion for providing health education, strong advocacy skills, and the ability to work collaboratively within a multi-disciplinary team.

We would be delighted to hear from any enrolled nurses ready to pick up the challenge to become part of the dedicated Corrections' healthcare team.

Please check the website www.corrections.govt.nz

Shelley Scott
Health Centre Manager
Auckland Prison

Scholarships and grants available to Enrolled Nurses

As NZNO members ENs are eligible for most of the different grants and scholarships that the Nursing Education and Research Foundation (NERF) administers as well as those administered by NZNO and some of the regional councils. These include:

- Money for text books or a journal subscription for students, short course attendance or contribution for tuition fees to study in Diploma in Enrolled Nursing or Bachelor of Nursing programmes
- Costs of organising conferences or study days
- Travel
- Hardship or emergency grants for when ENs and/or their families are in financial difficulties due to major illness or death for example

All of the scholarships and grants expect applicants to be current financial members of NZNO and to be registered with the Nursing Council of New Zealand (NCNZ).

Some of the scholarships and grants are **regional**:

- Central Regional Council Scholarship seeks applicants who live in the Wanganui/ Taranaki/Mid Central regions

- Effie Redwood Endowment Fund seeks applicants within the boundaries of Warkworth in the north and Rotorua in the south
- Wellington Nurses Education Trust seeks applicants who live in the greater Wellington region
- Greater Auckland Region administers the Pollard Fund which supports members in that region

Some scholarships are **sector specific** – for example the Effie Redwood Endowment Fund is available to ENs and caregivers working in the private aged care sector between Warkworth in the north and Rotorua in the south.

ENs are eligible for the Florence Nightingale Memorial Fund which supports eligible applicants who are seeking further qualifications or who are students of nursing or midwifery. The next due date is **31 March 2018** and successful applicants can receive up to \$800

The Enrolled Nurse Section Education Fund, successful applicants can apply for up to \$200 to assist members with study, training days, courses or conferences. Applications close **1st February, 1st May, 1st July and 1st November each year**. Education Fund Application form and Education Fund Criteria can be found on the

Enrolled Nurse Section website www.nzno.org.nz/en

Careful and timely preparation of applications that are;

- proof read,
- complete and
- submitted electronically is important – large numbers of applications are received for most of the scholarships and grants and so incomplete and ‘hard copy’ applications cannot be considered.

There are up to **three** grant rounds per year - here is the link for the scholarships and grants available - <http://www.nzno.org.nz/support/scholarships>

Sue Gasquoine
(sueg@nzno.org.nz)

Nursing Policy Adviser

Regional Enrolled Nurses Section, Treasurer's training

Researcher

Dear Regional Enrolled Nurse Section Treasurers and Chairpersons.

Date to diary: Friday, March 9th 2018.

It has been decided to hold a training session for treasurers and chairpersons on March 9th 2018

Theme: The role and function of a regional treasurer for the Enrolled Nurse Section (ENS)

Purpose: To provide education to regional treasurers regarding their roles. Update on audit requirements, conference accounts checklist and ongoing support processes.

This session will be facilitated by NZNO Professional Nursing Advisor Suzanne Rolls and presented by NZNO Management Accountant Kevin Simmonds

This education day will be held by video conference at NZNO offices in

- Whangarei,
- Auckland,
- Hamilton,
- Palmerston
- North, Wellington,
- Nelson,
- Christchurch and
- Dunedin.

If you are unsure of the location of the NZNO office that you need to go to attend the video conference, please contact Leonie Metcalfe via email lmecalf@xtra.co.nz

The training day presentation, agenda, any pre reading and travel details for those who don't have an NZNO office in their region will be sent out in mid-January.

Upcoming events and awards

Please see NZNO/EN website for full details of Study Days and Conference updates

12th May

International Nurses Day

15th-17th May

EN Section NZNO Conference, Auckland

30th June

National Enrolled Nurse Day

23rd November

Midlands Region EN Section Study Day – Hamilton

Study days to be confirmed

April	BOP/Tairāwhiti
October	Tai Tikerau/Northland
TBC	Auckland
TBC	Southern

NZNO Grants and Scholarships available

http://www.nzno.org.nz/support/scholarships_and_grants



Enrolled Nurse Section
NEW ZEALAND NURSES ORGANISATION

Enrolled Nurse Section Conference 2018

40th NZNO Enrolled Nurse Section Conference

15th -17th May 2018

‘ResiliENT and resourceful’

Registrations are now open

https://www.nzno.org.nz/groups/colleges_sections/sections/enrolled_nurses/conferences_events



40th ANNUAL

ENROLLED NURSE SECTION NZNO CONFERENCE

15th – 17th May 2018

Venue: Rydges Latimer Hotel- 30 Latimer Square Christchurch



“Resili**E**Nt and Resourceful”

Hosted by Canterbury Regional Enrolled Nurse Section NZNO

CALL FOR ABSTRACTS

We invite Enrolled Nurses to present a paper from their area of practice/specialty at the 40th Annual Enrolled Nurse Section Conference

Closing date for all abstracts is 5pm Friday 26th January 2018

