

# MEDSURG

## NURSING®

Official Journal of the Academy of Medical-Surgical Nurses

A Jannetti Publications Inc. Journal — [medsurgnursing.net](http://medsurgnursing.net)

### Special Focus on Clinical Case Studies

**CNE**  
**SERIES** The Medical-Surgical Nurse's  
Guide To Understanding  
Palliative Care and Hospice

**Clinical Case Study**  
Postherpetic Neuralgia

**Continuous Quality Improvement**  
Initiating SBIRT, Alcohol, and Opioid  
Training for Nurses Employed on  
An Inpatient Medical-Surgical Unit:  
A Quality Improvement Project

**CNE**  
**SERIES** Critical Incidents  
In Health Care

#### Clinical Case Study

Wound Care: A Homeopathic Approach

#### Continuous Quality Improvement

Increasing Nurse-Driven Heparin Infusion  
Administration Safety: A Quality  
Improvement Initiative

#### Nursing Pharmacology

**CNE**  
**SERIES** Manual Dosage and Infusion  
Rate Calculations During  
Disasters: Review Of a Problem-  
Solving Approach

#### Clinical Case Study

Malignant Melanoma: How Could This  
Be Me?

Earn 3.5 Contact Hours in this issue





# MEDSURG NURSING®

Volume 27, Number 4 • July/August 2018

## Articles

### Reader Services

#### Subscription info:

Jannetti Publications, Inc.  
East Holly Avenue Box 56 • Pitman, NJ 08071-0056  
(856) 256-2300 • FAX (856) 589-7463  
msjrn@aaj.com • medsurnursing.net

**Subscription rate:** Personal \$60 per year. Institutional \$90 per year. \$32 additional postage (per year) outside U.S. Single copy \$18.

**Claims for missing issues:** Claims for missing issues must be submitted within 4 months (6 months international) of the publication date. For more information, contact Jannetti Publications, Inc., East Holly Avenue/Box 56, Pitman, NJ 08071-0056; (856) 256-2300; FAX (856) 589-7463; msjrn@aaj.com

**Cancellations:** Subscription cancellations will not be accepted after the 2nd issue has been mailed.

**Authorization to photocopy** items for internal or personal use, or the internal use of specific clients, is granted by Jannetti Publications, Inc., provided that the appropriate fee is paid directly to Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923; (978) 750-8400; www.copyright.com. For those organizations that have been granted a photocopy license by CCC, a separate system of payment has been arranged. Special arrangements for permission are required from the publisher for any other purpose.

**MEDSURG NURSING** is a refereed journal. The opinions expressed in the journal are those of the contributors, authors, and/or advertisers, and do not necessarily reflect the views of Jannetti Publications, Inc., **MEDSURG NURSING**, or its editorial staff.

**MEDSURG NURSING** is indexed in and selected full text is available from the Cumulative Index to Nursing & Allied Health Literature (CINAHL), EBSCO Academic Search Premier, Gale/Cengage, Infotrieve, Ovid, PubMed, ProQuest, RNDex Top 100, and UMI.

**MEDSURG NURSING** (ISSN 1092-0811) is owned and published bimonthly by Jannetti Publications, Inc.; East Holly Avenue Box 56, Pitman, NJ 08071-0056; (856) 256-2300. Periodicals postage paid at Deptford, NJ and at additional mailing offices. Copyright 2018 by Jannetti Publications, Inc. All rights reserved. Reproduction in whole or part, electronic or mechanical, without written permission of the publisher is prohibited.

**Change of address** must be reported 6 weeks prior to change to insure delivery. The publisher cannot assume responsibility of replacing undelivered issues.

**POSTMASTER:** Send address changes and undelivered copies to **MEDSURG NURSING**, East Holly Avenue Box 56, Pitman, NJ 08071-0056.

- 215 CNE The Medical-Surgical Nurse's Guide To Understanding Palliative Care And Hospice**

*Elizabeth Croson, Jessica Keim-Malpass, Susan Bohnenkamp, and Virginia LeBaron*

### Clinical Case Study

- 223 Postherpetic Neuralgia**

*Cristina Tovalino and Donna Scemons*

### Continuous Quality Improvement

- 227 Initiating SBIRT, Alcohol, and Opioid Training for Nurses Employed on An Inpatient Medical-Surgical Unit: A Quality Improvement Project**

*Laura D. Rosenthal, Chrisanne Barnes, Laurra Aagaard, Paul Cook, and Mary Weber*

- 231 CNE Critical Incidents in Health Care SERIES D. "Dale" M. Mayer and Megan Hamilton**

### Clinical Case Study

- 239 Wound Care: A Homeopathic Approach**

*Maylin Taylor, Teresa J. Kelechi, Margie Prentice, and Ayaba Logan*

### Continuous Quality Improvement

- 243 Increasing Nurse-Driven Heparin Infusion Administration Safety: A Quality Improvement Initiative**

*Cori Johnson, Rebecca Miltner, and Marisa Wilson*

- 247 Nursing Pharmacology**

- CNE Manual Dosage and Infusion Rate Calculations During Disasters: Review Of a Problem-Solving Approach**

*Marcia Fletchall Wilmes, Jo Ellen Branstetter-Hall, and Rhea Faye D. Felicilda-Reynaldo*

### Clinical Case Study

- 251 Malignant Melanoma: How Could This Be Me?**

*Rose Iannino-Renz*

Find us on Facebook [facebook.com/MedSurgNurses](https://www.facebook.com/MedSurgNurses)



# MEDSURG NURSING®

Volume 27, Number 4 • July/August 2018

## Departments

- 206 MEDSURG Nursing Subscription Info**  
*Your Map to Success. Subscribe today!*
- 209 AMSN President's Message**  
*Medical-Surgical Nursing Is a Specialty*
- 213 Editorial**  
*Precision Medicine in Cancer Care*
- 221 CNE Instructions for CNE Contact Hours:**  
**SERIES Earn 1.3 Contact Hours**  
*The Medical-Surgical Nurse's Guide to Understanding Palliative Care and Hospice*
- 237 CNE Instructions for CNE Contact Hours:**  
**SERIES Earn 1.1 Contact Hours**  
*Critical Incidents in Health Care*
- 238 Call for Manuscripts**  
*Share Your Knowledge with Your Colleagues!*
- 250 CNE Instructions for CNE Contact Hours:**  
**SERIES Earn 1.1 Contact Hours**  
*Manual Dosage and Infusion Rate Calculation During Disasters: Review of a Problem-Solving Approach*
- 254 Evidence-Based Practice**  
*Abdominal Aortic Aneurysm*
- 257 Preparing for CMSRN® Certification**  
*Pain Management in the Patient with History of Substance Misuse*
- 259 Professional Issues**  
*The True Beauty of Hospice*
- 262 Understanding Research**  
*Voice of the Process*
- 264 Nursing Management**  
*Just Say YES...NO!*
- 266 Nurses as Educators**  
*Transitioning Veterans into a BSN Pathway: Building the Program From the Ground Up to Promote Diversity and Inclusion*
- 270 Letter to the Editor**  
*An Open Letter to Medical-Surgical Nurses*

### Editor

Dottie Roberts, EdD, MSN, MACI, RN,  
CMSRN®, OCNS-C®, CNE  
Walden University  
Lexington, SC

### Managing Editor

Kenneth J. Thomas

### Editorial Assistant

Kathleen Thomas

### Research Editor

Lynne M. Connelly, PhD, RN  
University of St. Mary  
Leavenworth, KS

### Education Director

Rosemarie Marmion, MSN, RN-BC, NE-BC  
Pitman, NJ

### Editorial Board

Susan Kay Bohnenkamp, MS, RN,  
ACNS-BC, CCM  
University Medical Center  
Tuscon, AZ

Diane Daddario, DNP, ANP-C, ACNS-BC,  
RN-BC, CMSRN®  
Pennsylvania State University  
University Park, PA

Rhea Faye D. Felicilda-Reynaldo, EdD, RN  
University of Hawaii at Manoa  
Honolulu, HI

Mary L. Schreiber, MSN, RN, CMSRN®  
Orangeburg-Calhoun Technical College  
Orangeburg, SC

Cynthia Ward, DNP, RN-BC, CMSRN®,  
ACNS-BC  
Carillion Roanoke Memorial Hospital  
Roanoke, VA

### AMSN Liaison

Linda Yoder, PhD, MBA, RN, AOCN®,  
FAAN  
The University of Texas at Austin  
Austin, TX

### Art Director

Jack M. Bryant

### Layout & Design Specialist

Darin Peters

### Advertising/Marketing Director

Rick Gabler

### Advertising Coordinator

Heidi Perret

### Circulation Manager

Robert McIlvaine

### Publisher

Anthony J. Jannetti

### Journal Office

Jannetti Publications, Inc.  
East Holly Avenue Box 56  
Pitman, NJ 08071-0056  
(856) 256-2300  
FAX (856) 589-7463  
msjrn1@ajj.com  
medsurgnursing.net

### Facebook

facebook.com/MedSurgNurses

Anthony J. Jannetti, Inc. (www.ajj.com)  
is accredited by the Association  
Management Company Institute.



# The Medical-Surgical Nurse's Guide to Understanding Palliative Care and Hospice

Elizabeth Croson  
Jessica Keim-Malpass  
Susan Bohnenkamp  
Virginia LeBaron

**D**emographic and health trends suggest medical-surgical acute care nurses will care for increasingly larger numbers of aging and chronically ill persons (Wallace, 2016). Because most Americans die in hospitals, nurses play a key role in symptom management, integration of supportive care services, advance care planning, and quality end-of-life (EOL) outcomes (Stanford School of Medicine, 2016). However, medical-surgical nurses face many challenges in providing comprehensive care for patients with life-limiting illness, including the fast pace of busy units, uncertainty of prognosis, curative focus of treating illness, interprofessional conflict regarding the plan of care, and the reluctance of patients, healthcare providers, and families to discuss EOL issues (Gagnon & Duggleby, 2014).

To provide safe and compassionate EOL care, medical-surgical nurses must understand available options and how to assist a patient in decision making. Two of the most common options to help patients and caregivers cope with the challenges of serious illness are palliative and hospice care. Many misperceptions regarding palliative care and hospice persist, making it difficult for medical-surgical nurses to advocate effectively for patients. The purpose of this article is to provide an overview of hospice and palliative care, and help the med-

*Understanding palliative care and hospice is critical for the medical-surgical nurse to advocate for and support patients and families. An understanding of primary palliative care and hospice care is relevant for the medical-surgical nurse.*

ical-surgical nurse support patients and their caregivers by using the Eight Domains of the National Consensus Project for Quality Palliative Care (NCPQPC) (2018).

## Understanding Palliative Care and Hospice

The terms *palliative care* and *hospice* often are used interchangeably, creating confusion. Importantly, palliative and hospice care share the same aim to provide optimal symptom management and comfort to the patient and family by reducing distress, in physical, emotional, social, and spiritual suffering (Kamal, Currow, Ritchie, Bull, & Abernethy, 2013). See Table 1 for a comparison of palliative care and hospice.

## Palliative Care

The World Health Organization (WHO) (2016) defined palliative care as, "an approach that improves the quality of life for patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual" (para 1). The WHO definition does not include the terms *death*, *dying*, or *end of life*; instead, emphasis is on optimizing quality of life and alleviating distress. Palliative care is not prognosis-dependent. Rather, it can and should be integrated alongside curative or life-prolonging therapies

**Elizabeth Croson, PhD, RN**, is Course Instructor, Western Governor's University, Salt Lake City, UT.

**Jessica Keim-Malpass, PhD, RN**, is Assistant Professor, University of Virginia School of Nursing, University of Virginia School of Medicine, Department of Pediatrics, Charlottesville, VA.

**Susan Bohnenkamp, MA, RN, ACNS-BC, CCM**, is Clinical Nurse Specialist, University Medical Center, Tucson, AZ.

**Virginia LeBaron, PhD, APRN, FAANP**, is Assistant Professor, University of Virginia School of Nursing, Charlottesville, VA.



# Postherpetic Neuralgia

Cristina Tovalino  
Donna Scemons

One of three people in the United States will develop herpes zoster (HZ), also known as *shingles*. An estimated 1 million cases of HZ occur each year in the United States, with about half of them occurring in people over age 60. HZ is caused by the reactivation of varicella zoster virus (VZV), after an initial infection of varicella. VZV spreads through peripheral nerves, creating a rash in a dermatomal distribution. The most common disabling complication of HZ is postherpetic neuralgia (PHN). PHN is characterized by chronic, intermittent, sharp pain resulting from sensory nerve damage. At this time, the best-known strategy is to prevent PHN (Centers for Disease Control and Prevention [CDC], 2016).

The risk of developing HZ appears to be related to the decline in VZV-specific cell-mediated immunity (CMI). VZV-specific CMI may limit reactivation of latent VZV in sensory neurons and prevent development of HZ (Wang, Zhu, & Zhu, 2016). A major study of Zoster Vaccine Live (ZVL) (Zostavax®) found patients who received the vaccine had two to three times higher levels of antibodies against VZV for 4 weeks after vaccination (European Medicines Agency, 2015). Zostavax has been shown to increase VZV-specific CMI, believed to be the mechanism by which it protects against HZ and its complications.

Investigators in the largest ongoing observational shingles vaccine study (N=49,000) recently revealed new data (Merck, 2016). Primary endpoint results indicated effectiveness of the vaccine was greater than 60% in adults age 50 and older in

*Postherpetic neuralgia (PHN) is the most common disabling complication of herpes zoster, resulting in debilitating pain that is challenging to treat (Centers for Disease Control and Prevention, 2016). This case presentation of a 62-year-old Hispanic male with PHN demonstrates the importance of early prevention via immunization.*

the first year after vaccination. Five years after vaccination, effectiveness was 44%-49% in adults age 60 and older. The vaccine also demonstrated 68.7% overall effectiveness against PHN in adults age 50 and older who were vaccinated 2007-2014.

The following case presentation demonstrates the importance of primary prevention, impact of healthcare professionals' recommendations and treatment, and lack of knowledge among members of the healthcare team regarding PHN and the vaccine's cost and availability.

### Case Description

The patient is a 62-year-old Hispanic male who works as a janitor. He presented for treatment of PHN 9 months after an HZ outbreak. His medical history included hypothyroidism, hyperlipidemia, and lumbar spondylosis. He had no previous history of shingles and reported increased stress before the HZ outbreak. The patient's first

remarks were, "Why are other vaccines recommended annually but no one ever emphasized the importance of the shingles vaccine? If I had known about the vaccine and my risk for shingles, I would have received it."

### Management

The patient described initial occurrence of right upper back pain, malaise, and nausea for 4 days. He believed these symptoms were related to repetitive arm movements performed the previous weekend as he was cleaning his backyard. On day 5 after onset of symptoms, he noticed an erythematous rash extending from his right upper chest to his right mid-back measuring approximately 7 inches in length. He complained of paresthesia, tactile hyperesthesia, and pruritus in the rash area.

The following day he said he noticed vesicles forming in the rash area. He also reported a burning sensation and rated his pain

**Cristina Tovalino, MSN, RN, FNP-C**, is Emergency Department RN, Orange County Global Medical Center, Santa Ana, CA, and Family Nurse Practitioner, Good Samaritan Medical Clinic, Anaheim, CA.

**Donna Scemons, PhD, MSN, RN, FNP-C, CNS CWOCN**, is Assistant Professor, California State University, Los Angeles, CA.