



QSVN   
 QUEENSLAND SOCIETY  
 FOR VASCULAR NURSING

**Finger on the pulse**

**Newsletter  
 Second Edition  
 May 2012**

**EDITORS NOTE**

2012 promises to be an exciting year. This Year's Vascular Conference is in Melbourne home of great fashion and fine restaurants, the famous MCG and Palace theatre. This years conference focuses on "Solutions to Challenges in Vascular Nursing" including our role in the palliative and end of life choices some of our patients are forced to face. The sessions have been divided and are centred on Aortic Disease and Clotting Disorders. It is a program that encompasses many of the concerns vascular nurses face today and the solutions to them. It is being held at the Crown Convention Centre from the 20<sup>th</sup> -23<sup>rd</sup> October. Registration is \$610.00 for QSVN members including the conference dinner on Monday night.



**Vascular Nursing Week**

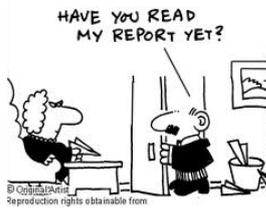
Vascular Nursing week is July 14<sup>th</sup>- 21<sup>st</sup> and is a great time to get together in our individual vascular departments and commemorate all that we as nurses do for our specialty. Vascular nursing week is about recognising vascular nurses for their contributions to excellence in vascular Care but, remember to also include in your celebrations other areas involved in the care of our vascular patients including staff from Vascular Labs, Surgery, Wound Clinics, Radiology Departments and Nurse Educators. There are many ways to celebrate our specialty and the Vascular Unit at the Princess Alexandra Hospital this year will embrace all that is vascular that week in July. There are many secret plans under way to recognise how exceptional our vascular nurses are and the difference they make in their patients lives.



Our last QSVN quarterly meeting was sponsored by Molnlycke who provided some very educational information about some of the new wound care products that are available, including Mepilex Ag. At the meeting in March Dr Kovalics also gave an extremely valuable presentation on Femoral Endarterectomy surgery. The next QSVN meeting and educational supper session is set for June 7<sup>th</sup> at the Princess Alexandra Hospital and will be sponsored by Smith and Nephew. General numbers at our meetings are slowly improving which is good to see and I encourage you all to attend in support of the Queensland chapter of the ANZSVN.



# PRESIDENTS REPORT



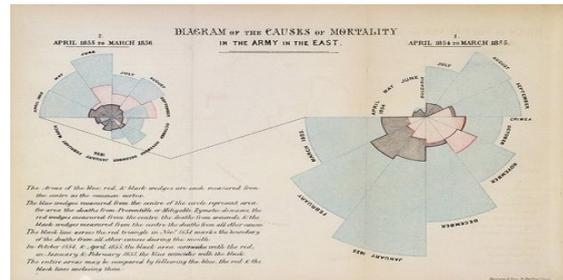
Theresa O’Keefe



## International Nurses Day May 12<sup>th</sup> 2012

As a passionate clinician who has been nursing for nearly 30 years I have seen many miracles and changes in healthcare that as a young nurse I would never have thought possible. I have the privilege of nursing patients today who would not have survived years ago.

With 2012’s International Nurses Day theme being “Closing the Gap – from Evidence to Practice”, it is a time for reflection on what a passionate statistician Florence Nightingale was and how ahead of her time she was. She was more than just the lady with the lamp but nursing’s first real statistician. Unknown to many, her application of new methods of statistical analysis, during the Crimean War, plotted the incidence of preventable deaths in the military. She then developed the "polar-area diagram" to dramatize the needless deaths caused by unsanitary conditions and the need for reform. She was an innovator in the collection, interpretation, and graphical display of descriptive statistics. Below is an example of her graph. (Remembering this was 1858!)



This is a 1858 graph is a perfect example of closing the gap from evidence to practice. The theme to this year’s conference is: “Solutions to Challenges in Vascular Surgery”

For those of my colleagues who know me, know I love the stats! You always need them to show how hard working you are, how your clientele have changed or to assist in the budget.

With that, what a perfect theme to be an adjunct to “Closing the Gap – from Evidence to Practice” How we as nurses can improve nursing care to our patients through evidence based practice. I encourage each and every one of you to seriously consider submitting an abstract for Melbourne. Whether you are involved in research or sharing your experiences – it is a wonderful opportunity and we love to hear from new people.

Personally, I love being a nurse and work with some wonderful people who give their utmost every day and their patients and family love them for it.

Always remember  
Enjoy being a Nurse and Never Forget:  
***As Nurses We Make A Difference***

Happy International Nurses Day 2012



Theresa O’Keefe  
President QSVN

## VICE PRESIDENTS REPORT



### Maree Francis

A big welcome back to everyone for 2012. It was wonderful to see our first meeting of the year attract such a crowd. Dr Alex Kovalic's presentation was very well received and I would like to thank her for the support she so willingly offered our newly formed group. Perhaps we can persuade her to stay another year in sunny Queensland!

There is a huge amount of work being done by key members of our national group in preparation for our conference later in the year. This is the time to think about the fabulous work we all do in the different areas of Vascular nursing in which we work. Our conference is the place to share our experiences. As we saw from last year, everyone has something to offer at a conference like ours, from new practitioners to golden oldies. So I urge everyone to think about submitting an abstract for oral presentation or even a poster. It is a great opportunity and wonderful experience.

Look forward to seeing as many as possible at our next meeting

Take care

Maree

## MEMBER PROFILE

### Nicola Morley Nurse Practitioner

Nicola Morley is working as a Vascular Nurse Practitioner for the Gold Coast Health Service District. She is based at the Gold Coast Campus which is a 350 bed tertiary teaching hospital, and also covers the newly expanded Robina Campus of 367 beds.

Nicola has over 20 years nursing experience with the last 11 years focusing on Wound Management.

She started the Wound CNC position at St Vincent Private Hospital, Sydney in 2000, and then moved back to Gold Coast in 2004 for a lifestyle change.

Her role has developed over the last 7 years from Wound CN to CNC and now through determination and opportunity has become the first Surgical Division NP in Vascular with an advanced complex wound focus.

Her role encompasses holistic collaborative case management for patients with vascular disease and associated wound conditions within inpatient and outpatient setting, initiating mutually acceptable care plans with the patient and Vascular Team to maximise health potential, improve conditioning and reduce risk factors for this patient population.

The advanced wound care practices incorporate debridement methodology i.e. (Conservative sharp wound debridement, hydrosurgical, ultrasonic and biosurgical debridement) performing and reporting ankle brachial pressure index, initiating biopsy for histology and gram stain, diagnostic investigation and development of vascular specific services.

## THE HARD QUESTIONS?

Nicola Morley



**My favourite meal is:** A good Indian curry

**My favourite television show is:** Project Runway

**My favourite movie is:** The Notebook

**My favourite song is:** Cracklin Rose

**My favourite past time is:** Gardening

**My favourite vascular procedure is:** Debridement

**My most disliked procedure:** Anything to do with sputum

## EDUCATION UPDATES

“Your so Vein”

VTE Clinical Nurse Consultant



Thankyou for the opportunity to blurb in the QSVN newsletter! The issues of VTE are so important in Vascular Nursing and I hope to be able to provide you with many learning opportunities and get you as enthusiastic about VTE prevention and PTS management as I am. There is a lot going on in the world of VTE at the moment. As one of Queensland Health's KPI's as well as being a legislative quality standard, VTE prevention is being prioritised in QHealth. Centres such as the Gold Coast are making great progress at establishing VTE prevention policies and hopefully one day moving towards a designated nurse to run a VTE prevention program. One recent development is the change to the National Inpatient Medication Chart (NIMC).

The VTE risk assessment component has a very poor completion rate, and thus this section has been changed from a ‘tick exercise’ to a signature and date. This will allow for better tracking of the assessment, particularly as patient condition changes, but through a signature it is hoped that this exercise will be seen as the important decision making process it is. There will be more information in an info sheet being distributed by Medication Safety Queensland later this month

In the world of education, there will be a Smith and Nephew VTE evening, covering VTE prevention and treatment with compression at The Pavillion from 6-8.30pm, no charge including dinner. Please contact me if you are interested and I can send you the registration form. There will also be another VTE Evening on July 12<sup>th</sup> being sponsored by Covidien.

This session will be focused around VTE prophylaxis in the complex patient and look into appropriate use of compression garments. Again if you are interested, please contact me and I will forward the registration to you. Registration forms will also be available at the next QSVN meeting.

Thanks

Leisa

leisa\_huxley@health.qld.gov.au

## VTE Prophylaxis Med Chart

The image shows a screenshot of a medical chart titled 'VTE Prophylaxis Med Chart'. The chart includes patient information such as name (TED Oteckings), room number (717), and date of birth (09/01/51). It features a grid for recording medication orders and assessments. Three callout boxes with arrows point to specific areas of the chart:

- Document a VTE Risk Assessment:** Points to the 'VTE Risk Assessment' section.
- Prescribe anticoagulants for VTE Prophylaxis:** Points to the 'VTE Prophylaxis' section.
- Prescribe mechanical VTE prophylaxis:** Points to the 'Mechanical Prophylaxis' section.



## RECIPE OF THE MONTH

**Oreo cheesecakes - Best Cheesecake ever!**

**Serves 12- 15**

- 2 Packets Oreo Biscuits
  - 80 – 100g melted Butter
  - 375g soft Philly Cheese
  - ½ cup Castor Sugar
  - 1 teaspoon Vanilla
  - 1 cup Cream
  - 3 teaspoons of Gelatine, dissolve in ¼ cup boiling water
  - 200g White Chocolate, melt and cool slightly
  - Mini Oreo's for decoration
1. Put Oreos in food Processor and whiz into fine crumbs, add butter and whiz to combine
  2. Place patty papers in muffin tin
  3. Press mixture into the base of patty papers and cool in fridge
  4. Beat Philly cheese, sugar and vanilla with electric mixer until smooth then add cream.
  5. Stir thru gelatine and white chocolate
  6. Pour mixture into patty papers and decorate with mini Oreo
  7. Refrigerate until set.



If anyone has any ideas or suggestions for the newsletter I would love to hear them!

[kylie\\_stringfellow@health.qld.gov.au](mailto:kylie_stringfellow@health.qld.gov.au)



## QUEENSLAND IN MAY 2012



Brisbane Lions Vs Greater Western Sydney  
Saturday 12<sup>th</sup> May 2012



State of Origin  
Wednesday 23<sup>rd</sup> May 2012



Jabbawoockeez  
Jupiter's Casino Gold Coast  
24<sup>th</sup> April – 16<sup>th</sup> August

## THE FACTS OF LIFE

When nobody else is around 47% of people drink straight from the carton.

SEROTONIN & DOPAMINE



Technically, the only two things you enjoy

Footprints For Dinner.com

FailSpot.com

53% of women will not leave the house without make up on.

Koalas are excellent swimmers.

Lemons contain more sugar than strawberries.

The human thigh bone is stronger than concrete.

The tongue is the fastest healing part of the body.

The average person falls asleep in 10 minutes.

The toothbrush was invented in 1948.

On average a 4year old child asks 437 questions a day.





**QSVN** 

Queensland Society for Vascular Nursing

**LIFE IS A MATTER OF**

**Cordially invites you to an  
Educational Supper**

On

**7 June 2012**

**6:30- 8:30pm**

**Princess Alexandra Hospital  
Ipswich Road Woolloongabba**

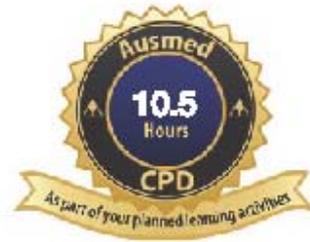
Sponsored by Smith and Nephew

**ARTERIAL COMMUNICATION**

# Diabetes Refresher

for Nurses who have not had a diabetes update in the past 18 month.

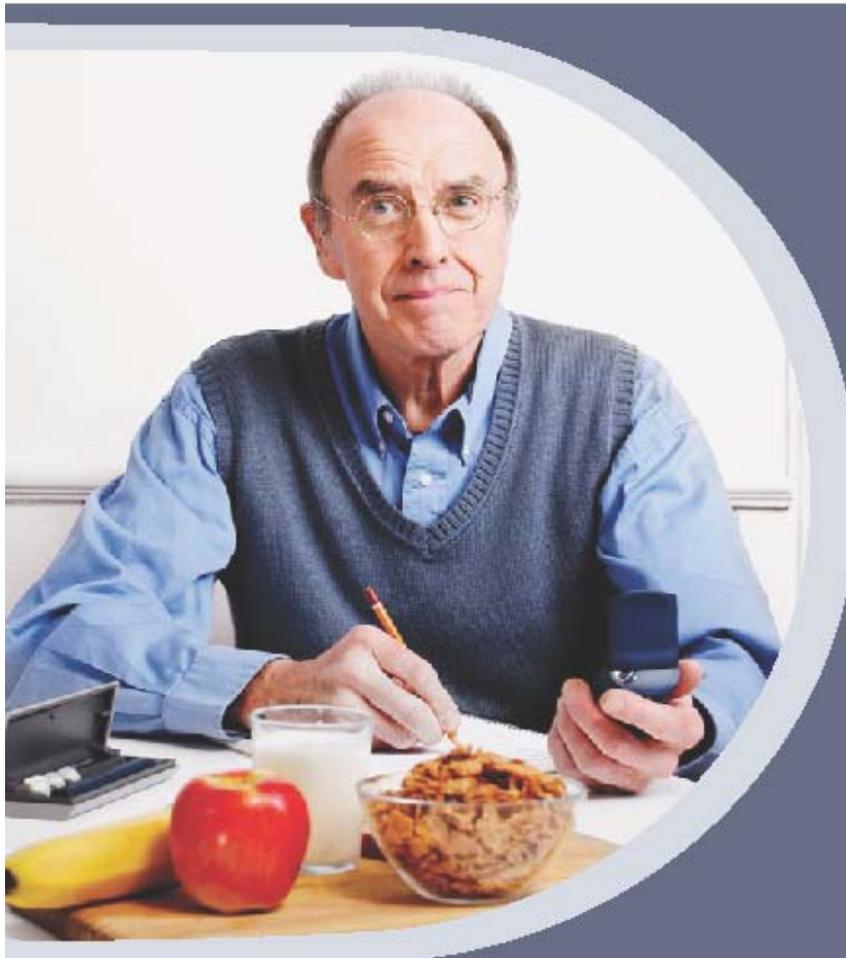
A Basic Seminar for All Nurses



2 Day  
Continuing Professional Development (CPD)  
For Nurses

Find More Seminars at:  
[www.Ausmed.com.au](http://www.Ausmed.com.au)

**Basic**  
\*An advanced seminar is also available



## Sydney

Thu 22 & Fri 23  
March 2012

Mon 27 & Tue 28  
August 2012

## Brisbane

Thu 29 & Fri 30  
March 2012

Mon 26 & Tue 27  
November 2012

## Perth

Thu 26 & Fri 27  
April 2012

Thu 1 & Fri 2  
November 2012



This educational program has been endorsed by APEC No 04050036 as authorised by Royal College of Nursing (RCNA) according to approved criteria. Attendance attracts 10.5 RCNA CNE points as part of RCNA's Life Long Learning (LLP)



Ausmed  
Conferences

Find More Seminars at:  
[www.Ausmed.com.au](http://www.Ausmed.com.au)

# Wound Management and Skin Integrity



2 Day  
Continuing Professional Development (CPD)  
For Nurses and Other  
Health Professionals

A Highly Evaluated Seminar for Nurses  
and Other Health Professionals



Find More Seminars at:  
[Ausmed.com.au](http://Ausmed.com.au)

## Brisbane

Mon 12 & Tue 13  
March 2012

Mon 13 & Tue 14  
August 2012

## Cairns

Mon 4 & Tue 5  
June 2012

## Melbourne

Thurs 26 & Fri 27  
July 2012

Mon 26 & Tue 27  
November 2012

## Sydney

Mon 30 & Tue 31  
July 2012

## Perth

Mon 27 & Tue 28  
August 2012

## Adelaide

Thurs 8 & Fri 9  
November 2012



This educational program has been endorsed by APEC No 04083036 as authorised by the Royal College of Nursing, Australia (RCNA) according to approved criteria. Attendance attracts 10 RCNA CNE points as part of RCNA's Life Long Learning (LLL).

A Diverse Choice of Education  
for All Australian Nurses  
[www.Ausmed.com.au](http://www.Ausmed.com.au)





## THE EFFECTIVE ANTIMICROBIAL ABSORBENT FOAM DRESSING

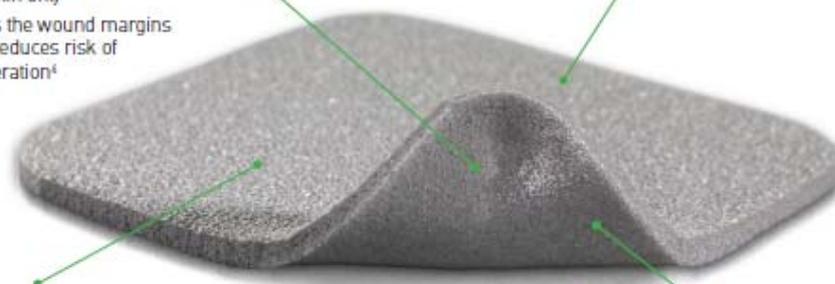
- Minimises pain and trauma at dressing changes<sup>1,2</sup>
- Rapid and sustained antimicrobial activity<sup>3</sup>
- Gentle adherence with better stay-on-ability and comfort
- Does not slip under dressing retention and can be cut to size\*

### SafetaC® layer

- Reduces pain and trauma before, at and after dressing change<sup>1</sup>
- Does not adhere to the moist wound bed but to dry skin only
- Seals the wound margins and reduces risk of maceration<sup>4</sup>

### Polyurethane foam pad

- Absorbs exudate
- Works well under compression
- Highly conformable



### Polyurethane backing film

- Breathable
- Shower proof, bacteria and viral barrier\*  
\*Microbes larger than 25µm

**SafetaC**  
TECHNOLOGY

- Antimicrobial activity within 30 minutes and for up to 7 days<sup>3</sup>