

Spring 2021 Newsletter

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President's Message

2020- What a year! A year of uncertainty and fear. A year of despair and worry. A year of reflection and learning. A year of resiliency and growth. Together, we've laughed, cried, and everything in between. You, our members, have remained at the forefront of our minds during these challenging times. AAENP leadership has worked hard to hold true to our vision of being the preeminent specialty organization serving as the expert and unified voice for nurse practitioners in emergency care. In 2021, we launched our special interest groups (SIGs) and the new Diversity, Equity, and Inclusion Committee (DEIC). As we continue our work to seek out partnerships and opportunities to support membership needs, we encourage and welcome your feedback. Here's to 2021- a year for hope and healing!



Special Interest Groups (SIGs)

In January 2021, our new Special Interest Groups (SIGs) were launched, offering you a new and exciting opportunity to network and fellowship with others in our profession. Current SIGs include:

- Acute Care
- Prehospital/EMS
- Program Directors (Academic & Fellowship)
- Students & Transition to Practice
- Urgent & Mobile Acute Care
- Wilderness Care

Those on the horizon include:

- Forensics

- Global Health & Disaster Response
- Military
- Pediatrics

Diversity, Equity, and Inclusion Committee (DEIC)

AAENP has renewed our commitment to diversity, equity, and inclusion by establishing our Diversity, Equity, and Inclusion Committee (DEIC). The DEIC is co-chaired by Rick Ramirez and Valerie Sinady. DEIC members promote social justice within AAENP and among member organizations through making recommendations, educating, and informing the Academy on best practices and innovative methods to cultivate a safe, equitable, and inclusive environment. The committee will focus on initiatives rooted in social justice frameworks to build awareness, knowledge, and skills surrounding issues of power, privilege, and oppression. Its purview is broadly defined, encompassing diversity in all its dimensions: race, gender, ethnicity, nationality, sexual orientation, physical abilities, and others. The Committee articulates the values of diversity, equity, inclusion, and social justice within AAENP's goals and priorities and embraces an organizational culture that is strengthened by multiple opinions and perspectives.

Yours in Service,

Andrea Smith-Brooks, DNP, MBA, FNP-BC, ENP-C

President, American Academy of Emergency Nurse Practitioners

Founder's Inspirational Message



The other day I was working in the ED (5p-1a) and I went out to screen at about midnight. This Spanish-speaking patient with an AV fistula on her left upper arm presented with “my fistula feels wrong”. She had received scheduled dialysis successfully that day and the dressing over the fistula was intact. I felt a great thrill and heard a great bruit – this site did not look knobby or aneurismal. Her fistula had bled in the past and she was very concerned. I did what I seldom do – I went to the attending and asked about an ultrasound from triage... He reviewed her old record and identified she had an ultrasound in the recent past and had been here for similar concerns. He recommended we just wait until she got back in a room. Sure, I said and asked the tech to get

her back to the waiting room.

2-minute pause...

The tech is running toward me with her hands around the woman’s arm and there is a RIVER – not a trickle – not a stream – a guizer of blood is coming out of her arm! I immediately put a tight blood pressure cuff on – but duh... it’s not manual – I call for a wheelchair while the tech and I are holding pressure. A stream of blood trailed behind us as we sprinted to the shock room. As we arrive, I keep telling everyone “it’s a fistula, it’s a fistula” – finally someone puts a tourniquet over my hands and tightens it until the bleeding is a trickle. She has since synopsized, and she has a systolic of 60... Massive transfusion protocol is started, and the surgeons have arrived. They did a figure 8 to shut it down. After three PRBCs through the Level one - she was stabilized and conscious. She easily lost a liter of blood in 3 minutes!

She looked at me and mouthed “Gracias” ...

Pearls

1. Keep a tourniquet at triage
2. Manual blood pressure cuffs are priceless
3. Listen to your patient
4. Triage and “fast tracks-rapid treatment areas” are the most dangerous places in the ED

Oh - and by the way, the attending came into the shock room as we were resuscitating and said “Glad she wasn’t in ultrasound”

I love my job!

You all are amazing...love ya!

Elda

Elda Ramirez
AAENP Founder

AAENP Celebrates Black History Month



From the Diversity, Equity, and Inclusion Committee

The American Academy of Emergency Nurse Practitioners is proud to celebrate Black History Month by recognizing Mary Grant Seacole (1805-1881). A nurse during the Crimean War, born in Kingston, Jamaica in 1805, Mary tended to many soldiers on the battlefield. Mary spent her life learning traditional medicine from her mother, nursing, and European Medical Ideas from her travels. After gaining experience during the cholera epidemic and taking care of yellow fever victims, she traveled to the War Office in London, England where she asked to be deployed to Crimea (a location of poor medical facilities for soldiers). The war office refused her request; however, Mary secured a trip to the battleground and established the British Hotel to care for sick and wounded officers. It is reported that she would visit the battlefield many times during the day or night to tend to the wounded soldiers who dubbed her “Mother Seacole.” Mary cared for hundreds of soldiers with competence, compassion, and self-confidence.



Sources:

Staring-Derks C, Staring J, Anionwu EN. Mary Seacole: global nurse extraordinaire. J Adv Nurs. 2015 Mar;71(3):514-25. doi: 10.1111/jan.12559. Epub 2014 Nov 10. PMID: 25382171.

The Kincaid Rural Emergency Care Memorial Scholarship Award



The Kincaid Rural Emergency Care Memorial Scholarship Awarded to:

Benjamin Woodard MSN, APRN, FNP-C, ENP-C

The Kincaid Rural Emergency Care Memorial Scholarship offers annual scholarships (in the amount of \$1000) to graduate students in pursuit of specialty education in emergency care. Established in 2020, this award is offered in memory of Kyle Kincaid, DNP, FNP, ENP for his long-standing efforts in ENP leadership, innovation & advocacy.

Information for the next scholarship can be found at this [site](#).

[Learn More Here](#)

AAENP Appointed New Board Members

Last year the American Academy of Emergency Nurse Practitioners announced the selection of three members to serve on the Board of Directors.

- **Bradley Goettl of San Antonio, TX**
- **Brittany K. Hines of Falls Creek, VA**
- **Judson Smith of Nashville, TN**

Each will each serve a three-year term which began in October 2020.

Current Board Chair Amanda Comer, DNP, APRN, noted that “This time of transition is always exciting and brings powerful momentum to the organization. These individuals join the AAENP Board of Directors from various backgrounds, but each person brings solid experience and a passionate commitment to emergency care. We are grateful that they will share their expertise with us.”

Bradley Goettl, DNP, AGACNP-BC, FNP-C, ENP-C, CEN, CFRN, CPEN, EMT-P, brings nearly 20 years of experience providing emergency care to patients in diverse settings, including prehospital care, rural, urban, and academic



emergency medicine settings. Currently, Brad is an assistant professor for the Department of Emergency Medicine and the School of Nursing at UT Health San Antonio. He currently practices as an Emergency Nurse Practitioner at University Hospital and serves as the department's lead advanced practice provider. Within these roles, he is helping to expand the Emergency/Trauma Care post-graduate nursing program from UT Health Houston to UT Health San Antonio. He has served AAENP since 2015 on the Membership and Education committees. Dr. Goettl often shares his special interests and expertise in operational medicine, clinical reasoning and risk management, pre-hospital and disaster medicine at local, regional, national, international conferences.



Brittany K. Hines, MSN, AGACNP-BC, FNP-C, ENP-C has provided consistent leadership for the AAENP Membership Committee and has been the driving force behind many of the social media posts and member benefits added in recent months. Currently, she works in a community hospital emergency department and urgent care clinics throughout Northern Virginia, while continuing to serve as a Major in the US Air Force Reserve with the 911th Airlift Wing. She has additional interests in health care leadership. When not in clinical practice, Brittany enjoys camping, making jewelry, and spending time with her family.



Judson Smith, MSN, AGACNP-BC, FNP-BC brings a wealth of diverse nursing, emergency care & fiduciary experiences to AAENP. Most recently, he has served as the Finance Committee Chair for AAENP. He has worked as a travel intensive care unit nurse, cardiac telemetry nurse, interim Director of Infection Control, Hospital Supervisor, and as an emergency department nurse practitioner in rural and urban communities. Currently, Judson serves as a faculty member and leads the Pharmacology content for Bachelor's level nursing students at Vanderbilt University School of Nursing in Nashville, TN. He maintains his clinical practice working at a private community Emergency Department where he holds interests in the utilization of bedside ultrasound and opioid alternatives for pain control. Judson is passionate about improving the ability of nurses to critically think within high stress environments and within the clinical setting.

These individuals filled vacancies created with the term closures of **LaMon Norton, DNP, FNP-BC, and Eric Roberts, DNP, FNP-BC**, and transition of **Jennifer Wilbeck, DNP, APRN, FAAN, FAANP** to the role of Executive Director.

Regional Updates

Monitoring legislative issues impacting nurse practitioner practice.

A Call for State Representatives – Apply Now!

AAENP is still in need of state representatives for the following states:

- Alaska
- California (2nd rep)
- Connecticut
- Delaware
- Louisiana

- Maine
- Michigan
- Minnesota
- Montana
- New Hampshire
- New York (2nd rep)
- Texas (2nd rep)
- Washington DC
- Puerto Rico

David House DNP, CRNP, ENP-C, FNP-BC, CNS

Lead-Regional Director

Dthouse68@gmail.com

[Apply to be an AAENP State Representative](#)

Please Welcome Our New State Representatives!



Kentucky: Nancy Wilding DNP, APRN, FNP-BC, AGACNP-BC

Nancy Wilding is a board-certified Adult-Gerontology Acute Care NP and Family Nurse Practitioner. She has over 27 years' experience in emergency care, ICU, and Cardiac Cath Lab. She obtained her MSN-FNP at Bellarmine University in 2009, then completed her DNP-AGACNP at the University of Louisville in August 2020. Her DNP project included a needs assessment and implementation strategy for the development of a post-graduate ENP program for the state of Kentucky. The full implementation of this program is currently pending. Her current position is a nurse practitioner at the University of Louisville Emergency

Department where she has been employed for over 7 years.

She is recently been appointed as a co-state representative for the AAENP for the state of Kentucky and is actively working with the University of Louisville School of Nursing and other stakeholders to bring Kentucky nurse practitioners, employed in the emergency setting, to recognize the benefits of the ENP specialty education and training. We have recognized the barriers in the state of Kentucky and are striving to overcome these with the assistance of Kentucky's Emergency Medical Directors. She served on the Kentucky Coalition of Nurse Practitioners and Nurse-Midwives education committee for over 6 years.

On a personal side she is a wife, mother, grandmother, and a great-grandmother all she adores. She likes the beach, camping, scuba diving, and anything water-related activity. Church and choir are her lifelines, central focus, and love.

Future goals include a focus on bringing the emergency nurse practitioners (ENP) specialty and educational opportunities to the state of Kentucky for the nurse practitioners working in the emergency department, improve the skills level and self-confidence for the ENP, and improve collaboration with all stakeholders of the ED.

Kentucky: Geoff McGowen, MSN, ENP-C, FNP-C, CEN

It was in 1997 at Jones County Junior College in south Mississippi, that he received his first (Associates) degree in Nursing. He later earned his Bachelor's degree in Nursing from Winston-Salem State University, followed by his Masters's in Nursing from the prestigious University of North Carolina at Chapel Hill. His primary Board Certification is that of a Family Nurse Practitioner (FNP-C) through AANP. In 2018, He earned his



second national Board Certification as an Emergency Nurse Practitioner (ENP-C) in addition to proudly maintaining his first specialty Board Certification as a Certified Emergency Nurse (CEN) in 2000.

Prior to his career as a Nurse Practitioner, he was a leading staff member of the only tertiary-care Level One Trauma Center in the state of Mississippi. Some of his other past experiences include working as a full-time lead Emergency Department RN in Raleigh, NC, within the largest local health system. He also has experience as a helicopter flight nurse in the Memphis, TN region.

As a Nurse Practitioner, he has had the opportunity to serve patients as an in-patient Nurse Practitioner for a busy Trauma-Surgery service in South Carolina. He has experience in community-sized Emergency Departments, as well as being the lone autonomous county provider of Emergency Services at a small, critical access hospital in Tennessee, prior to its unfortunate closure.

Additionally, he worked with a couple of locums agencies to provide coverage as an out-patient rural-based Primary Care Practitioner for underserved counties in South Carolina. His most recent experience has been with various Emergency Medicine groups in eastern Tennessee, and now he serves full-time with the University of Kentucky Department of Academic Emergency Medicine, in Lexington, Kentucky. At this noted academic center of excellence, he plans to further his clinical training in an environment that fosters advanced education, while also offering preceptorship for students entering the field of Advanced Practice Nursing, as well as those involved in our Advanced Practice Provider residency program.

He practices from an evidence-based and community-minded approach for his field, having served in a variety of roles from hospital RN to helicopter flight nurse, Level One Trauma, as well as volunteering. Whenever possible he places a strong emphasis on preventative care, as this informs his approach to overall wellness and patient care.



Christy Lenahan, DNP, FNP-BC, ENP-C, CNE

Dr. Lenahan earned her Masters of Science in Nursing in 2007 and her Doctor of Nursing Practice in 2014 from the University of South Alabama. She has been Board Certified as a Family Nurse Practitioner since 2008 and as an Emergency Nurse Practitioner since 2018. Dr. Lenahan is also a Certified Nurse Educator.

She has extensive experience in urgent and emergency care and has served as a Nurse Practitioner for the Schumacher Group in the Emergency Department of Lafayette General Medical Center since 2008. Dr. Lenahan has also served as an associate professor at the University of Louisiana at Lafayette's College of Nursing and Allied Health Professions and is currently serving as NP Coordinator. Her teaching experience includes Family Health across the lifespan as well as advanced physical assessment and advanced pharmacology.

Dr. Lenahan is very active in research and received the university's 2016-2017 Rising Star Award and the 2017-2018 Outstanding Undergraduate Research Award. Currently, she is actively involved in research assessing the efficacy of remote patient monitoring in patients diagnosed with congestive heart failure with reduced ejection fraction. This research was made possible by an AANP Small Grant Award and is in coordination with her current DNP student. Findings of the study are expected in the Fall of 2021.

Dr. Lenahan is also a co-project manager for the implementation of a telehealth urgent care service, which will be provided to faculty and staff members of the university community. The telehealth service will also provide clinical opportunities for undergraduate and graduate nursing students and was made possible through a Federal Communications Grant. In 2020, Dr. Lenahan

was nominated by her graduate students and received the university's Outstanding Graduate Mentor Award. She has presented at several local, regional, and national conferences with colleagues and students and has several peer-reviewed publications.

Membership Committee

New Co-Chair of Membership Committee: Christina Gabele DNP, FNP, ENP



Christina Gabele DNP, FNP, ENP is the new Membership Committee Co-Chair. Dr. Gabele has been a nurse for 20 years, an FNP for 9 years, and ENP for almost 4 years. She looks forward to serving the members of AAENP, growing the membership, and being the voice of nurse practitioners in emergency care. Dr. Gabele requests your help and input so we can be champions for NP's in emergency care.

Please feel free to contact her at cngnurse@yahoo.com with any questions or ideas. If you are interested in being a membership committee member, email Dr. Gabele so she can get you plugged into their committee.

[Click Here to Apply to Join a Committee](#)

Interested in having AAENP Support your Research?

If you are interested in participating in research and evidence-based practice opportunities in the area of advanced practice in the emergency setting, [visit the AAENP website](#) to get more information.

[Click Here to Submit an Application](#)



Are you looking to be more involved at AAENP? Join a Special Interest Group

These groups offer our members opportunities to share ideas and network with like-minded colleagues to advance and support AAENP initiatives. There is no additional cost to join any of the following SIGs:

Acute Care	Emily Evans Juan M Gonzalez
Prehospital/EMS	Warren Shaulis, Chair Chicas Guillote
Program Directors (Academic & Fellowship)	Lauren Walter (Fellowship) Teresa Campo (Academic)
Students & Transition to Practice	Martine Bell (Current DNP) Kathy Richardson Laurie Schied (Transitions)
Urgent & Mobile Acute Care	Rondal Zapf Mindy Johnson
Wilderness Care	Benjamin Woodard Gordon Worley

Plans are already in motion to establish additional SIGs this year as well. These **include Forensics, Global Health & Disaster Response, Military, & Pediatrics**. If you are interested in leading any of these additional SIGs, please reach out to Nycole Oliver, our SIG Director at Nycole.oliver@yahoo.com

Join today!

[Sign Up For a SIG Here!](#)

Get Involved with AAENP!



AAENP Committees provide important leadership to Academy members and the Board. Committees and task forces are appointed by the president to address issues pertinent to the Academy as deemed advisable. Committee members serve for a specific period of time and are accountable to the President for the achievement of assigned objectives. Task forces operate much like committees, but once their work is complete they are deactivated.

AAENP has seven committees and several task forces working on issues such as education, ENP practice, conference planning, and finance. Members are welcome to apply to be a part of any committee(s).

Once you are logged into the [AAENP website](#), [click here](#) to fill out the application.

[Click Here to Apply to Join a Committee](#)

Committees

Bylaws Committee (Co-Chairs - Tiffany Reabold & Haley Hays)

The Bylaws Committee is charged with the ongoing review of the AAENP Bylaws for areas that may be in need of revision.

Education Committee (Co-Chairs - Tiffany Andrews & Andrew Rotjan)

The Education Committee is charged with evaluating activities and programs related to training, continuing education, and academic education, both graduate and undergraduate. These responsibilities include recommendations on programs, education policy, and curricula in areas relevant to advanced practice nursing.

Finance Committee (LaMon Norton)

The Finance Committee is charged with an audit oversight function and a policy advisory function and may be assigned additional objectives by the president. As audit overseers, the committee performs a detailed analysis of the AAENP budget and other financial reports ensuring due diligence and proper accounting principles are followed.

Membership Committee (Co-Chairs - Brittany Hines & Christina Gabele)

The Membership Committee is charged with monitoring all aspects of membership, including prospective member outreach and retention—bringing in new members, teaching them about the Academy and its benefits, and then ensuring that the member experience meets everyone's expectations.

NP Validation (Wesley Davis, Chair)

The NP Validating/Credentialing/Scope of Practice Committee is charged with 1) supporting the American Academy of Nurse Practitioners Certification Board (AANPCB) with ongoing ENP exam development and maintenance, 2) overseeing, coordinating, and maintaining guideline development, and 3) disseminating the *Scope of Practice and Standards, Practice Standards (Competencies)* and the *ENP Core Curriculum*. The committee also continually collaborates with other organizations in order to disseminate findings to AAENP membership and external organizations to support and advance ENP practice. The Validation Committee is inviting interested members to join our efforts in the advocacy and validation of the ENP role.

Practice Committee (Co-Chairs - Elda Ramirez & Paula Tucker)

The Practice Committee is charged with promoting the practice of emergency nurse practitioners by ensuring safe, high-quality patient care and advocating for practicing ENPs and their patients. The Practice Committee oversees, coordinates, and is responsible for guideline development and dissemination, patient safety, practice improvement, and quality measures.

Political Action/Advocacy Committee (Co-Chairs - Sharon Rainer & Amy Meredith)

The Political Action/Advocacy Committee is charged with providing strategic advice, counsel, and options to the Board of Directors regarding how the Academy can be responsive to and advocate for society's needs for emergency nurse practitioners and how to advance the profession within public policy arenas, including but not limited to legislative and regulatory venues.

[Click Here to Apply to Join a Committee](#)

Task Forces

Conference Task Force

The Conference Task Force is responsible for planning and organizing any national and regional level events, including the organization's annual meeting.

Local Leadership

Regional Directors

Regional directors represent membership by acting as a mentor and resource to the State Representatives and a conduit of information for the Board of Directors. They communicate national policy, programs, and information to their respective states and serve as a regional leader for their geographic area. This includes coordinating state representative and regional meetings as well as maintaining on-going communication with State Representatives while actively recruiting new members within the region.

State Representatives

State representatives represent the members of the organization by acting as a conduit of information between membership, Regional Directors, and the Board of Directors. They act as a resource regarding individual state practice nuances by monitoring regulatory issues within the state, responding to concerns or issues, assisting AAENP to establish relationships with academic and healthcare institutions within the state, and by identifying educational opportunities that would be of value to the membership. They also attend regional meetings and actively recruit new members. *Currently seeking candidates for multiple states, please click on the following link for available positions and applications.

[Apply to be an AAENP State Representative](#)

Clinical Pearls



Adult Minor Head Injury

Over 1.7 million people in the United States seek medical attention for a head injury each year. On any given shift, emergency clinicians are challenged to be able to quickly screen patients for a potentially lethal traumatic brain injury (TBI) while taking care to minimize excessive cost, unnecessary diagnostic testing, radiation exposure and admissions. Most traumatic brain injuries (TBI) in the United States are mild, up to 80% of cases. Of those with moderate TBI's, 40% will have an abnormal finding on head CT and about 8% of those require neurosurgical intervention. The elderly, children and alcoholics are at a higher risk of suffering a significant TBI.

Whether working at a small, rural hospital or a large inner-city public hospital, it is important that our emergency clinicians understand the current, best practices in screening patients who present with a minor TBI and those who may be at greater risk for a more significant injury.

When evaluating a minor TBI within 24 hours of injury, it is important to first gauge the severity of illness. TBIs are classified as mild (minor), moderate, or severe based on the Glasgow Coma Scale (GCS).

1. Mild TBIs include those patients who have a GCS greater than or equal to 14.
 - a. Patients may be asymptomatic with a history of head trauma or may be confused and amnesic to the event.
 - b. They may have even experienced a brief loss of consciousness (<30 minutes) and complain of a diffuse headache, nausea, and vomiting.
 - c. There are some patients at high risk of developing a significant injury in this subgroup, including those who have sustained a skull fracture, patients on anticoagulation, those >60 years or those with drug or alcohol intoxication at time of injury.
2. Moderate TBIs are those patients with a GCS of 9-13
3. Severe TBIs typically have a GCS <9.

Utilizing the New Orleans Criteria or the Canadian CT Head Rule together can help guide your decision making through evidence-based indications for obtaining a head CT.

1. The New Orleans Criteria states you do not need to obtain as head CT in those patients presenting with a GCS of 15 who do not exhibit a headache, vomiting, intoxication, persistent antegrade amnesia, evidence of trauma above the clavicles or a seizure and is not >60-year-old.

- a. If any of these are present, then a CT is recommended.
2. Utilizing the Canadian CT Head Rule, the patient does not need a head CT if they are a GCS13-15 at time of injury and there GCS is 15 at 2 hours post injury, there are no signs of a suspected skull fracture or basal skull fracture, there was no more than 1 episode of vomiting, they do not have retrograde amnesia for more than 30 minutes following the event, they were not involved in a dangerous mechanism of injury or older than 65.
 - a. If any of these are present a CT is recommended.

Understanding the mechanism of injury, as well as the potential sequela of injury, is also an important guiding factor in our decision to scan or not to scan.

1. Critical portions of the history include mechanism of injury, length of unconsciousness, initial mental status, seizure activity, vomiting, verbalization, and movement of extremities.
2. Was the patient on any anticoagulation, intoxicated with drugs or alcohol at the time of the injury?
3. A direct injury is caused immediately by the forces of an object striking the head or by penetrating injury, whereas indirect injuries are from acceleration or deceleration forces that result in movement of the brain within the skull.

a. Types of injuries

i. Skull fractures

1. Depressed skull fractures can be open or closed, make sure you palpate the skull.
2. Basilar skull fractures can occur at any point in the skull bases, but the typical location is the petrous portion of the temporal bone.
 - a. Look for signs of hemotympanum, cerebral spinal fluid otorrhea or rhinorrhea, periorbital ecchymosis, or retroarticular ecchymosis

ii. Cerebral contusion or intracerebral hemorrhage

1. Common locations are frontal lobes, sub frontal cortex and temporal lobes and occur directly under site of impact or on the contralateral side.

iii. Traumatic subarachnoid hemorrhage

1. Results from a disruption of subarachnoid vessels and occurs when blood is present in the CSF.
 2. Symptoms include headache, nausea, and photophobia.
 3. Can be missed in some cases if CT is obtained less than 6 hours after injury.
- iv. Epidural hematoma
1. Results from an acute collection of blood between inner table of skull and dura mater and is typically associated with skull fractures lacerating the meningeal artery.
 2. LOC after injury with lucid interval progressing to rapid mental status deterioration.
 3. A fixed and dilated pupil on the affected side with contralateral hemiparesis is a late finding.
- v. Subdural hematoma
1. Results from veins between the dura mater and arachnoid tearing and bleeding.
 2. Acceleration-deceleration injuries are a common mechanism
 3. Patients with brain atrophy, such as elderly and alcoholics are more susceptible.
4. Secondary insults in the brain occur from cerebral edema, hypoxemia, anemia, and elevated intracranial pressures (ICP).
- a. Elevation of the ICP and or hypotension results in a depressed cerebral perfusion pressure leading to further injury.
 - b. Rapid rises in the ICP can lead to the “Cushing reflex” characterized by hypertension, bradycardia, and respiratory irregularities, most seen in children.

In summary, indications for CT scans for adults in mild (minor) traumatic brain injury utilizing the New Orleans Criteria and Canadian CT Head Rule for patients presenting within 24 hours of injury with LOC, amnesia or disorientation after blunt head trauma includes:

1. GCS<15
2. NEW Focal neurologic findings
3. Age >60
4. Persistent altered mental status
5. Suspected skull fracture
6. Clinical intoxication
7. Anti-coagulation or anti-platelet medications
8. History of a bleeding disorder
9. Vomiting more than 1 time
10. Dangerous mechanism
11. Post-traumatic seizure
12. High suspicion for serious brain injury

If any of these are present, consider obtaining a head CT but if not, the evidence suggests a head CT may not be indicated.

AAENP Call For Content



Emergency nursing professionals and thought leaders — Proposals for presentations/content are currently being accepted for The American Academy of Emergency Nurse Practitioners[®] (AAENP). You are invited to submit your education content for consideration to use across all AAENP platforms. Select from podcasts, online continuing education, conference, and webinar presentations. Simply consider your subject matter and submit your proposal [here](#):

Whether in person or virtual, AAENP is looking for fast-paced, creative, engaging education from experts like you! Do not hesitate to take the next step in your career and connect with emergency professionals from all over the world.

We cordially invite all interested presenters to submit proposals via [our website](#) to be considered for the AAENP CE Center, future webinars, and conferences.

Presentations offer the opportunity to exchange ideas, network, and impact the quality of education for Nurse Practitioners working in Emergency Medicine, Observation, and Urgent Care settings. Presentation abstracts should reflect sound adult learning principles and the best thinking in the field, informed by theory, research and practice.

To deliver exceptional learning experiences, preference will be given to proposals that are positioned to deliver a mix of the following:

- **Content:** Reflective, innovative, cutting-edge content and evidence based-practice, present evidence supported by relevant research or data, explore issues important to diverse audiences, demonstrate the relevance of lessons through “real-life” case studies
- **Instructional Design:** Stimulate and provoke discussion, audience engagement, and outcome-focused design, facilitate knowledge transfer and development of new competencies, use methods that draw out relevant past knowledge and experiences

Each submission will be blind peer-reviewed by a minimum of three NP’s. A limited number of submissions will be selected. Proposals will be reviewed and evaluated to ensure the following:

- Proposals include accurate and complete information.
- Content is current, evidence-based, and suitable for the presentation duration.
- The presentation does not promote personal interest in a service, book or product.
- The presenter’s experience indicates expertise in the subject area.
- The backgrounds of the conference presenters (as a group) are diverse.

Presentation Formats

- Rapid Fire: 25 minutes
- Learning Hour: 60 minutes
- Deep Dive: 60-120 minutes
- Can be a video demonstration, podcast, voice-over PowerPoint, recorded presentation, live webinar, or conference abstract.

Submission Guidelines

- Log in with your member login at <https://www.aaenp-natl.org/> to begin.
- Complete required tasks (description, learning objectives, topic selection, speaker agreements, post-test evaluation questions, etc). Do not include personal identifying information for facility/hospital on your initial slides for submission, you can add this once the review process is complete.
- Submit a conflict-of-interest form for all authors/speakers.
- Input a maximum of three speakers per presentation submission

Submit your proposal by clicking the button below. A separate submission must be completed for each proposal.

Contact us with questions @ aaenp.info@gmail.com

**Submit Your Content
Proposal**

Call for Volunteers



INTERESTED IN HELPING TO UPDATE THE ENP CERTIFICATION EXAM?

Learn about the Certification Exam Processes while gaining new skills & supporting your profession at the same time!

In support of the Emergency Nurse Practitioner (ENP) certification exam, AANPCB and AAENP are seeking to identify volunteers for professional service opportunities to support various aspects of the ENP Certification Exam & Maintenance of the Test Bank.

Nurse Practitioners working in diverse emergency care settings are needed to support

- ENP Practice Analysis
- Item Writing
- Exam Maintenance of the Test Bank

Diverse NP representation – in practice years, geographic locations, and practice settings - is essential. Interested individuals should complete this short survey:

www.surveymonkey.com/r/MS7QFTH

Final selections for participation will be made by AANPCB



[Click Here to Participate](#)

MEMBER SPOTLIGHT

Greg Peistrup, MSN, ENP-C, FNP-C



The AAENP Nevada State Representative, Dr. Rhone D'Errico, DNP, MBA, APRN, FNP-BC, PMHNP-BC, wishes to honor his close friend and Nevada AAENP member, Greg Peistrup, MSN, ENP-C, FNP-C, an esteemed and beloved Las Vegas emergency nurse practitioner, mentor, colleague, and friend who died on September 17, 2020, twelve days after testing positive for COVID-19.

At the time of his passing, Greg worked for Superior Emergency Physicians at North Vista Hospital. Greg has been a cornerstone in the Las Vegas nursing and health care community for decades, having worked at nearly every hospital in the city. Greg gave selflessly of his time to students and novices in the nursing and nurse practitioner professions, serving as a preceptor to countless Nevada nurses who chose to advance their careers.

Dr. D'Errico notes that patients were in the very best of hands and his colleague would have a good day when Greg was on shift. His tireless positivity, energy, and humor made every moment with him joy, even under the most stressful of circumstances.

The Nevada Nurses Foundation has set up a Greg Peistrup Nursing Scholarship Endowment. More information can be found at this link:

<https://nvnursesfoundation.org/Donations/gregp.php>



1st recipient of the Kincaid Memorial Scholarship:

Benjamin Woodard, DNP(c), MSN, ENPT-C, FNP-C, FAWM

Benjamin Woodard, a DNP candidate at Yale University and ENP, was the first recipient of the Kincaid Memorial Scholarship. His doctoral work has focused on the best methods for training new primary-care trained NPs for prehospital advanced procedures in a remote setting, leading him to develop a novel, expert-panel validated curriculum, and pilot this with a group of students.

Mr. Woodard said “The Remote Advanced Skills Training for NPs (RAST-NP) pilot would not have been possible without the scholarship support from AAENP. We were able to use the funds to make sure the students really had the best experience of each of the technologies for the skills.”

A total of 15 students were able to receive COVID compliant, hands-on guidance in such skills as endotracheal intubation, needle thoracotomy, E-FAST Ultrasound (which they practiced with a large-screen projection for the class), splinting, EKG and Chest X-ray interpretation, c-spine precautions and tourniquet applications. Specifically, Woodard is measuring their self-efficacy, a measure of confidence, before and after the training.

According to Mr. Woodard, “So far, our data suggests that the 2-day training dramatically increased participants’ reports of self-efficacy, As nurse practitioners find themselves in more remote locations, their confidence in these procedures is critical. I was so honored to be chosen for the award, and hope that the RAST-NP likewise honors the contributions Kyle Kincaid made to our field.” Woodard hopes to offer the pilot to more NP programs in New England in the coming year, and present the manuscript to the AAENP.





Jean Jauregui DNP, CRNP, FNP-BC, ENP-C



Dr. Jauregui has been a member of AAENP for several years and has loved it. She has worked at the University of Maryland Shore Regional Health Emergency Departments. She just recently passed the ENP certification exam on her first attempt. In addition, she recently had her DNP project published in the *Advanced Emergency Nursing Journal* which was titled "Frequency of Opioid Prescribing for Acute Low Back Pain in a Rural Emergency Department."

- Jauregui, J. E., Nutt, R. J., & Margolis, A. M. (2020). Frequency of Opioid Prescribing for Acute Low Back Pain in a Rural Emergency Department. *Advanced Emergency Nursing Journal*, 42(3), 210-214.



Eric McCraney DNP, MSN, FNP-C, ENP-C, ENP-BC, CEN, NRP



AAENP member Eric McCraney completed his DNP at Frontier Nursing University in December. The title of his project was Implementing Safe Antibiotic Prescribing in a Rural Critical Access Emergency Department Using the AWARE Compendia Tool.

Dr. McCraney is the lead nurse practitioner at Greene County Hospital, Leakesville, MS

He also teaches at the University of South Alabama ENP program as an adjunct professor.

Eric completed his BSN at William Carey University and his MSN at the University of South Alabama. He graduated with his DNP in Dec 2020 from Frontier Nursing University.

Dr. McCraney is also dual board certified as an FNP and ENP.

The AAENP Member Spotlight is a great way to acknowledge an AAENP member who has made noteworthy contributions to Emergency Care. These contributions might be through leadership, education, research, or patient care. Please take the time to nominate yourself or an outstanding AAENP member today to be featured in our upcoming newsletter.

[Member Spotlight Submission](#)

AAENP #GOTmySHOT Selfie Campaign



Rachel Cameron, APRN, FNP-C,
UT ENP student
Houston, Texas



Heidi Mansy DNP, APRN, NP-C
Manvel, Texas



Liz Carder, APRN, FNP-C, UT
ENP Student
Allen Texas



Marieke Gay, FNP,
UT ENP student



Bradley Goettl,
D.N.P., AGACNP-BC, FNP-C, ENP-C, EMT-
P
San Antonio, Tx

WHAT'S YOUR
STORY



Chivas Guillote,
APRN, ENP-C, FNP-C, AGACNP-BC
TX

I got the COVID vaccine for myself, my patients, my family, my friends, and my community. I also got vaccinated for the people that couldn't receive it fast enough. Thinking about Karen Sanders today - May she Rest In Peace.

Nycole Oliver
DNP, APRN, RN, FNP-C, ACNPC-AG, CEN, FAEN
Arkansas

I got the vaccine to protect my patients, my family, and anyone I may come in contact with.

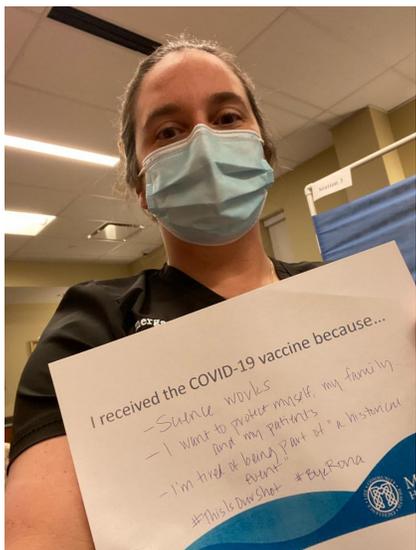


I think it's important to help set the example so we can end this horrible pandemic.



Shaun Riley
WHNP-BC, FNP-BC, & ENP student
MO

This vaccine is for my three-year-old who got COVID, for my in-laws that almost died from COVID, and the first two COVID deaths in Chicago (family friends). COVID vaccination brings me, all of us, closer to getting our lives back!



Amber Aultman
MSN, APRN, FNP-C, ENP-C
Ohio

To protect me, my family, and my patients. To return to some normalcy in life activities.



Gordon Worley
MSN, FNP-C, ENP-C
CA

To protect me, my family, my patients, and to help us move towards getting our nursing and NP students back on campus.



Jessica Dekan

FNP

WI

I chose to get the vaccine to protect my family and my patients.

Jacob A. Miller
ACNP, FNP, CNS, CCRN, CFRN, NRP, CCP-C, FP-C
Ohio



There are many factors and probabilities at play in this decision, but in the end, I trust in medicine and science. While I do understand, and respect, the hesitancy of those electing to defer receiving a vaccine without long-term or large-cohort studies, I also recognize the significant acute morbidity and mortality posed by COVID-19 infection -- and, much like the vaccination, the long-term sequelae of those who recover from COVID remains unknown. After transporting otherwise young, healthy persons with critical life-threatening disease, I feel that the risk-benefit clearly favors accepting the small amount of vaccination risk to avoid the risks associated with COVID infection itself.

Kelly Bouthillet
DNP, APRN, CCNS, ACNP-BC, FNP-C
South Carolina



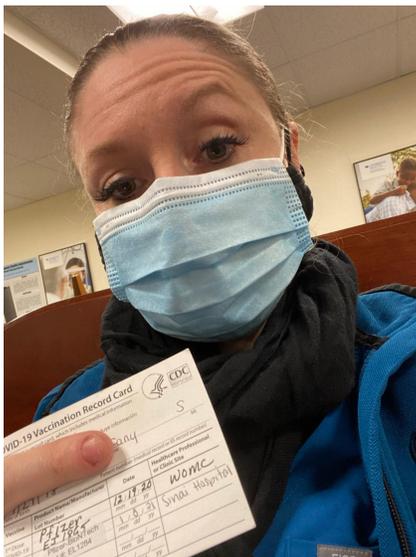
As a leader in my community and state, I believe it is important to lead by example by getting vaccinated. Despite exposures, I have been able to avoid contracting COVID and able to continue working. Vaccination is the key and path to ending the pandemic and I am grateful that I was able to get vaccinated so quickly.

Andrew Semegram
FNP-C, ENP-C
VT



I got the vaccine to do my small part to protect my patients, my coworkers and friends, and my community, and promote science before fear.

Tiffany Andrews
MA, BSN, BA, ENP-C, ACNP-BC, CCNS
Maryland



For **YOU!** For me, my family, my friends. For trusting the science and to stop the spread!

The AAENP **#GOTmySHOT selfie campaign** is a great way to share your story with AAENP & our

members. Would you like to share your story? Click the button below to submit a picture and tell us why you got your shot.

[Share My Story](#)

Academic Institution News

Cizik School of Nursing at UTHealth- Houston Emergency Nurse Practitioner Program

(Spring 2020)



(Summer 2020)



(Fall 2020)



Faculty: Dr Elda Ramirez, Dr. Debbie McCrea, Dr. Brad Goettle, Dr. Robert Coghlan

Cizik School of Nursing at UTHealth- Houston Emergency Nurse Practitioner Program

Fall Mass Casualty Incident Training Day (with COVID Precautions)





Editor: Debbie McCrea