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AMERICAN
RADIOLOGICAL
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Vision

President's Message

Kathleen A. Gross, MSN, RN, BC, CRN

Mentoring

Berliner and Ginzberg (2002) wrote an excellent article on the current nursing crisis entitled, "Why This Hospital Nursing Shortage is Different." The article not only summarized the problems that have led to the current problem but also offered some suggestions for a remedy. Berliner and Ginzberg stated, "It has become commonplace knowledge that nurses 'love' their work and 'hate' their jobs [and] . . . it seems to indicate that structural features of clinical nursing are serious barriers to job satisfaction" (p. 2742). They advocated more attention to improving work conditions for nurses. Berliner and Ginzberg noted that there are few chances for less experienced nurses to learn from the previous generation because many nurses leave their careers prematurely or simply leave because of advancing age and the rigorous demands of the job. For this reason the importance of mentoring takes on a new urgency. Mentorship is a tool for recruitment, retention, and career satisfaction (Kinsey, 1990).

Mentoring has been a part of professional development in many professions, including the health professions. In nursing, mentoring has often been done more informally, but I believe it is time to stress its relevance and to develop a means for radiology nurses to identify mentors and to support this activity within our specialty. The literature for the specialty of radiology nursing is increasing but is still lacking in many areas. Mentoring is even more critical for this reason.

The word mentoring is traced to Odysseus (Ulysses for Latin scholars), a Greek leader during the Trojan War. Mentor acted as a personal friend and advisor to Odysseus's son, Telemachus, in the absence of Odysseus who was involved in the war. A mentor acts as a personal teacher and guide for the protégé or mentee. One goal of the mentor relationship is to further the academic/intellectual capacity of the protégé; another goal is to help the protégé navigate through obstacles associated with professional advancement. The mentoring relationship involves trust and the ability to work in a close relationship. A mentor has a special commitment to the profession that is shown via the involvement with the protégé. Fox, Rothrock, and Skelton (1992) wrote a

very informative article on the mentoring relationship including definitions, stages, and a comparison of mentoring to the traditional role model or preceptor. There are very different skill sets for the above three roles. Mentoring goes beyond precepting and role modeling. The mentoring relationship exceeds just clinical support in that it also involves emotional support and may last for a longer period of time. The article entitled, "The Road to Success With a Mentor" (Gordon, 2000) is another article on mentoring that is well worth reading.

Think about some of your own experiences. Did a mentoring relationship exist? What did you find beneficial about the relationship? Could you have succeeded or obtained your goal without the assistance of a mentor? Perhaps your mentor was not close geographically or was practicing in a different nursing specialty. Did you feel increased satisfaction from your work as a result of this relationship? Were there any negative aspects to the mentoring relationship? Have you ever been a mentor or are you currently acting in that capacity? Would you like to have the opportunity to mentor another nurse?

Is it possible to identify nurses interested in mentoring within our specialty organization? I think so. I suggest that the Education Committee and program chair for the ARNA annual meeting of 2004 consider this

(Continued on page 7)

From the Editor



Main Entry: **'vi·sion**

Pronunciation: **'vi-zh&n**

Function: **noun**

Etymology: Middle English, from Old French, from Latin *vision-*, *visio*, from *vidEre* to see — more at WIT

Date: 14th century

1 a : something seen in a dream, trance, or ecstasy; *especially* : a supernatural appearance that conveys a revelation **b** : an object of imagination **c** : a manifestation to the senses of something immaterial <look, not at *visions*, but at realities — Edith Wharton>

2 a : the act or power of imagination **b** (1) : mode of seeing or conceiving (2) : unusual discernment or foresight <a man of *vision*> **c** : direct mystical awareness of the supernatural usually in visible form

3 a : the act or power of seeing : **SIGHT** **b** : the special sense by which the qualities of an object (as color,

uminosity, shape and size) constituting its appearance are perceived and which is mediated by the eye

4 a : something seen **b** : a lovely or charming sight

·vi·sion·al /'vizh-n&l, 'vi-zh&-n&l/ *adjective*

·vi·sion·al·ly *adverb*

Merriam-Webster's Collegiate Dictionary

Throughout the history of ARNA great vision has occurred by many of our leaders. In 1981, Dianne Woody, RN, had a dream when she wrote "Radiology Nurse: The Call Goes Out" in *RN Magazine* and Charlotte Godwin, RN, had a vision as ARNA's first president. Martha Kail, BS, RN, had the unusual discernment and foresight of crafting ARNA into an international specialty organization. It was with vision that Linda Strangio, MA, RN, inspired, mentored, and encouraged fledgling writers, such as me, to share unique and common experiences in ARNA's professional journal *Images*. Linda Morgan, BSN, RN, CRN, had the tenacity and vision to create the *Core Curriculum* that has elevated us academically as well as professionally. The vision of Patricia Merrick, MSN, RN, was the impetus for the completion of the certification examination. The vision of ARNA has continually looked to the future, taking in the color, shape, size, details, depth, and contrast of our practice. To document ARNA's vision we have created this newsletter as a tangible substantiation of the difference we are making in our radiology nursing practice. "Look, not at *visions*, but at realities"—Edith Wharton. Well, Edith, here at ARNA we make our visions realities. It is with great pride and pleasure that I introduce to you ARNA's latest *Vision*, your *Vision*, a reflection of what you see.

Susan Simpson, MSN, RN

Editor

simpsonjs@cox.net

Name the Newsletter Contest Winner Announced

The American Radiological Nurses Association (ARNA) would like to acknowledge Chuck Griffin, RN, CRN, as the winner of the Name the Newsletter Contest. Chuck submitted the name *Vision*, which captures the essence of ARNA.

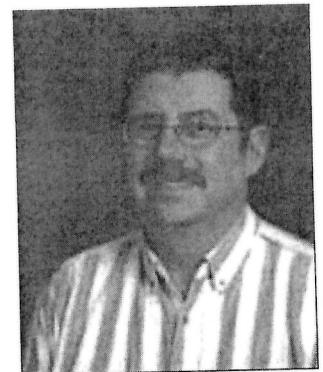
Chuck grew up in Fort Lee, NJ. After high school, he worked as an auto mechanic for 22 years. The last seven of those years, he owned/operated a gas station/repair shop in New Milford, NJ. This is where his "wrenchhead" e-mail address comes from.

After Chuck sold the gas station, he joined the carpenter's union. He worked with the carpenters, mainly as a welder, for about five years. During that time, he and his wife moved to South Jersey. Back surgery required a long recuperation. It was during that time that Chuck decided he needed a career change.

Chuck was class president in the nursing program at Ocean County College in Toms River, NJ. In 1993, he graduated and went to work at Atlantic City Medical Center, where he worked on the infectious disease unit for a couple of years then in the telemetry/step down unit for a couple of years. Chuck has been in radiology for the past five years.

Chuck and his wife, Roxann, have lived in Mystic Island, NJ, for 15 years. They have no children, but they do have a Maltese named Moose that keeps them busy. Chuck says, "Radiology is the most interesting nursing position that I've had so far. I especially enjoy interventional. There is always something new coming along. My wife and I drove to Baltimore last year for the SCVIR conference and really enjoyed ourselves. We hope to be able to attend more conferences in the future."

For submitting the winning name, Chuck receives a free year's membership to ARNA.



RSNA 2002

The 88th Scientific Assembly and Annual Meeting of the Radiological Society of North America (RSNA) took place in Chicago, IL, December 1-6, 2002. Although ARNA no longer holds an educational meeting in conjunction with RSNA, we continue to maintain a presence in the Exhibit Hall at our booth and participate in the planning and presentation of Refresher Courses, which are held throughout the week. This year ARNA participated in two Refresher Courses "Continuity of Care" and "The Process of Managing Outcomes."

Each year ARNA assigns a Board member to act as a liaison with RSNA. This occurs through membership in the Associated Sciences Consortium, which is a working group of RSNA. The Associated Sciences Consortium is a group of eleven societies that are an integral part of radiology. ARNA's liaison to the Associated Sciences Consortium is President Elect Kate Little, RN, CRN.

Sponsoring Organizations

American Healthcare Radiology Administration (AHRA)
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 Society of Nuclear Medicine- Technologists Section (SNM-TS)
 Society for Radiation Oncology Administrators (SROA)

Kate Little, RN, CRN
 President Elect

Legislative Awareness Corner

In the spring issue of *Images*, I talked about the Nurse Reinvestment Act (NRA) that was introduced in the House on December 13, 2001. We need to urge Congress to make the final push to enact the NRA so that the bill can be in the hands of the President before the July 4th recess. President Bush's fiscal year 2003 budget proposes a total of \$15 million, nearly a 50% increase above last year's funding, to expand the Nursing Education Loan Repayment program to help address the nation's growing need for nursing professionals. The NRA will establish career-ladder programs and provide grants for employers to test new ideas to improve working conditions and patient care and increase funding via public service announcements.

Thomas G. Thompson, Secretary of the United States Department of Health and Human Services, identified the nursing shortage as a critical national priority. In September, Secretary Thompson announced a new series of grants and contracts totaling more than \$27.4 million to increase the number of qualified nurses and the quality of nursing services across the country. Once nursing staff increases, then reductions in negative patient outcomes will follow. Decreased medication errors, decreases in hospital infection rates, decreased length of hospital stay, and decreases in needle stick injuries have been shown with staffing adequacy (nurse/patient ratios). Support of nursing care from hospital administration will enhance positive patient outcomes.

Radiology nurses, especially those of you working in interventional radiology or with the Legs for Life program, will be interested in the Stop Stroke Act that was introduced in the Senate by Senator Edward Kennedy and in the House by Representatives Lois Capps and Charles Pickering, Jr. The Stop Stroke Act will raise public awareness and authorize funding for a national public information campaign to educate about stroke, including how to reduce risk, recognize the warning signs, and seek emergency treatment as soon as symptoms occur.

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American Radiological Nurses Association (ARNA)

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ARNA Mission Statement

The mission of the American Radiological Nurses Association is to provide, promote, maintain continuity of and continuously improve patient care through service to members.

Congratulations, Martha Kail, ARNA Past President!

During the formative years of ARNA, radiology nurses often referred to their position within the department as a "missing link" for patient care. This same analogy can be said of Martha Kail, BS, RN, for her contributions to ARNA over many years of dedicated service. More than twenty years ago, before e-mail networking was available, membership was relatively low and many basic policies needed to be put into place and funds raised. Martha working tirelessly and was always close at hand to connect all necessary "links." Additionally, she demonstrated her strong commitment for the advancement of ARNA as an international specialty organization. Aside from being a Charter Member of ARNA, some of her accomplishments were as follows:

- Elected ARNA President twice: 1983 – 1984, 1988 – 1989 (only President to serve two terms)
- Served as ARNA *Images* Editor and Co-Editor for seven years
- Founded and served as first President of the New England Chapter of ARNA
 - Coordinated and conducted multiple educational symposium
 - Served as one of the speakers
- Represented ARNA to the National Federation for Specialty Nursing Organization (NFSNO): 1984
- Served as ARNA Nomination Committee Chairperson: 1985, 1990
- Speaker at ARNA National Meetings
- First ARNA Liaison to RSNA Associated Sciences Consortium
- Attended multiple national meetings of the Nursing Editors Organization at her own expense to upgrade ARNA *Images*
- Participated as a test question writer and reviewer in preparation for ARNA certification examination



It is my distinguished pleasure to announce to the members of ARNA that Martha Kail has been awarded the honor of lifetime membership in our Association.

Charlotte Godwin, RN (Retired)
Past President, ARNA

President's Note

ARNA members Charlotte Goodwin, RN; Joanna Po, MSN, RN,C, CRN; and Elaine Rawls, MSN, RN, submitted the nomination of Martha Kail for lifetime membership in ARNA. The ARNA Board of Directors approved this membership in September 2002. Without the efforts of volunteers like Martha, ARNA would not have been able to progress to its current status as a nursing specialty organization. Please join me in congratulating Martha on this recognition.

Kathleen Gross, MSN, RN, BC, CRN

Thanks From Martha Kail

The news of my being selected as a life member of ARNA is music to my ears. Thanks to you and the present Board of Directors for remembering me.

There are so many new members who have no clue who Martha Kail is or was. I have worked long hours and paid my own expenses many times in ARNA's development days. I truly appreciate life membership.

Martha Kail, BS, RN
Past President

Legislative Awareness, continued from page 3)

The Stop Stroke Act helps states fight strokes by establishing a grant program to help states ensure that patients who have had a stroke have access to quality care and provides opportunities to train appropriate medical personnel in newly developed approaches for preventing and treating stroke.

Senate Bill 1274 was introduced on July 2001 and was unanimously approved by the Senate Health Labor and Pensions Committee by voice vote on August 1, 2001. The Stop Stroke Act passed the Senate by unanimous consent on February 6, 2002. House Bill 3431 was introduced on December 6, 2001, with strong, bipartisan support and currently has 210 co-sponsors. The American Heart Association and its American Stroke Association division urge the House to take action on this legislation before adjourning for the year.

One of the issues in the patient safety bill HR 4889 bill is to provide patient safety by providing the best current practices in technology and methods of implementing healthcare information technology, interoperability, standardization, and records security. One way that technology can help provide this is through the computer age. We will also see better patient safety practices as health care adopts appropriate evidence-based methods to improve patient safety.

Please call or e-mail your representative in Congress in support of the Nurse Reinvestment Act House bill (H.R.B. 3487) and the Stop Stroke House bill (H.R.B. 3431).

Lois A. Curtwright, MSN, RN, CPN, CNIII
Chair, Public Policy Committee

Members in the News

- ❖ Have you recently changed jobs or received a promotion?
- ❖ Have you received an award related to your professional responsibilities?
- ❖ Have you written an article, a chapter in a book, or an entire book that has been published recently?
- ❖ Have you received an academic honor or award?
- ❖ Are you serving in an elected or appointed position in a professional or a governmental organization?
- ❖ Are you serving in on the Board of Directors for a health-related community agency?
- ❖ Have you made a presentation at a professional conference or meeting?
- ❖ Have you recently traveled to another country to teach or learn more about your specialty?

If you can answer "yes" to any of these questions, please tell us about it. We would like to include it in our "Members in the News" column. Send your announcements to Shay Stephens, Member in the News, 7794 Grow Drive, Pensacola, FL 32514-7072, fax (850) 484-8762, e-mail arna@puetzamc.com

Connections

I would like information on the percentage of MRI cases that require sedation. Our sites do a fair amount of sedation, and we are trying to establish what the "national average" is by polling other sites. For those sites that offer sedation services in conjunction with an MRI, would you be willing to share your statistics?

If so, please provide a response to any of the following questions that are applicable or if you track the statistics:

1. What percent of your total MRI case load requires some form of sedation?
2. Sedation breakdown: Of the cases you sedate, can you provide a percentage breakdown of the type of sedation?
 - Percent of adults receiving oral sedation
 - Percent of adults receiving IM sedation
 - Percent of adults receiving IV sedation
 - Percent of pediatric patients receiving any type of sedation
 - Percent of general anesthesia cases

I will compile the feedback and share it with you. Thank you in advance for your help.

Carole Derucki, BSN, RN, CRN
MRI Center
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E-mail jcderucki@aol.com or caroled@mri-center.com

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Chapter Chat

New Jersey Chapter

The officers and board members of the New Jersey Chapter of the American Radiological Nurses Association (NJARNA) have worked diligently to provide spring and fall conferences. On Saturday, April 20th, 2002, NJ ARNA presented "Radiate Into Spring" hosted by Hackensack University Medical Center. Topics included Conscious Sedation in the Pediatric Medical Imaging Patient, Update in Coronary Artery Disease, Late Effects of Radiation Therapy, and PET Imaging for the Health Professional. Participants provided comments such as "excellent program" and "very beneficial to those attending."

The fall symposium, "Images of Autumn," was held October 19, 2002, and was equally successful. The conference included topics such as Vertebroplasty, The Business of Medical Imaging, Radiologic Intervention in End-Stage Renal Disease, and Fusion/CT PET Imaging. ASRT and RN contact hours were provided.

It was a busy and productive year for NJ ARNA. Susan Olkusz, RN, has assumed the role of chapter president and is currently planning for an exciting 2003. We all lost a wonderful friend and mentor in Linda Strangio, MA, RN, and Helen O'Daly, BSN, RN, CRN, truly captured the essence of our loss.

Pamela Vlahakis, RN, CEN, CRN
NJ Chapter ARNA

Treasurer's Report

Happy New Year to all! Regardless of how poorly Wall Street performed in the year 2002, I am happy to report that the fiscal year ending September 30, 2002, showed one of the best outcomes financially for ARNA. This could not have been achieved without members' commitment and support. As I have previously reported, we had a successful annual educational meeting in Baltimore, which contributed to positive financial results. Membership renewals continue to come in. We also received a \$25,000 grant from RSNA. Thank you RSNA for your generosity and support to ARNA.

While I am delivering to you this good news, I am cautiously optimistic. As you can see, an association cannot rely on grants and conferences for its revenue. Your continued support and commitment is vital to our future success.

For fiscal year ending September 30, 2002, actual revenue for the ARNA Education & Research Foundation is a little less than budgeted. Membership contributions and the interest income were both lower than projected.

The budget for 2003 has been developed, pending Board approval. The financial audit is under way. We are committed to move ARNA to a higher level of professionalism. Have you visited our Web site or seen the new look of our *RN News*? ARNA's annual educational meeting is better each year. The 2003 educational meeting will be held in Salt Lake City, UT, March 28 - April 1. The educational meeting will feature outstanding speakers, diverse topics, and concurrent sessions to meet different interests. The theme of the meeting is *Reaching New Heights of Excellence*. It will be an exciting meeting. I invite you to join this event. It is a great opportunity for learning and networking. There is still much work ahead of us; let's work together to reach new heights of excellence!

Sophia Jan, BSN, RN
Treasurer

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running
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Participate in the Silent Auction

A silent auction will take place at this year's annual meeting. Silent auctions are a lot of fun, and this one is for a great cause: ARNA's Scholarship Fund. Please consider donating an item to represent a chapter, region, radiology, or the nursing profession. Items that you can donate for the auction can be art, publications, jewelry, stationery, gift baskets, or even your own handiwork. You can ship your item to the National Office in Pensacola, FL, by March 7, 2003, or bring to the ARNA registration desk at the meeting. If you have questions about what to donate or any other details about the silent auction call Pamela Wheelis at the ARNA National Office, toll free (866) 486-2762 or (850) 474-7292.

(President, continued from page 1)

topic and the possibility of a special workshop if there is interest from ARNA members in this approach to developing radiology nurses for the future. I know we "love" our work. I hear and see this from so many of you through your telephone conversations with me or the e-mails that I have received throughout the past several months. Let's start to take some proactive steps to diminish the "hate" in our jobs thereby helping to ensure adequate numbers of radiology nurses for the future and obtaining more satisfaction in what we do.

I encourage ARNA members to read more about mentoring and to respond to this question. Perhaps you might consider writing about your mentoring experience for *Vision* or *Images* or developing educational programs on mentorship in your local ARNA chapter.

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Letter to the Editor

In your "Ask the Experts" column, it was stated that central IV lines should not be used for power injecting IV contrast and the reasons were explained. However, in the facility where I work, we have a radiologist and a pulmonologist who are adamant about the safety of using central lines for this purpose. They have cited the article "Power Injection of Contrast Media Using Central Venous Catheters" that appeared in the *American Journal of Radiology* (2001), Volume 176, Issue 2, pages 447-453.

I don't work in the CT area, but the techs are really confused about the ethical issue of whether to inject or not to inject using central lines. This article really does show that central lines are safe to use.

Julie Snyder, RN
Nashville, TN

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(Connections, continued from page 4)

Does anyone know of any MRI compatible medication infusion pumps currently on the market?

Lois Curtwright, MSN, RN, CPN, CNIII
Children's Medical Center
Cincinnati, OH

When performing nuclear medicine voiding cystourethrograms on children, what type of catheter is best to use, Foley or feeding tube? If a feeding tube has been used and urine is retained after the tube has been removed, what is the process? If the child refused to urinate during imaging or in the restroom post imaging, do you let the child leave or is it imperative to see post void?

I would appreciate all responses, especially those from children's hospitals.

Beverly Charlton, MS, RN, CPN, CNIII
Charleston Area Medical Center
Charleston, WV

Radiologic Nursing Certification Exam

The next exam for the Certification Examination for Radiologic Nursing in Imaging, Interventional, and Therapeutic Environments will be offered on August 16, 2003. The deadline for applications is June 30, 2003. For more information contact the Professional Testing Corporation, 1350 Broadway-17th Floor, New York, NY 10018, (212) 356-0660, Fax (212) 356-0678, Web site www.ptcny.com

Ask the Experts

Why does Glucophage need to be held when IV contrast is used?

This requires a 2-part answer:

Part A) Excess metformin (Glucophage) in the body will cause lactic acidosis, which can be fatal. Ninety percent of metformin is excreted by the kidneys unchanged. Therefore, it is very important for persons on metformin to have good renal function.

Part B) IV contrast administration temporarily impairs renal function. The extent of this impairment varies from patient to patient.

Therefore, stop the metformin 24 to 48 hours before the administration of IV contrast to allow it to clear from the body. When contrast use is completed, encourage increased fluid intake and wait 48 hours for normal renal function to return before restarting the metformin.

Also know that Glucovance is a combination of metformin and Glyburide and also needs to be held before and after IV contrast administration.

Suggested Readings

<http://www.drugstore.com/pharmacy/ayp/questions.asp>
Search – Glucophage

<http://www.medsafe.govt.nz/Profs/PUarticles/5.htm>

Survey

What do radiology nurses in your institution wear? Lab coat? Hospital scrubs? White pants and scrub tops? E-mail your answers to Chuck Griffin, RN, CRN, at radnursesurvey@rn.com. The results will be included in the next issue. Also feel free to include suggestions for future "Ask the Experts" topics.

Chuck Griffin, RN, CRN
Atlantic City Medical Center
Atlantic City, NJ

Educational Opportunities

American Radiological Nurses Educational Meeting, March 28-April 1, 2003. For more information, contact Convention Services, ARNA National Office, 7794 Grow Drive, Pensacola, FL 32514-7072, Toll free (866) 486-ARNA (2762), (850) 474-7292, Fax (850) 484-8762, E-mail arna@puetzame.com

South East Region Radiological Nurses Association, March 12, 2003, Atlanta, GA. For more information, contact Kelly Ortiz, (404) 851-6063 or E-mail kortiz2528@yahoo.com