

BREAKING NEWS

Newsletter of the New Zealand Orthopaedic Nurses Association (N.Z.O.N.A)



Editorial note...

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Hi everyone,

Winter is well and truly here. Cold nights and days surely reinforce this.

I trust you are all keeping well despite the season. The public health concerns of swine flu are with us, a source of confusion for many as we try to distinguish this from our usual flu virus.

This edition contains a report from the Southern region. Ginny Martin and her team are doing some excellent work and currently Dunedin has the highest number of members.

Sarah Nicholson has taken over the web site after Liz Blake-Palmer's departure for the UK. There have been some changes and additions so please check it out. The website is an evolving project so any ideas as to what needs to be on there would be greatly appreciated.

International Orthopaedic Nurses Day is on October 30th. Given how fast time can go, this is not really so far away. Now is the time to start planning something special to celebrate what we do. Economically difficult times can be depressing, but it is during those times that we need to celebrate what we are and do.

For those planning to attend conference in Adelaide in October and have not yet enrolled, the early bird registrations close July 1st.

Take care over the next few months.

Best wishes,

Lynley Papadopoulos

In this issue...	
Editorial note	1
Upcoming events	2
Report from Southern Regions	3
Northern region study day Tauranga	4
Web site development	5
Article of Interest	5

Upcoming Events

NAON Congress Tampa, Florida.

16th-20th May 2009 2

NAON Congress

May 2010

Seattle,

Washington

USA

www.orthonurse.org



ANZONA conference

You Break It- We Fix It!

21-23 October 2009

Adelaide

South Australia

NZONA Regional Orthopaedic Study Morning.

September 2009

\$10 NZONA members

\$20 Non members.

Date and venue to be confirmed

RCN SOTON

Flying High: Reaching new heights in orthopaedic and trauma nursing.

24th September 2009-26 September 2009

Newcastle Civic Centre

www.rcn.org.uk/events

Wellington Orthopaedic Nursing Conference

11-13 September

e-mail Judith.swift@ccdhb.org.nz

www.wgtnorthonursconf.co.nz

Some useful websites:

www.orthopaedicnursing.org

www.ona.asn

www.orthonurse.org

www.anzona.net

Report from the Southern Region May 2009

The theme of the Saturday morning session on the 23rd May 2009 was Spinal Injuries and the Nursing Care.

We had a variety of speakers:

Mr Bruce Hodgson - Orthopaedic

Consultant - Bruce gave an overview of spinal injuries, touched on the A & P, what to look for on the x-rays and scans and the various treatment options that are used. There were before and after photos which does help to illustrate the injuries.

Ross Beaton - Enrolled Nurse Ward 3B -

This was the first presentation Ross has given and he had researched the Halo Traction and its usage. Ross provided some background information which was then followed by the patient's perspective of living in the Halo. The patient gave an excellent story of the events leading up to his injury and how he and the family had to adjust to his restrictions once he was discharged home. This highlighted how important it is to be aware of the changes that will be needed for all the family members.

Claire Hargest - Physiotherapist - Claire very kindly stepped in at the last minute to give this presentation on the use of the Neofrakt Brace in spinal injuries. She gave the history of this product, how it was introduced into Dunedin and the good old Kiwi ingenuity that has developed over the years to make this a viable treatment option for some of the spinal injured patients.

The group then broke into 3 groups and headed down to Fracture clinic where there were 3 practical sessions:

- Ruth and Robin set up a demonstration of managing the transfers of the unstable spinal patient with the use of the scoop and the log rolling.
- Kerry gave a demonstration of how to correctly fit the Philadelphia collar and problems to look out for.
- Ginny and Ross used Benny the bear in his Halo traction to demonstrate the Halo and how to teach patients hygiene care at home - the micro towels from Kathmandu are excellent for this. They also demonstrated how to perform CPR in the Halo. An example of the SOMI brace was also modelled and the problems to be aware of for the patient.

Overall the session generated lots of discussion and interaction between the nurses from various areas within orthopaedics. We had 34 attend with 2 more sick on the day. Due to the size of the room we had to turn another 8 away so will be looking for alternative space in the future. It was great to meet up with Delwyn and Debbie from Gore and Chrissie from Invercargill.

The follow-up lunch this time was at Ironic - we are getting to test the cafes of Dunedin - and again it was a rainy day.

Ginny Martin

Robin Harris

**Northern Region Study Day
Saturday 27th June 2009,
Tauranga Hospital.**

This study day was attended by 27 people. It was a most informative day and opportunity provided aplenty to ask questions and offer insights.

There was considerable information provided on prevention of falls and well as issues around the general health and well being of the elderly.

A variety of speakers provided a wide range of perspectives and ideas. Julie Graves addressed the nutritional needs of the elderly. Dr Sethi looked at the physiological reasons for falls.

For all of those who thought ACC was all about compensation, Liz van Welie and Yvonne Hartwell provided sessions regarding ACC supported and provided programmes that look as strengthening and improving muscle tone and balance. Research indicates that programmes that are designed to improve these aspects do have a positive impact on the incidence of falls. ACC provide funding and resources for Tai Chi classes for patients over 65 years that meet the criteria and also endorse the Otago Exercise Program which is a programme people are able to use in their own home, using resources they already have available.

ACC are also endorsing a programme that provides pharmaceutical Vitamin D to elderly in rest homes who demonstrate Vitamin D deficiency. As is well known, Vitamin D is essential for assisting with the metabolism of calcium. It is also well documented that the elderly do not get sufficient Vitamin D, especially those in institutional care.

For more information regarding these initiatives sponsored by ACC, refer to the ACC website for details and for what is available in your area.

www.acc.co.nz

Lynley Papadopoulos.

<p>Web development. The website continues to develop. Sessions from the educational days offered are now being loaded onto the website and are available to view. An exciting new development on the page is the development of a blog page. This enables anyone to load information, stories, questions or anything of interest.</p>	<p>Announcement. Sheree Gare, secretary for NZONA, will be out of the country for five weeks from September 15th. Applications for membership or renewal of membership will be dealt with on her return.</p>
<p>Article of Interest. Bodden,J. (2009). Treatment options in the hemodynamically unstable patient with a pelvic fracture. <i>Orthopaedic Nursing</i>. 28(3), 109-116 This article discusses the anatomy of the pelvis, which is not really a structure on its own but composed of three bones. The stability of the pelvic ring is dependent on ligamentous integrity. Pictures of these are contained within the article. Located within the pelvic ring are major structures of the genitourinary and gastrointestinal systems. The article discusses two types of classification. One of the earliest systems was developed by Pennal & Tile. Type A- completely stable, with preservation of both bony and ligamentous structures. Type B- these fractures are rotationally unstable but vertically stable. In these type of fractures, there is an incomplete disruption of the posterior arch that allows rotation of the hemipelvis. Type C- this type of injury is identified as rotationally, vertically and posteriorly unstable. Another classification system used is one developed by Young and Burgess. This classification includes the mechanism of injury. The mechanism gives the direction that the force travelled through the body. Lateral compression creates fractures of the sacrum posteriorly and rami fractures anteriorly. Stability is maintained. Anterior-posterior compression tends to rotate the iliac wings outwards, causing disruption of the symphysis and sacro-iliac joints.</p>	<p>This type of injury is commonly termed the “open book” fracture. The vertical shearing forces do not compress bone but is torn apart by the force which disrupts ligaments within the pelvic ring. Diagrams in the article demonstrate what these injuries can look like. The article discussed the considerable risk of bleeding as a result of these injuries. Initial assessment of pelvic injuries is discussed including the presence of urethral, vaginal or rectal bleeding which can be indicative of pelvic haemorrhage. As with all trauma, achieving haemodynamic stability is a priority. A number of investigations are required for diagnostic evaluation, including radiological imaging (plain X-Ray, abdominal ultrasound, CT). Treatment options discuss the importance of stabilisation of the pelvic fractures. Stabilisation of the pelvic ring prevents an increase in bleeding. The use of pelvic binders and external fixation to stabilise the injury is discussed. In the case of vascular injury, embolisation may also be required to prevent further blood loss from leakage. Nursing considerations discuss the need for thorough assessment, including an initial head-to assessment. The article only covers the initial aspect of pelvic fracture management. Ongoing issues such as nerve damage, mobility issues, sexual issues and the management of bowel and bladder trauma are not discussed. However, the article does provide a good starting point.</p>