

Resolution #1- Acupuncture Benefiting Pain Management-Smith, et al.

TOPIC: IN SUPPORT OF INCREASING AWARENESS OF THE BENEFITS OF ACUPUNCTURE THERAPIES FOR PAIN MANAGEMENT.

SUBMITTED BY: California State University, Sacramento

AUTHORS: Stephanie Smith, Nessa Osuna, Jennifer Parry, Peter Lindbeck, Melissa Byrne, Aleksandra Kireyeva

WHEREAS, according to the National Institutes of Health (NIH) (2011), “More than 76 million people in the United States live with chronic pain.... The annual economic cost... is estimated to be \$100 billion, including healthcare expenses, lost income, and lost productivity....” The NIH (2011) also reported that, “... close to five million Americans report taking prescription pain medication in a potentially unsafe way....” Also, “...there has been an increase in drug misuse or even abuse, especially of opioid pain relievers” (p. 1). Non-drug therapies, such as acupuncture therapies, can offer effective treatment; and

WHEREAS, “Additionally, there are fewer adverse effects associated with acupuncture than with many standard drug treatments” (U.S. Department of Health and Human Services, 2009, p. 5); and

WHEREAS, “Acupuncture has been used... for > 2500 years... to treat a broad range of health conditions, including acute pain syndromes” (Goertz, 2006, p. 1); and

WHEREAS, “It has been more than a decade since the release of the National Institutes of Health (NIH) and Food and Drug Administration (FDA) consensus statement declaring that acupuncture is not an experimental therapy but a sound medical technique comparable in effectiveness to common conventional medical treatments for certain clinical conditions, such as nausea and pain” (Caspi & Baranovitch, 2009, p. 1); and

WHEREAS, the Division of Workers’ Compensation of the California Department of Industrial Relations states, “Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm” (California Code of Regulations, 2009, p. 1); and

WHEREAS, a 2014 ‘meta-analysis’ of 29 studies, performed between 1996-2008, consisting of 14,597 participants found that about 50% of patients who received acupuncture had improvement in pain compared with 30% who did not get acupuncture (Vickers, 2014, p. 1); therefore be it

RESOLVED, that the California Nursing Students’ Association (CNSA) encourage its

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constituents to increase awareness about the benefits of acupuncture therapies and to also advocate for their patients' rights to receive acupuncture therapies to manage pain; and be it further

RESOLVED, that the CNSA increase awareness of acupuncture therapies as a form of pain management by publishing an article on the topic in the Range of Motion Newsletter, and by providing educational breakout sessions at the annual CNSA convention if feasible, and by any other means deemed appropriate by the CNSA Board of Directors; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association California, Association of California Nurse Leaders, California Hospital Association, California Association of Colleges of Nursing, California League for Nursing, California State Oriental Medical Association, California Association of Clinical Nurse Specialists, California State Board of Pharmacy, California Acupuncture Board, California Certified Acupuncturists Association, California Chapter of American Chronic Pain Association, and all others as deemed appropriate by CNSA Board of Directors.

Resolution # 2- Prevention of Delirium-Rumpf

TOPIC: IN SUPPORT OF INCREASING AWARENESS AND ADVOCACY FOR PREVENTION OF DELIRIUM IN HOSPITALIZED OLDER ADULTS

SUBMITTED BY: NATIONAL UNIVERSITY, SAN DIEGO

AUTHORS: NICOLE RUMPF

WHEREAS, delirium is defined as “a disturbance of consciousness characterized by an acute onset, disorganized thinking and a fluctuating course of inattention” (Holly, Cantwell, & Jadotte, 2012, p. 132); and

WHEREAS, Rice et al. characterized delirium as “the most common complication of older adult hospitalization, affecting approximately 2.3 million patients each year” (as cited in Phillips, 2013, p. 9); and

WHEREAS, delirium is associated with negative patient outcomes, such as “long-term cognitive and functional impairment” and “contributes to falls, fractures, long-term institutionalization, and death” (Conley, 2011, p. 340); and

WHEREAS, delirium “may lead to mortality if not detected early . . . and causes death in as many as 76 percent of patients who are hospitalized with delirium” (Ali et al., 2011, p. 25); and

WHEREAS, according to Rice et al., “The financial impact of delirium is staggering, with annual estimated costs of \$38-\$152 billion” (as cited in Phillips, 2013, p. 9); and

WHEREAS, as stated by Rubin et al., “total costs attributable to delirium average from \$3,000 to \$6,000 per patient per hospitalization” (as cited in Conley, 2011, p. 340); and

WHEREAS, “delirium is underrecognized and underdiagnosed, about one third of all delirium episodes could be prevented, and delirium prevention would be a cost-effective strategy” (O’Mahony, Murthy, Akunne, & Young, 2011, p. 751); and

WHEREAS, “evidence suggests that most multicomponent interventions are effective in preventing onset of delirium in at-risk patients in a hospital setting” (Reston & Schoelles, 2013, p. 376); and

WHEREAS, as part of a multicomponent intervention package, recommended delirium prevention strategies include “orienting communication, therapeutic activities, early mobilization and walking, nonpharmacologic approaches to sleep, maintaining nutrition and hydration, adaptive equipment for vision and hearing impairment, medication review, infection control, preventing hypoxia, and pain management” (O’Mahony, Murthy, Akune, & Young, 2011, p. 751); therefore be it

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- RESOLVED, that the California Nursing Students' Association (CNSA) encourage its constituents to work with hospitals and nurses to promote awareness of the negative impacts of delirium on hospitalized older adults and the effectiveness and benefits of multicomponent interventions in preventing delirium; and be it further
- RESOLVED, that the CNSA publish an article on this topic in the Range of Motion magazine and any other publications, if feasible; and be it further
- RESOLVED, that the CNSA increase nursing students' awareness of the issue of delirium in hospitalized older adults by holding informational and educational sessions at the annual CNSA convention, if feasible and be it further
- RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association California, the Association of California Nurse Leaders, the California Association for Nurse Practitioners, the California Nurses Association, the Nurse Alliance for California, California Chapters of the American Association of Critical Care Nurses, the California Association of Clinical Nurse Specialists, the California Hospital Association, the San Diego Chapter of the National Gerontological Nursing Association, Inc., and all others deemed appropriate by the CNSA Board of Directors.

Resolution #3-PTSD Following Childbirth-Vandewiele

TOPIC: In Support of Increasing Awareness to Prevent PTSD Following Childbirth

SUBMITTED BY: San Diego State University

AUTHORS: Devon Vandewiele

WHEREAS, “Evidence suggests that childbirth is an event that could be psychologically traumatic, leading to the development of post-traumatic stress disorder (PTSD) and subsyndromal PTSD” (Alcorn, O’Donovan, Patrick, Creedy, & Devilly, 2010); and

WHEREAS, “For some women a traumatic birth also involves perceiving if their birthing experience as dehumanizing and stripping them of their dignity. After a traumatic childbirth 2% to 21% of women meet the diagnostic criteria for PTSD” (Beck & Watson, 2010); and

WHEREAS, there are a number of “events or characteristics that may precede the development of PTSD after childbirth, including: pain during childbirth, increased intervention, unfriendly or unreceptive hospital personnel, lack of control over labor or birth, lack of information about procedures as they are performed or what is occurring during labor or birth, lack of consent to procedures or events, lack of a support person, cesarean section, still birth or sick baby” (Zauderer, 2014); and

WHEREAS, according to, Vossbeck-Elsebusch, Freisfeld and Ehring (2014), “25-30% of women experience PTSD symptoms at a subclinical level and/or meet criteria for partial PTSD shortly after having given birth to a child and 1.5-6% even develop full blown PTSD”; and

WHEREAS, “Women with untreated PTSD may begin to self-medicate, which may lead to alcohol and drug abuse, eating disorders, compulsive eating, gambling, compulsive spending, psychosomatic illnesses, homicidal or suicidal behavior, phobias, panic disorders, depression or depressive symptoms, dissociation symptoms, and/or fainting spells” (Zauderer, 2014); and

WHEREAS “Mothers who meet either partial or full criteria for PTSD after childbirth have been found to view their infants as more difficult, less easily soothed, and more apt to be distressed, with potentially important negative implications for mother-infant attachment” (Shaw et al., 2013); therefore be it

RESOLVED, that the California Nursing Students' Association (CNSA) encourage its constituents to increase awareness of childbirth related PTSD and encourage preventative interventions associated with nursing modifiable PTSD risk factors by honoring woman's preferences in labor, providing information about procedures during the delivery process and emotional support for the family; and be it further

RESOLVED, that the CNSA publish an article about this topic in the Range of

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Motion magazine, if feasible; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association California, Association of California Nurse Leaders, the Nurse Alliance of California, the California Board of Registered Nursing, University of California San Diego Medical Center (Hillcrest), Sharp Mary Birch Hospital for Women and Newborns, Sharp Chula Vista Hospital, Palomar Medical Center, Kaiser Permanente, San Diego Medical Center and Naval Medical Center San Diego, Scripps Mercy Hospital San Diego, Marin General Hospital, Kaiser Permanente San Francisco, California Pacific Medical Center, UCSF Birthing Center, San Francisco General Hospital, St Luke's Women's Center all others deemed appropriate by the CNSA Board of Directors.

Resolution #4-Support During Labor-Bessmertnyy

TOPIC: IN SUPPORT OF TEACHING NURSING STUDENTS LABOR SUPPORT TECHNIQUES PRIOR TO CLINICAL HOSPITAL HOURS IN LABOR AND DELIVERY

SUBMITTED BY: California State University Chico, CNSA

AUTHORS: Valery Bessmertnyy

WHEREAS, Association of Women's Health, Obstetric & Neonatal Nurses (AWHONN) identifies "labor support as a powerful nursing function and is vital to achieving improved birth outcome" (AWHONN, 2011, p.665); and

WHEREAS, Cochrane systematic review of "21 trials involving 15,061 laboring women" had improved delivery outcomes that can include a higher likelihood of giving birth spontaneously, shorter labor time, less use of pain medications, and greater patient satisfaction when continuous labor support was provided by a person who has "at least a modest amount of training, and who is not related or within the women's social network" (Hodnett et al., 2011, p.2); and

WHEREAS, many institutions have poor staffing ratios in labor & delivery and "have not sufficiently increased the number of RN's available to respond to the increased acuity of laboring mothers, dramatic rise of obstetrical interventions, demanding technological advancements, routine use of high alert medications" (AWHONN, 2011, p.665); and

WHEREAS, in the AWHONN 2011 position statement (p.665), "despite the many benefits of continuous labor support, RNs are challenged by competing priorities for their time and attention"; and

WHEREAS, nursing students who receive education in customized labor support prior to beginning their clinical rotation in labor and delivery can assist by offering labor support during their labor and delivery clinical practicum under the supervision of the RN (Kipnis, 2013) while providing an opportunity for the student to have increased confidence in this clinical setting ; therefore be it

RESOLVED, that the California Nursing Students' Association (CNSA) encourage all colleges, universities and schools of nursing statewide, with the additional collaboration of prepared childbirth educators, if needed, to provide their students with labor support education before starting their clinical practicum so that the students are ready to offer basic fundamental nursing care combined with specific skills for laboring women; and be it further

Resolution #4-Support During Labor-Bessmertnyy

RESOLVED, that the CNSA encourage its constituent members to advocate for customized labor support education in colleges, universities, schools of nursing statewide to provide customized labor support education in their maternal nursing curriculum prior to the start of the clinical practicum in labor and delivery by making available resources regarding customized labor support education, articles, breakout sessions at convention; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association/California, Association of California Nurse Leaders, California State Board of Nursing, California Association of Midwives, AWHONN/California section, and all others deemed appropriate by the CNSA Board of Directors.