



## SPECIAL NURSES WEEK EDITION MAY 2024

# Monthly eNews and Updates

**Happy Nurses Week to all!**

*From the  
Executive Director*

In this issue of the “news”,  
you will find info on:

- Nurses Week Reflection
- Student Articles
- Upcoming Conference Info
- Immunization Info from ND HHS

Today, on National Student Nurses Day, we extend a warm welcome to the graduating nurses who have dedicated themselves to this challenging journey. These individuals are now ready to make a real difference in people's lives. We encourage them to remember their passion, find their niche, and work together to provide exceptional care while advocating for our profession.

This issue includes some articles written by students from the NDSU School of Nursing at Sanford Bismarck. You will get a preview of the articles and will be linked to the complete versions. More student articles from other institutions, such as Mayville State, will be featured in the upcoming July/August/September issue of [The North Dakota Nurse](#). We are thrilled to announce that NDNA has some exciting changes coming to the quarterly publication, and we can't wait to share them with you. So, make sure you don't miss out on reading it when it comes out in July.

Also, don't forget that our latest [The North Dakota Nurse](#) was published in mid-April. You can access it on our website and the past month's issues.

Thank you for your time and attention. Enjoy the rest of this **Nurses Week!**

*~Sheri*

# Nurses Week

## National Nurses Week Reflection

Richelle Johnson, MSN, RN

NDNA VP of Finance

In honor of National Nurses Week, it's important to reflect on the history of this celebration and the incredible contributions of nurses to society. National Nurses Week, which begins on May 6th and ends on May 12th, Florence Nightingale's birthday, has a rich history dating back to the early 1950s (American Nurses Association [ANA], n.d.). The idea of a National Nurse Day was first proposed in 1953 by Dorothy Sutherland of the U.S. Department of Health, Education, and Welfare. However, it wasn't until 1974 that the first National Nurse Week was officially designated by the White House, thanks to the efforts of various nursing organizations and advocates.

Since then, National Nurses Week has grown in significance and recognition. In 1982, President Ronald Reagan signed a proclamation declaring May 6th as "National Recognition Day for Nurses," and in 1990, the celebration was expanded to a week-long event.

Throughout the years, the ANA has played a vital role in promoting and supporting National Nurses Week (ANA, n.d.). The ANA, along with state and territorial nurses associations, other nursing organizations, and healthcare institutions, have worked together to raise awareness of the crucial role that nurses play in healthcare.

In addition to honoring nurses, National Nurses Week also recognizes the contributions of student nurses. In 1997, at the request of the National Student Nurses Association, May 8th was designated as National Student Nurses Day, providing an opportunity to celebrate the future generation of nursing professionals.

As we celebrate National Nurses Week each year, it's essential to express gratitude and appreciation for the dedication, compassion, and expertise of nurses everywhere. Whether they're working on the frontlines of patient care, conducting research, or teaching the next generation of nurses, their contributions make a difference in the lives of countless individuals and communities.

Thank you, nurses, for all that you do!

### Reference

American Nurses Association. (n.d.). National nurses week history. Retrieved February 20, 2024 from <https://www.nursingworld.org/education-events/national-nurses-week/history/>

*Note from the editor: Richelle Johnson's name was inadvertently omitted from this article when originally published in the April 2024 issue of The North Dakota Nurse. My apologies to the author.*





**"Prairie Horizons: Nurturing the Future  
of Nursing in North Dakota"**

## Annual Meeting & Fall Conference 2024

**Sept 12 1:30-4:30 PM Annual Meeting**  
**Sept 13 9:15-4:30 PM Fall Conference**

**North Dakota  
Heritage Center,  
Bismarck**



**NDNA.ORG**

**We are seeking  
conference  
planners, vendors  
and sponsors!**



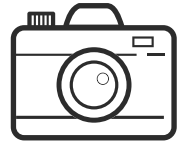
**Submitted by Dr. Beth Sanford**

**"Radiant Empowerment:  
Women Encouraging Women to Improve  
Their Vitamin D Levels and Thrive in the  
Light—The North Dakota Vitamin D  
Project"**



## Nurses Make the Difference Photo Contest Winners!!!!

First Place is a tie! They will  
each get an Amazon gift  
card and registrations for  
the Fall Conference! The  
photos will be displayed  
widely!



**Submitted by Dr. Penny Briese**  
**"All People Enjoy Time Magazine"**

That's the mnemonic the  
photographer uses for teaching the  
5 cardiac assessment points!



**Submitted by Mylynn Tufte**  
**"Honoring Our Nurse Heroes!"**





# STATE OF NORTH DAKOTA

## PROCLAMATION

### NURSES WEEK

MAY 6-12, 2024

WHEREAS, more than 6.2 million nurses licensed in the United States comprise our nation's largest health care profession, and every year our nurses are recognized for their work, this year with the theme "Nurses Make the Difference"; and

WHEREAS, there are 22,371 nurses licensed in the state of North Dakota working to meet the different and emerging health care needs of our citizens; and

WHEREAS, the depth and breadth of the nursing profession meets the different and emerging health care needs of the American population in a wide range of settings; and

WHEREAS, the American Nurses Association, as the voice for the nurses of this country, is working to chart a new course for a healthy nation that relies on increasing delivery of primary and preventative health care; and


WHEREAS, a renewed emphasis on primary and preventive health care will require the better utilization of all our nation's nursing resources; and

WHEREAS, professional nursing has been demonstrated to be an indispensable component in the safety and quality of care of hospitalized patients; and the demand for nursing services will be greater than ever due to an aging population, the continued expansion of life-sustaining technology and the explosive growth of home care services; and

WHEREAS, cost-effective, safe and quality health care services provided by nurses is and will continue to be an increasingly important component of the United States health care delivery system in the future.

NOW, THEREFORE, as Governor of the State of North Dakota, I do hereby proclaim  
May 6-12, 2024, **NURSES WEEK** in the State of North Dakota.



  
Doug Burgum  
GOVERNOR

ATTEST:   
Michael Howe  
SECRETARY OF STATE

## HIV at Home Self-Testing for High-Risk Individuals

### Appraised by:

Emma Dragseth SN, Nicole Haegeland SN, Tram Le SN, Kaylee Stevens SN, and Hailey Massey SN

Allison Sadowsky MSN RN Assistant Professor of Practice (Faculty)

(NSDU School of Nursing at Sanford Bismarck)

### Clinical Question:

For individuals who are at high risk for developing HIV, does the use of home-testing reduce the future spread of HIV?

### Sources of Evidence:

Bien-Gund, C. H., Shaw, P. A., Agnew-Brune, C., Baugher, A., Brady, K. A., Gross, R., & NHBS Study Group (2022). HIV Self-testing and Risk Behaviors Among Men Who Have Sex with Men in 23US Cities, 2017. JAMA network open, 5(12), e2247540

Sullivan, P. S., Stephenson, R., Hirshfield, S., Mehta, C. C., Zahn, R., Bauermeister, J. A., Horvath, K., Chiasson, M. A., Gelaude, D., Mullin, S., Downing, M. J., Jr, Olansky, E. J., Wiatrek, S., Rogers, E. Q., Rosenberg, E., Siegler, A. J., & Mansergh, G. (2022). Behavioral Efficacy of a Sexual Health Mobile App for Men Who Have Sex With Men: Randomized Controlled Trial of Mobile Messaging for Men. Journal of medical Internet research, 24(2), e34574. <https://doi.org/10.2196/34574>

Stephenson R, Sullivan SP, Mitchell JW, Johnson BA, Sullivan PS. Efficacy of a Telehealth Delivered Couples' HIV Counseling and Testing (CHTC) Intervention to Improve Formation and Adherence to Safer Sexual Agreements Among Male Couples in the US: Results from a Randomized Control Trial. AIDS Behav. 2022 Aug;26(8):2813- 2824. doi:10.1007/s10461-022-03619-3. Epub 2022 Feb 22. PMID: 35194698; PMCID: PMC8863094.

Wang, Z., Lau, J., Ip, M., Ho, S., Mo, P., Latkin, C., Ma, Y., & Kim, Y. (2017). A Randomized Controlled Trial Evaluating Efficacy of Promoting a Home-based HIV Self-testing with Online Counseling on Increasing HIV Testing Among Men Who Have Sex with Men. AIDS and Behavior, 22(1), 190–201. <https://doi.org/10.1007/s10461-017-1887-2>.

Xiu, X., Qin, Y., Bao, Y., Chen, Y., Wu, H., Huang, X., & Wang, L. (2022). The Practice and Potential Role of HIV Self-testing in China: Systematic Review and Meta-analysis. JMIR public health and surveillance, 8(12), e41125.

### Synthesis of Evidence:

Five articles were reviewed and used as evidence regarding Human Immunodeficiency Virus (HIV) and the use of self-testing. A cross-sectional study, a non-blind randomized controlled trial, a systematic review, a randomized open label study and quantitative randomized controlled study.

Bien-Gund and his fellow authors conducted a cross-sectional study to research the prevalence of self-testing for Human Immunodeficiency Virus, risk factors and prevention (2022). The study was primarily located in 23 urban and metropolitan areas in Puerto Rico and the US and consisted of 6,563 men who have sex with men. They utilized interviews, rapid blood testing. Their main outcomes came from self-testing at home with rapid HIV tests. Of the 6,563 men included in the study reported being tested for HIV, only 7.7% reported self-testing at home in the last year. Self-testing was more common amongst the younger populations who disclosed their sexual orientation and came from a high socioeconomic standing. Bien-Gund found that there is an “opportunity to expand implementation of HIV self-testing” (2022).

Wang and his fellow authors (2017) lead a parallel-group and non-blinded randomized controlled trial. This study was set in Hong Kong and included 430 men who have sex with men. They utilized surveys, interviews, HIV self-testing kits- online instructions and counseling (HIVST-OIC) to study HIV testing prevalence and prevalence of condomless anal intercourse (CAI) and multiple sexual partners. The 215 men in the intervention group used the HIVST kit as well as had online instructions and counseling while the 215 men in the control group did traditional HIV testing without the mention of the HIVST kits. Participants in the intervention group reported significantly higher prevalence of HIV testing of any type at Month 6 (89.9% compared to control group of 50.7%). Among those who had taken up HIV testing during the 6- month follow-up period, a significant between-group difference at Month 6 was found in multiple male sex partnerships (34.2% vs control group 47.7%). Lastly, there was a decrease found in CAI, but the difference was not found to be statistically significant (27.5% and control group was 33.9%).

**READ MORE**

## Routine Maternal Postpartum BP Checks

Appraised by: Ceara Miske, SN, Alexis Bentz, SN, Ben Ryberg, SN, Nina Sonetti, SN, and McKenzie Steckler, SN

Allison Sadowsky MSN RN Assistant Professor of Practice (Faculty)

(NDSU School of Nursing at Sanford Bismarck)

### Clinical Question:

For patients post-delivery, do routine maternal BP checks reduce the risk for complications associated with postpartum pre-eclampsia?

### Sources of Evidence:

Hacker FM, Jeyabalan A, Quinn B, Hauspurg A. Implementation of a universal postpartum blood pressure monitoring program: feasibility and outcomes. *Am J Obstet Gynecol MFM*. 2022 May;4(3):100613. doi: 10.1016/j.ajogmf.2022.100613. Epub 2022 Mar 10. PMID: 35283352; PMCID: PMC9900496.

Hauspurg A, Lemon LS, Quinn BA, Binstock A, Larkin J, Beigi RH, Watson AR, Simhan HN. A Postpartum Remote Hypertension Monitoring Protocol Implemented at the Hospital Level. *Obstet Gynecol*. 2019 Oct;134(4):685-691. doi: 10.1097/AOG.0000000000003479. PMID: 31503166; PMCID: PMC7289450.

Khosla K, Suresh S, Mueller A, Perdigao JL, Stewart K, Duncan C, Oladipo V, Fess E, Heimberger S, Rana S. Elimination of racial disparities in postpartum hypertension follow-up after incorporation of telehealth into a quality bundle. *Am J Obstet Gynecol MFM*. 2022 May;4(3):100580. doi: 10.1016/j.ajogmf.2022.100580.

Janssen MK, Demers S, Srinivas SK, Bailey SC, Boggess KA, You W, Grobman W, Hirshberg A. Implementation of a text-based postpartum blood pressure monitoring program at 3 different academic sites. *Am J Obstet Gynecol MFM*. 2021 Nov;3(6):100446. doi: 10.1016/j.ajogmf.2021.100446. Epub 2021 Jul 28. PMID: 34329800.

Steele, Dale W. MD, MSc; Adam, Gaelen P. MLIS, MPH; Saldanha, Ian J. MBBS, PhD; Kanaan Ghid MD; Zahradnik, Michael L. MSc; Danilack-Fekete, Valery A. MPH, PhD; Stuebe, Alison M. MD, MSc; Peahl, Alex F. MD, MSc; Chen, Kenneth K. MD; Balk, Ethan M. MD, MPH. Postpartum Home Blood Pressure Monitoring: A Systematic Review. *Obstetrics & Gynecology*. 142(2):p 285-295, August 2023. | DOI: 10.1097/AOG.0000000000005270.

### Synthesis of Evidence:

Five articles were reviewed as evidence in this report. Two prospective observational studies, a quality improvement project, a retrospective cohort study, and a systematic review were used as evidence to suggest implementing routine maternal blood pressure checks within the six weeks following delivery reduces the risk for complications associated with postpartum pre-eclampsia.

A prospective observational study done by Hacker, Jeyabalan, Quinn, and Hauspurg (2022) aimed to explore the feasibility of a patient-driven universal postpartum home blood pressure monitoring program in women without a diagnosis of hypertensive disorder of pregnancy. The study was performed between July 2020 – July 2021 in a tertiary care center with reports of more than 10,000 deliveries annually. The study included 1,192 women who were in the postpartum period. Women within this healthcare system who received any portion of prenatal care virtually were provided with a blood pressure cuff and those who received their prenatal care in person were not. During this study the factors that were monitored included rates of elevated blood pressure in comparison to their initial baseline reading, rates of referrals to the emergency department due to high blood pressure, rates of diagnoses of severe pre-eclampsia requiring readmission, and the rate of new diagnoses of postpartum hypertension. The program involved daily submissions of blood pressure electronically via text message to a clinical provider for monitoring and management of hypertension. Major findings from this study were that 222 had an initial elevated blood pressure, with 98 having an elevated blood pressure on recheck, 17 women were referred to the emergency department for evaluation of persistently severe blood pressure range, 8 of these women were diagnosed with severe pre-eclampsia, and overall, of 510 women, 98 had a new diagnosis of postpartum hypertensive disorder. Given the increasing evidence regarding risk factors for developing hypertension without a prior diagnosis of antepartum hypertension, it may be reasonable to monitor women with these risk factors more closely postpartum.

### READ MORE

# The Use of Probiotics to Reduce Antibiotic-Associated Diarrhea

## Appraised by:

Tracy Merth SN, Jennifer Huft SN, Skyy Wagner SN, Madison Sheldon SN, Bailee Anderson SN, Fay Frei SN

Allison Sadowsky MSN RN Assistant Professor of Practice (Faculty)

(NDSU School of Nursing at Sanford Bismarck)

## Clinical Question:

For patients prescribed antibiotics, does providing prophylactic probiotics with prescribed antibiotics reduce the rates of GI upset compared to patients taking antibiotics who aren't using prophylactic probiotics?

## Sources of Evidence:

Agamennone, V., Krul, C. A. M., Rijkers, G., & Kort, R. (2018). A practical guide for probiotics applied to the case of antibiotic-associated diarrhea in The Netherlands. *BMC gastroenterology*, 18(1), 103. <https://doi.org/10.1186/s12876-018-0831-x>

Goldenberg, J. Z., Yap, C., Lytvyn, L., Lo, C. K., Beardsley, J., Mertz, D., & Johnston, B. C. (2017). Probiotics for the prevention of *Clostridium difficile*-associated diarrhea in adults and children. *The Cochrane database of systematic reviews*, 12(12), CD006095. <https://doi.org/10.1002/14651858.CD006095.pub4>

Lau, V. I., Rochweg, B., Xie, F., Johnstone, J., Basmaji, J., Balakumaran, J., Iansavichene, A., & Cook, D. J. (2019). Probiotics in hospitalized adult patients: a systematic review of economic evaluations. *Canadian Journal of Anesthesia/Journal Canadien D'anesthésie*, 67(2), 247–261. <https://doi.org/10.1007/s12630-019-01525-2>

Maity, C., & Gupta, A. K. (2021). Therapeutic efficacy of probiotic *Alkalihalobacillus clausii* O88AE in antibiotic-associated diarrhea: A randomized controlled trial. *Heliyon*, 7(9), e07993. <https://doi-org.ezproxy.lib.ndsu.nodak.edu/10.1016/j.heliyon.2021.e07993>

Shah, P. J., Halawi, H., Kay, J., Akogun, A., Wise, S., Aly, S., Daoura, N., & Putney, D. (2023). A Single-Center, Retrospective Cohort Study Evaluating the Use of Probiotics for the Prevention of Hospital-Onset *Clostridioides difficile* Infection in Hospitalized Patients Receiving Intravenous Antibiotics. *Hospital Pharmacy*, 58(1), 57–61. <https://doi-org.ezproxy.lib.ndsu.nodak.edu/10.1177/00185787221120153>

Van Wietmarschen, H. A., Busch, M., van Oostveen, A., Pot, G., & Jong, M. C. (2020, May 13). Probiotics use for antibiotic-associated diarrhea: A pragmatic participatory evaluation in nursing homes - *BMC gastroenterology*. *BioMed Central*. Retrieved March 8, 2023, from <https://bmcgastroenterol.biomedcentral.com/articles/10.1186/s12876-020-01297-w>

## Synthesis of Evidence

Six articles were reviewed as evidence for this report. The articles included systematic reviews, meta analyses, a retrospective cohort study, quantitative analysis, and a double blinded randomized control trial. Antibiotic associated diarrhea (AAD) is the instance of three or more watery stools a day following the use of antibiotics. AAD in the form of *C. difficile* which can lengthen hospital stays and increase costs to the patient and the hospital.

The first study by Agamennone, Krul, Rijkers and Kort (2018) is a systematic review comprising meta analyses and systematic reviews. This systematic review included 32 studies comprising of 7360 participants regardless of age or intervention setting. All participants included in the systematic review were prescribed probiotics with their prescribed antibiotics and were included regardless of age or intervention setting. This systematic review was split into three separate sections. The first portion evaluated the efficacy of probiotics in the context of AAD and identified effective strains of probiotics. The second portion identified probiotic products and their availability, and the third portion recommended specific probiotic products that matched the effective strains. There was sufficient evidence to support the use of probiotics to prevent AAD with 12.5% of the probiotic group experiencing AAD versus 17.8% of the placebo group experiencing AAD. This systematic review found that probiotics that contained the minimal daily dose of the probiotic strain *Lactobacillus rhamnosus* GG were the most effective in preventing AAD. The products recommended by this systematic review are Microbial Platinum and Culturelle.

## READ MORE



# Interprofessional Collaborative Research Conference 2024

October 11, 2024

Avalon Events Center | Fargo, ND



**Calling All Healthcare Professionals!**  
**Breakthrough Research. Collaborative Spirit. Fargo Awaits.**

**We invite you to submit an abstract for the third annual 2024 Interprofessional Collaborative Research Conference in Fargo, ND on Friday, October 11, 2024.**

Abstracts that are accepted will either be selected as one-hour workshops, half-hour breakout sessions, or poster presentations. All are to be presented in-person at the conference.

Abstract selection is a peer reviewed process and is based on how well the abstract fulfills the overall identified objectives of the conference (listed below). A presenter can be an author of no more than 3 abstracts.

**Scan the code above for information on submitting an abstract and the conference!**



Immunizations have drastically reduced infections of preventable diseases such as whooping cough, diphtheria, rubella, polio and measles. While these diseases are rare because of immunizations, some are still common in other parts of the world and have made a recent resurgence in the United States. As of April 26th, 2024 there were 128 measles cases reported in 20 jurisdictions, including Minnesota. Getting behind on immunizations can pose a significant risk to patients and the community.

Keeping immunizations up to date is key for preventing outbreaks. It is important for health care providers to follow the immunization schedule recommended by the Advisory Committee on Immunization Practice, including administering all vaccines a patient is due for at the same visit. Following the recommended schedule allows for children to be immunized at the best time to provide the greatest protection from diseases. North Dakota health care providers are recommended to implement pediatric and adult standards for immunization

There are several tools available to health care providers to assist their patients in staying up to date on immunizations. Health care providers who utilize electronic medical records and/or the North Dakota Immunization Information System (NDIIS) have tools available for identifying when patients are behind on immunizations. Clinical decision support for immunizations can determine which vaccines a patient is past due, currently due or due for in the future. The reminder/recall function in NDIIS is another helpful tool for providers to identify patients who are coming due or overdue for immunizations. CDC has also created helpful job aids to assist health care providers with interpreting vaccine catch-up schedules. If you have questions regarding vaccine schedules or tools for getting your patients up to date, please contact the Immunization Unit at [vaccine@nd.gov](mailto:vaccine@nd.gov).



## Be Aware of Measles: Know the Risks, Signs and Symptoms

The North Dakota Department of Health and Human Services (ND HHS) would like to remind medical professionals around the state to be on **alert for measles. In 2024 so far, the U.S. has seen 128 cases of measles in 20 jurisdictions.** Measles in the U.S. is often introduced from unvaccinated people who visit or return from international travel. Patients who present with a fever, **maculopapular rash**, have recently traveled to a locale with measles cases and are unvaccinated should be isolated quickly at the clinic or hospital and tested for measles. Other symptoms of measles include cough, cold-like symptoms, conjunctivitis, and **white** or **red** spots inside the mouth, which are known as “Koplik spots.”

**Providers who suspect a patient has measles should call ND HHS Disease Control immediately to report the case at 701-328-2378.** This line is answered 24 hours a day. It is routed to an on-call staff member, after normal business hours.

Measles is extremely contagious and threatens to infect other children in waiting rooms – especially those too young to be vaccinated. ND HHS encourages medical offices to develop processes to prevent children with suspected measles from entering the facility if possible. Patients may be assessed and tested outside or in a drive-up setting whenever possible. Measles is diagnosed with a nasopharyngeal swab PCR test. Providers should also draw blood and test for measles IgM. **Do not wait for test results before reporting suspected measles to ND Disease Control.**

For more information and to check on the status of measles cases in North Dakota, please visit <https://hhs.nd.gov/measles>.

# Measles




IT ISN'T JUST A LITTLE RASH

Measles can be dangerous, especially for babies and young children.

MEASLES SYMPTOMS TYPICALLY INCLUDE

- High fever (may spike to more than 104° F)
- Cough
- Runny nose
- Red, watery eyes
- Rash breaks out 3-5 days after symptoms begin

Measles Can Be Serious

		
About 1 out of 5 people who get measles will be hospitalized.	1 out of every 1,000 people with measles will develop brain swelling due to infection (encephalitis), which may lead to brain damage.	1 to 3 out of 1,000 people with measles will die, even with the best care.



JOIN US