

### Mandatory AIDS Testing Among Health Care Workers

*Susan F. Strauss, RN, CEN, CCRN, Newsletter Editor*

The Center for Disease Control (CDC) has estimated that by the year 2000, 40 million people worldwide will be infected with the AIDS virus. By the end of this year, there will be an additional 40-80,000 new cases in the U.S. alone. At present rates, over 1,000,000 Americans will die every year by 2017 according to the AIDS Insurance Reports.

AIDS has become not only a devastating human tragedy but also a popular political focal point. The death of "innocent patients" has caused widespread fear among the general population. Legislators have responded with a number of recent proposals aimed at health care workers (HCWs). These proposals have included mandatory AIDS testing and penalties of up to 10 years in jail for non-disclosure of HIV status.

While some recommendations may be derived from a desire to protect the population, many seem to be an overzealous response to unsubstantiated suppositions.

#### The Case

David Acer, a dentist from Stuart, Florida, appears to have infected five of his patients with the AIDS virus. Two have died. Evidence suggests that universal precautions were ignored. The dentist seldom wore gloves or a mask. He reused disposable equipment, used tools on himself and followed sloppy sterilization techniques.

#### The Poll

I recently polled 50 professional emergency nurses on their impressions of the various proposals being considered by congress.

#### Results

*Your risk of infection from an HIV+ patient:* The results revealed an even distribution of perceived risk from low to high.

*Mandatory testing of HCWs:* Only 24% agreed that HCWs in high-risk areas should have mandatory testing, although 72% have no objection to voluntary testing.



*Mandatory testing of admitted patients:* 40% believe that patients admitted to the hospital should have routine testing while 56% believe that patients undergoing surgery should be tested.

*Mandatory disclosure by the infected HCW:* 56% of the nurses stated that they should not have to inform their patients.

*Mandatory disclosure by the infected patient:* 82% of the nurses polled said that patients should be required by law to inform HCWs of their status.

*Would you let your infected dentist/surgeon perform a procedure on you?:* 22% said yes, 12% were undecided, and 66% said no.

#### COMMENTS AND DISCUSSION Mandatory Testing

Forty percent of the emergency nurses polled wanted mandatory testing for all patients admitted to the hospital. Most of the respondents stated that the disease should be tracked as is done with other sexually transmitted diseases.

Seventy-six percent of those polled were against mandatory testing of professionals in high-risk work areas. Issues of Workmen's Compensation, disability and insurance benefits for the worker who tests positive have not been adequately addressed. Of the nurses polled lack of employment protection appeared to be the primary obstacle against mandatory HIV testing.

*(AIDS Testing – continued on page 3)*

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While some recommendations [such as mandatory AIDS testing] may be derived from a desire to protect the population, many seem to be an overzealous response to unsubstantiated suppositions.

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## President's Letter

*Fran Sikso, RN*

Once again the National General and Scientific Assembly is over; and plans are already being made for 1992. For those of you who were not there, I hope your colleagues have shared with you all the news, excitement, education and fun of San Francisco.

Each year, the meeting attendance has increased, the educational offerings have grown and exhibitors have more equipment and supplies on display.

It was a great honor for me to lead our delegation of 33 at the General Assembly. New York is second only to California in state membership. As the president of a small state said to me, "You have more delegates than I have members in my whole state."

Everyone who is a member should be proud of their national officers and board of directors. They stand for the professionalism and accomplishment that has brought the Emergency Nurses Association to a position of leadership among specialty organizations.

Pressing issues in emergency care such as continuing education, environmental protection, patients rights to self determination, minimum standards for trauma practitioners, pediatric care guidelines — the list goes on — were all discussed. We will bring you in-depth information on all the subjects in coming issues.

I urge you to go to your chapter delegates for their thoughts on the Assembly. New York State would like to see an even larger delegation in September of 1992 in Orlando, Florida. Start planning now to become one of our delegates.

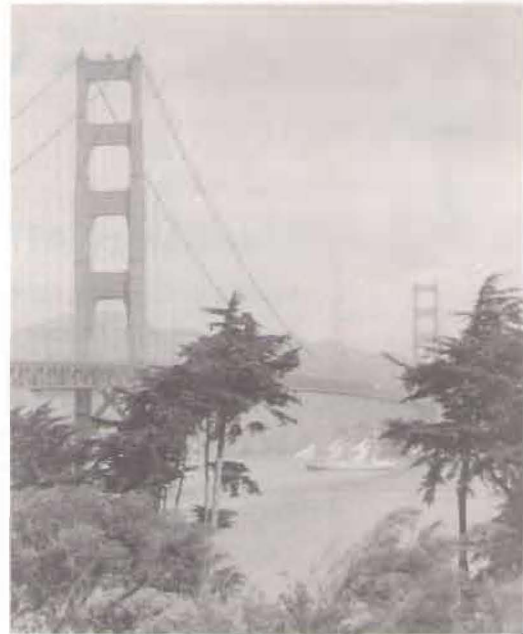
I know by the time this reaches you, Emergency Nurses Day, October 2nd, will have passed and I hope you had a very special day.

The fourth New York State Council meeting is November 15 and 16 at the Albany Marriott — Wolf Road. Why not join us? Contact your local chapter for details.

On a final note, I would like to remind all members that this is *your* newsletter, and we encourage you to take advantage of this valuable communications tool. If you have any special happenings, please tell us. We invite articles, suggestions, case studies or notice events.

Have a beautiful fall! ❖

**I would like to remind all members that this is *your* newsletter, and we encourage you to take advantage of this valuable communications tool.**



*San Francisco, California — site of ENA's National General and Scientific Assembly.*

## Farming and Agricultural Injuries

*Dayle Griffin, RN, CEN*

The New York State Department of Agriculture has received funds to study and track agricultural related illness and injury. It is well known that farming is the most hazardous occupation in our state. As emergency nurses, we can help identify farm related trauma and illness. We are looking for help in planning programs for injury prevention and education of farmers and health care workers.

To report an agricultural injury or illness or to express your interest in this topic, contact:

Sue Roerig, RN, BSN  
Eastern New York Occupational Health  
Program  
1201 Troy-Schenectady Road  
Latham, NY 12110  
(518) 783-1518 ❖

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### Mandatory Disclosure

AIDS advocacy groups have successfully emphasized civil and privacy rights. However, this has frustrated health care groups in their attempts to effectively track patients with AIDS and notify sexual partners. They reason, if equal protection is guaranteed under the law, why should legislation be directed only to protect the patients and not the health care worker.

If an HIV-positive doctor renders care to a patient without disclosing his status, he may be subject to a prison term. Conversely, a patient is under no obligation to disclose his status to the surgeon who is about to perform his thoracotomy.

### Universal Precautions

Dramatic steps are being proposed more out of fear than knowledge. This survey showed that only 22% of people polled would knowingly allow an infected surgeon/dentist to treat them. But does knowing the person's status protect you? According to the *Annals of Internal Medicine*, the HIV virus may evade detection for up to 42 months. Therefore, knowing a physician's or patient's status does not protect the patient or health care worker. The use of universal precautions, without exception, is the only way to minimize risk. Use of puncture proof equipment is essential.

National guidelines for exposure to patients and HCWs should be created to protect the HCW as well as the patient. More emphasis should be placed on monitoring the use of universal precautions in hospitals and professional offices. Consumer education is needed to reassure a frightened public.

### Legislation

The U.S. Senate passed a measure that would make it a crime for doctors and dentists infected with AIDS to perform invasive procedures on uniformed patients. Non-compliance could be punishable by a \$10,000 fine and/or 10 years in prison. There appears to be a double standard in the legislation that protects the general public and is threatening the livelihood of health care workers. It will be years before we will see the impact of this legislation on the retention and recruitment of valuable personnel.

### Financial Implications

The government has budgeted \$851 million on AIDS research for 1992, 10% of the National Institutes of Health budget. However, the cost of AIDS is expected to be more than 10 billion dollars. This raises many questions. Who will assume the cost of testing and follow-up care? How often should testing be required?

### ENA Position Statement

The June 1991 issue of *The Journal of Emergency Nursing* gives the official position of ENA:

"ENA is opposed to routine mandatory testing of all emergency or hospitalized patients."

"ENA is opposed to routine, mandatory testing of HCWs but supports the availability of voluntary testing of personnel,

particularly after occupational exposure to potentially contaminated blood."

Regarding disclosure, "ENA believes that release of information regarding infectious disease status, both for HCWs and for patients, must be governed by institutional policy."

### Conclusion

This poll demonstrates that there is disagreement on some specific issues. Too many questions regarding mandatory HIV testing for HCWs and the public remain unanswered. The challenge for emergency nurses is to continue to deliver optimal care to all patients regardless of their condition. It is clear that further discussion is necessary to resolve such difficult dilemmas posed by the right to privacy versus the right to know. We as HCWs need to feel that our job security is not just to be employed but also to be safe in our job. Emergency nurses must continue to be advocates of both patients and fellow HCWs.

A more scientific and less political approach to this catastrophic infectious disease will benefit all of us. It is imperative that as emergency nurses we continue to educate the public, the politicians and each other. ♦

## TNCC Highlights

The projected dates for TNCC courses in 1992:

DATE	LOCATION	CONTACT
February 1992	Elmira	MaryAnn Wylie (607) 733-9242
March 1992	Mid-Hudson	Susan Prezzano (914) 431-8220

Revised TNCC manuals are available for:

Provider	\$18.00
Current Instructor	\$29.95
New Instructor	\$33.00
Instructor Candidate	\$21.00
Current Faculty	\$24.95
New Faculty	\$28.00

To obtain any of these manuals, contact the Emergency Nurses Association, 230 E. Ohio Street, Suite 600, Chicago, IL 60611. ♦

The newsletter of the New York State Council of ENA currently has a circulation of 1800, is published quarterly, and reaches all ENA members within New York State. NYSCENA accepts paid advertisements for products or services that relate to emergency nursing within New York State. Ads are subject to committee approval prior to publication. Advertisements must be copy ready and reducible.

Advertising space and price (per issue):

1/8 page (3" x 2")	... \$40
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## Setting the Pace 1992

Kathy Conboy, RN

Set aside time now in next year's calendar for NYSCENA's "Setting the Pace 1992," April 10-11, at the Albany Marriott – Wolf Road. This conference will provide current information on issues of importance to the specialty of emergency nursing.

### The Legal Perspective

Those registrants who attended "Setting the Pace 1990" in Buffalo may recall one of the most memorable images from that conference — the large group of attendees clustered around the final speaker long after her lecture ended.

We are indeed honored to have Debbie Kirby, RN, JD, as a speaker once again. In Albany, she will present "Nursing Practice from a Legal Perspective."

Debbie Kirby is a registered nurse and lawyer practicing in Rochester, New York. She provides information from both perspectives and has the ability to explain our complex legal environment in easily understood terms. In Buffalo, she informed, entertained and occasionally distressed us. After the members of the conference committee heard Debbie speak, we realized that we must set aside a day to review the Nurse Practice Act, malpractice issues, court testimony, documentation and other topics related to emergency care in our legal system. "Setting the Pace 1992" will be, in part, dedicated to these important issues.

### Stress in the ED

At ENA's National General Assembly in San Francisco, a resolution passed on Critical Incident Stress. Nothing could be more timely than to have the New York State Council ENA present Dr. Grady Bray, PhD, as a state conference speaker. To have Dr. Bray at "Setting the Pace 1992" has been a goal of the conference committee for several years. Dr. Bray is internationally recognized for his expertise in the field of stress debriefing. He has been a speaker at the New York State EMS conference and was a faculty member for the 1990 National ENA Scientific Assembly in Chicago.

Dr. Bray, author, and president of Human Potentials, a consulting firm, provides his expertise to businesses, government and health care industries. He is able to discern the similarities and differences in a group's response to stress. Dr. Bray has a PhD in Counseling Psychology and becomes the "guide" in stress debriefing for each individual and group. His comments remind us that it is time for emergency nurses to take care of themselves in a more effective and comprehensive manner.

### Where and When

"Setting the Pace 1992" will be held at the Albany Marriott – Wolf Road, April 10-11, 1992. Albany's central location allows everyone from Buffalo to Long Island an



opportunity to attend the conference. Room rates are \$85.00 a night for double occupancy with no extra charge for additional people. We are committed to providing continual, quality emergency education for nurses across the state at the most reasonable rates possible. This year's conference will again be non-smoking. Time is allotted for networking.

I encourage you to plan now to attend "Setting the Pace 1992." The two topics being presented were chosen because of the importance they hold for a majority of emergency nurses today. The conference is designed to address those issues needed

to practice in the specialty to which emergency nurses are committed.

Plans are already underway for Rochester in 1993 and the Hudson Valley in 1994. If you have any topics or wish to submit a speaker's proposal to the committee, please forward them to Patsy Ballard, Conference Chair, 2166 Ellis Road, Dundee, NY 14837.

See you in Albany! ♦

## Critical Issues in Emergency Nursing

Violetta Ayalon, RN, MS, CNA, CEN

Each year, we are faced with new challenges and obstacles. The care of infectious patients in an overcrowded emergency department is a very critical issue. It is not adequate to simply say there is not enough isolation space and the principles of isolation technique cannot be employed due to lack of time, equipment and space.

The shortage of trained and experienced emergency nurses has many hospitals looking at other providers or substitutes. These "nurse extenders" are hired to "help" us, but often times they don't receive adequate orientation, training or supervision.

HIV testing for health care providers is another critical issue. (See "Mandatory AIDS Testing" on page 1.) Are we prepared to face the implications of mandatory testing? The potential consequences are tremendous and could have devastating effects if not implemented properly.

I hope you will stop and think about these issues and then try to see how you can best deal with them in your daily practice. Look for solutions. Be creative and imaginative so that we can best meet the needs of our patients. Become involved in your local and state council, and share your ideas and solutions.

It helps and it's a great feeling! ♦



## Options Offered for Renewal of CEN Certification

Gwen Williams, RN, BSN, CEN

The Board of Certification for Emergency Nursing (BCEN) has recognized that many CENs would like options for certification renewal. The BCEN has developed such a program. James P. McGraw, RN, MN, CEN, CCRN and president of the BCEN, gave an overview of this renewal program in the BCEN President's Message at the recent General Assembly in San Francisco.

"This is a leading edge program," McGraw noted. "CENs may choose to renew their certification by passing the CEN exam every other time that they are due for renewal, and renewing their certification on the alternate [non-test] cycles by participating in a program of self-assessment and continuing education." CENs may still choose to renew by examination each certification cycle.

The program is projected to start with candidates who pass the February 1992 exam. The BCEN is still in the process of developing criteria for continuing education, including the minimum number of required hours. CENs who choose to participate in this optional renewal process will be mailed a self-assessment exam to complete and return to the testing agency for scoring. A report identifying their specific strengths and weaknesses will be mailed to the CEN, who can then use this information to choose continuing education activities.

The fees for the self-assessment and evaluation of the continuing education have not yet been set. Fees are not expected to be less than the current fees for re-evaluation.

Information concerning the new CEN Renewal Option will be printed in the *CEN Newsletter*, *Etcetera* and the *Journal of Emergency Nursing*. BCEN will provide information as it becomes available to the State Presidents and ENA State Councils. Questions and concerns can be addressed by contacting:

BCEN  
230 East Ohio, Suite 600  
Chicago IL, 60611-3297  
Telephone (312) 649-0297 ❖



## Expectations of the Emergency Nurse From Here, There and Everywhere

Faith Lynch, RN

Administrators, government agencies and the public are placing increasing demands on emergency nurses. Emergency departments are the principle care givers for a growing number of indigent patients. At the same time, the public demands expeditious treatment though they have little knowledge of the degrees of emergencies or the concept of triage. Whether a complaint is acute or chronic, major or minor, the public is more and more demanding.

We have all experienced the increasing acuity levels of many of our patients. As this acuity becomes greater, the emergency nurse is expected to augment their scope of knowledge through hospital education programs and outside classes such as TNCC and CEN. This includes increasing our skills to assess the physical and psychological needs of the patients and their families.

In addition, the hospital bed shortage has made juggling acute care patients with complicated monitoring equipment almost a daily circumstance. Holding these patients places greater demands on the nurse's time and burdens the nurse with increased documentation expectations.

Government agencies have also placed great expectations on the emergency department staff. The increasing number of policies and changing legislation make it difficult to keep current on new laws and procedures.

The nursing shortage has added to the stress placed on emergency nurses by increased overtime and extended shifts. Though many hospitals do offer financial compensation, this may still lead to "burn out" among nurses. As we try to keep up our own high expectations of the level of care we deliver, we are putting additional pressure on ourselves. We must remember, however, that we cannot always be "Super Nurses."

The increasing acuity of patients, the influx of the indigent, the greater demands of documentation and in-house paperwork, compounded by the decreasing number of staff, all contribute to the "burn out" of many emergency nurses. As expectations multiply, more nurses feel compelled to leave not only the department but also nursing. Can we truly afford to allow this to happen? ❖

### Classified Advertising

If you are a leader, BSN/CEN, have strong clinical skills and 5+ years ED experience, then you will be interested in our opportunity. You can live within 30 minutes of superb skiing and water sports at many of the nearby lakes. The 400+ bed facility is located in upstate New York. The ED treats 30,000 patients per year. Extremely competitive compensation package and benefits. Contact: Tim Flanagan, (800) 365-8900, or (203) 866-1144, Weatherby Health Care, 25 Van Zant Street, Norfolk, CT 06855.



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## Committees Update . . . Committees Update . . .

### LEGISLATIVE UPDATE

*Gwen Williams, RN, BSN, CEN, Chairperson, NYSCENA Government Affairs Committee*

#### **We Won! Update on Governor's Bill # 34**

In the August issue of our newsletter, I wrote that the New York State Nurses Association (NYSNA) and the New York State Council of Emergency Nurses Association (NYSCENA) began a nursing education program designed to defeat Assembly Bill A7404 and protect the licensure of nurses. The Government Affairs Committee wrote letters to Mario Cuomo (Governor), Mel Miller (Speaker of the Assembly) and Ralph Marino (President ProTem and Majority Leader of the Senate). ENA's National President, Lynne Gagnon, wrote to Assemblyman Richard Gottfried (D-Manhattan) in support of NYSCENA's position.

In July, NYSNA reported that Assemblyman Gottfried had removed the provision that would allow waiver of RN licensure. Thanks to the grass-roots support of many New York State Council ENA members, this bill was amended to protect our licenses. Senator Michael Tulley's (R-Nassau) similar bill, S4763A, which passed in May, makes funding and waiver of certain Department of Health regulations available for projects in outpatient facilities. This bill does not jeopardize our licensure through the Department of Education.

#### **State Expands "Do Not Resuscitate" Law**

Legislation was signed in July 1991 by Governor Cuomo to broaden the state's 3-year-old DNR law. The new bill allows patients to sign a form that will stop EMS personnel from performing CPR when called to a home. The legislation is effective as of January 1, 1992. This will make New York State the second state, after Montana, to allow this option for patients in homes or hospices.

#### **Trauma Funding**

The Trauma Care Systems and Development Act — P.L. 101-590 — was signed into law on November 16, 1990. This Public Law requires the Secretary of Health and Human Services to award grants to states for the purpose of developing, implementing and monitoring statewide trauma plans. Several coalitions worked very hard to gather support for the funding and implementation of the Trauma Bill. However, the House of Representatives Subcommittee on Labor has chosen not to allocate funds to implement this law. ❖

### EMERGENCY MEDICAL SERVICES REPORT

*Excerpts from the May 1991 New York State EMS Council Meeting*

*Ruth Perrone, NYSCENA Liaison with EMS*

#### **Legislative Committee**

- Work has begun on the review of the latest version of Assemblyman Richard Gottfried's proposed Article 30 amendments. The issue of EMT staffing continues to be a major obstacle to the passage of this legislation.
- There is a bill in the Assembly (A3517) that would make EMTs mandatory reporters of child abuse. The subject of domestic violence will also be on the next meeting agenda.
- A new communicable disease bill (A3217/S2093) is before the state legislature. It requires institutions to provide information to pre-hospital providers who come in contact with an infected patient. This bill does not apply to HIV positive patients.
- S2261/A3407 is a bill that would create a service award program for volunteer ambulances. It is supported by the EMS council.
- Senate bill S2710 is on the Council agenda for the next meeting. It would require all certifications for EMS personnel to be a minimum of five years.

#### **EMS Budget**

Due to the fiscal crisis the number of State EMS Council meetings has been reduced. Consideration is being given to asking regional councils to sponsor their representatives for additional meetings.

It was announced that the state's EMS program no longer has a printing budget. The only manuals that will be distributed free of charge will be the course sponsor administrative manual. ❖

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## URBAN SPECIAL INTEREST GROUP

*Violetta Ayalon RN, MS, CEN*

*Chairperson of National Urban SIG*

The Urban Special Interest Group (SIG) met during the General Assembly in San Francisco to identify and discuss issues of concern in the urban setting.

A top priority is improving the safety of the emergency department staff. In recent years, increasing violence among patients and difficulty in the control of visitors and other unauthorized persons has made safety a major issue of concern among Urban SIG members. The swelling homeless population, increasing substance abuse, devastating infectious diseases and chronic "repeaters" were discussed as to their effect on the urban emergency department. Innovative designs of metropolitan emergency departments were also examined. Concern about retention and recruitment of qualified nursing personnel was also listed as a priority for the group.

The Urban SIG is looking for additional members to become involved in this area of interest. If you have ideas or have successfully dealt with any of the above issues, please share them with us. If you are working in an urban hospital and would like to join the Urban SIG and work on solutions, we look forward to hearing from you.

For further information on meetings and topics of interest, send your name and address to: Vi Ayalon, 2 Trinity Place, Nanuet, NY 10954. ❖

## NEW YORK STATE COUNCIL ENA FORMS NEW COMMITTEE

*Sonia Liberatore, RN, Chairperson*

*NYSCEA Strategic Planning Committee*

The New York State Council's Strategic Planning Committee has developed a 5-year strategic plan to facilitate achievement of activities important to NYS emergency nurses. Included in the plan are goals related to education, membership, research and legislative activities. A copy of the plan may be obtained from your local chapter president.

The committee identified a need to access resources in specialty areas. Currently, emergency nurses in specialized roles such as nurse managers and clinical specialists have no easy way to network with counterparts across the state. The committee is interested in developing focus groups in the areas listed below to act as resources within the state. These groups would facilitate networking as well as identify and meet educational needs. Areas of interest include:

- Nurse Managers – urban and rural
- Clinical Nurse Specialists
- Pediatrics Emergency Nurses
- Nurse Practitioners
- Trauma Nurse Coordinators

Individuals interested in becoming a part of any of the above groups should contact: Sonia Liberatore, Nurse Manager E.D., Strong Memorial Hospital, 601 Elmwood Ave, Rochester, NY 14642, (716) 275-8287. ❖

## The Clinical Side: Adenosine – New Therapy for PSVT

*Gwen Williams, RN, BSN, CEN*

A new drug has recently been approved in the treatment of PSVT. Related articles appeared in the June 1991 issue of the *Journal of Emergency Nursing* (vol. 17, no. 3).

### Pharmacology

Adenosine is an endogenous nucleoside occurring naturally in all cells of the body. Adenosine slows conduction through the A-V node. By interrupting the reentry pathways through the A-V node, it can restore sinus rhythm in patients with PSVT. This includes PSVT associated with Wolff-Parkinson-White Syndrome (WPW). The pharmacologic effects of Adenosine are antagonized by methylxanthines, such as caffeine and theophylline, and potentiated by blockers of nucleoside transport such as dipyridamole. Adenosine is not blocked by atropine.

### Pharmacokinetics

The usual intravenous bolus dose of adenosine is 6-12 mg. When given in this dose, Adenosine has no systemic side-effects. When larger doses are given by infusion, peripheral vascular resistance is decreased, potentially causing a decrease in blood pressure. Intravenously administered Adenosine is eliminated from the circulation very rapidly. The half-life when administered intravenously is estimated to be less than 10 seconds. Adenosine is taken up by the erythrocytes and vascular endothelial cells.

Hepatic and renal failure should have no effect on the activity of a bolus injection. Hepatic and renal function are not required for the activity or the metabolism of a bolus injection. Adenosine is not effective in converting rhythms other than PSVT, such as atrial flutter, atrial fibrillation or ventricular tachycardia. In the presence of atrial flutter or fibrillation, a transient slowing of ventricular response may occur.

### Clinical Trial Results

In controlled studies in the United States, bolus doses of 3,6,9 and 12 mg. were studied. Sixty percent of patients with PSVT converted to a regular sinus rhythm within one minute after an intravenous bolus dose of 6 mg. Ninety-two percent converted after a bolus of 12 mg. Similar responses were seen in a variety of patient subsets, including those using or not using digoxin, those with WPW, males and females.

### Nursing Considerations

Explain to the patient that they may experience side effects such as flushing, headache, shortness of breath, chest pressure, dizziness and nausea. These symptoms should disappear in one minute. Monitoring of vital signs and cardiac rhythm should be recorded as with any antiarrhythmic. The half-life of adenosine is less than 10 seconds. Adverse reactions are generally rapidly self-limiting. Treatment of prolonged reactions should be individualized and directed towards the specific effect. ❖

Editor's Note: After conversion, some patients rapidly revert to their initial rhythm. Keep an eye on the literature for more information on this new drug.



## Vital Signs 1991

The 8th Annual New York State EMS Conference will be held November 22-24, at the Empire State Plaza Convention Center in Albany, New York. Guest speakers include Donald Trunkey, MD, of Oregon Health Services, Portland, Oregon, and Joseph Ornato, MD, of the Medical College of Virginia, Richmond, Virginia.

All-day preconference workshops on November 22 include "EMS Survival," "Rural EMS," "Critical Incident Stress Update" and a "Medical Director's Workshop" sponsored by NY ACEP. Cost of the Preconference is \$50. Registration for the Conference is \$75. For information about registration, contact your local EMS Council or

Gwen Williams  
Rochester General Hospital  
1425 Portland Ave  
Rochester, NY 14621 ❖

## Cookbook

Southern Tier Chapter will be selling a chapter cookbook this fall for \$5.00 each. To preorder your cookbook, send a check made payable to Southern Tier Emergency Nurses Association to:

Julann Ashman, 20 Harrison St.,  
Binghamton, NY 13905. ❖

New York State Council  
Emergency Nurses Association  
P.O. Box 202  
West Seneca, NY 14224

## Calendar of Events

The Calendar of Events and the course announcements section are provided for your convenience and use. Submit requests for inclusion to the next Calendar of Events to the editor by January 1, 1992.

### NOVEMBER

- 4 Manhattan/Bronx Chapter Meeting
- 7 Mid-Hudson Chapter Meeting
- 15-16 New York State Council ENA Meeting, Albany, NY
- 18 Central Chapter Meeting  
Western Chapter Meeting
- 19 Genesee Valley Chapter Executive Meeting
- 20 Adirondack Chapter Meeting
- 26 Genesee Valley Child Abuse Course
- 28 Happy Thanksgiving

### DECEMBER

- 1 Deadline for *Et cetera* submissions
- 2 Manhattan/Bronx Chapter Meeting
- 4 Adirondack Chapter Meeting
- 5 Mid-Hudson Valley Chapter Meeting
- 7 Deadline for NYSCENA Newsletter submissions
- 12 Genesee Valley Chapter Meeting
- 13 Deadline for applications for February CEN Exam
- 17 Genesee Valley Child Abuse Course
- 25 Merry Christmas
- 31 Deadline for Foundation Research Grant Applications

## Outreach to Trauma Nurse Coordinators

Diane Higgins from Cooperstown extends an invitation to all New York State Trauma Nurse Coordinators to attend the November NYSCENA meeting for discussion of mutual issues and concerns. Diane may be contacted at Imogene Bassett Hospital: (607) 547-3456. ❖

## Setting the Pace 1992

Registration and general information for the "Setting the Pace 1992" conference (see page 4) can be obtained from  
Registration Contact: Mary Anne Balfe,  
21 Eberle Rd., Latham, NY, 12110,  
H-(518) 785-4769, W-(518) 447-3539 or  
Vendor Contact: Anna McClane,  
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