

ASSOCIATION OF CANADIAN TRAUMA NURSES



JANUARY 1, 2025
NEWSLETTER



HAPPY NEW YEAR!

WELCOME TO THE RETURN OF THE QUARTERLY **ACTN** NEWSLETTER!

Thank you to everyone who participated in the Trauma Symposium in 2024. This was the first year utilizing the amazing skills of the eSIM team, and what a success it was! We received a tremendous amount of feedback that will help us build the 2025 Symposium.

After several years of hospitality at the West Edmonton Mall, our team decided to move the conference to allow for a larger venue to accommodate our growing needs. The EVARIO Event Centre offers the quality of service we have enjoyed in past years, with increased capacity for the Symposium to continue to grow. We are excited with this change and hope to see you there!

Make sure to follow us on social media and watch the website for updated information. There will be regular updates to the website content as we go forward in the new year. The bios for the Executive Committee are now posted, and all the sponsors for the year are also updated. We look forward to seeing you at the 2025 Trauma Symposium!

Tammy Cooper, RN, BScN, ACTN President

WWW.CANADIANTRAUMANURSES.NET

SAVE THE DATE

2025 TRAUMA SYMPOSIUM

MAY 30, 2025

EVARIO EVENT CENTRE

950 PARSONS RD SW
EDMONTON, AB
T6X 0J4



Education Spotlight:



What is healthcare simulation?

- Simulation is an educational technique in which clinical events are recreated to engage individuals, teams, systems and communities in an interactive, immersive and meaningful “real-world” experience, often through self-reflection and guided facilitation.

What is eSIM with AHS?

- eSIM = Educate, Simulate, Innovate, Motivate. eSIM is a provincial simulation program under the Quality & Healthcare Improvement portfolio in Alberta Health Services.

What are the eSIM philosophies?

- eSIM will be leaders in healthcare simulation in order to promote best practice, prevent harm, and enhance quality of care.
- eSIM's goal is to lead simulation along the continuum of care within AHS by enhancing patient, workforce, system, and performance outcomes.
- eSIM embodies Quality, Safety, Impact, Mentorship, Accessibility, and Interprofessional Collaboration.

How does eSIM relate to ACTN?

- eSIM has been a long-time supporter of the annual ACTN symposiums; always present to support simulation inquiries from the ACTN attendees.
- In 2024, eSIM stepped up to support the first integrated simulation demonstration for the ACTN symposium. Building on that first simulation integration at the symposium, ACTN hopes to continue to build immersive symposiums to support our trauma colleagues to achieve new hands-on skills training with each year's symposium.

By integrating healthcare simulation into our annual symposium, the ACTN executive is hoping that we can turn ACTN in ACTION. Through collaborations with a variety of our interprofessional trauma colleagues, ACTN seeks to actively create immersive learning opportunities that grow the skills, knowledge, and confidence of our attendees every year.

Lindsay Day RN, BScN
Simulation Consultant
eSIM Provincial Simulation Program

TRAUMA TRIVIA

A PATIENT WITH A SPINAL CORD INJURY AT THE LEVEL OF T4 PRESENTS WITH BRADYCARDIA AND HYPOTENSION. THESE SIGNS REPRESENT WHICH TYPE OF SHOCK?

- A. DISTRIBUTIVE
- B. CARIOGENIC
- C. HYPOVOLEMIC
- D. OBSTRUCTIVE

ANSWER:

A. DISTRIBUTIVE. NEUROGENIC SHOCK, A TYPE OF DISTRIBUTIVE SHOCK, CAN OCCUR IN PATIENTS WITH SPINAL CORD AT THE LEVEL OF T6 AND ABOVE.

IN THE PRIMARY SURVEY, AVPU IS PERFORMED TO DETERMINE IF THE PATIENT CAN:

- A. PROTECT HIS OR HER AIRWAY
- B. SUSTAIN PERFUSION STATUS
- C. PROVIDE A MEDICAL HISTORY
- D. MAINTAIN CERVICAL SPINAL ALIGNMENT

ANSWER:

A, PROTECT HIS OR HER AIRWAY. THE AVPU MNEMONIC IS A SIMPLE TOOL TO QUICKLY DETERMINE THE PATIENT'S LEVEL OF ALERTNESS AND IS USED TO HELP DETERMINE IF THE PATIENT IS ALERT ENOUGH TO PROTECT THEIR OWN AIRWAY.

MEET THE Trauma Team

WELCOME TO THE INTERDISCIPLINARY COLLABORATION SECTION

Every newsletter will feature a different member of the trauma team to learn about their role and how we can promote collaboration within the team. We would like to extend a huge thank you to Jill for being our first featured trauma team member!

Megan Cooper, RN, BScN

Jill Godin

Designation/Occupation:

Licensed Practical Nurse and Orthopedic Technician

What schooling was required to obtain this designation?

The LPN program and an Orthopedic Technician program

How long have you been working in this role and what is your experience?

I graduated from the LPN program in 2005, then worked in general medicine for 2 years, before moving onto Emergency at the Grey Nuns in 2007. I worked there from 2007 to present. I took the Orthopaedic Technician program in 2012, while continuing to work at the Grey Nuns Emergency, as well as the Grey Nuns Outpatient Ortho Clinic and the Royal Alexandra Outpatient Ortho Clinic. I moved over to the University of Alberta Hospital in 2022 and work in Emergency (both adults and pediatrics). I also casually work at the Pediatric Outpatient Ortho Clinic. Currently, I work in a full-time line at the UAH Emergency and pick up casually at the Grey Nuns Emergency. I also do some ortho teaching for new orientation groups and Emergency residents.

How does your role relate to trauma care?

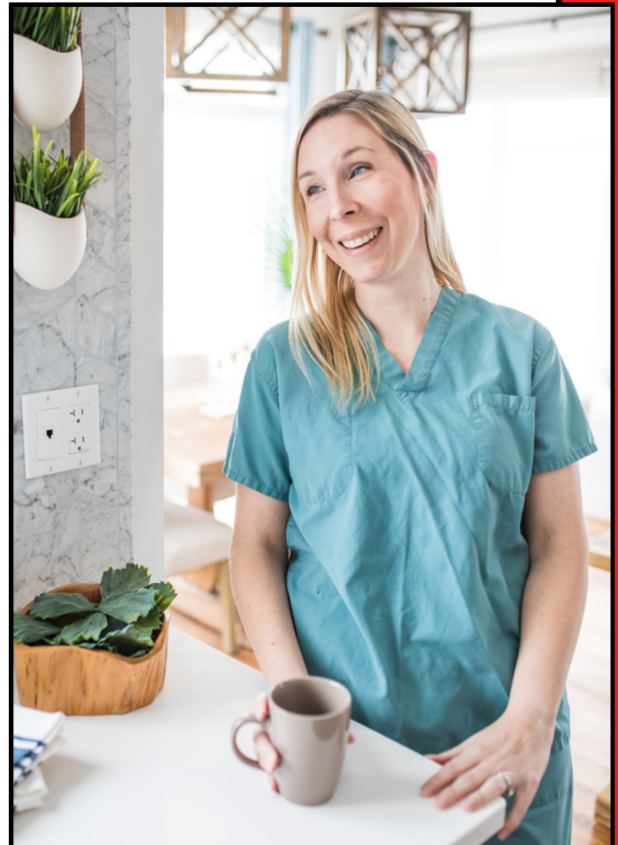
At the UAH, ortho techs go to all Trauma Team Activation calls, as well as help out with any traumas that come into our A-pod beds. We work closely with the orthopedic residents and Emergency physicians during traumas. If a trauma comes in that does not have any ortho-related injuries, we tend to help the nurses with any tasks they need assistance with, such as vitals, IV initiation, running for meds, etc. The ortho techs are also expected to run the ATM (Tourniquet Machine).

What do you like most about trauma/what are you most passionate about?

I think it's amazing to watch the trauma team work together so well and efficiently. Everyone has a role and even though it's a stressful situation, everyone is able to combine their expertise to help patients. I do love being a part of a trauma that has orthopedic injuries. I learn something new every day and am always seeing things I haven't seen before. I enjoy working with the ortho residents and coming together to figure out what will work best for the patient's injuries in the most time effective way. It's a great team-oriented atmosphere!

How can your position best be utilized in a trauma team setting?

We go to all trauma calls. Even if it's just to check in to see if we are needed. We also carry a phone so if for some reason we are unable to go to a trauma call, we can be reached at all times.



INJURY PREVENTION

Cold-Related Emergencies

- Cover up exposed areas such as cheeks, fingers, ears, and nose
- Cover your head with a hat and wear layers (wool and synthetics are best)
- Drink plenty of warm fluids to help stay warm and hydrated (avoid alcohol and caffeine)
- Seek shelter from the wind
- Eat high calorie food to help the body convert to energy/heat

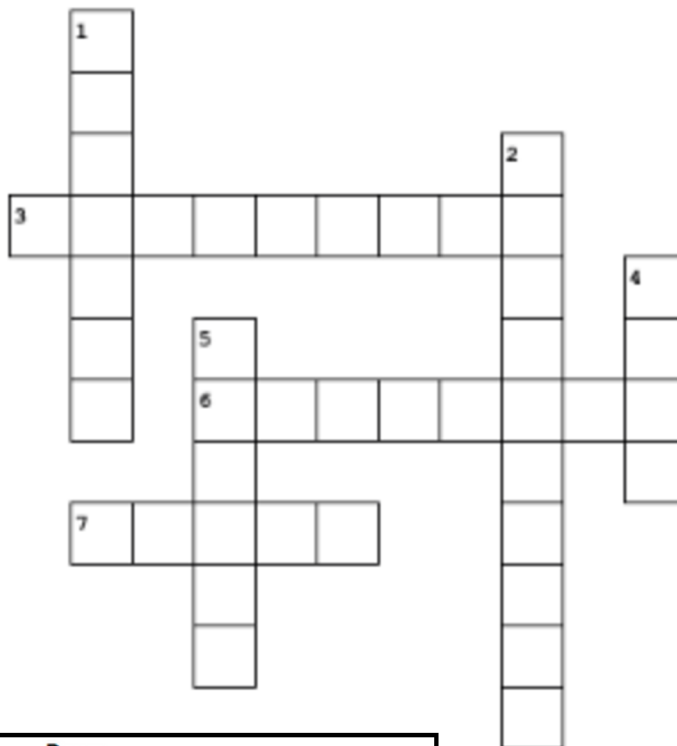
More Info:

@CANADIAN RED CROSS

<https://www.redcross.ca/training-and-certification/first-aid-tips-and-resources/first-aid-tips/cold-related-emergencies-staying-warm-and-safe-in-canadian-winters>



Trauma!

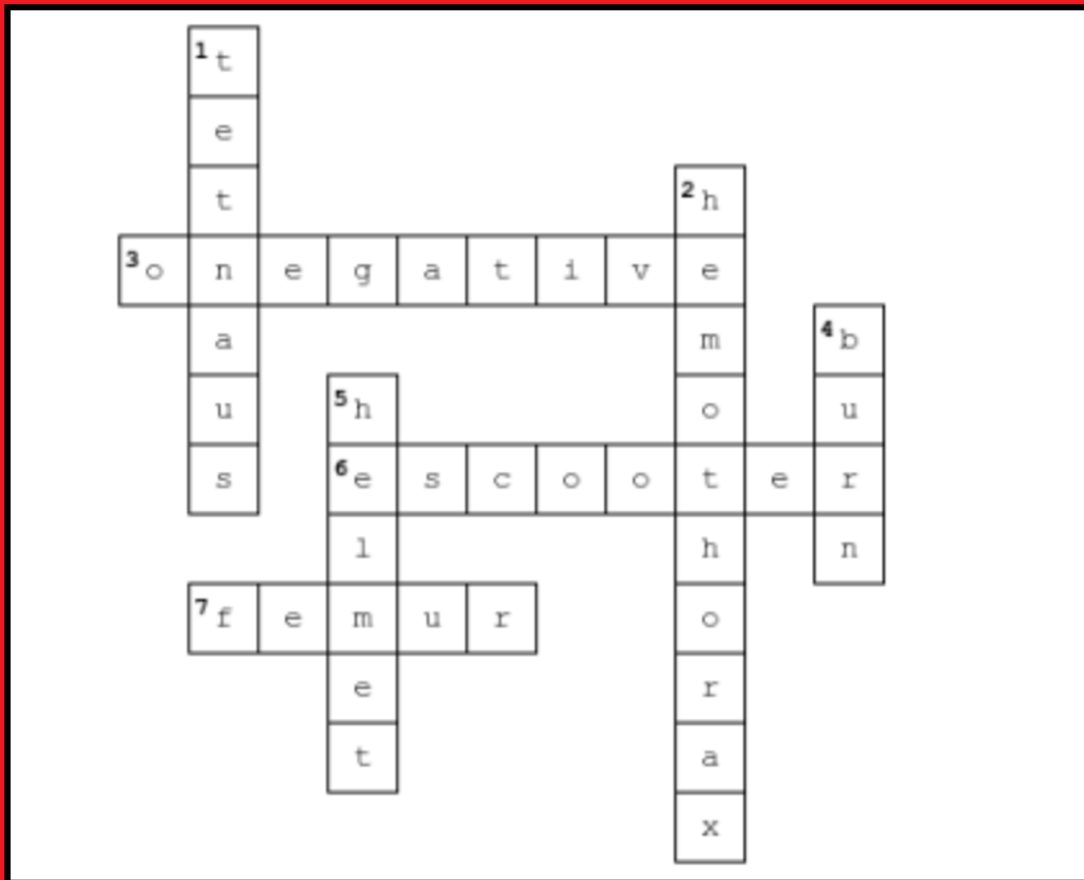


Across

3. Universal type
6. New injury on wheels
7. This fracture can have significant hidden bleeding

Down

1. Immunity Life saver
2. Blunt Chest injury with decreased A/E
4. chemical, heat, electrical, etc.
5. No scrambled eggs for me

**Across**

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