Volume 4, Issue 2 June 2011

Welcome to the newsletter for the CaPSNIG
(Canadian Pediatric Surgical Nurses Interest Group)

Purpose of the CaPSNIG is to network and exchange information.

There is no cost to join the CaPSNIG group. To join the list, please send a brief email to kimberly.colapinto@sickkids.ca and confirm whether or not you wish to remain a member.

Make sure to include your full name, hospital/employer, area of expertise, and preferred email address. Please let us know if it's okay to share your email address with the rest of the group, since each hospital in Canada have different communication channels and confidentiality rules.

Kimberly Colapinto RN(EC) MN, Nurse Practitioner General Surgery
Hospital for Sick Children
kimberly.colapinto@sickkids.ca

We are planning to get together for dinner Sept 21st at 630 PM

Vittoria Trattoria
35 William Street Ottawa 613-789-8959
http://www.vittoriatrattoria.com
Please **RSVP to monping.chiang@sickkids.ca by September 7th** so we can make reservations.

Annual Meeting September 22, 2011

Children's Hospital of Eastern Ontario
Room 1192A&B (CHEO Boardroom)
401 Smyth Road
Ottawa, Ontario

There is no fee to attend our one-day educational meeting. However, we still require confirmation of your attendance for catering and space purposes.

Please confirm attendance by **Sept 7, 2011** to monping.chiang@sickkids.ca

Nurses also have the option to register for The Canadian Association of Pediatric Surgeons (CAPS) Annual Meeting www.caps.ca
September 22-24
Fairmont Château Laurier
Ottawa, Canada

Annual Meeting September 22, 2011

Children's Hospital of Eastern Ontario
Room 1192A&B (CHEO Boardroom)
401 Smyth Road
Ottawa, Ontario

Agenda

9:00am – 10:00am	Business Meeting Breakfast (members only)
10:00am – 10:30am	Welcome *Kimberly Colapinto – Chair CaPSNIG*
10:30am – 11:00am	Coffee and Icebreaker
11:00am – 11:20am	A Case of Nursing Differences or Incompetence? A Case Study *Deb McKeown*
11:30am – 11:50am	The Role of Bariatric Surgery in Childhood Obesity *Bela Dharia*
12:00pm – 1:00pm	Lunch
1:00pm – 1:20pm	Creation of a Unit Based Practice Council *Emily Sarafyn & Meghen Verheul*
1:30pm – 1:50pm	Ethanol Lock Therapy in the Intestinal Failure Population: Past, Present and Future *Christina Kosar*
1:50pm – 2:00pm	Coffee Break
2:00pm - 2:20pm	Utility of Duodenal Tapering and Motility Agents in the Feeding Management of Infants and Children with Duodenal Atresia *Eveline Lapidus-Krol*
2:30pm – 2:50pm	Neonatal Bowel Obstructions *Nicole da Silva*
3:00pm - 3:30pm	Evaluation, Closing Remarks, Introduction of New Chair and Co-Chair
3:30pm - 4:00pm	Tour of CHEO

Clinical Corner

June 2011
(Questions and Answers have been reformatted)

Q: Our nurses are looking into the nursing care/patient monitoring aspects of pigtail catheters and using Alteplase in these catheters to treat empyemas or other loculations this practice. Especially related to securing these catheters to decrease chance of accidental removal.

A: We suture these in. All chest tubes we wrap in jelonet, 4X4 gauze and then hypafix all over it. They are quite secure and checked frequently. We have also used TPA in a regular chest tube.

Q: We have been using Insuflons for intermittent subcutaneous injections and now are considering the CLEO 90, however the shortest tubing that comes with it is 24 inches. My question is what are other health centers using for intermittent SC injections?

A: We use the Insuflons, but not for heparin SC injections. Otherwise, we change the Insuflon's weekly. Have not heard about the CLEO 90's.

A: We no longer uses the Insuflon for heparin or any other purpose. Currently Enox is given with 27 gauge needles directly SC. The diabetes unit may use the CLEO 90's for the new infusion pumps for the kids.

Q:Could you please comment on your institution's present practice around refeeding via a mucous fistula? Specifically, I am interested in learning about any methods/devices that you may be using that are effective and preventing aggravation to the intestinal tract and preventing leakage from the MF while refeeding is occurring. Could you also comment on what methods you are using for securing the refeeding tubing or device?

A:We usually use a small foley catheter with/or without inflating the balloon. Leakage can usually be controlled by the length of insertion and rate of refeeding. Sometimes it is necessary to inflate the balloon to prevent leakage. Amount that the balloon is inflated is determined by the physician. As far as securing the tube we have tried everything from steristrips, thin hydrocolloids, various tapes and FlexiTrac.

A: We use Hollister Newborn pouches and found them the most helpful.

A: We have done a Mic-Key tube once or twice, We have also used Neo-bar on babies that were more or less immobile, various pouches with holes cut through the bags, and hydrocolloid with eakin/adapt/strip paste on and around to protect any open areas, and then secure the silicone catheter into the paste and then put a bit more paste and cover the rest with tegaderm. The trick is using enough paste to seal everything down, but not enough to make a mountain of a mess. I also find that advancing the catheter far enough is so crucial, if you can't get it in more than 4cm, I feel like there is constant leakage. Also, even if you can advance the catheter far enough, if the volume starts to increase too quickly, then it can back spill as well.

2007 St John's NFLD

2008, Toronto, ON

Halifax, NS. 2009

Saskatoon ,SK. 2010