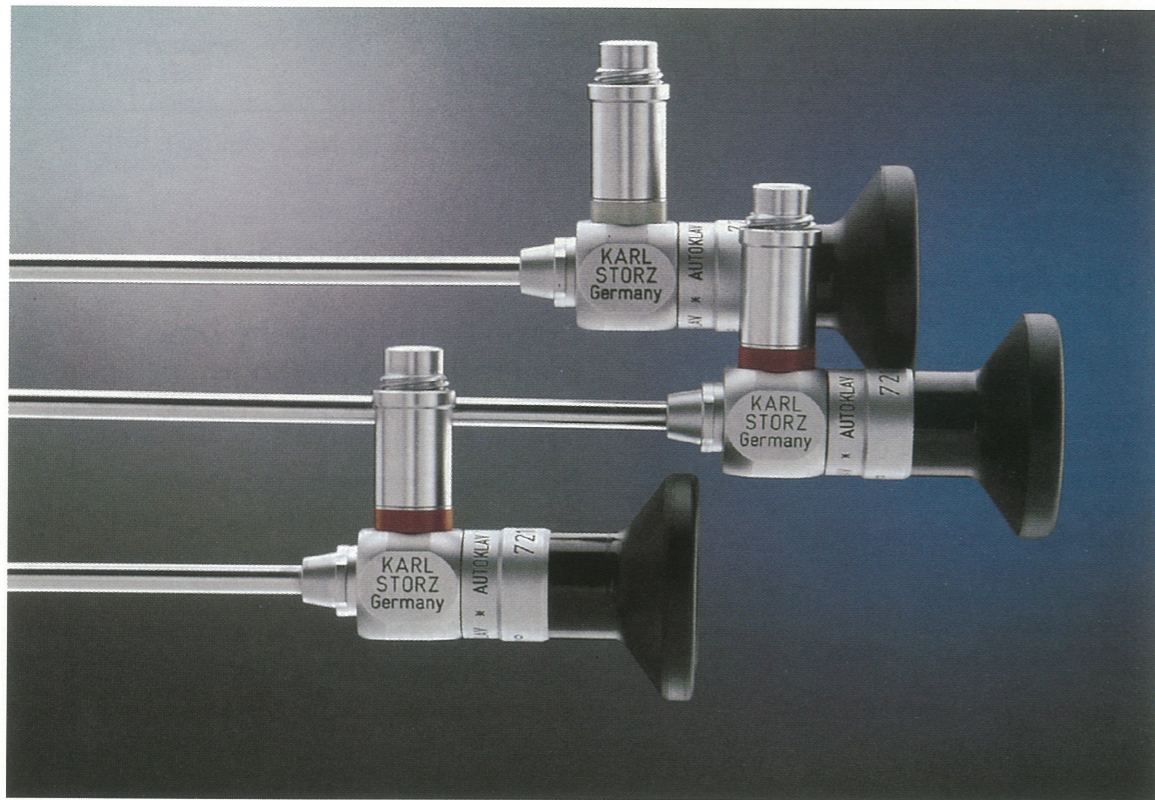


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## Carpe Diem! "Seize the Day"

By Donna Farid, RN, PGOR, CPN(C)

The message could not have been made more clear at the 1998 CNA Biennium and National Nursing Forum in Ottawa last June. The theme of the National Nursing Forum "From Voice to Action: A Nursing Agenda for a Healthier Canada" was firmly reinforced by the two speakers who set the tone for the day. Joan Marie Aylward, Health Minister from Newfoundland, and who, by the way, still maintains her RN License, urged nurses to work together in delivering a clear message promoting the value of our work, and protecting our publicly funded health care system. Dr. Patricia McKeever, from the University of Toronto, addressed the issue of the burden of home care falling on the shoulders of unpaid family members - mostly women - who are "footing the bill for the bricks and mortar of our health care system", making for additional inequities. Participants divided into smaller groups, reviewed the strategies developed at the first Forum, identified further projects and concluded by discussing what was the most important message for nurses to be sending within the next six months.

The three day Biennial Conference followed the Forum with a powerful roster of speakers, all with the same prevailing message. Allan Rock, Minister of Health, spoke of the role RNs have to play in primary health care reform. He announced that a new position will be created in the National Ministry of Health, that of Executive Director of Nursing Policy who will answer directly to the Minister himself, and will represent nurses' decisions and advice in home and community care. He also acknowledged that the existing and increasing nursing shortage, and the lack of full-time and fulfilling jobs for RNs must be addressed.

The Honourable Monique Begin, keynote speaker, went on to say that "nurses have lost the most in health

care changes, and have witnessed the deprofessionalization of their profession." She stated that this has become a major quality and safety issue. "If care is fragmented, it is lost, and quality care requires both time and continuity." There is no evidence that de-skilling saves money, since less qualified and unregulated staff require more supervision. She reinforced this statement by saying that de-skilling was a "waste of human resources - a waste of the expertise of nurses."

At the same time, nursing staff is under growing pressure to cope with more acutely ill patients for whom more knowledgeable health care providers are needed. Provincial governments have a major challenge to make education for nurses more accessible since student enrolment in nursing has declined dramatically.

Mme. Begin also stated that professional boundaries: roles, names, titles, must be clarified and that the public, the media, and educators must be informed regarding these clearly distinguished roles.

In conclusion, Mme. Begin advised the audience that "Canadian nursing has enormous power, but it must be exercised. Advocacy for quality nursing practice must be promoted by nurses at all levels."

Another topic presented was "Developing Political Savvy" where a panel of experts from nursing, the



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media, and government offered invaluable advice by identifying spheres of political action, some guiding principles, and lobbying strategies. Senator Lucie Pepin, the government representative summarized by saying "you have to make yourself heard, your power belongs to you, don't let anyone take it away."

I wish more perioperative nurses had been there, to be motivated by such powerful messages, and to be given the incentive to become more active in promoting our specialty and our profession. In two other sessions, a discussion group on human resource planning and nursing recruitment and in a presentation to nursing students by specialty groups (in which we participated representing ORNAC), it became clear that there is so much more work to do in educating others (even nurses) about perioperative nursing.

In conclusion, to quote Lynda Kushner Pekrul, CNA's new President, "That nurses today make a difference is a given, that nurses can and will make even more of a difference within the future and changing health care system is inevitable - we just have to get on with it!" **Carpe Diem!**

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#### **1998 Standards Note**

A typographical error on page 167, the position should read as follows:

**Lateral Rt. - patient lying on the right side**

**Lateral Lt. - patient lying on the left side**

*The Standards Committee wishes to apologize for any inconvenience this may have caused.*

# Transient Osteoporosis During Pregnancy: The Perioperative Nurse's Role

By Antoniette Labricciosa R.N., B.Sc.N., CPN(C)

Perioperative nurses are confronted with ever changing demands in their daily practice. Perhaps the greatest challenge is in the care of patients with multi-faceted health care problems. These patients require the coordination of many multi-disciplinary health care team members in achieving optimum health.

This paper will describe the etiology and a case study of a patient with transient osteoporosis during pregnancy. The disease process known as transient osteoporosis, the regime of treatment, and the role of the perioperative nurse in coordinating the patient's perioperative care will be discussed. The patient is a 28-year old, 26-week primip who presented to a tertiary health care centre with spontaneous bilateral fractures of the hip of unknown origin. The complexity of the case, that is, unilateral versus bilateral, was further complicated by the information that the patient was in

the early part of the third trimester of pregnancy when she presented to hospital with bilateral displaced subcapital femoral neck fractures.

A chart review revealed that the patient had started to develop pain in her left groin two months prior to presentation to hospital. Two weeks after the initial onset of pain, she started experiencing pain in her right groin. Over the next two months, the pain progressed to the point where the patient was unable to walk, even when using a walker. She was mainly wheelchair bound for one-and-one half weeks prior to hospitalization. Unfortunately, and while at home alone, the patient collapsed while in the shower. She was able to get herself into a squat position, but no farther. She was found in this same position several hours later by a family member.

Radiologic films were taken immediately upon presentation to the local hospital and revealed completely displaced fractures of the neck of both femurs. The x-rays also demonstrated osteoporosis in the proximal femurs of both hips. A physical exam revealed no evidence of generalized metabolic bone disease or hyperparathyroidism. The patient's history was negative for any bone abnormalities, fractures, endocrine abnormalities, renal problems, cardiac and respiratory problems, or previous surgery. The patient also presented with decreased flexion and extension of both hips, and decreased external and internal

#### **Abstract**

Perioperative nurses are confronted with ever changing demands in their daily practice. Perhaps the greatest challenge, however, is in the care of patients with multi-faceted health problems. These patients require the coordination of many multi-disciplinary team members in attempting to achieve optimum health.

This paper will describe the case study of a 28 year old, 26 week primip, who presented to a tertiary care centre with spontaneous bilateral hip fractures of unknown origin. It will further discuss the disease process known as Transient Osteoporosis during Pregnancy, the surgical approach, and finally, the role of the perioperative nurse in coordinating the patient's perioperative care.

#### **Author**

Antoniette Labricciosa, RN, BScN, CPN(C), is a fulltime perioperative nurse in the OR, Mount Sinai Hospital, Toronto, and is presently working towards a Masters of Education. This article was originally presented to the ORNAO Annual Conference in Ottawa in April, 1997.