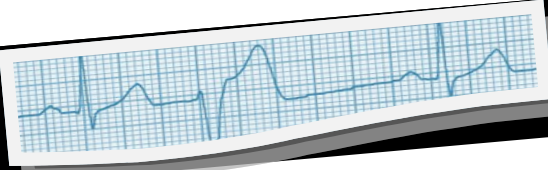


VITAL LINES

Official Newsletter of the Washington State Council of the Emergency Nurses Association



Volume 28, Issue 1

Winter 2011

Washington State Tops 2010 ENA Scorecard with Roadside Safety

Des Plaines, IL — A report released today by the Emergency Nurses Association (ENA) indicates that many states are making progress toward making roads safer, with Minnesota, Arkansas, Louisiana and Wisconsin leading the way. Only two states in the nation, Oregon and Washington, met all the ENA criteria for roadway traffic safety laws and a third state, Tennessee, met all but one criterion.

Arizona, Idaho, Iowa, North

Dakota and South Dakota received the lowest scores, meeting fewer than half of the criteria. North Dakota's score of four is the lowest of any state. The report, 2010 ENA National Scorecard on State Roadway Laws: A Blueprint for Injury Prevention examines roadway safety laws in all 50 states and the District of Columbia and scores each based on 14 criteria. For the first time the report

"Only two states in the nation, Oregon and Washington met all the ENA criteria for roadway traffic and safety laws..."

includes a distracted driving law among the criteria.

The 2010 ENA National Scorecard ranks states based on 14 types of legislation that address: seat belt use; child passenger safety; graduated driver

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Important Dates

- April 28, 2011
Board Meeting
- April 29, 2011
State Council Meeting
- September 20-22, 2011
General Assembly
- September 22-24, 2011
Scientific Assembly

TNCC/ENPC Vision Council Created

By: Bif Fink, RN, MSN, CEN TNCC/ENPC Vision Council

WA ENA has established a TNCC/ENPC Council separate from the Education Council. The duties of this council are to ensure best practice in ENA sponsored courses by monitor-

ing and evaluating the quality of courses and course directors within the state. Bif Fink has been named as Chair for 2011. If you are interested in serving on this committee please contact her.

In the near future there will be an email with more details to all faculty. To receive this email please ensure your email address is current with ENA.

Everyday Nurse Leaders

By: Jéaux Rinehart, RN, BSN, PHN Washington State Council President

At the ENA General Assembly in San Antonio last September, AnnMarie Papa, 2011 ENA President, coined a phrase “stretcher side miracles” and presented each member a pin. Since nurses in the emergency arena don’t usually work with beds, it was truly a special and specific story about the everyday miracles we all perform at the side of a stretcher. Sometimes it is in the ED, or on a flight, or in an ancillary department accompanying one of our critical patients, or even in one of our numerous hallways. Yet, wherever it is, we are there on a day to day mission to help save, reassure, rescue, fix, and improve the lives of our patients and those who are close to them.

AnnMarie went on to tell of miracles that nurses do everyday in many ways. It is very true, we do create many ‘stretcher side miracles’ without that being our cause. We are privileged that it comes with our daily jobs, and our daily lives.

There is another phrase that I feel is equally deserving. And that is what I call “everyday nurse leaders.” In our work, we hear the terms nurse executives, executive leaders, vice presidents, senior vice presidents, executive vice presidents, administrators, directors, managers, and the list goes on. These terms usually refer to those that manage groups of employees who work for the institutions they represent. What I call the “everyday nurse leader” is the nurse that is at the patient’s side, managing the patient, and providing for their emergent needs. However, we don’t do it alone. While specific care is generated at a different level, the nursing care is at the top of the pyramid for the patient. We organize the care with other departments and disciplines, plan for the discharge from our department, and any follow up care coordination,

“...we do create many ‘stretcher side miracles’ without that being our cause.”

whether they go home or are admitted. We teach, protect, and defend our patients. Several times a day at work, we are a social worker, a chaplain, a mother, a father, a friend. We have learned the fine ins-and-outs of what our patients need, and how to acquire that for them. We serve in the roles of everyday nurse leaders, because for a time we are leading their lives for them. Usually for the families and loved ones as well. Some don’t need us to do that for them, however the majority do, and that is why they come to see us.

We also lead others. Nursing brings many specialties together to head and direct portions of patient care. We lead those who work under our direction and those we delegate. We teach them and inspire them to

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The Washington Emergency Nurses Association is a non-profit professional organization with a membership of approximately 1,093. The State Council meets 4 times per year to conduct business of the organization.

Correspondence may be sent to:

*WA-ENA
PO Box 5639
West Richland, WA 99353*

2011 Board of Directors

<i>President</i>	<i>Jéaux Rinehart</i>	<i>jeauxr@hotmail.com</i>
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<i>Treasurer</i>	<i>Carla Brimm</i>	<i>cbrim@peacehealth.org</i>

Changing the World, One Nurse at a Time

By Sue Averill, RN, MBA President One Nurse At A Time

Working abroad – especially with fewer resources than we are accustomed to – has a way of stretching us. We must adapt our practices to different cultures, languages, lifestyles and approach to health and medical needs. Our “Best Practices” nursing framework has to be set aside and replaced with a “MacGyver Mentality” to do the best we can with what we have at hand.

Humanitarian nursing requires an entirely new skill set. Emergency nurses – with our flexibility, adaptability and broad knowledge base – are uniquely positioned to thrive in this unique environment. Emergency nurses reach out eagerly (although not necessarily without fear) for new, rich experiences “up close and personal” in places we’ve only read about in National Geographic.

Emergency nurses think on our feet. A 19 gauge injection needle can substitute for an IO in an overwhelming cholera outbreak. A plastic water bottle with the end cut off serves as an inhaler spacer. Duct tape will close a laceration. Acetaminophen work

wonders. Smiles, gestures and pantomime substitute for language. But hands on nursing skills are not all that are re-

quired in the complex humanitarian field. Nurses become hospital administrators, teachers and trainers, water and sanitation engineers, midwives, logisticians, project managers. We frequently diagnose, treat and prescribe in the absence of a physician. Few non-governmental organizations have practice standards or guidelines, so nurses must arm ourselves with information prior to travel and herein lies the rub.

The lack of humanitarian nursing resources thwart

even the most dedicated internet search. *One Nurse At A Time* www.OneNurseAtATime.org was created to fill this information void. The goals of the organization are three-fold:

- to assist nurses volunteer their skills and knowledge at home and abroad,
- to lower the entry barriers for nurses to volunteer, and
- to educate the public about the roles and contributions of nurses in the humanitarian world.

Assistance. The *One Nurse At A Time* website offers a free, up-to-date directory of national and international organizations using nurses in their programs. It's also a place to ask questions. How do I get started? Where should I go? How do I plan? How can I balance work and family and volunteering?

Future plans are to create a body of freely accessible information covering topics related to humanitarian nursing to help nurses better prepare for unique practice settings.

Scholarships. Volunteer work, by definition, doesn't pay. Many, if not most, international organizations ask nurses to pay their own transportation, room and board, and sometimes a team fee. In order to volunteer, the nurse must also use vacation time or unpaid leave from work. Volunteers often can do one mission, but most can't afford to go frequently. To

“Our “Best Practices” nursing framework has to be set aside and replaced with a “MacGyver Mentality”. . . .”



Treating a child with a week old infected burn in Ethiopia
(Photo Courtesy of Sue Averill)

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News Bites

Resolution Passed At General Assembly 2010, Making History

By: Mariah Ney, RN, BSN, CEN Communication Vision Chair

Did you know that in Washington State it is a felony to assault a health care worker? Were you aware that this is not the case in all states? Many nurses feel that assault by a patient is just part of the job. That is not the case. Our friends and co-workers need to be educated that being assaulted is not okay and should not be tolerated.

At the 2010 General Assembly held in San Antonio, TX the House of Delegates made history with an over-

whelming majority vote of 645-2 to accept a resolution to reflect that ENA supports felony legislation of assault and battery of emergency nurses and their health care colleagues.

It is a felony to assault a police officer or a fire fighter, why should it be any different for an emergency nurse? We chose our professions to help people, not to take abuse. It's time for emergency nurses to have a voice and stand together and let everyone know that being assaulted is NOT a part of the job. We need to join

together to get support from management, prosecuting attorneys and local police forces to enforce the law. We need to make sure our co-workers feel comfortable filing complaints or reporting assaults from patients.

It is up to us to make a difference. We need to make sure we feel safe in our jobs. With the nursing shortage we need to make sure that others feel comfortable choosing nursing as a profession without the fear of being assaulted. It won't change until we take a stand.

Make a Difference, Get Involved

By Karen Broostrom, RN Injury Prevention Vision Chair

It is an honor to serve as the 2011 Injury Prevention Vision Chairperson. Many ENA members in Washington are involved in injury prevention and safety programs. I would like to hear from you, about any programs that you and your healthcare institution are involved in. ENA tracks these programs. I would like to acknowledge you and your institution for any programs that you are working on. I am also interested in hearing what various institutions are doing to address the issue of workplace violence.

ENA's Institute for Quality, Safety & Injury Prevention (IQSIP) mission is to advance quality and safety for emergency nursing and emergency care

to improve outcomes through best practice tools, advocacy and education. One of ENA's three strategic priorities is workplace violence. ENA has developed a Workplace Violence Toolkit that will aid ED managers and staff in tackling the issues of workplace violence and is available on the ENA website

Workplace violence occurs daily across the nation and should be addressed and, we as emergency nurses, must let the public, and others involved, know that this is unacceptable.

Other Injury Prevention & Safety programs ENA deals with includes Child passenger safety, healthy aging education, youth driving safety, and the

"Workplace violence occurs daily across the nation...."

advancement of the Alcohol Screening, Brief Intervention & Referral to Treatment (SBIRT) program. Hospitals. Emergency Departments have an obligation to patients to not just treat injuries and illnesses, but to provide screening & brief intervention to identify underlying alcohol use problems associated with the health conditions. We can become part of the solution to alcohol use problems.

Please go to the ENA website to view what ENA is doing in the IQSIP arena. Contact me regarding any injury prevention and safety programs or any suggestions as to how Washington ENA can improve its injury and prevention programs.

A New Year of Opportunities

By: Karin Kloppel, RN, BSN, CCRN, CEN Membership Vision Chair

I hope all of you had a blessed Holiday Season and are off to a great start to this New Year. A new year full of new opportunities and new adventures. There will be many new opportunities for our membership to get engaged and get involved. Nominations are now open for President Elect, Secretary, and Treasurer for 2012. Wow, already? We just installed the new officers for 2011! We have new officers in each position and all new council chairs appointed to Communications, Education, Government Affairs, Injury Prevention as well as a new council for TNCC/ENPC. I am returning as Membership council chair. There are many opportunities to get involved with each or any of these councils and the work that is done. Washington State ENA is 1093 members strong as of the end of January. This is a new record for membership held in our state ENA history! I welcome your ideas on how to make your membership more meaningful to you, to take advantage of the benefits ENA provides to its members. Our elections will again be done electronically through an independent company this year. Each

“Washington State ENA is 1093 members strong as of the end of January.”

member will be sent a unique personal PIN number to ensure a secure election. Please be sure that your current email address is on file with the national ENA office so you can be sent your ballot this August! Before we can get to the voting stage, we need to have some great candidates to put on the ballot. Please submit your nomination for office to me. **Nominations are due by May 15th.**

You can nominate yourself or someone else. I will verify the candidate's

eligibility and their willingness to run for office. As I tell all my patients, I will tell you everything I do before I do it, no surprises! That means no one will find their name on a ballot without their consent.

I strongly encourage you to get involved with WA-ENA state council. It is invigorating to see the work done at the state and national level to support the bedside emergency nurse. Issues such as zero tolerance for workplace violence, health care laws, procedural sedation, CEU's for RN licensure and more are discussed.

We have some new adventures to be explored in 2011. The national

ENA office is giving our state a \$1000 Membership Enhancement Scholarship. This was announced at the January State Council Meeting at Overlake Medical Center in Bellevue. I will be exploring ways to use these funds to further state membership and your ideas and suggestions are welcome. How to best utilize the scholarship will be the April 29th State Council meeting in Moses Lake.

Interested in being a delegate to National's General Assembly from Washington State in Tampa, FL? The delegate applications are being revised and will be available at the April meeting and on the website by May 1st. **Delegate applications are due by July 1st.** Minimal qualifications are current ENA membership and attendance at one state council meeting between August 2010 and April 2011. So if you are interested and have not yet attended a states council meeting, you must be present at the April meeting. Car pooling is available; just contact someone on the board or vision council to work out the specifics. I am looking forward to some Florida sunshine and adventures! Hope you will join us!

Washington State ENA Members Win Awards

By: Karin Kloppel, RN, BSN, CCRN, CEN Membership Vision Chair

I am pleased to introduce to you the recipients of the 2010 *Anna Mae Erickson Award* and *Special Recognition Award*. The *Anna Mae Erickson Award* honors an emergency nurse who consistently exemplifies professional behavior and commitment to professional values and is active within the profession of emergency nursing. This person was described by her peers as “a shining star of hard work and dedication to the organization”. “She is passionate about education and the profession of Emergency Nursing and has worked diligently to coordi-

nate and ensure the success of recent WA-ENA educational events”. “She is energetic and has recently designed a banner for use at WA-ENA events.” Heartfelt congratulations go to **Rebecca Hammons** of Pasco as the winner of the 2010 *Anna Mae*

Erickson Award!

The *Special Recognition Award* is presented to a member of the

State Council who has made significant contributions to the Washington State Council of Emergency Nursing. This recipient has been selected due to his commitment

to precepting and mentoring many new RN’s into Emergency Nursing, being a TNCC Instructor and, more recently, an ACLS Instructor, and demonstrating his professionalism by achieving the CEN certification. He is a shining example of professional Emergency Nursing and his contributions will continue to inspire and encourage other nurses as well as provide excellent care to the patients and their families that he serves. Deep congratulations to **Jason Whitney** of Longview as the winner of the 2010 *Special Recognition Award*!

These exemplary nurses were honored for their contributions to our profession at the January State Council Meeting.

We are blessed with many talented and dedicated emergency nurses in this state. Start thinking of those you work with that are deserving of either of these awards and simply submit a letter of nomination for someone to the membership council chair. Awards can only be given if you step forward to nominate someone. **Award nominations are due by September 1st.**

“We are blessed with many talented and dedicated nurses in this state.”



Jason Whitney, *Special Recognition Award*, Karin Kloppel, *Membership Vision Chair*, and Rebecca Hammons, *Anna Mae Erickson Award*

(Photo Courtesy of Karin Kloppel)

TAKE OUR SURVEY

Please go to our website www.washingtonena.org and give us feedback on how we can improve!

Nurse Leaders

improve performance and care as we lead.

Many of us don't realize that we are also public health nurses and teach communities every day. I had elderly patient return to our ED a few weeks ago, she was what we commonly refer to as a 'bounce back' (that patient who you just discharged the day, or hours before), for pneumonia complications. One of the patient's daughters was sitting in the room tearful, waiting for her sister to arrive. I had that rare few moments to spare, so I sat with her to keep her company while I did some charting. She shared with me that when her sister came home from our ED with their father the day before, she had called her to tell her to make sure she was having her family wash their hands, and to throw away the

handkerchiefs they use. She told me she went out and bought 'that real soft tissue with the lotion in it' and put it in all the bathrooms, and then threw everyone's handkerchiefs away.

I laughed inside, because this woman didn't know that it was I who had told those things to her sister.

But it made me realize that we teach those who are not even present. As everyday nurse leaders, our education reaches far beyond our work place. People go home every day with new knowledge after spending time with us. Changes are made in the home, on jobsites, in schools, communities, and in the lives of those patients and families for whom we lead through a

period of time in their lives. No other nursing specialty does this. We are the front and back doors to many health care needs of our communities.

"As everyday nurse leaders, our education reaches far beyond our work place."

Every one of us is an everyday nurse leader. We reach far beyond the limits of our jobs

and lead many in the health care field and in everyday lives. Please help lead our future by attending a WAENA state council meeting. We do great things and guide the direction of our profession and specialty.

Anyone can be a nurse, but not anyone can heal those in need like a nurse can. You all are Everyday Nurse Leaders. Celebrate yourself.

One Nurse at a Time

(Continued from page 3)

overcome this hurdle. *One Nurse At A Time* has a scholarship program offering \$1000 to qualified applicants - at least one per quarter. Donations are most welcome and can be made online or by check (information on the website). More donations translate into more scholarships.

Public recognition. Telling our stories in public forums - social networks, articles, public speaking, anthologies like *Nurses Beyond Borders*

www.NursesBeyondBorders.com

reaching out to the public - all help to spread the word about the vital role we nurses play. Although the majority of Americans have some understanding of what nurses do in the United States - working in clinics, hospitals, nursing homes and the community - most of them have no idea what nurses do when they volunteer abroad. We are eager to share our experiences and challenge conventional wisdom about nursing practices in remote settings.

One Nurse At A Time has an ambitious agenda of partnering with hospitals to assist nurses volunteer,

organizing a body of humanitarian nursing knowledge to prepare a unique skill set and continuing to provide scholarships and advice so that together - *One Nurse At A Time* - we can change the world.



Doing consultations in Banda Ache Indonesia after the tsunami

(Photo Courtesy of Sue Averill.)

Roadside Safety Scores

(Continued from page 1)

licensing for teens; all-rider motorcycle helmet requirements; ignition interlock devices to prevent drunk driving; entering, sending, reading, or retrieving data for all drivers using cell phones or other interactive wireless communication devices; and the authority to develop, maintain and evaluate a state trauma system. States received one point for each type of legislation. With 14 points each, Oregon and Washington were the only states to receive the best possible score for the second time in a row.

Thirty-eight states and the District of Columbia either enacted laws since the 2008 report that improve their scores or already had in their statutes additional laws consistent with ENA criteria. Twelve states—Alabama, Arizona, Idaho, Iowa, Maine, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Pennsylvania and Virginia—showed no progress from 2008 to 2010 in meeting ENA criteria.

North Dakota is the only state that failed to make any progress since the first report was released in 2006. The next lowest scoring states are Idaho and Iowa, which each scored five points and have shown no progress since the 2008 ENA Scorecard was published. The state that made the greatest progress was Minnesota, which increased its score from five in 2008 to 11, followed by Arkansas

which increased its score from three to eight.

“According to the Centers for Disease Control and Prevention, every 12 minutes, someone dies in a car crash on U.S. roads and every ten seconds, someone is injured, taken to and treated in an emergency department for injuries sustained in a motor vehicle crash,” said ENA President Diane Gurney, RN, MS, CEN. “We know that many of those injuries and deaths are preventable through roadway laws and enforcement and we need policy makers to join us in supporting and passing laws that can save lives. Across the country, emergency department nurses, who treat the victims of motor vehicle crashes every day, are urging their policy makers to pass and enact more and better roadway safety laws.”

“Timely and appropriate care can be the crucial difference in whether a crash victim survives or dies.”

For the first time, the 2010 ENA National Scorecard includes a distracted driving law among the criteria. Twenty-six states and DC have passed or enacted laws that have a primary enforcement law that applies to entering, sending, reading or otherwise retrieving data, except in the case of an emergency, for all drivers using interactive wireless communication devices. According to the National Highway Safety and Transportation

Administration, 5,474 people died in distraction-related motor vehicle crashes in 2009, of which cell phones as a distraction amounted to 18 percent of fatalities in the distraction-related crashes. Of all distractions while driving, texting has caused the most recent concern among state legislatures.

“Timely and appropriate care can be the crucial difference in whether a crash victim survives or dies,” said Gurney. “While most of us can choose where to seek primary care, victims of motor vehicle crashes are transported to the closest health facility, which may or may not be able to treat their injuries. We would like to see every state establish a trauma system that ensures that anyone injured in a crash is taken to a trauma center that can provide the type of care and the level of care they need.

“The 2010 ENA National Scorecard shows that 47 states and the District of Columbia have passed legislation that will allow them to develop and maintain statewide trauma systems. This is one state more than in the 2008 report. The only states without legislation addressing a statewide trauma system are Idaho, Rhode Island and Vermont.

State legislative information in the 2010 ENA National Scorecard on State Roadway Laws: A Blueprint for Injury Prevention is current as of October 11, 2010. The full report is available online at www.ena.org.

CEN's & CPEN's—New and Renewed 3rd and 4th Quarters 2010

Below is a list of nurses who either renewed their CEN status, or became new CEN or CPEN nurses in the period between July 1, 2010 to December 31, 2010! Congratulations on your success!

CPEN

Heather R Desmarais	Debra Logan	Andrea Arns	Chad Hanna	Raywood Renard
Dona Hruby	Carmel McGann	Theresa Barchenger	Vincent Hawkins	Nenette Rivera
Melanie E Koon	Pamela McMillen	Myra Michelle Batts	Douglas Henson	Cynthia Rivers
Sarah R Miller	Marie Meyers	George Baxter	Jesse Hopson	Steven Rogge
Ron Whitten	Robert Mizen,	Suzanne Beck	Louise Jenkins	Kathleen Rowan
	Debra Montague	Lorna Boulton	Deanna Johnson	Christopher Salatka

CEN

Michelle Baxter	David Montague	Patricia Bowden	Linell Jones	Susan Sampson
Jessica Bell	Michele Moseley	Melissa Brown	Jennifer Jordan	Ruth Schaffler
Marylou Ceniza	Kelley Murphy	Kelly Calabrese	Cindy Kinion	Nicholas Schultz
Annette Currey	Lisa Pritchard	Heather Cochran	Catherine Kovar	Erin Self
John Delgado	Noel Ramirez	Mary Comstock	Karen Krotz-Sperry	Chad Smiley
Mary Gehling	Pamela Rathbone	Christopher Cox	Robin Larson	Susanne Smith
Patrick Giles	Michael Robertson	Millie Cunningham	Tonya Legore	Jason Sondgeroth
Lance Griffin	Patrice Ruhl	Tyler Dalton	Marcia Limbach	Leitha Steed
Bonita Haggith-Hesketh	Robin Shabica	Teresa Doull	Paula Lombard	Regine Sullivan
Brandon Hill	Diane Thomas	Maria Eisenberg	Tara Lopez	Kelly-Marie Sutton
Mamadou Jalloh	Carol Zada	Celeste Etherington	Audora Macklin	Christina Terenzi
Teresa Keith	Elizabeth West Blosser	Kimberly Fitzgerald	Carla May	Donna Tuning
Linda Leum	Francis Jean West	Mary Franks	Andrew Mittelman	Judy VanHook
Cheryl Lewis	Hendrick Okey West	Diane Fuller-Switzer	Mary Mueller	Patsy Vazquez
Brittany Lindsey	Matthew West Klein	Amy Graham	Karen Parker	Suzanne Waddill-Goad
Yvonne Link	Angela West Monroe	Nikki Graham	Mary Ploeger	Kendall Wallace
	Stacey Aggabao	Elizabeth Griffin	Jana Purdy	Ron Whitten
	Susan Allen	Carol Habib	Kirk Reed	

Check out the newly redesigned BCEN Website at: <http://www.ena.org/bcen/Pages/default.aspx>

Learn how you can become certified with one of four certifications related to Emergency Nursing!

Don't miss a single issue of Vital Lines!

Send all change of address forms to the national office at:

915 Lee Street

Des Plaines, IL 60016-6569

Or on the web at:

www.ena.org

Address labels, mailing and email lists are generated from membership information on file at the national office!

Advertise in Vital Lines

Would you like to reach approximately 1,200 emergency nurses within the state of Washington? Why not advertise in Vital Lines—the official newsletter of the Washington State Council of the Emergency Nurses Association. The newsletter is mailed quarterly to approximately 1,200 registered nurses within the state of Washington.

Advertising space is available in quarter-page (4"Hx5"W), half-page (7"Wx5"H) and full page (8"Wx10"H) ads. To advertise in Vital Lines contact Mariah Ney at mlney76@gmail.com for a list of current ad rates.

EDUCATIONAL EVENTS

Trauma Nursing Core Course (TNCC)

<i>Dates</i>	<i>Location</i>	<i>Contact Info</i>
March 21, 2011	Tacoma, WA	MarkBlaney@fshealth.org
March 22, 2011	Richland, WA	Education Dept http://education.kadlec.org/registration
March 23, 2011	Spokane, WA	Terri Williams 509-474-3343 terri.williams@providence.org
March 29, 2011	Vancouver, WA	(360)514-3223 ebryant@swmedicalcenter.org
April 9, 2011	Tacoma, WA	erict@chealthcare.com
April 21, 2011	Wenatchee, WA	Connie Morris constance.morris@cwhs.com

Emergency Nursing Pediatric Conference (ENPC)

<i>Dates</i>	<i>Locations</i>	<i>Contact Info</i>
April 6, 2011	Bellingham, WA	Linell Jones 253.222.2833 linellj@gmail.com
April 18, 2011	Puyallup, WA	Linell Jones 253.222.2833 linellj@gmail.com
May 18, 2011	Seattle, WA	Tricia Nora 206-744-4872 pnora@uw.edu
May 18, 2011	Spokane, WA	Terri Williams terri.williams@providence.org

CEN Review Courses

<i>Dates</i>	<i>Locations</i>	<i>Contact Info</i>
May 28-29, 2011	Good Samaritan, Puyallup, WA	Linell Jones 253.222.2833 linellj@gmail.com

Find other courses not listed here at <http://www.ena.org>

Upcoming WA-ENA Meetings & Education

<u>DATE</u>	<u>MEETING</u>	<u>TIME</u>	<u>LOCATION</u>
April 28th, 2011	State Council Board Mtg	6:30 PM	Michael's on the Lake, Moses Lake, WA
April 29th, 2011	State Council Meeting	8:30AM	Samaritan Health Care, Moses Lake, WA

Check the Web Site at www.washingtonena.org for more up-to-date info on meeting locations.



EMERGENCY NURSES ASSOCIATION

Washington State Council

PO Box 5639
West Richland, WA 99353

Address Correction Requested



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Washington State Council -
Emergency Nurses Association

2010 State Delegates in San Antonio, TX. Join your state leaders in Tampa, FL in 2011.

