

I T N S

GOLDEN TRIANGLE Chapter
N e w s l e t t e r



Editor: Christine Shay

Winter 2005

President's Message
By
Mimi Funovits, RN, BS, CCTC

Collaboration: Three months have passed since our new board of directors has taken office. These very capable nurses have become my mentors and my friends. I have found that every person you have elected to the board is hard working, insightful, and willing to 'do what it takes' to get the job done. As we continue along our 2005 term, we are all very excited about a project that we are currently working on.

As resources in the field of health care continue to dwindle, collaboration and cooperation are becoming increasingly important. In an ongoing effort to continue to forge collaboration with other transplant professional groups, we are planning **The 4th Annual Collaborative Approach to Transplantation**. The Golden Triangle Chapter of ITNS, in conjunction with NATCO (North American Transplant Coordinators Organization), will once again offer a one-day symposium for transplant professionals in the local Pittsburgh area. This conference is designed to offer educational opportunities to transplant nurses, coordinators, social workers, dietitians, any other healthcare providers who are interested in attending. The conference is scheduled for Wednesday, May 12, 2005 and will be held at the Bio-Medical Science Tower of the University of Pittsburgh Medical Center. Our focus for the day is "A Team Approach and Perspective to Transplantation".

We hope that we can make this day not only a great educational experience for you, but also fun and exciting. Let me set the stage.... Our program will be patterned after spring baseball in Pittsburgh! We will begin our day with building our transplant team. The players are of course, transplant recipients, and the spectators are their family members. Umpires are the insurance companies (fiscal clearance), the owners are transplant surgeons, and the coaches are of course, transplant nurses and coordinators. Managers are the primary care physicians, hepatologist, cardiologist, nephrologists, etc. Don't forget the assistant coaches who include psych/social, home care, infectious disease, pharmacist, etc.

Our "line-up" (agenda) will include building our transplant team during the morning innings. We will discuss the role each member plays as part of the team to "win the game". We will analyze each team member's role from referral and evaluation through surgery, ICU and transplant floor, to discharge planning and recovery. Problems and unique issues encountered during "the game" will be discussed. A transplant recipient/family will also discuss their experiences and perspective of the transplant process.

Be prepared to have some fun! Just a few of our ideas include: a "strike out" is denial of financial coverage, "a home run" is successful transplantation, "a walk" is financially cleared, and a "grand-slam" is a multi-visceral transplant. Can you think of any others? Following the 7th inning stretch, (lunch) *It's Game Time!* We will present and discuss case studies of interesting and challenging transplant patients and donors who have experienced difficult or unique problems. Representatives from all local transplant programs will discuss all solid organ transplants. Both pediatric and adult transplants will be covered.

It takes team building and collaboration to affect a successful game outcome. This approach is particularly true in the field of transplantation. As our local chapter and our organizations continue to grow and become increasingly diverse, we believe that this spring program will meet the educational needs of all those who attend. Registered nurse and social worker continuing educational credits for this program will be offered. Stay tuned for further announcements and brochures.

Collaboration is a "two-way street". We, the board of directors of your chapter, are sensitive to your needs. Decisions are based on your input and we are striving to meet your needs. We hope that you will visit our chapter website (itns-gtc.org) to review all your membership benefits and will tell us what you like and what is important to you.

Take a look at our new website: <http://www.itns-gtc.org>

Living Donor Liver Appreciation Dinner

By

Tracie A. Sabatine, RN, BSN

The Thomas E. Starzl Transplantation Institute's living donor liver team hosted the first Living Donor Liver Appreciation Dinner, on Friday, November 12, 2004 at the Renaissance Pittsburgh Hotel. The dinner was made possible through an educational grant provided by Fujisawa Healthcare, Inc. Donors, their recipients, and guests were invited to a celebration to pay tribute to those who so generously gave of themselves to help another in need.

The evening began with a welcome reception in the Symphony Foyer allowing attendees to meet and greet one another in an environment outside of a clinical setting. Dr. Thomas Shaw-Stiffel, Medical Director of Liver Transplantation, provided opening remarks and a living donor program update. A delicious sit down dinner followed in the beautiful Symphony Ballroom overlooking the Allegheny River and the north shore of Pittsburgh.

Between courses, the audience was treated to a video presentation, developed at WQED, involving the personal reflections of the Kaiser family and their experience with living donor liver transplantation from both the donor and recipient's perspective. A slide show featuring photographs and articles about the donors was also shown.

Following dinner, a donor recognition ceremony was held with commentary and introductions provided by Dr. Andrea DiMartini, Associate Professor of Psychiatry and Surgery.

She explained the symbolism of the design from the Thomas E. Starzl Transplantation gold pin. The pins were attached to cards inscribed with the following quote from Albert Schweitzer that beautifully summarizes the meaning of living donation and the ambiance of the event.

“At times, our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us.”

As each donor was introduced, the pins and cards were presented to them by members of the living donor liver team including Linda Boig, Living Donor Liver Coordinator, Tracie Sabatine, Living Donor Liver Coordinator, Karen Porterfield, Clinical Social Worker, and Mary Grace Fitzgerald, Clinical Nurse Specialist.

Jan Seng, Fujisawa Senior Product Specialist, Immunology, UPMC, the Renaissance Pittsburgh Hotel, and committee members were acknowledged for their contributions towards a very successful event. As guests departed, they expressed their desire to reunite with one another again next year.

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PROFILES IN TRANSPLANT NURSING

By

Beth Kallenborn, RN BSN CCTC

Liz Narvey, Transplant Clerk

This is another article in a continuing series that profiles Golden Triangle Chapter members.

Recently, we had the pleasure of spending a few moments chatting about life and career with **Cecile Levenson, MSW, BCD, LCSW**, our inpatient liver transplant social worker. She can be relied on as a wealth of information and is considered a shining jewel in our transplant crown here at UPMC.

Originally from Evanston, IL, Cece completed her undergraduate studies at the University of Michigan receiving a BA in Sociology and English. She and her husband, the late Dr. Norman Levenson relocated to Cincinnati, OH so that he might complete his residency and fellowship in cardiology. Prior to graduate school Cece was a social worker at the Hamilton County Welfare Department in Cincinnati. After receiving her Masters in Social Work at Ohio State University she took a position at the Cincinnati Center for Development Disorders where she gained valuable experience working with children and families with neuromuscular disorders, mental retardation, and learning disabilities.

Upon completion of her husband's fellowship in 1974, Norman and Cece moved to Pittsburgh where he accepted a position as a cardiologist at UPMC. Cece also joined the medical community at UPMC as a clinical social worker on the clinical research unit. At that time, the patient population consisted primarily of scleroderma and diabetes research patients. The Levensons enjoyed Pittsburgh's educational and cultural resources as well as the high quality of medical care they received when their daughter Lisa arrived prematurely and spent her first month in the NICU at Magee Women's Hospital. When Lisa was just one year old, Norman was diagnosed with cancer, which took his life only two years later. Cece raised their daughter and learned how to adjust to the significant changes that she faced. The experience has enhanced her ability to help transplant patients and their families as they confront their own complex issues. A philosophy she considers applicable in her work and life is that "change can be a positive thing and to find the benefit and hope in what could easily be viewed as a hopeless situation can make the difference in a person's ability to adjust and cope". Today her daughter Lisa is a successful journalist for Bloomberg Business News in New York City and the two enjoy shopping, traveling and going to the theater together when they are able to coordinate their busy schedules.

As a social worker, Cece's job includes meeting the psychosocial needs of patients and their families. Through the years, Cece has been involved with various patient populations including those of renal dialysis and renal transplantation, general medicine and neurology. In 1989, Cece entered the world of liver transplantation and she has never looked back! One of the reasons that Cece has remained here for so long is her professional perspective that continuity in healthcare is very important to patients and families. Cece assists transplant patients and families with many of the adjustments and obstacles they face including patient/family education, medication assistance, housing and transportation issues, and post-operative supportive services and placement.

Cece finds working with transplant patients both rewarding and challenging. The rewards are seeing patients accomplish their goals. The challenges are addressing the psychological, emotional and financial issues of the UPMC transplant patient. Cece's dedication and hard work are observed daily; she is another example of our outstanding Golden Triangle chapter membership.

First Annual Three Rivers Liver Walk a Sunny Success - May 24, 2004

The American Liver Foundation, Western PA Chapter - 2004 First Annual Three Rivers Liver Walk proved a great sunny success. Over 230 responded, including liver transplant coordinators and nurses in a tremendous effort to help raise awareness and funds for liver disease on Sunday, May 24, 2004. Participants of all ages came out on a sunny Sunday morning to walk the non-competitive 5K Three Rivers Heritage Trail course at Washington's Landing. Attendees enjoyed refreshments prior to the walk and rewards upon returning.

The 2004 Three Rivers Liver Walk honored brothers, Todd and Scott Clouser, who underwent a living donor liver transplant at UPMC in December 2003, for their courage and bravery. Both brothers proudly accepted the honor and both gave heartfelt speeches on organ donor awareness. Dr. Thomas Shaw-Stiffel followed with an informational update on liver transplantation. Gather your friends, family and co-workers for the next Three Rivers Liver Walk in May 2005.



Heart Walk 2004

The 2004 Heart Walk held Saturday October 2^d 2004 was a tremendous success. The new venue was the Riverplex at Sandcastle at the Homestead Waterfront where the major corporate participants all had shelters set up inside sandcastle as a meeting point before the walk and a subsequent area to socialize following the walk. The autumn weather was perfect and the new route was exceptionally scenic walking on the boardwalk and the riverside trail along the Monongahela River. All UPMC facilities were represented well in this noble philanthropic cause, as were the Pittsburgh based Heinz and Bayer Corporations. Local personalities and dignitaries could be spotted through out the course as participants. Exercise and fun was the formula for the day and the American Heart Association will be further empowered to help the community learn and live.

Special Dinner Meeting Report

By

Mark Paynter, RN, BSN, CCTC

What a wonderful experience to have Dr Sandy Couples talked with us about "An Overview of Transplantation Nursing Secrets"! She explained the pit falls, things to do to initially start up a book, setting deadlines, and all the 'in betweens' of a book's finished copy. What a great asset she is to the nursing force as a Mover and a true Shaker!

Take a look at our new website: <http://www.itns-gtc.org>

GTC NEWS

Welcome to the following **new members** of the Golden Triangle Chapter, ITNS:

Mike Paradine, Staff Nurse, UPMC	Nancy Pepke, Lung Transplant Coordinator, UPMC
Kimberly Henderson, Heart Transplant Coordinator, UPMC	Jackie Lever, Renal Transplant Coordinator, STI
Kathleen Zell, Staff Nurse, Cardiology Director	Katie LoCoco, Lung Transplant Coordinator, UPMC
Kim Haberman, Pediatric Transplant Coordinator, STI	Danielle Samsa, Lung Transplant Coordinator, UPMC
Donna Schmidt, PNC-C, TICU, UPMC	Karen Friend, PNC-C, TICU, UPMC
Diana Goodwin, Staff Nurse, UPMC	

Please join us in **congratulating** the following GTC members for their **accomplishments**:

Coordinator promotions to Transplant Coordinator II

Tammy Tokarczyk, RN, CCTC	Bridget Flynn, RN, BSN, CCTC
Linda Boig, RN, BSN, CCTC	Marsha Zak, RN, CCTC
Shelley Zomak, RN, MS, CCTC	Jareen Flohr, RN, BSN, CCTC
Janice Glidewell, RN, BSN, CCTC	Mary Gadowski, RN, BSN, CCTC
Patty Pfeiffenberger, RN, CCTC	Leah Kingery, RN, BSN, CCTC
Chris Shay, RN, BSN, CCTC	Mary Beth Lewis, RN,
Amy Smith, RN, CCTC	Mimi Funovits, RN, BSN, CCTC
Angela Barber, RN, CCTC	Barb Yelochan, RN, BSN, CCTC
Beth Kallenborn, RN, BSN, CCTC	

Coordinator promotions to Transplant Coordinator III

Kathy Nestler, RN, BSN, CCTC ♦ Debbie Good, RN, BSN, CCTC ♦ Pat Folk, RN, BSN, CCTC

Congratulations to the following nurses who passed the CCTN Exam:

Rose Boyer, Infection Control Liason, UPMC	Anne Marie Byerly, Abdominal Transplant Unit, MUH
ME Pampena, Abdominal Transplant Unit, MUH	Karen Emmett, Abdominal Transplant Unit, MUH

- ♦ Terry Byers accepted a position in November as Operations Supervisor, Coordination of Benefits, UPMC Health Plan.
- ♦ Judy Vensak, RN, CCTC accepted a position with Chiron Corporation as Medical Science Liaison.
- ♦ Corde McFeathers, RN, BSN successfully passed the CCTC exam in December.

BOARD OF DIRECTORS

President: Mimi Funovits	Membership Chairperson: Kathy Henderson
President-Elect: Shelley Zomak	Dinner Meeting Chairpersons: Angela Barber & Mark Paynter
President-Emeritus: Chris Shay	Journal Club Chairperson: Lois Keyes
Treasurer: Carolyn Hartner	Newsletter Editor: Chris Shay
Secretary: Beth Kallenborn	Website Director: Shelley Zomak

ANNOUNCEMENTS

◆ **TRIO Fundraiser:** Green Magnet Ribbons for Car available for \$5.00. Please contact Shelley Zomak in C700 PUH or zomakra@upmc.edu.

◆ **Team Pittsburgh Fundraiser.** Sarris Candy Bars available \$1.00 or \$24/case from Shelley Zomak in C700 PUH or zomakra@upmc.edu.

Please don't forget to **submit your favorite recipe** to help create the second cookbook for the upcoming **2006 Transplant Games**. Recipes do not need to be typed – a copy will work fine. Please forward to Shelley Zomak at C700 PUH or zomakra@upmc.edu or fax to 412-648-6355.

The **Golden Triangle Chapter of ITNS** has a few more positions available on the **Chapter Website Committee**. If you are interested please contact Shelley Zomak at 412-648-9874. Involvement consists of:

- 3 Assisting the Chapter Website director in the ongoing development and maintenance of GTC website
- 4 Assisting in acquisition and delivery of the new content to Web master
- 5 Assisting in updating Website content on a consistent basis
- 6 Committee Membership: 10 CEPTCs, Category II for ABTC Recertification

Thank you Dan Foust and Roche Pharmaceuticals for sponsoring our educational dinner in November 2004 at Poli's Restaurant.

Thank you Serena Stanek & Schering Pharmaceuticals for sponsoring our Journal Club in December, 2004.

Thank you to the members of the newsletter committee for their hard work and commitment: Beth Kallenborn and Marsha Zak

Thank you to the following members of the membership committee for their commitment:

Kathy Henderson, Director	Lois Keyes	Patty Pfeiffenberger	June Stamos
Chris Shay, Co-Director	Alice Maglione	Danielle Samsa	Ruth Tarantine
Ilse Karto	Abigail Pennypacker		

EDUCATION GRANT APPLICATIONS: Education grant applications are available on our website. Please consider this opportunity to provide a patient focused educational enhancement in your area. Postmarked deadline for application submission is March 31, 2005.

2005 MEMBERSHIP DRIVE: The 2005 Membership Drive is underway (January 1 – May 31, 2005). **GTC Drive:** The GTC member who sponsors the most new members > 5 will win a car CD player with installation. Let's shoot for 200 + 5 chapter members in 2005. Applications are available in our newsletter or on the website.

International Drive: The Chapter who sponsors the most new members during the drive will win a free registration to this year's ITNS Conference in Orlando, Florida. Questions – please contact Kathy Henderson (hendersonka@upmc.edu) or Chris Shay at (shaycl@upmc.edu).

Upcoming Events

MARCH JOURNAL CLUB

Date: March 9, 2005
Host: Nina Singh, MD
Topic: Fungal Infections in Liver Transplant Population
Sponsor: To be announced
Location: BST, Room S121, 1-2 PM

MARCH DINNER MEETING

Date: March 30, 2005
Location: PAA, Oakland, 5:30 PM
Sponsor: Melissa Fezer, Chiron Pharmaceuticals
Speaker: Sean Studer, MD, Pulmonologist
Topic: Inhalation Tobramycin in Lung Transplantation

ITNS/NATCO CONFERENCE

Date: May 12, 2005
Location: Biomedical Science Tower
Program: 4th Annual Collaborative Approach to Transplantation "A Team Approach".
Look for registration forms in the mail.

Take a look at our new website: <http://www.itns-gtc.org>

The Life of a VA Transplant Coordinator

Debra Mayher RN, MS, CCTC

For many of you who do not know me, I had been a Preoperative Liver Transplant Coordinator at the Thomas E. Starzl Transplantation Institute from 1991- 2002. It was an honor to work under the direction of Dr. Starzl, Dr. John Fung and my mentor and Clinical Manager, Ms. Carolyn Hartner. The position was exciting, challenging and stressful yet very rewarding.

In the spring of 2004, the Liver Transplant Division at the Pittsburgh VA Medical Center became an independent program. An additional coordinator was warranted due to the increase in referrals and liver transplants. Initially, the position was entertaining for various reasons...pay increase, good benefits, free parking, federal holidays off, wearing scrubs, etc. I was fortunate to be hired in March 2004.

From a VA employee perspective, one is in a “military environment”. The daily work shift is called a tour of duty. One would be considered AWOL (Absent Without Leave) if you failed to call off sick. All documentation and scheduling is in military time. If you would happen to attend a conference at another VA Medical Center, you are then considered to be at a TDS (Temporary Duty Station). Pictures of President Bush, Vice President Cheney and the Secretary of Veterans Affairs, Mr. Principi greet me as I walk through the doors every morning.

Sometimes it seems as if I work at a shopping mall since VA employees have access to the on site US Post Office and purchasing tax free apparel, house wares, and electronics at the PX. We also have the availability of Burger King and Kentucky Fried Chicken in conjunction with the large variety of foods in the cafeteria. We were very excited with the opening of the new Starbucks in the front lobby.

From a patient perspective, the healthcare is excellent. Many people have a negative perception of Veterans hospitals housing patients in dreary, over populated wards. It has been refreshing to see that patients have access to state of the art technical procedures and surgeries in a remodeled medical facility. Veterans have access to heart, lung, liver, kidney and bone marrow transplant services at designated VA transplant centers. They have access to every medical discipline including smoking cessation, substance abuse prevention, physical rehabilitation and long term care. Medications are provided free of charge.

Patients have the luxury of having their transportation (air or ground) and lodging paid for by the VA. They also are afforded the opportunity to be housed here locally, free of charge while they await transplant. A newly renovated floor with modern art-deco hotel rooms would rival a Marriott or Hilton. Minor perks include meals and mileage reimbursement.

From a coordinator perspective, the position remains extremely stressful and challenging. Coordinators at the VA encompass a dual role in facilitating patient care through the pre and postoperative phases. It is our primary goal to initiate the transplant evaluation in an expeditious manner with timely listing and eventual transplantation. This process is enhanced by the collaborative efforts from the Central Office in Washington DC (since we have a national referral base) and the multidisciplinary VA transplant team. VA coordinators are fortunate, as they do not incur the daily stress of case management issues, insurances and obtaining authorizations for medications through third party payers, which are profound in the private sector.

Overall, becoming a VA Transplant Coordinator has been a smooth and interesting transition. The experience thus far has been very rewarding. It is a pleasure and honor to care for the veteran population. Individuals who have given so much of their lives to defend our freedoms are cared for with dignity by highly skilled healthcare professionals through the government that many times put them in harms way. Most evident, it is a group of patients who are extremely grateful and appreciative for receiving a “2nd chance” at life.

University of Pittsburgh Medical Center Organ Referral

What is the University of Pittsburgh Medical Center's Organ Referral Center? The Organ Referral Center at the University of Pittsburgh Medical Center (UPMC), in cooperation with the Center for Organ Recovery and Education (CORE) is a specialized transplant call center that promptly handles all extra-renal organ offers for the University of Pittsburgh Medical Center and Children's Hospital of Pittsburgh. This allows all referring OPO Coordinators to directly interact with the transplant coordinators, transplant procurement specialists and transplant surgeons at UPMC. The Organ Referral Center makes every effort to expedite organ placement, decrease cold ischemic time, and increase collaborative efforts for organ donation and transplantation.

How does it work?

1. The Host OPO Coordinator calls the referral center
2. Minimal information such as, OPO, name, and contact information is obtained
3. OPO coordinator is connected to a Transplant Procurement Specialist
4. Once the appropriate donor information is obtained, our specialist contacts the transplant surgeon on-call
5. Within moments a decision is made regarding organ viability
6. Our specialist calls the OPO and notifies the coordinator of acceptance or refusal

In general, this process should take no more than 10 minutes thus assisting the referring OPO to expedite organ placement.

Should the organ be declined, the correct Recipient Refusal Code is provided. If the organ is accepted for possible transplantation, UPMC will work with CORE to arrange for transportation and provide recovery personnel if necessary.

Typically, it takes three hours to arrange for transportation, assemble the recovery team, and arrive at the local Pittsburgh Airport, UPMC and CORE continue to monitor this process after each transplant. Our objective is to provide optimal service to the referring OPOs and our transplant recipients.

What is a Transplant Procurement Specialist?

Our specialists receive specialized training at the Thomas E. Starzl Transplantation Institution and have a thorough understanding of all transplant programs at UPMC and Children's Hospital. Their knowledge base includes organ evaluation; transplant recipient selection criteria, and coordination of the recovery/transplant process. Our specialists are familiar with all UNOS policies and bylaws.

In addition to one-on-one training with our surgeons, our specialists attend weekly transplant meetings for each of the transplant programs. This allows them to have direct access to the surgeons intimate knowledge of the patient population, and an expanded familiarity of organ acceptance criteria. This provides the opportunity to decrease both the response time as well as ischemic time. All organ referrals, regardless of outcome, are reviewed with the transplant surgeons on a weekly basis. This facilitates continuity of organ evaluation, patient selection and coordination of recovery to transplantation.

We hope that you have found this information worthwhile. Please feel free to contact the Operations Manager, Nance Conney, with any questions or comments about our extra-renal organ referral center. Nance can be reached on her cell phone 412-874-6903 or through the referral center 800-430-8834.

Nutritional Management of Intestinal Transplant Candidates

Intestinal transplant candidates are often referred for possible intestinal transplant after failing to maintain nutritional autonomy without supplementation such as total parenteral nutrition (TPN) therapy. Parenteral nutrition provides intravenous nutrition to patients unable to tolerate gastrointestinal feedings via a sterile solution containing protein, carbohydrate, lipids, vitamins, minerals and electrolytes in amounts specific to the patient's needs. TPN is not without complications, including both infectious and metabolic, and failure of TPN therapy makes intestinal transplantation a necessity. TPN failure can be defined as imminent liver failure, repeated septic events secondary to line infections, loss of central venous access, or frequent episodes of dehydration despite fluid replacement.

The three substrates that make up the energy component or the total daily calories of the TPN are the protein, carbohydrate and fat. Protein is an important structural component of all cells and is supplied in parenteral nutrition as amino acids. Patients may require greater amounts of protein when undergoing metabolic stress. However, specific disease states or organ dysfunction (liver and kidney) can alter protein tolerance and require adjustments in a patient's protein requirements.

The carbohydrate and fat provide non-protein calories with the carbohydrate portion of TPN being the principal energy substrate. Carbohydrate is supplied as dextrose in the TPN and allows for the amino acids to be incorporated into new protein in the body. Excessive amounts of dextrose can be harmful and cause fat deposition or lipogenesis and hepatotoxicity. Fat also serves as a caloric source and is supplied in the TPN via a fat emulsion known as lipids. Fat is required in the diet to provide essential fatty acids, or fatty acids not produced by the body, and also serves as a precursor for prostaglandins, corticosteroids and bile salts. However, lipids provide a very good media for bacterial and fungal growth that often predisposes a patient receiving TPN to infectious processes. Lipids are also necessary to prevent essential fatty acid deficiency (EFAD). EFAD occurs after weeks or months of fat free nutrition and can result in dry, thickened, scaly skin, hair loss, poor wound healing and diarrhea. This can be avoided as long as the patient received 500 ml of lipids twice weekly.

Total parenteral nutrition also provides for electrolyte, vitamin and mineral replacement. The electrolytes replaced via TPN are sodium, potassium, magnesium, calcium and phosphorus. The requirements are individualized to the patient's need and may vary depending on a patient's acid/base status, underlying organ dysfunction and drug-related effects on electrolyte balances. Multivitamins are necessary for normal tissue growth, maintenance and function and cannot be synthesized by the body and are typically supplied in a formulation with 12 essential vitamins.

TPN formulations are also typically supplemented with multiple trace element formulations, which contain zinc, copper, chromium, selenium, and manganese. Trace elements have a variety of functions within the body, including carbohydrate, fat and protein metabolism. As a rule, patients receiving TPN should have their trace element levels checked. Additional zinc is usually necessary in short gut syndrome patients who may lose excessive amounts via increased stool or GI output. Zinc is also important in catabolic states and in wound healing. Zinc and selenium levels should be followed closely in patients with renal impairment as these are cleared via the kidney. Copper and manganese are eliminated predominantly through the hepatobiliary system. Therefore patients with decreased biliary clearance should be monitored for elevations in these trace elements, particularly manganese which has been shown to deposit in the brain and cause neuropsychiatric disturbances.

Patients starting on TPN should receive a nutritional assessment as well as periodically once stabilized on a formula. Electrolytes, biochemical parameters such as albumin, as well as nutritional parameters such as weight and general appearance should be monitored on a routine basis. Patients initially starting on TPN should be monitored more closely to prevent refeeding syndrome. Refeeding syndrome occurs when nutrition is initiated in a malnourished patient with high-carbohydrate

formulas. The patient can have disturbances in their electrolyte balance, particularly with phosphorus, magnesium and potassium. Patients may experience muscle weakness due to hypophosphatemia, which can ultimately lead to respiratory distress. It is important to ensure that adequate amounts of phosphorus are supplied in the TPN as well as to start with lower amounts of dextrose and to titrate slowly to goal carbohydrate requirements. With appropriate monitoring of the patient receiving TPN, the nutritional needs can be met while minimizing the adverse effects of parenteral nutrition.

***CERTIFIED CLINICAL TRANSPLANT NURSE
(CCTN) EXAMINATION IS A COMPLETE SUCCESS!***

By

Bridget Flynn, RN, BSN, CCTC, CCTN

The American Board for Transplant Certification (ABTC) has been offering certification examinations since 1988 as a method of promoting the highest standard for transplant professionals. ABTC, in conjunction with the International Transplant Nurses Society (ITNS), recognized the need to develop a new examination for transplant nurses. The use of certification credentials attest to the community and the public that the individual has met a standard of competency and possesses the necessary knowledge and skills needed to provide quality care for transplant donors and recipients.

ABTC and ITNS have spent the last two years in preparation for the administration of the first CCTN examination. They worked along with Applied Measurement Professionals Inc., (AMP), the professional testing agency contracted by ABTC to assist in the development, administration, scoring, and analysis of the new examination. The process was long, involved, comprehensive and consisted of a Job Analysis, creation of an ABTC Board position for ITNS and the establishment of a CCTN Examination Committee, which included Golden Triangle Chapter member Cathy Casinelli, as well as the administration of the inaugural examination.

The Inaugural CCTN Examination drew 176 individual applications. The first examinations were administered on October 13, 2004, in Vancouver, British Columbia in conjunction with the ITNS Annual Symposium and drew 30 applicants. There were also 4 other examination test sites where examinations were administered on October 16, 2004; Chicago, Los Angeles, New Orleans and Pittsburgh. Additionally there were four other examination test sites where examinations were administered on October 16, 2004; Chicago, Los Angeles, New Orleans and Pittsburgh. Additionally there were four

other alternate test sites that arranged to administer the exam as well, which included Minneapolis, New York, San Antonio and Philadelphia. Five of the individuals that sat the exam were international nurses, 5 from Canada and 1 from Hong Kong.

Of the 174 applicants tested, 150 (86.2%) passed; 24 (13.8%) failed and 2 (1.1%) did not show to sit for the exam. The reliability of the CCTN test scores was 0.84. The reliability of pass/fail outcomes at the cut score of 106 was 0.93.

Congratulations to all those who successfully passed the examination from Pittsburgh; Rose Boyer, Anne Marie Byerly, and Karen Emmett, and Mary Ellen Pampena.

In 2005, the Certified Clinical Transplant Nurses examination will be administered on April 30, 2005 in Chicago, Houston, New Orleans, New York and Toronto. The exam will again be given on September 25, 2005 at the ITNS Annual Symposium in Orlando, Florida as well as in Cleveland, Las Vegas, Seattle and Toronto. Further information including the candidate handbook and application can be found on the ABTC website (www.ABTC.net) as well as the ITNS website (www.ITNS.org). The exam will be given again in the paper/pencil format for the year 2005, with the hopes to have it available in the computer-based format for 2006.

The ABTC Board and the CCTN Examination Committee are in the process of working on recertification criteria for the CCTN certified members. Those certified with the CCTN designation will remain valid through December 31, 2007. Watch the ABTC website for recertification updates and other pertinent information on this examination.

ITNS GOLDEN TRIANGLE CHAPTER
Journal Club
December 15, 2004

TOPIC: Aerosolized Cyclosporine for Lung Transplantation

ARTICLES:

1. Preservation of Post-Transplant Lung Function with Aerosol Cyclosporine
2. Aerosol Cyclosporine Therapy in Lung Transplant Recipients with Bronchiolitis Obliterans

PRESENTER: Timothy Corcoran, Ph. D. Research Assistant, Professor of Medicine & Bioengineering

SPONSOR: Serena A. Stanek of Schering

Dr Corcoran discussed that the rate of rejection in the lung transplant population is higher when compared to other solid organ transplants. Rejection in the lung transplant population leads to decreased pulmonary function necessitating use of augmented immunosuppression leading to increase susceptibility to opportunistic infections. Aerosolized cyclosporine offers topical application to the lung sparing the systemic side effects of standard immunosuppressive dosing. Aerosolized cyclosporine was studied to provide adjuvant therapy in acute lung rejection episodes. Persistent acute rejection is the primary risk factor for bronchiolitis obliterans, the pathological marker of chronic rejection. A randomized, double blind, placebo controlled study of prophylactic use of aerosolized cyclosporine was performed to determine whether the aerosolized version could prevent acute and chronic rejection episodes. Aerosolized deposition drug tests were performed in both the placebo and drug groups to determine how well the drug was deposited in the study subjects' lungs. The aerosolized drug group demonstrated improved pulmonary function. The placebo group did not demonstrate these findings. Based on the aerosolized drug group findings, these subjects were grouped by dose and then compared.

It was demonstrated that subjects with > or equal to 5 mg of the drug in the periphery of the lung had improved pulmonary function. Low-dose and placebo groups demonstrated a decline in their pulmonary function. The conclusion was drawn that demonstrated a dose effect relationship in terms of pulmonary function and biopsy proven rejection.

Dr Corcoran discussed that most lung transplant recipients who develop bronchiolitis obliterans die within 23 years post transplant utilizing standard systemic immunosuppressive therapy. A case/control study conducted at the University of Pittsburgh involving 39 transplant recipients with biopsy proven bronchiolitis obliterans were given open-label aerosolized cyclosporine along with standard immunosuppressive therapy. This group demonstrated increased survival vs. the control group of lung transplant recipients receiving only standard immunosuppressive therapy. These findings were compared to other multicenter studies of aerosolized cyclosporine and the findings were statistically similar. This study concluded that the lung transplant recipients receiving aerosolized cyclosporine with bronchiolitis obliterans had an increased survival advantage vs. lung transplant recipients receiving standard system immunosuppression.

Chiron Corporation has submitted a new drug application to the U.S. FDA for marketing aerosolized cyclosporine under the trade name PULMINIQ. The Chiron Corporation is seeking indication of PULMINIQ for the increase survival and prevention of chronic rejection in lung transplantation in conjunction with the use of standard immunosuppressive therapy.

ITNS HONORS DR. JOHN FUNG

Dr. John Fung, a longtime ITNS supporter, recently assumed the position as Chairman of the Department of Surgery at The Cleveland Clinic. Throughout the years Dr. Fung has been a steadfast advocate for patients as well as staff. As a show of gratitude for all of his support and dedication, the Golden Triangle Chapter (GTC) of ITNS hosted a special celebration on August 20, 2004. In true John form, he requested that a donation be made to the local TRIO chapter in his honor. GTC ITNS president Christine Shay presented a check for \$1000.00 to TRIO president Mr. Alec Boyer. It was an evening filled with reminiscences and laughter, not to mention outstanding entertainment. A debut appearance by the Johnnettes premiered their soon to be famous hits “Johnny FK Angel” and “Soldier Boy”. Dr. Fung will be greatly missed by all at UPMC and we wish him and his family the best.

“Johnny angel... You’re an angel to us...”

