



<https://hpnafw.nursingnetwork.com>
<https://www.facebook.com/groups/hpnafw>

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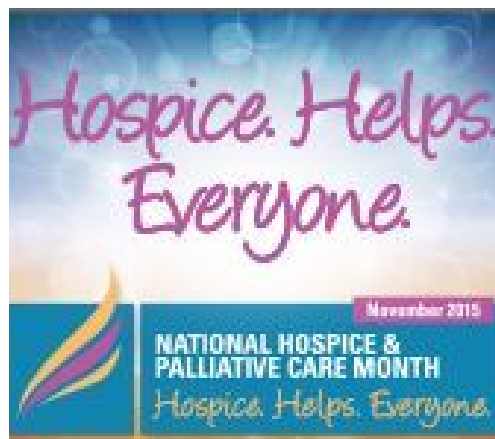
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ABOUT OUR CHAPTER

The Fort Worth Regional Chapter of HPNA was chartered in 1996 and is the oldest chapter in HPNA. The Sunflower is our chapter icon.



PRESIDENT'S CORNER

Happy Holidays Fort Worth Chapter HPNA!

"The best and most beautiful things in the world cannot be seen or even touched. They must be felt with the heart."
Helen Keller

As most of us have experienced by working in this profession, to be felt with the heart, you must be present! As this year closes I want to thank everyone for the time, commitment to and involvement in HPNA, whatever it has been. Your presence (and absence) has been felt with our hearts.

National HPNA's mission is to advance expert care in serious illness and transform the care and culture of serious illness. Chapters are the local extensions of these goals. We do this by promoting certification, offering educational speakers and programming.

We also try to provide a dynamic and fun place to meet others in the profession. The supportive aspect of the group is just as important in developing quality and advancing expert care. It is a place to develop friendships and to give, grow, and mentor others who may someday care for our family members, friends or even us. Together we are so much stronger than we are individually. Your presence makes a difference. One person makes a difference.

PRESIDENT'S CORNER

This concept is so evident to me during the holidays. We may bring one present for the Adopt-a-Family or one small toy to the donation site. We may donate one teddy bear to the hospital. We may donate 5 or 10 dollars to a charity. We may bring one covered dish to the potluck or come to one HPNA meeting and welcome someone new.

It may not seem like a lot, but combined with all the others who do just a little, we can provide Christmas for a family, toys and teddy bears to whole hospital, millions of dollars for important causes, feasts of food for large groups or be there right at the right moment to give or receive the blessing of human compassion or understanding.

May you continue to bless others with your presence, and may you receive and feel the gifts of love, peace, and happiness this holiday season.

See you next year!

With love,
Laurie

Future Programs

2016

January 19 -- Hoarding

Speaker: Terry Sutton

February 16 -- TBA

March 15 -- TBA

Don't forget to RSVP through our website
at <https://hpnafw.nursingnetwork.com>

Education

Texas Board of Nursing Webinars

<https://www.bon.texas.gov/catalog/>

New Hospice Foundation of America Program Focuses on Alzheimer's Disease and Hospice Care

<http://www.hospicefoundation.org/hic-alzheimers>

Texas New Mexico Hospice Organization Annual Conference

2016 February 26-28 Santa Fe, NM
www.txnmhospice.org

AHPM / HPNA Annual Assembly

2016 March 9-12 – Chicago, IL

III: Interesting Internet Information

Caregivers of Heart Failure Patients Can Have Unrealistic Hopes for Prognosis

<http://www.medscape.com/viewarticle/851630>

(You need to have a free Medscape account to access this article.)

Doctors are so good at saving lives that we forget about death

<http://www.independent.co.uk/voices/comment/while-medicine-gets-better-dying-gets-worse-doctors-are-so-good-at-saving-lives-that-we-forget-about-10257927.html>

Death in America is getting more painful

<http://www.theatlantic.com/health/archive/2015/02/death-in-america-is-getting-more-painful/385230/>

How does it feel to be young and dying?

<http://palliverse.com/2015/11/20/how-does-it-feel-to-be-young-and-dying/>

OCTOBER MEETING RECAP

HPNAFW BUSINESS MEETING:

Tammie Guinn, Secretary

Laurie Smith, HPNA FW chapter president welcomed all attending, including 13 students, 2 LVNs, approx. 1 SWs, 1 chaplain, and 9 nationally certified professionals. Total attendance: 31.

Sandy Hebley, was recognized for continued CHPN certification (for more years than she can remember). Other Announcements: Laurie reviewed the HPNA website, Facebook page, and LandsEnd website where the FW Chapter logo clothing items will be available for member's purchase. Laurie reviewed the catapult concept that helped launch the FW chapter. Judy talked about the member's husband who was a dentist. He and his group built a catapult and the organization gained \$500 to help launch the FW chapter.

The group welcomed and thanked Mike Chapman, owner for Comfort Keepers, provider of in-home non-medical care. Laurie reviewed our website and introduced Judy as membership chair. Membership is completely handled through the website now. Members will get a notice when membership is coming up due. Beginning Jan. 1, all remembers and information about upcoming events will be coming from Nursing Network. Laurie also shared the Facebook page and encourage members to check out the website.

This evening's PROGRAM: Opioid Conversions

Presenter: Linda McMahan, RPh, CGP is a certified Geriatric Pharmacist with Perrone Pharmacy, serving hospice and longterm care. Program objectives are to: 1) list 5 reasons why a hospice patient may need to be switched from one opioid regimen to another, 2) distinguish between terms potency, equipotency, and bioavailability, and 3) utilize a 5 step process to convert between opioid regimens. The presenter presented an overview of problems that might require a change from one opioid to another including poor response, adverse effects, status change, and availability of medication. A review of the equianalgesic opioid doses was reviewed as well as the calculation of equation to calculate new dose. The 5 step approach to opioid conversion was presented. Several case examples were presented for practice converting opioids. A pain diary is encouraged. The presenter recommended the resource "Demystifying Opioid Conversion Calculations: A Guide for Effective Dosing" McPherson, M. L. (2009). Bethesda, MD.



The "H" Word

by Amy Getter, RN, MS, CHPN

Hospice is not the only "H" word I know. Hospital bed is the other offensive word. My sweet, amiable 80 year old patient lashed out at me, "I don't want a hospital bed, don't talk about it ever again" in a voice that sounded like Gollum when someone tried to take his "precious". "Whoa, I said, "I promise not to mention it again". Then she told me how she remembered the last days of her husband's life, as he lay dying in their living room in his hospital bed. "Ah", I thought, "Here is the real crux of the matter".

We all hold mental images of what we believe to embody dying. Those dear ones that taught us how it is done may have imprinted a harsh view of the dying process, and not the gentle sigh and closing of eyes that we wish depicted all deaths. Pictures we recall that are never fully dismissed from our mind's eye.

I listened to another patient who has expressed a perpetual anxiety about his breathing becoming ragged and suffocating, as his lung disease progresses. When I asked Dennis what he was most fearful about, he began to describe his father's death, while he was still a very young man. His father had severe asthma, and he remembers him lying in an oxygen tent, struggling with every breath. He tells me his one regret is not getting some medicine to put in a handheld inhaler, describing it as a glass bulb filled with some yellow liquid, but the doctor had told them it didn't do any good. His father begged his mother to get more medicine, and when she said no, he begged his sister, and when she said no, he turned to Dennis, and begged him to get the medicine. And Dennis remembers saying to his father, "The doctor said it didn't do any good, Dad, and I can't get it for you." All these years later, and his great regret is not advocating for his father, and getting the medicine, even if it was only "To make him feel better because he believed it would."

And I recall all the stories I have heard over the years, what we wish we could do over, how the last days of some loved one's life left us marked for all our own life. Sometimes when I hear these stories, I recognize a teaching moment, and try to encourage a person as they begin their own journey down the path of disability and dying, that the thing feared can be treated, or managed, perhaps even conquered. Other times I am deeply aware of our experiences that mar our way and have become a part of who we are, and it is not my place to convince, cajole, or insist.

I am an advocate. Persuading someone to do something they don't want, this is not my job. But to plead for someone's cause and speak out for them, this is my job. If you don't want the hospital bed, by golly, I won't mention it again.

You can read Amy's posts on her website: <http://hospicediary.com/> Thanks to Amy for allowing us to add her post from June 2015 to our newsletter.