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## Wonders of care

ER nurse empathizes with patients.



photo by James Coburn

Tara Jameson, RN, charge nurse at St. Anthony Healthplex North enjoys her caring role as a nurse and a mother to eight children, some of whom came from the family of her late sister. She has been married for 18 years to a police officer in Oklahoma City.

by James Coburn  
Staff Writer

Every nurse Tara Jameson works with is hard working.

"They are truly here for patient care," said Jameson, RN, charge nurse at St. Anthony Healthplex North in Oklahoma City.

"They are driven by the need and want of taking

care of people."

Jameson has been a registered nurse since 2000 when she graduated from OSU/OKC. She joined Saints in January. She began her career working in the arena of liver transplants for seven years. In 2003, she transitioned into emergency medicine.

"I love the variety of

children, cardiac, burns and stroke. You never know what's going to walk in the door. It keeps you on your toes," she said.

Her boss recruited her to St. Anthony Healthplex North from another Oklahoma City Hospital.

"It was such a breath of fresh air to come to a Christian facility," Jameson said. "I feel they really back up what they say. They have a mission that takes care of people. It's a great change for me."

Jameson said the pace of her nursing career in a hospital devoted

## Strategies for Success

*International students share how they earned their Ph.D in 1,003 days*



Hayder Al-Adrawi, left, and Sadeq Al-Fayyadh traveled from Iraq to Oklahoma City University as international students. They recently earned their Ph.D in Nursing education.

story and photo by James Coburn

Sadeq Al-Fayyadh and Hayder Al-Adrawi, both RNs, just completed their Ph.D in Nursing Education at the Kramer School of Nursing at Oklahoma City University.

"We got our Ph.D in a very limited time frame," Al-Adrawi said. "So we didn't have time like other students. Because we have a scholarship, it's only three years."

They created techniques by working together in synchronicity to find a way to face challenges. They were facing language barriers and other circumstances during their studies. They are

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## SUCCESS

Continued from Page 1

the first students from Iraq, Al-Adrawi said.

"Our people believed in us, so they sent us here," Al-Fayyadh said.

The two men recently shared with other students the challenges they overcame on their educational journey at Kramer School of Nursing. This way, other international students benefit from their experiences.

Al-Fayyadh and Al-Adawi are both nursing faculty in Iraq and will be returning there to share their knowledge with others. Meanwhile, they will be making their presentation in five different states about their research as students.

"It's a great opportunity and that's why the Kramer School of Nursing found something unique in both of us and wanted us to share with them," Al-Fayyadh said. "It's really hard to finish a Ph.D. in 1,003 days. We are international students and we got all A's."

Carol Mannahan, associate professor, said she was blessed to have them in the first class they took at Kramer and later in the program.

Since Al-Fayyadh and Al-Adawi were Kramer's first students from

Iraq, Kramer faculty was given an opportunity to learn about their culture and learning style.

"They were so gracious and hard working that in the course of four years we have learned so much about the Middle Eastern students," Mannahan said. "They have tremendous passion for caring for patients and the hard work that they've done impressed us all."

The two men will teach in Iraq. The nursing educational system there has many challenges.

Several other students in the room listening to them at Kramer are international students as well. They were exposed to high-quality methods of research that Al-Fayyadh and Al-Adawi developed to enhance their skills.

"It just occurred to me that I would like to have the other international students hear what they have to say," Mannahan said. "Here they are four years later, Ph.D from a fine university, going back now to make a big difference."

During their time at Kramer, each of their wives had a baby and one of them had a car accident. So they had all the normal trials and tribulations as migrants outside the culture. Their wives have been away from their families. Al-Adawi's mother died while he was here.

"While they have been here they have paved the way for the rest of you," Mannahan told the other students before Al-Fayyadh and Al-Adawi spoke. "The faculty's hearts are changed forever in how we interact with the international students. We have gotten to know you as two men instead of two faces from across the world."

They spoke on Strategies for Success, their personal formula, Al-Fayyadh said. January 9, 2013, was the day they began their journey at Kramer School of Nursing.

"Before that we were preparing ourselves for taking courses," Al-Fayyadh said. "...Thanks to God first, and to Dr. Mannahan who was our mentor, was and will continue to be our mentor who led us through this life-changing journey."

Al-Fayyadh said international students face additional challenges in a new environment. Language was their first barrier they overcame, he continued.

They have a degree preparing them for English they obtained in Iraq. But coming to the U.S. was a new world, Al-Fayyadh said.

"The style of the educational

system is totally different," Al-Fayyadh said. "If we compare with what I have in my country, when I came here it was really different."

The expectation of their sponsor was another challenge, he said. They expected excellent work and nothing less.

"We believe, Hayder and I, we believe we managed to move through this great life changing program with simple techniques," Al-Fayyadh said.

A doctoral state is good "theater" to push yourself to the limits, he said. It's an experimental way to see how far someone can reach, he added.

"Thank you Dr. Mannahan for introducing us to the academia and extra curricular activities," he said. "She suggested that we have a special interest in a certain topic, which was trauma, and nursing working under the shadows of trauma. She said, 'Well, let's work on this. Let's make it something we can share with others.'"

Their work was published many times during their work at Kramer. Al-Fayyadh said part of their success was being aware of the variables and challenges they would face.

"Time management. I learned that from a domestic student," he said. "Please talk with them. Learn from them. It's about learning with them and from them."

He learned about marking calendars with due dates and thought, "This is something new for me," Al-Fayyadh said.

Another component for Al-Fayyadh was working ahead when he found the time, he said. Al-Fayyadh said they would not read discussion boards on a subject until they made their initial post.

"That was really good. I was confident. I was shaking in the beginning," Al-Fayyadh said.

It was also beneficial for them to read the materials that their friends were publishing, he said. And their instructors doors were always open for communication, Al-Fayyadh added.

The men would study together and discuss their ideas but never their final conclusion factors needed for their Ph.D.

"The reason for that is to give you a push, whether consciously or unconsciously, that you are not alone in this. There is someone beside you. You are going to sit together and work together, but again, once we finish and decided that it's all about doing this according to the assignment rules, then we were on our own."

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## ER

Continued from Page 1

to emergency care appeals to her. And her caring spirit is helpful for patients in trauma or types of injuries and sickness that she meets.

She learned a lot about life from her mother, also a nurse, and one Jameson describes as an amazing hero who manages labor and delivery at another hospital. Carol Chambless, her mother, has always been a compassionate hard working model of success for Jameson.

"Every time I would go to work with her, I would sit in awe at what my mom was doing. Everyone was always telling me, 'Your mom is such a great nurse. Your mom is so awesome,'" Jameson said. "I just always wanted to be a nurse since I was a little girl."

St. Anthony Healthplex North provides all the technology, values, work ethic and team spirit Jameson needs to be part of a system of care. Physicians have offices at the site.

"It flows. It's so good. We all work together and we know each other. And it's so easy to have your walkie talkie and say, 'Hey

I need help in here.' The doctors can call us upstairs and we're there. Or MRI on the other side of the building can call. It's great. With our management, I can call Justin anytime. He takes care of anything and it doesn't matter what time."

The word, emergency, implies that people do not wake up in the morning planning a trip to a hospital. People are in pain or bewildered with the unforeseen event of an emergency room. Some people have never been to an ER. They may be experiencing a heart attack for the first time.

Jameson's approach is one of empathy. Her sister passed away in July from cancer. It was a terrible two year battle Jameson's family experienced.

"We had to step back, my mother and I both as nurses, into that patient role with her," Jameson said. "It was a good reminder to me being in the field as long as I have. It was a terrible experience but it was good for me to come back to that patient role of little things I don't think about in my every day role as a nurse."

"The monitor is beeping. Well, I know it's not a scary alarm, but they don't know that. They might

be cold. They are tired. They are tired of hurting. They are scared. They are hungry most of the time because they can't eat. It was the little things that I came back in check with when I went through that process with her. It even made me a better nurse."

Jameson emphasizes keeping family members involved with what is transpiring with their loved one. There is a large pediatric population of patients coming to St. Anthony Healthplex North.

Parents may be terrified when their child has cut a finger.

"It's scary to them," Jameson said. "It's not an every day ordeal for them and we try to reassure them and tell them step-by-step what we're going to be doing."

Patients and their families need to be updated, Jameson said.

Several patients have already been treated for influenza at Healthplex North. Jameson preaches hand washing.

The biggest preventive measure is hand washing, covering your mouth and washing your hands. I even do it with my children, my teenagers at home, I say, 'How many times a day at school are you washing your hands?'"

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# CAREERS IN NURSING

## BE THE BEST YOU CAN BE: NORMAN REGIONAL HOSPITAL

by Vickie Jenkins - Writer/Photographer

Recently, I interviewed Dawn Miles, RN, working in the Bariatrics unit at Norman Regional Hospital in Norman OK. Asking why Miles became a nurse, she answered with a smile and a sense of humor, "Well, I'm one of the older nurses and back then, if you went to college, you would become a nurse or a teacher, depending on what you were good at in school. Those were the only two options or so it seemed. I was good at science and math and was drawn to medicines and the different actions of how they work in the body so I chose to be a nurse. That was 34 years ago and I have loved it ever since."

There are several qualities that make a good nurse, according to Miles. "I think the biggest one is being a good listener. A nurse needs to listen to what the patient is saying, letting them know that you really do understand. A nurse needs to know how to make good judgement calls

and know the patient's medication," Miles says. "On a personal note, I feel like I need to let the patient know they can trust me. They will know that I am the nurse that will be taking care of them for the next 12 hours and I am going to be there for them. It's not easy for anyone to be in the hospital and if they have my trust, it makes them feel like they are in control and this makes them feel important. Earn their trust and the patient will trust you," Miles adds.

"What is your biggest challenge in the medical field in the year 2015?" I ask Miles. "There seems to be a lot more going on in the hospital today," she says. "When I first started, the nurses were actually on the surgical floors, taking care of the patients, forming a close nurse/patient relationship. Back then, nurses were helping the surgeons and the CMA's would help the patients. As far as technology goes, the computers

work out more efficiently, working out for the best but it does take away from the closeness of a nurse and their patient. I have to admit, I miss that part of it."

Miles considers her biggest asset as listening. "I really listen to the patient. Sometimes, I think us nurses have a sense if something is wrong with the patient. Not everything is black and white or as it appears so sometimes, we have to go by our gut feelings. We look for what is right or wrong and then we act on it, making sure we do the right thing."

"What is your favorite thing about your job?" I ask Miles. "It is when the patient says something positive about their visit here at the hospital. They tell us how they were so scared when they got here, how they didn't know what was going on or what to expect but we made them feel comfortable. Each patient has a different personality and somehow, the nurses made them feel like the

most important person at that time, showing love and respect."

Miles enjoys spending time with her 2 daughters, 24 and 27. "My late husband was a physician, and my oldest daughter is a physician," Miles says. My youngest daughter is a chemical engineer with a Masters in financing. She plans on going into pediatrics. Commenting that she had done a great job raising 2 daughters, Miles replied, "I always told my daughters that they could do anything they set out to do, they could have any job they wanted to have. I encouraged them along the way. I am so proud of my daughters!" she adds.

Some advice that Miles would give to someone going into the medical field is to always do your best and learn as much as you possibly can. Don't get tainted and don't give up. Love what you are doing," she says. "What is your biggest blessing of all? "Oh, my

### Corban

was a loving little boy with an infectious smile and dazzling blue eyes. He never met a stranger and would melt your heart whenever you saw him. Corban was rambunctious and "all boy".

His name means "A Gift from God," now Corban is with God. Three days after his second birthday, he tragically lost his life in a swimming accident.

In life he gave us joy, in death he gave others joy as his organs and tissues were donated, so others could live. Endless smiles, big blue eyes and giant hugs that gave me the best feeling ever – are just a few things I will miss.

While we miss Corban, we will never forget him, knowing his spirit lives on in the lives of others provides us comfort. I wish you could have met our "little man" because you would have loved him.

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Enjoying her job is Dawn Miles, RN. Dawn works in the Bariatrics unit at Norman Regional Hospital in Norman, Oklahoma.

biggest blessing is definitely my children," she says with a smile.

"I have always wanted to please others," Miles says. I have a desire

to be the best person I can be, always producing and promoting whatever job or task it might be. I try to always be positive."



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# Tis the season to volunteer



A Salvation Army Volunteer puts the finishing touches on toys to be distributed last Christmas.

by Bobby Anderson

The holidays are almost upon us. For many it's a time of family, connections and spirit.

But some or all of that is lacking for many Oklahoma families.

That's why Liz Banks, volunteer director at the Salvation Army, says now is the time to make your volunteer plans for the holidays.

The Salvation Army's Central Oklahoma Area Command has a number of volunteer opportunities for the season as well as year-round.

"Volunteers are critical during the Christmas season with our Angel Tree program and Red Kettle campaign," Banks said. "We treasure each and every individual who gives of their time throughout the year and are so grateful for their support.

Angels are also a priority as each Angel tag on the Angel Tree represents a child or senior who is in need in our community.

"Gift donations to the Angel Tree program not only provide tangible items for the Angels, they are gifts of hope, love and joy for that child or senior who otherwise would not have had a Christmas," Banks said.

Angels can be adopted at Penn Square Mall or Quail Springs Mall beginning November 12 through December 10.

The Salvation Army Central Oklahoma is hosting a Thanksgiving Day Community Meal and all are welcome to join for food and fun. Lunch will be served from 11 a.m. to 1 p.m.

Outside, families and individuals will be welcome to enjoy coffee, hot chocolate and donuts.

Individuals who are interested in volunteering may arrive at 9 a.m. at the north entrance of The Salvation Army Chesapeake Energy Center of Hope, 1001 N. Pennsylvania. All who would like to volunteer are welcome and calling to sign up as a Thanksgiving Day Volunteer is not necessary.

Christmas is a season with lots of activities at the Salvation Army, none of which could be accomplished without an army of volunteers.

Opportunities include:

- Christmas Distribution Center: Come help to prepare each Angel's gifts at the distribution center. This is for ages 13 and up with dates running from December 2-14.





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### 204 REGISTERED NURSE

**We are now hiring an Licensed Practical Nurse for the 3-11 shift and Certified Nurse Assistants/Certified Medical Assistants on the 3-11 shift.**  
 Please apply in person at The United Methodist Health Care at 2316 W. Modelle, Clinton, OK

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## VOLUNTEER

Continued from Page 6

- Angel Tree Family Gift Distribution: Be a guide for the Angel Tree families as they come to receive their gifts. For ages 13 and up. This is a great opportunity for corporations and businesses. Dates are December 15-18.

- Ring the Bell: Invite family, friends and coworkers to adopt a red kettle location for four hours, a day or a week. This raises funds for The Salvation Army's programs like the Client Choice Food Pantry, Senior Centers and Boys & Girls Club. Dates run from November 20 - December 24.

The Salvation Army runs on volunteers like Georgann who only knew about The Salvation Army's iconic red kettles when she first visited.

But since that visit four months ago, she has dedicated herself to serve families in need in our community, even though it means stepping out of her comfort zone.

"It really speaks to my heart. It is hard work but it's very rewarding," Georgann shared.

The Salvation Army food pantry has become her favorite place because of the people.

"I began helping a woman in the pantry one day and she shared with me that it was her prayer she receive

leg of lamb during her visit," she said. "As we approached the freezer to look at the meat selection, right on the bottom shelf was a leg of lamb for her to have! It was so neat!"

Though she may have been nervous as a first-time volunteer, Georgann has fallen in love with giving back to her community and sharing with others the work going on here.

"I just hope, as the opportunities come around, I can do more. The people that I visit with at church about The Salvation Army they're thinking it's just the kettle or ringing bells. But, no, it's a whole lot more than that. We're just trying to help people."

If individuals would like to give beyond volunteering or adopting an Angel, giving to the Red Kettle is always appreciated.

The Salvation Army Central Oklahoma is meeting the needs of our community 365 days a year. Donations to the red kettle provides shelter, groceries, utility bill assistance, disaster services and dinner for our community as well as a safe place for children and seniors year round. Donations can be made by visiting [www.salvationarmyokcac.org](http://www.salvationarmyokcac.org), mailing a check to The Salvation Army Central Oklahoma, Attn: Development Department, 1001 N. Pennsylvania Avenue, Oklahoma City, OK 73107 or dropping change in the red kettle beginning November 20.

# BANISH THE EMBARRASSMENT

## New OU study evaluates a non-surgical treatment for fecal incontinence

It's a topic few want to talk about even with their physicians - loss of bowel control. Yet it affects more than 20 million women in this country. Now, a new device under study at the University of Oklahoma Health Sciences Center may offer relief without surgery.

"This is the first time this option has been available," said Dr. Dena O'Leary of the study. O'Leary, a urogynecologist with OU Physicians, is principal investigator of the LIBERATE Study at OU.

The national, multi-center clinical trial is evaluating the long-term safety and effectiveness of a non-invasive device that targets loss of bowel control, also known as fecal incontinence or accidental bowel leakage.

The device is inserted in the same location as a tampon or a diaphragm and can be removed at any time. A hand-held pump is used to inflate and deflate a balloon on the insert. When inflated, the device is designed to occlude the rectum to protect against unwanted stool passage.

"What makes this device unique is it is designed specifically for fecal incontinence. It really fills a need between treatments such as stool bulking agents and surgery," O'Leary explained.

The insert does not contain drugs or hormones, and is intended to offer women a non-surgical treatment option.

"This is an important study evaluating the long-term safety and effectiveness of a device that provides women with a new option. That's huge because even our best surgeries have a long-term success rate of only 40 or 50 percent," O'Leary said.

The new study aims to enroll



Dr. Dena O'Leary

120 women nationwide and will follow them for 12 months. An earlier study of a predecessor of the current device followed women for only one to three months, but brought promising results. Most women in that study experienced a reduction in accidents and without major side effects.

O'Leary explained there are multiple causes for fecal incontinence. It is often related to a history of obstetric damage to the pelvic floor or to functional problems such as diarrhea or Irritable Bowel Syndrome. Many women of all ages suffer in silence, fearing accidents and restricting their daily activities. Fewer than one in three women with fecal incontinence tell their doctors about it.

"It's important to remember that you are not alone. This problem is relatively common and often

See STUDY next page

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STUDY

Continued from Page 8


treatable. So it is very important that women talk to their doctor about it," O'Leary said. "If you are comfortable, talk to your primary care physician first."

While the study device may provide an important new option for women, there are also other non-surgical options currently available to women. Current treatments include physical therapy, dietary modification, medications and biofeedback as well as surgery.

"In our clinic, we tend to begin with the most conservative approaches and tailor the treatment to each patient's specific needs," O'Leary explained. "We also have specially trained physical therapists who can help women with exercises that address specific pelvic floor issues that may contribute to fecal incontinence."

To learn more about the female pelvic health clinic at OU Physicians, visit [www.oumedicine.com](http://www.oumedicine.com)


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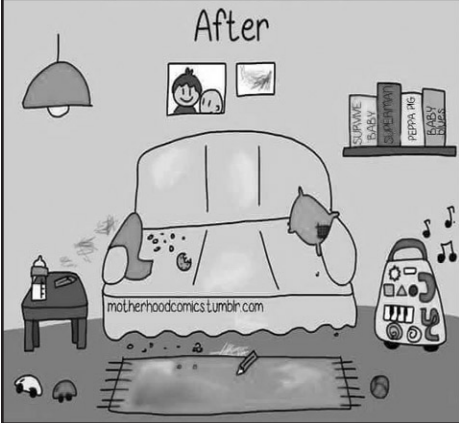
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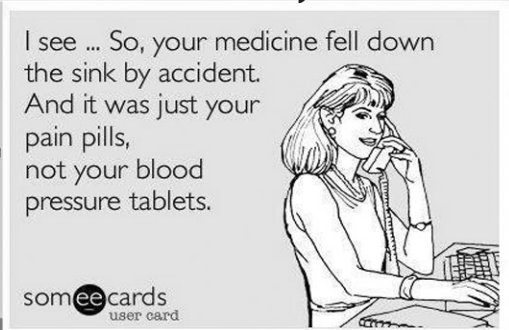
Before having children




After



I see ... So, your medicine fell down the sink by accident. And it was just your pain pills, not your blood pressure tablets.



The Proper Way To Eat Pumpkin Pie



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Hospice Directory

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- Autumn Bridge Hospice:**  
405-440-2440
- Autumn Light Hospice:**  
580-252-1266
- Carter Healthcare & Hospice:**  
OKC - OKC Pat McGowen, Vol  
Coordinator, 405-947-7705, ext. 134;  
Tulsa - Samantha Estes, Vol.  
Coordinator, 918-425-4000
- Centennial Hospice:**  
Becky Johnson, Bereavement  
Coordinator 405-562-1211
- Chisholm Trail Hospice:**  
Tiffany Thorne, Vol. Coordinator,  
580-251-8764
- Choice Home Health & Hospice:**  
405-879-3470
- City Hospice:**  
Beth Huntley, Vol. Coordinator,  
405-942-8999
- Comforting Hands Hospice:**  
Bartlesville: 918-331-0003
- Companion Hospice:**  
Steve Hickey, Vol. Coordinator, Guthrie:  
405-282-3980; Edmond: 405-341-9751
- Compassionate Care Hospice:**  
Amy Legare, Bereavement/Vol.  
Coordinator, 405-948-4357
- Cornerstone Hospice:**  
Vicky Herrington, Vol. Coordinator,

- 918-641-5192
- Hometown Hospice:**  
Robin Boatman, Com. Relations, Broken  
Arrow: 918-251-6441; Muskogee:  
918-681-4440.
- Crossroads Hospice:**  
Elizabeth Horn, Vol. Coordinator,  
405-632-9631
- Cross Timbers Hospice:**  
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Davis-580-369-5335 Volunteer  
Coordinator-Shelly Murray
- Excell Hospice:**  
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Sharon Doty, Dir of Spec. Projects -  
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- Harbor Light Hospice:**  
Randy Pratt, Vol. Coordinator,  
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- 73107 405-949-1200
- Horizon Hospice:**  
LaDonna Rhodes, Vol. Coordinator,  
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- Heartland Hospice:**  
Shawnee: Vol. Coor. Karen Cleveland,  
405-214-6442; Norman: Vol. Coor. Lisa  
Veauchamp, 405-579-8565
- Heavenly Hospice:**  
Julie Myers, Coordinator 405-701-2536
- Hope Hospice:**  
Bartlesville: 918-333-7700, Claremore;  
918-343-0777 Owasso: 918-272-3060
- Hospice by Loving Care:**  
Connie McDivitt, Vol. Coordinator,  
405-872-1515
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- LifeChoice Hospice:**  
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Bereavement Coordinator 405-801-3768
- LifeLine Hospice:**  
April Moon, RN Clinical Coordinator  
405-222-2051
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OKC Metro, 405-631-3577; Shawnee,  
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- McCortney Family Hospice**  
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volunteer coordinator
- Mercy Hospice:**  
Sandy Schuler, Vol. Coordinator,  
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580-213-3333
- Russell Murray Hospice:**  
Tambi Urias, Vol. Coordinator,  
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- Sooner Hospice, LLC:**  
Matt Ottis, Vol. Coordinator,  
405-608-0555
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Dee Fairchild , Vol. Manager OKC Metro:  
405.609.3636 Chandler  
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**Vicki L Mayfield, M.Ed., R.N.,  
LMFT Marriage and Family  
Therapy Oklahoma City**

*If you would like to send a  
question to Vicki, email us at  
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**Q. After the recent tragedy in Stillwater, I have been shocked, once again with the reality of how fragile life really is. It has made me rethink my life choices. Do you think many people really make choices with this reality in their mind?**

**A.** I think your question is insightful, real and challenging. If we used the reality of life as a motivation for life choices, what would we do different?

Are we spending time with the people we love and enjoy?

Are we working the job that brings us fulfillment?

Do we live in the place that creates joy, a place that blocks out the stress in the world?

Are our finances where we want them to be?

Could we downsize and be happier?

A friend of mine recently stopped her cable service. She has the major channels and subscribes to a movie/TV package if she chooses to watch more. But what she realized was how much time she was wasting with mindless noise. Plus she is saving money and finds herself spending more time with friends.

Lauren is a travel nurse and in her early 30's. She does not own a car or pay rent on an apartment. She chooses to live simple and travel with her job. She has some amazing life experiences, meets interesting people and does not complicate her life with "stuff."

Jenny went to law school because that's how her parents pushed her. She never really wanted to be a lawyer and after one year she had had enough. She now works for a non-profit, makes much less money but found what makes her happy.

John had worked his way to an impressive CEO position with an impressive six figure income. He was at the top of his game. (He was in therapy to figure out why happiness was eluding him.)

Before he had a heart attack or became an alcoholic he quit his job, moved his family out of the busy city and made a business out of his love of carpentry.

Fortunately this list is longer but not as long as the life some of us desire. It goes quickly. If right now you woke from the life fog you live in, you would change something, right?

After my daughter recently made some big life changes we discovered the following: SOMETIMES THE PEOPLE AROUND YOU WON'T UNDERSTAND YOUR JOURNEY. THEY DON'T NEED TO, IT'S NOT FOR THEM.

# Nursing Organization Develops Risk Assessment Tool for Addressing Maternal Mortality

## *Postpartum Hemorrhage Risk Assessment Tool to Be Adopted in Epic Electronic Health Record for Anticipating Excessive Bleeding, Most Frequent Cause of Maternal Death During Childbirth*

Women in the United States die from complications related to pregnancy or childbirth more than women in any other developed country. Hemorrhage (or excessive bleeding) is the leading cause of maternal mortality.

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) is working to address hemorrhage through the development of a Postpartum Hemorrhage (PPH) Risk Assessment tool. The tool allows clinicians to identify patients with risk factors during hospital admission, pre-birth, and post-birth.

Later this year, the PPH Risk Assessment tool will be provided to more than 200 hospitals that currently use the Epic Stork system for documenting patient care.

Already in use in select hospitals in Georgia, New Jersey and the District of Columbia, the tool identifies three levels of risk for hemorrhage: low, medium, and high. The factors indicating greatest risk and requiring the most diligent monitoring include but are not limited to: induction of labor, multiple gestation, previous cesarean, morbid obesity, active bleeding, placenta previa, history of hemorrhage, low hematocrit, and low platelets.

Recognizing patients at greater risk for blood loss can help with monitoring patients and preparing for possible interventions. The plan of care for each patient is based on her risk factors and can be updated as her condition changes.

"AWHONN's Postpartum Hemorrhage Risk Assessment tool will allow nurses and other clinicians to identify patients at risk for hemorrhage, prepare for a hemorrhage event, and ultimately prevent deaths associated with childbirth," said AWHONN CEO, Lynn Erdman, MN, RN, FAAN. "AWHONN is pleased to partner with Epic to make decision-making related to obstetric hemorrhage as seamless as possible."

The U.S. has experienced significant increases in obstetric hemorrhage. Between 1999 and 2009, the number of women hospitalized during childbirth who also received blood transfusions increased by 183%. The increase in rates of postpartum hemorrhage is associated with a parallel rise in the increasing rate of cesarean birth.

For more information about AWHONN's PPH Project, visit [www.pphproject.org](http://www.pphproject.org).







# NURSE + TALK

Read what other health care professionals have to say...

*If you could go on any kind of adventure, what would it be? AllianceHealth Deaconess Hospital*

*"I would go on an African Safari."*



Lee Crain, RN  
ER

*"I would go to Australia."*



Savannah Blasdel, RN  
ER

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*"I would travel to Alaska and fish, backpack and camp out in the wilderness and have an amazing adventure."*



Ronda Carico, RN  
ER

*"I would take a survival trip in the outback with my husband."*



Amanda Hamlin, RN  
ER

## OBSTETRICIAN-GYNECOLOGIST JOINS OU PHYSICIANS

Obstetrician-Gynecologist Gwendolyn K. Neel, M.D., has established her practice with OU Physicians. She has also been named an assistant professor with the University of Oklahoma College of Medicine.

Neel comes to OU Physicians from the University of Missouri Health System, Columbia, where she was a practicing obstetrician-gynecologist and a clinical instructor. She completed her obstetrics and gynecology residency at the Louisiana State University Health Sciences Center, Shreveport. She earned her medical degree from the OU College of Medicine and her undergraduate degree from OU in Norman.

Neel is a member of the American College of Physicians, American Congress of Obstetrics and Gynecology and Association of Professors of Gynecology and Obstetrics.

With more than 660 doctors, OU Physicians is the state's largest physician group. The practice encompasses almost every adult and child specialty. Many OU Physicians have expertise in the management of complex conditions that is unavailable anywhere else in the state, region or sometimes even the nation. Some have pioneered surgical procedures or innovations in patient care that are world firsts.



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