Applying for Contact Hours

Cynthia Friis, MEd, BSN, RN, BC

The development of a CE program can be challenging. This course reviews the ANCC format for creating a CE program along with helpful techniques on how to make the process a positive one.

Celiac Disease
Not a Rare Disease but a Disease Rarely Diagnosed
Cheryl Gainer, MSN, RN, CNM

Celiac disease affects 1% or approximately 3 million individuals in the U.S.; however, only about 40,000 individuals are currently diagnosed with the disorder. According to the 2004 National Institutes of Health Consensus Development Conference, Celiac disease is a largely undiagnosed disorder leading to serious health consequences if untreated, especially gastrointestinal (GI) complications, including lymphoma of the intestines. Approximately 30% to 40% of the U.S. population carry genetic markers that predispose individuals to the development of Celiac Disease. Females are predominately affected. Correct diagnosis is often delayed up to 11 years from the onset of symptoms. Celiac disease is caused by dietary proteins (wheat, barley, and rye) known as glutens. Glutens activate an abnormal mucosal immune response causing tissue damage in the GI tract. The chronic inflammation and destruction of villi in the small intestine leads to malabsorption, vitamin and mineral deficiencies, and additional complications. Treatment for celiac disease is a life-long adherence to a gluten-free diet. This presentation provides information that places the GI nurse in a unique position to decrease the delay between diagnosis and treatment, provide effective follow-up, and insure that screening for Celiac disease occurs for all patients presenting with GI symptoms.

Fundamentals of GI

Peggy Gauthier, MS, RN, CGRN

This session will discuss anatomy and physiology of the organs of digestion. Symptomology, diagnosis, and treatment of major digestive diseases will be discussed. Specific procedures related to these disease processes will be discussed. Didactic material and case studies will be utilized. This is a basic content presentation.

Biofilm Within Endoscopy
The Cause and the Cure
Donna Girard, BSN, RN, CGRN
Joan R. Gray, RN

There are various ways automatic endoscope re-processors (AER) and endoscopes can become colonized with microorganisms which makes them unsafe for normal use. The AER can become contaminated due to: 1) endemic contamination of incoming water and the inability of filters to cleanse due to other factors, 2) filters that are ineffective at controlling the bioburden, 3) filters that are no longer effective due to poor maintenance, 4) chemical disinfectants not being properly monitored and changed when they are below the MEL, 5) microorganisms developing resistance to the chemical used to destroy them, and 6) design flaws in the equipment which does not allow for disinfection of all parts of the washer exposed to bacterial contaminants. Endoscopes can become contaminated due to the factors that have contaminated the AER; improper manual cleaning, which can lead to fixative chemicals creating an internal or external biofilm; and improper drying and preparation for over-night storage. The objective for the presentation is to explain what a biofilm is, how it is formed in an AER and endoscope, how it can be eradicated, and the maintenance needed to stop reformation.