Anaplastology: Changing Appearances/Changing Lives

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This is a synopsis of the presentation delivered at the Society of Otorhinolaryngology and Head-Neck Nurses’ Annual Congress and Nursing Symposium, September 11, 2012 in Washington, DC.

We all have imperfections in our faces and bodies that we would like to change. Consider, though, the cancer patient or the trauma victim who must deal with a facial disfigurement that completely changes their appearance, and often, their ability to function normally. Anaplastology, which combines art and science through creativity and functionality, can make monumental improvements in the quality of a person’s life by giving acceptable appearance back to the patient. Custom made appliances and prosthetic creations can bring hope and confidence back to the patient. Individualized adaptations can make the prosthetic a true work of art. Nurses work closely with patients who are benefitting from this creative process. Arriving at a successful and pleasing outcome is extremely satisfying for the entire team, the patient and family.
competency testing, approved products, personal protective equipment, and appropriate storage. To date, published occurrences of pathogen transmission related to procedures requiring the use of a scope have been associated with failure to follow established cleaning and disinfection guidelines or use of defective equipment (Rutala, 2011).

The University of Iowa Hospitals and Clinics (UIHC) established a multi-disciplinary team to review and revise the current policy and to generate implementation recommendations. The team used a systematic evidence-based approach to initiate the changes in practice. The initial project focus was in the Otolaryngology Department due to high scope usage in that patient care area.

Departments

Guest Editorial
Nurse Manager’s Role in Facilitating Evidence-Based Practice
Cindy J. Dawson, MSN, RN, CORLN

Evidence for Practice
Review of “The State of Evidence-Based Practice in US Nurses”
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Poetry Corner
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ORL – Head and Neck Nursing
Summer 2013 / Volume 31, Number 3

Feature
Evidence-Based Oral Care for Oral Mucositis
Michele Farrington, BSN, RN, CPHON; Laura Cullen, DNP, RN, FAAN; Cindy Dawson, MSN, RN, CORLN

Nurses must intervene to provide evidence-based supportive care and symptom management for cancer patients. Oral mucositis, a distressing side effect of cancer treatment, is both a research and clinical priority. Nurses can lead improvements with evidence-based oral mucositis interventions. This article describes application of evidence-based clinical recommendations for oral mucositis across diverse patient populations.
Guest Editorial
Evidence-Based Practice – We Must All Be Educators!
Mary Jo Dropkin, PhD, RN

Highlights from the Hill
The IOM Future of Nursing Report Update
Erin J. Ross, DNP, MS, ANP-BC, CORLN

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Tenderly lift me: Nurses honored, celebrated, and remembered
Editor: Linda K. Clarke, MS, RN

Evidence for Practice
Evidence for Practice, ORL-Head and Neck Nursing
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Reviewer: Cathy Jo Schroeder, MSN, RN, APN-C

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Feature
Asthma, Rhinitis, and the Unified Airway
John H. Krouse, MD, PhD, FACS, FAAAAI
Helene J. Krouse, PhD, ANP-BC, CORLN, FAAN

Patients with rhinitis and rhinosinusitis are commonly treated in otolaryngologists’ offices. Many of these patients have concurrent lower respiratory diseases such as asthma. The simultaneous presence of upper and lower airway diseases occurs frequently, and has resulted in the unified airway model, which describes the close relationships between these inflammatory diseases. Understanding the coexistence of respiratory illnesses has implications for the diagnosis and management of both upper and lower airway conditions. It is important for otolaryngologists and otolaryngology nurses to be aware of these common comorbid processes, and to evaluate for the presence of asthma in all patients with upper airway conditions such as rhinitis and rhinosinusitis. This paper will discuss the epidemiology, pathophysiology, mechanisms, and diagnosis and treatment considerations in patients with unified airway diseases.
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Helene J. Krouse, PhD, ANP-BC, CORLN, FAAN

Work-Related Airway Diseases
Elina Toskala, MD, PhD

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Erin J. Ross DNP, MS, ANP-BC, CORLN

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