Dear SOHN Colleagues,

“What we call the beginning is often the end. And to make an end is to make a beginning. The end is where we start from.” (T.S. Eliot)

As T.S. Eliot noted, the beginning of one thing marks the end of another. This is my first writing as SOHN president but I must note the end of Kari McConnell’s term. She has accomplished so much to help our organization. From strengthening the ENT Foundation to guiding us through the beginnings of health care reform, we can be grateful for her leadership and many talents. Thank you, Kari.

When I decided to run for this office I thought about the goals the organization was forming at the time. I adopted these and tried to articulate them as a position for my candidacy. These goals included a commitment to improving ENT nursing practice foundations through the methods of evidence-based practice, updating the SOHN strategic plan, expanding and focusing on new information technology and increasing leadership opportunities for the membership.

Another controversial goal is beginning a discussion to expand non-RNs into our fold as adjunct SOHN members. In the next few months, the Board of Directors and committees need to clarify the role and details of these potential members. Some may ask- why should we do this when we are a traditional nursing group? Clearly this is not intended to dilute our current membership’s role or shift our organization’s focus, goals or fundamental attributes. One of our abiding interests is to establish and expand the fund of nursing knowledge in Otorhinolaryngology. If head and neck nurses do not take a leading role then others will set the agendas and write the additions to our field. I believe all of us have seen the expansion of unlicensed personnel in our offices, clinics and departments. We must help set the competency standards for these workers and an adjunct role in our organization may be one way to contribute. Healthcare is changing and SOHN can help direct and educate new personnel with our organization benefiting as well.

As we add to our fund of knowledge in head and neck nursing we need to clarify what we know and what we think we know. An example of the task in front of us is a recent Journal of the American Medical Association publication. Snitz et al. (2009) looked at the old assumption that Ginko Biloba can aid in memory and cognitive functioning, as we grow older. In short the investigators found no help in maintaining or improving cognitive functioning for this frequently used supplement. Are there examples of similar topics or treatments in ENT nursing?

The AAO-HNS Guidelines Development Taskforce is assisting the SOHN’s Practice and Research Committee in the development of a guideline or consensus statement on tracheostomy care. Using evidence-based studies to standardize tracheostomy care is essential. If the evidence is weak the position statement can clarify our research efforts in this important area of practice. SOHN has many master’s prepared nurses and doctorates that can help us guide our research activities. But more importantly we need all the members to participate through surveys and open discussion on line.

The Board of Directors and leadership staff recently met in “chilly” Chicago to plan 2010 agendas and work efforts. During this time we updated our strategic plan. Our organization relies on a sound strategic plan to move the organization forward toward accomplishing our goals. The planning is far more important than
the document as the leadership staff engaged in discussion and prioritized a path for the SOHN membership.

I am excited to work with the strong group of elected board, officers, committee chairpersons and work group leaders. Please take a moment to consider working on a SOHN committee including education, government relations, membership enhancement or practice and research. Send a note to sohn1@earthlink.net with your area of interest and help us be a better SOHN! We need your expertise and abilities!

SOHN Headquarters continues to be the central location for our organization’s efforts. Sandye Schwartz, SOHN Executive Director, has a unique set of abilities that is helping SOHN weather the tough economic environment causing many groups like ours to struggle. Sandye is doing a great job. A large part of our efforts are planning educational opportunities for the membership. Education Director, Lorie Sparacino, and the Education Committee are planning two outstanding educational opportunities in 2010. First, the Spring Seminar Series in Las Vegas, April 29 – May 1 at the time of the Combined Otolaryngology Spring Meetings, and Boston in the fall for the 34th Annual Congress and Nursing Symposium! I cannot wait to participate. Please consider attending one or both of these meetings.

I hope you enjoy the Update in our new exclusively on-line format. Keeping up with the advances in technology in our professional lives is a challenge. I hope as an organization we can expand our website to enhance our electronic membership experience. We are exploring the role of our SOHN Facebook page and a possible SOHN president’s blog. As you can see, plenty of activity is occurring around SOHN. Help us make SOHN more meaningful by getting involved with your interests.

All the best,

Cindy J. Dawson
Cindy J. Dawson MSN, RN, CORLN
President, SOHN


**Boston Beckons ~ SOHN’s 34th Annual Congress**

SOHN’s 34th Annual Congress and Nursing Symposium, “The Revolutionary Practice of ORL Nursing” will take place in Boston, Massachusetts, September 24 – 28, 2010. Expected to attract more than 500 participants, this is the largest gathering of ORL nurses in the world.

Boston is a city with a proud past. The footsteps of Colonial Boston’s struggle for freedom and independence can be traced along the city’s famous Freedom Trail. Acres of open green spaces, quaint architecture and its compact size give the city a European flair. Yet, Boston is a thoroughly modern city. With more than 100 colleges and universities, Boston’s student population gives the city a youthful beat. Today’s Boston blends the nuances of an old provincial capital with a cosmopolitan city and just a little New England Charm.

The quintessential “walking city,” Boston offers the gas lit and cobblestone streets of Beacon Hill, the narrow alleys of the North End and the ducks waddling at your feet in the Public Gardens. Excellent examples of Victorian homes can be seen in the Copley Square and Back Bay neighborhoods. The USS Constitution, the Swan Boats, Faneuil Hall Marketplace and Fenway Park are a few of the city’s treasures.

Boston is almost entirely surrounded by water. Boston Harbor is part of Massachusetts Bay and the Atlantic Ocean. To the west, Boston is famously bordered by the Charles River in the city of Cambridge. While the harbor brought trade and wealth to the city in Colonial times, the bustling waterfront today is a center for restaurants, shopping and attractions. The Long Wharf area is home to the waterside convention center and the new Institute of Contemporary Art.

Cultural opportunities abound in Boston. The city is home to impressive art collections. The Museum of Fine Arts, The Gardner Museum and the Fogg are among the best art museums in the country. The Boston Symphony, the Boston Ballet and the Boston Lyric
Opera offer performances throughout the year. Boston has long been known as a great seafood town. But over the years the cuisine has grown from baked beans and chowder to an eclectic mix of restaurants from upscale to ethnic and everything in between. Many of the ethnic neighborhoods offer specialty dishes. The North End does Italian cuisine exceedingly well and there are some great Asian restaurants in Chinatown. Not to be missed — tastes of New England Chowder (Union Oyster House), Lobster (boiled, grilled, fritters), Boston Baked Beans, and Boston Cream Pie.

Make plans now to join us in Boston for the SOHN 34th Annual Congress and Nursing Symposium. Discover revolutionary approaches for ORL Nursing Care and ORL Nursing Achievement. Share best practices with colleagues and leave with constructive new ideas to take back to your work setting.

SOHN Spring Seminar Series & 24th Annual Pediatric ORL Nurses Spring Meeting
April 29 – May 1, 2010 • Paris Las Vegas Hotel • Las Vegas, Nevada
Registration form and online registration available at www.sohnnurse.com

Preliminary Program
The Educational Sessions will be held in the Bronze Room 2

Thursday – April 29th
Pediatric ORL Issues
7:50 am – 5:15 pm
Lois Moore-Rogers Pediatric Otolaryngology Lectureship
What Could We Have Done Differently?
JoAnne Wright MSN RN BC CNS

The Difficult Airway
Amy Saalfeld MSN CPNP

Case Studies
Kim Giordano MSN CRNP CORLN
Joanna Maltese BSN RN CORLN
Wendy Mackey APRN-BC CORLN
Lisa Gagnon APRN CPNP
Melissa Dziedzic APRN CORLN
Nina DeSell CRNP

Bug Roulette
Nina DeSell CRNP

Friday – April 30th
Comprehensive ORL and Head-Neck Nursing Course
8:00 am - 4:45 pm
Lunch is included in the registration fee for this full day course

Otology
Lorie Sparacino MS PNP-BC CORLN
Disorders of the Nose, Sinuses and Oral Cavity
Erin J. Ross MS APRN BC NP CORLN

Pediatric Otolaryngology
Joanna Maltese BSN RN CORLN

Head and Neck Disorders
Cheryl Brandt MSN RN CNS CORLN

Treatment Modalities for Head & Neck Cancer
Cheryl Brandt MSN RN CNS CORLN

Continuing Education Programs
More information on the these chapter programs is available under “Meetings/Educational Offerings” on the SOHN website www.sohnnurse.com

Birmingham Regional Chapter
2010 Head and Neck Nursing Conference
Friday ~ March 5, 2010

Atlanta Regional Chapter
Spring Program
March 20, 2010
Contact Anne Bigelow for more information aebigelow@comcast.net

Maryland/Washington DC Chapter
What’s Hot in ORL Nursing
Friday ~ March 26, 2010

SOHN’s 34th Annual Congress & Nursing Symposium
Revolutionary Practice in ORL Nursing
Boston, Massachusetts
September 24-28, 2010
Highlights of the 2010 Congress Program Include:

- Opening Ceremony – Keynote Address delivered by Diana J. Mason, RN, PhD, FAAN, DHL (Hon.) - Editor Emeritus of the American Journal of Nursing, Rudin Professor of Nursing at the Hunter College-Bellevue School of Nursing of the City University of New York and a producer and moderator of Healthstyles, a weekly live radio show in New York City.
- Women’s Health Update (Mimi Secor returns by popular demand)
- Management and Treatment of Cleft Lip and Palate
- Facial Transplant: The First US Experience
- Parotid: Evaluation, Diagnosis and Management
- BAHAs Update 2010
- Bioethical Dilemmas: Pastoral Care and Advance Directives
- Airway Issues: The Pediatric Viewpoint
- Minimally Invasive Video Assisted Thyroidectomy
- Chemotherapy in the Head and Neck Cancer Patient
- Thyroid and Neck Surgery: The Robotic Method
- Hemangiomas and Vascular Anomalies
- High Level Disinfection in the Office
- Sinus Surgery: State of the Art Update
- Obesity and ENT Issues
- ENT Practice Tips and Pearls
- Melanoma 2010
- Middle Ear Reconstruction: K Helix Prosthesis
- Allergies to Neoplasms: Evaluation of Nasal Congestion
- Safety and Quality Issues in ORL
- Acoustic Neuroma: Diagnosis to Post-op Care
- Infratympanic Steroid Injection
- Facial Paralysis
- Pediatric Neck Masses
- Sinus and Allergies Issues
- Sensory Evaluation of Taste and Smell
- Tracheostomy Guidelines: Update 2010
- The President’s Reception – A Surprise Venue (Watch for details in the Congress Information)
- The Original and World Famous Boston Duck Tour
- Stepping Forward For the Foundation on the Freedom Trail

**Saturday – May 1st**

**Adult ORL Issues**
7:50 am – 4:50 pm

**Complete Head and Neck Exam**  
Erin Ross MS APRN BC NP CORLN

**Surgical Management of Sinonasal Inverted Papilloma: Implications for Nurses**  
John Krouse MD

**Passy-Muir Valves: Not Just for Speaking**  
Gail Sudderth AS RRT RCP

**Pharmacology Herbal Supplements**  
Cheryl Brandt MSN RN CNS CORLN

**BAHA…It’s Not a “Hearing Aid”**  
Cliff Megerian MD

**ENT Nursing Secrets: Interesting Adult Case Studies**  
Rosemary Buzzelli BSN RN CORLN  
Cindy Dawson MSN RN CORLN  
Erin Ross MS APRN BC CORLN

**Sleep Apnea: Impact on ENT Practice**  
Amy Emmer MSN APNP

**Target Audience:**  
ORL nurses who seek an opportunity to enrich their knowledge and expertise in ORL nursing practice and who value the opportunity to network with colleagues from various regions.

**Program Purpose:**  
Provide an educational program for ORL nurses to update knowledge of selected otolaryngology issues effecting adults, children and families; to present new technology and/or research; to enable network time with colleagues; and to promote an opportunity to participate in the Comprehensive ORL and Head-Neck Nursing Course.

**Program Goals:**
- Present a comprehensive review of common ORL disorders/problems and management.
- Discuss new advances in the management of select adult and pediatric ORL problems/disorders.
- Describe the nursing implications in providing care to ORL patients of all ages and their families.
- Initiate development of innovative nursing strategies for patients/families with otolaryngic problems.
- Promote networking with ORL colleagues.

**Program Chairpersons:**
- Adult ORL Issues  
  Rosemary Buzzelli BSN RN CORLN
- Pediatric ORL Issues  
  Lisa Gagnon APRN CPNP
- Comprehensive ORL and Head-Neck Nursing Course  
  Erin Ross MS APRN-BC NP CORLN
- Director of Education  
  Lorie Sparacino MS PNP-BC CORLN

**Contact Hours**

The Society of Otorhinolaryngology and Head-Neck Nurses, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s (ANCC) Commission on Accreditation (COA). Provider approved by California Board of Registered Nurses, Provider #05239.

The maximum hours attainable for the Spring Seminar Series are 21 contact hours.

**Registration Fees**

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<tr>
<td>Entire Program</td>
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<tr>
<td>Pediatric Networking</td>
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<tr>
<td>Luncheon</td>
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**Housing**

Please make reservations as early as possible as the hotels usually sell out early. Be sure to mention you are attending the COSM meeting in order to get the group rate.

**Room Rates**

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<td>$159</td>
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**Housing Information**

- **TWS**
- **FS**

**Make reservations by calling** 800-358-8777 or going through the Hotel and Transportation link at www.cosm.md

The Paris and Bally’s Las Vegas are located less than 3 miles from McCarran International Airport.

**Special Note:**

Conference attendees will automatically be registered for the American Society of Pediatric Otolaryngology’s (ASPO) program April 30 – May 2. You Must register by April 15th to receive a free ASPO registration through SOHN. Other Combined Otolaryngology Spring Meeting (COSM) organizations require an additional fee; registration information is available at www.cosm.md
Committee Corner…

Government Relations Committee
Pennsylvania – Submitted by Linda Miller-Calandra

The PA House unanimously adopted an amendment to Senate Bill 237 to extend the Children’s Health Initiative in PA (CHIP) program beyond its current sunset date of December 31, 2010. Under the amended bill, the program will now expire on December 31, 2013. The measure now must be voted on final passage in the House. This could happen when the House returns to session on March 8. In addition, the Governor’s proposed budget for FY 2010-2011 increases state CHIP funding by $3.263 million to $100.375 million. The increased funding is expected to support an additional 10,300 children in average monthly enrollment.

Florida – Submitted by Jan Adams

Swine Flu continues to make headlines in Florida. Current information provides that there have been 1,240 hospitalizations of those with lab confirmed H1N1. To date there have been 207 deaths reported with lab confirmed H1N1. Information on Public clinics is posted at http://www.myflusafety.com/myfluclinic.htm as dates and locations are established. Florida Flu Information Line is 1-877-352-3581

SB 408 has finally passed both the FL House and Senate! This bill amends the statute which requires Clinical Laboratories to accept human specimens on the order of advanced registered nurse practitioners (ARNPs). ARNPs provide primary care to healthy people, manage chronic illness and diagnose acute illnesses. In Florida, ARNPs have been authorized to order laboratory tests under Florida law since 1996. Laboratory results from clinical laboratories are an integral part of the healthcare team’s ability to diagnose and treat. This new law will facilitate the flow of healthcare for Florida’s citizens and permit ARNPs to deliver the best care possible to their patients.

Texas – Submitted by Ann McKennis

It took the jury less than one hour to find a Winkler County, Texas nurse, Anne Mitchell, RN, not guilty! Ann Mitchell faced a third-degree felony charge in Texas of “misuse of official information,” for reporting a physician to the Texas Medical Board for what she believed was unsafe patient care. Mitchell is a member of the Texas Nurses Association (TNA) and the American Nurses Association (ANA).

Allied Healthcare Personnel

Allied healthcare personnel are playing an increasing role in the care of the ORL patient. Let’s consider adding these personnel to our SOHN membership in a special category. The addition of this group of healthcare personnel could be included in the current LPN/LVN Associate Membership category with non-voting rights. This category might include physicians, medical assistants, certified nursing assistants, audiologists, office managers, speech therapists, physician assistants, pharmaceutical representatives, and surgical assistants (technologists). In the current healthcare environment many levels of staff are needed to diagnosis, treat and care for ORL patients. As SOHN sponsored initiatives help expand head and neck nursing knowledge we can provide education opportunities to allied healthcare personnel as we work cooperatively to provide safe and quality care. SOHN can set competency standards for appropriate personnel working side by side with the registered nurses as well as provide continuing education at local, regional and national meetings.

Many other specialty-nursing organizations have added auxiliary personnel to their memberships. The added membership provides an increase in financial opportunities for the organizations in these difficult economic times, which potentially can significantly help SOHN and chapters. There will be more to come on this topic this spring and summer. Please do not hesitate to email SOHN or me your thoughts.

President Cindy J. Dawson
Cindy-dawson@iowa.edu
sohnnet@aol.com

Chapter News…

Chicago chapter members that attended the November ENT Update 2009 conference

Chairpersons of the Chicago Chapter conference
ENT UPDATE 2009
Left to right are Margaret Miller, Ramute Kemeza, Judith Jelinek

SOHN Has a New Address
SOHN Headquarters’ new address
207 Downing Street
New Smyrna Beach, FL 32168
Tel: 386-428-1695
Society of Otorhinolaryngology and Head-Neck Nurses
Annual Business Meeting Minutes
October 6, 2009
Manchester Grand Hyatt – San Diego, California

I. Call to Order- President Kari McConnell called the 33rd Annual Meeting of The Society to order at 7:50 am.

II. Welcome by President McConnell.

III. Introduction of Guests by President McConnell.

IV. Credentials Report – Penelope Fisher announced that there are 311 registered attendees at the 33rd Annual Congress and Nursing Symposium and 229 voting members. Official roll submitted by Penelope Fisher.

V. Adoption of the Proposed Rules – Proposed rules were adopted.

VI. Consideration of the Rules – Rules considered.

VII. Adoption of the Proposed Rules – Proposed rules were adopted.

VIII. Timekeeper/Teller – Michelle Forcier.

IX. Adoption of Proposed Agenda – No additions to the agenda as printed. Adopted as presented.

X. Approval of Minutes – Board of Directors will approve the minutes of this meeting and the minutes will appear in the March 2010 Update.

XI. Officer Reports – Published in the August/September 2009 Update.

XII. Treasurer’s Report – Given by Sandye Schwartz, Executive Director. As of September 23, 2009, SOHN assets are $306,821. $184,532 in checking and money market accounts. $122,289 in certificates of deposit.

XIII. Committee Reports – Published in the August/September 2009 Update. No questions were asked.

XIV. Elections – Jennifer Spellman introduced the slate of candidates. Sharon Jamison, Treasurer; Jo Ferrero, Terri Giordano and Joanna Maltese –Board of Directors; Kim Giordano and Ramute Kemeza, Nominating Committee. Each candidate delivered a 3 minute speech. Ballots were distributed and collected. Voting results to be given at the end of this business meeting.

XV. NCBOHN Report – Linda Calandra Miller reports NCBOHN is having a busy year. Item review session held in November 2008 in Atlanta, Georgia and NCBOHN Annual Board Meeting and 2010 Examination Review was held in March 2009 in Philadelphia. Certified members asked to stand. NCBOHN board asked to stand.

XVI. Presentation of Awards – Mary Beth Gentry announced the poster presenter awards. Ellen Lewis, Teresa Harris and Cherie-Ann Nathan were presented with the 3rd Place Award – “Evaluating the Homeless High Risk of Northwest Louisiana with a Mobile Screening Unit”. 2nd Place Award presented to Tobi Grover from Boston – “WHAT DID YOU SAY? iPods and MP3 Players Cause Hearing Loss”. First Place Award to Barbara Gray and Teresa Kunzwiler, “Endoscopic Hemi-Laryngectomy – New Hope in Laryngeal Surgery Giving Voice to the Future”. Research Poster Award presented to Karen Joyner, Carol Maragos, Laurie Turner and Vinciya Pandian – “Model for Best Practice: Nurse Practitioner Facilitated Tracheostomy Service”. Mary Beth Gentry thanked the judges for their service.

XVII. Recognition of Outgoing Board members - Honored were outgoing Board Members: Lucy Kingston, Jo Ferrero, Sharon Jamison, and Jackie Wirkus.

XVIII. Election Results – Treasurer, Sharon Jamison; Board of Directors: Jo Ferrero, Terri Giordano, Joanna Maltese; Nominating Committee: Kim Giordano and Ramute Kemeza.

XIX. Installation of Officers- Installation Ceremony of new officers and board was conducted by President McConnell.

XX. Announcements - 34th Annual Congress in Boston, Massachusetts, September 24-28, 2010.

XXI. Adjournment - 33rd Annual Meeting adjourned at 8:30 am by President McConnell.
Pharmacology Course 2010

The ORL Pharmacology Course will be back again by popular demand as requested by SOHN’s Advanced Practice Nurses (APNs) for the fifth consecutive year. It is scheduled for Friday, September 24, 2010 as a Pre-Congress program offering. Many APNs require Pharmacology contact hours for re-licensure in their prospective states. Each year we identify a variety of new drug topics and APN Faculty.

The course was developed and designed to meet the needs of Otolaryngology Advanced Practice Nurses. Each year the Course provides a concentration of pharmacologic nursing education to improve the APNs ability to prescribe. APNs face complex prescription decisions daily on drugs of choice, correct dosage, frequency, drug interactions, history of drug allergies, allergic/adverse drug reactions. The Course will provide valuable information to enable the APN with the decision-making process.

The Course target audience is ORL Advanced Practice Nurses interested in sharpening pharmacologic knowledge and prescribing skills for management of common ENT problems/issues. Any ORL nurse is welcome to attend.

The Course Objectives include:
- Identify common orotrinaloyngologic problems which require pharmacologic management.
- Discuss the recommended drug therapy for such common ENT problems.
- Describe first choice vs. second choice therapy for select patients.
- Identify alternative drug therapy for patients with drug allergies.
- Differentiate common adverse reactions associated with the drug therapy presented.

The topics in this year’s Course will include:
- Pain Medications
- Herbal Supplements and Surgery
- Chemo therapy/ RT/Surgery in Head and Neck Patients
- Antibiotics and ENT Infections
- Cardiac Medications
- Herpes Zoster Acute/Chronic, Pharmacology Management

Plan to attend this special Pre-Congress Program.

Call for Educational Posters, Research Posters and Video Programs

Each year at the Annual Congress, members are invited to contribute to the field of Otorhinolaryngology and Head-Neck Nursing by presenting a poster or video program. Active SOHN members (those who complete a membership application prior to June 24) are encouraged to consider presenting a poster or developing a video program to share with other nurses in Boston, Massachusetts. An application must be postmarked by June 24, to be considered as a poster presenter. Applications are available on the SOHN website. Any member who has received a cash award for an exhibit (poster or video) for two consecutive years will not be eligible for a monetary award but may submit a poster or video to share information at the annual meeting. A certificate of participation will be presented to those participants. Poster presentations will be displayed at the SOHN Headquarters Hotel. Each poster will be displayed on a 4’ x 8’ bulletin board.

Future Congress Dates

September 24-28, 2010
Boston, Massachusetts

September 9-13, 2011
San Francisco, California

AAO-HNS Clinical Practice Guidelines

This summary version was provided to SOHN by the AAO-HNS.

Clinical practice guideline: Hoarseness (Dysphonia)

Seth R. Schwartz, MD, MPH; Seth M. Cohen, MD, MPH; Seth H. Dailey, MD; Richard M. Rosenfeld, MD, MPH; Ellen S. Deutsch, MD; M. Boyd Gillespie, MD; Evelyn Granieri, MD, MPH, MEd; Edie R. Hapner, PhD; C. Eve Kimball, MD; Helene J. Krouse, PhD, RN, ANP-BC; J. Scott McMurray, MD; Safdar Medina, MD; Karen O’Brien, MD; Daniel R. Ouellette, MD; Barbara J. Messinger-Rapport, MD, PhD; Robert J. Stachler, MD, Steven Strode, MD, ME, MPH; Dana M. Thompson, MD; Joseph C. Stemple, PhD; J. Paul Wilgling, MD; Terrie Cowley; Scott McCoy, DMA; Peter G. Bernad, MD, MPH; and Milesh M. Patel, MS Seattle, WA; Durham, NC; Madison, WI; Brooklyn, NY; Wilmington, DE; Charleston, SC; New York, NY; Atlanta, GA; Reading, PA; Detroit, MI; Unbridge, MA; Fort Monroe, VA; Cleveland, OH; Little Rock, AR; Rochester, MN; Lexington, KY; Cincinnati, OH; Milwaukee, WI; Princeton, NJ; Washington, DC; and Alexandria, VA

Sponsorships or competing interests that may be relevant to content are disclosed at the end of this article.

ABSTRACT

OBJECTIVE: This guideline provides evidence-based recommendations on managing hoarseness (dysphonia), defined as a disorder characterized by altered vocal quality, pitch, loudness, or vocal effort that impairs communication or reduces voice-related quality of life (QOL). Hoarseness affects nearly one-third of the population at some point in their lives. This guideline applies to all age groups evaluated in a setting where hoarseness would be identified or managed. It is intended for all clinicians who are likely to diagnose and manage patients with hoarseness.

PURPOSE: The primary purpose of this guideline is to improve diagnostic accuracy for hoarseness (dysphonia), reduce inappropriate antibiotic use, reduce inappropriate steroid use, reduce inappropriate use of anti-reflux medications, reduce inappropriate use of radiographic imaging, and promote appropriate use of laryngoscopy, voice therapy, and surgery. In creating this guideline the American Academy of Otolaryngology—Head and Neck Surgery Foundation selected a panel representing the fields of neurology, speech-language pathology, professional voice teaching, family medicine, pulmonology, geriatric medicine,
Excellent Reference

The November / December 2009 (Volume 59, Number 6) issue of “CA A Cancer Journal for Clinicians” has an excellent article on tobacco control in the United States. It discusses recent progress and opportunities. I think anyone in otolaryngology would find the article an excellent resource.

The web site is cacancerjournal.org
Ann McKennis, RN, CNOR(E), CORLN(E)

nursing, internal medicine, otolaryngology–head and neck surgery, pediatrics, and consumers.

RESULTS: The panel made strong recommendations that

1) the clinician should not routinely prescribe antibiotics to treat hoarseness and 2) the clinician should advocate voice therapy for patients diagnosed with hoarseness that reduces voice-related QOL.

The panel made recommendations that

1) the clinician should diagnose hoarseness (dysphonia) in a patient with altered voice quality, pitch, loudness, or vocal effort that impairs communication or reduces voice-related QOL;

2) the clinician should assess the patient with hoarseness by history and/or physical examination for factors that modify management, such as one or more of the following: recent surgical procedures involving the neck or affecting the recurrent laryngeal nerve, recent endotracheal intubation, radiation treatment to the neck, a history of tobacco abuse, and occupation as a singer or vocal performer;

3) the clinician should visualize the patient’s larynx, or refer the patient to a clinician who can visualize the larynx, when hoarseness fails to resolve by a maximum of three months after onset, or irrespective of duration if a serious underlying cause is suspected;

4) the clinician should not obtain computed tomography or magnetic resonance imaging of the patient with a primary complaint of hoarseness prior to visualizing the larynx;

5) the clinician should not prescribe anti-reflux medications for patients with hoarseness without signs or symptoms of gastroesophageal reflux disease;

6) the clinician should not routinely prescribe oral corticosteroids to treat hoarseness.

7) the clinician should visualize the larynx before prescribing voice therapy and document/communicate the results to the speech-language pathologist; and

8) the clinician should prescribe, or refer the patient to a clinician who can prescribe, botulinum toxin injections for the treatment of hoarseness caused by adductor spasmodic dysphonia.

The panel offers as options that

1) the clinician may perform laryngoscopy at any time in a patient with hoarseness, or may refer the patient to a clinician who can visualize the larynx;

2) the clinician may prescribe anti-reflux medication

Received June 26, 2009; accepted June 26, 2009.

Clinical practice guideline: Cerumen impaction

Peter S. Roland, MD; Timothy L. Smith, MD, MPH; Seth R. Schwartz, MD, MPH; Richard M. Rosenfeld, MD, MPH; Bopanna Ballachanda, PhD; Jerry M. Earl, MD; Jose Fayad, MD; Allen D. Harlor Jr, MD; Barry E. Hirsch, MD; Stacie S. Jones, MPH; Helene J. Krouse, PhD; Anthony Magit, MD; Carrie Nelson, MD, MS; David R. Stutz, MD, and Stephen Wetmore, MD, MBA; Dallas, TX; Portland and Eugene, OR; Seattle, WA; Brooklyn, NY; Albuquerque, NM; Washington, DC; Los Angeles and San Diego, CA; Pittsburgh, PA; Alexandria, VA; Detroit, MI; Chicago, IL; Ann Arbor, MI; and Morgantown, WV

OBJECTIVE: This guideline provides evidence-based recommendations on managing cerumen impaction, defined as an accumulation of cerumen that causes symptoms, prevents assessment of the ear, or both. We recognize that the term “impaction” suggests that the ear canal is completely obstructed with cerumen and that our definition of cerumen impaction does not require a complete obstruction. However, cerumen impaction is the preferred term since it is consistently used in clinical practice and in the published literature to describe symptomatic cerumen or cerumen that prevents assessment of the ear. This guideline is intended for all clinicians who are likely to diagnose and manage patients with cerumen impaction.

PURPOSE: The primary purpose of this guideline is to improve diagnostic accuracy for cerumen impaction, promote appropriate intervention in patients with cerumen impaction, highlight the need for evaluation and intervention in specific populations, promote appropriate therapeutic options with outcomes assessment, and improve counseling and education for prevention of cerumen impaction. In creating this guideline the American Academy of Otolaryngology–Head and Neck Surgery Foundation selected a panel representing the fields of audiology, family medicine, geriatrics, internal medicine, nursing, otolaryngology–head and neck surgery, and pediatrics.

RESULTS: The panel made strong recommendations that

1) clinicians should treat cerumen impaction that causes symptoms expressed by the patient or prevents clinical examination when warranted.

The panel made recommendations that

1) clinicians should diagnose cerumen impaction when an accumulation of cerumen is associated with symptoms, or prevents needed assessment of the ear (the external auditory canal or tympanic membrane), or both;

2) clinicians should assess the patient with cerumen impaction by history and/or physical examination for factors that modify management, such as one or more of the following: nonintact tympanic membrane, ear canal stenosis, exostoses, diabetes mellitus, immunocompromised state, or anticoagulant therapy;

3) the clinician should examine patients with hearing aids for the presence of cerumen impaction during a healthcare encounter (examination more frequently than every three months, however, is not deemed necessary).

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8 ◆ March 2010
4) clinicians should treat the patient with cerumen impaction with an appropriate intervention, which may include one or more of the following: cerumenolytic agents, irrigation, or manual removal other than irrigation; and
5) clinicians should assess patients at the conclusion of in-office treatment of cerumen impaction and document the resolution of impaction. If the impaction is not resolved, the clinician should prescribe additional treatment. If full or partial symptoms persist despite resolution of impaction, alternative diagnoses should be considered. The panel offered as options that
1) clinicians may observe patients with nonimpacted cerumen that is asymptomatic and does not prevent the clinician from adequately assessing the patient when an evaluation is needed; 2) clinicians may distinguish and promptly evaluate the need for intervention in the patient who may not be able to express symptoms but presents with cerumen obstructing the ear canal; 3) the clinician may treat the patient with cerumen impaction with cerumenolytic agents, irrigation, or manual removal other than irrigation; and 4) clinicians may educate/ counsel patients with cerumen impaction/excessive cerumen regarding control measures.

**DISCLAIMER:** This clinical practice guideline is not intended as a sole source of guidance in managing cerumen impaction. Rather, it is designed to assist clinicians by providing an evidence based framework for decision-making strategies. It is not intended to replace clinical judgment or establish a protocol for all individuals with this condition, and may not provide the only appropriate approach to diagnosing and managing this problem.

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Cerumen, or “earwax,” is a naturally occurring substance that cleans, protects, and lubricates the external auditory canal. Cerumen forms when glandular secretions from the outer one-third of the ear canal mix with exfoliated skin.

Received June 17, 2008; accepted June 18, 2008.

**Clinical practice guideline: Benign paroxysmal positional vertigo**

Neil Bhattacharyya, MD; Reginaid F. Baugh, MD; Laura Orvidas, MD; David Barrs, MD; Leo J. Bronton, DC, MAppSc; Stephen Cass, MD, MPH; A. A. Chalian, MD; Alan L. Desmond, AuD; Jerry M. Earl, MD; Terry D. Fife, MD; Drew C. Fuller, MD, MPH; James O. Judge, MD; Nancy R. Mann, MD; Richard M. Roesenfeld, MD, MPH; Linda T. Schuring, MSN, RN; Robert W. P. Steiner, MD, PhD; Susan L. Whitney, PhD and Jenissa Haidari, MPH; Boston, MA; Temple, TX; Rochester, MN; Phoenix, AZ; La Crosse, WI; Denver, CO; Philadelphia, PA; Princeton, WW; Washington, DC; Baltimore, MD; Hartford, CT; Detroit, MI; Brooklyn, NY; New Smyrna Beach, FL; Louisville, KY; Pittsburgh, PA; and Alexandria, VA

**OBJECTIVES:** This guideline provides evidence-based recommendations on managing benign paroxysmal positional vertigo (BPPV), which is the most common vestibular disorder in adults, with a lifetime prevalence of 2.4 percent. The guideline targets patients aged 18 years or older with a potential diagnosis of BPPV, evaluated in any setting in which an adult with BPPV would be identified, monitored, or managed. This guideline is intended for all clinicians who are likely to diagnose and manage adults with BPPV.

**PURPOSE:** The primary purposes of this guideline are to improve quality of care and outcomes for BPPV by improving the accurate and efficient diagnosis of BPPV, reducing the inappropriate use of vestibular suppressant medications, decreasing the inappropriate use of ancillary tests such as radiographic imaging and vestibular testing, and to promote the use of effective repositioning maneuvers for treatment. In creating this guideline, the American Academy of Otolaryngology—Head and Neck Surgery Foundation selected a panel representing the fields of audiology, chiropractic medicine, emergency medicine, family medicine, geriatric medicine, internal medicine, neurology, nursing, otolaryngology—head and neck surgery, physical therapy, and physical medicine and rehabilitation.

**RESULTS:** The panel made strong recommendations that
1) clinicians should diagnose posterior semicircular canal BPPV when vertigo associated with nystagmus is provoked by the Dix-Hallpike maneuver.

The panel made recommendations against
1) radiographic imaging, vestibular testing, or both in patients diagnosed with BPPV, unless the diagnosis is uncertain or there are additional symptoms or signs unrelated to BPPV that warrant testing; and
2) routinely treating BPPV with vestibular suppressant medications such as antihistamines or benzodiazepines.

The panel made recommendations that
1) if the patient has a history compatible with BPPV and the Dix-Hallpike test is negative, clinicians should perform a supine roll test to assess for lateral semicircular canal BPPV;
2) clinicians should differentiate BPPV from other causes of imbalance, dizziness, and vertigo;
3) clinicians should question patients with BPPV for factors that modify management including impaired mobility or balance, CNS disorders, lack of home support, and increased risk for falling;
4) clinicians should treat patients with posterior canal BPPV with a particle repositioning maneuver (PRM);
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5) clinicians should reassess patients within 1 month after an initial period of observation or treatment to confirm symptom resolution;

6) clinicians should evaluate patients with BPPV who are initial treatment failures for persistent BPPV or underlying peripheral vestibular or CNS disorders; and

7) clinicians should counsel patients regarding the impact of BPPV on their safety, the potential for disease recurrence, and the importance of follow-up. The panel offered as options that

1) clinicians may offer vestibular rehabilitation, either self-administered or with a clinician, for the initial treatment of BPPV and

2) clinicians may offer observation as initial management for patients with BPPV and with assurance of follow-up.

The panel made no recommendation concerning audiometric testing in patients diagnosed with BPPV.

DISCLAIMER: This clinical practice guideline is not intended as a sole source of guidance in managing benign paroxysmal positional vertigo. Rather, it is designed to assist clinicians by providing an evidence-based framework for decision-making strategies. The guideline is not intended to replace clinical judgment or establish a protocol for all individuals with this condition, and may not provide the only appropriate approach to diagnosing and managing this problem.

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Clinical practice guideline: Acute otitis externa

Richard M. Rosenfeld, MD, MPH; Lance Brown, MD, MPH; C. Ron Cannon, MD; Rowena J. Dolor, MD, MHS; Theodore G. Ganiats, MD, Maureen Hanley, PhD; Phillip Kokemueller, MS, CAE; S. Michael Marcy, MD; Peter S. Roland, MD; Richard N. Schiffman, MD, MOIS; Sandra S. Stimett, DrPH and David L. Witsell, MD, MHS; Brooklyn, New York; Loma Linda, California; Jackson, Mississippi; Durham, North Carolina; San Diego, California; Dallas, Texas; New Haven, Connecticut; and Alexandria, Virginia

OBJECTIVE: This guideline provides evidence-based recommendations to manage diffuse acute otitis externa (AOE), defined as generalized inflammation of the external ear canal, which may also involve the pinna or tympanic membrane. The primary purpose is to promote appropriate use of oral and topical antimicrobials and to highlight the need for adequate pain relief.

STUDY DESIGN: In creating this guideline, the American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF) selected a development group representing the fields of otolaryngology–head and neck surgery, pediatrics, family medicine, infectious disease, internal medicine, emergency medicine, and medical informatics. The guideline was created with the use of an explicit, a priori, evidence-based protocol.

RESULTS: The group made a strong recommendation that management of AOE should include an assessment of pain, and the clinician should recommend analgesic treatment based on the severity of pain. The group made recommendations that clinicians should:

1) distinguish diffuse AOE from other causes of otalgia, ototrauma, and inflammation of the ear canal; and

2) assess the patient with diffuse AOE for factors that modify management (nonintact tympanic membrane, tympanostomy tube, diabetes, immunocompromised state, prior radiotherapy); and

3) use topical preparations for initial therapy of diffuse, uncomplicated AOE; systemic antimicrobial therapy should not be used unless there is extension outside of the ear canal or the presence of specific host factors that would indicate a need for systemic therapy.

The group made additional recommendations that:

4) the choice of topical antimicrobial therapy of diffuse AOE should be based on efficacy, low incidence of adverse events, likelihood of adherence to therapy, and cost; and

5) clinicians should inform patients how to administer topical drops, and when the ear canal is obstructed, from the Department of Otolaryngology, SUNY Downstate Medical Center and Long Island College Hospital (RMR); the Departments of Emergency Medicine and Pediatrics, Loma Linda University Medical Center (LB); the Departments of Otolaryngology and Family Medicine, University of Mississippi School of Medicine (CRC); the Department of Diagnostic Science, University of Mississippi School of Dentistry (CRC); the Division of Internal Medicine, Duke University Medical Center (RJD); the Department of Family and Preventive Medicine, University of California San Diego (TGG); the Center for Vaccine Research, University of California Los Angeles (SMM); the Department of Otolaryngology, University of Texas Southwestern Medical Center (PSR); the Center for Medical Informatics, Yale University School of Medicine (RNS); the Department of Biostatistics and Bioinformatics, Duke University Medical Center (SSS); the Division of Otolaryngology, Duke University Medical Center (DW); and the American Academy of Otolaryngology–Head and Neck Surgery Foundation (MH, PK).

Conflict of Interest Disclosure: Alcon Laboratories provided an unrestricted educational grant to the American Academy of Otolaryngology–Head and Neck Surgery Foundation to create an acute otitis externa (AOE) performance measure and clinical practice guideline. The sponsor had no involvement in any aspect of developing the guideline and was unaware of content until publication. Individual disclosures for group members are: RM
OBJECTIVE: This guideline provides evidence-based recommendations on managing sinusitis, defined as symptomatic inflammation of the paranasal sinuses. Sinusitis affects 1 in 7 adults in the United States, resulting in about 31 million individuals diagnosed each year. Since sinusitis almost always involves the nasal cavity, the term rhinosinusitis is preferred. The guideline target patient is aged 18 years or older with uncomplicated rhinosinusitis. The guideline is intended for all clinicians who are likely to diagnose and manage adults with sinusitis.

PURPOSE: The primary purpose of this guideline is to improve diagnostic accuracy for adult rhinosinusitis, reduce inappropriate antibiotic use, reduce inappropriate use of radiographic imaging, and promote appropriate use of ancillary tests that include nasal endoscopy, computed tomography, and testing for allergy and immune function. In creating this guideline the American Academy of Otolaryngology—Head and Neck Surgery Foundation selected a panel representing the fields of allergy, emergency medicine, family medicine, health insurance, immunology, infectious disease, internal medicine, medical informatics, nursing, otolaryngology—head and neck surgery, pulmonology, and radiology.

RESULTS: The panel made strong recommendations that

1) clinicians should distinguish presumed acute bacterial rhinosinusitis (ABRS) from acute rhinosinusitis caused by viral upper respiratory infections and noninfectious conditions, and a clinician should diagnose ABRS when (a) symptoms or signs of acute rhinosinusitis are present 10 days or more beyond the onset of upper respiratory symptoms, or (b) symptoms or signs of acute rhinosinusitis worsen within 10 days after an initial improvement (double worsening), and 2) the management of ABRS should include an assessment of pain, with analgesic treatment based on the severity of pain.

The panel made a recommendation against radiographic imaging for patients who meet diagnostic criteria for acute rhinosinusitis, unless a complication or alternative diagnosis is suspected.

The panel made recommendations that

1) if a decision is made to treat ABRS with an antibiotic agent, the clinician should prescribe amoxicillin as first-line therapy for most adults, 2) if the patient worsens or fails to improve with the initial management option by 7 days, the clinician should reassess the patient to confirm ABRS, exclude other causes of illness, and detect complications, 3) clinicians should distinguish chronic rhinosinusitis (CRS) and recurrent acute rhinosinusitis from isolated episodes of ABRS and other causes of sinonasal symptoms, 4) clinicians should assess the patient with CRS or recurrent acute rhinosinusitis for factors that modify management, such as allergic rhinitis, cystic fibrosis, immunocompromised state, ciliary dyskinesia, and anatomic variation, 5) the clinician should corroborate a diagnosis and/or investigate for underlying causes of CRS and recurrent acute rhinosinusitis, 6) the clinician should obtain computed tomography of the paranasal sinuses in diagnosing or evaluating a patient with CRS or recurrent acute rhinosinusitis, and 7) clinicians should educate/counsel patients with CRS or recurrent acute rhinosinusitis regarding control measures.

The panel offered as options that

1) clinicians may prescribe symptomatic relief in managing viral rhinosinusitis, 2) clinicians may prescribe symptomatic relief in managing ABRS, 3) observation without use of antibiotics is an option for selected adults with uncomplicated ABRS who have mild illness (mild pain and temperature _38.3°C or 101°F) and assurance of follow-up, received June 16, 2007; revised June 20, 2007; accepted June 20, 2007
2010 SOHN CALENDAR

Events/Deadlines

March
14-16 Nurse in Washington Internship

April
1 CORLN Examination Application Deadline
12-18 Annual Oral, Head & Neck Cancer Awareness Week www.ohancaw.com
29-May 1 SOHN Spring Seminar Series, Las Vegas, Nevada

May
1-15 CORLN Examination Testing Period
9 National ORL Nurse Day

June
24 Poster & Video Application Deadline

July
1 Chapter Excellence Award Applications Deadline
1 Clinical Excellence Award Application Deadline
1 Honor Award Applications Deadline
1 Scholarship Applications Deadline
1 Nomination of Candidates Deadline
1 ORL Nurse Competence in Aging Award Application Deadline

September
18 CORLN Examination Application Deadline
24-28 SOHN 34th Annual SOHN Congress – Boston, Massachusetts

October
9-23 CORLN Examination Testing Period
15 Call for Abstracts 2011 Congress & Spring Seminar Series

November
1 Midwinter Board Meeting Guest Attendee Application Deadline
15 Lois Moore-Rogers Lectureship Deadline
30 Research Forum Abstracts Deadline

December
15 Nominations for Outstanding Service Award Deadline
15 Nominations for Friend of SOHN Award Deadline

National ORL Nurse Day ~ May 9th

Suggested Activities for ORL Nurses Day

- Obtain a proclamation from the mayor of your town proclaiming May 9 as National ORL Nurses Day.
- Develop a calendar of events.
- Plan to honor your colleagues with a recognition award (certificate or plaque).
- Plan a special celebration lunch to network with your colleagues.
- Design a special poster that highlights the role of the ORL nurse and display at local hospitals or libraries.
- Invite local government officials to planned events.
- Write articles or letters to the editor about current nursing or healthcare topics.
- Ask local radio stations to make announcements during National ORL Nurses Day.
- Use TV, radio, and newspaper community bulletin boards to announce your activities.
- Host a fundraiser (e.g., Fun Run) and donate the money to the ENT-NF Scholarship Fund.
- Make a donation to the ENT-NF “In Honor of…” a co-worker or colleague.
- Honor a fellow member with a SOHN pin or badge tac.
- Write an announcement for your local newspaper or television channel.
- Share an ORL Nurse Day cake with your co-workers.
- Wear your SOHN and CORLN pins with pride.
- Encourage a co-worker to become a SOHN member.
- Collaborate with hospitals, schools and libraries to set up special ORL Nurse Day displays.
- Suggest that your local newspaper solicit stories from readers who would like to pay tribute to an ORL nurse who provided exemplary care.
- Promote a positive, realistic image of ORL nurses by sponsoring health fairs or conducting preventive screenings in underserved areas.
- This is a GREAT time to honor our fellow ORL nurses; you can do this by nominating a colleague for the SOHN Clinical Excellence Award (applications available from Headquarters).
- Write an article about an ORL nurse you work side-by-side with for your local hospital paper and do not forget to send a copy to SOHN for the Update (fax to 386-423-7566 or e-mail to sohn1@earthlink.net).
- Write a brief article for the Update on how you celebrated ORL Nurses Day in your area (this counts on the Chapter Excellence Award points).
- Do a brown bag lunch talk in a local library or hospital. The facility will usually do all the advertising and all you will have to do is show up and give a short presentation about SOHN and your practice and leave the rest to questions and answers.
- Set up a table in or outside your cafeteria with information about SOHN, your local chapter, membership applications and activities in your community. You could jazz this up by having a jar full of earpieces or rubber noses and have people guess how many are in the jar (everyone loves a contest). Have a baked treat or prize for the winner.
- If you are in a large hospital, see if you can have a nurse fair during Nurses Week where all sub-specialties set up a table with information. Please let us know how you celebrated this day!