Resolution #1

**TOPIC: IN SUPPORT OF EDUCATING PARENTS ON THE IMPORTANCE OF ChILDHOOD IMMUNIZATIONS**

**SUBMITTED BY: Grand View University**

**AUTHORS: Erin Baack and Breana Sitzman**

The purpose of this resolution is to increase awareness of the drop in childhood immunizations. Every year, more parents are opting out of vaccinations for their children. One problem is the lack of correct information about vaccines resulting in parental fear of adverse events. Educating parents, and future parents, of the importance of vaccines could result in higher vaccination rates in the United States.

Resolution # 1

**TOPIC: IN SUPPORT OF EDUCATING PARENTS ON THE IMPORTANCE OF ChILDHOOD IMMUNIZATIONS**

**SUBMITTED BY: Grand View University**

**AUTHORS: Erin Baack and Breana Sitzman**

WHEREAS, immunization is a proven tool for controlling and eliminating life-threatening infectious diseases. It is estimated to avert between two and three million deaths worldwide annually (Hill & Cox, 2013); and

WHEREAS, in 1998, the confirmed cases of the diseases were: measles, n=42; mumps n=67 and rubella n=28. The HPA's data for confirmed cases of these diseases in 2009 were: measles n=876; mumps n=5695 and rubella n=9 (Hill & Cox, 2013); and

WHEREAS, in the United States, only 76.1% of children have received the complete recommended vaccination protocol (Whyte, Whyte, & Eccles, 2011); and

WHEREAS, a minority of parents hold misperceptions that undermine their confidence in vaccine safety and results in their refusal of some or all child vaccines (Whyte, et al., 2011); and

WHEREAS, addressing parental misperceptions has the potential to improve vaccination rates as children are more likely to be vaccinated if their parents are less concerned about adverse events (Wu, et al., 2008); and

WHEREAS, studies have demonstrated that parents who report a lack of information to make informed decisions about vaccines are more likely to report a low level of trust in health care providers and government sources (Whyte, et al., 2011); and

WHEREAS, parents lack factual information to guide their decision-making when controversies or questions arise. Parents who feel that they lack adequate access to information about vaccination are more likely to have negative attitudes to vaccination. Improved understanding of immunization leads parents to seek vaccinations for their children (Wu, et al., 2008); and

WHEREAS, several studies looking at parent attitudes toward vaccination found that parents/women who reported being skeptical or hesitant about vaccines could be positively influenced to vaccinate their child by a healthcare provider whom they trusted (Link-Gelles, et al., 2012); and

WHEREAS, many parents rely on immunization information from their physicians, but pediatricians spend only 1.9 min per visit discussing vaccinations and only 5% of families read vaccine information materials that are provided. Only 67% of patients report they have access to enough information to make a decision about immunizing their children (Wu, et al., 2008); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) encourage nursing programs to educate nursing students on the importance of vaccines, if feasible; and be it further

RESOLVED, that IANS promote awareness of free online workshops about immunizations offered by the Center of Disease Control and Prevention by publishing information about the workshops on the IANS website, if feasible; and be it further

RESOLVED, that a copy of this resolution be posted on the IANS website to increase awareness, if feasible; and be it further

RESOLVED, that the IANS send a copy of this resolution to the Immunization Action Coalition, American Academy of Pediatrics, National Network for Immunization, all nursing programs in the state of Iowa, and all others deemed appropriate by the IANS Board of Directors.

**Resolution #2**

**TOPIC**: **IN SUPPORT OF EDUCATION REGARDING AROMATHERAPY AS A COMPLEMENTARY ALTERNATIVE TO MEDICATION**

**SUBMITTED BY: Grand View University**

**AUTHORS**: Kari Shadley, Justine Janssen, Carmen Silva-Trejo

The purpose of this resolution is to increase awareness of the benefits of integrating aromatherapy into patient care. As part of increasing awareness, it is important that health care professionals are educated about these methods. Increasing the accessibility to aromatherapy can open doors to more holistic care. Aromatherapy increases the quality of care for patient as they are less addictive alternatives to pain medication. This method is also more cost effective and are more easily accessible for patients and professionals.

Resolution #2

**TOPIC**: **IN SUPPORT OF EDUCATION REGARDING AROMATHERAPY AS A COMPLEMENTARY ALTERNATIVE TO MEDICATION**

**SUBMITTED BY: Grand View University**

**AUTHORS**: Kari Shadley, Justine Janssen, Carmen Silva-Trejo

WHEREAS, “Chronic pain consumes approximately $70 billion per year and affects 80 million Americans. Increasingly, aromatherapy has been used as part of an integrated, multidisciplinary approach to pain management” (Buckle, 1999, p. 42); and

WHEREAS, “The analgesic effects of aromatherapy are: a mixture of volatile chemicals reaching the pleasure memory sites within the brain, certain analgesic components within the essential oils that effect the neurotransmitters (dopamine, serotonin, and noradrenaline) receptor sites in the brain stem, and the interaction of touch with sensory fibers in the skin affect the transmission of referred pain” (Buckle, 1999, p. 44); and

WHEREAS, “Clinical and laboratory studies have reported beneficial effects of essential oils on physiological and psychological processes.” (Lai, 2011, p. 38); and

WHEREAS, “Massage and aromatherapy are popular complementary therapies in palliative care.” (Lai, 2011, p. 42); and

WHEREAS, “Use of aromatherapy massage was more effective than massage without aromatherapy.” (Darsareh, 2012, p. 998); and

WHEREAS, “Many studies have found that olfactory stimulation produces immediate changes in pain level in physiological parameters” (Shin, 2007, p. 248); and

WHEREAS, “Aromatherapy massage, reflexology, and osteopathy were sometimes used to supplement other CAM (complementary and alternative medicine) therapies and conventional medicine for both physical and emotional problems.” (Schaefer, 2009, p. 62); therefore be it

RESOLVED, that Iowa Association of Nursing Students (IANS) promotes education on effective aromatherapy treatment in pain management by informing students and the health professions by offering a breakout session at IANS convention or an article on the IANS website page if feasible; and be it further

RESOLVED, that IANS promote the importance of well-being among students by suggesting the use of aromatherapy; and be it further

RESOLVED, that IANS promotes the awareness of aromatherapy by sending the above noted article to all health care facilities in Iowa via an email; and be it further

RESOLVED, that IANS sends a copy of this resolution to the American Nurses Association, American Association of Colleges of Nursing, National Organization for Associate Degree Nursing, American Holistic Nurse Association, National League for Nursing, and all others deemed appropriate by the IANS Board of Directors.

Resolution #3

**TOPIC: IN SUPPORT OF INCREASING AWARENESS AND ADVOCATING THE USE OF CAR SEATS IN CHILDREN**

**SUBMITTED BY: University of Iowa Association of Nursing Students**

**AUTHORS: Anne Parker and Brianna Nelson**

The purpose of this resolution is to advocate for child car seat use and safety through the promotion of parent education and adherence to current state and national laws. Child car seat use significantly reduces injuries and fatalities in motor vehicle collisions. With collaboration from Iowa nursing education programs, the Iowa Association of Nursing Students, and public health resources, parents can be made more aware of the implications and benefits of child car seat use.

Resolution #3

**TOPIC: IN SUPPORT OF INCREASING AWARENESS AND ADVOCATING THE USE OF CAR SEATS IN CHILDREN**

**SUBMITTED BY: University of Iowa Association of Nursing Students**

**AUTHORS: Anne Parker and Brianna Nelson**

WHEREAS, “Suboptimal child passenger restraint practices contribute to crash related injuries which remain a leading cause of childhood death in the United States” (Cunningham et. al, 2014, p. 263); and

WHEREAS, “Iowa laws states a child under 1 year old who weighs less than 20 lbs. must be secured in a rear-facing child restraint system; a child under 6 years old must be secured in a safety seat or booster seat. A seat belt alone is not appropriate. Children between 6 years old and 11 years old must be secured in a child restraint system or by a safety belt. All children under 18 years old must wear a seat belt” (Safety Laws in Iowa, n.d., p. 1); and

WHEREAS, “The Community Preventive Services Task Force found that child passenger restraint laws increased car seat use by a median of 13%, decreased deaths by 35%, and decreased injuries and deaths combined by 17%” (Prevention Status Reports, 2014, p. 2); and

WHEREAS, “Children who are unrestrained or sitting in the front seat face the greatest risk for death in motor vehicle collisions"(Cunningham et. al, 2014, p. 263); and

WHEREAS, “Among children under age 5 in passenger vehicles, an estimated 309 lives were saved in 2009 by restraint use… At 100 percent child safety seat use for children under age 5, an estimated 273 (that is, an additional 63) could have been saved in 2009” (Traffic Safety Facts, 2009, p. 2); and

WHEREAS, “Age appropriate child safety seat use reduces injury risk by 50% to 75% and provides increased protection over seat belts in crashes” (Cunningham et. al, 2014, p. 263); and

WHEREAS, “Legislation and public service campaigns can increase awareness regarding appropriate use of automobile restraint systems to decrease pediatric injury and fatality rates” (Troung, 2013, p. 323); therefore be it

RESOLVED, That the Iowa Association of Nursing Students (IANS) encourage its constituents to advocate and increase awareness for child car seat use; and be it further

RESOLVED, That IANS promotes knowledge regarding the effectiveness and need for car seat safety in nursing school curriculum; and be it further

RESOLVED, That IANS and nursing schools in Iowa collaborate with supporting health care facilities to increase education regarding child safety seats in the community; and be it further

RESOLVED, that IANS creates educational resources, such as pamphlets and brochures, to be distributed to parents in hospitals, well-child visits, schools, and for public health use that clarify Iowa seat belt laws while stressing the importance of child safety seat education; and be it further

RESOLVED, that IANS sends a copy of this resolution to the Association of Public Health Nurses, the Iowa Department of Education, the Iowa Department of Pubic Health, the National Association of School Nurses, the Iowa Head Start Association, the Iowa Department of Transportation, the Iowa Nurses Association, the American Association of Colleges of Nursing, the Society of Pediatric Nurses, the Association for the Advancement of Automotive Medicine, the Emergency Nurses Association, the American Association of State Highway and Transportation Officials, the Advocates for Highway and Auto Safety, the Air and Surface Transport Nurses Association, and all others deemed appropriate by the IANS Board of Directors.

Resolution #4

**TOPIC: IN SUPPORT OF PEDIATRIC CARE COORDINATION BETWEEN HEALTHCARE AND EDUCATION SYSTEMS**

**SUBMITTED BY: Mount Mercy University Association of Nursing Students (MMUANS), Mount Mercy University, Cedar Rapids, IA**

**AUTHORS: Kelsee Castonguay, Kelsey Gerhart, Kristy Lueken, Malinda Shoaf, Stephanie Timm, Paige Wenger, and Nicole Wubbena**

Collaboration between interdisciplinary healthcare teams and education systems (particularly school nurses) is essential for optimal student health outcomes. On the other hand, lack of communication between healthcare and education systems is a significant barrier to achieving optimal student health outcomes. In many school systems, healthcare personnel communicate rarely or not at all with the parents or educational team members. In addition, educational systems have not been included in the implementation of electronic health record systems; therefore, school nurses are not able to provide important data to healthcare providers, which would assist with more effective treatment plans and patient-centered care. Collaboration between the healthcare and education systems is imperative to reduce unnecessary hospital stays and emergency room visits, and ultimately improve student health outcomes.

Resolution # 4

**TOPIC: IN SUPPORT OF PEDIATRIC CARE COORDINATION BETWEEN HEALTHCARE AND EDUCATION SYSTEMS**

**SUBMITTED BY: Mount Mercy University Association of Nursing Students (MMUANS), Mount Mercy University, Cedar Rapids, IA**

**AUTHORS: Kelsee Castonguay, Kelsey Gerhart, Kristy Lueken, Malinda Shoaf, Stephanie Timm, Paige Wenger, and Nicole Wubbena**

WHEREAS, “Primary health care, specialty health care, educational services, community services, and family services are often scattered and uncoordinated” (Nolan, Orlando, & Liptak, 2007, p. 294); and

WHEREAS, per parent report “…50 percent said that health care personnel never or rarely communicate with schools” and “[c]are coordination systems that address issues of communication and information can increase access to services that will optimize health and can maximize satisfaction with care” (Nolan et al., 2007, pp. 299, 293); and

WHEREAS, coordinated compassionate care should address a holistic view of children to help families make educated decisions about their children as demonstrated in pediatric palliative care and assist families in communicating with health care teams as well as each other in making health decisions (Sheetz & Stontag Bowman, 2013); and

WHEREAS, most students receiving regular health services from schools have chronic illnesses that require ongoing management, while other students (often referred to as healthy) need access to health services and health education to stay healthy (Farrior, Engelke, Collins, & Cox, 2000); and

WHEREAS, differences in the healthcare and education systems are a barrier to exchanging essential information between hospitals, private providers, and school personnel (Farrior, et al., 2000); and

WHEREAS, school nurse interventions are often not documented in a manner that is shared with other health care providers adding to the lack of care coordination and school systems lack many resources necessary to provide important data to healthcare providers that can help develop more cost-effective treatment plans and be more patient centered. Interventions by the school nurse should complement rather than compete with other health personnel so the family will not feel overburdened (Farrior, et al., 2000); and

WHEREAS, school nurses lack standard protocols to handle problems for the chronically ill children leading to the inappropriate use of the hospital, especially the emergency room (Farrior, et al., 2000); and

WHEREAS, school nurse to student ratios vary and have been reported as one school nurse to 1,500 students. This is a limitation on being able to provide effective care coordination (Barrett, 2000); and

WHEREAS, school nurses provide preventative health services, “Primary prevention services included facilitating administration of immunizations and health teaching through group sessions and health/safety fairs. Secondary prevention services included vision and scoliosis screening as well as staff consultations and development and implementation of a manual for medication administration. Tertiary preventive services were provided to children with chronic illnesses and special needs.” (Farrior, et al., 2000, p. 88); and

WHEREAS, school nurses receive referrals for case management services from school personnel, parents, or physicians, therefore “School nurses became involved in developing and implementing Individual Education Plans (IEP), Individual Health Plans (IHP), and Emergency Action Plans (EAP).” (Farrior, et al., 2000, p. 88); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) support and promote the collaboration between interdisciplinary healthcare teams and education systems to nursing students through the IANS website if feasible; and be it further

RESOLVED, that IANS encourages nursing students to be proactive and advocate for improved pediatric care coordination between healthcare and education systems; and be it further

RESOLVED, that IANS encourages all nursing programs in Iowa to support, promote and provide opportunities for nursing students to observe and evaluate pediatric care coordination between healthcare and education systems; and be it further

RESOLVED, that IANS sends a copy of this resolution to the Iowa Nurses Association, American Nurses Association, the American Association of Colleges of Nursing, the National League of Nursing, the National Organization of Associate Degree Nursing, the Iowa Board of Nursing, Iowa School Nurse Organization, National Association of School Nurses, Iowa Chapter of the American Academy of Pediatrics, Iowa Department of Education, and all other deemed appropriate by the IANS Board of Directors.

Resolution #5

**TOPIC: discontinuation of the education of homan’S sign as an assessment of deep vein thrombisis**

**SUBMITTED BY: Briar Cliff University**

**AUTHORS: Kiley Core, Angela Himes, Crystal Hines, Nicole Kramer,**

**Erica LoVan, Ethan Neff, Alyssa Rector, Amanda Rossi,**

**Lora Shoup, and Kabo Xiong.**

The efficacy and utility of the Homan’s sign has been well studied with results indicating inaccuracy and unreliability as an assessment tool. This resolution aims to increase awareness across the nursing profession of the need to discontinue the use of Homan’s sign. During nursing school, resources need to be evidence-based to provide the highest quality of patient care. Therefore, the Iowa Association of Student Nurses should promote the assurance of quality resources throughout our education; in this case, as it pertains to the use of Homan’s sign in assessment.

Resolution # 5

**TOPIC: discontinuation of the education of homan’s sign as an assessment of deep vein thrombosis**

**SUBMITTED BY: Briar Cliff University**

**AUTHORS: Kiley Core, Angela Himes, Crystal Hines, Nicole Kramer,**

**Erica LoVan, Ethan Neff, Alyssa Rector, Amanda Rossi,**

**Lora Shoup, and Kabo Xiong.**

WHEREAS, Quality and Safety Education for Nurses (QSEN) has developed definitions for the six core competencies established by the IOM report for integrating a quality and safety framework for nursing, one of which is evidence-based practice defined as integrating the “best current evidence with clinical expertise and patien/family preferences and values for delivery of optimal health care” (Sherwood & Zomorodi, 2014); and

WHEREAS, “Homan’s test lacks both sensitivity and specificity, and thus is of no clinical value” (Cranley, Canos, & Sull, 1976; Haeger, 1969; McLachlin, Richards & Paterson, 1962; Tovey & Wyatt, 2003; Urbano, 2001; Vaccaro, Van Aman, Miller, Fachman, & Smead, 1986 as cited in Anthony, 2013); and

WHEREAS, “Despite evidence Homan’s sign is not useful in screening for DVT, it continues to appear in health assessment textbooks for nurses and evidence suggests its continued use by some practitioners” (Watkins, 2009 as cited in Anthony, 2013); and

WHEREAS, *Mosby’s Guide to Physical Examination* defines Homan’s sign as “pain or discomfort behind the knee or in the calf when the ankle is gently dorsiflexed while the knee is flexed; it suggests thrombosis of the leg veins (Seidel, Ball, Dains, Flynn, Solomon, & Stewart, 2011); and

WHEREAS, Jarvis (2012) describes technique of Homan’s sign and further states “calf pain with these maneuvers is a positive Homan sign, which occurs in about 35% of cases of deep vein thrombosis”; and

WHEREAS, “eliciting a false Homan’s sign could serve to exclude the possibility of a DVT in the mind of a practitioner, while a positive response could lead to unnecessary additional testing and anticoagulation” (Anthony, 2013); and

WHEREAS, "[Homan’s sign] should not be included in health assessment textbooks or taught in nursing programs, and nurses in health care settings should not rely on this test to screen for deep vein thrombosis" (Anthony, 2013); therefore be it

RESOLVED, that the IANS promote awareness of the inaccuracy of the Homan’s sign as an assessment tool; and be it further

RESOLVED, that the IANS will encourage all nursing programs at Colleges and Universities throughout the United States to support and facilitate discontinuation of teaching on the Homan’s sign as an assessment tool; and be it further

RESOLVED, that the IANS encourages nursing students to be proactive and advocate for the discontinuation of the use of Homan’s sign in practice; and be it further

RESOLVED, that the IANS will promote education to current nurses on the inaccuracy and unreliability of Homan’s as a tool to assess for DVT; and be it further

RESOLVED, that the IANS send a copy of this resolution to National Council of State Boards of Nursing, the American Nurses Association, the American Association of Colleges of Nursing, nationally recognized standardized testing organizations, publishing companies of nursing textbooks and all others deemed appropriate by the IANS Board of Directors.

Resolution #6

**TOPIC: AWARENESS OF ALARM FATIGUE AND DESENSITIZATION OF NURSES**

**SUBMITTED BY: Mercy College of Health Sciences**

**AUTHORS: Krista Hageman, Kyndra Malmanger-Green, Genienne McGrath, Kayla Miller, and Chad Reyna**

This resolution aims to address the phenomenon of “alarm fatigue” in the acute care setting. As health care professionals become more dependent on technology to provide warning signs within patient parameters, nurses are challenged to understand the consequences of alarm fatigue and find ways to prevent harm to patients within acute health care settings. Many factors contribute to the elevation in alarm fatigue, including the number of alarms heard within a single unit on a daily basis. Accordingly, this resolution recommends that the Iowa Association of Nursing Students (IANS) promote increase awareness of alarm fatigue and desensitization of nurses by providing a copy of this resolution to the said nursing organizations noted in the resolve statements.

Resolution # 6

**TOPIC: AWARENESS OF ALARM FATIGUE AND DESENSITIZATION OF NURSES**

**SUBMITTED BY: MERCY COLLEGE ASSOCIATION OF NURSING STUDENTS**

**AUTHORS: Krista Hageman, Kyndra Malmanger-Green, Genienne McGrath, Kayla Miller, and Chad Reyna**

WHEREAS, “The category of alarm hazards encompasses inappropriate uses of alarms (such as improper setting of alarm parameters or volumes) and disabling alarms entirely actions that are chiefly attributable to a phenomenon known as ‘alarm fatigue’” (Stokowski, 2014, p.1); and

WHEREAS, “Nurses become desensitized to the huge number of alarms they’re confronted with in their daily work and, as a result, critical or clinically significant events can be missed” (Logan, 2014, p. 9); and

WHEREAS, “In one of [the] critical care units, a total of 39,000 alarms were recorded in a 30-day period which equaled 1300 alarms per day, or one alarm sounding every 66 seconds” (Logan, 2014, p. 9); and

WHEREAS, “Patient deaths have been mounting at a significant rate due to the syndrome now entitled as ‘alarm fatigue’” (Razzano, 2014, p. 23); and

WHEREAS, the Joint Commission (2013) includes reports of “98 alarm-related events between January 2009 and June 2011. Of the 98 reported events, 80 resulted in death, 13 in permanent loss of function, and five in unexpected additional care or extended stay.” (p. 1); and

WHEREAS, “95% of hospitals surveyed are worried about the effects of alarm fatigue”(Pugliese, 2014, p. 3); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) support creation of continuing education units (CEUs) related to alarm fatigue; and be it further; and be it further

RESOLVED, that IANS recommend and support request for inclusion of alarm fatigue into nursing curriculum and clinical skills teaching; and be it further

RESOLVED, that IANS send of copy of this resolution to the National Student Nurses Association, Iowa Board of Nursing, Iowa Nursing Association, National League for Nursing, American Nurses Association, American Association of Critical-Care Nurses and all others deemed appropriate by the IANS Board of Directors.