



In 2011, the Ministry of Health and Long Term Care (MOHLTC) requested Critical Care Services Ontario (CCSO) to lead a planning process to develop a comprehensive neurosurgical system to meet the needs of adult and paediatric patients across Ontario. As a part of this program, the MOHLTC also committed new nursing positions, including clinical Neurosurgical Outreach Nurse and Neurosurgical Nurse Educator positions, to support the management of specialized

paediatric and adult neurosurgical patients.

The Neurosurgery Education and Outreach Network (NEON) was established in May 2013 to work in collaboration with the Provincial Neurosurgery Advisory Committee to support the educational component of recommendations to better integrate access to neurosurgical services in the province. Originally comprised of Nurse Educators and Program Directors from each of the province's adult neurosurgical centres, their work formed the foundation for an educational outreach program designed to provide a wide breadth of education to non-neurosurgical centres on neurosurgical patient's care across the continuum. The

expanded network has grown to include Clinical Nurse Specialists, Advanced Practice Nurses and Nurse Practitioners working in both adult and pediatric neurosurgery.

The OUTREACHER Newsletter will be published two to three times per year to provide regional hospitals with Neurosurgery updates and education.

NEON

Working toward Provincial
improvements in neurosurgical
service delivery

- Improving access
- Improving quality and responsiveness
- Improving neurosurgical nursing care across the province

Inside this issue:

Educational Opportunities in your LHIN: p. 2

What's New? p. 3

Aneurysmal Subarachnoid Hemorrhage: p. 4

Who to contact in your LHIN: pp. 5

EDUCATIONAL OPPORTUNITIES IN YOUR LHIN!

LHIN 2

- Neurobehavioral Rehabilitation in Acquired Brain Injury Conference
Brantford General Hospital, Brantford
- Neuro Workshop March 20 and April 3rd, 2018
- Joseph Brant Hospital, Burlington. Feb 28th
Physician Education: "Care of the Acute Neurosurgical Patient and Provincial Guidelines".
 - St. Catharine's General Hospital, March 1st
"Care of the Patient with Acute Spinal Cord Injury and Provincial Guidelines"

LHIN 3&4

- March 7 neuro education day
St. Mary's General Hospital
- March 14 neuro education day
St. Mary's General Hospital

Hamilton Convention Center

- May 3rd and 4th Neurosurgical Outreach Educational Booth

Second Annual Brain Simulation Day at Mohawk College

- June 26th all day event, registration limited

OTN Lunch and learn education webinars:

- April 16 – Seizures – Electrical Storm in the Brain
- June 18- Orthopedic Devices and Collar Care for Patients with Spinal Cord Impairment
- September 17- TBD
- November 19- TBD

Contact Neurosurgery Outreach nurse – Kim Belluz regarding neurosurgery education, Monday to Friday 8-4 at belluzk@tbh.net or 807-684-6004

LHIN 5&6

- Trillium Health Partners: Neuroscience Rounds every Friday, 8am-9am, available OTN.
- Jan 17: Oakville-Trafalgar Memorial Hospital Collar Care and Maintenance
- Jan 30 and March 28: William Osler ED New Hire Orientation: Neuro Assessment and Collar Care
- March 29: Oakville-Trafalgar Memorial Hospital: Neuro Assessment and case studies
- April 6 & 12: Oakville-Trafalgar Memorial Hospital: Neuro Assessment and case studies
- April 13: Oakville-Trafalgar Memorial Hospital; Cervical Collar Care and Management
- April 26 & 27: Oakville-Trafalgar Memorial Hospital: Neuro Diagnoses Review

EDUCATIONAL OPPORTUNITIES IN YOUR LHIN!

LHIN 10

March 22nd Quinte Healthcare Belleville General Hospital Hand-on Neurological Assessment
April- Brockville General Hospital Case Reviews

LHIN 11

No planned educational events

LHIN 14

NEON/RCCR Spring Education Tour 2018

Save the Date

May 8 Nipigon
May 9 Geraldton
May 22 Manitouwadge
May 23 Marathon
May 24 Terrace Bay
June 6 Kenora
June 7 Fort Frances
June 8 Atikokan
June 13 Red Lake
June 14 Dryden
June 15 Sioux Lookout

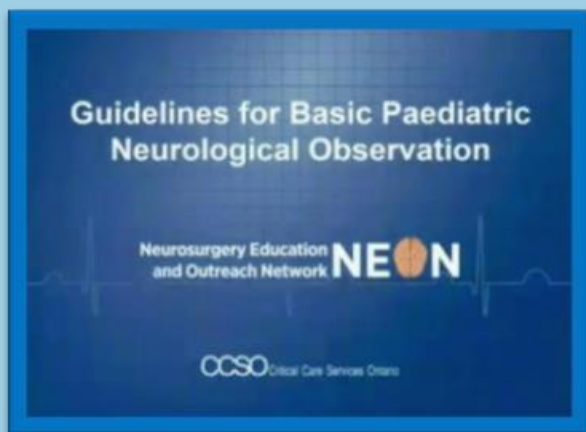
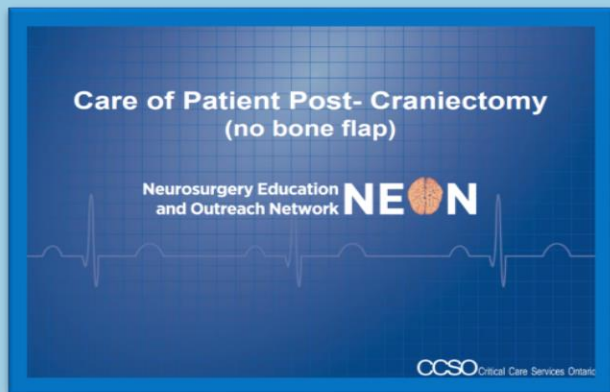
TNCC- Trauma Nursing Core Course:

- Lake of the Woods District Hospital- Kenora, March 23 & 24, 2018
- Atikokan General Hospital-Atikokan, April 21 & 22, 2018
- **Contact** Chad Johnson for more information 807-684-6252 or johnsoc@tbh.net

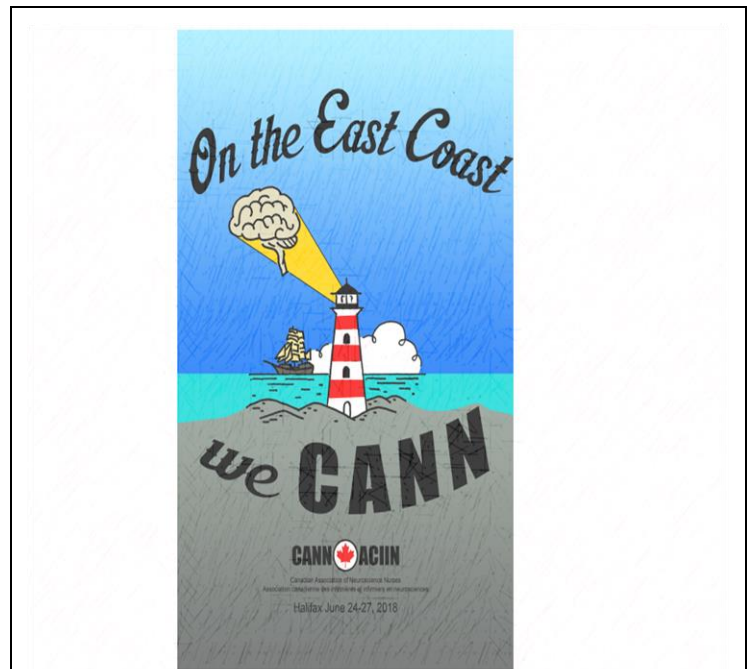
What's New!

Associated web links:

Webinar is now archived on the Critical Care Services Ontario (CCSO) website at
<https://www.criticalcareontario.ca/EN/Toolbox/Education/Pages/default.aspx>



**Now offered through the Ontario
Telemedicine Network Hub!**



The 49th Annual Canadian Association of Neuroscience
Nurses Meeting and Scientific Sessions

June 24th-27th

Halifax, Nova Scotia

Save the Dates

World Federation of Neuroscience Nursing meeting

- October 19th -Scientific presentations
- October 20th- Emergency Neurological Life Support education session and exam writing

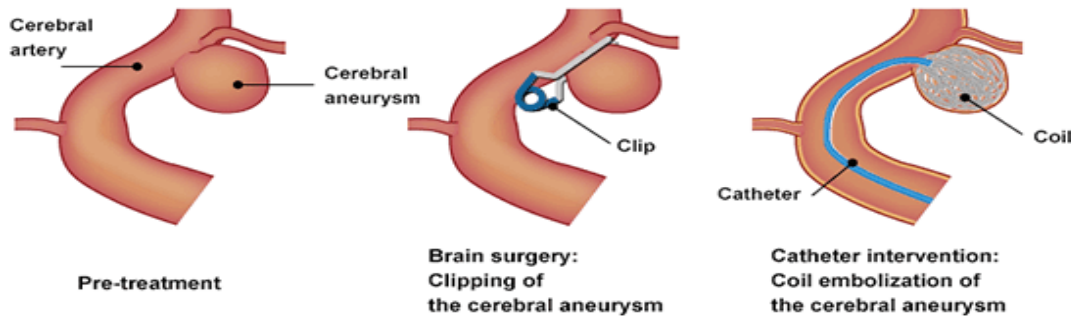
Aneurysmal Subarachnoid Hemorrhage (SAH)

Subarachnoid hemorrhages are commonly caused by ruptured intracranial berry aneurysms and predominantly occur on the circle of Willis. The prevalence is estimated at a rate of 6-16 per 100,000/population. Risk factors include: genetic predisposition, hypertension, cigarette smoking, alcohol consumption, and estrogen deficiency- there is a female predominance for aneurysms ranging from 54-61%.

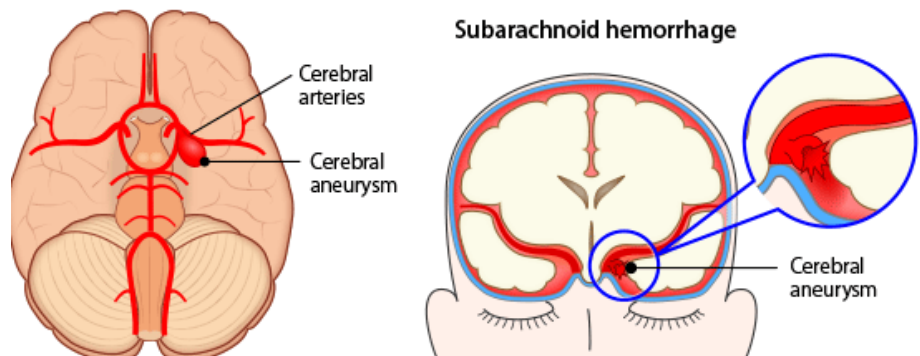
Most intracranial aneurysms present as SAH or are found either incidentally or on screening. Patients with a ruptured aneurysm present primarily as a sudden severe headache classically described as the “worst headache of my life”. The onset of headache may be associated with loss of consciousness, nausea or vomiting, pre-retinal hemorrhages, and meningismus (photophobia, neck rigidity, and often lower back pain).

The cornerstone of SAH diagnosis is the non-contrast CT scan and the sensitivity of the test is highest in the first 6-12 hours after SAH. Once a diagnosis is confirmed, the etiology of the hemorrhage must be determined with angiographic studies.

SAH is associated with a high mortality rate. Approximately 10% of people with aneurysmal SAH die prior to reaching the hospital, 25% die within 24 hours of SAH onset, and about 45% die within 30 days. Acute medical care includes constant hemodynamic and neurological monitoring and emergent referral to a neurosurgical centre.



<http://neurosurgery.med.u-tokai.ac.jp/en/patients/sah/treatment.html>



Nursing care for a patient with aneurysmal SAH

- Vital signs with neurological checks every hour
- Ongoing oxygen saturation monitoring
- Bed rest with head of bed elevated to 30 degrees
- Controlled environment (low level of external stimulation, restricted visitation)
- Strict intake and output record
- Anti-embolism stockings and pneumatic compression boots
- Indwelling urinary catheter if patient is lethargic, incontinent, or unable to void
- Prepare to transfer to a neurosurgical centre

<http://www.thebrainandspine.com/subarachnoid-hemorrhage/>

LHIN	Organization	Neuro Nurse Educator	Clinical Outreach Specialist
LHIN 1	Windsor Regional Hospital	Jessie MacKenzie	vacant
LHIN 2	London Health Sciences Centre	Sheila Hunt	Kimberly Salway
LHIN 3/4	Hamilton Health Sciences	Brenda Bousfield	Susan Di Sabitino Sera Nicosia Tina Petrelli (Paeds)
LHIN 5/6	Trillium Health Partners	Beverly Espedido	Beverly Espedido
LHIN 7/8/9W/12	University Health Network	Charmaine Arulvarathan	vacant
LHIN 7/8/9W/12	St. Michael's Hospital	vacant	Jennifer Vachhrajani
LHIN 7/8/9W/12	Sunnybrook Health Sciences Centre	Lars Kure	Catherine Morash
LHIN 7	The Hospital for Sick Children	Elisabeth White	Elisabeth White
LHIN 9E/10	Kingston General Hospital	Marnie Cranston	Nicole Chenier Hogan
LHIN 11	The Ottawa Hospital	Raizha Gramcko	Dianna Hughes
LHIN 13	Health Sciences North Sudbury	Lisa Weiler	Jennifer Arseneault
LHIN 14	Thunder Bay Regional Health Sciences Centre	Chad Johnson	Kim Belluz

