

There are also ways to help relieve the pain and symptoms of discomfort:

- Nerve blocking pain medication (Neurontin)
- Antidepressants
- Numbing agents (Lidocaine creams/gels)
- Narcotics (Codein)
- Cool compresses
- Calamine lotion
- Colloidal oatmeal baths



The vaccine may not be for you if:

- You've ever had a severe allergic reaction to gelatin, the antibiotic neomycin
- Have a weakened immune system because of HIV/AIDS, or another disease that affects the immune system or are being treated with medications that affect the immune system, such as steroids, radiation or chemotherapy
- Are being treated for cancer affecting the bone marrow or lymphatic system, such as leukemia or lymphoma
- You are or may be pregnant

Common side effects after receiving the vaccine are redness, soreness, swelling or itching at the injection site, and headache.

Recovery

1-2 weeks after the blisters erupt, the oozing sores will begin to crust over. The sores will usually disappear after 2 weeks.

The pain will decrease over the following week but some individuals can experience pain for months or years.

This condition is called **Postherpetic Neuralgia** and it can occur in up to half of those infected. However it can be treated with the same medications as the original shingles virus.

Prevention

Zostavax® is the vaccine for shingles. It's recommended for people 60 years of age and older. It has proven to reduce the risk of getting shingles by 51% and the risk of postherpetic neuralgia by 67%.

The vaccine is available nearby at Walgreens located on 33E 23rd street, or you can speak to your primary care provider for more information.



Shingles

Herpes Zoster

A wellness and prevention guide for the members of the Stein Senior Center

Developed by the Nurses at CUNY New Y

College of Technology

Fall 2013

What is Shingles?

Shingles, also known as *herpes zoster*, is a virus caused by the reactivation of the virus that causes chicken pox (*varicella zoster*). It appears as a painful blistering skin rash in a clustered or banded formation.

Signs and Symptoms



The first symptoms to appear with shingles is often feelings of:

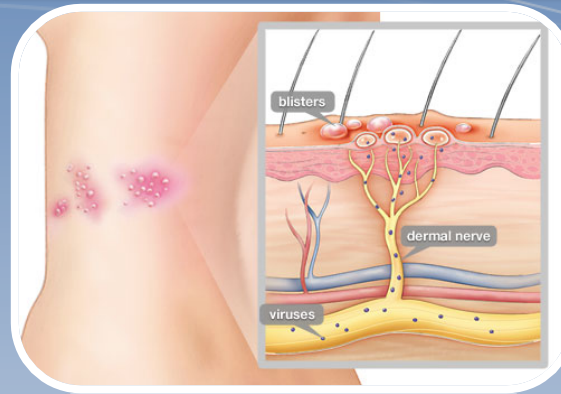
- Burning
- Shooting pain
- Itching
- Sensitivity in one area of the body

Some people report feeling feverish or weak.

Two to three days later, a pimple-like rash develops along a nerve path in the body, usually in the upper torso and sometimes the face.

Blisters will develop and can last for several weeks.

Once the blisters crust over (a sign of healing) the pain begins to lessen.



Who's at risk?

The risk factors for contracting shingles are:

- Age 50 or older
- Recent surgery (including organ transplant or injury repair)
- Medication that suppresses the immune system (chemotherapy, steroids)
- Radiation therapy
- Serious illness such as cancer, Lupus or HIV/AIDS
- Poor Nutrition
- Stress

How does it spread?

It is not easy to spread Shingles from one person to another.

Shingles itself is not contagious, however if an individual has never been exposed to chicken pox (*varicella zoster*) they are at risk of contracting that virus.

A person is only contagious during the blister phase and there must be contact with the fluid from the blisters.

Treatment Options

Currently, there is no cure for the shingles virus. However, there are prescription medications that help shorten the length and severity of the illness. To be effective, they must be started as soon as possible once symptoms appear.

These medications include:

- Acyclovir (Zovirax)
- Valacyclovir (Valtrex)
- Famciclovir (Famvir)



Self Reflection

Diana Yakubova

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NUR 4010: Community Health Nursing

December 4, 2013

As the Service Learning Project came to an end, I feel that I have accomplished the nine clinical objectives. Throughout this experience, I have dressed appropriately and was punctual with attending classes. I have utilized professional behavior by maintaining confidentiality of all the seniors that I provided medical attention. I actively sought new learning experiences within the senior center by approaching seniors and learning about their health concerns. Additionally, I read the necessary readings in advance so that I could complete my assignments. If I was unsure of what was expected of my duties, I sought the guidance of staff and clinical professor. During discussion, I was active participant during class discussions.

Unfortunately I was not able to use nursing and medical records or interview staff nurses and other health professionals to collect client information as the senior center did not have them. I was however able to interview seniors and get a full background history, both social and medical, during blood pressure measuring. During those couple of minutes, one can gather information through a quick physical assessment. To get a complete assessment, I asked them questions about their hobbies, their beliefs, self care concerns, family composition, understanding of their health (including co-morbidities), diet and the medication they take. Based on the information I have gathered, I was able to help them better understand on how to better manage their hypertension and other concerns they have by prioritizing care based needs in a timely manner. Although I did not administer medication or treatments, I was able to educate them regarding the medication they take, risks and side effects along with benefits if taken as prescribed. Following this session, I would reassess them the following week and provide new methods/information that is appropriate to their needs/abilities. I also recommended them to follow up with their physicians. Personal safety principles were used through the use of contact precautions and washing hands between consumers.

Since Stein Center consists of a diverse group of seniors in regards to culture, education, age, and language, I had to find an approach to each individual based on the previous factors. I utilized effective communication by listening to the seniors concerns without interruptions and judgment. During conversations I used nonverbal communication by having my arms uncrossed, sitting with an open stance, and maintaining eye contact. Therapeutic communication was exercised to collect information to determine gaps in medication and disease management; assessing and modifying behavior and providing health education. I communicated clearly and effectively to fellow peers and instructor regarding my findings and the interventions that were implemented. Feedback from professor was taken into consideration for future references. I documented my findings and gave it to the appropriate staff to for filing purposes. Verbal and written instructions were given to the residence that met their developmental stage and literacy understanding.

I established a conducive learning environment and used a plan for learners that was based on evidenced based practice. For our presentation, my group created a brochure for seniors regarding shingles. Material within the brochure included what the virus was, signs and symptoms, risk factors, transmission, treatment, recovery and vaccines. We presented in a quiet room with adequate lighting that caught the attention of the seniors. Once the presentation finished, we answered their questions to the best of our ability. We evaluated their understanding of the presentation by asking them to repeat to us what they learned.

The fifth objective is to utilize informational technology when managing individual and families in the community. This was achieved by utilizing the computers for research purposes for our presentation on shingles. Client records were not used; hence confidentiality was not

implemented for this part. The following objective that was met was demonstrating commitment to professional development. This was achieved by using current literature in planning care for seniors within the center regarding blood pressure management and shingles presentation. As a student I am constantly self evaluating to improve myself. I do so by expanding my knowledge through the use of literature that is based on evidenced base practice. By doing so, I can accommodate to the challenges I face as a nurse within the community.

During this clinical experience I have incorporated professional nursing standards and accountability in practice. As a nurse, I have grown accustomed to follow American Nurse Association Standards to carry out nursing responsibilities, while providing quality care and meeting my ethical obligations. I provided comprehensive educational pamphlets that met the individuals understanding level. I have also complied with Stein Center standards of practice during blood pressure sessions by maintaining the individuals confidentiality and reporting abnormal readings. Throughout the semester I have shown that I took responsibilities for my actions and sought ways to improve myself. The center's mission is to "cultivate friendly relations among the members of the Stein Senior Center and the general public; to provide services with an emphasis on group growth; to share the strengths, and wisdom of senior citizens; and referral services, and to safeguard the health and wellness of senior citizens."

Due to the senior center limited funding, I was not able to communicate and collaborate effectively with health care team to address the seniors problems, as they did not have a health care team. I was however able to communicate these findings with my professor. Base on my findings and through the collaboration with my professor, referrals were given to see their primary physician regarding certain matters. Lifestyle choices included diet and exercise.

Treatment choices included medication regimen. For community services, I referred them to the social worker within the center. Throughout this experience I was aware of the gaps in care system for these individuals due to economic, political, social and demographic forces that affect the delivery of the health services. Due to the high prevalence of high blood pressure among these individuals, I began to implement healthier diets and exercise programs to improve their quality of life and reduce the complications that go hand in hand with hypertension.

Summary:

This clinical semester was a very interesting learning experience. I have met seniors from different backgrounds, level of education, and ages. I find that the staff that work within the Stein Senior Center is very selfless in regards the time and commitments they make. They have managed to create an environment for these seniors to come to and enjoy their time within the center. Additionally they have managed to bring in nurses to assess and refer the seniors to the right care provider to manage their health problems. I have developed a new insight of senior centers and the help they bring to the seniors of our communities. I was given many opportunities to participate in their mission of educating seniors regarding preventative and alternative methods to manage their blood pressure, cholesterol and other concerns. I participated in the health fair by educating them regarding the risks of shingles and the treatments available.

COMMUNITY EDUCATION REFLECTION

Community Education Reflection

Cydney Trainer RN

CUNY: New York City College of Technology

Professor Elaine Leinung DNP, RN, FNP-C, CNE

December 12, 2013

Community Education Reflection

This semester we were afforded a promising opportunity to attend the Stein Senior Center as our clinical site for Community Health Nursing. I had received positive feedback from students who had been there previously and based off of the information on the Stein Center website there appeared to be a multitude of activities we could participate in. As a clinical nurse a majority of my encounters with the elderly population is during times of illness. Gaining insight into the personalities and lifestyles of well, healthy seniors was a welcomed change. I was looking forward to the learning opportunities and the overall experience.

While the semester seemed promising on paper, the actual day to day was different than expected. On the first day we received a tour of the facilities, were given an overview of the organization's mission and were given a schedule of the daily activities. Collectively we were disappointed to see that no events took place with the seniors during our allotted time at the center. Over the next few weeks we realized that not many individuals frequented the center at all while we were present and only a few trickled in towards the end of our stay for the lunch program. This aspect made interacting with the members of the Stein Center difficult but we tried on several opportunities to engage them and make an effort to interact along side them.

As part of our curriculum we were to identify an issue of importance to this population and, as part of a group, develop a presentation to help enlighten/educate the seniors. We decided that speaking with the seniors directly would be the best way to gauge the importance of an issue and to also pick up on a topic that may have eluded us. We found however that the seniors were surprisingly shut off to us. When we tried to mingle with them in the lunch room they found our presence to be disruptive to their routines and often asked us if "we would be here long" or "if we could possibly sit in a different section". None of the individuals were rude, but they were very

obviously closed off to interaction. There were two gentlemen that were more receptive to our presence but unfortunately our hope for mutual conversation felt more one sided. We were able to listen to some of the thoughts the gentlemen had, but they were more inclined to ramble and lecture us than to a dynamic discussion.

Ultimately, we chose the health topic of Shingles as the focus of our presentation, not by popular demand, but by rising prevalence and lack of accessible information. We researched the virus on various Centers for Disease Control and Prevention (CDC) and National Institute of Health (NIH) websites. After we felt as though we had a good understanding we developed a tri-fold brochure with 6 panels addressing the main areas of Shingles education. We developed the content and layout of the brochure with the seniors in mind. We worked to make sure the language was simple and concise and that the font was plain and large enough for those with vision deficits.

We have yet to present our lesson to the seniors (we are scheduled for Dec 4th) however based on previous groups' experiences we are expecting a modest turnout. Unfortunately, the Stein center does not promote our initiatives and as previously mentioned, not too many guests show up at 10:30 am on Wednesdays as no other activities are scheduled. We will do our bests to gather up the few of the center's members that do arrive early and try to persuade them to join us.

If nothing else, I'm confident the presentation and our time at the Stein Senior Center will benefit us in our careers in the long run. Moving forward I will keep this experience and these encounters in mind and apply them to my practice. As Registered Nurses, teaching is part of our profession with opportunities to educate our patients on a daily basis. Being able to understand each patient population, including cognitive limitations, physical barriers, and (in this case) personality quirks help us to tailor our teaching to be relevant and impactful.

Narrative Self-Reflection

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NUR 4010

Professor Leinung

December 4, 2013

Self-Reflection

This is my self reflection on my experience during the Community nursing class and clinical. It points out my professional and personal growth from taking this class which is discussed through the nine clinical objectives. I felt that I learned much from my peers this semester and we were able to guide each other when needed. I had the opportunity to see community nursing in action and adapted myself so that the clients at the senior center were able to get the most from our clinical. The following are the nine clinical objectives and how I grew from them.

Objective 1: Demonstrate individual professionalism through personal behavior and appearance.

During my clinical rotation I always maintained client confidentiality in accordance to HIPPA and found it to be of the utmost importance to the clients. I arrived at the clinical site at the expected time and was ready to tackle the day ahead. I actively participated in the clinical conferences as it helped me validate what I have learned as well as learn from my peers. When needed I went through the appropriate channels to ask for guidance either from my instructor or my peers. At all times, during my clinical I dressed professionally, as I felt it is a reflection of our image as nurses.

Objective 2: Employ analytical reasoning and critical thinking skills when providing care to individuals and families in the community setting.

During my clinical I conversed with clients as much as possible; although, they were not as receptive to our nursing class. When the opportunity did present itself, usually while we were taking blood pressures, I would assess their psychosocial and health patterns through questions I would ask the clients in passing conversation. If I noted that they had a misconception about a topic, I would clarify it for them in terms they would be able to understand. In addition, when

there was an elevated blood pressure I would inform the instructor and staff for further follow-up.

Objective 3: Effectively communicate with diverse groups and disciplines using a variety of strategies regarding health needs of individuals and families in the community setting.

Appropriate communication techniques were used to build on the therapeutic relationship with each client I encountered. In addition, I also took into consideration their cultural beliefs and values as this is important to the client, and will also build on the therapeutic relationship. During one interaction with one of the clients, I was able to speak to her in Spanish and this allowed her to be more open and ask more questions as she felt comfortable using her native tongue. I also found that active listening is another big part of communication that we may overlook. The clients sometimes just want to talk and have someone listen to what they have to say.

Objective 4: Establish environment conducive to learning and use a plan for learners based on evidence-based practices.

My groups found that a presentation on shingles was important to educate the population at the senior center. Evidence-based practices guided our interventions. We made a brochure with simple to read text and large font. In addition, we made the presentation short but informative, to engage the audience and spoke loud and clear to ensure they were able to hear.

Objective 5: Utilize information technology when managing individual and families in the community.

This did not apply to our clinical rotation.

Objective 6: Demonstrate a commitment to professional development.

During our clinical I was always open-minded and receptive to any feedback received to improve. I put in 100% of myself and self-reflected on where I saw I could continue to grow from. Participating in community clinicals, I learned that you have to think on your feet, as things may not go as planned. This is imperative, as in community nursing you are usually in the

field by yourself. Learning is a life-long process and this holds true in nursing, as it is an ever evolving career.

Objective 7: Incorporate professional nursing standards and accountability into practices.

At all times I performed in accordance with the ANA's and the Stein Center standards. I was always accountable for my actions during clinicals, as in my professional position.

Objective 8: Collaborate with clients, significant support persons and members of the health care team.

My team was able to collaborate together to present an educational service on shingles. We presented based on the population's needs. They were informed of treatment choices and where they would be available to find the available resources. Pamphlets were provided to reinforce the message we spoke about.

Objective 9: Recognize the impact of economic, political, social and demographic forces that affect the delivery of health care services.

Through talking and assessing some of the clients at the senior center I was able to see some gaps in the health care system. A big issue was affording medications. Some of the clients would cut their tablets in half or take them every other day due to their fixed income and inability to pay for the medications. There are many complex problems in our health care system but if we can each do our part to help alleviate any disparity in our practice we will make small changes towards improvement. As RN's, we must advocate for our patients and provide solutions for their issues.

Overall, my community clinical was an interesting learning experience. One gets a different feel for things when you experience it firsthand. I would have liked to get more interactions with the clients at the center and be able to partake with them in their group activities, which are mostly held in the afternoon. With the interactions I had, I felt I was able to help those clients think

about lifestyle changes and questions to bring up at their next appointment with their physician.

As stated by Benjamin Franklin, “Tell me and I forget, teach me and I may remember, involve e
and I will learn”.