



# CIAP Newsletter

**Upcoming:** EBP & Database Searching Workshop

**When:** 15 October 2025 08:30 - 12:30

**Where:** ONLINE

Register

Program

## Lippincott Procedures Content Updates

**A** Advisor

**P** Procedures

**20 new procedures are have been added to Lippincott Procedures!**

### Rehabilitation procedures:

1. Admission, rehabilitation
2. Bed mobility training, rehabilitation
3. Discharge, rehabilitation
4. Heat application, rehabilitation
5. Patient teaching, rehabilitation
6. Transfer from bed to wheelchair, rehabilitation
7. Transfer from wheelchair to toilet, rehabilitation
8. Transfer with a mechanical lift, rehabilitation
9. Transferring a patient with hemiplegia, rehabilitation
10. Transfer, rehabilitation

### Plus 10 new requested procedures:

1. Alcohol withdrawal management, ambulatory care
2. Bottle-feeding, pediatric
3. Coronary intravascular lithotripsy, assisting
4. Opioid withdrawal management, ambulatory care
5. Orbital coronary atherectomy, assisting
6. Peritoneal dialysis effluent specimen collection
7. Peritoneal dialysis, transfer set exchange
8. Sternal precautions
9. Vision screening (Medical assistant)
10. Vision screening, pediatric (Medical assistant)

Find procedural information, guides, and videos on [Lippincott Procedures](#).

Access provided by CIAP.

## What's the Diagnosis?



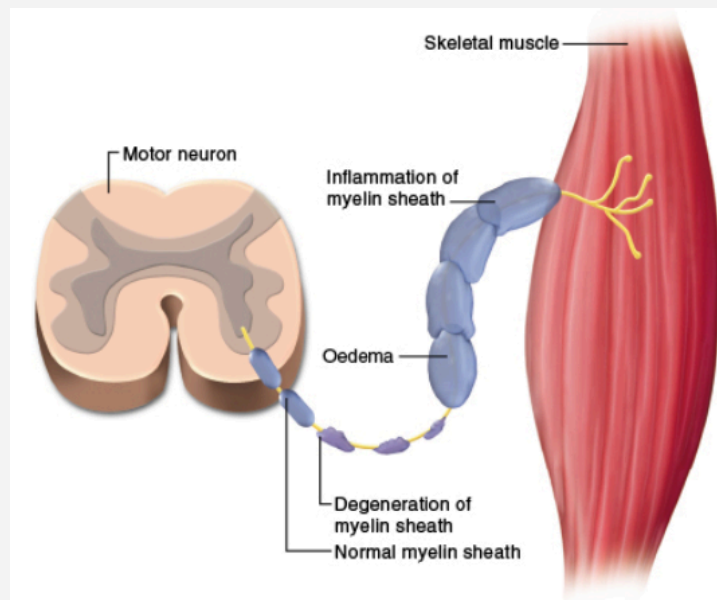
This condition attacks the peripheral nerves, blocking conduction of nerve impulses. The body's macrophages and T cells attack the myelin sheath. This sheath covers the nerve axons and conducts electrical impulses along the nerve pathways. With degeneration comes inflammation, swelling, and demyelination. As the disorder destroys myelin, the nodes of Ranvier (found at the junctures of the myelin sheaths) widen. This delays and impairs impulse transmission along the

dorsal and ventral nerve roots.

Because dorsal nerve roots handle sensory function, the patient may experience sensations such as tingling and numbness with nerve root impairment. Similarly, because ventral roots are responsible for motor function, impairment causes varying weakness, immobility, and paralysis.

Physical findings:

- Acute symmetrical ascending weakness of the limbs
- Sensory loss, usually in the legs (spreads to arms)
- Ataxia
- Difficulty talking, chewing, and swallowing
- Paralysis of the ocular, facial, and oropharyngeal muscles
- Loss of position sense
- Diminished or absent deep tendon reflexes
- Tachycardia, bradycardia
- Facial flushing
- Urinary retention or difficulty with bowel and bladder function
- Labile blood pressure
- Facial nerve weakness, bilateral Bell palsy
- Poor inspiratory effort
- Diminished breath sounds
- Decreased bowel sounds



What's the diagnosis? Find out the answer [here](#) in Lippincott Advisor.

Access provided by CIAP.

### Patient Case: A 32-Year-Old Woman with Fatigue and Myalgias



The patient was married and lived with her husband and two children in a forested town in a neighboring state. Rabbits and sheep were raised on her property. She was physically active, participating regularly in hiking, camping, and yoga.

She rarely consumed alcohol. She vaped and had a history of tobacco and marijuana use. She did not use other substances. The patient's family history was notable for hypertension, a patent foramen ovale, and stroke in her maternal grandmother; hypertension in her maternal grandfather; colorectal cancer in her paternal grandmother; and Kawasaki's disease in one of her children.

On examination, the temporal temperature was 36.3°C, the heart rate 52 beats per minute, the blood pressure 140/76 mm Hg, and the oxygen saturation 100% while the patient was breathing ambient air. The body-mass index (the weight in kilograms divided by the square of the height in meters) was 19.6. The cardiac rhythm was irregularly irregular. The remainder of the examination was normal.

Read more of this patient case in the [New England Journal of Medicine Evidence](#).

Access provided by CIAP.

The World Health Organisation acknowledges that the scope of nursing practice must be optimised to achieve global health goals. Advanced practice nurses contribute to improving the quality of care, patient satisfaction and patient access to health care. Nurse prescribing, considered an advancement in the scope of nursing practice, is available in many countries and is enabled through prescribing under specific restrictions, frameworks and legislation. Over the last two decades, nurse prescribing has expanded rapidly worldwide to address growing population needs for access to medicines. In the United States of America, New Zealand, Canada and Australia, nurse practitioners hold a master's degree and are authorised to prescribe medicines independently, while in the United Kingdom, Madagascar, Ethiopia and other countries, nurses prescribe medicines under a variety of models, including under the supervision of independent prescribers. However, the legislation, educational preparation and organisational conditions supporting nurse prescribing practices vary across countries,

In addition to the independent authorised prescribing undertaken by nurse practitioners, a Nursing Standard of Practice to support designated registered nurse prescribing under the supervision of an authorised prescriber has recently been approved in Australia. Unlike nurse practitioners, who are independently authorised to prescribe, designated registered nurse prescribers must work under a prescribing agreement with an authorised health practitioner. To be eligible for endorsement as a Designated Registered Nurse Prescriber, nurses are required to complete an NMBA-accredited graduate certificate-level course, possess general nursing registration and a minimum of 5000 h of post-registration clinical experience. Once endorsed, designated registered nurses undertake 6 months of clinical mentorship with an authorised prescriber.

Read more of this article in the [Journal of Advanced Nursing](#).

Access provided by CIAP.

### Upcoming CIAP Events

#### Evidence-Based Practice & Database Searching Workshop

**15 October 2025** 08:30-12:30  
Virtual (Microsoft Teams)

[Register](#)

#### CIAP Tools for Best Practice Workshop

**11 November 2025** 08:30-12:30  
Virtual (Microsoft Teams)

[Register](#)

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