



Lutheran Nurse of the Year

The inaugural Lutheran Nurse of the Year is Angela Uhrhane, of Wodonga in Victoria. She is currently serving as Pastoral Care Nurse at Lutheran Aged Care Albury (LAC). During the past two years she has also 'doubled' as acting chaplain there during the pastoral vacancy in the chaplaincy position. The award comprises a certificate and a gift of \$100.

In submitting the nomination, the Managing Director of LAC, Wendy Rocks, wrote that over the years LAC was without a chaplain, 'Angela took the lead role in organising a schedule of visiting pastors to provide services and the sacraments over this extended period. This was a tremendous feat of organisation on Angela's behalf, coordinating as she was, the Pastoral Care Team and work at LAC at the same time ... Angela was an active part of the Management Team during these two years, and was a source of ideas and beneficial discussion about resident care and spiritual care particularly.'

She added that Angela has 'participated in considerable study, both theological and clinical, to support her practice. She has been a leader in helping to establish a spiritual care framework as part of the policy and practice at LAC, embedding a comprehensive Spiritual Assessment of each resident within our resident care policy and practice. She devised and conducted the training for our RNs and Admissions staff in this regard.'

Pastor John Simboras is a relieving pastor at *St John's* in



Wodonga. 'I have known [her] to be an active and respected member not only of the parish, but also of the aged-care community', he wrote.

'Angela is respected and held in high regard. She is a most understanding and compassionate person, diligent, and supportive, giving generously of her time whenever she is called on.

'What I admire in Angela are the values that define her outlook on life, her work, and her relationship with people. These values are recognised by people who know her for her honesty, reliability, compassion, and high ethical standards. [She is] someone who will not let you down.

Pastor Gary Kenney has known Angela for many years. While serving as an army chaplain at Bandiana he was a fellow member at *St John's*. He wrote that Angela 'has always impressed me ... as a very efficient community nurse'. and that, at LAC, Angela's experience as an RN and Parish Nurse 'helped the Pastoral Care Department ... grow and develop.'

Angela has served as Pastoral Care Nurse at congregations in Wodonga, and Perth, WA. Last year she was appointed to the Lutheran Church of Australia's Committee for Ministry with the Ageing, and to the board of the ecumenical Australian Faith Community Nurses Association. In addition to her nursing qualifications, she has a Graduate Diploma in Theology in Parish Nursing from Luther Seminary (now Australian Lutheran College).

The award was to have been presented in the recipient's home church. It will be presented to her at LAC as close as possible to 12 May, International Nurses Day and the 200th anniversary of the birth of Florence Nightingale, modern nursing's founder.

A word from the Bishop

to nurses and other health-care workers

Then he put him on his own animal, brought him to an inn, and took care of him.

(Luke 10:34)

Jesus teaches us in the gospels that those who believe in him will respond to people's needs in practical, compassionate ways. Yes, we know faith saves us, and not works. But with our salvation safe in Jesus, we look for ways to serve. Christian faith motivates us to care for our neighbour, privately and professionally, among family, friends, acquaintances and local community, through hospitals, homes and community care organisations, and as congregations, in a myriad of ways.

In a recent video produced for the church during the Covid-19 pandemic, I acknowledged the efforts of the many people – paid and volunteer, in congregations, or through our care institutions – whose dedicated service to the young, to the ageing and the vulnerable is invaluable in these times. This includes nurses and care staff such as yourselves. The Lutheran church operates many aged-care facilities around Australia. The staff who serve there are very much part of the church's mission and service.

Thank you to all health-care workers for your service to those in your care, and for going the extra mile in this time of need!

Such service always comes at a personal cost. This month, as the bi-centenary of the birth of Florence Nightingale, is a reminder of how high that cost can be. We are hearing stories from around the world of the selfless service of health professionals and carers, often at great personal sacrifice, and frequently stretched beyond the limits of what they can reasonably be expected to do. Medical and care services are at the front line of the threat facing the whole of humanity.

Whoever we are, wherever we are, whatever our gifts and abilities, God calls us all together, particularly Christians, in love and service. Today, we need to follow that call, more than ever.

Joined in faith and love, we will do what we can for the benefit of others, in the name of Jesus.

As you show Jesus' care in these extraordinary days, know that God goes on loving you. He loves those in your charge. He is the rock who keeps you safe. You are professional people who, through organisations such as the Lutheran Nurses Association and your local congregations, support one another, encourage one another and pray for one another.

You can look to God for those extra reserves of energy you need right now. You already know these things better than I do, but all the same I want to

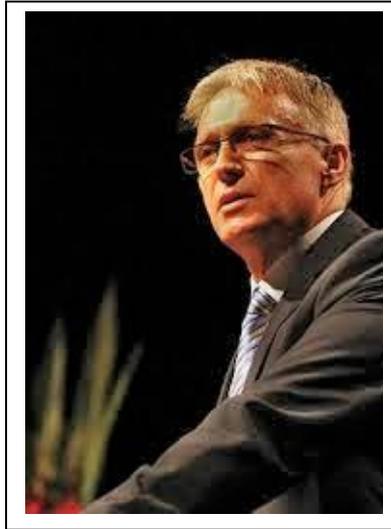
encourage you in what you do – it's important.

Please look after yourselves so you can look after others!

God bless you in your determination to care, to make a difference, and not to give up. Our resolve, and our faith, is being tested in this time. We will need to give up some things. I'm sure we will also gain other things, even if we aren't clear what they might be just yet.

By God's grace we'll pass through this period and come out of it wiser and richer for the things we have experienced and learned.

**Pastor John Henderson, Bishop
Lutheran Church of Australia & New Zealand**



Pastor Henderson has reason to believe that one of his forebears was a nurse who served at the Crimea, as did Florence Nightingale.

While at church meetings in Germany late last year, Bishop Henderson attended a session on the emergence of diaconal work in the Lutheran church there. He said, 'Pastor Fliedner and his star pupil Florence Nightingale were front and centre'.

Coronavirus pioneer

The current Covid-19 pandemic has drawn attention to the Scottish virologist, Dr June Almeida, who discovered the first coronavirus in 1964. She has been largely forgotten until now.

When Dr Almeida looked into her electron microscope in 1964, she saw a round, grey dot covered in tiny spokes. She and her colleagues noted that there was a 'halo' around the virus, much like the sun's corona. What she saw became known as a coronavirus, and she played a pivotal role in identifying it. This was all the more remarkable because the 34-year-old scientist never completed her formal education.

She was born in Glasgow in 1930 as June Hart. She was a bright student, but could not afford to go to university. She left school at the age of 16 and got a job as a histopathology laboratory technician at the Glasgow Royal Infirmary. Histopathology is the study and diagnosis of tissue diseases and involves examining cells and tissue under a microscope.

When she moved to a similar job at St Bartholomew's Hospital in London, she met and married Venezuelan artist, Enrique Almeida. The pair immigrated to Canada with their daughter, and June got a job working as an electron microscopist at the Ontario Cancer Institute in Toronto.

In Canada, it was easier than in England to gain scientific recognition without a degree, and she was frequently promoted in spite of her lack of formal training. Here, she developed new techniques, and published several papers describing the structure of viruses.

Her abilities were recognised by the Professor of Microbiology at St Thomas's Hospital Medical School, Dr A P Waterson, who persuaded her to return to England in 1964 to work at the hospital. Here she developed a new method that made it possible to better visualise viruses by using antibodies to aggregate them. She worked on the hepatitis B virus and on cold viruses.

Three years later she and Dr Waterson moved



moved to the Royal Post-Graduate Medical School. By then, she had been awarded a doctorate of science for her publications.

Dr Almeida was the first person to visualise the rubella virus by immune electron microscopy, a method she pioneered that 'made it possible for viruses to be seen clumped by antibody'.

When working with microscopic particles, it's hard to know exactly what to look for. An electron microscope blasts a specimen with a beam of electrons, and then records the particles' interactions with the specimen's surface. Since electrons have much shorter wavelengths than light, this shows scientists an image with much finer, smaller detail. The challenge is to discern if a tiny blob is a virus, a cell, or something else.

To solve this problem, Almeida used antibodies taken from previously infected individuals to pinpoint the virus. Antibodies are drawn to their antigen-counterparts; so when Dr Almeida introduced tiny particles coated in antibodies, they congregated around the virus, alerting her to its presence. This technique made it possible to use electron microscopy to diagnose viral infections in patients.

The method also led Almeida to discover that the hepatitis B virus has two components, one on the particle's surface and one internally. Current hepatitis B vaccines stimulate the anti-

bodies on the surface of the particle, which are the ones that protect against infection. Dr Almeida went on to identify a host of viruses, including rubella, which can cause complications during pregnancy.

In 1979 Dr Almeida published a *Manual for rapid laboratory viral diagnosis* for the World Health Organisation. She retired from virology in 1985, but remained active and curious.

She returned to *St Thomas* as an advisor, and helped publish some of the first high-quality images of HIV, the virus that causes AIDS.

She died from a heart attack in Bexhill, in December, 2007 at the age of 77.

Now, 13 years later, researchers are still using her techniques to identify viruses, and her work is helping in the fight against the Covid-19 coronavirus.



Pandemic impact

According to the International Association of Risk Management in Medicine, there are two routes for transmission of Covid-19 virus:

Human-to-human via group meeting, handshake, hug, conversation in close proximity, sneezing, sharing a lift or escalator, etc.

Human-to-object-to-human via items such as door knobs, handrails, straps, handles, keys, telephones, fax machines, post boxes, desks, drawer knobs, chairs, computer keyboards/mice, touchable parts of printers, tablets, smart-phones, toilet buttons, switches, toothbrushes, cups, newspapers, flyers, documents, money, credit cards, etc.



At the height of the Covid-19 pandemic, the US Navy hospital ship, *Comfort*, came to New York to provide accommodation for up to 1000 non-coronavirus patients, to ease pressure on the city's hospitals. At the time, more than 40 per cent of the USA's coronavirus deaths had occurred in New York.

More than 400 South Australian public hospital nurses and midwives have upskilled to be better able to tackle Covid-19 cases. They completed the additional training a month after it was announced by the State government.

The fast-tracked intensive and critical care program was developed by the Health Department to complement Local Health Network strategies. More than 1200 frontline workers enrolled in the High Dependency and Critical

Care nursing courses. One of the results is that participating nurses found that it alleviated the fear of ICU staff, who now feel more supported. It also gave ICU staff the opportunity to become familiar with ventilation – something they don't normally have to deal with. Another 300 courses have been made available to staff in the private system. The Country Health Rural Support Service has also developed a Covid-19 Acute Care Course for rural nursing and medical staff.

The current pandemic is bringing out the ingenuity of Parish Nurses in various parts of the world. Many have been making masks, for themselves, and for others, including local hospitals.

In Owen Sound, Canada, residents tie white ribbons in the front of their houses to show their support for health-care workers. Expectant mothers there are turning to midwives to deliver their baby rather than go to hospital. Parish Nurse Dianne Jackson is sewing isolation gowns from bedsheets for midwives to use when they visit. There are none available for purchase, and local fabric stores are closed.

Dr Jamie Spikes, Parish Nurse in Manhattan, Kansas, USA, reports that members of her congregation are considering the need to regularly wipe pew Bibles and hymnals, and disinfect the communion rail at the altar when church services resume.

† LCA PARISH NURSE
TRUST FUND MEMORIAL
Dr John Gerhard Strelan
10/11/1936-25/04/2020

Helen at DOS

I moved to Darwin for work in 2009 as there was a downturn in South Australia's economy, and the opportunity arose for employment in the Northern Territory (NT). I was working for a National Company in South Australia, and they transferred me to their NT location. It broke my heart to leave my family, friends and particularly my mother, who was residing in an aged-care facility.

I settled into the NT quite well, working as a Registered Nurse conducting Pre-Employment Medicals (PEMs) for the Mining, Construction and Civil industries. PEMs are part of the Work, Health & Safety Act and most companies conduct these medicals as part of their employment process.

After working for this company for nearly 12 months, I decided I would like to start my own business and offer a similar service. I knew I had the qualifications, knowledge and experience to do the work, but had no idea how to start a business, let alone a successful business!

In January 2010 I opened Darwin Occupational Services (DOS). In the first two months I phoned and visited many businesses trying to sell my services. Then in March 2010 a recruitment company started to use me for their PEMs. Ten years later this same company still uses me.

The services I offer range from medicals and functional capacity assessments to drug and alcohol testing, rehabilitation and return to work for injured workers. Medicals include hearing and lung tests. I also offer a mobile van service so I can go on-site to conduct the same services.

It has not been an easy journey as a sole trader, but I feel so blessed that I have a variety of loyal customers and all my work has come through word of mouth. God has truly blessed me with success in a part of Australia that is young and vibrant, with many opportunities.

In closing I would like to say that we can achieve virtually anything with determination, faith and patience. If you believe in yourself, you will be most likely to achieve your aims.

I opened my business when I was 50 years of age. I am now 61 years young, and I am still



going strong. However, Covid-19 did bring challenges for all businesses, including mine.

Perhaps one day the opportunity may arise to pass on the business, but until then my goal is to continue working as long as possible with God's blessings.



Helen Kuchel, Darwin

Helen was a member of the first Parish Nurse committee in the Lutheran Church of Australia, and served briefly on the team of Parish Nurses who succeeded Lynette Wiebusch in Mt Barker, SA.

Program



Venue for regular meetings: LCA/SA District Office, 137 Archer Street, North Adelaide

25 May 7.30pm **Don't rush to crush** – Ela Platos **Cancelled**

27 Jul 7.30pm **Forum: Hate the sin, love the sinner** **Subject to confirmation**

28 Sep 7.30pm **Eye bank: giving the gift of sight** **Subject to confirmation**

30 Nov 7.30pm **The role of a cancer nurse** **Subject to confirmation**

Visit our Facebook page (@lutherannursesassociationaustralia) for details.

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IN TOUCH

IN TOUCH is published six times a year. News items, letters, articles, jokes, and suggestions for topics, are welcome. **Editor:** Robert Wiebusch, 56 Donaldson Drive, Paradise, SA 5075 ☎ 08 8336 3936. Email: robert.wiebusch@lca.org.au. Deadline for next issue: **15 December 2019**.

Membership renewal for the 2019-20 financial year are now due

Membership renewal for the 2019-20 financial year is now due. Kindly return the form below, together with your cheque, to the LNAA Treasurer, Mrs Vicki Minge. Funds can be transferred electronically, using the following information: BSB: **704942** Account number: **155449** Account name: **Lutheran Nurses Association of Australia**. If you transfer funds electronically, please advise the Treasurer. Your name or postcode may be given as a reference. This should be included when notifying the treasurer.

LNAA MEMBERSHIP RENEWAL FORM 2019–2020

NAME: _____ **DATE:** _____

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My membership fee of \$25.

I arranged electronic transfer of my membership fee of \$25 on: _____

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In future, please send me electronic copies of *IN TOUCH*

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LNAA TREASURER: Vicki Minge, 16 Douglas St, Lockleys, SA 5032 pvminge@hotmail.com

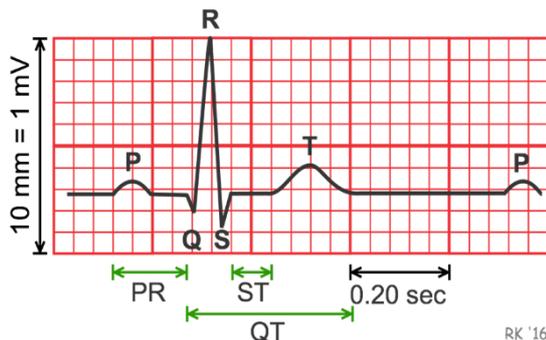
What is a STEMI?

Since our meetings have been postponed, during this current pandemic, I thought I'd condense my cardiac presentation into an article.

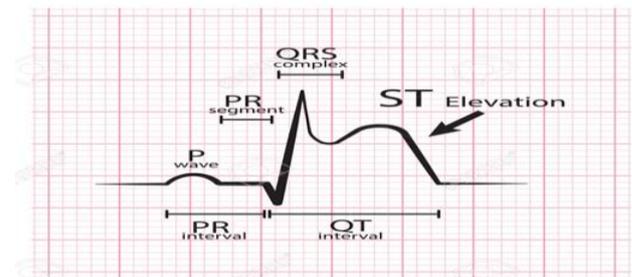
The scope of cardiac nursing is vast. We are found in the front lines of the emergency department, we operate in cardiac rehabilitation, we work on wards, supporting the acutely sick, and we work in the community, supporting chronic cardiac illness. We are also found in our catheterisation laboratories (Cath Lab or CVIS, cardiovascular investigation suite). It is here that procedures such as coronary angiograms, device implantation, tilt table tests and medication challenges such as Flecainide and Adrenaline are performed. And it is here that the immediate medical attention is provided for patients suffering a heart attack or Myocardial Infarct (MI).

Myocardial Infarction is caused by the lack of oxygenated and nutrient rich blood being able to supply the myocardium. This is caused by a lesion blocking blood flow through the heart arteries. Presentations can include chest pain, heartburn, pain radiating down left arm, into the jaw or, in the case of women, between the shoulder blades or upper epigastric associated with extreme fatigue. This is often accompanied by hyperhidrosis (excessive sweating), pallor, shortness of breath (without exertion) and, depending on the affected vessel, nausea and vomiting, along with signs of cardiogenic shock affecting blood pressure and heart rate. The acute STEMI (STelevation myocardial infarct) is demonstrated by a two mm rise between the S and T points on an ECG.

Normal ECG

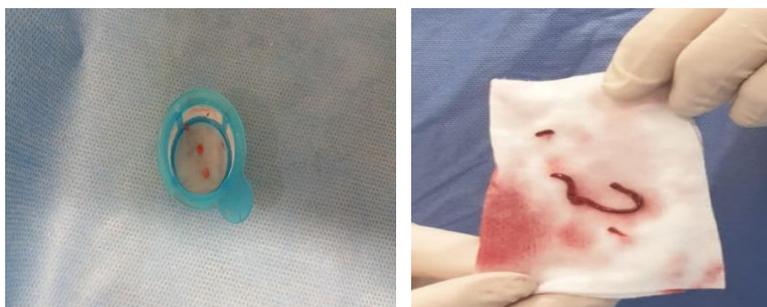


STEMI

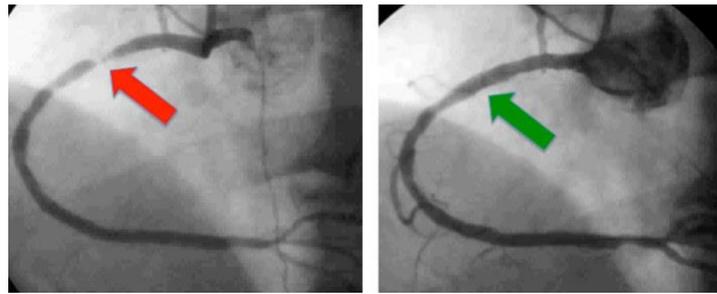


An indication of which vessel is effected is shown in the different leads of the ECG.

These patients are in immediate risk of going into cardiac arrest and dying and, with time equalling muscle, it's vital to get these patients on the table as soon as possible. Access is gained via either the radial or femoral artery. Wires and catheters are passed via these arteries to the openings of the cardiac arteries, coming off the aorta just above the aortic valve. There are three main coronary arteries, the right (RCA) feeding the back of the heart; the left main, the breaks into the left anterior descending (LAD) and left circumflex (Cx). Contrast is then injected into these arteries to show where any lesions or blockages that are causing the symptoms may be. If the blockage is caused by a clot, the use of a Thrombuster can 'suck' the clot out of the vessel. If the lesion is caused by plaque, ballooning and stenting may be an option to re-establish blood flow and keep the vessel open.

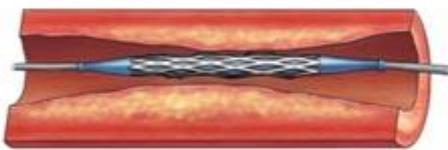


Small clots removed from cardiac vessel



This is an image of the stand alone RCA with an acute lesion. You can see the red arrow pointing to the narrowing that is impeding blood flow to the myocardium. The use of a stent can re-establish the blood flow and keep the vessel open, with the ongoing assistance of antiplatelet medications and lifestyle/risk factor modifications, as indicated by the green arrow.

Stent delivery system in place



Stent expands as balloon inflates



Catheter removed, stent implanted



Once the blood flow is established, the catheters are removed and the site is sealed either by a Transradial band (TR band) in the case of a radial access, or an Angioseal (in most cases). A TR band places pressure on the puncture site to stop the bleeding. Post angioplasty pressure can start to be let off slowly after two hours, depending on the APTT. An Angioseal is a silicon plug that is injected into the femoral artery. These patients are required to lie flat for a minimum of one hour before being slowly sat up and ambulated. The plugs dissolve into the body over a period of three months.

This has been a very simplified account of a STEMI. The same procedure can be used to diagnose and treat a NSTEMI or non-ST elevation myocardial infarction. These are normally chronic lesions with patients presenting with angina-like symptoms that are relieved with GTN and have Troponin rises.

I hope you have found this article informative and interesting. I also pray that you are staying safe in

the new world we find ourselves in. Australia certainly has had the advantage of being able to learn from other countries, as well as having forward-thinking leadership with a flexible and adaptable workforce. Whether you are self-isolating, working/studying from home or working on the front lines, we have all been effected by Covid-19. There is a lot of information available via the World Health Organisation (WHO), SA Health and the different medical societies and associations as well as our LNAA Facebook page. We have done the hard work of flattening the curve. It's now up to us to manage a come back to our new normal way of life.

'Be strong and courageous. Do not be afraid or terrified because of them, for the LORD your God goes with you; he will never leave you nor forsake you.' (Deuteronomy 31:6)

Megan Materne

