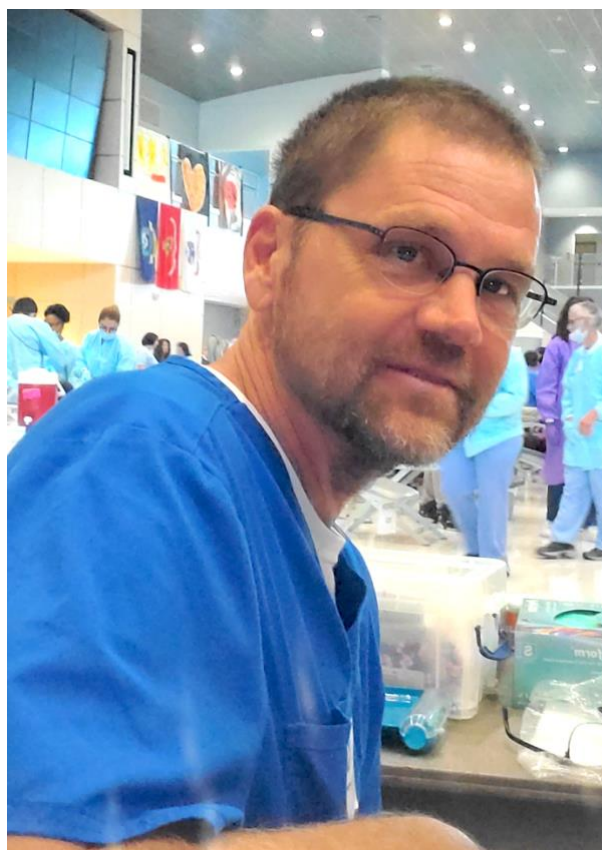


Brent Noorda RN, BSN, BSEngPh



Nursing Portfolio

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Overview

- [Introduction](#)
- [Resume](#)

Brent Noorda, RN, BSN, BSEngPh

brent.noorda@gmail.com - www.brent-noorda.com/resume



I am seeking a nurse position, in the Tampa/St Petersburg bay area, where I can maximize the quality of care that I, and everyone involved with care, can provide to our patients. To reach that maximum quality of care I hope to follow two simultaneous paths: First, is to continue in a variety of nursing positions to hone my skills and to learn as much as possible about how to meet the needs of patients, families, aids, nurses, and physicians. Second, I want to use my experience as an engineer (systems- and software-engineer) to improve the care and outcomes of patients; i.e., to improve patient care by optimizing EMR processes, providing caregivers more accurate and efficient access to information, and more time for giving care.

It took many years to realize that I needed to become a nurse. Even during my first career as a computer programmer and entrepreneur, I always felt the greatest satisfaction when I could provide personal care (e.g. tech support) to a person in need. As a foster and adoptive parent of children with physical and emotional needs, I learned the rewards of giving emotional and hands-on care. As the family member caring for multiple ailing relatives and interacting with so many great nurses, I realized that their profession was my calling and it was time to switch careers. Although computer technology and nursing are very different professions, I have found that many of the management, communication, leadership, and critical thinking skills carry over and have helped me become a better student, classmate, caregiver, and nurse.

If you're looking for a dedicated, hard-working, hard-thinking, empathetic and non-judgmental nurse who loves taking care of patients, and who wants to bring in engineering talents to improve the healthcare experience for everyone involved, please contact me.

Brent Noorda, RN, BSN

brent.noorda@gmail.com - <http://www.brent-noorda.com/resume>

St. Petersburg, Florida, USA

Registered Nursing Experience

RN, Float Med/Surg PRN - Northside Hospital – Apr 2021 - present

- RN bedside care in unit as-needed (Med/Surge, Neuro, Ortho/Spine, Covid, ER, ICCU) Covid-19 drive-thru testing and education

RN Volunteer for Florida DOH and RAM – Oct 2019 - present

- Vaccinator for COVID-19 events: walk-in, drive-thru, testing, and education
- RN intake & assessment, pharmacy, and discharge at remote medical clinics

RN, Medical-Surgical Orthopedic Unit - Palms of Pasadena Hospital – Dec 2018 - Apr 2020

- Perform assessments, wound care, pain control, intakes, and discharges for 5-6 pre-and post-surgical patients.
 - IV, IM, enteral, subcutaneous and oral medication administration and documentation utilizing EMar and Alaris pumps.
 - Educate patients regarding medications, care instruction, and interventions.
 - Electronic documentation of plans of care, assessments, I/Os, safety, and progress.
-
- Graduate of StaRN nurse residency program.
 - Multiple DAISY Award nominations.

RN, Order of Malta Oakland Clinic Volunteer – Mar-Aug 2018

- Patient intake & outpatient follow-up.
- Monitor records and coordinate among care across facilities for mammogram program.

Healthcare Licensures and Certifications

- RN - Florida Board of Nursing, Lic #9492196, exp Jul 2022
- RN - California Board of Registered Nursing, Lic #95135569, exp Oct 2020
- BLS/CPR/AED - American Heart Association, exp Feb 2023
- ACLS - American Heart Association, exp Nov 2020
- PALS - American Heart Association, exp Aug 2019

Education

Samuel Merritt University - Oakland, CA - May 2017

Bachelor of Science in Nursing

- Summa Cum Laude - GPA 4.0 (including SMU and all prerequisite courses)
- Student Representative to SMU administration and faculty
- Member of Sigma Theta Tau International Honor Society of Nursing
- Clinical Sites spanning 7 hospitals, 3 EMR systems, and 1 Telehealth center

University of California - Berkeley, CA

Bachelor of Science in Engineering Physics

- Highest Honors

Service Experience

Highlights of volunteer efforts to impact lives and communities:

St. Petersburg Free Clinic Food Pantry – March 2020-present

- Food packager and loader (and music DJ) for drive-thru during Covid pandemic

Noorda College of Osteopathic Medicine – 2015-present

- Co-founder and multiple board positions to launch a new medical school to fulfill the need for more physicians in the Midwest. First class to graduate in 2024.

Ray & Tye Noorda Foundation – 2013-present

- Board chairman - Reorganized and staffed foundation for 12-year spend-down with large annual grants for education, health, and poverty relief

Tri-City Mental Health Human Rights – early 2000s

- Chaired Human Rights Committee Tri-City Mental Health clients in Middlesex County, Massachusetts - performed site inspections, client interviews, and violation reviews

Computer Programming / Engineering Experience

Multiple positions, companies, and clients: 1980s-present

All areas of the software industry:

- Programmer: hardware-level drivers to full-stack internet products
- Product Manager: design and team leadership for internal and commercial products
- Manager: from products to teams to founding four companies (with two acquisitions)
- Consultant: products always ahead of schedule and under-budget, and always highest quality and reliability, including software for NASA's most advanced satellite: JWST

for expanded software career experience, see www.brent-noorda.com/enginurse

Relevant skills demonstrated during career in computer technology

Communication

- Wrote technical manuals and sales brochures
- Speaker and panelist at industry conferences

Teamwork

- Mediated between strong, diverse, conflicting personalities for effective cohesion
- Collaborated in industry standards bodies

Critical Thinking

- Repaired complex multi-component systems in real time
- Created monitoring tools used to quickly assess and diagnose hardware and software errors

Attention to Detail

- Developed fail-proof software selected by NASA to control the most complex and expensive satellite ever launched

Leadership

- Experienced project leader, manager, startup founder, and CEO
- Role model to employees and coworkers for working together for the customer
- Invented and promoted the technology now used by almost all interactive web sites

Credentials

- RN Licenses
- Certifications
 - BLS (CPR & AED)
 - ACLS
 - PALS

RN Licenses

Florida & Multistate

AC# **11009253**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

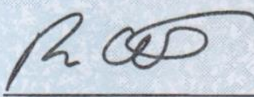
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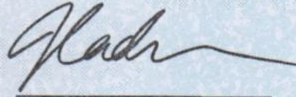
THE REGISTERED NURSE

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **JULY 31, 2024**
BRENT STEVEN NOORDA
14010 GULF BLVD
UNIT 203
MADEIRA BEACH, FL - 33708

QUALIFICATION(S):
Multistate Registered Nurse


Ron DeSantis
GOVERNOR


Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

California

STATE OF CALIFORNIA
BOARD OF REGISTERED NURSING

To Whom These Presents Shall Come, Greetings:

BRENT STEVEN NOORDA

POSSESSING THE QUALIFICATIONS ESTABLISHED BY LAW AND HAVING SATISFACTORILY COMPLIED WITH
THE REQUIREMENTS OF THE CALIFORNIA BOARD OF REGISTERED NURSING IS HEREBY GRANTED THIS
CERTIFICATE OF

REGISTERED NURSE

THE ISSUANCE OF WHICH CONFERS THE RIGHT TO PRACTICE NURSING IN THE STATE OF CALIFORNIA IN
ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6, DIVISION 2, BUSINESS AND PROFESSIONS CODE AND
DIVISION 14, TITLE 16, OF THE CALIFORNIA CODE OF REGULATIONS.

IN TESTIMONY WHEREOF,
the seal of the State of California
has been affixed this 26th day of July, 2017 at
Sacramento, California

THIS LICENSE IS THE PROPERTY OF THE STATE OF CALIFORNIA AND
SHALL BE INVALID IF REVOKED OR IF THE LICENSE
IS NOT RENEWED.

STATE OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

LICENSE NO.
RN95135569

Certifications

BLS (CPR & AED)



BASIC LIFE SUPPORT

BLS Provider

Brent Noorda
has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date 2/6/2021 **Renew By** 02/2023 **eCard Code** 215418708045

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

BASIC LIFE SUPPORT

Training Center Name On The Go CPR, LLC.

Training Center ID TN20953

TC City, State Murfreesboro, TN

TC Phone (931) 222-5548

Instructor Name Daniel Livingston

Instructor ID 02210922783

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ACLS



ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS Provider

Brent Noorda
The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

Issue Date 11/8/2018 **Recommended Renewal Date** 11/2020

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

ADVANCED CARDIOVASCULAR LIFE SUPPORT

Training Center Name Emergency Medical Consultants, Inc.

Training Center ID FL05170

TC Address 597 SE Port St. Lucie Blvd
Port Saint Lucie FL 34984 USA

TC Phone (772) 878-3085

Instructor Name Jacqueline Steinmeyer

Instructor ID 09160497788

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PALS

PEDIATRIC ADVANCED LIFE SUPPORT

PALS Provider

Brent Noorda
The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Pediatric Advanced Life Support (PALS) Program.

Issue Date AUG 31 2017 **Recommended Renewal Date** AUG -- 2019

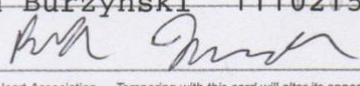
PEDIATRIC ADVANCED LIFE SUPPORT

Training Center Name RCP Adv. Life Support **TC ID #** CA20812

TC Info Anaheim, CA 92801 **TC** 714-808-9036

Course Location Safety Training Seminars
www.cprcpr.com 415-437-1600

Instructor Name Sam Burzynski **Inst. ID #** 11102151078

Holder's Signature 

© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1807

Recommendations and References

Letters of Recommendation and References are available on request.

Because these materials contain the personal information of third parties, they are not included in this online portfolio.

Nursing School Records

- [Diploma](#)
- [Transcript](#)

Samuel Merritt University

To all to whom these Letters shall come, Greetings:

The Board of Regents of Samuel Merritt University on the recommendation of the
Faculty of the Department of Nursing and by virtue of the authority
vested in them by the State of California have conferred on

Brent Steven Noorda

who has satisfactorily pursued the Studies and taken the
Examinations prescribed therefore for the Degree of
Bachelor of Science in Nursing

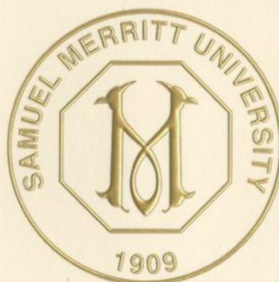
Summa cum laude

with all the Rights, Privileges, and Honors thereunto appertaining.

Given at Samuel Merritt University, Oakland, California,
this thirtieth day of May, in the year two thousand seventeen.

Sharon C. Diaz

President



Cornelius L. Hopper, M.D.

Chairman, Board of Regents

Unofficial Transcript

Samuel Merritt University Office of the Registrar

3100 Telegraph Ave
Oakland, CA 94609

Name: Noorda, Brent

Program/Degree/Curriculum: Degree Awarded: Date Granted:
Undergraduate/Bachelor of Science/ABSN Bachelor of Science 5/30/2017

Honors: Summa Cum Laude Cumulative GPA: 4.000

Previous Institution:

University of California -
Berkeley, Bachelor of Science

2016 Summer

Oakland Campus

Course	Title	Sub Type	Grade	Credits	Quality Points
NURSG 120	Managing Care of Adu	Lec 1	A	5.00	20.00
NURSG 120L	Managing Care of Adu	Clinical	S	0.00	0.00
NURSG 125	Health Assessment	Lec 1	A	2.50	10.00
NURSG 125L	Health Assessment La	Lab	S	0.00	0.00
NURSG 126	Health Assessment II	Lecture	A	2.50	10.00
NURSG 126L	Health Assessment La	Lab	S	0.00	0.00
NURSG 128	Healthy Aging	Lec 1	A	2.00	8.00
NURSG 136	Managing Care of Adu	Lec 1	A	5.00	20.00
NURSG 136L	Managing Care of Adu	Clinical	S	0.00	0.00
NURSG 138	Intro to Nursing	Lecture	A	2.00	8.00

	Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA
Term:	19.000	19.00	19.00	19.00	0.00	76.00	4.000
Overall:	19.000	19.00	19.00	19.00	0.00	76.00	4.000

2016 Fall

Oakland Campus

Course	Title	Sub Type	Grade	Credits	Quality Points
NURSG 108	Nursing Research	Lec 1	A	2.00	8.00
NURSG 144	Care of Childbearing	Lec 1	A	5.00	20.00
NURSG 144L	Care of Childbearing	Clinical	S	0.00	0.00
NURSG 158	Pediatric Nursing	Lec 1	A	5.00	20.00
NURSG 158L	Pediatric Nursing Cl	Clinical	S	0.00	0.00
NURSG 164	Managing Care of Adu	Lec 1	A	5.00	20.00
NURSG 164L	Managing Care of Adu	Clinical	S	0.00	0.00

	Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA
Term:	17.000	17.00	17.00	17.00	0.00	68.00	4.000
Overall:	36.000	36.00	36.00	36.00	0.00	144.00	4.000

2017 Spring

Oakland Campus

Course	Title	Sub Type	Grade	Credits	Quality Points
NURSG 129	Psychiatric/Mental	Lec 1	A	5.00	20.00
NURSG 129L	Psych/Mental Lab	Clinical	S	0.00	0.00
NURSG 160	Leadership, Mgt, Hea	Lec 1	A	3.00	12.00
NURSG 170	Community Health Nur	Lec 1	A	5.00	20.00
NURSG 170L	Community Health Cli	Clinical	S	0.00	0.00
NURSG 181	Senior Synthesis	Clinical	S	3.00	0.00

	Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA
Term:	16.000	16.00	16.00	13.00	0.00	52.00	4.000
Overall:	52.000	52.00	52.00	49.00	0.00	196.00	4.000

<u>Total Credits Taken:</u>	52.00
<u>Total Transfer Credits:</u>	0.00
<u>Overall Credits:</u>	52.00

End of Transcript

Sample Nursing School Projects

- Presentations
 - Moral Distress
 - PICO: Aerosolized vs IV Antibiotic...
- Nursing Cohort Advice about Sharing
- Pinning Speech
- Patient Write-Ups

Sample patient write-ups (pathoflows, lab analysis, medication organization and reconciliations, IPRs, and Client Workups) are available on request. They are not included here because even with personal identifying information removed, some patients or family members might think they recognize themselves in the cases.


Presentations

Moral Distress

Powerpoint to lead senior synthesis discussion on moral distress in nursing. The discussion led to some very distressing events that we, even as student nurses, had contended with regarding moral choices and how wearing they can be.

Moral Distress, How To Prevent It?

You **cannot** prevent it.



Moral distress is inevitable¹ because you will eventually meet people with different views.

Full presentation: brent-noorda.com/portfolio/moral-distress

PICO: Aerosolized vs IV Antibiotic Delivery for VAP Prevention

It would make sense to deliver the antibiotics only where they're needed (directly to the lungs), rather than systemically, wouldn't it? But does the data support this theory?


Antibiotic Delivery Methods for VAP Prevention/Treatment Aerosolized versus IV			
Martin Castro, Terry McGovern, Brent Noorda, Siboun Vongphachanh			
Clinical Question	Synthesis of findings	Decision about practice	Evaluation
In patients with ventilator associated pneumonia (VAP), does use of aerosolized antibiotic treatment (AAT) reduce pneumonia recovery time or mortality rates compared to traditional IV antibiotic treatment (TIVAT)?	2 of 3 studies show greater resolution for AAT than TIVAT (in one case with sicker patients on AAT). No additional adverse respiratory outcomes (e.g., bronchoconstriction, apnea) were found due to administration of AAT. Nephrotoxic effects significant in TIVAT patients; no renal problem found for AAT. Number of studies and sample sizes remain small, with very different treatment protocols between studies.	There is not sufficiently strong evidence to change current VAP protocols, or to state exactly what those new protocols would be with regard to AAT administration amounts, schedules, or aerosolization equipment and settings. But existing research shows enough promise to encourage more trials.	Determine understanding by RTs and institutional staff of the theories and potential benefits of AAT, and need for new research. Periodically assess progress of research proposals, and progress of ongoing research.
Review of the literature	Method	Implementation	Discussion
An integrative review of available evidence supporting the use of AAT. Data supports AAT but evidence is of low quality. Advances are needed in aerosolized delivery. A retrospective, single-center cohort study of 93 patients AAT vs TIVAT over 5 years. Even though patients selected for AAT were more severely ill and more likely to be infected with MDR pathogens, their survival rates exceeded TIVAT patients. A retrospective non-random case-matched study of 16 AAT and 16 TIVAT patients over 6 years. AAT patients had greater VAP resolutions rates and no signs of nephrotoxicity (compared to 31% renal dysfunction among TIVAT patients).	Databases: PubMed, CINAHL, UpToDate Keywords: Aerosolized antibiotic VAP therapy Synonyms: Aerosolized=inhaled, therapy=treatment, VAP=Ventilator Associated Pneumonia Inclusion: 10 years, all research types	At an individual level, continue our research into studies and theories, and communicate with Respiratory Therapists to share this information and learn their concerns. Create study designs and work with Ethical Review Boards to refine those designs At an organizational level, encourage our institutions to design, secure funding for, and participate in randomized trials of AAT. At a national and international level, disseminate our plans and results and collect information on similar research projects.	Evaluate quality, validity, ethics, and dissemination of research results. Delivering antibiotics directly to the lungs via AAT, shows significant promise in treating VAP without as many systemic adverse effects as found in TIVAT. But the benefits are inconclusive due to the low number of randomized experimental trials conducted. We advocate for more research into AAT to reducing the devastating current level of poor VAP outcomes.

Full presentation: brent-noorda.com/portfolio/pico-aero

Nursing Cohort Advice about Sharing

Our first few weeks in nursing school were a mess. Of the four dozen students in our cohort there were probably four dozen different ideas about what assignments were due when and how we should be preparing for each day of class. Although the instructors used a fancy Learning Management System, that LMS was set up to optimize the instructors' time, not the students' time (time which should have been used for studying, not for figuring out what the heck was going on).

Then I put together a few principles about how a cohort should work together to share knowledge about schedules, requirements, and nursing. The most useful part was the concept of a cohort homepage, where we could edit and see just what we had to be doing at any moment. Here is what our cohort homepage looked like on one particular day:



ABSN-oak-may17 ◊ homepage
<http://catchy.link/absn-oak-may17>

Email - HESI Practice - Assignments - GDrive - OneDrive

COMING SOON: last updated Sun @ 3pm

- MCA3 Lecture Mon 9am-12pm (INFO) @ Fountaine Auditorium
- **DUE:** Mon Oct 10 by 11:59pm: 3 HESI patients (INFO)
- **MCA3 Exam #2** Tue Oct 11 9am (INFO) **Meet in HEC 105**
- MCA3 Lecture Tue 9am-12pm (INFO) **Meet in HEC 105**
- NR Lecture Tue 1pm-4pm (INFO) @ ¿Room?
- **DUE:** Fri Oct 14 by 11:59pm: NR Concepts... (INFO)

CURRENT CLASSES --- looking for finished classes?

MCA III - Managing Care of the Adult III (N164)
Nursing Research - (N108)

Academic Resources **Clinical Stuff**
Social Resources **ShareMore...**

“Nursing Cohort Advice about Sharing” is a document I created for any group (nursing or otherwise) to succeed together. The cohort following ours used the advice and did better than we did. The cohort following theirs is doing the same. I hope this can be useful to any group sharing in an educational experience.

URL: brent-noorda.com/nurse-cohort-sharing

Pinning Speech

I was both honored and punished to be voted, along with my favorite classmate, to give our end-of-year pinning speech. Here's our time in nursing school summed up in one speech and slideshow.

As seen from the audience:



URL: youtu.be/ed9cG0jRv5M

Emphasis on the slideshow:



URL: youtu.be/azLbtIQMmI

Nurse Continuing Education: Tools & Writings

During prerequisites, nursing school, and since joining the profession, I have not always found the learning tools I needed, so I've created a tool or written a report. That's how I learn.

These are a few examples:

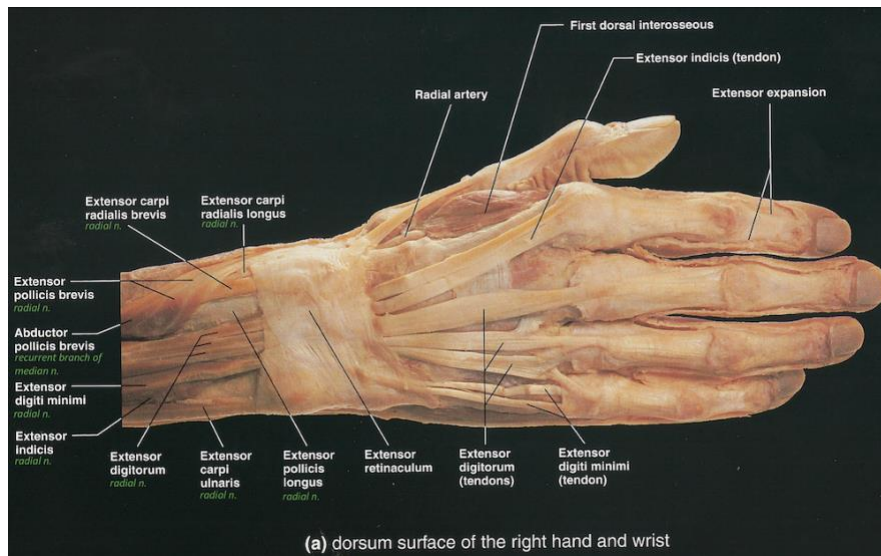
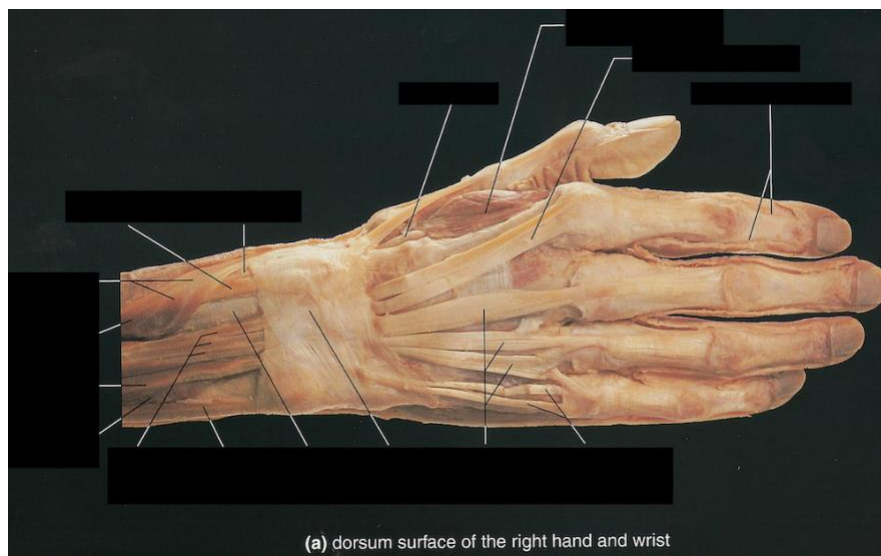
- [Anatomy Memorization Flipchart](#)
- [Adult Standard Labs](#)
- [NANDA Short List for Mobile](#)
- [Axon Action Potential](#)
- [EBP Poster: Music for Pain & Anxiety](#)
- [administering mass COVID-19 vaccinations](#)
- *coming soon: brain tools for the mediocre nurse*

Anatomy Memorization Flipchart

I found Anatomy Lab to be, by far, the most difficult class in all of nursing preparation. Memorizing terms (and names, and languages) is just not my forte. I tried numerous flashcards, books, websites, and apps, but none of them was working for me.

So, I made this tool based on showing sections of anatomy (as plagiarized from our textbook) with terms all either showing or not showing. As a web or mobile tool, one can instantly flip back and forth between the two views, checking their memory on one or multiple related terms together.

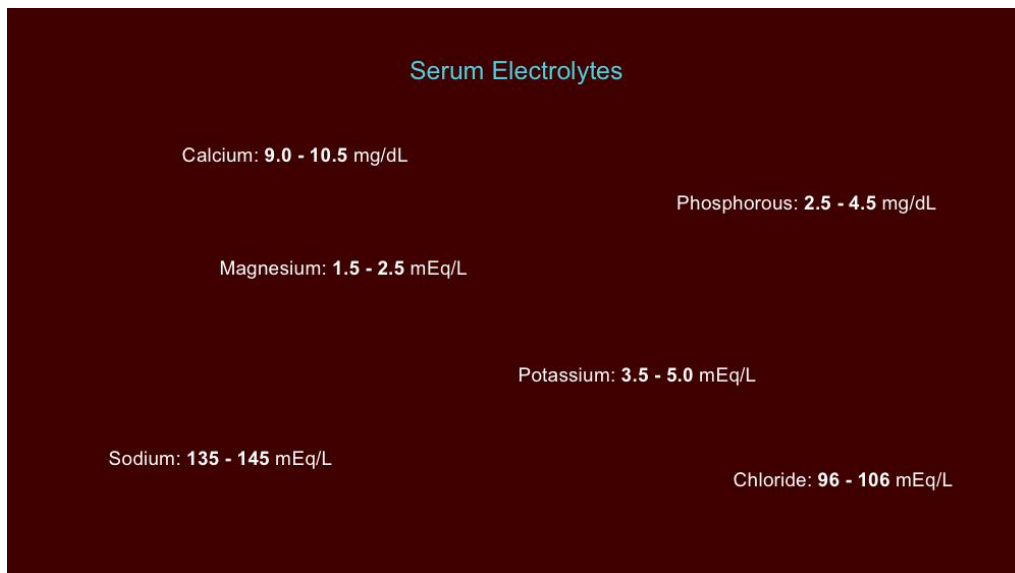
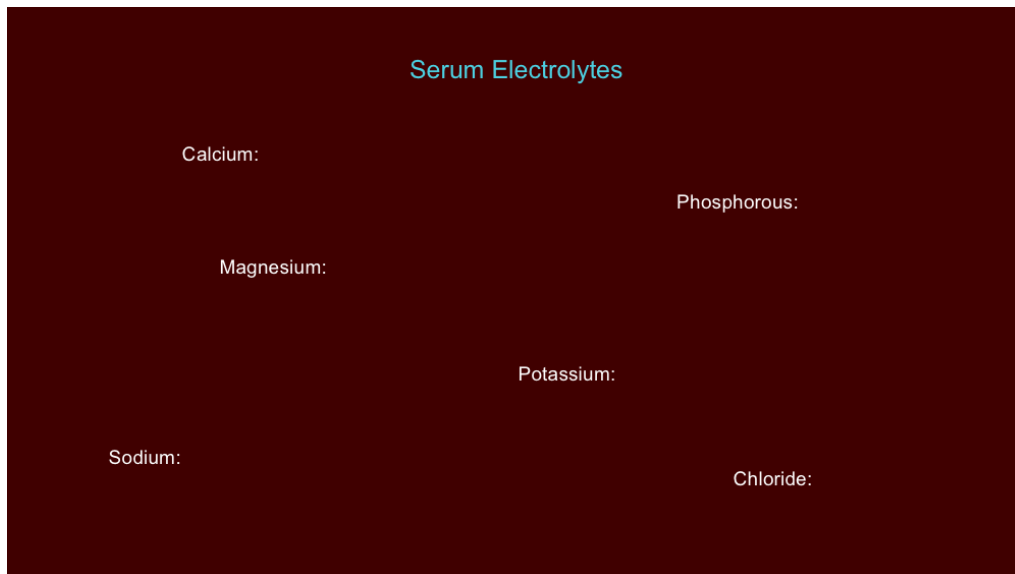
It worked for me (I got an A+), it worked for my class (grades were 10% higher than in previous semesters), and I've heard from students since then that are using it.



URL: brent-noorda.com/medical/anatomylab

Adult Standard Labs

There are a few standard values that every nurse just needs to know. The flashcard technique used for anatomy memorization easily lent itself to memorizing these standard values. I still revisit these slides about once a week to stay fresh.

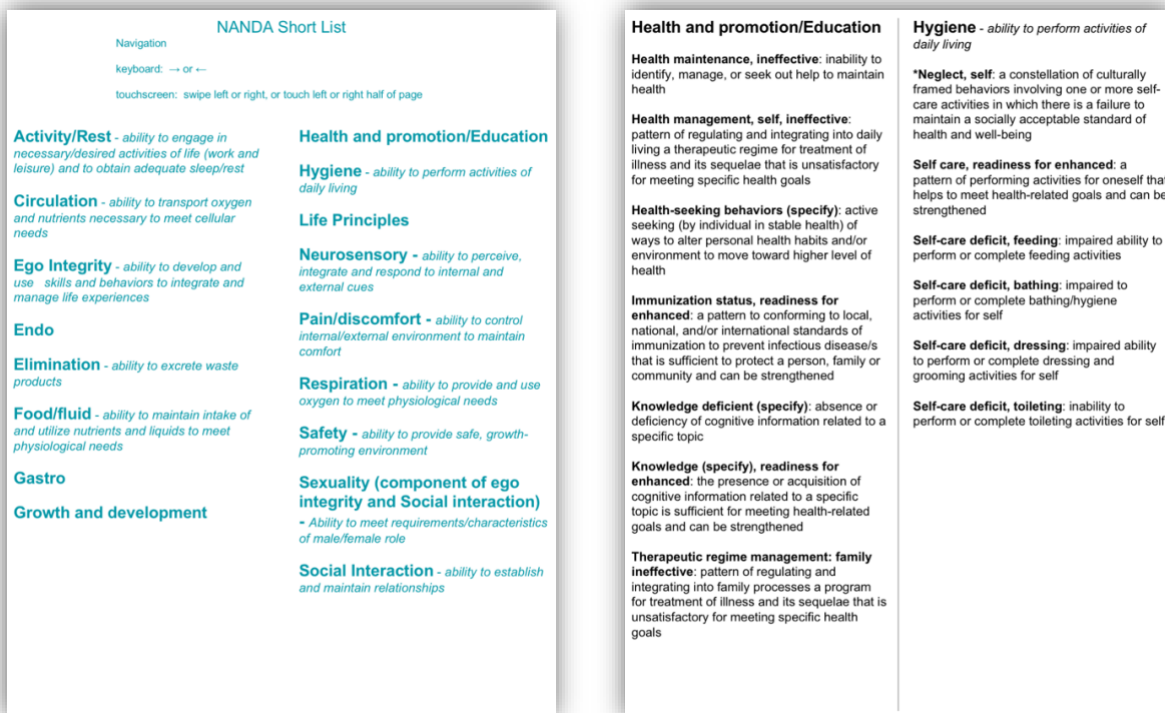


URL: brent-noorda.com/adult-standard-labs

NANDA Short List for Mobile

For many nursing students, being forced to use diagnoses that match a pre-approved NANDA list seems artificial and like a waste of time. However, I believe that it is a good exercise in teaching new nurses how to think about the immediate and nurse-addressable needs of the patient and family.

It is certainly true that, in the clinical setting, it's not easy to pull a NANDA term out of the air. The following tools makes that possible. With a cell phone and a link to this list, it is easier to quickly drill down to a proper NANDA diagnosis.



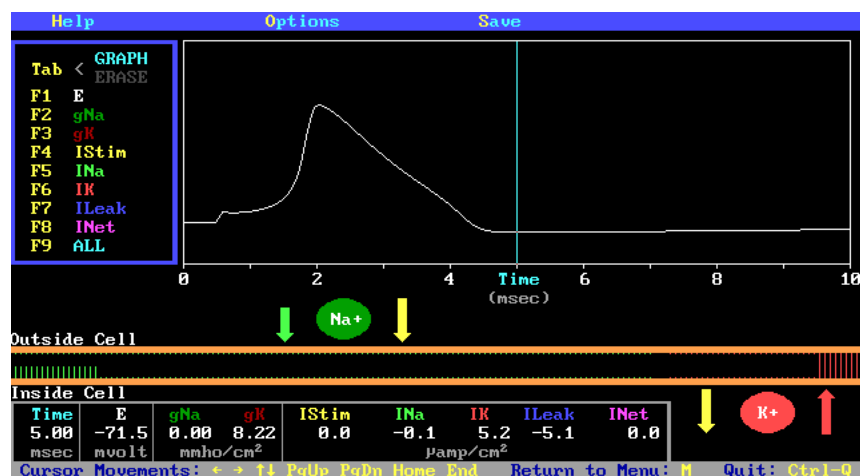
URL: brent-noorda.com/nanda-short-mobile

Axon Action Potential

To understand the signals needed to trigger the action potential in an axon, and so see how the sodium and potassium gates and ions are involved in that trigger and its recovery and refractory period, is a complicated business. Years ago, some instructors wrote a program to simulate excitable tissues to students. The program allowed students to change parameters (e.g. Na^+ or K^+ or poison concentration) to examine the effects. For example, excessive extracellular hyperkalemia will be seen as a cell that is always depolarized but never fires.

The problem with the simulation was that it was written to only run on DOS computers that are decades old. To share this old DOS program with we students, our physiology professor had to lug around old, slow, heavy DOS computers. What a pain!

I was determined to make this simulation available to students with modern web access anywhere. By plugging together pieces of DOS simulation software others had written and made available through open source, I was able to get this acceptable web-based version of this simulator available to anyone, anywhere. No lugging DOS computers required.



URL: brent-noorda.com/axon-action-potential

EBP Poster: Music for Pain & Anxiety

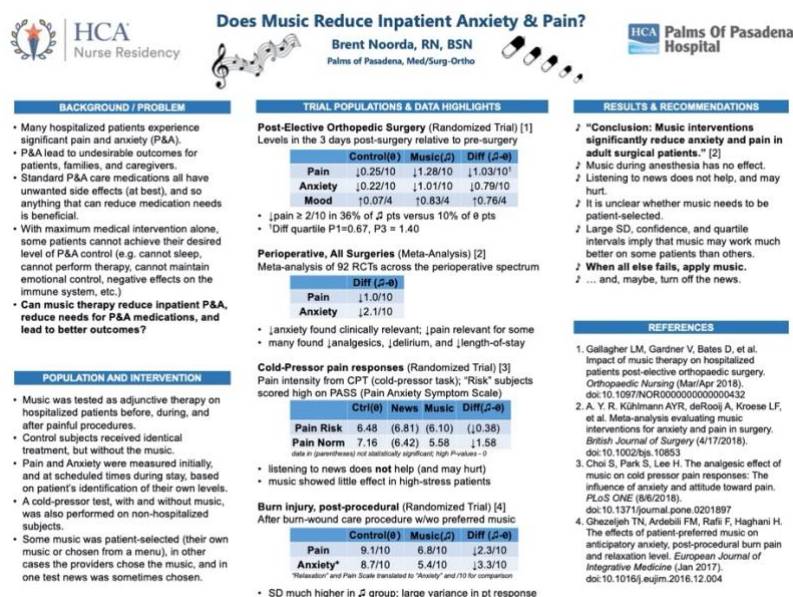
My hospital did not have radios or music on the TV, but I did have an iPhone with a subscription to Spotify (and I didn't need a prescription to use them).

Five months into my new nurse career, five patients led me to a new appreciation of the therapeutic effect of music. Each patient was experiencing high levels of pain and/or anxiety through long, difficult hospital nights... I'd exhausted every possible medication and order... They were exhausted... I was exhausted... Nothing worked...

Until pulled out my iPhone and found the right Spotify playlist for each one:

- the confused patient from Brooklyn, who could not stop shouting, moaning, and crawling out of bed until she received treatment from Dr. Frank Sinatra. I don't know where in her mind she went, but I pictured her on a brownstone stoop, holding hands with her first boyfriend
- the southern, religious woman whose unrelenting pain kept her awake until the Gatlin Brothers chimed in
- the old woman with dementia and a broken hip, needing constant two-hands-on support to remain safely in bed, until the Mormon Tabernacle Choir allowed me to keep only one hand in hers, freeing my other hand to do charting
- the opioid-dependent shoulder replacement, shaking for hours on end in a fetal position, but quickly falling asleep to Tony Bennett duets
- In only one case did the playlist fail to help. The patient chose Michael Bolton, and Michael Bolton did not deliver!

This poster was created for my nurse residency program, to share what I'd learned with my fellow new nurses. (P.S. Since that time I've had a LOT more success with music for my patients, and I've learned that 9 times out of 10, Frank Sinatra put's 'em to sleep.)

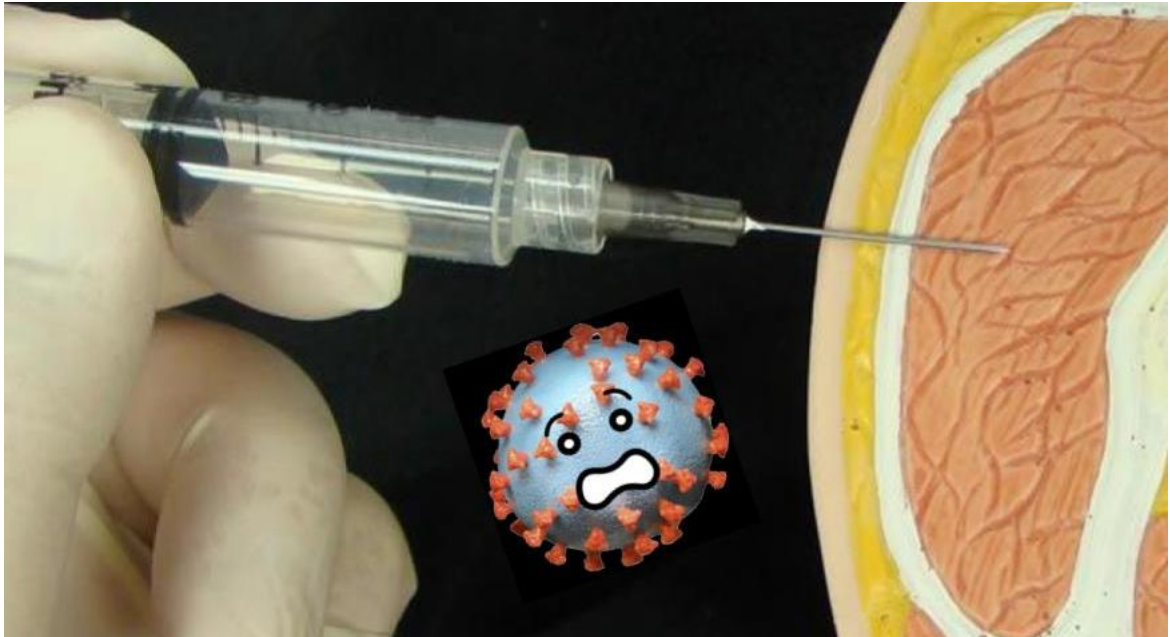


Full presentation: brent-noorda.com/portfolio/ebp-music

administering mass COVID-19 vaccinations

Giving a whole lot of small IM injections seems like such a simple task—or at least a simple task, repeated again and again and again. But when I looked at how everyone was doing it, and all doing things so differently, it got me wondering, and reading, and experimenting.

This just goes to show that any little topic is interesting the deeper you look into it.



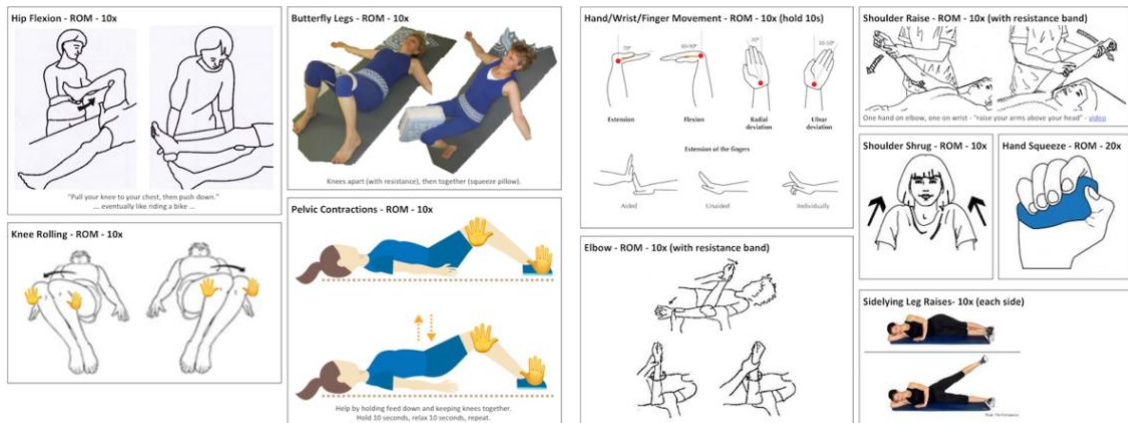
URL: brentnoorda.substack.com/p/maxvaxx

Training Materials for Care of Stroke Patient

A couple of days after receiving an RN, my mother-in-law, Carol, had a stroke resulting in her returning home with left-sided hemiparesis. After attending to her immediate needs of hydration and nutrition, I put together training materials for fellow nurses (our recently-graduated classmates) to prevent atrophy and spasticity, activate neuroplasticity, rebuild muscles, and eventually get back to standing and her first initial steps.

- **ROM & PROM in-bed exercise chart**

These visuals, copied from many sources, were hung in a large chart on the wall, e.g.:



URL: tinyurl.com/in-bed-rom

- **Video Playlist for left hemiparesis/hemiplegia care & rehab**

As Carol progressed beyond bed exercises, still diagrams were no longer enough for new-nurse caretakers to learn proper techniques. So, I created a playlist for us all to learn from, using many videos available on the web. Many of those were for right hemiplegia, so I reversed the video (but not the text) to apply to left hemiplegia.

Video Playlist URL: tinyurl.com/left-hemi-care

Material from a Cancer Patient

Soon after receiving my RN I learned that I had throat cancer (oropharyngeal squamous cell carcinoma). After two months of radiation and chemotherapy, and then many more months of recovering from what those two months did to me, I'm now gratefully showing no signs of cancer and feeling fully recovered.

Going through this experience as a patient should be worth at least an extra 10 credits of nursing school. For myself, I hope it will make me a better nurse: more empathetic, tolerant, and knowledgeable.

And for others going through this experience, I created a few things during my ordeal that I hope will help.

- Patient's Brain
- Tips for my nurse-self, from my patient-self
- (Attempting to have) Fun with Cancer
 - Facial Grooming for Head & Neck Radiation Patient
 - Medicine's Big Bang (How the Universe Began)

Patient's Brain

Nurses often use what's called a "brain" to manage the complexity of caring for multiple patients simultaneously. The brain is usually just a sheet of paper, arranged in a personal style, for checking off what needs to be done with each patient, what is complete, and extra information to be transferred later to a chart or HCP. As a student nurse, I learned that the right brain can make very complex care a lot more manageable.

As a cancer patient, I soon became overwhelmed with the number of tasks I needed to perform every day just to take care of one single patient: myself. My care team consisted of radiology, oncology, surgery, dentistry, speech therapy, and nutrition, with each specialty adding its own set of medications, exercises, and other interventions, and each specialty needed feedback. The task of caring for myself quickly became overwhelming.

I thought: what if each patient had their own brain, much as a nurse uses a brain? So, I put together a few prototypes, e.g.:

HEENT Radio/Chemotherapy Treatment - Week 3				HEENT Radio/Chemotherapy Treatment - Week 7				HEENT Radio/Chemotherapy Treatment - Week 7			
Day 1 - Chem 1	Day 2 - Chem 1	Day 3 - Chem 2	Day 4 - Chem 3	Day 1 - Thursday	Day 2 - Friday	Day 3 - Saturday	Day 4 - Sunday	Day 1 - Sunday	Day 2 - Sunday	Day 3 - Sunday	Day 4 - Sunday
Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	
Day 5 - Chem 4	Day 6 - Chem 5	Day 7 - Chem 6	Day 8 - Chem 7	Day 5 - Thursday	Day 6 - Friday	Day 7 - Saturday	Day 8 - Sunday	Day 1 - Sunday	Day 2 - Sunday	Day 3 - Sunday	Day 4 - Sunday
Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vitals	

URL to full set of templates: brent-noorda.com/pt-brain-templates

By filling in the brain as each day went along, I felt I finally had a handle on my care. Even so, as you can see in these examples, I almost never got everything done on any day (it's hard!):

HEENT Radio/Chemotherapy Treatment - Week 7				HEENT Radio/Chemotherapy Treatment - Week 7				HEENT Radio/Chemotherapy Treatment - Week 7			
Day 1 - Chem 1	Day 2 - Chem 1	Day 3 - Chem 2	Day 4 - Chem 3	Day 1 - Thursday	Day 2 - Friday	Day 3 - Saturday	Day 4 - Sunday	Day 1 - Sunday	Day 2 - Sunday	Day 3 - Sunday	Day 4 - Sunday
Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vital	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vital	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vital	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vital	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vital	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vital	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vital	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vital	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vital	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vital	Fluid 2000 ml (+50% electrolyte) Carmex 2000 Protein 130 gm Fiber supplement Multivitamin Zofran (ondansetron) 1 evening tab. Mouthwash - Sodyal glutamine 100g Brush 1x/day Fluon 1x/day Ethinodiol 10 mg 1x/day Caldex cream 1x/day Vital	

URL to full set of brains: brent-noorda.com/pt-brains

Please feel free to use these templates however they may be of help. Now the question is: should we turn this into an app?

Tips for my nurse-self, from my patient-self

I hope to be a better nurse by remembering what I learned as a patient:

- Forgive your patients and their families for their behavior. You are seeing them at their worst moments. They're not usually like this. Really.
- Your patient is probably not absorbing all of your instructions the first time. Repeat whenever you can. Add written instructions and keep them simple.
- Just because your patient has been instructed to do so-and-so, doesn't mean they do it. Following instructions at home is a lot of work, especially for someone who is sick and weak.
- Don't immediately assume what any signs and symptoms are telling you, and don't assume you know the cause of any side effects. Yes, you have years of education and experience guiding your assumptions and so your assumptions will usually be correct. But they won't always be correct. So always ask yourself, "what else could it be?" and take the time to dig deeper.
- Tell your patient what you're about to do and how long it will probably take. While performing the procedure, communicate with your patient now and then to keep them updated and to know how you're feeling. Communication is the quickest way to shortcut anxiety.
- Don't forget what your patient is going through. Being sick sucks. Being very sick sucks a lot.
- You've seen this kind of thing a lot, and now it's ho-hum. For patients and their families, this is probably their first time and it's a big deal. Use your experience to educate them, but without trivializing what they're feeling.
- Your patient may have a second major problem going on, completely independent of the one you are there to care for. Once again, don't assume.

(Attempting to have) Fun with Cancer

Nothing is so bad you that you can't have a little fun with it, not even cancer.

Facial Grooming for Head & Neck Radiation Patient

Just because you lose a few hairs shouldn't mean you don't look your best. A little creativity, and a little Vaseline, go a long way...



URL: tinyurl.com/well-groomed-patient

Medicine's Big Bang (How the Universe Began)

It's not the treatment that's so bad, it's the side effects, and the side effects of the treatments for the side effects, and... before you know it, you have... everything!!!!



URL: tinyurl.com/med-big-bang