Some suited to the night shift

Dear Editor:

This is in regard to the article about night nurses in the December 1997 issue of the Journal (1997;23:602-7). It stated how hard it is to adjust and remain alert in the wee hours. The author did not take into consideration those of us who are suited to those hours.

I am a night person; always was. Even when my children were little, I slept while they were at school and we had wonderful times together in the evening. I love the night shift, and found the key is to stay on a modified night schedule even on my nights off. Frequently, I stay up until 3 or 4 AM studying, doing housework, needlework, or watching television and often sleep until noon the next day. This gives me afternoons and evenings to keep doctors' appointments and shop.

The only downside is the hospital management's attitude toward the more than half of their employees who continue to work after they have all gone home. For instance, it's very difficult to get seminars and in-services during the evening or night, there is no food service after 7 PM except soda and chips or candy, and I frequently get phone calls in the afternoon about trivial things that start with, "Oh, did I wake you?" not to mention missing any "treats" sent by grateful patients and/or management that rarely make it until 11 PM. (I have seen lots of empty pizza cartons and fancy plates with crumbs on them in the break room.) I even resent being referred to as working an "off" shift, as if there was anything "off" about a busy emergency department at 2 AM.

Our hospital does not have rotating shifts and maintains a stable night staff, mostly made up of people like myself who have gravitated there and stay because it somehow fits our lifestyles and biological clocks. I wonder if you got any other similar feedback?

Sheila Morisette, RN, Watertown, Conn

More on lidocaine use in cocaine toxicity

Dear Editor:

I read with interest the article published in the June 1997 issue of the Journal of Emergency Nursing on the different presentations of cocaine (1997; 23:232-4), as well as the subsequent Letter about the use of lidocaine with cocaine published in the December 1997 issue (1997;23:520-1). One of the studies that we performed at UC–Davis was quoted in the article and discussed in the letter. I would therefore like to clarify some of the issues related to lidocaine and cocaine.

The use of lidocaine is not contraindicated in cocaine-intoxicated patients. Some of the ventricular arrhythmias that cocaine has been shown to induce are correctable with appropriate and standard doses of lidocaine. However, from a theoretical standpoint, and demonstrated in our animal study, precautions must be observed when lidocaine is administered to a cocaine-intoxicated patient. One of the side effects of lidocaine is to induce seizures. The seizure threshold is reduced in the cocaine-intoxicated patient. Therefore, the "safety window" is smaller. We recommend that, when infusions of lidocaine are administered to cocaine-intoxicated patients, the total dose, solution concentration, and infusion pump be double, or even triple, checked.

Finally, we would like to disagree with the inference that we used extraordinarily high doses of cocaine in the animal lab. Because of body surface area and weight tissue distribution differences in animals, many animal studies tend to use very high doses of drugs when compared on a milligram per kilogram basis to humans. As a rule of thumb, many drugs have been given in milligram per kilogram doses 10 to 50 times greater in animals compared with humans in order to measure a similar physiological effect.

Robert W Derlet, MD, Professor and Chief, University of California, Davis, Medical Center, Sacramento

Additional SANE program listings

Editor's note: The following updates have been received to supplement the list of Sexual Assault Nurse Examiner programs that appeared in the October 1996 issue (J Emerg Nurs 1996;22:460-5).

GEORGIA

Athens-Clarke County SANE Program
3019 Lexington Rd
Athens, GA 30605
Contact: Jennifer Saye, RN, SANE, or Linda Pinholster, RN, SANE
Voice mail/FAX: (706) 227-6046
E-mail: accsane@aol.com

The Athens-Clarke County SANE Program is a nonprofit agency governed by a voluntary board of directors. The nurses work as independent contractors in a community-based setting.

WASHINGTON

Harrison Memorial Hospital
2520 Cherry Ave
Bremerton, WA 98310