

## JUST WRITE

I loved “On Writing: Just Do It” (*Editorial*, October 2014). I am not a nurse. I’m a writing professor teaching a class for nurses on how to write well (and a reviewer for *AJN’s Art of Nursing* column). We cover the issues raised in this editorial, particularly the need to just write.

It’s important that my students know it’s not just me or our institution but the entire field of nursing that cares about this issue.

*Debby Bacharach, MA, BA  
Seattle*

As the editor of two nursing journals, I’m routinely told by nurses that they can’t write as well as the authors of published articles. I always tell them, “It’s our job as editors to improve your writing.” But many quit before they start.

Maureen Shawn Kennedy’s commentary on Thelma M. Schorr’s editorial in a 1977 issue of *AJN* neatly highlights the biggest barrier I have as an editor: weeding out the ubiquitous academic speak and passive voice. I’d like to say we’ve improved some since the late 1970s, but apparently not. I routinely cut 20% of most of our submissions without losing an iota of content.

*Wendie A. Howland, MN, RN-BC,  
CNLCP  
Cape Cod, MA*

Certainly some nurses enjoy writing more than others, but no one should be intimidated by writing. Setting aside even a few minutes daily is a most effective strategy.

I would also suggest that novice writers look for mentors—perhaps among nurse educators or advanced practice nurses who have experience with professional publishing. This relationship benefits the novice writer by providing access to expert advice, encouragement, and direction. The mentor gains the satisfaction of sharing expertise with a colleague, further

developing leadership skills, and giving back.

Most importantly, the profession and patients benefit when good ideas and useful information are transformed into a professional paper that is shared with other nurses.

*Suzanne M. Mabon, DNSc, RN,  
AOCN, APNG  
St. Louis*

## OVERDOSE REVERSAL

I encourage nurses to request that any prescription for opioid analgesics be accompanied by a prescription for a naloxone autoinjection system sold under the trade name Evzio (“Naloxone Now Available for Emergency Home Use,” *Drug Watch*, August 2014).

Many overdose victims do not survive until first responders can arrive and administer this lifesaving medication. Now that Evzio and intranasal naloxone rescue kits are available for home use, nurses have the opportunity to support a national initiative to pair naloxone and opioid prescriptions. Greater access to naloxone is supported by the American Medical Association, which issued a press release on April 7 in favor of the Food and Drug Administration’s decision to approve this drug.

Every patient, whether opioid naïve or dependent, has the right to ethical treatment. Nurses now have the opportunity to effect a dramatic change in the mortality rates associated with opioid overdose.

*Sherry Spencer, RN  
Wilmington, NC*

## CENTRAL LINE CARE

Reducing the number of central line–associated bloodstream infections (CLABSIs) is essential to providing quality patient care, maintaining patient satisfaction, and reducing costs (“Champions for Central Line Care,” September 2014). At my organization, we have dedicated “central line

champions” who track and monitor interventions and educate staff on ways to reduce CLABSIs.

Our patients trust us with their lives. I tell my fellow nurses to always start by washing their hands—the number one way to prevent infection.

*Nikeeta Corey, RN-BC  
Pinetops, NC*

## REAL CASE STUDIES

I was pleased to see a few clinical articles based on real people in the October 2014 issue: “Calciphylaxis: An Unusual Case with an Unusual Outcome,” “Studying Nursing Interventions in Acutely Ill, Cognitively Impaired Older Adults,” and “A Transformational Journey Through Birth and Death.”

These scenarios made the articles more interesting. I felt like I got to know the people described in them. Learning about their frustrations, successes, and disease implications thus had a greater impact on me.

Composite case studies may be useful, but I sometimes feel as if the authors have carefully chosen patient experiences to fit the points they want to make.

*Cynthia Anderle, BSN, RN  
Fort Collins, CO ▼*