

The Pulse

Volume 4:4 November 2010



California Hospital School of Nursing Alumni Association
PO Box 88585
Los Angeles, CA 90009

President's Message

Moral turpitude, when nurses do things that are intentionally evil! Wow, what a powerful thought. According to *The Nurses' Legal Handbook*, "moral turpitude" is defined as: vileness, intentional violence, deceit, fraud or dishonesty of a high degree. It is then considered intentional evil. Where is Florence Nightingale? Remember the concept of "do no harm"? I know that all graduates from the California Hospital School of Nursing understands the concept of do no harm. But it is a new concept for me, that nurses can be convicted on the grounds of moral turpitude by the BRN (Board of Registered Nurses)! We know that nurses are held to a higher ethical standard and that the BRN's regulatory mission is to "maintain integrity, high standards, preserve the public confidence in the Board licensure and to protect the public from any potential risk of harm". Some examples of moral turpitude resulting in RN license revocation include: diverting substances for personal use, petty theft, and rationalizing dishonesty on their part to another nurse. A charge of moral turpitude against any nurse reflects on all nurses. What I find interesting, is the fact that moral turpitude is a charge of the BRN. The concept of nursing has taken on another aspect of human flaws and our licensing organization is aware that this area must be included, to provide for public confidence in nursing as a profession. I know this is a serious note but it is an important point of knowledge for all nurses and their understanding of the law. (This information was taken an article in *Working Nurse Magazine*, in the September 13, 2010 issue, by Genevieve M. Clavreul, RN, PHD. Their website is www.WorkingNurse.com).

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The first edition of "*Caring, Making a Difference One Story at a Time*", was collected and compiled by Terry L. Beam and Joyce A. Johnson, with Editor Karen



B. Casady is sold out. The second edition can be obtained from Amazon.com. Search: "Caring, making", and it will pop up. Price is \$9.95 and shipping is free if your total order is ≥ \$25. Another new book is just out, "Nurses of Los Angeles: Uncapping the Mystery" written by Cynthia Broze, NP, MSN. This book details the history of nurses in Los Angeles from 1856 to the present. It contains more than 400 historical images and included is the history of California Hospital. On page 248 is an article about Barbara Jury and on page 249 is an article about Joyce Jacob. It is an excellent book about nurses in Los Angeles. The book is available at www.nursesoflosangeles.com.



Tell Us About You....



Your commentary on life, etc....

Did you know?.....that Healthcare Reform Update on the coverage for Clinical Trial Patients: Beginning in 2014, the law requires that health plans pay for routine care costs to patients who participate in clinical trials for the prevention, detection, and treatment of cancer and other life-threatening diseases and conditions. And on Pre-existing conditions: California received \$761 million to operate the Pre-existing Conditions Insurance Plan through 2013. Applications for this program are available through the California's Managed Risk Medical Insurance Board and to be eligible, a person: 1) must be a citizen, national or lawfully present in the United States, 2) must have had no creditable coverage in the six months prior to the application, 3) must have a pre-existing condition as evidenced by proof of denial by an insurance carrier within the past 12 months, or an offer of coverage about the premium level of the program's rate. After 2013, the insurance rules will have changed so that pre-existing conditions are no longer considered in insurance pricing and eligibility. (Information courtesy of *Working Nurse Magazine*, September 13, 2010 issue).

For questions regarding current addresses/Mailings, contact:

Elvy Gustafsson (CHSN Secretary) at (626) 281-4631

311 N. Almansor Street, Alhambra, CA 91801

or email at: elvy@IBTnet.org.

"Hi Margaret,

It was nice seeing you last week! Attached, please see two photos of the Sleeper Chair and the attached identification plate that your CHSNAA donation purchased for our Pediatric Department at CHMC. Tanya Ybarra helped me put all the nameplates on last Wednesday, and the parents we spoke to are so grateful to have them (all were in use, which was a



Pediatric patient with Mom sleeping over on donated Sleeper

*A Gift from the
California Hospital School of Nursing
Alumni Association
and
Barbara Jury, RN
August 2010*

nice thing to see). It was cool to be able to explain to the parents that the chairs had been purchased thanks to donated dollars. The parents were both surprised and thankful for the chairs that allow them to stay comfortably overnight in their child's hospital room. Thanks again to the CHSNAA and Barbara for supporting this project."

Submitted via email 10/4/2010

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"There are adventures in life and I recommend a trip to the Claremont College to view the Lindley collection on California Hospital. There are seven scrapbooks and what a treat! How grateful we are that Dr. Lindley saved so many articles and information dating from 1895 to 1920. The collection was donated by his son. What a treasure! Of course, Barbara, Margaret and I went to lunch before the visit and we highly recommend the Cafe Harvard Square on 206 W. Bonita Avenue, Claremont, CA (909) 626-7763. You must make an appointment to see the scrapbooks in their special library. My contact was Lisa_Crane@cuc.claremont.edu. She was very helpful and had all the boxes ready for us to examine. Their

hours are from 1 to 7 P.M. You can also view them online, at <http://ccd.libraries.claremont.edu/col/lsc>. We had so much fun looking, and reading the information that we became very LOUD and Lisa had to come over to quiet us down, but stated that she was happy to see someone so excited! I will let you know that even in the early in the 1900's, the two complaints in the hospital are noise and cold food! We plan a return visit because it does take several hours. This was a very special day to see the beginning of our history."

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"In follow up to our previous President's Message, calling for donations we'd like to thank Sandra (Lum) Hamamoto (Class of 1966), and Terry Coffman Adkins (Class of 1966) for donating Terry's cape, and for the donation of each of their nursing caps to Dr. Roger Scott for the Medical Museum located at Edison State College in Fort Meyers, Florida. Sandra has also donated her first glass syringe that she received when she learned how to give injections. This display will be in honor of Carol Padlina Rawl (Class of 1954). Dr. Scott is very grateful for the response and will also acknowledge Sandra and Terry in his display. So if you should get to Florida, a must stop is this museum! The challenge now will be to get this safely mailed to the museum!"

Reprinted with photo, and our apologies....

"I just received my copy of *The Pulse*. On the story



of Rip Day, I have great memories. I am a member of the

For questions regarding the Treasury, contact:

Lucinda "Cindy" Westhafer (Treasurer) at (310) 216-1586
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Page 3

Class of 1949B. We graduated October 5, 1949. Enclosed is a picture of my classmates and myself in torn uniforms—we were not well received when we got off duty and went to the Nurses' home."

Miriam (Johnson) Weiss

Class of 1949

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**Previously printed in the May 2010 issue of The Pulse.*

I want to encourage all alums to write in (email or snail mail) to let us all know what's going on with you, your opinions, your life experiences since nursing school, etc. Be sure to include a title (CHSN article?) in any emails sent as we need to verify who this came from/what its about. Remember: this column's life/info depends on you! — The Editor.

Business Meeting Reports:



Treasurer's Report (Lucinda Westhafer, Treasurer):

Investment account total \$241,330.82. Checking account total \$7,170.74. Expenses presented for approval=\$320.67 for printing & mailing costs.

NurseMADE (Grace Mizuno/Claudia Stiver reporting): Good response in donations from alumni, with continued needs in NICU and Pediatrics.

Archives (Diane Hara/Margaret Souza reporting): New space for the Western Conservancy of Nursing History in Fletcher Jones Center at APU, but committee is currently looking for larger area, for display and preservation. Financial support is still needed. A plan is in the works for a possible display of (nursing) manikins in the hallway outside the offices in the APU Library area. Diane will be representing the Conservancy at an LA Convention, with a PowerPoint presentation of LA history, manikins in uniform, information, decks of "Nursing History" cards, and Cynthia Brose's book Nurses of Los Angeles: Uncapping the Mystery" available.

Memoirs (Margaret Souza/Barbara Jury reporting): Recording via camcorder to be researched.

Scholarship/Tuition Reimbursement (Barbara Jury reporting): No new activity at present.

Newsletter (Mary Ann Hayase reporting): Discussed potential of overhauling CHSN website, adding in pdf issues of The Pulse, in addition to increasing ease of use/access. Will follow-up research with Diane (Hara), Curt Gustafsson, others.

Just for Fun..... does this bring back any memories?



From The Best of Nursing Humor,

compiled & edited by Colleen Kenefick & Amy Y. Young.

Some Days are Like That (by Roy Blair, RN)

"I always have the students stand here," the head nurse said, indicating an area about the size of a telephone booth. The ten of us obediently crammed ourselves in. It was the first day on the surgical ward and we were gathered at the desk for report. Our instructor made shooing motions, trying to push us even farther out of the way.

The policy on this ward concerning reports seemed to be that they were classified information and as students we didn't have the proper clearance; we were placed as far away from them as possible.

"Why don't they just put us in the linen closet and shut the door," somebody behind me muttered.

Following the inaudible night report, our clinical instructor said, "I would like to see your nursing care plans." This was the part I dreaded most.

Our instructor made us write long, elaborate and detailed nursing care plans. Everything that was done for the patient, every move we made had to be written down and justified. When we were given a new patient assignment, we prepared a care plan that made the royal Wedding look like an impulse.

My written work always came back covered with so many red slashes that I thought it had been marked by Zorro. However, the day I wrote that the patient's low back pain was due to a lumpy mattress, one of my instructor's wheels slipped a cog.

"I don't know why you are having so much trouble," she said, "any idiot can write a nursing care plan. Why, I've done hundreds of them myself."

I wasn't about to argue with that statement. I handed her my care plans which she read quickly, shaking her head.

"Your patient in room six is having a hernia repair this morning, so he requires a shave prep," she stated.

Great, I thought sarcastically, this is a first for me and with my luck he'll have more hair on him than King Kong.

We entered the utility room.

"How long will it take you to do this procedure?" my instructor asked.

Well, I thought, taking into consideration skin grafts, suturing and transfusions, about two weeks.

Out loud I said, "twenty minutes."

"Get your equipment."

I went around the loaded shelves and picked out about one of everything I could find.

She surveyed the untidy heap on the counter and asked sardonically, "What else do you think you'll need?"

"A get-away car," I ventured.

She gave me a look that placed me high on her endangered species list. I gathered everything up and we proceeded to the patient's room, me dropping odds and ends of equipment along the corridor as if I were blazing a trail.

"You go in first," she said.

"Why?" I asked, "isn't he friendly? Should I duck?"

"Go in and introduce yourself," she sighed, "then explain what you are going to do."

At this point, I couldn't even remember my own name, so I just announced, "I have come to shave you." The patient rubbed his chin.

"No, the area where the doctor will be operation." I pointed vaguely at his sheet-covered body.

My instructor shook her head and left. I set up the equipment. The prep soap, true to form, was ice cold

and the patient jumped a foot when I touched him. So did I. Then he noticed the shaking hand which held the razor and started to shake also. This seemed to set the tone for the entire event. He would jump, followed by my reflex movement and then we would both shake in unison.

I am happy to say that I got through the entire procedure without a scratch, and so did the patient. When I offered him a small curl of pubic hair for the family Bible, he accepted it with thankful relief.

"Your next patient is due for surgery in one hour," my instructor announced, "go over the Operating Room check list with her." I took the list to the patient's room.

"Makeup removed?" I asked. She nodded.

"False teeth?"

Yes, but may I keep them in until it's time to go?"

I gestured affirmatively. "Nail polish removed?" She nodded again.

"Glass eye?" I asked with a smile. She pointed to her left eye. "Can I keep it until it's time to go?"

"Yes," I responded. I then glanced nervously at her hair. "Wig?"

"Yes," she said, patting it in a friendly fashion, "but can I keep it till it's time to go?"

I nodded and then looked at the next item on the list and with a trembling voice, asked, "artificial limbs?"

She threw back the covers and pointed to her right leg. I left the room to the tune of, "Can I keep it with me till it's time to go?" I had the vision of wheeling her to the O.R. in an untidy heap of disconnected parts, while forgetting the part that they were going to operate on.

"Have you ever removed a drain?" my instructor inquired. We were back in the utility room.

"No Ma'am," I replied, "I was always afraid of flooding the kitchen."

"A surgical drain," she continued, using that tone of voice that people reserve for backward children. "The patient in room three is to have her drain removed and dressing changed. I want you to do it; get whatever you need."

Our instructor's policy for these procedures was, "do it until you get it right." This usually produced one of three results: the patient fell asleep from sheer boredom, the student became hysterical or the instructor was insti-

tutionalized.

I had changed a dressing before and remembering that I drop nearly everything I pick up, gathered a large supply of everything. We proceeded to the patient's room, my instructor leading the way. I followed, loaded down like a pack mule.

I explained the procedure to the patient and then opened the sterile packages, losing a number of the dressings just for a start.

"Grasp the end of the drain with your forceps," my instructor said, "then pull gently."

Now, forceps and I just don't click. In my hands, their tips, like a committee, never get together on anything. After a number of false starts, though, I managed to get a grip on the slippery drain and pulled. Nothing happened.

"Pull a little harder," my instructor hissed at me.

Suddenly the drain started to move. Inch by inch it slipped out. I couldn't believe how long it was. Just as I was having visions of being out in the hall and still pulling, it let go. Unfortunately, so did I. It shot past my ear and with a light plopping sound hit the ceiling where it stuck. We all stared up at it, and the patient started to giggle.

I worked my way through the rest of the procedure, following my custom of dropping every second thing I picked up. This was done to the accompaniment of the patient's hysterical laughter. Finally, as the dressings were piling up around my feet like small untidy snow drifts, I applied the last piece of adhesive.

"I have never been entertained so much in years," the patient gasped, tears running down her cheeks. "If I had known it was going to be so funny, I would have invited my bridge club."

I returned to the utility room to clean up the tray.

"The patient you prepped this morning has returned from the O.R.," my instructor announced. "Tomorrow you can get him out of bed for the first time."

I stopped banging stainless steel equipment around the sink and thought, he stands six foot two and weigh 210 pounds. It should be a fun experience.

But that's another story.

"The Password, Please (by Susan Moore, RN, BSN, CCRN, CEN)

Aren't we the ones when it comes to abbreviations and special terms? We belong to a special club indeed and the only way to gain entry is to know the secret passwords. Initially, there is the general health care club. You need to know secret passwords such as "pm" and "STAT" and "BUN" to gain access. Then we have our very own exclusive club of emergency care. Lest you doubt it, just try to find out the MOI without knowing about GSWs, MVAs, T-bones, and autopeds. In some areas, it gets even more exclusive than that. One enters a whole new world when prehospital personnel talk in tens. "We're 10-23 on a 10-50 with a 10-96 and an ETA of 10. 10-4?"

Our jargon saves us time, I think. And maybe it describes things more specifically. Maybe. There is not a nurse alive who has not wasted precious time searching for a physician who wrote in passwords from another exclusive club: "illegible doctor-eze." This club is so exclusive that even the person who wrote the instructions frequently cannot interpret them. And even if they can be read, there is no guarantee they will be understood. Pity the poor patient with a head injury whose physician writes out the following discharge instructions: "If HA or LOC, F/U c PMD ASAP." Certainly will, doctor.

And pharmacists! They must be clairvoyant. I have a fairly good idea of what the prescription must be because I know the patient and what the trouble is. All the pharmacist sees is a little white paper with wiggly lines on it. I am very impressed that patients aren't killed everyday by improperly filled prescriptions.

Some of our passwords are not very polite. I must admit that I have written SOB many times and at least once in my life I have fully intended both meanings. And we can't omit GOMER, immortalized in *House of God*. Probably many persons know the term but can't tell you what the letters stand for.

Just to keep our edge, we make up our own secret passwords now and then. How many of us have not pondered what a colleague meant when she wrote a series of capital letters interspersed with slashes, dashes, or dots? I have my own personal passwords. I know what I mean, but I can see myself in court explaining to the jury the significance of "TWW" (toes warm and wiggly).

In addition, there are *signs*. A physician cannot have a successful death unless some physical phenomenon bears his or her name when he or she is gone. Just look up

“sign” in a medical dictionary. The number is staggering. Of course, we emergency care providers have a few signs not listed in Taber’s or Dorland’s dictionary. The positive Samsonite sign comes to mind: the patient who brings a suitcase is planning to stay; the length of stay is multiplied logarithmically by the number of suitcases, as is the determination to stay.

Residents are good for signs. It’s a matter of pride to be able to recite as many signs as possible in their patient assessment litanies. Next time you are involved in a patient discussion with a resident, throw in a couple of signs all your own. The odds are that they will come back to you a few days later. Signs are good passwords when you are trying to gain official membership into the club.

Not to be outdone, some of our patients have developed a secret language all their own. It takes just a little while to know the true meaning of, “I’ll level with ya nurse; I had a ‘couple’ drinks tonight.” And there is a well-traveled, really *bad* guy named “Somedude,” as in, “Who shot you? “Somedude.” We quickly learn that the date given for the last menstrual period does not relate to the calendar as we know it. And the estimate of blood loss increases at a fantastic rate when it is your own blood being discussed. Finally, we learn to beware any patients who list more than five drug allergies: they know the health care passwords better than we do.

You just can’t belong to the emergency care club unless you know your URIs from your STDs. And remember, if you c/o SOB et CP et HA et loose BMs et LLQ pain et nonpro cough x 6 m, you are just a LOL in NAD.

“Here’s one of my stories from my current job as Noc Charge RN in a Medical-Surgical ICU. Since I am the one who inevitably receives the patient/family complaints of missing belongings, I have established a routine of double-checking the vacated rooms (preferably before the patient leaves my unit, but definitely before the next patient is admitted). I check the bathrooms, the cupboards, countertops, and overbed tables for missed belongings or rx. I have found quite a few things over the years, but so far nothing has beaten the time I reached into the cupboards of an empty (clean), dark room and pulled out ... a leg! Some previous patient had left their prosthetic leg in the cupboard. Fortunately, some of the nurses on duty remembered the patient’s name, since the leg was unlabeled! I no longer check the cupboards

with the lights off since this episode.”

Mary Ann Hayase
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What about the rest of you? Can you tell us the story of your first IM? Your first NGT or Foley insertion? What about your experiences during any of your rotations? Med-Surg, Psych, Maternal Child Health, ER, ICU, OR, Public Health? I’m sure everyone has some great stories of your experiences, don’t you? What about your assorted required papers or oral reports? Please write in and share your stories!—*The Editor*

For information about NurseMADE donations, contact:
Grace Mizuno (Director) at (310) 325-6568

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Questionnaire for the California Hospital School of Nursing Alumni Association: mail to the PO Box

Please take your time to answer each question. Use separate pages for more space. Print clearly or type your responses; they will be recorded in the California Hospital Digital Archive & posted on the Archive's website.

Name: _____ Maiden Name: _____

Graduation Year: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Grad year: _____

E-mail: _____

May we contact you for photographs or for an interview? Yes No

1. How old were you when you first thought about becoming a nurse? When did you definitely decide to become a nurse? What influenced this decision? (For example: a parent or teacher, fictional or real figure in history, a war, etc.).
2. How would you describe your background? Your parents? Did you come from an extended family or a smaller family unit?
3. What or who were your support systems prior to coming to CHSN? Did your support systems change?
4. What schools of nursing did you consider? Why did you choose California Hospital School of Nursing?
5. What do you recall of the application process? Who interviewed you? Was it an individual or group? One interviewer or more? Where was the interview held? What was it like?
6. What are your early memories of your first classes at the School of Nursing? Who were your first teachers? First impressions? What was California Hospital like when you arrived?
7. If applicable, what do you remember about moving into the dorm? Did you have a roommate? Was she someone you already knew? What was your first encounter like?
8. If applicable, what are some of your favorite memories of dormitory life? What social events stand out in your memory? Memories of study hours? Lock out? Housemothers?
9. What are some of your favorite memories of time spent in the Library? During study hours? After class? Doing research?
10. Where were you living before you came to California Hospital? If different from Southern California, what were your first impressions of the place?
11. What was downtown Los Angeles like when you arrived? Did any major events occur when you were at California Hospital? Refer to list below for examples of historic pivot points.

1941: The bombing of Pearl Harbor

1960-1974: Vietnam War

1942: The internment of Japanese Americans

1965: 5-year Delano Grape Strike

1943: Zoot Suit Riots

1965: Watts Riots

1944: End of WWII

1968: Assassination of RFK at Ambassador Hotel

1950: Korean Conflict

1969: Manson murders

1954: Opening of Disneyland

1973: Election of Tom Bradley, LA Mayor

1957: Dodgers come to LA

1984: LA hosts the Summer Olympics

12. What are your first memories of your early clinical experiences?
13. What are your memories of your capping ceremony?
14. What were your favorite classes in nursing school? Why?
15. What did you usually wear to school? Describe it?
16. Were there nurses or other hospital staff members who had a positive influence on you? Who were they?
17. What were your favorite floors to work on? Why? Least favorite? Why? What shifts did you like best? Least? Did you work for pay?
18. Who were your favorite patients to work with? Why? Can you remember any stories that illustrate This?
19. Who were your favorite doctors? Head nurses? Supervisors? Nursing instructors? Hospital administrators? Why? Can you remember any stories that illustrate why he or she was your favorite?
20. What are your memories of your Affiliations? What are they? Positive and negative? Be sure to Include specific information.
21. What do you remember about the cafeteria? Your favorites? Night lunch? Dorm food/snacks?
22. What do you remember about your graduation ceremony?
23. What was your first job in nursing after graduation? Was it in the area of nursing that most interested you? Did you remain in this area of nursing throughout your career?
24. What other areas of nursing did you pursue? What influenced your job/career changes?
25. If applicable, what college or school did you attend prior to and during your education at CHSN? Favorite classes? How did you commute to and from classes? If you drove, what kind of car did you have? Did you have any favorite teachers?
26. Did you pursue further education after graduation from CHSN? What degrees, certifications, etc, did you earn? From what colleges, universities, educational programs, etc?
27. Did you pursue a career (careers) other than nursing? What and why?
28. Have you received any form of recognition or acknowledgment apart from your nursing career? What were they associated with?
29. Did you join the military after graduation? Which branch? What was your rank at the time of discharge? Did you travel in the course of your service? If so, where? What are a few of your most memorable experiences while in the service?
30. What is the best thing about nursing to you?
31. What is the worst thing about nursing to you?
32. Why should we remember California Hospital School of Nursing?
33. Please include any other memories, experiences, or thoughts that you wish to share.

California Hospital School of Nursing
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****Return Service Requested****



CHSN Alumni Association: Merchandise Price List

Merchandise	Available Sizes (circle order)	Price/one	Price/two	Subtotal
Blue Sweatshirts w Gold CHSN Logo	L XL	\$15	\$25	
Blue Sweatshirts w Gold CHSN Logo	XXL XXXL	\$17	\$28	
White Polo Shirts w Blue CHSN Logo	L XL	\$15	\$25	
Tote Bags w CHSN Logo	N/A	\$10	N/A	
Fanny Pack w CHSN Logo	N/A	\$6	N/A	
Stainless Steel Travel Mug w CHSN Logo	N/A	\$10	N/A	
Wine/Burgundy Leather Planner/Organizer w embossed CHSN Logo	4" x 7"	\$12	N/A	
Navy blue Baseball Style Cap w Gold CHSN Logo	Adjustable	\$8	N/A	
CHSNAA Memory Cookbook	N/A	\$20	\$40	
Deck of Nursing History Cards	N/A	\$5	\$10	
Commemorative CHSN Display Brick	Variable Appearance	\$25 on site \$40 w S/H		

Shipping & Handling \$5, not including Brick (see pricing)

\$_____ S/H

Total \$_____

Make checks payable to
 CHSN Alumni Association

Please print legibly

Ship to:

Name _____

Address _____

City _____

State _____

Zip Code _____

Phone
 (_____) _____

Pickup arrangements must be made with
 CHSNAA Board member

Homecoming 2011 will be Saturday, April 9, 2011. Start planning now—reserve the day!

Honored Class for 2011: the Class of 1961 (50 years)

Other honorees: to be announced

Submissions for The Pulse may be sent to the PO Box or emailed to the Editor. Please include a CHSN identifier(s) in the email subject line/message if any attachment(s) enclosed.