



# UP TO PAR

Newsletter of the New York State  
PeriAnesthesia Nurses Association

Volume 31 No. 2

July 2009

## MAD® For Kids

**At the National Conference in Washington DC, NYSPANA was well represented at the Celebrate Successful Practice Poster Presentation. Kathy Morgans-Perri, RN, CPAN, CAPA presented a poster titled: *Mucosal Atomization Device (MAD) for Administration of Intranasal Midazolam for Pediatric Patients Preoperatively*. Kathy is to be commended on this marvelous presentation.**  
*Judy Sargalis Sears*

The care of pediatric patients in the perianesthesia care area involves unique nursing concerns, priorities, and challenges. The specialty and wondrousness of children can be concurrently enchanting, rewarding, and stressful in the health care environment. The sincere empathy nurses feel for this young and vulnerable class of patients increases the stress of performing certain necessary, sometimes unpleasant, nursing duties. These innate sentiments were the impetus of the investigation, and process development to improve a nursing procedure for the administration of pre-sedation to pediatric patients of outpatient services of The Saratoga Hospital and The Saratoga Surgery Center.

Background information: The perfect pre-anesthesia medication and ideal route is controversial. Due to fear of delayed recovery, omission of sedation for children frequently occurs. Surgery and anesthesia can cause psychological distress for both children and parents. Pre-anesthetic medications alleviate the stress and fear of surgery, ease child-parent separation, and promote smooth induction of anesthesia. Midazolam possesses hypnotic, anticonvulsant, muscle relaxant, and anxiolytic properties, and has been proven an effective adjunct to reduce anxiety, provide tranquil sedation, produce anterograde amnesia, improve behavior, reduce separation anxiety, and facilitate induction of anesthesia for children. Midazolam is a water soluble, short acting 1, 4-benzodiazepine, administered either enteral or parental route. Each route has particular advantages and disadvantages (Primosch). Intranasal midazolam has been used since 1988. This route has the advantage of rapid absorption directly into the systemic circulation with no first portal pass metabolism, and a high

bioavailability from 55-83%, compared to 18-44% of oral and rectal routes. The nasal mucosa has a direct link to the central nervous system, providing a mean onset time three times faster, and mean working time around 10 minutes longer than oral administration (Kim).

Problem #1: Currently there is no commercially available intranasal midazolam formulation. Trials are underway in healthy adult volunteers. Injectable midazolam is stabilized by storage in 3.3 pH solution, and is less than optimal for intranasal use due to low concentration (5mg/ml) and high acidity (pH 3.0-3.3). Delivery of IN midazolam demonstrates poor acceptance and tolerance due to large volume and high acidity content.

An administrative transfer to a different anesthesia practice group brought forth some changes to the RN's role and responsibilities. Previously, the administration of intranasal midazolam was done by the anesthesia personnel. The method of administration was to use the injectable liquid midazolam, via TB syringe, into the nostril in droplet form. The new providers determined the function to be a pre-operative admitting nurse's duty.

Problem #2: The responsible RN was unfamiliar and uncomfortable with the method and process of intranasal midazolam administration to children, and there was a recognizable increased level of stress and negative impact on staff morale. The technique induced varied unpleasant reactions by the child including gagging, retching, vomiting, nasal burning, nasal bleeding, emotional distress, crying, withdrawal, and an apparent barrier in the trust-bond with the RN caregiver.

This concern prompted my inquiry to some perianesthesia pediatric specialists attending the ASPAN National Conference in Anaheim, California. This networking unfolded an awareness of the MAD® (Mucosal Atomization Device), marketed as an anesthesia accessory that converts the liquid composition of medication to a fine spray. The atomizer produces a 30µ particle spray with a semi-permeable soft plug to cushion the naris and catch leakage. The spray delivered increases plasma uptake of the drug compared to drops with virtually complete absorption. As a fine spray the drug can be delivered into the nasal cavity, avoid spillage and swallowing; thus allowing a smaller dose to be used: 0.1mg/kg vs. 0.2mg/kg (Griffith).

After conducting the evidence based literature research, a collaborative process transpired with the anesthesia providers, hospital pharmacists, product value

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### COPY SUBMITTAL DEADLINE:

Deadline for submitting material for next issue of *UP TO PAR* will be **OCTOBER 1, 2009**.  
Please forward all articles to NYSPANA or to:  
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## Mission Statement

The New York State PeriAnesthesia Nurses Association advances nursing practice through education, research and standards.

## From The President



Anyone who invests in a professional organization and certification realizes the importance of expanding their knowledge in order to give the best patient care possible. I would like to highlight some members who attended the ABPANC breakfast with me on April 20, 2009.

Marty Maresco, MA, RN.C, CAPA, CPAN is board certified in pain management. She is manager of a pain treatment center. She is also a certification coach.

Anne Federico, RNC, APRN, BC, CPAN, is critical care certified (CCRN), certified in pain management and is a family nurse practitioner in PACU at NYU.

Dianne Lysarz, RN, CPAN, CAPA is a manager of a surgery center in Buffalo.

Jean Gumina, RN, CPAN, CAPA is a manager of Sawgrass Surgery Center in Rochester.

Wanda Rodriguez, MA, RN, CCRN, CPAN is a clinical nurse specialist at Sloane Kettering in NYC.

I am sure there are more of you that I have not met. Congratulations on your contribution to nursing!

We did not win the Gold Leaf Award this year. Disappointed as I was, I was sitting next to Pennsylvania who won for the first time and could not help but share in their happiness. I really feel we were very close.

I attended the grass roots research seminar at national and listed our component as interested in research with ASPAN. I am hoping to start a committee to work on this. Email me if interested.

Kathy Balog and I have been reviewing finances and may meet this summer to form a contingency plan. One option is to go online vs. mailing this newsletter which would give us considerable savings. We could use this savings for scholarships and our other increased expenses. Share your thoughts about "going green" with your district presidents and myself. Make sure we have your most current e-mail.

This is my last article as president. It has been a privilege to serve as your president and working with such great leaders who love perianesthesia nursing as much as I do. Have a happy and safe summer!

Cindy Veltri Lucieer, BSN, RN, CAPA



## NYSPANA Network

### District 1 News

NYSPANA District 1 met in May at the Ambulatory Surgery Center at Stony Brook University Medical Center. Dr. Cokinos spoke on the subject of "Malignant Hyperthermia". By the time this prints, we will also have hosted our ASPAN/Perianesthesia Certification Review class at St. Francis DeMatteis Center. This Conference was offered free of cost to NYSPANA District 1 members. Our next meeting will be in September. We are still working on the date, place and speaker. Mark your calendars for November 14, 2009; we will be hosting an ASPAN Conference: "Complexities and Challenges of Perianesthesia Nursing". This conference will be taking place at the Islandia Marriott.

*Carole Capps RN, BSN, CPAN, President*

### District 8 News

**ASPAN Seminar:** District 8 presented an ASPAN Seminar March 21<sup>st</sup>, 2009 at the Holiday Inn, Mt. Kisco, NY. *Complexities and Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum* was presented by Christine Price, MSN, RN, CPAN, CAPA.

Several District 8 members having won the \$115.00 registration fee to this ASPAN seminar were able to take advantage of this NYSPANA District 8 educational funding. Our appreciation to Debra Morfea RN, CAPA and Pamela Werner RNC, CAPA who served as host and co-host for this seminar.

**Upcoming ASPAN Seminar:** Diane Alexander RN, CPAN and Doreen Dozier, RN have volunteered to host District 8's next seminar to be held September 12, 2009 at the Holiday Inn in Fishkill, NY. NYSPANA's own Wanda Rodriguez, MA, RN, CCRN will be presenting *Perianesthesia Certification Review*. The purpose of this seminar is to provide the ambulatory and perianesthesia nurse with content to stimulate critical thinking as they prepare for the CAPA/CPAN certification examinations.

**Seminar Hosts:** Seminar Hosts and Co-hosts are always needed. As a host or co-host you receive free registration to the seminar. Please volunteer your time to help District 8 present future seminars. Contact Maryanne Carollo, RN District 8 President at 914-242-8176 or [MCarollo@nwhc.net](mailto:MCarollo@nwhc.net) leaving your name and contact information.

*Maryanne Carollo, BS, RN, CAPA, President*

### District 14 News

Five District 14 members (Cindy Veltri-Lucieer, NYSPANA President, Judy Sargalis - Sears NYSPANA Vice President., Betsy Garton Park, Jean Gumina, and Joan Morse) welcomed in spring by attending the 2009 ASPAN National conference in Washington DC. It was a great conference and we all came back with lots of information to share with others. Betsy Garton Park RN, BSN, CPAN from the PACU at Highland Hospital presented a successful practice poster entitled "Ending Turf Wars: Critical Care Education Service Line Collaboration."

Our May meeting had 34 attendees and was hosted by FF Thompson Hospital in Canandaigua. Our educational topic was "Thyroid Carcinoma". Many thanks to Donna Fulmer and FF Thompson for their hospitality!

Elections were also held at the May meeting and Nominating Chair Kari Alicea-Santiago announced Joan Morse as President Elect and Sally Sackett as Secretary. Susan Alati will take over the President position in September and Jean Gumina will start the 2<sup>nd</sup> year of her term as Treasurer.

A special congratulation to Ken Nesbitt, RN at FF Thompson Hospital for his successful accomplishment of becoming CPAN certified! Ken was the first perianesthesia nurse in our district to obtain his certification with the new on-line certification testing process. Way to go Ken!!

Plans are already being made for our September meeting which will be held at Rochester's new Sawgrass Surgicenter. The date and topic will be e-mailed to you within the next month. November's District 14 meeting will be held at Rochester General Hospital and District 14 will once again be hosting our Annual Perianesthesia one day workshop which will be held during Perianesthesia week in February, 2010.

It has been a wonderful year as District 14 President, but our educational get togethers and the one day workshop would not have been as successful without the help of the committee. A special thanks to Sue Alati, Vice President, Sally Sackett, Secretary, Jean Gumina, Treasurer, Kari Alicea-Santiago, Nominating chair, Cindy Veltri-Lucieer, Past District 14 President and Judy Sargalis-Sears, Education Representative for all of their dedication and hard work.

*Joan Morse, RN, CPAN, President*



## NYSPANA Network

### District 10 News

Conference planning is going according to schedule. Many thanks to Sandy Lowery, Cheryl Barnes, Judy Levesque, Lynn Yates, Nancy Spadofora, Peggy Cross, and Loreta Dorn for their assistance. We will have 11 contact hours for the entire weekend. The application for contact hours is in progress. We will need volunteers to staff the registration tables and collect evaluations all three days of the conference.

Elections were held. I will continue as President, Sandy Lowery-Treasurer, Judy Levesque -Vice President and Cheryl Barnes - Secretary. We are glad to continue to serve the District; however there are talented people out there who can serve our District. We would like anyone who might consider serving for office to volunteer to be a co-officer. Walk in our shoes for a year to gain the confidence you need to serve the District and state. ASPAN offers a yearly leadership course. The NYSPANA Board has been very supportive in sending our new officers to the conference. To grow as an organization on both the District and state level we need member support. Members must be willing to go the extra step to hold office. Many hospitals require you to go beyond yourself to be on ladders or levels. Being an officer helps fulfill this leadership requirement. Being an officer is not difficult; it does require a time commitment. You meet wonderful people who support you on your leadership journey.

We also need hosts for meetings and are fortunate to hold 4 meetings a year in various locations throughout the District. These meetings are arranged by Saratoga, Troy, Glens Falls and Albany. Many thanks to Nancy Spadofora, Nancy Parvano, Peggy Cross, Sue Malvicchio and Judy Kwacz for hosting meeting at their facilities. To host a meeting, contact an officer, arrange a date and speaker and we do the rest. Want contact hours for the meeting? I need the speakers CV and topic one month in advance to be able to fill out the application. Hosting a meeting is another way to fulfill ladder or level obligations.

To our outer District members, we have not forgotten you. Let us know how we can meet your needs. We can help you set up a meeting.

Congratulations to Judy Kwacz and Kathy Morgans-Perry on your research projects that were presented at the National Conference. If we had other District presenters let me know, so that your contributions can be recognized.

To contact an officer:  
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Cheryl Barnes: (518) 432-5872.

*Barb Ochampaugh, RN, President*

### District 15 News

#### **Surrounding Your Practice with Excellence:**

Legalities, Standards & Advocacy

Presented by: Barb Putrycus MSN RN CCRN

Hosted by NYSPANA District 15 and Sisters Hospital Foundation

Saturday, September 26, 2009 8:00 A.M. – 4:55 P.M

Location: Sisters of Charity Hospital

2157 Main Street, Buffalo, NY 14214

Call or e-mail Dianne M. Lysarz RN, CPAN, and CAPA for reservations@ 716-891-2725 or [dlysarz@chsbuffalo.org](mailto:dlysarz@chsbuffalo.org)

*Dianne M. Lysarz RN, CPAN, CAPA*

### District 9 News

Kim Noble will be presenting “Perianesthesia Nursing: A Systems Review of Pathophysiology” on Saturday, September 19, 2009. Registration begins at 7:30am at the Binghamton Regency Hotel. This is an ASPAN Conference and is worth 7.25 Contact Hours. Please see ASPAN.org or call 1-877-737-9696 ext 19 to contact ASPAN for registration or myself for a flyer 607-624-4193.

Please come and join us for a fun day of learning. .

*Jenny Seliga, BSN, RN, President*

### District 13 News

No News Reported

*Tim Clark, RN, President*

### Treasurer's Report

As of April 30, 2009

Checking .....	\$1,400.00
Savings .....	\$20,000.00
Secured Bond .....	\$10,000.00
	Total: \$31,400.00

*Kathy Balog, Treasurer, NYSPANA*



## Governmental Affairs Committee Report

Governor Paterson continues to decline in popularity. He appears unable to get the legislature and state union leaders to work with him. He seems to favor backdoor deals. His handling of the Caroline Kennedy nomination and resignation did little to improve his image. His 2009 budget has made many people angry.

Tom Golisano made headlines as the millionaire leaving the state due to taxes on millionaires. Mr. Golisano has run for governor three times. He is the owner of Paychex, Inc. and the Buffalo Sabers hockey team. His political organization is Responsible New York. Mr. Golisano points out that 750, 000 people have left NY since 2005 and we have lost 3.5 million people since 1980. The cost of doing business in NY is high. We have seen much business leave. Incentives are in place to attract business, but the cost to live and do business is considered high.

The Water Bottle Bill is on hold. The bottlers sued in federal court that the NY State Bar Code was illegal and couldn't be met by the June 1 deadline. US District Court Judge T. Griesa agreed. Meanwhile, the Governor and legislature is looking to make amendments to the bill, but no agreement has been reached. Retailers were going to pull bottled water from their inventory since they were unable to comply with the law!

On the federal level, The Credit Card Holders Bill of Rights Act for 2009 passed the Senate. Judge Sonia Sotomayor was nominated by President Obama for the Supreme Court. Should she be selected, the court's balance of power should remain as it is.

Health care industry leaders are working with the president on Health Care Reform. They have submitted proposals to save money. Representative Scott Murphy finally took his seat in the House of Representatives. He sits on the Agriculture and Armed Services Committees.

Things to watch over the summer: can Governor Paterson improve his image and get the legislative leaders to agree on policy? Will the same sex marriage bill, pass the Senate? Will we see the 2009 elections swing the balance of power back to the republicans? Will we ever see government reform in NY?

As of June 1<sup>st</sup> you need an enhanced drivers license or passport to enter Canada or Mexico. You can get an enhanced license at any motor vehicle department. They are less expensive than a passport. For information: <http://www.nydmv.state.ny.us>.

*Barb Ochampaugh RN, BSN ,CPAN*

## From The Vice President



### NYSPANA MEMBERSHIP and CERTIFICATION UPDATES

As of May 15,2009 we have 815 NYSPANA Members. This is an increase in our membership. Members, PLEASE keep up the great work of recruiting new members.

The timeline for taking the On-line Certifications Exams has passed. Many of you know your status for being certified, since it gives you some instant news at the end of the exam. ABPANC is having some technical problems with being able to convey the list of successful candidates to us, so at present we do not have that information. Therefore, CONGRATULATIONS TO ALL WHO BECAME CERTIFIED.

*In the near future, NYSPANA will begin the process of GOING GREEN. Please be sure that we have your e-mail address so you will not miss any information. Please send any e-mail information to me at [jawss1196@rochester.rr.com](mailto:jawss1196@rochester.rr.com)*

*Judy Sargalis- Sears Vice President*

## 2008-2010 NYSPANA WILLINGNESS-TO-SERVE FORM

Please completely fill out the following form and send it to Liz White at:  
35 Sandpiper Lane, Coram, NY 11727 -- or complete online.

Name (Include credentials) \_\_\_\_\_  
First Last Credentials

Address \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Home e-mail: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Work e-mail \_\_\_\_\_

Diploma  AD  BSN  MS

ASPAN# \_\_\_\_\_ #of Years \_\_\_\_\_

Certification:  CAPA #ofyears \_\_\_\_\_  CPAN#ofyears \_\_\_\_\_

Peri-Anesthesia Nursing Experience: \_\_\_\_\_

Interest in office:  Vice-President/President Elect  Secretary  
 Nominating Committee

Short Paragraph on what you will bring to the office. \_\_\_\_\_

Thanks for your interest in being a NYSPANA officer/committee member.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## *Reflections From Our ASPAN Regional Director*

### **ASPAN National Conference 2009 - Region 4 At It's Best**

These are very exciting times. 2009 brought a new administration to our country and our National Conference in the Washington DC metro area. The conference brought great attendance from all over the country and the world. Our own Region 4 had a strong showing here in both attendance, awards and recognition.

The excitement starts very early in the week. Saturday's pre-conference educational offering was very well received with the topic of "Pre-operative Assessment". Saturday evening was special with "Meet the Candidates", a very pleasant informal gathering where you can talk directing to the candidates vying for a position on the 2009 ASPAN Board of Directors. I was very happy to see members from our Region 4 on the ticket, Kathy DeLeskey (MASPAN) and Wanda Rodrigues (NYSPANAN).

Sunday morning was the Dream Walk, and 125 walkers took part, followed by the Representative Assembly. This year all the candidates for positions on the new ASPAN BOD gave their speeches before the formal business of the day started.

The 2009 Representative Assembly convened and approved the following Positions and Guidelines: Position Statement on the Pediatric Patient, Position Statement on Workplace Violence, ASPAN's Evidence Based Clinical Practice and the Guideline for the Promotion of Perioperative Normothermia. In addition to approved position statements and guidelines we can thank Barbara Godden, Chair of Clinical Practice Committee for the Competency Based Orientation for Registered Nurses, Dina Krenzischek, Chair of the Safety Committee for the ASPAN Safety Tool Kit, Ellen Poole for the Research Primer, 2nd edition and Denise O'Brien for the Perianesthesia Data Elements. The excitement did not end there, Kim Kraft became the newly elected President -Elect for 2009. Congrats Kim!

Component night was one for the history

books. There were many in costume, the New York (NYSPANAN) group dressed in period attire representing women's suffrage, and Pennsylvania (PAPAN) came with their "Peeps". I myself was a secret service agent protecting our President. Terry Clifford our 2009-2010 President was Jackie Kennedy.

Monday came bright and early with the CAPA/CPAN breakfast. I was happy to see so many certified nurses, as well as see Maine (MESPAN) win the American Board of PeriAnesthesia Nursing Certification (ABPANC) Shining Star award for the 5th time. Massachusetts (MASPAN) also won this prestigious award for the 2nd time. We laughed out-loud with the humorist Mary Feeley CSP who reminded us that harmony in relationships is created through a blend of humor with honesty.

Opening ceremony on Monday was bursting with excitement. Region 4 shined throughout the morning. After the introductions of committees, ambassadors, strategic work teams and honored guests, the awards were given out. The award of Gold Leaf Component of the year went to Laura Kling and PAPAN.

The award for Outstanding Achievement was presented to MASPAN's Kathy DeLeskey. Ellen Sullivan from MASPAN received the Distinguished Service Award of the Past President Council. Lois Schick ASPAN President 2008-2009 awarded Terry Clifford (MESPAN) the prestigious President's Award. Great job to all!

"Dreams Create Lasting Legacies", Lois Schick spoke to the heart and soul of Perianesthesia nursing in her Presidential address "No excuses. Take ownership for who and what you are." —Jay Rifienbary. An inspiring keynote speaker, Mr. Rifienbary had us take a good look at ourselves and others, bringing us from laughter to tears.

Educations abounded all week long with a

variety of topics which included clinical, managerial, research and legal subjects. I was very impressed with the new addition of the new "Celebrate Successful Practices" evening contact hours. Colleagues presented innovative "best practices" to promote patient safety. The educational series was presented in addition to the very popular Successful Practice Poster display. The Research Poster Presentation continues to grow each year with new and exciting perianesthesia research projects.

The Up and Comers Graduates 2009 met and celebrated their success. The program, ASPAN's "Up and Comers" mentors interested component members to take the next step and become national educators and leaders. As a member of the Up and Comers I was very excited to see more faces from Region 4; Karen Flanagan, Amy Dooley (VT/NHAPAN) and Lynn Sekeres (PAPAN).

The Closing Breakfast with the installation of the 2009-2010 ASPAN Board of Directors is always special, Florence Nightingale lamps are lit, oaths of office are bestowed, and the gavel was passed to Terry Clifford our new ASPAN 2009-2010. Terry's Presidential Address focused on her beliefs of what each and every one of us can accomplish, exemplifying her theme "Roots of Knowledge, Seeds of Transformation".

All week long I learned of members from Region 4 taking the next step and becoming leaders for tomorrow. I also met many first-timers from Region 4 bursting with excitement and eager to learn as much as they can. I met many new friends and rekindled old friendships. Region 4 with over 2700 members, continues to be strong and committed to ASPAN.

See you all next year in New Orleans. Beauty, Bayous, Beignet, and... All That Jazz!!!

*Katrina Bickerstaff, BSN, RN, CPSN, CAPA*

## National Conference News

Judy Sargalis Sears (President-elect) and I attended ASPAN 2009 Representative Assembly (RA) in Washington, DC on April 19th. We are your elected NYPANA members who represent you in this governmental body. Judy is a PACU nurse, and I, an ambulatory nurse made great delegates for our state.

We listened to the candidates present in the morning and voted in Theresa Clifford from Portland, Maine as our National President. Kim Kraft is our Vice President/President-Elect. Part of the representative responsibilities is to vote on position statements which then become part of our standards. ASPAN's Evidenced-Based Clinical Guideline for Promotion of Perioperative Normothermia is an example of an ASPAN initiative that is now a standard and guideline adopted nationally by hospitals for practice.

We listened to position statements on workplace violence, pediatrics and universal protocols. It was decided that more references were needed for workplace violence. Universal protocols were deferred to the Joint Commission. The pediatric care generated the most debate. In the end, it was decided to explore pediatrics, perioperatively. It will remain with our adult standards.

It was a long day, but Judy mustered up enough energy to become Susan B. Anthony (New York's legacy) for the component legacy parade. We did not officially win, but in our hearts we were all winners!

Opening ceremony speaker Jay Rifenburg (from Saratoga Springs, NY) gave a wonderful speech about self ownership based on this book *No Excuse!*

*Incorporating Core Values, Accountability, and Balance into Your Life and Career.*

He explained to us that it is on the "journey of life" we find success and happiness. Forgiving, building self esteem, enthusiasm, self control, honesty, knowledge, understanding people, honoring family and friends are all part of the climb/journey to success. Self determination and developing balance in your life help you put all this together. His focus was teaching us to accept responsibility for our own life.

I end with his quote: "Follow the dream in your heart and become the best you can be. When the going gets tough, just say, "No excuse!" and get on with your pursuit." It was a great way to start our conference.

*Cindy Veltri-Lucieer, President*

### Call for Nominations: ASPAN Board of Directors 2010-2011

#### Become Involved in ASPAN's Transformation!

ASPAN is embarking on a year of change with the theme, "Roots of Knowledge, Seeds of Transformation." Leaders are needed to continue the transformation of our organization, our programs and agendas to offer higher quality services to our patients, members and colleagues. Your leadership skills are needed to make this change transparent. It is an exciting time for your professional organization - so we challenge YOU to get involved.

#### *Step Up!*

It is YOUR time. Your professional organization needs your participation!

For information on open 2010-2011 Board of Directors and Nominating Committee positions, please visit ASPAN's home page [www.aspan.org](http://www.aspan.org) and click on the "Call for Nominations" link under 'Quick Links.'

**Submission Deadline: October 1, 2009**

### From The Editor



Intellectually I know it's summer but it still feels like spring. I was thinking how wonderful the feeling of warmth is, not just on your skin, but the warmth of your words and your personality. It brings to mind how easy it is to forget your warmth not just in general but in your place of business. I had a doctor's appointment recently and was greeted by a, well, I am not really sure, a nurse?...an aide?...a tech? Oh and her name was, hmmm she never mentioned her name let alone her title.

I was placed in the room to wait for the doctor when a different nurse?...aide?...tech...? came in to open my file on the computer. She didn't acknowledge me, just sat down and began typing away. After a few minutes she asked if I was on the same medication as before and if there were any changes. She then pointed to the exam table and asked me to get on it so she could take my blood pressure, pulse and temperature. She put the info into the computer file and said, "The doctor will be right with you." Then she walked out the door. I never did get her name. If I acted like that I would be fired from my job or at least given a warning.

Whatever happened to "Hi, my name is Michele and I am the nurse who will be with you when the doctor examines you"? It's the simplest thing to say and evokes a myriad of comfort and warmth. It sets the tone for the entire experience. A smile, eye contact, a greeting and an introduction is very little to ask from any caregiver's office staff.

Stop and think the next time you come in contact with your next patient. Did I treat that person the way I would want to be treated or the way I would want my mother, father, sister, brother etc. treated? Did I look at her/him in the eye and smile and tell them I would be there with them if they were scared, anxious, worried etc.? Today is a great day to begin the warmup and take away the chill of spring.

*Michele R. Rossignol, RN, CAPA - Editor*



## ASPAN Nursing Standards, Members Corner & Scholarships

### ABPANC Celebrates that as of 2/23/09 we have:



**CPAN active = 5,314**  
**CAPA active = 3,249**  
**Total = 8, 563 (305 are certified)**

#### Computerized Testing

- Launched registration January 26 for Spring exams - Can now apply on line;
- Note that registration deadlines are slightly different for on line vs. by mail;
- Visit [www.cpancapa.org](http://www.cpancapa.org) and click on Certification for more up dated information including a new Candidate Handbook. Application deadlines are found in APPENDIX F;
- Group Discount Program/Purchase vouchers;
- As of January 26, 2009, a discount for examinations fees that are purchased in sets of 10 will be available for purchase on line. Vouchers can only be purchased in sets of 10. There will be a flat fee of \$335 per voucher for a set of 10 vouchers. ASPAN member discount does not apply;
- Instead of only 2 testing days have 60 days to test!;
- During the months of April and November candidates can choose from 2 testing windows lasting 6 weeks Spring (April 6 through May 16) Fall (October 5 through November 14);
- Special test sites will no longer be needed because of the large number of testing sites available;
- Prometric is our CBT vendor and candidates will have access to hundreds of testing centers nationwide 5 days a week – some centers are open 6 days a week;
- Preliminary scores will be immediately available;
- To apply on line must have e-mail address where information can be sent;
- Paper and pencil exams will be offered once a year at the National Conference 2009 and 2010.

If you are a Certification Coach or a member of the ABPANC Leader Resource Team, please send any changes in your contact information (i.e. change of phone number, address and e-mail) to Zelda Williams at [Zelda@proexam.org](mailto:Zelda@proexam.org) so we can keep in touch with you.

As noted above, the Certification Handbook is on line and has been revised and updated to reflect the current information about computerized testing. August of 2009 is the target date for Recertification to be offered on line, more details to follow after Spring ABPANC Board meeting at National Conference. Revised Recertification Handbook will be on line in the near future.

A change in recertification contact hours was approved by the Board so that a person may earn 60 contact hours for writing items vs. the current 30 contact hours allowed.

PES has now implemented a new Webinar for writing items during the annual item drive. If you receive information via e-mail from Vita Greco, PES for Item Writing Webinars, please encourage certified nurses to participate. Can obtain contact hours towards recertification.

Remind Components to set as one of their goals, participation in the ABPANC Awards Programs offered - Advocacy Award, Shining Star Award and Leadership Circle - note: deadlines for this year have passed.

Certification Coach Program newly revised! Look for updates at the National Conference and visit ABPANC's website to view the new orientation power point, "Coach the Coaches". This PowerPoint lecture will be available online beginning April 20, 2009. Ask us about this at National Conference!

Good News!!! The American Board of Nursing Specialties (ABNS) Accreditation Council granted reaccreditation to the CPAN and CAPA certification programs for 5 years - until April 1, 2014.

ABPANC is going Green!!!! As a part of this initiative, we will be asking candidates and members to access many of our informational materials, such as the Candidate Handbook and Recertification Handbook, on our website [www.cpancapa.org](http://www.cpancapa.org).



### Scholarship Winners from member attendees

Cheryl Barnes	Alicia Maloney
Maureen Iacono	Deborah Page
Judith Levesque	Donna Smith
Danelle Mahoney-Brown	Pamela Werner
Mary Ann Maleycik	Judy Yager

### 3 Additional Member Attendees For Instant Scholarship

Mary Ellen Nowak	Lois Redden
Linda Makey	

### From Total Membership:

#### 2008 Student Nurse Scholarship

Sabrina Lindfield  
517 White Street  
Waterville, NY 13480  
315-841-4663

St. Elizabeth College of Nursing  
2215 Genesee Street  
Utica, NY 13501  
315-798-8144  
Fax: 315-798-8271

## MAD® For Kids

*continued from page 1*

analysis coordinator, and the SDS & SSC staff RN's. An experiment and product trial was developed for the use of the MAD® as a new approach to administer pre-sedation of intranasal midazolam to pediatric clientele. The clinical trial objectives were identified and utilized for the outcome measurements. A three month trial ensued 2/1/2008-4/30/2008, with the product evaluation tool to be completed by the RN administering the intranasal midazolam. Data collected on evaluation criteria and administration included: pain on administration, adequate sedation, incidence of nose bleed, ease of use, overall acceptability. Initially, there was noncompliance with the data collection, and an extension of the trial until August 2008 was necessary to obtain sufficient responses.

Ultimately, the results compiled were favorable for acceptability of the product. Thirty seven forms were completed and

*Kathy Paskewitz RN, CPAN*



## ASPAN News and Notices

tallied: 56% strongly agreed, 43% agreed, only 1 evaluator rated unacceptable/ not easy to use. The positive feedback was presented at all the organizational governing professional councils and committees, and unanimous approval and support was granted. Following the review of product use and resolution of practice concerns commented by the one negative evaluator, the use of the MAD® was implemented as an accepted standard of care. There was overall improvement of the efficacy, and less adverse side effects of intranasal administered midazolam noted with the atomizer. A hospital wide nursing practice protocol was developed.

Intranasal midazolam provides satisfactory anxiolysis without delaying anesthesia recovery and hospital discharge for children undergoing brief surgical procedures (Davis). The final outcome of this proactive, strategically implemented, initiative for process improvement in quality patient care, and enhancement of nursing practice, is one valid achievement in the realm of pediatric perianesthesia care. However, the brass ring is yet to be grasped. Continued scientific research is underway to develop a midazolam formula in a solution that is a lipophilic vehicle at a neutral pH, rather than the hydrophilic substance currently used. Success in this pharmacological research would provide a specific compound designed with physical and chemical properties optimized for transmucosal absorption. Such a formula would prevent the stimulation of the trigeminal nerve that provokes the complaints of significant nasal burning, encountered with the use of both spray and drops of the injectable form of midazolam (Griffith).

In the meantime, to continue our goal and advocacy for our most vulnerable innocent perianesthesia patients, and because we truly are *crazy* for children in Saratoga, we use MAD® for kids.

It was my utmost honor to develop and present this collaborative adventure as a *Celebrate Successful Practices Poster Presentation* at ASPAN's 28<sup>th</sup> National Conference, April 18<sup>th</sup> thru the 23<sup>rd</sup>, 2009 in Washington, DC.

I found the total experience extremely enlightening and gratifying, and extend my sincere personal thanks to all of my colleagues at The Saratoga Hospital for their assistance and support.

*Kathleen Morgans-Perri BS RN CPAN CAPA*

### ASPAN SEMINAR FISHKILL

Summer/Fall 2009 Seminar Series

#### Perianesthesia Certification Review

Presented by: Wanda Rodriguez MA RN CCRN CPAN  
Date: September 12, 2009 Time: 7:30 A.M. Registration  
(coffee service in a.m.)

Program Time: 8:00 A.M. - 4:55 P.M

Location: Holiday Inn-Fishkill

542 Route 9, Fish kill , NY 12524-2224 (845) 896-6281

### PAPAN Perianesthesia PRIDE XVIII

October 3 & 4, 2009

Riverside Inn

1 Fountain Street • Cambridge Springs, PA 16403

1-800-964-5173 (Room reservations)

For more information please contact:

Beverly Kantz at [bkantz@mmchs.org](mailto:bkantz@mmchs.org)

### NYSPANA Perianesthesia Conference

October 16-18, 2009

#### SAVE-THE-DATE

**Location:** Holiday Inn Wolf Road Albany, New York

**Registration:** Friday 6:00pm, Saturday and Sunday 7:30am

**Program:** Friday 7:00am-8:15, Saturday 8:00am-4:45, Sunday 8:00am-12:45

**Purpose:** To provide Perianesthesia nurses with an update in topics related to Perianesthesia nursing.

**Target audience:** Perianesthesia Nurses in all Phases of Perianesthesia care and Ambulatory Settings.

**For more information, contact:**

Barbochampagh@verizon.net (518) 459-5334

### The American Society of PeriAnesthesia Nurses

Summer/Fall 2009 Seminar Series

#### *Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum*

Presented by:

Wanda Rodriguez MA RN CCRN

**Date:** Saturday, November 7, 2009 **Time:** 7:30 A.M. Registration

A.M Coffee/tea service - Lunch is on your own

**Program Time:** 8:00 A.M. – 4:55 P.M

**Location:** Renaissance Syracuse Hotel

701 E. Genesee Street

Syracuse, NY 13210 (315) 479-7000

7.25 Contact Hours

## ASPAN National Conference

### Medication Reconciliation

At the ASPAN Conference a small number of the Poster Presentations submitted were chosen to do an actual Seminar Presentation for Contact Hours. Debra Kwacz RN, CAPA was one of the select few to present her Successful Practice Abstract. The title of her presentation was: "Journey to Mars- Surgical Medication Reconciliation Process". Congratulations, Debbie for an excellent job.

*Judy Sargalis Sears*

When I submitted an abstract to ASPAN for a poster presentation at the National Conference in Washington DC on the "Journey to MARS - Surgical Medication Reconciliation Process", I never dreamed it would be chosen as a power point presentation. I learned our abstract was one of 8 out of 94 abstracts chosen that had been given the honor of a power point presentation. This was ASPAN's first year in choosing successful practice abstracts to be presented in this format

My nurse manager, Shari DuGuay and I shared our process for medication reconciliation with hundreds of our colleagues from across the US. Our process

focuses on working as a team to design a medication reconciliation system. We collaborated with nurses, information services, pharmacists and listened to our physician customers to design forms and processes. We provided and taught patients to use home medication cards. It was key to educate all involved to "Get it Right" for our patients.

We were guided by the Ascension Health's Call to Action, IHI (Institute for Healthcare Initiatives) Save 100,000 Lives Campaign, and JCA's (Joint Commission) National Patient Safety Goals in developing our process. Our nursing experience or evidence base practice tells us that patients frequently don't know their medications, they use multiple physicians, multiple pharmacies, and that they don't consider OTC (over the counter) or herbals as medications.

Medication Reconciliation is a four step process:

1. Verify - obtain a complete and accurate patient medication list in Pre-Admission Testing or any hospital entry point.
2. Clarify - Assess the medication list for any omissions/discrepancies and follow-up for resolution with appropriate pharmacy, physician or nursing home, etc.
3. Reconcile - Review and compare medications on the post-operative medication reconciliation forms (OMR - outpatient Medication Reconciliation, AMR-Admission Medication Reconciliation) and document changes on the Home Medication Discharge List.
4. Transmit - Communicate an updated and verified list to appropriate caregivers, e.g. restart aspirin on Monday. The Home Medication List is given to patient along with discharge instructions at time of discharge. Patients are instructed to bring both lists to all their follow-up physician appointments.

After implementation of the medication reconciliation process the following successful outcomes were identified:

- Error reduction (e.g. duplication of medications and omissions corrected)
- Patient medication education enhanced
- Medications accurately communicated to the next provider of service
- Cost avoidance in length of hospital stay (e.g. restarting anticoags, insulin) \$16,400-\$54,000 over a 4-month period.
- The majority of medication errors did not pose a significant threat to patient safety, but added to the cost of care.

It was also recommended that the following issues be examined for possible process improvement:

- Confusion by physician and staff over which form ~ OMR to use and when.
- The form is not in hospital wide approved format.
- A system of when to initiate post-op medications on patients staying overnight.

The group met and examined each of the issues for improvement opportunities. "How can we do it differently to make it better?" Changes were implemented and on March 18, 2009 the OMR and AMR became one form - the MR. Our medication reconciliation process will continue to be monitored and evaluated to determine whether our changes led to our expected improvements.

It was truly a wonderful experience and honor to be selected as one of the first groups to present our abstract/power point presentation at the National Conference. We not only were able to represent our institution, Seton Health, and share our successful medication reconciliation process, but also were able to represent our state and local area in a first time process. I hope that ASP AN continues to offer this format option so that perioperative nurses can formally dialogue with their colleagues on their best practices.

*Deborah Kwacz, RN, CAPA  
Shari DuGuay, BS, RN, CAPA, NE-BC*



### Copy Deadline for the Next Edition of UP TO PAR October 1, 2009

*Please be punctual  
with your articles . . .*

Forward all articles to  
NYSPANA or to:

Michele Rossignol, Editor  
9241 Wilson Cove Road  
Canastota, New York 13032

Home: (315) 697-2820  
or Email Articles to:  
michele\_rr2003@yahoo.com



# Imagery for Healing

What is imagery and how does it heal? Imagery is the use of your mind's power to heal the physical body. The body cannot discriminate between what is real and what is imagined. By creating a script for healing an injury, the body starts the healing process. To understand the process, think of a lemon. What is happening to your mouth as you concentrate on a yellow lemon? Do your lips start to pucker; are you salivating, or thinking of a cold glass of lemonade? If your body can react to this suggestion, imagine what it can do with a script, music and soft lighting?

Clinical imagery is the "conscious use of the power of imagery with the intention of activating the biologic, psychologic, or spiritual healing."(Dossey, 541) Imagery is not to be used by itself, but in conjunction with medical interventions. People imagine all the time. Our thoughts are either good or bad. We think about the test we are to take and fear failure. Or you meet a colleague on the way into work and they tell you how horrible it is in the unit? By using imagery and practicing regularly, you can turn these two negative events into a positive experience.

Imagery has been researched and found to be an effective tool for healing. Imagery has found to decrease blood pressure, increase blood counts, and change the body's temperature. It can lower pain thresholds, and decrease vomiting.

Nurses use imagery with clients all the time. We are always telling clients to relax, take deep breathes, or think of their favorite place. You can add a few more suggestions to help a patient relax. You need to start an IV on an IV phobic patient. Have the patient lie back, soften or close their eyes and imagine themselves in their

favorite place. Have them take a few breathes, and imagine their arm is relaxed. Have them continue to focus on their favorite place and take slow breathes. I am applying the tourniquet, your arm is loose like a rag doll, and you are in your favorite place. I am cleaning off your arm, you are safe and warm. Take a deep breath, you will feel a needle stick, relax, breathe and done! I always add a prayer that the patient has a vein, so we don't have to do it twice!

Some people have trouble imagining or concentrating breathing. Get them to describe a favorite place or things they like to do. The idea is to refocus them.

Our interactions with clients are short and we don't have time to develop a client specific script. We have a relaxation channel on our TV channels at work that plays soft music as well as showing different nature scenes. I spend time talking to the client, suggest the TV channel, get a warm blanket and hopefully get them refocused. Most times it works. Some clients are too overwrought and you do what you can until you can get medications!

There are many books and tapes for meditation and imagery. Three books that I have are *Holistic Nursing: a Handbook for Practice*, Barbara Dossey, *Prepare for Surgery and Heal Faster*, Peggy Huddleston, and *Staying well with Guided Imagery*, Belleruth Naparstek. Ms. Huddleston has a web site, [www.HealFaster.com](http://www.HealFaster.com). Another web site I use is [www.dailyom.com](http://www.dailyom.com).

Dossey's book has many approaches to use as a Holistic Nurse. There are scripts to use with clients and for selfhealing. Huddleston's is a step program for clients to begin before surgery and contains a script for the surgeon, anesthesia and the PACU nurse to read to the client. The script contains brief statements about pain control, nausea, and infection free. You can also become a certified practioner of her program. Ideally clients should spend an hour with a certified nurse. The program works whether you get the book and tape the day of or weeks before surgery. Naparstek's book has many guided imagery scripts for many problems.

A simple script to use is just a breathing and muscle tightening exercise. Ideally you need someone with a soft, steady voice to read the script.

Sit or lie in a comfortable position. Soften or close your eyes. Breathe normally. Take 3 deep breathes, on the 3<sup>rd</sup> breath begin to tighten your facial muscles, hold, breathe in and release the muscles. On your next breath in, tighten your arm muscles, make a fist, hold as you breathe in and out, and release on the exhale. Breathe in and tighten your abdominal muscles. Exhale, breathe in and relax the muscles as you exhale. Breathe in and tighten your legs, exhale breathe in, exhale and release. Continue to breathe in and out and when you are ready, open your eyes, you will be refreshed and renewed. (Daily OM)

The script can be altered to add scenery. You can soften the lights and add music and candles. By practicing this or other scripts it becomes part of your life and your client care.

*Barb Ochampaugh, RN, BSN, CPAN*

## Community Service

*If You've Got It... Flaunt It!!!*

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DISTRICT \_\_\_\_\_

CONTRIBUTION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Get the recognition you deserve. If you volunteer in any way let us know. Many perianesthesia nurses go the extra mile not only at work but also in their own communities. *Let Up To Par* lead the way for others to follow.

Email to: [michele\\_rr2003@yahoo.com](mailto:michele_rr2003@yahoo.com)

or send it to:

Michele Rossignol,  
9241 Wilson Cove Road, Canastota, NY 13032

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Consider attending our  
ASPAN National Conference . . .

## **ASPAN's National Conferences**

### ***Future Conference Dates***

**April 3-7, 2011**  
**Seattle, WA**

**April 15-19, 2012**  
**Orlando , FL**

**April 14-18, 2013**  
**Chicago , IL**