



Newsletter of the New York State PeriAnesthesia Nurses Association

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Prone Positioning Complications

Improper positioning for spinal surgery can lead to many complications. Air embolism, peripheral nerve palsy, blindness, quadriplegia, compartment syndrome, pressure sores, excessive bleeding and venous thrombosis are a few of the complications that can occur from prone positioning. (Manson)

When in the prone position for sleep, protective involuntary alterations protect us from complications. Anesthesia causes loss of these protective reflexes. The forced immobility from surgery, length of the procedure, loss of tissue tone, aging skin, and pressure on the abdomen can lead to complications. Improper use of positioning equipment can also lead to complications. (Manson) The Association of Operating Room Nurses has adopted guidelines to prevent complications.

The cardiopulmonary affects of the prone position, is caused by the abdomen pressing on the inferior vena cava and femoral veins, thus diverting blood from the distal parts of the body into the perivertebral venous plexus. This makes wound homeostasis difficult and obscures the surgical field. Iatrogenic injury can occur to the great vessels and abdominal organs as they are pressed against the spinal cord. Other factors besides positioning that can cause intra-abdominal pressure are sandbags, bolsters, pads, pillows, and mattresses. (Manson)

Variations of the prone position can obstruct venous drainage such as knee and hip flexion. This allows pooling of the blood in the dependent structures and reduces atrial filling and cardiac output. Spinal surgery is associated with blood loss and hypovolemia which can cause cardiac arrest in susceptible patients. (Manson)

Air embolism is a rare serious complication of spinal surgery. Any open vein in which there is sub-atmospheric or negative pressure may draw air intravascularly from a surgical wound. Efforts to minimize abdominal pressure in the prone position can result in an increased negative pressure gradient between the right atrium and veins. (Manson)



The respiratory effects of prone positioning include an increase in functional residual capacity and alterations in the distribution of both ventilation and perfusion in the lungs. If the abdomen is free from pressure, the prone position can improve lung function. (Manson) High airway pressure can impair venous return which decreases cardiac output and increases systemic venous pressure. This affects spinal cord perfusion pressure and increases the patients' risk for neurological complications.

Central nervous system injury occurs secondarily from arterial or venous occlusion, air entrainment, and cervical spine compression or from triggering symptoms related to undiagnosed space-occupying lesions. Excessive movement of the neck during positioning can affect blood flow to the carotid and vertebral arteries. This can lead to stroke. (Manson)

Pressure injuries such as pressure ulcers, ear pressure, contact dermatitis, tracheal compression, mediastinal compression, breast injury, injury to the genitalia, joint and bone pain occur in the prone position. Bone pain may be from a dislocation or fracture. Recovery does occur with most of these injuries; however some patients may sustain permanent nerve damage. (Manson)

Ophthalmologic complications are ten times more likely to occur than the previous mentioned complications. Ophthalmologic complications range from keratoconjunctival injury such as corneal abrasions and chemosis to irreversible blindness. Corneal abrasions are a recognized complication of anesthesia in any position and although painful it is treatable. Chemosis or postoperative conjunctival edema occurs when the head of the prone patient is below the level of the atrium. It may lead to conjunctival or corneal infection. (Manson)

In postoperative visual loss the most common reason is central retinal artery occlusion in the anesthetized prone patient. A decrease in arterial oxygen can lead to optic neuropathy. Hypotension is the main culprit in ischemic optic neuropathy. Other contributors are blood loss greater than one liter, 6 hours or more duration of surgery, complex instrumentation, large volume of clear fluids and pre-existing conditions such as hypertension or vascular disease. (Manson)

Proper patient positioning and close observation are needed to avoid complications from prone positioning. Everyone must be aware of these issues and take careful steps to avoid injury to the patient. Peri-anesthesia nurses must listen carefully to patient complaints to seek the root cause of these complaints.

Barb Ochampaugh, RN, BSN, CPAN

Reference

Manson, H.M. (Oct. 22, 2009). *Prone positioning of patients in the operating room support equipment: interoperative complications*. Allen Medical Systems. D-770490-Al. P 1-17.

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COPY SUBMITTAL DEADLINE:

Deadline for submitting material for next issue of *UP TO PAR* will be **JUNE 1, 2014.** Please forward all articles to NYSPANA or to: Michele Rossignol, Editor

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Mission Statement

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

From The President



PANA

In Anticipation of Your Participation

How curious are you? Do you long for new experiences? I can't help but think of the famous children's book, "Curious George" and all the adventures he encountered with the man in the yellow hat who, I believe, must have been his mentor. For many of us, much like George, what we already know or have is never enough. "We

need change, stimulation and new experiences to ferret out new possibilities of maximizing our *joie de vivre* (joy of living)." (Rohr, 1990)

So how do you imagine you can experience some of these life enhancing experiences? Perhaps, it would be a trip to the moon, a tour of France, dancing with the stars or becoming an Olympic star. Surely you can imagine many more ideas that would fit your taste. Some of these possibilities are right here on your doorstep.

Perhaps the trip to the moon may be replaced with a trip to the ASPAN National Conference in Las Vegas; the tour of France with touring Las Vegas and surrounding sites. You could be dancing with the stars of perianesthesia nursing at Component Night and the President's Reception; or join your component receiving an ABPANC Shining Star Award at the CPAN/ CAPA breakfast..

There are so many opportunities for maximizing your career as a perianesthesia nurse. The opportunities are all around you. Just to name a few, step up to involvement in your local chapter, plan to attend the NYSPANA State Conference (Rochester October 17, 18, 2014), get CPAN or CAPA certified, co-sponsor an ASPAN Conference, write an article for *Up to PAR*, *Breathline*, or *JOPAN*. Seek opportunities to share your knowledge by speaking at the local, state or national conference. Nominate a colleague for an award. Consider going back to school for the next level degree.

The opportunities are endless in NYSPANA. Some of you have so much to offer as a mentor. Can you share your journey with others who are just discovering the possibilities awaiting them on the perianesthesia path to success? My inspiration came from many mentors who preceded me. One of the outstanding persons who influenced me is Denise O'Brien, who challenged all of us during her ASPAN Presidency in 1994 to S - T - R - E - T - C - H beyond what we think we are capable of doing.

So, "Where do I begin?" you may ask. Your starting point is the NYSPANA.net web site where you will find all of the contacts for district presidents and members of the board of directors. These are your mentors. They are the nurses who wear many hats and are eager to pass their knowledge and experience on to you. Your "man in the yellow hat" will be there for you. Reach out and "Just do it!" Here's to *joie de vivre!*"

Marty Maresco, MS, RN-BC, CAPA



NYSPANA Network

District 1 & 13 News

No News Reported

Elizabeth A. White, BSN, RN, CAPA, President District 1. Ginger Giarrusso, President District 13

District 6 News

Happy Perianesthesia Nurse Awareness Week- February 3rd- 8th. District 6 is currently recruiting new ASPAN members. We are in the planning phase of our next Aspan Conference. If there is anyone interested in joining our team as a Treasurer please contact me via email at: tmillz12359@aol.com.

> Trina Mills, RN, BSN, MS, President

District 9 News

We are looking for people who would like to help revitalize our District's membership. Several long term leaders will be or have retired. If you are interested in becoming active in our District in a formal or informal way please contact: Susan See evenings 607-7978789 or email at: Susan.see@stny.rr.com. We are also looking for ideas on presentations you would like to have

Susan See, President

District 14 News

On February 8, 2014 District 14 held our 17th Annual One Day Conference at the Burgundy Basin Inn. We had 98 people attend the conference. All of our speakers were fellow nurses from the Rochester area. Two scholarships for the conference were given in the memory of Jung Davis, RN/ Sue Gillespie, RN to Dorothy Nolan, RN and Melinda Shafer, RN. We also raised \$185 for Foodlink, a local food bank.

To commemorate Perianethesia Nurse Awareness Week, the University of Rochester held an education day for 3 contact hours with topics of: "Infection Prevention", "Use of Entereg in the Prevention of Post-op Ileus", and "Masimo Training for Monitoring Oxygen Saturation".

We are planning a meeting in May to be held at FF Thompson Hospital in Canandaigua. We are also in the midst of organizing the NYSPANA Fall Conference which will be held in Rochester in October 2014. We are excited about our progress so far and are looking forward to seeing everyone in October.

Bronwyn Ship, President

District 8 News

ASPAN 2014 Winter/Spring Seminar Award Winners!

CONGRATUALTIONS to the ten District 8 members listed below who won the registration fee (\$115 early bird registration by reimbursement) to the upcoming ASPAN 2014 Winter/Spring Seminar of their choice. The names were chosen by lottery from a pool that included all current members of NYSPANA District 8.

Elizabeth Cacchione Phyllis Gooding-Fowles Laurie Lechthaleer Zamira Johnson Denise Grace Moore Arlene Sorrentino

Joan Ann Dinan Kathleen Mary Michelsen Frances DeLaine Pennington Lorraine Zittell

ASPAN Seminar: November 2, 2013 - 85 registrants attended! On Saturday November 2, 2013 District 8 presented the new ASPAN Seminar: Refreshing Your PeriAnesthesia Practice at the Crowne Plaza in White Plains, NY. Linda Ziolkowski, MSN, RN, CPAN past president of the American Board of PeriAnesthesia Nursing Certification (ABPANC) and former Director of Education for ASPAN presented this program.

NYSPANA District 8 provided funds for 5 Instant Winner Awards at this seminar. Five attendees were presented checks refunding their \$115.00 early-bird registration fee. Winners were selected by lottery from a pool of all the attendees. Congratulations to the five lucky winners! See their picture on page 5.

Doreen Popp	Donna Kolb-Shores
Carol Cramer	Mary Rogers
Andrea Crecco	

Thank you to District 8 members Pam Werner, RNC, CAPA and Doreen Dozier, RN, MHA, CAPA who served as host and co-host for this seminar.

Upcoming ASPAN Seminar: March 1, 2014

On Saturday March 1, 2014 District 8 will be presenting the ASPAN Seminar: PeriAnesthesia Certification Review at the Hyatt House in Fishkill/Poughkeepsie, NY. Topics will include:" Mechanics of the Exam", "Review of Anesthesia", "Special Populations" (Pediatric, Geriatric and Pregnant Patients), "ASPAN Standards", "Critical Thinking in Clinical Practice" and "Certification Testing and Test Taking Preparation for Success". Myrna Mamaril, MS, RN, CPAN, CAPA, FAAN Past-President of the American Board of PeriAnesthesia Nursing will present this program.

Thank you to District 8 members MaryAnn Servidio, BSN, RNC, CPAN, CAPA and Carol Cramer, BSN, CPAN, CAPA who volunteered to serve as host and co-host for this seminar.

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 leaving your name and contact information.

> Maryanne Carollo, BS, RN, CAPA President

District 15 News

District 15 membership includes all ASPAN/NYSPANA members of Western New York residing in eight counties: Niagara, Orleans, Erie, Chautauqua, Wyoming, Cattaraugus, Allegheny, Genesee.

District 15 continues to recruit for local leadership. Potential leadership solutions have been discussed during the last several NYSPANA Board of Director meetings. As local leadership has not been recruited, an option is to absorb District 15 current and future membership into District 14 of Rochester, New York. A temporary solution for all District 15 members is that NYSPANA educational opportunities will be emailed from District 14. NYSPANA leadership would prefer to continue to recruit from District 15 members.

I ask current members to post our newsletter, *Up to PAR*, in your work areas to educate others on membership and open leadership opportunities. Leadership involvement at the local level is a team effort. The expected time commitment can be defined amongst the new leadership. Providing education for the membership is the primary mission and goal at the local/District, Component/NYSPANA and National/ASPAN levels. Open Leadership opportunities are: President, Vice-President, Treasurer, Secretary, and Education Coordinator.

Please contact any member of the NYSPANA current leaders including myself (dlysarz@roadrunner.com) with any question regarding the information above. NYSPANA Board of Directors is always willing to mentor and guide interested nurses who wish to participate in local leadership for your specialty nursing organization.

Dianne M. Lysarz, President

~ Treasurer's Report ~

Checking Account	\$5,732.00
Savings Account	\$18,002.00
Investment Account Value	\$15,424.00

Sue Alati, Treasurer, NYSPANA

District 10 News

District 10 has had some sensational programs this past Fall/ Winter season and we have more planned for the upcoming months!

The District co-hosted a program with the Eastern AORN chapter, on October 14, 2013, at St. Peter's Hospital entitled "Wound Care, Debridement and Plastic Surgery" presented by Rebecca Harrica, RPA. There were 33 attendees who were awarded 1 contact hour of education.

On November 23, 2013, District 10 hosted a half day breakfast program on "Bariatric Surgery" at the Century House in Latham, NY. Dr. Terence Clark, Bariatric Surgeon discussed "Complications of Surgery" along with "New Advances in Technology". Anne Jones, RN, Bariatric Clinical Coordinator at Ellis Medicine discussed "Preparing Patients for Surgery". Mike Callahan, CRNA, Albany Anesthesia Group, presented "Anesthesia Concerns Related to Bariatric Surgery" and Christine Phillips discussed "Bariatric Surgery from a Patient's Perspective". It was a great program, with 23 attendees and 4 contact hours awarded.

Thank you to Kathy Morgans-Perri, Nancy Parvana, and the whole Saratoga Hospital team for hosting NYSPANA District 10's PANAW celebration with a program on "Abdominal Blocks for General Surgery" presented by Dr. Randall Kimball, on January 29, 2014. The 28 attendees received 1 contact hour. The night was highlighted with a raffle of PANAW gifts and cake!

Our next district meeting/ program will be in Glens Falls, NY in late April, early May. Several topics have been discussed and when it is finalized, flyers will be sent to all members. Our second program in planning will be a refresher on "IV Medication Infusions in the PACU Unit" to be held in Troy, NY.

Our district membership is steady at 74 members this year. As always we are looking to promote and grow new members through continuing education and certification. Please reach out and bring a friend to our next meeting. They are always fun and provide great opportunities for networking.

We encourage you to get involved by hosting a meeting/educational program at your facility. Our officers will assist you in planning and setting up a meeting. It is a great way to obtain new knowledge, get a free CEU and to collaborate with other perianesthesia nurses. Please contact me if you are interested in hosting a program. Shari.DuGuay@SPHP.com

Shari DuGuay, RN, BS, CAPA, BC-NE, President



NYSPANA members: Happy PeriAnesthesia Nurse Awareness Week (PANAW). This is a week that celebrates our unique specialty of perianesthesia nursing. Consider getting some free contact hours by visiting our national site: ASPAN.org and go under education to continuing educational articles. You are allowed to do three for free this week! Also, think about an ASPAN colleague who might be a candidate for the Clinical Excellence in Clinical Practice Award. This person should exemplify a high level of compassion and specialty expertise in perianesthesia nursing. Go to our website: NYSPANA.net, under Scholarships and Awards and send in by March 1, 2014. Congratulations to all of you who practice this evergrowing area of nursing!

Cynthia Veltri Lucieer, BSN, RN, CAPA



Reflections From Our ASPAN Regional Director

On the "Four" Front of Perianesthesia Nursing

January is a time, we all think of new intentions and resolutions; some personal and some professional. Intentions are defined as a course of action one intends to follow; an objective¹. Resolutions are the act of answering, solving, and the act of determining². President Twilla Shrout has selected "Dealing with Challenges: Winning with Power, Practice and Purpose" as her Presidential theme. I would suggest we also consider at the beginning of this New Year, "Promise", in the context of intentions and resolutions.

Explicitly written in our organizational Envisioned Future Statement, ASPAN will be recognized as the leading association for perianesthesia education, nursing practice, standards and research. As such, ASPAN continues to provide resources, forums and opportunities in these key areas. Over 16,000 members strong - we need to individually and collectively contribute to these efforts, lending our voices, energy, experience and expertise validated with certification. So I am asking you to consider: What challenges have you identified? What are your intentions for 2014? What subsequent resolutions will you make? How will you actualize those promises?

Do you intend to be a more active member? Perhaps you will increase your presence by contributing to your component or to ASPAN. As professionals, we constantly assess needs and identify gaps in plans and actions. Is there one thing we can do to meet a need? Opportunities can also present as a desire to increase your own knowledge in an area you are less sure of or expert in. The Specialty Practice Groups (SPGs) serve as a means to exchange knowledge and new ideas. Committee work, whether on the component or national level, is a network of partners who share the group work. Join a committee to learn from others and expand your knowledge. Membership is fluid, so new members bring great creativity. Resolve to strengthen our unique specialty through your active contribution. Moving an organization forward happens when members are informed and respond with their opinions. Your opinions as members of a professional organization, are not only sought, but expected. In April at the National Conference, we will have elections. The Representative Assembly will vote upon the new 2014 – 2016 ASPAN Standards, Practice Recommendations and Interpretive Statements. The organizational strategic plan is discussed and voted by your elected national officers and committee chairs. ASPAN can only be successful and responsive when you add your voice, either individually or through your representatives. Silence and apathy are not an option for professionals – it is our responsibility to contribute.

So for 2014, I strongly recommend we think about our professional organizational intentions. We must purposefully determine how we wish to approach those intentions. **Resolve to be ready** to actively offer your opinion. Make a promise, to follow through. Begin with small steps; garner success through positive outcomes and partnership with your perianesthesia colleagues. We must approach these challenges, as President Shrout states with power, practice and purpose. Only then, can we realize the promise of the ASPAN organizational vision. Happy 2014!

Laura A. Kling, MSN, RN, CNS, CPAN, CAPA

References:

¹ The Free Dictionary (n.d.). *Intentions.Definition.The Free Dictionary*. http://www.thefreedictionary.com/intentions. Accessed Jan. 4, 2014.

² The Merriam-Webster Dictionary. *Resolutions.Definition* http:// www.merriam-webster.com/disctionary/resolutions.Accessed Jan. 4, 2014.



NYSPANA District 8 Instant Winners They were all refunded their \$115 registration fee. L/R: Doreen Popp, Carol Cramer, Donna Kolb-Shores, Andrea Crecco, and Mary Rogers



NYSPANA District 8 ASPAN Seminar Co-hosts and Speaker November 2, 2013 L/R: Pamela Werner, RNC, CAPA Linda Ziolkowski, MSN, RN CPAN (Speaker), Doreen Dozier, RN, MHA, CAPA



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Governmental Affairs Committee Report

The State of the Nation and State speeches were carried out by President Obama and Governor Cuomo. Each made promises that will need to be followed to see if each can get the respective legislative bodies to cooperate. Please take the time to write your congressmen on both levels and speak on issues concerning you.

Some state issues are Core Curriculum and Pre-K. Teachers and parents are upset with Core Curriculum. School districts are worried about funding for Pre-K programs and have only so much money designated to provide programs for all children. With limited resources, programs are cut to add new ones. Pay attention to these issues when you vote on school taxes in May.

The Affordable Care Act has become reality. Time will tell if it successful or not. The news still has stories about people unable to sign up or having inadequate insurance. Will everyone obtain insurance? This is another unanswered question. We needed health care for the millions of uninsured; however will this be the program? Would changes make it better? As issues arise, contact your legislator with your opinion.

Two women's issues to watch are Sexual Harassment in the Armed Services and Human Trafficking. Sexual harassment issues are becoming more open, but will the people responsible be punished? This remains to be seen and recognized. Please urge the New York State Assembly to pass Bill A.8154 it would require establishments to post information about the National Human Trafficking Hot line and its number. Human trafficking is a very real crisis and goes unrecognized. The number is 1 888 373-7888.

The law to require a BSN degree for nurses in New York State is still in the education committee and needs support to get it out of committee. The bill would grandfather current RNs and require those graduating to obtain their BSN in 10 years. The diploma and associate degree schools would not close. In the Assembly the bill is sponsored by Majority Leader Joseph Morelle and the number is A03103. In the Senate, it is sponsored by Senator John Flanagan and the number is S5924.

Barb Ochampaugh, RN, BSN, CPAN

From The Vice President



Belated PeriAnesthesia Nurse Awareness Week greetings. I hope someone recognized you during that week. We don't take time to thank and recognize each other for a job well done. I thank each of you for doing just that and being a member of your specialty.

ASPAN and NYSPANA are each in need of

nurses willing to share their talents with the organization. There are simple things you can do for NYSPANA that do not require a lot of time. Each district plans meetings throughout the year. The districts need hosts for these meetings. The host contacts a speaker and obtains a room at their facility. You then contact the president of the district and let them know what you have organized. Each district is always in need of people to be officers. Officer's jobs and responsibilities vary by position. The current holders of the positions are willing to mentor new job holders. This year the NYSPANA Board of Directors will be seeking a Vice President/President-Elect and a Nomination Chair. The Vice President's job is a 3 year commitment, one year as Vice President, one as President and the third as Past President. The Nomination Chair is a 2 year term. We are looking for a Governmental Affairs Chair. This person is responsible for reporting on government issues that affect health. There is no term limit. Both ASPAN and NYSPANA have Willingness to Serve Forms on their web sites. Please take time to consider helping your organization. It is an opportunity for growth and networking.

Congratulations to the newly certified nurses. Certification reflects your commitment to your profession and patients. It validates your commitment to life long learning.

Barb Ochampaugh, RN, BSN, CPAN Vice President Elect

We Celebrate Certified Nurses Day



Certified Nurses Day - a National Celebration!

March 19 is the day set aside to honor all Certified Nurses! Go to our website and download a free poster in various sizes to use in your unit, and have all certified nurses sign it. We also have a page full of tips for celebrating Certified Nurses Day. Go to *www.cpancapa.org* click on News and Events then Events

Photographs Needed for our CPAN/CAPA Luncheon in Las Vegas!

Our music video at the CPAN/CAPA luncheon is always a big hit, in large part because of all the great photos we get from across the country showing our certified nurses at work in their units. This year we want more photos than ever - please participate with a group photo of your team. Email your photos (in jpeg format) to: *ieff@oboonc.com* no later than March 15,2014. A Photo Release form must be signed and returned with your photos. Get the Photo Release form at *www.cpancapa.org* click Resources then Forms.



She Sang With The "Rat Pack"

I attended the 2013 NYSPANA Fall Conference in November. A colleague and I provided some entertainment during the Saturday luncheon by singing a few parodies written by a group of anesthesiologists, who call themselves *The Laryngospams*. We finished by singing a song entitled "Crazy", sung by Patsy Cline years ago. There is a story behind why we sang that song. It's related to a patient my colleague and I met 6 years ago when she was in pre- op in our ASU. We work in ambulatory surgery at Brookhaven Memorial Hospital Medical Center in Patchogue, NY.

Peggy was 79 years old and waiting to go into the operating room for gall bladder surgery. As we chatted she told me she had sung with the "Rat Pack" in Atlantic City many years ago and even today sings at Veterans' Homes. She especially liked songs sung by Patsy Cline. I gasped because I had memorized Patsy Cline's "Crazy". I leaned over and quietly began to sing the song to her. Her eyes widened, a smile broke out on her face and she joined in. A colleague heard us and came over and joined in (she too knew that song by heart). There we were-two nurses and a patient, belting out that wonderful song...really milking it! A patient at the other end of the room stopped what he was doing and sat there listening to us, his nurse standing by with tears in her eyes. My colleague and I finished the song and hugged Peggy. The patient at the other end of the room told his nurse how much he enjoyed the theatrics, but added playfully, "they should keep their day jobs". Sometimes, my colleague and I make an on the spot decision when a patient needs something special to help ease his/her anxiety before surgery and we break out into "Crazy", sometimes a few bars and sometimes the whole song. It works all the time. We know from the smile and relaxed facial muscles.

Shelly Psaris



Suzanne Aiello, RN and Rachelle (Shelly) Psaris, RN, BS, CAPA

From The Past President



Congratulations to the Long Island Members of District 1 for the successful Annual State Conference held on October 18, 19, and 2013. On Friday, October 18 the Board of Directors kicked off the annual weekend of education with a full day of strategic, event, and development planning for 2014 and 2015. NYSPANA Leaders attended the ASPAN Lead-

ership Development Institute (LDI) in September 2013 providing the leadership tools to recognize that succession planning is the root of organizational success. As recipients of the 2012 Gold Leaf Award, our Board of Directors has recognized that using ASPAN's mission and goals to create our long range Strategic Plan we can be successful. NYSPANA was fortunate to have the membership talent to contribute to the actions, events, education, mentoring, research, and planning for 2012. Our Board of Directors plan to continue with that momentum and create the specifics goals listed in the Gold Leaf Award application. Using that as the guideline for the next two years will allow us to list and achieve the strategic goals.

The October 2013 Conference was continued with a full agenda of pertinent perianesthesia educational offerings. Exciting new information and developments within the medical and surgical community were presented. The District 1 education committee is credited with creating a very successful conference. Thank you for the hard work and dedication to your profession and your fellow perianesthesia nurses.

The ASPAN National Conference in Las Vegas is April 27- May 1, 2014. Consider joining us to learn, network, and enjoy our perianesthesia specialty of nurses. If you are attending, please contact one of us from NYSPANA (visit nyspana.net for contact info) or your district membership, Join us in the experiences from Component Night on Sunday, President's Night on Tuesday, NYSPANA's "Nite Out" (to be determined), and so much more. If you are attending the CPAN/CAPA lunch or any other event, we invite you to join us at our table. There are bulletin boards in the main conference hall. Just look for the NYSPANA communication board for our announcements. We look forward to meeting you again or for the first time.

Please voice your opinion about the nominees for ASPAN Leadership and Board of Directors. Please access ASPAN's home page at www.aspan.org and under ASPAN Highlights click on 2014-2015 Candidate Profile. Your membership is at work for you. Please make your leadership choice known. Looking forward to meeting you!

> Dianne M. Lysarz, RN, BSN, CPAN, CAPA Past President 2012-2013

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The following posters were accepted for presentation at the ASPAN National Conference in Las Vegas

THE SILENT BREATHE: POSTOPERATIVE COMPLICATIONS IN THE SLEEP APNEA POPULATION

Primary Investigator: Barbara U. Ochampaugh, RN, BSN, CPAN, Level IV St. Peter's Health Care Services Albany New York Co-Investigator: Deborah Marra, RN, BSN, CPAN, Level III

Chung defines Obstructive Sleep Apnea (OSA) as a sleep disorder caused by repetitive partial or complete obstruction of the upper airway. (2008) In the perioperative setting, patients with diagnosed or suspected OSA are managed closely due to a potential for complications. The American Society of Anesthesia (ASA) and the American Society of Perianesthesia Nurses (ASPAN) have adopted guidelines for the care of the OSA patient. This institution is in the process of developing guidelines for the OSA population.

The purpose of this research was to answer the following questions: What is the Phase I length of stay for the known OSA patient with or without a bi-pap machine? Were there any adverse respiratory events in the first three (3) post-operative days?

This descriptive quantative study focuses on 50 randomized diagnosed OSA patients at a community hospital. The inclusion criteria were: patients with a diagnosis of OSA undergoing surgery and requiring admission. Data was obtained through current/concurrent chart review. Patients were followed for three days postoperatively with a follow up phone call made one week post discharge. Fourteen of the 50 patients had identifiable respiratory events in the Phase I perianesthesia unit (PACU). Their oxygen saturations ranged from 77%-88% on arrival in PACU. To correct hypoxia, nine required Continuous Positive Airway Pressure (CPAP) and five required airway maneuvers. For these patients, length of stay in the PACU was 1-7 hours. Thirteen of the event patients received general anesthesia. No apneic events were recorded for any of the patients on three (3) consecutive post-operative days. Only 25 patients were able to be reached for the postoperative phone call. The patients who did not have CPAP machines, reported nightmares, trouble sleeping and daytime sleepiness. Only three (3) patients used their CPAP when napping during the day.

Findings of this study may be used in the development of institutional specific guidelines. OSA patients requiring general anesthesia require closer peri-operative monitoring to ensure adequate respiratory function. A multidisciplinary approach is needed for the safety of the OSA patient. Nursing staff must be vigilant for patient complications. Nursing and respiratory therapy need to encourage patient compliance with CPAP equipment.

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QUANTIFY AGREEMENT BETWEEN NON-INVASIVE TEMPERTURE DEVICES

Primary Investigator: Barbara U. Ochampaugh, RN, BSN, CPAN St. Peter's Hospital, Albany, New York Co-Investigators: Deborah Marra, RN, BSN, CPAN; Jeff Stone, RN C

Accurate postoperative temperature monitoring is imperative for post-surgical treatment decisions. Many types of thermometers are available to measure core temperature.

The purpose of this study was to compare the equivalency of different non-invasive thermometers including oral, tympanic and temporal artery.

A descriptive comparative study was conducted after receiving exempt approval from the Institutional Review Board (IRB). Participant permission was not required per IRB. Two experienced PACU nurses were trained on all devices. The following thermometers were calibrated and designated for the study: AccuSystem Tympanic Membrane, WelchAllyn SureTemp Plus (oral), and Exergen Temporal Scanner thermometers.

Convenience samples of 250 post-operative patients, undergoing elective surgery in a community hospital, were used for the study. Patients were chosen based on random assignments to the primary and co-investigator. Children, pregnant women, critical, special needs and prisoners were eliminated per criteria. Temperature measurements were assessed after 15 minutes of arrival to PACU. Additional data collected included age, gender, type and length of surgery, and use of intra-operative warming devices and vasoactive drugs.

Temperature measurements were collected on 105 males [41%] and 147 females [59%]). The mean age was 58.25 years. The overall mean temperatures per device were: TM temp 36.1 C (SD=.65 range from 34.3-38.1), Oral Mean temp 36.4 (SD=.28 range from 34.4-38.2), and TA mean temp 36.6 (SD=.51 range from 35.8 to 39.2). The mean sample variance was 0.046 (SD=0.21); this was not statistically significant (p<.05). In addition, oral temperatures on 22% of the subjects were unobtainable. A Bland Altman plot was done using the TM and TA data. Statistics cannot definitively answer the question of correlation between devices within a clinical situation. The study found that each of the instruments used provided a similar standard error (oral 0.020, TM 0.041, TA 0.032). This study was designed to look at agreement not preference or quality for one specific method over another. However, all thermometers rely on user expertise for accuracy.

The one conclusion that can be drawn is further research (looking at core body temp and accuracy of devices) is indicated as technology changes.

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Forward all articles to NYSPANA or to:

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From The Editor



Massage In The Pre-Operative Patient A Nurse's Perspective

I am a registered nurse in an ambulatory surgery center (free-standing). Every patient (except those under the age of eighteen) is offered a ten minute chair massage by our certified massage therapist. It has been one of the most popular perks here at Specialty Surgery Center. But I see a different outcome. I have watched anxious patients calm down, blood pressures drop thirty points, and observed many go to sleep right before surgery.

The stress of having a surgery or procedure, though routine for our staff, is often an anxiety-laden event for most patients. It (the surgery) produces a lot of stress, worry, muscle pain (from tension), and sometimes panic in many people, young and old. By offering a massage prior to their surgery we have noticed an increase in patient satisfaction. Our post-operative surveys almost always include a mention of how "wonderful" the massage was. We see comments like "I wish I could come back for another."

My own personal experience with massage is as a stress reliever. More often than not I have a tendency to tighten muscle groups without even realizing it, leading to back and neck pain. The experience of massage and touch bring a relaxing calmness to the body. It also enhances focus and can increase a patient's range of motion when done regularly.

The positive aspect of massage is its non-invasive nature. It can be soft or firm depending on patient preference and never has to be painful. It increases circulation, relaxes muscles, and can even energize the body. It may lead to choosing other natural pain/anxiety relievers such as meditation, relaxation and healthy living.

My observation of patients having a pre-operative massage has been positive. I see a sense of well-being in those who choose to have one. I see facial relaxation, a lax jaw, and the soft sounds of sleep. I am often a grateful nurse when my jittery anxious patient receives it (that and a warm blanket make a happy relaxed patient).

For me, I find an inner peace as my entire body relaxes. I feel tensions melt away and aches and pains disappear. I

A Call To Network

We welcome input from the membership:

	Have you attended an informative lecture?
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Have you taken care of an interesting patient and could share the experience and outcome?

Networking and sharing is what we are all about, please E-mail or Fax us (the numbers are in the inside cover).

It is a neat feeling to see your article and name in print.

Thanks in advance!

Michele Rossignol, RN, CAPA E-mail:michele_rr2003@yhoo.com



UP TO PAR

Newsletter of the New York State PeriAnesthesia Nurses Association

ASPAN's 33rd National Conference Top 10 Reasons to Attend

- 1. Earn up to 42.25 contact hours
- 2. It's VEGAS
- 3. Conference hotel rooms are just \$95/night, plus tax, until Feb. 21
- 4. Network with colleagues from around the world
- 5. Learn about the latest pharmaceuticals, equipment, and supplies
- 6. Conference Kickoff: Vegas-style party at Component Night (Sunday)
- 7. 48 concurrent sessions
- 8. Kick the winter blues—daily April temps. average high 70s/low 80s
- 9. Many national landmarks and parks to visit nearby
- 10. Elvis just might make an appearance

recommend massage for a natural non-invasive way to decreased stress, tension, pain, and anxiety before surgery or at any time. We are fortunate to offer our patients at Specialty Surgery Center such a gift of well being before their procedures.

Michele R. Rossignol, RN, Editor





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Michele Rossignol, RN Email to: michele_rr2003@yahoo.com

ASPAN's National Conferences

Future Conference Dates

Consider attending our ASPAN National Conference . . .

April 26-30, 2015 San Antonio, Texas

April 10-14, 2016 Philadelphia, PA