

~ In Loving Memory of Jung Ja Davis ~ March 19, 1940-August 24, 2011



JD with Colleen Van Scott, RN

“A Beautiful Life”

A beautiful life
 that came to an end,
 she died as she lived,
 everyone’s friend.
 In our hearts a memory
 will always be kept,
 of one we loved,
 and will never forget.

Anthony Funeral & Cremation Chapels



Susan Alati, RN with JD in Orlando

JUNG JA DAVIS A Beautiful Inspiration

Jung Davis, or JD as she was known to her friends, family and colleagues, took every opportunity to learn. She attended National and State Conference whenever she could, always sitting in the front row. JD would come to local meetings, always ready to help when needed. She loved being at the registration table to meet and greet the registrants. She was one of the smartest people I have ever had the pleasure of knowing.

My fondest memory of JD was at the Philadelphia ASPAN National Conference. I heard Dina Krenzichek tell her story of coming to America from the Philippines. I could see JD’s eyes glistening. She later shared her own journey to America story which mirrored Dina’s.

JD was such an inspiration to her colleagues at Strong Memorial Hospital’s PACU as well as NYSPANA. When JD was diagnosed with renal failure she would go to dialysis and then work her shift in PACU. She later received a kidney from her son and was back to work in record time.

JD worked, raised a family and was the proudest grandmother to Hana Jung. She was a wonderful wife, mother, and fantastic friend to all who had the opportunity to know her. She will be greatly missed.

Cynthia Veltri Lucieer, BSN, RN, CAPA

JUNG DAVIS Teacher, Mentor, Friend

On August 24, 2011, NYSPANA District 14 lost one of its most beloved members. Jung Davis died after a long battle with chronic renal failure, a battle she fought all her adult life. To say Jung will be greatly missed is an understatement. We who called her our friend, peer, tireless co-worker find the loss especially difficult. Jung was a professional in the truest sense of the word. She gave 100%, whether working in the PACU at Strong Memorial Hospital, or attending a NYSPANA State Conference or ASPAN National Conference.

Jung believed she represented her nursing profession in all aspects of her life. I know of few nurses who understood the process of why certain anesthesia drugs were given and how they affected the patient like Jung did. When an explanation was needed Jung Davis was the go-to nurse. ASPAN published one of her papers on post-operative care. If she was your preceptor, you understood all aspects of anesthesia. But it never stopped there. She was your teacher, your mentor, your friend.

I had the honor to start my new position in the then “Recovery Room” on the same day as Jung, September 9, 1979. I was from a surgical floor, Jung from the pediatric emergency department. We were the same age, married with 3 children, and our husbands had the same first name. We laughed many times at the coincidence.

Jung was a graduate of the Busan National University of Seoul, South Korea. She married an American, Norman Davis, who was teaching English as a second language at the university. In 1965 they moved to Chicago, where Jung’s family still lives. They later came to Rochester, New York, settling in Webster. She attended the Empire State Program, receiving her BSN.

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COPY SUBMITTAL DEADLINE:

Deadline for submitting material for next issue of *UP TO PAR* will be **JUNE 1, 2012**.
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



Happy Perianesthesia Nurse Awareness Week (PANAW) to everyone. How did you celebrate the week? At our District 10 meeting we raffled ASPAN items to members in attendance. I sent thanks to all of my board members for their hard work and dedication to NYSPANA. With the help of Loretta Dorn I made a video for the nurses at Montefiore Hospital in the Bronx and NYUMC in Midtown. Thanks to Amelita Fabello for inviting me to speak.

I thought I would share some statistics about NYSPANA with everyone. Currently we have 864 active members, 677 members are certified. There are 251 CAPAs, 399 CPANs and 27 members with dual certification. Nancy Spadofora and Jean Gumina serve as certification coaches. Judy Sargalis Sears, Lori Crosby and Dianne Lysarz are ALRT members of ABPANC. Discounts for NYSPANA State Conference are given to all of the newly certified members.

January has been a busy month. The Gold Leaf, Shining Star and Newsletter Contest applications were prepared and sent to ASPAN. Preparations are underway for our March board meeting. I have been working with Trina Mills, our newly appointed President of NYC District 6 as she takes on the task of organizing the district. I ask all of the NYC members to please help Trina in her efforts. She needs officers and people willing to help host meetings for the district. Dianne Lysarz needs help with District 15, Buffalo, as well. She is wearing the hat of President of District 15 as well as Vice President/President Elect of NYSPANA. She cannot wear two hats when she ascends as president in October, 2012. Finally, NYSPANA will be seeking candidates for Vice President/ President Elect and Secretary.

As perianesthesia nurses, we have the ability to lead. We advocate for patients and deal with physicians and families on a daily basis. We are a motivated, organized people. These are all leadership qualities. Leadership in the organization is a time commitment. Please consider a role in your district or at the state level. The NYSPANA Board has a wealth of knowledge and is willing to share its expertise.

Have you seen the new ASPAN web site and brochure? It has a sleek modern look. Remember, the Member-Get-A-Member Campaign continues. The member who recruits the most receives member discounts on the national and state level.

Dianne Lysarz and I are your Representatives to the ASPAN Board and we will be voting on "Standards" at the NASPAN National Conference in April, 2012, Orlando, Florida. If you have an opinion, please let us know. If you are attending the conference you can come and listen to the discussions.

Thank you for your support of our organization. We are dedicated to bring quality education and networking opportunities to our membership. We can only be as good as our members who are willing to be leaders.

A final note, the deadlines for Nursing School Scholarships and Clinical Nurse Excellence are July 1, 2012. Applications are on the website (nyspana.net) under Scholarship/Awards and click on the links at the end. Please take a moment to nominate a colleague.

Barbara U. Ochampaugh, RN, BSN, CPAN, President



NYSPANA Network

District 1

On Saturday February 4, 2012, District 1 held its Annual Winter Conference to kick off PANAW. One hundred and forty-one nurses and two student nurses attended. We listened to six great speakers, relaxed, ate breakfast, lunch and networked throughout the day. Six contact hours were awarded. We raised \$1,125 dollars for “Long Island Cares” from 50/50 and basket raffles. Thanks to all.

District 1 members who won educational scholarships:

- Jadene Bonardi, RN - \$500 to attend the Annual NYSPANA State Conference, 2012
- Mary Brosnan, RN - \$500 to attend the ASPAN Nat'l Conference in Orlando, FL.
- Tina Stoebe, RN - certification or re-certification for CPAN or CAPA.
- Catherine Kaestel, RN - certification or re-certification for CPAN/CAPA.
- Kelly Depka, RN - certification or re-certification for CPAN /CAPA.
- Claire DeSotto, RN - certification or re-certification for CPAN /CAPA

The following Nurses received a \$100.00 educational scholarship to attend another perianesthesia conference, use towards ASPAN renewal, certification or re-certification and/or purchase a perianesthesia book:

- | | |
|---------------------|---------------------|
| Pamela Hagerman, RN | Jeanne Callahan, RN |
| Elizabeth White, RN | Henrietta Lucas, RN |
| Carol Colucci, RN | Dawn Ramirez, RN |
| Suzanne Aiello, RN | Erica Montes, RN |
| Tracey McKay, RN | Denise Griffith, RN |

Our spring meeting is scheduled for Tuesday May 8, 2012 at Good Samaritan Hospital in West Islip, N.Y. Dr. R. Domingo will be speaking on “Obstructive Sleep Apnea”. A light dinner will be served and 1 contact hour will be awarded.

Elizabeth A. White, BSN, RN, CAPA, President

District 9 News

Our next District Meeting will be held on March 8, 2012 at 6pm. The topic will be: *Bariatric Surgery, PeriAnesthesia Concerns* given by MD Christian Tvetenstrand. It will be located at the Wilson Hospital Cafeteria conference room in Johnson City, NY. A light supper will be provided by Susquehanna Anesthesia, so please RSVP to Tricia Stange at 607-762-2301.

I will be stepping down as District 9 President. It has been an honor to work with everyone and a pleasure to learn and have so much fun with my NYSPANA friends. This is an official call for nominations. If you are interested in running for the office of president or would like to nominate an interested nurse please call me at: 607-624-4193 or email me at: JSeliga@lourdes.com

Jenny Seliga, BSN, RN, President

District 8 News

ASPAN Seminar:

On Saturday March 31, 2012 District 8 will be presenting the ASPAN Seminar *Pediatrics: Beyond the Basics* in the White Plains area. Former ASPAN President Kim Kraft, BSN, RN, CPAN and current chair of ASPAN’s Nominating Committee and Leadership Development Committee and the team leader for the Standards & Guidelines will present this new seminar. Topics will include: *Pediatric Anesthesia, Conditions and Diagnoses that Impact Patient Care, Protecting the Pediatric Patient, Consents and Other Issues, ASPAN Standards and the Pediatric Patient and Erickson and Piaget: Did They Really Know What They Were Talking About?* Thank you to District 8 members Doreen Dozier, Carol Cramer and MaryAnn Servidio who volunteered their time to serve as host and co-hosts for this seminar.

Award Winners:

CONGRATUALTIONS to the fifteen District 8 members listed below who won the registration fee to the upcoming Saturday, March 31, 2012 ASPAN Seminar *Pediatrics: Beyond the Basics* (\$115.00/earlybird registration). The names were chosen by lottery from a pool that included all current members of NYSPANA District 8.

- | | |
|---------------------|------------------------------|
| Elizabeth Cacchione | Kathleen Mary Michelsen |
| Janet Lee Callahan | Karen J. Patino |
| Marie Donegan-Reeg | Doreen Popp |
| Teodora Joco | Elizabeth Scozzafava |
| Patricia Hand | Patricia Wunder |
| Anthony Giammanco | Patricia Zimmer |
| Donna Kolb-Shores | Jacqueline Caraballo Serrano |
| Stephanie Mogan | |

Upcoming ASPAN Seminar:

Another ASPAN Seminar, *Perianesthesia Pathophysiology & Assessment: A Systems Approach* is being planned by District 8 for Fall 2012. This is a *new* seminar being presented by ASPAN. Watch for further information on the NYSPANA website (www.nyspana.net), in *Up To Par* and arriving in your mail.

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 leaving your name and contact information.

Maryanne Carollo, BS, RN, CAPA, President

~ Treasurer’s Report ~	
As of December 31, 2011	
Checking	\$6,071.25
Savings	\$14,142.83
Investment Account Value	\$13,125.87
Secured Bond	\$12,462.98
	Total: \$45,802.93
<i>Kathy Balog, Treasurer, NYSPANA</i>	



NYSPANA Network

Districts 6 News

As the newly appointed President of District 6, I look forward to working with perianesthesia nurses of all five boroughs. I am currently recruiting officers for the following positions: Vice President, Secretary, and Treasurer. Please feel free to contact me via e-mail if you are interested in joining this team. My e-mail address is: tmillz12359@netscape.net

We are planning to host a NYC Seminar in Manhattan this fall. The topic and date will be posted on the ASPAN and NYSPANA websites. There will be a seminar held at Montefiore Hospital, on *Malignant Hypothermia*. The speaker, Michael Greco, DNP, CRNA, CPAN comes with a plethora of experience and passion.

Expect exciting upcoming educational programs and networking for perianesthesia nurses of the New York City area. I look forward to working with you and being of service to District 6.

Trina Mills, RN, BSN, MS, President

District 14 News

Greetings from District 14! Happy PANAW to you all. We have had a busy and successful start to our year.

On January 18th twenty members attended an educational opportunity presented at Highland Hospital. Lisa Brophy, MS, RN, MSBA, NEA-BC spoke of the different generation now working in healthcare and what each group brings to the table. It was an informative and enlightening discussion. Thanks to Joanie Morse for another great job.

Our Annual Education Day was held on February 4th this year and due to its popularity we moved to a larger venue. Are we glad we did as attendance surpassed our expectations with one hundred and thirty five attendees! It was a resounding success with evaluations full of praise and promises to return next year. A huge thanks to all the committee members who worked so hard once again to make this such a success, you guys are the best team ever!!

Plans are currently under way for our Annual Education Evening at Thompson Hospital in May. If you're near the area think about attending, Canandaigua Lake is gorgeous in the spring.

Ken Nesbitt, President

Districts 13 News

**NYSPANA FALL CONFERENCE
MARK YOUR CALENDARS!!!
OCTOBER 26-27, 2012
SYRACUSE, NEW YORK**

Tim Clark, President

District 15 News

The PANAW Seminar was postponed due to speaker cancellation. On behalf of the Board of Directors, we extend our apologies. The District's Board of Directors has decided to organize a seminar for the third Saturday in May. We invite your thoughts and suggestions for planning this event. Send your comments and questions to dlysarz@roadrunner.com.

Recruitment for District 15's presidential position is still active. Since I have accepted the role of Vice President/President Elect for NYSPANA, I will soon be assuming that position.

In 2008, I became the President of District 15. This has been an extremely rewarding experience. As I began this role, I didn't expect the knowledge I have gained or to have worked with a more amazing group of nursing professionals. Every situation was new. I had no prior experience as an organizational leader but my colleagues were always at my side. Every NYSPANA Board of Director member was supportive, patient, willing to share their expertise, and available for advice. The collaboration among this group of specialty nurses is continuously strong. Working with this group of perianesthesia specialists has provided me with a wealth of resources, friendships and experiences at the local, state and national levels. I have traveled to places I had not planned but totally enjoyed. I have gained lasting friendships that I value personally and professionally.

To ensure a smooth transition, District 15 members are hopeful a decision regarding my replacement will be made before the end of summer. Continuity of District 15 leadership is in the best interest of our members.

Please send your "Willingness to Participate" form to NYSPANA's Nominating Chair, Susan Alati, BSN, RN, CAPA Email: salati@rochester.rr.com. This form can be found on our website at: nyspana.net under Bylaws/Forms.

Dianne Lysarz, President

JUNG DAVIS *continued from page 1*

When certification in PACU care became available, Jung was among the first group to take the exam. It was her encouragement that helped us strive for certification as a unit goal. She was an active participant in the formation of NYSPANA's District 14, keeping Strong Memorial Hospital's perioperative nurses active ever since.

Jung Davis traveled and touched many nurses along her journey, from Korea to all around America. Her family has received condolences from Seattle to New York. Strong Memorial's PACU nurses know what a privilege it was to work with her. They gathered at her bedside to hold her hand at the end of her life and tell her she would be loved and remembered always. Jung was my dear friend and I will always miss her.

*Pat Paskell, RN, CPAN
Retired member of NYSPANA/ASPAN*



Nominating Committee News

Elections for the year 2012 will soon be here. If you are thinking about becoming more involved in NYSPANA, or would like to nominate a peer this is a great time to start thinking about it. I would like this year's election to be the "**JUST DO IT**" challenge!

The 2012 elections will be held for the following positions: Vice President/President Elect, Secretary, and Nominating Committee Chair. All require a two year commitment. A "Willingness to Participate" form must be completed to declare your intent to be placed on the ballot. This form can be found online at our website, nyspana.net on the Bylaws/Forms page, by clicking on

the "Willingness to Participate" link.

Any NYSPANA member can run. If you or someone you know is interested in becoming an officer, please feel free to contact me at salati@rochester.rr.com. It is up to us to make a difference and be involved in the organization that "advances our nursing specialty through education, research, and standards."

"JUST DO IT" ! I know you can!

*Susan Alati, BSN, RN, CAPA
Nominating Committee Chair*

Research News

NYSPANA is looking for ideas for a state-wide research project. We have survey monkey to conduct this easily via our web site. Email me at: CVL54@hotmail.com with your ideas. ASPAN's *Fatigue Study for Phase I RN's* is still awaiting IRB approval.

Whether we realize it or not, many perianesthesia nurses have utilized evidence-based clinical practice (EBCP) in our everyday care of patients. We do things because we have seen it consistently work for our patients. Cecil Drain defines EBCP as: "The conscientious, explicit, judicious use of current best evidence in making decisions about the care of individual patients, integrating individual expertise with the best available external evidence from systematic research."¹

One great example of a research project from my own unit (Strong Surgery Center (SSC) at Strong Memorial Hospital (SMH) in Rochester, NY) is our use of phenergan for treating postoperative nausea and vomiting. We began to see (by using a smaller dose of 6.25 mg.) relief of symptoms without the sedation effect associated with higher doses. This allowed for earlier discharge.

Chris Deitrick, BS, RN in the SSC Phase II took the initiative and asked the anesthesia department to change their order sets for a smaller dose. They were reluctant to change the dose (standard dose for hospital practice is 12.5mg) without sufficient evidence to support it. Chris, with the help of Gail Ingersoll, EdD, RN, FAAN, FNAP as research mentor, Ashwanni Chibber, MD anesthesiologist in SMH OR, David Webster, RPh, MSBA as pharmacist team member, and Dan Nowack, MS, RN associate director for perioperative services at SMH, designed a clinical randomized trial in 2008. It compared two doses of promethazine in a convenience sample of ambulatory patients. She was awarded a \$5000.00 grant from AORN for this project. She formed a team of nurse co-investigators who helped conduct the randomized double blind clinical trial to compare the two doses (6.25 mg vs. 12.5 mg) in a sample of ambulatory patients. These patients were undergoing urologic, neurologic, general, thoracic, vascular, otolaryngology, orthopedic, oral maxillofacial, gynecologic and colorectal procedures. Willing surgeons gave permission for these elective surgery patients (18-75 years old) who met set criteria and had given consent for the study. Chris and her team of nurse co-investigators worked very hard to reach the statistical analysis number of 120 subjects. You will see her poster at the ASPAN National Conference in Orlando, Florida.

Cynthia Veltri Lucieer, BSN, RN, CAPA, NYSPANA Research Chair

References:

Drain, Cecil. Odem-Forren, Jan. *Perianesthesia Nursing: A Critical Care Approach* 2009



Governmental Affairs Committee Report

A new year often symbolizes a new beginning with unlimited possibilities surrounding us. However, it can, at the same time, bring angst about the change these possibilities will create. On the federal level, 2012 is an election year, bringing questions about who our new President will be and what change this person will make. The Senate and the House of Representatives will also see changes as current members are re-elected or new faces emerge. Will the current Republican Speaker of the House continue as third in command or will a new face with a Democratic affiliation arise? The biggest question for me is how the changes in membership will change the outcomes of policies and programs I hold dear to my heart. This report will focus primarily on the state news as huge changes are occurring and every nurse will be affected on a personal and/or professional level.

Politics are alive and well within our own nursing organization and are just as heated as the political field. In the fall of 2011, elections were held for executive positions at NYSNA. These elections were fraught with issues of different union groups vying for control of the organization. The battles which have resulted are as ugly as the politics within our government. There are claims some of the candidates worked with the Massachusetts Nursing Association (MNA) and The National Nurses United to “raid” NYSNA. Raiding occurs when one union seeks to oust another union in order to become the bargaining agent for that union.

The fall 2011 elections for NYSNA positions were challenged. This required a federal judge to intervene and seat the current board members. The election process is unprecedented in NYSNA’s history. The elections and the pursuant court battle have members within NYSNA and ANA concerned the new executive board has strong affiliations with MNA (the competing union). The result of this action has created a divide between NYSNA and ANA.

With the shift in leadership, many changes to our nursing organization have occurred with more on the horizon. One of the biggest is the intense focus on the collective bargaining unit component of NYSNA’s activities. This change is evident in the newly appointed president’s address in the Nov. /Dec. publication of *New York Nurse*. Her address is one page long and focuses on the issues of collective bargaining. Many members who belong to unionized facilities hoped the new board would resolve the multiple contracts still open.

The change in leadership and the heightened focus on collective bargaining has created an even bigger issue which affects all nurses within New York State. The NYSNA board speaks of its 37,000 members but currently there are 212,671 registered nurses in NYS (source: www.nysed.gov). The decision to focus on collective bargaining affects every nurse throughout the state, member and non-member alike.

Prior to the elections, NYSNA had a strong affiliation with ANA, being one of the largest constituent bases supporting nursing and nursing concerns at the national level. Currently, ANA has suspended NYSNA’s affiliation with the ANA for one year. This means for the next year, NYSNA is denied the authority to provide accreditation of continuing nursing education credits and certifications through the ANCC. It also means that NYSNA members no longer have access to “members only” materials and member benefits such as publications and the association’s website. Additionally, our right to serve on the association’s various bodies including the ANA House of Delegates has been denied. The loss of these benefits affects all nurses across the state.

If you are an accrediting body you will need to apply for CEU’s on an individual basis for each program (lengthy and time consuming) or seek adoption (which can be costly). If you are currently certified and are looking to maintain your educational commitment, you will need to look to national accrediting programs of organizations other than NYSNA.

The ANA House of Delegates meets every third year. They will be meeting this June and New York will not be represented at this time. This is a three day gathering of nurses across the nation who join together and determine the nursing agenda on policy formation, practice concerns, and the focus of our political agenda. This is a time where the health of our nation is examined and decisions on healthcare priorities are decided. ANA was instrumental in creating and passing the new Healthcare Program which has given access to healthcare for millions of Americans. In response to the decision by ANA, the new board of NYSNA reassures its members they are addressing these concerns and will continue to provide accredited continuing educational activities.

For me, 2012 symbolizes a year with many surprises and turns on the political front. The change in NYSNA’s leadership has definitely created change for nurses in NYS with the promise of more change to come. The elections for our federal positions remain a mystery but one thing is clear: Change is in the air.

Nancy Salerno, RN, MS, NE-BC

Pain vs. Perception

While most would agree, there may be human tendencies for biases. Health care professionals are obligated to be aware of their own biases, and not allow them to interfere with providing optimal patient care. As a nation, pain management is not where we would like it to be. Until we are willing to be honest with ourselves regarding our biases, we will not win at conquering pain. Our perception of what pain should look like may be contrary to what the patient conveys.

We certainly have wide variations of prescription and non-prescription medication to combat pain today. Our first concern should be making the patient comfortable, not rehabilitating one who is experiencing acute pain, with just cause. All too often, we are overly concerned with the thought that one might be “drug seeking” so we inadvertently and inadequately treat their pain.

The following are two scenarios supporting the concept of pain vs. perception:

On 5 south, Mrs. Smith, a 71 year old year with metastatic lung cancer was lying in bed gripping the side rails, moaning as her daughter walked into the room. The nurse assigned to Mrs. Smith was at the nurses’ station talking to her colleague.

Mrs. Smith’s daughter informed the nurse her mother was in pain and asked if she could be medicated for it. The nurse replied, “She refused her 3 p.m. pain medication.” It was 5 p.m. The 3 p.m. medication offered had been ordered PO. Ms. Smith had been refusing everything PO due to severe abdominal pain that ensued with all ingestion. Mrs. Smith’s daughter requested to speak with the physician to consider ordering pain medication via an alternate route. The doctor came to evaluate the patient and ordered stat IV push dilaudid, for her, as she was in obvious excruciating pain. Shortly after the medication was administered and had begun to work, Mrs. Smith looked up at the young, novice nurse and said, “My how cute you are.” She engaged in conversation with the nurse, who was surprised this patient was not disoriented and confused. Relentless pain had caused this patient to appear disoriented and confused in the nurses’ eyes. If the patient’s daughter had not advocated for this patient in severe acute pain, would she have received the relief she deserved?

In the Ambulatory Surgical Unit, 30-year-old Mr. Diaz came in for anal surgery. He was finally going to have surgery for a condition that was causing pain for months to years. Once admitted to the Ambulatory Surgery Pre-op Unit, in the middle of the day, he was told it would be 1-2 hours before he would be taken back to the operating room. He told the nurse, he didn’t mind the wait, but was requesting something for pain. He informed her, his pain intensifies with sitting. She assisted him onto a stretcher and called his surgeon, who came out of the operating room between cases. She informed the surgeon of his pain, and requested pain medication for him, he responded, “I’m not giving him anything, he is an addict.” The nurse immediately informed her nurse manager of the patient’s need, and the surgeon’s response. The manager then approached the surgeon regarding the matter; he vehemently refused to order any pain medication for this patient. He vowed, “He is an addict and I doubt he is in pain,” despite the patient stating his pain was 8/10. The nurse manager then questioned how the surgeon planned to manage his pain post-operatively. He replied, “He is not getting any narcotics.” The manager found comfort in knowing the anesthesiologist would be involved in the management of his post-op pain also. Three to four hours later when the patient arrived in PACU, the manager raced to the PACU to observe a screaming post-op patient (Mr. Diaz). Although the PACU nurse advocated for the patient, the anesthesiologist was reluctant to administer the usual opiates in the immediate post-op period. The nurse manger spoke directly to him when she asked, if the surgeon had suggested he avoid opiates. He answered, “Yes.” The manager asked that he use his own clinical judgment. “Look at that patient!” He subsequently ordered the usual opiates he would have normally ordered, and the patient finally received the relief he deserved. The lesson here is, addicts have pain too! Acute instances are not the time to rehabilitate patients.

Have we forgotten the non-verbal cues of pain? Has our perception of pain become so obscured we cannot take the word of the patient at face value? As nurses, we need to go back to basics with pain assessments. Remember, pain is subjective. Continue to advocate for patients in pain. They are relying on the most trusted professionals (nurses) to ensure they get the relief from pain they deserve.

*Trina Mills, RN, BSN, MS
District 6 President*

Understanding Peripheral Nerve Blocks

Ultrasound technology and peripheral nerve stimulators have led to the increase use of peripheral nerve blocks for post-operative pain control. Peripheral nerve blocks can be a single injection or continuous infusions. Commonly known blocks are upper extremity (brachial plexus), lower extremity (femoral and sciatic) and transversus abdominis plane block of the trunk.

Analgesia to the upper extremity is administered via the nerves derived from the brachial plexus. The anesthesia provider uses anatomical landmarks, nerve stimulation and ultrasound guidance when doing a brachial plexus block. Contraindications for this block are infection at the site, coagulation issues and neuropathy.

There are three approaches for brachial plexus blocks: interscalene, supraclavicular and infraclavicular. The type of block used is based on anesthesia provider expertise and the site of the surgical intervention. The brachial plexus is a complicated area of nerves formed from the ventral branches of the cervical and thoracic spinal nerves. The nerve structures start as trunks and then form divisions, cords, and main branches.

The interscalene approach is used for surgical procedures in the upper extremity involving the shoulder, arm and forearm. The local anesthetic is deposited at the C₅/C₇ level and distribution of the anesthesia will cause a decreased block at C₈/T₁. Since this block is deposited close to the phrenic nerve, it is contraindicated for those patients with pulmonary disease.

Complications for the interscalene block are: local anesthesia toxicity, phrenic and laryngeal nerve blockade which may lead to a hoarse voice and dyspnea, Horner Syndrome, neuraxial block and pneumothorax. Reassure the patient that the hoarse voice and Horner Syndrome will resolve as the local anesthetic wears off.

The supraclavicular approach gives a more even distribution of anesthetics for analgesia of the upper arm, forearm, and hand. This approach is not good for the shoulder and is not a good block for patients with severe pulmonary disease. Complications include: local anesthetic toxicity, pneumothorax, hemothorax, Horner Syndrome and phrenic nerve blockade.

The infraclavicular approach blocks the brachial plexus at the level of the lateral, posterior, and medial cords where the brachial plexus travels past the first rib. This block provides anesthesia to the upper arm, forearm, and hand. It too is not good for shoulders. Complications include: local anesthetic toxicity, pneumothorax and hemothorax.

Peripheral nerve blocks of the trunk or the TAP block is useful for the lower anterior abdominal wall, when an epidural cannot be used. The thoracolumbar nerves or T₈/L₁ can be blocked at the petit triangle. The petit triangle is located superior to the iliac crest and bordered by the latissimus dorsi and external abdominal obliques. Complications from the TAP block include: local anesthetic toxicity, hematoma, needle trauma and the potential for anesthetics to be deposited in the abdominal structures.

Nerve blocks for the lower extremities include the femoral and sciatic nerves. The femoral nerve innervates the anterior thigh and knee, which makes this an effective block for thigh and anterior knee procedures. It can be combined with other blocks to ensure more complete analgesia to the lower extremity. After a femoral nerve block, patients are unable to contract the quadriceps and can cause the patient to fall. Patients need to ambulate with assistance and may require a knee immobilizer. Complications from this block include local anesthetic toxicity, hematoma and nerve injury.

The sciatic nerve block can be combined with the femoral nerve block for improved analgesia of the knee. The sciatic nerve is very large and provides sensory input to the hip, knee and below the knee, and provides motor input to the hamstring. When combined with a saphenous nerve block, surgery can be performed on the medial aspect of the foot or ankle. The sciatic nerve is prone to injury, so it cannot be used in patients with diabetes having peripheral neuropathies.

Nurses assist the anesthesia provider by positioning the patient, administering analgesia and reassuring the patient. The nurse also adjusts the ultrasound machine and the nerve stimulator under the direction of the anesthesiologist. The nurse must monitor the patient after the procedure for potential complications and protect the involved limb from injury.

Nerve blocks are excellent for postoperative pain management and are a good choice for patients with sleep apnea. Sleep apnea patients are vulnerable to anesthetics and pain medications, so a block would give pain control without the sedating effects of narcotics and anesthesia.

Barb Ochampaugh, RN, BSN, CPAN

References:

- Moos, D. (2011). Understanding peripheral nerve blocks. *OR NURSE*, 2011. September: pp.24-32.

Community Service

My Medical Mission to the Philippines

I just returned from Borongan City in the Philippines two days ago on a medical mission with the Partnership in Mission of the Diocese of Joliet, Illinois. This was their eighth year and we were there for two weeks. The team consisted of seven surgeons, one internist, two pediatricians, two operating room nurses, two recovery room nurses, a construction team, and a minister.

We worked at a public hospital for eight days, performed 94 surgeries, and 29 minor cases. These cases were general surgeries, obstetric/gynecology, and otorhinolaryngology. We also had two pediatric surgeons from Manila who came in for two days to perform hernia and cleft lip repairs for 24 children. The internist and pediatricians worked at the clinic and referred patients for surgery or treated them with medications.

I worked in the PACU which had 6 beds with one Filipino nurse and one PACU nurse from Chicago. The hospital didn't have equipment to monitor patients. We had one oxygen tank, which we rotated between patients depending on who needed it. The mission team brought manual blood pressure cuffs. I took my portable small pulse oximeter with me which was the only thing we had in the PACU to monitor patients. We had 4 nails on the wall to hang IV fluids and one portable IV pole to share. We had sheets on the beds which we had to reuse for multiple patients because the hospital didn't provide linens. The beds were very old and most of them we were unable to

raise for our thyroidectomy patients. We put boxes underneath the mattress to raise the head up.

The patients and family were so grateful we were there to care for them. They were amazing people and healed very well without much pain or infection. They had great family members who tended to them. Other family members would help us transfer and move the patients if needed.

The nurses were so eager to learn from us and many nurses volunteered to help. Unemployed nurses volunteered at the hospital until a position opened up in usually one to two years after graduation. Some had to go abroad to work. My heart went out to these nurses.

I have learned so much on this mission not only from the Filipino people, but also the mission team. They have so much compassion to help the poor. I had to learn to adjust in caring for these patients on what little I had on hand and they did well. It was a privilege and honor to be part of this mission team to serve these people who were so much in need.

*Vonn Lee, RN, BS
PACU Coordinator
North Surgery Center
St. Joseph's Hospital
Syracuse, NY*



Ken Nesbitt, RN, District 14 President

Children of the Americas

I just arrived back from a nine day trip with COTA (Children of the Americas) to Guatemala. The purpose of this annual trip was to provide much needed medical services to impoverished areas in Guatemala. I worked in the PACU and it was an amazing life changing experience. The people who put this together and the team I worked with were truly incredible. To put it in perspective, in four days we saw: 1,691 patients in the medical clinic, performed 126 surgeries, filled 4,658 prescriptions, saw 189 dental patients and extracted hundreds of teeth as well as performed 155 ultrasounds. The Guatemalan people are so appreciative and they move you in a way that is hard to put into words. I encourage you to look at the COTA website and think about going next January.

Ken Nesbitt, RN

WANTED OFFICERS

District 9: Binghamton
District 15: Buffalo

Binghamton is without officers and we need your help to re-organize the district. Buffalo has officers, but Dianne cannot hold 2 positions and would like to step down as President of Buffalo to concentrate on the Vice President duties.

If interested please email Barb Ochampaugh at: barbochampaugh@verizon.net.

CAPA/CPAN CERTIFICATION NEWS

Dual Certified.....	27
CAPA	251
CPAN	399
TOTAL	677

There are 2 Coaches:

Jean Gumina, CPAN, CAPA
Nancy Spadafora, CPAN

There are 3 ALRT members:

Lori Crosby, CAPA
Dianne Lysarz, CPAN, CAPA
Judy Sargalis Sears, CPAN

Copy Deadline for the Next Edition of UP TO PAR is JUNE 1, 2012
Please be punctual . . .

Forward articles to NYSPAN or Michele Rossignol, Editor michele_rr2003@yahoo.com

Region IV Director’s Message

Resolve To Be Ready!

As I write to you, I look out my window and see the swirling snow and icy roads in Pennsylvania. Each year, we know we will have treacherous conditions that require us to figure out how to safely make our way to work or other obligations. Yet, there is always a last minute frenzy to get snow tires, windshield wiper blades, gallons of windshield wiper fluid, snow shovels, and of course, bread and milk! I am always perplexed, though winter weather inevitably occurs, there remains little to no preparation. So, here I am, looking at the falling flakes and icy roads, thinking about our upcoming ASPAN National Conference in sunny Orlando. I wonder how many of us are planning ahead and preparing for the inherent “conditions” and responsibilities we are required to undertake as active professional members in a vibrant organization?

The Component Development Institute (CDI) in September 2011 focused on addressing the needs and requests of Component Leadership. The Mock RA (Representative Assembly) was a resounding success as noted by the evaluations. The goal is to be better prepared to address our responsibilities as organizational leaders when we convene in Orlando. So my simple challenge and expectation as Region IV Director: **RESOLVE TO BE READY!**

RA delegates and alternates review the rules and regulations of meeting conduct. They carefully examine the information and items for discussion and vote. The delegates/alternates solicit the input of component members/leadership so they can articulate their interests within the framework of what is in the best interest of moving ASPAN forward. Be prepared and **RESOLVE** to engage in dialogue with the assembly. Be brave. You are among colleagues and your opinions are imperative; whether in the visitors’ gallery or on the voting floor. Make your voice heard. Chances are others may have similar issues/questions. **RESOLVE** to take these responsibilities seriously. As a specialty, we are engaged in important, dynamic research, and have the evidence-based knowledge to contribute to the health care community in a credible way.

For those who may not be RA members, **RESOLVE** to experience something new. You are invited to sit in on the Board of Directors meetings and the RA itself. See your leaders in action. **RESOLVE** to come and reflect on your future opportunities in ASPAN. **RESOLVE** to expand your network within the perianesthesia setting throughout the United States and our international partners. **RESOLVE** to get the most out of your time at the ASPAN National Conference...make it count! **RESOLVE TO BE READY!** See you at the Region IV meeting in Orlando, Monday April 16, 2012, 6 – 8 pm, room to be determined. All are welcome!!

Region IV Director, Laura A. Kling, MSN, RN, CNS, CPAN, CAPA



ASPAN's 31st National Conference

April 15-19, 2012 ~ The Hilton Orlando ~ Orlando, Florida

Conference Brochure Now Available

The Registration Brochure for ASPAN's 31st National Conference is now available on the ASPAN Web site. Your copy will be in the mail within the next few weeks.

Go to the Web site (www.aspan.org) for **online registration**, Early Bird deadline is March 1, 2012.

Make Your Hotel Reservation Now!

The 2012 Conference will take place at **the Hilton Orlando**, 6001 Destination Parkway, Orlando, FL 32819. The ASPAN hotel room rate is \$219.00 per night plus tax single/double. For reservations, please call **407-313-4300**; or make your reservations online. **In order to receive the ASPAN room rate of \$219.00, please make your reservations by March 1, 2012.**

Discount Theme Park Tickets

Visit the ASPAN Web site to pre-purchase reduced rate park tickets.

Visit Orlando!

If you are planning to extend your stay in Orlando, visit the Visit Orlando Web site to read about area attractions, dining locations, discount offers, and more!



The ASPAN Winter-Spring 2012 Seminar brochure is now available

ASPAN Seminar Brochure

For more information
Call ASPAN's National Office at:
877.737.9696, x. 19.

These seminars are all scheduled for March 10, 2012

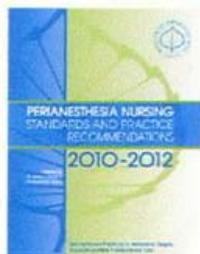
Complexities and Challenges of Perianesthesia Nursing (Omaha, NE)
Linda Wilson, PhD, RN, CPAN, CAPA, BC, CNE

Complexities and Challenges of Perianesthesia Nursing (Missoula, MT)
Nancy Strzyzewski, MSN, RN, CPAN, CAPA

Complexities and Challenges of Perianesthesia Nursing (San Antonio, TX)
Wanda Rodriguez, MA, RN, CCRN, CPAN

Perianesthesia Certification Review (Pittsburgh, PA)
Kim Noble, PhD, RN, CPAN

Each seminar is scheduled for February 25, 2012, and provides 7.25 contact hours.



Special PANAW Offers!

> **Discount on ASPAN Standards**

> **Free CNE Hours**

Aspan.org

New ASPAN Logo

The new ASPAN logo will begin appearing on a broad variety of promotional materials and standard communications starting in January 2012. The New Logo is shown below.





Dear Colleagues,

PeriAnesthesia Nurse Awareness Week (PANAW), February 6-12, marks a milestone celebration of 25 years recognizing and celebrating our specialty nurses! The theme, "PeriAnesthesia Nurses: A Vital Role in Patient Care" demonstrates the importance of perianesthesia nursing and our practice. Nationally, you collectively care for millions of patients, spanning all ages and populations, from the critically ill geriatric inpatient, to the pediatric outpatient. You are committed to comprehensive knowledge and competencies, grounded in perianesthesia-specific scientific theory. You have a profound impact on pre- and post-surgical and procedural experiences, for our patients, their families, our peers, colleagues, students, and each other. You advocate for quality, patient safety and outcomes. Your assessments and interventions assure patients' best possible future. You are a vital lifeline in compassionate caring and clinical competence.

On behalf of the ASPAN Board of Directors and the ASPAN National Office staff, I applaud your dedication and commitment. Thank you for being BEACONS OF CHANGE and for FOCUSING ON THE FUTURE of our patients and your practice. I know I speak for us all in celebrating YOU and your VITAL ROLE IN PATIENT CARE! Happy PeriAnesthesia Nurse Awareness Week!

*Chris Price, MSN, RN, CPAN, CAPA
President 2011-2012*

Community Service

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

NAME _____

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

or send it to: Michele Rossignol,
7949 Boxford Road, Clay, NY 13041



Beacons of Change *"Focusing on the Future"*

April 15 - 19, 2012
Hilton Orlando
Orlando, Florida

ASPAN's National Conferences

Future Conference Dates

Consider attending our
ASPAN National Conference . . .

April 14-18, 2013
Chicago , IL