



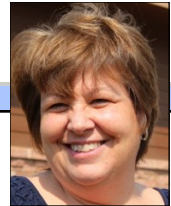
# Air Exchange

*A Newsletter of the  
Rocky Mountain Perianesthesia Nurses Association*

**MISSION:** The mission of Rocky Mountain PeriAnesthesia Nurses Association is to unite registered nurses in all phases of perianesthesia/periprocedural care through education, research, and standards of practice in order to promote quality care for patients, families, and the community.....

Volume 29, Issue 3, Summer 2014

## President's Message.....



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- International Experience
- PMS

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### The Leader in Each of Us

True leadership emerges from those whose primary motivation is a deep desire to help others."(Spears, 2002, p3). This idea makes sense in many arenas, but it is certainly worth examining in regard to nursing. There are many different definitions of leadership and many descriptions of what leadership looks like. One text book has narrowed the phenomenon down to a single sentence: "Leadership is a process whereby an individual influences a group of individuals to achieve a common goal."(Northouse, 2007, p3.)

Influence, groups and goals. These are the elements of leadership, but they also describe who we are as a component. RMPANA is a group, we have goals associated with our strategic plan and by this we hope to influence our practice of perianesthesia nursing throughout our entire component. We fly under ASPAN's flag which has the compelling vision, or ultimate goal as, "being recognized as the leading association for perianesthesia education, nursing practice, standards and research". (APAN Standards and Guidelines, p4) We all own a piece of this promise to our patients.

I am saddened when I hear nurses speak about their lack of leadership ability. Leaders are not just born or we would be sorely limited if that were the case. Each of us leads in different ways every single day. We lead on rounds, we lead our patients down healthy pathways, we lead our professional colleagues through the maze of critical thinking to seek out best outcomes for our practice and we lead by encouraging others to become certified in perianesthesia nursing.

The potential to lead is presented to us every day. We can each look at how we lead and start to practice leadership skills in small and big ways. Maybe you are stepping up to help with a committee at work or within RMPANA or ASPAN. You are leading. Maybe you are precepting a new perianesthesia nurse and showing her/him best practice models and ASPAN standards. You are leading. Maybe you decide to help your RMPANA District by holding an office or chairing a committee. You are leading. Maybe you go to work every day, role model compassionate, intelligent care and present a positive attitude. You are leading.

There are so many different ways to lead and hopefully, as you examine how you lead, it will be in a positive and productive manner. People lead every day without making speeches or standing up in front of groups. We grow our leadership skills through education and then implementation. Knowledge is power and becoming certified in perianesthesia nursing gives you the power to understand and protect your patients with a deeper awareness of our specialty practice. We decide how we can connect with our teams and then we step forward by learning new skills, supporting all staff members and linking with our professional organization to promote best practice and evidence based care. You can lead as you continue to evaluate your practice and decide to do the right thing each time for your patient and their family.

We will all come together again in October for our annual, Retreat in the Rockies, an amazing opportunity to learn new things and to connect with friends and colleagues. I would like to personally invite you to come and join the other perianesthesia nurses that will be there. Lead a group from your facility up to the mountains to increase your knowledge while relaxing for a weekend of camaraderie, discussions, good food and lots of laughs. Seek out the positives things you bring to your practice each day and toss away the negative behaviors that hold you back from developing your full potential. You are a leader in so many ways, don't let fear stop you from sharing your wonderful self!

*Regina Hoefner-Notz*

## Board of Directors

## Officers and Committee Chairs

**President**

Regina Hoefner-Notz MS, RN, CPAN, CPN

**VP/President Elect/Strategic Planning**

Marcia Keiser BSN, RN, CPAN

**Past President/Nominating**

Valerie Watkins BSN, RN, CAPA

**Secretary**

Joanne Forster RN

**Treasurer/Fundraising**

JoEtte Krissel RN, BSN, CAPA

**Historian**

Nancy O' Malley MA, RN, CPAN, CAPA

**Education**

Barbara Krumbach MSN, RN, CCRN, CPAN

**Bylaws Policies and Procedures**

Sharon Sample RN, CPAN, CAPA

**Communication/Membership**

Carolyn Dietrich MSN, RN, CPAN

**Newsletter Editor/Governmental Affairs**

Mary "Rachel" Romero MSN, RN, CPAN, CAPA

**Website Coordinator**

Donna Gaul Bobo BSN, RN, CPAN, CAPA

Janine Purdy BSN, RN, CAPA

www.rmpana.org

**EBP/Research Committee**

Gabrielle Shamshabadi MSN, RN, CAPA

**Parliamentarian**

Lynda Marks RN, CAPA

**District Representative**

District I- Shannyn Steel RN

District III- Peggy Van Cleve RN, BSN, CAPA

District IV- Sharon Gleason RN, CAPA

District V- Sana Zamarripa BSN, RN

**Honorary BOD**

Lois Schick MN, MBA, RN, CPAN, CAPA

Barbara Godden MHS, RN, CPAN, CAPA

Myrna Mamaril MS, RN, CPAN, CAPA, FAAN  
(Please check our website for member info)**Message from ASPAN Region I Director**

National Conference is quite similar to a major family event. Countless hours are spent preparing and planning the special event. It finally arrives and is over in a flash! Friends, new and old are enjoyed, you are refreshed again.

One of the high points of the National Conference is the Annual Representative Assembly, where the business of ASPAN is conducted—the election of new Board members and new Practice Recommendations and Position Statements are determined by Component Representatives. Highlights from this year's RA include:

Elected from Region 1, the election of President-elect Jacque Crosson, MSN, RN, CPAN (AzPANA) and to the Nominating Committee, Lori Silva, RN, CPAN, CCRN. Deb Bickford, BSN, RN, CPAN continues as Region I Director (one more year). So it's time for one of you to step up to the plate! You can see a complete list of the ASPAN Board of Directors is at [www.aspan.org](http://www.aspan.org).

Approved Practice Recommendation 11: The Prevention of Unwanted Sedation in the Adult Patient, based on evidence based research.

Acceptance of two Position Statements to the Standards and Guidelines: The Care of the Perinatal Patient, and The nurses of the future: Minimum BSN Requirement for Practice.

The RA voted to review the Standards and Guidelines for word-smithing and to change the title dates on the Standards to odd years to accurately reflect the release date of the product.

I want to personally acknowledge and thank all the members of the National Conference SWT for all their dedication and work to develop such a successful conference to celebrate those from Region 1 who have much to be proud of:

- Susan O'Day, MEd, RN, CPAN (NevPANA, PANAC) National Conference SWT Chair, for all her dedication and commitment.
- Lori Silva, RN, CCRN, CPAN, Hospitality Coordinator for her organization.
- Deb Ebert, BSN, RN, CCRN, CNOR, CPAN, CAPA and her NevPANA associate Brent Richmond, RN for a fun-filled Component Night.

The many volunteers from NevPANA and PANAC who worked daily to assist all the attendees—what a great job. Thank-you.

- ASPAN's Award for Outstanding Achievement – Valerie Watkins, BSN, RN, CAPA (RMPANA) who on winning said "in order to win, you first have to apply, then see what happens."
- ASPAN's Excellence in Clinical Practice Award – Mary Rachel Romero, MSN RN, CPAN, CAPA (RMPANA).
- ASPAN's Distinguished Service Award of the Past President's Council – Nancy O'Malley, MA, RN, CPAN, CAPA (RMPANA).
- ASPAN Above and Beyond Award – Lori Silva, RN, CCRN, CPAN (PANAC)
- Region 1 Shining Stars Award – ABPANC are AzPANA, NPANA, and PANAC
- ASPAN's Newsletter Award for 1-8 pages is Pulseline – Ernie Nunes, RN, CNOR (PANAC).
- ASPAN's People's Choice Award for Newsletters: Pulseline – Ernie Nunes, RN, CNOR (PANAC).

Component with the most walkers at the Dreamwalk – PANAC.

Component with the most money raised – NPANA.

Individual with most money raised – Judy Evans, BSN, RNC, CPAN (NPANA).

Hawaii had one of its firsts by having 21 attendees!

The components of Region 1 worked throughout the year to achieve these awards. Members like you contributed to each success. You too can contribute by just contacting your component leaders for a job—ask how you can help. If you're unsure who to contact, just contact me, I'll steer you in the right direction. Remember, ASPAN and components' success depends on everyone's collective efforts. It does take a village. Thanks again to everyone.

## District Report



*Shannyn Steele, RN*

**District I, President**

District 1 is on vacation from the monthly educational meetings but we are busy planning for next year.

We recently held our quarterly Board of Directors meeting where we welcomed two new members, Janie Boyle as Treasurer and Barbara Gentner as Vice President.

Our current president, Phyllis MacDonald, is leaving and will be moving to Florida. I will be taking over her position as president for District I.

Phyllis did a wonderful job as President this past year. We want to thank her for all of her time and hard work she put in to growing the membership and mentoring me for the role as President. I have some pretty big shoes to fill. Phyllis, we wish you luck in your new life in Florida.

As the new President of District I, I wanted to tell you a little about myself. I work in Pre-op, Phase II and cover call in the main PACU at the Medical Center of Aurora. I have been a member of ASPAN/RMPANA for three years and an RN for seven.

Prior to finding my career in nursing, I worked with the behaviorally challenged youth of America as a Back Country Wilderness Guide and Crisis Intervention Counselor in Residential Treatment Centers. In my time off I like to ski, hike, kayak in lakes, listen to live music, travel and do yoga.

The Board has approved a budget for scholarships this year and there is a new form that will be posted on RMPANA website that allows for more opportunities to get points. I want to encourage all members to fill out a scholarship form if you are planning on attending any of the workshops, getting certified or recertifying and are enrolled in a nursing program. We have the money and want to give it to you. Also keep checking the website for the list of our monthly meetings and workshops. I am looking forward to meeting all of you.

Have a wonderful summer.....



*Peggy Van Cleve RN*

**District III, President**

**Wait for us – we're coming!**

**(by Janice Strong)**

Where there is a will, there is a way. Debby Harvy's car was packed, and she and I were on our way to Las Vegas with high hopes of a nice drive and a good 33<sup>rd</sup> National ASPAN Convention. Shortly before Richfield, Utah, the car began jerking and eventually broke down outside of Beaver, Utah. At that time, the Interstate traffic had been diverted onto a two lane road due to a hostage situation. Here we were – ready for the excitement to come, but the fun came to us.

The mechanic said it would take two days for the necessary part to arrive from Salt Lake City, but luckily the mechanic drove us over to where a shuttle was coming down from Salt Lake City to St. George, Utah, within the next half hour. At St. George, the shuttle driver went out of his way to drive us over to a different motel in order for us to catch yet another shuttle that was just getting ready to leave for the Las Vegas airport. This was working out rather smoothly, despite the car breaking down over hundreds of miles back! We caught our third shuttle of the day from the airport to our hotel.

The next morning was the kick off to the conference, and it was filled with learning and networking. We were excited to be there! One of the closing speakers mentioned that we often do not remember things that work out easily but rather that we remember the challenging times. How true of our adventure just a few days prior!

After the conference ended, we were expecting to have to catch a ride back on the three shuttles in order to get to Beaver. Thankfully, Nancy DeManicor - in tow with her husband and two dogs - offered to drive us from Las Vegas to Debby's car. We arrived in Beaver and packed up for our journey back to Grand Junction.

While we did not end up taking a train, airplane, or boat, we did manage to make it to the conference via car, tow truck, and three shuttles. Moral of the story: fly next time.



**Sana Zamarrípa, RN, BSN, CPAN**

**District V, President**

### A Newcomer's Perspective on National Conference

As a practicing PACU nurse, I have attended our statewide Retreat in the Rockies conference and was always interested in attending a national conference. I decided to attend National Conference (NC) in January 2014. I made the decision to attend and began to look for available funding.

My hospital nursing Unit Based Council provided partial funding, as did RMPANA District V. This was enough that I felt I could afford to go. Since the conference this year was in fabulous Las Vegas, the cost was affordable for me. I reserved a room and booked a flight. Then I registered for the conference. This was not as easy as it sounds! There are choices to be made right up front – was I going to any pre or post conference offerings? How about the Dream Walk or the Component night?

Then the real challenge...Which of the concurrent sessions interest me the most? There are 6 offerings for each time slot, and very few are repeated. Monday I elected the trauma offerings: "Caring for Trauma Patients with Facial and Spinal Injuries", Resuscitation of the Trauma Patient" and "Care of the Abdominal and Thoracic Trauma Patient" Tuesday was a grab bag of topics: "Women and Heart Disease: Past, Present and Future", "Don't be Caught LAST: Science of Local Anesthetic Toxicity and Lipid Emulsion Rescue" "Pediatric P.O.I.N.T.S. to Ponder" and "Don't Gamble on Patient Safety: Hot Topics in ASPAN Standards" There are lunch and evening sessions if you are a member of a SPG- specialty practice group.

By now my head was spinning and I still had more to learn. I went back and forth between my choices, finally settling on sessions for Wed. I chose "The Challenges of Managing the Perianesthesia Patient in Sepsis/Septic Shock", but really wanted to hear "Using the Electronic Health Record Without Losing Critical Thinking Skills". I thought emergence delirium was just a short term problem for the patient and the PACU nurse, but learned otherwise in "Delirium is Not a State of Being Cuckoo". I finished out the conference with "Recognition and Care of the STEMI Patient in the PACU" and "The Ultimate Guide to License Protection: Top 10 Ways to Avoid Disciplinary Action".

The value of the conference is more than the presentations. There are many exhibitors with innovative products to display and sell. The exhibit hall was home to the posters of research projects that members presented. I did not discover these until Tues afternoon, and was amazed at the variety of topics that were covered. We are a smart group of nurses! I am full of things to share with my colleagues, and to explore doing in my hospital. I encourage all PACU nurses to attend the conference as you will make contacts from all over the country, learn amazing things, and have a lot of fun.

#### Perianesthesia Certification Review

*presented by: Linda Wilson, PhD, RN, CPAN, CAPA, BC, CNE, CHSE, CHSE-A*

Saturday, July 12, 2014

9a-5:55p EDT / 8a-4:55p CDT / 7a-3:55p MDT / 6a-2:55p PDT

#### Anesthesia Review for PeriAnesthesia Nurses District IV and RMPANA Education Day

Saturday, August 16

Work stations will be involved

Linda Davis, BSN, RN, CAPA  
Educational Chair for District IV  
[linda.davis@bannerhealth.com](mailto:linda.davis@bannerhealth.com)

#### August 4-8, 2014 — San Antonio, Texas, USA

The Academic Center for Evidence-Based Practice presents the 2014 Summer Institutes on Quality Improvement. Apply evidence and build science to improve care and patient outcomes. Email: [hallkm@uthscsa.edu](mailto:hallkm@uthscsa.edu)

ASPAN.org Summer /Fall seminars. Please check this website for more information.

<http://www.aspan.org/Education/ASPAN-Seminars/Summer-Fall-2014>



## Committee Report



*Sharon Sample RN, CPAN, CAPA*  
Policy and By Laws

### RMPANA Scholarship and Award Program Accepting Applications

RMPANA Scholarship and Award Program is a member benefit designed to provide financial assistance to ambulatory surgery, preanesthesia, postanesthesia and pain management nurses aspiring to enhance their abilities to contribute to the perianesthesia nursing community. RMPANA recognizes and honors perianesthesia nurses who have demonstrated excellence in clinical practice, outstanding achievement and recruitment efforts of individuals advocating ASPAN and RMPANA.

Scholarship and award information is available on line. Specific eligibility requirements for each type of scholarship/award are detailed in the application and indicate where each should be sent. Go to [www.rmpana.org](http://www.rmpana.org), select Education/Scholarships or Recognition/Excellence in Clinical Practice or Outstanding Achievement.

#### Scholarships and Awards Offered:

\$250 Member Scholarships (for education, certification or recertification)

Applicants must be member of RMPANA for the past full year prior to submitting the application and earn a minimum of 20 points; to be submitted anytime during the year with deadline by December 1<sup>st</sup>, one application per year.

2-\$500 to a student enrolled in an entry level nursing program: **Due June 30**

\$1,000 to RMPANA member pursuing advanced degree in nursing: **Due June 30**

\$250 for Humanitarian Mission

\$50 Recruiter of the Year

\$200 for Excellence in Clinical Practice: **Due July 31**



*Barbara Krumbach RN, MSN, CCRN, CPAN*  
Education

The RMPANA education committee has been busy planning the “Retreat in the Rockies”. This years event will be held on Oct 3-5, 2015 at Snow Mountain Ranch at the YMCA, Winter Park Colorado.

We have lined up another exciting program this year (see separate flyer). ASPAN’S president Jacque Crosson and Deb Bickford, the Region One Director will be in attendance. The retreat has become one of the most attended educational offering for a component.

Save the date. It is a great time to enjoy a knowledge-packed learning experience, a chance to network with peers and to enjoy the wonderful outdoors. The flier will soon come to you as well as be posted on the RMPANA website. Bring a friend who has not come before. Hope to see many of you there.



*Janine Purdy*  
Website

[rmpana.org](http://rmpana.org)

I met with Regina and Marcia about ways to improve the website. We will be moving the “Photos” under “About Us” and replacing that with “Archive” and we will begin archiving information and photos by year. We will get rid of the “Site Map” tab and replace that with “Gold Leaf” This tab will be used as a tool for the current President. We will be adding each District under “Members”. We have asked our website designer if we can put advertising on our website and if we can add a feature that would allow our members to pay for conferences online. We will add “Community Service” under the “Actions” tab. I have asked the President of every District if I can have a go to person that would be on my Website Committee that would be in charge of keeping me up to date with what is going on in their district. This person would also send me a paragraph every time their district has a meeting so I can keep the website up to date. I’ve asked Regina to start sending me something every month to add to the newsfeed on the website so that we always have current information posted. I’ve asked that we put a link to our Facebook page onto the website as well. I am open to feedback and ideas regarding the website.

Thanks!

## Retreat in the Rockies Program - 2014

### FRIDAY, October 3, 2014

- RMPANA Board of Directors Meeting  
 1500-1600 New Board Member Orientation  
 1600-1700 Wine & Cheese Reception (All are Welcome)  
 Registration  
 Complimentary Chair Massages – Sign up in the lobby by the fireplace  
 Dinner (Cafeteria)  
 Welcome, Introductions
- Perianesthesia Hot Topics – How The New Standards Will Affect Your Practice  
 Jacque Crosson, Deborah Bickford, Regina Hoefner- Notz, Lois Schick,  
 Nancy O'Malley (Moderator)
- 2030-2100 Evaluations and Wrap Up

### SATURDAY, October 4, 2014

- 0700-0800 Breakfast (Cafeteria) and Massages  
 0730-0800 Exhibits and Coffee  
 0700-0800 Complimentary Chair Massages-Sign up in the lobby by the fireplace  
 0800-0815 Welcome, Introductions, Orientation to Facilities  
 0815-0830 Presidents' Address – Regina Hoefner-Notz - RMPANA President  
 0830-1000 Ticket to Ride: Are they ready to go?  
 Valerie Watkins
- 1000-1030 Break & Exhibits  
 1030-1130 Cardiovascular Issues in Perianesthesia Nursing  
 Jacque Crosson
- 1130-1230 Lunch (Cafeteria) & Exhibits  
 1230-1345 Newest Trends in Pediatric Anesthesia  
 Dr. Scott Markowitz
- 1345-1400 Break & Exhibits  
 1400-1515 "You want a Block where?"  
 Dr. Jason Fife
- 1515-1530 Break  
 1530-1700 "It's not all about the Gut"  
 Dr. Bruce Waring
- Dinner (Cafeteria)  
 District Meetings  
 Elder Abuse – Is Grandma safe?  
 Hollie Caldwell
- 2100-2130 Evaluations

### SUNDAY, October 5, 2014

- 0700-0800 Breakfast (Cafeteria) & Check Out  
 0800-0930 Bug Explosion: What are you harboring?  
 Cindy Thistle
- 0930-0945 Break  
 0945-1030 ASPAN / RMPANA Update / Install New Officers  
 1030-1130 Igniting Professionalism: Excellence In Practice, Leadership and Collaboration  
 Jacque Crosson
- Evaluations and Wrap-up  
 Lunch (Cafeteria or Box Lunch) and Mountain High Walk



**Mary Rachel Romero, RN, MS, CPAN, CAPA**

**Governmental Affairs**



Hi Everyone,

Happy Friday! Thank you to the 27 organizations that joined us for our Tuesday's Nursing Community meeting. We had a robust discussion, so please take a look at the minutes (attached). We are delighted to welcome two new members to the coalition: the American Association of Occupational Health Nurses (AAOHN) and the National Council of State Boards of Nursing (NCSBN)! We are now 62 members strong.

Attached is the final letter to Sec. Sebelius thanking her for her service (signed by 43 organizations) and the letter sent to the VA concerning the modernization of the Nursing Handbook, specifically related to the provision to APRNs recognized as full practice providers (signed by 51 organizations).

**A Handful of Updates**

- 1.) We do have a new Secretary for the Department of Health and Human Services. Yesterday, the Senate voted 78-17 to confirm Sylvia Mathews Burwell. As you know, 32 of our members supported her confirmation. We will work to prepare a welcome letter for the new Secretary. Stay Tuned.
- 2.) As noted in the minutes, the Senate LHHS Appropriations Subcommittee hearing is Tuesday, June 10th. It will begin at 2:30 p.m. in 124 Dirksen Senate Office Building, followed by a full committee mark up on June 12. For more information see, <http://www.appropriations.senate.gov/event/lhhs-subcommittee-markup>
- 3.) Please see the two updates below regarding the new Bureau of Health Workforce at HRSA and the "Mind the Tap Campaign."

The Bureau of Health Workforce implements programs and activities to:

- ü Train the next generation of diverse health care providers to serve underserved populations through its grants to health professions schools and training programs.
- ü Examine a broad range of issues that impact the supply, demand, distribution, and education of the Nation's health workforce and provide policy-makers with the information necessary to make informed decisions regarding the health professions workforce and provision of care.
- ü Support graduate medical education.
- ü Recruit and retain providers and students to underserved areas through both the National Health Service Corps and NURSE Corps Scholarship and Loan Repayment Programs.
- ü Protect the public from health care practitioners, providers, and suppliers with a history of malpractice, adverse actions, fraud and abuse through the National Practitioner Data Bank.

HRSA looks forward to your continued support as we work to improve access to health care by strengthening the health care workforce, building healthy communities and achieving health equity.

Reference:

Information sent from Seema Hussain, ASPAN Governmental Affairs Committee Chair, via email...



**Carolyn Dietrich MSN, RN, CPAN**

**Membership**

We wanted to take a moment and introduce ourselves as the newest board members for RMPANA. Carolyn Dietrich will be serving as the Membership Chair and Gabby Shamsabadi is the new Research and Evidence Based Practice Chair. Our RMPANA component has members in Colorado, Nebraska, and Wyoming. Our numbers have been steadily increasing due in large part to encouragement from YOU as a current member to those nurses with whom you work or associate. You could be the RMPANA recruiter of the year if your name appears as a reference on a new member's application! Take advantage of member discounts to attend the ASPAN National Conference (the next one is April 26-30, 2015 in San Antonio, TX), education at the component and district levels (Retreat in the Rockies, Oct 3-5, 2014), the Journal of PeriAnesthesia Nursing, and our Breathline newsletter. Welcome to our newest members! Ideas? Questions? Suggestions? Please email us at [Carolyn.Dietrich@uhealth.org](mailto:Carolyn.Dietrich@uhealth.org) and [Gabrielle.Shamsabadi@uhealth.org](mailto:Gabrielle.Shamsabadi@uhealth.org)

As members of the Rocky Mountain PeriAnesthesia Nurses Association (RMPANA) Membership Committee, we want to use the RMPANA Facebook page to keep you updated on educational offerings, membership news, and scholarship opportunities. Click the link below to Like and Follow us on Facebook! The 175<sup>th</sup> "Like" will get a free day to Retreat in the Rockies!!

<https://www.facebook.com/RockyMountainPeriAnesthesiaNurses/timeline>

Thanks!



*Valerie Watkins RN, BSN, CAPA*

### Nominating Committee

#### Election results are in!!

RMPANA is pleased to announce that our next Vice President/President-Elect is Barbara Watts. Also elected for 2 years is our next treasurer Heidi Childs. We welcome them to our RMPANA Leadership Team!

We are also glad to have a new Membership Chairperson Carolyn Dietrich and Evidence Based Practice (formerly research) Committee Chairperson Gabby Shamsabadi. We are looking forward to having them in the RMPANA team.



**Standing L-R:** Shannyn Steele, Nancy O'Malley, Marcia Keiser, Janine Purdy, Sana Zamarippa, Barbar Krumbach, Joanne Forster, Sharon Sample And Mary Rachel Romero

**Sitting L-R:** Regina Hofner-Notz, JoEtte Krissel, Valerie Watkins

## ASPAN News

**ASPAN Development** encourages giving from individuals and organizations to help advance the vital practice of perianesthesia nursing. Gifts are used to support activities such as professional education, evidence-based research, scholarships and awards, advocacy, and more. We thank Lois Schick for making a contribution to the ASPAN's Hail, Honor, Salute! Campaign in RMPANA's name. Lois states "Thanks for all your support. You all are the best!" Lois is a long time RMPANA member and former ASPAN President.

When you support ASPAN, you help bring about many good things. Your contribution:

- ◆ Supports nurses in perianesthesia practice
- ◆ Helps ensure optimal patient care
- ◆ Encourages philanthropy among other prospective donors
- ◆ Ensures ASPAN programs continue at the lowest possible costs

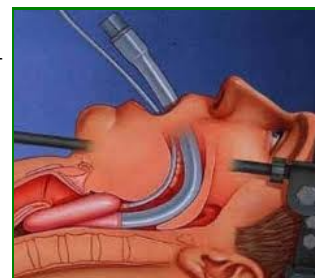


## Perianesthesia Trends

### Laryngeal Airway Ventilation

The upper airway consists of all structures above the glottic opening and the lower airway is below the vocal cords and in to the lungs. The pharynx consists of the nasopharynx, oropharynx, and laryngopharynx. The previous structures are followed by the larynx and trachea.

During a routine general anesthesia, patients are given 2 mg of Versed in preop. They are then taken to the operating room where the monitors are applied: EKG, blood pressure cuff, and pulse oximetry. The vital signs are confirmed and the patient is given 3-5 minutes of oxygenation. Lidocaine is given to counteract the burning effects of the propofol; the propofol is given that renders the patient unconscious.



Attempts to ventilate the patient is initiated; this may require an oral airway in obese and or edentulous patients. Once the airway is secured a paralyzing agent is given. When the patient is completely relaxed tracheal intubation is performed. Tracheal intubation simply stated is the placement of a flexible plastic tube in to the trachea (windpipe) to maintain an open airway or to serve as a conduit through which to administer medications. After the airway is secured the patient is kept asleep by a combination of medications and inhalation agents. When the surgical procedure is complete the muscle relaxant is reversed, the gas is turned off, and after the patient is awake and responding to command the patient is extubated.

An airway can be lost in many ways. My most recent experience was a burn patient that was receiving a tracheostomy. There were moments of sheer terror and an oxygen saturation of 43% before the patient's airway was secured. Others examples of losing an airway can involve an over narcotized patient, laryngospasm, aspiration, inadvertent extubation of a prone patient, and many others. A laryngeal mask airway is an option in reestablishing an airway, and can also be used instead of intubation. The following article will help explain its uses.

LMA Information:

#### Indications

The main use of the laryngeal mask is in elective anesthesia, however it is also useful in situations where manipulation of the head or neck to facilitate endotracheal intubation is difficult (e.g.: trapped patient or potential cervical spine injury) or when intubation is unsuccessful. It is not inserted as far as an endotracheal tube (it sits in the pharynx, and thus does not need to be inserted into the trachea), and supports both spontaneous and artificial ventilation. It is popular in day case surgery. The laryngeal mask may be used for surgical procedures in any position, including supine, decubitus, sitting, Trendelenburg, lithotomy, or prone positions. However, anesthetic practice in the United States has largely limited its use to the supine position, whereas European anesthesiologists report its common use in lateral and even prone position cases.

#### Contraindications

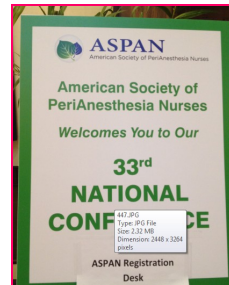
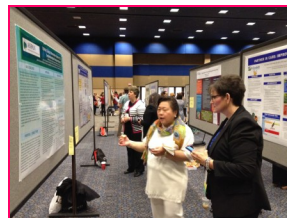
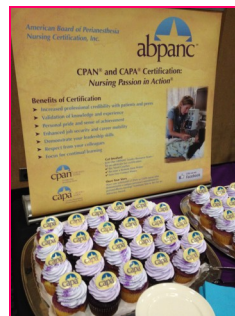
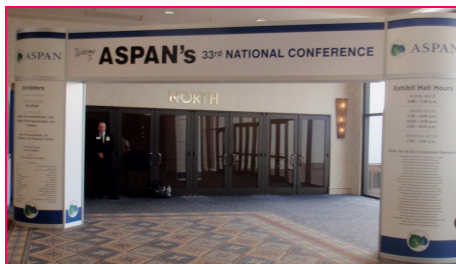
The laryngeal mask airway does not protect the lungs from aspiration, making them unsuitable for patients at risk for this complication.

#### Adverse Effects

A laryngeal mask cannot protect the airway or lungs from aspiration of regurgitated material, and deep (subglottic) suctioning cannot be performed through the mask. Steps to improve the ability of the laryngeal mask airway have included recent improvements such as channels for gastric suction (LMA ProSeal(tm), LMA Supreme(tm)), and modification to the laryngeal mask to allow it to guide endotracheal tubes through its respiratory gas tubing into the larynx (ILMA(R) - Intubating Laryngeal Mask Airway), thus protecting the patient against aspiration of gastric contents with the balloon on the end of the endotracheal tube.

**Reference:** LMA, Wikipedia, [http://en.wikipedia.org/wiki/Laryngeal\\_mask\\_airway#Description](http://en.wikipedia.org/wiki/Laryngeal_mask_airway#Description)

# Scenes from ASPAN National Conference





# Scenes from ASPAN National Conference, Las Vegas



## Community Service



### April 12, 2014 Project Cure Team Members

Nancy O'Malley-Team Leader

Anita Fortner

Sandy Dixon

Allison Dixon

Sandra Olson

Jill Gregory

Jean Weigel

Claire Weigel

Fred Ehler

Lorraine Liggett

Nancy Knoll

Gayle Miller

Janie Boyle

Hayley Hyde

Cole Higgins

Madison Katsuda

Sharleen Bowen

**Rocky Mountain PeriAnesthesia Nurses Association**

**District I**

**Project C.U.R.E Community Project**

**Saturday, April 12, 2014**

**0900-1200**

**Project C.U.R.E**



## Bedside Story

### My ASPAN Global Experience by Nancy Knoll BSN, RN, CPAN, CAPA

Trip to International Conference for PeriAnesthesia Nurses, Dublin, Ireland, September 19-22, 2013

Five adventurous souls from the University of Colorado Hospital responded to the invitation to attend the International Conference for Perianesthesia Nurses (ICPAN) held in Dublin, Ireland this year. Carolyn Dietrich, Callie Dewbre, Raelyn Nicholson, and Sarah Welchert from the inpatient PACU and Nancy Knoll from Pre-op joined over 400 perianesthesia nurses from 20 countries who attended the conference and partook in some sight-seeing. The conference was held in the City West Hotel, an hour by their light rail (LUAS) southwest of Dublin. A shady tree-lined avenue serenaded those arriving to the Hotel. It is a nicely landscaped and groomed golfing resort with several buildings for the hotel and conference; it reflected all the expected charm of Irish gentry. The hosts were delightful and the food was great.

Included in the conference was an opening night hors d'oeuvres party, days of classes and forums, a variety of speakers, poster presentation exhibits, a hosted event at the Jameson Whiskey Distillery and a visit to two of Dublin's hospitals. It was a wonderful mix of global RNs from Canada, USA, England, Finland, Norway, Denmark, Greece, and even Saudi Arabia. RMPANA members Lois Schick and Myrna Mamaril made cameo appearances. Interestingly, but not surprisingly, so many of the issues relevant to us here in the USA were also common to every other country.

Most of the issues discussed, lectured or presented via forums are ones with which we are well acquainted: skin and integrity preservation, safe staffing in the PACU, when to extubate, when is it safe to transfer a patient home or to the floor, time-outs prior to a procedure, using Crew Resource as a model to reduce incidents, and expanding the role of the RN (i.e. PICCRN availability around the dock at the bedside). There was an overwhelming consensus to begin the organization of an international guideline for perianesthesia standards of care. This seemed to be particularly sought after by those who lack national guidelines at the present.

It was re-assuring to note that many of the recommendations made are those that we are already doing here in our hospitals. The announcement of the next ICPAN conference location should be in March, 2014. Where will global perianesthesia care take us next?



## Healthstyles

### Relieve PMS Symptoms Naturally

PMS symptoms can be a mere annoyance to debilitating for some women. Symptoms like anxiety, irritability, mood swings, appetite changes, weight gain, depression, fatigue and insomnia can occur anywhere between two weeks before the start of a period, up until the first day of the period.

Other PMS facts:

- Women aged 30-45 experience the most severe PMS symptoms.
- PMS often intensifies during turbulent hormonal changes like puberty, childbirth, after miscarriage, pregnancy termination or changes in contraception.
- Women who suffer from postpartum depression are more likely to experience PMS.

Stress increases and worsens PMS.

For severe symptoms, doctors can prescribe antidepressants and hormonal medications; however it makes sense to try some more natural remedies first.

#### ***Vitamin supplements:***

**Calcium**: Some researchers stipulate that PMS symptoms are caused by low calcium levels. Increasing calcium intake in your diet or taking a 1200 milligram supplement – the equivalent of 4 glasses of milk – can ease PMS symptoms.

**Magnesium**: Some studies contend that taking 200 milligrams of magnesium daily can reduce water retention and bloating.

**Vitamin E**: A dose of 400 IUs of vitamin E can help PMS symptoms. In addition, vitamin E provides antioxidants which provide other health benefits.

**Vitamin B6**: Taking 100 milligrams of vitamin B6 can relieve anxiety symptoms. However, doses higher than 100 milligrams can be harmful.

#### ***Lifestyle changes:***

- Get a good night's sleep.
- Avoid caffeine, alcohol, and large meals.
- Eliminate high sodium and deep-fried foods.
- Incorporate fruits, vegetables and whole grains into your diet.
- Drink lots of water.
- Find ways to reduce stress in your life.
- Exercise



## Editor's Column

On the previous edition of Air Exchange, there was a section on Clinical Practice . The information from this section was borrowed from the ASPAN Website. Here are some added information about the clinical practice information...

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