

2021 All-Virtual ASPAN National Conference

Kandace Maier, BSN, RN, NP, CPAN

Although I prefer attending in-person conferences, meeting with colleagues and learning about challenges that other perianesthesia nurses face in other parts of the country, I do think that being able to access these modules from home in my pajamas (with a cup of cappuccino in my hand) has its advantages! I felt more relaxed and appreciated being able to go back and review some of them at my leisure.

- 1) **The Power of Positive Leaders:** Having been at the bedside for most of my 43 years in nursing, I find that I am in need of reminders (frequently) about how important a positive attitude is to my bedside practice. I also agree that having compassionate, energetic and positive leaders can make a substantial difference in enabling those at the bedside to put forth their best daily and to also present a positive attitude. I do want to note that I enjoy the opening speaker more when I am in the room with my colleagues. There is something to be said for the energy of others also in attendance.
- 2) **A Laboratory Study of Waste Anesthetic gases, I and II:** This topic is especially pertinent in today's world with COVID and the need to protect nurses at the bedside in Phase I who are exposed continually to exhaled gases from each new patient. Air exchanges in the PACU are important to maintain a safe environment, however, even with frequent air exchanges, additional measures are needed. Scavenging systems can play a significant role in providing a healthier environment for the perianesthesia nurse at the bedside. As with the perioperative environment, where the anesthesia machine scavenges waste gases, I am hopeful that these types of studies will encourage hospitals to institute further safety measures in the PACU. I do have concerns for my particular corporation. I work for HCA and cost containment is huge. At least initially, I don't have confidence that these measures will be put into practice anytime soon.
- 3) **COVID-19: State of the Science and Impact to Perianesthesia Nurses:** I eagerly read almost everything that I can about COVID and its effect on the human body. Daphne's discussion added some information to my current knowledge and reinforced what I have already learned. Transmission from droplets in close proximity (as happens in the PACU at the bedside) and how this particular virus impacts the human body, including the symptoms of cough, hypoxemia, GI symptoms, ground glass opacities on CXR and the evolution of the disease in the human body were discussed.
- 4) **Perianesthesia Flexibility in Facing a Pandemic:** Sylvia's discussion of the unique qualification of the perianesthesia nurse reminded me just how well-rounded and flexible the PACU nurse is. We are most familiar with airway and have a greater understanding of hypoxemia than many other nurses. Also, our PACU environment can be more easily be converted to a temporary COVID ICU. We have a critical care area setup at our fingertips with the needed available monitoring, suction, setups for ventilators. The perianesthesia nurse is called on already to function as a critical care nurse and while many of our units have fewer elective surgeries, the PACU can be a logical environment for care of the critically ill COVID patient.

- 5) **How to Create a Malignant Hyperthermia Escape Room:** MH has been on topic that I find fascinating. I have taught it to my coworkers over the years and like to “brush up” on the topic myself. Also, Maureen McLaughlin is one of my favorite speakers. She is engaging and energetic and is able to hold my attention. My facility has developed training on MH for the perioperative and perianesthesia staff. Maureen’s suggestions for how to create an effective teaching module by active participation of the staff in a scenario-based setting can be very helpful in reinforcing how to respond in an MH crisis. Participation in this way can improve outcomes when staff is better prepared for this rare disorder. I also found the examples of victims of MH to be interesting. I personally know an anesthesiologist who was in attendance at one of them and have discussed what actually happened with him.
- 6) **Oh No! Do ASPAN Standards Apply in a Surge Capacity?** Myrna Mamaril’s discussion of how we can continue to apply ASPAN Standards in a crisis such as COVID encouraged me to apply my daily assessment skills if my facility were to have a sudden surge of patients. Myrna shared her experience and how the current pandemic environment can be compared to care in a war zone.
- 7) **Culture of Safety: Decreasing Workplace Violence** (and :) **Increasing Workplace Civility:** These topics had multiple presenters. Discussion included the need to make safety a priority in the hospital setting, the types of workplace violence experienced (family to staff, patient to staff, coworker to coworker and physician to staff) and how to avoid situations that increase violence. Increasing stresses in the hospital and workplace environment and added stresses of frustrated family members, especially now with visiting restrictions, increase the likelihood of workplace violence. De-escalation techniques and training scenarios can help the bedside caregiver know how to handle these situations more effectively and safely.
- 8) **Your Tackle Box to Tackle Blocks: Peripheral Nerve Blocks Made Easy:** Peripheral nerve blocks are being used more frequently now, especially in the setting of the Opioid Epidemic and attempts to decrease the use of opioids in the perianesthesia setting. My facility is also utilizing blocks as a part of the ERAS care of the surgical patient. Blocks for upper extremity are axillary blocks for the lower arm and hand, interscalene and supraclavicular for the shoulder, brachial plexus block (infraclavicular) for upper arm below the shoulder; blocks for the lower extremities are femoral blocks, adductor canal blocks, sciatic block, fascia iliaca block and popliteal block. Transversus Abdominis Plane Block (TAP), Erector Spinae Plane Block (ESP), paravertebral and intercostal blocks for abdomen and chest. Potential dangers of Local Anesthetic Toxicity Syndrome (LAST), how to recognize the signs and symptoms such as seizures, loss of consciousness, cardiovascular collapse and arrest and how to treat LAST with lipid emulsion were discussed.
- 9) **What Would Nightingale Use to Combat Super Bugs?** Florence Nightingale first brought infection prevention to the forefront by teaching the importance of handwashing to her nurses. This presentation discussed the superbugs we are exposed to such as SARS (the original), MRSA, C.diff, CRE, VRE, multidrug-resistant pseudomonas. Discussion of treatments and the importance of antibiotic stewardship to prevent further resistance was insightful.
- 10) **Motivation----A Funny Thing:** Tim Clue’s closing address was humorous and enjoyable. Again, I would have enjoyed it even more if I was in a room with all my colleagues! Laughter is contagious!