



Newsletter of the American Society
of PeriAnesthesia Nurses

Breathline

Volume 29, Number 2

March/April 2009

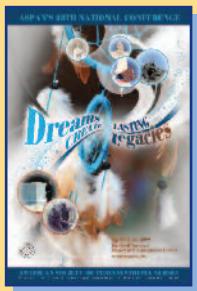
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ASPN National Conference
♦♦♦♦♦
Dreams Create Lasting Legacies
♦♦♦♦♦
April 19 – 23, 2009



www.aspan.org

ASPN Heroes Create Lasting Legacies

This has been a phenomenal year. While America embraced change during a dynamic election process that produced a new president and many new congressional members, ASPAN members were invested in significant projects that will create a lasting impact. I am so pleased to be a part of this exciting time in America and ASPAN!

Our organization is built on professional collaboration and volunteerism. My sincere THANKS is given to ALL participants from the Board of Directors (BOD) and National Office staff, to the committees, strategic work teams (SWT), ad hoc committees, external organization liaisons and Past Presidents' Council. Special recognition goes to individual mission leaders who, through dedication and determination, made many dreams become lasting legacies.

Our ASPAN Specialty Practice Group (SPG) leaders oversee eight dynamic networking groups. (See page 4 for more SPG information). Historians Esther Watson BSN, RN, and Evelyn Mydecki, RN, meticulously document the organization's historical information, thereby preserving its legacy for generations to come.

Key Initiatives

Several major accomplishments occurred this year. The Go Green SWT, led by Twilla Shrout, BSN, MBA, RN, CAPA, was com-



Lois Schick
MN, MBA, RN, CPAN, CAPA
ASPN President 2008-2009

missioned to gather ideas, suggestions and solutions to empower ASPAN to better conserve resources. The 2009 Earth Day celebration occurs during ASPAN's 28th National Conference week, and some special Go Green-related activities are planned!

ASPN has a **newly redesigned Web site** (www.aspan.org). Please visit the site, follow the member account registration instructions, and then check it out! The site offers exciting new content areas and member-only special features. This immense project, led by Web Site Redesign SWT Coordinator Joni Brady, MSN, RN, CAPA, and Eileen Zeiger from the National Office, involved collaboration and coordination with many others throughout the organization.

Congratulations, ASPAN, for attaining a **six-year national accreditation** from the **American Nurses Credentialing Center-Commission on Accreditation**.

Thanks go to Education Committee members and the Director for Education Linda Ziolkowski, MSN, RN, CPAN, Education Approver Committee Chair Barbara Hannah, EdD, MS, RN, CPAN, the National Office staff and Nurse Liaison for Education, Research and Clinical Practice Linda Wilson, PhD, RN, CPAN, CAPA, BC, CNE.

A revised edition of ASPAN's *Clinical Guideline for the Prevention of Unplanned Perioperative Hypothermia*, under the leadership of Vallire Hooper, MS, RN, CPAN, FAAN, will be presented to the Representative Assembly in April 2009. This guideline provides clinicians with an evidence based approach to the prevention, care and management of the adult surgical patient with unplanned perioperative hypothermia.

My Heroes

I can't think of a better place to celebrate legacies than Washington, D.C. The National Conference SWT, led by Myrna Mamaril, MS, RN, CPAN, CAPA, FAAN, assembled an awesome Conference to be held in our nation's capital. The education program includes topics of interest spanning the perianesthesia scope of practice. After days filled with learning and professional networking, the many social events and area attractions offer some time for fun!

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President's Message

continued from page 1

I am so proud of our diverse ASPAN TEAMS. Many committees, ad hoc groups, editors, board members, past presidents and members are commended for making ASPAN the strong and purposeful specialty nursing organization it is today. (See Table 1).

Hero's dreams generated ASPAN's legacy. In my heart, each and every one of YOU is an ASPAN HERO. Thank you for the opportunity to serve as your president and making my dream for ASPAN to create lasting legacies become a reality. 

| Initiative | Led By | Initiative | Led By |
|--|--|---|---|
| E-Component <i>New in 2009</i> Send ideas to: janelind@sc.rr.com | SWT Coordinator Jane Lind | International Conference <i>New in 2009</i> Send suggestions to: sfossum@aspan.org | SWT Coordinator Susan Fossum |
| Clinical Practice <i>Clinical Practice Network</i> | Director for Clinical Practice Barbara Godden | Research GROVE Project | Director for Research Jackie Ross |
| Standards and Guidelines Committee | Chair Maureen McLaughlin | Evidenced Based Practice (EBP) Guidelines | EBP Committee Chair Kim Noble |
| Membership/Marketing Committee | Chair Jane Lind | Governmental Affairs Committee | Chair David Kay; assisted by Maureen McLaughlin |
| Publications Committee <i>Many projects in review</i> | Chair Kathy Carlson | Advocacy SWT | Coordinator Susan Benner |
| Council on Surgical & Perioperative Safety (CSPS) <i>Participation in CSPS strategic planning</i> | Liaison Pamela Windle; ASPA CEO Kevin Dill | Legislative Bill Endorsement Ad Hoc | Team Leader Maureen McLaughlin |
| Journal of PeriAnesthesia Nursing | Co-editors Vallire Hooper and Jan Odom-Forren | ASPA Development <i>Multiple activities held at National Conference</i> | Director for Development Dolly Ireland |
| Financial Ad Hoc <i>Investigating pricing of ASPAN products</i> | Team Leader Susan Carter | Credentials Ad Hoc Committee | Chair Marigrace Clarke |
| PeriAnesthesia Data Elements (PDE) Committee <i>Release of new information at 2009 National Conference</i> | Chair Denise O'Brien; Consultant Marisa Wilson | Safety Committee <i>Perianesthesia arena information coming soon</i> | Chair Dina Krenzischek |
| Scope of Practice SWT | Co-Coordinators Myrna Mamaril and Wanda Rodriguez | Succession Planning/Up and Comers Program <i>Opportunities exist to become a mentor or mentee</i> | Co-Coordinators Meg Beturne and Pamela Windle |
| Strategic Plan Implementation Ad Hoc <i>ASPA transformation and change is coming...</i> | Team Leader Terry Clifford, BOD members, Parliamentarian David Wharton and National Office personnel | Americans for Nursing Shortage Relief (ANSR) | Liaison Gena Near |
| Other board members busily fulfilled respective position duties | Secretary Jacque Crosson; ABPANC President Phoebe Conklin (ex-officio) | Nominating <i>Thanks for a great slate of nominees!</i> | Chair Susan Fossum; elected members: Michelle Honeywell, Laura Kling, Janice Lopez, Candace Taylor |
| | | Regional Directors Nancy O'Malley, Twilla Shrout, Kim Kraft, Katrina Bickerstaff and Chris Price | |

Table 1. ASPAN 2008-2009 Legacy Builders

Breathline
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Thank you to the clinical reviewers for the March/April 2009 edition of *Breathline*: Jan Odom-Forren, MS, RN, CPAN, FAAN; Diane MacLaughlin, MS, RN, CAPA, MA; Pam Myrum, BSN, RN, CPAN; and Mary Seitenbach, BSN, RN.

ASPA Breathline

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Deadlines for inclusion in *Breathline*:

IssueDeadline

JanuaryNovember 1

MarchJanuary 1

MayMarch 1

JulyMay 1

SeptemberJuly 1

NovemberSeptember 1

A Time to Transform

Love it or loathe it, technology rules the world. In fact, technological advancements are constantly and significantly changing everyday life, healthcare delivery and nursing practice. Like it or not, there's just no going back.



Today's nursing profession demands change-hardiness and the capacity for life-long learning. I vividly recall the introduction of an electronic order entry system while working as a hospital perianesthesia unit manager in the early 1990s. After an announcement regarding the system implementation was made, an uproar-of-sorts occurred among the nursing staff. A few PACU nurses welcomed the change while most others resisted, fearing that the computer would be a detriment and much too hard to handle in concert with patient care delivery.

Ultimately, after receiving proper training and then practicing the process of electronic order entry, the staff became proficient. Nurses who were most resistant in the beginning later admitted that lab results, patient treatment and level of care transfers were expedited by the new system. Fear and questions were replaced by the known and a sense of comfort.

Accepting the Inevitable

Change, a most likely occurrence on any given day in life, rouses concurrent trepidation and excitement. Some people welcome a new opportunity. Others react with fear and resistance. The negative emotions mark a shift in the comfort zone because change challenges us to let go of the old and behave in new ways.

Personal and professional change, when embraced, can offer an incredible window of opportunity. After becoming a military family member in my mid-twenties, change became my mantra. A flexible attitude supported this adventurous and often chaotic lifestyle. Although frequent uprooting isn't easy, I wouldn't trade the amazing professional, cultural and geographic diversity and enrichment I've experienced for anything!

Changing ASPAN

In November 2008, the ASPAN Board of Directors committed to becoming a greener organization. One green alternative involved the decision to change to an online-only delivery of the organization's newsletter. For the past five years, *Breathline* was posted for members on the ASPAN Web site in addition to members receiving a printed copy. Now, members will receive an e-mail notification each time a new edition is published and posted on the ASPAN Web site.

Although "going green" may be difficult for some, this change presents an opportunity to learn and incorporate advancements in computer technology. I believe that growth and resilience are worthwhile aspirations for every nurse. Even if you're not computer

or Internet savvy today, many tools to help reach that goal are available in the workplace, local library, or from any teenager you know!

ASPA's transformational process is intended to best serve its mission and members. Whether you fear, resist or welcome this change in *Breathline*, it is my sincere hope that you will keep an open attitude, embrace technology and try to develop or extend your computer skills.

Share Your Thoughts

As ASPAN adopts change, we ask you to participate in this process. We want to hear from you. As your *Breathline* editor, I serve as the members' voice to report feedback regarding the newsletter to the ASPAN Board of Directors. Please contact me (jbrady@aspn.org) to share your thoughts and opinions.

Joni M. Brady, MSN, RN, CAPA

The opinions expressed are those of the author. Feedback and Letters to the Editor are encouraged. Editor contact information is located on Page 2.

Breathline Online



A SPAN needs your correct e-mail address! To update your membership profile, please go to www.aspap.org and select the "My ASPAN" menu option located at the top of the homepage. **Don't miss out on important benefits of membership.** Log-in and update/verify your member account information on the ASPAN Web site today!

From the Editor



Joni M. Brady
Breathline Editor

Perianesthesia Nurse Networking Opportunities

A SPAN Specialty Practice Groups (SPG) draw together perianesthesia nurses who share a sub-specialty practice. SPG members come from diverse practice areas and share a common commitment and desire to provide high clinical standards, safety in practice, and quality patient care. Any active ASPAN member may join one or all of our SPGs. The common denominator is an interest in practice and professional issues related to a particular specialty area.

SPGs are:

- member-driven
- offer a variety of educational and networking opportunities
- provide information in the development of perianesthesia standards, position statements and educational materials

SPG membership benefits include:

- two online newsletters per year
- access to a password-protected Web page containing posted information and a forum in which to dialogue with colleagues
- a scheduled annual meeting at the ASPAN National Conference

For questions or more information, please contact a SPG Coordinator (C) or Vice-Coordinator (VC).



Advanced Degree SPG

Purpose: To develop core curriculum for perianesthesia graduate nursing education, support increased funding for postgraduate perianesthesia nursing education, explore and promote perianesthesia advanced practice nurse (APN) role development, and investigate the impact of the perianesthesia system. Must be Masters prepared to join.

C: Susan Goodwin, MSN, RN, CNS, CPAN (goodwin.susan@gmail.com)

VC: Daphne Stannard, PhD, RN, CCRN, CCNS, FCCM (daphne.stannard@ucsfmedctr.org)

Geriatric SPG

Purpose: To improve the quality of healthcare to older adults by enhancing the perianesthesia nurses' competence through attitudes, knowledge and skills; to disseminate information on geriatrics as it relates to the perianesthesia continuum of care; to serve as a resource, provide networking opportunities and facilitate research.

C: Kathy Daley, MSN, RN, CNS, CCRN-CMC-CSC, CPAN (kathydaley@charter.net)

VC: Sandra Hoctel, RN, CPAN (hoctelss@msn.com)

Management SPG

Purpose: To enhance collaboration and communication among perianesthesia managers and serve as a management resource; to utilize the group to benefit from specialty education regarding administration and management in the perianesthesia arena.

C: Marcelene McLure, RN, CPAN (steelersfan1@suddenlink.net)

VC: Barb Struthers, BSN, RN, CPAN, CAPA (barbrn@chartermi.net)

Pain Management SPG

Purpose: To enhance communication and collaboration appropriate to acute and chronic pain management among perianesthesia nurses; to utilize the group to research resources available for policy recommendations; and, to disseminate information to members of the specialty practice group, the organization and other health care providers.

C: Karen Melderis, BS, RN, CPAN (melderis@comcast.net)

VC: Barbara Krumbach, MS, RN, CNS, CPAN, CCRN (barb.krumbach@comcast.net)

Pediatric SPG

Purpose: To provide nurses the opportunity to increase their quality of care for children in the ambulatory surgery, preanesthesia and postanesthesia arenas.

C: Kerrie Talbot, BSN, RN (ktalbot@ccmckids.org)

VC: Maureen Schnur, MS, RN (maureen.schnur@childrens.harvard.edu)

Perianesthesia Nurse Educator SPG

Purpose: To promote collaboration among perianesthesia nurse educators and share resources related to perianesthesia orientation to practice, competencies and continuing education.

C: Sara Waldron, BSN, RN, CPAN (snwaldron@cox.net)

VC: Nancy Strzyzewski, MSN, RN, CPAN, CAPA (nstrzyz@sbcglobal.net)

continued on page 5

Preoperative Assessment SPG

Purpose: To bring together nurses working in the preoperative assessment area to share ideas, to provide educational opportunities and to serve as a resource and networking facilitator.

C: Sarah Gillen, RN, CAPA
(smifg@yahoo.com)

VC: Sandra Bryan, RN, CPAN
(sandiebryan@chi-east.org)

Publications SPG

Purpose: To encourage, support, and promote the writing and publishing process by peri-anesthesia nurses through resources, education, and networking.

C: Kathleen Menard, BSN, RN, CPAN, CAPA (kjmenardrn@maspan.org)

VC: Ernestine Nunes, RN, CPAN, CNOR (enunesca@aol.com)

ASPAN SPG members can log-in to their group's Web page @ www.aspan.org.

2009 National Conference SPG Meeting Schedule*

Monday, April 20, 2009

12:15 PM – 1:45 PM

- Geriatric, Management, Peri-anesthesia Nurse Educator

Tuesday, April 21, 2009

12:15 PM – 1:45 PM

- Advanced Degree, Pain Management, Pediatrics, Preoperative Assessment, Publication

*Annual SPG meetings are limited to current SPG members only. Any ASPAN member may join a SPG at the National Conference Registration Desk in order to attend a SPG meeting presentation and receive one contact hour. Note: the Advanced Degree SPG will not be offering a contact hour presentation this year. 

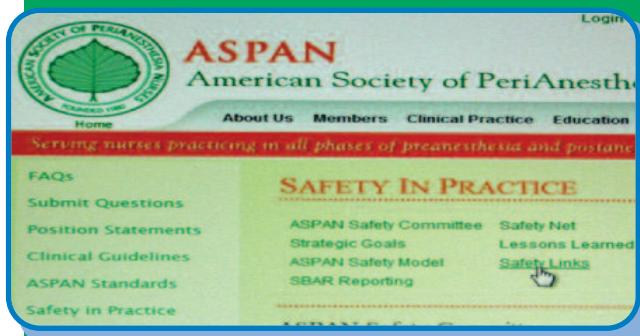
Explore and enjoy the redesigned ASPAN Web Site!

www.aspan.org

Log in to obtain access to ASPAN member-only benefits, seamless entry to the *JoPAN* Web site, and individualized password-protected areas such as the Specialty Practice Group pages!

This new section is located under the "Clinical Practice" tab:

SAFETY IN PRACTICE



The Safety Committee developed this Web-based resource which contains valuable safety information, external Internet links, clinical SBAR scenarios and lessons learned.

Look under the "Resources" tab to find:

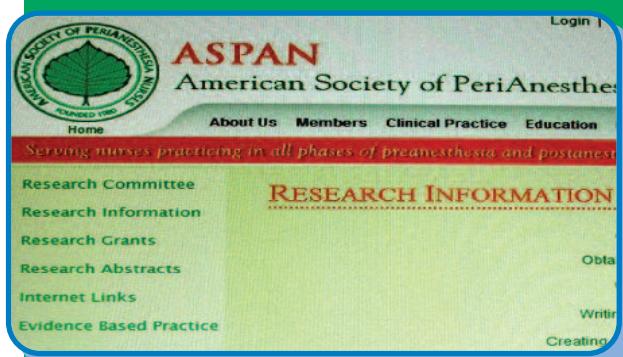
ADVOCACY, GERIATRIC, AND PERIANESTHESIA DATA ELEMENTS (PDE)

Click on the "Resources" tab to reveal a dropdown menu with expanded, easy-to-find advocacy/governmental affairs and geriatric sections, plus new PDE information and resources.



This new section located under the "Research" tab:

ASPAN EVIDENCE BASED PRACTICE (EPB) & ONLINE JOURNAL CLUB



ASPAN members must be logged on to the site to access the EPB Online Journal Club. The extensive Journal Club section contains hands-on instructional components to introduce and guide nurses through a complete research article review process.

The discussion forum allows members to interact, mentor and share strategies for conducting a successful critique during each session. Come and join the Journal Club today!

On the Web



Breathline

Volume 29, Number 2
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How Warm are Your Blankets? Evidence Challenges Advisory

Cassie Kosson, RN, CPAN, Cheryl Tveit, BSN, RN, CAPA, and John Belew, BSN, MS, RN

For decades, nurses have provided patients with warm blankets as a basic source of comfort. Patients find considerable comfort from warmed blankets following exposure to cold environments during surgery or other procedures.^{1,2} However, a recent advisory from the Emergency Care Research Institute (ECRI) warned that warmed blankets have the potential to burn patients.³

The ECRI report recommended that blanket warmers should be set no higher than 110°F. The rationale for this upper temperature limit was based on evidence that prolonged exposure to temperatures of 110°F or lower will not result in thermal injury. In this article, the authors report on an investigation of the actual temperatures of blankets to determine whether these were likely to pose a risk of thermal injury to patients.

Background

Warm blankets are intended to provide comfort rather than being used for the prevention or treatment of hypothermia. Preventive warming measures for the normothermic patient include passive insulation using warm blankets, head covering and socks.^{4,5} Active warming for the hypothermic patient includes the application of forced air warming systems in addition to passive insulation.⁵

For many years the Gillette Children's Specialty Healthcare Post Anesthesia Care Unit (PACU) blanket warmer was set at 145°F, which is within the manufacturer's recommendation for temperature setting. Blankets felt warm to the touch when heated at 145°F. After the ECRI recommendations were

announced, the PACU blanket warmer temperature was lowered to 110°F. The blankets felt notably cool to the touch at the lower temperature. In fact, instead of providing a sense of warmth and comfort, patients reported that the blankets felt cool.

In response to the ECRI advisory, Peterson recommended that "the upper limit of the [blanket warmer] temperature range should be determined based on research and sound scientific principles".⁶ In the spirit of inquiry, the nurses performed a search of the literature to find evidence to augment the ECRI advisory. No research-based evidence was found to guide practice with regard to the safe temperature of cloth blankets. Physical therapists commonly use heat therapy modalities involving materials heated as high as 167°F without causing injury.^{7,8} One recommended practice from previous decades, known as the Kenny Pack, involved a direct skin application using warm packs of wool that had been heated in boiling water.⁹ These hot packs were as warm as 140°F and did not cause burns.

Two PACU nurses and a nurse researcher designed a study to determine the actual temperatures of blankets after they were removed from a blanket warmer set at 145°F. Initially, these nurses began working on a research protocol for the observation of patients' skin after exposure to blankets warmed at 145°F. However, as they began measuring the actual temperatures of these blankets, they decided instead to simply document the temperatures of the blankets.

Methods

The nurses conducted a study of the actual temperatures of blankets after removal from a blanket warmer set at 145°F. This blanket warmer's manufacturer recommended an upper limit setting of 150°F. The blankets were of two types, bath blankets and thermal blankets. A handheld infrared thermometer was used to measure the surface temperature of blankets that had been stored in the warmer overnight.

The temperature observations were conducted on three different days by the same three nurses using the same procedure and thermometer. The temperature of the warmer was verified as being 145°F. The nurses measured as many blankets as were present in the warmer on these days, resulting in the measurement of thirteen blankets (n = 13). A surface temperature measurement of each blanket was made at three points in time: immediately upon removal from the blanket warmer, and at 30 and 60 seconds after removal. (See Table 1). The temperature was measured on the inner aspect of the unfolded blanket, and in between each measurement, the blanket was kept folded to retain the maximum amount of heat.

Results

The average blanket temperature immediately after being removed from the warmer was 107°F (minimum = 91°F; maximum = 118°F). After 30 seconds, no blanket's temperature measured above 105°F. See Chart 1. Although nine of the blankets measured above 110°F immediately after being removed from



Blanket warmer set at 42° Celsius (107.6° F)

the blanket warmer, it became clear that blankets would cool off even more rapidly during the process of being unfolded and applied to patients.

The nurses studying the blanket temperatures concluded that they could prudently recommend a blanket warmer setting of 145°F without an associated risk of thermal injury to the patient. The nurses then summarized the findings and recommendations, which were presented to and accepted by the hospital's safety committee.

Discussion

The motivation for this study was to gather evidence about the safety of warming blankets where little evidence exists. The authors acknowledge that the issue of safe temperature settings for warming blankets is a hot topic. ECRI states that it has documentation of cases where insensate patients were burned from prolonged contact with unfolded blankets that had been heated above 110°F,¹⁰ though they have not published the details of these incidents. ECRI also warns that when blanket warmers are kept at temperatures above 110°F, that other items stored within are very likely to be heated to a dangerous temperature (e.g., warmed fluids).¹⁰

Many nurses perceive that blankets coming from a warmer set at 145°F aren't hot enough to cause thermal injury. In addition, nurses find that applying a blanket from a warmer set at 110°F does little or nothing in the way of providing patient comfort. This study demonstrated that the temperature of blankets from a warmer set at 145°F were below 110°F after 30 seconds and, therefore, unlikely to cause thermal injury.

While this small informal study does not meet the methodological rigors expected for

research-based evidence and does not serve as sufficient evidence to safely alter clinical practice beyond one hospital, the information is offered as encouragement to nurses who believe the issue is significant enough to challenge current recommendations. We encourage nursing colleagues to conduct similar independent studies to establish the evidence for safe and effective use of blanket warmers.

| Temperature (°F) | Time Out of Warmer (seconds) | | |
|------------------|------------------------------|-----|----|
| | 0 | 30 | 60 |
| 98 | 86 | 85 | |
| 112 | 101 | 96 | |
| 115 | 101 | 102 | |
| 114 | 100 | 105 | |
| 115 | 105 | 104 | |
| 91 | 91 | 91 | |
| 113 | 97 | 98 | |
| 95 | 91 | 87 | |
| 118 | 98 | 92 | |
| 114 | 98 | 99 | |
| 115 | 102 | 96 | |
| 112 | 103 | 95 | |
| 108 | 100 | 97 | |

Table 1. Blanket Surface Temperatures

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Average temperature of 13 warming blankets after being removed from blanket warmer set at 145°F

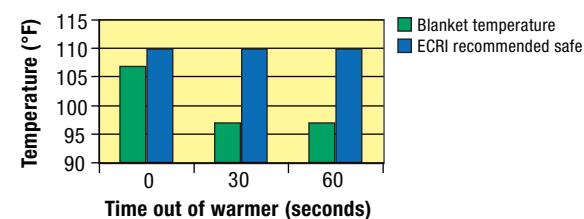


Chart 1. Average Temperature after Removal

sia Nursing Practice 2008-2010. Cherry Hill, NJ: ASPAN; 24, 2008.

Cassie Kosson, RN, CPAN, and Cheryl Tveit, BSN, RN, CAPA, are staff nurses and John Belew, BSN, MS, RN, is a doctoral candidate and nurse researcher at Gillette Children's Specialty Healthcare in St. Paul, MN. Please address correspondence to Cassie Kosson at CKosson@gillettechildrens.com.

Member Spotlight

Lita Aguirre, BSN, RN, CPAN, has been a PACU nurse at Jersey City Medical Center (JCMC) for 35 years. During that time she attained the level of Clinical Nurse III and received nurse excellence awards for Professional Practice (2005 and 2006) and Clinical Expert (2007). The Nurse Excellence Awards, an internal JCMC recognition program, honor exceptional performance of individual nurses in the following categories: leadership, team spirit, patient advocacy, preceptor/mentor, professional development and clinical expertise.

JCMC Director of Perioperative Services Cheryl Owens, RN, describes Ms. Aguirre as an invaluable member of the peri-anesthesia unit and hospital



PACU nurse Lita Aguirre was recognized for excellence in practice by Jersey City Medical Center

nursing services team. Her role as facilitator of the Professional Practice Committee helped the organization to achieve Magnet designation in 2008. She also serves as the facility's Primary

Pain Resource Nurse, educating unit-based staff nurses and making rounds with a pharmacist and palliative care nurse to assess treatment plans and make recommendations regarding pain management options.

Ms. Aguirre is a PACU preceptor for new staff members and nursing students. She presents educational instruction programs on selected topics, and uses tracer methodology to assess and ensure staff and unit safety compliance. She has been a New Jersey Bermuda PeriAnesthesia Nurses Association and ASPAN member since 1996. We applaud her many accomplishments at JCMC and many contributions to peri-anesthesia nursing practice! 

ASPN Scholarship Brochure/Application Available Now!

The 2009 ASPN Scholarship Program brochure/application is accessible on the Web site (www.aspan.org) or is available in hard copy or .pdf file via e-mail request from the National Office.

The postmark deadline for submission is July 1, 2009. All applicants must submit, by mail, an original plus three copies of the application along with supporting documentation for the Selection Committee to review. The scholarship application cannot be submitted electronically.

A new \$500 Humanitarian Mission scholarship is offered beginning in 2009. Please see the brochure for details.

Fill-In Form

When accessing the Scholarship Brochure/Application .pdf file online, the required information can be entered into the

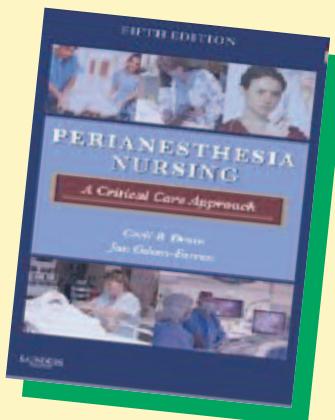
form and a copy can then be printed to include with the application packet. ASPAN's Fill-In Form uses the features provided with Adobe Reader™ software.

For questions, or to receive a copy of the brochure/application, please contact Jane Certo at the ASPAN National Office: 877-737-9696 ext. 13 or email jcerto@aspan.org. 

Authors Honored by AJN

The 2009 American Journal of Nursing (AJN) Book of the Year awards honored ASPAN members/co-authors Cecil B. Drain, PhD, RN, CRNA, FAAN, and Jan Odom-Forren, MS, RN, CPAN, FAAN, in the Advanced Practice Nursing category. *Perianesthesia Nursing: A Critical Care Approach* (5th ed.) was recognized in the top three best publications for that category. This excellent book, filled with important best practice clinical information, is a must-have resource for all perianesthesia

nursing practitioners and units. *Congratulations, Cecil and Jan, on a job very well done!* 



Conference Goes "Green"

No more session handouts! No printed syllabus! Each National Conference registrant will help ASPAN save paper, ink, and manpower by downloading outlines of only the sessions of personal interest. Speakers may choose to provide electronic copies of their presentations. **Materials will be available online** from April 1 to June 1, 2009. Specific instructions for online access will be provided in the Conference registration confirmation letter. 

ASPAN President's Reception

Wednesday, April 22, 2009 ~ 7:00 – 9:30 PM

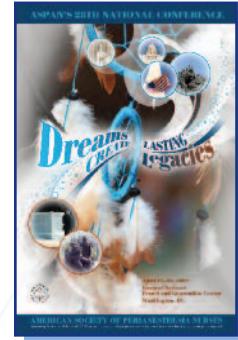
Please come and enjoy this annual celebration!

All National Conference participants and registered guests are invited to attend.

Sponsored by Hill-Rom Co., Inc. 

The ASPAN Shoppe

The ASPAN Shoppe is the place to pick up ASPAN logo items, publications, warm-up jackets, embroidered patches and more, without paying additional tax or shipping costs! The **NEW ASPAN "Green" reusable shopping bag** makes a great gift. Bargain table items will tempt you to fill your "Green" bag many times over! Plus, every time you shop, your name is entered in a daily prize drawing. The Shoppe accepts cash, checks and credit card payments. Check the daily *Particulars* for the Shoppe location and hours of operation. 



Welcome First Time Attendees!

ASPAN Regional Directors and Jane Lind, BS, RN - ASPAN Membership/Marketing Committee Chair

In our experience, sharing helpful information empowers newcomers to enjoy and better navigate the many opportunities that Conference offers. The "First Timers Orientation" sessions are your best opportunity to learn more about ASPAN and meet colleagues from your city, state or area of expertise. Here is an overview of some topics we'll cover during the orientation sessions:

- Sunday morning kicks off with the ASPAN Development Dream Walk. This event raises money for member scholarships and other development programs. Stop by the Representative Assembly to sit in the gallery and observe ASPAN's annual business



First-timers learning the Conference ropes during a 2008 orientation session

meeting. Component Night will get the party started by "Celebrating American Legends". This is a fun-filled night complete with food, raffles, dancing and networking. Visit your home state's booth to connect with other nurses from your region

- Monday's Opening Ceremonies feature annual awards and a keynote speaker address that sets the mood for an exciting week. The Exhibit Hall grand opening is your opportunity to see and discuss the latest healthcare products and technologies
- Wednesday evening's President's Reception is a festive celebration of the year's accomplishments. Wear your dancing shoes!
- Thursday morning Closing Ceremonies open with a breakfast followed by an introduction of the incoming ASPAN Board of Directors and the closing keynote address



Each day provides numerous educational sessions. The pocket-sized conference schedule gives the time and location for each session, and easily fits in your name badge holder. Be sure to carry your daily session admission tickets!

Colorful ribbons help to identify conference-goers and serve as a great ice breaker. Be sure to stop by the registration booth to pick up a first-time attendee ribbon. We look forward to meeting you during an orientation session and sharing much more about ASPAN's fantastic National Conference! 

ASPAN Regional Directors on stage during the 2008 Closing Ceremonies. From left: Chris Price, Katrina Bickerstaff, Kim Kraft, Twilla Shroud, and Nancy O'Malley

Breathline

Volume 29, Number 2
March/April 2009



Jacqueline Ross
Director
for Research

Understanding the Statistics Behind Comparing Groups

Jacqueline Ross, MSN, RN, CPAN - ASPAN Director for Research

People often tell me they aren't sure how to read research reports because they have had little exposure to statistics. In most nursing research studies, the focus is on comparing groups and exploring relationships among variables. This brief article will discuss some statistics involved with comparing *group differences*. Keep in mind that comparing differences is not the same as examining relationships.

Group Identity

When examining groups, descriptive statistics are important to evaluate. As the name implies, these describe the sample, including the breakdown of sex, age, marital status, surgical procedure, etc. Since we are comparing groups, a close examination of these groups is warranted.

Were there more men than women in the groups? Was there a wider range of ages in one group compared to the other? Was an important demographic not included, such as smoking status? Could any of these questions influence the results? The answers to such questions will allow you to critically review the findings.

Comparing Groups

When comparing groups, there are a variety of statistics, including parametric and non-parametric statistics. Due to space limitations, this discussion focuses on a few parametric statistics you will frequently see in nursing research when *comparing groups*:

- The T-test offers a statistical method to compare group means
- Analysis of variance (ANOVA) is used with two or more groups and compares the variance around the group mean

Each of these statistics has some assumptions that should be discussed in the results section. The variables being measured should use a continuous scale. For example, the use of a 1-5 Likert scale provides that ability and that information would be found earlier in the method discussion. Random sampling is also an assumption; however, this is not often seen in nursing research.

Additionally, the measurement should not have occurred in a group setting or during some sort of interaction between the participants. The researchers should also describe how the sample was distributed and assure that there was homogeneity of variance (so groups were similar in variance, standard deviations). There may be a simple notation that the assumptions were not violated.

If the result is above 0.05, then differences are most likely not present; however, many groups tend to be small (<100 per group). If the researchers have not discussed 'power' and found no significance, you should re-evaluate the findings. The reality may be that there are differences between the groups, yet there was not enough 'power' to detect the difference. When comparing groups, particularly in group sizes of <100, a failure to discuss power is a weakness in the study.

This article gives a brief description of statistics. Yet, this information should provide some ability to evaluate whether the statistics discussed answer the correct question. These two older, but very good, articles offer a more in depth discussion on statistics used to compare groups:

- Giuffre, M. Reading research critically: Results-group data. *Journal of PeriAnesthesia Nursing*, 11(5): 344-48, 1996.
- Giuffre, M. Reading research critically: Results-group data II. *Journal of PeriAnesthesia Nursing*, 12(2): 105-108, 1997. 



Significant Differences

As we are comparing groups, the main issue is: are there significant differences between the groups? The researchers should have a level of significance, or alpha level, frequently set at 0.05. If the significance level is 0.05 or less, one can assume there are differences between groups. With the ANOVA, a F statistic is used and tells us that at least one group is different. A Scheffe or a Tukey test is then done to determine which group is different.

Research Primer for Perianesthesia Nurses (2nd Edition) – FREE to ASPAN Members!

The 2009 *Research Primer*, now available on ASPAN's Web site, is designed as a guidebook and basic resource for the research neophyte. Fictitious examples of current day problems assist in illustrating each section. Go to www.aspan.org, log-in and click on "Research Information". 

The Ever Changing PACUs

Katrina Bickerstaff, BSN, RN, CPAN, CAPA – ASPAN Regional Director, Region Four

**ASPA
Regions**

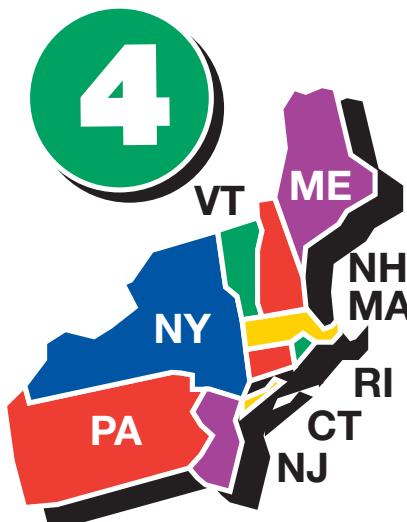
I attend many Region 4 component educational offerings and boards of directors meetings. A common theme at each meeting is the need and hunger for education in practice areas that are not formally considered to be perianesthesia nursing.

In fact, perianesthesia nurses are routinely caring for unconventional, non-surgical patients receiving anesthetic agents. ASPAN has a goal to be its members' indispensable resource for perianesthesia education and knowledge exchange. As ASPAN components, there is a need to adapt to the ever-changing perianesthesia environment of care. I am excited to see Region 4 members doing just that!

The components continually conduct member education needs assessment surveys, and the topics requested and suggested are no longer "traditional" perianesthesia subject matter. Last fall, component education programs were right on target. The range of topics was vast, from eyelid and facial rejuvenation to current trends in endoscopy. Components are adapting to the new practice paradigms and fulfilling the resource goal.

Regional News

MASPA, led by President Anne Halliday, BSN, RN, CPAN, helped Massachusetts celebrate 25 years as a chartered component this past fall by giving a free conference to all its members. With a variety of topics from the cartoonist creator of "Close to Home" to childhood obesity, this was an exceptional celebration!



PAPAN celebrated 25 years as an ASPAN component at its annual **PRIDE** conference: Post anesthesia care nurses; Resourceful, Individuals, Dedicated to Excellence. Pennsylvania's president Laura Kling, MSN, RN, CNS, CPAN, did a great job hosting over 130 attendees.

RIAPAN Rhode Island, the smallest of states, has had its share of challenges. President Holli Rousseau, BSN, RN, brings new excitement to perianesthesia nursing in the "Ocean State". She and her component team are providing new educational opportunities for members.

CSPAN, under the leadership of Diane Stadmeyer, RN, continues to enjoy great success with Connecticut's bimonthly educational series. Topics span from trauma and pregnancy, to new back surgery techniques.

NJBPA, led by President Linda Webb, MSN, RN, CPAN, celebrated a successful fall conference for New Jersey/Bermuda, focusing on evidence based practice in healthcare settings.

NYSPANA President Cynthia Lucieer, BSN, RN, CAPA, and the New York component always has something educational going on throughout the many districts. Buffalo area District 15 hosted the annual conference last fall, energized by District President Dianne Lysarz, RN.

VT/NHAPAN President Mary Sutton, RN, CPAN, CAPA, continues to provide New Hampshire and Vermont perianesthesia nurses with top notch educational conferences. The fall conference was well attended with over 80 participants and received glowing evaluations. The excitement and energy was refocused toward the upcoming spring conference, which highlights advance practice nurse roles in the PACU.

MESPA hosts biannual conferences under the leadership of President Tom Lecakis, MSN, RN, CPAN, and President-Elect Carol Silsby, RN. The fall conference featured a variety of topics from capnography to adolescent behavior. The big news in Maine is the upcoming April inauguration of ASPAN President-Elect Terry Clifford, MSN, RN, CPAN, in Washington, D.C.

As I look back over the many exciting activities happening in Region 4, I realize that our components are providing very high quality educational programs all around!

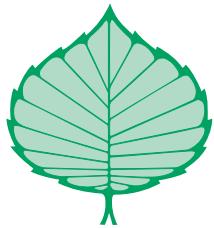
**ASPA members
can quickly locate
regional and component
information on the
ASPA Web site.**



**Katrina Bickerstaff
Region 4 Director**

Breathline

Volume 29, Number 2
March/April 2009



Office of the National Nurse

Susan Benner, BSN, RN, CPAN - Advocacy Strategic Work Team Coordinator

Attendees at the 2008 ASPAN Representative Assembly heard a brief presentation about the grassroots campaign to create the Office of the National Nurse (ONN). This is a synopsis of the ONN initiative for those who are unfamiliar with the movement.

Nurses understand that, while the population's health is deteriorating, our nation's healthcare system is in crisis. Nearly 50 million uninsured Americans are joined by many more that are currently underinsured. As baby boomers age and more people become chronically ill, healthcare costs will continue to rise.

A shortage of one million nurses is predicted to occur by the year 2020, at the same time an estimated 250,000 more public health workers will be needed.¹ These factors place the U.S. healthcare delivery system in a state of constant stress. A greater focus on wellness, prevention, new approaches to care delivery and an appraisal of the current healthcare system are needed in order to meet growing demands and challenges.

Establishing ONN's Voice

On May 20, 2005, the *New York Times* published an op-ed piece written by Teri Mills, MS, RN, ANP, CNE, an Oregon nurse educator and nurse practitioner. Ms. Mills expressed a vision for the U.S. to establish a high-ranking federal official titled "National Nurse". She highlighted a proposal that would unite nurses from all educational backgrounds to address the nation's rise in preventable conditions contributing to increasing healthcare costs.²

The popularity of the story led to the formation of The National

Nursing Network Organization (NNNO). California Congresswoman Lois Capps transformed the idea into a bill, HR 4903, and introduced the legislation into the 109th Congress. There, it amassed the bipartisan support of 42 House co-sponsors. Although the bill expired, discussions regarding reintroduction are currently in progress.

National Nurse supporters are recommending that the U.S. Public Health System (USPHS) position of the Chief Nursing Officer (CNO) assume the role. This plan would likely expedite the passing of the bill, minimize cost and address previous concerns expressed regarding the duplication of services. However, the NNNO believes that it is crucial to also re-title the position to "National Nurse" versus keeping the title "Chief Nursing Officer".

Nursing Leadership Identity

The CNO is currently a part-time, split responsibility position. The current recommendation is to make the leadership position full-time. The proposed role for the ONN is designed to:

- Establish symbolic national leadership by elevating and strengthening the USPHS CNO and make the position visible to the nursing profession and the public
- Complement the work of the US Surgeon General and increase nursing's message and exposure in the media
- Be built on general, not prescriptive, legislative guidelines that result in policies and practices which build on existing partnerships and allow public health jurisdictions to determine local actions

- Allow the ONN to offer guidance based on authoritative resources such as the Center for Disease Control and Prevention and the National Institutes of Health and suggest specific health-related topics and activities. Decisions on which strategies to adopt would be determined at the local leadership/grassroots level
- Promote involvement in the Medical Reserve Corps (MRC) to improve the health and safety of the community

Uniting the Grassroots

Teams comprising volunteer nurses would most likely be incorporated into the MRC to focus on delivering health promotion information to their respective communities and could provide a ready supply of nurses in the event of large-scale emergencies. These activities will focus on strengthening health-related linkages and creating a culture of prevention. Proven evidence based public health education will be incorporated when delivering prevention.³

It is imperative for nurses to speak with a loud leadership voice and be heard. The public depends on nurses to be patient advocates. A collective nursing voice must be heard by the population served and legislators making critical health care policy decisions. The NNNO strives to establish a nursing position of power to lead in health prevention efforts and support the goal of quality, cost-effective care provision for our population.

If you would like more information on this important initiative visit the National Nurse Web site (nationalnurse.org).

Item Writing/ Review Workshop

**Sunday, April 19,
2009 from 10:00 AM
to 4:30 PM**

This workshop is perfect for the CPAN® and/or CAPA® certified nurse interested in learning how to write multiple choice questions for possible use on a CPAN® or CAPA® certification examination. Your participation makes a significant contribution to our specialty while you simultaneously network and discuss practice issues with colleagues from around the country.

Attending this workshop is a prerequisite for anyone interested in possible service on the Item Writer/Reviewer Committee. No fee is required; 5.5 contact hours will be awarded to participants. Pre-register by calling 800-622-7262 and select option 1 to speak to ABPANC Program Associate Philip Godlewski. 



Learn everything you ever wanted to know about certification, recertification, and Computer Based Testing at www.cpancapa.org

Advocacy
continued from page 12

REFERENCES

1. Association of Schools of Public Health. Confronting the public health workforce crisis. Available at <http://www.asph.org/document.cfm?page=1038>. Accessed February 2, 2009.
2. Mills T. America's nurse. *New York Times*: A25, May 20, 2005.
3. Mills T, Scanlon K, Sullivan S. Nurses and the public say it's time for change. *Medscape in advanced practice nursing ejournal*, July 2008. 

American Board of Perianesthesia Nursing Certification (ABPANC)

Activities at the 2009 ASPAN National Conference

- Test-Taking Strategies: Practice Makes Perfect!
- Item Writing Workshop
- CPAN®/CAPA® Celebration Breakfast

- Perianesthesia Nursing Certification: Where Patient Needs Come First!
- Recertifying? Here's a Tip!
- Promoting CPAN®/CAPA® Certification to Employers – What is the Value?

See the ASPAN Conference brochure for complete details. 

Certification



Certification Pays in Times of Economic Turmoil

In November, 2008 ABPANC President Phoebe Conklin, board member Cheryl Coleman, and Chief Executive Officer Bonnie Niebuhr attended the National Organization for Competency Assurance annual meeting in San Francisco. Keynote speaker Alan Beaulieu, a senior analyst, economist, and a principal with the Institute for Trend Research, related that during times of decreased spending people return to college. He likened professional certification to educational degrees.

In times of economic turmoil, people will seek opportunities to

increase their marketability. Research has shown that when all else is equal, employers will choose a certified nurse over a noncertified nurse. In other words, having professional certification enhances one's employability.

The actual cost for an ASPAN member to become CPAN® and/or CAPA® certified equates to just 26 cents per day over the three-year certification period. While your financial investments may have recently taken a severe hit, **it's never too late to invest in yourself**. And in today's economy, the payoff may be much greater than you think! 

Advocacy Resources on Web site

New resources are available on the redesigned [ASPAN Web site](#)! These include the free publication *Governmental Affairs: A Primer for Political Action*, and information on policy issues and the legislative process. 

Contact ABPANC

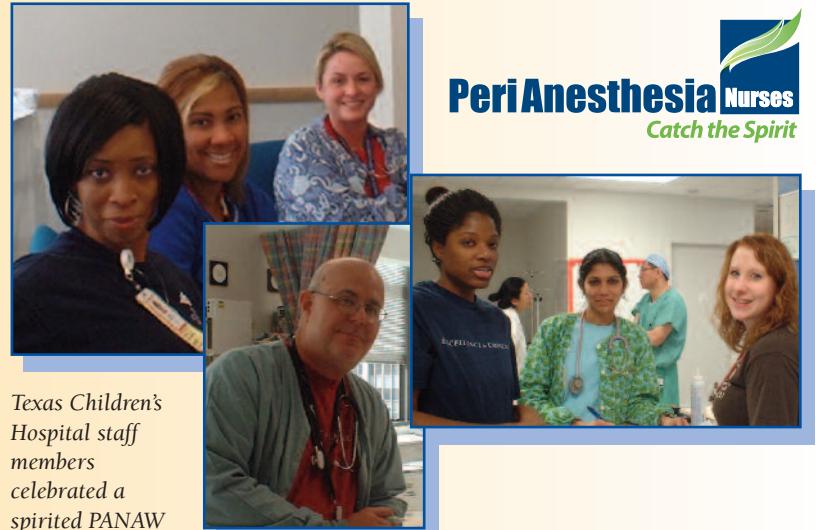
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Texas

The 2009 PeriAnesthesia Nurse Awareness Week (PANAW) Celebration at Texas Children's Hospital in Texas Medical Center, Houston, TX, was a big success! Staff members were treated to some special luncheon days. Information was provided on ASPAN, the Texas Association of PeriAnesthesia Nurses (TAPAN), and certification preparation. TAPAN District I updates were discussed and component awards were put on display. 



Texas Children's Hospital staff members celebrated a spirited PANAW

Illinois

Illinois Society of PeriAnesthesia Nurses (ILSPAN) members employed in St. Louis, Missouri, at the Pre-Post Unit of Barnes-Jewish Hospital (BJH) North, CAM Surgery Center, celebrated all week. A Monday morning breakfast was followed by Dr. McCormick's "Anesthesia Highlights" lunchtime lecture. On Tuesday, Marigrace Clarke, RN, CAPA, provided a farewell/thank you luncheon for the entire staff. Wednesday featured a urologic radiation oncology update education program along with pizza provided by the department. On Thursday, the department held a retirement party for longtime staff member Marigrace Clarke. Marigrace shared a wealth of

knowledge and passion for ILSPAN and ASPAN that will be profoundly missed at BJH. Friday capped off the week with delicious brownie dessert for the perianesthesia staff. 



This special poster featured a collection of logo pins from BJH, prior ASPAN National Conferences and PANAW campaigns, and fun pins that nurses had received throughout the years. This was displayed at the main nursing station for viewing by hospital staff, patients and families

Marigrace Clarke (second from left) was honored by colleagues as she retired from BJH during PANAW after more than 34 years of exceptional service

Alaska

Each year, Northwest PeriAnesthesia Nurses Association (NPANA) member Judy Evans, RN, promotes a PANAW activity at Alaska Regional Hospital in Anchorage. This year, she asked the hospital administration to create PANAW banners and post them within the hospital to promote PANAW awareness and the important work of the perianesthesia nursing team. 



Pre-op and PACU staff members from Alaska Regional Hospital commemorated PANAW



Louisiana

The Atchafalaya Association of PeriAnesthesia Nurses (AAPAN), a district of the Louisiana Association of PeriAnesthesia Nurses (LAPAN), held a successful spring seminar during PANAW. Conference themes included: "Work-

ing together with a single goal in mind ... excellence in nursing care" and "TEAM WORK - The great puzzle-solver". AAPAN hosted 57 perianesthesia nurses at this meeting. 



ASPAN members attended a celebratory PANAW educational conference hosted by Louisiana's AAPAN

Thank you PANAW submission contributors:



Clara Boudreaux (LA)
Shari Breedon (TN)
Marigrace Clarke (IL)
Deborah Davis (TX)
Judy Evans (AK)
Kathy Harris (IL)
Ruby Saldahna (TX)

Tennessee

The Tennessee Society of PeriAnesthesia Nurses (TSPAN) held several education programs during its PANAW celebration. The East Tennessee district (ETA-PAN) hosted a round table discussion on breast health. Several senior nursing students from Tennessee Wesleyan College were in attendance to experience a professional organization meeting. TSPAN ended the week with a winter conference and the installation of component officers. 

Specialty Practice Group Newsletters: Now Online Only!

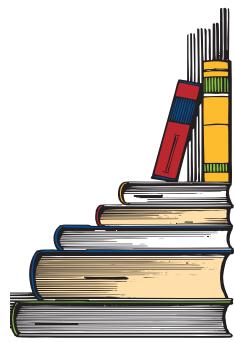
As part of ASPAN's "Go Green" initiative, all Specialty Practice Group (SPG) newsletters are now available [online only](#). Online newsletter posting allows for timely and current information to be available to the SPG member with just the click of a mouse!

SPGs are a vital part of the "Go Green" process. New and archived newsletters, additional practice information and a SPG discussion forum are now found on every SPG Web page. If you are a current SPG member, your [initial login on the ASPAN Web site](#) permits you to access and view your SPG's member-only Web page. 



Julia Christensen, BSN, RN, from Baptist West Hospital, solicited a PANAW Proclamation from the mayor of Knoxville, TN





Component Programs

March 21, 2009 PeriAnesthesia Nurses Association of New Mexico (PANANM) 25th Anniversary celebration Spring

Conference "Legacies; Past, Present, Future" at Memorial Hospital in Las Cruces, NM. ASPAN President Lois Schick is the keynote speaker. For more information contact Corinne Flores at 505-521-5489 or corinne.flores@yahoo.com.

May 16, 2009 Ohio PeriAnesthesia Nurses Association

(OPANA) "Pearls of Wisdom" Spring Seminar and 30th Anniversary Celebration at Ross Heart Hospital at the Ohio State University Medical Center in Columbus. For information contact Alabelle Zghoul at 614-846-9537 (alabelle.zghoul@osumc.edu) or Nancy McGushin at 740-653-1334 (gushin@sbcglobal.net)

ASPAN Hosted Seminars

March 21, 2009 Perianesthesia Certification Review in Washington, D.C. Hosted by: Children's National Medical Center. Contact Mellaknese Coker at 202-476-3192 or MCoker@CNMC.org

May 16, 2009 Foundations of Perianesthesia Practice in Juneau, AK. Hosted by Bartlett Regional Hospital. Contact Justine Muench at 907-796-8912 or jmeunch@bartlethospital.org

May 17, 2009 Pediatrics: Little Bodies, Big Differences in Juneau, AK. Hosted by Bartlett Regional Hospital. Contact Justine Muench at 907-796-8912 or jmeunch@bartlethospital.org

June 6, 2009 Perianesthesia Certification Review in Green-
vale, NY. Hosted by NYSPANA. Contact Elizabeth White at 516-277-4719 or fitness5@optonline.net

July 18, 2009 Perianesthesia Certification Review in Cleveland, OH. Hosted by University Hospitals-Case Medical Center. Contact Kathleen Frato at Kathleen.Frato@UHhospitals.org

ASPAN Seminars

March 21, 2009
Perianesthesia Certification Review
Sacramento, CA

Complexities & Challenges of Perianesthesia Nursing:
Across the Ambulatory and Perianesthesia Continuum
Mt. Kisco, NY

March 28, 2009
Pediatrics: Little Bodies, Big Differences
Missoula, MT

May 2, 2009
Complexities & Challenges of Perianesthesia Nursing:
Across the Ambulatory and Perianesthesia Continuum
Tacoma, WA

May 16, 2009
Complexities & Challenges of Perianesthesia Nursing:
Across the Ambulatory and Perianesthesia Continuum
Post Falls, ID
Chico, CA

May 30, 2009
Perianesthesia Nursing: A Systems Review of Pathophysiology
Springfield, IL

June 6, 2009
Pediatrics: Little Bodies, Big Differences
Allentown, PA

Foundations of Perianesthesia Practice
Bristol, VA

June 13, 2009
Perianesthesia Nursing: A Systems Review of Pathophysiology
San Antonio, TX

Complexities & Challenges of Perianesthesia Nursing:
Across the Ambulatory and Perianesthesia Continuum
Phoenix, AZ

For more information, contact Carol Hyman at the ASPAN National Office:
877-737-9696 ext. 19 or chyman@aspan.org

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