



# Breathline

Volume 31, Number 5

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## Setting the Course for Our Bright Future

It is hard to believe that ASPAN has been around for 31 years and counting! Far before our past leaders' visionary work and our professional organization's inception, clinical nurses understood the value of the nurse at the bedside: advocating for safe and quality care. As ASPAN moves toward its fourth decade, understanding clinical practice, evidence based research, and nursing education remain paramount goals for ASPAN's working strategic plan. As the nursing profession is now just beginning to position itself to significantly influence how healthcare reform will look, nurses are and will be influencing the future as never before in the history of our country.

As we seek our own safe passage as a profession, we need to be sure to prepare ourselves so we are eminently ready to meet the changes we will experience. A focus on nursing education is a key component of this preparation and, likewise, ASPAN has recognized this as a dynamic part of its strategic plan and compelling vision. Just as the nursing profession is recognized by the American public as the most ethical profession, this organization must ensure that our members and the public view ASPAN as the premiere and most trusted resource for periesthesia education.

### Future of Nursing

In October 2010, the Institute of Medicine (IOM) published *The Future of Nursing: Campaign for Action*. This landmark report strongly recommended maximizing advanced practice nurses to the fullest potential of their education and training. The IOM further reported that these providers are best suited to deliver healthcare in the most cost-effective way. The purpose of the report was to review and plan for future nursing needs as related to the impact of the Affordable Care Act (ACA), which will provide access to care for 32 million Americans. In addition, a review of the nursing workforce has shown some challenges and identified trends related to nursing's current workforce demographics and future



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

demands for the evolving role of nurses, as well as education projections.

We know that between 1980 and 2008, RNs under age 30 decreased from 25% to 10.6% of the RN population. The average age of the nurse increased to 47 years, and declining enrollments and resources are looming on the horizon.<sup>1</sup> As a result of the IOM report, an action coalition has been formed to ensure that, "... all Americans have access to high quality, patient-centered care in which nurses contrib-

ute as essential partners in system-wide transformation."<sup>1</sup> State boards of nursing and state nursing organizations are forming groups to establish priorities within local, state and regional areas to design strategies for improving public and institutional policies regarding nursing and nurse faculty shortages. Through this "Campaign for Action", organizations are invited to apply to be deemed official Action Coalitions and receive technical assistance by the Center to Champion Nursing in America Campaign. The goal is to select up to 20 applicants during summer 2011. It is recommended that each state have one state-level action coalition. To date, there are 15 across the country.<sup>2</sup>

For the good of the public served, we nurses must choose to give careful consideration to our own education goals as well as the IOM's recommendations (which are as follows):<sup>3</sup>

- Nurses must practice to the full extent of their education and pursue advanced degrees
- Expand opportunities for nurses to lead collaborative improvement efforts
- The proportion of nurses with a baccalaureate degree must increase to 80 percent by 2020
- Nurses must be engaged in lifelong learning
- Nurse residency programs for the graduate nurse must be established
- Double the number of nurses with doctorates by 2020
- Enable nurses to lead change

*continued on page 2*

## ASPAN will be its members' indispensable resource for perianesthesia education and knowledge.

### A Professional Focus

When deciding to focus and take action on the future of your nursing career, please note that those recommendations which fall most closely within your span of control are those directly related to nursing education and nursing knowledge. You, and ASPAN, must collaboratively be prepared to focus on these needs/goals to achieve your individual and educational goals and a commitment to lifelong learning.

ASPAN, as an organization, and its Education Approver and Education Provider Committees support this shared commitment. ASPAN has begun critical steps in a journey to provide online educational opportunities for its members. ASPAN will continue to provide and promote scholarships to assure that you, our members, receive the resources and support you need to achieve your own professional goals.

I challenge each and every one of you to take a critical look at yourself, and to explore the steps in your practice needed to be taken in preparing for your education and your future. Only YOU can establish a timeline and make a commitment to meet the goal. During this journey, be it to achieve a BSN, specialty certification, MSN or even a doctorate level of education, remember to utilize resource articles available to you in the *Journal of PeriAnesthesia Nursing*, ASPAN's *Perianesthesia Nursing Standards and Practice Recommendations*, and other perianesthesia publications that support your practice. Make your projects and papers/thesis relevant to your own practice, and be sure to submit your work for publication in your own peer review journal. Your patients and colleagues will benefit from the work and information that you share. Utilize clinical practice network questions to expand your focus and the practice within your units, and share information with your peers regarding policy development, job descriptions, performance improvement measures and data collection tools. The resources are available to customize your efforts.

As perianesthesia nurses locally, regionally, nationally and worldwide, we will continue to face practice challenges, even as our educational goals and ideals are achieved. Our specialty nurses have always looked to ASPAN when safe practice seems threatened, new technology is introduced, and/or research is studied. In spite of the ongoing barrage of changes, ASPAN will not change its commitment to seek answers, provide ideals and encouragement, create unique educational opportunities and disseminate research findings. Just as you practice across the continuum to advocate for our vulnerable patients, so, too, will ASPAN remain the foundation to advocate for safe standards and practice recommendations. This foundation will remain based upon review of the current trends and practices you experience, and from your critical feedback as the practicing clinicians within our specialty. Indeed, be assured that ASPAN embraces its role to advocate for you and the knowledge base that you expect to have in order to provide the care and achieve the level of education that our patients so deserve.

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Deadlines for inclusion in *Breathline*:

Issue .....Deadline

January .....November 1

March .....January 1

May .....March 1

July .....May 1

September .....July 1

November .....September 1

# Submit Your Photos for the 2013 Cover Now

## Journal of PERIANESTHESIA NURSING

Winners  
receive a year  
of ASPAN  
membership!\*

### Congratulations to the 2012 Cover Photo Contest Winners

Carolyn Starnes, RN, MSN, CPAN  
Hickory, NC

Jennifer Nance, RN, BSN, CAPA  
Taylorsville, NC

The annual **Journal of PeriAnesthesia Nursing** Cover Photo Contest is now underway. You are invited to submit photos for consideration for placement on the cover of **Journal of PeriAnesthesia Nursing** during the 2013 volume year.

#### WHAT YOU NEED TO KNOW...

- ✓ Submit up to three color photos depicting perioperative practice. If available, also send digital files disc in high resolution.
- ✓ Photos will not be accepted beyond March 20, 2012. Photos and disc will not be returned.
- ✓ Submissions will be reviewed, judged, and announced at the ASPAN National Conference, April 2012
- ✓ All submissions require written permission/acknowledgment from the photo subjects to allow use of their photos by the Journal. Find a sample release form at [www.jopan.org](http://www.jopan.org).
- ✓ Photos will be judged using a subjective scoring grid based on the following criteria:
  - creativity and the use of subject matter
  - copy quality (close-up shots reproduce more effectively)
  - representation of trends in perioperative nursing for all levels of care (preadmission testing, phases I and II and extended observation)
  - patient representation, clinical focus, and presentation
  - appeal to ASPAN membership
  - motivation, inspirational quality
- ✓ Provide your name, credentials, place of employment and e-mail address.
- ✓ Submissions by non-ASPA members require endorsement by an ASPAN member at your place of employment. Provide the sponsor name with credentials and email address.
- ✓ All digital submissions will also be considered for use in *Breathline* after the cover contest.



#### Submit your photos to:

Chris Price, MSN, RN, CPAN, CAPA  
**Journal of PeriAnesthesia  
Nursing** Cover Contest  
4080 Willey Drive  
Townsend, DE 19734  
cprice@aspan.org

#### Deadline:

March 20, 2012



\*New membership or membership renewal

## Putting Advocacy into Action

Donna Goyer, BS, RN, CPAN, CAPA - ASPAN Governmental Affairs SWT Coordinator

By now, I suspect most of you have heard or read about the Institute of Medicine (IOM) report on *The Future of Nursing: Leading Change, Advancing Health*.<sup>1</sup> This report identified key messages that can serve as a blueprint for transformation of the nursing profession and in strengthening our partnerships with physicians, legislators, and communities.

ASPN joined several other nursing organizations in signing letters of support for increased funding for the 2012 Labor, Health and Human Services and Education Appropriations Bill and supporting legislation that would allow advanced practice registered nurses (APRNs) to practice within the full scope of their education and training. Funding for the Title VIII Nursing Workforce Development of the Public Health Services Act is critical for needed support of nursing education, practice and retention. Funding requests were also made to support Title VII's Nurse Managed Health Clinics and Workforce Studies under the Public Health Services Act.

### Demand for Healthcare

The U.S. Bureau of Labor Statistics projects a demand on its healthcare delivery system that will necessitate the creation of 581,000 new positions by 2018.<sup>2</sup> Title VIII Nursing Workforce Development programs will be essential to help meet this demand. The ability to compile, analyze and report data will be critical to aid in workforce planning and to support policy making. Nurse managed health clinics, run by APRNs, can provide services to the vulnerable or underserved populations. The care provided in these clinics would directly contribute to improved health outcomes and ultimately cost savings.<sup>2</sup>

We recognize that Congress is faced with huge fiscal challenges. We equally recognize that support of programs to meet the demands of today's diverse and aging population must remain a priority for improving health and access to affordable, high quality care. Currently, bills are being proposed that would further enhance and expedite healthcare, particularly for the vulnerable populations. The *Medicare Home Health*

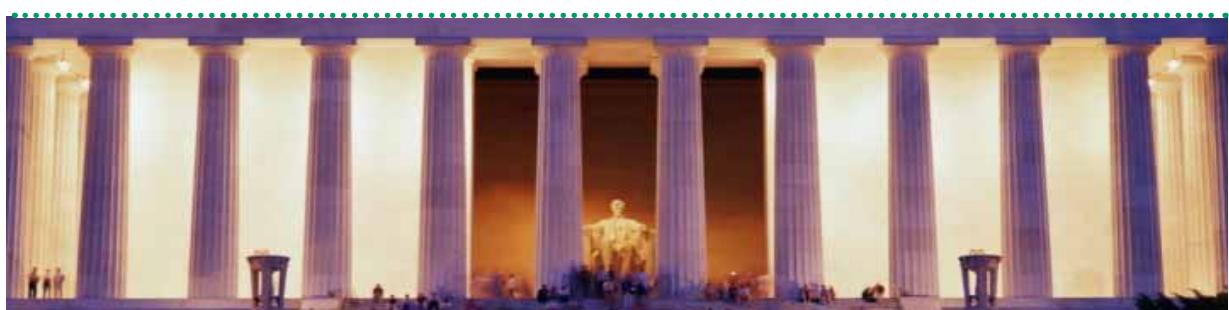
*Care Planning Improvement Act of 2011* (H.R. 2267) would allow nurse practitioners, clinical nurse specialists and certified nurse midwives to certify Medicare patients for home health services. The *Medicaid Advanced Practice Nurses and Physician Assistants Access Act of 2011* (SB 56) would recognize all APRNs as Medicaid providers under Medicaid managed care organizations and in fee-for-service plans.

Advanced practice nurses are committed to improving the health of our citizens and being partners in the redesign of healthcare delivery.<sup>3</sup> APRNs are currently recognized as highly skilled, independent providers of high quality, cost effective care. The demand for APRNs is often greatest in areas where physician access is limited, and for some of our most vulnerable populations. Advancing these legislative measures aligns with the IOM's recommendation that nurses should practice to full scope of education and training, achieve higher levels of education, be full partners with physicians and other healthcare providers, and use data for workforce planning and policy making. Please consider contacting your legislators and inform them on the value of these programs and proposed bills, and then ask for continued support for supportive nursing initiatives.

### REFERENCES

1. Institute of Medicine. *The future of nursing: Leading change, advancing health*. Available at <http://iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>. Accessed August 16, 2011.
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ASPN offers various advocacy resources on its Web site. [Click here](#) for immediate access to this information. 



# Bedside Medication Verification in the PACU

Linda Beagley, BSN, MS, RN, CPAN – ASPAN Safety Strategic Work Team Coordinator

A seasoned PACU nurse, L.R., was setting up a PCA pump for her post-op patient. She printed the anesthesiologist's electronic order for the PCA and went to the medication administration machine to withdraw the medication. Back at the bedside, L.R. pulled up the medication screen on a computer, used the scanner to scan the bar code on the patient's identification band and then scanned the medication bar code, when a warning flashed across the computer screen. This PACU nurse pulled morphine from the machine instead of the medication actually ordered - hydromorphone. A potential medication error was prevented because L.R. followed the bedside medication verification (BMV) process established by her institution.

In this scenario, the BMV process prevented a medication error that posed potential to harm to the patient. In 1994, a nurse in the Midwest was inspired to introduce bar coding to her institution after noticing that a rental car company used a bar code to track its vehicles. This nurse thought that the same technology could enhance patient safety by decreasing medication errors through a series of electronic checks and balances that would augment a nurse's clinical judgment.<sup>1</sup>

## Bar Coding Process

Bedside medication verification utilizing bar coding and computerized scanning has been around for many years at the inpatient bedside. More recently electronic documentation has been integrated into surgical services making BMV part of the perioperative process. Typically, medications are profiled by pharmacy onto an electronic medication administration record (MAR) after the medication order has been entered into the computer system by the physician. The order is reviewed by the pharmacist. At the bedside the PACU nurse: scans the patient's identification band (the right patient); scans the bar code on the medication which matches the medication with the order (right medication, route, dosage and time); and then administers the medication and signs the MAR.<sup>2</sup>



This author was a non-believer that BMV would work in the PACU. Because a time lapse occurs between the ordering and reviewing of orders, the PACU patient would potentially wait for medication to be administered to relieve his/her pain. The usual practice was for the anesthesiologist to interview the patient in the pre-op area and, either

prior to going into the operating room or during the surgical case, enter his/her patient centered electronic orders. When the patient subsequently arrived in the PACU, enough time had lapsed for the pharmacist to review and profile the medications. A medication generated from surgical services was given a high priority for review by the pharmacist. The PACU nurse does have the ability to pull medication from the medication dispensing machine, and any medication removed would electronically appear on the MAR as a stock medication for any verbal orders given during a critical treatment period.

Safe medication administration is the responsibility of the provider ordering the medication, the pharmacist, and the nurse.<sup>3</sup> The example given above demonstrates how profiling a medication and using the BMV process can prevent untimely errors. By working as a team, utilizing safety tools (five medications rights), and employing BMV, healthcare providers can drastically reduce dangerous medications errors.

## REFERENCES

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2. McGann E. Medication error prevention: A shared responsibility. *National Teaching Institute & Critical Care Exposition podium presentation*. American Association of Critical-Care Nurses: 2011, April 30 - May 5.
3. American Society of PeriAnesthesia Nurses. A position statement on safe medication administration. *PeriAnesthesia Nursing Standards and Practice Recommendations 2010-2012*. Cherry Hill, NJ: ASPAN; 2010: 122-123.



## Breathline

Volume 31, Number 5  
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## **LAST CALL: National Conference Abstract Deadline**

ASPN's 31st

National Conference

in Orlando, Florida,

will feature  
abstracts/posters  
displayed in two  
categories: the

Celebrate Successful  
Practices (CSP)  
category and the  
Research and/or  
Evidence Based  
Practice category.

There are very  
specific guidelines  
and requirements  
for each grouping.  
It is the members'  
responsibility to  
select the appropriate  
category and to  
meet the appropriate  
calendar deadline  
for submission.

### **Celebrate Successful Practices**

“Celebrate Successful Practices” is an excellent opportunity to present great ideas that you have found to be successful and showcase the work of ASPAN colleagues being done at the grassroots level. Perianesthesia patient education, leadership strategies, improved patient care, process improvements, and staff education are just a few of the topics you may wish to consider.

Please submit your successful practice to the committee for review. A team of reviewers will examine your abstract for specific criteria using an anonymous peer review process. If your abstract is accepted, you will be assigned to a poster presentation or invited to participate in a Celebrate Successful Practices PowerPoint Presentation/Discussion in a specific lecture room. In this latter format, you would join other colleagues in presenting your successful practice during a seven-minute PowerPoint Presentation followed by five minutes of questions and discussion with the audience.

#### **Important CSP information and dates:**

- Celebrate Successful Practices is intended to be an interactive poster session with at least one member of the project team present to answer questions during Grand Rounds. Acceptance of your poster is conditional pending verification regarding which member of the team will be present during Grand Rounds.
- Identified project leaders must be ASPAN members.
- Abstract submissions will only be accepted via e-mail in the designated format.
- **Applications MUST be emailed by the October 17, 2011** deadline to be considered. Any applications received after this date are returned and not reviewed.
- Applicants are contacted with a notification of acceptance to EITHER poster session OR power point oral presentation by February 2012. 

For complete Celebrate Successful Practices Abstract submission information, [click here](#) or visit the ASPAN Web site ([www.aspan.org](http://www.aspan.org)), click on the “Clinical Practice” tab, and then click “CSP Abstracts” and “2011 CSP Call for Abstracts” from the dropdown menu.

### **Research and Evidence Based Practice**

The ASPAN Research Committee provides active perianesthesia nurses with an opportunity to present previously completed, unreported, original research findings from studies pertaining to all phases of perianesthesia nursing. A choice of oral and/or poster format may be selected for the 2012 National Conference presentations. Poster presenters are required to be in attendance to answer questions during Grand Rounds. Posters for Research and Evidence Based Practice will be displayed together but marked to distinguish the type.

Those submitting oral and poster abstracts are given the opportunity to have their abstracts published in the June 2012 issue of the *Journal of PeriAnesthesia Nursing (JoPAN)*. Past issues of *JoPAN* may be helpful for abstract development, and other helpful resources are available in the Research section of ASPAN's Web site.

If interested in presenting research and/or evidence based findings, please submit an application for anonymous peer review. Research and evidence based practice evaluation tools and the required formatting for each type of submission are posted on the ASPAN Web site. Acceptance of abstracts is based on scientific merit and strict adherence to submission guidelines. All project contributors receive a participation certificate.

#### **Important Research and Evidence Based Practice Abstracts information and dates:**

- If interested in presenting research and/or evidence based findings at the 31<sup>st</sup> National Conference in Orlando, FL, please carefully follow the guidelines available on the ASPAN Web site for abstract submission.
- Complete and submit the ASPAN Research/Evidence Based Abstract Submission Form.
- **Abstract submissions will only be accepted via e-mail in the indicated format.**
- Submissions for Oral Paper Presentation and Poster Display Presentation **MUST be emailed by October 17, 2011**. Any applications received after this date will be returned and not reviewed.
- Applicants will receive notification from the reviewers by February, 2012. 

For complete Research/Evidence Based Abstract application information [click here](#) or visit the ASPAN Web site, click on the “Research” tab, and then click “Research Abstracts.”

# CALL FOR EDITOR: *Breathline*

ASPAN is accepting applicants for the position of Editor, *Breathline*, its bi-monthly newsletter. The position is effective January 2012.

## Requirements

- Current ASPAN member
- Access to computer, facsimile and e-mail
- Experience with the publication process
- Registered perianesthesia nurse, certification preferred
- Documented excellent verbal and written communication skills
- Proven organizational skills, required attention to detail and submission target dates
- Knowledge of word processing, publication software and the Internet
- Bachelor's degree required, Master's degree preferred
- Three-year commitment with optional evaluation-based extensions

Job responsibilities include: the development of editorial content, hands-on collaboration with the National Office staff and design team regarding newsletter production, interaction with ASPAN's leadership and individual article authors, monitoring perfor-

mance of *Breathline* editorial staff, attending meetings of ASPAN's governing bodies, and participation in educational opportunities for component newsletter editors. A detailed job description is available [here](#).

If you are interested in the challenge of working for this prestigious publication and meet the requisite qualifications, please electronically submit the following information:

- Letter of intent
- Curriculum vitae
- Unpublished examples of writing skills
- Two letters of recommendation from sources familiar with your writing skills and editorial experience

Email all required information to ASPAN CEO Kevin G. Dill at [kdill@aspan.org](mailto:kdill@aspan.org).

**Submissions must be date stamped on or before Monday, November 7, 2011.**

Applicants will be contacted by the ASPAN National Office to arrange interviews for this position. 

## Building the Future of ASPAN *Call for Willingness to Participate*

Every member has the skills, knowledge and expertise needed to take up the charge and be part of ASPAN's future. You work as part of a team every day and deliver exceptional care to your patients. Each of you are a leader, visionary and innovator in your own right. Now you can transform those skills into being part of a team that helps ASPAN achieve its goals and reach a compelling vision to be recognized as the leading association for perianesthesia education, nursing practice, standards and research.

ASPAN Vice President/President-Elect Susan Carter, BSN, RN, CPAN, CAPA ([scarter@aspan.org](mailto:scarter@aspan.org)) invites you to participate. Please visit the ASPAN Web site, review the volunteer opportunities that match your special interests and talents, and complete a Willingness to Participate form for the 2012-2013 volunteer year. **The deadline for submission is October 31, 2011.**

For information and descriptions of ASPAN committees and work groups, please visit the [ASPAN Web site](#).

The Willingness to Participate information and submission form is posted on the ASPAN Web site. [Click here](#) to access the form. 

## **AWARD NOMINATIONS SOUGHT**

*Make time to honor a deserving colleague for his or her exceptional professionalism.  
Nominations are currently being accepted for selected 2012 ASPAN awards.*

### **ASPN Above & Beyond Service Recognition**

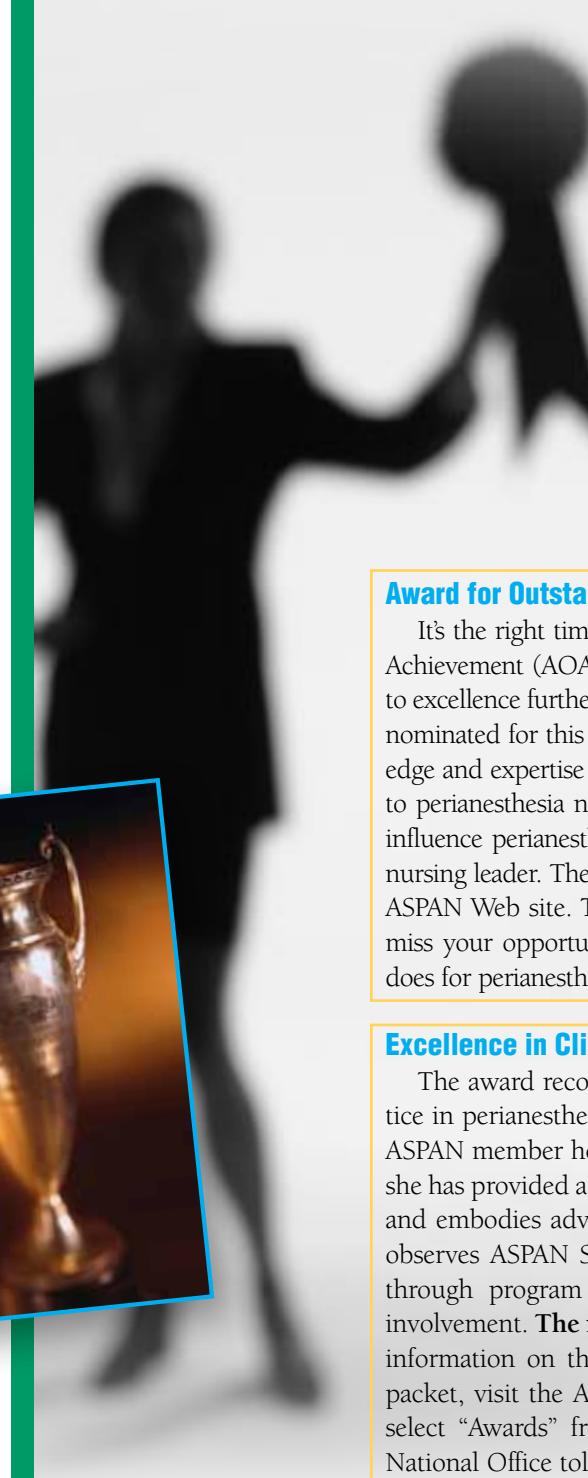
Would you like to honor a special colleague for exceptional service to ASPAN and/or the component? The Above and Beyond Service Recognition Award recognizes those individuals whose efforts stand out and exceed expectations. The award criteria and nomination form are located on the ASPAN Web site. Go to [www.aspan.org](http://www.aspan.org) and, click on the “Members” tab, then “Awards”, and finally select “Above and Beyond.” **The nomination deadline is January 1, 2012.** All nominees will be recognized in *Breathline*, and ten winners will be recognized at the ASPAN 2012 National Conference in Orlando, Florida. Now is the time to nominate that special colleague!

### **Award for Outstanding Achievement**

It's the right time to nominate a coworker for the Award for Outstanding Achievement (AOA). This award recognizes an individual whose dedication to excellence furthered the art and science of perianesthesia nursing. A person nominated for this award must: be an ASPAN member; demonstrate knowledge and expertise in the field of perianesthesia nursing; make contributions to perianesthesia nursing that affect the community, region or country; and influence perianesthesia nursing nationally and be recognized by peers as a nursing leader. The inclusive criteria for the AOA award can be found on the ASPAN Web site. **The nomination deadline is November 30, 2011.** Don't miss your opportunity to recognize an outstanding peer for all that he/she does for perianesthesia nursing.

### **Excellence in Clinical Practice Award**

The award recognizes and supports excellence in clinical nursing practice in perianesthesia nursing. This expert clinical practitioner is a current ASPAN member holding an active perianesthesia nursing certification. He/she has provided a minimum of five years' direct perianesthesia patient care and embodies advanced perianesthesia nursing knowledge. The nominee observes ASPAN Standards in practice and engages in practice advocacy through program contributions, committee work and special projects involvement. **The nomination deadline is November 30, 2011.** For more information on the nomination process and to download a nomination packet, visit the ASPAN Web site, click on the “Members” tab and then select “Awards” from the drop down menu. You may also contact the National Office toll free @ 877-737-9696 Ext 13. 





## PeriAnesthesia Nurse Awareness Week (PANAW) February 6-12, 2012

Plan now to host a fabulous PANAW in the coming year. NOW is an opportune time to submit proclamations to local and state officials to gain recognition and better inform the public on the importance of professional perianesthesia nursing practice.

PANAW resources and a 2012 logo items link will soon be available on the ASPAN Web site under the "Events" tab. Do begin your preparations early to get ready to celebrate PANAW 2012 in incomparable style! 

### Member Spotlight Ross Earns Doctorate

Former two-term ASPAN Director for Research and *Breathline* Editor Jacqueline Ross, RN, received a PhD in Nursing from the University of Akron on August 13, 2011. Jackie's doctoral thesis involved an examination of the relationships between the nursing practice environment and work interference with family among acute care nurses. She is currently employed as a patient safety analyst at the Doctors Company, and is a Certified Post Anesthesia Nurse. Jackie has co-edited a certification review textbook, authored numerous manuscripts, and performed and published nursing research in the perianesthesia setting. Congratulations, Dr. Ross! 



*Daughter Savannah and husband Brad help Jackie Ross celebrate graduation day at the University of Akron, Ohio*

Save the  
Date

ASPAWS 31ST NATIONAL CONFERENCE



# Beacons of Change

*Focusing on the Future*



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

**AMERICAN SOCIETY OF PERIANESTHESIA NURSES**

Representing the interests of the nation's 55,000 registered nurses practicing in preanesthesia and postanesthesia care, ambulatory surgery, and pain management



## Frequently Asked Questions Preoperative Pregnancy Testing

Barbara Godden, MHS, RN, CPAN, CAPA – ASPAN Director for Clinical Practice

### Clinical Practice



*The Clinical Practice Committee receives many questions via the ASPAN Web site each month. Committee members then research the answer and respond to the query. This is one frequently asked question.*

**Q:** *What are the requirements for preoperative pregnancy testing?*

**A:** The simple answer is: there is no definitive answer to this question. Practices vary from facility to facility and should be driven by a preoperative testing policy that is developed in conjunction with the anesthesiology department.

The American Society of Anesthesiologists (ASA) asserts this in its Statement on Routine Preoperative Laboratory and Diagnostic Screening:

*"No routine laboratory or diagnostic screening test is necessary for the preanesthetic evaluation of patients. Appropriate indications for ordering tests include the identification of specific clinical indicators or risk factors (e.g., age, pre-existing disease, magnitude of the surgical procedure)... Anesthesiologists, anesthesiology departments or health care facilities should develop appropriate guidelines for preanesthetic screening tests in selected populations after considering the probable contribution of each test to patient outcome. Individual anesthesiologists should order test(s) when, in their judgment, the results may influence decisions regarding risks and management of the anesthesia and surgery. Legal requirements for laboratory testing where they exist should be observed. The results of tests relevant to anesthetic management should be reviewed prior to initiation of the anesthetic. Relevant abnormalities should be noted and action taken, if appropriate."<sup>1</sup>*

In other words, tests should only be conducted when there is a clinical indication to do so.

### Individual Facility Practice

Some facilities have policies stating that all females from menarche to menopause require a pregnancy test. Other facilities state that the only testing exemptions are those women who have had sterilization, such as a tubal ligation or a total hysterectomy. Still other facilities have policies that have the nursing staff ask the patient if there is any chance that she could be pregnant. If the patient states, "No", the nurse accepts the patient's word and documents as such. While

many facilities do not require the pregnancy test be done anymore, many individual anesthesiologists may require this and include specific preoperative orders for a particular patient.

### Additional Considerations

Even among individual anesthesiologists, the issue of preoperative pregnancy testing remains highly controversial. Randomized controlled trials will never be done due to ethical considerations.<sup>2</sup> For this reason some physicians feel that all patients should be tested,<sup>2</sup> but according to some literature, there is insufficient evidence to support that a single exposure to modern anesthetics causes teratogenic effects on a fetus.<sup>3</sup> In addition, if all patients are tested, there are concerns related to legal requirements if the patient is a minor, questioning a minor's sexuality, HIPAA considerations, and financial considerations.<sup>3</sup> Some physicians believe that informed consent to conduct testing of all females is the best option. And some physicians will write the order for preoperative pregnancy testing if his/her own personal practice patterns dictate that the test is completed no matter what the facility policy states.

### Conclusion

There is no national standard for preoperative pregnancy testing. The ASA position statement indicates that the anesthesiologist needs to consider each individual patient, patient needs and individual risk factors when ordering preoperative tests. Each facility needs to develop its preoperative pregnancy testing policy in collaboration with the department of anesthesiology.

### REFERENCES

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2. Kahn RL, Liguori GA, Stanton MA, Levine DS, Edmunds CR. Letters to the Editor: Routine pregnancy testing before elective anesthesia is not an American Society of Anesthesiologists standard. *Anesth Analg*, 108(5): 2009; 1716.
3. Palmer SK, Van Norman GA, Jackson SL. Letters to the editor: Routine pregnancy testing before elective anesthesia is not an American Society of Anesthesiologists standard. *Anesth Analg*, 108(5): 2009; 1715-1716. 



**Kim Noble**  
**Director for  
Research**

# **The Obstructive Sleep Apnea Practice Recommendation**

## ***A PeriAnesthesia “Perfect Storm” to Foster Safe Patient Care***

Kim A. Noble, PhD, RN, CPAN – ASPAN Director for Research

**T**he *Perfect Storm*, a movie released in 2000, recounted the story of a fishing vessel from Gloucester, MA, that lost the fight with a hat-trick of storms whose merger produced an enormous force that caused the loss of ship and men. Although this example produces a negative picture, it is an apt description of ASPAN “forces” that merged to address the disease storm of obstructive sleep apnea (OSA). This special task force represents the *perfect storm* of diverse ASPAN committee membership, including the Clinical Practice and Research Committees, and the Evidence Based Practice Strategic Work Team (SWT) and Standards and Guidelines (S&G) SWT. The combined dedication and hard work of these four groups of individuals forged the development process for the Obstructive Sleep Apnea Practice Recommendation (OSA-PR) that will be used again this fall for the Pain & Sedation Practice Recommendation.

### **The OSA Epidemic**

The 2010 ASPAN Representative Assembly (RA) challenged the membership and leadership to develop a tool for the safe management of the patient with OSA. In response, the Clinical Practice Committee (CP) provided questions relating to sleep apnea that have been received from national and international queries, as well as other perianesthesia care providers. These questions were refined and provided the sailing point for the OSA-PR. The completion goal for the OSA-PR is the S&G SWT face-to-face meeting taking place at the “farm” or the Hill-Rom meeting facility. This meeting takes place during October 2011. At the S&G SWT meeting, the 2012-2014 *Perianesthesia Nursing Standards and Practice Recommendations* will be drafted and subsequently presented at the ASPAN National Conference in Orlando, Florida, to the 2012 Representative Assembly for discussion and approval. Please see Box 1.

### **ASPAR Research Committee OSA-PR Development Process**

Questions obtained from Clinical Practice Committee (CPC)
Questions refined and formatted by Research Committee (RC) and EBP SWT
Questions distributed to CPC, RC, Standards and Guidelines (S&G) SWT, EBP SWT
Final refinement and grouping for questions
Identification of volunteer members for SQAD leadership and SQAD review teams
Question dissemination to SQAD leaders for Integrated Literature Reviews
Article abstracts reviewed, pertinent articles obtained by SQAD Leaders
Articles disseminated to SQAD members for review
Consensus meetings completed for article data incorporation into OSA-PR
Question finding/recommendation(s) summary prepared by SQAD leaders
Draft of OSA-PR completed
<ul style="list-style-type: none"><li>- DRAFT of OSA-PR disseminated to S&amp;G SWT for review/critique</li><li>- S&amp;G SWT face-to-face meeting for final draft of OSA-PR to be included in draft 2012-2014 Standards</li><li>- PeriAnesthesia Nursing Standards and Practice Recommendations Publication</li></ul>
Draft 2012-2014 <i>Perianesthesia Nursing Standards and Practice Recommendations</i> publication to RA for approval/recommendations

Box 1. ASPAN OSA-PR Process

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# The Power of One

**EVERY ASPAN MEMBER** has the power to broaden membership outreach and strengthen the **only professional nursing organization** that represents the unique practice of perianesthesia nursing. Take the time to seek out colleagues who have not yet experienced the benefits of professional association membership. Here is a list of great reasons you can share if asked by a colleague, "Why should I join ASPAN?"

## NETWORKING

- State Components/Organizations
- Online Forums
- Specialty Practice Groups
- Clinical Practice Network
- Governmental Affairs
- Professional Partnerships

## PUBLICATIONS

- *Journal of PeriAnesthesia Nursing/JoPAN* (free to members)
- *Breathline* online newsletter (free to members)
- *Perianesthesia Nursing Standards and Practice Recommendations* (2010-2012)
- *Competency Based Orientation and Credentialing Program for the Registered Nurse in the Perianesthesia Setting* (2009)
- *Redi-Ref for Perianesthesia Practices* (2009, 4th Ed.)
- *Competency Based Orientation and Credentialing Program UAP* (2007)
- *PeriAnesthesia Nursing Core Curriculum* (2010, 2nd Ed.)
- *The Research Primer* (2009)

## EDUCATION

- Annual National Conference
- ASPAN Seminars
- Scholarship Program
- Research Grant Program
- CE Articles in *JoPAN* and Online

## OTHER BENEFITS

- Significant discounts on all educational offerings and publications
- Significant discounts on certification exams and National Conference registration
- Peer recognition and award programs
- Career Center on Web site
- Products and services from ASPAN preferred vendors at discount prices including:
  - *Business Services*
  - *Credit Cards*
  - *Long Term Care*
  - *Scrubs*

For more information about the Member-Get-A-Member Campaign visit [www.aspan.org](http://www.aspan.org). 

Research Corner  
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for a sequential description of the process ASPAN observed in creating the OSA practice recommendation.

Using the ASPAN EBP established process, novice and experienced researchers have teamed up to provide an evidence based tool to support the safe care for the challenging patient with OSA. Once the questions were received from CP, the Research Committee and EBP SWT mobilized and Strategic Query and Discovery (SQAD) teams were formed. Providing additional perspective and depth to the SQAD's are members from the S&G SWT. Integrated literature

reviews have been completed for each of the 18 final questions and the articles have been distributed to the SQAD members. Practice recommendations will be summarized from the research data. In any instance for which there is inadequate research to support a practice recommendation, the suggested practice will be provided by expert opinion.

All members from the OSA-PR teams, as well as ASPAN's leadership, look forward to engaging in some meaningful dialogue about safe care of the OSA patient ASPAN's 31st National Conference in April 2012. Please attend the Representative Assembly meeting to become a part of the discussion and share your professional experiences and expertise. Exciting times are underway! 





**Tanya Spiering**  
**Region 5 Director**

## **The Directors' Connection** ***A View from the Southeast***

Tanya Spiering, MSN, RN, ACNS-BC, CPAN – ASPAN Regional Director, Region 5

Greetings from Region 5! I am grateful to all component leaders who attended the Region 5 Meeting hosted in Seattle during the 2011 National Conference. We had candid discussions regarding clarification of mutual role expectations while further defining processes and promoting a better understanding. This orientation opportunity outlined the role of the Regional Director as the liaison and voice for components to the ASPAN Board. The Region 5 outcome to which we are striving is to be a conduit, always advocating for our members.

This is an exciting fall season in the Southeast. Region Five components are busy putting together state conferences with a cornucopia of topics sure to please any perianesthesia nurse. Whether you are from Alabama, Delaware, Georgia, Florida, Maryland, North Carolina, South Carolina, Tennessee, Virginia, or Washington, DC, the component leaders and education committees are working hard to assure that you will receive the education needed to stay clinically prepared. In addition, FLASPA is busily preparing to welcome the 2012 National Conference in Orlando. We sure to hope to see you there!

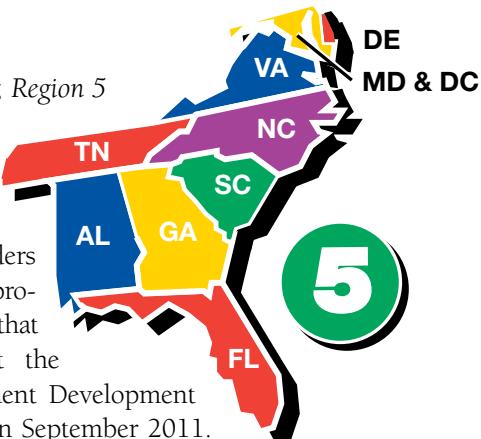
### **Sharing Strengths**

Our regional component leaders collaborated to provide some ideas that were shared at the ASPAN Component Development Institute (CDI) in September 2011.

After much insight and discussion, the components compiled tried and true best practice information to supply a foundational cornerstone for our practice and component societies. All members were encouraged to participate in this open dialogue to collectively strengthen each component's participation and membership. Such resources can enhance perianesthesia practice efforts, regardless of current skill level or years of experience, and vital information sharing provided both beginners and seasoned experts with the tools to confidently fulfill their respective component roles.

Understanding the value that component members bring to the table, ASPAN provided further dialogue

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Region 5 leaders together at the 2011 CDI in Philadelphia, PA

## Certification

The American Board of Perianesthesia Nursing Certification, Inc., (ABPANC) is the certification organization for perianesthesia nurses earning their CPAN® and/or CAPA® credentials. ASPAN and ABPANC are two separate and independent organizations. ABPANC is solely responsible for the development and administration of the CPAN and CAPA certification programs.



Visit the ABPANC Web site for complete perianesthesia certification information

### Contact ABPANC

475 Riverside Drive  
6th Floor  
New York, NY 10115-0089  
Phone: 800-6ABPANC  
Fax: 212-367-4256  
Email: [abpanc@proexam.org](mailto:abpanc@proexam.org)  
Web site: [www.cpancapa.org](http://www.cpancapa.org)

**American Board of Perianesthesia Nursing Certification (ABPANC) CPAN® and CAPA® information is found at [www.cpancapa.org](http://www.cpancapa.org)**

ASPN Regions  
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and discussion opportunities on the commitment letter drafted by its Board of Directors to further outline the role of partnership between components and ASPAN. The goal is to provide each member with the most current and pertinent information available, and ASPAN remains committed to assuring that its processes are both transparent and meaningful in meeting the needs and aspirations of our members.

The Region 5 Presidents, Kim Sullivan, ADN, RN, CMSRN (ALAPAN), Diane Swintek, BSN, RN, CPAN (CBSPAN), Kim Godfrey, BSN, RN, CPAN (FLAS-

PAN), Jean Warner, BSN, RN, CAPA (GAPAN), Ronnie Pittman, RN, CPAN, CAPA (NCAPAN), Nancy Zarczynski, RN, CPAN (SCAPAN), Phyllis Frost, BSN, RN (TSPAN), and Barbara Meyer, BSN, RN, CPAN (VSPAN), offer a diverse and varied skill set to peers and members. Please take a moment to seek out your leader and share some thoughts and ideas about ASPAN and your component. Having had the privilege of working with this group over the past few years, I am reminded of the song, "Ain't No Stoppin' Us Now." When you meet and get to know them, you will understand exactly what I mean! Safe travels to all as your component hosts its fall conference. I so look forward to seeing you out on the road!

Contact Tanya Spiering at [tspiering@aspn.org](mailto:tspiering@aspn.org) 

## Breathline

Volume 31, Number 5  
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## Component Education Programs

**N**ovember 5, 2011 Pennsylvania Mid Eastern Association Perianesthesia Nurses (MEAPAN) hosts its Fall Conference at Lehigh Valley Hospital in Allentown, Pa. For information contact [Karen.Griffith@lvhn.org](mailto:Karen.Griffith@lvhn.org)

**F**ebruary 25, 2012 Perianesthesia Nurses Association of California (PANAC) will hold its Winter Conference at the Hilton Santa Clara in Santa Clara, CA. For information please go to [www.panac.org](http://www.panac.org) or contact Chris Bowens at [christina.bowens@cshs.org](mailto:christina.bowens@cshs.org) or Lori Silva at [notgoquietly@clearwire.net](mailto:notgoquietly@clearwire.net)

## Hosted Education Programs

**O**ctober 22, 2011 Perianesthesia Certification Review in Cleveland, Ohio. Hosted by University Hospitals-Case Medical Center. Contact Kathleen Frato at 216-844-8639 or [kathleen.frato@uhhospitals.org](mailto:kathleen.frato@uhhospitals.org)

**O**ctober 29, 2011 Perianesthesia Certification Review in Edgewood, Kentucky. Hosted by St. Elizabeth Healthcare. Contact Elizabeth Schoulties at 859-301-5913 or [elizabeth.schoulties@stelizabeth.com](mailto:elizabeth.schoulties@stelizabeth.com)

**N**ovember 5, 2011 Pediatrics: Beyond the Basics in Danville, Pennsylvania. Hosted by Geisinger Medical Center. Contact Andrea Ignaszewski at 570-271-6692 or [amignaszewski@geisinger.edu](mailto:amignaszewski@geisinger.edu)

**D**ecember 10, 2011 Perianesthesia Certification Review in Philadelphia, Pennsylvania. Hosted by Temple University Hospital. Contact Cynthia Blank-Reid at 215-707-7150 or [cindy.blankreid@tuhs.temple.edu](mailto:cindy.blankreid@tuhs.temple.edu)

## ASPAN Seminars

### October 22, 2011

Pediatrics: Beyond the Basics  
Charlottesville, VA

### October 29, 2011

Foundations of Perianesthesia Practice  
Baltimore, MD

### November 5, 2011

Complexities and Challenges of Perianesthesia Nursing:  
Across the Ambulatory and Perianesthesia Continuum  
Burbank, CA

### November 12, 2011

Complexities and Challenges of Perianesthesia Nursing:  
Across the Ambulatory and Perianesthesia Continuum  
Medford, MA

