



INSIDE:

PRESIDENT'S MESSAGE:

Perianesthesia Passion: Renew and Inspire with a New Year's Resolution

Armi Holcomb, BSN, RN, CPAN – ASPAN President 2015-2016

*J*love ushering in the New Year with my loved ones. Unlike other party-goers, we do not go to a popular metropolitan city like New York, Los Angeles or Chicago to welcome in the New Year. We are comfortably ensconced in the warmth of our home and watch the famous crystal ball drop in Times Square. This is one advantage of living on the yellow brick road in Kansas. Since the ball drops in the eastern time zone, my family can celebrate and still be in bed by midnight Kansas time.

The new year is also the time that many people make resolutions. These intentions can be anything from starting a new diet, exercising more, working less, taking up a new hobby.... the list can go on and on! What is a resolution? According to Webster it is "the act of finding an answer or solution to a conflict, problem, etc., the act of resolving something."¹ ASPAN has its own 'New Year's Resolutions' each year. I want to share how ASPAN has been working towards meeting its resolutions. Through these 'resolutions,' ASPAN continues to enhance its status as "the influential advocate for perianesthesia safety, public policy, nursing practice and standards."²

Clinical Practice

Under the leadership of ASPAN Director for Clinical Practice Susan Russell, the Clinical Practice Committee has answered hundreds of questions since May, 2015 from both members and non-members. The questions are often prefaced with, "What does ASPAN recommend?" At the most recent Standards meeting, the Standards and



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ASSPAN President 2015-2016

Guidelines (S&G) Strategic Work Team (SWT), in collaboration with the Evidence Based Practice SWT, updated the current practice recommendations (PRs), and leveled these PRs with the highest level of evidence, whenever possible.

ASSPAN recognizes that its many passionate volunteers and their work needs support. To this end, ASPAN has secured the services of a medical librarian to assist with clinical and standards issues. ASPAN

continues to invest in the Joanna Briggs Institute (JBI), both with an organizational membership, and by way of scholarship support for emerging JBI scholars, who also assist and support the work of the S&G and EBP teams.

Education

With the leadership of ASPAN Director for Education Linda Beagley, ASPAN is resolute in ensuring that ASPAN remains its "members' indispensable resource for perianesthesia education and knowledge."² With that goal, the Education Provider Committee wants to increase the number of ASPAN speakers, update its educational materials and platforms, and ensure that the educational opportunities provide a wider reach to all perianesthesia nurses. ASPAN webinars and webcasts are gaining momentum. With a decline in attendance at "live" seminars during the past year, ASPAN wants to provide vital educational programs closer to first tier cities in order to draw more attendees.



Research

Elizabeth Card, ASPAN Director for Research, has been working on a fascinating study regarding burnout. In addition, the Fatigue and SafeTy (FaST) study in periesthesia nurses, created by Dr. Daphne Stannard and Dr. Jackie Ross regarding nurse fatigue, is also underway. Both studies are in the analysis phase. ASPAN is looking forward to seeing the results of this study. I love the following quote by Albert Einstein: "If we knew what it was we were doing, it would not be called research, would it?"³ As a bedside nurse, the research and EBP done to support our practice is the real value in ASPAN's mission.

ASPA^N Leaders

ASPA^N leaders, past and present, have been resolute in making sure that ASPAN flourishes as it should. But it is ASPAN's future leaders who will make sure that this tradition continues. Jacque Crosson and the nominating committee members have been passionate in encouraging and vetting members to self-nominate for board of director positions. The results of their efforts give testament to this passionate and diverse group of nominees. This is indeed an exciting time for our society.

As I consider the remainder of my term as your president, I ask myself, "Have I accomplished what I had set to do?" In my inaugural speech, I quoted Benjamin Franklin: "Tell me and I forget, teach me and I remember, involve me and I learn."⁴ I believe that my travels among some of the ASPAN components, and meeting with emerging leaders at the Leadership Development Institute (LDI) in September, allowed me to accomplish a great deal. The enthusiasm that component leaders demonstrated at LDI during interactive lectures and round-robin sessions was inspiring. I met members who felt like they were in a rut and had considered stepping back from the organization, but exposure to and

involvement in different ASPAN committees and SWTs has renewed their passion for this specialty.

ASPA^N and its leaders cannot sit on their laurels or think we can work in silos. We continue to value the importance of being involved with other organizations, which is why we have liaisons to key organizations. For example, ASPAN's important membership in the Nursing Organization Alliance (NOA) and the Nursing Community Forum will ensure that our collective voice is heard.

We will continue to renew and inspire our members to great heights if we resolve to meet their needs through clinical practice, education and research. It is, therefore, imperative for us present leaders to continue to mentor new leaders to new roles. It is only with passionate commitment to a shared vision for our future that we can achieve even more.

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Deadlines for inclusion in *Breathline*:

IssueDeadline

JanuaryNovember 1

MarchJanuary 1

MayMarch 1

JulyMay 1

SeptemberJuly 1

NovemberSeptember 1

PeriAnesthesia Nurse Awareness Week (PANAW)

February 1 - 7, 2016

PeriAnesthesia Nurse Awareness Week (PANAW) will be celebrated February 1 - 7, 2016! This year's theme is *Perianesthesia Nurses Practice with Excellence*, and there is no better time to celebrate your profession and recognize your colleagues than during PANAW. PANAW is our time to shine and let our colleagues know of the great patient care we deliver each and every day. Plan a celebration at work or within your component to mark this special week.

Some other ways to celebrate include:

- Placing announcements in employee publications/emails

CONGRATULATIONS 2015 ASPAN Scholarship Recipients

ASPA National Conference Attendance Scholarship (\$500 each)

For the 2016 National Conference in Philadelphia

Cathe Burleson RN CPAN
Fletcher, NC

Paula Oates ADN RN
Dana, NC

Laura Yontz MSN MPH RN CPAN
Pleasant Garden, NC

BSN Scholarship (\$1,000 each)

Barbara Chute ADN RN
Bowdoin, ME

- Displaying and using PANAW products (at www.panaw.com)
- Offering coffee and cake within your unit/department
- Taking photos of your PANAW celebration

The PANAW catalogue is full of great gift ideas to recognize the perianesthesia nurses you know. Official PANAW products can be ordered online at www.panaw.com. How will you celebrate PANAW this year?

Remember to submit photos of your PANAW celebration to *Breathline Editor Barb Godden*, for possible use in the March/April issue of *Breathline*: bgodden@aspan.org. (No .pdf files please.) 

MSN Scholarship (\$1,000 each)

Ruth Novack BSN RN CCRN CPAN
Ham Lake, MN

Lisa Osbun BSN RN CPAN
Denton, TX

Janice Quinn BSN RN CAPA CGRN
Magnolia, TX

Carrie Toth BSN RN
Commerce City, CO

Humanitarian Mission Scholarship (\$500 each)

Linda Martin BSN RN CPAN
Liberty, MO

Certification Exam Scholarship (\$299 each)

CPAN:
Kathy Johnson BSN RN BC
Ada, MI

TOTAL AWARDED: \$7,299

Gold Leaf Award

The deadline for the Gold Leaf Component of the Year Award submission is February 1, 2016! Components competing for the Gold Leaf Award must submit their applications to the ASPAN National Office by February 1. The award reflects the activity of your component from January 1, 2015 through December 31, 2015. The Membership/Marketing Strategic Work Team is looking forward to reviewing the applications from the components, and announcing the winner at the national conference in Philadelphia. For information, guidelines and the application,

ASPN'S 2016-2017 Slate of Candidates

Vice President/President-Elect



Susan Russell
BSN, RN, JD, CPAN, CAPA

Secretary



Susan Norris
BSN, RN, CAPA



Valerie Watkins
BSN, RN, CAPA

Director for Clinical Practice



Diane Swintek
MSN, RN, CPAN



Charlotte West
BSN, RN, CPAN

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Cindy Hill
BSN, BSOE, RN, CPAN, CAPA



Jennifer Kilgore
BSN, RN, CPAN



Sylva McClurkin
MSN, RN, CAPA

Regional Director, Region 4



Amy Dooley
MS, RN, CPAN



Kathleen Menard
PhD, RN, CPAN, CAPA

Nominating Committee



Mary Baird
MSN, RN, CPAN



Brenda Elliott
BSN, RN, CPAN



Keisha Franks
BSN, RN, CPAN



Susan Knowles
MSN, RN-BC



Nickcole Price
BSN, RN, CPAN, CAPA



Arlene Reinhart
BSN, RN, CPAN, CAPA



Regina Rivers
RN, CPAN, CAPA



Cathy Tellone
BSN, RN, CAPA



Margaret Farr Young
BSN, MDiv, RN, CPAN, CAPA

CANDIDATE PROFILES: Your Input is Requested!

ASPAN's slate of candidates for the 2016-2017 year is impressive, and all bring talent and skills to the role she is seeking to lead ASPAN in the coming year(s). Each candidate recognizes the importance of contributing to excellence in perianesthesia practice, leadership and collaboration. ASPAN utilizes Web technology to provide its members with all candidate qualifications and background information as well as what each Board candidate visualizes as her immediate long-term goals and strategic priorities for ASPAN within the next two years.

Your component is looking for your input! Here's what you do by **February 29, 2016**:

- You must be a current ASPAN **Active** category or **Retired** category member
- After reading the instructions, scroll down the page and review the list of candidates' name
- Next to each name is a link entitled "**BIO.**" Click on this link to read about the candidate
- Review all 2016-2017 *Candidate Profiles*
- Click the box next to the candidate's name of your choice for each position. Only **ONE** name may be selected within each

position – the exception being Nominating Committee positions. Five positions are open on the Nominating Committee

- Find your component from the list of component names, and click on it. This is a **REQUIRED** field since it determines where to forward your submission
- At the page bottom, click "Submit" and your input will be forwarded to your component representatives to assist them in casting their votes at the 2016 Representative Assembly meeting in Philadelphia, Pennsylvania
- Once you click "Submit," you will receive a confirmation page stating that your submission has been successfully executed
- Only one 2016-2017 Candidate Selection submission per ASPAN member will be accepted. Submissions are available online only
- [Click here](#) for 2016-2017 Candidate Profiles

**Your feedback must be submitted
no later than February 29, 2016.**
Don't delay!

**2015-2016
Nominating Committee**

Jacque Crosson
MSN, RN, CPAN, Chair

Pamela Champigny
MSN, RN

Rose Durning
MHS, BSN, RN, CAPA

Shelly Rinfret
BSN, RN, CPAN

Donna Wollman
MSN, RN, CAPA, APRN

Janet Woulfe
RN, CAPA

Advocacy: What's Up in the Nursing Community?

Donna Goyer, BS, RN, CPAN, CAPA

ASPN Liaison for the Nursing Community and the Americans for Nursing Shortage Relief Alliance



Donna Goyer
BS, RN, CPAN, CAPA
ASPN Liaison for the
Nursing Community and
the Americans for Nursing
Shortage Relief Alliance

The Nursing Community

The Nursing Community (NC) is coalition of national professional nursing organizations dedicated to building consensus and advocating on a wide spectrum of healthcare and nursing issues. The Nursing Community is committed to promoting and improving the health and healthcare of our nation by collaborating to support the education and practice of registered nurses (RNs) and advanced practice registered nurses (APRNs).¹

The Nursing Community represents nearly one million practicing nurses, nursing students and faculty. There are currently 61 national professional nursing organizations represented. ASPAN is a proud supporting member, and as the ASPAN liaison, I have the privilege to participate in the monthly meetings and share information with the ASPAN leaders, Governmental Affairs Strategic Work Team (SWT) and the membership.

Legislation

A primary focus of the NC is to support legislation that improves access to quality patient care through nursing education, research and practice. During the spring and summer, the NC sent letters in support of Title VIII Nursing Workforce Reauthorization (H.R. 2713), Home Health Care Planning Improvement Act of 2015 (S.578, H.R. 1342), Protecting Access to Rural Therapy Services (PARTS) Act (S.257) and Ensuring Access to Primary Care for Women and Children Act (S. 2694).

Appropriations

In addition to supporting introduced legislation, the Nursing Community also advocates for funding via the House and Senate Appropriations committees. In June, the House and Senate passed their 2016 appropriations bills.

The Senate Appropriations Committee bill recommends a level of \$220.632 million for the Nursing Workforce Development programs (Title VIII, Public Health Service Act). For the National Institutes of Health (NIH), the bill recommends a total of \$32 billion, an increase of \$2 billion over fiscal year (FY) 2015. Within the total NIH budget, the National Institute of Nursing Research (NINR) would receive \$147.508 million. The House Labor, Health and Human Services, Edu-

cation, and Related Agencies (LHHS-ED) Subcommittee recommended a total of \$231.622 million for the Title VIII Nursing Workforce Development programs, representing level funding compared to FY 2015 and increase over the proposed Senate amount. For the National Institute of Nursing Research, the subcommittee recommends \$142.701 million for the National Institute of Nursing Research, a marginal increase over FY 2015, yet less than the Senate proposal. In the Nursing Community's letters of support, they are encouraging highest levels of funding.

Advocacy

The NC consensus support of proposed legislation and appropriations is based on the Core Principles of the Nursing Community and IOM report on the Future of Nursing. The Core Principles include developing a diverse and robust nursing workforce, promoting access to affordable, quality healthcare and a healthcare model that is patient-centered and improves health outcomes. These principles link closely to the IOM report, promoting nurse managed healthcare clinics, and nursing practice to full extent of education and training, including all four levels of APRNs and inclusion of nurses as leaders.² As perianesthesia nurses, we collectively represent and support these principles and recommendations. We also have the privilege and responsibility to express our individual voice. Reach out to your national, state and local representatives and share your nursing voice.

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THE DIRECTOR'S CONNECTION

Jennifer Kilgore, BSN, RN, CPAN
Regional Director, Region 2

Region Report

Region 2 Highlights

Iowa Society of PeriAnesthesia Nurses

ISPAN held its fall conference in Cedar Rapids, Iowa. Topics included: *Anesthesia Review, Gastrostomy, Process Models, Mission – 'Doctors Without Borders', Regional Blocks and Toxicity, Neurosurgical Procedures*. Leadership is in place, and a plan to revitalize the ISPAN Web site is in motion. Governmental Affairs Chair Helen Riedesel actively advocates for perianesthesia nurses and ISPAN at the state and national level.

Louisiana Association of PeriAnesthesia Nurses

LAPAN's fall conference was held in New Orleans. Guest speaker was Dr. Kim Noble. With more than 100 attending, topics included *OSA, Obesity, Fatigue, Hyponatremia, Postop Urinary Retention, Acute Coronary Syndrome, and Malignant Hyperthermia*. LAPAN is exploring ways to engage new generational nurses through social media by setting up a Facebook page.

Mississippi Society of PeriAnesthesia Nurses

Marsha Loftin has accepted the role as MSPAN newsletter editor. MSPAN is redesigning its Web site and initiating a more active social media venue for its members. MSPAN has representation on the national level with Donna Casey serving as Safety Strategic Work Team Coordinator, Mary Stewart, an avid writer for *JoPAN*, many members serving on committees, and Jennifer Kilgore as Region 2 Director.

Missouri-Kansas PeriAnesthesia Nurses Association

A big applause goes to MOKAN PANA for an awesome education event held October 3, 2015 in Kansas City, Missouri. Safety was the focus issue for the seminar with specific lectures on the following: *Patient Positioning in the Operating Room, Reducing Surgical Site Infections, Orthopedics, Malignant Hyperthermia, and Strategies for a Successful Preadmission Clinic*. All eyes are on assisting with planning for national conference as the home component of ASPAN President Armi Holcomb takes center stage. MOKAN PANA has an energetic group of leaders with a sound succession plan in place. This component is driven and participates actively in its community.



Nebraska Association of PeriAnesthesia Nurses

NAPAN hosted its fall conference in Omaha, Nebraska. Topics for its conference focused on peripheral vascular disease and treatments. Cleverly entitled, *Let it Flow*, the conference was well attended, and specific lectures included: *Surgical and Non-Surgical Management, Diabetic Patients Undergoing Surgery, Dialysis and Peripheral Vascular Disease, and Anticoagulant Therapy*. NAPAN covers a vast geographical area and is interested in utilizing technology to reach its members. NAPAN sent two members to ASPAN's Leadership Development Institute this past September.

Oklahoma Society of PeriAnesthesia Nurses

OSPA's *Fall Fast Track*, was held in Oklahoma City and featured topics including *Spinal Protocols, Parkinson's, Nurse Civility and Hydrocephalus and Shunts*. OSPAN sent three members to ASPAN's Leadership Development Institute. The Web site is experiencing a redesign and upgrade with the help of OSPAN leadership.

PeriAnesthesia Care Nurses of Arkansas

PACNA held an ASPAN *Certification Review* in September featuring Nancy Strzyzewski. The event was well attended and PACNA continues to revitalize and grow, with membership up to 90. With membership on the rise, PACNA has a committed board of leaders in place. PACNA meets every month in Little Rock to plan and discuss matters important to PACNA and its membership.

Texas Association of PeriAnesthesia Nurses

TAPAN's annual seminar was October 16-18. The theme was *Ignite, Inspire, and Renew your Perianesthesia Practice*. Topics included: *Safety, Quality, Ethics, Geriatrics, Waste Anesthesia Gases, and Alcohol in Hospitalized Patients*. The Web site is informative, fresh, current and engaging. TAPAN is represented on the national level with members serving on numerous national committees, and member Susan Russell as Director for Clinical Practice.

Board of Directors Meeting HIGHLIGHTS

November 7, 2015 ~ Fort Lauderdale, Florida

Terri Passig, BSN, RN, CPAN, CAPA, CCRN – ASPAN Secretary



Terri Passig
BSN, RN, CPAN, CAPA,
CCRN
ASSPAN Secretary

This year, the ASPAN Board of Directors conducted its annual mid-year meeting in sunny Florida. Those board members from the northern states were able to enjoy some Florida sunshine during meeting breaks. Below are some of the highlights of activities reported during the Board meeting.

Clinical Practice Committee

The Clinical Practice Committee remains very active, responding to all clinical questions submitted for consideration. There are 65 members on the committee. Of these, 50 are returning members and 15 are new. Of questions received since May 2015, 58% came from members and 42% came from non-members. The committee has fielded questions from Canada, Italy, Saudi Arabia, Australia and Puerto Rico this year, as well as the United States. Melissa Sayers is being mentored to assume the *Celebrate Successful Practices* coordinator role from Sylvia Baker.

Education Approver and Provider Committees

The Education Approver and Provider Committees have noted a decrease in attendance at live ASPAN seminars. However, the numbers in attendance for webcast offerings have increased. ASPAN will be examining the current market and strategize to ensure educational needs of members are met. The Provider Committee is currently reviewing and updating the seminar on chronic pain and the *Pediatrics: Beyond the Basics* program.

Finance Committee

The cost for potentially bundling certification modules is being examined. In other financial activities, email requests were sent to component presidents to offer financial assistance to those needing funding to the Leadership Development Institute (LDI). Funding totaling \$8,050 was awarded to HIPAN, TSPAN, OSPAN, RIAPAN and LAPAN representatives to attend LDI this year. Three components returned awarded funds because their representatives were not able to attend.

Leadership Development Committee

The Leadership Development Committee is exploring means to revitalize the Emerging Leaders Program. They continue to review mentor and mentee applications, match mentees to mentors, evaluate current matches and are seeking ways to make the application process less cumbersome.

Nominating Committee

Your Nominating Committee has worked diligently to secure a slate of qualified candidates for ASPAN's 2016 elections. Through personal contacts made at LDI, emails to those identified as potential or emerging leaders, and blast emails to ASPAN members reminding them to complete applications for vacant positions, a full slate of candidates has been identified. Nominating Committee Chair Jacque Crosson presented the slate of candidates for the April 2016 election, and reports that all candidate profiles and CVs have been reviewed to ensure accuracy and completeness.

Research Committee and Evidence Based Practice SWT

The FaST (Fatigue and SafeTy) pilot has been completed and is currently in the analysis phase. Expect to see the results of the FaST Study and information from the Perianesthesia Burn-out Study presented at the national conference in Philadelphia. ASPAN currently has three groups of Joanna Briggs Institute (JBI) trainers, and two ASPAN members recently completed JBI Scholar Training.

Standards and Guidelines SWT

The Standards and Guidelines Strategic Work Team (SWT) was very active this year with the biannual standards review. Members of the committee met in October, and in addition to conducting the biannual review, they leveled evidence surrounding obstructive sleep apnea (OSA). Future projects from the SWT will include leveling of evidence in the focus areas of Transfer of Care/Handoff, Visitation and Skin Assessment. The group identified that the availability of a medical librarian will be very helpful with these efforts. 

Update on the Society of Anesthesia and Sleep Medicine

Elizabeth Card, MSN, APRN, FNP-BC, CPAN, CCRP
ASSPAN Director for Research

Research

ASPAN's Director for Research also serves as the liaison to the Society of Anesthesia and Sleep Medicine (SASM), and as such I recently attended SASM's annual meeting, which occurred October 22-23, 2015. This multidisciplinary society serves to educate patients, nurses and providers on the dangers and management of Obstructive Sleep Apnea (OSA) in the perianesthesia setting. Additionally, SASM is actively developing guidelines and protocols for safe care of the OSA patient in the perianesthetic setting. These educational offerings are available on its Web site free of charge for ASPAN members.

OSA Statistics

OSA is the most common breathing disorder. Often undiagnosed, it occurs during the sleep cycle and is characterized by collapse of the upper airway resulting in impaired gas exchange.¹ OSA is diagnosed by the apnea hypopnea index, as measured by polysomnography, occurring >5 hypoxic events per hour.² There are reported prevalence rates of 20-30% in males and 15% in females. These are the diagnosed cases alone.³⁻⁴

OSA Complications

Complications of OSA include reduced cognition, daytime sleepiness/decreased function, diabetes/metabolic syndrome, cardiovascular morbidity, as defined as HTN, arrhythmias, congestive heart failure, coronary artery diseases, and strokes. OSA also increases the risk of perianesthesia complications, including higher reintubation rates, myocardial infarct, acute respiratory failure, aspirated pneumonia, delirium and increased length of hospital stay.⁵⁻⁸ With the stakes so high, evaluation and screening patients for OSA preoperatively is imperative, and SASM recommends screening patient's preoperatively.

OSA Screening Tools

There are several valid and reliable OSA screening tools available for nurses and providers to use in screening patients:

- American Society of Anesthesiologists Checklist⁹
- Berlin Questionnaire¹⁰
- Perioperative Sleep Apnea Prediction Score¹¹
- STOP-Bang screening tool¹²
- Sleep Apnea Clinical Score¹³

SASM Perianesthesia Care Recommendations

Diagnosis of OSA is accomplished through conducting a sleep study utilizing polysomnography, the gold standard. Once an OSA patient has been identified, there are several recommendations by SASM to increase patient safety during recovery from anesthesia, including:¹³⁻¹⁶

- Keep head of bed elevated during the recovery period
- Avoid unwanted sedation through use of a sedation scale, and avoid systematic opioids with judicious use of long-acting opioids, administering smallest amounts possible for relief, coupled with multimodal pain therapies
- Use PAP in presence of oxygen desaturation
- Recommend ambulatory surgery centers establish relationships with hospitals to facilitate transfers when prolonged hospitalization is indicated
- Follow up with primary care provider or referral to a sleep medicine physician is encouraged for those patients preoperatively who are undiagnosed but positive on the OSA screening tools

For additional reading and resources, visit the SASM Web site at <http://sasmhq.org/> and look under the education and training tab, educational resources. SASM is a multidisciplinary society and is open to nurses joining as individual members.

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Elizabeth Card
MSN, APRN, FNP-BC,
CPAN, CCRP
ASSPAN Director for
Research

Perianesthesia Certification Review Gets a New Look

Linda Beagley, MS, BSN, RN, CPAN
ASPAN Director for Education



Linda Beagley
MS, BSN, RN, CPAN
ASPAN Director
for Education

Have you ever been shopping and come across an item that is labeled "one size fits all?" It is hard to imagine that this theory would work due to the varying sizes of the population. Studying for the certification exam is similar. One method of studying does not work for everyone.

ASPAN offers live perianesthesia certification review seminars, along with webcasts that allow the attendee to receive the information in the convenience of his/her own home. Both of these learning methods are live, with the ability to ask and have questions answered by the presenter. Attendees learn from each other by what questions and discussions occur during the day.

Starting soon, ASPAN will offer certification review as an "On-Demand" bundle. The six certification modules will be offered at a reduced bundle rate of \$98.00. On-demand modules are taped presentations that the learner listens to while reading the slide on the computer screen. The advantage of this learning method is that the learner has the ability to study at his or her

own pace. Once the bundle is purchased, the modules are available for 30 days. Another advantage is that the learner can repeat each module as many times as they desire during the 30 days.

The ASPAN 2015-2017 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* are the core of perianesthesia nursing care, and an important element of the certification exam. ASPAN recognizes the importance of these standards, and will offer the 2015-2017 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* for a discount when purchasing any of the three methods of examination preparation.

Not certified? ASPAN is excited to offer three different ways to jump-start your preparation toward a successful passing of the certification exam. 

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Crisis in America: Drug Addiction and Deaths

Katrina Bickerstaff, BSN, RN, CPAN, CAPA

ASPAN Vice President/President-Elect

Advocacy

As perianesthesia nurses, we are very comfortable asking our patient about his/her pain. But we may not be as comfortable speaking to the patient about safe medication practice and the risks of addition, dependency and overdose. For many years, we have told our patients, who were prescribed opioid pain medications, not to worry about drug addiction. But recent evidence has portrayed a different picture. People who take prescription pain medication have been known to become addicted with just one prescription.¹

In the late 1990s, the Joint Commission (JC) developed new standards to address pain more proactively, approaching it not just as an unfortunate side effect of surgery, but as a fifth vital sign. This change was seen as a compassionate change, and advocacy groups backed this initiative. As such, pain is, and has been, routinely assessed and treated. The JC standard went into effect in 2000, emphasizing its core principle that "patients have a right to pain assessment and management."² The standard came out about the time that new opioids were hitting the market, and also shortly after the Federal Trade Commission began allowing direct-to-consumer drug advertising. Before long, patients were not only being offered easy access to drugs, but were actually having the medications pushed on them.

The number of prescriptions filled for opioid pain relievers has increased dramatically in recent years. Since 1999, the number of prescription pain medications prescribed and sold in the United States has nearly quadrupled. Yet, there has not been an overall change or increase in the amount of pain that Americans report.³ Nearly two million Americans, aged 12 or older, either abused or were dependent on opioid pain medication in 2013.⁴ These are frightening facts. But most alarming is the social acceptance and use of prescription opioids for the treatment of pain beyond the acute pain. According to the Center for Disease Control, the United States is in the midst of a prescription pain medication addiction and overdose epidemic. Drug overdose was the leading cause of injury and death in 2013 among people 25 to 64 years old, and caused more deaths than motor vehicle crashes.⁵

The crisis has triggered a dramatic response nationwide. Federal agencies, such as the White House Office of National Drug Control Policy and the U.S. Department of Health and Human Services, have offered comprehensive strategies to prevent opioid abuse and overdose.⁶ The identification and management of pain still

remains an important component of patient-centered care. However, clinicians are striving for a finer balance that meets the patient's need for pain relief while minimizing chances for abuse.

In your practice, you may now see clinicians carefully consider the risk of abuse before prescribing, and they will prescribe the lowest effective dose of the opioid-based medication for the shortest possible duration. The increasing use of opioid medication "contracts" between patients and clinicians clarify expectations, goals and responsibilities. Many states have created a prescription drug-monitoring program, which tracks prescriptions of all controlled drugs. We now see increased use of many non-opioid based medications, and non-pharmacologic strategies for the treatment of pain.

There will always be a place in our practice for opioid-based pain medication. But we need to carefully look at the way we instruct our patients and families. We need to educate our patients at every opportunity as to opioid risks and benefits. As perianesthesia nurses, we are in the unique position to begin this discussion from the first encounter and continue it throughout the perioperative experience. As healthcare providers, we should become active in the prevention of addiction and opioid-related overdoses, and incorporate these preventive actions into our nursing practice.



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President-Elect

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Frequently Asked Questions

Clinical Practice Hot Topic: Practical Capnography

Meredith Pattin, BS, BSN, RN, CPAN, CCRN
Clinical Practice Committee member



Meredith Pattin
BS, BSN, RN, CPAN, CCRN
Clinical Practice
Committee member

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 a frequently asked question related to capnography guidelines in the PACU.

Q. Does ASPAN have guidelines for patient selection and/or criteria for using EtCO₂ monitors?

Q. We are considering EtCO₂ monitoring on OSA & COPD patients. Any suggestions?

A. Capnography and capnometry provide a method of noninvasive monitoring of exhaled carbon dioxide (EtCO₂). The level of CO₂ a patient exhales may be captured through a specialized nasal cannula, sidestream, or mainstream through an endotracheal tube. EtCO₂ monitoring provides both a numerical value for the exhaled CO₂ which is capnometry, and a waveform that displays the patient's respiratory pattern, which is capnography. Fluctuations in both the EtCO₂ numeric display and in the waveform may be used to detect changes in a patient's respiratory status.

Monitoring Mandates for EtCO₂

The use of EtCO₂ monitoring by professionals other than anesthesia providers has increased for many reasons. The American Society of Anesthesiologists (ASA) mandated its use for all patients undergoing moderate sedation, resulting in the need for intensive care units, emergency departments, and any other unit administering sedation to learn how to monitor EtCO₂.¹ The Anesthesia Patient Safety Foundation (APSF) recommends monitoring the ventilation of postoperative patients receiving narcotics with capnography, citing it as the most reliable detector of hypoventilation.¹ The International Consensus guidelines on CPR and American Heart Association recommendations advocate the use of capnography for confirming endotracheal tube placement and determining the effectiveness of CPR.²

ASPA^N Recommendations

ASPA^N also has recommendations for the use of capnography. "Practice Recommendation 2: Initial,

Ongoing, and Discharge Assessment and Management," states that vital signs are monitored, including "end-tidal CO₂ monitoring if available and indicated" and to "monitor, maintain, and/or improve respiratory function."³ "Practice Recommendation 10: Obstructive Sleep Apnea in Adult," outlines patients who may be at risk for postoperative respiratory depression and recommends the routine use of capnography in the postoperative setting, when available.³ Given the abundance of standards, research and recommendations for utilizing capnography, below are some of the pitfalls that may occur when actually putting its use into practice.

Implementation Lessons from the PACU

1. First, have a very frank discussion with your vendor about equipment, supplies and compatibility. Our anesthesia department uses the same brand monitors as the PACU and we thought we could utilize the same EtCO₂ equipment for both areas, so the tubing could follow the patient from OR to PACU, and all perioperative areas could draw from the same stock. The modules were different and required separate nasal cannulas and connective tubing. Our ICU also has the same brand monitors, but they utilized a third set of equipment and had not purchased EtCO₂ monitoring. The existing perioperative capnography modules were not compatible with the ICU monitors. The institution had already implemented a policy requiring EtCO₂ monitoring for moderate sedation and OSA patients, but we were unable to follow the policy in the ICU until the equipment problems were resolved.
2. Pay attention to what the "normal range" from the manufacturer is versus PaCO₂. The manufacturer's level of EtCO₂ does not necessarily correlate with PaCO₂ and healthcare providers may not have that knowledge.

NATIONAL CONFERENCE

Renew Perianesthesia Passion: Inspire Excellence

Laura Kling, MSN, RN, CNS, CPAN, CAPA

ASPAN 2016 National Conference Strategic Work Team Coordinator

National Conference

ASPAN invites you to join your perianesthesia colleagues in Philadelphia, PA, for an inspiring educational event: one that will stimulate your passion for action, ideas, participation and excellence in perianesthesia practice. The registration brochure that ASPAN members received in the mail is also online at www.aspans.org. You will find complete details on all of the exciting educational offerings as well as the planned social activities. Early registration is imperative to obtain the sessions that you want, as well as incur a major cost saving!

Education Opportunities

The Preconference on Saturday, "Perianesthesia Fundamentals," is the perfect preamble to the Sunday offering, "Perianesthesia Certification Review." Educational sessions throughout the week will complement your knowledge and enhance your practice, whether you are a leader, clinician or educator. There is something to inspire everyone! Networking is a keystone aspect to national conference...where else can you meet national and international experts with whom to collaborate?

Component Night

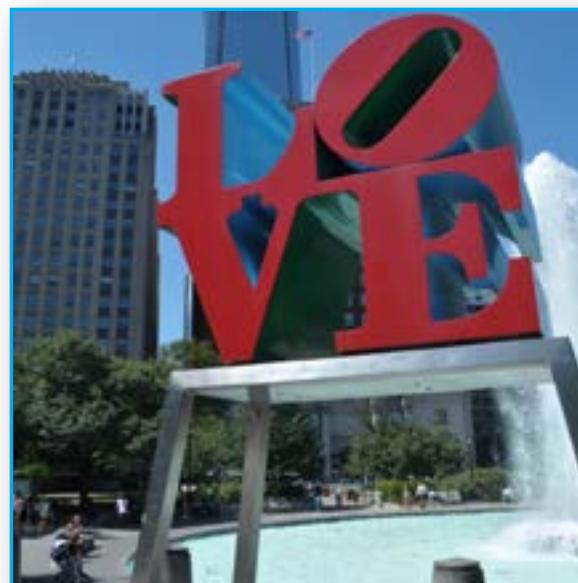
The kick-off to National Conference is Component Night on Sunday, April 10. Come and "Love Philly...and Philly Will Love You Back!" Come as a Philadelphia historical, sports, political or theatrical celebrity. Dance the night away from the home of *American Bandstand*!

President's Reception

The President's Reception, being held once again on Wednesday night, will honor Armi Holcomb as her successful year as ASPAN President comes to a close. Please come and congratulate

her, as she has represented you and every perianesthesia nurse on a national and international basis. Spend time at the reception with old and new friends that you have made while at conference.

Plan for an awesome experience, as you come to Philadelphia to enjoy ASPAN's 35th National Conference. Make the most of this inspiring opportunity to inspire excellence in your practice, and share the information with your colleagues in your workplace. ASPAN is truly the unique organization for perianesthesia practice, evidence-based practice, knowledge and expertise. Get ready to rock Philly! 



▲ Love Park

Photo by Edward Savaria, Jr. for PHLCVB

▼ Elfreth's Alley, the oldest residential street in the United States

Photo by Edward Savaria, Jr. for PHLCVB

▼ Chinatown

Photo by Jim McWilliams for PHLCVB

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January/February 2016

Volunteers Needed for Host/Hostesses and Moderators

ASPN's 35th National Conference, Philadelphia, PA

April 10-14, 2016

Cindy Hill, BSN, BSOE, RN, CPAN, CAPA

National Conference Strategic Work Team Moderator Coordinator

Ursula Mellinger, BSN, RN, CPAN, CAPA

National Conference Strategic Work Team Hostess Coordinator

Hear ye! Hear ye! Is Philadelphia calling you to attend the National Conference April 10-14 in Philadelphia, Pennsylvania? If so, now is the time to begin thinking about volunteering to be a host, hostess or moderator. The members you see in "green aprons" are hosts/hostesses who have responsibilities for providing directions within the conference areas, facilitating session seating, assisting with the ASPAN Shoppe and collecting session and event tickets.

Hosts and hostesses will be able to earn contact hours for the sessions for which they volunteer, while earning a small stipend for their service. ASPAN Active category and Retired category members may volunteer as hosts/hostesses. To sign up for the host/hostess program, or for further information, please contact Ursula Mellinger at (724) 612-4846 or ursmellinger@gmail.com.

For information on serving as a moderator, please contact Cindy Hill at (806) 787-2652 or cindy.hill@umchealthsystem.com.

Let's Rock Philly! 

CERTIFICATION

New CPAN® / CAPA® Study Question of the Week

ABPANC is offering a free study question of the week on its Web site, Facebook page, and via email. Use these questions to refresh your knowledge of best practices or to study for the exam. Share the questions in your unit and discuss them with your colleagues.

Each Wednesday at 6 am ET, ABPANC will post a CPAN and a CAPA study question. The answer will be posted the following Wednesday at 6 am, along with next week's question. Correct answers include a reference from ABPANC's Study References List (Appendix D), as well as the domain and content area from the Test Blueprint. You may also sign up to receive the Study Question of the Week via email.

Spring 2016 Examination Dates and Deadlines:

Registration Window – Online
January 11 – March 7

Early Bird Discount Deadline
February 22

Examination Administration Window
April 4 – May 28

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Get all the CPAN and CAPA Certification details at: www.cpancapa.org/certification

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Email: abpanc@proexam.org

Web site: www.cpancapa.org

Component Education Program

Education

March 5, 2016 The Illinois Society of PeriAnesthesia Nurses (ILSPAN) will hold its spring conference at the Meridian Banquet & Conference Center in Rolling Meadows, Illinois. Contact Larry Gnat, BSN, RN, CAPA at larry_wg@yahoo.com or 773-620-8663 for more information. 



AMERICAN SOCIETY OF PERIANESTHESIA NURSES
2016 Winter/Spring Webcasts & Seminars

FOUNDATIONS OF PERIANESTHESIA PRACTICE

February 20, 2016
West Columbia, SC

March 5, 2016
Sacramento, CA

PEDIATRICS: BEYOND THE BASICS

June 4, 2016
New Brunswick, NJ

PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES

February 6, 2016
Richmond, VA

PERIANESTHESIA CERTIFICATION REVIEW

January 30, 2016
Costa Mesa, CA

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

March 5, 2016
Petoskey, MI

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE

February 27, 2016
Fairfax, VA

3. Obtain a preoperative baseline EtCO₂ or PaCO₂ in COPD patients if you are going to mandate capnometry in that population. It may be challenging to discharge a COPD patient home with a EtCO₂ in the 60s or 70s if you cannot establish an elevated level is normal for that patient.

4. My institution's capnography policy also included EtCO₂ monitoring on all intubated patients and patients who are slow to wake up. Hypercarbia may be found in the most unexpected patients, so remember to keep EtCO₂ monitoring in your assessment toolbox.

5. Capnography, like hemodynamic monitoring, can be more about the waveform and trend then the absolute number. Assess and monitor EtCO₂ just as you would any other vital sign, and be aware of causes of any change in pattern or numeric value. Evaluate and reassess

the capnography waveform just as you would a rhythm strip. Document an admission waveform and ventilatory changes in the waveform as they occur.

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AMERICAN SOCIETY OF PERIANESTHESIA NURSES



2016 Winter/Spring Webcasts & Seminars

REFRESHING YOUR PERIANESTHESIA PRACTICE

January 30, 2016
Framingham, MA

SAFETY BEGINS WITH US

February 27, 2016
Coeur d'Alene, ID

March 5, 2016
Charlotte, NC

SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGALITIES, STANDARDS AND ADVOCACY

May 21, 2016
Portland, OR

LIVE WEBCASTS – FULL DAY PROGRAMS

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS
May 14, 2016

PEDIATRICS: BEYOND THE BASICS
June 4, 2016

PERIANESTHESIA CERTIFICATION REVIEW
February 6, 2016

February 20, 2016

June 11, 2016

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH
February 27, 2016

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE
June 4, 2016

LIVE WEBCASTS - HALF DAY PROGRAMS

INFECTION CONTROL CHALLENGES: IMPLICATIONS FOR THE PERIANESTHESIA NURSE

February 28, 2016 SUNDAY

PERIANESTHESIA ESSENTIALS I
February 13, 2016

PERIANESTHESIA ESSENTIALS II
February 13, 2016

PERIANESTHESIA ESSENTIALS III
May 21, 2016

PERIANESTHESIA ESSENTIALS IV
February 21, 2016 SUNDAY

May 21, 2016

PERIANESTHESIA ESSENTIALS V
March 5, 2016

May 22, 2016 SUNDAY

PERIANESTHESIA FOUNDATION
March 6, 2016 SUNDAY