



# Breathline

Volume 36, Issue 5  
September/October 2016

## INSIDE:

## PRESIDENT'S MESSAGE: Energizing Generations: The Race to Distinction!

Katrina Bickerstaff, BSN, RN, CPAN, CAPA – ASPAN President 2016-2017

"A LEADER HAS THE VISION AND CONVICTION THAT A DREAM CAN BE ACHIEVED. HE INSPIRES THE POWER AND ENERGY TO GET IT DONE."  
RALPH NADER<sup>1</sup>

Many people ask me why I chose the theme *Energizing Generations: The Race to Distinction*. The meaning of the word energize is to invigorate, rejuvenate, motivate and empower. As the leader of ASPAN, I want to energize everyone, but I want to focus my efforts on bringing each generation to distinction by drawing upon their strengths and desires, and to instill within them, the passion I have found in perianesthesia nursing. To all the people I meet, I tell my story: what I have seen, who I have become, what I have received and what I have to give to others.

### What I Have Seen

"IF I HAVE SEEN FURTHER THAN OTHERS, IT IS BY STANDING UPON THE SHOULDERS OF GIANTS."  
ISAAC NEWTON<sup>2</sup>

I remember my very first ASPAN Representative Assembly. It was quite a while ago. I was not a part of any delegation. I attended because I was curious. I sat quietly in the gallery, by myself, listening to what was going on. From that moment, I knew I needed to be a part of this movement. I witnessed members of the Assembly discussing, voting and ultimately changing aspects of the way I practice perianesthesia nursing. I was energized. I was shy back then....difficult to imagine, but I



**Katrina Bickerstaff**  
BSN, RN, CPAN, CAPA  
ASPAN President 2016-2017

went on to ask members of the Assembly, "How do I get involved?" I realized then, each and every one of us has the power to change, amend and improve our practice. From that day forward, I never missed an ASPAN Representative Assembly. The simple act of attending such an event can really change the way you feel about a part of your life that you spend such a great deal of time in...your profes-

sion.

### Who I Have Become

"SUCCESS IS NOT FINAL, FAILURE IS NOT FATAL: IT IS THE COURAGE TO CONTINUE THAT COUNTS."  
WINSTON CHURCHILL<sup>3</sup>

When I decided to become more involved with my local component, I was still a bit hesitant to take that first step and attend a meeting. However, I was met with excited and friendly faces. Small tasks were assigned, which I accomplished, and I wanted more. I went on to become the treasurer, then the vice-president, and ultimately president. I was so honored to represent the membership of Massachusetts, to be its voice as an official delegate to the ASPAN representative assembly. Now it was my turn to be part of the debate, and to vote on issues that affect my day-to-day practice and the practice of every perianesthesia nurse.

During the years of representing my component, I yearned for more. I had joined a few national level strategic work teams, and worked hard on projects. I was energized to continue on.



## President's Message

I took a leap of faith and decided to run for ASPAN treasurer. Surely I would not win, but I gave it my very best. I was not elected, but was determined not to fade away. Failure was not an option; it gave me the strength to continue. I knew back in 2007 I had so much more to give, so I remained committed. This is not about being elected as president of ASPAN. My journey does not cease at the end of my term – to me this is only the beginning. I know what I have to offer, and will continue to give back.

### Give What I Have Received

"THE MEANING OF LIFE IS TO FIND YOUR GIFT. THE PURPOSE OF LIFE IS TO GIVE IT AWAY."

PABLO PICASSO<sup>4</sup>

I have held many positions in ASPAN, and each one has brought knowledge, wisdom, understanding and insight. I have been given the gift of leadership, leading an organization which has energized me from the very start. I have met many individuals throughout my years and have tried to hear the voices of each one.

My gift to you is to pass on that energy I found within my heart, the energy and the passion that was nurtured by this organization over the many years. My desire is to create the drive within you, to be the best that you can be, by becoming involved and being part of something larger than yourself. If I could energize just one individual to take that step and see what I have seen, and go to where I have been, and for that someone to give back and make the difference, then I will have succeeded.

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▲ From left, VP/President-Elect Susan Russell, Immediate Past President Armi Holcomb, President Katrina Bickerstaff



## ASPAN® Breathline

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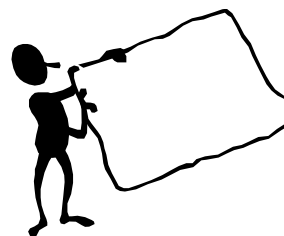
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Issue	.....Deadline
January	.....November 1
March	.....January 1
May	.....March 1
July	.....May 1
September	.....July 1
November	.....September 1

# Call for Nominations! Ignite Your Professionalism!

Armi Holcomb, BSN, RN, CPAN  
ASPAN Immediate Past President and Nominating Committee Chair



Become involved in *Energizing Generations: The Race to Distinction!* Challenge yourself to seek a leadership role at the national level. ASPAN is seeking visionary leaders ready to collaborate with colleagues in advancing the unique specialty of perianesthesia nursing practice. Demonstrate your excellence in practice and leadership.

Qualified and eligible candidates are needed for the 2017-2018 ASPAN Board of Directors positions:

- Vice President/President-Elect (three year term)
- Treasurer (two year term)
- Director for Education (two year term)
- Director for Research (two year term)
- Regional Director, Region 1 (two year term)
- Regional Director, Region 3 (two year term)
- Regional Director, Region 5 (two year term)
- Nominating Committee (one year term) (five members)

To be considered for a leadership position:

1. Declare your candidacy as soon as possible via email to [aholcomb@aspan.org](mailto:aholcomb@aspan.org).
2. An Intent to Place Name in Nomination Form and Conflict of Interest Form must be signed electronically and emailed with a date stamp no later than October 1, 2016. Late submissions will be returned.
3. An ASPAN Candidate Profile Sheet and Curriculum Vitae must be submitted electronically with a date stamp no later than October 1, 2016. HARD COPIES and FAXES will NOT be accepted.

For more information visit the ASPAN Web site, or contact Armi Holcomb via email at [aholcomb@aspan.org](mailto:aholcomb@aspan.org) or by telephone 816-536-2609.

The deadline to declare a candidacy is October 1, 2016. 🌱

## Willingness to Participate

Susan Russell, BSN, RN, JD, CPAN, CAPA – ASPAN Vice President/President-Elect 2016-2017

Greetings Colleagues! Summer is a great time of year for relaxation, reflection and rekindling of relationships so important for a healthy work/life balance. As perianesthesia nurses, we are often so busy caring for others that we do not always take time to care for ourselves. A great way to regenerate personally is to participate in your professional organization. The collaboration, networking and relationships you develop both close to home and nationally elevate practice and allow for continued growth in our specialty.

ASPAN has many opportunities for you. Participation in committees, strategic work teams, and specialty practice groups provide the platform to increase knowledge while developing a professional network.

Take a moment to visit the ASPAN Web site and complete a **Willingness to Participate** form. There are so many choices and something for all practice settings. The deadline is October 31, 2016. For more information, [click here](#). 🌱

## Start planning to showcase your accomplishments with abstracts and posters for the 2017 National Conference in Indianapolis!

Celebrate **Successful Practices abstracts** are due by **October 31, 2016**. Categories include patient care, staff education, nursing leadership, preadmit/preop, patient flow, handoff communication and documentation, and unit/environment activities. **Research abstracts** are also due **October 31, 2016**. Start planning now to showcase your accomplishments! Visit the ASPAN Web site for more information.

[Click here for CSP information.](#)

[Click here for Research/EBP information.](#) 🌱





**Rose Durning, MHS, BSN,  
RN, CAPA, TNCC  
Membership/Marketing  
SWT Coordinator**

I am honored and excited to be the new coordinator of the Membership/Marketing Strategic Work Team (SWT). I would like to thank all who have come forward to become involved. We have several new members, which is very exciting. This SWT recognizes the commitment, dedication and leadership qualities that the perianesthesia nurse embodies, and we are the team to recognize these qualities in our peers.

I am a member of the Ohio PeriAnesthesia Nurses Association (OPANA), and have been involved from the district level to the component level. Serving as a hostess volunteer at ASPAN national conferences was the beginning of my involvement at the national level, and led to strategic work team involvement and my current position. This is an example of how small steps can lead to enhanced participation and satisfaction.

I am available to address questions and concerns you may have. Please contact me at [rjdurning@gmail.com](mailto:rjdurning@gmail.com). 🌿

# Celebrate!

## Membership

ASPAN invites you to send us the contact information of perianesthesia nurses who are not yet members . . . and the National Office will send them materials that explain the many benefits of joining. Contact information should include the person's name and email, and preferably a mailing address, so printed materials can be sent as well. If you prefer to distribute the brochures yourself, we would be happy to mail them directly to you. Contact information and requests for materials can be sent directly to Doug Hanisch, Marketing and Communications Manager, at [ghanisch@aspan.org](mailto:ghanisch@aspan.org). Thanks for your help promoting ASPAN! 🌿

## MARK YOUR CALENDAR

### PeriAnesthesia Nurse Awareness Week

**February 6 – 12, 2017**

The 2017 theme is:

*Perianesthesia Nurses: Skilled in Nursing,  
Professionals in Caring*

Watch for more information in the next edition of *Breathline!* 🌿

## ASPAN Awards Program

### ***Award for Outstanding Achievement***

Do you know someone whose dedication to excellence has furthered the art and science of perianesthesia nursing? If so, consider nominating them for ASPAN's prestigious *Award for Outstanding Achievement*. The deadline to do so is **November 30, 2016**. [Click here](#) to learn more about the award and to access nomination forms.

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

Nominate a fellow ASPAN member who is currently involved in the direct care of perianesthesia patients whose clinical practice is consistent with the standards of ASPAN and exemplifies a high-level of compassion and specialty expertise. The deadline to do so is **November 30, 2016**. [Click here](#) to learn more about this prestigious award and to access nomination forms.

### ***Above and Beyond Service Recognition***

The ASPAN *Above and Beyond Service Recognition Awards* are given to individuals in recognition of exemplary service to ASPAN and/or their component. Visit the ASPAN Web site for information on how to nominate a deserving colleague for a 2017 *Above and Beyond Service Award*. The deadline to do so is **January 10, 2017**.

### ***Gold Leaf Component of the Year Award***

The deadline for the *Gold Leaf Component of the Year Award* submission is **February 1, 2017!** 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, 2016 through December 31, 2016. For information, guidelines and the application, [click here](#).

### ***Recruiter of the Year***

This award is given to the individual who recruits the most new members to the organization. 🌿

# What's New Under the ASPAN Education Tab?

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

September brings warm days, cool nights and the changing of another season. Children are back in school after lazy summer days of swimming and other fun outdoor activities. It may mean returning to school yourself for that advanced degree, or completing a bachelor of nursing degree as 2020 draws closer. Or it may be time to update your knowledge in perianesthesia nursing.

## Certification Review

In June, ASPAN rolled out another resource for preparing for certification. The ASPAN *Perianesthesia Certification Review Bundle* provides the learner the opportunity to receive the same content as the traditional classroom certification review, but at the pace and convenience of the learner. Listed under the Education tab at [www.aspan.org](http://www.aspan.org), the On-Demand Certification Bundle comprises six modules: Overview of the Exam, Anesthesia Agents, Specialty Populations, ASPAN Standards, Clinical Judgment and Test Taking Tips. These modules are purchased and “owned” for 45 days. The learner has the opportunity to study the power point presentation multiple times during the 45 days. Many learners need to hear and see content more than once, and this learning resource provides that opportunity.

ASPAN has also paired the *Certification Bundle* with the purchase of the ASPAN 2015-2017 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* at a reduced rate. The Standards are an integral aspect of preparing for certification. ASPAN continues with both live and webcast perianesthesia certification review for the CPAN® and CAPA® exams, allowing for traditional classroom attendance or in the convenience of your home.

## On-Demand New Material

The On-Demand portion of the Education tab has also been updated with ten new modules to purchase. Six of these are new, never-presented material that was developed for the 2016 National Conference in Philadelphia. Five presenters graciously accepted my request to record their lectures, allowing for a larger audience to view their presentation. A mix of both direct and indirect contact hours was selected. Check out the ASPAN Web site's newest and latest information on perianesthesia nursing by going to the ASPAN Education tab.



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

## Another Exciting “Venue” for Education

One message that was communicated at the 2016 Representative Assembly and at the Education Provider committee meeting was the request for more accessible education for the components/regions/districts/chapters to use at their meetings. ASPAN has a wealth of talented perianesthesia nurses who have developed in-depth material that requires another avenue of exposure. In an effort to meet these new requests, another new idea that I presented at the Board of Directors meeting in Philadelphia was ASPAN Select Seminars, which was received with much excitement. The birth of *ASPAN Select Seminars* is imminent.

An *ASPAN Select Seminar* will work similar to scheduling live seminars, utilizing the same deadlines of February 15 and July 15 to submit a request. An application is submitted requesting one or multiple presentations from the On-Demand library to show at a future designated date. The “host” is the person submitting the request from the component/region and they will be responsible for receiving the materials for the seminar, in charge of the AV equipment by playing the selected video(s), distributing required handouts and shipping materials back to ASPAN.

As I write this column, the behind scene logistics are in development. The goal, or in this case the “delivery date,” is scheduled for the 2017 Summer-Fall brochure. Be on the lookout for more information. 🌱

# Nursing Advocacy: The Future of Healthcare

Brooke Beringuel, BSN, RN, CAPA – Governmental Affairs SWT member

This summer, I had the unique opportunity to attend *The Future of Healthcare*, an American Nurses Association (ANA) sponsored event at the Republican National Convention (RNC). I was invited as a guest of former ANA president, Rebecca M. Patton, MSN, RN, CNOR, FAAN, along with several other nurses with a passion for political advocacy. In describing why nursing presence at the event was so important, Ms. Patton explained that to impact health care legislation, nurses must get off the sidelines and participate in the vast array of political activities that take place around the country. She further explained that the ANA sponsors at least one health care activity at both the Republican and Democratic National Conventions, because regardless of who wins an election, nursing is nonpartisan and will work with all legislators to create an agenda that promotes safe, quality healthcare for all.

## Healthcare Discussions

During the event, former politicians, political strategists, and members of the media discussed the current state of healthcare and forecasted what topics would be on the agenda of the next elected president. The majority of discussions related to the high cost of care in the United States, and what the future holds for the Affordable Care Act and Medicaid expansion. The presenters also spent a great deal of time discussing the impact of insurance exchanges and if this practice can be maintained. Since members of the panel represented both political parties, there was much debate about what the next president would need to achieve to secure a positive future for healthcare in this country.

## Additional Topics that Need Attention

Noticeably absent from the discussion were nurse-supported issues that are needed to provide high quality patient care in a safe working environment. According to the ANA in 2016, the political agenda items in which nurses are advocating for at the national level are:

- improved access to care from full practice authority for advanced practice registered nurses in the Veterans Health Administration
- legislation for safe patient handling and mobility as a strategy to protect the nursing workforce
- legislative support to maintain safe staffing ratios

- reauthorization of funding for Title VIII Workforce Development programs which focus on nursing education, diversity in the nursing profession, and assuring the presence of nursing in underserved communities.<sup>1</sup>

## Nurses Need to Share Their Voice

While the information presented at the *Future of Healthcare* was interesting and informative, it was evident that there is significant opportunity for nurses to participate in the political process as an advocate for patients as well as the profession. The topics discussed at the event served as a reminder that nurses have a duty to share their voice and clinical expertise with legislators to assure that evidence-based, quality healthcare stays at the forefront of the political agenda. While politicians have a responsibility to be fiscally responsible, nurses have a responsibility to articulate what is needed at the bedside to best care for patients. It was an honor to be invited to the ANA sponsored event at the RNC since it reminded me just how important it is for nurses to be involved in politics to shape the future of healthcare.

## REFERENCES

1. American Nurses Association. 2016. Take action. Available at: [http://www.naction.org/site/PageServer?pagename=nstat\\_issues](http://www.naction.org/site/PageServer?pagename=nstat_issues). Accessed August 29, 2016.



▲ From left, Rebecca Patton, Brooke Beringuel



*This month, we feature the Resource Development Strategic Work Team  
and the Unit Based Award of Excellence Strategic Work Team*

**SWT**

## Resource Development—What's It All About?

**Karen Flanagan, MSN, RN, VHA-CM – Resource Development SWT Coordinator**

ASPAN's Resource Development SWT encourages giving from individuals and organizations to help advance our vital practice. Most of the SWT's work cumulates in fundraising events at the ASPAN National Conference, including the Dream Walk, Silent Auction and Development Celebration.

Participants in this year's Dream Walk awoke early Sunday morning and enjoyed a brisk walk past some of the most historic sites in Philadelphia: Independence Hall, the Liberty Bell, and the Constitution Center. The 1.5-mile route ended back at the hotel, where members received a complimentary cup of Starbucks® coffee to thank them for their support—over \$5,100 was raised!

The Silent Auction is a favorite of many, including myself, and features dozens of popular items up for bid in the exhibit hall. On Wednesday morning, as the final hour of the auction approached, you could see many perianesthesia nurses surrounding the tables, waiting for the bell to ring to ensure they won their favorite items. The auction was a success, raising over \$4,100.



**Karen Flanagan, MSN,  
RN, VHA-CM  
Resource Development  
SWT Coordinator**



▲ **Silent Auction,  
always a favorite**

▼ **Dream Walk, past Independence Hall**



► **Laura Yontz, left,  
receives the Pat  
Hansen Memorial  
Award from Karen  
Flanagan**



▲ **From left, Evelyn Medycki and Laura Kling receive  
an award from Karen Flanagan**

Typically held in the evening, the Development Celebration is our premier fundraising event. In addition to food and music, the evening provides the opportunity to make *Hail, Honor, Salute!* gifts in recognition and appreciation of others, which are read aloud that night. (Of course, members are welcome to make *Hail, Honor, Salute!* gifts at any time of year.)

Others honored at the reception include the:

- Person who raised the most funds for the Dream Walk
- Component with the most walkers signed up for the Dream Walk
- Component that raised the most funds for the Dream Walk
- Winner of the Pat Hansen Memorial scholarship award. This person received the highest score on his or her National Conference Attendance scholarship application

Thanks to the generosity of individuals and components, a total of over \$28,000 was contributed this year!

Of course, money that is collected needs to be distributed, and this is largely done through ASPAN's Scholarship Program, another responsibility of the Resource Development SWT. Each year, ASPAN members can apply for scholarships

until July 1, and the SWT assists in scoring the applications to determine award winners. Many award amounts have increased as of 2016, and the following scholarships are available:

- \$1,500 tuition scholarships for programs leading to nursing degrees, including BSN, MSN and Doctoral
- \$750 scholarships to attend ASPAN's national conference.
- \$299 scholarships for the CPAN® and CAPA® certification exam costs
- \$1,000 Humanitarian Mission scholarships
- \$2,000 for the Nurse in Washington Internship (NIWI) program

Lastly, to encourage significant, enduring contributions for the future of perianesthesia nursing, the SWT promotes ASPAN's *Legacy for Life* program, which was introduced in 2013. Individuals that reach \$5,000 of support, and components that reach \$10,000 of support, become permanent members and enjoy a variety of benefits. Since 2013, four individuals have reached this level, and a handful of components are well on their way!

Thanks to each member for your generous support. We appreciate each and every one of you. 🌱

**For additional information on supporting ASPAN, members can contact Doug Hanisch, Marketing and Communications Manager, at the National Office at: [dhanisch@aspan.org](mailto:dhanisch@aspan.org).**



**Meg Beturne, MSN, RN, CPAN, CAPA  
Unit Based Award of Excellence SWT Coordinator**

## Unit Based Award of Excellence SWT

Meg Beturne, MSN, RN, CPAN, CAPA – Unit Based Award of Excellence SWT Coordinator

This strategic work team is focused on recognizing excellence in perianesthesia nursing through the presentation of a prestigious award. Several years ago, a vision was shared to recognize outstanding perianesthesia practice. This vision also wanted to capture an entire unit's commitment to great nursing care. The name Kaleidoscope Award of Excellence was chosen to reflect the ever-changing and multi-faceted world in which we work. One moment we are focused on airway management and hemodynamic stability, and in the next, our focus changes to pain and comfort management followed by planning for discharge.

The SWT's Kaleidoscope Award review panel will evaluate a facility's application and prepare written feedback based on information received. All responses will be assigned a score that reflects a unit's progress on its excellence journey. Applicants will receive a score for each of six categories: Leadership and Mentorship,

Recruitment and Retention, Healthy Work Environment, Knowledge Management, Evidence-based practice and Positive Patient Outcomes. In addition, scoring is based on process as well as results. Process will address the methods that a unit used and improved upon to address certain criteria to include evaluation, implementation and assessment.

This award will enable ASPAN to advance our unique specialty. It is intended to recognize units employing nurses practicing in all phases of pre-anesthesia and postanesthesia care, ambulatory surgery and pain management. It will signify exemplary practice based on strong core values and a compelling vision that will allow ASPAN to be recognized as the best specialty organization of its kind.

The debut date and application process for the Kaleidoscope Award will be announced soon. 🌱



# Race to Renew your Perianesthesia Knowledge

## 2017 National Conference Strategic Work Team (NCSWT)

Charlotte West, BSN, RN, CPAN – Member-at-Large, 2017 NC Strategic Work Team

National  
Conference

Gentlemen and ladies, rev up your engines for the exciting 36th ASPAN National Conference in Indianapolis, Indiana, April 30 to May 4, 2017, because we are *Energizing Generations: The Race to Distinction!* ASPAN's pit crew (national officers, staff and the NCSWT) will present clinical experts, current trends, research and educational sessions to provide you with a winning foundation of exceptional learning and networking opportunities. Be ready to pace yourself, reconnecting with acquaintances of old and making new friends. This is the time to celebrate our unique specialty of perianesthesia nursing!

### Indianapolis, Circle City

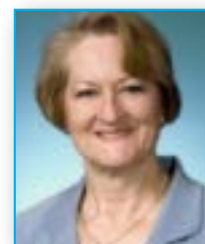
Indianapolis is known as Circle City, with roads leading out of the city in all directions. Indianapolis became a major hub of regional transport connecting Chicago, Louisville, Cincinnati, Columbus and St. Louis, as befitting the capital of a state whose motto is "Crossroads of America." Fifty percent of the United States population is within an eight-hour drive to Indy. Indianapolis is the only major city that was not built on a navigable river, but the railroad came quickly, providing the link to the rest of the country.

### Indianapolis Experiences

In addition to the greatest spectacle in racing, the *Indy 500*, Indianapolis has many amazing experiences for you to embrace. Hoosiers love their sports, which includes professional football (Indianapolis Colts), basketball (Pacers and the WNBA's Fever), Triple A baseball (Pirate affiliate), soccer (Indy Eleven), and NASCAR's Brickyard 400 race.

Indy is the home of the world's largest children's museum, featuring five interactive floors, the Indianapolis Museum of Art with a new art-inspired mini-golf course, the Indiana State Museum, the Eiteljorg Museum, the Indianapolis Speedway Museum with vintage Indy cars, the NCAA Hall of Champions, the Indianapolis Zoo and the Indiana Medical Museum for cultural awareness.

You may want to take a canal walk or run in White River State Park or take a bike ride on the eight-mile Cultural Trail. Historical sites include the Soldiers and Sailors Monument, Indiana War Memorial, and Veteran Memorial.



Charlotte West, BSN,  
RN, CPAN  
Member-at-Large,  
2017 NCSWT



▲ Soldiers and Sailors Monument - Photo Courtesy of [www.visitindy.com](http://www.visitindy.com)



▲ Indy Racing Experience - Photo Courtesy of [www.visitindy.com](http://www.visitindy.com)



▲ Children's Museum  
Photo Courtesy of Lavengood Photography



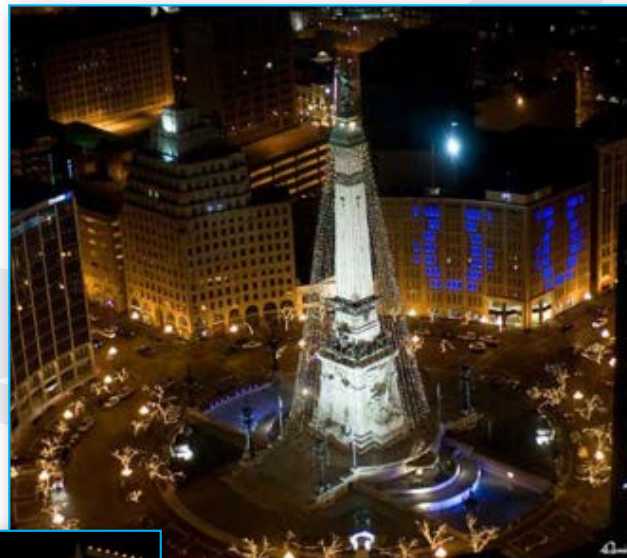
► Shopping in the Mass  
Avenue Cultural District  
Photo Courtesy of  
Lavengood Photography

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## How About Dining and Cultural Events?

After a busy day of exploration and education, there are many places to kick back for appetizers, drinks and a meal in the company of friends. Check out the fabulous and eclectic cuisines available in downtown Indy, from casual dining to fine dining such as St. Elmo's Steakhouse or the Eagles Nest with revolving 360° views of the city. Taste the flavors of the international culinary art that includes Brazilian, Ethiopian, German, Greek, Indian, Irish, Japanese and Mexican cuisine. Wrap up the evening visiting the theater, symphony, or music events around the city.



▲ Views from the Skyline Club  
Photo courtesy of Skyline Club



◀ St. Elmo Steakhouse  
Courtesy of St. Elmo Steakhouse

## Get Energized for an Enjoyable Experience

Check out [www.visitindy.com](http://www.visitindy.com) to view guides, maps, attractions, deals and nearby events. Indianapolis is known for its Hoosier hospitality and will welcome you with open arms. The green flag is ready to wave for the start of the race for exceptional learning, culture, recreation and fun.

The JW Marriott will host the conference. Be sure to reserve your rooms early. Room rates are \$199/night plus tax. Visit the ASPAN Web site for more information. Links to the conference and hotel site will be posted in the near future. 🌿

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2. Indianapolis. Available at: <https://en.wikipedia.org/wiki/Indianapolis>. Accessed September 18, 2016.



◀ JW Marriott Hotel  
Photo courtesy of  
White Lodging

# Clinical Research and Drug Discovery

*(or, what is that big piece of paper glued to my Advil® bottle?)*

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

Did you ever wonder how the active ingredient in your favorite headache remedy was discovered? Have you ever paused to read the package insert before opening the Advil® bottle? The first package insert was mandated by the Federal Drug Administration (FDA) in 1968 and requirements were updated in 2006. This long form follows a specific format and tells the story of the medication it accompanies.

Some medications have interesting stories on how they were discovered. A good example is the commonly prescribed drug Viagra®. The active ingredient in Viagra® (“the little blue pill”) is sildenafil. This molecule looks similar in structure to commonly prescribed antihypertensive or anti-angina medications on the market at the time (1993+/-). Assuming the molecule was a cardiac drug, animal research revealed the vasodilation effects of the drug, and researchers began clinical trials in the human population with enrollment of male heart failure patients. The researchers also collected additional information on quality of life issues through questionnaires.<sup>1</sup>

Quality of life (QOL) is so important to evaluate and measure because we are not accomplishing much if we are not improving quality of life with a medication, device or medical procedure. Patients were returning for cardiac evaluations, and tests indicated the research subjects’ cardiac function was not improving. However, the QOL data showed great improvement, and this perplexed the researchers, who then further investigated by asking specific question: “WHAT exactly has improved in your life?” The responses led the researchers to the realization that they had accidentally discovered the first medication for erectile dysfunction, hence the improved QOL scores.

Another drug with an interesting story of discovery is the anti-rejection drug Rapamune (sirolimus), originally named Rapamycin. In 1975, a field scientist discovered an unusual molecule in a soil sample collected from Easter Island. The molecule had a macrolide ring exact to that of the mycin family of antibiotic drugs.<sup>2</sup>

Believing that he had found a new antibiotic, animal trials began. Unfortunately, all of the rats died of overwhelming infections and the drug was shelved. Years later, the scientist was attending a conference lecture on a new medication to prevent rejection of solid organ transplants-Cellcept. One of the slides displayed the mole-



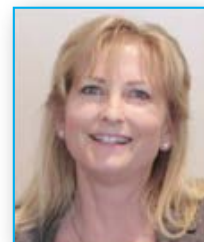
cule of Cellcept. He was shocked to see a macrolide ring, and his mind raced back to the molecule found on Easter Island. That was the answer. It was an antirejection drug! Successful animal and then clinical trials followed by FDA approval of Rapamycin (since the name has been changed to Rapamune). The drug was named after the natives of Easter Island-Rapa Nui, with a nod to the macrolide ring found in mycin antibiotic drugs.<sup>3</sup>

So next time you see a package insert, take a moment to read the story of the medication. They can be fascinating tales of happenstance and sometimes good luck.

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Research



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ASPAN Director for Research



# Follow the Universal Protocol – Every Time!

Donna Casey, MSN, RN, CPAN – ASPAN Safety SWT Coordinator



Donna Casey, MSN, RN,  
CPAN

ASPAN Safety  
SWT Coordinator

"Why is my left leg numb? I'm having surgery on my right leg." Yikes! The chance of performing the wrong procedure on a patient is something that can throw fear into the heart of any perioperative team. Usually, this involves procedures that take place in the surgical arena. However, care must be also taken when performing procedures such as regional blocks in the preoperative area and PACU.

## Universal Protocol

The Universal Protocol, part of The Joint Commission's (TJC) National Patient Safety Goals (NPSG), addresses this concern. The Universal Protocol applies to all surgical and nonsurgical invasive procedures. Evidence indicates that procedures placing the patient at the most risk include those involving general anesthesia or deep sedation, although other procedures may also affect patient safety. Hospitals can enhance safety by correctly identifying the patient, the appropriate procedure and the correct site of the procedure.<sup>1</sup>

## Components of Universal Protocol

The three components of the Universal Protocol include pre-procedure verification, site marking and the time-out. These should be as consistent as possible across the organization. Any area performing invasive procedures, such as interventional radiology, cardiac cath lab, as well as pre-op and PACU should follow these safety principles.

The **pre-procedure verification** may occur at more than one time and place before the procedure, but it is best to do it when the patient can be involved. When the anesthesia provider is performing a regional block in the holding area, this verification would take place before the patient receives any sedation. **Mark the site** when there is more than one possible location for the procedure, and when performing the procedure in a different location could harm the patient. Site marking is not required when the individual doing the procedure is continuously with the patient from the time of the decision to do the procedure until the procedure is performed. However, if the anesthesia provider speaks with the patient, discusses the block to be done, gets consent, and then plans to leave the room to start another case before returning to perform the block, the provider must mark the site.<sup>2</sup>



During a **time-out**, activities are suspended to the extent possible so the team members can focus on active confirmation of the patient, site and procedure. A designated team member initiates the time-out, and it includes active communication among all relevant members of the procedure team. In many facilities, the perianesthesia nurse assists with blocks for regional anesthesia. Sometimes the patients receive moderate sedation for these procedures. The RN should facilitate patient safety by completing the pre-procedure checklist, verifying the site that is marked and initiating the time out.<sup>3</sup>

## Demonstrate Meticulous Attention to the Universal Protocol

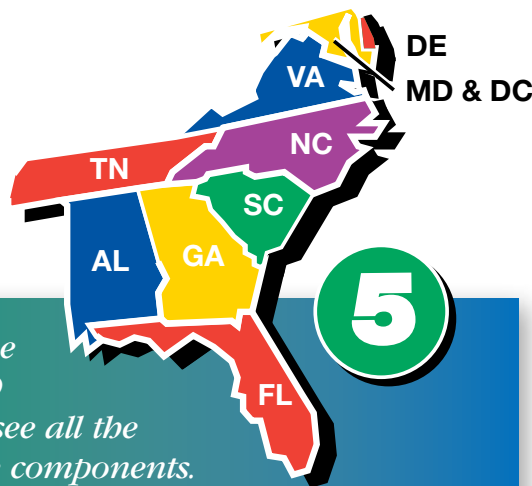
When referring to the Universal Protocol, most caregivers assume it refers to a procedure that is performed in the operating room by the surgeon. Healthcare teams agree that great diligence must be taken to prevent surgical errors that could be devastating for the patient and their family. Let's show the same meticulousness in other areas of the surgical arena as well.

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# THE DIRECTOR'S CONNECTION

Kimberly Godfrey, BSN, RN, CPAN  
ASPAN Regional Director, Region 5



## Region Report



Kimberly Godfrey  
BSN, RN, CPAN  
ASPAN Region 5 Director

*Greetings from Region 5! In my travels to the components, attending seminars and BOD meetings, it has been a great experience to see all the networking and education provided by the components. Over 3,000 ASPAN members hail from Region 5. It was also an honor to introduce all eight of the Region 5 component presidents who attended the ASPAN National Conference in Philadelphia. In the first timer's orientation sessions at national conference there were first timers from all components of Region 5.*

## Region 5 Update

**Alabama Association of PeriAnesthesia Nurses (ALAPAN):** ALAPAN is progressing in its succession planning. A new president-elect will be mentored after many years of having that position open. ALAPAN continues to reach out to its members to share ideas on growing membership and providing educational opportunities for its membership.

**Chesapeake Bay Society of PeriAnesthesia Nurses (CBSPAN):** CBSPAN and its many districts have been providing much education for its members. CBSPAN's close proximity to Philadelphia allowed more than 40 of its members to attend the ASPAN National Conference there. Chesapeake Bay member, Diane Swintek, was elected Director for Clinical Practice and will serve on ASPAN's Board of Directors. Members Nickcole Price and Margaret Farr Young were elected to the 2016-2017 ASPAN Nominating Committee. CBSPAN will have its fall state conference at DC Children's Hospital on October 22.

**Florida Society of PeriAnesthesia Nurses (FLASPAN):** FLASPAN remains strong with its membership levels. In Philadelphia at the National Conference, FLASPAN attendees enjoyed a great evening of networking, sharing a meal together with those in attendance. FLASPAN's fall conference is planned for October 28-30 in Lake Buena Vista, Florida. FLASPAN is honored that Katrina Bickerstaff, ASPAN president, will be the keynote speaker.

**Georgia Association of PeriAnesthesia Nurses (GAPAN):** GAPAN had its fall conference September 23-25 in Atlanta, Georgia. This year, the Atlanta

district honored all its CPAN® and CAPA® members by sending them Starbucks® gift cards as a token of their appreciation.

**North Carolina Association of PeriAnesthesia Nurses (NCAPAN):** NCAPAN is holding its state conference in Carolina Beach, North Carolina, September 30-October 2 at the Marriott Carolina Beach. Congratulations to NCAPAN President Susan Knowles who was elected to the 2016-2017 ASPAN Nominating Committee during the Representative Assembly in Philadelphia.

**South Carolina Association of PeriAnesthesia Nurses (SCAPAN):** SCAPAN will be hosting its fall conference October 15 in Columbia, South Carolina. Information is posted on the SCAPAN Web site. SCAPAN continues to support its members with its annual summer school for the perianesthesia nurse in historic Charleston, South Carolina.

**Tennessee Society of PeriAnesthesia Nurses (TSPAN):** TSPAN continues to grow in membership and revitalizing its districts. The MTSPAN district hosted an educational offering at Vanderbilt University in May. I had the opportunity of speaking and attending the TSPAN BOD meeting. TSPAN's state conference was in Chattanooga in August. An ASPAN Seminar was also hosted in August.

**Virginia Society of PeriAnesthesia Nurses (VSPAN):** VSPAN's board of directors revised its bylaws and policies and procedures with guidance from ASPAN's leadership. VSPAN will be celebrating all of its accomplishments at the fall conference in October in Roanoke, Virginia. 🌿

## Clinical Practice Hot Topic: Short Peripheral IV Catheter Access in the Feet of Diabetics

Tommie Jones, PhD, RN, CPAN – Clinical Practice Committee member



Tommie Jones, PhD,  
RN, CPAN  
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 question about using short peripheral IV catheters in the feet of diabetic patients.*

**Q.** What is ASPAN's position regarding short peripheral IV catheter access in the feet of the diabetic population?

**A.** ASPAN does not specifically address peripheral IV (PIV) site selection for individuals with diabetes. However, ASPAN supports evidence-based practice, critical thinking and patient safety. Principle II, "Principles of Safe Perianesthesia Practice" and Practice Recommendation IV, "Recommended Competencies for the Perianesthesia Nurse" in ASPAN's *2015-2017 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* provide sound guidance for nursing practice. These statements include advocacy, evidence-based practice, patient assessment to include history and physiologic systems review and critical thinking and analysis.<sup>1</sup>

### Considerations in Assessing IV Access

Optimal integration of Principle II and Practice Recommendation IV from ASPAN's *2015-2017 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* into nursing practice requires relevant knowledge of diabetes, short peripheral IV access and complications associated with both. Critical thinking and analysis call for merging this relevant knowledge with patient-specific information. By doing so, the plan of care is honed and individualized, and, therefore, maximizes patient safety and positive outcomes for a growing complication-prone diabetic population.

### Diabetes Complications to Consider When Evaluating IV Access

In 1980, the Centers for Disease Control (CDC) reported 5.5 million United States citizens with diagnosed diabetes. By 2014, the number had grown to an astounding 22 million, and it was estimated that an additional eight million were undiagnosed. Diabetes is associated with certain comorbid conditions or complications such as, but not limited to, hypo- and hyperglycemia, hypertension, elevated LDL cholesterol, cardiac disease, CVA, loss of vision and other eye prob-

lems (e.g., macular edema, retinopathy), renal insufficiency and failure, non-trauma related amputations, neuropathies, non-alcoholic steatohepatitis (NASH), hearing loss, periodontal disease and complications of pregnancy.<sup>2</sup>

Diabetics are more prone to foot injuries and ulceration as a result of peripheral neuropathy and peripheral vascular disease.<sup>3</sup> Once a wound develops, healing can be delayed due to impaired physiologic healing response, infection, hyperglycemia, decreased circulation and peripheral neuropathy.<sup>3,4</sup> Delayed healing can lead to chronic wound conditions such as ulcers.<sup>3</sup> It is estimated that 25% of people with diabetes will develop a foot ulcer at some point in their lifetime, and 12% of these individuals will require an amputation.<sup>5</sup>

### Infusion Nurses Society Recommendations

A short peripheral IV catheter is defined by the Infusion Nurses Society (INS) as "a type of vascular access device where the tip begins and terminates in a peripheral vein varying in sizes, usually less than three inches in length."<sup>6</sup> The INS standard for short peripheral IV catheter site selection states "veins of the lower extremities should not be used routinely in the adult population due to risk of embolism and thrombophlebitis," and "site selection should avoid areas of flexion."<sup>7</sup> Diabetes and lower extremity IV access sites (particularly in the presence of joint flexion such as the foot and ankle) were identified as two risk factors associated with the development of peripheral IV access complications; namely phlebitis, infiltration, extravasation and infection.<sup>8</sup>

### Summary

Diabetes compounds the complication risk, and poses a number of concerns when selecting a short PIV site. Inserting a short PIV catheter punctures the skin. Every time the skin is penetrated, a wound is formed that requires activation of physiologic healing mechanisms which are impaired in diabetes.<sup>5</sup> Ill-advised site selection, such as lower extremities and points of flexion,



increases the risk of phlebitis, thrombophlebitis, embolism, infiltration, extravasation and infection. Diabetes further amplifies this risk.

Disregard of these two points, when selecting a PIV site, may usher in the perfect storm for complications leading to chronic wounds, infection and the threat of amputation in skin wound complication-prone diabetics. The staggering percentage of diabetics who will develop a lower extremity wound leading to ulceration and possible amputation should give pause to all healthcare providers in their PIV access site selection process.

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# CERTIFICATION

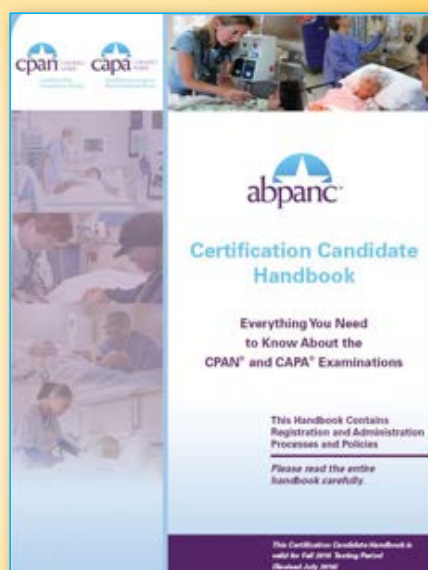
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# Component Education Programs

**October 7-9, 2016** The Rocky Mountain PeriAnesthesia Nurses Association (RMPANA) will hold its 18th annual Retreat in the Rockies at Snow Mountain Ranch outside of Winter Park, Colorado. For more information, please contact Sandy Olson at [skolson9@yahoo.com](mailto:skolson9@yahoo.com) or visit [www.rmpana.org](http://www.rmpana.org).

**October 8, 2016** The Illinois Society of PeriAnesthesia Nurses (ILSPAN) will hold its fall conference at Southern Illinois University at Edwardsville, Morris University Center in Edwardsville, Illinois. For more information, please contact Jamie Danks at [jkd8297@bjc.org](mailto:jkd8297@bjc.org) or at 314-454-2963.

**October 15, 2016** The Iowa Society of PeriAnesthesia Nurses (ISPAN) will hold its fall conference at Mercy Medical Center in Sioux City, Iowa. Featured speakers will be Kim Noble, Katrina Bickerstaff and Jennifer Kilgore. For more information, please contact Holly Meis at [hmeis44@gmail.com](mailto:hmeis44@gmail.com).

**October 22, 2016** The Vermont/New Hampshire Association of PeriAnesthesia Nurses (VT/NH APAN) will hold its fall conference in conjunction with an ASPAN Seminar. The title is "Pain Management in the Perianesthesia and Critical Care Settings" and the featured speaker is Terry Clifford. For more information, please visit the ASPAN Web site.

**October 28-30, 2016** The Florida Society of PeriAnesthesia Nurses (FLASPAN) will hold its 47th annual conference at the Wyndham Resort in Lake Buena Vista, Florida. For more information, please contact Kathi Saball at [kmsaball51@gmail.com](mailto:kmsaball51@gmail.com), by phone at 508-826-4479 or at [www.flaspan.com](http://www.flaspan.com).



webcasts  
AND  
seminars



## LIVE IN-PERSON SEMINARS

### PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS

October 1, 2016 *Binghamton, NY*

October 22, 2016 *Bedford, NH*

### PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

October 29, 2016 *Little Rock, AR*

### PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE

November 12, 2016 *Phoenix, AZ*

### SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGAL ISSUES, STANDARDS AND ADVOCACY

October 29, 2016 *Fairfax, VA*

## LIVE WEBCASTS – FULL-DAY PROGRAMS

### FOUNDATIONS OF PERIANESTHESIA PRACTICE

November 6, 2016, SUNDAY

### PEDIATRICS: BEYOND THE BASICS

October 22, 2016

### PERIANESTHESIA CERTIFICATION REVIEW

October 29, 2016

November 19, 2016

### PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

October 8, 2016

## REFRESHING YOUR PERIANESTHESIA PRACTICE

October 15, 2016

### SAFETY BEGINS WITH US

October 1, 2016

### SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGAL ISSUES, STANDARDS AND ADVOCACY

November 12, 2016

## LIVE WEBCASTS - HALF-DAY PROGRAMS

### FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE

November 5, 2016

### PERIANESTHESIA ESSENTIALS I

October 24, 2016 MONDAY

### PERIANESTHESIA ESSENTIALS II

October 23, 2016 SUNDAY

### PERIANESTHESIA ESSENTIALS III

October 23, 2016 SUNDAY

### PERIANESTHESIA ESSENTIALS IV

November 13, 2016 SUNDAY

### PERIANESTHESIA ESSENTIALS V

November 13, 2016, SUNDAY

### PERIANESTHESIA FOUNDATION

October 2, 2016 SUNDAY