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PRESIDENT'S MESSAGE: Wanted: Great Leaders with Emotional Intelligence

Susan Russell, BSN, RN, JD, CPAN, CAPA – ASPAN President 2017-2018

Beginning in July with the National Conference Strategic Work Team (SWT) meeting in Anaheim, my ASPAN travel adventures began to accelerate. Traveling to component meetings to represent ASPAN has a hidden personal reward: the opportunity to read. I usually tuck two books in my carry-on bag, but still cannot resist the lure of the book corner in an airport shop. I am compelled to investigate the selections for new titles or topics. I'll often purchase a book I've had my eye on or one with an intriguing title. They are not always recent releases. I acquired two additional books on emotional intelligence while walking through Austin's airport on my way out of town.

What is Emotional Intelligence?

Many of us know the results of our IQ tests from primary or secondary school, but how many of us have been tested for emotional intelligence? According to research, characteristics that define great leaders include more than superior intellect and technical ability. A great leader must also possess a high degree of emotional intelligence. Studies show that emotional intelligence is twice as important to a leader's success as other attributes.^{1,2,3}

The skill sets comprising emotional intelligence include self-awareness, self-regulation, motivation, empathy, and social skill. Emotional intelligence generally increases with age, so it comes as no surprise that Traditionalists and Baby Boomers achieve higher scores than Generations X and



Susan Russell
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ASPAN President 2017-2018

Y—for now. Maturity plays a significant role in the development of emotional intelligence, so we can expect scores for Generation X and Generation Y to increase as they gain experience.^{1,2,3}

ASPAN's New Perianesthesia Pacesetter SWT – Leaders of the Future

Less than ten percent of ASPAN members are under the age of forty, but ASPAN's future is ultimately in their hands. This year, the ASPAN Board of Directors chartered a SWT to review efforts to recruit and retain younger members. The work undertaken by ASPAN's Perianesthesia Pacesetters SWT is a critical part of ASPAN's marketing effort and its succession plan. There was an article on this new SWT by its coordinator, Sarah Hessling, BSN, RN, CPAN, in the September/October issue of *Breathline*.

While ASPAN offers many opportunities for emerging leaders, we haven't yet found the key to engaging ASPAN's younger members. ASPAN and its leaders are highly motivated to mentor younger colleagues and provide the training they desire as they work toward their professional goals.

Leadership Training on Emotional Intelligence

Can emotional intelligence be the key? Can it be taught? Emotional intelligence is associated with the brain's limbic system which controls feelings, impulses and drives. According to Daniel Goleman, most leadership training



programs focus on the brain's neocortex which governs analytical and technical abilities. The neocortex helps us grasp concepts and logic. Goleman suggests that organizations refocus leadership training and include the limbic system to teach "soft" skills. A successful program might include the use of a personal coach who can assist a leader to identify old habits which impede relationships and interactions. The coach can help the individual form new habits which promote self-awareness, self-regulation, social awareness and relationship management.³

How does emotional intelligence play out in the role of an organizational leader? Most of us are familiar with the use of behavioral interviews to determine whether a prospective employee is a good fit for our team. Questions posed to ASPAN candidates for vice president/president-elect are often behaviorally based. Knowing your strengths and weaknesses, owning your failures, and being open to constructive criticism are hallmarks of emotional intelligence. The answers we receive to behavioral questions help us gauge the individual's self-awareness and social awareness.


Emotional Intelligence Enhances Leadership

Great leaders achieve success by capitalizing on their capabilities and accepting challenging assignments. They are willing to take measured risks and they know when to ask for help. Self-awareness includes self-confidence and the ability to read your own emotions or moods. Self-regulation means you recognize how your mood or emotion will affect your team. It means you can manage your own emotions and act with honesty and integrity. It also means you are reliable and adaptable. Social awareness requires empathy and intuition. It requires that the leader be engaged with the team in a caring manner.^{1,2,3}

A great leader needs to appreciate the nuances of organizational politics and be sensitive enough to know when a communication may have a negative impact. Relationship management encompasses the ability to communicate clearly and without ambiguity. Sometimes the message isn't as optimistic as we would like, but the leader's honesty is essential to maintaining the team's trust. Learning to adapt is essential to the resilient leader. Resilient individuals and organizations have yet another characteristic which enables them to overcome hardship. They have a grasp on reality, a set of deeply entrenched values, and the ability to improvise.

ASPAN's potential is unlimited as long as we actively mentor and train new leaders. Let's do more than keep an eye on our Gen X and Gen Y members. Let's encourage them to develop their leadership skills, including their emotional intelligence. They are more than our future. We want and need their commitment and involvement right now.

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

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ASPAN Awards: Recognizing Excellence

Consider Nominating Someone for an ASPAN Award for 2018!

Excellence in Clinical Practice Award

Do you know someone who is a recognized expert in clinical nursing practice, or participates actively in nursing programs, committees or projects resulting in contributions to perianesthesia nursing? If so, consider nominating him or her for ASPAN's prestigious *Excellence in Clinical Practice Award*. The deadline to do so is **November 30, 2017**. [Click here](#) to learn more about the award and to access nomination forms.

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 him or her for ASPAN's prestigious *Award for Outstanding Achievement*. The deadline to do so is **November 30, 2017**. [Click here](#) to learn more about the 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, 2018**.

Gold Leaf Component of the Year Award

The deadline for the *Gold Leaf Component of the Year Award* submission is February 1, 2018! 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, 2017 through December 31, 2017. 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 Anaheim. For information, guidelines and the application, [click here](#). 🌿

Call for Resolutions

The ASPAN Resolutions Task Force is announcing the Call for Resolutions for the 2018 Representative Assembly (RA) meeting on April 29, 2018.

The RA is the voting body and voice of ASPAN. As the chief governance and policy determining structure of ASPAN, the RA reviews and acts upon resolutions regarding ASPAN bylaws, policy matters, position statements, and other issues related to perianesthesia nursing. If you, as an ASPAN member, believe there is an issue of this nature that needs to be brought before the RA, please contact National Office to have a sample resolution sent to you.

Amendments to the ASPAN bylaws or any general resolution not requiring a bylaws change must be proposed by at least five (5) Active Category members acting as one group. Examples include, but are not limited to:

- A Component Board of Directors - OR
- The ASPAN Board of Directors - OR
- A standing Committee or Strategic Work Team

Submission Deadline:

Resolution forms relating to **bylaws** changes or relating to **position statement, policy matters or other issues** must be received by the ASPAN National Office no later than **January 29, 2018**.

Upon receipt of a resolution form, the Resolutions Task Force will begin its review and, if questions arise, the lead author will be contacted for clarification. At the RA meeting, the lead author of the resolution needs to be prepared to speak to the issue.

Please contact Kevin Dill at the ASPAN National Office: 877-737-9696, ext. 211 or kdill@aspan.org to obtain a sample resolution form and instruction sheet. 🌿

TIME TO CELEBRATE!

PeriAnesthesia Nurse Awareness Week (PANAW)

February 5 - 11, 2018



*P*eriAnesthesia Nurse Awareness Week (PANAW) will be celebrated February 5-11, 2018! This year's theme is *PeriAnesthesia Nurses: Passionate Care, Excellence in Nursing*.

PANAW is our time to educate our colleagues about the GREAT patient care we deliver every day. It is time to show pride in your profession. Plan a celebration at work or within your component. It is time to show our P.R.I.D.E. (Passion, Respect, Integrity, Diversity and Excellence). It's not too early to plan your celebration. Some ways to celebrate include:

- Place announcements in employee publications/emails
 - Set up a greeting table with ASPAN literature, and PANAW posters and products
- Visit www.panaw.com
- Plan a department open house. Invite your hospital colleagues and executive officers
 - Take photos to share with ASPAN and your facility newsletter
 - Offer coffee and sweets; THEY WILL COME!

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 a future issue: bgodden@aspan.org. 

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“Detecting Greatness: The Proof is in Your Practice,” and in Sunny Anaheim, California

Karen Woods, RN, CPAN, CAPA – National Conference Strategic Work Team Member

Susan Carter, BSN, RN – National Conference Strategic Work Team Member

Detect greatness and great things to do around Anaheim and Southern California, or So Cal! Come early and stay late. It's sure to be a magical time for perianesthesia nurses. Opportunities abound to identify and discover new knowledge and information, as well as join in networking opportunities to support both professional and personal growth.

Discover for yourself, the proof of Anaheim's slogan: "America's Hub of Happiness."¹ While Disneyland is only one mile from the beautiful conference host hotel, the Anaheim Marriott, there are a variety of other attractions, professional sports venues, restaurants, beaches, and one of a kind shopping experiences to explore, all within a short walk or a quick trip by car, bus or train.

Getting Around

Getting around Anaheim and So Cal is convenient and inexpensive on Anaheim's Resort Transportation or ART (www.rideart.org). ART provides transportation to the Disney parks and local restaurants, and is just steps outside the front door of the Anaheim Marriott. Or, take ART to Anaheim's award-winning transit center known fondly as ARTIC (www.anaheim.net/3329). ARTIC provides rail, bus, taxi and other services for daily commuters, visitors and leisure travelers, allowing you to easily head up to Los Angeles, down to San Diego and all places in between.

Educational Sessions

Enhance the greatness of your practice through outstanding educational opportunities

offered at the conference. Concurrent sessions will offer both direct and indirect care contact hours on topics that include patient care, research, evidence-based practice, specialty populations, standards, advocacy, leadership, management and much more.

Whether you are new to perianesthesia nursing or experienced, attending national conference is a not to be missed event for whatever role you play in perianesthesia practice. The unique leadership and networking



▲ Anaheim Marriott - Photo courtesy of www.visitanaheim.org

opportunities, promotion of improved patient care outcomes, and knowledge gained will strengthen your practice and our perianesthesia specialty.

Combine Learning and Fun

It is said, "Growing old is mandatory, but growing up is optional."² Take advantage of this opportunity to grow professionally by discovering a wealth of new information during the conference. During your free time, get in touch with your inner child. Let go, have fun and play. You will make memories lasting a lifetime at any, or all, of the amazing theme parks Southern California has to offer.

Perhaps you would like to uncover your ability to detect greatness while being star struck. Consider taking a tour of movie stars' homes, or take a stroll down Hollywood's Walk of Fame, comprising more than 2,600 brass stars individually celebrating the most famous celebrities of all time.

If you're a sports fan, be sure to check out Anaheim's Angel Stadium, home of the MLB Los



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NCSWT Member



Sue Carter
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▲ Anaheim Regional Transportation
Photo Courtesy of www.visitanaheim.org

► **Angel Stadium**
Photo Courtesy of
www.visitanaheim.org



Angeles Angels, and the Honda Center, home of the NHL Anaheim Ducks. Both venues are approximately three miles from our host hotel.

Shopping Galore!

If you are hoping to discover “shop ‘til you drop” adventures, you won’t want to miss the incredible shopping experiences unique to Anaheim and the surrounding areas of Southern California. Check out the Outlets at Orange with over 120 outlets and several dining options; Fashion Island - an upscale open-air shopping center in Newport Beach with farmers’ markets, boutiques and dining; Downtown Disney and the Anaheim Gardenwalk, both of which provide outdoor entertainment, shopping and dining within walking distance from the hotel; or South Coast Plaza in Costa Mesa, the largest mall on the west coast of the United States.



▲ **Laguna Beach**
Photo courtesy of www.visitanaheim.org

Proof positive all your shopping needs will be met. Julia Roberts said it best, in a scene from the movie *Pretty Woman*, while shopping on Rodeo Drive in Beverly Hills. To miss out on these opportunities would be a “Big mistake. Big. Huge. I have to go shopping now.”³



▲ **House of Blues Anaheim**
Photo Courtesy of www.visitanaheim.org

Volunteer Opportunities at National Conference

Looking for ways to get involved? Please share your smile and spread sunshine by volunteering to serve as a host/hostess, or session moderator during the conference. Host and hostess duties include collecting event tickets, assisting with session seating, and directions within the conference center while earning a small stipend for your time.

This year’s host/hostess coordinator, Karen Woods, can be reached at karenw@panac.org or 707-227-7943. Introducing speakers as a session moderator is a great way to become more familiar with the incredible presenters while enhancing leadership and public speaking skills. If this sounds of interest to you, consider contacting Kim Kraft at kkraft1589@gmail.com. Additional information on moderating will be available after the first of the year.

Need a Roommate?

Are you “California Dreamin’,”⁴ but need a roommate to make your dreams come true? Room sharing will save you money, and, often lead to new found, long-lasting friendships. The process is simple. Sign up for the “Willingness to Share a Room” list. The list will be distributed to everyone who asked to be included. It is then your responsibility to directly contact others on the list and coordinate the room sharing arrangements, including making your own hotel reservations.

Please note that for you to be included on the list, you must provide the following information: Your full name, compete mailing address, email address, home, work, and cell phone numbers. Please indicate how you would prefer to be contacted and any information that will help you and a potential roommate determine compatibility. Please email your interest in room sharing to: suecarter2@sbcglobal.net.



▲ *The Irvine Spectrum*
Photo Courtesy of www.visitanaheim.org

Fun Times at Component Night!

Come on down, it's time for 'Everything Hollywood' at the 2018 Component Night, Sunday April 29th! Enjoy all the glitz and glam this Oscar-like party will bring from the big and small screens. Come dressed as your favorite movie or TV personality - maybe John Wayne or Mickey Mouse. Take a walk on the red carpet, and get your image captured by the paparazzi. Practice your selfies so you'll be ready if you see your favorite star.

Component tables will be encouraged to feature favorite TV game shows from past and present. PANAC is setting the stage for a Component Night to remember. With good food and a cash bar, it is a great time to have *Cheers* with *Friends*. Whether you are in your blue suede shoes or your ruby slippers, you can dance with the stars in Anaheim.

ASPAN's 37th National Conference, and Anaheim have so much greatness to be detected. By attending conference, and making time to experience the varied opportunities Anaheim and Southern California have to offer, you will discover proof that you and your practice have been enriched.



▲ *Surfing*
Photo Courtesy of www.visitanaheim.org

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Qualitative Research (or Study of the Human Experience)

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



Elizabeth Card
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ASPAN Director for
Research

Qualitative research focuses on the lived experience, the human response to a particular situation and the meaning that the person brings to or assigns to those particular situations.¹ Qualitative studies also explore concepts or specific variables of interest in areas in which a great deal of research has already been completed, but lack the human perspective.² Through these explorations, qualitative researchers develop theories and gain insight useful in understanding the process that persons experience and journey through when dealing with an issue. Qualitative research studies strive to increase understanding of the unique human experience. The research is not hypothesis driven, but rather, focused on gaining insight and is understanding-driven.

Qualitative Research Process

There are general principles that guide the design of the qualitative research project. First is the study question. These questions are written very generally and summarize what the study examines. Often, these questions are followed by “sub-questions” that further refine what will be examined. Next is a systematic review of the literature. This review provides the researcher a basis to understand the current state of the science. Existing evidence is used to highlight why the proposed research study is important and focuses on the gap in the literature. This step is followed by defining the theoretical perspective that guides the research and how that theory will be used. If the project is generating a new theory, then there should be discussion of the theory.^{1,2}

Research Design

Next is selection of the appropriate design for the research project. Several designs can be used. These include:


- Qualitative descriptive method describes the phenomena and does not interpret
- The ethnography method requires the researcher to be present in the cultural environment they are studying. This allows for direct observation with interviews for data collection
- The grounded theory method focuses on how and why persons construct meanings in specific situations

- The descriptive phenomenology method ensures the interviews occur in an openly neutral worded way. It probes the participants to gain clarification and elaboration of their experience with the topic of interest
- The hermeneutic phenomenology method interprets and explains meaning in relation to context. This interpretation is gained through analysis of the dictated conversations with persons who are living the experience of interest
- The narrative/life story method uses open ended interview questions to guide the conversation with persons who have lived the experience of interest
- The focus group analysis method generates data from group discussions and interactions typically led by a group leader^{1,2}

Formulation of Purpose and Direction of the Study

The next principle of qualitative research is to create or formulate a purpose statement. This gives direction and focus to the study. Establishing the significance of the study lays the groundwork for the study to evolve. Describing the research procedures, or steps taken to conduct the project, including describing the participants, including sampling methods and strategies, ethical considerations, how the data was collected, analyzed and interpreted, and, lastly, how the scientific rigor and quality of the study was maintained. Qualitative research adds a dimension and rich understanding to a phenomenon that compliments the understanding gained through quantitative methods.

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A Day in Washington, D.C. with the American Nurses Association

Crystal Chapman, BSN, RN – Governmental Affairs Strategic Work Team

On June 8, 2017, I travelled to Washington, D.C. to participate in the American Nurses Association (ANA) Hill Day. This day is set aside for nurses from all over the country to meet with their legislators about a variety of important topics concerning the profession.

The day started with everyone together. Then, we divided into smaller groups based on each of our states. After networking with four other nurses in the morning from my home state of West Virginia, the afternoon was spent meeting with our state representatives. Thanks to the ANA, times had already been scheduled with each senator and representative to meet with us. In West Virginia, we have two senators and three delegates.

Our major talking points concerned encouraging legislators to support The Registered Nurse Safe Staffing Act (H.R. 2392),¹ Title VIII Nursing Workforce Reauthorization Act (S. 1109/H.R. 959),² and The Home Health Care Planning Improvement Act (S. 445/H.R. 1825).³ We ended up meeting with our legislators' aides, as this was the same day as the James Comey hearings, which were attended by most of our representatives. In addition to our talking points, the ANA's position of not supporting the repeal of the Affordable Care Act (ACA) was strongly emphasized. We were met favorably by each office representative.

Registered Nurse Safe Staffing Act

The Registered Nurse Safe Staffing Act is bipartisan legislation that requires Medicare-participating hospitals to establish a committee, composed of at least 55 percent direct care nurses, to establish nurse staffing plans that are specific to each unit. This committee approach in creating safe staffing plans recognizes that direct care nurses, working closely with their managers, are best equipped to determine staffing levels.¹

Nursing Workforce Reauthorization Act

The Title VIII Nursing Workforce Reauthorization Act would reauthorize nursing workforce development programs through FY 2020. Title VIII provides the largest source of federal funding for nursing education. Major grant programs within Title VIII are Advance Nursing Education, Workforce Diversity Grants, Nurse Education, Practice, and Retention Grants, National Nurse Service Corps, Nurse Faculty

Loan Program and Comprehensive Geriatric Education Grants. Given the broad scope of these programs, it is clear how critical this funding is for the future of nursing.²

Home Health Care Planning Improvement Act

The Home Health Care Planning Improvement Act would allow nurse practitioners, clinical nurse specialists, and certified nurse midwives to order home health services. In turn, this would provide increased accessibility to home health services in rural areas that may not have ready access to a medical doctor. Currently, only medical doctors can sign for home health services.³

A Proud Day to Participate

This day of action on Capitol Hill was one in which all nurses involved felt pride, in not only advocating for our vital profession, but in participating in the political process as well. We are experienced and knowledgeable healthcare providers who can make the necessary changes to create a better healthcare system for all.

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Crystal Chapman
BSN, RN
Governmental Affairs
SWT Member



The New Dantrolene

**Charles B. Watson, MD, FCCM – Volunteer MH Hotline Consultant
Malignant Hyperthermia Association of the United States***

Questions have arisen about the new dantrolene formulation, Ryanodex,TM that is now available on the formulary of many hospital and outpatient facilities for the treatment of Malignant Hyperthermia Crisis [MHC]. As many know, dantrolene sodium is the critical drug for initial treatment of the MHC together with other supportive therapy, but it is essential that it be given as soon as possible after recognition of a MHC. Also, it is important to know that Ryanodex is as efficacious as the other preparations, DantriumTM and Revonto,TM but there are differences that increase the convenience of administration versus the older versions of this drug.^{1,2}

Preparation with “Old Dantrolene”

Malignant Hyperthermia Association of the United States (MHAUS) recommended preparation to treat MHC emphasizes the need to have assistance mixing an initial therapeutic dose of the older preparation. This is because, while a typical adult may be about 100 kilograms (kg) and require a loading dose of 250 milligrams (mg) of dantrolene, it takes time to mix 13 of the 20 mg vials that must be dissolved in 50-60 milliliters (ml) per vial sterile water and to give as much as 260 mg. In fact, without help, it may take a clinician up to an hour to prepare this dose and a volume of almost a liter of drug to inject after it is dissolved in large syringes.

Under MHAUS recommended protocols, additional nursing staff are suggested to help get a loading dose of dantrolene prepared and administered in a shorter time. And, of course, early recognition and treatment of the MHC with dantrolene decreases risk of mortality and death. As the recipient of many MH Hotline calls and one who has treated the MHC, I can attest to the inordinate length of time it takes to prepare and give the 20 mg vials to most adults once the drug is retrieved for use in the operating room.

“New Dantrolene” - Ryanodex

Ryanodex comes as a small vial containing 250 mg that is reconstituted in 5-10 ml sterile water. A loading dose for a large adult can be mixed and given within a few minutes of recognizing the MHC. It takes much less space to store and only a few vials are needed to have doses as high as the 20-30 mg/kg that have been required to treat some MHC patients. It's easy to

get an initial dose in rather rapidly. Experience with this drug preparation has mounted since its approval for use in the United States.^{1,2}

A possible disadvantage is that this more concentrated preparation may cause worse tissue injury when it extravasates while being injected through a failing IV. For this reason, some MH Hotline consultants recommend that none of the formulations be given by continuous infusion, especially in children, but in intermittent boluses so that the IV can be tested appropriately prior to each injection.

Real Experience with Ryanodex


The new dantrolene formulation is a bit more expensive than the older preparations. Moreover, no one wants to throw away this expensive drug before it expires. For that reason, some hospitals have chosen to suggest using Ryanodex only for an initial bolus, with the older preparations for use in maintenance. This has confused nursing and medical staff, and produces confusing storage issues.

Also, as our patients become larger and we see MH patients who need larger doses of dantrolene sodium to initially treat the MH crisis, the loading dose volume may increase from one to three or more vials of Ryanodex. In my experience, a number of centers who began with the mixed dantrolene formulation approach have converted their stocks to Ryanodex for simplicity's sake.

Disclaimer:

* Neither I nor the MHAUS endorse any drug or product. I am not, nor have ever been, a paid or volunteer representative or collaborator with the company that produces Ryanodex.

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Safety Corner – At What Age Should Cribs Be Used?

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

Diane Swintek, MSN, RN, CPAN – ASPAN Director for Clinical Practice

At what age is it safe for a patient to be moved through the perianesthesia/perioperative area on a stretcher? Does ASPAN have recommendations for this practice? ASPAN advocates for safe care in the perianesthesia arena, including safe transport for pediatric patients.¹

Growth and Development Considerations

The pediatric patient population has unique safety needs originating from their stage of development. In the first two to three years of life, the pediatric patient experiences significant growth and development, with great advances in purposeful movement. It is essential that the perianesthesia nurse is vigilant in observing the patient. The infant from nine to 12 months is standing, and trying to walk alone, while the toddler is learning to climb and jump.²

ASPAN Standards

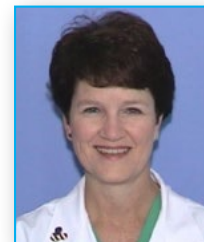
In the *2017-2018 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*, “Position Statement 7: A Position Statement on the Pediatric Patient” states that ‘perianesthesia registered nurses have the responsibility of recognizing the uniqueness of age-related pathophysiologic and anatomical differences found with the pediatric patient.’¹ The position statement goes on to say that the safety and well-being of the child must be maximized and supported to prevent complications and decrease risks when they are under the influence of anesthesia agents and its adjuncts.¹

Facility Practices

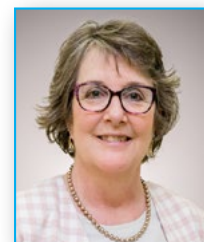
The decision to mandate a crib may be facility-specific, taking into consideration the age and size of the patient, availability of family, and procedure performed. It is also important to collaborate with the anesthesia department to provide the safest solution for pediatric patients.

REFERENCES

1. American Society of PeriAnesthesia Nurses. A position statement on the pediatric patient. In: *2017-2018 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2016:109-111.
2. Hoefner-Notz R. Care of the pediatric patient. In: Odom-Forren J, ed. *Drain's Perianesthesia Nursing: A Critical Care Approach*. St. Louis, MO: Elsevier; 2018:707-710.



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to MHAUS

Liaison Update: Did You Know?

Members of ASPAN have a wonderful opportunity to become members of Malignant Hyperthermia Association of the United States (MHAUS) at a greatly reduced rate? ASPAN has partnered with MHAUS to work towards our common interest of malignant hyperthermia education. As an ASPAN member, you may join MHAUS for only \$20 per year (normally \$50 per year – a \$30 annual savings). Becoming an MHAUS member provides a 30% discount on events and materials, and access to member areas such as chapter groups, forums, pages, quizzes, surveys, the e-newsletter, and *The Communicator* quarterly newsletter.

For more information, please visit the MHAUS Web Site (www.mhaus.org), or contact Terri Passig, ASPAN Liaison to MHAUS, at passig01@aol.com.

Clinical Practice Hot Topic

Caring for Mother and Baby Post C-section

Diane Swintek, MSN, RN, CPAN – Director for Clinical Practice



Diane Swintek
MSN, RN, CPAN
ASPAN Director for
Clinical Practice

The Clinical Practice Committee receives many questions via the ASPAN Web site each month. Committee members then research the answer and respond to the query. This month, the questions are about caring for mother and baby post-Cesarean section (C-section).

- Q.** Does ASPAN recommend recovering C-section patients in the main PACU or in a PACU specific to Ob/GYN patients?
- Q.** Do the mother and baby remain together in the same PACU during the recovery period, or are they cared for separately immediately following the C-section?

A. Cesarean section (C-section) delivery of an infant within the confines of the main operating room, and not within an obstetric specific delivery suite, while becoming more common, is still a low incidence/high risk procedure for the Phase I PACU registered nurse. ASPAN addresses care of the perinatal patient in “A Position Statement on Care of the Perinatal Patient.”¹ This position statement encourages registered nurses to attend seminars and continuing education programs pertaining to the care of this population. It is important to remember that the new mother is undergoing unique physiologic changes related to pregnancy and delivery.

Post C-section Assessments

The care of the C-section patient is similar to any patient who has abdominal surgery, with the inclusion of intense focus on postpartum care. A moderate amount of lochia rubra is expected, and the number of pads and presence of clots is closely monitored to forestall unwanted postpartum hemorrhage. At the same time, it is imperative that, in addition to examination of vaginal discharge, the RN is checking the fundus frequently to ensure the uterus is contracting. If your assessment reveals a “boggy” uterus, initiate gentle massage to stimulate the uterus to contract. This is uncomfortable for the patient and is better tolerated when the situation and procedure are explained before proceeding. Communicate assessment findings on uterine tone and lochia to the provider to ensure a positive immediate postpartum experience.

The ideal situation is that the C-section is performed in an OB specific OR/PACU. However, when the main OR/PACU is the venue for delivery,

the Phase I PACU RN must provide the immediate postpartum care. Postoperatively in the PACU, remember that there are two patients, and when able, they should both be isolated in a quiet corner with curtains pulled.

Perinatal Practices


Skin-to-skin contact has become the norm in many labor and delivery units and is a practice that is beneficial for bonding between mother and newborn. Assessing that your patient is hemodynamically stable, and there are no physiologic issues with the newborn, initiate skin-to-skin contact. Each institution should develop policies and protocols for care of this special population outside of the normal clinical unit. “Education and maintenance of competencies for the care of the perinatal patient in the perianesthesia setting must be developed and shared. Institutions should conduct a gap analysis to identify where further education is needed.”¹

Transfer to a postpartum unit is accomplished when the mother meets established discharge criteria. During the recovery period in the PACU, support personnel from the mother-baby unit can provide back-up for the for the Phase I RN.

A Real Story

Recently, at my medical center, we recovered a patient after emergent C-section. The mother-baby unit provided a registered nurse who worked with the Phase I RN to provide care for this new family. The Phase I RN was assigned only to this patient, in a quiet a corner, with dad and newborn present. Skin-to-skin contact was initiated shortly after the initial assessment was completed. It was a “feel-good day” to be part of this positive experience and outcome.

REFERENCE

1. American Society of PeriAnesthesia Nurses. A position statement on care of the perinatal patient. In: *2017-2018 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2016:121-124. 

THE DIRECTOR'S CONNECTION

Shay Glevy, BSN, RN, CPAN, CAPA – ASPAN Regional Director, Region 1

Region 1 Update

Hello! I hope this update finds you well. As I was "surfing the Web," I looked up a definition of team. It is defined as: "A group of people with a full set of complementary skills required to complete a task, job, or project. Team members operate with a high degree of interdependence, share authority and responsibility of self-management, are accountable for the collective performance, and work toward a common goal and shared rewards. A team becomes more than just a collection of people when a strong sense of mutual commitment creates synergy, thus generating performance greater than the sum of the performance of its individual members."¹

Wow! This definition reminds me of how our components work with ASPAN to promote education, standards and research, all in the interest of giving the best care to our patients. The Region 1 team includes the following components:

- Arizona PeriAnesthesia Nurses Association (AzPANA): www.azpana.org
- Hawaiian Islands PeriAnesthesia Nurses (HIPAN): www.hipan.net

- Nevada PeriAnesthesia Nurses Association (NevPANA): nevpana.nursingnetwork.com
- Northwest PeriAnesthesia Nurses Association (NPANA): www.npana.org
- PeriAnesthesia Nurses Association of California (PANAC): www.panac.org
- PeriAnesthesia Nurses Association of New Mexico (PANANM): www.pananim.org
- Rocky Mountain PeriAnesthesia Nurses Association (RMPANA): rmpana.nursingnetwork.com
- Utah Society of PeriAnesthesia Nurses (USPAN): uspan.nursingnetwork.com

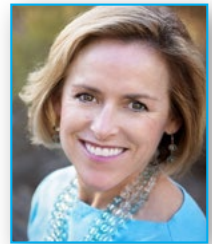
Check out their Web sites to learn more about each component and their upcoming educational offerings.

And, finally, please feel free to email me at sglevy@aspan.org for any issues that you would like to discuss.

REFERENCE

1. Team. Available at: <http://www.businessdictionary.com/definition/team.html>. Accessed September 2, 2017. 🌱

Region Report



Shay Glevy
BSN, RN, CPAN, CAPA
Regional Director,
Region One



◀ *Region 1 leaders gather during a break at the Representative Assembly in Indianapolis*

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Leadership Development Institute

The annual Leadership Development Institute (LDI) was held September 15-17 in Kansas City, Missouri. Education, networking and fun rounded out the weekend for component leaders, and included opportunities to interact with ASPAN leaders.



▲ ASPAN sleuths

▼ Attendees at LDI



▲ Group learning activity



▲ Attendees at LDI

▼ Group learning activity at LDI



► TAPAN leaders having a good time

▼ LAPAN leadership





LIVE IN-PERSON SEMINARS

ADVANCED PATIENT SAFETY: NEW APPROACHES AND DIRECTIONS

March 17, 2018
Omaha, NE
Pam Windle

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

June 2, 2018
Wilmington, NC
Nancy Strzygowski

PERIANESTHESIA CERTIFICATION REVIEW

January 27, 2018
Springfield, OR
Jacque Crosson

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

January 27, 2018
Elgin, IL
Sylvia Baker

February 10, 2018
Perth Amboy, NJ
Wanda Rodriguez

February 10, 2018
Seattle, WA
Lois Schick

LIVE WEBCASTS – FULL-DAY PROGRAMS

FOUNDATIONS OF PERIANESTHESIA PRACTICE

February 3, 2018
Linda Wilson

PERIANESTHESIA CERTIFICATION REVIEW (3 Parts)

February 28, 2018 WEDNESDAY
March 7, 2018 WEDNESDAY
March 14, 2018 WEDNESDAY
Linda Wilson

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS

February 10, 2018
Linda Ziolkowski

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

March 3, 2018
Kim Kraft

PEDIATRICS: BEYOND THE BASICS

February 24, 2018
Myrna Mamaril

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE

March 17, 2018
Nancy Strzygowski

PEDIATRICS: LITTLE BODIES; BIG DIFFERENCES

June 9, 2018
Myrna Mamaril

REFRESHING YOUR PERIANESTHESIA PRACTICE

June 16, 2018
Linda Ziolkowski

PERIANESTHESIA CERTIFICATION REVIEW

January 27, 2018
Denise O'Brien

SAFETY BEGINS WITH US
March 4, 2018 SUNDAY
Linda Wilson

February 17, 2018
Lynn Sekeres

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

June 2, 2018
Dina Krenzischek

March 24, 2018
Terry Clifford



LIVE WEBCASTS – HALF-DAY PROGRAMS

FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE

January 28, 2018 SUNDAY

Shay Glervy

INFECTION CONTROL CHALLENGES: IMPLICATIONS

FOR THE PERIANESTHESIA NURSE

February 11, 2018 SUNDAY

Terry Clifford

PERIANESTHESIA ESSENTIALS I

March 10, 2018

Linda Beagley

PERIANESTHESIA ESSENTIALS II

March 10, 2018

Linda Beagley

PERIANESTHESIA ESSENTIALS III

June 17, 2018 SUNDAY

Linda Wilson

PERIANESTHESIA ESSENTIALS IV

February 18, 2018 SUNDAY

Linda Beagley

PERIANESTHESIA ESSENTIALS V

February 25, 2018 SUNDAY

Susan DiBlasi

PERIANESTHESIA FOUNDATION

June 3, 2018 SUNDAY

Susan DiBlasi

LIVE WEBCASTS – TWO-HOUR PROGRAMS

ERAS: WHAT YOU NEED TO KNOW FOR ENHANCED

RECOVERY AFTER SURGERY

February 4, 2018 SUNDAY

Mary Baird

June 10, 2018 SUNDAY

Mary Baird

OBSTRUCTIVE SLEEP APNEA IN THE ADULT PATIENT:

PUTTING THE PRACTICE RECOMMENDATION INTO

PRACTICE

March 11, 2018 SUNDAY

Linda Beagley

PREVENTION OF UNWANTED SEDATION: PUTTING THE

PRACTICE RECOMMENDATION INTO PRACTICE

March 18, 2018 SUNDAY

Linda Beagley