



Breathline

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Volume 44 Number 2

INSIDE:

PRESIDENT'S MESSAGE: Fulfilling the Dream with Foresight Vision: *A World of Belonging, Innovation, and Solutions*

Alphonzo Baker, Sr., DNP, RN, CAPA – ASPAN President 2023-2024

Dear members,

As we wrap up another successful year, I want to take this opportunity to extend my heartfelt gratitude to each and every one of you for your unwavering dedication and commitment to excellence in perianesthesia nursing. The challenges we've faced this year have been significant, but so have our achievements. Together, we've demonstrated remarkable resilience, adaptability, and ingenuity in navigating the complexities of our profession. Our ability to collaborate and innovate in the face of adversity is a testament to the strength of our community.

As perianesthesia nurses, we understand the critical importance of finding effective solutions to the ever-evolving demands of our field. Whether it's optimizing patient care, embracing technological advancements, or advocating for the well-being of our colleagues, we continue to lead by example in driving positive change. I am immensely proud of the strides we've made in advancing the practice of perianesthesia nursing. Our collective efforts have not only enhanced patient outcomes but have also elevated the standard of care across the industry.

We had great collaboration with other organizations, and we sat at the table to speak up for our perianesthesia nurses. We developed a Waste Anesthesia Gas toolkit. A new resource is almost complete, the *Competency-Based Orientation for the Registered Nurse and Pain Management in the Perianesthesia Setting*. We placed a call for editors to update ASPAN's *A Competency-Based Orientation Program for the Registered Nurse in the Perianesthesia Setting*. We went online with the *Journal of PeriAnesthesia Nursing (JOPAN)*. And we are currently updating ASPAN's *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* for the 2025/2026 edition. We have so much more to share.



Alphonzo Baker, Sr.
DNP, RN, CAPA

As we look ahead, let us remain steadfast in our commitment to pursuing innovative solutions and best practices. By harnessing our collective knowledge and expertise, we can address the challenges that lie ahead with confidence and determination.

I am honored to serve as your president, and I am continually inspired by the passion and dedication displayed by each of you. Together, we have achieved great things, and I am excited about the possibilities the future holds for our profession. Thank you for an outstanding year. Your contributions have been invaluable, and I am deeply appreciative of your unwavering support. Here's to continued success and progress in the coming year.

With warm regards,

Alphonzo 



▲ Alphonzo with his family at the National Conference in Denver

Serving nurses practicing in all phases of preanesthesia and postanesthesia care, ambulatory surgery, and pain management.



ASPN

American Society of PeriAnesthesia Nurses



ASPAN's 2024 National Conference in Orlando is Almost Here!

Kim Godfrey, BSN, RN, CPAN

Coordinator, ASPAN National Conference Strategic Work Team 2024



Kim Godfrey
BSN, RN, CPAN

It may be hard to believe that, while many of us have been experiencing the coldest winter in a long time, in less than a month we will be gathering in sunny Orlando, Florida for ASPAN's 43rd National Conference.

There have been hours of work and collaborating behind the scenes to put forth an awesome program. We are very excited about our opening and closing speakers. We listened to YOUR feedback when we looked at sessions to be offered. There are so many choices it may be hard to pick which sessions to attend. GREAT NEWS: if you sign up for the full conference, you will have a chance to listen to most of them. Many of the classes will be offered 'On Demand' after the conference is over. Networking is another great benefit of attending the in-person conference. My challenge would be to meet a new person every day of the conference. One opportunity for this will be on Sunday evening. Come to the relaxing social event, "What's Happening," to mix and mingle with colleagues from all over the country, and even internationally. There will be music, dancing, light food, and a cashless bar. This year's social event will have an '80s theme. But you don't have to dress like the '80s! Come as you are in comfortable attire.



▲ Bok Tower Gardens Pinewood Estate
Photo courtesy of Visit Orlando



▲ City of Orlando - Downtown Orlando
Photo courtesy of Visit Orlando

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▲ City of Orlando - Lake Eola Park
Photo courtesy of Visit Orlando

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Address changes and administrative correspondence to:

ASPAN
90 Frontage Road
Cherry Hill, NJ 08034-1424
877-737-9696 Fax: 856-616-9601
aspn@aspn.org www.aspn.org

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Editorial Comments and Letters to the Editor to:
Barbara Godden
9320 Ermintide Drive
Lone Tree, CO 80124
bgodden@aspn.org

CONTRIBUTORS
K. Bickerstaff (AZ)
E. Cooper (OH)
J. Crosson (AZ)
K. Franks (GA)
K. Godfrey (FL)
D. Niehaus (OH)
A. Popa (MA)
A. Zito (OH)

Deadlines for inclusion in *Breathline*:
IssueDeadline
JanuaryNovember 1
MarchJanuary 1
MayMarch 1
JulyMay 1
SeptemberJuly 1
NovemberSeptember 1

National Conference Development Events

The City Beautiful, Orlando, Florida | April 14 – April 18, 2024

Katrina Bickerstaff, BSN, RN, CPAN, CAPA – Coordinator, Development Strategic Work Team

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here are several fun ways you can support ASPAN and your profession at ASPAN's 43rd National Conference.

Silent Auction

Please consider contributing an item to the Silent Auction. Components and individuals are invited to donate and bid on items. Purses, jewelry, gift cards, and gift baskets have all been popular items in the past. The auction fun begins immediately as the Exhibit Hall opens Monday evening at 6 p.m. Bid high, bid often!



Katrina Bickerstaff
BSN, RN, CPAN, CAPA

Development Celebration Breakfast: Become a Patron of ASPAN!

Support your professional organization by attending the Development Breakfast early Wednesday morning. Past President Regina Hoefner-Notz will be presenting the Lois Schick Memorial presentation *"I Cried So Hard I Laughed!"* Earn .75 contact hours, honor your friends, family, and colleagues with gifts to the *Hail, Honor, Salute!* Campaign and come and celebrate newly inducted Legacy for Life members. All this, while enjoying a traditional American breakfast.

Hail, Honor, Salute! Campaign

Any time during the conference, you can honor a special colleague, friend, or family member and support ASPAN by completing a *Hail, Honor, Salute!* Campaign form, which will be available at the conference Registration Desk and the ASPAN booth in the Exhibit Hall. Completed forms can be turned in at the Development Celebration Breakfast, the ASPAN booth during Exhibit hours, or the ASPAN conference registration desk. 



LEGACY FOR LIFE

Please take a moment and consider becoming a Legacy for Life member. The program was established in 2013 and supports the future of perianesthesia nursing through significant, enduring contributions that are applied to perianesthesia education, research, practice, and standards. By making this significant gift, you receive a multitude of benefits and know your contribution will impact ASPAN and our vital mission for years to come.

For additional information on any of these activities, please email Doug Hanisch at the National Office: dhanisch@aspan.org.

Legacy for Life Ten Years Later

Today's nursing environment is different with education expenses skyrocketing. Previous sources of extra income may not be available or practical with already long shifts and fewer days off as a remnant of the pandemic. Financial support is needed now more than ever. I am happy the Legacy for Life program funds are donated by nursing peers who understand how important it is for nurses to receive their education and stay current in their practice.

At the 2013 National Conference in Chicago, Illinois, the American Society of PeriAnesthesia Nurses introduced this new lifetime giving program. Over the last ten years, we have had many individuals and components give back to our organization.

Below are the names of the generous Legacy supporters over the years.

Individuals:

Karen Flanagan, Kim Kraft, Twilla Shroud, Myrna Mamaril, Charlotte West, Grace Walke, Valerie Watkins, Maureen Iacono, Linda Wilson, Angelique Weathersby, Sandra Gardner, Nancy Saufl, Dolly Ireland, Katrina Bickerstaff, Lois Schick, Jane Ehrhardt, Dina Krenzischek, Susan Shelander, Debby Niehaus, Elizabeth Martin, Linda Beagley

Components:

MOKANPANA, PAPAN, TAPAN, PANAC, CBSPAN, RMPANA, ILSPAN, NYSPANA, MAPAN, INSPAN

Legacy for Life is open to all individuals and components to foster ongoing support for the preservation and advancement of the Society. Legacy giving is a commitment to making a difference for ASPAN and the future of perianesthesia nursing. What better way to bestow to ASPAN and our membership? So please consider contributing and becoming a Legacy for Life member.

For more information on Legacy for Life, [click here.](#) 

In Memory of

ESTHER WATSON

BSN, RN

An ASPAN Original Historical Pioneer

When I think of my friend, Esther Watson, I smile because she was a real character! She was a nurse with 70 years perianesthesia nursing experience, a voice for nursing, definitely fun-loving, enjoyed a good party, a quick wit surrounded in laughter, and a storyteller. But most of all, she was altruistic. Esther was always giving of herself unselfishly without expecting personal benefit in return.

We were both at all the ASPAN Conferences beginning with the first conference in 1982, but we did not become friends until she was on the ASPAN Board in 1988. At that time, she was president of the New Jersey Society of Post Anesthesia Nurses (NJSPAN) and elected to a three-year term 1988-1991 representing New Jersey as a component director on the ASPAN Board. She served in New Jersey for many years.

The Board in 1988, as in the early years, was seated at tables put together in a large square with ASPAN officers and the component leaders together. Esther was seated next to me and after our five minute “getting to know you” break, we were talking and laughing so hard that tears rolled down my face. President Anne Allen threatened to separate us. My buddy Esther was a great support for me when I was ASPAN president, offering advice when asked or giving me a “now Debby” in her big sister voice to get my attention.

Esther was anything but meek and never met a stranger, as could be witnessed when she attended National Conferences. She met thousands of attendees over the years, and they remembered her. She helped with Development activities, and I could always count on her to work with me on the Silent Auction. She told me at Christmas time she planned on helping me with the auction at the Orlando Conference this year. Whether the Sergeant at Arms at ASPAN’s RA meetings or hostess in the Exhibit Hall Silent Auction, everyone stopped to say ‘hi’ to Esther.

I liked Esther’s love of perianesthesia nursing, love of history and her belief that ASPAN needed to be the organization to educate and guide new generations of nurses. Esther served on the ASPAN Historical Committee from 1988-1992, then she was appointed the Historian for ASPAN. She was a tri-editor in publishing an updated *History of ASPAN and Perianesthesia Nursing*

book. She wanted a place to store and display ASPAN perianesthesia books, articles, mementos, and this was answered in 2018 with the dedication of the Esther E. Watson Library at the ASPAN National Office in New Jersey.

I know Esther was greatly surprised to be the first recipient of the ASPAN Past President’s “Distinguished Service” Award in 2003. With tears of joy, she received the engraved crystal bowl. Esther was extremely proud to be a member of the “Fab Five” who had attended all ASPAN National Conferences since the first one in 1982 in St Louis. Sadly, we lost member Lois Schick, and now Esther. The “Fab Three” of Jane Ehrhardt, Liz Martin, and I will miss Esther, but know she will be there in spirit whether on the dance floor, having a cocktail, or in laughter with her friends. We will all toast our friend with a smile, because she is now with her “Sunshine” again.

Esther passed away on February 24, 2024, at the age of 94.



▲ From left, Nancy O'Malley with Esther Watson



▲ Debby Niehaus with Esther



▲ Esther was surprised when the new ASPAN Library was named in her honor



▲ From left, Maureen Iacono, Myrna Mamaril, and Esther at her Library Celebration in 2018



▲ Esther leaving the Library Celebration



▲ Esther's dog, Sunshine, came to the Library Celebration



▲ The "Fab Five" at the 2019 National Conference in Nashville. From left, Lois Schick, Debby Niehaus, Esther Watson, Jane Ehrhardt, and Liz Martin



▲ Esther with Marcia Keiser at the 2023 National Conference in Denver



▲ The "Fab Four" at the 2023 National Conference in Denver

What's Planned for the New ASPAN Standards?

Jacque Crosson, DNP, RN, CPAN, FASPA – Coordinator, Standards Strategic Work Team

Antoinette Zito, MSN, RN, CPAN, FASPA – Vice-Coordinator, Standards Strategic Work Team



Jacque Crosson
DNP, RN, CPAN,
FASPA



Antoinette Zito
MSN, RN, CPAN,
FASPA

The Standards Strategic Work Team (SWT) met in Cherry Hill, New Jersey, from October 19 through October 22, 2023. The primary goal of this meeting was to review the entire *2023-2024 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* and integrate new knowledge and new evidence discovered through literature review from assigned Standards teams. The majority of the work was done prior to the meeting in order to allow for vigorous discussions to occur during the meeting. The robust agenda contained 41 items for review. There were scheduled simultaneous Zoom opportunities for team members to attend virtually. Important to the entire Standards SWT is the continued leveling of evidence to support ASPAN's perianesthesia standards. This edition will contain the new ASPAN Professional Practice Model in the Introduction, which reflects patients and families are at the center of our perianesthesia environment. Clinical practice, clinical education, and clinical inquiry are dependent on each other, and these missions align with advancing perianesthesia nursing practice.¹

This edition will include a Glossary of Terms. Definitions will be removed from the sidebars and collated into a glossary. The definition of each term will be provided and cited for further clarification. There is a series of Town Hall meetings prior to National Conference with the goal of reviewing the changes to the 2025-2026 edition of the Standards.

New Position Statements to be brought forward to the Representative Assembly in Orlando, Florida include:

- A Position Statement on Capnography
- A Position Statement on Perianesthesia Nursing's Impact on and Response to Climate Change
- A Position Statement on Non-Operating Room Anesthesia

During the Town Hall meetings, members of the Representative Assembly have the opportunity to review proposed changes in the *2025-2026 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*.

During the Town Hall, the presenters will also address how content is incorporated into the Standards. Queries through the Clinical Practice Committee determine trends which require further clarification. This edition's trends included assessment, staffing, competency, medication administration, transfer of care and discharge criteria. The team was tasked with incorporating new evidence into the documents if available.

Continued throughout this edition are our foundational tenets of justice, equity, diversity, inclusion, and belonging. These underpinnings to our practice provide the perianesthesia registered nurse with guidance on the importance of providing expert, empathic, respectful, and compassionate care to all patients in their charge. The perianesthesia registered nurse promotes an environment of civility where collaboration with an interprofessional healthcare team is critical to delivering quality, compassionate care to a diverse population. In the world we live in today, with varying emotions, politics, grief, and struggles, ASPAN is here to support the perianesthesia nurse as broadly as possible.

Finally, there will be a crosswalk presented during the Town Hall reflecting changes to existing documents. Examples included in the crosswalk are added terminology such as Social Determinants of Health (SDoH), language from the World Health Organization (WHO) surrounding patient safety and growing public health challenges, patient empowerment and patient engagement. The content of the document has not changed but new terminology or language will be updated so that the Standards remain current.

While this work would not have been possible without the entire Standards SWT, the following team leads were responsible for engaging their teams in this rigorous review:

- Linda Beagley, MS, RN, CPAN, FASPA
- Amy Berardinelli, DNP, RN, NE-BC, CPAN, FASPA
- Connie Hardy Tabet, MSN, RN, CPAN, CAPA, FASPA
- Maureen McLaughlin, MS, RN, ACNS-BC, CPAN, CAPA
- Daphne Stannard, PhD, RN-BC, CNS, NPD-BC, FCCM

Many thanks to the entire Standards SWT, Director for Clinical Practice Melissa Davidson, MSN, RN, CPAN, for her support of Standards as our Board liaison, and Terry Clifford, DNP, RN, CPAN, CAPA, FAAN, FASPA, our National Office liaison! Well done!

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Clinical Practice Hot Topic: Family Presence in the Perianesthesia Setting

Melissa Davidson, MSN, RN, CPAN – ASPAN Director for Clinical Practice

Clinical Practice

The Clinical Practice Committee receives many questions from members and non-members each month. To submit a question, please go to the ASPAN home page and look under the Clinical Practice tab.



Melissa Davidson
MSN, RN, CPAN

As nurses, we focus on what is needed to safely move our patients through the perianesthesia experience. We spend much of our time focusing on safe staffing levels and appropriate patient management with an emphasis on outcomes. But do we give enough attention to including the patient's family in the process?

The practice recommendation on family presence in the perianesthesia setting provides guidance on when to involve family and the many benefits family presence may provide.¹ ASPAN defines family as whoever the patient says it is.^{1,2} This differs from the legal definition of family. It's important to recognize the difference as there are situations where the patient may not want information shared with their family. If you are in a situation where the patient is unable to make decisions for themselves, their legal family may be the one to give informed consent.^{1,2}

Preanesthesia Area

In the preanesthesia area, family should be included in the patient interview and education. Frequently, the family may have information on the patient's health history, which aids in optimization.¹

In the preanesthesia area, family should be included as soon as possible. Part of many preoperative assessments is to complete a domestic violence and suicide risk assessment. These questions should be asked when the patient is alone, to provide them with a safe environment to answer honestly. The family should be included in the preparation of the patient. This is an excellent opportunity to provide education. Ensure the family is prepared to care for the patient at home after the procedure. This may also be an opportunity to involve social work if needed.¹

Postanesthesia Setting

Family presence in the postanesthesia care unit may be the most challenging. The physical space in a PACU may restrict the number of people you are able to have in the space while continuing to safely provide patient care. Family should be allowed in the PACU as soon as it is safe. Each facility should develop a protocol for how visitation will occur. Even in a busy Phase I PACU, it is easy to establish a program where family can be brought to the bedside for a short visit. Establishing rules with the family preoperatively so they understand they need to stay in their area with curtains pulled will help promote privacy. Remember, family presence should be therapeutic. It is acceptable to ask family to leave the area if necessary.¹

During Phase II care, family presence should be encouraged. Family members need to be involved in postoperative education. When doing discharge teaching, it is vital to ensure the family understands how to complete care tasks such as emptying drains or caring for a catheter. They also need to be aware of what to notify the surgeon about and when to seek emergency care. By including family in this education, you are providing a better recovery experience for the patient.¹

Pediatric Care

When caring for children, family presence is not optional. There should be a plan in place for induction of anesthesia or sedation which allows the family to be there to comfort the child. Many facilities that specialize in pediatric care have induction rooms where family presence is promoted and then the child can be moved to the OR without the worry of contaminating the environment. When children are in the PACU, parents should be brought to the bedside early in the process. By doing this, there may be a decrease in the incidence of emergence delirium.¹

As we return to a post-pandemic normal, family presence in the perianesthesia setting needs to be encouraged. We should focus on ensuring families are involved in the education and are able to provide the needed support for our patients.^{1,2}

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Avoid Stress. Really?

ElizaBeth Cooper, BSN, RN, LMT, CAPA – Coordinator, Well-being Strategic Work Team



ElizaBeth Cooper
BSN, RN, LMT, CAPA

I am committed to being a life-long learner. I subscribe to a variety of newsletters to stay current with concepts and find ways to cope in this ever-changing world. One email newsletter I subscribe to is on the Healthline.com website. An article that sparked my interest was called "Habits to form now for a longer life."¹

The first intervention suggested refraining from overeating.¹ Another intervention listed was: "Avoid chronic stress and anxiety."¹ My first thought was "duh." I do not know anyone who intentionally looks for chronic stress and anxiety. But I read on to see the intention of the author. The statement might be better phrased: "Manage the negative symptoms of chronic stress and anxiety." We are going to encounter stress and anxiety throughout our lifespan.

You may recall Hans Selye's stress theory from nursing school.² He described stress as the "nonspecific response of the body to any demand" and is present in all stages of any illness.²

Who likes to be irritable and fatigued with headaches, and have difficulty concentrating? These are the symptoms of chronic stress. Also, add in the gastrointestinal manifestations that can occur.² I believe it is safe to say people do not want these described symptoms on a constant basis. However, stress is inevitable to a healthcare worker.

The suggestions in the Healthline article are do-able interventions with practice.¹ Eating without overindulgence can negate the previously mentioned stress symptoms. Selecting simple unprocessed food can decrease difficulty concentrating. For example, nuts are a great simple food that is easy to digest and give a sensation of fullness. Bananas are an excellent source of potassium and magnesium.¹

Let's focus on our diet or eating plan at work. Some of us work shifts where we must bring our food or be at the mercy of the vending machine. There are also delivery places, and an Uber can also bring us food. Truthfully, my experience with getting delivered food at work was lots of pizza.

Oprah Winfrey has recently disclosed she drinks one gallon of water daily to maintain her recent weight loss and healthy eating habits.³ The reality for nurses drinking fluids during work while maintaining OSHA standards can be challenging. It is wonderful that many institutions now offer hydration stations for staff. Another thing we do not readily talk about is the location and number of bathroom stalls to rid ourselves of the fluids.

One of the healthiest nurses I had the pleasure to work with carried a lunch bag meal that had an individual size portion of cottage cheese, four ounces yogurt, small zip lock bags packed individually of cherry tomatoes, grapes, celery, and carrot sticks. There sometimes was a piece of fruit or snack bag size of mixed nuts. She said sticking to this selection made her grocery shopping time effective and meal packing easy. She used an insulated reusable bag to bring these items to work.

This same colleague focused her career doing intensive care and PACU nursing as a bedside staff nurse. She shared that she looked forward to going home and using exercise tapes/videos to help release the stress she had acquired from her work shift. She found an indoor exercise routine that enabled her to be consistent in her program. She also looked forward to the endorphin release of aerobic activity. Though she never looked her age, my workmate retired closer to age 70.

I can think of other colleagues who took the time to pack their meals. Most did it to eat nutritiously to offset the temptation of vending machines and empty calorie foods.

I have attached the link to the Healthline article so you can read all the suggestions. I do not receive any personal compensation from Healthline.

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ADDITIONAL READING

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Strategies to Reduce the Ecological Footprint of Inhalational Anesthesia through Education and Practice Change

Amy Berardinelli, DNP, RN, NE-BC, CPAN, FASPAN – Director for Clinical Inquiry

What do we know? We know that climate change is a global threat, and that anesthesiology is a carbon-intensive specialty that uses inhaled anesthetic agents. These potent greenhouse gases are exhausted directly into the atmosphere. Most recent data indicate that inhaled anesthetic agents are responsible for 0.01 - 0.10% of the total global carbon dioxide equivalent (CO₂e) emissions. Inhalational anesthesia will remain in use medically and continue to be a source of emissions.^{1,2,3}

We also know that desflurane, sevoflurane, isoflurane, and halothane, as well as nitrous oxide are the relevant inhaled volatile anesthetics. Desflurane is 2,540 times more potent as a greenhouse gas than carbon dioxide and 40 – 50% more potent than sevoflurane, isoflurane, and halothane. Desflurane is also substantially more expensive than its counterparts with little clinical data to justify its use. Therefore, reducing or eliminating its use has a two-fold effect – cost savings and decreased emissions. Nitrous oxide has a much lower potency than other inhaled anesthetics but must be delivered in high quantities to be effective, thus creating a carbon footprint similar to desflurane.^{1,2,3}

What are we learning?

1. Accumulation of volatile anesthetics is increasing in our atmosphere
2. Inhaled anesthetics account for 5% of acute hospital CO₂ emissions
3. 50% of perioperative department emissions are in high-income countries^{1,2,3}

What have we done? Strategies to minimize the consumption.

1. Providers avoid administering inhaled anesthetics with disproportionately high climate impacts, such as desflurane and nitrous oxide
2. The lowest possible fresh gas flow is selected when using inhaled anesthetics – low flow anesthesia
3. Regional anesthesia and intravenous anesthesia are prioritized and used when appropriate
4. If nitrous oxide is used, portable canisters are substituted and closed between uses to avoid continuous leaks^{4,5}

Anesthesia providers have elevated their practices through clinical inquiry leading to reduced inhaled anesthetics via low flow anesthesia. Anesthesia machines are equipped with a circle rebreathing system which reduces the fresh gas flow (FGF) rates. Low flow anesthesia is achieved when fresh gas flow is adapted to satisfy the

patient's need for oxygen and for volatile anesthetics, but where excessive FGF may be used to vent unwanted components (e.g., nitrogen or desflurane) to the anesthesia gas scavenging system.^{5,6}

How can you help? Talking points for your organization.

More research is needed before recommending an investment in the use of technological solutions for capturing or destroying inhaled anesthetic waste, and they should not be considered high mitigation priorities.

Anesthesia gas use is monitored by healthcare organizations. Comprehensive gas monitoring facilitates precise gas administration for the patient. It is known how much inhaled anesthesia each patient was administered.

Research has proven that the use of low and minimal flow anesthesia techniques can dramatically reduce the annual costs of volatile anesthetics. Reducing fresh gas flow from 3.0 L/min to 1.0 L/min amounts to a 50% savings of the total consumption of volatile anesthetic agents.⁴

High fresh gas flow is dry and cold. When reducing FGF, the gas becomes warm and humid. This benefits the patient by maintaining body temperature, preventing post-operative shivering, and reduces bronchial drying.⁴

In summary, implementing evidence-based medicine leads to reduced costs, considerable ecological benefits, and improved quality of care, thus better patient outcomes and satisfaction. Eliminating the use of desflurane in combination with increasing the use of low flow anesthesia has shown to greatly reduce greenhouse gases by as much as 80% over a three-year period.^{5,6} We can all have influence in reducing our carbon footprint by collaborating with our anesthesia teams through clinical inquiry and best practice execution.

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Amy Berardinelli
DNP, RN, NE-BC,
CPAN, FASPAN

ASPN SCHOLARSHIPS

Earn Points NOW for Your Application!

Katrina Bickerstaff, BSN, RN, CPAN, CAPA
Coordinator, Development Strategic Work Team

Have you ever thought about applying for an ASPN scholarship? The time to start planning is now! ASPN has made applying for our scholarships easier and stress free. The ASPN website now includes a checklist to be used to measure your progress, and an example completed application. All the scholarship information is now online and application packets are due no later than **July 1, 2024**.

The scholarship application is based on a point system with a minimum point level requirement. Other requirements include, but are not limited to, customary letters of recommendation, a statement of financial need, a personal statement, participation in ASPN and component activities/events, and maintaining your Active category membership for two (2) full continuous years prior to the application deadline of **July 1, 2024**.

The points needed are easy and fun to achieve. Here are some ways you can do so:

- Attend a component local, district, or state level education session (virtual attendance counts, too)
- Volunteer for a component project
- Sit on a component board of directors
- Write an article for your component newsletter
- Participate in a research activity that contributes to the scientific base of perianesthesia nursing
- Present a Celebrate Successful Perianesthesia Practices Poster
- Become certified (CPAN/CAPA)
- Provide a lecture on perianesthesia nursing
- Attend an ASPN National Conference
- Raise public awareness of perianesthesia nursing through activities locally, regionally, or nationally

... and there many other activities that will earn points!

The points add up quickly. All activities are based on your last three (3) years of involvement. 



Scholarship/Award Program: (to be awarded in 2025)

\$1,500 tuition scholarships for Bachelor of Science in Nursing, Master of Science in Nursing or Doctorate in Nursing (for degree classes in 2025)

ASPN National Conference awards

- \$1,000 in-person attendance awards for ASPN's 2025 National Conference held in Dallas, Texas
- Electronic educational sessions from ASPN's 2025 National Conference (available online after the conference)

\$314 awards for CPAN or CAPA Certification Exams in 2025

\$1,000 Humanitarian Mission awards (approved expenses for mission trips occurring in 2025)

AONL 2025 Advocacy Day program in Washington, D.C. (two awards available for early bird registration fee plus approved expenses)

[Click here](#) for instructions and required items lists on the Scholarship/Award Program webpage.

ASPN's Scholarship/Award Program postmark deadline is July 1, 2024.

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5. American Society of Anesthesiologists. Reduce carbon footprint from inhaled anesthesia with new guidance published. June 21, 2022. Accessed January 21, 2024. <https://www.asahq.org/about-asa/newsroom/news-releases/2022/06/reduce-carbon-footprint-from-inhaled-anesthesia-with-new-guidance-published>
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What is the Advancing/Emerging Leaders Strategic Work Team?

Keisha Franks, MSN, RN, CPAN – Coordinator, Advancing/Emerging Leaders SWT

Alison Popa, RN, RSCN, DipHE, CPAN, CAPA – Vice-Coordinator, Advancing/Emerging Leaders SWT

During our nursing careers, many of us have likely encountered that one nurse mentor who inspired us with their vision, passion, and enthusiasm, and left a lasting impact on our lives and careers. This nurse was committed to providing high-quality clinical leadership, developing our nursing knowledge, and shaping us into the healthcare professionals we are today.

In the nursing profession, leadership is a critical component that is not confined to any specific role or level. Effective mentorship, therefore, has the power to instill invaluable leadership skills and qualities in nurses, guiding them towards becoming better versions of themselves.

The Advancing/Emerging Leaders SWT is designed to foster relationships between current and past ASPAN leaders, with aspiring nurses seeking to elevate their leadership journey to the next level within ASPAN or their components. The Advancing/Emerging Leaders SWT utilizes the virtual mentorship platform. This platform fosters meaningful relationships and nurtures personal connections. In monthly meetings, the mentees and mentors engage in conversations such as leadership goal setting, time management, leadership growth and management of barriers. This process of dialogue and reflection fosters the mentee's growth and development.¹ The ultimate goal of the Advancing/Emerging Leaders SWT is to

provide mentees a forum for setting, discussing, and dissecting a path to leadership with individuals who have walked the path.

Strong and effective leadership is significant to nursing as it plays a vital role in achieving the best outcomes for patients and their families in the perianesthesia environment. By embracing mentorship, nurses can improve their leadership skills and become more effective in their roles, ultimately enhancing patients' quality of care.

Through a comprehensive mentorship program, the Advancing/Emerging Leaders SWT provides mentees with unwavering support and guidance to expand their leadership capabilities within ASPAN's vision, philosophy, and beyond. By motivating, inspiring, and challenging those around them, a good leader and mentor can help maintain high standards of care, driving positive changes within the healthcare industry.²

REFERENCES

1. Lloyd L. Leadership mentoring: developing and cultivating effective leaders. Mentorloop website. June 29, 2023. Accessed February 14, 2024. <https://mentorloop.com/blog/leadership-mentoring-effective-leaders/>
2. Gopee N, Galloway J. *Leadership and Management in Healthcare*. 3rd ed. Sage;2017.



Keisha Franks
MSN, RN, CPAN



Alison Popa
RN, RSCN, DipHE, CPAN,
CAPA



REGION FOUR UPDATE

Focus on Strategic Planning and Succession Planning

Ursula Mellinger, BSN, RN, CPAN, CAPA – Regional Director, Region Four

Region Four continues to thrive with interactive leadership. Region Four remains connected and collaborative. In Region Four, we attempt to schedule regular Leadership Zoom meetings. Notice is sent to all component presidents, and they are asked to share with the remainder of their BOD and invite them to attend as well. Our most recent activities have centered on the new membership initiatives. Region Four has been very receptive to the new methods and feels we should do all we can to increase and enhance our component memberships. The main concern has been to create increased membership incentives.

I have encouraged all leaders to look at their current policies and procedures and reflect on what more they can do on a component level to offer to their members.

Our second area of focus has been on ensuring all components have an active, working, and written strategic plan. The written plan will guide and lead the component's activities for the future and will include a succession plan for leadership. The goal is to complete this by spring 2024. We have been exploring creative ways of sharing leadership positions. One thought is to add the members of a smaller component to the member list of larger component's website to share information and increase connectivity especially for the component that does not have social media or frequent use of website.

Region Four has been very successful in the use of the Regional Education Calendar on the website. We found it to be beneficial when planning conferences to avoid conflict in scheduling. This allows Region Four members maximum access to all educational opportunities, regardless of the format that is used for presentation.

I am honored to be collaborating with the engaged and energizing leaders of Region Four.



Ursula Mellinger
BSN, RN, CPAN, CAPA



UPDATES FROM ABPANC

The American Board of Perianesthesia Nursing Certification, Inc.

CPAN/CAPA Celebration Luncheon at the ASPAN National Conference

Join us for the CPAN/CAPA Celebration Luncheon at the ASPAN National Conference on Monday, April 15, 2024. This year's keynote speaker, Marcus Engel, details the experience of a young patient during hospitalization, the care and compassion shown by healthcare professionals, and the importance of healthcare professionals to be safe, secure, and appreciated in their role within this sacred field. "The Other End of the Stethoscope" reminds healthcare professionals of the vital role they play in the healing process of patients. Attendees will also come away with an understanding of each patient and co-worker's individuality, unique differences, and appreciation for the role every healthcare employee plays in the healing of patients and their families. The patient and family experience is absolutely vital in quality, competent healthcare.

*Only CPAN® and CAPA® certified nurses and formerly CPAN®/CAPA® certified nurses who are retired may register; visit the ASPAN website to sign up.

While at the ASPAN National Conference, be sure to stop by the ABPANC booth in the Exhibit Hall to pick up the latest CPAN/CAPA gear!

2024 Exam Registration and Recertification Windows Are Open

See below for important dates for 2024!

- **Jan. 1- April 30:** Spring exam registration window open; Spring recertification window
- **March 15- May 15:** Spring testing window
- **July 1- Oct. 31:** Fall exam registration window open; Fall recertification window
- **Sept. 15-Nov. 15:** Fall testing window

Learn more at www.cpancapa.org.

NEW FOR 2024: Recertification Updates

The following changes have been introduced for 2024 Recertification:

- All contact hours must be perianesthesia related
- The number of required contact hours has been reduced from 90 hours to 70 hours
- The direct versus indirect care categories for contact hours have been eliminated
- The recertification reinstatement period has been extended from 15 days to 90 days
- Recertification by exam option will be available through November 15, 2026

CERTIFICATION

For additional guidelines regarding continuing education that is currently accepted, visit the ABPANC Recertification FAQ's at <https://www.cpancapa.org/recertify/> to view the Knowledge Areas for Recertification. These are the areas defined by the most recent Role Delineation Study (RDS) conducted by ABPANC as related to perianesthesia nursing.

When considering what contact hours to include in your Recertification, we recommend reviewing what is no longer accepted, rather than what is. For example, general continuing education for the entire hospital staff, e.g., Fire Safety Courses, will no longer be accepted. Additional examples of what will no longer be accepted:

- Active Shooter Training/Drills
- HIPAA information
- General Health Stream-related activities
- Annual Onboarding/Compliance training
- BLS
- Volunteer activities outside of those specified in the Recertification Handbook
- Hospital-based annual competencies

Additional Questions Regarding Recertification?

- General Questions: abpanc@cpancapa.org
- Specific CE Course Questions: CertifiedNurse@cpancapa.org

ABPANC Introduces the CPAN Exam for International Nurses

As of January 1, 2024, perianesthesia nurses who are licensed outside of the United States (those who do not possess a license as the result of passing the NCLEX) will be eligible to take the CPAN exam. We are excited to offer this opportunity to perianesthesia nurses who previously were not eligible to take the exam!

The CPAN exam is offered in English and is based on U.S. standards, and the applying nurse must still have at least 1,200 hours of direct clinical experience within the past two years. More information is available online at <https://www.cpancapa.org/become-certified/international-cpan/>.

We invite all perianesthesia nurses licensed outside of the United States to earn their CPAN certification and join an elite group of board certified perianesthesia nursing professionals to:

- Improve patient care and safety
- Enhance employer confidence
- Validate professional experience
- Commit to lifelong learning
- Strengthen credibility
- Increase earning potential

ABPANC

Address and Contact Information:

1133 Broadway, Suite 544, New York, NY 10010

Phone: 347.708.7975 | Email: abpanc@cpancapa.org

Web site: www.cpancapa.org

PERIANESTHESIA NURSE AWARENESS WEEK CELEBRATIONS

PANAW was celebrated across the country with enthusiasm and energy! There were many of the usual ways to celebrate, including component seminars and conferences, posters, balloons, governor and mayor proclamations, breakfast, burritos, donuts, snacks, lunch, cupcakes, and of course, CAKES galore!

Creative Celebrations

Here are some other ways that groups celebrated:

- Poster presentations on research, EBP, and best practice shown at PANAW week conferences
- Trivia games and puzzles, spin the raffle wheel for various prizes
- Lottery scratch ticket gifts to all staff
- Special t-shirts
- Prayer breakfast with blessing of the hands
- Step contest for most steps in a month (the winner had over 388,000 steps in a month)!
- Rounding on inpatient units to share knowledge, bring treats, and spread cheer
- Gift bags, gift cards, raffles, goody carts
- “Happy Cart” taken around the department with treats, games, de-stressing items, and fun games
- One facility was rewarded by their Health Foundation with tuition for seven perianesthesia nurses to attend MNDAKSPAN’s winter conference, six of whom were new to ASPAN!
- A vendor-sponsored dinner and an educational presentation at a steakhouse for the nurses

Themed Celebrations

- Different menu items every day: Chocolate Day, Soup and Salad, Mexican, Filipino, Pizza Day
- Unit decorating contests with prizes for cultural, positivity and festive themes
- Dessert bakeoffs
- Awards Day for Helping Hands, It’s Five O’Clock Somewhere, Going to be Okay, Sharpshooter, Yoda, Rookie of the Year, Sleeping Beauty, Patient Whisperer
- International Potluck, each day a different country
- Taco Tuesdays
- Goofy Awards – Mother Hen, Five O’Clock Somewhere, Coffee Rounding Connoisseur
- Super Bowl themed gear
- Daily Themes – Ice Cream Social, Breakfast for Champions, Keep Calm, Eat a Cupcake Day, Olive Garden Appreciation, and Rock Star Day with everyone wearing their favorite band t-shirts and cool shades
- “Who am I?” contests
- Pink Day – everyone going pink



▼ TAPAN North and East Region PANAW Seminar



▲ Holy Cross Health, Fort Lauderdale, Florida



▲ ASPAN President Dr. Alphonzo Baker, Sr. at the CBSPAN Conference



▲ Torrance Memorial Medical Center, Torrance, California, with their winners certificates



▲ Winners of ASPAN Standards Books at MAS PAN Seminar

Blessing of the
Hands, Memorial
Hermann The
Woodlands,
Woodlands, Texas



Kansas City area
hospitals



▲ PANAW Conference, University of Pittsburgh St. Margaret, Pittsburgh, Pennsylvania



▲ WISPAN Conference



▲ Rock Star Day for PANAW Week at Trinity Health, Minot, North Dakota



▼ OSF Little Company of Mary Medical Center,
Evergreen Park, Illinois



▲ LAPAN - Women's Hospital



▲ TAPAN Celebration Upper Gulf Coast Region

▼ "Re-established" TAPAN Hill Country and South Texas Region of TAPAN



▲ Goody Bags in Massachusetts



▲ The Elliott Hospital, Manchester, New Hampshire



▲ PANAW Celebration TAPAN North and East Region, Dallas, Texas

▼ VA Medical Center, San Francisco, California



▲ TAPAN West Texas, Midland, Texas

PANAW Photo Contributors

Lynette Alcorn
Alphonzo Baker
Debbie Bickford
Gifty Boateng
Tameshia Brown
Anna Lee Carilo
Patty Charles
Donna Constant-Haley
Toni Dantonio
Kristi Denton
Melanie Karim
Ann Keenan
Denise Krall
Gloria Luu
Kerstin Magee
Ronald Malit
Bridget Miller
Trina Mora
Suzanne Russell
Elsa Oria-Tijol
Teresa Summers
Tammy Waner
Sandra Watts



▲ "Happy Cart" with lots of treats and self-care items, Medstar Georgetown University Hospital, Washington, D.C.



▲ PANAW Proclamation in the Borough of West Chester, Pennsylvania

WINTER/ SPRING

2024 WEBCASTS & SEMINARS

LIVE WEBCASTS – FULL-DAY

FOUNDATIONS OF PERIANESTHESIA PRACTICE

May 18, 2024 SATURDAY

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE

June 1, 2024 SATURDAY

REFRESHING YOUR PERIANESTHESIA PRACTICE

June 8, 2024 SATURDAY

SAFETY BEGINS WITH US

June 22, 2024 SATURDAY

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

June 29, 2024 SATURDAY

LIVE WEBCASTS – HALF-DAY

INNOVATIVE CONCEPTS IN PEDIATRIC PERIANESTHESIA CARE

June 23, 2024 SUNDAY

LEADERSHIP STRATEGIES TO SUSTAIN A CULTURE OF SAFETY

June 30, 2024 SUNDAY

PERIANESTHESIA ESSENTIALS I

May 19, 2024 SUNDAY

PERIANESTHESIA ESSENTIALS II

June 2, 2024 SUNDAY

PERIANESTHESIA ESSENTIALS III

June 9, 2024 SUNDAY

PERIANESTHESIA ESSENTIALS V

June 30, 2024 SUNDAY

LIVE WEBCASTS – TWO-HOUR

ACUTE AND CHRONIC PAIN MANAGEMENT

May 29, 2024 WEDNESDAY

ANESTHETIC AGENTS AND TECHNIQUES

May 22, 2024 WEDNESDAY

CRITICAL CARE COMPETENCIES: NEUROLOGICAL

June 5, 2024 WEDNESDAY

HOW TO BECOME A TRANSFORMATIONAL LEADER

May 15, 2024 WEDNESDAY

MALIGNANT HYPERTHERMIA AND POSTOPERATIVE NAUSEA AND VOMITING

May 16, 2024 THURSDAY

NEUROLOGIC PATHOPHYSIOLOGY AND ASSESSMENT

May 23, 2024 THURSDAY

OBSTRUCTIVE SLEEP APNEA AND CAPNOGRAPHY

June 26, 2024 WEDNESDAY

OBSTRUCTIVE SLEEP APNEA IN THE ADULT PATIENT: PUTTING THE PRACTICE RECOMMENDATION INTO PRACTICE

May 30, 2024 THURSDAY

PATIENT SAFETY GOALS AND ASPAN STANDARDS

June 27, 2024 THURSDAY

PEDIATRIC ANESTHESIA AND POSTANESTHESIA COMPLICATIONS

June 4, 2024 TUESDAY

PREANESTHESIA ASSESSMENT AND PACU ASSESSMENT AND DISCHARGE CRITERIA

June 20, 2024 THURSDAY