



INSIDE:

PRESIDENT'S MESSAGE:

Passion and Excellence: Growing, Learning, and Leading Together

Lori Silva, MSN, RN, CCRN, CPAN – ASPAN President 2024-2025

Value of Education

“An investment in knowledge pays the best interest.” – Benjamin Franklin¹

ASPN's core purpose is to empower and advance the unique specialty of perianesthesia nursing.² One of the ways to accomplish this is advancing your knowledge and expertise in perianesthesia nursing through education, clinical practice, and inquiry. I hope you have had an opportunity to view some of the online recorded educational sessions from the 2024 ASPAN National Conference in Orlando. There are a total of 53 sessions offering a total of 67.5 contact hours. If you attended the full conference, you have access to these sessions at no additional cost. If you were not able to attend the conference this year, you can purchase access to the recorded sessions. Take the time to view the 2024 National Conference Abstract and Poster Presentations, now available online under Education and Events.

The abstracts and posters are divided into Clinical Inquiry (Research/EBP/QI) and Celebrate Successful Perianesthesia Practices.

“Anyone who stops learning is old, whether at twenty or eighty. Anyone who keeps learning stays young.” – Henry Ford¹

Learning is a lifelong process. The Cambridge Dictionary defines lifelong learning as “the process of gaining knowledge and skills throughout your life, often to help you do your job properly.”³ Thus, learning is a never-ending process. Learning is vital to our personal and professional growth where we need to adapt to change, stay relevant in our ever-changing practice, and the world.

We should all commit ourselves to lifelong learning in our specialty practice of perianesthesia nursing. ASPAN is the premier organization for perianesthesia excellence.

ASPN is excited to announce there are currently 15 selected continuing education articles online from the



Lori Silva
MSN, RN, CCRN, CPAN

Journal of PeriAnesthesia Nursing (JoPAN) that are available for free contact hours for members. These articles are available on the ASPAN website under ASPAN Learn. Just read the articles, complete the evaluation and review quiz to receive contact hours. These articles total up to 21.25 contact hours.

Collaboration and Education at the Local Level

“Develop a passion for learning. If you do, you will never cease to grow.” – Anthony J. D'Angelo¹

One of the exciting things I look forward to every year is the various local/state/component fall seminars. The ASPAN National Conference happens in the spring and is the largest educational event of the year. But there are so many other opportunities to gain new knowledge in our specialty practice throughout the year. Many components are scheduled to have fall seminars through the months of September to November. Some component seminars offer an in-person and virtual option.

For those who may be new to ASPAN and not familiar with the term “component,” the organization is broken into five regions across the country and each region is broken into components. ASPAN has a total of 40 components. Some components comprise one state, like California, called the PeriAnesthesia Nurses Association of California (PANAC). Other components may be made up of several states, such as the Northwest PeriAnesthesia Nurses Association (NPANA), which is made up of members from Alaska, Idaho, Montana, Oregon, and Washington. Another example is the Chesapeake Bay Society of PeriAnesthesia Nurses (CBSPAN), comprising members from Maryland, Delaware, and Washington, D.C. To find out more about what region or component you belong, go to the ASPAN website – www.aspan.org, go to the “About” tab, and click on Components/Regions. Your ASPAN Board of Directors and component presidents are happy to assist with any





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questions. The Regional Events Calendar under the Education and Events tab is another useful resource for upcoming events, as well as your component webpage.

Local events such as ASPAN Perianesthesia Certification Review seminars or local chapter/district meetings are an important part of collaboration and learning. I had the great pleasure of meeting many ASPAN members and non-members attending local seminars and state seminars. Whether you can attend a seminar in person or virtually, the chance to learn and share best practices enriches our personal and professional growth. ASPAN's various committees, strategic work teams, and specialty practice groups have been meeting via Zoom. They are making great strides on projects such as updating publications, seminars, governmental affairs issues, and answering clinical practice and clinical inquiry questions.

We come together from various facilities and phases of perianesthesia nursing, but we come

with a similar goal: to advance our knowledge and expertise to provide the best care for our patients, provide an excellent experience for our patients and families, and advocate for patient and nurse safety. Thank you for what you do every day, making a difference in the lives of your patients, families, colleagues, and perianesthesia nursing practice.

"The capacity to learn is a gift; the ability to learn is a skill; the willingness to learn is a choice."
Brian Herbert¹

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▲ Bricktown Canal

Photo courtesy of Oklahoma City Convention and Visitors Bureau

Perianesthesia Development Institute
Sheraton Oklahoma City Downtown Hotel
Oklahoma City, Oklahoma | November 8-9, 2024

Lori Silva, MSN, RN, CCRN, CPAN – ASPAN President 2024-2025

"Tips for Growing, Learning, and Leading Your Component to Success"

The ASPAN Board of Directors (BOD) invites you to join us in Oklahoma City, Oklahoma for the Perianesthesia Development Institute (PDI). Component leaders at the ASPAN National Conference in Orlando, Florida, shared ideas of topics they would like covered at PDI. The ASPAN BOD has developed an exciting program for members to grow in leadership roles, energize and revitalize component membership, and develop innovative tools to lead components to success.

This year's program will be a little different than prior years. The program will begin earlier at 4:30 pm on Friday, November 8, 2024, with a welcome, introductions, and ASPAN updates. Attendees will then break out in discussion groups covering three different topics:

- Engagement and Recruitment
- Social Media Platforms
- Revitalizing Your Component

This will be a terrific opportunity to share best practices as well as share challenges. Each group will rotate throughout each topic and network with other attendees from across the country. Friday's program will finish with a chance to meet with your regional director and other members in your region. The night ends with the opportunity to go out on the town to the heart of downtown Oklahoma City to enjoy waterfront dining, shopping, and entertainment.

Saturday morning will start with education on topics such as leadership growth, professional recognition, and innovative ways to provide perianesthesia education. Other topics include legal issues and financial management, records and policies, and perianesthesia certification. ASPAN

mission directors start the afternoon sessions with education on how to conduct research impacting perianesthesia practice, impact of standards on clinical practice, and sharing conference planning tips.

Strategic planning, tech savvy communication, building an innovative leadership team, and pathways to leadership are great educational topics that leaders have asked for, and your ASPAN leadership team will deliver. ASPAN is excited to provide support, education, and resources for all leaders, future leaders, and those interested in becoming more involved in local, state, and national level leadership. Registered nurse participants will receive 6.5 contact hours. Registration for those attending in person includes Saturday breakfast and lunch. For a full list of topics, please see the PDI brochure on the ASPAN website under the Education/Events tab.

Several ASPAN components have been providing hybrid education, which is both an in-person and virtual educational seminar. For those components who would like to know more information about hybrid seminars, ASPAN is doing the Saturday program as a hybrid event. While we hope you will come join us in person in beautiful downtown Oklahoma City, we do know not everyone may be able to travel, so please join us virtually.

Come share your passion and excellence with other perianesthesia nurses to grow, learn, and lead your component to success. See you in Oklahoma City! 



▲ City Center – OKC National Memorial

Photo courtesy of Oklahoma City Convention and Visitors Bureau



***CORRECTION FROM THE JULY/AUGUST ISSUE OF BREATHLINE ***

The ASPAN National Conference component newsletter contest winners were presented on page 22 of the July/August issue of *Breathline*. MASPAN (*The Mayflower*) won the 15+ page category, and I incorrectly listed Maureen McLaughlin as the editor. Stephanie Johnson, MSN, RN, CPAN, CAPA, is the correct editor of *The Mayflower*. The editor apologizes for this error.



ASPAN

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CAMPAIGN**

Tell your colleagues about ASPAN, earn rewards for doing so.



**Alphonzo Baker, Sr.
DNP, RN, CAPA,
FASPAN**

The Call for Nominations is Open!

Alphonzo Baker, Sr., DNP, RN, CAPA, FASPAN
ASPAN Immediate Past President and Nominating Committee Chair

Greetings, everyone. Time is running out for you to take that next step!

Running for an ASPAN office is a unique opportunity to make a direct impact within our community of perianesthesia nurses. By stepping into a leadership role, you can help shape the future of our organization, advocate for excellence in patient care, and contribute to the professional development of your colleagues. Your voice matters and running for an ASPAN office is a powerful way to ensure it is heard. Join us in driving positive change and fostering a supportive network that empowers perianesthesia nurses to thrive. Your leadership journey starts here!

For complete information on open 2025-2026 Board of Directors and Nominating Committee positions, please visit ASPAN's home page www.aspan.org. Then click on the 'Call for Nominations' link under ASPAN Highlights.

Qualified and eligible candidates are needed for these 2025-2026 ASPAN Board of Directors positions:

- Vice President/President-Elect (three-year term)
- Treasurer (two-year term)
- Director for Clinical Inquiry (two-year term)
- Regional Director, Region 1 (two-year term)
- Regional Director, Region 3 (two-year term)
- Regional Director, Region 5 (two-year term)

Also open are five positions on the Nominating Committee (one-year term).

To run for a leadership position, you need to complete the following:

- Declare your candidacy as soon as possible via email to Alphonzo Baker at abaker@aspan.org
- An Intent to Place Name for Nomination Form, Candidate Profile Sheet, Curriculum Vitae (CV), Letter of Recommendation, the appropriate Conflict of Interest Policy/Form for your candidacy, and your photograph must be submitted via email only
- All submissions must be date-stamped no later than **October 1, 2024** – no exceptions. Hard copies, faxed copies, or late submissions will not be accepted

For more information visit the ASPAN website [here](#), or contact Alphonzo Baker at abaker@aspan.org.

The deadline to submit all required candidate paperwork is October 1, 2024. 

Willingness to Serve Use Your Talents to Serve ASPAN!

Ursula Mellinger, BSN, RN, CPAN, CAPA – ASPAN Vice President/President-Elect



Ursula Mellinger
BSN, RN, CPAN,
CAPA

Greetings, and a happy autumn to my ASPAN colleagues! Unbelievably, it is time to start thinking about your next opportunity to serve ASPAN. Yes, it's time to volunteer for your favorite committee or strategic work team (SWT). We have all heard the quote: "It takes a village to raise a child."¹ It takes amazing volunteers like you to make ASPAN successful and continue to be "distinguished as the premier organization for perianesthesia nursing excellence."²

ASPN needs you to keep our organization moving to the future and to continue to support our Core Purpose: "To empower and advance the unique specialty of perianesthesia nursing."³ ASPAN needs your skills, knowledge, and experience!

Mayo Clinic researchers have found that volunteering has significant health benefits.⁴ Volunteering can improve your physical and mental health by lowering stress levels. It also increases your sense of well-being. Other benefits of volunteering include providing a sense of purpose and opportunities to learn new skills. Volunteering increases your social interactions, helps nurture new and existing relationships, builds a support system, and provides a sense of community. In addition, according to the Indeed Careers website, volunteering can also open you to new job prospects.⁵ It can increase your opportunities for networking, and open pathways to enhance your career goals. Other benefits mentioned are providing a sense of purpose and taking you out of your comfort zone, allowing you to use your critical thinking skills.

Joining an ASPAN committee or SWT can be the path that leads you to future ASPAN or component leadership roles.

Go to the ASPAN website and check out the various committees and SWTs, read the descriptions, find your perfect fit! Visit ASPAN>About>Organizations>Committees and SWTs. Complete the Willingness to Serve form (WTS) for 2025-2026, which will be available on the website this fall. Watch for the announcement. The deadline to submit the WTS form is November 20. Put it on your calendar! Don't miss out on this valuable opportunity. The newly formed teams will be announced after the National Conference in Dallas, April 2025!

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PLAN NOW

to Showcase Your Accomplishments with Abstracts and Posters for the 2025 National Conference in Dallas!



Celebrate Successful Perianesthesia Practices abstracts are due **October 15, 2024**. Categories include patient care, staff education, nursing leadership, preadmit/preop, patient flow, handoff communication and documentation, and unit/environment activities. [Click here](#) for more information.

Clinical Inquiry (Research/EBP/QI) abstracts are also due **October 15, 2024**. Start planning now to showcase your accomplishments! [Click here](#) for more information.

The Certification Promotion SWT Has Launched!

Ronda Dyer, MSN, BSPA, RN, CPAN, CAPA, CNE – Regional Director, Region One – CPSWT Liaison

The first meeting of the brand-new Certification Promotion Strategic Work Team (CPSWT) brought energy and enthusiasm as leaders from across the nation collaborated on perianesthesia certification. This new SWT is being led by Coordinator Melissa Schmidt, MSN, RN, CNL, CPAN, CAPA, EBP-C, and Vice-Coordinator Michelle Meadows, MSN, RN, CPAN, CAPA, NPD-BC. The newly approved charter includes a very ambitious plan for increasing the number of certified nurses.

There are currently virtual study groups available to members in Regions One, Three, and Five, with plans being put in place to add groups in Regions Two and Four in the coming year. The study groups provide a study plan, certified meeting facilitators, and support for nurses seeking certification. Through the 14-week plan, members meet for 12 study sessions to discuss perianesthesia topics presented in each week's assigned reading. Questions are answered, complex concepts explained, and study and memory tips, as well as case examples, are shared to help members understand and remember important content.

The SWT is currently brainstorming ways to support study group leaders, streamline communications, and provide added resources. The regions are freely sharing ideas, plans, and tools to standardize the delivery and facilitation of study groups.

Many ideas for supporting those seeking certification were discussed, including the development of a Telegram group, which will enhance the study group experience by enabling members to chat, and share ideas and questions with one another throughout their journey.

Other ideas include proposing new subspecialty certification opportunities, developing innovative study tools to meet the needs of individuals with varied learning styles, and providing more resources and support for volunteer certification coaches. If certification is your passion, please feel free to reach out to share ideas or get involved. My email is rdyer@aspan.org.



Ronda Dyer
MSN, BSPA, RN,
CPAN, CAPA, CNE

Planning for Your Education Needs!

Toni Zito, MSN, RN, CPAN, FASPA – ASPAN Director for Education

As the calendar pages turn signaling the beginning of another academic year, I am excited to share some thoughts as your new ASPAN Director for Education. I have taken the first few months of my new position to thoroughly review policy, procedures and responsibilities related to this role. I have reviewed current educational offerings, reviewed evaluations, participated in the planning and development of our next National Conference, and met with those responsible for our current education offerings. Throughout this process, I am reminded of what a great organization ASPAN is because of you, our members. With the support of the Board of Directors, the National Office, and the entire membership, I am looking forward to an amazing year.

Now that the assessment phase is complete, where do we go next? The foundational framework for educational offerings is solid. As we move forward, the vision is to build

on that foundation. We are working to continue to develop and provide educational offerings in perianesthesia nursing. We have heard our members ask for content that is current, relevant, affordable, and awards credit for recertification. Together, the Directors for Clinical Practice, Clinical Inquiry, and Education are identifying gaps we hope to address. Under the guidance of our Executive Board and in collaboration with our regional directors, we meet regularly. But we also need to hear from our members. Recently, you received an invitation to complete an educational needs assessment. This is similar to our national conference attendees' evaluations. But we need to hear from all our members. Please consider completing the survey or contacting me directly with ideas, thoughts or suggestions as I navigate this new role at azito@aspan.org. I would love to hear from you.



Toni Zito
MSN, RN, CPAN,
FASPA

Consider Nominating Someone for an ASPAN Award!

The Deadlines are Approaching!

Shay Glevy, BSN, RN, CPAN, CAPA – Coordinator, ASPAN Membership/Marketing Strategic Work Team

Excellence in Clinical Practice

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 this colleague for ASPAN's prestigious *Excellence in Clinical Practice Award*. The deadline to do so is **November 30, 2024**. [Click here](#) to learn more 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 this colleague for ASPAN's prestigious *Award for Outstanding Achievement*. The deadline to do so is **November 30, 2024**. [Click here](#) to learn more 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. The deadline to do so is **January 10, 2025**. [Click here](#) to learn more and to access nomination forms.

Start Working on Your Gold Leaf Application Now!

Gold Leaf Component of the Year Award

The deadline for the *Gold Leaf Component of the Year Award* submission is **February 1, 2025**! Components competing for the *Gold Leaf Award* must submit their applications to the ASPAN National Office by February 1, 2025. The award reflects the activity of your component from January 1, 2024, through December 31, 2024. The Membership/Marketing Strategic Work Team is looking forward to reviewing the applications from components and announcing the winner at the National Conference in Dallas, Texas. For information, guidelines, and the application, [click here](#). 

LEGACY FOR LIFE: The Importance and Meaning

Chris Skinner, MSN, RN, CAPA – ASPAN Development SWT Coordinator



According to the Merriam-Webster Dictionary, legacy is defined as, "the long-lasting impact of particular events or actions, and an amount of money or property left to someone or something."¹ Some of the most honored forms of legacy include values, memories, friendship, and respect for others. These forms are priceless in their own right. ASPAN has a legacy of smart, compassionate, driven, friendly, and protective nurses, who understand the value of safety and relationships with our patients, their families and our medical colleagues.

As a Society that values these relationships, we are the premier organization for perianesthesia education, clinical inquiry and patient care. To that end, we provide monetary funds for scholarships to further education, attend conferences, engage in research, and develop and promote standards for best practice.

In order to further the Society's mission, ASPAN created a program, Legacy for Life. Established in 2013, this philanthropic opportunity is a way to support ASPAN and honor those individuals who have cumulative donations

totaling \$5000, or components totaling \$10,000. This may seem like a large amount. However, donations are captured and catalogued over time. There have been a number of individuals and components who have donated and became Legacy for Life members. Individuals receive complimentary membership to ASPAN for life, while both individuals and components are recognized in all future National Conference syllabi, their names are announced at National Conference, and they receive a stunning medallion!

I hope you will consider donating to ASPAN's Legacy for Life to enable our Society to award scholarships and provide funding for research and best practice. By donating, you are a living legacy to the Society's mission. Additional information on supporting ASPAN through Legacy for Life can be found by [clicking here](#).

REFERENCE

1. Legacy definition. Merriam-Webster.com. Accessed September 10, 2024. <https://www.merriam-webster.com/dictionary/legacy> 

The Nurse in Washington Internship experience (NIWI) was replaced by the American Organization of Nurse Leaders (AONL) Advocacy Day. ASPAN awarded two scholarships to this event. The recipients of the scholarships were Lori Erni, BSN, RN, CCRN, CPAN, and Laurie Laurino, MSN, RN, CPAN. ASPAN President Lori Silva and Immediate Past President Alphonzo Baker also attended. Here are the scholarship recipient reports on their experiences.

ADVOCACY DAY in Washington with the American Organization of Nurse Leaders (AONL)

Lori Erni, BSN, RN, CCRN, CPAN
ASSPAN Director for Clinical Practice

In June of 2023, I applied for the new NIWI (Nurse in Washington Internship) scholarship, which was changing to AONL, American Organization of Nurse Leaders, Advocacy Day in Washington, D.C. After I sent in the sheath of papers, I got on with the busyness of the summer, and later, found out I was a recipient of this Advocacy Day scholarship event being held June 3-4, 2024, in Washington. In early spring 2024, I was reminded via email to register. Finally in May, a few weeks before the conference, we received the email regarding the online education that was to be completed prior to the conference.

The preconference education was a series of modules on the government, the way the government functions, how bills are passed, then what we were supposed to achieve while “on the Hill.” It was overwhelming.

When we registered, we were given the materials for our meetings with the congressmen and women. The afternoon sessions were extremely beneficial. We were placed with others from our home state. I was with four other nurses from Oregon. One member of the group, Clair, attended the conference last year. Clair led our group and helped us fine-tune our deliveries.

The next day, we had a brief morning session, then off to the “Hill.” Over the course of the day, we met with five congress members or their staff. We presented these individuals with our stance on three different bills: SAVE Act, FAAN Act, and the Nurse Staffing Standards for Hospital Safety and Quality Care Act.



The SAVE Act is to enact federal protection for healthcare workers against violence and intimidation, similar to the protections for flight attendants, flight crews, and airport workers. Every hour, an average of three healthcare workers are assaulted.

The FAAN Act addresses the primary barriers contributing to the nursing workforce shortages by increasing the number of nursing faculty and clinical placement sites.

We opposed the Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act. This act gave rigid standards for staffing hospitals. This act did not help increase the number of nurses, but it limited hospitals and healthcare organizations' ability to hire support staff, and increased the time involved in administrative paperwork.

It was an amazing experience to collaborate with other nurses from your state but who were not in the same specialty. There were over 230 nurses from across the United States representing over 30 states. Alphonzo Baker, Lori Silva, and Laurie Larino were also in attendance. We were also given time to socialize and get to know other nurses with a passion for supporting the nursing realm.

I am extremely grateful to have had this experience from ASPAN! 



▲ From left, Laurie Laurino, Lori Silva, Lori Erni, Alphonzo Baker on a break at AONL Day

◀ Lori Erni, third from left, with nurse leaders from Oregon



My Advocacy Day Experience on Capitol Hill

Laurie Laurino, MSN, RN, CPAN

Shortly after the New Year, I learned I was selected as one of the scholarship recipients to represent the American Society of PeriAnesthesia Nurses (ASPN) at the American Organization for Nursing Leadership's (AONL) Advocacy Day in Washington, D.C. this summer. AONL serves as the national professional organization of nurse leaders and represents the voice of nursing leadership.¹ I was honored to be chosen to represent the perianesthesia community, and privileged that my knowledge will be enhanced learning about the federal and state lawmaking processes related to healthcare.

This unique event of meeting nursing leaders from across the U.S. afforded me the opportunity to network with colleagues by enhancing my knowledge of healthcare issues encountered in hospital systems within our home state of Florida. I also learned the challenges faced within all our institutions, and the proposed healthcare legislation brought forward through AONL that our leadership group would present to the state legislators for their support and awareness.

The day started with meeting nurse leader colleagues from various regions throughout Florida, and an introduction to our AONL hosts. We were given instructions on the agenda, briefing information on the three proposed Health Care Acts, known as "Congressional Asks" through AONL, and a general orientation of the sponsored legislation. We received grassroots training and role play, congressional meeting logistics/mobile tool review, and how to convey the importance of these issues when meeting with representatives. We were provided time to practice within our group where we discussed the best way to present these issues, then divided the parts of each Act we would introduce to the representatives with which we had appointments.

The three AONL Congressional Asks included:

- 1. Support the Safety from Violence for Healthcare Employees (SAVE) Act (S.2768/H.R. 2584):** Enacts federal protection for healthcare workers against workplace violence and intimidation like those that exist for flight crews, flight attendants, and airport workers
- 2. Support the Future Advancement of Academic Nursing (FAAN) Act (S.3770/H.R. 7266):** Addresses the primary barriers contributing to nursing workforce shortages by increasing the number of faculty and clinical placement sites; provides resources to hire and retain faculty and enroll and retain nursing students; modernizes nursing curriculum, technology and simulation labs to reflect modern healthcare challenges and solutions

- 3. Oppose Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act (S.1113/H.R. 2530):** Requires hospitals to implement and submit to HHS a staffing plan that complies with specified nurse-to-patient ratios by unit. Additionally, this bill would not increase the number of nurses, but limit hospitals and healthcare organizations' ability to hire support staff to help the current staff; thus, increasing the amount of time nurses spend on administrative paperwork, dietary and other non-patient care tasks that contribute to clinician burnout¹

The experience of discussing these Healthcare Acts was quite daunting at first. As luck would have it, we only met with one representative during the day, as it was a busy day at the "Hill" with senate votes and the Attorney General present testifying in chamber. We mostly met with the congressional aides who were quite up to date on issues. They were very patient as we presented the above "asks" and answered all the questions brought forth. At the end of each session, our group debriefed in the hall, before we entered the next representative office.

This was definitely a "bucket list" item for me, and one I would wholeheartedly recommend to my perianesthesia colleagues. I have kept in touch with my newfound colleagues from this experience, as well as the activity of these proposed healthcare acts. This experience allowed me to see the importance of why we need to be advocates, not only for our patients, but for the healthcare issues that affect our environment, our practice, and the future of healthcare in this country.

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▲ Laurie Laurino, second from right, with a group of nurse leaders from Florida

Let's All Head to Dallas, Texas, for the 2025 ASPAN National Conference!

Lynette Alcorn, BSN, RN, CCRN, CPAN, CAPA – Coordinator, National Conference Strategic Work Team

I am very excited to invite everyone to join us April 28 - May 1, 2025, in Dallas, Texas, for ASPAN's 44th National Conference at the Sheraton Dallas Hotel. You are in for a treat! Here are just a few big, fun facts about Dallas and Texas.

Dallas is the ninth largest city in the United States and the third largest city in Texas. The Sheraton Dallas Hotel is the largest hotel in Texas! The Dallas Arts District is housed on 118 acres, making it the largest urban arts district in the United States. Now if that is not big enough, the Statue of Liberty could fit inside the Dallas Cowboys AT & T Stadium, with the roof enclosed! The Dallas area is also the home of 24 Fortune 500 Companies, which includes AT & T, Southwest Airlines, and Texas Instruments.^{1,2,3}

Dallas is known to have one of the most beautiful skylines in America. The Dallas skyline includes the sphere-topped Reunion Tower, which glows at night. Many of our 25.7 million visitors annually experience this amazing skyline while visiting. In 2012, The Margaret Hunt Hill Bridge opened in downtown Dallas as part of the revitalization efforts, which provides passage between the downtown area and West Dallas. This beautiful bridge glows at night with white lights.^{1,2}



▲ Dallas Skyline
Photo courtesy of www.visitdallas.com

There are many things to experience in Dallas! Explore Dallas on the M-Line Trolley, a free vintage streetcar system that runs seven days a week throughout uptown and downtown. Please enjoy Dallas cuisine and nightlife, the Dallas Aquarium, Arts District, museums, Klyde Warren Park, and the sports venues. You may also want to head to Fort Worth within the metroplex and explore the Fort Worth Zoo or the Stockyards.^{1,2}

You are sure to enjoy the conference in Dallas, April 28 to May 1, 2025! So, come in early or extend your stay a few days after the conference and experience the very heart of Texas. We are looking forward to seeing you all. And remember, everything really is BIG in Texas!

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▲ Off the Bone Barbeque Restaurant
Photo courtesy of www.visitdallas.com



▲ Dallas Arts District
Photo courtesy of www.visitdallas.com



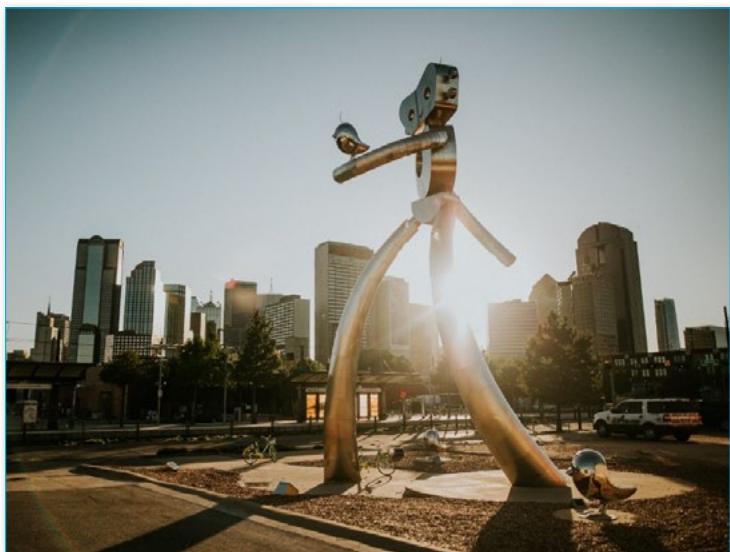
Lynette Alcorn
BSN, RN, CCRN, CPAN,
CAPA



▲ Dallas Arboretum and Botanical Gardens
Photo courtesy of www.visitdallas.com



▲ The Dallas Skyline from the deck of Reunion Tower
Photo courtesy of www.visitdallas.com



▲ Deep Ellum Traveling Man
Photo courtesy of www.visitdallas.com



▲ Enos Pizza Café
Photo courtesy of www.visitdallas.com



SAVE
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PANAW
February 3-9, 2025

The Journey of “Overcoming”

ElizaBeth Cooper, BSN, RN, LMT, CAPA

I was saddened when I learned Mandisa Hundley died earlier this year. I faithfully watched “American Idol” during the 2005 season and remember her unforgettable voice. I was sad when she was eliminated. The official cause of death was recently announced and attributed to Class III Obesity. What was the rest of her story?^{1,2}

Mandisa made the top nine contestants in 2005. (The eventual season five winner was Taylor Hicks.) Mandisa was overweight when she auditioned for American Idol. Simon Cowell had made some unkind comments about her weight during her appearances on the show. She tactfully told Simon his comments were hurtful. Simon publicly apologized. Mandisa did gain success a few years after “America Idol” as a contemporary Christian singer. She was the fifth American Idol contestant to win a Grammy award. She shared her struggle with mental health issues and using food as comfort. Her most successful song was “Overcomer.” Mandisa lost over 120 pounds and kept the weight off for at least two years. She wrote a best-selling book about her weight and mental health struggles.^{1,2}

About the time her book came out, Mandisa’s dearest friend died due to recurrent breast cancer. Her friend was pregnant when the relapse occurred, and she lived one year after her son’s birth. This event and loss caused Mandisa to go back to her former habit of eating food for comfort. It has been written she gained back 200 pounds during this depression period. She struggled through phases of weight loss and weight regain for the rest of her life. In the regain periods, she would cloister herself and not see her friends and family. She obtained food by delivery service. One reference reported her weight at 488 pounds at the time of her death.³

Mandisa’s story reflects that chronic health problems are not curable, and each person must find habits to live a rewarding life. Our country, and now the world, has an obesity problem that is growing, despite many preventative warnings.

The best-known tool for calculating obesity continues to be the Body Mass Index score, or BMI. This score is obtained by calculating a person’s kilogram weight and dividing it by the person’s height in meters. This score is easy to obtain, and I have included a BMI calculator for reference.⁴ Muscle weighs more than fat so a healthy muscular person may have a high BMI score. Other tests would be done to confirm the actual fat mass. Here are the weight categories cited by the Cleveland Clinic,⁵ and BMI scores of some famous people:⁶⁻¹³

- Underweight: BMI less than 18.55
 - Angelina Jolie’s weight 98 pounds = BMI 15⁶

- Optimum Range: BMI 18.5 to 24.9⁵
 - President John F. Kennedy reported 22.6 BMI (in office)⁷
 - Jennifer Hudson 20.5 BMI after 80-pound weight loss⁸
 - Calista Flockhart BMI 18.6⁹
- Overweight: BMI 25-29.9⁵
 - President Bill Clinton’s BMI 28.3 (in office)⁷
 - Actor Billy Gardell after 150-pound weight loss = BMI 28.6-29.3 (weighs 205-210).⁹ Also his weight in 2014 was 320. (TV-Mike and Molly) pre-weight loss= BMI 48.8⁹
- Class I obesity: BMI 30-34.9⁵
 - President Donald Trump reported BMI of 30.0 (in office)⁷
 - “The Rock” Dwayne Johnson BMI=34* (Recall muscle weight > fat weight)¹⁰
- Class II obesity: BMI 35-39.9⁵
 - Kelly Clarkson once reported her highest weight as 203 pounds = BMI 35.4. She had a weight loss of 60 pounds. Pre-weight loss 203 pounds and 5'3.5 = BMI 35.4; post-weight loss = BMI 24.9¹¹
- Class III Obesity: BMI greater than 40, or >35 with health problems⁵
 - President William H. Taft reported BMI = 42.3 (in office)⁷
 - Singer Jelly Roll had a reported weight of 500 pounds. Cites starting weight 494 pounds in January 2024. Lost 70 pounds. Cites height 6'1" and weight 494 pounds = BMI 65.2 minus 70 pounds = 424 pounds and BMI now of 55.9

The term “Morbid Obesity” was thought to be severe, hence the name change, being called “Class III Obesity.”⁵

The National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) both have websites and programs geared towards a personal healthy lifestyle.^{14,15} The NIH also offers a wellness toolbox. Here you can print handouts on:

- Disease prevention
- Physical wellness
- Emotional wellness
- Environmentally safe home wellness
- Social wellness⁵

The NIH also offers a free monthly newsletter called “NIH News in Health.”¹⁶



ElizaBeth Cooper
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Thirty-one million adults in the USA over age 50 are considered “inactive.” This means they are not doing additional physical exercise beyond what is needed in daily living. A possible contributing reason cited for inactivity is 39 percent of US residents do not live within a half mile of a park.⁵ The CDC has an initiative called “Active People Healthy Nation.”¹⁷

The Cleveland Clinic also has some suggestions for lifestyle changes:⁵

- Eat a heart-healthy diet
- Be physically active and exercise
- Aim for a realistic weight that is based on your sex, height, and health conditions
- Manage stress
- Get healthy amounts of sleep

Exercise will give us more flexibility and energy. We need to rethink our food choices so our lives are not limited due to empty calories. Mandisa had the courage to share her health battles. Her songs were uplifting and a staple of many exercise routines. She hoped her openness would help others. I believe it did.

The well-being article in the next *Breathline* issue will focus on prioritizing interventions to help us enjoy optimal holistic health.

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Clinical Practice Hot Topic: Ketamine and Precedex: What Do I Do?

Lori Erni, BSN, RN, CCRN, CPAN – ASPAN Director for 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.

In the last few months, there have been numerous questions on the administration of ketamine and Precedex in the perianesthesia realm. In my own personal experience, I have managed Precedex and ketamine infusions in both the PACU and in the ICU. However, I have not given a bolus/pushed the medication. The anesthesia provider was the individual to give the IV push in the PACU. Here are examples of two of the questions that were received:

Q • Are there any PACU Phase 1s where RNs push Precedex & ketamine? We are starting a bariatric narcotic mitigation strategy & need help.

Q • What is the recommendation from ASPAN on a patient coming from an inpatient floor on a Precedex drip? If we are titrating what is the recommendation for monitoring/ staffing, & if the drip is at threshold, what is the monitoring/staffing for preop holding?

A • In order to gain a better understanding of how other areas are practicing, I sent the query to the entire Clinical Practice Committee. It was very interesting to see the variance in practice across the United States.

In response to these questions, committee members referred to the ASPAN Standards. The *ASPN Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* do not specifically address these two medications, but state: “The perianesthesia nurse is responsible for the safe administration and storage of all opiates and/or sedatives.”¹ Committee members also said it was important to know what your own state board of nursing standards state. I received information from committee members that they do indeed administer these medications at their places of employment. One institution required specialized training and patient monitoring for the nurse to be able to administer these medications.

Even in my own experience of working at multiple institutions as a PACU nurse, I am not familiar with all the



different nuances of each state. However, what I found to best assist me was to be familiar with how to locate policies and procedures, then find the policy that pertained to that situation. For example, I realized in one city that sister hospitals had differing policies regarding epidural management. One facility allowed the nurse to remove the epidural if the therapy was completed or the anesthesia provider ordered it; the other facility did not.

In conclusion, when in doubt, find your hospital policies on medication management and familiarize yourself on the scope of practice in the state in which you are working.

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Lori Erni, BSN, RN,
CCRN, CPAN

FOLLOW US!
On Social Media:





Nickcole Price
MSN, RN, CPAN, CAPA

REGION FIVE UPDATE

Advancing Component Engagement Through Social Media

Nickcole Price, MSN, RN, CPAN, CAPA
Regional Director, Region Five

As technology continues to advance, the opportunities for nurses to engage with a wider community are expanding. One of the most effective ways for us to connect with our component members and keep them informed is through social media platforms such as Twitter (now X), Facebook, LinkedIn, and Instagram. These platforms offer a myriad of benefits for perianesthesia nurses, enabling them to access resources, stay informed, and make valuable professional connections.

Staying Informed

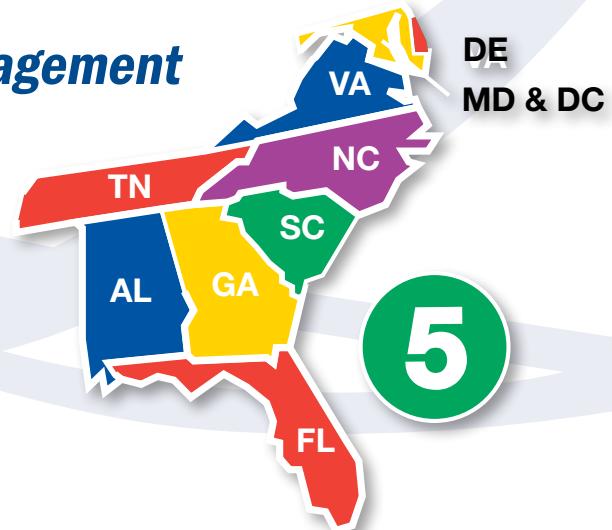
In the rapidly evolving field of healthcare, staying informed about the latest news and trends is essential for nurses. Social media provides an accessible and efficient way to keep our perianesthesia nurses up to date with ASPAN and component events and educational offerings. By following ASPAN and your components, influencers, and industry leaders on social media, nurses can access a wealth of information that can directly impact their practice.

Access to Resources

The access to resources through social media is also noteworthy. Nurses can find a diverse range of resources, including event details, seminar announcements, and certification opportunities. Integrating an interactive social media presence with the component's website would allow nurses to engage with and share these resources, thereby facilitating knowledge dissemination and networking within the community.

Band Together for Progress

Social media also provides a platform for nurses to unite and advocate for important perianesthesia causes and advancements within the healthcare field. By leveraging their collective voices on social media, nurses can bring attention to significant issues, drive positive change, and support one another. The power of social media as a tool for advocacy and camaraderie should not be underestimated, as it can lead to impactful changes within the nursing profession.



Encouraging Participation

It is essential to encourage our perianesthesia nurses to utilize social media platforms responsibly and for professional development. By sharing success stories, best practices, and the benefits of being an active part of your component's social media, perianesthesia nurses can inspire their colleagues to join the conversation. Thus, creating a supportive and inclusive online community can foster collaboration, mutual support, and the sharing of valuable insights and experiences.

In conclusion, social media presents an incredible opportunity for perianesthesia nurses to engage with their component, access resources, and stay informed about the latest developments in ASPAN. By leveraging social media, perianesthesia nurses can advocate for important causes, and contribute to a vibrant and collaborative nursing community. Finally, embracing the benefits of social media can collectively enhance your component's visibility and lead to increased membership.



▲ Region Five leaders gathered at the Component Presidents' Luncheon at National Conference in Orlando

The ASPAN Professional Practice Model: An Example of What ASPAN Volunteers Can Do in Just One Year!

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

The revised ASPAN Professional Practice Model (PPM) was introduced to the ASPAN Representative Assembly at the 41st ASPAN National Conference in Philadelphia. Jenny Kilgore, ASPAN president 2021–2022, initiated the Research Redesign Strategic Work Team (SWT) to evaluate and reinvigorate the PPM structure. The SWT kicked off the process by examining the purpose, activities, and outcomes of the Research Committee and Evidence-Based Practice SWT, now collectively referred to as the Clinical Inquiry Committee.

The then Research Committee was an original committee of ASPAN formed to support research in the specialty of perianesthesia nursing. In 2000, the EBP SWT was created to assist nurses in implementing evidence-based practices at the bedside. After examining the responsibilities, members, and outcomes of the committee and SWT, it was understood that many aspects were overlapping between the two groups.

ASPA's Research Redesign Strategic Work Team was given a one-year timeline for completion of the revised ASPAN Professional Practice Model. The SWT closely examined the duplications of the two groups and referred to the 2023-2024 ASPAN Standard V: Clinical Inquiry. While appreciating the time and dedication devoted to the previous PPM, the team then created a modern, updated version based on the most current research, innovation, and EBP.

You will notice the patients, families, and perianesthesia nurses are at the core or center of ASPAN's PPM. From that emerges the ASPAN Missions: Clinical Practice, Clinical Inquiry, and Clinical Education. The outer circle, which includes the environment, standards, and phases of care, completes the model. The environment is the backdrop or the setting that provides context to our

specialty practice. The delivery of care is based on ASPAN standards, the meat and bones, and the phases of care encompass the specialty of perianesthesia nursing and all its elements.

This is only one example of what ASPAN volunteers can accomplish in one year, under one president. Our volunteers are the backbone of our organization. We appreciate their experience, knowledge, time, dedication, and sacrifice to ensure ASPAN remains the premier organization for perianesthesia excellence.

Lori Silva, current ASPAN president, supports the evaluation and update of *The Research Primer*. The document can be found on the ASPAN website under Clinical Inquiry → Research Information → *Research Primer for Perianesthesia Nurses • 3rd Edition • 2018*. Again, we appreciate the time and dedication the previous volunteers devoted to the 2018 *Primer*; however, six years later, research, innovation, medicine, and the specialty of perianesthesia nursing have evolved.

Thank you to those who have expressed interest in being a part of *The Research Primer* review and update team. We invite all others interested to be a part of this important venture dedicated to our members and perianesthesia nurses worldwide.

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Component Education

September 27 & 28, 2024. Texas Association of PeriAnesthesia Nurses (TAPAN) 48th Annual State Conference. Embassy Suites by Hilton The Woodlands at Hughes Landing, 1855 Hughes Landing Boulevard, The Woodlands, TX. For more information, [click here](#) or call/text Britini Holen at 832-403-8346.

October 12 & 13, 2024. Northwest PeriAnesthesia Nurses Association (NPANA) Fall Conference. Riverhouse on the Deschutes. Bend, Oregon. [Click here](#) for more information.

2024 SUMMER/FALL

WEBCASTS & SEMINARS

LIVE WEBCASTS – FULL-DAY

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS

November 16, 2024 SATURDAY

PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES

October 19, 2024 SATURDAY

PERIANESTHESIA CERTIFICATION REVIEW

September 28, 2024 SATURDAY

November 3, 2024 SUNDAY

PERIANESTHESIA CERTIFICATION REVIEW (3 Parts)

October 2, 2024 WEDNESDAY

October 9, 2024 WEDNESDAY

October 16, 2024 WEDNESDAY

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE

September 21, 2024 SATURDAY

REFRESHING YOUR PERIANESTHESIA PRACTICE

October 5, 2024 SATURDAY

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

October 26, 2024 SATURDAY

LIVE WEBCASTS – HALF-DAY

INNOVATIVE CONCEPTS IN PEDIATRIC PERIANESTHESIA CARE

October 6, 2024 SUNDAY

LEADERSHIP STRATEGIES TO SUSTAIN A CULTURE OF SAFETY

September 22, 2024 SUNDAY

PERIANESTHESIA ESSENTIALS IV

October 27, 2024 SUNDAY

PERIANESTHESIA ESSENTIALS V

November 17, 2024 SUNDAY

LIVE WEBCASTS – TWO HOUR

ASPN PRACTICE RECOMMENDATIONS AND POSITION STATEMENTS

November 6, 2024 WEDNESDAY

COMPLICATIONS AND EMERGENCIES AFTER ANESTHESIA

October 23, 2024 WEDNESDAY

CRITICAL CARE COMPETENCIES: NEUROLOGICAL

September 26, 2024 THURSDAY

NEUROLOGIC PATHOPHYSIOLOGY AND ASSESSMENT

September 19, 2024 THURSDAY

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

September 25, 2024 WEDNESDAY

PATIENT SAFETY GOALS AND ASPN STANDARDS

October 24, 2024 THURSDAY

PEDIATRIC ANESTHESIA AND POSTANESTHESIA COMPLICATIONS

November 7, 2024 THURSDAY