



Breathline

January/February 2025

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INSIDE:

PRESIDENT'S MESSAGE:

Passion and Excellence: Growing, Learning, and Leading Together

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

Welcome to the New Year 2025! The year 2024 has flown by and so many wonderful things have been happening in ASPAN. I remember starting off in January, preparing for not only the 2024 ASPAN National Conference but looking ahead to the 2025 National Conference. There are so many people behind the scenes working to ensure an excellent conference experience.

In addition, teams of ASPAN members have been working for the last couple of years to update and bring new and revised editions of ASPAN and Elsevier publications for our perianesthesia nursing practice. The new *2025 – 2026 ASPAN Perianesthesia Nursing Standards, Practice Recommendations, and Interpretative Statements* is now available. Also available now on the ASPAN website is the *2024 Redi-Ref for Perianesthesia Practice, 6th edition*, in a handy reference pocket guide. The 2024 edition of *Competency-Based Orientation for the Registered Nurse and Pain Management in the Perianesthesia Setting* was introduced at the 2024 ASPAN National Conference.

ASPN has worked with Elsevier to update the *ASPN: Mosby's Orientation in Perianesthesia Nursing*. Another excellent resource is *ASPN's Ambulatory Surgical Nursing, 1st Edition*, published by Elsevier. These are just the most recent publications. You can find more publications on the ASPAN and Elsevier websites. Thank you to all the ASPAN contributing authors and editors for these excellent perianesthesia nursing resources. There are more updates and revisions coming soon, so stay tuned.

ASPN provides top-notch perianesthesia education. Our teams have been working to expand education in a variety of topics relevant to our specialty practice. We have education teams keeping the information updated, providing education across the country with diverse options to obtain education, such as in-person webinars with full-day, half-day, and two-hour options.



Lori Silva
MSN, RN, CCRN, CPAN

There are options to obtain free contact hours by reading articles in the *Journal of PeriAnesthesia Nursing (JoPAN)*. PeriAnesthesia Certification Review seminars and Virtual Certification Study Group sessions have been successful in assisting perianesthesia nurses in passing the CPAN/CAPA exams. Stay tuned for more information on upcoming education free to members during PeriAnesthesia Nurses Awareness Week.

All the committees, strategic work teams, and specialty practice groups have done amazing work advancing the unique specialty of perianesthesia nursing. Their work in advocacy, legislation, collaboration with other groups, mentoring leaders, membership recruitment and engagement, finance, policies, development, and certification promotions are what make a difference in perianesthesia nursing. Many of our groups work together on standards, clinical practice, and clinical inquiry that make a difference in the lives of our patients, families, and nursing colleagues across the country. I would like to personally thank everyone in these groups and our amazing ASPAN Board of Directors for all your hard work and dedication.

It takes a team and good teamwork. Merriam-Webster defines teamwork as “work done by a group acting together so that each member does a part that contributes to the efficiency of the whole.”¹ I love this quote by Helen Keller, “Alone we can do so little; together we can do so much.”² I encourage each of you to share your passion and excellence in your perianesthesia practice and let’s grow, learn, and lead together in this new year.

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1. Merriam-Webster Dictionary. Definition of teamwork. <https://merriam-webster.com/dictionary/teamwork>. Accessed 12/1/24.
2. Lash J. *Helen and Teacher: The Story of Helen Keller and Anne Sullivan Macy*. AFP Press. 1980.



ASPN Mid-Year Board of Directors Update: Maintaining Momentum

Sarah M. I. Cartwright, DNP, RN, NI-BC, CAPA, FASPN – ASPAN Secretary



**Sarah M. I. Cartwright
DNP, RN, NI-BC, CAPA,
FASPN**

The ASPAN Board of Directors convened for the 2024 Midyear Meeting in Oklahoma City on November 8, led by President Lori Silva. All board members were present at the open meeting, which was well attended by several ASPAN members. The meeting featured updates on strategic initiatives, organizational policies, and professional collaboration. Highlights included discussions on the ASPAN 2025 operational budget, which was approved unanimously, and updates on the 2024-2025 presidential initiatives focused on advancing excellence in perianesthesia nursing.

The board reviewed ongoing efforts to improve member engagement, streamline committee operations, and enhance the onboarding process for board members, ensuring continuity of mission and function. Strategic planning initiatives aim to expand educational opportunities, support specialty practice groups, and foster collaboration with other professional organizations. Reports from directors and committees underscored progress in clinical practice, education, and governance. Discussion regarding governance structure with plans to restructure the Bylaws and Policy and Procedure Strategic Work Team into a standing committee for improved functionality was approved to pursue the next steps.

Financial reports indicated a positive fiscal position, allowing for growth across several key sectors and continuing and enhancing opportunities for our volunteers and members. ASPAN affirmed its commitment to maintaining its relationship with the Council on Surgical Patient Safety. A new task force will address collaboration with ABPANC on certification and education initiatives. Future actions include continued strategic planning and formalizing policies to support ASPAN's mission and goals.

The ASPAN Board's work during the midyear meeting highlights its ongoing commitment to advancing the profession and supporting every member's growth and success. With thoughtful discussions and decisive actions, the Board is open to innovative opportunities and stronger connections within our community. These efforts reflect ASPAN's dedication to ensuring members feel empowered, valued, and equipped to deliver exceptional care in practice and as advocates. Together, we are shaping a future where collaboration and excellence drive our shared mission forward. Stay tuned for the next board update as these initiatives come to fruition, and know that the board serves to empower you as you continue to inspire and strengthen our professional society. 



▲ ASPAN Board of Directors
Photo courtesy of Ronda Dyer



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Deadlines for inclusion in *Breathline*:

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

ASPN's 2025-2026 SLATE OF CANDIDATES

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BSN, RN, CAPA



EMILY WAGNER
MSN, RN, MPD-BC,
CPAN, CPN

Slate of Candidates: 2025 Election CANDIDATE PROFILES: Your Input is Requested!

ASPAN's slate of candidates for the 2025 election year is impressive. Each candidate brings talent and skills to the role they seek to lead ASPAN in the coming years.

ASPA^N utilizes this online selection process to provide its members with all candidate qualifications and background information, as well as what each Board candidate visualizes as the organization's long-term goals and strategic priorities.

Your component needs your input! Here's what you do by February 28, 2025:

Instructions

- You must be a current ASPAN **Active** category or **Retired** category member
- Go to the ASPAN website, scroll to the bottom left of the Home page, Highlights. Click on 2025 Candidate Profiles – Feedback Form. You will need to be logged in
- After reading the instructions, scroll down the page and review the list of candidates' names
- Click the link called "Bio" next to each name to learn about the candidate
- Review all 2025 *Candidate Profiles*
- Click the box next to the candidate's name of your choice for each position
- Only **ONE** name or abstention may be selected within each position – the exception being the Nominating Committee: five positions are open

- Find and select your component from the list of component names in the drop-down box. This is a **REQUIRED** field since it determines where to forward your submission
- Carefully review your candidate selections before submitting
- At the page bottom, click "Submit," and your input will be forwarded to your component representatives to assist them in casting their votes as members of the 2025 Representative Assembly
- Your name and email will NOT be forwarded to your component representatives – only your selections
- Once you click "Submit," you will receive a confirmation page stating your submission has been successfully executed
- Only **one** 2025 candidate selection submission per ASPAN **Active** category or **Retired** category member is accepted. Submissions are available online only

Your feedback must be submitted **no later than February 28, 2025**. Don't delay! 

NURSING – The Future is in our Hands!

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

Clinical Inquiry

The American Association of Critical-Care Nurses (AACN) Healthy Work Environment (HWE) initiative implemented a program that involves a two-year commitment from healthcare organizations with an interdisciplinary focus. The focus is employee health and wellness in the work environment. The data below emphasizes why nursing and nurses are extremely important in healthcare and why nurses may be suffering from burnout and fatigue; however, there is light at the end of the tunnel!

- 4.7 million RNs nationwide.
 - 4 times that of physicians
 - 89% are employed in the profession of nursing
 - RNs are one of the largest sectors of the U.S. workforce
- Remember what the 2024 ASPAN Nation Conference presenter stated, “hospitals exist because of nurses.” ~ Dr. Jimmy Moss
 - Nation’s largest healthcare profession
 - Primary providers of hospital patient care
 - Deliver most of the nation’s long-term care
- 55% of RNs work in general medical and surgical hospitals, with an average salary of \$77,600 annually (Bureau of Labor Statistics)
- Over ¼ of RNs express leaving the profession or retiring in the next 5 years
- Median RN age is 46 years old
- 2022 RN data:
 - 80% White/Caucasian
 - 7.4% Asian
 - 6.9% Hispanic
 - 6.3% Black/African American
 - 2.5% more than one race
 - 0.4% Native American or Alaska Native
 - 0.4% Native Hawaiian or other Pacific Islander

What we can celebrate! The light!

- From 2020 – 2022, the male nurse workforce increased by almost 2% to 11.2%
- Projected that 203,000 or more new RN positions will be created each year from 2021 – 2031 = over 2 million RNs
- Employment of RNs is projected to grow by 5% from 2021 to 2031 due to:
 - Increased emphasis on preventive care
 - Growing rates of chronic conditions
 - Demand for healthcare services from the baby-boom population
 - RNs are in high demand in both acute care and community settings including - outpatient surgery centers, nurse research....and many, many more
 - Nurses scope: LPNs, RNs, NPs, certified nurse-midwives, and nurse anesthetists

• As of 2022

- 71.7% of the RN workforce earned a baccalaureate degree or higher as their highest level of nursing education
- 28% of employers require new hires to have a BSN, while 72% strongly prefer a BSN (AACN)
- 17.4% of the nation’s RNs hold a master’s degree and 2.7% hold a doctoral degree
- The demand for MSN and DNP nurses for advanced practice, clinical specialties, teaching, and research roles is higher than the pool of candidates

What this data tells us?

Historical documentation of the profession of nursing dates to the Roman Empire, approximately 300 A.D. The profession of nursing is here to stay, and it is stronger than ever. We can wallow in the current state of nursing, or we can get excited about the future. We currently hold the cards.

I have one request for perianesthesia nurses: please engage in the growth of our new nurses. It is questionable whether nurses will stay in a specialty for 5, 10, 20, 30, or 40 years, as many of us have. Your expertise is needed! Share your knowledge and enlighten those new to the profession!

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2. National Council of State Boards of Nursing. Active RN Licenses. NCSBN; 2024. <https://www.ncsbn.org/active-rn-licenses>
3. Smiley RA, Allgeyer RL, Shobo Y, et al. The 2022 National Nursing Workforce Survey. *J Nurs Regul*, 14(1), Supplement (S1-S90). April 2023 <https://www.journalofnursingregulation.com/action/showPdf?pii=S2155-8256%2823%2900047-9>
4. U.S. Bureau of Labor Statistics. Occupational Outlook Handbook: Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners. 2022. <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm>
5. U.S. Bureau of Labor Statistics. Occupational Outlook Handbook: Registered Nurses. 2022. <https://www.bls.gov/oes/current/oes291141.htm>



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

Clinical Practice Hot Topic: Staffing...Still a Hot Topic

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.



Lori Erni, BSN, RN,
CCRN, CPAN

The question of staffing in the PACU and maintaining competence in delivering care has long been posted to the Clinical Practice Committee. I recently attended the PANAC conference in Ventura, California, and the NPANA conference in Bend, Oregon. In conversations with our members in both regions, this was still a frequently asked question. Probing further into this question, it was found that staffing the PACU after hours continues to be an issue. Here is a question from the ASPAN website:

Re: our PAT nurse who is working full time, no PACU bedside care because of preadmission job. Why is she allowed to take call hours in PACU if this PAT (preadmission nurse) does not have any PACU clinical hours? What does ASPAN think about this situation?

In examining this question, there are two issues: staffing and competency. To address the call issue, does this PAT nurse care for the patients? If this nurse functions as the second nurse, then this is acceptable. The second nurse should meet the following criteria: “the second nurse should be able to directly hear a call for assistance AND be immediately available to assist. The qualifications should reflect patient acuity and the number of patients in the Phase 1 care.”¹ I have experienced this situation in a few

different PACUs when on call. There was a blizzard, and the second PACU nurse could not make it in. I utilized the OR circulator as my backup. She did not leave the unit until my patient left. There was a mutual understanding of the environment of safety.

On to the second potential issue: is the PAT nurse taking call and being the primary nurse? It is clearly delineated in the ASPAN standards what classifies the competencies of Phase 1 care. I would question the maintenance of this nurse’s skill set to deliver care safely. Under the Principles of Safe Perianesthesia Practice, it is stated that the “perianesthesia nurse maintains personal responsibility and accountability for professional development, knowledge, skills, and nursing practice.”¹

It is a continued issue that has been a part of our practice. The ASPAN standards give us the “voice” to advocate for the safety of our patients and our practice. In essence, to maintain safety for “the most important room of the hospital.”¹

REFERENCES:

1. American Society of PeriAnesthesia Nurses. *2023-2024 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. ASPAN; 2022. 

One of the findings from the recent *Breathline* survey indicated members want more free continuing education.

“You spoke, and we listened”



The advertisement features a woman in blue scrubs looking at a laptop screen. The ASPAN logo, a green leaf inside a circle, is in the top left corner. The text "ASPN" is in the top right. In the bottom left, there is a green circle with a white dot, followed by the text "Member Benefit" and "Free CE articles".

Join Us in Dallas, Texas, April 28-May 1, 2025, for the next ASPN NATIONAL CONFERENCE!

Teresa "Terri" Lytle BSN, RN, CPAN, CAPA, CCAP – Member, National Conference Strategic Work Team

When asked why she loves Dallas, attorney and radio host Dawn Neufeld gushed, "I love the intimacy of this city. Everyone and everything is so connected. It's intoxicating. It makes you want to get involved and be a part of something big."¹ Dallas is drawing perianesthesia nurses to be the ones to get involved; the "something big" is ASPAN's 44th National Conference at the Sheraton Dallas Hotel, April 28 – May 1, 2025. Texas Association of Perianesthesia Nurses (TAPAN) proudly welcomes conference attendees to our stunning state!

Opportunities to make lasting connections abound at ASPAN's most significant annual educational event. Connections develop through learning. You will discover more about providing excellent patient care and ignite your career. After a motivating opening ceremony, expert professionals will present on various topics that impact perianesthesia nursing. Register early to sign up for your first choice of classes. Sessions will challenge and invigorate your mind as you gain knowledge that will grow your practice. At the conference's closing ceremony, your heart will swell with pride for our profession and specialty. You will leave refreshed, having grown as a nurse and person. The substantial number of contact hours will have profound value. Your excitement will be contagious when you confidently implement your takeaways in your work environment.

Connections also develop through networking. National Conference is the perfect time to renew bonds with ASPAN comrades and branch out to make new friends. If you're a newcomer, the First Timer's Orientation will guide you through all aspects of the conference so you don't miss a thing. To pursue deeper connections, consider volunteering as a host/hostess or moderator during the conference week. Volunteer details will be available in the conference brochure. Consider coming early for the pre-conference or staying late for the post-conference offerings to garner even more contact hours.

The Sheraton Dallas Hotel, in the heart of downtown Dallas, captures the city's essence. The hotel's atmosphere is refined yet relaxed. The guest rooms are spacious and well-equipped for every type of traveler. You will be delighted by Dallas' dining scene. Whether you need a quick snack or are craving a Texas-sized meal, abundant food choices await within the hotel or nearby. The comfortable meeting rooms feature seamless state-of-the-art audiovisual technology.²

Plan extra time to immerse yourself in the vibrant energy that embodies Dallas. Experience firsthand exceptional attractions such as the Arts District, The Sixth Floor Museum at Dealey Plaza (JFK Legacy), Reunion Tower (breathtaking views), Perot Museum of Nature and Science, Deep Ellum (music scene), Dallas Arboretum and Botanical Garden, Klyde Warren Park, White Rock Lake Park, and the Dallas Aquarium to name a few. Hop on the M-Line Trolley, a free vintage streetcar that meanders through Uptown. The more modern DART train has a stop a few strides from the hotel, ready to take you on a new adventure.³ Whether your interests lie in art, history, culture, music, sports, the great outdoors, or exciting nightlife, Texas will not disappoint. Be dazzled by Dallas, April 28 – May 1, 2025. Create connections – the first step is to get involved. Be a part of something big happening in Texas for perianesthesia nurses: ASPAN's 44th National Conference!

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1. Culturemap Dallas. Accessed October 28, 2024. <https://dallas.culturemap.com/news/city-life/01-01-14-powerful-quotes-about-dallas-influentials>
2. Sheraton Dallas Hotel. Marriott website. Accessed October 29, 2024. <https://www.marriott.com/en-us/hotels/daldh-sheraton-dallas-hotel/overview/>



▲ Dallas Skyline
Photo courtesy of www.visitdallas.com



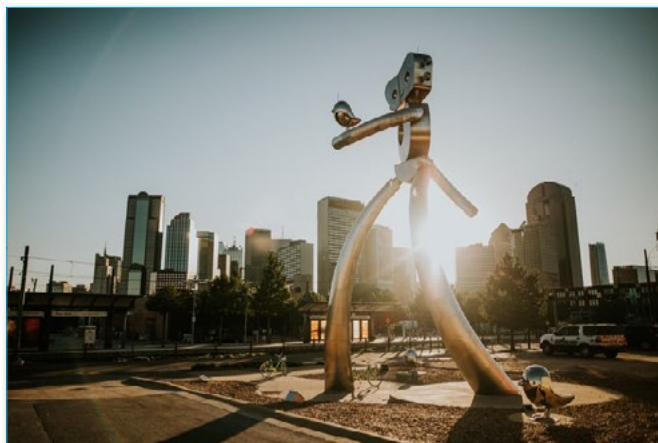
Teresa "Terri" Lytle
BSN, RN, CPAN,
CAPA, CCAP



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



▲ Off The Bone Barbeque Restaurant
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▲ Deep Ellum Traveling Man
Photo courtesy of www.visitdallas.com



▲ Leonhardt Lagoon
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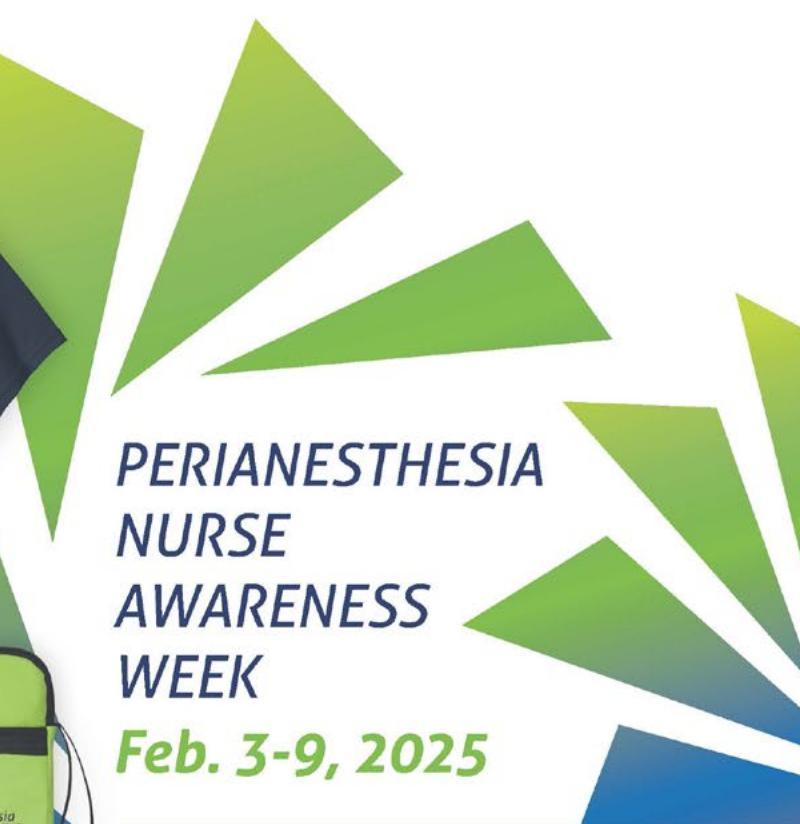


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REGION TWO UPDATE

Linda Allyn, BSN, RN, CPAN, CAPA
ASPN Regional Director, Region Two



Linda Allyn
BSN, RN, CPAN, CAPA

Being a regional director for about six months now, I am feeling more comfortable with my duties and how to accomplish them. Not only do I cover the eight components in my region, but I also have two Specialty Practice Groups (SPGs), several Strategic Work Teams (SWTs), and other organizations that I work with. My main responsibility is to be active with these other areas and be a resource, mentor, support, and liaison, supporting each of these to ensure we are following the same goals and not working against each other. Any changes that a component, SPG, or SWT would like to have discussed at the board meetings would be brought to me for discussion and I would bring it to the Board of Directors. I try to be present at least by Zoom at board meetings and conferences, so please let me know your important dates and times. Occasionally, meetings overlap, so I may not be able to attend the complete event, but I will attend as much as I can.

Components Involvement

Components have been busy with fall conferences. MSPAN had its fall conference first in September. Unfortunately, I was unable to attend it, but I was able to attend TAPAN's conference at the end of September. Then on to MOKANPANA the first weekend in October. They offered their conference hybrid, so I attended it via Zoom. There were minor difficulties with the connection, but I was able to attend some of it at least. There was also an ISPAN Board meeting in the middle of the conference I had to attend. The following weekend, NAPAN had its hybrid conference, which had good attendance and about 35 Zoom participants. The third weekend in October, I was able to drive to Oklahoma City for OSPAN's conference. It was great and refreshing to get to attend in person again. Finally, the weekend after Perianesthesia Development Institute, I lectured at ISPAN's Zoom conference.

Other Involvement

A Pediatric SPG Zoom meeting, which was very informative, was added to my schedule. Then, I was able to make it home from Oklahoma City in time for a Zoom ASPAN meeting followed by a Governmental Affairs Committee (GAC) meeting. We are looking for more volunteers from each component to help increase the effectiveness of the GAC committee. It is interesting as well as a learning experience about government process in general. I plan on attending Texas's Nurses Day at the Capitol in February. All states have similar offerings, and this is the time to make our voices heard.



▲ Region Two leaders gathered after the Component Presidents' Luncheon at National Conference

Something for Everyone

ASPN has a place for everyone to make a commitment. Region 2 would like to form a CPAN/CAPA study group with all components together. We need volunteer experts to help review the different areas that are covered in the CPAN/CAPA exam. Several of the other regions are presently offering this and have a pass rate in the 80s percent rate over the 55 percent passing rate overall. If you know of anyone who is willing to volunteer for an hour or two a couple of times a year, please let me know. ASPAN is here for educational offerings, and we are what makes those offerings happen.



Get Ready to Bid!

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

Development

A philanthropist contributes to a non-profit organization to promote its mission. ASPAN's mission is to empower and advance our unique specialty. This includes scholarship, clinical inquiry, education, and clinical practice.

ASPA has several ways to contribute. I would love to tell you about our Silent Auction! This fundraiser is held during the National Conference. Donations in kind (items) are donated by components, individuals, and vendors. Each item is catalogued, and opening bid prices are set. The 2024 auction in Orlando had a record number totaling 91 items. There were purses, scarves, totes, jewelry, artwork, gadgets, décor, collector items, vendor-donated items, and more!

On the first day in Exhibit Hall, bidding started, and there were many bids. As bidding continued, bids increased, culminating in a frenzy of last-minute bids, with people hovering by each coveted item until the announcement was made to put the pens down! As a result, over \$5,000 was raised to promote our unique specialty—a record amount not seen in many years! These funds are used for scholarships, research, clinical practice, and education for our members.

It is not too early to consider donating items for the Silent Auction in Dallas in 2025. I have donated items that I purchased at retail outlets. I love to shop, and I love bargains! Components and individuals are encouraged to donate items. Who knows, you may bring home an item from the winning bid! So, leave a little room in your luggage for your winning bid! I hope to see many of you in Dallas in 2025! 🌱



Chris Skinner
MSN, RN, CAPA



▲
Attendees vying for items at the
ASPA Development Silent Auction
▼



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2025 ICPAN Registration Fee Award from ASPAN

Instructions and required forms for ASPAN's registration fee award to the International Conference for PeriAnesthesia Nurses (ICPAN) being held September 10-12, 2025, in Dublin, Ireland, are available on the ASPAN website.

Please read the instructions carefully for eligibility requirements.

Visit Members > Scholarship/Award Program > 2025 ICPAN Award.

The special postmark deadline for ICPAN award applications is May 1, 2025.*

**Applications and information for ASPAN's annual Scholarship/Award Program (offering BSN, MSN, and Doctorate degrees), ASPAN National Conference (in-person attendance or electronic educational sessions), Certification Exam, AONL Advocacy Day, and Humanitarian Mission awards are available on the ASPAN website in February. The postmark deadline for applications is July 1, 2025. This program is separate from ICPAN.*

Giving Back to the Community

MEMBERS GIVING BACK

Lori Erni, BSN, RN, CCRN, CPAN

The Salem Health Hospital's PACU has a reputation for giving back to its community. This last fall, the PACU Unit Council organized an underwear and sock drive for the local Girl's and Boy's Club. Two council members and NPANA members delivered a full shopping bag filled with various sizes of these essentials. 



From the left: Denise Zlak, NPANA's Immediate Past President, and Lori Erni, ASPAN Director for Clinical Practice

In Memory of

JEANNE MAHER RN

A Tribute to a Great Leader

Debby Niehaus, BSN, RN, CPAN (Ret)



Debby Niehaus
BSN, RN, CPAN (Ret)

Jou may not know of Jeanne Maher, an ASPAN founding director and our 3rd president from 1983-1984, yet every day, you benefit from her contributions to our specialty. Jeanne, a charter member of the Illinois component, attended the early organizational meetings of “Recovery Room” nurses, establishing a National Society. She became Bylaws chair, collaborating with Director Jovita Keane for their approval and Articles of Incorporation filing of the “American Society of Post Anesthesia Nurses” as the Society was first addressed.

Jeanne was my friend and mentor, and I marveled at how, at her small stature, she could silence a room. Jeanne was a nursing professional chosen by her predecessor, Hallie Ennis, to chair ASPAN’s first Long-Range Planning and Advisory Committees. As president, she led ASPAN toward expanded specialty education and certification. She championed the change for ASPAN editorially from using the “Recovery Room” to the Post Anesthesia Care Unit (PACU). Jeanne encouraged members to enhance the image of nursing, increase education and involvement, celebrate the organization’s prosperity and had many ASPAN “firsts” occurring during her presidency.

ASPAR, in 1983, was entering New Horizons, her conference theme. Jeanne was the Society representative when ASPAN was first seated at the National Federation of Specialty Nurses Organization (NSFNO), ANA’s Nursing Organization Liaison Forum (NOLF), the Liaison meeting at the White House, and the Conference of the American Association of Critical Care Nurses (AACN).

Society accomplishments during Jeanne’s term included printing and distributing the ASPAN Bylaws and the *Guideline for Standards of Care and Management Standards in PACU*. She had the first mid-year Board of Directors meeting, issued CEs to components, edited and printed the first *ASPAR Review Text for Certification* sold at her 3rd National Conference, had ASPAN Board-approved bylaws for the new certification board, added five new chartered components, making a total of 28 and membership grew to over 3000. Jeanne formed the Past Presidents Council and held the first luncheon at the San Diego Conference. She loved a good Irish coffee and, at this conference, was surprised with a coffee by her past president friends and travel buddies Hallie Ennis and Ina Pipkin. Jeanne was speechless.

Jeanne’s mid-year board meeting planned for October 1983 was moved to January 1984. I remember this meeting where it was so cold the Chicago River froze over, and the board meeting started early in the morning with two short meal breaks, stopping at midnight. The agenda was not finished, so we all had to come back very early the next morning!

In 1984, Jeanne became vice president of the first certification board of ABPANC, which was separated from ASPAN, becoming an autonomous board. She was a mentor and good friend to Dolly Ireland and other ASPAN leaders. Jeanne worked PACU for 36 years at Cottage Hospital, retiring in 1986, traveled with her husband Marty, raised 3 children, and lived a full life of 98 years. 

To read Jeanne’s obituary, [click here](#).

What Does This Mean?

Perception of Abbreviations and Acronyms

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Iwant this article to have a bit of lightheartedness and humor. Recently, my 81-year-old aunt texted me with this response: "KK." I had no idea what it meant, but she has one tween and two teenage grandkids, and my aunt stays up to date with trends. I seem to see abbreviated words and terms everywhere. This has caused me to recall the days of learning and using abbreviated medical terms. It was important to use approved terms. "Q" once could be written as "q or Q". Many terms I initially learned have been changed for best practice purposes. The Institute for Safe Medication Practice (ISMP) offers a downloadable handout of error-prone abbreviations. JCAHO recommends using this download from the ISMP.¹

Present-day medical documentation requires less handwriting. Most institutions and healthcare companies use typed data. There are many abbreviated words and phrases used in formal and informal correspondence. I did some searching for understanding text lingo and learned about acronyms. I also saw a MedicineNet offering a list of common medical abbreviations.²

Staying focused on handling stressors to keep a healthy balance is a priority for well-being. Younger generations think cursive writing is another language. During the 1940s, we used abbreviations and condensed phrases by making words out of the first letters. This kind of word is called an acronym. Webster defines an acronym as "a formation of a word from the initial letter or letters of each of the successive parts or major part of a compound term."³

War terms like SCUBA (Self-Controlled Underwater Breathing Apparatus) and RADAR (Radio Assisted Detection and Ranging), are acronyms. Letter or letters of each of the "CARE" packages sent to World War II-affected European citizens meant Cooperative for Assistance and Relief Everywhere. Another acronym formed after the war is NATO (North Atlantic Treaty Organization).

Acronyms can be used in many domains. The band ABBA is an acronym for the members' names: Agnetha, Bjorn, Benny, and Anni-Frid. You may see some acronyms that are understood from the abbreviations of the initial letters, and it is called initialism. Examples are the FBI and BBC.

Words, phrases, and expressions have different meanings in different cultures, professions, and age groups. One must consider if the audience they are conversing with will share the same interpretation of the acronym. There are acronym dictionaries on the internet to explore terms. The Freeman's Dictionary is one such resource on the internet.⁴ I use an acronym finder to look up the number of possible names of the abbreviation or acronym.⁵ Here are some examples of medical abbreviations and acronyms found in the Freedman Dictionary and Acronym Finder site:^{4,5}

MS. The first word I think of when I see this abbreviation is Multiple Sclerosis. Some may think Microsoft. 233 possible abbreviations cited MS.

AAA. We do not like to see that term in medical documentation. It could mean 222 possible terms. Healthcare workers think of Abdominal Aortic Aneurism. Others think of the American Automobile Association. There are another 220 terms.

ADA. 108 terms. Possibilities: American Disability Act, American Dental Association, Alcohol and Drug Use.

AMA. 125 terms. Some examples are: "Ask me anything." (This is the commonly acknowledged acronym.) "Against Medical Advice," "American Music Awards," American Medical Association.

Remember the term SASH? This was a helpful action term used in the day we used heparin flushes. (Saline, Antibiotic, Saline, Heparin). Other acronyms: "Suicide and Self-harm," and "Sound Advice Safety Health."

The unneeded use of heparin to keep an Intravenous Lock patent caused the name to change to SAS (Saline, Antibiotic, Saline). SAS is also the trade name of the San Antonio Shoe Company.

FINE. Allacronyms.com reports there are 72 acronyms for the word. Some phrases include: "Feelings Inside Not Expressed," or "Feeling Insecure Neurotic Emotional."

SMART: 132 Terms. "Self-Management and Recovery Training," "Specific Marketing and Research Technology," "Specific, Measurable Achievable, Relevant, Timely."

THINK. Time Honored Inns Nationally Known. (Formally was the trade name for the International Bed and Breakfast Association.) Other terms reported are True Helpful Inspiring, Necessary, and Kind; and Think Hard to Inspire New Knowledge.

ASPAN is the acronym for our organization. I found two other acronyms for ASPAN. One is the Arlington Street Peoples' Assistance Network.

Our ASPAN core values are summed up in the word "PRIDE." We promote Passion for our profession, Respect for our patients and co-workers, Integrity in our obligation to not harm, appreciation of the Diverse populations we care about, and application of Excellence as the benchmark of nursing practice.

There are 30 other acronyms for PRIDE, including Personal Responsibilities in Delivering Excellence, Parent Resources for Information Development and Education.

When you write out a phrase acronym, periods are not necessary. In conclusion, the key to abbreviations and acronyms is to know your audience. When in doubt, look up acronyms and texting references. YOLO (You Only Live Once!). Have some fun! BTW (By the way), KK (ok, ok) has 55 other possible terms.^{4,5}

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WEBCASTS & SEMINARS

2025
WINTER/SPRING

LIVE IN-PERSON SEMINARS

PERIANESTHESIA CERTIFICATION REVIEW

March 1, 2025 **SATURDAY**
Kansas City, MO

LIVE WEBCASTS – FULL-DAY

PEDIATRICS: BEYOND THE BASICS
March 8, 2025 **SATURDAY**

PERIANESTHESIA CERTIFICATION REVIEW
February 22, 2025 **SATURDAY**

PERIANESTHESIA CERTIFICATION REVIEW (3 Parts)
March 5, 2025 **WEDNESDAY**
March 12, 2025 **WEDNESDAY**
March 19, 2025 **WEDNESDAY**

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT:
A SYSTEMS APPROACH
March 15, 2025 **SATURDAY**

PERIANESTHESIA STANDARDS AND IMPLICATIONS
FOR PRACTICE
March 22, 2025 **SATURDAY**

REFRESHING YOUR PERIANESTHESIA PRACTICE
May 31, 2025 **SATURDAY**

SAFETY BEGINS WITH US
June 7, 2025 **SATURDAY**

**SURROUNDING YOUR PRACTICE
WITH EXCELLENCE:
LEGAL ISSUES, STANDARDS, AND ADVOCACY**
June 14, 2025 **SATURDAY**

LIVE WEBCASTS – HALF-DAY

FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE
February 16, 2025 **SUNDAY**

**INNOVATIVE CONCEPTS IN PEDIATRIC
PERIANESTHESIA CARE**
June 29, 2025 **SUNDAY**

LEADERSHIP STRATEGIES TO SUSTAIN A CULTURE OF SAFETY
February 23, 2025 **SUNDAY**

PERIANESTHESIA ESSENTIALS I
March 2, 2025 **SUNDAY**

PERIANESTHESIA ESSENTIALS II
March 16, 2025 **SUNDAY**

PERIANESTHESIA ESSENTIALS IV
March 9, 2025 **SUNDAY**

PERIANESTHESIA ESSENTIALS V
June 8, 2025 **SUNDAY**

PERIANESTHESIA FOUNDATION
March 23, 2025 **SUNDAY**

WEBCASTS & SEMINARS

2025
WINTER/SPRING

LIVE WEBCASTS – TWO-HOUR

ANESTHETIC AGENTS AND TECHNIQUES
February 25, 2025 *WEDNESDAY*

COMPLICATIONS AND EMERGENCIES AFTER ANESTHESIA
February 19, 2025 *WEDNESDAY*

CRITICAL CARE COMPETENCIES: NEUROLOGICAL
February 26, 2025 *WEDNESDAY*

EMERGENCY PREPAREDNESS
March 26, 2025 *WEDNESDAY*

ERAS: WHAT YOU NEED TO KNOW FOR ENHANCED
RECOVERY AFTER SURGERY
May 28, 2025 *WEDNESDAY*

GASTROINTESTINAL AND ENDOCRINE
PATHOPHYSIOLOGY AND ASSESSMENT
June 4, 2025 *WEDNESDAY*

HOW TO BECOME A TRANSFORMATIONAL LEADER
June 11, 2025 *WEDNESDAY*

INFECTION CONTROL CHALLENGES: IMPLICATIONS FOR
THE PERIANESTHESIA NURSE
June 18, 2025 *WEDNESDAY*

LEGAL AND ETHICAL ISSUES IN PERIANESTHESIA NURSING
June 25, 2025 *WEDNESDAY*

OBSTRUCTIVE SLEEP APNEA AND CAPNOGRAPHY
February 27, 2025 *THURSDAY*

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

March 6, 2025 *THURSDAY*

PEDIATRIC ANESTHESIA AND POSTANESTHESIA
COMPLICATIONS
February 20, 2025 *THURSDAY*

PREANESTHESIA ASSESSMENT AND PACU ASSESSMENT AND
DISCHARGE CRITERIA
March 20, 2025 *THURSDAY*

PREVENTION OF UNWANTED SEDATION: PUTTING THE
PRACTICE RECOMMENDATION INTO PRACTICE
March 27, 2025 *THURSDAY*