



UP TO PAR

Newsletter of the New York State
PeriAnesthesia Nurses Association

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March 2013

Why Do I Do Medical Mission?

Many people asked me why I do medical missions. After I came back from my last mission to Panama with Operation Walk in November 2012, and right after Hurricane Sandy, one of our patients commented why I did a mission in another country when our own community was in need of volunteers. I simply replied that Operation Walk had already committed to the Panamanian people before Hurricane Sandy hit the east coast. My reasons for doing medical missions were both personal and professional and different in many ways, but yet still the same.

I am Hmong American. Hmong is a minority ethnic group in South East Asia that migrated from China. Today, Hmong people live all over the world, because of the Vietnam War. I was born in Laos. My family and I escaped to Thailand when the United States pulled out of the war in 1975. On the run from Laos to Thailand half of my family drowned when we crossed the Mekong River. The Thai villagers rescued us from the river and gave us food and money. Since then I have always wanted to return and give back to the Thai people, especially to a third world country like Laos. The government was so corrupted and donations might never reach the people who needed them the most. I would rather use my money to travel and help where health care was in great need and much appreciated.

When I went back to get my bachelor's degree in 2008, a medical mission was an option to replace clinical hours as a requirement. I was lucky to have found a Hmong mission team from the Hmong District of Christian Missionary Alliance in Colorado to Khon Kaen Province in Thailand. I also found out Khon Kaen was two hours away from Non Khai, the location of the old refugee camp and the people who helped my family in 1975. I wanted to be part of this mission to fulfill my per-



sonal mission of giving back to the Thai people. I also wanted to visit/say goodbye to my dead family, and at the same time fulfill my requirements for school. The trip was wonderful. We all had the same goals, to help people in need. After this trip I had the great satisfaction of being part of a great team from the United States who touched so many lives. I wanted to do missions again.

When the earth quake hit Haiti in January 2010 my first instinct was to go and help. Everyday I saw the media coverage of the Haitian people and my heart went out to them. Two months after the quake our hospital was looking for nurses and doctors to assist Hôpital Sacré Coeur with the amount of patients they had through Crudem Foundation. One of our vice presidents at my hospital was a committee member of Crudem Foundation. This foundation began in 1968 by the Brothers of the Sacred Heart of the Montreal Province to help the people in Milot Haiti, a small village in the north. They built roads, schools and finally a hospital (Hôpital Sacré Coeur) because the people needed healthcare services. In 1986 a physician volunteered at the hospital and since then Crudem had sent many health care volunteers year round to work at the hospital and to help and improve healthcare in the area.

After the earth quake many injured Haitians were sent to Hôpital Sacré Coeur for treatments due to so much infrastructure

damage around Port-A-Prince. I volunteered to go because they needed nurses. I enjoyed the whole experience tremendously even though it was kiosk and I had to pay for my own trip.

I went on my third mission to the Philippines because I wanted to put my professional life back into perspective again. There were so many changes at the surgery center where I was working. We were going through a transition at the one-day surgery center to a 23-hour center pretty quickly with not enough staff. I tried my best to get our unit to transition as smooth as possible, but I felt I was not doing my job well. The staff was not happy. I was burned out. I needed to re-focus on doing what I do best - helping people, feeling good by doing my job, and being part of a team helping each other to get the task

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COPY SUBMITTAL DEADLINE:

Deadline for submitting material for next issue of
UP TO PAR will be **JUNE 1, 2013**.
Please forward all articles to NYSPANA or to:
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Mission Statement

The New York State PeriAnesthesia Nurses Association advances nursing practice through education, research and standards.

From The President



Now that all of the holiday festivities are behind us, we can start planning activities for the New Year. One of the exciting activities many of our ASPAN/NYSPANA members are planning, is to attend the annual ASPAN National Conference. This year, it is being held in Chicago at the Hilton, April 14-18, 2013. We are fortunate to be located close to Chicago which affords reasonable airfare. Making hotel reservations and choices for the topics of interest found in the "Towering Opportunities, Endless Possibilities" brochure are in

full swing. Conference information can be found online at aspan.org/events. Remember, the "early bird" fee deadline is March 1st. Many of our favorite speakers have sessions scheduled as well as new speakers.

Attending the ASPAN National Conference is an event all perianesthesia nurses should experience, at least once. Perhaps this one time experience can be enough to further the nurse's interest in the organization. The networking, information, friendships and knowledge are unique benefits to our specialty.

The Pre-Conference offering on Saturday, April 13, 2013 contains information on pre-anesthesia assessment and management, including the special populations of the elderly, pediatric, pregnant, obese, and diabetic patients. The speaker is Kim Litwak, PhD, RN, APNP, CPAN, CAPA, FAAN and attendees are awarded 7.25 contact hours.

Sunday, April 14, 2013 has many events scheduled. The first is the 18th Annual Development Dream Walk. Those attending the fundraiser are encouraged to find sponsors to benefit our members with scholarship funding, awards, public awareness and education. The ASPAN Representative Assembly meets from 9 am-5 pm to help make decisions for the coming year including incumbent ASPAN candidates for election to office of the ASPAN Board of Directors. The NYSPANA President and Vice-President attend as representatives of the New York State component. Sessions are open to all conference attendees as visitors. Also on Sunday, there is a PeriAnesthesia Certification Review, an Item Writing Workshop, First Timers Orientation, and the Component Night Celebration for 2013. The Component Night Celebration begins at 7 pm. You are encouraged to dress in your favorite sports jersey, cap or other attire. The theme is, "Get Your Game On" celebrating Chicagoans' love of sports. Food stations, cash bar, entertainment, raffles, component booths, and vendor sponsorship are available.

Monday, April 15th begins with Opening Ceremonies. Our ASPAN President, Susan Carter, BSN, RN, CPAN, CAPA addresses all attendees. The keynote speaker is Jeanne Robertson, CSP, CPAE and the topic "Humor: More Than a Laughing Matter" offers 1.5 contact hours. For lunch CPAN and CAPA certified nurses are invited to register for the CPAN/CAPA Celebration Luncheon which features Paul J. Friday, PhD speaking about the fundamentals of normal and effective thinking. Monday afternoon begins the concurrent sessions until Wednesday, April 17, 2013.

Tuesday, April 16th all are invited to join ASPAN President, Susan Carter and ASPAN leaders in a celebration of the success and achievements of the past year. All participants and guests are invited! Dress in your party attire.

Thursday, April 18th all attendees are invited to the closing breakfast at no additional cost which highlights the installation of the newly elected ASPAN officers. Guest speaker is James Malinchak with the topic "Great Service Starts with Attitude!" For the finale, a post conference is offered for 4.0 contact hours titled "Pharmacology Topics."

Please look for communications from NYSPANA on the bulletin boards located near the main conference rooms. We look forward to meeting with all NYSPANA members to network and have fun. NYSPANA's Vice-President, Marty Maresco from District 8, organizes a dinner for the NYSPANA members. See you there!!

Dianne M. Lysarz RN, BSN, CPAN, CAPA
2012-2013 NYSPANA President



NYSPANA Network

District 1 News

On September 10, 2012 our fall meeting was held at John T. Mather Memorial Hospital in Port Jefferson, N.Y. Dr. Bilal presented "Interventional Radiology in Managing Women's Pelvic Pain". Twenty four nurses enjoyed the lecture, dinner and also received 1 educational contact hour.

District 1's Board of Directors also met in the month of September to begin preparing for the annual winter "PANAW" Conference which will be held February 9, 2013 at Stony Brook University Hospital. Please save the date and mark your calendar for this years NYSPANA Fall Conference. We have secured the hotel and preparations are underway. It will be held on October 18-20, 2013 at the Hyatt Place Atlantis, Riverhead, N.Y

Elizabeth A. White, BSN, RN, CAPA, President

District 10 News

Happy New Year! What a busy time of the year for District 10 who is providing educational programs and meetings throughout the district!

We celebrated Perianesthesia Nurse Awareness Week (PANAW) at the February 19th program. Dr. Gist presented "Robotic Surgery: General Uses and Advantages" at St Mary's Hospital in Troy, NY. There was a drawing of gifts for attendees, dinner, and a brief meeting.

On March 9, 2013, District 10 will host an ASPAN Seminar "Perianesthesia Pathophysiology and Assessment: A Systems Approach" presented by Kim Kraft, BSN, RN, CPAN at the Fort William Henry Conference Center in Lake George, NY. The program will provide 7.25 contact hours. Registration is available on the ASPAN website www.aspan.org under Education/ASPAN seminars.

Once again in May, 2013 we will co-host a program on "Arthroplasty" by Dr Suslak with our sister organization, AORN, at Memorial Hospital in Albany, NY. More information to come.

Our membership is up slightly at 74 members this year. We are always looking to grow and encourage new members to join us. Please reach out and bring a friend to our next meeting. They are always fun and provide great opportunities for networking.

It is time again for election of officers for District 10. We continue to encourage members to run for office. Please let me know if you are interested in getting involved in a great organization!

We are also in need of hosts for our upcoming meetings/educational programs. Please contact me if you are interested in hosting a program at your facility at: sduguay@setonhealth.org.

Shari DuGuay, RN, BS, CAPA, BC-NE, President

Districts 6 News

Our ASPAN Seminar in October, 2012 in RYE, NY on *Complexities and Challenges of Perianesthesia Nursing* was a success. We hosted a CAPA Certification Review in Tarrytown, NY on February 23, 2013, and the speaker was Wanda Rodriguez. There are requests for a CPAN review course, which we will be hosting in the late summer or early fall. Be on the look-out for local NYSPANA District 6 Conferences in the New York City area in the near future.

Trina Mills, RN, BSN, MS, President

District 8 News

Upcoming ASPAN Seminar:

On Saturday, June 1, 2013 District 8 will present the ASPAN Seminar: *PeriAnesthesia Pathophysiology & Assessment: A Systems Approach* at the Crowne Plaza in White Plains, NY. Topics will include pulmonary, cardiovascular, gastrointestinal, neurologic, renal and endocrine pathophysiology and assessment. Nancy Strzyzewski, MSN, RN, CPAN, CAPA will present this program.

Thank you to District 8 members MaryAnn Servidio, BSN, RNC, CPAN, CAPA and Carol Cramer, BSN, CPAN, CAPA who volunteered to serve as host and co-host for this seminar.

Financial Scholarship Winners:

CONGRATUALIONS!!! to the fifteen, yes 15, District 8 members listed below who have won the registration fee (\$115.00/early bird registration) to the upcoming 2013 ASPAN Winter/Spring Seminar of their choice. The winning names were chosen by lottery from a pool including all current members of NYSPANA District 8.

Valerie Arcara	Mary Jean Fogarty	Diane Mc Conville
Leland V Bendel	Janet Gaynor	Raimondo Salvagio
Elizabeth Cacchione	Hortense Sonia Green	Jean Palucci
Magdalena Choa	Teresa Koenig Hoffmann	Dena Suriano
Caitlin Cullen	Jacqueline Joseph-Haughton	Patricia Zimmer

Seminar Hosts: Seminar Hosts and Co-hosts are always needed. As a host or co-host you receive free registration to the seminar. Please volunteer your time to help District 8 present future seminars. Contact Maryanne Carollo, RN District 8 President at 914-242-8176 or MCarollo@nwhc.net leaving your name and contact information.

Maryanne Carollo, BS, RN, CAPA, President

District 9 News

No News Reported

Susan See, President

Districts 13 News

No News Reported - *Ginger Giarrusso, RN*

District 15 News

Buffalo scheduled an ASPAN conference on Jan 26 but it was cancelled by ASPAN due to low enrollment. Please look for the ASPAN brochure for a seminar in September, 2013. It will be an ASPAN Hosted Seminar.

Dianne M. Lysarz, President

District 14 News

On February 9, 2013, we held our annual winter conference for *Perianesthesia Nurse Awareness Week*. This is the 16th year of this popular all day event. We had over 120 attendees... the most ever! Our speakers were as diverse as their presentations. District 14 offered scholarship reimbursements to 3 lucky winners!

Future events will be held in May at FF Thompson in Canandaigua, NY and a half day educational offering in the fall in Rochester. As always, surrounding districts are more than welcome to attend. The board position of vice-president/president-elect will need to be filled at our next election. The call has gone out to our members.

Lucille Frisicano, President



Why Do I Do Medical Mission?

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done. Instead, what I heard all the time was, "That's not in my job description", "I did not get an in-service on this", "I can't stay late", "What's in it for me"? In medical missions no matter what title we had, how many hours we worked, what supplies we had, or whether we knew what to do, everyone worked to get the job done. We improvised, worked, and learned together as we went. I wanted to be part of that team, feeling good, and be happy at my job again.

My fourth mission was with Operation Walk of Syracuse to Panama City. The reason I did this mission was because of commitment. The person in charge of this mission was my director. Operation Walk was from my own hospital and community. I felt obligated to help when I was asked to be part of the team since I went with other organizations from other states. My mission in life was to help those who were in need. It was hard to decline when the request was from a person who appreciated my devotion and experience.

Why do I do Medical Mission? When I really asked myself this question I have two answers. The first one, I do Medical Mission to help those who are in need whether it's the people, the team, or what country. Everyone needs help. The second reason is to make me feel good, appreciated, honored, rejuvenated, and put my busy life back into perspective again. I have learned it did not matter what county I have been to or what people I have helped. I had the same satisfied feeling of helping people who were in need. They taught me about life and culture. The smiles on their faces, the appreciation they expressed, the wonderful people I met, and the team work I was part of were what made me go back year after year. These trips put my life and work in perspective each and every time I did them.

*Vonn Lee, R.N. B.S.N.
St. Joseph's Hospital Health Center*

From The Past President



ASPAN and NYSPANA need members to be involved and committed

As my term comes to an end, I look back upon my involvement with NYSPANA. I started out as District President, never envisioning I would become president of the organization. The NYSPANA Board is very supportive to new board members. Educational opportunities are available to learn leadership responsibilities. Ideas are shared at each board meeting, about what may or may not work to attract members to the local meetings. NYSPANA has had many members start on the local level and move up to the national level. Examples are our three national Presidents, Maureen Iacono, Sandra Barnes and Lisa Jeran. Maryanne Carollo served as Region IV director, as well as District 8 President. Joni Brady started as District 10 secretary and is now secretary to ASPAN and past editor of *Breathline*.

ASPAN and NYSPANA need members to be involved and committed. The Merriam-Webster dictionary defines involvement as engaging in dialogue and collaboration with members. Involve is defined as to engage or participate, to take part. As an organization, we know some members cannot be involved due to work shifts and family obligations. There may be some members who could be involved and don't know what opportunities are open to them. Both NYSPANA and ASPAN have Willingness to Serve forms. You simply fill it out; say what your abilities are and that you are willing to help. On the district level, we are always looking for people to host a meeting. You contact your district president; say, "I have an idea for a speaker and a topic". You are asked if your facility has a room that can be booked for the meeting. Flyers are made and sent out to district members. All districts have a president, vice president, secretary and treasurer. Terms vary per district. On the state level we have President, Vice President/ President Elect, Treasurer and Secretary. The Vice President/President Elect serves a 3 year term, one year as Vice-President, one year as President and one year as Past-President. The other positions are 2 year terms. Other board positions are Governmental Affairs, Research, and Newsletter Editor/Web Master. The Board is very willing to speak with members about opportunities for involvement. Consider your life situation and seriously consider where you may help the organization. There are opportunities for personal growth and the networking is invaluable!

The NYSPANA Board Meeting is in Saratoga, the week-end of March 8-9. If you have any issues the board needs to address, please contact them. Remember to check the website, NYSPANA.net, to review the scholarship opportunities and deadlines.

Barbara U. Ochampaugh, RN, BSN, CPAN

Research

Nurses continue their education in various ways by advancing degrees, certification and obtaining contact hours. The goal is to improve their professional capabilities. Nurse researchers study ways to improve the effectiveness of patient care. NYSPANA would like to assist perianesthesia nurses by sharing new information from your hospital research projects or better yet, a NYSPANA RESEARCH PROJECT! *Up To Par*/NYSPANA.net can be a forum for obtaining and communicating professional knowledge and experiences. Take our “needs” survey. We want to help you.

If you have any questions you can email Cindy at: CVL54@hotmail.com.

Cindy Veltri Lucieer, Research Chair

Nominating Chair

My name is Ken Nesbitt and I am the newly elected NYSPANA Nominating Chair. I most recently served as District 14 President and currently I am the charge nurse of Phase I, Phase II and Pre-screening at Thompson Health in Canandaigua, NY. As Nominating Chair it will be my role to seek out members who would be willing to serve in positions that open up on the NYSPANA Board. The board is comprised of members from all over our state, large hospitals, to free standing surgical centers. I have found my active years in NYSPANA invaluable and the passion this board shares (its knowledge and history) for our chosen specialty, inspiring. Please consider becoming active in NYSPANA. I can promise it will be a decision you won't regret. My contact information is on the NYSPANA website. Feel free to email me with any questions you might have or with a note of willingness to serve. I would like to thank my predecessor Sue Alati for all of the support she has provided the board. I'm sure we haven't seen the last of her.

Ken Nesbitt, Nominating Chair

A Patient Encounter

As many of you may know, I use Holistic techniques in my practice. I am a qualified Therapeutic Touch Practitioner and I use humor, music and meditation to calm patients.

Thirteen years ago, I was working in pre-op and meet a very anxious young man. We began talking about the very limited selection of music available and the subject of Star Wars came up. In my pocket was a small light saber I had purchased when shopping. I gave it to the young man as a good luck charm. Since there are no accidents in the universe, that evening at Therapeutic Touch Practice group, I met the young man's friend and assured her he did okay with surgery that day. Fast forward to this year; and the patient liaison asked, “How long have you been here?” and I told him. He said, “Think back 13 years to pre-op and Star Wars. I was your patient and you made me feel comfortable and less worried. I gave the light saber to another friend undergoing surgery and I appreciated all you did for me that day”.

Simple gestures we do on patient encounters can change them. We never know if we are remembered by the patients who pass through our doors. It was nice to hear I made a difference in someone's life that day. I don't have a light saber in my pocket, but I do have Winnie the Pooh. You never know when you will need a “little Pooh in your pocket!”

Barb Ochampaugh, RN, BSN, CPAN

CRITIQUE A RESEARCH ARTICLE

You want me to read what?

Research is the building material for evidence-based care and evidence based care is the foundation for quality health outcomes that guides all nursing practice. Without strong, reliable research, the evidence-based care being developed will be mediocre at best or collapse all together.

Choosing strong research requires reading the research that was conducted. Reading research articles are challenging at best and insurmountable for many. However, achieving this step in the process of creating a new evidence-based care program is one of the most rewarding. Keep in mind poorly chosen research articles will create outcomes that are less than optimal and may in the long term cause one to start over.

To begin the process of reading a research article, one must select articles pertaining to the topic from a large amount of research available. Begin the search with journals and sources specific to your topic or specialty. For Peri-Anesthesia Nurses, JOPAN and the ASPAN website are great places to begin. Expand your search to large databases on current research articles. One such popular database for Nursing is CINAHL. Check with your institution and local college for databases they use.

The selection process of research articles can be fairly easy. Unless the research article is a primary research project, only use those articles under three years old. Reading the title of a research paper will give you a pretty good idea if the article will address your topic. Many articles can be eliminated with these two steps alone. To further narrow your selections, read the abstract of the research article. The abstract is where the investigator summarizes the research purpose, method, and findings. Eliminate the last of the articles that do not pertain to your current project.

Once you get to this step, you should have several current articles applicable to the topic. If there are less than three articles fitting the above criteria, one should consider conducting a research project.

The three biggest questions you should try to answer as you read the article are:

- What was the research study about?
- How was the research conducted?
- What did the researchers find?

Take each section of the article one step at a time. It is important to take notes, highlight key points of the article or create a table of key points while you are reading the article.

This will save you time looking them up later. Here are some helpful hints that can help you along the way:

1. **Introduction:** The author identifies the purpose of the research, lists the questions to be answered and many times gives the reader a summary of the related literature.
2. **Conclusions/ Results:** By reading this section next, one can quickly determine if the questions and purpose of the research were answered. One can also get ideas that may have worked well or barriers needing to be addressed in the future. If the conclusion does not answer the question and purpose of the research, I would question the strength of the article.
3. **Method:** This section is crucial for judging the quality of the research study. Questions to ask yourself include:
 - a. How many participants were involved? If the number is small, caution should be taken when making conclusions.
 - b. Are the participants similar in age, ethnic background, geography, and gender? If so, will this study translate to other populations?
 - c. On studies making claims about cause and effect, focus specifically on how the study is designed. Have all of the possible variables been accounted for?
4. **Findings:** This is the section containing the results of the data and where the statistical analysis is reported. If the actual numbers frighten you, pay close attention to whether the research states the data is statistically significant. The smaller the number of statistical significance, the better the result

The last part of the evaluation is looking to see if the study was replicated and if so, were the results similar. The strongest research will be easy to replicate and the findings will be similar. Lastly, look at how the research was funded. Is there a conflict of interest between the researcher and the funding person(s)?

As with everything in life, learning something new takes practice. Reading research articles is different from any other reading but with practice, it can be as easy as reading a good book on a Sunday afternoon. Happy Reading!

Nancy Salerno, RN, MS, NE-BC

Governmental Affairs Committee Report

National Level

The election process is complete. Thanks to each of you who took the time and voted for the candidate who represented your values the best. The US Senate has the Republican Party holding the majority and the US House of Representatives has the Democratic Party holding the majority. President Obama has been re-elected (old news at this time). To find the name and address of your representative, go to www.senate.gov. To find the name and address of your US House of Representative go to www.house.gov.

2013 is starting out with a bang, literally. Gun control legislation is the focus on the heels of the mass killings in Connecticut during the month of December. Recent national polls show 89% felt tighter background checks should be done for those individuals applying for a gun. The NRA believes tighter controls are not the issue since criminals will not be completing these forms. It has become apparent the fight in Congress will most likely center on two issues: background checks and mental health issues. Neither house has submitted bills as of yet but are expected shortly. To follow the bills beng introduced on these topics go to <http://www.opencongress.org>.

State Level

The elections in NYS have created changes as well. To find your state senator go to www.nysenate.gov. To find who your NYS Assemblyman is go to www.assembly.state.ny.us.

For Nurses in New York State they now have two professional nursing organizations to choose from, NYSNA and ANA-New York.

Following NYSNA's decision to disaffiliate with ANA, a diverse group of nurses from across New York has launched a new professional organization for all registered nurses in the state. American Nurses Association-New York (ANA-New York) is dedicated to promoting excellence in nursing practice, seeks to improve the quality of health care services, and promotes the professional and leadership development of registered nurses. The American Nurses Association (ANA), the national professional organization, has recognized ANA-New York as its newest state affiliate. Nurses who join ANA-New York will have membership in, and receive benefits from, both the state and national organizations. New York nurses who wish to join the organization or volunteer with the new organization may find additional information on its website, www.ANA-NewYork.org. Additionally, nurses may contact the organization via e-mail, ANA-NewYork@ana.org, or by calling (877) 810-5972.

Nancy Salerno, MS, RN, NE-BC

WANTED OFFICERS

District 15: Buffalo

Buffalo has officers, but Dianne cannot hold 2 positions and would like to step down as President of Buffalo to concentrate on NYSPANA President duties.

If interested please email

Dianne M. Lysarz at:
dlysz@roadrunner.com

CSPAN Annual Spring Conference

SAVE THE DATE

Saturday, March 23, 2013
At UCONN Medical Center
Topics to include OSA,
Capnography, Gamma Knife
and Tap Blocks
Registration Brochure to
follow, CEUs pending

Copy Deadline for
the Next Edition of

UP TO PAR

is June 1, 2013

Please be punctual . . .

Forward articles to NYSPANA
or

Michele Rossignol, Editor
michele_rr2003@yahoo.com

Phelps Memorial Hospital Center Celebrates PANAW Week

The PeriAnesthesia Nurses and Phelps Memorial Hospital Center in Sleepy Hollow, NY celebrated PANAW week this year with a touch of NYSPANA history. The subject matter carried a “Now and Then” theme. A copy of the first edition of *UP to PAR* dated October, 1979 was displayed, along with the latest *Up to PAR* edition (November, 2012). The first *Up to PAR* editor, Wanda Cope-Orton, attended the celebration, recalling the beginnings of our organization right here at Phelps Memorial Hospital Center. Jane Dillon, the first President of what was then called New York State Recovery Room Association was available to celebrate PANAW week with the staff. She visited the PACU and ASU areas, congratulating the staff in their outstanding work.

The research poster, comparing the Epworth Sleep Scale and the STOP assessment scoring by Nancy Turrone, Coordinator PACU, Ellen Parise, Nurse Manager, and Paula Graham, Research Coordinator, was displayed.



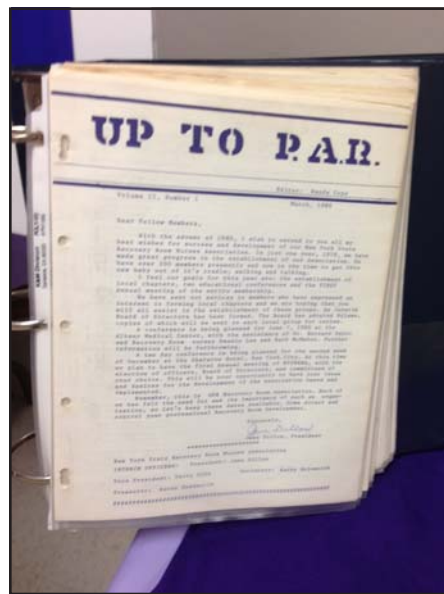
NYSPANA “Now and Then” - PANAW Week.

Photos gathered over the years at work, conferences and parties were displayed and enjoyed by members of all the departments. Discussions regarding CPAN/ CAPA certification and ASPAN membership were ongoing throughout the day. The Department of Anesthesia supplied lunch and a lottery awarded PeriAnesthesia t-shirts, socks and umbrellas to the staff. Phelps Hospital staff and the founding mothers of NYSPANA send regards for a safe and successful year to all our PeriAnesthesia colleagues.

Martha Maresco, MS, RN-BC, CAPA, CMNL



Wanda Cope-Orton, the first editor of "Up To Par"



The first issue of "Up To Par"



L/R: Wanda Cope-Orton, first "Up To Par" Editor, Martha Maresco, NYSPANA Vice President, Jane Dillon, the first NYSPANA President

Is it Emergence Delirium or Pain in the Writhing Screaming Child?

Barb Ochampaugh, RN, BSN, CPAN

How can one tell the difference between emergence delirium (ED), emergence agitation (EA), and pain in a child who is screaming, rolling on the stretcher and not responding to any verbal request or attempts at cuddling? This question has been asked and researched since emergence delirium was defined in the 1960's by Dr. J.E. Eckenhoff et al.² Eckenhoff describes emergence delirium as a hyperexcitation state from patients emerging from either cyclopropane or ketamine, especially in the tonsillectomy, thyroidectomy and circumcision patient population. Children experience emergence delirium more frequently than adults. As pain was recognized and treated in children, the incidence of delirium decreased. The new short acting volatile anesthetics sevoflurane and desflurane have brought a resurgence of delirium patients. Emergence agitation (EA) is a state of mild restlessness and mental distress. EA is associated more with pain and anxiety. ED and EA are often used interchangeably to describe agitation in the immediate post operative period.

Restless recovery may cause injury to the child as well as the caretaker. Extra staff, medication and/or analgesia are needed to support the patient through this phenomenon. This increases costs and may delay discharge.

Emergence delirium presents as agitation, crying, combative behavior, psychosis and delirium. Since pain also presents this way, it is difficult for the caretaker to determine treatment.² Delirium is a psychiatric condition that includes perceptual disturbances, hallucinations and psychomotor agitation. Parents witnessing their child in this state fear it will be permanent.² It occurs in the first 30 minutes upon awakening from anesthesia and is self-limiting. There are long term consequences having been reported from two days to six months post procedure. These symptoms present as agitation, aggressive behavior, and separation anxiety.

The use of halothane, isoflurane, sevoflurane and desflurane have been cited as causes of ED/EA in children. Sevoflurane exerts an irritating side effect to the central nervous system (CNS). The CNS effects of these anesthesia agents affect brain activity by interfering with the balance between neuronal synaptic inhibition and excitation in the CNS.²

Could pain be the cause of agitation in children? One theory is that short surgical procedures do not allow the pain medication to be at peak effect. In long cases with adequate pain medication administration, ED/EA is still seen. Pain must be tightly controlled and evaluated.²

Certain surgical procedures such as tonsillectomy, adenoidectomy, thyroid, middle ear and eye procedures have an increased

incidence of ED/EA. The theory is the patient may be suffering from a feeling of suffocation.²

Patient related factors may contribute to the incidence of ED/EA. These include age, pre-op anxiety of child/parent, and temperament. The younger the child the more likely they are to experience ED/EA. Pre-school children are more easily frightened by unexpected and unpredictable experiences. Pre-school is the age of separation anxiety.

Studies of the use of midazolam as a preoperative anxiety reliever, has not shown to be effective in reducing the incidence of ED/EA. Propofol has also not shown to be effective in decreasing the incidence to ED/EA. Pain relief must be considered and used to treat ED/EA. Parental presence may help relieve the symptoms as well.

The pediatric anesthesia emergence delirium scale may be a useful tool to differentiate ED from pain. You score the child 0-4. Zero is extremely, 1 very much, 2 quite a bit, 3 just a little and 4 not at all. The questions are: The child makes eye contact with the caregiver. The child's actions are purposeful. The child is aware of his/her surroundings. The child is restless. The child is inconsolable.¹

Protecting the child and yourself from injury is important. Holding the child in a dark and quiet environment may help. Treatment will vary among PACU nurses. Some just use supportive measures; others will treat with pain medications or benzodiazepams. The best treatment is reuniting the child and caretaker. Support and explanations must be given to the caretakers, so they understand what their child is experiencing. The child should appear to be focused, before allowing the caretakers in. More than one PACU nurse is needed to prevent the child from harming him/herself and removing equipment.

There are no clear cut answers to determine ED from EA or pain. Treatment is "trial and error" until the symptoms abate. PACU experience, a supportive environment, and understanding ED/EA help the child successfully emerge from their procedure.

References

1. Pieters, BJ ET. Al. (2010). *Emergence delirium and postoperative pain in children undergoing adenotonsillectomy: a comparison of Propofol vs sevoflurane anesthesia*. Pediatric Anesthesia. 1-7.
2. Vljakovic, GP & Sindjelic, RP. (Jan. 2007). *Emergence Delirium in children: many questions, few answers*. International Research Society. 104:1 84-91.

**VT/NH
Association of
Perianesthesia
Nurses Presents:**
*You Asked For It:
You Got It!*



**March 9, 2013
7:30 am to 1:00 pm**

**At The Portsmouth
Regional Hospital**
333 Borthwick Ave
Portsmouth, NH 03801

www.vthapan.org

Target Audience:

This program is appropriate for nurses employed in the perianesthesia field as well as the perioperative setting.

Gold Leaf Award Application 2012

The Gold Leaf Component of the Year Award is an ASPAN award of recognition to the State Component that meets and excels ASPAN's Core Ideology. I would like to take this opportunity to thank all of our ASPAN/NYSPANA members for your commitment to our nursing profession, your dedication to the perianesthesia specialty and advocacy for your patients. Our nurses have written articles in the *Up to PAR* newsletter, published articles in JoPAN, conducted research projects, presented research with posters at the ASPAN National Conference, presented lectures, and so much more. I am extremely proud to be closely associated with these highly accomplished individuals. You are all recognized in the Gold Leaf Award application. This application asks each component to validate these accomplishments. Preparing the annual application has been a great learning experience for me as the President of NYSPANA 2012-2013 by providing me the opportunity to see all the accomplishments listed in one place.

All of the information we receive is published in our quarterly newsletter, *Up to PAR*. The key is to receive this information. Our newsletter editor, Michele Rossignol, michele_rr2003@yahoo.com, is always accepting information about our members' accomplishments, articles, scholarship, work related awards, and certification information. As an organization, we are proud of our fellow nurses and want to share this knowledge and congratulate them.

Honestly, I was amazed at the talent and dedication so many perianesthesia nurses display. What I have learned is, this talent and dedication is an intrinsic trait. The dedication is proudly displayed daily with patient care and teaching and is the reason we have strong membership in our specialty organization. As nurses, we are always looking for solutions to perianesthesia concerns and find better practices. Therefore, seminars are developed and presented. Research projects are conducted. Articles are written and posters are prepared for display not only to share but to attempt to problem solve at the nursing specialty level.

The Gold Leaf Award application has 34 questions allowing the component to present to ASPAN, its members' accomplishments individually, at the state and district level. ASPAN's Core Purpose is "To advance the unique specialty of perianesthesia nursing." NYSPANA uses this application to build the annual strategic plan with direction from the core purpose. Please reference the ASPAN Core Ideology at aspan.org/about/us/core_ideology for more information.

As ASPAN members, we strive to promote education in as many routes as possible. The New York State PeriAnesthesia Nurses Association (NYSPANA) encourages its districts to provide education to local members by hosting "ASPAN Hosted Seminars", "ASPAN Co-hosted Seminars", the annual NYSPANA State Conference, and seminars within the district, developed to meet the specific needs of its members. NYSPANA awards scholarships for advanced nursing degrees, certification, seminars, and student scholarships. We encourage nominations from our members for ASPAN and NYSPANA Clinical Nurse Excellence Awards and to apply for the scholarships from ASPAN and NYSPANA.

Please reference our website, nyspana.net for information on scholarship and award applications and deadlines and aspan.org/scholarships. March 1 is the new deadline for the NYSPANA Nurse Excellence Award.

ASPAN's Compelling Vision is to be recognized as the leading association for perianesthesia education, nursing practice, standards, and research. NYSPANA is driven to assist with this vision.

*Dianne M. Lysarz RN, BSN, CPAN, CAPA
NYSPANA President 2012-2013*

ON THE “FOUR”FRONT WITH REGION IV

FROM: ASPAN REGION IV DIRECTOR: LAURA A. KLING, MSN, RN, CNS, CPAN, CAPA

HAPPY NEW YEAR! My perianesthesia calendar already has dates planned for programs with Region IV components. Our region continues to offer many quality educational and networking opportunities. Please be sure to check our component websites or your e-mails for events close to you.

Coming up: PeriAnesthesia Nurse Awareness Week (PANAW) – February 4 – 10. I want to share my thoughts about this year’s theme: “COMPASSION, CARING AND COMPETENT”.

COMPASSIONATE:

Every day as professional registered nurses, we provide compassionate care to our patients and families. Synonyms for compassionate according to Roget’s Thesaurus include: benevolent, humane, tender and warm-hearted. Nurses encounter individuals and families, undergoing some of the most difficult and private moments of their lives. This fall, our region has been in the news for some tragic events. Our members have responded without hesitancy, generously and with intention to help those who have a need. Our professional organization has set up the Hurricane Sandy Fund to assist those with needs. I urge you to consider donating if at all possible. Compassion cannot be taught, it is the connection between one person and another. It is inherently a part of who we are as nurses.

CARING:

The word “care” has been around since the 11th century. Nursing has been known since Florence Nightingale’s time as the “Caring Profession”. Caring refers to “responsibility for or attention to health, well-being and safety”. For nurses, caring is inherent and intentional. As we do our nursing work, we do so to provide an improvement in patient’s undergoing a disruptive health situation, or perhaps, to assist them, with grace to deal with life-ending circumstances. As nurses and members of the human family, we are called to empathize with our patients.

COMPETENT:

Definition: having the required skills for an acceptable level of performance. How do we define competency in practice? 1. Completion of an accredited nursing educational program. 2. Passing the State Boards. 3. Meeting employment requirements. 4. Completing orientation requirements. 5. Meeting ongoing job description requirements and competencies. What else exemplifies competency? Ongoing education and certification exemplifies competency. The IOM Future of Nursing Report raises the educational bar to BSN by 2020. Certification validates additional expertise. ASPAN core mission and compelling vision support competency. ASPAN not only advances the unique specialty of perianesthesia nursing, but is recognized as the leading association for perianesthesia education, nursing practice, standards and research. Leadership works constantly and consistently with members and other professional organizations to achieve this. Look at all of the resources and opportunities available to members, the latest ASPAN Standards, Joanna Briggs Institute for Research, educational seminars, on-line modules, component and national conferences, and partnership for certification with ABPANC.

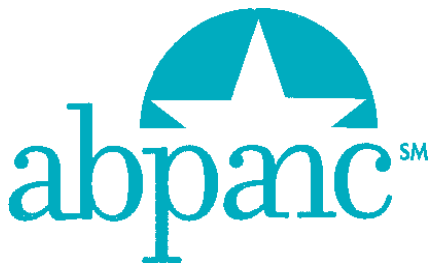
As a perianesthesia nurse for over 30 years, I know we have all these traits. I am tremendously proud of all we do each day. I would suggest, however, that Competency should be the first word in the PANAW Week theme. Our expertise is our strength and the evidence to support that is growing! Celebrate perianesthesia nursing each and every day. Share your PANAW Week activities with all of us. I hope to see you all in Chicago – celebrating our practice!

References:

Definitions: Compassionate, Caring, Competent, online at: www.merriam-webster.com/dictionary
 Accessed January 18, 2013.

Synonyms: Compassionate, Caring, Competent, online at: www.merriam-webster.com/thesaurus.
 Accessed January 18, 2013.

American Society of PeriAnesthesia Nurses. *2012-2014 Perianesthesia nursing standards, practice recommendations and interpretive statements*. Cherry Hill, NJ.



Candidates Registering For Certification Examination: Important Change To Deadlines For Rescheduling/Cancelling Prometric Testing Appointments

ABPANC has just been notified that Prometric (our testing vendor that administers the computer-based administration for the CPAN® and CAPA® certification examinations) has changed its policy regarding the rescheduling and cancelling of examination appointments. Prometric has now instituted a rescheduling/cancellation fee if testing candidates do not reschedule or cancel by a new deadline. This changes the deadline that ABPANC has previously identified. This fee will be collected by Prometric, not ABPANC. Please help us communicate this change!

The new policy, effective January 1, 2013 was put in place by Prometric to ensure that all of their testing candidates (not just CPAN/CAPA candidates) are able to obtain a testing appointment on a date and time requested. Prometric's new policies are as follows:

- If a candidate **reschedules or cancels 31 or more calendar days before the scheduled test day, there is no charge.** The previous policy was that a candidate must cancel or reschedule their appointment with Prometric at least 3 business days before the scheduled test date.
- If a candidate **reschedules or cancels 3-30 calendar days before the scheduled test day, there is a Prometric charge of \$62.50 per each reschedule.**
- If a candidate **reschedules or cancels less than 3 calendar days before the scheduled test date, the full Prometric candidate fee of \$66.24 is charged.**

ABPANC recognizes that medical or personal/family emergencies happen and that candidates may not be able to reschedule or cancel their testing appointment by a given deadline. ABPANC will handle such emergencies as described in the *Certification Candidate Handbook*. Prometric also has a policy for handling such emergencies that is consistent with ABPANC's.

Notice of this change is found on the ABPANC website. We are also in the process of updating the *Certification Candidate Handbook*, including Appendix E. This should be done within the next day or two. Please help disseminate this policy change to colleagues who are registering for a CPAN and/or CAPA examination. Do not hesitate to contact Bonnie Niebuhr, ABPANC Chief Executive Officer at bniebuhr@proexam.org.



ASPAN
 American Society of PeriAnesthesia Nurses

ASPAN'S 32nd National Conference

ASPAN's 32nd National Conference at the Hilton Chicago is just around the corner. A truly exciting time for perianesthesia nurses to collaborate and have FUN! Do you have your bags packed? Are you ready?

The Resource Development Team wants to take this opportunity to let every Component, and individual, know about National Conference Development Activities. These activities help support educational scholarships, research grants, advocacy, and other vital ASPAN initiatives throughout the year.

NATIONAL CONFERENCE SUPPORT

First of all, as a Component, you are more than welcome to participate in sponsoring National Conference by donating funds. You may designate monies to a specific project (e.g., Dream Walk prize, highlighters, pocket planner, etc.) or just indicate that it's a donation for National Conference general

support. All Components will be acknowledged for their support, regardless of the amount donated. **Your intention to donate must be received by Feb. 28 to be listed in the conference syllabus.** Notices and donations can be sent to the attention of Doug Hanisch at the National Office (dhanisch@aspan.org).

EXHIBIT GRAND OPENING / SILENT AUCTION

The EXHIBITS open on Monday, April 15th at 5:00 pm, as does the SILENT AUCTION! Be sure to **visit our many exhibitors** as well as the Silent Auction table, where you can find the unusual, the bling, or the piece of memorabilia you simply **MUST** take home. **Components and individuals are invited to donate items for the Silent Auction.** Please inform Doug Hanisch (dhanisch@aspan.org) if you plan to donate an item.

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While in the Exhibit Hall, don't forget to visit the ASPAN booth, greet your colleagues, and test your knowledge at the *Wheel of Standards*. For a small donation, spin the wheel and correctly answer a question from the ASPAN *Standards* to win a prize. Volunteers are still needed to cover the ASPAN booth during Exhibit Hall hours. For more information or to do so, contact Kim Godfrey at pacurn32068@hotmail.com.

18th ANNUAL DREAM WALK

Join us bright and early on Sunday, April 14th at 6:30 am for a walk on historic Michigan Avenue and through Grant Park to raise money for future ASPAN projects. I challenge each and every registrant to take the Dream Walk sponsorship form (see p. 19 of the Registration Brochure) and start searching for sponsors! Each walker will receive a small gift for participating in this event.

DEVELOPMENT LUNCHEON

Come and be a part of the Development Luncheon celebration and this year's Hail, Honor Salute campaign, which will include a Component Challenge. Enjoy great food, great friends, and hear past ASPAN President, Maureen Iacono, tell, "The Perianesthesia Story—One Nurse at a Time," an inspiring presentation on the impact you and your colleagues make in patients' lives each day. Proceeds from this luncheon help provide scholarships and services to ASPAN members. See you there on Wednesday, April 17 at 12 noon!



ASPAN
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ASPAN Education Approval Program

The ASPAN Education Approval Program, in compliance with the American Nurses Credentialing Center's Commission on Accreditation (ANCC-COA), will be using revised forms starting in 2013. The new forms will be available on the ASPAN Web site in the near future.

The revised forms will be **required** for any educational programs approved through ASPAN that will be taking place **after December 31, 2012**.

If you have any questions, contact: Eileen Zeiger in the ASPAN National Office, ezeiger@aspan.org.



ASPAN's 32nd
National Conference
Towering Opportunities
Endless Possibilities

HILTON CHICAGO

April 14-18, 2013 - Chicago, Illinois
Complete information available soon!

ASPAN's National Conferences

Future Conference Dates

Consider attending our
 ASPAN National Conference . . .

April 14-18, 2013
Chicago, Illinois

April 27-May 1, 2014
Las Vegas, Nevada

April 26-30, 2015
San Antonio, Texas