



Message From The President



Happy summer one and all. Finally, summer has arrived.

It has been a busy few months with the launch of our new website and the National Conference which was held in Philadelphia in April. NYSPANA was represented well. Numerous poster presentations were on display at the conference.

The board meeting will be held on Friday October 21st. If anyone is interested in attending the meeting, please contact me at:

bronwyn.ship@gmail.com or

Barb Ochampaugh: barbochampaugh@verizon.net or your district president.

At this time, NYSPANA has 883 members. NYSPANA and ASPAN provide many services that provide continuing educational opportunities for their members. Information on seminars and conferences are listed on our website, along with ASPAN's website. I encourage each and everyone of you to take advantage of these opportunities.

I would also ask that you consider becoming involved with NYSPANA either by volunteering to help organize an educational meeting in your district or join our board at our biannual meetings. Member involvement is key to the success of our professional organization. If you are interesting in becoming involved, please contact your district president, Barbara Ochampaugh or myself for more information.

Respectfully Submitted,

Bronwyn Ship, BSN, RN, CPAN

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Mission Statement

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

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Vice President's Report

Spring has finally made its appearance. Hopefully we will have a good summer. National Conference was a great experience as always. The weather ranged from snow to warm sun! It is good to greet old acquaintances and meet new people. Our new banner and logo was an eye catcher at Component night. We held a meet and greet for members and met new faces from across the state. The educational offering was varied and provided both new and old knowledge.

District 10 is busy planning the fall State Conference [see page 5]. There will be a Cash Bar Cheese night on Friday with a speaker on Legal Issues. Saturday is shaping up with a variety of speakers from Liver surgery to Transgender issues and surgery. We have a variety of vendors, hope to see you there.

It is again time to think about elections. We need Secretary, Nominating Chair and Vice President on the state level. Each district is in need of officers. Binghamton and NYC each need officers. Conference is in NYC next year. District 10 is facing the retirement, in one year, of three Board members. Being a member of the Board has a varying time commitment. If you are interested in serving on the Board on either the state or local level contact me and I can give you a job description and a contact person. It is an opportunity to meet people and network with members throughout the state.

Respectfully Submitted,

Barbara Ochampaugh, BSN, RN, CPAN

Like Us (NYSPANA) on Facebook

The New York State Perianesthesia Nurses Association (NYSPANA) Board stays connected with their members and followers. Join our network to get the latest news, events, and member benefits.

Search for us on Facebook: NYSPANA Board

NYSPANA Contact Address

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Self-Care for Nurses

Barb Ochampaugh, BSN, RN, CPAN

How do you relieve stress? Stress causes heart disease, increase blood pressure and can cause emotional exhaustion (Sherrod). Emotional exhaustion can lead to negative attitudes towards others which in time can lead to burnout. Stress reduces energy and can affect job performance. Effective stress management reduces the negative impact on health.

Do you eat a balanced diet? Exercise regularly?
Have poor sleep habits?

A balanced diet gives you the nutrients you need for a healthy immune system. It also nourishes the brain (Sherrod). Do you eat mindfully? Mindful eating is chewing slowly to experience the flavor of the food. Put the fork down between bites, avoid processed foods, and add more fruits and vegetables to your diet. Stress eater? Try a glass of water before you eat the food you crave. Try breathing to avoid eating the wrong foods or while shopping and are tempted (Bitner).

Exercise is necessary to remain flexible and promote well-being. Do you get 30 minutes of cardio exercise four to five times a week? Simple steps are: park farther away, climb stairs, or take a walk before you return home from work. Do you have an exercise program? Swimming, yoga, biking or walking are inexpensive ideas you can do without joining a gym (Sherrod).

Take time for you. As nurses we are constantly nurturing others. Do you take time for you? Simple walking exercises on the way to or from work help. They can be a prayer, om, or enjoying nature. Music is another relaxation technique you can create for your ride to or from work (Dossey).

Aromatherapy are pleasing scents that have stress reducing and sleep producing properties. Lavender is a safe and effective scent that relaxes and helps you fall asleep. Rose is another relaxing scent. These are available in health food stores (Dossey).

Breathing exercises are another reducing technique. Inhale peace, exhale stress. Inhale, exhale, relax. These simple techniques can be used throughout the day when you feel stress enveloping you (Dossey).

Meditation works to relax and put you to sleep. There are recordings of meditations you can purchase. Practice every day to promote well-being (Dossey).

Set limits. We all have are saturation limits. It is okay to say no. Learn to delegate. Learn to balance work and home life. This will lead to a successful stress free living (Sherrod).

References

- Bitner, B. (2016). *It's only hard when you think about it*. Times Union, May 29. P.2.
- Dossey, B.M., Keegan, L. & Guzzetta, C.E. (2000). *Holistic Nursing a Handbook for Practice Third Edition*. Aspen Publications: Maryland.
- Sherrod, D. & Campbell, L.R. (2015). *Mental health tips for nurse managers*. Nursing Management. 46:6. P. 40-45.

Barb is NYSPANA's Vice President

At the ASPAN national conference (April 10-14 in Philadelphia PA) NYSPANA was awarded Best Newsletter for the "Up to Par" [9-14 pages] newsletter.

NYSPANA Wins Big



Submitted by B. Ship and B. Ochampaugh

The American Board of PeriAnesthesia Nurses Certification (ABPANC) awarded NYSPANA the "Shining Star" award (page 15).

ASPAN Conferences




April 30 – May 04, 2017
Indianapolis, Indiana

April 29—May 02, 2018
Anaheim, California

May 05—May 09, 2019
Nashville, Tennessee



Be On the Look Out for a Vice-President ballot with voting instructions at the end of July.

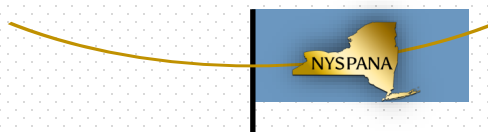


Financial Report

Money Market Savings: \$22,241

Checking: \$24,876

Investment Account: \$15,668



Submitted by: Susan Alati, BSN, RN, CAPA

Vacant NYSPANA Offices



NYSPANA (State) Officers

Vice-President

NYSPANA (District) Officers

Albany, NYC and Binghamton need Officers

If Interested, Please Contact Barb Ochampaugh at:

barbochampaugh@verizon.net

NYSPANA Website

www.nyspana.net

Website Administrator: Bronwyn Ship

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I Am....Are You?

Amy L Dooley MS RN CPAN

Are you a knowledgeable, competent, and committed perianesthesia nurse? Have you been in this field for a long time? Are you the nurse that all of your colleagues come and ask you questions? Are you the expert in your department? If the answer to all of these questions is "Yes" than you have all the makings and qualities to be certified in your specialty. After answering all those questions, hopefully you are the one who is certified. I am....are you?

The journey to become certified was a very long road for me. The timing was not right for a long time as my young family took all my free time. I returned to school to get my Bachelor's Degree which took my energy, time, and money. Throughout this all I had a colleague that saw in me the trappings of a future certified nurse. Perhaps it was my level of professionalism, perhaps it was my questions of why, perhaps it was my commitment to excellence but none the less she saw something in me that didn't let her quit.

This encouraging nurse is from Massachusetts, is very involved with ASPAN, MASPAN, and ICPAN ... Maureen McLaughlin. Maureen started with me asking about getting certified a

good five years before it occurred. She broached the subject, gave me information about the process, and offered to help me study. Even though I was not ready she understood and would back off only to bring up the subject again in 6 months. Eventually I told her that I would become certified but when my children were older and I finished school. That put her off for about a year and a half. One day she approached me and asked if I was ready. At that point....I was ready to begin.

The process of preparing and studying was a good four months. The resources back then were not as complete and varied as they are now. I studied the JOPAN articles from the previous 3 years, reviewed the core curriculum- focusing on areas of unfamiliarity, and became one with the Standards & Guidelines. Today's support and tools are much more advanced and broad than ever before. You have more tools to use.

What is the point of doing all that work when you don't get any more money for it and your studying is all done on your own time? The answer has to come from inside you! There is a great

sense of accomplishment to work hard, study hard, learn more than ever, and pass this difficult test. This certification validates all the knowledge you have, the commitment to your practice, and boasts of your singular accomplishment. It gives me a great sense of personal satisfaction to be in this small group of perianesthesia nurses that are certified. I am proud of my achievement.

Perhaps the timing is not right for you now. Perhaps you are running in many different directions now. Perhaps you don't think you have the knowledge base. Perhaps you can come up with a myriad of different excuses....BUT, I want you to think about it. I want you to consider it. I want you to set a time in the future that you might be ready to think about it. Set a goal for yourself to consider it in 6 months or next year at this time. Go to the ABPANC website CPANCAPA.org and begin to research the process. You can do it! I encourage you to commit to yourself, your patients, and your organization to become certified! I m....are you?

Amy L. Dooley is the
Region 4 Director

Submitted by: Eve Baxter, BSN, RN

↑ Educational Opportunities

Invitation From District 9 -Binghamton

ASPAN
American Society of PeriAnesthesia Nurses

Summer/Fall 2016 Seminar Series

Pain Management in the PeriAnesthesia and Critical Care Settings

Presented by:
Wanda Rodriguez MA RN CCRN CPAN

Date: Saturday, October 1, 2016

Time: 7:30 AM Registration
AM Coffee/tea service - **LUNCH IS ON YOUR OWN**
8:00 AM - 4:55 PM

Program Time:

Location: DoubleTree by Hilton Binghamton
225 Water Street
Binghamton, NY 13901
www.binghamton.doubletree.com

Topics Include:

- ▶ Pain Overview
- ▶ Acute Pain Management
- ▶ Chronic Pain Management
- ▶ Pediatric Pain Management
- ▶ Special Considerations in Pain Management
- ▶ Integrative Therapies/Complementary Alternative Medicine
- ▶ ASPAN Standards Related to Pain Management

Target Audience:
All perianesthesia nurses

Outcome:
To enable the nurse to increase knowledge in pain and comfort management for the perianesthesia patient

Overall Program Objective:
Discuss current topics in pain management

Case Presentations:
Any case studies discussed during the seminar are fictional and do not reflect any real persons or events

7.25 Contact Hours

Registration Form and cost is found at: www.aspan.org

American Society of PeriAnesthesia Nurses (ASPAN) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC-COA).

Additional provider numbers: Alabama #ABNP0074, California #CEP5197.

ASPAN - The Source of PeriAnesthesia Education

↓ Save the Dates

Submitted by: Shari DuGuay, MSN, RN, CAPA, NE-BC

Invitation From District 10—Albany

2016 Annual NYSPANA Conference

Navigating Through Changes in PeriAnesthesia

When: October 21-22, 2016

Where

Holiday Inn Express & Suites
Latham Conference Center
400 Old Loudon Road
Latham, NY 12110

Topics

Transgender Surgery
Whipple Surgery
Use of Social Media
Robotic Surgery

Hosted By:

NYSPANA District 10: Albany

Look for a brochure to be sent out during the summer

Renew Perianesthesia Passion: Inspire Excellence

Maureen Iacono, BSN, RN, CPAN

The title for the recent ASPAN national conference was very descriptive of the experience. The conference was held in Philadelphia, PA from April 10th through April 14th. Nurse colleagues from across the country, in addition to some international nurses, enjoyed a week of learning and sharing. The conference provides a unique opportunity to build relationships and reconnect with nurses in our specialty practice. Nurses could earn up to 40 contact hours with dedicated education time, which includes a preconference teaching day, and post-conference sessions. This is particularly helpful to nurses who can only attend portions of the conference, and the format is likely to be the same next Spring. The next scheduled conference is planned for April 30th through May 4th, in Indianapolis, IN. It's never too early to start planning!

There was something for every perianesthesia nurse to enjoy, with educational presentations which appeal to newer nurses in practice, to seasoned and advanced practice nurses. Topics ranged from airway management, certification test taking strategies, special needs patient care, critical thinking, sepsis, communication, patient advocacy and safety, multimodal pain management, enhanced recovery, and preoperative preparation. There were lectures that drew nurses in management, in advanced practice, and in research. Evidence based practice with a focus on the latest applicable research was imbedded in multiple clinical lectures. Additionally, there were lectures on scholarly inquiry, research study design, and assistance provided to nurses who are interested in beginning research.

As always, multiple lectures focused on perianesthesia standards of care, clinical practice, education for nurses and for patients,

and the standards of care. Many choices were available – sometimes limiting that to one lecture over another is a true challenge! There were two dynamic keynote presentations. Rich Bluni, a nurse author (Inspired Nurse) highlighted strategies to incorporate joy, wonder, gratitude and grief into our daily lives. He engaged the audience fully with passion and humor. The closing keynote speaker was also a nurse. Renee Thompson is a vice president of nursing, and again, connected with the nursing audience in an authentic, meaningful manner. She focused on the heroic characteristics of nurses, and encouraged the audience to nurture the 'inner hero'.

The ASPAN national conference offers numerous opportunities to learn and grow by meeting and networking with nurses from all over the country. This networking is as valuable as any lecture or presentation. It takes place during formal meetings, such as the ASPAN board meeting held on the Saturday prior to official conference opening. This meeting is open to membership, and it is a wonderful way to learn about how ASPAN is working for the member, and what projects and successes will be showcased from the previous year, and proposed for the future. Those nurses running for office meet colleagues after the Board meeting, and attendees can explore possibilities for personal involvement in ASPAN. The next day, Sunday, is dedicated to the ASPAN Representative Assembly, which is the legislative body of ASPAN. It is a great opportunity to experience the input from nurses representing all members and to participate in the decisions made by ASPAN.

Continued Page 8

Renew Perianesthesia Passion: Inspire Excellence (continued)

Although multiple venues exist for nurses to learn and grow, an exceptional opportunity is evident through poster presentations. There were over one hundred posters on display, showcasing clinical practice, problem solving, nursing evidence for a proposed change, perianesthesia research, and successful practices. Nurse colleagues are proud to share their challenges and their dedication to patient care and/or process change. The conversations between nurses are dynamic and enthusiastic, with

thought provoking ideas and possibilities for enhanced practice discussed. These conversations often spark creative solutions for nurses to bring back to their units after the conference, and promote the best in collaboration and interactive learning. They inspire the pursuit of successful practices and draw on experiential knowledge of nurse colleagues. Nurses share ideas and solutions to common problems freely, and the connections formed during these interactions enrich us all and strengthen perianesthesia knowledge and relationships.

Maureen Iacono is a Nurse Leader for St. Joseph's Hospital Health Center PACU

New Up to Par Editor



I received my BS in Science from Alfred University (1991) after obtaining my Nursing Diploma (1978) from Marcy Psychiatric Hospital. My nursing career started at a community hospital in Auburn NY, then in 1980 I started working at Strong Memorial Hospital (SMH) where I've held various nursing positions working with both pediatric and adult patients. I am an active member of the SMH Professional Nursing Council, the Magnet Champion for my clinical unit, a member of three nursing organization (NYSPANA, ASPAN and SUNA) and received my CAPA certification (2012) while working in the SMH Ambulatory Surgical Center. Previously I have published nursing research articles in national nursing journals and am looking forward to being the editor of the NYSPANA newsletter. Outside of nursing, and when time allows, I enjoy cycling, swimming, baking and hiking.

Thank you
Sandy Price and Bronwyn Ship for
your guidance and advice as I ease
into the role of Up to Par Editor



District News

District 10 News

The summer is here at last! The District 10 State planning committee is hard at work planning a fabulous fall state conference. Please mark your calendars and **Save the date** for the 2016 NYSPANA State Conference: *Navigating Through Changes in PeriAnesthesia* to be held on October 21-22, 2016 at the Holiday Inn Express & Suites Latham Conference Center, 400 Old Loudon Rd., Latham, NY.

The planning committee is meeting regularly in preparation for the conference. The official brochure will be available by the end of the summer.

The nurses at Glens Falls Hospital in Glens Falls, NY, hosted our spring district meeting and educational program on May 19th. Dr. McDermott presented a "Tick Borne Illnesses / Zika Update" which was attended by 33 nurses across the region.

Our district membership is slightly up at 83 members this year! As always we are looking to promote and grow new members through continuing education and certification. Please reach out and bring a friend to our next meeting, they are always fun and provide great opportunities for networking.

We encourage you to get involved by hosting a meeting / educational program at your facility. Our officers will assist you in planning and setting up a meeting. It is a great way to obtain new knowledge, get a free CEU and to collaborate with other perianesthesia nurses.

The District Board has positions that we would love to have members fill. If you are willing to serve the District in anyway please let us know!

Shari

District 6 News

District 6 will be hosting an ASPAN Seminar in February of 2017: *Surrounding your Practice with Excellence*. Legalities, Standards and Advocacy will be the topic. The exact location and confirmed date will be announced at a later date. District 6 continues to recruit for the following positions: Secretary and Treasurer.

Please email me at trm9024@yahoo.com. if you are interested in either position.

Trina

District 14 News

District 14 annual spring educational offering was held at Sawgrass Surgical Center URMC on April 26, 2016. Amy Benjamin, MD presented

Botox Injections to the Pelvic Floor:

Indications, Procedure and Post-op Care.

There were 34 attendees who enjoyed the educational offering, hour certificate of attendance, light dinner and district updates.

The district election results were announced:

President Sally Sackett BSN, RN, CAPA accepted the president position for another year since President Elect position is vacant.

We thank all those who voted and the entire board is looking forward to the upcoming year.

The district is preparing for our fall educational offerings. We plan to hold two, one hour, evening offerings at local facilities.

Sally

District 1 News

Spring Conference was held May 14th at the Allegria Hotel in Long Beach NY. We had 80 nurses attend and the conference was well received.

During the conference we had raffles where we raised money to be donated to the Long Island Cares, The Harry Chapin Food Bank. We donated \$1000 to help feed those less fortunate.

In addition, District One raffled off several educational opportunities and fun items which were donated by district members.

Tina

Staff Nurses Change Practice

Kathleen Pecoraro MSN, RN, CPAN
NYSpana's Evidence Based Practice & Nursing Research Chair

Evidence Based Practice is a way of thinking. Being a professional autonomous nurse means purposefully providing the best care possible for each and every patient. Evidence Based Practice (EBP) combines three tenets. The first is using the best available scientific evidence; the second is clinician expertise; the third, patient preference (Levin & Feldman, 2006). Most nurses strive to provide the best care possible for the patients served; integrating EBP into practice improves nursing care. A framework for guidance to discover and implement best practice assists nurses to meaningfully integrate the three tenets of EBP into everyday patient care.

I am lucky that in the institution in which I work, the shared governance model provides the framework to discover and implement best practice. I have shared in previous articles in *Up to Par* about my work on undiagnosed obstructive sleep apnea in the adult perioperative population. I was led to investigate the issue because of problems with breathing and hypoxia in some of our post anesthesia patients. The Evidence Based Practice and Nursing Research Council, particularly the mentor, supports me in my work to improve the care of this patient population.

The model used to guide the work of the council and therefore my work, is the Evidence Based Performance Improvement Model (EBPI) by the Visiting Nurse Service of New York and Dr. Rona Levin (see illustration). No matter the issue or problem, the EBPI model can be utilized. So, for example, nurses noted that a number of overweight patients, mostly men with a history of snoring were experiencing airway obstruction and hypoxia in the postanesthesia care unit (PACU) This group of patients was not diagnosed with obstructive sleep apnea (OSA).

I remember hearing about the STOP-Bang tool at an ASPAN national conference. I per-

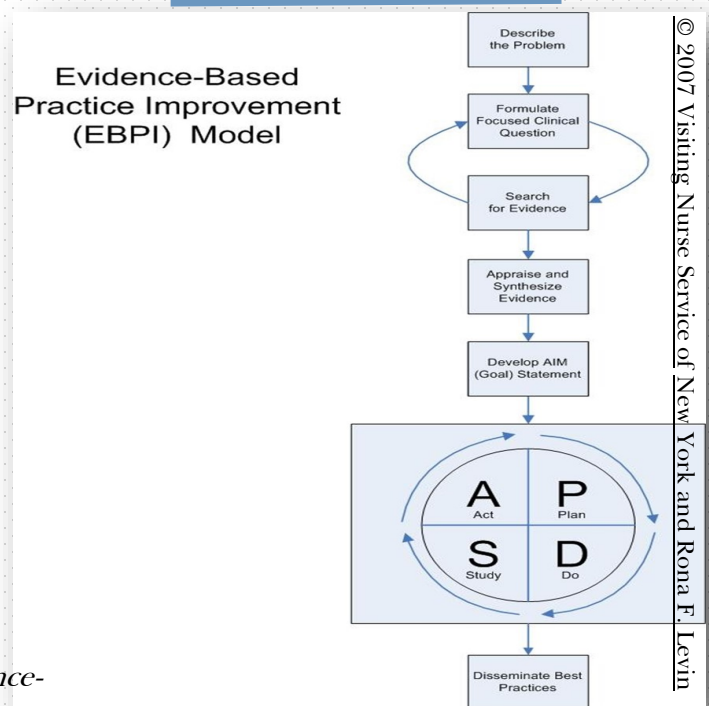
formed a literature search to find out more about OSA and the STOP-Bang tool. This illustrates the process described in the first three boxes of the EBPI Model. The problem is: some overweight male adult patients experience postoperative airway obstruction and hypoxia. The focused clinical question is: What can be done to prevent or mitigate airway obstruction and hypoxia in this patient population and how can we identify which patients will experience postoperative airway obstruction and hypoxemia? The search for evidence revealed that the STOP-Bang tool provides a reliable method to identify patients at risk for OSA.

The arrows between the “formulate focused clinical question” and the “search for evidence” boxes demonstrate the iterative nature of the process. As new evidence is found, the clinical question may change and as the clinical question changes, new evidence must be sought.

Using a framework such as the EBPI Model can guide staff nurses to change practice to improve patient care and ultimately enhance patient outcomes. I challenge all to give the model a try! In future issues of *Up to Par* I will discuss the other aspects of the EBPI Model.

Reference

Levin, R. F. & Feldman, H. R. (2006). *Teaching evidence-based practice in nursing*. New York, NY: Springer.



New York Nursing License Dangers

April 17th 2016: Numerous case studies are presented in this exposé-style article by propublica.com. Reportedly, multiple perpetrators holding NYS registered nursing licenses have been committing crimes from sexual abuse to neglect and are not being levied appropriate penalties or license revocation. There are reported failures in the license screening processes. Read more:

<https://www.propublica.org/article/weak-oversight-lets-dangerous-nurses-work-in-new-york>

Safe Staffing for Quality Care Act Progress

June 15th 2016. The evening of June 14th marked the New York State Assembly's passing the Safe Staffing for Quality Care Act. The next step will be to lobby for the State Senate to vote for the act; this can be achieved by emailing your State Senator:

<http://www.nysna.org/blog/2016/06/15/safe-staffing-quality-care-act-passed-nys-assembly#.V2G7zz33anM>

Contact your NYS Senators for support

Chuck Shumer: <http://www.schumer.senate.gov/contact/email-chuck>

Kirsten Gillibrand: <https://www.gillibrand.senate.gov/contact/>

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Sen. Ruth Hassel-Thompson
New York Senate
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Albany, NY 12248
Tel: 518.455.2061
hassellt@senate.state.ny.us

<http://www.nursingworld.org/NurseLegislatorDirectory.aspx#ny>

Title VIII Nursing Workforce Development

On December 9th, 2015, the president of AACN testified before the House Energy and Commerce Subcommittee on Health regarding the renovation of Title VIII, Public Health Service Act (aka Nursing Workforce Development Programs). Title VIII addresses Nursing Grants, Advanced Education Traineeships, Nursing Retention and Loan Repayment.

For more information, please visit:

<http://www.aacn.nche.edu/government-affairs/aacn-president-testifies>

Caitlin Brion, BS, RN-BC
NYSPANA's Governmental Affairs

Back to Basics

Heather Hebberecht, BSN, RN, CPAN

Airway management is the core of postanesthesia nursing. The inhalation anesthetic agents depress the respiratory function. They also depend on the respiratory system for the removal during emergence from anesthesia. The care is back to basics with the ABC's. If you don't have A, you don't have B and C. Airway system consists of the nose, pharynx, larynx, trachea, bronchial trees, the lungs and the diaphragm. The patient requires constant nurse presence and observation while awakening from anesthesia.

What are the critical physiologic concepts of the respiratory system? Lung capacity and mechanical function of the lungs. The lungs have elastic recoil, they will spring back to their smallest position after being stretched through inspiration. Expiration is passive.

Pulmonary circulation: Takes unoxygenated blood back to the lungs for oxygenation, which takes place at the alveolar membrane.

The nervous system controls much of the respiratory system, including the respiratory center in the brain, central peripheral chemoreceptors, and autonomic nervous system. These systems control the inspiration and expiration phases of respiration.

Mechanics of gas exchange include ventilation, diffusion and perfusion.

Hypoxemia is a deficiency of oxygen in the arterial blood. Hypercarbia is the elevated carbon dioxide levels in the blood, or respiratory acidosis. The easiest way to decrease CO₂ is to have the patient breathe deeply to increase ventilation and oxygenation.

Chin lift is necessary when there is a decreased ventilation or air movement in and out of the lungs. Also when decreased oxygenation as evidenced by low SpO₂ (low 90's or below with supplemental oxygen.) A jaw thrust is necessary when chin lift is insufficient to obtain adequate ventilation and increased oxygen saturations. Oral airways are helpful when there is a soft tissue obstruction (such as tongue) that is interfering with adequate ventilation. Oral airways are helpful in preventing a patient from biting down on the ETT or LMA. A nasal airway is useful for a patient that has a gag reflex, but continues to have a soft tissue obstruction- such as tongue or collapse of soft tissue in the pharynx that is limiting ventilation.

When is it necessary to re-intubate in PACU?

- | | |
|---|---|
| ✓ Decreased ability to maintain oxygenation | ✓ Decreased ability to maintain patent airway even with chin lift or jaw thrust |
| ✓ Increased work of breathing as indicated by chest movements | ✓ Tachypnea |
| ✓ Diminished breath sounds | ✓ Diminished level of consciousness |

What criteria and assessments are necessary to determine whether a patient is ready for extubation?

- | | |
|--|--------------------------------|
| ✓ Patient is awake or awakening | ✓ Spontaneous respirations |
| ✓ No respiratory distress | ✓ Ability to keep eyes open |
| ✓ Ability to sustain head lift for more than 5 seconds | ✓ Equal and strong hand grasps |
| ✓ Return of protective reflexes (e.g swallowing, lid reflex) | ✓ Moving all extremities |

Continued Page 13

Back to Basics (Continued)

A bronchospasm is a narrowing or constriction of the bronchial airways caused by an increase in smooth muscle tone in the airways. This may be the result of asthma, an allergic reaction or histamine release, aspiration, tobacco use, or pulmonary edema. Signs and symptoms include cough, dyspnea, tachypnea, expiratory wheezing and use of accessory muscles.

A laryngospasm is a partial or complete closing of the vocal cords. It can be caused by secretions or irritation of vocal cords during emergence and/or extubation. Signs and symptoms for a partial laryngospasm include high-pitched inspiratory stridor, often described as crowing; wheezing; paradoxical chest and/or abdominal movements; and decreased ventilation. In a complete laryngospasm, there is silence, a total absence of ventilation, and paradoxical chest and/or abdominal movements. The patient may also exhibit facial expressions of anxiety and terror. Treatment is basic airway management including a chin lift or jaw thrust, gentle suctioning if appropriate, or positive pressure ventilation with a bag valve mask. Sometimes versed will help relax and break spasm. A complete laryngospasm is treated with 100% positive pressure with a bag valve mask. If this is unsuccessful, 0.1-0.2 mg/kg of succinylcholine may be given to break spasm. If given, the patient should be bagged for 5-10 minutes until succinylcholine wears off.

Reference

Stannard, D., Krenzischek, D. (2012) PeriAnesthesia Nursing Care: A Bedside Guide for Safe Recovery. Sudbury, MA. Jones & Bartlett

Review Questions

1. The inhalation anesthetic that is **most likely** to induce airway spasm is:
a. desflurane. b. enflurane. c. halothane d. isoflurane
2. An inhalation anesthetic is eliminated **most slowly** from:
a. renal medulla b. cardiac tissue c. blood-brain barrier d. skeletal muscle
3. Succinylcholine is classified as a (an):
a. depolarizing muscle relaxant. b. anticholinesterase blocker c. calcium channel inhibitor
d. nondepolarizing muscle relaxant

Answers

1. Correct answer a. Desflurane (Suprane) acts quickly and dissipates quickly but is very likely to stimulate coughing and airway spasm. Inhalation anesthetics are generally known for their bronchodilating properties and low potential to irritate the airway. Halothane is particularly appropriate choice for children and asthmatic patients. Enflurane (Ethrane) and isoflurane (Forane) have the most significant respiratory depressant effects.

2. Correct Answer: d. Only about 25% of cardiac output perfuses skeletal muscle and fat, so release of any stored medication is gradual. Elimination of an inhaled anesthetic depends in part on blood flow (circulation) and also on distribution into body tissues, including brain, muscle, and fat. Some inhaled anesthetic agents are quickly absorbed into fat, which has low blood flow. Body tissues that receive the greatest proportion of cardiac output (perfusion) both absorb and eliminate anesthetic gases quickly. Vital organs like the heart, brain and kidneys receive the largest blood flow, approximately 75% of cardiac output, and quickly show both medication effects and clearance.

3. Correct Answer a. Succinylcholine (Anectine), the only depolarizing muscle relaxant, acts like acetylcholine at the skeletal muscle cell receptor site by binding to the receptor and then depolarizing the membrane. As long as succinylcholine occupies the receptor site, repolarization is blocked and acetylcholine has no effect. Therefore the cell membrane cannot depolarize for the next muscle contraction. Paralysis usually of short duration, results. Unlike succinylcholine, vecuronium (Noruron) is nondepolarizing muscle relaxant with pharmacologically reversible effects.

Reference

Putrycus, B, & Ross, J . (2008) Certification Review for Perianesthesia Nursing: Second Edition St. Louis, Missouri. Saunders.

Heather is a PACU Nurse at Strong Memorial Hospital

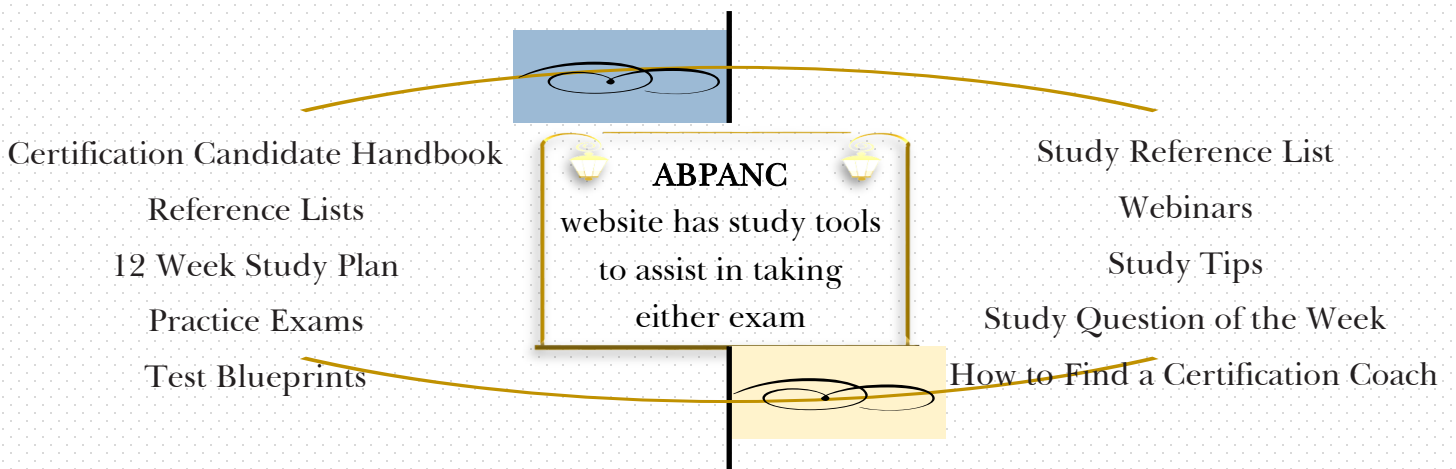
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Pictures by: Tina Stoebe, BSN, RN, CPAN



*NYSPANA Members:
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District 1 Spring Conference

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This award recognizes components that support and promote CPAN and CAPA certification.

Picture by: Bronwyn Ship, BSN, RN, CPAN

Pain Assessment: It's More Than Just a Number

Sandra Price, MS, RN, CAPA
Secretary for NYSPANA and District 14

I remember listening to a dynamic speaker on multimodal analgesia in treating acute pain at the New York State PeriAnesthesia Nurses Association state conference in White Plains, NY last October. Marty Maresco, past NYSPANA President and Nurse Manager of the Pain Clinic at Phelps Memorial Hospital Center, spoke passionately about pain requiring a complex nursing assessment using a multimodal approach to manage a patient with acute pain. Then, I attended a multimodal pain analgesia lecture again at the American Society of PeriAnesthesia Nurses (ASPAN) 35th national conference in Philadelphia, PA. The topic was current and relevant in nursing practice and I wanted to share what I learned with perioperative nursing colleagues and leadership in my local region of Rochester, NY.

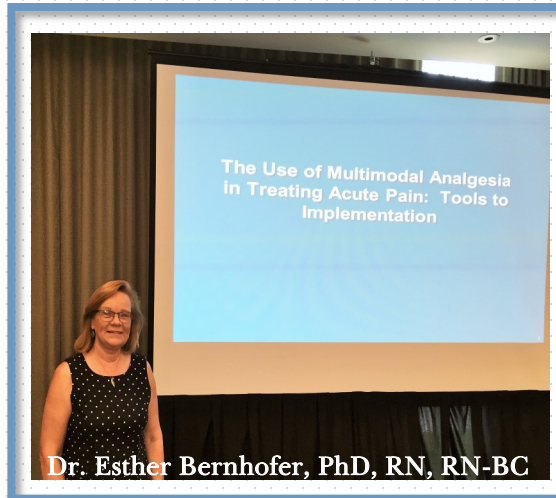
Dr. Esther Bernhofer, Nurse Researcher at Cleveland Clinic, came to the Hilton Garden Inn Hotel in Rochester to present, "The Use of Multimodal Analgesia in Treating Acute Pain: Tools to Implementation." The interactive nurse-to-nurse discussion was a non-branded dinner presentation sponsored by Mallinckrodt Pharmaceuticals. There were a total of 26 Registered Nurses (RN's) that attended the event, including nursing educators and leadership from Rochester area health care facilities.

Here is a situation that many nurses can relate to when caring for a patient after surgery.

The nurse walks in to assess the patient who is sleeping comfortably. The nurse asks the patient to rate their level of pain on a scale 0-10 and the patient states, "my pain is 10/10," in a groggy voice and falls back to sleep. The nurse knows the patient already received multiple doses of opioids, is on oxygen therapy to maintain adequate oxygen saturation, and the other vital signs are stable. The provider order reads

to medicate the patient with two tablets of an opioid for a severe pain rating of >6, as needed. The nurse is faced with a dilemma to medicate for pain based on a provider order that links opioid doses to a pain score or intensity without the consideration of other critical patient factors that may contraindicate what is ordered. The nurse is not going to medicate the patient solely based on the patient's subjective verbal pain score and compromise patient safety.

The nurse knows that pain is subjective and more than just a number (McCaffery, 1968). The nurse applies critical thinking by having a conversation with the patient, contact the provider if needed, and individualizes the plan of care. Dr. Bernhofer suggests consideration of multimodal pain management alternatives; such as, ice, heat, non-narcotic analgesia, and massage to lessen the need for opioids.



Dr. Esther Bernhofer, PhD, RN, RN-BC

Continued Page 17

Pain Assessment: It's More Than Just a Number (continued)

The American Society for Pain Management Nursing (ASPMN) recently issued a position statement that supports a comprehensive pain assessment that includes pain intensity, as well as other patient assessments that influence opioid dosing (www.ASPMN.org).

Adverse outcomes have been published in The Joint Commission (TJC) sentinel event

expressing concerns about prescribers linking opioid doses to pain intensity for the management of pain (TJC, 2012); however, many institutions continue to require prescribers to write this type of order and nurses to implement them.

There is an urgent need to address current practice, pain intensity scale, and reform policy to minimize risk to patients and liability to nurses, prescribers and institutions (Lucas, Vlahos, & Ledgerwood, 2007; Pasero, 2014; White & Kehlet, 2007).

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Submitted by: **Cindy Veltri Lucieer, BSN, RN, CAPA**

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cindy

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Thank You

Joanie Morse, BSN, RN, CPAN

For your dedicated work over the
past several years as
District 14 Treasurer.

Congratulations

Kathi Peers, RN

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Up to Par Submissions

Please send all of your articles of interest, district news, events and photos to NYSPANA newsletter Editor for the November newsletter edition of *Up To Par* by Oct 01, 2016.

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