



Volume 26, Issue 1

April 2011

In this Issue

President's Message

ASPAN National Conference 2011

President's
 Message 1
 Mission Statement 2
 A First Timers Experience at Representative Assembly 3-4
 Note from the Editor 4
 Certification Update 5-6
 International Conference 7
 "You Gotta Go" 8
 Board Member
 Directory 9
 Willingness to
 Serve Form 10
 Implementing a Team Approach to Post op Nausea and Vomiting 11-12
 Region IV News 13-14
 Important Dates 15

Heading out to ASPAN's 30th National Conference was a bit of a challenge on April 1, 2011 just another snowy April day. Brenda and I arrived on Saturday to represent the constituents of VT/NH APAN. Our first official duty was to meet the candidates who ran for National Office on Saturday evening. On Sunday we attended the Representative Assembly where the National Officers for 2011-2012 were voted into office.

President: Christine Price MSN RN CPAN CAPA (Region 5)

VP/ Pres. Elect: Susan Carter BSN RN CPAN CAPA (Region 1)

Secretary: Jacque Crosson MSN RN CPAN (Region 2)

Treasurer: Katrina Bickerstaff BSN RN CPAN CAPA (Region 4)

Past President: Kim Kraft BSN RN CPAN (Region2)

Region Director Region 1: Deborah Bickford BSN RN CPAN

Region Director Region 2: Armi Holcomb BSN RN CPAN

Region Director Region 3: Martha Clark MSN RN CPAN

Region Director Region 4: Laura Kling MSN RN CNS CPAN CAPA

Region Director Region 5: Tanya Spiering BSN RN CPAN

Director for Clinical Practice: Barbara Godden MHS RN CPAN CAPA (Region 1)

Director for Education: Nancy Strzyzewski MSN RN CPAN CAPA (Region 3)

Director for Research: Kim Noble PhD RN CPAN (Region4)

On Monday after opening ceremonies, Nursing Spectrum author Donna Cardillo shared her thoughts on "Success is a Journey not a Destination". She was inspiring, informative and talked about being successful as a team, working together and collaborating for

President's message, cont

the success of your profession, your organization, and your life. She stated "there are opportunities for personal and professional growth all around us. Yet we are often so busy getting through each day that we get stuck in a rut and miss those opportunities. Many of us also let fear hold us back from doing the things we want to do" (Cardillo, 2011). As people exited the hall you could feel the enthusiasm in the air.

On Tuesday and Wednesday there were a variety of breakout sessions which encompassed all the arenas of perianesthesia nursing. It was truly exciting to see. Thursday's closing ceremonies was followed by Ken Larson. He is an inspirational speaker versus a motivational speaker. Ken is a coach and shared stories from business and life struggles that inspired the audience.

The weather in Seattle was rainy and in the 40's. The food was good, and the networking was fabulous.

Looking forward to seeing more VT/NH APAN members in Orlando April 2011.

Sincerely,

Karen Flanagan

VT/NH APAN President June 2010-June2012

Vermont/New Hampshire Association of Perianesthesia Nurses

Mission Statement

The Association exists to promote quality and cost effective care for patients, their families, and the community, through public and professional education, research, and standards of practice.

“Reinvest in Your Potential”

Representative Assembly (RA)-First Timer’s Perspective

ASPAN’s 30th National Conference: Seattle, Washington

I have been a member of ASPAN since 2002, attended 2 other national conferences, and been a member of the Board of Directors for the last year. I was able to attend this year’s conference as a RA. The role of the RA is to attend all business sessions and participate in the chief policy determining structure of ASPAN. The RA is composed of two (2) Representatives from each component society as well as the ASPAN Board of Directors and ASPAN Standing Committee Chairs.

The RA must be a current active category member of ASPAN and the component which they represent. The responsibility of the RA is to seek information on all issues under discussion, and act in the best interest of the component. They must also report back to the component all activities and actions taken regarding voting and discussion by the representatives.

The business sessions include voting for ASPAN positions that are up for election in their appointed year. Some positions are longer than a year; therefore they stagger the elections to mix new officers, committee chairs, Strategic Work Teams, Regional Directors, and Board of Directors with seasoned officers. The mentoring of new officers was very apparent and important to this delegation. Certain positions are up for election in odd years and the rest of the positions are up for election in the even years.

The RA has a responsibility to monitor issues affecting perianesthesia nursing which include, but are not limited to, Clinical Practice, Education, and Research to determine ASPAN policy regarding the issues as circumstances warrant.

The RA also reviews resolutions that are submitted by the component and reviewed by the Resolutions Review Team. This is much like our state and national government. There are rules and guidelines on how to run our component and ASPAN, bylaws. The bylaws can be amended to meet the needs of the component and ASPAN. In order to pass a resolution, it must have a 2/3 vote.

There is an officer who holds the position of Parliamentarian who assists the Speaker of the Assembly at each meeting of the RA. Robert’s Rules of Order Newly Revised governs the RA and follows the Bylaws and RA Standard Procedures. The RA Standard Procedures can be revised or amended with a simple majority.

Karen Flanagan, President of VTNH APAN, was with me during these proceedings. She was able to help me understand the process when I had questions. It was impressive to watch the formality and seriousness of our responsibility. Karen had asked for input regarding how you, the component wanted us to vote. She received one opinion. I followed Karen’s lead and valued opinion.

Prior to the RA occurring, there was a meet the candidates gathering. You could talk to the candidates and ask how they thought they could represent ASPAN in the position they were running for. All of them were interested in working for each perianesthesia nurse throughout the country. They were interested in quality care, safety, education and research.

I was very honored and proud to represent the VTNH APAN component. I took my responsibility seriously and was looking for the best decisions for our component and every perianesthesia nurse. I felt like we had a voice in which our next administrative leaders would be.

This experience enhanced the ASPAN organization for me. We truly have a voice in our profession and how we deliver care, promote safety for our patients, and ensure positive outcomes. Through continuing education and research for Evidence Based Practice, we can define the standard of practice for perianesthesia nurses.

Attending the national conference, also renews enthusiasm and energy to go to our own hospitals and organizations to share what we learned from other perianesthesia nurses around the country. We may be struggling with a specific perioperative issue and through networking and sharing of information of practice, we can collaborate to see if somewhere else they are doing it better, or maybe your organization is on target.

It is important for you to support the ASPAN organization and your home component. They provide scholarships for certification, national conference, humanitarian efforts, higher education (BSN, Masters, and PhD). They provided 17 scholarships this past year. The final deadline for these scholarships is July 2011. I understand it is a very involved process, so start early.

Again, thank you for the privilege to serve VTNH APNA at the 30th anniversary of ASPAN in Seattle, Washington

Brenda Dufresne-Benda, BSN, RN, CPAN, CAPA

Central Vermont Medical Center

Berlin, VT

Finance Chair: VTNH APAN

Editor's Message.:

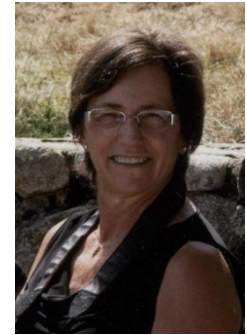
Congratulations to our own Amy Dooley, RN, MS, CAPA.

She is scheduled to speak at the International Conference for Perianesthesia Nurses in Toronto Canada October 4, 2011. For more information www.icpan.info. Amy is a past president and president-elect of VT/NH APAN.

Nancy Vatistas, RN

Vatistas@vtnhapan.org





ABPANC UPDATE

January 2011

Pat Bouchard, RN, CPAN

Jeannie Mauser, RN, BPS, CPAN, CAPA

ABPANC'S Liaison to Region 4

Your Region 4 ABPANC liaisons wish you all a Happy New Year! We have 4 important initiatives and deadlines to alert you to:

- **Practice Exam Promotion - Effective immediately through December 31, 2011, buy one practice exam and automatically get another one free!** - On ABPANC's home page, click on this link to read more about this special promotion!
- **Examination registration window opens Monday, January 10th.** Access the online application from the ABPANC website - www.cpancapa.org - home page - click on Register for Examinations under the Get Certified heading!

Because the *Certification Candidate Handbook* and *Recertification Handbook* are now available online, we can't stress enough the importance of reading the relevant handbook in detail. They are also easily downloadable! ABPANC's policies and procedures related to both the examination and recertification programs are described in each of the handbooks.

- **Are you due to recertify in the Spring 2011 recertification cycle? The window to apply online is open from January 3 - April 30, 2011.** Review the information on how to apply online found under Recertification on the ABPANC website - www.cpancapa.org. If you

choose to recertify through ABPANC's Continuing Learning Program (contact hours), you will be able to keep track of your contact hours using an online electronic file cabinet. Go to the ABPANC website and create an account now. Stay abreast on the changes to the recertification program by reviewing the website and reading the Recertification Handbook, available online. By moving to an online system and collecting emails from CPAN® and CAPA® certified nurses, ABPANC will be able to communicate with you much easier.

- **Nomination applications for ABPANC Awards Program are due, electronically, February 1.** Please visit the ABPANC website - www.cpancapa.org and click on the Awards tab to read about each of the awards:

[Advocacy Award](#) (CPAN and CAPA certified nurses are eligible to receive the award - the prizes are fantastic and the person who nominates the selected award recipient and the unit where the award recipient works also receive a cash prize!)

[Shining Star Award](#) (given to any component that meets the award eligibility requirements)

[ABPANC Leadership Circle](#) (given to any perianesthesia unit where 100% of the eligible perianesthesia nurses are CPAN and/or CAPA certified)

Basket Winners March 19, 2011

Certified Nurses free conference:

Lorraine Fournier, Concord Hospital

Relaxation/Meditation Basket:

Sue Fuller, St Joseph's Hospital, Nashua

PRH-Brazo Basket:

Mark Schiewetz, Concord Hospital

Massage Basket:

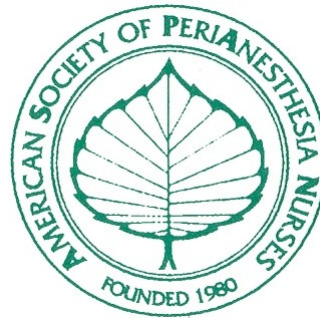
Maureen Herrion, WDH

Maple Basket, Weeks Medical Center:

Lorraine Fournier, Concord Hospital

Overnight Hotel stay and Dinner:

Mary Lyn Fenstermaker, WDH



**The International Conference
for PeriAnesthesia Nurses
*is happening!***

**SAVE the DATE: October 3-5, 2011
in Toronto, Ontario Canada
at the Sheraton Centre Hotel**

ASPAN is working in coordination with BARNAs (British Anaesthetic & Recovery Nurses Association), IARNA (Irish Anaesthetic & Recovery Nurses Association) and NAPANc (National Association of PeriAnesthesia Nurses, Canada) to sponsor this educational opportunity to all nurses practicing in perianesthesia related fields.

This is a new era for ASPAN and more information to follow!

Questions can be sent to Sue Fossum at: fossumsusan@hotmail.com



You Gotta Go!

I just got home from attending the American Society of Perianesthesia Nurses Conference in Seattle, WA. You Gotta Go! This is the annual conference of our national organization ASPAN. It is a four day event that encompasses organizational matters, plenary sessions, and educational sessions. All aspects of the perianesthesia continuum are addressed along with all age categories. There are four different tracks: leadership, clinical, research, and safety. There is something for everyone to enjoy and learn. You Gotta Go! Imagine 2000 nurses all involved in perianesthesia nursing meeting in one place and ready to engage in conversation about our specialty. Learn what issues are important to nurses in Wisconsin or Louisiana; they are the same as in NH and Vermont! There are suggestions galore for improvements in practice. It was an exhilarating time that was intellectually stimulating and optimum for networking. The definition of a professional conference is a meeting of professionals in a profession, dealing with organizational matters, matters concerning the status of the profession, and scientific developments. This adequately describes the ASPAN conference with large poster displays of Best Practices, Research Projects, and a large Exhibit Hall with Vendors. It is an amazing professional endeavor and I encourage YOU to attend. The ASPAN National Conference in 2012 will be held April 15-19 in Orlando Florida. There are scholarships available to attend National Conference from ASPAN (deadline July 1) or from VT/NH APAN. Check out the websites of both organizations to get the details. You Gotta Go!

Amy Dooley, RN, MS, CPAN

Amy is a Past President of VT/NH APAN



VT/NH APAN Board of Directors 2010

President

Karen Flanagan RN BSN
VA Medical Center-Manchester
Flanagan@vtnhapan.org

Member-at-large/Membership

Raney Wardlaw-Hagen RN
Exeter Hospital
Wardlaw-hagen@vtnhapan.org

VP/President Elect

Amy Dooley RN MS CPAN
Lahey Clinic, Burlington, MA

Bylaws and Standards

Open position

Immediate Past President

Mary Sutton RN BSN CPAN CAPA
Lahey Clinic, Burlington MA
Sutton@vtnhapan.org

Finance Chair

Brenda Dufresne-Benda RN
Central Vermont Medical Center
Dufresne-Benda@vtnhapan.org

Secretary

Paula Agrodnia RN MSN CAPA
Portsmouth Regional Hospital
Agrodnia@vtnhapan.org

Governmental Affairs

open position

Treasurer

Denise Martel RN BSN CAPA
Portsmouth Regional Hospital
Martel@vtnhapan.org

Communication/Quest Editor

Nancy Vatistas RN
Portsmouth Regional Hospital
Vatistas@vtnhapan.org

Education Chair

Trish Clark, RN, CAPA, CPAN
ssc@wdHospital.com
Doreen Grenier, RN,CPAN
Doreen.Grenier@wdHospital.com
Wentworth-Douglas Hospital

ASPAN District 4 Director

Laura Kling RN MSN CNS CAPA CPAN
LKling@aspan.org

Communication/Web Site Administrator

Paula Agrodnia, RN, MSN, CAPA
Nancy Vatistas, RN



VT/NH APAN Willingness to Serve Form

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____ FAX: _____

EMPLOYER: _____ PHONE: _____

POSITION: _____ SPECIALTY: _____ # OF YEARS _____

ASPAN MEMBERSHIP # _____ # OF YEARS _____

EDUCATION: Diploma AD BSN MSN Other: _____

CPAN CAPA Other: _____

Please Send To:
Karen Flanagan
339 Laxson Ave.
Manchester, NH 03103

Implementing A Team Approach To Prevent PONV

Julie Gilston, RN,

Denise Martel, RN, BSN, CAPA

Despite advances in medicine and pharmacology, post-operative nausea and vomiting (PONV) remains a common complication associated with surgery. This frequent occurrence is very unpleasant, greatly impacts the patient's recovery and can delay their discharge. Patients have reported that avoiding PONV is more important than avoiding pain. One third of all surgical patients will experience PONV. For some patients it is so severe that it can persist for five days after surgery.

After attending a conference on the subject of post-operative nausea and vomiting, a group of nurses in our pre-operative unit decided to examine our own department's incidence of and approach to PONV. We conducted a web-based literature search as well as a review of recent articles published in the Journal of Peri-Anesthesia Nursing (JOPAN). We then developed a questionnaire to examine a patient's risk profile, surgical procedure, medications received pre-, intra-, and post-operatively, whether the patient experienced nausea or vomiting, and whether they needed rescue therapy. We collected information for one month and received 242 completed questionnaires.

We compiled the data from this survey and found that our unit's rate of PONV was 18% (44 of 242 patients required rescue medications in the PACU). This was well below the national average of 30%. Although encouraged by this result, we wondered if there was more we could do. We began by examining our current procedures. We asked the following questions: How do we identify patients at high risk of PONV? How do we communicate this risk to the team? What "best practices" should we be implementing?

The anesthesiologist or CRNA determines what medications the patient will receive. However, there are a number of ways in which nurses can impact this process.

Since knowledge is key in recognizing the patient at risk for having PONV, we began by educating our colleagues. We presented several in-services focusing on the pathophysiology of PONV, its treatment using a multi-modal approach, and the results of our study.

Cont.

PONV cont.

When reviewing our process, we realized that we did not have a tool to identify the high-risk patient or a way to communicate this risk to the surgical team. We needed a pre-op scoring system and chose the one developed by Dr. Apfel et. al. in 1998. The Apfel system is a simplified PONV predictive scoring system for patients undergoing anesthesia. One point is assigned for each of the following risk factors: female, history of PONV or motion sickness, non-smoker and post-operative use of opioids. A person's risk for PONV increases based on the number of factors identified. An individual with no risk factors has a 10% chance of experiencing PONV. A female non-smoker who is likely to receive narcotics for pain control after surgery (3 risk factors) has a 60% chance of experiencing PONV. Our study reinforced the fact that men are not immune to PONV. Yet we often forget about the male patient with a history of motion sickness. By applying the Apfel scoring system to all patients, men as well as women are now identified if they are at increased risk. In an effort to better communicate this risk to the entire team, the PONV history was added to our anesthesia questionnaire and to our SBAR communication tool..

Research suggests that dehydration is a precursor to PONV. Since surgical patients are NPO they are at an increased risk for PONV. For example, a 150-pound patient who has been NPO for ten hours is one liter behind on fluids. Recognizing this fact, we now start our IV's and begin to rehydrate the patient earlier in the admission process.

Our literature search suggested that sea-bands are an important adjunct to the prevention of PONV. Sea-bands are now placed on patients at higher risk as well as on those patients whose surgery has a higher incidence of PONV. In addition, they are a visual reminder to the anesthesia staff that the patient has a high PONV risk. A poster placed in our

medication room defining risk factors for PONV as well as listing surgeries often associated with PONV serves as an added reminder to consider using sea-bands.

There is a strong "mind-body connection" associated with PONV. Patients who have had a previous experience with PONV are anxious to prevent it. We explain that the team is aware of their history and describe the different modalities we will use to help prevent this unpleasant experience from recurring. This reassurance decreases their anxiety, begins the process of positive thoughts and lets the patient know that we are listening to their concerns. In addition, we begin instructing our patients preoperatively about measures that will help lessen their PONV risk in the PACU. Some of our suggestions include drinking sips of ginger ale, avoiding acidic juices, coffee and milk products, moving slowly and reclining if they become nauseous.

Many factors influence the development of PONV. Treating the problem is complicated and requires a multi-modal approach. The key to success is prevention. Once a patient develops PONV it is difficult to treat.

In summary, our goal was to improve the quality of our care regarding PONV. We wanted to incorporate evidence-based practices into the treatment of our patients. We now utilize new tools to identify the patient at higher risk for PONV and to better communicate that risk to the anesthesia provider. Our providers are proactive in using evidence-based measures to mitigate this risk. This improved team approach to a complex post-operative complication has contributed to better patient outcomes and satisfaction.

References:

Katherine Gundzik, RN, MSN. (2008). Nausea and Vomiting in the Ambulatory Surgical Setting. *Orthopaedic Nursing* , 27 (3), 182-187.

² The American Society of PeriAnesthesia Nurses. (2008). *2008-2010 Standards of Perianesthesia Nursing Practice*. Cherry Hill, NJ., 36-55.

³ Michael Kost CRNA, MSN. (2004). *Questions and Answers in Perianesthesia Care*. Specialty Health Education, Inc., 43-44.

⁴ Jin-Lain Ming, MSN,RN. (2002). The Efficacy of Acupressure to Prevent Nausea and Vomiting in Post-operative Patients. *Journal of Advanced Nursing* , 343-351.

REGION IV NEWSLETTER ARTICLE

REGION IV.... TREMENDOUS POTENTIAL IN ACTION; FUTURE POSSIBILITIES

January 1, 2011

It is a New Year` denoting a time for new beginnings. ASPAN has been receiving a strong and consistent message from our President Kim Kraft, about Reinvesting in Our Potential. Perhaps 2011 is the year to acknowledge that potential by recognizing our possibilities and actualizing them.

As I traveled about Region IV, I met with members of several components. I can tell you that many of those I met have great potential. Through our individual contributions which collectively support and contribute to our components and ultimately our national organization.

CDI in Louisville gave the Region an opportunity for a face to face meeting,; the first since National Conference. Highlights of the discussion for all component s reflected ongoing concerns related to meeting member needs – especially related to educational opportunities. Focused discussion led to how different components connect with their members. Of importance, was discussion related to how the Boards maintained communication and the economics involved. Several key ideas were shared. Connecticut, via Dottie Fox, has a website that basically has no cost! Group discussion led to regional communication possibilities, which included establishing an email group list, which could promote improved access for generating ideas and discussions when not meeting formally.

In September I attended the component meeting for Vermont/New Hampshire in the beautiful city of Nashua. Celebrating their 25th Anniversary with ASPAN was the centerpiece of their programming. Nurse and physician experts presented excellent lectures. A physician presented a medical mission to Haiti. Over 70 people attended with representation from both states. The Board of Directors met after the programming. They engaged in an insightful self-review process and determined some areas for action. Valuable to maintaining their lines of communication, the Board uses conference calling as in interim forum for meeting, as it is less costly in terms of time and money to members from geographic distances. Their ongoing goal is to continue to provide programming and connectivity to meet member needs.

Early October had me heading to the Philadelphia metropolitan area for the Pennsylvania annual Fall state conference known as the PRIDE. PRIDE stands for Perianesthesia R_____ Individuals Dedicated to Excellence. This was PRIDE XVI. Registration reached an all-time record of 148. Excellent clinical presentations represented traditional and non-traditional perianesthesia care of patients. A moving presentation from a medical mission to Haiti moved the audience. The Board awarded 2 student nurse scholarships, the Patient Advocate award and surprised 5 first-time attendees who were ASPAN members with an award contributed by the Pennsylvania Society of Anesthesiologists.

The board meeting reflected ongoing commitment to meeting member needs with programming, staying “green” with the voting process, succession planning, and investigating ideas from CDI such as indemnity insurance.

Maine in late October was outstanding. Having spent the 2009 CDI in Portland, I was delighted to return to attend the MESPAN Fall conference. National speakers, Kim Kraft, Terry Clifford, Wanda Rodriguez, and Amy Dooley covered clinical and educational topics. Maine covers a large geographic area, one of the challenges to meet member needs. The next meeting is Bangor, which will attract members from more northern areas.

(Region 4 Newsletter, cont)

I was not able to attend the Fall Conference s for New York and Massachusetts, both which were held October 23. And BOTH celebrated 25 years with ASPAN. CONGRATULATIONS! Both conferences had outstanding attendance.

Future possibilities....the New Year will bring the International Conference to Toronto, October 2 - 5. Region IV has a unique opportunity to attend, participate as hostesses, and present posters/evidence-based research. We are the closest, so consider these future possibilities.

PANAW WEEK is fast approaching. Share with me what you are doing to showcase our specialty!

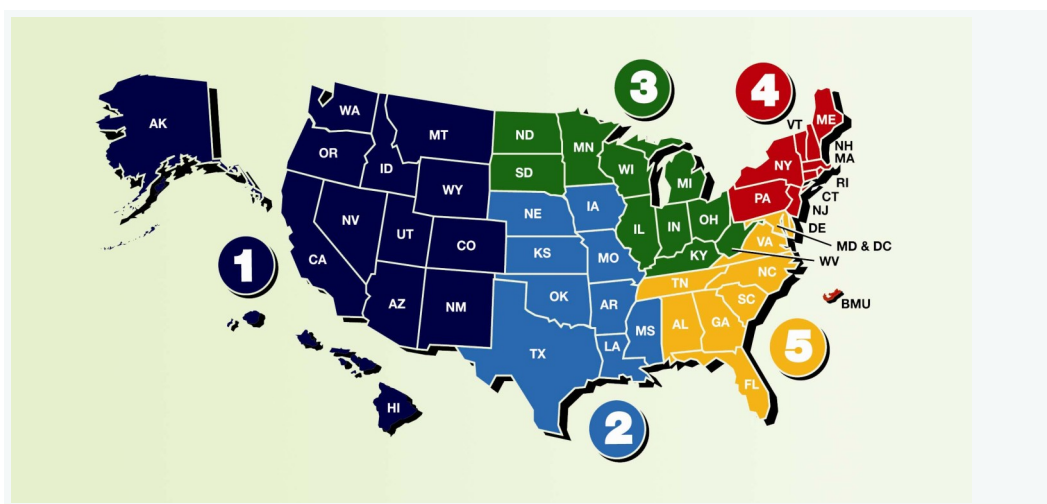
As for my ongoing travels to the components, I am planning to see you in Bermuda-New Jersey, February 5; Massachusetts, March 12 , Connecticut, March 19; and Seattle in April 3 - 7.

Continue to explore your potential and pursue the possibilities!

Happy New Year~ Laura

(Editor's note: Laura Kling, RN, MSN, CNS, CAPA, CPAN is the ASPAN Region 4 Director)

ASPAN Districts



Education Opportunities



International Conference for
Perianesthesia Nurses
“Many Practices, Just One World”

October 2-5, 2011

Toronto, Canada

www.icpan.info

VT/NH APAN Fall Conference
“Celebrate Autumn with VT/NH APAN”

October 22, 2011

Central Vermont Medical Center

Berlin, VT

www.vtnhapan.org

ASPAN’s 31st National Conference

April 15-19, 2012

Hilton Orlando

Orlando, Florida

www.aspan.org