



PERI-SCOPE

ILSPAN

Volume 34 Issue 2

Spring-Summer 2010

ILLINOIS SOCIETY OF PERIANESTHESIA NURSES

PRESIDENT'S MESSAGE

SYLVIA BAKER, MSN, RN, CPAN

ASPAN's National Conference is but a memory at this point; but what a great memory it is! New Orleans was a wonderful host and a great deal of learning took place. The Representative Assembly approved changes to ASPAN's Bylaws. ILSPAN took a front-row seat this year as we helped inaugurate Kim Kraft as ASPAN's new President. At Component night, ILSPAN raised more than \$150.00 for our 50/50 raffle with half of the proceeds benefitting the New Orleans Red Cross. Early Thursday morning, ILSPAN members gathered to decorate more than 130 tables with paper hot-air balloons, post cards, paper airplanes, and pamphlets so attendees could get a glimpse of what to expect at next year's National Conference in Seattle, WA. Start saving your money now for networking and learning in 2011!



Summer is a wonderful time to get out and spend energy with family and friends. ILSPAN Board members will be busy this summer when we meet to review our Bylaws, Policies & Procedures. We will be realigning our Bylaws and Policies to coincide with ASPAN's documents. That means that you, as the membership will have the opportunity to review these changes and vote on those changes in the coming year. Please keep this important initiative in mind, as this will help promote ILSPAN's productivity and viability.

We, as your board, are still working with the Illinois Department of Public Health to change the rule regarding PACU visitation. I would like to thank Keith for all his effort and tenacity while working on this project. When we see this to completion, each of your organizations will be able to determine individual policy to offer visitation to patients' families.

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Treasurer's Report

April 30, 2010

Wanda Ellenburg, MSN, RN, CPAN

Checking account balance \$21,490.23

Certificate of Deposit \$10,000.00

The ILSPAN Budget for 2010-2011 was approved at the March 19, 2010 Board meeting. The fiscal year will end June 30, 2010. The yearly audit will be done before the October Board meeting.

ILSPAN

Web site

www.ilspan.org

Minutes from ILSPAN Board Meetings can be found on the web site.

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President's Message

(Continued from page 1)

ILSPAN has some great learning opportunities available to you this summer. Keep your eyes on your mailings and emails. We want to see you at these offerings. ILSPAN is sponsoring several ASPAN conferences during the coming year. I hope that we have chosen topics of interest to you and your colleagues. Fall Conference in St. Louis promises to be interesting and will offer virtually everyone something for his or her learning needs. ILSPAN has many scholarship opportunities; look and apply! We want to return some of the money we have to you, the members. I invite each of you to assess what scholarships apply to you and fill out an application or two! Remember: You cannot win if you do not enter!

I want to thank each of you for taking part in being a member of this organization. Anyone interested in becoming a board member is encouraged to fill out and submit a Willingness-To-Serve form found on the ILSPAN Website. New ideas are encouraged and welcomed. Please, come join us as we all rein-

Sylvia Baker, MSN, RN, CPAN

vest in our potential as leaders and members.

Kim Kraft's inauguration as ASPAN's new President was a great moment for Kim and ILSPAN. We are proud to support Kim this year as she represents ASPAN's members in many, many ways and to many other organizations. Kim's theme is **"Reinvest in Your Potential."** This is a great time to give this theme real reflection and reinvest in yourself through your involvement with ILSPAN to realize your potential. Sure summer is a busy time, but it is also a grand time to reinvest in you! Take the challenge to do just that!



Governmental Affairs

As most of you may know, Illinois is the only state that does not allow for adult PACU visitation. The Illinois Department of Public Health (IDPH) rule, *SECTION 250.1320 POSTOPERATIVE RECOVERY FACILITIES visitation section*, is written for patients 12 years old and under. On May 12, 2010, ASPAN President Kim Kraft and I attended a meeting of the Illinois Hospital Association Hospital Licensure Board. At this meeting, our proposal for changes in the rule to allow for adult visitation was unanimously approved! The next step is for the rule change to go through the Licensure Board's legal department. If no problems occur, the changes will have a 45-day public comment period. If no public concerns arise, the rule will be officially changed and adult PACU visitation will be allowed with no repercussions from IDPH.

ILSPAN members have been aware of the proposal for this IDPH rule change for some time. Questions will arise about what is expected now from PACU's. Let me first say that this rule change does not make adult PACU visitation mandatory. Rules for visitation are determined by hospital policy. Each hospital will determine the PACU visitation policy. Whatever you are doing now, you can continue to do. If you have any questions about this rule change, please contact me at kschumacher56@yahoo.com.

Keith Schumacher, BSN, RN



District I Report

I would like to thank ILSPAN for the ASPAN National Conference (NC) Scholarship. The scholarship allowed me to attend the Conference and Certification breakfast. ASPAN NC is like a breath of fresh air. You arrive feeling worn out from work, hear dynamic speakers from all over the nation and renew your passion for perianesthesia nursing. Returning to work, you feel pumped on all the new information you have received and excited to talk about your experience to other coworkers. It is no surprise to hear other nurses having the same issues, in other states, as you have in your own hospital. Networking with other colleagues is key. We can all learn from each other no matter where we practice.

By attending the conference, I also got the chance to visit a new destination I have always wanted to see. New Orleans, the "Big Easy," has a style of its

Alexis Nicpon, BSN, RN, CPAN

own. In between morning and afternoon breaks each day, we were able to venture out and enjoy the tastes of New Orleans...from the morning beignets, at the Café Du Monde, to the lunch time sandwich, the "Muffaletta" at the Central Grocery. After a long day of listening to the presentations, we also had time to walk down the cobblestone streets into the heart of the French Quarter, spotting wrought-iron balconies, hidden courtyards, and street performers.

Attending National Conference is a time to network with other colleagues, learn from each other, and experience a new destination. For financial assistance, I highly encourage you to look at the scholarships offered by ILSPAN. If you have not attended a national conference, I recommend that you try. It is most rewarding and you will cherish meeting new friends. **THANKS!!**

District II Report

I would like to thank ILSPAN for the scholarship to the 2010 ASPAN 29th National Conference in New Orleans. This was my second national conference. The first conference I attended was in 1999. I enjoyed networking with other perianesthesia nurses from across the nation. The educational opportunities covered a wide range of topics. The opening and closing speakers were my favorite with all of their enthusiasm. It was nice to finally put a face to all of the names I have seen from the ASPAN Board. Component night was a fun evening with ILSPAN dressed up as pirates and capturing Kim Kraft. It was especially an honor to be present as Kim

Debbie Walker, BS, RN, CPAN

was installed as ASPAN President.

I started the week out by attending the CPAN/CAPA breakfast. I also volunteered at the ASPAN Shoppe. The conference hotel was in a great location with many things to do within walking distance, including the French Quarter, French Market, and Jackson Square. I had a wonderful time and learned a lot. If you have never been to a national conference, I would encourage you to apply for the 2011 scholarship to Seattle, WA.

Thank You again for this opportunity.

District III Report

What a wonderful ASPAN National Conference! New Orleans was inspiring with much progress in the hurricane recovery efforts. It was a joy to see Kim Kraft, BSN, RN, CPAN installed as ASPAN President. Congratulations, Kim. The lectures motivated me to be a better perianesthesia nurse, to study and PASS the CAPA exam and to bring a vast amount of information to my own unit to share with co-workers. I returned home tired but happy that I went. Please, if there is any way you can get to a national conference do it. You will not regret it.

Boni Hart, BSN, RN, MA

OK, enough chatting and on to important information. ILSPAN will host the fall conference in St. Louis at DePaul Hospital on October 2, 2010. Dolly Ireland, MSN, RN, CAPA, CPN will be presenting Cultural Diversity in the Workplace, PACU Complications, Lateral Violence, Legalities and Documentation (including electronic issues), Pediatric Pearls and more! Be sure to save the date and watch for the brochure in August, as the approval process is in progress.

Please contact me if there is anything I can do to serve you. (Contact information on page 2).

Vice-President's Report Jane Reinschmidt, BS, RN, CAPA

As I write this it has been less than a week since I returned home from National Conference in New Orleans. I came away with a sense of pride in our Illinois component, updated knowledge, as well as new and renewed friendships. I observed for the first time the policy making process at the Representative Assembly. On Thursday, along with over 50 other ILSPAN members, I witnessed our own Kim Kraft installed as the new ASPAN President. What a special occasion!

An important topic of business for the Representative Assembly was updating our practice standards. Many of the changes were updates in wording without change of intent. The title was changed to reflect actual recommendations:

“Perianesthesia Nursing Standards and Practice Recommendations 2010-2012”

A practice recommendation for Obstructive Sleep Apnea was tabled and sent back to committee for further research and later re-submission for approval. It was exciting to see that the Representative Assembly did not “rubber stamp” the recommendations, but rather considered each item.

A new practice recommendation was approved for “Perianesthesia Care Unit Visitation Guideline for Adult Patients.” This is a hot topic in Illinois. Our ILSPAN governmental affairs representatives are working in Springfield to have changes made to Illinois law. When accomplished, this will bring our practice in line with that of our colleagues in other states.

I am submitting applications to ASPAN for three seminars. Make plans to attend ILSPAN Fall Conference in St. Louis on October 2, 2010. Watch for updates on educational offerings.

Some requests for our membership:

1. Look on the ILSPAN website (www.ilspan.org) for scholarship or research grant information and consider applying.
2. Encourage one co-worker (or more) to become an ASPAN/ILSPAN member.
3. Become involved! The rewards are great.

See page 10 for Linda Beagley's synopsis of the Representative Assembly proceedings.

ILSPAN Election Results

Vice-President President-Elect

Jane Reinschmidt,
BS, RN, CAPA

Treasurer

Wanda Ellenburg,
MSN, RN, CAPN

District II Director

Debra Walker,
BS, RN, CPAN

Editorial Comment

Marigrace Clarke, RN, CAPA

Recently my youngest sister's daughter, Jessica, graduated from high school and was the class valedictorian. She gave a speech at graduation about transformation, change and emphasized choice. I was moved by her speech. Jessie talked about playing the game “Chutes and Ladders”. It is a game of choice where the wrong roll could send you down a slide and then you had to climb back up the ladder. Being involved in this professional organization has many times kept me from the “Chute” because of the knowledge I have received. By attending ILSPAN and ASPAN educational activities, reading *Breathline* and *JoPAN*, certification was possible but just as essential; I feel my patient care improved. Clinical practice questions are answered, best practices shared, and most importantly, friendships made. Where are you in the game? Are you down a “Chute”? Can I encourage back up the “Ladder”? Try to get a colleague to join ASPAN/ILSPAN, fill out the ILSPAN Willingness to Serve form on page 15 and send it in. Look at the ASPAN web site and review the various committees so that you can fill out the ASPAN Willingness to Serve form for 2011-2012. Do not be afraid to “Roll the Dice”. Call or e-mail me (information on the back page) I would like to help you climb the “Ladder” and reach your potential as a member in this professional organization.



October 2, 2010
 ILSPAN
 Fall Conference
 DePaul Medical
 Center
 St. Louis MO
 Featured speaker
 will be
 Dolly Ireland,
 MSN, RN, CAPA,
 CPN
 Plan on being
 there!!
 Watch your
 e-mail or postal
 mail for the
 conference
 brochure. See
 coupon on page
 15.

2010 Spring Conference Highlights

Over 100 nurses attended the ILSPAN Spring Conference at Central DuPage Hospital in Winfield IL on Saturday, March 20, 2010. With blustery snow blowing around outside, seven contact hours were given to those who were warm inside. At the general membership meeting during the lunch break, Kim Kraft, BSN, RN, CPAN was presented with a Waterford Crystal Globe by ILSPAN in honor of her upcoming installation as ASPAN National President, 2010-2011. Wording inscribed on the four sides of the wood base read "Kim Kraft....ILSPAN 2010....Realizing your potential....Opens a world of possibilities" ILSPAN is proud to have Kim as part of our world.



Kim Kraft proudly holds the globe



Raffle Winners from the left are Marilyn Harleman, Karen Leveille & Joy Lindall



Membership and Certification Promotion Table Display

M. Clarke Photos



Wanda Ellenburg, ILSPAN Treasurer (right) presents a check to Cecile DeLeon the Spring Scholarship Winner

Thanks

Spring Conference Vendors

Dawn Davis Jewelry
 And
 Scrubs Etc. in Naperville, IL 630-778-5323
 Barry Atkins

Clinical Practice Corner Sylvia Baker, MSN, RN, CPAN

Many times nurses question how long patients should remain in Phase I or Phase II care prior to being discharged home. If this is one of your concerns: read on!

The 2008-2010 Standards of Perianesthesia Nursing Practice, Resource 3 (p. 62-67) discusses information regarding the "Components of Initial, Ongoing and Discharge Assessment and Management." Since anesthesia care is individualized to the patient's desires and outcomes, this recommendation exists and supports the premise that time frames NOT be placed on criteria. Patients metabolize medications at different rates and different patients present with varying co-morbidities. This resource states, "Discharge criteria should be developed in consultation with the anesthesia department using the above assessment parameters. Discharge criteria must be approved by the department of anesthesiology and the medical staff. The Professional Perianesthesia nurse will adhere to institutional policy for patient reassessment following discharge."

The data that should be assessed and collected include (but are not limited to): 1) Airway patency; 2) Vital signs & Thermoregulation; 3) Level of Consciousness; 4) Pain and comfort level; 5) Level of emotional comfort; 6) Ambulation; 7) Swallowing; 8) Condition of dressing/surgical or procedural site; 9) Voiding, if required; 10) Child-parent/significant others interactions; 11) Patient and home care provider knowledge of discharge instructions; 12) Written discharge instructions given to patient/accompanying responsible adult; 13) Provision of additional resources to contact if any problems arise; and 14) Postanesthesia scoring system, if used.

Long story, short: Discharges should be performed using previously agreed upon criteria (not a specific time frame).

In many organizations, while time frames are not used to determine discharge home readiness, you could plan on a broad average for these patients' length of stay ranging from 1 hour to 5 hours post surgery (including Phase I).

CPAN®/CAPA® News

ILSPAN Certification and Recertification Scholarships 2010

Did you know ILSPAN offers scholarships for both certification and recertification? CPAN's and CAPA's who certified in 2009 are eligible for the 2010 scholarships. Log on to the ILSPAN web site, www.ilspan.org and download the points sheets under the "Scholarship" tab. Up to four scholarships will be awarded at the ILSPAN fall membership meeting in St. Louis on October 2, 2010. Submit the point sheet and documentation to:

ILSPAN Secretary Linda Beagley, MS, RN, CPAN

204 Freeport

Bloomington IL 60108

Postmark Deadline September 15, 2010.

Important 2010 Deadlines

Fall Exam registration window is July 26, 2010 to September 6, 2010. Exam administration window is October 4, 2010 to November 13, 2010.

Log on to the ABPANC web site for more information including the CPAN® & CAPA® Certification Candidate Handbook.

ABPANC has a new look on the web — www.cpancapa.org CPAN's and CAPA's can now register and start an Electronic Filing Cabinet to record contact hours to facilitate logging and tracking hours for that you earn. This makes recertification much easier.

Education Article

Boni Hart, MA, BSN, RN

Care of the Geriatric Patient in the Ambulatory Setting

Epidemiology of Aging and Impact on Nursing Care:

As our population ages and life expectancy increases, the age of what is typically considered a “geriatric patient” continues to increase. Currently, anyone over the age of 65 is considered to be “geriatric”, but consider the following information:

- ◇ Greater than 38 million people (roughly 13%) of our U.S. population (approximately 310 million) are at or over the age of 65.
- ◇ By 2020, the number of “over 65” aged drivers will increase to 33 million. By 2030, this number is projected to increase to 20% or 70 million!
- ◇ By 2050, it is estimated that 20% of the world’s population will pass the age of 65.

(Information updated May 3, 2010 from internet site: http://en.wikipedia.org/wiki/U.S._population)

It is obvious the population is aging, and this has a significant impact on our nursing practice. Because members of the senior population remain active into their seventh and eighth decades of life, we are seeing more sports and driving related injuries. Motor vehicle accidents increase disproportionately as we age and one of three geriatric citizens fall each year. Older people are more prone to injury because of their diminished senses, including vision and balance, affecting their gait. Our elderly population has the highest pedestrian mortality of all age groups. Additionally, body systems deteriorate. Chronic illness is a major problem for the elderly. More than 2/3 of the patients we see are over the age of 65. We see them for surgery on their eyes, joints, vascular and heart ailments, cosmetic procedures, colon problems as well as prostate, gynecological and cancer surgeries. These patients are predisposed to infection, multi-organ failure and delayed wound healing. Pair this with uncoordinated medical care, numerous physicians treating with multiple drugs (often without any communication between caregivers) and the patient is headed for disaster. One of the more high-risk concerns for geriatric patients is related to the pharmacological aspect of care. Here are a few examples:

- ◇ The elderly consume nearly 1/3 of ALL prescription drugs, spending well over three billion dollars annually.
- ◇ The most commonly used drugs include cardiovascular agents, antihypertensives, analgesics, anti-arthritis agents, sedatives, tranquilizers, laxatives, and antacids.
- ◇ The percent of consumption of medications by older adults includes 25%-40% prescriptions and 40% non-prescriptions, 12% percent of our geriatric population uses greater than 30% of all prescription drugs.
- ◇ Use of prescription drugs by setting for older adults is two to four drugs in the ambulatory setting and two to ten drugs in the long-term setting.
- ◇ Misuse of drugs is the fifth leading cause of death in the elderly population.

Because of this, we must be vigilant in knowing the medications our geriatric patients are using prior to admission. As physiological changes occur, medications metabolize differently. Altered liver metabolism, decreased renal excretion, a higher body fat percentage, a decrease in total body water and a decrease in plasma albumin concentrations all affect the response to home meds and those administered during anesthesia. Adverse reactions include diminished cognitive status, renal and hepatic toxicity, and accidents/falls after returning home. Dosages must be appropriate and monitored for effects. Various types of medications can cause different iatrogenic problems. Anticholinergics cause confusion, orthostatic hypotension, dry mouth, blurred vision and urinary retention. Tricyclics cause sedation, confusion and unstable gait. Antiemetics cause confusion, orthostatic hypotension, blurred vision, falls, dry mouth, and urinary retention.

Specific Ambulatory Concerns

Keeping the ambulatory patient safe requires careful observation in conjunction with our elderly patients’ families. Upon admission, we must evaluate whether or not the patient lives alone. This can affect compliance with self-administration of medications, as well as the ability to adhere to previous medication schedules. These patients may skip or forget their usual dosages if they are in pain or too sleepy. The patient may overdose on analgesics. We should ask about their social support structure, including caring friends or relatives who can continue to check on them after the initial 24-hour period. Does the patient wear glasses? Will they be able to read and understand the post-operative instructions? Do they have a reliable method for getting help from neighbors or relatives if a problem occurs? Do they understand that some of their “vitamins and home remedies” may affect the medicines the surgeon has prescribed? Do they know what symptoms to look for if they do take too much or have a reaction? Are we asking these questions of the family members as well as the patient? It is important for us to get a true snapshot of our patient’s environments before they go home. This assessment should begin on admission and continue as we prepare them for discharge after surgery. Different members of the patient’s family often impart different

Education Article

(Continued from page 8)

information. We need to be an advocate when careful planning is absent between the patient and family members. Just asking a few extra questions or providing additional written information may assist the patient in safely recovering from outpatient surgery.

Pathophysiologic Changes in the Geriatric Patient:

Having discussed the epidemiology of aging and ambulatory concerns, it makes sense to consider the physiological aspects in detail. Understanding the aging process makes it possible to predict the patient's ability to withstand and recover from surgical procedures and those processes that render the geriatric patient susceptible to complications.

The respiratory system is affected by extrapulmonary changes in skeletal and muscle structures as well as intrapulmonary changes that affect the parenchyma. These changes can affect lung expansion. Arthritic changes in the ribs and vertebrae and calcification of the costal cartilages can cause increased stiffness, decreased rib motion and a reduction of chest wall compliance. When the flow of oxygen into and out of the lungs is affected by these changes, the elderly patient is more susceptible to CO₂ retention. Degeneration of thoracic vertebral disks produces a shorter thorax with an increased anterior – posterior diameter. When pronounced, this causes a limitation of thoracic movement. This also can affect the stress response of the respiratory center, chemoreceptors, and the gag and cough reflex, producing an increased sensitivity to narcotics and anesthesia.

In the cardiovascular system, the heart muscle loses its efficiency and contractile strength, resulting in a 1% stroke volume loss per year. Heart valves become thicker and more rigid from fibrosis and sclerosis. The aorta becomes elongated and vessels lose their ability to stretch. Calcium deposits accumulate in these vessels and result in narrowing of lumen size. Heart size increases and impaired conduction can occur. All these factors prolong circulation time and decrease tolerance to fluid volume changes. The heart's ability to carry oxygen and withstand blood loss during a procedure can be affected.

Neurologically, brain weight decreases as we age. Sensitivity to noxious stimuli is decreased and brain functions as well as reflexes decrease. Falls can occur, as well as problems that can affect judgment during the pre and postoperative period.

Body fluids, gastrointestinal and hepatobiliary systems are affected by the aging process. Total body water is reduced. This can profoundly affect the elderly patient who must perform a bowel prep and be NPO for surgery. Temperature regulation is altered, causing the patient to feel cold all the time. Salivation and gag reflex are decreased, which increases the potential for aspiration. Peristalsis and gastric emptying are decreased, affecting bowel function after surgery. Thirst is decreased, affecting digestion, renal function, and hemodynamic function. Good discharge teaching related to small, frequent meals and consuming enough fluids becomes very important. An important change related to hepatobiliary function to consider is that biotransformation and excretion of drugs is impaired. The elderly patient requires fewer drugs to achieve the desired effect.

Sensory changes include much to contend with for the elderly patient. Peripheral vision and acuity is decreased. Adaptation to darkness, color, and depth perception is decreased with vision commonly affected by changes in retinal vascularity and cataract formation. We can assist the geriatric patient by assuring that glasses are returned as soon as possible during the recovery period and removing obstacles in the room. Auditory changes include decreased sensitivity to sound and perception. This means the ability to hear high-pitched sound and localization is decreased. Turning off the TV, facing the patient, and asking them to repeat post-operative teaching, being careful to include the patient's caregiver in discharge teaching will increase the likelihood of compliance.

Urinary and renal changes occur because renal mass and blood flow are decreased. In turn, renal clearance of drugs is impaired. Bladder capacity, muscle tone and sphincter tone is decreased. In men, the prostate gland is enlarged and in females, the pelvic diaphragm is weakened. These factors all contribute to anxiety in the older post-operative patient related to being able to void or not being able to stop urinary flow. Assuring them that you will be there to help and intervene if problems occur can increase compliance with PO fluid intake and adequate hydration may be enhanced.

Pre-existing conditions that may compromise renal perfusion include sepsis, cirrhosis, hepatorenal syndrome, and CHF. Conditions that can cause renal ischemia include uncontrolled hypertension, sickle cell anemia, collagen and vascular disease and multiple myeloma. The pre-surgical assessment is vital in order to intervene appropriately on the patient's behalf.

Additional concerns

Because our geriatric patients are living longer with accumulated health problems, they are more likely to experience cardiac catheterizations and other interventional radiology procedures. This increases the risk for acute renal failure. Early recognition during the post-anesthesia period can help to reduce morbidity and mortality from renal failure. While we may not have

(Continued on page 11)

13th ASPAN Representative Assembly Synopsis

by Linda Beagley, MS, RN, CPAN

The 13th Representative Assembly (RA) was called to order on April 18th at ASPAN's 29th National Conference. Besides the election of the ASPAN Board, several other important issues were discussed and voted on. Three issues were brought before the RA: Representative Assembly Standard Procedures, Amendments to ASPAN Bylaws and approval of the *Perianesthesia Nursing Standards and Practice Recommendations 2010-2012*. The first two issues were voted and approved without incident. Major changes and additions to the Standards book were being proposed. Proposed changes included:

- Number of standards decreasing from eight to six. Standards VI, VII, and VIII were combined to one standard titled "nursing process."
- Clinical Practice Guidelines
 - ◊ Clinical Guideline for the Prevention of Unplanned Perioperative Hypothermia—updated and published in JOPAN October 2009.
 - ◊ Clinical Guideline for Pain and Comfort—scheduled to be updated.
 - ◊ Clinical Guideline for NPNV/PDNP—scheduled to be updated 2011.
- Resources—previously a total of fifteen, decreasing to four.
- Creation of Practice Recommendations—total of ten. Former Resources and Position Statements are now grouped under Practice Recommendations. New terminology adds substance and weight. A practice recommendation for the management of a patient with obstructive sleep apnea (OSA) and PACU visitation guideline for adult patients were proposed.
- Position Statements—previously a total of thirteen; three were retired, two were moved to the Practice Recommendations. Advocacy and cultural diversity migrated into all of the elements of the Standards Book.

The addition of the practice recommendation for the OSA patient was discussed at length. It was recommended that the topic of OSA needs further discussion and research. This element was removed from the vote and the rest of the proposed changes passed without incident.

President Terry Clifford and Treasurer Sue Carter updated the assembly on the state of ASPAN. Even with healthcare reform and hard economic times, ASPAN remains very strong. Membership continues to grow with over 14,000 members. Finances remain sound. In December 2009, ASPAN made a cash purchase of a new home. This facility will allow for future growth. Other accomplishments include: the Clinical Practice Committee answered fifteen hundred questions, 112 "Celebrate Successful Practice" posters were presented at conference, 51 applications were approved for continuing education, 17 scholarships were awarded, a publications primer to go online after conference, and the Redi-Ref was updated. President Clifford reviewed the work completed by 11 Strategic Work Teams (SWT). The overall strategic plan is to decrease the National Board by one member by moving the Director of Development to a Committee Chair and utilize an ASPAN employee for marketing ASPAN. Several committees will change into SWT's. The focus of ASPAN's mission remains the same: to promote research, education, and clinical practice.



M. Clarke Photo

Representing ILSPAN at the RA are
 Jane Reinschmidt BS, RN, CAPA (on the left)
 ILSPAN Vice- President
 and
 Sylvia Baker, MSN, RN, CPAN (on the right)
 ILSPAN President

ASPAN Regional Director Article

I EMPTIED YOUR WASTEBASKET

Several months ago, I attended the monthly meeting of the Cincinnati Area Perianesthesia Nurses Association (CAPANA). CAPANA provides an educational presentation with contact hours at each monthly meeting with the exception of May when new officers are installed. As soon as the presenter was introduced, I felt that she and I had worked together in our past. The presenter was a Diabetes Educator at a competitor hospital. As the presentation on diabetes continued, I noticed that she directed her comments about diabetes tests, done in "The Golden Age of Nursing" to me. Many seasoned professional nurses will remember the urine dipstick tests for "sugar". After the presentation, I talked with the presenter and we explored our connection from the past. We talked about our previous jobs, finding a common connection. While a student nurse, I worked as a nursing assistant on the weekends to help pay for my education. As a "Float", I was assigned to different units each time I worked. On one of those weekends, I floated to ICU where this presenter was a staff nurse. Was she ever surprised when I told her I was the aide who "emptied her wastebasket and preformed urine dipsticks for sugar" over thirty-five years ago! As we go through life, often we never appreciate the many lives we touch, until a story like mine comes full circle.

In a book by---, Adrian Gostick and Chester Elton, "The Twenty Four Carrot Manager", ideas are presented on how leaders can unleash human poten-

Martha Clark, MS, RN, CPAN

tial through giving of "Carrots". Gostick and Elton cite a survey of employees to rank the rewards of their jobs. Managers thought employees would list good wages and job security as first and second, however they were surprised to find that feeling appreciated was ranked number one before wages and job security. Gostick and Elton tell a story of Captain Vex, who was chosen to lead the worst unit in the company. Through planting of "Carrots", Captain Vex was able to turn his unit around. The "Carrots" used by Captain Vex were actually rewards and recognition to engage employees so that they felt committed to their work. The unit thrived and attracted new workers with talents and skills and the environment began to change. Captain Vex was able to unleash human potential through a series of recognition and rewards.

The next time you are in your unit, take time to learn about the folks who are working with you, their families, and their dreams for the future. A little recognition may just unleash the human potential.....It just may be that floating nurse aide who emptied your wastebasket.

Reference:

1. Gostick, A, Elton, C. *The 24-Carrot Manager: A Remarkable Story of How a Leader Can Unleash Human Potential*, Layton, Utah, Gibbs-Smith, 2002

Education article continued

(Continued from page 9)

laboratory evidence of this at first, we can be aware of pre-existing conditions and physiological evidence to identify potential problems and respond promptly in the ambulatory setting. Drugs that compromise renal perfusion include cyclosporine, NSAIDS, aminoglycosides, penicillin, and Amphotericin B. More often than not, the renal injury caused by these medicines will be focal and the physician will focus on damage control, using low dose dopamine, diuretics (Lasix and Mannitol) and atrial natriuretic peptides (ANP) in the acute care setting.

To summarize, understanding our geriatric patient's special health problems and different physiological needs can assist us in being an advocate in their care. As perianesthesia nurses, our role is to increase the likelihood of a positive and safe outcome for this patient population.

Resources: ASPAN Seminar "Perianesthesia Nurse Competence in Aging: A Holistic Model of Care" presented by Myrna Mamaril, MS, RN, CPAN, CAPA, March 13, 2004, St. Louis MO

ASPAN NATIONAL CONFERENCE 2010

Merci Beau Coups fellow ILSPAN members

From Mary A. Cochran, RN, CPAN, CAPA, CGRN

Through a scholarship provided by OUR organization, I attended the ASPAN National Conference in New Orleans. I have attended conferences in the past, but this one was extra special. Our dear friend, colleague, and mentor of many, Kim Kraft was inducted as President of ASPAN! All of the attending ILSPAN members buttons were popping off.

I digress—Sunday, April 18 to Thursday, April 22, 2010

Sunday, the ASPAN Representative Assembly met--I, however, was busy in the ASPAN Shoppe promoting Pain/comfort guidelines, ASPAN Standards of Practice, the new and improved Redi-ref, Competency Based Orientation and the Safety tool kit. If you are interested in any of these publications, visit the ASPAN website www.aspan.org. Sunday evening at Component night, a band of Pirates from ILSPAN captured the new in-coming President Princess Kim and tried to barter her release with the ASPAN organization! ALL had a great time!

Bright and early, (0600) Monday, the CPAN/CAPA breakfast was attended by over 600 certified nurses. Deb Gauldin RN encouraged all of us to "Wake-up and Smell Our Accomplishments." If you are not certified, take the plunge, the waters are fine and you will grow making your practice successful. Conference opened with President Terry Clifford's address then we were challenged to "bring balance and enjoyment back into our lives" by tips for reducing stress from keynote speaker Bruce Wilkinson. *Let the education begin.*

Tuesday and Wednesday, the days were packed with many exciting educational opportunities from novice to expert. Wednesday evening we celebrated Terry Clifford's year of dedication to ASPAN and all its members at the Presidents Reception.

Thursday morning a brave band of ILSPAN members and associates awakened at 0400 to meet and decorate 130 tables for breakfast and start the celebration of Kim Kraft's year as our national leader. After breakfast, we were all encouraged to "Shed or You're Dead" by Kathy B. Dempsey RN. Kathy and faithful lizard companion, Lenny, told us about the new "3 R's", 1. Release the attachment, 2. Reframe the situation, 3. Refocus your energy. "Lizards grow by shedding their skin. If they do not shed, they die! As humans, we grow physically, mentally, and spiritually. If we don't shed, we die." We need to shed the extra baggage of grudges we have, fears we perceive and change ourselves. We are the only ones who can determine our attitude, do not allow all that "extra skin" to weigh you down and suffocate you.

Thank you ILSPAN for the sheer delight and educational growth by allowing me to attend the 29th National Conference. Start planning for the 30th ASPAN National Conference in Seattle, the Emerald City, on April 3-7, 2011 to celebrate Kim's year of

"Realizing Your Potential".

Roots of Knowledge, Seeds of Transformation

By Amy Matthews RN,
CAPA

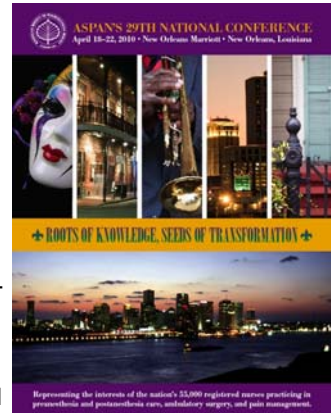
I cannot think of a better way to re-energize and revitalize your clinical practice than by attending an ASPAN National Conference. This was my second national conference. I came back very enthusiastic and eager to share new information with colleagues..

The Laissez
Les Bon Temps
Rouler.....Let the good
times roll was definitely

an appropriate theme for the kick off night of the conference. This was an excellent opportunity for our individual state components to socialize, have some fun, and make money for their organizations. Our very own ILSPAN booth had plenty of pirates collecting a sizable booty for our raffle prize. The atmosphere was almost electric and everyone seemed to enjoy the great food, good company, and swinging band.

I attended the CPAN/CAPA breakfast where guest speaker Deb Gauldin, RN did a fantastic musical presentation that gave a very humorous sign to our philosophy on current nursing practices. Her light-heartedness and sense of humor was very contagious. She had a very clear-cut message to all, celebrate life and try to infuse some humor into everyday life. Humor can be a very therapeutic tool for creating a more positive and productive work environment. When we allow ourselves to laugh, we open ourselves up to a less stressful work environment and can actually learn more and become more efficient at the same time. What a great message. There is no end in sight, for our journey is just beginning.....

Another highlight was keynote speaker, Bruce Wilkinson, who spoke on "Balancing Life, Work, Family, and Friends". His passion for life is reflected in some stories of his near death experiences. He had taken a more in-depth look at how he was living his life and the impact thus far. His key message was learning to adapt and overcome obstacles, and just LET IT GO.....Change is inevitable but adaptability is optional. Learn to be creative and innovative. When we learn to adapt to change, we gain respect from others and can be a more inspiring team leader. Become more passionate about what you want, believe in yourself, and become more empathetic to others. If we can make these changes in our life, we will improve our self-worth and become a more valued person in society.





Thanks to all who sent photos



Pirate Captain Keith Schumacher holds Princess Kim Kraft captive at Component Night.



Closing breakfast tables were decorated with an Emerald City theme and Seattle brochures.



Kim Kraft with a big thumbs-up after being installed as the 2010-2011 ASPAN President.



ILSPAN members enjoyed the President's Reception



Sylvia Baker and Sue Sweeney display the quilt that Sue made for the Development Silent Auction



Amy Matthews, Mary Cochran Kim Kraft at Component Night



ILSPAN held a 50/50 raffle at Component Night. 50% of the raffle money was donated to the New Orleans Red Cross and Debra Bennett from San Antonio Texas won the other 50%.

ASPAN Development

Thanks to these ILSPAN members who donated to the ASPAN Development Silent Auction

- Nancy Dunn—Hand-knitted purple scarf**
- Debbie Walker—Isabel Bloom Littlest Cat**
- Sue Sweeney—Quilt**

Welcome New ILSPAN Members who joined January through April 2010

District I			District II	District III
Susan Abrigo	Janice Farley	Ingrid Macaraya	Tiffany Chapman	Sherry Barber
Noella Acosta-Brewer	Linda Grabsky	Maureen Maltese	Linda Cheshier	Jamie Danks
Charlie Mae Adams	Barbara Guido	Patricia Monegato	Sonyia Crawford	Janelle Holthaus
Janet Adetunji	Mary gullely	Lea Pearson	Sheryl Drey	Lee Ann McCain
Maria Angeles	Susan Heidkamp	Catherine Pippin	Susan McBride	Sherrean Newlin
Katie Beichner	Jill Hoff	Jimmuel Plaza	Sondra Santoyo	Gina Trost
Myra Bock	Susan Jeffers	Amy Pusavc	Tiffany Stork	Kathryn Ward
Laura Cullen	Janet Johnson	Linda Rowan	Kimberly Taylor	Kimberly Watson
Marissa DeLa Paz	Marilyn Kopp	Mary Ann Tan	Kristie Wolfe	Joanne Wood
Cecile Deleon	Rhonday Lane	Theresa Taylor	Nicole Wright	
Evon Laura Dowd	Sang Le	Diane Wagoner		
Renee Ebreo	WooKeum Lee	Shelia Wilkins		
Cheryl Elyea	Cynthia Litewski			
	Werlita Lonergan			



M. Clarke Photo

Kathy Harris, ILSPAN M&M Chair with
Joanne Zoeller from Loyola Medical PACU

ILSPAN PANAW AWARD Winners

\$100 Award

Loyola Medical Center PACU, Maywood

\$50.00 Award

**Blessing Hospital PACU, One Day Surgery & Prep Unit, Quincy
Barnes-Jewish Hospital CAM Pre/post Unit North, St. Louis, MO**

ASPAN Member-Get-A-Member Campaign

ASPAN President Kim Kraft, BSN, RN, CPAN has a theme this year of "Reinvest in Your Potential." The ASPAN Member-Get-A-Member Campaign runs from April 1, 2010 to December 31, 2010. By recruiting ASPAN members you are entered into the Recruiter of the Year Award for both ASPAN and ILSPAN.

ILSPAN Recruiter of the Year Award

The ILSPAN Award is payment of your ASPAN and ILSPAN membership fee for one year. You must recruit at least four members to be eligible for the ILSPAN Award. Get started now and recruit.



**ILSPAN
Willingness to Serve Form**

Name _____

Address _____

City, State, Zip _____

Home Phone _____

E:mail _____

ASPAN Membership # _____

Place of Employment _____

Please circle position of interest:

- BOD position _____
- Editor/publication committee
- PR/Marketing
- Computer networking

Previous experience that will help me:

My goals for this position:

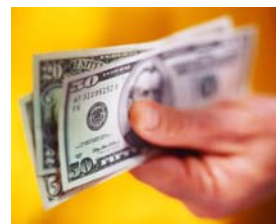
Questions I have:

Submit form on line at www.ilspan.org or mail to:

D. Jane Reinschmidt, BS, RN, CAPA
2117 Lake Shore Circle
Arlington Heights IL 60004-7201
E-Mail: jane280@sbcglobal.net

ASPAN Willingness to Serve (WTS) forms for 2011-2012 will be available on the ASPAN web site in early June 2011. Log on to the site at www.aspan.org and look under "About ASPAN" on the left lower side of the home page. Follow the link to WTS form for information. Deadline for submission is October 31, 2010. Join an ASPAN Committee or Strategic Work Team and become part of your national organizations leadership. You won't regret it for the knowledge and friendships you gain.

**2010 FALL
Conference
October 2, 2010
Coupon
\$5.00 off
Registration Fee**



Clip out this coupon and send it with your Fall Conference application. Watch for the conference application later this summer.

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ILSPAN Mission Statement

ILSPAN 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.

ILSPAN Web Page

www.ilspan.org

Web Editor: Kim Kraft, BSN, RN, CPAN

E-mail: kmkcpan@swbell.net

Looking Ahead.....

- ILSPAN Summer Board Meeting, Springfield, IL.....July 17-18-2010
- ASPAN Seminar Perianesthesia Certification Review, Springfield, IL....August 28, 2010
- ASPAN Seminar Complexities and Challenges, Springfield, IL.....September 18, 2010
- ILSPAN Fall Board Meeting, St. Louis, MO.....October 1, 2010
- ILSPAN Fall Conference, St. Louis, MO.....October 2, 2010
- ASPAN Seminar A Systems Review of Pathophysiology,
Oakbrook, IL.....November (date to be announced) 2010
- PANAW 2011.....February 7-13, 2011
- ILSPAN 2011 Spring Conference in District IDate to be announced
- ASPAN 30th National Conference, Seattle, WA.....April 3-7, 2011



Check the ILSPAN and ASPAN websites for additional details, dates and activities.

www.ilspan.org or www.aspan.org

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