



SCAPAN CORE PURPOSE

The core purpose of the South Carolina Association of Perianesthesia Nurses is to promote excellence in all aspects of Perianesthesia Nursing practice through education, specialty certification, nursing research, support for specialty certification, and ASPAN Standards in an environment this is respectful of others and adaptive to change

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President's Message

Dear SCAPAN Members,

I am so excited to be a part of another great year for SCAPAN! Although it is going to be hard to top the accomplishments of this past year, I look forward to what we can do together. The challenge ahead for 2012...

What great thing would you attempt if you knew you could not fail? Robert H. Schuller In order for the board to better serve you this year, we need your participation, your ideas, and your service.

- We need your participation at conferences, at chapter meetings and SCAPAN sponsored events.
- We need your recruiting skills. Tell one person about the benefit of being a member of SCAPAN. Bring one new person to an SCAPAN event. SCAPAN's goal is to increase our membership. It's the only way to keep our component alive and growing.
- We need your involvement. SCAPAN Board meetings are open to all members. We would love to have your input. Currently the committees have no members other than board members. Would you like to be on the finance committee? The Bylaws committee? Do you have a passion for community service? If so, we could use your help. How about writing an article for the palmetto pulse? Or even sharing a recipe?
- We need your suggestions. What gaps in knowledge do you see? Would you like to learn more about the standards? Do you need help studying for the certification exam? Is there a national speaker you would like to hear? Are you interested in learning about certain topics? If so, would you be willing help bring a speaker to a local meeting?
- Do you have leadership qualities? We need passionate leaders who will challenge and move our component into the future. SCAPAN has a commitment to develop current and future leaders. As long as you have the passion and the willingness to learn, we will help you.
- Are you interested in research? Have you implemented any of ASPAN's Evidence based guidelines in your practice this past year? Are you "a change agent" for patient safety/advocacy? We would love to hear about what you are doing.

I challenge you *to think about one thing you would attempt if you knew you would not fail.* I invite you to join the leadership team in making your component the best it can be!

Thanks, Faye



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email letters to

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use **'letter to the editor'**
in the subject line.

We look forward to
hearing from
YOU!

The deadlines for submission
to Palmetto Pulse are:

February 28
July 15
November 15

NEWS FROM NATIONAL

PeriAnesthesia Nurse Awareness Week February 6-12, 2012



Perianesthesia Nursing focuses on the care of patients undergoing surgery and invasive procedures that require sedation, analgesia, and anesthesia. To practice perianesthesia nursing, specialty nurses must have comprehensive knowledge and competencies that are grounded in scientific theory and practice.

Perianesthesia Nurse Awareness Week is an ideal time for you to demonstrate the importance of perianesthesia nursing in healthcare. You can show support for your profession, staff, colleagues, and friends with gifts from the American Society of PeriAnesthesia Nurses.

An exciting collection of Awareness Week promotional items is now available to make this year's celebration the best ever! Just click on the link for the [PANAW Promotional Catalog](#).

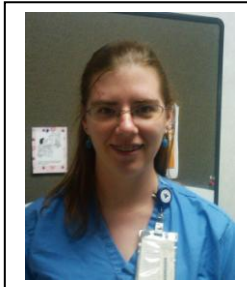
For more information go to ASPAN.org

PALMETTO PULSE – YOUR SCAPAN NEWSLETTER

I have enjoyed being the Editor of Palmetto Pulse and the overseer of SCAPAN.com. However, it is time to pass the torch. Rebecca Wilkin will be taking over the reins at the beginning of the year. We are always looking for information. It does not need to be a big article. Tell us about what is happening in your department, maybe an issue that you worked, a new technique or tip that may help us all! Rebecca can be reached at rlwilkin215@gmail.com. Thanks for your support, Karen Diloranzo-Thames

Rebecca Wilkin, RN - Newsletter Editor

My name is Rebecca Wilkin BSN. I'm currently working at St. Francis in downtown Greenville in the PACU after spending the first 8 years of my career in the ED. I'm also enrolled in an online master's program to earn my MSN. At the fall conference, I accepted the position of newsletter editor.



To be honest, I would have never considered this if Nancy (our past president) hadn't encouraged me. I've been an amateur author for several years and I was part of the newspaper staff in high school but this is a new adventure for me. I look forward to working with all of you over the next year. If you have any ideas for articles, topics or anything else you'd like to see in the newsletter, don't hesitate to contact me. Rlwilkin215@gmail.com.

PUMPKIN ROLL

6 eggs, beaten 2 tsp salt
Add 2 cups sugar 2 tsp baking soda
1 can pumpkin 2 tsp cinnamon
1 1/2 cups flour



Spray cookie sheet with Pam, then line cookie sheet with wax paper and spray wax paper with Pam. Pour batter into 2 prepared cookie sheets. Bake at 350 degrees for 10-15 minutes. Turn from cookie sheet onto dish towel dusted with powdered sugar. Let cool for 5 minutes then carefully peel off wax paper. Roll the cake with the towel into a roll and allow to cool completely. Makes 2 rolls

FILLING: Beat together 1 large package cream cheese, 1 stick of butter, 1 package confectioners' sugar, 1 tsp vanilla and about a cup of cool whip. Unroll the cake. Frost with filling and reroll. Wrap with wax paper then either aluminum foil or place in large freezer bag. Freeze until ready to serve. When ready to serve, slice while still somewhat frozen, it's much easier to slice that way. Finish thawing after sliced then serve with additional cool whip for topping.

Submitted by Jaci Gibson

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GOLD LEAF COMPONENT OF THE YEAR AWARD

Every year ASPAN presents a Gold Leaf Component of the Year Award. The Gold Leaf Award recognizes excellence in component leadership and member development, communication, education services and community relations. SCAPAN has applied yearly for this award but we have not been able to achieve the honor so far.

This year SCAPAN will apply again. We need to know what all our members have achieved to improve our prospect of obtaining the Gold Leaf Award. Please let me know what you or other SCAPAN members have done in 2011.

Please let me know if you have accomplished any of the following:

- Have you written any articles for a nursing/medical related journal, magazine or book?
- Have you assisted with a research project?
- Have you received any awards, such as Palmetto Gold award or an award presented to you by your hospital?
- Are you a member of any ASPAN committees (for 2010 or 2011)?
- Have you represented SCAPAN in any volunteer or charity activities? (i.e. blood drives, BP screenings, Boy/Girl Scouts, health fairs, JDF, AHA, ACS, etc.)?
- Did you participate in the Silent Auction at National Conference by donating an item?

Please send me any information that you think may be helpful for SCAPAN's Gold Leaf application to Nancy Zarczynski at nanzar@msn.com. I need the information by January 1, 2012. In the subject line of your email, please enter "Gold Leaf".



2012 ASPAN National Conference in Orlando, Florida or Bust (On a budget)**Donna West, MSN, RN**

This past April, SCAPAN had 13 members that were able to attend the 2011 ASPAN conference in Seattle, Washington. Many more of us wanted to attend, but with it being on the west coast, it was too pricey in regards to time and expense of travel. Since next year's conference will be in our own backyard, I would love to see SCAPAN represented by as many of us as possible. **Mark Your Calendars Now for April 15-19 to attend the 2012 ASPAN National Conference in Orlando, Florida!**

The theme this year is *"Beacons of Change...Focusing on the Future"*, and you can earn 25 - 30 Contact Hours at a Very, Very low cost. It is a perfect opportunity to network with your fellow ASPAN members from all over the country (maybe the world as well), while exploring new ideas and disseminating best evidence based practices. Some of the educational topics range from Post Anesthesia Complications, Advocacy, Ambulatory Surgery, Pediatrics, Safety Anesthesia Topics, Cardiac Issues, Research, Geriatrics, Staffing, Evidence-Based Practice, Legal Issues, Obstetrical Patients, Pain Management, and Diabetes Update to name a few.

Here are a few suggestions on how to get you to the conference without breaking your wallet.

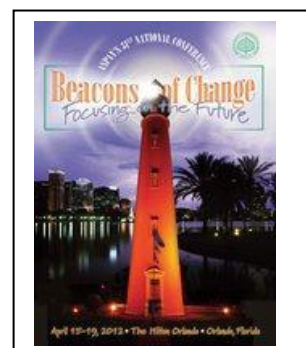
1. Plan early, both Allegiant Air and South West have great rates on round trip flights to Orlando.
2. If you prefer to drive, Orlando is approximately 8 hours away from Greenville and Myrtle Beach, 6 $\frac{3}{4}$ hours from Columbia and 6 $\frac{1}{2}$ hours from Charleston. The cost of car pooling 2, 3, or 4 will make it even more reasonable unless the driver has a heavy foot and gets a ticket☹.
3. Think about combining the family vacation with the conference - You can attend sessions of your choice, and catch up with your family for some fun time experiences. Orlando is a great place for relaxation, shopping, and enjoying foods from all around the world. Disney even offers some special rates for large groups, so check it out too.
4. Orlando is known for having places to stay ranging from inexpensive up to out of this world prices. If the Hilton Orlando is too costly, you can find somewhere close by that is less expensive.
5. Ask coworkers or fellow SCAPAN members to join in together to divide the costs. (This is dependent upon how many can get off for the same time.) Sharing the cost of the hotel with 2, 3, or even 4 close friends will make it also more cost effective (but 1st check to see if anyone has a history of OSA☺)
6. The best conference fee deadline is March 1st, which is roughly 14 weeks away. If you break down the cost of the 5 day event, each day's fee is \$79.00 if registered by March 1st. Just by saving twenty nine dollars a week for the next 14 weeks, you've have the registration fee covered.

The link to the ASPAN conference event site is:

<http://www.aspan.org/Events/ASPANNatIConf/2012NatIConference/tabid/9045/Default.aspx> Registration brochures and additional information should be available after the first of December.

I am challenging all SCAPAN members to invest in your professional development to ensure we are seen as

"Beacons of Change...Focusing on the Future"!



Happy Fall to Region 5! – Region 5 Update

Tanya Spiering, MSN, RN, ACNS-BC, CPAN, Your Regional Director,

I hope that this finds all of our members winding down from the flurry of Component activities, energized and ready for phase II of our year. The holidays are fast approaching and soon it will be time to prepare for National Conference.

Your leaders just met in beautiful San Antonio Texas for the mid-year Board meeting and I think that you would be amazed at the amount of work we were able to perform in a 2 day period. This message is a very brief overview of the work accomplished thus far.

- ASPAN's membership is now at 14,176 with 9,518 of them CPAN and or CAPA certified
- The Component Development Institute was attended by 143 Component Leaders in Philadelphia-those of you who attended can attest to the value of this program. While there, Board members were invited to an open house at the National Office where we were able to see the new sign that was donated to ASPAN by the Past President's Council
- The first International Conference was a huge success attended by 474 PeriAnesthesia nurses from 12 countries. Plans are currently underway to plan the next event to be held in 2013
- Membership and Marketing have been working hard and have produced a new logo for ASPAN which will be available for viewing soon. The theme for this year's PANAW Week is A Vital Role in Patient Care: PeriAnesthesia Nurses and will be recognized February 6-12, 2012
- Marketing Director Doug Hanisch has also been working to assist membership by drafting a series of letters to be sent to members welcoming them as new members, and inviting non-members as well as reminding expiring members in the hope that we can energize our membership
- ASPAN has been working to move forward by exploring the possibility of providing on demand educational programs
- Standards and Guidelines, in collaboration with Evidence Based Practice has drafted Practice Recommendations for Obstructive Sleep Apnea which will be presented at the Representative Assembly in Orlando. The next project to be tackled is Pain and Sedation
- Clinical Practice has answered over 641 questions this year-45% of these questions continue to come from non-members. Plans are underway to encourage membership from this population
- 27 scholarships have been awarded this year to members working towards MSN and BSN degrees as well as members seeking certification and attendance to National Conference and 1 humanitarian award. Deadlines to apply for scholarships is July 1
- A new relationship was developed with the Association of Vascular Access, Bonita Hart was appointed as ASPAN liaison and conducted a survey of ASPAN members to assist in the Save that Line Campaign
- Future National Conference locations were voted on-2014 will take place in Las Vegas and 2015 in San Antonio Texas.

I was able to attend Georgia's Fall Seminar with over 160 of their members, Virginia's Fall Seminar with over 140 of its members and Chesapeake Bay with over 65 of their members. A huge thank you to all of you for your continued support and hard work on behalf of our specialty organization. Without the work that all of our volunteer members do each and every year, ASPAN's Compelling Vision would go unseen. I look forward to seeing you in Florida!

Taking the Next Step**Kristie Alvey RN, MSN, CCRN, CPAN**

I remember the day so well. It was one of the best days of my life, top ten anyway. The date was May 4th, 1996, I had graduated from East Carolina University with my Bachelor of Science in Nursing. I never LOVED school. I always did what I needed to do and did well, but I was much more interested in the social part of my education. I saw nursing school as a means to an end. I knew I wanted to be a nurse, and I knew I had to graduate nursing school to get there. But, I hated it! I was so ready to be done with nursing school by the time I graduated, I burned my school uniform in a bon fire and swore I would never, ever go back to school. That was 15 years ago, what happened?

I was a brand new nurse on a fast paced cardiac stepdown unit and I figured out really fast that although I was deemed competent as evidenced by passing the NCLEX exam, I still had a lot to learn to provide excellent patient care to the people I served. I signed up for all the classes offered and studied the material after the classes. I began developing a thirst for knowledge and applied all of the new tools I was learning directly to patient care. Pretty quickly I began precepting other nurses to the unit and realized, I still have more to learn. I started contemplating going back to school, yes even after I swore I would never, ever go back to school I considered the options. But first, my husband should go back to school and then we should have children. Yes, children will definitely make it easier... after all my clock was ticking. (HAHA!) Nevertheless, 12 years after I swore I would never, ever return to school, I was enrolled in the Masters of Science of Nursing online program.

The program was challenging but rewarding. An online program is quite time consuming and requires a substantial amount of self-discipline to stay on top of your assignments. Each semester I took at least 6 semester hours, which was 2 classes. A typical day would look like this; I would get up in the morning (5 days a week), get my children ready and off for school, go to work, come home, cook dinner, help the kids with their homework, get them to bed and then when you are ready to kick off your shoes and put your feet up, I would get my laptop and begin my schoolwork. (My husband lovingly referred to my computer as my laptop boyfriend Dell because I spent so much time with him.) I would typically spend Saturday mornings reviewing/studying or writing as well. Sundays were the only days that I fully devoted to my family.

My program consisted of core classes like Nursing Theory, Pharmacology, Advanced Health Assessment, Pathophysiology and two different Research classes along with several others including 500 hours of clinical time. I learned a plethora of information that has prepared me to synthesize assessment data, prioritize the differential diagnosis and select clinical interventions that may include nursing therapies, interdisciplinary consultations, pharmacology management and or psychosocial support. I learned leadership skills to facilitate development of evidence based plans of care to meet the needs of our population and improve outcomes. I gained experience on the importance of consulting and interdisciplinary collaboration to obtain positive outcomes and policy development while assessing fiscal budgetary implications. Through the research courses, not only did I learn how to analyze research articles to ensure I'm basing changes in patient care upon legitimate research, but I also learned how to develop research of my own. There is no way possible for me to explain all of the things I learned and how it has made me a better nurse and a better person within this article. All in all, I can say this, obtaining my Masters degree has helped me to see and to understand the larger picture. By visualizing all of the areas affected by one thing, I can do more for patient care not only at the bedside but through the organization in which I am employed and my professional organizations. I am thrilled to have gained the knowledge and experience that I have and hope to put it to good use!

Obtaining my Masters degree was difficult, but it was 100% worth it! Now, when I graduated back in May I swore I would never, ever go back to school again! I said, "I'm done, stick a fork in me!" Well, maybe in a few years...

Questions you may have regarding SCAPAN Membership

M. Dianne Jackson RN, CAPA

What is the difference between ASPAN and SCAPAN membership?

The American Society of PeriAnesthesia Nurses (ASPAN) is the professional specialty nursing organization representing the interests of more than 55,000 nurses practicing in all phases of preanesthesia and postanesthesia care, ambulatory surgery, and pain management (at the national level). Once you become a member of ASPAN you are then eligible to become a member of South Carolina Association of PeriAnesthesia Nurses (SCAPAN). When completing your ASPAN membership application choose SCAPAN as your state component to join. You will be required to pay \$20.00 for SCAPAN membership, along with your ASPAN membership.

Is there a local group of PeriAnesthesia nurses to become involved with?

Currently SCAPAN consists of three districts. These are the Coastal, Midlands and Piedmont districts. Each district is represented with the offices of President, Vice President, Secretary and Treasure. The district exists to serve the needs of the membership at the district level. Each 2011 district president has a picture and contact information on the SCAPAN website. www.scapan.com

How many SCAPAN members are there?

The membership for our organization has increased over the past 12 months by 42 members, for a current total of 250 members. We have nurses representing our organization all across South Carolina.

What is done to increase SCAPAN membership?

A few things the membership/marketing committee has done in the past year are:

- Distribute membership flyers and information at State and local conferences
- All new members are sent a "Welcome" letter along with some basic SCAPAN information
- Purchase and distribute certification pins to all newly certified nurses in South Carolina (members and non-members) congratulating them on their personal achievement
- Send letters to all certified nurses who are non members, encouraging them to join ASPAN/SCAPAN, prior to their recertification
- Send renewal reminders to current members as their renewal month approaches
- Collaborate with our ABPANC regional representative encouraging PeriAnesthesia nurse certification

MEMBERSHIP INFORMATION

Contact SCAPAN Membership chair, Dianne Jackson at
marilyn.jackson@palmettohealth.org,

if you have any questions or log on to www.aspan.org

Coastal District Report

We just had our state conference here in Charleston. Great attendance! Our Meet and Greet Friday night was well attended and we had great attendance at the all day conference featuring Lois Schick. We will have our elections in February (date to be announced). The positions available will be Vice President/President elect, Treasurer and 2 Board Members. Please consider supporting your professional organization by serving as an officer or as a board member. We will be offering 1 contact hour at the meeting in addition to Elections!

For more information contact: Shirley Wetzstein, R.N., President or



Central Midlands District Report

This year has been a great year for the Central Midlands Chapter of SCAPN. We have had quarterly meeting and our attendance has been 25 to 35 for the last two meeting. Our last meeting was held at Lexington Medical Center and Melody Heffline, MSN, RN, ACNS, ACNP, CPAN-e spoke on Updates in Anticoagulation Therapy. She works for Southern Surgical Group at Lexington Medical Center and is a member of SCAPN. Melody authored the vascular chapter for "Perianesthesia Nursing: A Critical Care Approach." Jenny Sams won an ASPAN membership. Our next meeting is December 6th at Providence. A representative for Spinal Cord Stimulators will be at our meeting and will speak on this new procedure. There will be CEU's offered. Mark your calendar for the Spring Conference March 3rd. Kim Nobles PhD, RN, CPAN will speaking. More information to come on the topics she will be presenting.

SAVE THE DATE

MARCH 3, 2012

**SCAPAN Midlands Chapter
Spring Conference**

SPEAKER

Kim A. Noble,
Ph.D, RN, CPAN

LOCATION

Lexington Medical
Center



Piedmont District Report

The Piedmont District (PAPAN) makes up a large portion of the SCAPAN membership, and we are not taking advantage of our district's vast knowledge bank. We had a great turnout at a Meet and Greet for the AnMed Health Medical Center's PeriAnesthesia staff last December, and we had one of SCAPAN's largest turn outs at the Winter Conference. This past year, I would start to plan a meeting, but logistics seemed to always interfere. I now realize that there will never be an ideal time / place that will work for everyone's schedule, and to entice people to stay or return later, we needed some good incentives. I asked several district leaders what steps they have taken that gets their members to attend meetings.

Some of their suggestions included:

1. In lieu of monthly sessions, offer quarterly meetings
2. Rotate meeting location among the various hospitals
3. Food offerings (either food brought in or hold meeting in a private area of a local restaurant)
4. Drawings for door prizes (such as gas or food cards, movie coupons, or assorted gifts)
5. Offer a free contact hour
6. At each session, award a free ASPAN membership (Midlands holds quarterly meetings)
7. Offer study strategies for members wanting to seek their Certification

I am arranging a meeting during the first part of December to entice PAPAN members, and the tentative date is December 5th. My contact, should be confirming my request for a conference room at Greenville Memorial University Center soon. Also, I am in the process of contacting the PAPAN District board members to collaborate on plans for the meeting (such as door prizes, arrange some festive foods, and details about a SCAPAN joint effort to help our military men and women overseas). Additional details will be emailed out to PAPAN members hopefully by November 24th, so please ensure that your addresses are up to date.

To really get PAPAN going, we need to have scheduled meetings (monthly, quarterly, or best fit), get members to attend, and encourage anyone seeking leadership roles on either the local or state board to come forward. **PAPAN WANTS YOU!!** As the *outgoing District President*, I am asking members to think outside of the box and step up. Think about becoming a leader or board member. Though it brings extra responsibilities, it also provides opportunities and rewards. Not only do you get to network with fellow members, you also learn the nuts and bolts of what your professional organization entails.

So Think About It!

FAST-TRACKING PATIENTS FROM THE OR TO PACU II LEVEL OF CARE**M. Dianne Jackson RN. CAPA**

Fast tracking is a term used in the perianesthesia setting and is interpreted in a variety of ways. The Fast-tracking process may also be known as "By-Passing" the PACU I level of care. In order to provide safe and effective fast tracking for the ambulatory surgery patient there must be collaboration between the anesthesia provider, the surgeon and the Perioperative nursing staff.

At Palmetto Health Baptist it was time to be more resolute in our fast-tracking efforts. In order to move forward, without negatively affecting the care of our patients, we began collaborating among the PACU, Ambulatory Surgery and anesthesia staff. We all agreed that we had been performing a "fast-tracking" process, but we did not have a written Policy or Procedure for this process. Not having this policy in place occasionally lead to staff confusion, staff miscommunication. We had patients who were good candidates for this process not being "fast-tracked" and/or others who were not the best candidates for this process being "fast-tracked" to the PACU II level of care.

Our resource for this policy and procedure was the Perianesthesia Nursing Standards and Practice Recommendations, Recommendation 8 "Fast Tracking the Ambulatory Surgery Patient". The decision to fast track a patient should be based on patient needs, clinical assessments, and desired patient outcomes and criteria.

This decision would "ideally" begin with a discussion between the patient and the anesthesiologist in the pre-op setting. Other guidelines for patient selection for the fast-tracking process include, but are not limited to:

- ASA Classification
- Use of anesthesia agents which promote a more expeditious recovery period
- Use of the multimodal approach to Post-op Nausea/vomiting and Pain
- Education of the patient and family pre-operatively regarding fast-tracking process and goals
-

As we move forward with this process we hope to see an increase in patient satisfaction relating to an earlier discharge. We also anticipate improved communication and relationships between staff with a written policy that is understood by all involved. Ultimately we plan to see improved productivity in both phases of the PACU.

Please feel free to contact me with your questions and/or comments relating to fast-tracking and how this process benefits our department!

Pumpkin Fluff

15 oz can pumpkin
1 box (5oz) cheesecake pudding (dry mix)
1 tsp pumpkin pie spice
1 tsp vanilla
12 oz Cool whip

Mix first 4 ingredients together then fold in Cool whip.

Great with ginger cookies!

Submitted by Leanne Bradley RN, CAPA

SCAPAN Board Members Attend Component Development Institute in Philadelphia

Lori Sutton BSN, RN, CPAN, CCRN

During the month of September several members of the SCAPAN state board and local district boards attended the ASPAN Component Development Institute in Philadelphia. The institute is a weekend-long educational offering open to all ASPAN members. There were a variety of learning opportunities for the SCAPAN leadership to expand their knowledge regarding managing our state organization.

There were educational sessions covering such topics as development of future component leaders, component budget development, applying for continuing education contact hours, and strategic planning. The board members also had an opportunity to network with other ASPAN leaders from across the country. Such networking allows benchmarking with other national members and allows board members to discover educational opportunities that can be brought to South Carolina to benefit our membership.

One of the most beneficial learning opportunities the board members experienced was a chance to participate in a mock Representative Assembly (RA). The RA takes place at the ASPAN National Conference each spring. The RA is a day-long session where the national leadership is elected, ASPAN standards approved, and any other decisions are made at the level of the national organization. Each component always has two representatives at the RA. The mock RA allowed our board members to learn how the real RA functions so that our membership can be better represented in the coming spring.

Overall, it was a productive trip. Our board members came back with lots of ideas for how to energize our component. Any member that would like to get more involved with leadership for our component needs only to contact any board member to find out how to do so!



My First Experience at an SCAPAN Event**Andy Berlin, RN**

Hello my name is Andy Berlin and I am a PACU nurse at Lexington Medical Center in West Columbia, South Carolina. I have been a PACU nurse for 6 years, and although I have been encouraged to go to SCAPAN events by my coworkers, I have never attended anything on the local or state level. I just didn't see the benefit of it. I would like to share a few words about my very first experience at the SCAPAN State wide fall conference.

I reluctantly went to the conference because it was an off weekend for the South Carolina Gamecock football team, and I needed to go to a conference that was outside my hospital as recommended by my manager for my yearly performance evaluation. I was not looking forward to spending my hard earned money on the conference fee, hotel, and travel expenses. I also was not looking forward to getting up early on a Saturday to be at the conference from 7:30 AM to 5:30 PM and listening to a speaker for that amount of time. Boy I was surprised! I got much more from the conference than I was expecting. The speaker, Lois Shick, was so knowledgeable of all aspects of perianesthesia care. She shared personal experiences that she has encountered at the bedside as a staff nurse and as a legal expert on perianesthesia issues. She included in her presentation the pre op interview, pre op labs, perianesthesia emergencies, common medications, expectations in the postanesthesia areas, and much more.

After lunch, there was the business aspect of the SCAPAN meeting that had to be conducted and I was NOT going attend! I told myself, just go see what it is all about. Going to the meeting enlightened me to the benefits of joining ASPAN. I realized that it offers a way to expand my knowledge and to contribute to my professional organization.

Overall, my first experience at SCAPAN was pleasantly surprising. It was an experience that made me want to get involved and encourage others that are in this profession to go and see what the conference is all about.



Welcome New Board Members!

Katie Collins, RN, CPAN - District Director

My name is Katie Collins, RN, CPAN and I am a new member of the Board of Directors. I will be overseeing the Governmental Affairs committee and I look forward to keeping everyone updated on what's going on with nursing at a national level. I am a staff RN in the PACU at Roper Hospital in downtown Charleston. I have been a registered nurse for almost 10 years, the last 4 spent in the perianesthesia setting. My husband and I are relatively new to the Charleston area, having moved here in 2009 from Virginia Beach so that he could attend school at the American College of the Building Arts. I am honored to have the opportunity to serve my profession at the state level and it is my personal goal to get more of my co-workers involved and certified as well.



Kristie Alvey RN, MSN, CCRN, CPAN - District Director

Hi, my name is Kristie Alvey and I am honored to have been elected as a Board of Director for the South Carolina PeriAnesthesia Nursing Association at the Fall Conference. I've been a nurse for 15 years, with 7 years concentrated in post-operative/critical care nursing. I have a passion for quality patient care, research and education which certainly supports my role as a PeriOperative Clinical Nurse Specialist (CNS) at Palmetto Health Baptist.

I obtained my CPAN certification in the fall of 2009 along with a group of my peers. I have been a certification coach ever since believing in the power of the certification journey. I believe nursing excellence is achieved by applying yourself and always continuing to seek growth and knowledge.

Ever thirsty for new knowledge, I completed my Masters of Science in Nursing in the spring of 2011 with a focus in the CNS concentration. Although it was challenging, pursuing my MSN was quite rewarding. I feel that it has prepared me to succeed in my work role and given me the tools I need to represent perianesthesia nursing professionally at the state level. I am excited about serving on the Research and Education Committee. I hope to work within our professional organization to promote positive changes so we can improve nursing care based upon the latest evidence based research.

If any of you have any ideas or topics you would like to discuss/learn more about, please don't hesitate to contact me. I'll be happy to help anyway I can. You could reach me by email @ Kristie.alvey@palmettohealth.org.

Thank you all for the opportunity to serve you. I'm looking forward to the next 2 years!



Greetings from Afghanistan!**Myrna Mamaril, MS, RN, CPAN, CAPA, FAAN, Capt. US Navy**

*The following letter appeared in the November 14, 2011 edition of ANA SmartBrief.
It is part of an email sent by Myrna Mamaril, MS, RN, CPAN, CAPA, FAAN, ASPAN President
1999-2000 to her family as she serving in Afghanistan*

Greetings from Afghanistan! It seems like I have been away forever, although it has only been 93 days or 3 months, but who is counting! I thought I would give you all a sneak preview of our actual medical mission at the NATO Role 3 Multinational Medical Unit (MMU). Remarkably, our orientation to the hospital was over in just five short days.

Lucky for us, late August through early September, the number of patient admissions for our US/Coalition troops began very slowly with the major patient traumas coming from local Afghanistan forces, police, and population. In the beginning we cared for over 40 percent local children of all ages. Most of these innocent children suffered from IED blast injuries.

Most notably, one day in mid-September, we received 10 alphas. The alpha category is a true emergency and must be taken to the OR within 30 minutes of arrival from the trauma bay. It seemed like our pagers and phones were ringing constantly. Miraculously, we were able to assess their injuries, resuscitate and perform surgery, recover them in the postanesthesia care unit (PACU) or provide intensive care nursing on our critically injured American troops, coalition forces, and local nationals.

We work tirelessly to provide expert care and prepare our coalition forces and US troops for their flight back to their respective countries or the United States of America (USA). Many times our injured soldiers are with us less than 24 hours, but might receive over 70 units of blood products during their short stay. Our goal is to stabilize their injuries through adequate resuscitation post surgery; maximize their oxygenation status; and the following morning (0300 to 0500) prepare to medivac these seriously injured US troops/coalition forces back to the USA or their respective countries via Landstuhl, Germany.

I must admit, I am loving the rapid, but safe "throughput" of patients. Unlike my experience back home where we have extended stays and boarding of patients in the PACU, when we need to accept another urgent trauma patient, our Intermediate Care Ward (ICW) nurses come quickly (within minutes) to get report at the bedside and then transport our patient to their ward. Everyone understands the mission and why patients need to be transferred expeditiously.

As I reflect back, September war casualties have been horrific - sometimes beyond comprehension of the human mind. The stretching, tearing, shredding, torking, breaking, burning, exploding, amputating of the human body is beyond belief. At times, we have questioned why our corpsmen or medics have sent the expectant soldiers arriving with active CPR to our trauma bays. Foremost we truly understand that they have been embedded with these casualties and know them as their friends.

Likewise, our hospital has a wonderful reputation with the local Kandahar community and our fighting forces. During our second week in September, we had seven children, all under the age of 7 years, come in with IED blast explosion injuries. These precious children were severely injured. Two died before their arrival, one died in the trauma bay, and one died in our ICU. Know that our entire teams worked valiantly to resuscitate them. The NATO Role 3 hospital's reputation has a 98 percent survival rate. However, the reality of survival from combat injuries is linked to the famous quote: "the Golden Hour" that was coined by Colonel R. Adams Cowley during the Vietnam era. (continued on next page)

Greetings from Afghanistan! Continued

Myrna Mamaril, MS, RN, CPAN, CAPA, FAAN, Capt. US Navy

We see so much shrapnel - it is everywhere on the body - embedded in organs, muscle, brain, vertebra, and skin. My heart goes out to these patients. The wounds get so badly infected. In the trauma bay I sometimes get to pick it out of the skin so we can identify the injuries. Last night we had two US soldiers (Army had IED explode in his face lost both eyes - Navy Seal lost both legs). The Army General came and presented both men with purple hearts and said wonderful things to each of them. Then we put these beautiful quilts that were made by volunteers in the US over them for the trip to Germany and back to the states. We wrote in their valor book and then the Air Force Medivac came and took them to the airfield next to us to fly home. The soldiers loved their quilts. It was so touching - we all had tears welling up - just seeing those US quilts go over them.

Many of you might wonder what kind of schedule we have at the Role 3. We all work at least 12 hours a day. Most of us are expected to work on our days off - or take call for the traumas. Exhaustion has become a common occurrence. Everyone not only works their assigned hours, but is on-call for the urgent/emergent trauma cases that come in. No one questions why they are on call, because the staff knows full well that when they are working and the patients exceed the surge capacity, more help is needed. We all come in willingly to augment the needed patient care. Soon our Belgium, United Kingdom, Danish, and Canadian nurses will be going back to their respective countries. The Canadians have been the major country, besides the US, to provide medical and nursing care. We will miss our comrades, but know they have served faithfully in the Afghan war effort.

Yes, I have had a couple deaths too and that have been hard. When one of our US soldiers dies, we give honors to the fallen hero that is called "Dignified Transfer." This is accomplished shortly after the soldier's passing. An announcement is made of the "Dignified Transfer" and all available staff come from all clinical and admin units to line the halls and stand at attention while the soldier's body is taken from the hospital. Our Navy Chaplain, cites a brief scripture and reflects on his/her honor, bravery and commitment in service to our country. It is such a moving ceremony as the tears stream down our faces. Our flags fly at half staff until the "Angel Flights" depart for Dover Delaware.

Last week I was also selected to be the Assistant Director of Nursing (ADN) for the Department of Nursing as my collateral duty! I try to make rounds before and after work to learn how our nursing staff is doing. Yes, I still work my regular 12 hour shifts in the ICU. We are always "on call" 100 percent for incoming Trauma and also staff the PACU for daily elective/urgent and emergent cases. The hospital and barracks walls are over 12 inches thick with rebar in between, and they are bomb proof. We are now well into our combat trauma mission. Each day we become more confident in the ICU and are adjusting to not only the hospital, but also the Afghanistan weather, the people, and our critically ill patients.

ABPANC UPDATE

By Alisa Shackelford, MBA, MA, RN, CAPA, CCRN , ABPANC Director

CPAN/CPAP CERTIFICATION INFO

- [Brand new CPAN/CAPA Practice Exams have launched \(Click here for information\)!](#)
- ABPANC seeks nominations for the Board of Directors - [Click here for information.](#)
- Visit cpancapa.org for more

COMMUNITY SERVICE UPDATE

Robbie Banks, BSN, RN, CPAN

We will continue to ask for donations of canned goods/non-perishable food items at all component functions this coming year. In addition, we are requesting that SCAPAN members send boxes of non-perishable items to our military stationed overseas. I am sure each of us either has a relative or knows of someone who is stationed in Afghanistan, Iraq and/or Pakistan. They would love to receive a care package from home. This could be done year round, not just during the holidays. The USPS charges \$12.95 for a large flat rate box to APO/FPO/DPO overseas military address; online price is \$12.20. There is a letter you can download from website from SCAPAN to include in your packages.

Please send us any information on any other community projects sponsored by your components. We will include this information in our newsletter for component recognition.

Please send correspondence to robbie.banks@palmettohealth.org. Robbie Banks, BSN, RN, CPAN



Do We Fully Understand? My Experience Following Surgery**Nancy Boyd, RN, CPAN**

Having been a PACU nurse for many years, I have always understood, that some patients arrive confused, combative, attempting to get out of bed and on occasion verbally abusive. I always knew that if this was the anesthesia the patient would soon return to their own personality. I understood -I thought.

However, in November 2008, I had a left total knee replacement, which changed my understanding of post op delirium. Having had the right one done in 2002, by the same excellent surgeon, with an excellent recovery, I expected the same. The actual knee surgery went great and there were no complications with the knee. However, I had pulmonary emboli a couple of days later. I was treated with a large amount of Heparin, without my surgeon being notified. The result was a large hematoma and blood clots in two of my lower spinal nerves, which paralyzed me from the waist down. I then had to be rushed to be given a reversal drug and have an IVC filter placed. Then I had emergency surgery to decompress the clots as much as possible.

I went straight to Neuro ICU from surgery. Very soon afterward, I being such a great, certified PACU nurse, saved them the trouble and extubated myself. Of course, I had a nurse who did not appreciate my help. She told me she would have to call the Anesthesiologist. I replied, "He'll just say "I guess it was time." Everyone did say that I did an excellent job.

The fun had only started. I was sure they were making a video with the camera I could see over the door. The poor, sweet nurse tried and tried to convince me there was no camera. I still remember her low, sweet voice attempting to reassure me there was no video. Since she was afraid I would take my IV out, she placed those white boxer gloves on my hands. I calmly watched her, with a devious smile of my own, and as soon as she turned her back on me, I put the right hand to my teeth and quickly undid it, and swiftly removed the left one. I then placed them in my lap, and waited for her reaction. Her reaction was no disappointment!

Next, I had to deal with the cruel pain of lying on a bed. When they turned me from my left side to my right side, the right side of the bed, instead of looking like a regular hospital bed appeared to me to be a pediatric crib with a rounded frame. I did not see a mattress, but instead I saw that I was lying on a row of folding chairs - laying sideways. To turn me, they just pushed a chair and the chairs leaned to the other side in a domino effect, turning me with them. That was extremely painful!

(continued on next page)

Do We Fully Understand? My Experience Following Surgery (continued)

Nancy Boyd, RN, CPAN

While the hallucinations seem funny now, all that I have described was very real to me at the time. Those were not my only hallucinations. Colors appeared so vivid (I know this because of the big purple bow that floated at the foot of my bed) and brilliant they hurt my eyes. I was very paranoid, I was devious and always planning my next counter move. I'm not sure how long this all lasted, but I remember most of it. I also know that I always hated that some of my patients would remember how they acted and be embarrassed. Let me tell you, I worried all day about shift change coming, because I knew I had to apologize to the unfortunate nurse who had cared for me while I was being difficult. (I did take note of the fact that she did not have me that night.)

Before my experience following post anesthesia, while I did understand much about what some patients were experiencing following anesthesia, I now realize I only thought I understood everything they were experiencing. This experience also changed my daughter's thinking. She works in neonatal ICU. She told me later that she previously thought she understood and interacted well with her patients' families. However, as she waited during her mother's surgery, she realized she knew nothing about the anguish families feel while they wait for news of their loved ones' conditions. Having gone through this, we know we just thought we understood.

I hope by sharing my experience I can raise awareness among PACU nurses that we may not fully grasp the undesirable effect anesthesia has on some patients during recovery.



HOPPIN JOHN

4 slices bacon
1 medium onion, chopped
1 cup raw field peas
4 cups water
1 tsp salt
1 cup uncooked long grain rice

Fry bacon with onion until crispy. boil peas in salted water until tender. add peas and 1 cup of pea liquid to rice along with bacon-onion mixture (with grease). Put in rice steamer and cook one hour or until rice is done.

Submitted by Karen DiLorenzo-Thames

How to Write a Letter to Your Congressman

Christine Wlodarczyk, BSN, CCRN, CPAN

For many nurses the idea of engaging your local, state, or national representative about issues affecting nurses and patients may be intimidating. I know it certainly was for me the first few times! Here are a few pointers I learned serving as Governmental Affairs representative for SCAPAN in 2011 for writing a letter to persuade a vote.

- When the issue is on the table and ready for a vote, keep it simple and to the point:

Congressman Wilson,

I am a nurse and constituent working for Palmetto Health in Columbia, SC. I urge you to please look at other ways of reducing government spending besides continued cuts to Medicare and Medicaid. Our hospitals are working diligently to improve the quality of care we provide while cutting waste from the system. However, we cannot continue to provide the same level of service REQUIRED by the government for significantly less money.

As citizens, we need to take personal accountability for our health, but at the same time have the faith that our healthcare system will support us should there be a need. It's time to think outside of the box! Thank you for your dedication and representation of our great state!"

- When the issue is global and addressed at the Congressional level, know your facts and don't be afraid to quote them to support your view:

"Dear Chairman Rehberg, Ranking Member DeLauro, Chairman Harkin, and Ranking Member Shelby:

On behalf of the Nursing Community, a forum of professional nursing organizations representing over 850,000 Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs), the undersigned organizations respectfully request at least level funding for the Nursing Workforce Development programs, authorized under Title VIII of the Public Health Service Act (42 U.S.C. 296 et seq.), in FY 2012. This level of \$242.387 million provided in FY 2011 and passed by the Senate Appropriations Committee in their FY 2012 Labor, Health and Human Services, Education (LHHS-ED) and Related Agencies Appropriations bill is necessary to address the demand for nurses' across the country. Fully understanding the critical economic concerns facing the nation, Congress must still consider long-term financial planning for nursing education and research. Not doing so would place the health of our nation in jeopardy.

The need for a continued investment in the nursing workforce remains critical as the demand for highly educated RNs and APRNs is projected to increase exponentially in the coming years. Workforce analysts with the Bureau of Labor Statistics projected that more than 581,500 new RN positions will be created through 2018, which would increase the size of the RN workforce by 22%. Employment of RNs is expected to grow much faster than average when compared to all other professions. In the face of an aging Baby Boomer population, a retiring nursing workforce, and expanding access to health services, demand for nursing care is growing dramatically."

Finally, take the time to network within and outside of your professional organization to learn more about shared issues and concerns affecting nurses at all levels. We must collaborate and advocate appropriately for the public interest and patient-centered practice!

The Nurse in Washington Internship is another great way to immerse yourself in health policy and practice. The 2012 NIWI will take place February 26-28 at the Liaison Capitol Hill in Washington, DC. For more information on NIWI, visit: <http://www.nursing-alliance.org/content.cfm/id/niwi>.

Comments from 2011 NIWI attendees:

"The speakers were excellent and spoke to me as a nurse and gave me the needed information to help me to initiate the use of politics after I return to the real nursing world. Excellent conference!"

"I am very impressed with the quality of the NIWI program and the expertise of all the speakers not only in their knowledge of health policy but also in their ability to break it down and provide helpful tips for us that have little to no experience here in Washington. You have lit the fire in us to become even more of advocates for the nursing profession."

The Nursing Community is a great website to learn more about the latest advocacy issues in nursing and what we're doing about them! <http://www.thenursingcommunity.org>

Going “Green” for the Holidays

With all the gifts, food, and festivities over the holiday season Americans generate 25 percent more waste between Thanksgiving and New Years.

That adds up to 5 million tons of garbage!

What can we do this season to help cut down on the extra waste?

Here are a few tips from the website www.use-less-stuff.com



Make a list and check it twice! Plan ahead for shopping trips. Try to hit multiple stores in the same area to save on gas, time, and money, plus you'll reduce carbon dioxide emission as well. Shopping online is a good idea too. There are great online deals on black Friday with free shipping. Unless you just like the crowds...



Reuse, reuse, reuse. Use gift bags instead of wrapping paper. Reuse bows and ribbons. Wash plastic cups and plates and reuse at the next party.



Recycle. When hosting a party, place recycling bins near the trash can. A good tip is to place a few plastic bottles in one bin and cans in another so guests know what to recycle and see that others are doing it



Turn down your thermostat by just a few degrees. This can result in big savings on your heating bill. When having a large number of guests, turn down the thermostat; a crowded room of people will generate heat.



Cut out the lights! Put your holiday lights on a timer or unplug them during the day. This will result in energy saved as well as increasing the longevity of your lights.



Collect your plastic grocery bags and donate to Harvest Hope food bank. They use over 2000 plastic bags a week in feeding the needy.



Don't throw out leftover food. Send leftovers home with guests or fix a meal for a shut in.

**SCAPAN is committed to going green to conserve
and improve the natural environment and our
organizational resources.**

SCAPAN Points Award



- ✓ Eligible SCAPAN/ASPAN members can win up to **\$300.**
- ✓ **Points are acquired January 1 to December 31, 2011.**
- ✓ Applications are submitted by January 10, 2012 to SCAPAN BOD Member or post marked by January 10, 2012 SCAPAN PO Box 13976 Charleston, SC 29422 .
- ✓ Details, including eligibility and procedure for distribution of funds, can be found on the SCAPAN website.

Activity	Points	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Total poss.
ASPAN/SCAPAN membership	30	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	30	30
Member of Prof. Nsg.Org. (excludes ASPAN) (per org)	10/yr														10
CPAN/CAPA certification (pts per cert./yr)	30														60
BLS/ACLS/PALS certified (pts per cert./yr)	10														30
BLS/ACLS/PALS instructor (pts per cert./yr)	20/yr														60
Certification other than CPAN/CAPA (pts/cert)	5/yr														n/a
Hospital Committee 15 pts/committee	15														
Recognition of Professional Service (per event)	10														
Participate in informal PACU related research	20														
Participate in published PACU related research	40														
Develop PACU related research project	20	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX		20
Attend PACU related inservice/seminar (per event)	10														
Attend SCAPAN workshop (per workshop)	15														
Attend SCAPAN State Conference	30	XX	XX	XX	XX	XX	XX	XX	XX	XX		XX	XX		30
Attend ASPAN National Conference	30	XX	XX	XX			XX	XX	XX	XX	XX	XX	XX		30
Attend ASPAN Sponsored seminar	15														
Present education program in PACU (per present)	25														
Volunteer for community service (per event)	10														100
SCAPANDistrict officer/district committee member	10	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX		10
SCAPAN State officer/State committee member	20	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX		20
ASPAN National Officer/ National Committee member	30	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX		30
Attend local/district SCAPAN meetings (per meeting)	10														
Recruit new members to SCAPAN (per member)	5														
Write article for "Eye Openers" (per article)	20														
Write article for "Breathline" (per article)	30														
Arrange for speakers at SCAPAN district meetings (per mtg)	15														
Help plan SCAPAN conference	20	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX		20
ALL state / district officers / committee members / etc. must be SCAPAN components															

Name: _____ Year: 2011

*If you have moved
or would like a
'hardcopy' version
of the newsletter,
let us know!*

*Let us know where
you are!
Please update your
demographic info –
especially your
email - at
ASPAN.org
They will notify
SCAPAN of your
changes*

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