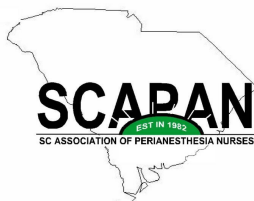


SCAPAN MISSION

The mission of the South Carolina Association of Perianesthesia Nurses is to promote excellence in all aspects of Peri-anesthesia nursing practice through education, specialty certification, nursing research and ASPAN standards in an environment that is respectful of others and adaptive to changes.

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Letter From The President

Dear SCAPAN Members,

April 18, 2010 will mark the beginning of the 29th National Conference of ASPAN. It is being held in New Orleans, Louisiana. I have a confession to make. It is only the 2nd time I will have attended an ASPAN National Conference. How can that be you might ask? My goodness, I have been a nurse for over 35 years and many of those years are in PeriAnesthesia. How can it be I never took advantage of what our National Conference offers? Was it lack of interest, lack of money, lack of institutional support (professional, as well as financial), lack of my participation in ASPAN/SCAPAN or lack of knowledge about what it really is? Well, truth is, it was a combination of all of them. But, I am proud to say that I have seen the error of my ways and I plan to make up for lost time!

Here is my list of why I have decided to never miss another ASPAN National Conference.

- ✓ Learning new information is the most obvious benefit. ASPAN planners work hard to provide a variety of topics and speakers to provide us with the most up-to-date PeriAnesthesia information. Our speakers have

conducted research in the topic they are presenting, or at minimum reviewed the literature and the latest publications available.

- ✓ Attendance allows you to see and hear the latest evidence based practice and how to apply it to the bedside.
- ✓ Poster presentations of research findings and new ways of practicing expose you to the use of research in the clinical setting.
- ✓ Networking with colleagues from across the country. Think how inspiring it would be to be in a room with hundreds of other PeriAnesthesia nurses who want to make a difference in the lives of their patients. Networking is the best way to make connections that lead to increased opportunities for professional growth. Getting to know nurse educators, authors, and researchers can prove invaluable when issues come up in your own practice that you need help and advice with.
- ✓ Meeting ASPAN leaders can inspire you to become leaders yourself. Putting a human face on the expert whose name has only been seen on the spine of a book or the byline of an article might give you the sense that perhaps you can too. I had the opportunity to hear Lois Schick's outgoing President's speech, in Washington, DC last spring at our National Conference. I was blown away by her passion for PeriAnesthesia.

Although it was ballroom packed with nurses, she was so down to earth and spot on with her message, I left there feeling like I could save the world of all it's PeriAnesthesia woes (or at least try). Fast forward to this past January where I had the opportunity to sit across from her at dinner here in Charleston and "pick her brain". Awesome!

- ✓ Products! How about an exhibit hall filled with the latest PeriAnesthesia technological advances and information, as well as a little bling or cool new pair of nursing shoes!
- ✓ Potential job security by developing a network of friends and mentors, both inside and outside your hospital, to make you a valuable resource in your institution.
- ✓ A breath of professional fresh air! By exposing yourself to outside ideas and professionals will bring you an enthusiasm and sense of professionalism back to your unit.
- ✓ And last but not least! A little partying! It is

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Letters to the Editor

Please send all correspondence to SCAPAN, PO Box 13976, Charleston, SC 29422, or email letters to scswete@hotmail.com or contact.scapan@gmail.com using 'letter to the editor' in the subject line. We look forward to hearing from YOU!

The new deadlines for submission to EyeOpeners are:

- February 15
- July 15
- November 15

Letter From The President

...continued

fun, refreshing and inspiring to get out of town and away from your daily routine for a few days. Attending the conference offers the opportunity to explore a new city and view new landscapes.

Now you say, Karen that's great but who is going to pay for it? Economics times are hard. Budgets are tight, both for hospitals and individuals. However, it never hurts to ask. Some institutions still have educational funds set aside. Maybe you can pay part and your institution part. Maybe a few of you can go together and you all can drive. Share the hotel costs. Offer to share the experience with your colleagues when you return in exchange for support from your institution.

I have been fortunate to been subsidized by SCAPAN for the last 2 years because to my leadership positions on the Board. It has taken most of the burden off of me financially (you too can have this benefit if you get on our Board - give me a call!). But I am addicted and I plan to start saving now for 2011. Seattle, Washington is a long and expensive way from Charleston, but my goal is to get there.

If you cannot make it to New Orleans, I encourage you to go to the ASPAN and SCAPAN website to check out the different opportunities for financial support and scholarships that could serve as seed money for your attendance at the 2011 National Conference and if possible start now to set aside funds to attend.

If you plan on attending this year in New Orleans, please email me so we can make sure you are a part of Component Night.

Oh, I almost forgot. When you go to your institutional for financial support, make sure you point out the benefits noted above. However, you might want to leave the part about partying out!

Laissez les bons temps rouler! Hope to see you in New Orleans.

Karen

ABPANC's Awards Programs

The deadline for receipt of applications for ABPANC's various awards has been extended to March 8. Visit www.cpancapa.org and click on the Awards tab to obtain the application forms.

Finance Committee

The finance committee needs a member from Midlands or Piedmont to serve! The SCAPAN Policy & Procedures dictates that the committee must also have a committee member that is not from the Treasurer's chapter. Please contact Karen DiLorenzo-Thames or Melissa Postell for details!

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Congratulations to Rosa Goss!

She won the PANAW drawing!

Her SCAPAN Fall Conference Registration fees and one night hotel is PAID!!

YOU can win too! Just by being a SCAPAN member!

Congratulations to Krista LaRussa!

She won the SCAPAN Points System Award!

She wins 1 point per activity for a maximum of \$300!!

YOU can win too! Submit your application by January 10, 2011!

SCAPAN -Willingness to Serve
October 2010 – 2011
See Website for Forms Submission!

The following positions are available:

ELECTED POSITION:	Terms
_____ Vice President / President Elect (Followed by 1 yr each as President and Immediate Past President)	1 yr
_____ Secretary	2 yrs
_____ District Director (3 positions open)	2 yrs

SCAPAN COMMITTEE MEMBER:

_____ By Laws / Policy and Procedure	1 yr
_____ Education / Research	1 yr
_____ Government Affairs / Professional Liaisons	1 yr
_____ Finance	1 yr
_____ Nominating / Elections	1 yr
_____ Membership / Marketing/PR	1 yr

**RED positions MUST be filled in October! You should serve!
Contact ANY SCAPAN board member for details or to express
YOUR interest!!**

What is ASPAN Development?



Making a Difference in the PeriAnesthesia Nursing Community

From its inception, ASPAN Development has been a key partner in helping ASPAN define the role of the perianesthesia nurse and strengthen the practice. ASPAN Development utilizes its resources to implement initiatives focused on:

Scholarships & Awards that provide opportunities for enhanced clinical training and increased knowledge throughout the perianesthesia nursing profession. Funding support for those aspiring to pursue and advanced degree, achieve certification or participate in continuing education opportunities is a major thrust.

Public Awareness & Education initiatives that foster greater understanding of the importance of perianesthesia nurses and their impact on a patient's quality of life. Instituting public education campaigns that demonstrate ASPAN's commitment to positively addressing matters of concern to the profession, and patient issues serve to bridge the gap in our pursuit of public recognition and understanding.

Research that enhances the body of knowledge that leads to improved patient outcomes and nursing productivity is at the heart of the Development's effort to sustain and expand research endeavors. In so doing, ASPAN Development labors to be proactive in creating avenues for dialogue with industry and other societies with similar objectives to foster the dissemination of information generated through research, provide leadership in articulating the aims of research and identify and support efforts to achieve these goals.



Coastal District Report

A CAPAN meeting was held on January 31, 2010 during lunch at the SCAPAN Conference. Election of officers was held; election results: President Diane MacLaughlin, VP/President Elect- Shirley Wetzstein, Secretary- Christie Norgart, Treasurer – Nina Gissell, Board Members – Jo Driggers (1 year term) and Sherry Palmer (2 year term).

We will be meeting at the end of the month to plan for 2010 activities including our "Summer School for the Perianesthesia Nurse" Conference to be held in August.

For more information contact: Dianne Maclaughlin, President or by email @ diane.maclaughlin@rsfh.com. ♣

Central Midlands District Report

Upcoming meetings and educational opportunities TBA ♣

Piedmont District Report

Nancy and I want to revitalize the Piedmont District, and we decided to elicit input from our fellow members to assist us with our endeavor. We designed 10 Survey Monkey questions to help us determine what our members would prefer. Some of the questions deal with ways to draw new members, types of interests, and availability for meetings. The survey will be going out this weekend to the Piedmont District members.

In regards to research, I missed the January Board Meeting, but I volunteered by phone to look at developing a project to get us on board. If anyone has any burning PICO questions, please send me a note with your thoughts. I look forward to "brainstorming" on this matter.

Upcoming meetings and educational opportunities TBA
Please contact Nancy Zarczynski, VP / President Elect of SCAPAN (nanzar@msn.com) or Donna R West, Piedmont District Director (donaree@bellsouth.net). ♣

Fall Conference Committee

The 2010 SCAPAN Fall Conference will take place in October this year in the Columbia area, the exact time and date to be announced. Be on the lookout for the announcement so that you can mark your calendar and plan to attend!

For more information, contact:
Christine Wlodarczyk
Lori Sutton

Educational Opportunities and Dates

Check SCAPAN.com for more dates

March 20, 2010 – Spring Conference in Columbia (register at scapan.com)

April 18-22 – National Conference New Orleans
Plan now to attend

July 15 – EyeOpeners submission deadline

October 7, 2010 FLASPA Pre-conference
Regal Sun Resort,
Lake Buena Vista, Florida
Contact Emma Pontenila @ cordeliacr@aol.com

October 8-10, 2010 FLASPA's 41st Annual Conference "Humanity & Technology in Harmony....The Future of Perianesthesia Nursing"
Regal Sun Resort,
Lake Buena Vista, Florida
Contact Emma Pontenila @ cordeliacr@aol.com

CHECK OUT

SCAPAN.COM

Our website has undergone a fantastic facelift!

Please take a minute log on and check it out.



Who am I to Lobby Congress? You Are a Nurse! Speak up!

David Kay, MSN, RN, CAPA – ASPAN Governmental Affairs Committee Chair

The ASPAN Governmental Affairs Committee's mission is to give ASPAN members the tools to advocate for nursing, patients, and other health-related issues for both local and national levels. As the largest group of health care providers in the nation, we need to speak up for our patients and profession. The Constitution grants you the right "to petition the government for a redress of grievances." If you don't speak up, then who will? Congress members are not health care professionals; you are the one they need for your expertise. Our profession is trusted and respected. If you speak up and identify yourself as a nurse, your opinion will carry some weight. Remember that Congress works for us.

How do I get involved?

Join the ASPAN Governmental Affairs Committee by filling out a "Willingness-to-Serve" form on the ASPAN website. The deadline for 2010 has passed, but you can plan to apply prior to October 31st for 2011. If you missed the deadline, don't let it stop you from getting involved as an individual citizen or joining your local perianesthesia component's governmental affairs committee if one exists.


Role of ASPAN Governmental Affairs Committee

- The Governmental Affairs Chair will electronically forward information to help you form opinions and share them with your elected officials.
- The Governmental Affairs Chair will pass along action requests by e-mail for you to contact your Congressmen about upcoming legislation.


What is your role and how can I make a difference?

1. Speak up as a citizen of your country and a nurse advocate for your patients. Share your voice and opinions with your elected leaders on a personal basis.
2. You may be asked to represent your local perianesthesia component as the liaison to the ASPAN Governmental Affairs Committee.
 - a. Those who represent a local perianesthesia component will electronically forward information or requests to their state/component representatives as coordinated by the component president.
 - b. The goal is to inform as many nurses as possible to contact their legislators and ask them to vote for or against upcoming laws.
3. Read information passed along to you by e-mail from the ASPAN Governmental Affairs Chair, or do your own search for healthcare-related political issues through the web, newspapers, television, or radio.
4. If you find great information that may benefit the committee, send that information back to the Governmental Affairs Chair to forward to the committee.
5. Contact your elected leaders by e-mail, phone calls, fax, snail mail, or writing letters to the editor. The most effective method to contact them is electronically. If you don't know who your elected leaders are, you may identify them by using the following website: <http://www.congress.org>. Once you learn who your elected officials are, go to their web sites to learn about their opinions, their positions, their past voting record, and how to contact them. ♣






ASPAN'S 29TH NATIONAL CONFERENCE
April 18-22, 2010 • New Orleans Marriott • New Orleans, Louisiana



ROOTS OF KNOWLEDGE, SEEDS OF TRANSFORMATION



Representing the interests of the nation's 55,000 registered nurses practicing in preanesthesia and postanesthesia care, ambulatory surgery, and pain management.

ABPANC Needs Pictures!

It's that time of year! We're collecting pictures for our annual CPAN/CAPA Certification Celebration Breakfast music video. The breakfast is being held on Monday, April 19, 2010 in conjunction with the ASPAN National Conference.

Please send pictures of certified nurses and the photo release (attached) to Bonnie Niebuhr, ABPANC CEO, at bonnie@proexam.org. The pictures need to be in a .jpg format, and if possible, should have a pixel size greater than 300,000 (when multiplying the photo's pixel sizes L x W). This ensures the best quality. Pictures showing CPAN and CAPA certified nurses caring for patients, or at component meetings are great. This year, as an added bonus, anyone who sends a picture will receive a complimentary copy of the music video after conference!

Join Us in New Orleans!

The *2010 Conference Brochure* is now available on the ASPAN Web site.

The brochure includes the Schedule at a Glance, the Conference Program Concurrent Tracks, and detail on Conference Courses. It also contains your hotel reservation and Conference registration forms, as well as Preconference and Postconference information.

A copy of the *2010 Conference* has been mailed to members.



Hail Honor Salute "MARDI GRAS" Luncheon

Come and be part of the Development Luncheon celebration and this year's Hail, Honor Salute program, "NEW ORLEANS STYLE!" Fantastic food, New Orleans jazz, beads, dancing, and a lot of hand clapping. You don't want to miss being a part of this great luncheon

15th ANNUAL DREAM WALK -

Please join us, bright and early, on Sunday, April 18th at 6:30am for a walk around the New Orleans Marriott and the Mississippi River front! Take in the early morning sights and sounds of New Orleans and raise money for future ASPAN projects.

ASPAN Region Five Update**Tanya Spiering, BSN, RN, CPAN**

Hello South Carolina!

National Conference is right around the corner and my hope is that you all are getting hyped about visiting your neighbors....the home of the Super Bowl Champions!

I have been Weight Watcher and am down 10 pounds (if I didn't gain it back in the last 2 days from my stress eating) and my goal is to find the world famous Café Du Monde for some 2 point beignets.

On a more clinical note, I thought that I would share a project that I have been working on for several months related to Post Operative Urinary Retention or POUR. I know that we all know about urinary retention but I have to tell you that I did learn a few facts that really made me take a second look at how I relate to my patients and what to teach fresh new nurses.

Lamonerie et al. (2003) conducted a prospective study over a three month period, looking at 177 patients over the age of 18 admitted to the PACU after planned surgery. Those excluded were patients who had been catheterized, had renal failure, or were undergoing emergency surgery.

Urinary retention prevalence is reported to be anywhere from 1 more than 50% (Lamonerie et al). This incidence can lead to urinary dysfunction in the postoperative patient as well as delay in discharge. In this study the bladder volume was measured upon discharge from PACU. If the bladder volume was found to be greater than 500 ml. the patient was questioned regarding symptoms of discomfort, or need to void and offered assistance to void. If unable to void within 30 minutes, they were catheterized (Lamonerie et al.). Information that was acquired included patient age, surgery type, anesthesia type, sex, and duration of surgery to determine potential risk factors.

Statistical analysis was determined utilizing the *t* test, Fisher's exact test, or χ^2 test as appropriate. Association of potential risk factors was analyzed by using univariate and multivariate logistic regression analysis and $p \leq .05$ was considered significant (Lamonerie et al.).

Findings showed that patients who were older, had a long surgical procedure, and received spinal anesthesia were more likely to experience POUR. Of the 177 patients admitted to the PACU, 158 had received general anesthesia, while 19 had undergone spinal anesthesia with bupivacaine. The mean for measurement of bladder volume was 135 minutes. For this study, bladder distention is defined as a volume greater than 500 ml. Of those measured, 44% experienced bladder distention (Lamonerie et al.). Thirty six of these patients had the urge or sensation of needing to void and of these only one patient was unable to void. Contrarily, the other 42 patients did not experience any sensation of needing to void, none voided within 30 minutes and all needed intervention. There was no correlation in sex, length of stay in the PACU, or type of surgery and POUR.

In normal, healthy individuals, the first need to void occurs when the bladder volume reaches 150ml. and the first urge to void at 300ml. Mulroy describes urinary retention as the inability to void when the bladder volume exceeds 400 ml. (Lamonerie et al.). In this study it is proven that longer surgical procedures are a risk factor for POUR. This author reports that some of the factors leading to this conclusion are more IV fluids and the increase in opioid use post-operatively both of which are reported to contribute to POUR. Another factor discussed in this study is the use of spinal anesthesia, especially when bupivacaine is used versus lidocaine which is longer acting.

In conclusion this study supports the practice of utilizing bladder scanning to aid in the identification of those patients at risk for POUR in order to intervene early to prevent complications.

General anesthesia as well as other interventions used in the operative patient place him or her at increased risk or urinary retention, Keita et al., (2005) looked at factors that could be identified in the postanesthesia care unit (PACU) to prevent these sequelae. The distended bladder can lead to over distention which potentially could leave the patient with permanent detrusor muscle damage. This muscle damage can affect atony and motility especially in the elderly.

This study utilized a prospective, observational approach and included subjects consecutively as they presented for a surgical procedure. The study took place over a four month period and looked at patients who had general or spinal anesthesia (Keita et al.). Bladder volume was measured using an ultrasound device at three different times: upon entering the PACU, when the patient verbalized the need to void, and prior to discharge from the PACU.

Results were analyzed from a total of 313; of those 128 were female and 185 male. Patient ages ranged from 16-88 with the mean being 46. It was identified that 76 of the patients (24%) had a bladder volume greater than 600 upon discharge from PACU. Of those 53 patients were unable to void within 30 minutes and were labeled as having postoperative urinary retention (POUR). Those identified as having POUR constitute 15% of the entire



ASPAN Region 5 Update Continued....

study population (Keita et al.). There was no identifiable link between POUR and sex, type of anesthesia, use of morphine in the PACU, administration of anticholinergics, or urinary tract symptoms. Those factors which were predictive were age (those over 50 years of age), amount of intra-operative fluids (greater than 750ml.) and bladder volume on entry to PACU (greater than 270ml).

It has been reported that POUR occurs in 7-52% in reported studies (Keita et al.). This range is so great due to the subjective nature of the prior studies; inability to void in 6-12 hours postoperatively, a palpable bladder, catheterization with a certain result (i.e. 400-600ml.), or patients reporting discomfort or feeling the need to void and being unable to.

This study concludes that early identification can lead to early intervention. The use of the ultrasound scanner in the PACU as a tool to identify those patients at risk for POUR could provide nurses in the ambulatory surgical area with additional information to aid in the instruction and care of these patients. Interventions identified by Keita et al., (2005), include encouragement to void when bladder volume is measured at 500 ml. and straight catheterization if unable to void within 30 minutes. This practice could lead to shortened stay times and increased patient satisfaction as well as early intervention for those truly at risk for POUR and not those that are thought to be at risk.

Pavlin, Pavlin, Gunn, Tataday & Koerschgen (1999) hypothesized that postoperative monitoring of bladder volume postoperatively would affect patient outcomes and that utilizing an ultrasound device to monitor the bladder volume, compared to the conventional methods would reduce the incidence of catheterization and lessen the probability of over-distention.

Three hundred and thirty-four patients undergoing a variety of outpatient procedures and undergoing various types of anesthesia were observed. The group was divided into four categories based on presumptive risk of POUR based on the literature. To determine the efficacy of the ultrasound scanner, 161 patients were managed by scanning methods and the remaining 173 were considered the control, those who were managed by conventional methods. Measurements were made preoperatively, immediately postoperatively in PACU and then hourly in Phase II until the patient voided or catheterization was performed (Pavlin et al.). In Phase II, if the bladder volume was less than 400, IV fluids were infused at an amount equal to 400-bladder volume X2 over a 45 minute period. Patients were catheterized if they were unable to void with a bladder volume of 600ml. The control group was allowed to drink oral fluids and IV fluids were adjusted at rates determined by the PACU nurse.

All patients had to void prior to discharge and measurements of volumes were recorded. The patients in both groups were given a questionnaire prior to surgery to record symptoms for the five days preceding admission to the outpatient center. Symptoms that were being sought from the questionnaire included frequency, dysuria, urgency, hesitancy, nocturia, enuresis, and incontinence. After discharge, patients were followed with phone call surveys occurring 24 hours postoperatively and five days later (Pavlin et al.). Symptoms were then compared to preoperative symptoms and considered new and significant if they were present more often postoperatively than preoperatively.

A separate study by Pavlin et al (1999) looked at 15 patients whose ultrasound measurements of bladder volume was compared with urine volume at catheterization. This provided a correlation coefficient of 0.89 over bladder volume ranges of 180-1100ml with a mean absolute difference of 54ml.

The group means were compared utilizing an unpaired *t* test. Kruskal-Wallis testing was used to compare the means. Proportions were compared using Fisher's exact test and an overall *P* value of 0.05 was considered significant (Pavlin et al.).

The correlation between excreted volume and predicted volume by ultrasound was very good ($r=0.9$, $P= 0.0001$) (Pavlin et al.). The control group experienced considerable variability in the post void residual particularly in those patients who had experienced bladder distention prior to voiding.

The conclusion of this study is that patients at risk for urinary retention would benefit from monitoring by ultrasound as this prevents unnecessary catheterizations. Urinary catheterization does come with its own inherent set of risks such as infection, stricture formation, and creation of a false passage, prostatitis, bladder injury, and even hemorrhage (Pavlin et al.). The practice of utilizing the bladder scanner, while expensive at the front, could save an organization thousands in the long run.

So, the next time you hear a nurse brag that she/he has an 8 hour bladder, remind them that they will pay in the long run. I guarantee it!

- Reference:
- Keita, H., Diouf, E., Tubach, F., Brouwer, T., Dahmani, S., Mantz, J. & Desmonts, J. (2005). Predictive factors of early postoperative urinary retention in the postanesthesia care unit. *Anesthesia & Analgesia*. 101: 592-596.
- Lamonerie, L., Marret, E., Deleuze, A., Lember, N., Dupont, M. & Bonnet, F. (2004). Prevalence of postoperative bladder distension and urinary retention detected by ultrasound measurement. *British Journal of Anesthesia*. 92(4):544-546.
- Pavlin, D., Pavlin, E., Gunn, H., Taraday, J. & Koerschgen, M. (1999). Voiding in patients managed with or without ultrasound monitoring of bladder volume after outpatient surgery. *Anesthesia & Analgesia*. 89:90-97.

Board Member Spotlight



Shana Collins- I earned my BSN from Clemson University in 2000. I started working in the ER at Oconee Medical Center, before transferring to PACU. I have been in Perianesthesia for 6 years. We have a 10 bed phase I PACU in a small, rural 180 bed hospital. I quickly fell in love with Perianesthesia nursing and in 2007 got my CPAN certification. I love the variety the PACU offers. You get to practice pediatrics, ortho, trauma, obstetrics, pain management, assist with many different procedures, critical care (my favorite!), and many other specialties. What a great job where you get to do different things everyday! I also got involved with SCAPAN in 2006 and in 2007 served on the board as a district director and then secretary. Being involved in SCAPAN has been a wonderful way for me to meet nurses all over the state and to advance my practice. When not at work, I am busy managing my chaotic household with my husband and my 2 small children. I am looking forward to continuing to serve with SCAPAN and would urge everyone to participate on a local and state level.



Karen DiLorenzo-Thames

Age: only my hairdresser knows for sure :)

Hometown: Bristol, PA

Current City: Charleston, SC (last 38 years)

Relationship – Married to Bob Thames (28 years); 1 grown, married daughter, Amy

Nursing Education: LPN – Bucks County Tech School 1972; BSN – MUSC 1981; MSN – MUSC 1981

Military Service: Hospital Corpsman in the 1970's; Stationed in Charleston. I was the first female enlisted woman to work in the PACU at the Charleston Navy Hospital. Go Women's Lib!

Current Employer – Roper Hospital, Charleston, SC (20 years)

Current Position – Clinical Manager, Pre & Postop Services (5 years); responsible for Ambulatory, CV and Main OR Preops and PACUs and Extended Recovery Unit

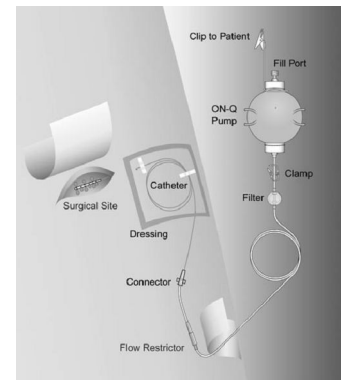
Certifications: CPAN; CAPA: CCRN and NE-BC

My motto: "What you permit is what you promote"

What I do for fun: I am a workaholic. As I get older I try to let go of stuff, but it is so hard. I have decided that I want to travel more and I am bringing my homebody husband along, kicking and screaming! We are planning a trip to Vegas and Colorado this June and Italy next summer. My guilty pleasures are TV entertainment new shows and goofy "reality" (if you can call them that) shows. My husband can not understand why I watch that stuff, but after a stressful day at work, I find zoning out with shows like that, along with a glass of wine, are very relaxing. Also, now that I am an official empty nester, I am starting to read more. I am into management and leadership books right now, since I feel I have become stagnant the past couple of years. I also love to shop. Sales are a girl's best friend! Like my mom always said "never pay full price"! Note you see no mention of exercise or outdoors. Shameful but true, I need to do more of both. I also spend a lot of time loving on my 14 year old, handsome 3 legged cat, Oreo. He had his right hind leg amputated in late 2008 due to a sarcoma, but he is just fine now.

ON-Q® Pain Relief System: An Overview**Denise Adams, Pharm D., BCPS**

The ON-Q® Pain Relief System, made by I-Flow, is a high-tech pump that automatically and continuously delivers local anesthetic to the post-op surgical site. The anesthetic is delivered directly to the surgical site through a specially-designed antimicrobial catheter that has been placed by the surgeon. A filter located on the tubing eliminates air bubbles and the flow rate is controlled by the capillary flow restrictor located at the end of the tubing. The anesthetic is delivered for up to five days after surgery depending on the size and volume of the pump. The system is completely portable and can be clipped to the patient's gown or placed in a carrying pouch. Many patients go home with their pumps. Once the pump is empty, the catheters are removed by either the patient or a healthcare worker depending upon the surgeons' instruction. It is important to note that these devices are for single use only and should not be refilled once empty.



There are four different pump models available: one with a fixed flow rate that cannot be changed; one that delivers a basal infusion and also allows delivery of on-demand boluses; one that allows the user to adjust the flow rate within a predetermined range; and one with an adjustable rate controller and a bolus device. They range in size from 65mL to 400mL. Some models are also available with more than one catheter.

The decision of which local anesthetic to use is based on the type of surgery, clinical data and the surgeons' personal preference. The most common are bupivacaine and ropivacaine (do not use products containing epinephrine). Many hospitals have developed standardized order sets to streamline the ordering process.

ON-Q pumps have been successfully used for managing post-op pain following many different types of surgeries. These include:

- General (Appendectomy, Hernia Repair, Gastric Bypass, Nephrectomy, Mastectomy, Thoracotomy, Prostatectomy)
- Orthopedics (ACL Repair, Knee Replacement , Rotator Cuff repair, Subacromial Decompression, Iliac Crest Graft)
- OB-GYN (Hysterectomy, C-Section, Exploratory Surgery)
- Cardio-Thoracic (Coronary Artery Bypass Graft, Sternotomy, Valve Replacement and Repair)
- Plastic Surgery (Abdominoplasty, Breast Augmentation, Breast Reduction, Breast Reconstruction)
- Colorectal (Colectomy, Hemorrhoidectomy)
- Podiatry (Foot and Ankle Surgery)

When setting up and maintaining a pump, make sure the clamps on the tubing are open and that the tubing is not kinked. The flow restrictor should be in direct contact with or taped to the skin. Do not allow cold therapy to come into contact with the flow restrictor. Also, do not tape or cover the filter.

Monitor patients for increased pain, redness, swelling, blurred vision, metallic taste, ringing or buzzing in the ears, excessive drowsiness and confusion. Notify the physician immediately if any of these should occur. The infusion can be stopped, if needed, by closing the clamps located on the tubing.

www.iflo.com

Certification and Certified Nurses Day

Christine Wlodarczyk, RN, BSN, CCRN

In Honor of Certified Nurses Day, Let's Celebrate!!

Nurses are embracing their career choice now more than ever! With the downturn in the economy, our profession has weathered the storm and even encouraged those from other professions to go back to school to become a nurse. Nursing has so many options in our field; whether it's staffing, teaching, managing, volunteering, community health, or advising, we're always working to improve the quality of care we give to our patients. One great way that we can all contribute to better quality of care is to get certified in our chosen area of nursing.

There are many benefits to becoming certified. The most important of which is learning how to improve our practice so we can better serve our patients. In addition, being certified presents many opportunities such as scholarships, conferences, reimbursement, state and national recognition, and the sheer pride that's associated with studying and passing the exam!

As South Carolina Perianesthesia nurses, we need to join together and celebrate those that are certified and those seeking there certification this year. Friday March 19th gives us that opportunity. The CPAN, CAPA, CCRN and Med-Surg BC certifications are all wonderful options for those seeking to learn more and grow as knowledgeable perianesthesia nurses. Take the month of March to check with your organization or local chapter to learn more about courses and reimbursement offered for becoming certified.

For those already certified, find ways to become a mentor to others and encourage those interested in certification. Offer to teach a class or organize study sessions. Become a coach through SCAPAN or ASPAN. Organize a luncheon or retreat to honor certified staff. Take the time to sit with those that are interested and tell them about your experience as a certified nurse. Encourage attendance at chapter meetings, state and national conferences where nurses can learn more about how great it is to be certified!

Finally, on March 19th, celebrate all of our certified members from across the state of South Carolina:

Fall 2009 Certifications**CAPA**

Maryann Simons
Marilyn Jackson
Patricia Fowler
Gina Johnson
Regina Belanger
Susan Padget

CPAN

Kristie Alvey
Cheryl White
Tschelliarie Daquioag
Tracy Welch
Gwendolyn Floyd
Pamela Spires
Shirley Wetzstein
Joy Davis
DavidFlorek
Karen Dilorenzo-Thames
Theresa Stader

SCAPAN Certification**Coaches:**

Faye Baker, CPAN
Teresa Davis, CPAN
Paula Denault, CPAN
Samantha Hanna, CPAN
Nancy Zarcynski, CPAN
Shana Collins Smith, CPAN

ABPANC Leader Resource**Team:**

Karen Catchings, CAPA

Celebrate Certified**Nurses Day****March 19**

National Certified Nurses Day is March 19. Visit the ABPANC website

(www.cpancapa.org) *now*

and scroll down on the Home Page to the first bullet under the Latest News and Time Sensitive Information. ABPANC offers tips on how to celebrate this special day.

We're Jazzed! Are You?

Michael D. Guillory, BSN, RN, CPAN, CAPA – ASPAN 2010 National Conference Strategic Work Team Member

ASPAN celebrates its 29th National Conference in historical New Orleans, Louisiana April 18-22, 2010 at the Marriott Hotel. "Roots of Knowledge, Seeds of Transformation" is this year's theme. New Orleans is the birthplace of Jazz. Stroll Bourbon, Frenchmen and Fulton streets at night when live music pours out into the streets, where Jazz streams out into the moonlight, French doors open to the night breezes and sweet olive scents the air.

Indulge in traditional Louisiana cuisine such as beignets. This is a little square donut, sprinkled with powdered sugar and enjoyed with café au lait in the French Market. How about a large round Italian sandwich invented in New Orleans known as muffulettas? Have you ever had a po-boy? A po-boy is fried seafood or roast beef served on French bread. Try a cup of gumbo - guaranteed to be the best-tasting soup you ever had and available all over New Orleans.

Like to shop? The Riverwalk Marketplace has 140 unique shops where you will find national shops as well as local favorites and is walking distance from the Marriott Hotel.

Enhance your knowledge as you plant your roots deep within your professional organization and network with other perianesthesia nurses. Bring your family. Invite a friend.

Are you Jazzed yet? We are! See you there! ♣

From Lois Schick:

Karen and all: I want to thank you so much for a wonderful stay in Charleston, S.C. I really enjoyed my visit there and getting to meet you all and make new friends. Your hospitality was truly appreciated. I look forward to seeing many of you in New Orleans and if unable to connect there hope we have the opportunity to get together again in the future. It was so good to see old friends and make new ones and I wish you all the best. Again, THANKS for a great time in Charleston. I wish you the BEST. LOIS

White Chocolate Raspberry Cheesecake

Christine Wlodarczyk

Crust: 20 whole chocolate graham crackers, 1 stick unsalted butter

Filling: 2 packages softened cream cheese

3 eggs

½ cup sugar

8 oz (1 cup) whipping cream

12 oz. white chocolate chips

2 tablespoons butter

Raspberry sauce: 1 box frozen raspberries, 1/3 current jelly, ½ tablespoon cornstarch (combine all ingredients in saucepan and heat on low, blend, cool)

Preheat oven to 325. Combine graham crackers and melted butter in food processor or blender. Press into spring form pan and bake for 10 minutes at 325 degrees. Melt chocolate chips and butter in double boiler or microwave. Place cream cheese eggs, cream, and sugar in mixer. Blend well. Add melted chocolate chips to mixer. Blend until creamy. Pour filling into pan.

Place in middle of oven with pan of water underneath. Bake for 20 minutes. Place sheet of aluminum foil over pan to keep cake from browning. Bake an additional 40 minutes. Crack oven door and let cool for 30 minutes. Serve with raspberry sauce over top of cheesecake. ♣

Recipe Corner**Cheese Ring**

Carol Walker

1 pound cheddar cheese, grated

1 cup pecans, chopped

¾ cup mayo

1 medium onion, grated

1 clove garlic, pressed

½ teaspoon Tabasco sauce

1 cup strawberry preserves

Combine all ingredients except preserves, and mix well. Mold into ring. Fill center with strawberry preserves. Serve with crackers.

Hint: you can use a Jell-o mold for the shape--just spray with Pam first and then chill for awhile).

Have a recipe you want to share? Email it to scswete@hotmail.com!!

ABPANC Board of Directors

ABPANC Needs Nominations for Consumer Representative Position on Board

ABPANC continues to seek nominations for the Consumer Representative position on the Board of Directors! We need your help! Look around you to see if you know of someone who meets the qualifications for this very important position - attached you will find the job description. A certifying organization MUST have a Consumer Representative on its board in order to meet ABSNC Accreditation Standards. The due date for receipt of nominations has been extended to March 19, 2010 - email bonnie@proexam.org.

ASPAN has moved:

90 Frontage Road
Cherry Hill NJ 08034-1424

Other contact information remains
the same:

(856) 616-9600 (phone)
(877) 737-9696 (toll free)
(856) 616-9601 (fax)



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