

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,

It was a privilege to represent YOU at the 29th Annual ASPAN Conference held in New Orleans this past April. Kim Kraft was inducted as the 2010-2011 President of ASPAN. Her presidential theme for the next year is *Reinvest in Your Potential*. Kim says, "As the organization for PeriAnesthesia nursing, ASPAN must reach out to all members and provide them with the programs and services needed to support their practice, assist them in reaching their professional potential, and position them as ambassadors for ASPAN's core purpose and values."

SCAPAN this trying very hard to meet the needs of our membership.

Now, I would like to ask that you please consider give something back to SCAPAN. Our membership is full of talented, experienced and knowledgeable nurses. It does not matter if you have been PeriAnesthesia nurses for less than a year or over 40 years - you have something to offer and WE NEED YOU! Serving on SCAPAN or a district board, participating on a committee, helping out at one of our conferences or writing an article for the Eye Openers are great ways to share you expertise and knowledge with your colleagues. Election time is quickly approaching. If you think you are not quite ready for a position with SCAPAN, your local

district is also seeking volunteers who are willing to take on a variety of offices and committees. Please let me know and I will put you in contact with your district leadership. Whatever you decide to pursue, rest assured you will be welcomed with open arms and will be supported.

So please heed the call of our President for help. Reinvest in Your Potential!!

Thanks, Karen

P.S. Mark you calendar for the 2010 SCAPAN Fall Conference in Columbia, SC on October 23rd. ♣

Board Of Directors

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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 deadlines for submission to EyeOpeners are:

February 15
July 15
November 15

EyeOpeners

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RECRUIT!!!

Per the ASAPN website SCAPAN has NO ONE in the running for Recruiter of the Year as of June 2010. The leader only has 3 members, so if someone gets busy they could win a registration to National Conference and a year membership from ASPAN.



CURRENT SCAPAN MEMBERSHIP IS 198 MEMBERS STRONG!

If you are a new member, let us know if you have not received your welcome letter.

Congratulations!!!

Spring 2010 Newly Certified Nurses!

Kimberly Aldridge, CAPA
Robbie Banks, CPAN
Rhonda Brugh, CAPA
Susan Della Rocca, CPAN
Sharon Fairleigh, CAPA
Marilyn Fisher, CAPA
Susan Green, CPAN
Jenifer Lake, CAPA
Angela Nicandro, CPAN
Marlene O'Leary, CPAN
Linda Rowell, CPAN
Alisa Shackelford, CAPA
Christine Wlodarczyk, CPAN

Go to cpancapa.org for certification info

Educational Opportunities and Dates

Check SCAPAN.com for more dates

October 7, 2010

FLASPAN Pre- conference
Regal Sun Resort,
Lake Buena Vista, Florida
Contact Emma Pontenila @
cordeliacr@aol.com

October 8-10, 2010

FLASPAN'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

October 23, 2010

State Conference in Columbia at
Palmetto Baptist Medical Center

November 15, 2010

EyeOpeners Submission deadline

Letter From the Editor

I NEED YOU!!!

Without your help, without your submissions to EyeOpeners, and without your commitment, SCAPAN would NOT exist. YOU are SCAPAN, YOU have what WE need to make SCAPAN the best it can be. PLEASE take the time to reinvest in SCAPAN!

Please think about what you can contribute to EyeOpeners. You can give suggestions, write an article, submit some 'congratulations' news and so much more. The possibilities are endless, so please, WRITE!!

Samantha Hanna, RN, CPAN

ASPAN Conference 2010

Nancy Zarczynski

This past April I had the pleasure to represent SCAPAN (as the VP/ President elect) at the ASPAN National Conference. This was my 5th national ASPAN conference. The conferences always have great educational opportunities (Contact Hours) but there is much more. There is the chance of seeing old friends or making new ones. It is an incredible way to network with other PeriAnesthesia nurses. The conference always starts with a component party on Sunday evening. This year we were in New Orleans so our theme for component night Mardi Gras. It was a night filled with music, costumes, and the chance to participate in raffles from all the other components. Monday, Tuesday and Wednesday are the days for education. There are multiple sessions during the day that cover all areas of peri Anesthesia nursing(from pre op to phase II). Wednesday night is the ASPAN's president reception. On Thursday morning we finished with a closing breakfast and a great motivational speaker. I always leave an ASPAN conference with a more positive attitude that I can share on my return to work.

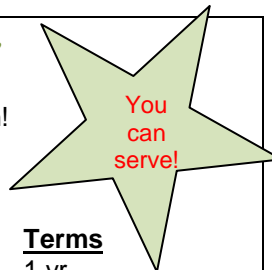
Next year the ASPAN conference is in Seattle, Washington.

I encourage all SCAPAN members to start planning for this adventure in April 2011. ♣



SCAPAN -Willingness to Serve
October 2010 – 2011

See Website for Forms Submission!



The following positions are available:

ELECTED POSITION:

	<u>Terms</u>
_____ 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!!***

Directors

Newsletter Editor

Samantha Hanna
s.hanna123@hotmail.com

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ABPANC Representative

Cheryl Coleman
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SCAPAN Email

contact.scapan@gmail.com

Coastal District Report

CAPAN Committee members met on June 29, 2010 at Roper Hospital. Committee actively working on the August 14, 2010 conference, "Summer School for the Perianesthesia Nurse" to be held at Saint Francis Hospital Mall classroom -1 from 7:30am-12:30pm. Topics include: Behind Closed Doors-What really happens in the OR, Surgical Treatment of Breast Cancer: Optimizing Patient Recovery, Elective Amputations, and Risk Management. Enrollment has been great and there are still some available spaces. The treasurer's report from the meeting of 5/4/10 stated that CAPAN has 9112.37 in the account.

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

Central Midlands District Report

SCAPAN Central Midlands members met on June 15 at Providence Northeast Hospital. Suzanne Steele and Tracy Welch from Palmetto Health Baptist gave a presentation on how they have encourage certification at their hospital. They reported an increase from 8% certification to 53% certification in their perioperative areas. These certifications included CAPA, CRNA, and CPAN. One year of ASPAN dues went to Phyllis Mack and a 45 dollar gift certificate to Carabb's Grill went to Marla Barrett. SCAPAN Central Midlands next meeting is on September 14 place TBA.♣

Piedmont District Report

Nancy Zarczynski, President Elect, developed a Survey Monkey questionnaire, which we sent out to SCAPAN members. The inquiries were designed to see what our members would like to see in regards to next winter's seminar (such as education, certification reviews, peds info, etc). Also, we asked about interest in developing study groups, as well as anyone to assist others in mastering preparation for the CAPA / CPAN certification exams. Currently, we show over 60 responses to the survey (deadline was 1st of August). Nancy and Donna will finalize the report and share on the 14th in Charleston.

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



Become ACTIVE in your local district!
Become ACTIVE in SCAPAN!
Find out how YOU can help!!

Community Service....

Feeding America Hunger Report 2010

SCAPAN's Community Service Project for 2010 is Feeding America. We will be asking for donations of canned goods and non-perishable food items at all Component functions this year. The next opportunity to provide these items will be August 14th when the Coastal District hosts the "SUMMER SCHOOL FOR THE PERIANESTHESIA NURSE" conference.

If you are like me, you may often wonder "*what can I do, as one person to stop hunger in America*"?

According to the recent "Feeding America Hunger Report 2010" hunger is increasing at an alarming rate in the United States. Here are some statistics from this report:

- Feeding America is annually **providing food to 37 million Americans, including 14 million children**. This is an increase of 46 percent over 2006, when they were feeding 25 million Americans, including 9 million children, each year
- That means **one in eight Americans now rely on Feeding America** for food and groceries.
- Feeding America's nationwide network of food banks is **feeding 1 million more Americans each week than they did in 2006**
- Thirty-six percent of the households served have at least one person working.
- More than one-third of client households report having to choose between food and other basic necessities, such as rent, utilities and medical care.
- The number of children the Feeding America network serves has increased by 50 percent since 2006

What can we do?

- **Take Action** - Contact your elected officials regarding hunger issues. You may find these current issues and specific ways to contact your elected official by going to www.hungeractioncenter.org
- **Become a Hunger Champion** - www.hungeractioncenter.org
- **Become a Volunteer at your local Food Bank** - You can help out in your local community through activities such as:
 - tutoring kids at your local Kids Cafe
 - repackaging donated food for use at food pantries
 - transporting food to charitable agencies
 - represent your local food bank at various special events

Let's begin to look beyond our walls at home and at work for opportunities to help those who may not have a meal today or tomorrow. *We may be the one to provide for them today!*

Reference: Hunger in America 2010 National Report, published 2010-02-01, Author(s)/Creator(s): Mathematica Policy Research Inc

Submitted by Dianne Jackson, District Director

MRSA.....Oh No: The importance of “contact isolation” in Preadmission Testing

More and more often we hear that facilities are performing the preadmission assessment by phone call. This is most often done for patient convenience, but how do we capture ALL of the necessary tests and information by phone that could be captured in a face to face interview?

For those nurses working in Preop, Holding, PACU, and Phase II or inpatient units the very mention of MRSA or VRE has people rolling their eyes. When the patient was diagnosed, where was the infection, how long ago, were there any follow up cultures? All of this information can impact the necessity for the continuation of contact isolation, but if there is no documentation then it will continue till the end of time.

In my facility, I have been working very closely with our Infection Control Department to help alleviate this problem. When a patient is identified in the computer system to have a history of MRSA or VRE, the patient is asked to come in to the hospital to have a culture obtained. The culture comes from the nares and if the original site is available, that site is used as well, if not then the groin or axilla is used. If these cultures come back negative-the patient does not need to be isolated

Tanya Spiering, BSN, RN, CPAN
Clinical Practice Leader for PeriAnesthesia Services
Regional Director for Region 5

for that hospitalization. We can then obtain another 2 cultures the day of surgery as long as they have not been on antibiotics for 7 days and if the cultures remain negative-the patient's name can go before the Infection Control Committee for petition for removal from the 'list'.

If the culture comes back positive then contact isolation will continue of course. This practice of evaluation has allowed us to evaluate patients by a protocol, without waiting for a physician order. The cost of the culture was a concern at first since not all insurance companies would go for this but when it was pointed out what the cost of the test was in comparison to the cost of isolating a patient, it was found to be a reasonable cost savings even if the hospital paid for it.

Just because we do not always 'see' our patients, certainly does not mean that the impact that we have is not as important as the bedside nurse. ♣

Beverly Zeigler Excellence in Clinical Practice Award

To recognize and support excellence in clinical PeriAnesthesia nursing

Bev was a dynamic and devoted member of SCAPAN for many years. She served on the SCAPAN board in many capacities as a district member from Columbia – Midlands. She was also active at the local level, attending many ASPAN Conferences to serve as an advocate for SCAPAN and to communicate between the national, state, and local level.

Just prior to her death from breast cancer, Bev was our SCAPAN President.

Award Criteria

The nurse must be a current member of ASPAN/SCAPAN with a minimum of 3 years direct care experience in Perianesthesia Nursing. The recipient is a PeriAnesthesia Nurse whose practice exemplifies a high-level of compassion and specialty care; expertise documented by peers and/or patients/families/physicians as validated by a letter of recommendation; Registered Nurse whose clinical practice is consistent with ASPAN Standards. The nurse participates actively in Perianesthesia Nursing programs, organizations, research, committees or projects resulting in contributions to support and embrace Perianesthesia Nursing. A PeriAnesthesia Nurse who is a recognized expert in clinical practice as shown by his/her contributions to and in support of Perianesthesia Nursing. Contributions and activities used in the evaluation process must have been completed within the past five years.

Award Description

- The recipient will receive a paid registration fee for SCAPAN Fall Conference, \$100 for hotel for SCAPAN Fall Conference, a recognition plaque and \$150 gift certificate to ASPAN
-

Application Guidelines and Deadline

Nomination Form and Letter of Recommendation must be submitted electronically via email to contact.scapan@gmail.com. These forms may be sent separately. When emailing information, enter “Bev Zeigler Application” and the nominees name in the subject line

- **Documentation must be received via email by September 30, 2010 at 5 pm.**

South Carolina Association of Perianesthesia Nurses

Beverly Zeigler Excellence in Clinical Practice Award

Nomination Form

Find out MORE at www.scapan.com!

Nominee Name & Credentials: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Employer: _____

Area of Employment: _____

Position: _____

Number of Years in this position: _____



Your Name (Nominator): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Relationship to Nominee: _____



Preparing For the Future Trends in Healthcare and Nursing

The most recent Global Health Initiative released by the government and President Obama in April of 2010, proposes an emphasis on health systems strengthening and a focus on moving from process to outcomes to see where significant returns are achieved in healthcare, as cited in the US Global Health Policy and GHI overview (Kaiser Family Foundation). The 2010 GHI core principles include "sustainability through health systems strengthening; improve metrics, monitoring and evaluation; promote research and innovation" (Box 2, Kaiser Family Foundation). Implementation ideas include promoting what works in healthcare, especially proven approaches, collaboration, innovation and expansion of existing platforms (Box 2, Kaiser Family Foundation, 2010).

The idea of strengthening health systems seems to have a global impact on future nursing trends to include improving the health of middle and lower income families through increased diversity awareness and training. The World Health Organization's health systems framework offers building blocks or suggestions for how to prepare for these future healthcare trends through, "service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance" (Kaiser Family Foundation, 2010). It's clear that these suggestions will serve to guide all aspects of healthcare and those that deliver it.

So how do nurses prepare, given the suggestions and opportunities for future trends in healthcare? Philpott and Batty (2009) describe how through a constructivism approach we work on global areas of interest, "In the best use of global partnerships...learners

Christine Wlodarczyk, BSN, CCRN, CPAN

move beyond self-reflection to collaborative reflection. Learners from different cultures can explore differing attitudes on a topic. Although constructivism involves critique and evaluation, the goal of such interaction is not the destruction of the notions of one group, but the construction of innovative ways of thinking: a synergy of wisdom" (p. 924).

The challenging economic times and diverse culture of our nation require that we consider the ideas proposed by the US Government, WHO, Joint Commission, IHI, and CMS as being the leaders guiding us to better healthcare initiatives and practices. As nurses we should continue to advance our knowledge and understanding of these initiatives to facilitate our practice, at the national, state, and local level, by being active participants in our chosen field. Through participation in our specific nursing organizations such as ASPAN and more specifically, SCAPAN, we can advocate and promote best practice and care delivery by networking with other nurses, healthcare professionals, and government officials in an effort to explore differing perspectives that will lead the future of nursing and healthcare through innovation and opportunity.

References:

Kaiser Family Foundation. (April, 2010). The US global health initiative: key issues. *US global health policy program*. Retrieved from www.kff.org.

Philpott, J. and Batty, H. (2009). Learning best together: social constructivism and global partnerships in medical education. *Medical Education*, (43), 9: p 923-924

Tips: Contacting Members of Congress

Political power. It's what allows individuals, organizations, and associations to ensure that elected officials address their concerns. With issues such as health care reform, patients' rights, and access to care at the top of the political agenda at the Capitol and in the White House, turning on your political power as a nurse has never been more important. It is critical that nurses speak up-about quality patient care, adequate staffing, safe workplaces, and the multitude of concerns you and your colleagues face every day. Who better to advocate to Congress about the need for quality health care than those who are on the front lines?

Your letters, phone calls, and visits to members of Congress truly make the difference. There are many ways to make your voice heard:

1. **Visit your members of Congress**

Members of Congress are often available for meetings with constituents when they are at home in their district. To set up a meeting with your member of Congress, contact the district office and speak with the scheduler. Attending the town meetings that members of Congress often hold during congressional recess is another great way to learn where your member of Congress stands on the issues important to you.

2. **Make phone calls**

Get the phone numbers for members of Congress from the U.S. Capitol switchboard at 202/224-3121, government pages of your phone book, House and Senate websites www.house.gov and www.senate.gov, or public policy staff.

3. **Send e-mail and write letters**

Because of the anthrax decontamination process now in place, delivery of U.S. mail to Congress and the White House is routinely delayed by as much as three months. Using e-mail or sending a fax is really the best way to make sure your voice will be heard in time to make a difference.

Tips on effective e-mail and letter writing:

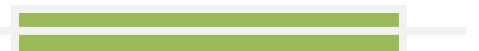
- **Be brief**
Short, direct letters are the most effective.
- **Be specific**
Deal with just one subject or issue in your letter, and state your topic clearly in the first paragraph.
- **Be personal**
Letters are most effective when they reflect your personal experiences and views in your own words. Form letters don't carry as much weight as a letter that you have written yourself.
- **Be sure to give your name and address**
Legislators and other decision makers pay most attention to letters that come from their constituents-people who will be voting for or against them-so it's important to let them know you are from their district. Including your contact information also enables elected officials to respond to your concerns.
- **Be persistent**
Write often, especially to legislators who are undecided on an issue.

Reference: <http://www.nursingworld.org/MainMenuCategories/ANAPoliticalPower/Federal/Toolkit/ContactCongress.aspx>

Click on the RESOURCES button

at SCAPAN.com

for more information





Board Member Spotlight



Melissa Postell BSN, RN, CPAN

SCAPAN BOARD POSITION: Treasurer

HOME: Native of Charleston, S.C.

FAMILY: Married for 7 years with a 4 year old daughter.

EDUCATION: BSN from MUSC College of Nursing in 1993

ACTIVITIES: I currently spend my "free-time" entertaining my daughter and keeping up with her busy social schedule. As a family we frequent the beach, water parks, and other activities involving grandparents, aunts, cousins, and friends. I also love to travel when time allows.

EMPLOYMENT: I have been employed full-time by Roper Hospital for the past 16 years. I have worked as a staff nurse in the PACU since 1998 and in 2006 I assumed the Patient Care Coordinator position for the Main PACU and Cardiovascular PACU at Roper Hospital.



Nancy Zarczynski

Age: 57 (and proud of every year)

Hometown: Marion, Alabama

Current City: Easley, SC (past 10 years)

Relationship – Married to Zdzislav (Diz) Zarczynski for 34 years. We have four adult children.

Nursing Education: LPN 1974 & RN (ADN) 1976 Wallace Community College Selma Alabama

Prior Nursing Experience: I have worked PACU for the past 14 years. My first PACU position was in Tucson, AZ. I was fortunate to work where ASPAN standards were important. I was encouraged to join ASPAN in Arizona. For the past 10 years I have also been a SCAPAN member. I have served as SCAPAN board member for 2 years and secretary for 4 years.

Current Employer Shriners Hospitals for Children Greenville, SC
If you want to know more about Shriners Hospitals check us out at www.shrinershq.org/Hospitals/Greenville

Current Position – Pre Op & PACU Staff nurse. I am a **PACU Nurse** caring for pediatric patients. PACU is my preferred area of expertise but have learned to love the Shrine kids.

Certifications: CPAN 2003. I am a current CPAN or CAPA Certification Coach call or email me for certification questions nanzar@msn.com

What I do away from work: I am a Grandmother to seven wonderful children. So much of my time is spent with the kids. I love to travel which I have been able to do as an Air Force wife (now retired). We have lived in Germany, Alabama, Arizona (twice) and South Carolina. The Air Force chose where we lived. We chose South Carolina. The south is where my heart is.

Implementing Family Visitation in the Post Anesthesia Care Unit

Jen Wallin, MSN, CPAN

Family visitation in the Post Anesthesia Care Unit (PACU) has been changing over the years. In the past, families were not permitted unless an unusual circumstance occurred. The optimal goal in PACU is to provide quality patient care with minimal disruptions while meeting the needs of the patient and family members. Creating this culture in the recovery can be a challenging and difficult initiative.

A limited number of research studies have been conducted on family visitation in the PACU. Researchers such as J. Vogelsang and E.L. Poole concluded family visitation decreases patient stress and anxiety (Bonifacio and Boschma, 2008). Literature supports families in the PACU, however it continues to be a sensitive issue with staff. Some healthcare organizations follow patient centered care models. The Planetree model is “a patient-centered, holistic approach to healthcare, promoting mental, emotional, spiritual, social, and physical healing (Planetree.org, 2010).” Patients feel empowered with their care while promoting family participation. Incorporating the model into family visitation guidelines provides staff with a better understanding of the organization’s beliefs and leads quality healthcare to a higher level.

It is crucial to have staff support in developing and implementing guidelines in making family visitation positive and successful. An important step in modifying the

culture in the PACU is articulating staff concerns such as privacy, noise, confidentiality, space, and disruption of patient’s care. Although these are legitimate concerns, it was crucial to discover ways to overcome these barriers. The unit council devised guidelines and distributed amongst the staff for feedback. The aforementioned research and literature were disseminated to provide support with discussions at staff meetings and to stress the need to implement change.

Even after all these steps were completed, apprehension and resistance continued to exist with staff. Some staff were more proactive than others and allowed family to visit within 20 minutes of patients arrival into the recovery. With the veteran staff, time was a key factor in accepting these new guidelines. For the changes to be successful, leadership has to model these behaviors to cultivate family visitation, and it is imperative to be available and accessible in the unit to answer questions. Having the buy in from all levels of the organization will assist with this cultural transformation.

Furthermore, other areas such as the Preop and Preassessment were notified of the new guidelines. Communication is essential since the Perioperative process begins in the Preop where family involvement is high. Identification of a Care Partner, one family member or close friend (18 years or older) chosen by the

patient to participate in various levels of his/her care, will limit the number of visitors in the recovery. The Care Partner communicates information to the other family members. Along those same points, parents will be brought to the PACU for the pediatric population.

Many positive outcomes have occurred with family visitation for the patients and the unit. Outpatient discharge times have improved by providing education and discharge instructions during the patient’s recovery time. Family visitation can impact our Press Ganey and Health Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) scores as well (Center for Medicare and Medicaid Services, United States Department of Health and Human Services (cms.hhs.gov), 2010). However, no data is available to support this. It is crucial to provide care to the patient while supporting the family.

Hooper (2009) wrote “patient and family should positively impact health care by reducing harm, disparities, disease burden, and waste.” Creating an environment that supports family visitation has many benefits and rewards that outweigh the challenges. . Sustaining it can pose an even greater test, and leadership observation during high volume and low staffing days is a prerequisite. Hopefully, the idiosyncrasies with this topic will stimulate further discussion. ♣

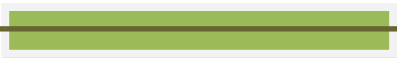
SCAPAN Points Award



- ✓ Eligible SCAPAN/ASPAN members can win up to **\$300.**
- ✓ Points are acquired January 1 to December 31, 2010.
- ✓ Applications are submitted to SCAPAN by January 10, 2011.
- ✓ 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: 2010



Steak & Vegetable Soup Nancy Z.

- 1 lb. boneless beef sirloin(3/4 to 1 inch thick)
- 1 teaspoon Italian seasoning
- 1/2 teaspoon salt
- 1/4 teaspoon pepper
- 2 cloves of garlic
- 1 tablespoon oil
- 2 cans beef broth
- 1 Pace Picante Salsa -16 oz
- 1 lb frozen green beans
- 4 medium sized potatoes
- 1 can great northern beans
- 1 cup fresh spinach



Cut beef into 1/4 inch strips then cut strips into 1 inch pieces. Combine beef Italian seasoning, salt, pepper and oil; stir to coat. Heat frying pan over medium high heat until hot; add beef mixture for 4-5 minutes until brown transfer to crock-pot on high. In frying pan heat broth, salsa, & green beans. Transfer to crock-pot when heated for 4-5 minutes. Simmer in crock-pot 3-3 1/2 hours on high or 6 hours on low. One hour prior to serving peel potatoes, rinse, cut into cubes; boil until fork tender .Drain potatoes and place in crock-pot and stir in great northern beans; add spinach 5 minutes prior to serving.



Honey Bun Cake

Submitted by Donna West

- 1 yellow cake mix
- 3/4 cup vegetable oil
- 4 eggs
- 8 ounces sour cream
- 1 cup brown sugar
- 1 Tablespoon ground cinnamon

Frosting:

- 2 cups confectioner's sugar
- 4 Tablespoons milk or water
- 1 Tablespoon vanilla

Preheat oven to 325 degrees. In a large bowl, combine cake mix, oil, eggs and sour cream. Stir by hand 50 strokes. Pour half the batter into an ungreased 9x13 inch glass baking dish. Combine the brown sugar and cinnamon; sprinkle over the batter in the dish. Spoon the other half of the batter into the dish, covering the cinnamon mixture. Twirl the cake with a butter knife until it looks like a honey bun (or any design you like). Bake at 325 for 40 minutes, or until toothpick comes out clean. Mix frosting ingredients. Drizzle or spread frosting over top of fairly hot cake. Serve warm directly from cake dish. ♣

Recipe Corner

Ham Delights

Submitted by Diane Jackson

- 2 sticks butter, melted
- 1 large onion, diced
- 2 Tbsp poppy seeds
- 3 Tbsp yellow mustard
- 8 oz chopped ham
- 6 oz grated swiss cheese
- 3 pkg Pepperidge Farms "Party Rolls"

Sauté onions in butter. Add poppy seeds and mustard and blend well. Slice off top half of rolls without separating individual rolls. Spread each side with butter mixture. Sprinkle bottom half of rolls with ham then cheese. Put rolls back together and wrap with foil. May freeze at this stage, if desired. Bake at 400 for 15-20 minutes or until hot and cheese is melted. ♣

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

ASPAN
Standards
"What's in it for
you?"

Nancy
Zarczynski

*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*

We as members of ASPAN have **The Standards of Perianesthesia Nursing Practice**. What does this mean to you as a perianesthesia nurse?

First what are standards?

THE AMERICAN NURSES ASSOCIATION (ANA) States: "Standards are authoritative statements by which the nursing profession describes the responsibilities for which its practitioners are accountable." Standards may be defined as "a benchmark of achievement which is based on a desired level of excellence".

Every two years ASPAN Standards are updated. This is done at the ASPAN National Conference. This year as member of the Representative Assembly we reviewed and discussed the suggested changes. The title of standards Book was changed to "**Perianesthesia Nursing Standards and Practice Recommendations 2010 – 2012**"

Some areas were restructured and new information added such as "PACU Visitation Guideline for Adult Patients". We also discussed guidelines for management of patients with obstructive sleep apnea (OSA). We had a very lively exchange of ideas on OSA, It was decided to table any ASPAN recommendations on OSA for the new standards but I anticipate it will be addressed in the future. When the 2010 – 2012 standards become available we need to acquire a copy for our units so we can provide the attention to detail that is expected by our patients.

To obtain and maintain "A LEVEL of EXCELLENCE" we need to have a **current** copy of our ASPAN standards available on our units. These standards set the yardstick for us to measure the care our patients receive. With ASPAN standards in hand we can transform the way we practice nursing in the perianesthesia setting. ♣

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