



SPRING CONFERENCE: Daisies, Dogs and Discussions by Dianne Jackson, President

The morning air was cool but by the afternoon we knew spring had sprung that March 1st at Lexington Medical Center. The SCAPAN Banner was strategically placed at the auditorium entrance. Pam Spires RN CPAN (CM Secretary) and Gina Johnson RN CAPA (CM treasure) were seated at the registration table awaiting the arrival of the 60 plus Perianesthesia nurses attending the conference. The day began with Betsy Bradley challenging our documentation “habits”. Those of us who use “no change” in our documentation will certainly make a change!!! Other topics of the day included a very interesting EBP lecture by Lt Col Fritz from Fort Jackson. We left this session feeling more confident to begin the EBP process on our individual units. The continuum of patient care from the very young to the elderly was then demonstrated and discussed by a Palmetto Health Children’s Hospital Child Life Specialist and the NICHE coordinator for Palmetto Health. And finally the day came to a close, we enjoyed the comparisons of our own various generational diversities. Laughter filled the air as we personally related to each generation and our interactions with one another. Continued on page 2

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Board of Directors

- M. Dianne Jackson, RN, CAPA
President
mdiannejackson@windstream.net

- Donna West MSN, RN I
Immediate Past President
dwest3@ghs.org

- Carol Beckett, BSN, RN,
CAPA,
Secretary
cbeckett3@liberty.edu

- Melissa Postell, BSN, RN,
CPAN Treasurer
melissa.postell@rsfh.com

- Marilyn Jefferies District
Director
marilyn.jefferies@yahoo.com

- Michelle Long, BSN, RN
District Director
michellehlong@gmail.com

- Rebecca Belton, BSN, RN
Newsletter Editor,
District Director
rlwilkin215@gmail.com



Daisies, Dogs, and Discussion cont.

The tables this year were once again decorated with bright cheerful “Florida” Gerber Daisies! I personally don’t think we could have the spring conference without them. Our Community Project, headed by Gwendolyn Whitcomb and Carol Beckett our Community Service Co-Chairs, was a collection of pet items and food to be donated to the Humane Society. What a wonderful idea! As in the past our participants were generous and filled two boxes with such goodies. I can hear the barks and purrs of happy pets!! Can’t you?

Laura Williams, MSN, RN, CPAN and ABPANC Board Member came from North Carolina to share what is new with certification. She encouraged the many nurses who are currently studying for the spring certification exam. The winners of the certification bracelets were Tracey Welch RN CPAN, and Phyllis Mack RN CAPA, both from Palmetto Health Baptist. Congratulations ladies I hope to see you wearing them with pride.

During lunch we conducted our Central Midland’s spring meeting with the election of three new officers. Kimberly Flake CAPA was voted in as Vice President, Regina Belanger RN CAPA was voted in as Treasurer and Pam Spires RN CPAN will continue another term as secretary. Congratulations and thank you for your service!

Many door prizes were given away throughout the conference. We gave away items from PANAW week, one Cracker Barrel dinner for two, one gift card to Spoiled Rotten and the beautiful Florida Gerber Daisies that were on each table. **The winner of a year’s free membership to ASPAN/SCAPAN was Jackie Brigman. Congrats Jackie!!**

Thanks to all the planning committee and other volunteers who worked diligently to make this spring conference another fun and educational event!

Our SCAPAN Fall Conference will be November 15th in Charleston. Mark your calendars for another fun educational offering!

PANAW Week by: Dianne Jackson, President

PANAW Week at Palmetto Health Richland OPS February 3-9, 2014

The Outpatient Surgery Staff at PHR began the PANAW week celebration as Dianne displayed a bulletin board full of PeriAnesthesia nursing information. Staff and patients came by to see what the excitement was all about! The display included a PANAW banner, SCAPAN newsletter, certification facts/benefits along with ASPAN National Conference “Viva Las Vegas” information. During the week we discussed our upcoming certification class in which **nine** Palmetto Health outpatient surgery nurses plan to begin the certification journey. A twelve week course has been developed and organized by our nursing educators to prepare staff for the CAPA/CPAN certification exam. *Thank you Kristie Alvey MSN, RN, CCRN, CAPA, ACNS-BA and Kim Flake RN, CAPA!!!*



Board of Directors cont.

- Gwendolyn Whitcomb, BSN, RN, CCRN, CEN, CPAN
District Director
rivarocci12@gmail.com
- Rhonda Brugh, BSN, RN,
CAPA District Director
rexbrugh@bellsouth.net
- Sarah Cartwright BA, RN,
CAPA Region 5 Director
scartwright@aspan.org
- Leigh Howe, BSN, RN,
CAPA District Director
lahowe@lexhealth.org
- Penny Bradley
President– Central
Midlands District
pen-ny.bradley@palmettohealth.org
- Donna Hughes, BSN, RN
President - Coastal District
Don-na.hughes@ropersaintfrancis.com
- Helena B. Williams BSN, RN
President - Piedmont
District
HBWilliams@ghs.org
- Laura Williams
ABPANC Representative
lbw1964@me.com

Bursting with Berries Bundt Cake

5 eggs

1-2/3 c. sugar

1-1/4 c. unsalted butter
softened and diced

2 Tbsp Kirsch liqueur or
blackberry syrup

1 tsp baking powder

1/8 tsp salt

2-1/2 c. all purpose flour

1-1/2 c. raspberries

1-1/2 c. blueberries or
blackberries

Powdered sugar for garnish

Combine eggs and sugar in a
bowl and set aside. Beat
butter and liqueur until fluffy
using an electric mixer, add to
eggs. Add baking powder, salt
and flour (reserving 2 Tbsp).

Beat until smooth. Coat berries
in remaining flour and fold
gently into batter. Pour into
greased and floured Bundt pan
and bake at 325 degrees until
toothpick comes out clean,
approx. 1 hour. Remove and
cool for 20-25 mins before
turning

out of the
pan onto a
wire rack.

Garnish
with
powdered
sugar.



President's Letter

The ASPAN National Conference is just around the corner. My wish would be that each of the SCAPAN members could experience a national conference. I attended my first conference in 2006 prior to becoming an active ASPAN member. I have subsequently enjoyed being a part of the 2007, 2011 and 2013 national conferences. Each one has spurred me on toward being the best PeriAnesthesia nurse I can be, and to become a leader of our specialty organization. I am expecting no less for those who attend the 2014 National Conference in Las Vegas.

One of the most important benefits I have found in attending these conferences as an ASPAN member is the community networking. I have recognized that the PeriAnesthesia nurse on the West Coast, in the Midwest and even Canada is dealing with concerns very similar to those we are dealing with in SC. I love chatting with these nurses to see how they are addressing such concerns as: the non-compliant diabetic pre-op patient, the need for measuring etCO₂ in PACU, communication between Pre-op, OR and PACU nurses, safely staffing the PeriAnesthesia areas, and electronic documentation. And these are just a few items that are being discussed around dinner tables, over a cup of coffee or sometimes at "poolside"! SCAPAN has spent a significant amount of funds assisting its members to attend nationals over the past several years. This year SCAPAN is sending myself and Gwendolyn Whitcomb as your representatives for the Representative Assembly. Central

Midland's has offered to assist members this year and Coastal and Piedmont may also be assisting member participation. So if you are interested in attending and would like to hear more about the



possibility of financial assistance, contact your district president.

The Specialty Practice Group is another venue to share your interests with others. These groups focus on a variety of specific topics from preoperative assessment to informatics. Please check them out at [ASPAN](#), then Members/ASPAN Membership/Join a Specialty Practice Group. Once you have joined a particular group you will receive newsletters and an invitation to chat groups discussing the particular area of your interest. This is just one more of the many benefits afforded to ASPAN members. If interested, you can go to the ASPAN website [ASPAN Membership Benefits](#) to see a more complete listing of benefits.

Sincerely,
Dianne Jackson RN CAPA

Region Five Update by: Sarah Cartwright

Are you prepared? Take the time to do a self-check!

Are you prepared? That is a question we should all be asking ourselves as we get full swing into this New Year. The weather on the East coast, as well as across most of this nation, has been rather wacky this year forcing communities to pull together to respond to inclement weather crisis and the ensuing fallout that remains once the weather changes. Whether you have had record high snow accumulation or inches of ice causing sustained power outages it is essential that you take the time to prepare yourself and those in your charge for an emergency- as they can happen at any time!

On the home front: Preparation on the home front for healthcare workers means making sure that your family is prepared for your extended absence in the event of a crisis situation. It could be a localized emergency related to weather, accident, or illness. You never know when you are going to be called in for extended periods of time where your duty to your patients is extended. These are just some thoughts I have had in the past few weeks.

Things to consider:

If you have children do you have a child care plan in place if you need to utilize it? Child care centers may be closed and alternative means may be necessary.

Do you have adequate stores of shelf-stable foods and fluids to sustain yourself and your family if there are prolonged periods of power outages? Easy to fix meals and canned goods go a long way for this. Also, bottled

water supplies are important. Remember to rotate stock and don't purchase items that won't be utilized.

If you have alternative heat sources are they properly maintained? Has the generator been serviced and is fuel available? If you use a gas grill is it ready? Is it safe? Carbon monoxide risks are real so make sure that in the haste of an emergency you aren't endangering anyone.

Do you have safe transportation or alternate means to and from work? Do you have clothing and toiletry items easily available?

On the work front: Emergencies in healthcare can be internal or external. Understanding your role in an emergency is essential for the safe facilitation of patient care. Many causes for emergencies can happen, but basic rules are the same.

Things to consider:

Do you know what your facility's expectations of you are in an emergency? If not, get acquainted with them. You may be pulled to a labor pool if you're not needed in your area. You will never be asked to do something you are not competent to do, but perianesthesia nurses' skills are applicable outside of our area- who else starts IVs as well as we do or completes quick, through assessments?

Run mock drills to make sure everyone knows their roles in an emergency- who needs to report and when,



Sarah M. I. Cartwright
MSN, BA, RN, CAPA,
Regional Director, Region
Five

Proudly serving the
component members of:
ALAPAN, CBSPAN, FLASSPAN,
GAPAN, NCSPAN, SCAPAN,
TSPAN, and VSPAN.



2014 Community Project by: Carol Beckett

"The mission of The Humane Society is to end animal cruelty, neglect and overpopulation."

The Humane Society is one of many animal welfare groups in the South-east, all of which play a vital role in addressing the animal welfare issues we face. The Humane Society strives to achieve its mission every day by:

- Educating the public on the humane treatment of animals,
- Investigating complaints and working to resolve instances of animal abuse and neglect, and
- Operating a low cost spay/neuter clinic to help reduce the number of unwanted animals.



Please support The Humane Society by bringing your donations to the Spring and Fall Conferences. The Society is in need of cat and dog food, cleaning supplies, small clean blankets, and animal toys.

All donations to The Humane Society are tax deductible to the extent permitted by law. Please consult your tax advisor should you have any questions regarding a contribution to The Humane Society. Our federal identification number is: 57-0407367.

Region Five cont.

where are your emergency outlets, what equipment is essential for those outlets if you need to triage equipment to ration electricity? Consider downtime scenarios- is your charting on the computer more important than having a ventilator function? What equipment functions on battery power? What is the battery life expectancy?

If there is an emergency how will you obtain supplies

- oxygen, medications, nourishment, etc., for your patients?
- Are there plans for bedding patients that are not able to leave due to the emergency that would otherwise go home? How is PACU overflow to be handled in a crisis situation?

My facility has had two weather related emergencies in the span of 3 weeks and is expecting another one soon. As I mentioned, it's been an interesting 2014 so far; but, there are lot of potentials for emergencies. Are you prepared?

For more information on emergency preparedness consider reviewing the following links:

www.ready.gov - a website designed to take you through the process of being prepared, a joint effort with FEMA.

<http://emergency.cdc.gov/preparedness/> - The CDC's take on public health and readiness.

http://www.cdc.gov/phpr/healthcare/documents/HAH_508_Compliant_Final.pdf

Hypothermia: Injury or Aid by: Gwendolyn Whitcomb

When you hear the term hypothermia, it may conjure images of ice and snow, poorly clothed persons, or uncontrolled shivering. As medical professionals, we worry about trauma's entering the emergency room, surgical patients arriving into the Post Anesthesia Care Unit, and newborns on the labor deck. These patients are vulnerable to lower than normal body temperatures.

Although hypothermia is usually associated with medical emergencies, studies show that therapeutic hypothermia reduces the risk of ischemic injury to tissue following a period of insufficient blood flow.

What is hypothermia? Hypothermia has been defined as a core body temperature of less than 35° C (95°F) and can be considered mild, moderate, severe, and profound.

Body temperature is usually maintained near a constant level of 36.5–37.5 °C (97.7–99.5 °F) through thermoregulation. Mild hypothermia ranges from 35–32 °C (95–89 °F); hypothermia from 32–28 °C (89.6–82.4 °F); severe from 28–20 °C (82.4–68 °F); and profound from 20–14 °C (68–57.2°F).

The causes of primary or accidental hypothermia are environmental exposure or extended surgical tissue exposure, especially during surgeries of the thoracic or abdominal cavities. Deliberate, mild hypothermia is used for neurosurgical procedures to provide protection of the brain and spinal cord during periods of interrupted perfusion. Severe to profound hypothermia, 28°C or below, is often

used during cardiopulmonary bypass.

Primary or accidental hypothermia occurs as a result of cold exposure. Secondary or deliberate hypothermia may be observed in patients with decreased heat production, such as hypoadrenalism and hypothyroidism, or abnormal temperature regulation, such as brain injuries involving the hypothalamus. Many mental or physical disease states or medications may interfere with the body's heat-balancing mechanisms. The body produces heat through cellular metabolism, muscle activity, and shivering. Heat is lost through conduction, convection, evaporation, and radiation. Once the temperature is beyond what the body can control, rewarming is the therapeutic objective. For mild hypothermia, only external application of heat lamps or immersion in water at 38° to 42° C or 100.4° to 107.6° F is needed to return the core temperature with low threat of complication. Lower temperatures require core rewarming. Use of a heat source inside the body or active internal is done by airway rewarming, body cavity lavage, warm intravenous infusions, hemodialysis, hemofiltration, cardiopulmonary bypass, or intravascular rewarming device.

Hypothermia continues to provide challenges to patients and those who care for them. Therapeutic hypothermia, however, has proven to enhance outcomes.



New Members

Jennifer from Mt. Pleasant

Chanta from Lexington

Sandra from Wadmalaw
Island

Maureen from Tega Cay

Whitney from W. Columbia

Christina from Seneca

Natasha from Chapin

Governor's Proclamation

State of South Carolina Governor's Proclamation

WHEREAS, perianesthesia nursing is essential to the medical community's ability to provide quality health care and ensure the safety of patients in a diversified range of environments; and

WHEREAS, perianesthesia nurses practice in all phases of preanesthesia and postanesthesia care, ambulatory surgery, pain management, and special procedure areas in order to meet the varied and emerging health care needs of the people of South Carolina; and

WHEREAS, it is expected that the need for perianesthesia nurses will only increase due to factors including an aging American population, advances in medicine that are prolonging life, and the rapid expansion of home health care services.

NOW, THEREFORE, I, Nikki R. Haley, Governor of the Great State of South Carolina, do hereby proclaim February 3-9, 2014, as

PERIANESTHESIA NURSE AWARENESS WEEK

throughout the state and encourage all South Carolinians to recognize these health care professionals for their many accomplishments and efforts to improve the quality of patient care and nursing practices.



NIKKI R. HALEY
GOVERNOR
STATE OF SOUTH CAROLINA

What is JBI? By Leigh Howe

What Is the JBI, and What Can it Do

for You?

JB I stands for Joanna Briggs Institute, and is the premier resource for evidence-based nursing practice in the world. Access to the database is included in your ASPAN membership, and it is a wonderful resource! This article is meant to be an introduction to the database, and a simple introduction to searching.

The beginning: Joanna Briggs was the first matron of Royal Adelaide Hospital, where the Institute was founded in 1996 with the goal of providing the best available evidence to inform clinical decision-making at the point of care. It has grown substantially since then, and there are now over 70 members in the Joanna Briggs Collaboration, including institutions all over the world; seven are in the United States.

Now: JBI is the

comprehensive database that covers a wide range of medical, nursing, and health science specialties as well as a unique collection of information that's been analyzed, appraised, and prepared by expert reviewers at the JBI so we can integrate the world's best evidence into our research. It includes evidence summaries, evidence-based recommended practices, best practice information sheets, systematic reviews, consumer information sheets, systematic review protocols and technical reports. Every piece of work that JBI is involved in can be traced back to a specific clinical question. JBI is not only interested in how effective a treatment is, but how feasible, appropriate, and meaningful it is.

Continued on page 10

New Members

Paula from Pelzer

Jodi from Greenville

Gerald from W. Columbia

Jaqueline from Columbia

Jodi from Charleston

Terri from Dalzell

Jan from Charleston

Meghan from Irmo

Amy from Simpsonville

Debra from Honea Path

Melinda from Anderson

Stephanie from W.
Columbia

Debra from Starr

Sherri from Myrtle Beach

Megan from Greenville

Mary Jo from Columbia

Jane from Columbia

Suzanne from Columbia

Robert from Lexington

Barbara from Wadmalaw
Island

Barbara from Charleston

Nancy from N. Myrtle Beach

Lynn from Pickens

Pamela from Columbia

JBI continued

Searching JBI is not difficult, but it requires some hints to get the best result pool. There are two search “operators” used in the JBI database, AND and OR. AND narrows the result pool, requiring that both terms are present in the results. OR enlarges the results, requiring that either of the terms are present in the results.

The most important thing to remember is to be as brief as possible. When searching on the internet via Google, adding as much information as possible is useful. Let’s say we want articles on “evidence-based practice for diabetes in pregnancy.” We’d want to enter all those words in the search box to be as specific as possible; otherwise our results would be far too much material for us to deal with.

Here are some things to be on the lookout for when searching:

Spelling - since the

Information comes from

all over the world,

various spellings may be

used (e.g., “tumor” &

“tumour”; “maneuver” &

“manoeuvre”)

Synonyms (e.g., “leprosy” &

“Hanson’s disease”;

“postpartum depression

(PPD)” & “postnatal

depression (PND)”

Better to avoid abbreviations

altogether

OVID will kick you out of the

database after a certain

length of time – simply

go back in.

Using all of those terms, we still pull

up nearly 3 million web pages. In JBI,

that exact search would get us zero

results. “Evidence-based practice” as a

search term, is unneeded in JBI, since

the results are all evidence-based.

Searching the two terms “diabetes

pregnancy” would result in only one

document, right on target (the title is

JBI continued

“Gestational Diabetes”) but it cannot seriously be the ONLY article on diabetes and pregnancy in the database!

Let’s break down the search. If we search “diabetes” we’ll pull up 440 results, and then searching “pregnancy” pulls up a total of 312. Combine those using the “AND” operator, “diabetes AND pregnancy” and we’ll get 47 articles, a number we can easily look through to choose the closest to your topic, and all available full-text for us to download. One of these articles, “Women's experience of diabetes and diabetes management in pregnancy: A systematic review of qualitative evidence” is exactly what we were searching for. Less is definitely more when searching JBI.

You can easily combine more than two terms (diabetes AND pregnancy AND exercise), or use the

limits and filters already built in to the system.

Limits:

- Subject area nodes (chronic disease, general medicine, health management, etc)
- Publication type (recommended practice, evidence summaries, consumer information sheets, etc)

Filters:

- Years (current year, last 3 years, last 5 years)
- Author
- Publication type (recommended practice, evidence summaries, consumer information sheets, etc)

There’s a lot more involved in the database, and you can create all sorts of tools and worksheets with it, but this will, at least, get you started.

Calendar of Events

ABPANC Examination

Window: April 7– May 31

Summer School: August 16
in Charleston

ASPAN LDI: Sept 5-7

Fall Conference: Nov. 15 in
Charleston

ASPAN Development

ASPAN Development encourages giving from individuals and organizations to advance the practice of perianesthesia nursing. ASPAN uses such gifts for programs that focus on scholarships and awards, professional education, national advocacy, and evidence-based research. When you support ASPAN, you help bring about many good things. Your contribution:

- ✦ Demonstrates that our constituents care
 - ✦ Supports nurses in perianesthesia practice
 - ✦ Helps optimize patient care
 - ✦ Encourages philanthropy among other prospective donors
 - ✦ Ensures ASPAN programs continue at the lowest possible costs
- Contributions can be made on your membership application/renewal form, through the Hail, Honor, Salute! program, or by contacting Doug Hanisch, Marketing and Communications Manager at: ghanisch@aspan.org or toll-free: 877.737.9696, x. 15.

SCAPAN MISSION STATEMENT

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 that is respectful of others and adaptive to change.