

Palmetto Pulse

South Carolina Association of Perianesthesia Nurses

President's Address

As the summer months are now in full force I hope this newsletter finds you all enjoying some time with you families as you have occasions to relax and vacation! The leadership of SCAPAN, your local specialty nursing organization, will continue to coordinate educational opportunities for you with Summer School planning, which will be held in Charleston on August 1st and continued planning for our Annual Fall Conference, to be held in Greenville October 10th. This year's speaker for Fall Conference will be Lois Schick. Please mark your calendar for August 1st and October 10th you won't want to miss either conference!

Once again, SCAPAN was awarded the ABPANC Shining Star at National Conference in San Antonio. I am proud to report that we have received this prestigious award for the past four years! This particular award is recognition for the nursing components of ASPAN who are supporting and encouraging CPAN and CAPA certification <http://www.cpancapa.org/resources/awards.php>. SCAPAN leadership submits an application each year providing documentation that demonstrates we have met eligibility criteria. The criteria that must be met are as follows:

- *At least one scholarship has been awarded: for certification fees or recertification fees; or to a CPAN®CAPA® certified nurse to attend an educational program;*
- *At least 25% of the component membership is CPAN® and/or CAPA® certified;*

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President's Address continued

- *At least one opportunity for CPAN®/CAPA® certified nurses to earn contact hours toward recertification has been provided;*
- *At least one member of the component serves as a Certification Coach;*
- *Information about CPAN® and CAPA® certification is published in each Component newsletter;*
- *At least one recognition event is held to recognize newly certified and recertifying CPAN® and CAPA® certified nurses;*
- *CPAN® and CAPA® certification information is provided at every Component meeting;*

Last year, out of 214 members as of January 31, 2015, we had 79 CPAN, 40 CAPA and 7 Dual certified nurses, for a total of 119 (55%) certified SCAPAN nurses.

The Summer School educational offering and Fall Conference are two venues we offer for certification continuing education hours. If you are not certified, and are considering this journey, please contact one of the SCAPAN board members for more information, or go to the ABPANC website at <http://www.cpancapa.org/>. I look forward to seeing you on August 1st and October 10th!

Sincerely,
Dianne Jackson RN CAPA
SCAPAN President 2014-2015
mdiannejackson@windstream.net

Poppy Seed Chicken Casserole

Ingredients:

Shredded Chicken (I usually buy a rotisserie and shred)

- 1 8oz. carton of sour cream
- 1 can of Cream of Chicken soup
- 1 pkg. crushed Ritz crackers
- 1 stick melted butter
- 2 T poppy seeds

Directions:

- 1st Layer: Spread the shredded chicken in the bottom of a 9X12 pan
- 2nd Layer: Mix the sour cream and Cream of Chicken soup together until smooth and spread over chicken
- 3rd Layer: Melt the stick of butter and mix with the crackers very well, stir in the 2T of poppy seeds and layer on top
- Bake at 350 degrees until hot
- Serve over rice.

National Conference Memories

The next couple of pages reflect the memories of national conference shared by Meghan Burgass, Marilyn Jefferies, Rebecca Belton, Helena Williams, and Kristie Alvey.

National Conference this year in San Antonio, Texas was quite possibly one of the most exciting adventures I have been on. It was amazing to see all the dedication and compassion of so many nurses much like ourselves. The learning opportunities were endless from information on new standards to skin care guidelines. I left feeling inspired to be a better nurse, to be more knowledgeable and grow in my profession. I would encourage every PeriAnesthesia nurse to attend at some point in their career. Not only were the learning experiences excellent, but the companionship I developed with my co-workers while on the trip was amazing. I always say there is time for learning and time for fun and we got both!

Meghan Burgess, BSN, RN, CPAN

My experience once again with attending Nationals was resoundingly positive! What I enjoyed the most about Nationals was the excellent networking opportunities and the friendliness shown by all of the attendees. Looking forward to attending next year's National Conference in Philly!
Sincerely,

Marilyn Jefferies

San Antonio was the third time I attended National Conference but it was the first time that I was an official part of the Representative Assembly. RA is where the true governance of ASPAN happens. Board members are elected and resolutions are passed which affect each member of ASPAN. It's fascinating to see how all of the components come together to form the unified body. At times members engaged in a rather spirited debate.

Aside from the ongoing educational offerings, San Antonio offered a chance to explore historical areas such as the Riverwalk with its wealth of amazing and diverse restaurants and the Alamo, a reverent place where men died in defense of their beliefs. The tour and the historical talk were fascinating to me as I love history and to see a living part of it was simply mazing. Of course what trip to Texas would be complete without some BBQ which totally lived up to the expectations.

Component night was a blast with many dressed up in costumes. I saw "Carol Burnette", "ZZ Top", a former president, the "Lone Ranger" and lots of cowboys and cowgirls. National Conference is a wonderful time and I encourage everyone to plan to go at least once.

**Rebecca Belton, MSN, RN
CPAN**

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National Conference Memories continued

Attending the 34th ASPAN National Conference in San Antonio, Texas was a great experience. Not only was it a time to fellowship with other professionals in my specialty of nursing, it also allowed me the opportunity to learn how other colleagues were dealing with many of the same work challenges as I was. Several concurrent classes were offered over the course of the week. I have chosen to mention a few that spoke to me.

The opening ceremony keynote speaker was Craig Clapper PE CMQ/QE. Mr. Clapper spoke on the culture of safety in our healthcare systems. Although healthcare systems are making strides in providing safe care for patients there are many opportunities for improvement. Each health system has their own safety checks and there is no one size fits all. What we all need to remember is that any process is only as good as the people who follow them, "Check boxes don't keep patients safe". Safety emerges from the contributions of all the little pieces. Mr. Clapper identified three error types. #1) Using the wrong rule, #2) Misapplication of rules and #3) Non-Compliance with the rules. Mr. Clapper gave the following acronym to help persons to maintain a culture of safety for our patients.

STAR vs. RATS (OMG what did I do?)

S= Stop, pause one second to focus on what you are about to do.

T= Think about what you are about to do, is it the right thing?

A= Act, concentrate and perform the task.

R= Review check for results

I especially liked the cartoon piece that stated "People think machines work, Caution: This machine has no brain, use your own." I think this statement sums up what we as a profession need to do in order to promote a culture of safety in our healthcare systems.

Knowing that safety is an issue, I attended the workshop on "Adverse Drug Events: What went wrong" presented by Maureen McLaughlin MS, RN, CPAN/CAPA. Ms. McLaughlin spoke on various types of NURSING ERRORS. She cited the following: 1) Failure to note changes in patient's condition. 2) Failure to report patient changes to the doctor. 3) Failure to follow orders/ exercising independent judgement. 4) Misuse of medical device. 5) Dispensing medications to the wrong patients. She then proceeded to cite some of the CAUSES of these NURSING ERRORS. 1) Performing task beyond the scope of training. 2) Failure to perform vital care in a timely fashion. 3) Severe shortage of nurses. 4) Nurses are underpaid and overworked. 5) Mandatory Overtime/ nurse fatigue. 6) Unqualified temporary agency nurses. Nursing errors can lead to the following adverse events 1) Failure to Access and monitor 2) Failure to communicate. 3) Failure to Follow Standards of Care. 4) Failure to document in patient's medical record. 5) Failure to act as a patient advocate. When we are distracted and not focused on what we are doing opportunity exist for patient harm. This workshop served as a reminder of the great that we as nurses

National Conference Memories Continued

have when caring for the most vulnerable and our duty to provide safe care for each of them.

Another workshop that spoke to me was “Surgical Positioning and Postoperative Considerations” presented by Cheryl Barr BSN, RN, CPAN and Mona Serfass BSN, RN, CPAN. In keeping with the theme of safety, these ladies spoke on the importance of providing an anatomically safe environment in the OR. Example of positions used in the OR were given, such as Trendelenburg where the abdominal contents are moved upwards or in reversed Trendelenburg where the abdominal contents are shifted downwards. Patients having bariatric surgery are placed in this position and respiratory issues become a concern post op. For patients undergoing Achilles tendon repair surgery head positioning is crucial to prevent compressions on the eyes as they are placed in the prone position. The jackknife position is used for the patient undergoing hemorrhoid or rectal abscess surgery where the hips are lifted and the head and neck are lowered. For hip or kidney surgery the patient is placed in the lateral position, making sure the head and spine are aligned is important to prevent stretching injuries.

Determining what position the patient is placed in is based on the surgical procedure, the surgeon’s preference or any physiological challenges the patient may have.

The speakers went on to talk about Injury Prevention. Hand off starts with the pre-op nurse, it is here that any special considerations that are noted should be passed on to the OR staff. In the OR a safety check should be done if the surgery is lasting greater than four hours. After four hours the patient is reassessed for proper positioning. This is a team effort and all are responsible. Positioning equipment and table accessories such as; foot boards, arm boards, safety belts, gel pads, Wilson frames and or suction bean bags are used to help prevent injuries in the OR.

The OR nurse should tell the PACU staff what position the patient was placed in during surgery.

Ms. Barr and Ms. Serfass went on to discuss PACU post op assessment and indicators for complications using a systems assessment approach. They stated a few examples. Respiratory: lung sounds, airway sounds; patients

placed in steep Trendelenburg are at increased risk. Cardiovascular: changes in patient positioning can result in decreased blood pressure. Neurologic: Stretching injury may cause Brachial plexus or Peroneal nerve damage. Musculoskeletal: Compartment syndrome and Skin: check pressure points.

In summary the nurse needs to know the position, know what to look for and know when to worry.

Being a part of ASPAN, SCAPAN and PAPAN is very enriching and educational. This year’s National Conference theme “Igniting Professionalism: Excellence in Practice, Leadership and Collaboration” speaks volumes to the type of nurse I strive to exhibit. Being a part of this organization has helped me to develop these qualities in my practice. As a member, I encourage others to become a part of ASPAN and share in the riches it has to offer.

I thank SCAPAN and PAPAN for supporting me in my trip to Texas and gladly share in the knowledge that I received.

Sincerely, Helena B. Williams BSN, RN, CPAN
Hillcrest Hospital PACU Staff Nurse
President PAPAN

If you only read the first sentence of this article, read this: “PLAN TO GO TO ASPAN’s NATIONAL CONFERENCE!” Don’t just say, “I would like to go sometime. Go! Apply for scholarships, notify SCAPAN and your local component of your interest. Get involved in SCAPAN and go to national conference. I learned a tremendous amount, networked with colleagues from all over the country, went Texas wild on the dance floor and came back a better nurse! Here is a little attempt at a synopsis:

Craig Clapper was the keynote speaker on Monday morning. He spoke on excellence in theory is leadership in practice. He touched on our focus to decrease harm by improving processes, but focusing less attention on behavior and how people perform within the processes. He said a few things that stuck with me.

CPAN and CAPA

CPAN:

Christina Adams

James Berlin

Hannah Budd

Amy Cowley

Sarah Fender

Monica Fields

Lisa Hauff

Lucy Hill

Kara Johnson

Ryan Kerzan

Natalia Lane

Tomeka Murph

Brian Stone

Ginger White

Kelsey Wise

CAPA:

Robin Brown

Cynthia Eans

Kelsey Echols

Andrea Fisher

Pamela Hunt

Alisa Johnson

Karen Jumper

Gloria Moxley

National Conference memories continued

Checklists do not keep people safe, people who use checklists keep people safe.

Behavior most influences outcomes

To change behavior: Easiest thing is to set expectation. Spend 5% of your time educating on the expectation. The next 95% of the time to have a successful change should be on reinforcement and accountability.

Be consciously competent. Use STAR!

S – Stop and think about what you are going to do

T – Think about why you are doing it.

A – Act intentionally and focus on task

R – Review/re-evaluate

Think about the last time you were at the vending machine. How many times did you check to make sure you pressed the correct button to ensure you got what you wanted out of the machine? You should double check yourself at least that many times when providing care to your patients.

Other key learning points I brought home from national conference:

- Chronic pain management patients having surgery require additional pain medication to manage their acute pain from

surgery **in addition** to their chronic pain meds.

- Use multi-modal therapy

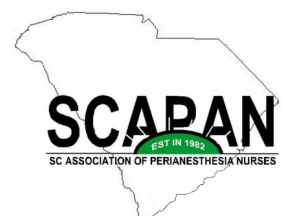
- Check out the poster presentations in the next JOPAN issue. The discharge instructions for cholecystectomy patients were very interesting. As well as a best practice presentation where POSS was implemented in PACU to standardize the way nurses administered pain medication.

- Myrna Mamaril MS RN CPAN CAPA FAAN presented Damage Control Resuscitation for polytrauma injured patients. Her stories were based out of her work with the United States military. What a reminder of the sacrifices our military men and women make for our freedom every day. We should not take that for granted. THANK YOU to all who have served!

During the closing ceremony, new leadership was introduced, and awards were presented to some well deserving chapters and individuals. Guys, the future of perianesthesia nursing is bright! We have much to still learn, but we also have so much to celebrate. SCAPAN makes me proud.

Kristie Alvey

National Conference in Pictures



CPAN and CAPA

Katherine Nicholson

Melinda Phillips

Donnalea Shearer

Jackie Varnadore

What to write a letter to the Editor? Have Great grandma's famous potato salad recipe? Please share it with us. SCAPAN is always looking for people who want to share their ideas and thoughts. Maybe you need points for a clinical ladder or you're writing an article for school. Share it with us. We want to be member driven but in order to do that, we need your help.

Rebecca Belton, Editor

No I in PACU by Jeanie Roberts Baxley

I am a peer interviewer for our PACU. I am also one of our senior staff, so I am often the person that potential staff shadows when they are interested in the PACU. I find myself trying to clearly relay to them what a great team we are in PACU. The open room with curtains tends to make everything your neighbor says or do not much of a secret. But the advantage is when you need help, usually your co-worker already knows and is there at your side to lend a hand or run for medication. If you really think about our team, it starts with the patient and the surgeon on their first meeting. Most times our pre admission testing staff joins in when the office schedules the patient and orders are received. On the day of surgery the team expands again with the pre-operative staff. The anesthesia staff then becomes the primary lead for our team. The OR circulator is our major go between and communicator. The OR team at

times can be quite large. Then it pairs back to the anesthesiologist and the circulator. I like to use a NASCAR analogy when the patient rolls into the PACU. When they arrive in the PACU we jump on them like a well-oiled pit crew. The patient is surrounded in a well-coordinated dance to attach all the monitoring equipment in a timely manner. Are they breathing? Are they in pain or trying to climb off the stretcher? Do they have any nausea? The circulator conveys her story and Anesthesia adds his account. With luck the PACU stay is uneventful and the team once more slowly shrinks back to the patient and the surgeon. I love our team. If the unfortunate occurrence of a complication does happen, I know my team is nearby and at the ready to lend a hand. So when I try to explain the PACU to newcomers it is clear there is no I in PACU.

Jeanie Roberts Baxley

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.



News to Share from ABPANC

ABPANC Announces New Early Bird Discount Pricing for CPAN® and CAPA® Exams

Register early and save money with new Early Bird Discounts. Registering early also give you more time to study and makes you better prepared to pass the exam.

The Spring Exam Registration Window is July 13 – September 7th.

The **Early Bird Discount** Registration Deadline is **August 23rd**.

Register now and take the exam any time between October 5th– November 28, 2015.

Visit www.cpancapa.org for valuable resources and study tools:

- Certification Handbook
- Study Reference List
- Webinar – Test Taking Strategies
- NEW Webinar – Conquering Test Anxiety and Fear of Failure*
- 12-week Study Plan
- Study Tips
- Practice Exams
- Mind Mapping Study Guide
- Test Blueprints
- Certification Coach

ASPN Member

Early Bird Fee: \$299

Regular Fee: \$314

Non-Member

Early Bird Fee: \$404

Regular Fee: \$424



New Members

Shannon from
McConnells

Kimberly from Eastover

Ansleigh from Columbia

Katherine from
Lexington

JoAnn from Lexington

Janie from Greenville

Heidi from Summerville

Julia from Irmo

Deirdre from Greenville

Kimberly from
Middleburg, FL

Maggie from Pacolet

Wanda from Indian Land

Lisa from Mt. Pleasant

Karen from Gaston

Chelsea from Indian Land

Alison from Moncks
Corner

Ashley from
Schenectady, NY

Milissa from Sumter

Karen from Greenville

Kenneth from Gilbert

Safely Managing Pain by Kristie Alvey

Managing pain has long been a primary focus in the perianesthesia setting. It ranks right next to airway and hemodynamic stability as a priority; even long before Press Ganey surveys and HCAHPS surveys began monitoring patient satisfaction. Hospital administrators are now driven to ensure our patients are more comfortable and satisfied with their care due to hospital reimbursement being tied to these patient satisfaction surveys. Another change in the last few years has been the abolishment of range dosing orders in many facilities due to Joint Commission recommendations. In order to practice within our scope of practice, we need to administer medications exactly as they are ordered. Therefore, if a physician orders 2mg Dilaudid IV for severe pain and the patient complains of “severe” pain, we must either administer the 2mg Dilaudid IV or call the physician and ask for a different order. Unfortunately the Joint Commissions recommendation to develop more rigid guidelines or protocols for range orders or the removal thereof has limited nursing’s ability to utilize clinical judgment and individualize patient care. Opioid naïve patients or other high risk patient populations may require smaller doses of opioids to

manage pain and decrease over-sedation. What is evidence based practice? ASPAN has a new Practice Recommendation 11: Prevention of Unwanted Sedation in the Adult Patient. I recommend you read it, and think about how this new recommendation impacts your practice.

A recent article JOPAN article (2014, Pasero) posed the following questions:

Are practices in place that helps to identify and monitor patients at high risk for opioid induced respiratory depression?

Do prescribers use a multimodal analgesia approach that seeks to administer the lowest effective opioid dose or to avoid opioids altogether in all patients with pain? Are **dangerous** practices, such as order sets that link pain intensity to opioid dose in place that discourage nurses from considering multiple patient and iatrogenic factors before the administration of an opioid dose?

Are patients and families educated about the importance of achieving both **effective** and **safe** pain control? How would you answer those questions in your area or practice? What is best practice? Utilize pain assessment techniques. Self-report scales

should be used if at all possible. If the patient can not self-report their pain, use behavioral assessment. Realize behavioral tools can not indicate the intensity of pain. They should be used to measure trends and effectiveness of our treatment. If it can be presumed that a sedated patient is in pain, assume that pain is present and treat it. Minimize emphasis on physiologic indicators such as heart rate and blood pressure. They are not reliable indicators of pain. You can also obtain surrogate reporting (from friends or family who know the patient well) to guide treatment interventions. When treating pain attempt an analgesic trial. Start with a low dose and watch for effectiveness of the intervention. Best practices for managing pain include utilizing a multimodal approach utilizing pharmacologic and non-pharmacologic strategies. (Gordon et al) Administer combinations of analgesics that work by different mechanisms of action; utilize opioids and non opioid medications (Gordon et al; Pasero, 2014). Evidence suggests opioid only treatment plans are innately high risk resulting in numerous adverse effects, including excessive sedation and life threatening respiratory depression (Pasero, 2014) A multimodal analgesia approach can successfully lower opioid doses (Pasero, 2014) Administering non-opioids should be the foundation of the pain treatment plan (Pasero, 2014)

Prescribing a specific dose, based solely on a **unimodal pain intensity rating** (ex. Dilaudid 2mg for severe, Dilaudid 1mg for moderate, etc.), **is not appropriate or safe.** A subjective pain intensity score is just one of several factors that influence a patient's dose (Drew et al, 2014)

"this type of standardized order is particularly dangerous because it discourages nurses from using their

assessment skills to evaluate other important patient factors... practice compromises patient safety by mandating the administration of doses that could easily result in an overdose in some patients. Such orders have **legal implications for nurses who implement them and hospitals that allow their implementation**" (Pasero, 2014)

No evidence supports a reported pain intensity can reliably predict a given patient's analgesic requirement. Titration is not linear.

See the following position statement: A Consensus Statement of the American Society of Pain Management Nurses and the American Pain Society

"Effective pain management requires careful individual titration of analgesics that is based on a valid and reliable assessment of pain and pain relief. A registered nurse, who is competent in pain assessment and analgesic administration, can safely Interpret and implement properly written "as-needed" or "PRN" range orders for analgesic medications. The American Society for Pain Management Nursing (ASPMN) and the American Pain Society (APS) support safe medication practices and the appropriate use of PRN range orders for opioid analgesics in the management of pain."

What does this mean for your practice? Do you have unwanted sedation in your patients? Are you practicing evidence-based practice?

References

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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.

References continued

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- Pasero, C. (2014) . One Size Does Not Fit All: Opioid Dose Range Orders. *Journal of PeriAnesthesia Nursing* 29(3): 246-252.
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Looking Ahead

July 13-September 7th: Registration window for CPAN/CAPA testing

August 1st: Summer School, Charleston, SC

August 23: Early Bird Discount Deadline for CPAN/CAPA testing

September 18th-20th: LDI in St. Louis, MO

October 5th- November 28th: Testing window for CPAN/CAPA

October 10th: Fall Conference, Greenville, SC

April 10-14th: ASPAN's 35th Annual National Conference, Philadelphia PA

