

WISPAN

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WISPAN Wisconsin Society of Perianesthesia Nurses

# The Awakening

## PRESIDENT MESSAGE

Marlene Nahavandi BSN, RN CAPA

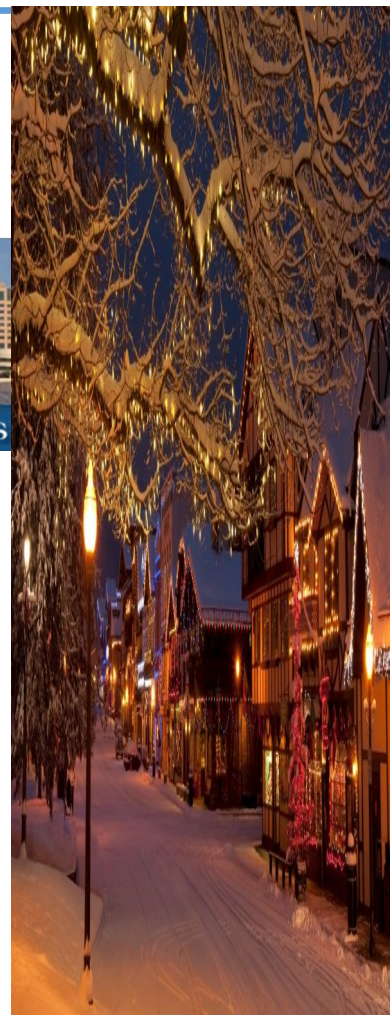
As 2021 draws to a close I want to thank the WISPAN BOD's and every WISPAN member for your determination and strength as we adapted changes within our organization. We provided our first virtual and first hybrid conference in 2021 with success. Thanks to all team members whom helped make this possible.

Jenny Kilgore, ASPAN's President has chosen the theme: *"Perianesthesia Nurses Together- Importance of Connection and Power of Community"*. She states *maintaining togetherness, connection and a sense of community strengthens and empowers perianesthesia nurses. Over the past 20 months perianesthesia nurses have encountered this theme in our work and home environments. We continue to work though staffing challenges and bed shortages. At home we may be juggling which parent will stay home with ill child. Facing such challenges can strengthen the bond of togetherness, empower individuals and provide that sense of community in both the work team and in family life.*

In early 2021 I experienced the sense of community with the WISPAN board, as everyone pulled together to provide input for the Gold Leaf application. With Brenda Gillingham's, (past president) dedication and determination we achieved the 2020 Gold Leaf Award from ASPAN. This is the first time WISPAN has received this award. Thanks to all board members and WISPAN members for contributing to this achievement.

As we move into 2022 an important question we all need to ask ourselves today, and to keep asking going forward is: "What kind of community do I want to be a part of?" Create a vision, and clarify by asking "Why do I want to be a part of it?" What will you get out of giving of your attention and time to that community, and how much do you want to give? This will include our family community and professional community. I would ask each of you to consider getting involved with either WISPAN or ASPAN, become a member if you are not, volunteer to be part of the WISPAN board, assist with planning a local educational conference, and lead an ASPAN article review to attain contact hours, (virtual) or simply plan a "sock drive or food drive representing WISPAN. Volunteering has a positive effect on your mental and physical health, helps you build connections and strengthen your community. I look forward to working with all of you over the next several months as your WISPAN president. Please feel to reach out to me or any member of the board if you have questions or any suggestions for WISPAN.

Remember: *"We don't accomplish anything in this world alone...and whatever happens is the result of the whole tapestry of one's life and all the weavings of individual threads from one to another that creates something."* Sandra Day O'Connor



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December 2021

Volume 42, Issue 3



WISPAN Finances  
are as stated: S.  
Shotliff RN CPAN

*Mutual Fund*

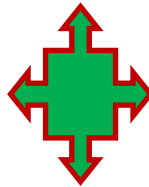
\$11,347.01

*Savings*

\$6,023.62

*CD*

\$21,872.85

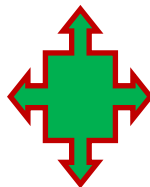


*Checking*

\$12,732.85

*Fall Seminar*

\$1,235.07



### Hail, Honor, Salute! 40 and Forward!

- ◆ All donors who make a gift to ASPAN's Hail, Honor, Salute will automatically take part in the 40 and Forward campaign.
- ◆ 40 and Forward takes your name and places it on a colorful leaf. These leaves will be added to a tree that will mature as more donations are made.
- ◆ The ASPAN tree will be available to view online starting in May. It then will be displayed at the 2022 Philadelphia National Conference

40 and Forward Campaign

## Upcoming 2022 Scholarship Opportunities

WISPAN Winter Seminar Scholarship - applications due 1/6/2022

ASPAN National Conference Scholarships – applications due 1/15/2022

Spring CAPA / CPAN Certification / Recertification Scholarships – applications 2/15/2022

### 2021 Scholarship Winners

Winter Seminar - Scholarships on Hold

\$495 Virtual ASPAN National Conference

- Terri Lakich
- Jess Herr
- Sandy Shotliff

\$225 Virtual ASPAN National Conference

- Michelle Poehler
- Laura VanPietersom
- Carolyn Trimberger

Spring CAPA / CPAN Certification and Recertification

- Brenda Gillingham CPAN Recertification
- Jess Herr CAPA Recertification
- Debra Dosemagen CPAN Recertification

Spring Seminar

- Marlene Nahavandi

Fall Seminar—No applicants

Fall CAPA / CPAN Certification / Recertification — No applicants

Fall Seminar Door Prizes

- Carolyn Trimberger – One Day Seminar
- Alicia Smith – One Day Seminar
- Holly Wenzel – ASPAN Membership

# Scholarship Coordinator Update

## Scholarship Coordinator Updates

Cyndi Siebel Mohler BSN RN CPAN

The Scholarship program saw many changes in 2021. We started the year with all scholarships on hold except for our certification / recertification scholarships. We were able to have seminars this year allowing WISPAN to offer some scholarships again. In all, WISPAN was able to award 10 scholarships this year. Our National Conference Scholarships were temporarily changed due to the conference being a virtual format. Thank you to everyone for being flexible and understanding through this process.

2022 ASPAN National Conference Scholarships were discussed at our board meeting in October. WISPAN will plan on a \$1000 First Time Attendee (In Person) Scholarship. (2) \$1000 In Person ASPAN National Conference Scholarships and (2) \$500 Virtual ASPAN National Conference Scholarships. WISPAN will reserve the right to change these scholarships as needed. For example, if we have no applicants for the \$1000 In person scholarships, we will convert them into \$500 Virtual scholarships Opportunities.

If anyone is curious about serving on the WISPAN Board, this is a great starting position. My term will be up this summer. I would be happy to discuss this role and be a mentor.

As always, please feel free to contact me with any questions.

Cyndi Siebel Mohler BSN RN CPAN

[WISPANscholarship@gmail.com](mailto:WISPANscholarship@gmail.com)

board of directors just attended the first in person meeting in over a year. The board meeting was held the day before the Component Development Institute (CDI) in Kansas City, Mo. It was so inspiring to be together with friends again. CDI was packed full with many speakers on a variety of topics from education on the standards to financial responsibilities of a treasurer on the board etc. A trip well worth the time.

Region 3 leaders have been meeting once a month to collaborate and support one another. One of the ideas to help our membership was to host a ABPANC webinar for those who may be considering certification. This webinar will be held January 11, 2022 @ 7 p.m. virtually. If you are not certified yet please consider attending to learn firsthand the details of what is about and how to test. You must register to attend. Click this link to register. <https://us02web.zoom.us/j/91012020000>

National conference is on the horizon April 7-10. The format for national conference has changed to take place over a weekend. The weekend will conclude on Sunday evening with a dinner Gala celebration and closing ceremonies so please plan your departure on Monday. For the representative assembly your board will be submitting the names by 2/6/22 of those who will be representing your component at the representative assembly. There will be resolutions brought forward and election of board positions.

In conclusion I want to express my gratitude for each one of you. This has been a challenging year with many of you working beyond your normal schedule in your own unit and other places in your facilities. Our patients need us and you have risen to this call. If you haven't heard it today I want to say THANK YOU!

If there is anyway I can support you more or in a different way as your region representative on the ASPAN board of directors please reach out to me.

Deb Moengen BSN RN CPAN

Dmoengen@aspan.org

**"These past 2 years have really tested our resolve, and it's difficult to stay positive."**

## President Elect Message

**Ann Keenan, MSN, RN, CPAN**

Hello WISPAN members! I am so excited to serve in the President Elect Role on the BOD and to get to know our members. Nursing is a career of service. I can't think of a better way to give back to the profession that I love and a specialty that has helped me grow. When I ask nurses why they chose this profession they usually respond by saying "I want to help people" or "I want to make a difference". These past nearly 2 years have really tested our resolve, and it's difficult to stay positive. Keep in mind that pandemics eventually turn into endemics, and COVID (in its current state) will not last forever. We will come out on top-it is just taking much longer than we expected. Day by day, you are truly making a difference. You are also making history. Someday soon, these days will be behind us.

2022 is only a few weeks away and PANAW will be here before we know it! This year's PANAW is February 7-13, 2022. I encourage you to consider some of the following ways to celebrate with your colleagues (pro tip-all of these are **FREE**):

- Display a giant blank poster in your unit and have nurses write an encouraging or thankful message to their colleagues on it, after PANAW, display it in your breakroom year round
- Have each colleague bring in a picture of themselves at their nursing graduation-hang them on a bulletin board on the unit
- Play a trivia game with Perianesthesia certification practice test questions-give the winner a “certificate” of recognition
- Provide a post-it note pad to your colleagues and have them leave “secret” notes for their colleagues with positive messages like “your patients are super lucky to have you!” or “Your patients always rave about you when I make postop calls!” Small affirmations may seem silly, but they can go a very long way
- Play a nurse superlative game (i.e. voting boxes for “most likely to get their IV on the first try”, “biggest germ-a-phobe”, “most likely to need a coffee break”, etc.). These can bring some smiles and laughs, which are always welcome!

It is my hope that all of you have the luxury of safely celebrating the holidays with friends and family in a much more fulfilling way than we did in 2020. We need each other, we need our friends, our family; and our patients need us. The power of human connection cannot be understated. Keep going, keep safe. Looking forward to seeing you (in person!) ~Ann



## CLINICAL PRACTICE QUESTION

Which of the following conditions can potentiate a nondepolarizing neuromuscular blocking agent?

- A) Hyperthermia
- B) Hypothermia
- C) Overhydration
- D) Sepsis

Answer on Page 10 Page 3

As of June 1, 2021, WISPAN has 249 members. Of these members, 40 are CAPA certified, 60 are CPAN certified and 5 hold a dual certification.

If you are considering getting CAPA or CPAN certified, the online Winter exam registration window is January 1—March 15 2022.

The exam administration window will be between March 15—May 15. Go to

<https://www.cpancapa.org/> to learn more.



### Spring Exam Window Dates

**January 1-March 15 – Exam Registration Date**

**March 15-May 15 – Exam Administration Window**

**Cost Test Assured Program—\$50**

**Total Fees as Follow:**

**ASPAN Member Fee: \$314 + \$50 = \$364**

**“WISPAN has 243 members. Of these members, 40 are CAPA certified, 58 are CPAN certified and 6 hold a dual certification”**

## CPAN / CAPA Certification

First, I would like to thank all certified peri anesthesia nurses and other certified RN's that might be reading this. Certification indicates your commitment, skill and professionalism. For those that are not certificated I would encourage you to take the step to certification. You may ask why. Here are a few reasons to become certificated:

- \* Validation of specialized knowledge
- \* Improves nurses' confidence
- \* Improves patient care and safety
- \* Commit to lifelong learning
- \* Increases earning potential

As a certification coach for American Board of Perianesthesia Nursing I am available to answer questions and assist with your journey to certification. If you have any interest I would encourage you check out the Certification Handbook located on [CPAN® and CAPA® Certification Handbook \(cpancapa.org\)](https://www.cpancapa.org/)

The exam consists of 185 multiple-choice questions:

- \* 145 questions are scored
- \* 45 are being piloted/pretested
- \* Pilot/pretest questions are not identifiable and do not contribute to your score

The CPAN/CAPA Test Assured program allows a CPAN/CAPA-eligible nurse to take the exam a second time, in the event that the first attempt is not successful.

The cost of the Test Assured program is \$50.00 in addition to the regular registration fee.

The total fees are as follows:

- \* ASPAN Member Fee: \$314.00 + \$50.00 = \$364.00
- \* Regular Registration Fee: \$424.00 + \$50.00 = \$474.00

Please feel free to contact a certification coach: Marlene Nahavandi BSN, RN CAPA at

[marlenen@mail.com](mailto:marlenen@mail.com)

## MEMBERSHIP & MARKETING

**Carol Neumann BSN/RN CPAN**

This National certification showcases our nursing skills of excellence, knowledge and patient advocacy in your profession. Congratulations to these members' commitment to lifelong learning. See the APANCC website for further information to become certified for the upcoming Spring certification to improve your patient care and safety and earning potential.

The certified nurses add valuable knowledge and expertise to our profession.

Plan your celebration for CRNA week coming up Jan 23 – 29<sup>th</sup> 2022.

Visit our social media platforms, follow us and share your celebrations with us.

Facebook: WISPAN @Wispan.Aspan

Instagram: #wispan.aspan





#### GOVERNMENT AFFAIRS NEWSLETTER ARTICLE. 8-30-21

ANA sent an email on August 19, 2021 celebrating August as Civic Health Month, an initiative started last year. The goal of this is to create healthier communities. Personally, I have been working on some very deep reflections, soul work, striving to heal and move forward in life. This email hit a cord with me. We are all individuals that come together as a collective whole here in WISPAN/ ASPAN. All with individual highs, lows, stressors, and joys. The world today is going through so much turmoil- especially related to our Governmental affairs. Getting involved can be a difficult thing to ask or even contemplate depending where we are at in our own lives. That is the beauty of having WISPAN and being part of this wonderful organization. We are together as a whole supporting each individual, no matter where each Nurse is at in their life journey. I want to say thank you to each of you for being part of our collective whole WISPAN!

Cordially,  
Tracy Franchuk RN BSN CAPA BSHCAD

ANA is offering a **free** 'Health Democracy Kit'. Check it out.

[Get your FREE Healthy Democracy Kit – Vot-ER](#)

To learn about issues affecting nurses, making sure our voices are heard, and ways to volunteer your time — Make sure to check out this website.

[NURSESVOTE.ORG](https://NURSESVOTE.ORG)

Did you miss the WNA Fall 2021 Recorded Webinars webinars in September and October?

WNA is excited to offer 2 of these timely topics as FREE recordings ALL nurses can watch at their leisure.

**Featured Recordings - check out the webpages below to learn more:**

[Webinar: Precision Health & Genomics - Wisconsin Nurses Association](#)

[Webinar: Messenger RNA and Vaccines - Wisconsin Nurses Association](#)

*There is no cost to view the recordings, but you must register to receive a link to each recording. No CE credit available for viewing the recordings.*

Stay current on topics that affect Wisconsin nurses. Visit our : [Webinars - Wisconsin Nurses Association](#) for more information on the wide variety of educational offerings and self-study videos WNA has to offer!

To Register : [2021 Fall Recordings \(cognitofrms.com\)](https://cognitofrms.com)



**About a Nurse**



*"I'm sorry, but I can't give you holidays off, or a social life. Would you settle for a candy cane?"*

## Medical-Surgical

D X U C K Q Y M O T S O L O C I W  
W C Q J G Z O F R A N U F I K N A  
I W N U Y A M V T P Z N Q Q N F M  
Q N T A R P N S V Q T D U H D L F  
R O Z S S T N M N A H F K Z M U L  
T I T G S O K T P O W S W F Q E X  
D T G F V B G B V O A L T E P N X  
I A L N W A L A L N P X F M C Z I  
D L H M O O M S S E R Q R Q X A B  
U U X I C I E I P T H Q J S E J I  
A B V K S T T U S X R E N S H W L  
L M S J E X Z C D D D I P X Y Z E  
I A L B V Z L S E K P B C A K T U  
D D A O U X G H J S Z L M T R Y S  
J I D D J D H C R X E S Z Q U I Y  
D S U Q R A N I K R I R U F O B N  
H W S N O I S N E T R E P Y H D E

nasogastric tube

voalte

ileus

ambulation

colostomy

zofran

tapblock

hypertension

heparin

resection

influenza

diabetes

dilaudid

## Quality Improvement of Care Through Music

Marlene Nahavandi BSN, RN CAPA, Mary Smith RN/BSN & Rhiannon A Gattton, RN/BSN

*"I had no idea surgery could be so relaxing" this was a quote from a patient at the end of a quality improvement project Post Anesthesia Care Unit (PACU) council performed at UnityPoint Health Meriter Hospital. PACU unit council performed the aforementioned study in the PACU to review non-pharmacological modalities for pain and anxiety reduction. Research evidence articles were found that supported the use of distraction techniques, including, but not limited to, music, and meditation techniques. With a plethora of evidence, that supported this, a grant from UnityPoint Health Meriter Foundation was requested to explore the variety of non-pharmacological options.*

*This grant provided funds to purchase 5 iPads to be used for music, word games as well as other entertainment apps that provide distraction to the patient. Thus far we have seen a clinical significance during this trial, and while we are still tabulating data obtained, we believe we will also see a statistical significance. All staff have been encouraged to offer the use of iPads with non-pharmacological options to every patient who comes into the PACU to assist with anxiety and pain.*

*See attached poster.*

Brenda Gillingham, RN,  
BSN, CPAN  
WISPAN Past President

Hello WISPAN members! I am excited to inform you that we have 5 Board of Director positions that will be available in July. Given the range, I am hoping there is something that interests you. Included are Treasurer (for number and budget lovers); Secretary (one who is focused on detail); Scholarship (taking pleasure in reviewing and approving applications); Research (curiosity about the why behind our practice); and President-Elect (learning to lead WISPAN with the assistance of the preceding President). Each of these come with multiple benefits: a free seminar each year, hotel accommodations, earned points to apply toward scholarships, and so much more. That said, most importantly is the personal gain you achieve by being part of what keeps our professional organization strong. For further information, I have attached a few links below. Please don't hesitate to reach out to me at

[WISPANpastpresident@gmail.com](mailto:WISPANpastpresident@gmail.com) if you have any questions. Thank you for your consideration.

Job descriptions link

<https://wispan.nursingnetwork.com/page/31601-documents>

Willingness to Serve

<https://wispan.nursingnetwork.com/page/31611-forms-scholarship>

### The Effects of Non-pharmacological Modalities for Pain, Anxiety and Length of Stay in PACU

Marlene Nahavandi RN BSN, CAPA CN III, Mary Smith RN BSN, CN II, Rhiannon Gattton RN BSN  
UnityPoint Health – Meriter Madison, WI

#### Background

- Pain control and increased anxiety is a common issue in PACU recovery
- Soothing music has been shown to decrease anxiety, improve relaxation, comfort and improve emotional status (Shertzer, 2001).
- In Meriter PACU we have limited access to alternative pain and anxiety control modalities

#### Purpose & Aim

The purpose of this project is to evaluate the effect(s) of iPad applications such as relaxation, music, etc., on pain, anxiety, and PACU length of stay.

#### Methods

- Patients are selected based upon our defined population
- Pre-op and PACU RNs will implement the plan for non-pharmacological pain control modalities in the specified target populations
- We will measure pain and anxiety levels with the patient using a verbal Likert scale

#### Pre-op:

RN will identify appropriate patients and educate interested patients regarding use of iPads.  
RN will provide interested patients the opportunity to explore iPad app options



Anxiety and pain ratings will be measured once using a Likert Scale

#### Methods Continued...

##### Post-op:

- Patients will use iPads with alternative pain and anxiety management applications in conjunction with standard of care
- Pain and anxiety will be measured twice in PACU; upon admission and before discharge
- Length of stay in PACU will be collected and measured in minutes
- Pain, anxiety and length of stay will be compared to patients within the target population who do not use the iPads
- Project will continue for 6 months

Pre-op Patient Rating of Pain and Anxiety (Use Verbal scale in all areas)

Pain Rating: \_\_\_\_\_

Anxiety Rating: \_\_\_\_\_

Length of stay in PACU: \_\_\_\_\_

Discharge Rating of Pain and Anxiety from PACU

Pain Rating: \_\_\_\_\_

Anxiety Rating: \_\_\_\_\_

Length of stay in PACU: \_\_\_\_\_

#### Results

- Currently obtaining retrospective data from 2019 on patients who underwent surgery
- Since February 2021 around 70 patients collected
- Optimistic results seen thus far more to come following end of study come July for analysis

#### Discussion

We are in the process of collecting present data and retrospective data, so any statistical significance is still unknown yet

While data collection is still ongoing, we do believe we will have clinical significance with the use of iPads. It has made patients more satisfied with their stays, which helps Press-Ganey scores and decreases length of stay in PACU which is what we expected

Limitations within this study include, but not limited to; limited surgical types which also limit gender identification patient population, anxiety has limited data in retrospective data collection due to not being a regularly collected data point in PACU, COVID could have affected generalized anxiety

In 2020 the Enhanced Recovery After Surgery (ERAS) protocol was initiated by giving medications to help support pain control post surgically could affect results in a positive manner

#### Conclusions/Implications

If results show decreased pain, anxiety, and/or LOS in the iPad group, PACU will expand this intervention out to all surgical populations, especially those who have a history of anxiety or chronic pain

#### References

Shertzer, K. E., & Keck, J. F. (2001). Music and the PACU environment. *Journal of Perianesthesia Nursing*, 16(2), 90-102.

#### Contact Information

For questions or additional info, please e-mail Marlene [Marlene.nahavandi@unitypoint.org](mailto:Marlene.nahavandi@unitypoint.org) or at 608-417-6224

## *Growth in Nursing - Submitted by : Rhiannon A Gatton, RN/BSN*

“Constant attention by a good nurse may be just as important as a major operation by a surgeon.” —  
Dag Hammarskjöld, Swedish economist, and diplomat

This quote, by Mr. Hammarskjöld, is something all healthcare professionals understand well. The constant attention nurses must have is what helps us grow, educate ourselves, and continuously move forward in self-improvement. Following this model is exactly how I found myself taking care of the patient I chose for my clinical exemplar. The patient had a past cerebral vascular accident, which resulted in an altered mental status, and complicating this was a history of diabetes, congestive heart failure, and severe Chronic Obstructive Pulmonary Disease (COPD). Furthermore, the patient had undergone a complex procedure with an amputation right above the knee, site washout and hematoma evacuation. This led to a constant need to assess, reassess, and always ensure we were on the correct path to make sure the patient was as comfortable as possible.



As previously stated, this patient had a past medical history that included an altered mental status. The patient was Alert and Oriented x2, leading to a need to discern chronic confusion with potential acute confusion. To aid in this discernment, a blood sugar check was made on admission to determine if the patient was hypoglycemic, since we know hypoglycemia can cause confusion. The confusion alone as new or chronic could affect our treatment plan. To this end I spoke to the anesthesiologist to initiate the blood glucose protocol. It was necessary to establish a neuro status of the patient for all other potential assessments, and we had to consider if any cognitive deficits were new or chronic. I first checked the blood sugar of the patient and found it to be 63 – low and in need of treat-

ment. This was reported to the provider and 25ml of dextrose-50 was ordered and administered, along with an infusion of D5 normal saline at a rate of 100ml/hour. After ten minutes we rechecked the blood sugar on the patient and it was 126, a clear improvement, however the confusion status of the patient did not change after these treatments. I was able to now reasonably assume that if this was an acute case of confusion it was most likely not being caused by low blood sugar.

Continuing my assessments, I still had to consider acute confusion versus chronic confusion. The procedure had been performed under a general anesthesia, 50mcg fentanyl, Zofran and Decadron. General anesthesia includes propofol, which has an effective half-life in the body of 5-7 minutes and a terminal half-life of 4-7 hours. This means that within 25 to 49 minutes after a propofol infusion is stopped, it should no longer be affecting cognitive status, although it will not be completely out of a person's system until around 7 hours after stopping, due to adipose tissue, so the patient may still be tired from propofol itself until that time, and propofol could exacerbate the effects of medications until that time. Furthermore, with the geriatric status of the patient, and the fact there is a decrease in circulation it could potentially increase the length of propofol being cleared from her body. The next medication the patient got while in the Operating Room was 50mcg fentanyl, an extremely low dose while intra-operative. Fentanyl is also a quick clearing drug with a half-life of 1-18 minutes, effectively clearing between in 5 minutes to 2.25 hours. Only considering these two drugs, we can reasonably assume they were not the cause of the patients' current confusion, and that the confusion is, in fact, part of the patient's baseline. I could now feel safe administering some drugs to assist with pain for the patient, who was complaining about pain.

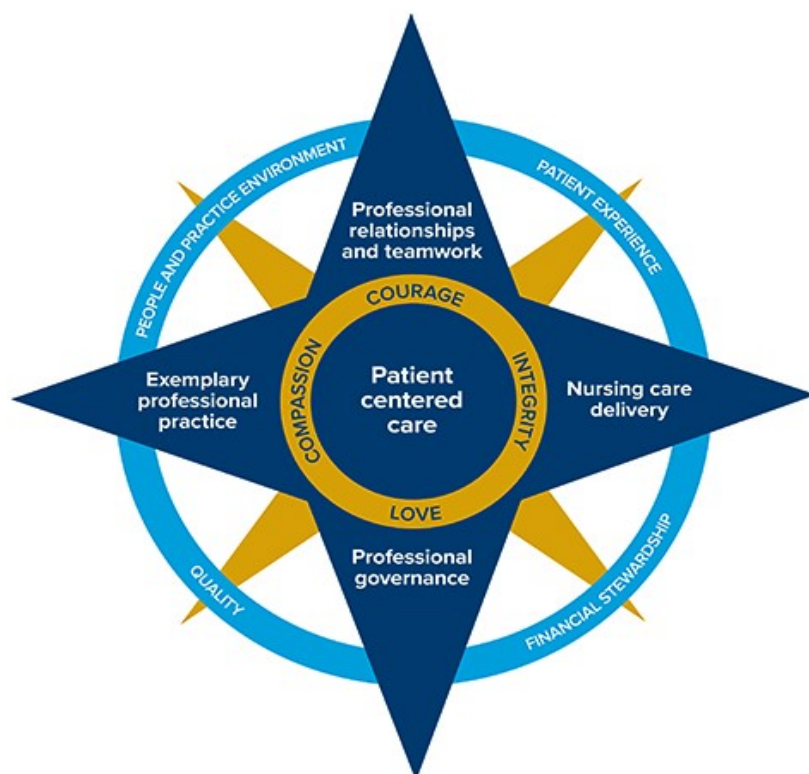
As stated, the patient was complaining of pain, which, on an above the knee amputation can be extremely painful even with a regional block, and especially while waiting for the block to start working effectively. To this end, I gave the patient 2 doses of 0.5 mg peripheral intravenous Dilaudid. This helped the patient, it giving them a chance to allow the regional block to do its job. There were other factors to consider while administering narcotics, which can cause a decrease in respiratory rate. As stated earlier the patient had a severe case of COPD, and baseline required 2 liters supplemental oxygen. Clearly, with weak lungs, apnea caused by opioids is much more likely, and potentially much more damaging. I also asked the anesthesiologist if we could treat the patient with a Duoneb treatment due to pulmonary deficits noted in her past medical history, to aid with her recovery. This was approved and performed while in the PACU. This means we have to go slow and reassess constantly, while again considering baseline neuro deficits.

The patient was of course much more comfortable after this pain medication treatment, along with playing soothing music and aromatherapy. Music has been shown to decrease levels of pain and anxiety on a patient while in PACU. We also were currently running our own study on the effects of music in PACU and were noted a clinical significance towards decreased levels of pain and anxiety. Once again, we must treat the patient holistically, so we are not giving them too much narcotic. With some direction and redirection, the patient was able to focus on the music and scents, instead of their current predicament. This helped make it so less medication was needed, which helped prevent further confusion or delirium, and also provided a generalized relaxing environment for the patient. I also passed these treatments on to the nurse who I was sending this patient to, to keep this effective holistic approach continuing.

While considering the patient holistically, I also had to consider that the patient needed continuous packed Red Blood Cells (pRBCs) due to this hemoglobin and hematocrit labs, which means a second bag of RBCs had to be started while in the Post Anesthesia Care Unit (PACU). So, while caring for the patient's pain, while determining the best path for treatment, the patient needed critical fluids. This also would affect the patient's recovery as they clearly needed pRBCs as well as platelets due to low lab values, for appropriate healing. To this end, I continued the pRBCs while also monitoring the continuation of platelets. While this may seem like a minor thing it was also important to notify the nurse who was going to assist the patient in their recovery while on the floor, as both need to monitor these infusions

and also check their hemoglobin and hematocrit levels per hospital policy. This is to ensure the patient is at safe lab levels, while also making sure they have the raw materials within their body to aid in healing. One of the wonderful parts of nursing is that while handing off to the next nurse, we must ensure the patient's care and healing.

This is what nursing is all about, constant attention, which leads to our own personal growth while taking care of our patients. We must constantly learn, constantly evolve, and constantly improve our levels of care for our patients. As Maya Angelou once said, "Do the best you can until you know better. Then when you know better, do better." This is what we should always be doing as humans, but even more so as nurses. **Page 9**



## Opium Stewardship: Are we doing all we can?

2020 saw a 30% increase in opioid related overdose deaths with an average of 130 persons every day in the US and the 2021 drug related deaths are not going down in most states. The rise has been largely attributed to the stress of the pandemic and the increased potency of drugs with added fentanyl. ASPAN adopted a position statement on Opioid Stewardship in Perianesthesia Practice in 2016 as the overdose numbers started to climb.

[https://www.aspan.org/Portals/6/docs/ClinicalPractice/PositionStatement/Current/PS\\_15.pdf?ver=2021-01-12-150829-460](https://www.aspan.org/Portals/6/docs/ClinicalPractice/PositionStatement/Current/PS_15.pdf?ver=2021-01-12-150829-460)

As I read through the position statement, I evaluated how my practice and organization could improve our stewardship to reduce opioid related deaths. Limiting the supply of opioids is one of the major steps in reducing the opioid crisis in a community. Statistics show that 71% of prescribed opioids go unused and 61-76% of them are not disposed of or stored properly. That's a ton of available opioids! Greater than 70% of those who misuse opioids have obtained them from a family member or friend. I was curious to see how other nurses were addressing this over supply of unused opioids.

I participated in one of ASPAN's online survey's regarding perianesthesia nurse's knowledge about patient education on opioids prior to discharge. The results and findings were presented at ASPAN's virtual conference in April 2021 and reflected in a great JOPAN online article, "Perianesthesia Patient Education for the Promotion of Opioid Stewardship" (pub. Dec 2020). These were some of the findings of over 1,600 ASPAN nurses that responded.

82% of the time perianesthesia nurses provided education about side effects  
93% knew that post-op opioid prescriptions should only be limited to a 3-to-5 day supply

42% were aware that most opioid abusers obtained the drug from family members or friends

23% always discussed safe medication storage

18% always educate on safe disposal

I was not surprised to see the low percentage of nurses who "always discuss safe medication storage" and "educate patients on safe disposal of unused medications". In a busy surgery unit discharge teaching time is limited to the most critical points of mobility, wound care/ special equipment needs, medications/side effects, pain control, potential complications, and follow-up care. I also found different recommendations by the FDA and EPA on how to properly dispose of unused medication which may have accounted for the lower percentages. On my journey to improve our discharge teaching, I discovered patient/staff resources that were already developed by ASPAN and other organizations with the same mission.

The link below is a 34- minute you tube video created by the College of Nursing in Kentucky to educate staff on opioid stewardship and includes role playing with patients upon discharge. I found it very informative and motivating to make this more of a priority within our organization. Patient surveys showed they are more likely to follow through with proper medication storage and disposal if a healthcare provider mentioned how it impacts overdoses.

<https://www.youtube.com/watch?v=bn9k6jx7544&t=386s>

In summary, opioid stewardship is heading in the right direction. We offer multi-nodal options for pain control by doing nerve blocks, use non-opioid pain meds like acetaminophen and NSAIDS, cold therapy, music listening, aromatherapy, and relaxation modalities. Some prescribers have eliminated opioid prescriptions for simple procedures, but many still prescribe opioids for breakthrough pain. The Wisconsin electronic prescription drug monitoring system is available to prescribers to determine prior opioid and benzodiazepine prescriptions for each patient. Regulations are changing in states to reduce overprescribing of opioids and mandating pharmaceutical companies to manage the costs of take-back programs. Newer, environmentally safe home disposable kits are being made to make it easier for patients to dispose of unused meds more promptly. Ideally every prescription would come with one!!!

Thanks to ASPAN for a great virtual national conference and shared knowledge. Opioid stewardship is a team effort. Perianesthesia nurses are in a great position to impact the opioid crisis in our communities by educating our patients on safe storage and prompt disposal of unused opioids.

Pam Schreiner BS, RN, CA-PA





### Rhiannon A Gattion – RN/BSN : Letter from incoming editor

I wanted to take this moment to offer a brief introduction to myself, as the new co-editor the Awakening Newsletter. I have a bit of a diverse background. I was not one of those people who knew he wanted to be a nurse, much less a Perianesthesia nurse his whole life. After high school I went into the military. I served for two years then was medically, and honorably, discharged, due to injuries I sustained while in the military. I went through some lost years trying to find myself, then moved back to Wisconsin to help take care of my aunt, and that's when I started having my own awakening.

After my aunt passed, I went to college knowing I wanted to do something in healthcare but not knowing what route. To that end I entered and earned my first two degrees in Human Biology with an emphasis in Health Sciences, and Psychology with a minor in Chemistry while attending University of Wisconsin Green Bay. With this route I was considering going on to Medical School. My senior year happened, and I realized that while I wanted to still work in healthcare becoming a doctor was not the route I wanted to go. To this day I don't know why I thought that it was just more of a gut feeling truth be told.

I then moved to Madison with the intent on applying to the Physician Assistant program at University of Wisconsin Madison. I did not get accepted. So, after I found out it was due to not enough recent patient care experience, I took a Certified Nursing Assistant course, then worked as a CNA at the veteran hospital here in Madison. I reapplied to the PA program, and this time I also applied to an accelerated BSN program that was online through the University of Wisconsin Oshkosh. My thought process between the two programs was, life tends to steer me in the correct direction, so I will let fate decide where I am meant to be.

I was accepted into the accelerated BSN program, and was interviewed for the PA program, but was ultimately not accepted into it.

Looking back, that moment was the start of life steering me where I was ultimately meant to be. The very first clinical I did as a student I remember this feeling of, yes, this is what I am meant to be doing. I feel in love with bedside care immediately and realized yes, I am meant to be a nurse. After being a medical surgical nurse for a few years, I knew I was still meant to be a nurse but knew that I was meant to explore a different route, luckily, life intervened again. A CNA and RN who I had built friendships with while taking report from one, and picking up patients from the other, recruited me to apply to our Perianesthesia Care Unit. Immediately I feel in love again and realized this is the nurse I am meant to be.

Which then is what brought me to becoming involved with WISPAN and the board. Marlene, who is our permanent day charge, and current WISPAN president, who I am convinced can sniff out talent the way a pig sniffs out truffles, kept encouraging me to attend meetings and become more involved. I believe, looking back, she could tell I love the type of nurse I am but wanted to accomplish more. So clearly Marlene does not take no for an answer and here I am. I am happy to be serving now, and loving being a Perianesthesia nurse and a member of WISPAN. My hope is I can continue to grow and serve well as your new Co-Editor.

Thank you everyone for this opportunity.



## 2022 WNA Nurses Day at the Capitol Wednesday, March 2, 2022

Questions? Please contact Bri Dunbar  
at [bri@wisconsinnurses.org](mailto:bri@wisconsinnurses.org).

**NOW ACCEPTING PICTURES, ARTICLES, PUZZLES, CELEBRATIONS FOR THE NEXT AWAKENING!!!**

Please submit photos, articles or anything that you would like included in The Awakening to the WISPAN editor at: [WISPANnewsletter@gmail.com](mailto:WISPANnewsletter@gmail.com)

### CLINICAL PRACTICE QUESTION Answer

Which of the following conditions can potentiate a nondepolarizing neuromuscular blocking agent?

- A) Hyperthermia
- B) Hypothermia**
- C) Overhydration
- D) Sepsis