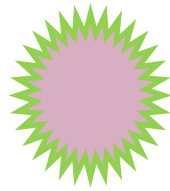


WISPAN

[wispan.nursingnetwork.com](http://wispan.nursingnetwork.com)



WISPAN Wisconsin Society of Perianesthesia Nurses

# The Awakening

## PRESIDENT MESSAGE

Marlene Nahavandi BSN, RN, CAPA

### President's Spring Update

Happy belated Perianesthesia Nurses Awareness Week! I hope that you had a wonderful time celebrating all we do as perianesthesia nurses. Spring is just around the corner and is one of my favorite seasons. It brings happiness and joy along

with the beautiful blossoms, chirping birds, and the longer days with warm sunshine. Spring is a time for rebirth, new beginnings, and inspiration. I hope to see a few WISPAN members at the National Conference in Philly. The national conference is always a time to regenerate our profession, a time to reconnect with old friends, make new friends and to increase our clinical knowledge.

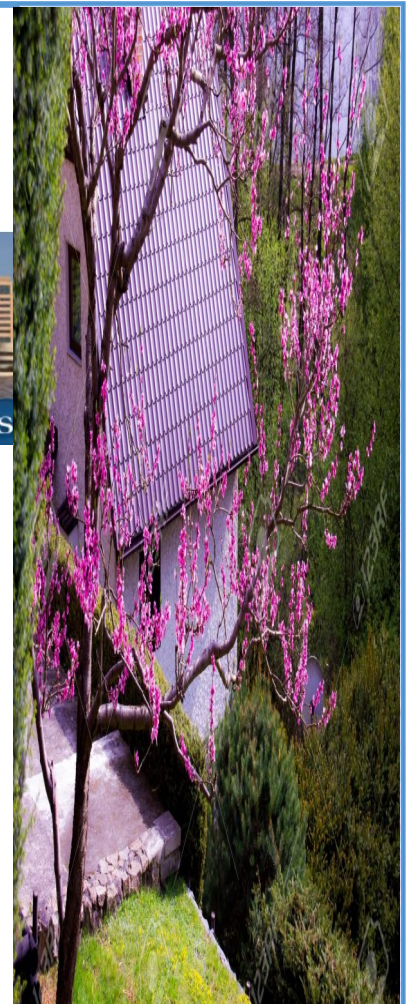
Recently, the WISPAN board of directors did "spring cleaning/updating" of the organizational documents. The WISPAN board of directors reviewed/revised the bylaws, job descriptions and policies at a recent board meeting. Reviewing the organizational documents can be an arduous task but also rewarding, as it allows one to see how our organization operates and that it relies upon the commitment of many perianesthesia nurse volunteers.

WISPAN, your professional organization exists due to dedicated nurses willing to contribute their knowledge and time. If you are interested in giving back to your organization

WISPAN continues to seek out WISPAN members willing to serve on the board of directors. As a board member you receive extra points towards scholarships (both state and nationally) allowing you to network with nurses outside your workplace, build friendships, and most of all have fun! WISPAN continues to provide educational opportunities, many scholarships, and links to governmental affair issues all for WISPAN members. I want to thank the entire board for their dedication and support of our perianesthesia nursing organization.

Marlene Nahavandi BSN, RN, CAPA

WISPAN President



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March 2022

Volume 43, Issue 1



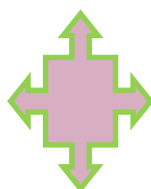
WISPAN Finances  
are as stated: S.  
Shotliff RN CPAN

*Mutual Fund*

\$11,899.92

*Savings*

\$6,023.76



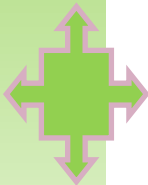
*CD*

\$21,981.63

*Checking*

\$14,8455.56

March 12, 2022



## BOD Standard Operations February 2022 Update

The February BOD meeting consisted primarily of review and updating our Policies, Bylaws and Job Descriptions. Overall, the majority of the updates and corrections were clerical. You can easily view the current update by logging onto the WISPAN website and scrolling down to Documents and Bylaws.

Terri Lakich, Standard Operations  
([aspan.org](mailto:aspan.org))

### Upcoming Scholarship Application Deadlines:

Mission Nursing Grant – 7/1/2022

Nursing Continuing Education Scholarship – 7/1/2022

CAPA / CPAN Certification and Recertification Scholarships – 9/15/2022

### WISPAN Winter Seminar

Pamela Schreiner

### 2022 ASPAN National Conference Virtual Scholarship

Brenda Gillingham

Sue Olson

### 2022 ASPAN National Conference In Person Scholarship

Jennifer Paquette

### 2022 ASPAN National Conference First Timer Scholarship

Rhiannon Gatten

### 2022 Spring CAPA / CPAN Certification / Recertification

No applicants / no winners

### Raffle Winners from the WISPAN Winter Seminar

#### WISPAN One Day Seminar

Krista Stier

Carrie Kittell

#### ASPAN / WISPAN Membership

Lori Mortensen

Gwen Frohmader

#### ASPAN Book / Publication from Gold Leaf Award

Rhonda Gessler

## Scholarship Coordinator Update

### Scholarship Coordinator Updates

Cyndi Siebel Mohler BSN RN CPAN  
**What's New?**

WISPAN has reinstated the \$500 Mission Nursing Scholarship. This decision was made at our board meeting held in February.

### Did You Know?

Our Scholarship program is based on a point system? You earn 4 easy points just by being an ASPAN / WISPAN member and being certified. Other ways to earn points include attending WISPAN seminars, attending a WISPAN Board meeting, submit an article to the Awakening, be a part of a WISPAN seminar planning committee, or be a board member.

We had no applicants so therefore no winners for the (3) 2022 Spring CAPA / CPAN certification and (3) recertification scholarships. Applications and information regarding our scholarship program is on our website. You can contact me if you have questions or prefer an application to be sent to you.

Cyndi Siebel Mohler

WISPAN Scholarship Coordinator

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



## 2021 ASPAN National Conference

Michelle Poehler, RN, BSN, CAPA

Attending the 2021 ASPAN National Conference virtually was an experience more rewarding and educational than I could have imagined. The availability of all educational tracks for my chosen day was a surprising benefit. Trying to choose which track to attend can be hard as so many of the offerings are beneficial and would help to improve patient care and staff education. Being able to attend these additional tracks allowed the opportunity to learn about important peri-anesthesia topics I would not have otherwise chosen. Also having the power point presentations available to print out, make notes on and share with peers made the conference even more accessible and enjoyable for learning. The Covid-19 pandemic has impacted so many of our lives and careers in ways before unimaginable. I found the Virtual 2021 ASPAN National Conference a ray of sunshine in an otherwise cloudy reality.

### WISPAN get together night in Philly

Join us at Iron Hill Brewery- RSVP [here](#) or scan the QR code



WISPAN Willingness to Serve click [WISPAN-Willingness to Participate Form \(wufoo.com\)](#) to check out how you can donate your time and talent to WISPAN! Worried you don't have the time or experience? We can help you! Reach out to any of our Board for questions

#### President Elect Message

Ann Keenan, MSN, RN, CPAN

Welcome Spring We are in a different spot than we were 2 years ago, but also forever changed. Each one of us has our own story and the pandemic will leave an indelible mark on our lives and nursing careers. Likewise, **nursing students** have faced an enormous challenge while navigating their classes and clinicals during these times. The perioperative area, while traditionally not an area for nursing students, can be a wonderful place to share your work. If you have the opportunity to precept a student or have a student for a shadow experience, please cheerfully share your knowledge with them. These "now" students may one day remember how interesting it was to see the Pre-Op, PACU, or Phase II areas and apply for a job. Do you remember that 'one' RN or 'one' faculty member who really helped you and wanted you to succeed? Do you remember how they made you feel comfortable even when you couldn't sleep the night before clinical? **BE THAT NURSE.** And if you didn't have someone who took you under their wing, **BE THE NURSE YOU WISH YOU HAD.** *You will leave an indelible mark on the life of a future RN.*

ASPN Conference I am very excited to visit Philly and attend the conference, which has tons of fabulous offerings this year! There will be a few of us there from the WISPAN board, and we can't WAIT to see you there!

WISPAN Winter Seminar: We had a very successful Winter Seminar on February 5<sup>th</sup>! Thank you to all who joined us! We are still awaiting one more presenter to hand in their slides before posting all of them to the WISPAN Website. Thank you again for your patience! Check out our fabulous Website Coordinator, Jen managing the virtual seminar!



#### CLINICAL PRACTICE QUESTION

**Question:** Should SGLT2 Inhibitors be held prior to surgery? If so, what kinds of surgeries are they held for?

First, what are SGLT2 inhibitors: "Sodium-glucose cotransporter 2 (SGLT2) inhibitors are a novel class of oral hypoglycemic agents which increase urinary glucose excretion by suppressing glucose reabsorption at the proximal tubule in the kidney."<sup>1</sup> This class of drugs can lower HbA1c without increasing the risk of hypoglycemia and induce weight loss. Incidentally, outcome trials have shown the improvement of CV and renal outcomes by treatment with the SGLT2 inhibitors. Examples of such medications are: empagliflozin, canagliflozin, and canagliflozin. 1. This class of medications is commonly used to treat individuals with type 2 diabetes.

**Answer on Page 12 Page 3**



As of March 1, 2022, WISPAN has 258 members. Of these members, 48 are CAPA certified, 63 are CPAN certified and 6 hold a dual certification.

Currently we have 5 CCRN certified and 4 CNOR certified

The exam administration window will be between September 15th — November 15th. Go to

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



Become certified to:

*Fall Exam Window Dates*

*July 1st — September 15th — Exam Registration Date*

*September 15th — November 15th — Exam Window*

*Cost Test Assured Program—\$50*

*Total Fees as Follow:*

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

*“WISPAN has 258 members. Of these members, 48 are CAPA certified, 63 are CPAN certified and 6 hold a dual certification”*

## CPAN / CAPA Certification

**With the 2022 Conference  
around the corner :**

### *2021 ASPAN Conference Education*

The 2021 National Conference had two topics that I felt are current for our preoperative and postoperative care of our patients. “Weeding” Out the Myths and CBD address the usage and differences between the two drugs and what the current knowledge & research is for our surgical patients.

Hemp and Marijuana both come from the Cannabis plant genus and share certain traits but they are not the same things. Both contain THC (Tetrahydrocannabinol) and CBD (cannabidiol). It is the ratio of THC and CBD that sets the plants apart.

Marijuana famous active ingredient THC has psychoactive effects i.e. “high feeling” and can be found in concentrations up to 30% per dry weight but CBD concentrations are low. Marijuana is classified as a Schedule 1 substance by the Controlled Substance Act of 1970.

Hemp is the opposite: low levels (less than 0.3%) of THC and high concentrations of CBD, the non-psychoactive cannabinoid. Hemp CBD is a Schedule 5 substance as long as its THC is less than 0.1%.

Marijuana is the most commonly used addictive drug after tobacco and alcohol. In 2018 more than 11 million young adults reported marijuana usage within the past year. Primary usage of cannabis remains recreational (89.5% of adult users), 10.5% report solely for medical purposes and 36% report a mixed medical/recreational use. (Schauer et al, 2016). Currently 15 states have legalized marijuana. CBD is relatively new and has a long list of potential uses.

Continued Page 5

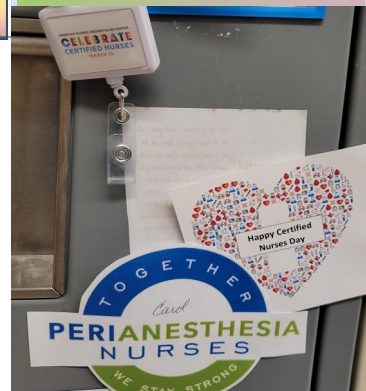
## MEMBERSHIP & MARKETING

Carol Neumann BSN/RN CPAN

Congratulations to our recruiter of the year, Jessica Herr, who had 6 new members join. Thank you to everyone who reached out and recruited new members.

I hope everyone celebrated perianesthesia nurses week, and certified nurses day.

Reach out at your work and encourage your co-workers to join us. Benefits include free CEU's and a journal club to review and actively discuss and apply this new knowledge.



[https://  
www.cpancapa.org/](https://www.cpancapa.org/)



Page 4

In her talk Let's "Weed" out the Myths, Joan Smith discusses that some of the stigma associated with the usage of weed is decreased but as perioperative nurses we need to understand how it affects our nursing care. She emphasized that in the pre admission phone call it was important to get the best information from the patient so that education can be done for the patient and planning for their care can start. Not alot of research has been done on cannabis usage and surgical care and this is a focus area for new research.

Marijuana usage has been associated with following surgical risks:

- Altered cerebral thermoregulation leading to intraoperative hypothermia and severe post operative shivering.
- Can have an increase in clotting time; increased risk of bleeding in patient taking Warfarin; decreased platelet count
- Tolerance to induction agents
- Unknown cross tolerance to other anesthetic agents (can take up to 3 times as much Propofol to achieve sedation
- Elevated risk of MI

Postoperative concerns:

- Cross tolerance to analgesics
- Possible heightened pain perception
- Cannabis Withdrawal Syndrome (CWS)

Marquetta Flaughter in her topic, Is Your Patient Using CBD? How it may impact Patient Care, states that our patients are reluctant to tell us about using CBD because mainly many patients are confused that CBD & marijuana are the same thing any are concerned about being judged, even though they see the benefits of CBD they still feel the stigma. Education of the presurgical patient on CBD can decrease their concern about being judged and promote their surgical safety.

CBD has a short list of possible surgical concerns since it is relatively new but still linked to cannabis side effects. These concerns are increase risk of bleeding, risk of increased sedation and can inactivate birth control. Once again research is needed study CBD and surgery.

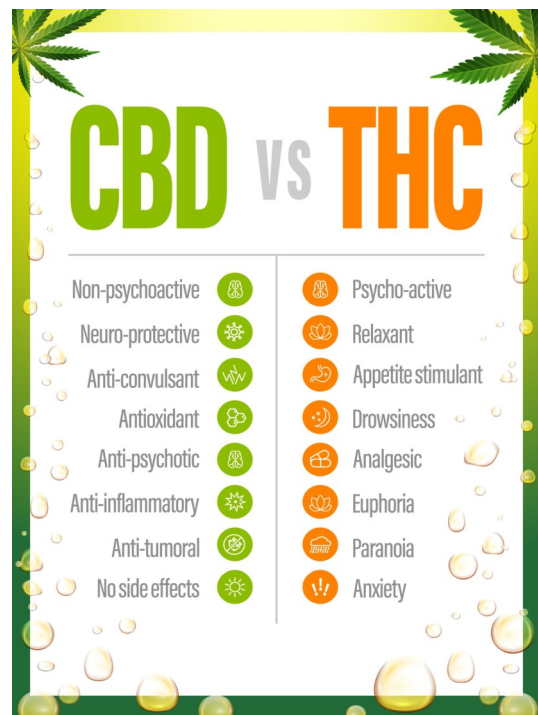
An important thing for the patient who is using CBD is to know their drug. Just like all supplements there are good, better and best. CBD regulation is under the FDA but not all CBD containing products are equal.

In summary as Perianesthesia nurses we need to update our knowledge of cannabis, both marijuana and CBD. We need to present a non judgmental attitude when caring for patients who use these substances so that they are open and honest and we are then able to provide safe care for them.

Included are some articles for your reading pleasure.

1. American Society of Anesthesiologists. Eight things to tell your physician anesthesiologist before surgery, March 11, 2019. Available at: <http://bit.ly/2McZuNZ>
2. Bonnet, U., & Preuss, U. W. (2017). The cannabis withdrawal syndrome: current insights. *Substance abuse and rehabilitation*, 8, 9–37. <https://doi.org/10.2147/SAR.S109576>
3. Copeland-Halperin, L. R., Herrera-Gomez, L. C., LaPier, J. R., Shank, N., & Shin, J. H. (2021). The Effects of Cannabis: Implications for the Surgical Patient. *Plastic and reconstructive surgery. Global open*, 9(3), e3448. <https://doi.org/10.1097/GOX.0000000000003448>

Submitted by : Laura Van Pietersom





## About a Nurse



"You just can't get used to actually being on vacation, can you?"



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

ABPANC  
CERTIFICATION  
EXAM  
PHASE II  
RESOURCES  
TEST ASSURED

ANXIETY  
CONFIDENCE  
KNOWLEDGE  
PRE OP  
RN

CAPA  
CPAN  
PHASE I  
RECERTIFICATION  
STUDY SKILLS

Become a certified PeriAnesthesia Nurse!

Submitted by: Marlene Nahavandi

## NURSE JOKES

### Lightbulb!

Q: How long does it take a nurse to change a light bulb?

A: About 15 seconds tops to change it and 20 minutes to document it - how, when, where, why, and what serial number it had.



## GOVERNMENT AFFAIRS NEWSLETTER ARTICLE. 3-15-22

### NURSE ADVOCATE

When one decides to go to nursing school, unbeknownst to ourselves the impact that this makes on the person you become. By innate nature, we morph into becoming this whole new person "A NURSE". We learn to develop, nurture, and create trusting relationships which becomes a core trait to our gifts we bestow on others; As evidenced by nurses being voted as the #1 trusted profession for 20 years. (20!!!)

Patient advocacy is a cornerstone of our nursing profession that is practiced every day. Experience, education, research and communication are all parts of our nursing advocacy. The plights and needs of our profession, patients and communities continue to grow daily. Nurse relationships can be used to educate our chosen political leaders to create positive change. Our strength is through unity as nurses. There is no more powerful voice than ours as nurses and Wisconsin residents!

We have many challenges as nurses in the years ahead. By facing them as a collective whole, we can convey effective solutions to our elected officials and make a difference!

Being a recipient of the ASPAN Nurse In Washington Scholarship, I have the honor to attend and represent us. I am looking forward to doing some of the important work discussed above. Most of all, I am humbled to represent us as Perianesthesia Nurses.

Cordially,  
Tracy Franchuk RN BSN CAPA BSHCAD

Nurseslabs

## NURSE JOKES

### Rectal Thermometer

Q: What's the difference between an oral thermometer and a rectal thermometer?

A: The taste.



## STATE of WISCONSIN



### OFFICE of the GOVERNOR

## Proclamation

WHEREAS, according to the American Society of PeriAnesthesia Nurses (ASPAN), there are around 60,000 perianesthesia nurses working throughout the United States, including many in Wisconsin; and

WHEREAS, perianesthesia nurses practice in several areas of medical care, including pre-anesthesia and post-anesthesia care, ambulatory surgery, and pain management; and

WHEREAS, perianesthesia nursing plays an essential role in the safety of patients and quality of healthcare in hospital settings across our state, and perianesthesia nurses continuously meet the varied and emerging needs of patients in a diverse range of environments; and

WHEREAS, we recognize that as the American population ages, advances in medicine raise life expectancies, and home healthcare services expand, the demand for perianesthesia nurses will only increase, and that the value of the services and care they provide will remain an important part of the American healthcare system; and

WHEREAS, this week, the state of Wisconsin joins ASPAN and the Wisconsin Society of PeriAnesthesia Nurses in recognizing perianesthesia nurses throughout our state for their steadfast commitment to patient care and the continued advancement of nursing practices;

NOW, THEREFORE, I, Tony Evers, Governor of the State of Wisconsin, do hereby proclaim February 7 - 13, 2022, as

### PERIANESTHESIA NURSE AWARENESS WEEK

throughout the State of Wisconsin and I commend this observance to all our state's residents.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison this 21<sup>st</sup> day of January 2021.

*Tony Evers*  
TONY EVERS  
GOVERNOR

By the Governor:

*Douglas La Follette*  
DOUGLAS LA FOLLETTE  
Secretary of State

Nurseslabs



## Donation to DAIS from WISPAN

organized by Rhiannon A Gatto and Marlene Nahavandi

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12/22/21

WISPAN  
Marlene Nahavandi  
721 Terrace Ridge Drive  
Cottage Grove, WI 53527

Dear Marlene Nahavandi,

On behalf of Domestic Abuse Intervention Services (DAIS) and the many individuals and families we serve, thank you for your generous donation of toys, games, books, and personal care items on 12/20/2021. Your donation is tax-deductible.

Thanks to support like yours, DAIS can continue to empower those affected by domestic violence and advocate for social change through support, education, and outreach. Community contributions make it possible for us to provide a continuum of services, including a 24-hour Help Line, emergency safety planning, children's programming, weekly support groups, legal advocacy, prevention and awareness programs, and the only emergency domestic violence shelter for all of Dane County.

Thank you for helping DAIS support survivors of domestic violence in our community. Together we can make a difference. You and DAIS. One. And for all.

With gratitude,

Katie Danforth  
Development Assistant

*Thank you for your donation, it is much appreciated that you chose to support us during these difficult times! Happy Holidays :)*

Keep up with DAIS at [www.abuseintervention.org](http://www.abuseintervention.org)  
Follow us on Facebook at [www.facebook.com/DaisofDaneCo](http://www.facebook.com/DaisofDaneCo)

Domestic Abuse Intervention Services is a 501(c)(3) non-profit organization. Your donation is tax-deductible as allowed by law. Please note, that gifts of \$250.00 or more may be listed in DAIS' publications. If you do not want your gift listed, please contact Katie Danforth at [katie@abuseintervention.org](mailto:katie@abuseintervention.org)





*Growth is Always Continued - Submitted by : Rhiannon A Gatton,  
RN/BSN*

“Treat the patient as a whole, not just the hole in the patient,” unknown author.

When the patient in this example, came into the Post Anesthesia Care Unit (PACU) they appeared to be just fine. Per protocol I, started connecting the patient to our monitors. At this time, I also noted the patient was more of an ashen color, and that it had taken less than a minute from their arrival



to PACU to become this color. I noted the patient appeared have no sign of breathing at all, and as the pulse oximeter was still not appearing to track, I quickly listened to the patient's lung sounds, which were not present. I called the anesthesiologist's attention to this, and while he was listening for the patient's lung sounds, I prepared a bag-mask ventilator in case we needed one, which we did.

In line with our evidence-based practice we were, of course, helping the patient, helping them to breathe, helping them to live. While it appeared, the patient was now start-

ing to spontaneously ventilate, I noted some stridor, and clear accessory muscle involvement with continued poor breathing. Once that was noted I suggested to the anesthesiologist that we try some racepinephrine to help with the patient's current issues. The anesthesiologist agreed and we treated the patient who then appeared to be spontaneously breathing on their own, oxygen saturation was 95% or above, and only supplemental oxygen was being supplied. This lasted for about 60 seconds.

We resumed bag-mask ventilation with 15L of oxygen being bled through, to simply maintain our 95% or above saturation. During this time, I again listened to the patient's lung sounds, and noted some inspiratory and expiratory wheezing along with more accessory muscle usage, although this time it appeared more abdominal. This time I suggested we try a DuoNeb treatment, which we did, and once again followed the pattern of the prior treatment. The patient appeared to spontaneously ventilate, was able to maintain oxygen saturation levels at 95% or above, but again it only lasted about 60 seconds, then the patient stopped spontaneous breathing, oxygen saturation levels plummeted, and we had to once again bag-mask ventilate.

We next attempted treatment with 0.001mg PIV epinephrine. Again, this followed the same pattern as both prior medications, only this time when it first worked, the patient appeared to wake up and start thrashing against all of us helping them. Once more this was temporary however, and about 60 seconds later we once again had to begin bag-mask ventilation with 15L supplemental oxygen. At this time the primary anesthesiologist suggested we try 20mg PIV succinylcholine to let the patient completely relax and give their lungs a chance to wake slowly again. This of course did have the desired effect, and, while the patient was sleeping, I and the OR RN continued with bag-mask ventilation as the anesthesiologists conferred on the best course of action.

During this time, I noted the patient had abdominal distention, most likely from the now multiple hours of bag-mask ventilation they had been receiving, due to this, the anesthesiologists decided to place an OG tube temporarily in the patient and suction the excess air out of their stomach. This treatment worked, and the patient had a flat stomach again. I then asked if we should contact a Respiratory Therapist (RT) for a consult, which we did. During the consult with NICU RT and the third anesthesiologist the decision was made to give the patient 20mg PIV propofol to place them back to sleep and give their lungs a chance to rest. At this time the consulting anesthesiologist also stated the plan should be after allowing the patient to rest, the patient should still go to Surgical Short Stay to potentially discharge to home. I spoke up here and stated even if the patient fully recovered while here at Meriter, due to the number of medications, among other treatments, as well as the unknown cause of their lung's reaction, I felt very strongly we should facilitate a transfer to University of Wisconsin (UW) Hospital via Cheetah. After I said this the Director of our Department checked in, and I asked if they could facilitate Cheetah, which they did immediately to help prevent delay to the patient's care. Our director also went to speak to the mother of the child, to keep her apprised of the current situation.

At this time the propofol was administered, and a decision was made to reintubate the patient. This was decided to be performed in the Operating Room (OR). We then transferred the patient, while the OR RN and I continued to bag mask ventilate and the primary anesthesiologist prepared to reintubate the patient, then send to UW Hospital. We had discovered by this time that every single treatment we gave would only mask the symptoms for a limited time, but the patient would still desaturate to dangerous levels if continued bag-mask ventilation was not being performed. At this time a fifth anesthesiologist had gotten involved. We also asked another PACU RN to go and talk to the patient's mother so the mother could continue to be informed of the current status of the patient. The fifth anesthesiologist also stated they believed the patient could potentially recover, then be sent down to surgical short stay to discharge to home. Once again, I reiterated that the patient, even if not reintubated needed to be transferred to UW Hospital for overnight monitoring. Luckily our Director, who was helping to monitor and facilitate the necessary steps, overheard me and

nodded, then went to go and look for Cheetah transport for the patient.

By now the primary anesthesiologist was ready to reintubate, with myself, the OR RN and the Cheetah team advocating that this was the best course of action, because of how quickly the patient would desaturate if not being actively treated and/or bag-mask ventilated with 15L supplemental oxygen. The patient was placed on a Propofol drip and prepared on a transfer cart for Cheetah.

According to Alvernia University "Because they (nurses) have the most direct interaction with patients, nurses are ideally positioned to be advocates." Ultimately, I believe this, and believe this case demonstrates how, not only was I in the ideal position to be that advocate, but I *was* that advocate, something we should all aspire to be as perianesthesia nurses.



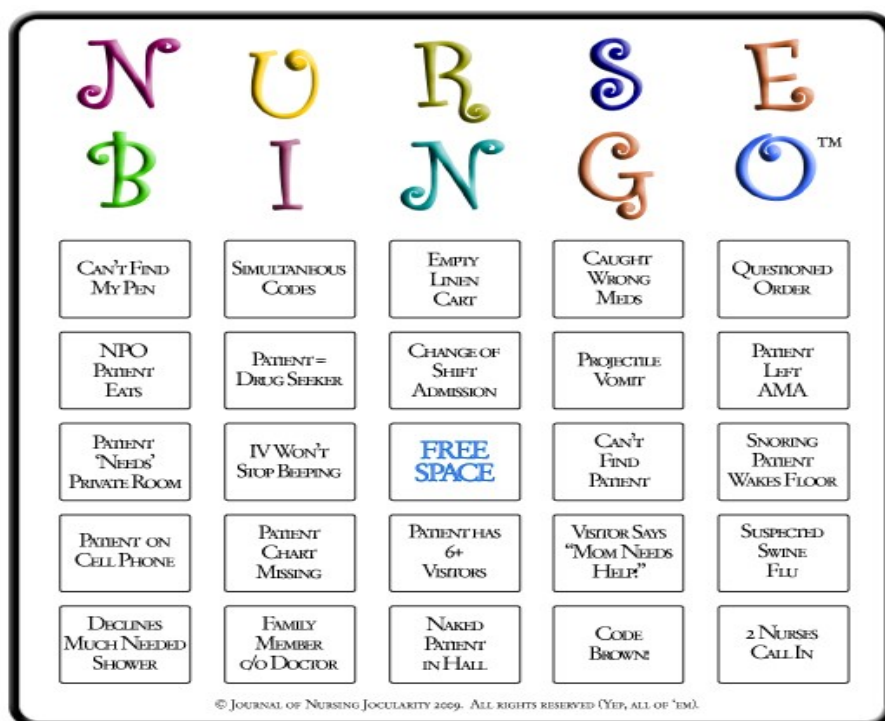


WISpan,  
 Thank you so much for your generous donation! Our Training Teams are an 8-10 week program for kids to develop physical, emotional and mindfulness skills while training towards a goal event. This donation covers the cost of 1 coach, which is our largest expense in ~~total~~. Thank you for your support and all that you do as nurses! Your hard work does not go unnoticed!



*Amenda Marek*  
**Bringing out the champion in every kid!**

Submitted by Sandy Shotliff RN CPAN— Donation  
 to Tri — 4— Schools from WISPAN Winter Seminar



"Recently, WISPAN made a generous contribution to the American Society of PeriAnesthesia Nurses for National Conference support. On behalf of the entire ASPAN community, I want to extend my sincere thanks to you and your Component.

Each year, the support of components like yours goes a long way in helping ASPAN make the conference the best it can be and provide its members with the latest in perianesthesia education, research, clinical practice expertise, and advocacy at the most reasonable cost. I want you all to know how truly important your help is to the overall support and promotion of our vital profession and how grateful we are for your gift."

Sincerely,

Doug Hanisch

R. Douglas Hanisch

Marketing and Communications Manager

American Society of PeriAnesthesia Nurses

Members Guide our Specialty; the Board of Directors Guide our Society

Brenda Gillingham, RN, BSN, CPAN

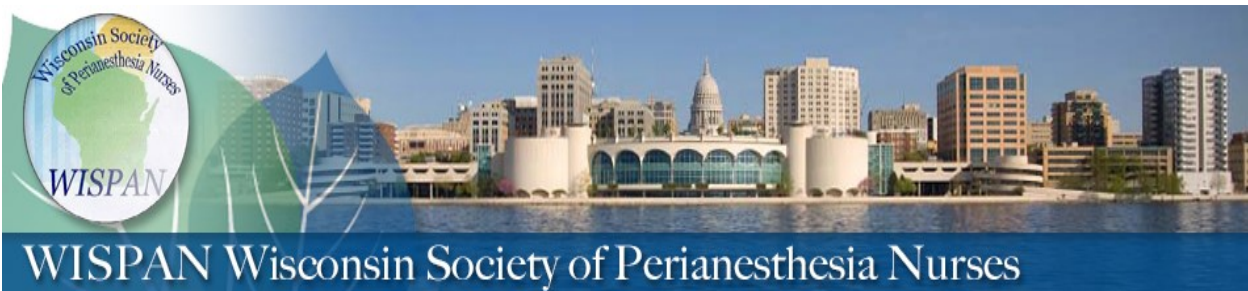
WISPAN Past President

You have taken the step to become a member of your professional organization, are you ready to take another and join your Board of Directors (BOD)? Although ballots for the upcoming term are being prepared, it is never too late. We are still in need of a **Secretary, Treasurer, and President Elect**.

We all know how difficult it can be when contemplating something new, but rest assured that you are not alone in a position on the Board. You know as nurses, we mentor, support, and assist one another. This is no exception when you are a member of the BOD.

Some current and past board members, including myself, found it helpful to attend a BOD meeting to gain insight. No travel is necessary as they are held virtually. We meet every even month on the first Wednesday at 1900. Don't hesitate to contact me at [WISPANpastpresident@gmail.com](mailto:WISPANpastpresident@gmail.com) if you would like to attend or have any questions. Please consider supporting WISPAN even further by heading one of these *very important roles*. *I sincerely hope to hear from you.*

“We make a living by what we get, but we make a life by what we give.” — Winston Churchill



#### Greetings WISPAN!

As I write this, it is just two weeks away from the ASPAN National Conference in Philadelphia. This is top of mind as we prepare the final details for presentations and gatherings. For the first time we are planning a meet and greet for our region. If you are attending, please plan to come join us on Friday evening at 7 p.m. room 403.

On a personal note, I am preparing for my National Conference presentation, Perianesthesia Nurses Can Drive a Culture of Safety. In our world this presentation couldn't be timelier. I have been in tune with the RaDonda Vaught Tennessee nurse trial this week and I am troubled. As an advocate for a safe culture, we have references and recommended practice that discourage punishing the individual when an error occurs. Unless an individual has taken malicious actions to harm a patient this is the approach we need to take. Reporting errors is our only tool to learn and stop further mistakes. If we take the route of punishing those involved, reporting errors will decrease. The results of this court case have unsettled me immensely because of the president that this is making. What can we do?

Have hope and know that we can make a difference in our culture for our patients. When mistakes occur please take the stance to learn the root cause of those errors. We need to keep our focus on safety by looking at the process not the people. In the court case there were examples of system failures such as lack of scanning for medications or over riding medications out of an automatic dispensing unit. Trust and an environment of support will foster a culture of safety to speak up. Proactively learning skills to communicate with each other is a tool we all can further develop. In my presentation you will learn that at the end of the road, we are all accountable and can guide our future.

Stay well, connected and safe my fellow nurses,

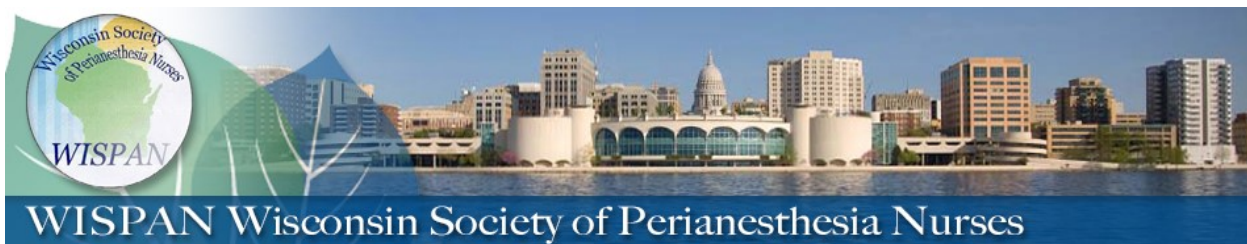
Sincerely,

Deb Moengen BSN RN CPAN

ASPAN Region 3 Director

Retrieved from [RaDonda Vaught, guilty of criminally negligent homicide, speaks out \(tennessean.com\)](https://www.ra-donda.com/2019/04/10/ra-donda-vaught-guilty-of-criminally-negligent-homicide-speaks-out-tennessean-com/)





Dear Fellow Members,

I sincerely invite you to become even more involved in your chosen field by joining the WISPAN Board of Directors. Just a few of the *many benefits include*:

- Earning points to apply toward WISPAN scholarships when attending board meetings.
- Looking *great on resumes and job advancements applications. This gives you an absolute advantage!*
- Being a part of decision making that affects your profession.

The following board positions are available beginning July 1, 2022: **Treasurer, Secretary, Research, Scholarship, and President Elect.**

First, please take a moment to review these job descriptions at: <https://wispan.nursingnetwork.com/page/31601-documents>

Second, complete the willingness to serve form at: <https://nursingnetwork.wufoo.com/forms/wispanwillingness-to-participate-form/>

Finally, please email me with any questions you may have at [wispanpastpresident@gmail.com](mailto:wispanpastpresident@gmail.com) or [brendagillingham1965@gmail.com](mailto:brendagillingham1965@gmail.com). I truly hope to hear from you.

Remember, together we stay strong.  
Sincerely,

Brenda Gillingham, RN, BSN, CPAN  
WISPAN Past President



## Rhiannon A Gatton – RN/BSN : Editor Message To Readers

Hello, WISPAN nurses, we made it to another year. My last letter I wrote I wanted to give our readers an introduction to who I am, this time I would like to talk a bit about how this past year has gone. We have had to deal with a pandemic, a pandemic ending, a pandemic resurging; and meanwhile we are also dealing with what we as nurses always have to deal with, inadequate staffing, mandatory overtime, safety on the job, workplace violence while also attempting to improve our own self-care.

I felt it necessary to mention all those things to simply demonstrate what a hardy bunch we are as nurses. We are able to overcome all our usual obstacles, any one of which would cause a lesser person to feel burnout, while also dealing with a pandemic. And as we know a pandemic affects those of us in healthcare, especially nurses, different-ly then most other professions.



Going to Philadelphia? Plan to join fellow Wisconsinites!

### WISPAN member “Meet up” in Philly

We are planning to meet for a group dinner on Saturday evening at a nearby restaurant. Please plan to join others from Wisconsin for an evening of food and fun. Use the following QR code for Time and Location information

Please contact Marlene Nahavandi WISPAN President via email [marlenen@mail.com](mailto:marlenen@mail.com) or text/call 608-235-3435.



## 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: [WISPANnewsleter@gmail.com](mailto:WISPANnewsleter@gmail.com)

We have to adapt to the circumstances, figure out how to deal with a more complex patient, and still offer the very best care we can, to patients who are already in a vulnerable state once they have to get surgery. Yet we survive. We as nurses are uniquely equipped to care for others, even sometimes at the cost of ourselves. This is something everyone reading this can relate to I am sure. I would however like to mention we should continue to hope for ourselves, just as much as we hope for our patients. We need to celebrate our lives, as life begins to spring again. Make sure to take a moment and recognize yourself, and your colleagues. Then get outside and enjoy the new life springing up. Recognize that life always finds a way, and nurses always find a way.

Make sure to go forward this year and take time for yourselves. Make sure while we care for our vulnerable populations you recognize in yourself; you are a vulnerable population yourself. No matter how you choose to decompress, through meditation, outdoor or indoor activities, time with family, just remember that it is just as important. I would also like to personally put a plug in for becoming involved with the WISPAN network. You can meet people with similar passions, and interests, not to mention similar experiences. Always remember we are here for one another, and while we cannot understand exactly what you've gone through this last year, we can empathize. We can show compassion. We can help each other become the best person and nurse each of us are meant to be.



## CLINICAL PRACTICE QUESTION Answer

**Answer:** ASPAN does not list specifics regarding which meds to hold prior to surgery. The FDA recommends discontinuing this class of drugs at least three days before surgery because patients are at risk of developing diabetic ketoacidosis while on the medication. FDA also recommends careful monitoring of blood sugar.

Pre op medication management is generally determined collaboratively with surgeon, anesthesia and/or primary care doctor along with hospital perioperative pharmacist.