February 2024

Iowa Society of Perianesthesia Nurses

Awakening News

Volume 34- issue 3

In this issue:

Upcoming events:

March 2, 2024 CEU

March 26, 2024
ISPAN board meeting

April 14-18 2024
ASPAN National Conference, Orlando, FL

ISPAN President's Message

Pam Uhrich MSN, RN, CPAN, CAPA

ISPAN president

My term as president will be ending in March and I want to welcome Kris Franklin from Mary Greeley Medical Center in Ames! Kris has been a long-term member of ISPAN. I will not be going away! I will step into the position of Governmental Affairs. We still have a couple of positions on the board open and I would like to encourage you to consider. We have included the Willingness to Serve form at the end. Please be aware that when you take a position you are a part of a team and will receive a lot of help from the experienced board members.

The ability to work as a team is one of the main reason that I have stayed in the perioperative area. When there is an issue with a patient, I just need to reach out to the charge nurse or the nurse next to me to discuss the issue about a patient. In the Preoperative area, I see so much collaboration with team members. In preop-the darn site markings policy and surgical consent. Who knew there are so many interpretations? We are all reading the same thing, right?

APAN's National Conference in Orlando is coming up April 14-18th. Please let Kris know if you are attending. ISPAN would like to have an outing without fellow Iowans. There will also be a sign for a component outing at the conference.

It has been a pleasure and please let me know if you need anything, I'm around!

Follow ISPAN:

Website: https://ispan.nursingnetwork.com

Facebook: Iowa Society of Perianesthesia Nurses-ISPAN

Nurses using ultrasound for IV starts

Establishing Intravenous Access in Difficult to Cannulate Patients in an Ambulatory Surgery Center. DIVA (Difficult IV Access)

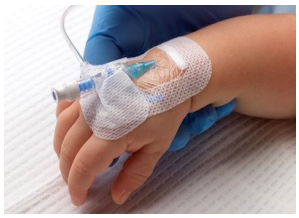
Kelsy Wood, BSN, RN, CRNA-DNP student

University of Iowa

Patients who have non-visible and non-palpable veins, those with a history of difficult vascular access, and those with certain medical conditions can present as particularly challenging to obtain peripheral intravenous (PIV) access (Yalçınli et al., 2022). At the University of Iowa Hospitals and Clinics (UIHC) ambulatory surgery center (ASC), a combination of difficult PIV patients, low experience, and high turnover among perioperative nurses resulted in suboptimal PIV placement rates.

An opportunity existed to optimize the PIV insertion processes, enhance efficiency, and reduce patient discomfort, while empowering nursing staff to practice at their full scope. Van Loon et al. found that practitioners including nurse anesthetists, PACU nurses, and general nurses attained a 98% first attempt success rate after forty ultrasound-guided (USG) PIV placements (2022). The amount of training required to achieve competency with USG PIV insertion varies based upon the practitioner's prior experience with placing PIV cannulas (Van Loon et al., 2022; Bhargava et al., 2021). Patients at high risk for difficult PIV access should have early use of USG for PIV insertion (Sweeny et al., 2022). There is no current policy to guide the PIV insertion process at the UIHC ASC.

A mastery learning model was developed involving asynchronous education, live demonstration, deliberate simulation practice, and formative and summative assessment of USG PIV placement. Each demonstration included simulation of a 12-point USG PIV technique with return demonstration by the trainee. Trainee competence was based on successful completion of all 12 points on the USG PIV checklist. Once competence was demonstrated the trainee could place USG PIVs.



Nurses within the ASC have now successfully inserted 97 preoperative PIVs using ultrasound to date. Patient satisfaction scores have improved, the number of PIVs requiring an anesthesia provider consult for assistance has decreased to less than 1% and operating room case de-lays due to difficult IV starts have decreased. Nurses feel more empowered and additional nurses are being trained. Interrater reliability amongst skill evaluators was achieved in order to facilitate standardization of trainings in the future. The skillset learning curve takes a little time to master, however the outcomes have been significant. The ultimate goal would be a successful PIV start with one attempt.

References

1. Yalçınlı, S., Karbek Akarca, F., Can, Ö., Uz, İ., & Konakçı, G. (2022). Comparison of standard technique, ultrasonography, and near-infrared light in difficult peripheral vascular access: A randomized controlled trial. *Prehospital and Disaster Medicine*, *37*(1), 65–70.

2. Sou, V., McManus, C., Mifflin, N., Frost, S. A., Ale, J., & Alexandrou, E. (2017), A clinical pathway for the management of difficult venous access. *BMC Nursing 16*(1), 64.

Changes to CPAN/CAPA CERTIFICATION

To read more about these changes and how they may affect your 2024 recertification, please visit the ABPANC website here.

Highlights of the changes include:

- All contact hours must be perianesthesia related
- The number of required contact hours will be reduced from 90 hours to 70 hours
- The direct versus indirect care categories for contact hours will be eliminated
- The recertification reinstatement period will be extended from 15 days to 90 days
- Recertification by exam option will be discontinued by 2027

Please note the new Recertification Handbook reflecting these changes will not be available until after the close of the fall 2023 recertification window.

Reminders

- CPAN/CAPA Certification fall registration window: July 1 – October 31
- Fall testing window: September 15 – November 15
- Fall Recertification window: July 1-October 31

Learn more at https://www.cpancapa.org/

https://www.cpancapa.org/

Clinical Practice questions

Holly Meis RN, BSN

Nurse at Surgical Dunes Center, Dakota Dunes, SD

Your question: I am looking for practice guidelines of care of the pt after receiving a block for polices on best practices

Answer: The latest ***2023-2024 Perianesthesia Nursing Standards, Practice Recommendations, and Interpretive Statements*** does not specifically address this issue. The ***Standards*** does recommend "patients receiving sedation prior to surgery (e. g, for placement of reginal blocks) may require pulse oximetry, sedation assessment, more frequent vital signs, and other assessment specific to the procedures performed" (page 58). The ***Standards*** also provides **Practice Recommendations for The Role of the Registered Nurse in the Management of Patients Undergoing Procedural Sedation** from page 84-88. It explains on page 87, "Patients who have received procedural sedation should receive appropriate postprocedural care and management". "Patients should be observed until they return to baseline level of consciousness and are no longer at risk for cardiopulmonary depression", "monitor oxygenation continuously until patients are no longer at risk for hypoxemia". The ***Standards*** also recommends "if a reversal agent was administered, post procedure monitoring is generally extended for additional two hours after the time the reveal agent was administered", and "discharge should not occur until at least 30 minutes since the time of the last sedatives/analgesic medications". "Patients may be discharged according to facility-specific guidelines and policies. Design discharge criteria to minimize the risk of central nervous system of cardiorespiratory depression after discharge". Blocks can be placed in preop, intraop or post op area. In our ASU, most of the regional blocks are placed during the surgeries, interscalene blocks are typically placed in preop area prior to the shoulder surgeries. Occasionally, interscalene blocks and adductor canal blocks are placed in the recovery room for post op pain control. When the block is placed in preop or in the recovery room, the patient will be on continuous cardiac and oximetry monitoring, frequent vital signs checking, frequently assessed for any response to the block, and any signs/symptoms of Local Anesthetic Systemic Toxicity (LAST). Our Anesthesiologists will typically return to the bedside, reassess the patient before the patient is taken to OR or prior to discharge.

I would suggest reaching out to your department manager, educator, and the anesthesiologist group for more practice guidelines of care after receiving a block.

Clinical Practice questions— continued

Holly Meis RN, BSN

Your question: Is a pt with c.difficile no longer required to recover after surgery under anesthesia in the OR? In the past, these pts were recovered in OR & in isolation. We also have an issue sorting out our trash by placing used oxygen mask into the needle box bin. This fills up our bin faster as we provide care for 25-30 pts a day from OR. Suggestions?

Answer: ***The 2023-2024 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*** does not specifically address these issues. The ***Standards*** does recommend "for the patients with isolation requirement, plans must be made to provide a safe environment with recommended staffing ratios maintaining bases on the acuity of the patients and type of isolation requirement" (page 50), and "patient with isolation precautions until there is sufficient time for donning and removing personal protective equipment and washing hands between patients. Location dependents upon facility guidelines" (page 51).
In our ASU, we recover all the patients in PACU. We usually place the patient in isolation in one of our private rooms and recover the patient in the same room post op. To recover the patient with C. Diff in OR or in PACU is facility specific, I would suggest reaching out to your department manager for further clarification.
Used oxygen masks should be placed in the regular trash container and only sharps should be placed in the needle box bin. Going through the trash also puts staff at risk of exposure to hazardous materials and is not a recommended practice. I would suggest bringing this up to your department manager and Environmental Service manager. Your staff may need in services to understand what goes to the regular trash and what goes to the needle box bin, and make sure there are enough regular trash containers and needle box bins for staff to use.
In our ASU, we have a sharp container, regular trash container, and red biohazard container for every preop and PACU bay. We also have multiple linen containers, used SCDs and disposable cardiac monitor wires containers throughout our PACU.

Your question: How often does a temperature which has been WDL need to be taken in PACU ? Is there a standard of care for this ?

Answer: **Under Practice Recommendation** Promotion of Normothermia in the Adult Patient **3. Provide for routine temperature monitoring to assess for unintentional hypothermia in PACU Phase 1 and Phase 11**

A. Temperature measurement should occur throughout all phases of perianesthesia care. Patients experience rapid core temperature changes during the perioperative period, therefore, temperature should be measured and documented on admission and discharge from the Phase 1 PACU, and more frequently,if clinically indicated.

i. Temperature should be measured at least every 15 minutes, if the patient is hypothermic. Continue monitoring until normothermia is achieved

ii. Temperature should be measured at least every 15 minutes, when active warming interventions are in use. Continue monitoring until active warming is discontinued

iii. Passive methods of normothermia management in the PACU with warm blankets impact greater temperature changes at 30 minutes

2023-2024 ISPAN BOARD

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Minutes from Winter ISPAN board

ISPAN Meeting Agenda 1-23-24

1930-2030 Zoom

Attendance: Pam Uhrich, Linda Armstrong, Diane Lange, Kris Franken, Sheri Parmen, Donna Dolezal, Susan Metz, & Liz Tippet

Topics:

1. Committee Reports

   Secretary Report: Approved October Minutes

   ISPAN President's Report: Pam Uhrich

Meeting date on weekday

Next meeting: March 26, 2024 @ 1930

IPSAN Board Position for March 2024

President: Kris Franken

Vice President: **OPEN**

Treasurer: Diane Lange

Secretary: Sheri Parmen

Membership; **OPEN**

Newsletter: Donna Dolezal

Governmental Affairs: Pam Uhrich

Please contact Kris Franklin or Pam Uhrich to discuss willingness to serve

ASPAN Report Access (Pam Uhrich ~~& Molly Schrader~~) ASPAN. Will add Kris Franklin

Webpage and Facebook Access (Pam Uhrich, Donna Dolezal)

2024 ISPAN Treasurer Report.pd

Treasurer: Diane Lange

Financial report (see PDF attachment)

Membership fees are current. The proposal of ASPAN changed has passed. ISPAN component fees will increase to $35.

ISPAN sent $50 and sympathy card to Jen Kilgore for a memorial of her husband.

IRS accepted ISPAN annual application.

Update-PDI November 3-4 in St. Louis MO. Scholarship. Received $1631

New form requires daily totals. New app for phone to take pictures of receipt and limits instead of trip total.

Minutes from Winter ISPAN board

2023-2024 ISPAN BOARD

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Government Affairs: Position Open Pam covering.

Masks are being required in some health organizations. For example, UIHC is requiring on specific floors-Children and Women's' services, L&D

Membership report: Current membership:

Renewals: renewals from last month per Diane Lange

New Members:

Newsletter/Website Report: Donna Dolezal

Request for articles.

Ideas-New certification requirements

-SRNA at UIHC is training Pre/Post nurses on ultrasound for IV starts

Regional Study Group

New American Express Card for ASPAN

ASPAN Select Seminars

ISPAN Fall Conference: Plan for October 2024.

ASPAN National Conference April 14-18th.

ASPAN Discussion

RA form Due Saturday January 27th. Sent in 1/26.

Kris Franklin VP and Susan Metz going to RA.Other Iowa people Holly Meisi, Amy Cusaic (ANM UIHC ASC, & staff member in ASC)

Hostess/Host needed for the National Conference

Moderators for the Speakers at the conference are needed

NATIONAL CONFERENCE SUPPORT

Sponsoring National Conference by donating funds for general support. ASPAN's Legacy for Life program. **Due by February 26 to be listed in the conference syllabus**. Contact Doug Hanisch at the National Office ISPAN will be donating $100.

New Regional II Director: Tracy Galyon will be stepping down and the new Region II Director will be Linda Allyn.

March 2, 2024 8-1200

Perianesthesia Nursing CEU

zoom

Registration https://uiowa.cloud-cme.com/course/courseoverview?P=0&EID=64242

ASPAN National Conference

SAVE THE DATE!
ASPAN's 43rd National Conference
April 14—18, 2024
Orlando World Center Marriott
Orlando, Florida

ASPAN National conference scholarship

Apply for $$ to attend the ASPAN national conference through ISPAN

Contact Kfran86@gmail.com or pamela-uhrich@uiowa.edu

ASPAN NEWS:

Check out the Web site at: www.ASPAN.org

Connect with ASPAN for information and education:

ASPAN.Org and Facebook American Society of Peri-Anesthesia Nurses.

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Regional Director Region Two
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Email willingness to participate to pamela-uhrich@uiowa.edu

Iowa Society of Perianesthesia Nurses

Willingness To Participate

Name:_____

Address:_____

_____

Phone: (W)_____(H) _____

Email:_____

Employer:_____

Position/Title:_____

Years in Nursing:_____ in Perianesthesia Nursing_____

Certification(s): ☐ CAPA ☐ CPAN ☐ Other _____

Education: ☐ Diploma ☐ AD ☐ BSN ☐ MSN ☐ Other _____

- Take your ISPAN engagement to the next level
- Share your talents
- Network with peers across the state and nationally
- Get involved

Interest

Committees

- ☐ Bylaws/Policy & Procedure
- ☐ Governmental Affairs
- ☐ Membership
- ☐ Website
- ☐ Newsletter
- ☐ Projects
- ☐ Gold Leaf Application
- ☐ Executive Member-at-Large

Candidacy

- ☐ President (3 year commitment)*
- ☐ Secretary (2 year term)
- ☐ Treasurer (2 year term)

* *1st year Vice-President, 2nd year President, 3rd year Immediate Past President*

ISPAN MISSION STATEMENT

As a component of ASPAN, ISPAN for-mally recognizes the purpose and mission of ASPAN. The society is committed to maintaining and upgrading the standard of the specialty, and to the promotion of professional growth of its