

Awake & Alert

In This Issue:

President's Message
Board of Directors
Call For Nominations
National Conference
Government Affairs
District Updates
Editor's Column
Education Corner
Certification Corner
Region 5 Study Group
Region 5 Cruise
Book Your Calendars



TSPAN

President's Message

Randy Joheson, RN, CAPA, CPAN

Welcome to TSPAN's Winter 2025 holiday edition of *Awake and Alert*. This special issue arrives during one of the busiest and most celebrated times of the year, filled with holiday traditions, gatherings, and events that keep us all on the go.

As perianesthesia nurses, February also brings an important opportunity for recognition. Perianesthesia Nurse Awareness Week (PANAW) will take place February 2–8, 2026. While many perioperative departments celebrate Perioperative Nurses Week—of which perianesthesia nurses are an essential part—PANAW highlights the unique specialty of perianesthesia nursing and the distinct environments of Pre-Op, PACU, and Phase II recovery. We encourage you to advocate for recognition of PANAW within your departments. Resources and activity ideas are available on the ASPAN website to help promote PANAW and introduce colleagues to our specialty.

During this especially busy season, I would like to extend a sincere thank-you to Jennifer Free and Alexis Price for dedicating their time and energy—despite full holiday schedules and family commitments—to producing this outstanding newsletter. Appreciation is also extended to all contributors who shared their time and expertise in this issue.

As the holiday season winds down, TSPAN and other ASPAN components will soon turn their focus to annual retreats. These retreats provide time to elect and confirm board members, review strategic plans for the coming year, and determine representation for the 2026 ASPAN National Conference in San Francisco, California. Representatives will attend the conference, give presentations, and participate in the Representative Assembly. TSPAN offers scholarships to assist members with conference-related expenses. Please visit the TSPAN website for details.

(continued on page 2)

President's Message, cont.



The ASPAN Representative Assembly plays a critical role in voting on policies, bylaws, standards, and resolutions that guide the organization and its components into the future. ASPAN is currently undergoing significant restructuring based on input from components nationwide. Our own treasurer, Chris Buck, has been actively involved in this process.

The proposed restructuring would shift many administrative responsibilities—traditionally handled by component officers—to the ASPAN National Office. These roles are time-intensive, unpaid, and often performed by individuals without formal nonprofit management experience. This transition aims to reduce the administrative burden on volunteers, improve work-life balance, and allow members to participate more comfortably without the pressure of holding specific board titles.

By reducing formal titles and mandatory duties, ASPAN hopes to encourage broader member involvement in educational programming, conferences, journal clubs, PANAW promotions, and community outreach. This aligns with ongoing efforts to welcome participation at all levels and help members become active without immediately assuming leadership roles.

Regional structures (TSPAN is part of Region 5) are also being reviewed, with discussion around increasing collaboration and representation from each state rather than maintaining traditional board positions. These changes will be further discussed at the Representative Assembly during the National Conference. Additional information will be shared as decisions are finalized, so please stay informed by visiting the ASPAN website.

As we close out the year, remember to pace yourself, enjoy the holiday season, and look ahead to the New Year with plans to get involved in TSPAN and ASPAN. This is an exciting time of growth and change—one that strengthens member engagement and supports excellence in perianesthesia nursing and patient care.

Sincerely,
Mark Randall "Randy" Johnson RN, CAPA/CPAN
2025 TSPAN President



Our Board of Directors

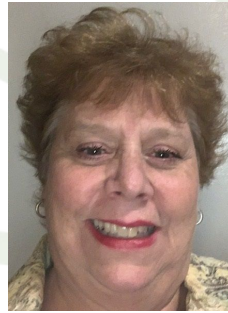
The Tennessee Society of Perianesthesia Nurses (TSPAN) is dedicated to supporting the public and professional education, research, credentialing and practice standards programs of the American Society of PeriAnesthesia Nurses (ASPAN). These programs promote quality and cost effective health care to patients, their families, and the community.



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Newsletter Editor
Jennifer Free BSN,
RN, CPAN



Media Coordinator
Alexis Price BSN, RN,
CPAN



Call for Nominations TSPAN Board of Directors

TSPAN continues to seek energetic and advanced thinking individuals to serve in leadership roles within our organization.

If you are interested in serving in a open position or another Board position, please fill out the application and Willingness to Serve form.

Open Positions

Vice President/President-Elect
East Tennessee District Representative
Southeast Tennessee District Representative
Appalachian District Representative

TSPAN FALL CONFERENCE 2025 Recap

TSPAN had their state conference back in October at the University Orthopedic Surgery Center in Knoxville, TN. Participants had the option to attend in person or virtually. The day includes multiple topics, poster presentations, and networking. Contact hours were also available for conference.

Topics included:

- Benefits of being a member of TSPAN and ASPAN
- Certification
- Surgical Site Infections and Infection Prevention
- Peripheral Nerve Blocks
- Local Anesthetic Systemic Toxicity (LAST)
- Perioperative Management of GLP-1s

If you would like attend or present at our next conference in 2026 please send us a message on the TSPAN website: <https://tspanonline.nursingnetwork.com/contact>

ASPAN Humanitarian Global Outreach Component Highlights: TSPAN
We are the Volunteer State!

BACKGROUND
• ASPAN's Humanitarian Global Outreach (HuGO) SWT was launched to increase ASPAN's presence, and to inspire and educate components and members on humanitarian opportunities.
The Humanitarian Global Outreach Strategic Work Team (SWT) promotes components sharing their experiences to increase visibility and participation.
Humanitarian global outreach activities include reaching out to local communities in need as well as distant communities.
There is evidence that supports volunteering can increase satisfaction.

OBJECTIVES
• TSPAN component members collaborate to increase awareness and access to experienced medical mission nurse mentors.
• Promote ASPAN's HuGO homepage and share resources available for perianesthesia nurses.

OUTCOMES ACCOMPLISHED
• Established goals of posting these opportunities on TSPAN website to inspire, educate and mentor perianesthesia nurses in opportunities for medical missions.
• TSPAN members are identifying local outreach opportunities (ie Waverly, TN flood; local food banks, Shade Tree 5K) with others.

IMPLEMENTATION AND FUTURE NEEDS
• Component poster presentation at ASPAN national conference to highlight humanitarian efforts at Component level.
• Continue to educate and share opportunities for TSPAN nurses back and improve impact on community health.

PROCEDURE OF IMPLEMENTATION
• Component volunteers strategized and identified opportunities and meaningful work that could increase perianesthesia nurses participation in medical mission trips.

UP AND AT 'EM: DECREASING INCIDENTS OF DELAYED AMBULATION OR REQUIRING KNEE IMMOBILIZERS FOR AMBULATION AFTER TKA AND UNI
Miranda Smart BSN, RN, CAPA; Melissa Gilliam BSN, RN, ONC; Meredith Lee BSN, RN, ONC; Tammy Roland, RN, ONC; Dr Michael Flynn; Dr Herman Botero

Background Information
Chart review revealed anesthesiologist inconsistency in local anesthetic administered during adductor canal block (ACB). Local anesthetic administration inconsistency by anesthesiologist resulted in limitations for use during the procedure. Knee buckling and use of knee immobilizers resulted in a longer Length of Stay (LOS).

Implementation
• Discussions with Surgeons and Anesthesia to standardize.
• Standardized amount was decided. Anesthesiologist and PIVOT RNs educated Sept 2023.
• Chart Audits conducted to track effectiveness.

Objective of Project
Standardize the amount of local anesthetic for ACBs to decrease incidents of delayed ambulation or patients requiring knee immobilizers for initial ambulation after total/uni knee replacement.

Implications for Perianesthesia Nursing Practice
• Increase patient safety in ambulation after same day Total and Uni knee replacement.
• Decrease with likelihood of Local Anesthetic Systemic Toxicity (LAST).
• Decrease PACU length of stay for Total/Uni knee replacement patients.
• Decrease case cost by decreasing likelihood of patient requiring knee immobilizer for ambulation.

Statement of Successful Practice
Standardization of decreased local anesthetic injected for ACBs in the TKA/UNI patient population has decreased knee buckling or knee immobilizer use for post-operative ambulation and decreased instance of greater than or equal to a 4-hour post-operative LOS.

TKA and UNI Patient LOS Data
Data after Sept 2023 showed the majority of patients requiring knee immobilizers after receiving the standardized ACB were less than 60" tall. A decreased amount of local anesthetic for this patient population has now been implemented.

Additional Data
• Knee immobilizer with walking.
• % TKA/UNI patient's LOS > 4 hours < 6" leg weakness.
• Total TKA/UNI patient population.

We gratefully acknowledge our physician partners at University Orthopedic Surgery, Knoxville Orthopaedic Clinic and University Anesthesiologists.



CREATING LVAD (LEFT VENTRICULAR ASSIST DEVICE) KNOWLEDGEABLE TOOL AND TRAINING FOR UNLICENSED ASSISTIVE PERSONNEL IN THE PERIANESTHESIA SETTING
Team Leader: Randy Joheson RN 4, BS, ADN and Cathy Lee, RN 4, BSN, CPAN, CAPA
Members: Kim Alfeldt RN 3 BSN and Claire Hamilton RN 4, BSN

DEPARTMENT OF PERIOPERATIVE SERVICES
Vanderbilt University Medical Center
Level I Trauma Center

INTRODUCTION
LVAD (Left Ventricular Assist Device) is an electromechanical device augmenting cardiac circulation and output as a bridge to replace a patient's failing heart function in end stage heart disease and/or failure awaiting either a heart transplant or destination therapy (determination of life care). The LVAD is surgically attached to the heart to help maintain left ventricular functionality. American Heart Association estimates 100 - 100,000 advanced heart patients have increased survival rates awaiting transplants and improved life style quality with LVADs.

BACKGROUND/STUDY PURPOSE
Increase of LVAD patients are needing surgical assistance, thereby seeing an increase number of LVADs in the perianesthesia area. While training and education for registered nurses, no formal training has been established for unlicensed perianesthesia nursing personnel.

METHODS
LVAD's capabilities and limitations in the perianesthesia setting were determined by formulating questionnaire to determine knowledge base. Identify and research educational resources for other health care professionals. Implementation of educational intervention, including FAQ sheet, and post educational assessment on unit for staff.

LVAD
[Images of LVAD components and diagrams]

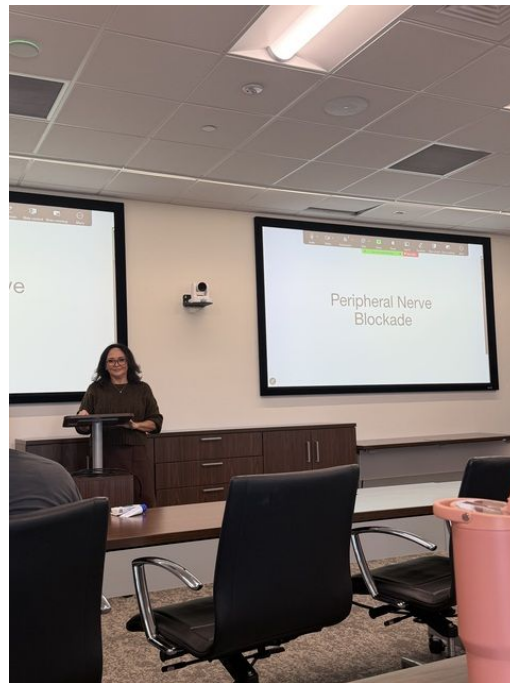
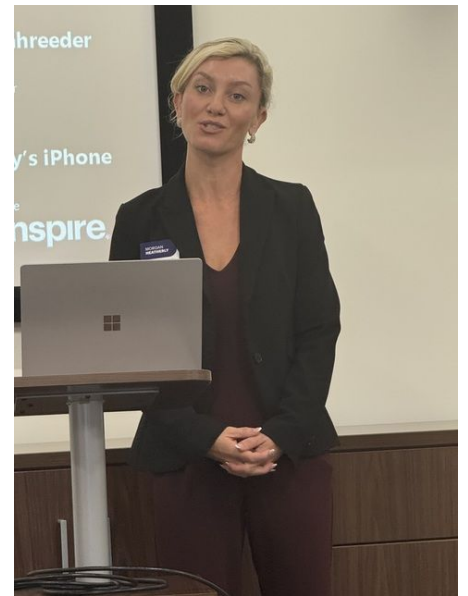
RESULTS
Post educational data results and observed changes in practice revealed an increased knowledge base, awareness, and comfort level by unlicensed assistive personnel of LVAD in identifying issues related to LVADs to report to perianesthesia Registered Nurses.

CONCLUSION
Educational in-services, procedural manual, FAQ tip sheet provide a increase in competence skill level, and critical thinking skills of unlicensed assistive perianesthesia personnel thereby benefiting patients and other health professionals. Since unlicensed perianesthesia personnel may be the first on the patient.

REFERENCES
Chmielinski A, Koons, B. Nursing care for patient with a left ventricular assist device. Nursing 2017; 47(5):34-40.
Andrus S, Dubois J, Jansen C, Kuttner L, Lansberry, Lukowshki L. Teaching device tool: Building a successful discharge. Critical Care Nurse. 2003; 23 (2):34-40.
Images: Ahajournals.org, radiopaedia.org, customwireind.com, my.vad.com, heartmate.com, anmedhealth.org, patients.org, reddit.com, vimeo.com, interrisk.com, and the pharmacy.

MAGNET RECOGNIZED
AMERICAN NURSES ASSOCIATION

TSPAN FALL CONFERENCE 2025 Recap





Government Affairs

“I Am A Nurse – Why Do I Need To Know About Politics?”

Nurses are frequently encouraged to take a more active role in understanding and engaging with governmental and public policy issues. As perianesthesia nurses, our perspectives are especially valuable in shaping decisions that affect patient care and professional practice. The TSPAN website provides several resources to help members become involved in government affairs and advocacy efforts within our specialty.

Legislative decisions made at the local, state, and national levels directly influence nursing practice and healthcare delivery. As the largest group of healthcare professionals, nurses possess the clinical expertise, leadership, and firsthand experience necessary to inform policy makers—many of whom rely on healthcare professionals to guide their understanding of complex issues.

Active political involvement allows nurses to influence healthcare policy, advocate for the profession, and protect the patients we serve. Staying informed and engaged at every level of government is essential to ensuring nursing remains a strong and respected voice in the evolving healthcare landscape.

Please visit the Government Affairs section on the TSPAN website for more information and resources.



Feasibility and Ease of Use of Auricular Acupressure in Post-surgery Bariatric Patients in Reducing Anxiety

A research article written by: Elizabeth Card, DNP, APRN, FNP-BC, CPAN, CCRP, FASPAN, FAAN

Introduction

Holistic nursing integrates therapies beyond pharmaceutical interventions increase the well-being of individuals and may result in fewer side effects and contribute to reduced healthcare costs. Nurses use nonpharmaceutical therapies regularly in daily practice, such as cryotherapy (ice packs) or heat to alleviate discomfort and distraction such as humor to reduce anxiety. There is ample evidence that integrating select integrative or traditional medicine, such as auricular acupressure (application of pressure to specific meridians on the external ear) lies within the nurses' scope of practice and has been used successfully in reducing cravings or anxiety with tobacco cessation (Dai, et al., 2020). Recent systematic review and meta-analysis report anxiety can be a barrier to returning to wellness for post-operative bariatric surgical patients (Loh et al, 2021). Auricular acupressure has the potential to reduce anxiety in the post-bariatric surgical patient. This pilot project examined the feasibility of implementing auricular acupressure in post-bariatric surgical patients to reduce anxiety.

Background of Auricular Acupressure

Traditional medicine (TM) could potentially reduce health care costs and cross many social and economic determinants of health barriers to care. Traditional medicine includes multiple therapies to improve health and well-being by redirecting or balancing the body's energy or qi while increasing the mind-body connection (Lou et al., 2019). Acupuncture uses small fine needles to penetrate the skin lightly. In contrast, acupressure uses seeds or beads to place pressure on the skin and manipulate the lines of energies, also known as meridians, that traverse the body (Lee, 2019). Anxiety is frequently underrecognized regarding its negative impact on quality of life; auricular acupressure has effectively reduced anxiety or stress in multiple populations (Abadi et al., 2018; Bang et al., 2020; Monson et al., 2020; Lee, Kim & Park, 2021). In prior studies participants successfully learned to self-apply auricular acupressure to reduce cravings associated with tobacco cessation. Empowering these post operative bariatric patients with nurse-initiated and self-administered auricular acupressure therapy provides an innovative modality to reduce to also anxiety.

The Problem

Anxiety may burden caregivers and patients heavily, increasing perceptions of pain, impeding sleep, and disrupting comfort and well-being (Monson et al., 2019). Auricular acupressure has effectively reduced anxiety and stress, as shown in self-rated scores in adults (Bang & Park, 2020; Monson et al., 2019).

Auricular Acupressure

Auriculotherapy is a broad application of stimulation to the ear's surface to relieve bodily discomforts through interaction with the mesolimbic dopamine neurons and GABA receptors (Lee, 2021). A study of 50 adults using auriculotherapy to improve well-being in those with opioid addiction found that those using this therapy combined with medication fared better than those with pharmacotherapy only (Yu, 2020). In this study, auriculotherapy was applied to the Shenmen meridian point on the external ear biweekly for a four-week duration (Figure 1). A study evaluating this therapy within the neonatal abstinence population to reduce agitation also had positive results (Jackson, et al, 2019).

Methods

This was a prospective single-group, pre-test/post-test with repeated measures, a non-randomized pilot study. The study procedures included identifying, screening, consenting, and enrolling patients and completing a pre-intervention measurement of anxiety at the one-week post-operative bariatric clinic visit. Followed by the intervention of placing auricular acupressure seeds on the Shenmen, liver, and kidney auricular acupressure points on the external ear. The post-test assessments were collected at two, three, and four-week post-operative time points, assessing the exact measurements to calculate the effect or strength of the intervention.



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Methods, cont,

Institutional Review Board's approval was obtained before screening and approaching patients for interest in participating. The measurement for anxiety was loaded into REDCap, a HIPPA-compliant electronic database created utilizing funding from an NIH grant (UL1 TR000445 from NCATS/NIH). The investigator marked with a sharpie pen the meridians to be utilized on both ears and then placed the auricular acupressure seeds upon the Shenmen, kidney, and liver acupoints of one ear. Subjects were educated on how and when to apply acupressure to the seeds pressure with a tri fold handout provided (Figure 1).

All subjects had follow-up appointments with the investigator for the rest of the study with email calendar invitations using Zoom with links to the REDCap survey to complete weekly outcome measurements. The Zoom platform camera allowed the PI to correct or confirm the correct self-applied seed placement by the patients during the tele-visits. On post-op day 30, participants returned to the bariatric clinic for their regular appointment; this visit also served as the end of the study visit. The investigator-assessed for adverse events and collected the final outcome measures.

Sample and Setting

This project enrolled ten subjects from a convenience sample of post-operative bariatric surgical patients returning to the clinic for the week one post-op visit. The setting for the project was the ambulatory Medical/Surgical Weight Loss clinic of an urban academic medical center in the southeastern United States. The acupressure patches utilized cost approximately \$9 per 500 seed patches available through Amazon; each patient visit application required three patches on a single ear with the ear rotated each week during the 3-week intervention period. Each subject was given a dozen seed patches in addition to the three placed in the clinic for the first week. The type of auriculotherapy administered was a modified National Acupuncture Detoxification Association (NADA) protocol, a specific form of acupressure aimed at improving behavioral health, including addictions, anxiety or other mental health illnesses (Lee, 2022). The NADA protocol only activates up to five specific acupressure points on the ear; including the Shenmen, sympathetic, liver, lung, and kidney. Evidence indicates that activating these acupressure points has resulted in positive cognitive effects and improved emotional, endocrine, biochemical, and neurophysiologic changes (Lee, 2022). NADA protocol has proven to reduce cravings associated with dependency and anxiety or stress (Lee, 2022). The sites selected for the project (Shenmen, kidney, and liver) lend themselves well to self-application of the patches as these sites are visible to the individual self-administering this therapy.

Measurements

The Visual Analog Scale for Anxiety is a single-question Likert or slider with over 300 research studies using this instrument. It may be one of the most frequently used scales for anxiety (Davey et al., 2007). The Anxiety VAS consists of a 10cm line with an anchor on the left aligned with the number 0 labeled: "not at all anxious" with the anchor on the right aligned with the number 10 reading "extremely anxious." Individuals would mark where on the 10cm line they felt their anxiety level was. A line closer to the right represented higher anxiety; this result is measured using a metric ruler, converting the line into a number. The higher the number represents higher anxiety. indicating a valid solid scale that reliably measures the construct of anxiety with minimal burden on the participant.

The final items utilized as outcome measures for the project explored the individual's experience with the auricular acupressure and ease of use. These were administered as the investigator evaluated for any adverse events. These qualitative questions provided insight into the ease of use by patients.

Results

A convenience sample of total of ten subjects completed participation, with nine of these completed every time point to be included in all analyses. Of these, 90% were female, 90% were Caucasian, and ages ranged from a minimum of 34 to a maximum of 64 and a mean of 48 years old (Table 2). Due to this small sample size (the Theory of Central Tendency) assumptions requires at least 30 subjects), the data was analyzed using nonparametric tests, although the selection of statistical test also includes consideration of the distribution of the data and the number of time points.



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Anxiety

The analysis included the nine subjects who completed every time point with the Anxiety VAS. This was captured weekly using a 0–100-point slider in REDCap and divided the responses by 10, resulting in translation into the 0-10 scale, with higher scores indicating higher anxiety levels. Descriptive statistics reveal a downward trend of anxiety with post-op week 1 (pre-intervention) mean of 5.0, dropping to 3.0 after one week of auricular acupressure, then to 2.5 after two weeks, and finally reduced to 2.0 after three weeks. Repeated measures analysis of variance (ANOVA) with aggregate data from all participants yielded a statistically significant difference with a p-value of .002. However, with a small sample size, the Friedman test for nonparametric data was used instead. The test results yielded statistical significance for the reduction of anxiety ($p=0.001$). To compare which time points differed, post-hoc pairwise comparison analysis (using Bonferroni) was completed. This allowed a comparison of time point 1 (pre-intervention) to time point 2 that was not significant ($p=.133$). However, time point 1 to 3 was significant ($p=.047$), and time point 1 to 4 was also significant ($p=.03$). Time points 2, 3, and 4 were not statistically significantly different.

Ease of Use

Patient participants' perception of ease of use was evaluated using the question, "How easy was it to use auricular acupressure?" the participants could answer using a slider in REDCap consisting of 0 to 100 millimeters with the anchor of "very difficult" placed at 0, and "very easy to use" placed at 100. Descriptive statistics and frequencies were computed for the following results. The first responses were collected at week two as this was the first week they had worn the auricular acupressure patches all week and changed ear placement themselves with the researcher via zoom or a phone call before completing the survey with additional collections at weeks three and four. At week two, the minimum was 78; the maximum was 100, with a mean of 91.6. By the final week, the minimum was 78, the maximum was 100, and the mean was 90.8 indicating they believed the ear seeds were easy to use (Table 4). Additional evaluation of ease of use was completed by asking the following question "Did you enjoy using auricular acupressure?" and 100% answered yes. A second question followed this, "Would you recommend using auricular acupressure to someone else?" and again, 100% answered yes.

Discussion

Auricular acupressure has been used successfully to reduce anxiety and cravings associated with nicotine and opioid dependence (Dai et al., 2020; Jackson et al., 2019). Auricular acupressure successfully reduced anxiety in the postoperative bariatric adult patient population. This aligns with prior studies that successfully reduced anxiety in the cardiac surgical patient population and cesarean section patients with ear seeds (Bang & Park, 2020; Abadi et al., 2018). The findings support exploring the use of auricular acupressure in other populations to reduce anxiety. The feedback from subjects enrolled in this scholarly project indicated that they felt they could have benefited pre-operatively from the ear seeds in addition to post-operative. A total of 100% reported they enjoyed using the patches, and 30% stated they wished they could have used the patches pre-operatively as they felt it would have helped them through that challenging time. Therefore, exploring the use of auricular acupressure in the preoperative population to reduce anxiety are recommended.

Limitations and Recommendations

Limitations included the small sample size, single site and non-randomized design. That being said, the findings were still significant, and this design should be used to drive larger studies.

Conclusion

Obesity has multiple negative impacts on health and is a global epidemic with limited nonpharmacologic therapeutic interventions that reduce anxiety. There is ample evidence that the use of auricular acupressure can reduce anxiety and cravings associated with nicotine and opioids (Abadi et al., 2018; Dai et al., 2020; Lee, 2022). The findings from this scholarly project indicate that use of auricular acupressure in the postoperative bariatric adult population can reduce anxiety, is feasible, and participants felt the therapy was easy to utilize. Clinic site staff and providers perceived auricular acupressure was appropriate, feasible, and accepting of the practice.

TSPAN District Updates



Journal Club

Please join us for our next Journal Club Meeting on January 13, 2026. Please review Elizabeth's article earlier in the newsletter for the meeting. Please use the link below or visit the TSPAN Website for more information. We can't wait to see you in January!

Zoom Link:

<https://zoom.us/j/93658384783?pwd=IPQGgu4tFRFY8EI6P7K5YxTd6UPgcL.1>

Meeting ID: 936 5838 4783

Passcode: 094553



Awake & Alert Newsletter is published three times a year! We want to highlight your work areas and achievements. Please send content for the newsletter to the editor, Jennifer Free: jcfree326@gmail.com.



	Deadline to Submit	Newsletter Release Date
Spring/Summer Issue	March 15	April 15
Fall Issue	July 15	August 15
Winter Issue	November 10	December 10



A Holiday Note From the Editor

To the AWAKE & ALERT Readers,

As we close another year, I want to take a moment to recognize and thank each of you for the dedication, skill, and compassion you bring to perianesthesia nursing every day.

This year has reminded us that our role extends far beyond clinical excellence. Whether guiding patients safely through recovery, supporting families during stressful moments, or stepping up for one another during long shifts and busy call schedules, your commitment makes a meaningful difference. Your professionalism and teamwork truly embody the spirit of perianesthesia nursing.

The holiday season is a time for reflection, gratitude, and connection. I hope you find moments to rest, recharge, and celebrate with those who matter most to you—whether at home or alongside colleagues who feel like family.

Thank you for your continued engagement, contributions, and passion for our specialty. It is an honor to serve as your editor and to work alongside such an exceptional group of nurses.

Wishing you peace, health, and joy this holiday season and in the year ahead. Take a moment and see how many perianesthesia words you can unscramble below.

Warm regards,

Jennifer Free, RN, BSN, CPAN

Editor



Perianesthesia Word Scramble



AENSTHEIA 1	RYECOERV 2	YPOHTEMARI 3	NAASUE 4	ARIAWY 5
IXYOAHP 6	OIIOPD 7	NTMOOIIRNG 8	NPAI 9	EDSTAONNORE 10
CAPU 11	LRANEGYAEAL 12	FPOOLPOR 13	DRALUIPE 14	MARFOLE OKBCL 15



For complete list of education opportunities and registration, please visit the ASPAN website: www.aspan.org

If you are a registered member, you can view webcasts for **FREE!**

<u>Live Webcasts Full-Day</u>	
<i>Foundations of Perianesthesia Practice</i> CH: 7.25	Saturday, January 17, 2026 10a-6:55p EST/9am-5:55p CST
<i>Fundamental Pediatrics: Essential Perianesthesia Nursing Care</i> CH: 7.25	Saturday, January 24, 2026 10a-6:55p EST/9am-5:55p CST
<i>Perianesthesia Certification Review</i> CH: 7.25	Sunday, January January 25, 2026 12p-8:55p EST/11a-7:55p CST
<i>Pain Management in the Perianesthesia and Critical Care Setting</i> CH: 7.25	Saturday, February 21, 2026 10a-6:55p EST/9am-5:55p CST
<i>Perianesthesia Pathophysiology and Assessment: A Systems Approach</i> CH: 7.25	Saturday, March 7, 2026 9a-5:55p EST/8a-4:55p CST
<u>Live Webcasts Half-Day</u>	
<i>Perianesthesia Essential I</i> CH: 4	Sunday, January 18, 2026 2p-6:30p EST/1p-5:30p CST
<i>Advanced Cardiovascular and Pulmonary Pathophysiology</i> CH: 4	Sunday, February 1, 2026 3p-7:30p EST/ 2p-6:30pCST
<i>Foundations of Pediatric Perianesthesia Care</i> CH: 4	Sunday, February 22, 2026 2p-6:30p EST/1p-5:30p CST
<i>Leadership Strategies to Sustain a Culture of Safety</i> CH: 4	Sunday March 1, 2026 12p-4:30p EST/11a-3:30p CST
<i>Perianesthesia II and III</i> CH: 4	Sunday, March 15, 2026 3p-7:30p EST/2p-6:30p CST Sunday March 22, 2026 2p-6:30p EST/1p-5:30p CST



For complete list of education opportunities and registration, please visit the ASPAN website: www.aspan.org

If you are a registered member, you can view webcasts for FREE!

<u>Live Webcasts 2-Hours</u>	
<i>Obstructive Sleep Apnea and Capnography</i> CH:2	Wednesday, January 14, 2026 7p-9:15p EST/6p-8:15p CST
<i>Gastrointestinal and Endocrine Pathophysiology and Assessment</i> CH:2	Wednesday, January 21, 2026 7p-9:15p EST/6p-8:15p CST
<i>Malignant Hyperthermia and Postoperative Nausea and Vomiting</i> CH:2	Thursday, January 22, 2026 6p-8:15p EST/5p-7:15p CST
<i>Patient Safety Goals and APSAN Standards</i> CH: 2	Thursday, January 29, 2029 6p-8:15p EST/5p-7:15p CST
<i>Preanesthesia Assessment and PACU Assessment and Discharge Criteria</i> CH: 2	Thursday, February 12, 2026 7p-9:15p EST/6p-8:15p CST
<i>Anesthesia Agents and Techniques</i> CH: 2	Wednesday, March 4, 2026 6p-8:15p EST/5p-7:15p CST
<i>Emergency Preparedness</i> CH: 2	Wednesday, March 11, 2026 7p-9:15p EST/6p-8:15p CST
<i>APSAN Practice Recommendations and Position Statements</i> CH: 2	Wednesday, March 18, 2026 6p-8:15p EST/5p-7:15p CST
<i>Complications and Emergencies After Anesthesia</i> CH: 2	Wednesday, March 25, 2026 6p-8:15p EST/5p-7:15p CST
<i>Prevention of Opioid-Induced Respiratory Depression in the Adult Patient</i> CH: 2	Thursday, March 26, 2026 6p-8:15p EST/5p-7:15p CST



Certification Corner



Take Your Career to the Next Level with CPAN/CAPA Certification!!

- Certification reflects commitment to perianesthesia nursing, a personal sense of professional pride, validates knowledge and dedication
- Eligibility Requirements:
 - Unrestricted RN licensure, a minimum of 1200 hours of direct/active clinical perianesthesia nursing two years prior to application

Fall Registration Window:

January 1-April 30

Exam Administration Window:

March 15-May 15

CPAN/CAPA Recertification

- Recertification every 3 years
- Eligibility Requirements:
 - Minimum of 900 hours of perianesthesia nursing practice
 - Recertification by exam (this option is available until November 2026)
 - Attaining 70 contact hours
 - Contact hours must be uploaded in your Learning Builder

Spring Recertification Cycle

January 1-April 30

Fall Recertification Cycle

July 1-October 31



Region 5 2026 Bahamas Cruise

Region 5 is going on a cruise in 2026. Join us for our first ever fun and educational cruised packed with excitement, sun and **8 FREE CONTACT HOURS** of learning at sea!

July 23-27, 2026 Departing from Norfolk, Virginia

For Payment and Booking Information, please contact:
Alphonzo C. Baker Sr with Travmanity Inc
Cheriphon Travel Agency LLC
Sterling, VA 202-910-7356

Don't miss the boat- Reserve Your Spot Today!!

Regional CPAN/CAPA Study Group



ASpan

American Society of PeriAnesthesia Nurses

Join Our FREE Regional Certification Study Sessions!

BECOME CAPA OR CPAN CERTIFIED!

To learn more about the FREE sessions join the virtual informational meeting.

January 7, 2026 at 6:30 PM CST

Scan the QR code for a link to join the informational Zoom meeting.



Or [click here](#)
to join Zoom

For other questions, please email
region3studygroup@gmail.com





Upcoming Events



Save the Date!

ASPAN's 45th National Conference

April 27-30, 2026

San Francisco Marriott Marquis

San Francisco, California

WORD SCRAMBLE ANSWERS

AENSTHEIA 1 Anesthesia	RYECOERV 2 Recovery	YPOHTEMARHI 3 Hypothermia	NAASUE 4 Nausea	ARIAWY 5 Airway
IXYOAHP 6 Hypoxia	OIIOPD 7 Opioid	NTMOOIIRNG 8 Monitoring	NPAI 9 Pain	EDSTAONNORE 10 Ondanestron
CAPU 11 PACU	LRANEGYael 12 Laryngeal	FPOOLPOR 13 Propofol	DRALUIPE 14 Epidural	MARFOLE OKBCL 15 Femoral Block

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