President’s Message

HAPPY SPRING NAPAN MEMBERS!

Spring is definitely one of the best times of the year. Everything in nature is fresh and new. It gives a feeling of energy and inspiration. You know what I’m talking about “spring cleaning, refreshing or remodeling a room, ideas for yard and garden projects”. Those extra rays of sunlight brighten our outlooks and moods, as do the buds of flowers, and new leaves on the trees and fresh green grass. It cannot be denied.

Attending NAPAN’s Saturday morning education program, gave the same effect.

Number 1. It was FREE to NAPAN members and Certified Members. Only $10.00 for non-members.

Number 2. Three CEU’s were awarded for the program.

Number 3. The Speakers Dr. Robert Greenhagen, DPM and Dr. Andrew Lund, MDA were outstanding!

They gave a dynamic and informative presentation. Dr. Greenhagen on Common and Complex Foot and Ankle Problems Requiring Surgical Repair. Dr. Lund on Regional Blocks Used for Foot and Ankle Surgery.

Number 4. The food was great. (It was also a rainy day so not much going on outside)

Number 5. Drawing for $50.00 scholarship.

Number 6. Networking with other Perianesthesia nurses. (Past, present and possibly future co-workers)
Seasoned and mid-career nurses have seen many processes and technology changes and many improvements over the years. We are always in the mode of learning and gaining new insights. New and early career nurses are in the stages of becoming more skilled in technical and people skills and critical thinking. We are all lifelong learners, which brings me to the direction of this message. **Health Care is BIG!** No one can do it alone. We need each other to provide safe, effective care, to collaborate and work together for our patients, families and communities. To learn from each other and help each other.

For NAPAN members there are opportunities for learning and professional growth, to serve on a committee at the state and national levels. It leads to new ideas, talents and initiatives. It leads to higher satisfaction in your work place and community. Success is what you make it.

If you are feeling the need to refresh your career and professional growth, join us at our **STATE Convention September 30th, 2017**. Place to be determined. **SAVE THE DATE!** You will not be disappointed.

GOODBYE WINTER---HELLO SPRING!

Carolyn Carr RN, CAPA, CPAN, NAPAN President
carolynacarr@yahoo.com

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**NAPAN MISSION STATEMENT**

NAPAN exists as a component of ASPAN to advance nursing practice through education, research and standards
Do you want to contribute?

To contribute information or articles for publication in the Nappin’ News, please note the following publication schedule. Articles will be accepted at any time for publication at a future date. Correspondence should include author’s full name, credentials and references as needed. All material will be subject to editing prior to publication. Please send all material for inclusion in Nappin’ News via email to Judy Mink @ judymink40@gmail.com

For Publication in: Send info by:
Spring Issue May 1
Fall Issue November 1

Current and approved NAPAN Board Minutes will be found on the NAPAN website @ napannebraska.com

NAPAN Financial Summary

Ending Balance Checking account- April 24, 2017 $ 7,416
Scholarships outstanding- April 24, 2017 $ 400
CD balance as of April 24, 2017 $ 5,818
Money market account balance as of April 24, 2017 $ 5,218
Kountz Food Pantry Donation $ 42
Petty Cash as of April 24, 2017 $ 20

Respectfully Submitted by Cindy Stehno BSN, RN, CPAN
NAPAN Treasurer
ASPAN/NAPAN members receive a $110 discount.

Register early to get the testing date you want and have time to study.

Learn more about CPAN and CAPA Certification at www.cpancapa.org

CPAN / CAPA Study Tools

ABPANC has a whole section of their website dedicated to providing study tools to help you prepare for the exam.

Free resources include:

- Certification Candidate Handbook
- Test Blueprints
- Study Reference List
- 12-week Study Plan
- Study Question of the Week
- Study Tips
- Test Taking Strategies Webinar
- Conquering Test Anxiety Webinar
- Mind Mapping Study Guide
- Certification Coach

Practice Exams

- Buy One Get One Free – 100 questions for $50. Earn 3.67 contact hours.
TRIBUTE TO A BELOVED NAPAN MEMBER

In 1992, I joined NAPAN after going to several NAPAN workshops. We had just opened our same day surgery unit at my facility and my co-worker and I set out to research our new policies for the unit. We discovered an organization dedicated to the specialty of post anesthesia nursing. We showed up at the workshop and were welcomed by several people, whose names I can no longer remember, but as the evening ended, one person introduced herself and encouraged us to return for the next educational session. Her name was Mary C. Redmond, better known as Connie.

As time went on, Connie and I became friends, shared a room or two at National Conferences, worked on educational programs, procedures and policy updates for NAPAN and so many other projects. When ASPAN launched the CAPA exam in 1994 we decided to take that challenge together. She had worked in Bergen Mercy’s outpatient surgery unit for years and I had just started my career in post anesthesia care. After we both passed the exam, she sent me the nicest congratulatory note.

Together, Connie and I continued helping NAPAN progress in any way that was needed. Connie was well known in the ASPAN inner circle and authored a chapter in the “Ambulatory Surgical Nursing, second edition” in 2000. She earned an MSN several years later, but due to health reasons did not work many years after that. She touched so many nurses, always encouraging all to do their best at being the patient's advocate, but for me, she was a friend, mentor and esteemed colleague. She was a major part of the foundation of our component, NAPAN. I believe each one of us has or will have in their career, a nursing colleague that has made a profound difference in our lives. For me, Connie showed me how special our specialty can be!

Connie passed away this past year and I wonder how times her smile, encouragement and dedication to nursing touched someone else.

At this year’s National Conference, NAPAN will recognize Connie in the Hail, Honor and Salute program.

Gayle Kiviniemi, RN, CAPA
NOMINATION FOR POSITIVE IMAGE OF NURSING

Lisa Benson-DeVries, BSN, RN, CPAN and NAPAN officer was chosen as a “Positive Image of Nursing” nominee from CHI Health Lakeside Hospital. She was nominated as a nurse whose commitment and dedication to her profession exemplify a Positive Image of Nursing. As a nominee, she is invited to attend the NNA Celebrate Nursing Breakfast as part of the National Nurses Week festivities. Lisa works in the Pre Op/PACU at CHI Health Lakeside Hospital in Omaha, Nebraska. The staff surprised Lisa during her shift where she was celebrated with a presentation of the nomination by the Operations Director Barb Ricci. Refreshments were served and Lisa’s daughter Ashlee was on hand to help celebrate this distinguished nurse.

Compliment from Certified Nurse Anesthetist Greg Krauth on NAPAN Facebook page

“As a CRNA I can say that PeriAnesthesia Nurses are a most priceless component of perioperative excellence. In the process of discussing the course of the perioperative experience with my patients, one of the most reassuring points I explain to them is that after leaving the OR they will be in the hands of nurses I put my full confidence in. I explain that if I didn't have absolute faith in their skills and judgment I would not turn over their care to these nurses. I tell them that they will be monitored closely throughout their stay in the PACU and that they will be appropriately treated for pain--whether or not they can verbalize their discomfort. In regards to pre-op care, we count on the RN's in periop to have out patients well screened and prepared for surgery. Yes, in a perfect world we would never miss a red flag in our pre-op assessment but often times, not only do the pre-op nurses streamline the anesthesia assessment process, but they point out critical elements of the patients’ condition/history that may not be evident in the EMR we access. Yes, electronic med records are not perfect and that makes vigilant pre-op nurses even more critical. I can truly say that working along side the top-notch PeriAnesthesia nurses I've had the honor of knowing has made my professional experiences so much more fulfilling and safe. God Bless these Angels.”
ABPANC's 2017 Shining Star Award: NAPAN

Dear Gayle (Kiviniemi);

I am pleased to report that the ABPANC Awards Work Team has approved your component’s application for the 2017 Shining Star Award. All 2017 recipients of the Shining Star Award will be recognized at the CPAN/CAPA Celebration Luncheon on Monday, May 1st during the ASPAN National Conference in Indianapolis. We invite your Component President (or a component representative of your choosing) to accept this prestigious award at the luncheon and to assemble afterwards for a photograph. Congratulations!

Philip Godlewski, Mus.B.
ABPANC Program Associate & Office Manager
ABPANC at Professional Examination Service
475 Riverside Drive, 6th Floor
New York, NY 10115

Kristy Iwansky, Gayle Kiviniemi and Carolyn Carr at ASPAN National Conference.
Photo courtesy of Carolyn Carr

Marge Divine explaining her Research Project: Implementation of a New Post Anesthesia Scoring System to Include Discharge Criteria for the Hospital Based Post Anesthesia Care Unit (displayed at NAPAN conference)
NAPAN members enjoying the break to do some networking

NAPAN Conference attendees studying the ABPANC poster and table

Items to be gifted in preparation for PANAW

Conference attendees researching ASPAN NAPAN & Certification opportunities

Photos courtesy of Judy Mink
Regional blocks

The use of regional blocks with local anesthesia can be of great benefit to the patient during surgery and the recovery period. As defined by Dr. Raymond Graber; “Peripheral nerve blocks can provide significant pain relief. Nerve blocks can either be combined with general anesthesia or used as the sole anesthetic.”

Some of the most frequently used are femoral nerve block, sciatic and popliteal nerve block which is produced by injection in the leg region-these blocks are frequently performed for surgery in the knee, calf, Achilles tendon, ankle and foot. Brachial plexus block which is produced by injection in the arm and shoulder region are for surgery in the shoulder or arm.

BRACIAL PLEXUS BLOCK: The brachial plexus is the major nerve bundle going to the shoulder and arm. Depending on the level of surgery the anesthesiologist will decide at what level to block the brachial plexus. For example, surgery at the shoulder, the anesthesiologist may choose an interscalene or cervical paravertebral block at a location above the clavicle. For surgeries below the shoulder joint or clavicle an intraclavicular or axillary technique may be used.

FEMEROL NERVE BLOCK: The femoral nerve provides sensation and motor function to the front of the thigh and knee. This block is commonly used for procedures that cover the knee.

SCIATIC AND POPLITEAL NERVE BLOCK: The sciatic nerve provides sensation and motor function to the back of the thigh and most of the leg below the knee. This block is commonly used for surgery on the knee, calf, Achilles tendon, ankle and foot.

For placement of blocks an ultrasound is frequently used. The ultrasound is used to visualize the needle as it approaches the nerve. The needle does not touch the nerve. It is stopped when it is near the nerve. Local anesthetic is injected though the needle to numb the nerve. The local anesthetic can be seen surrounding the nerve with ultrasound.

A nerve stimulator may also be used to help identify appropriate location to inject the local anesthetic. A nerve stimulator elicits a muscle twitch and then the injection is made.

LIDOCAINE TOXICITY

“Serious adverse effects of peripheral nerve blocks are rare. “LAST” Local Anesthetic Systemic Toxicity can occur because of unplanned intravascular injection or slow absorption from the injection site. This can manifest as reactions ranging from tinnitus and dizziness to convulsions and cardiac arrest.” (Author-Raymond Garber MD Assistant Professor of Anesthesiology; Nov 13, 2015)

“An understanding of the circumstances that can lead to systemic toxicity of local Anesthesia and being prepared for treatment is essential to optimize the patient outcome.” As noted by Authors:
When a block is being placed the patient will be monitored for an average of 30 min or longer

- cardiac monitor with BP and SPO2
- communicate with patient
- when assisting with block gently aspirate every 3-5 mls watching for blood return (you don’t want to see blood – catheter should be clear)
- inject slowly
- monitor patient for 30 min or longer as indicated
- Be prepared—a plan for managing systemic toxicity should be established.
- Current recommendations are to have 20% Lipid Emulsion stocked on block carts or rooms where local anesthesia are used.

Detection of Local anesthetic systemic toxicity:

**Cardiovascular Signs**

- May be the first signs of local anesthetic toxicity
- Tachycardia or bradycardia, hypertension or hypotension
- Ventricular ectopy-multiform V-tach and V-fib are hallmarks of cardiac toxicity of local anesthesia
- Progressive hypotension and bradycardia, leading to asystole are the hallmark of severe cardiovascular toxicity.

**CNS Signs**

- Excitation, agitation, confusion, muscle twitching, seizure, drowsiness, depressed level of consciousness, coma or apnea

**Neurological Symptoms**

- Metallic taste, tongue or mouth tingling, diplopia, blurred vision, tinnitus and dizziness are typical of local anesthetic toxicity.

**Treatment of Local Anesthetic Systemic Toxicity** ([http://www.lipidrescue.org](http://www.lipidrescue.org))

- Early detection
- Get help and call for 20% Lipid Emulsion
- Perform airway management-Hyperventilate with 100% O2
- Stop the seizures
- Crash cart and perform ACLS (support patient with IV fluids, antiarrhythmics, vasopressors)
- Perform Lipid Emulsion treatment
- Bolus 1.5ml/kg IV over 1 min
- Continuous infusion of 0.25 ml/kg/min for 30-60 min
- Repeat bolus once or twice for persistent CV collapse/asystole
- Double the infusion rate if BP returns but remains low 0.5ml/kg/min
- Continue infusion for at least 10 minutes after attaining circulatory stability
- Recommended upper limit 10ml/kg lipid infusion over the first 30 minutes

In conclusion Perianesthesia nurses need to be ever vigilant and prepared in caring for patients receiving Regional Anesthesia. As Mary K. Clark, MA, FNP, B-C states in her article Lipid Emulsion as Rescue for Local Anesthetic-Related Cardiotoxicity “Continuous nursing assessment is integral to the successful outcome for patients who have local anesthesia toxicity. The nurse must be aware of at-risk patients and have adequate emergency equipment available to assist in resuscitation efforts.”

Submitted by Carolyn Carr RN, CAPA, CPAN

Author

Raymond Graber, MD Assistant Professor of Anesthesiology, Case Western Reserve University School of Medicine; Chief of Orthopedic Anesthesiology, Department of Anesthesiology, University Hospitals Case Medical Center

Raymond Graber, MD is a member of the following medical societies: American Society of Anesthesiologists, American Society of Regional Anesthesia and Pain Medicine, American Society of Echocardiography, Society of Cardiovascular Anesthesiologists

http://www.lipidrescue.org


AUTHORS: Steven Dewaele, Alan C. Santos

Lipid Emulsion as Rescue for Local Anesthetic-Related Cardiotoxicity Mary K. Clark, MA, FNP, B-C
Rapid Infuser
Submitted by Natalie Prodywus

When a patient has massive fluid loss from a surgical procedure it can be a matter of life or death to replace what is being lost. Rapid infusers are devices that have the capability of delivering large amounts of fluid in short amount of time for fluid or blood resuscitation. According to Belmont, their rapid infuser has saved more than 350,000 lives since becoming cleared by the FDA in 1999 (Belmont Instrument Corp, 2013). We will discuss more on why using a rapid infuser in surgery is beneficial and how to use the infuser can help in an emergency situation.

The only thing predictable about surgery is that nothing is predictable. The simplest surgery can turn into the most complicated in no time. In the event of major blood loss during surgery it is important for the patient to maintain perfusion to all major organs. The fastest way to do this is though rapid infusion. There are many different models on the market for rapid infusers but the main goal is the same, to deliver large amounts of fluid in a short amount of time. Blood products or crystalloids fluid can be used (Smith Medical, 2005). These infusers not only allow rapid fluid resuscitation but also warm the fluids to 42 degrees Celsius, aiding in preventing hypothermia (Smith Medical, 2005). The benefit of a rapid infuser in relation to a standard pressure bag is the infuser delivers a constant pressure of 300 mmHg that can be toggled to the desired pressure (Smith Medical, 2005). The machine does this on its own and the medical professional does not have to constantly monitor that the pressure bag is at max pressure. When using the machine one medical professional should be monitoring the machine and the IV site.

If you have not seen a rapid infuser system, they have tubing similar to blood tubing with a filter on the end. The tubing is much thicker than normal tubing to allow for large amounts of fluid to be infused. Depending on the size of the IV being used that is the flow rate the fluids will be infused. According to Cork Emergency Medicine (2017), an 18g IV can infuse crystalloid fluids at a rate of 240 ml/min. For blood an 18g can administer packed red blood cells at a rate of 150 ml/min (Cork Emergency Medicine, 2017). The preferred IV size is an 18g or larger or a central line. PICC lines should not be used due to the smaller catheter size. The newer models of rapid infusers have air embolism monitors to prevent harm to patients.

The ever evolving medical profession is always finding new ways to provide emergency care for our patients. Rapid infusers are a great way to provide fluid resuscitation in emergent situations. If your facility has a rapid infuser, it is important to become familiar with how it works. It could be the difference between life or death.
Energizing Generations: The Race to Distinction!
By Kristy Iwansky, MSN RN CPAN CAPA

The 2017 ASPAN National Conference was held in Indianapolis, Indiana April 30th-May 4th. Beginning early Sunday morning, the conference started out with the traditional Dream walk, a fundraiser where conference participants from state and international components join together and walk to raise money for the ASPAN Foundation. It was fun to meet nurses from all parts of the U.S. and even the world; all interested in high-quality Perianesthesia nursing!

Following the walk, component presidents and vice presidents attended the annual Representative Assembly (R.A.) to discuss Perianesthesia policies, governmental regulations and recommended standards. Surprisingly, there were no new resolutions to discuss. However, there were interesting discussions regarding DNR/DNI orders and Patient Acuity considerations related to staffing recommendations in the Perioperative arena. Watch for upcoming recommendations throughout 2017 as evidenced-based research is continues.

The R.A. continued in the afternoon where candidates for the open 2018 Executive Board positions and committees were introduced followed by a formal election. The winning candidates were announced and welcomed to their newly appointed positions.

The R.A. concluded with multiple awards and tokens of gratitude being presented to the previous board and committee members who worked hard to uphold and expand ASPAN’s growth and development throughout the previous year.

The R.A. attendees were honored with a delicious luncheon where, once again, new friendships were made.

The final event for the first day of conference was the annual Component Night where component members were invited to an evening of food, fun, and raffles!

Monday morning’s official opening ceremony began with the traditional military salute and the singing of the Star-Spangled Banner. Outgoing ASPAN President Katrina Bickerstaff recapped her busy year
of touring and meeting with various National and State component committees. And awards and recognition was presented to the current Executive Board and component Presidents. The ceremony ended with an emotional and uplifting presentation by Marcus Engel. Marcus shared his story that he had been critically injured in a motor vehicle accident when he was 18 years old. As a passenger in the car with three friends, a collision with a second vehicle left him with many fractured bones to his face, arms, and legs, and also resulted in blindness. He shared his long and painful story as he spent many months in the hospitals, undergoing a multitude of operations and rehabilitation. As he attempted to regain his will to live, he concluded that it was always the nurse who brought him comfort; that the nurses’ PRESENCE was what upheld him day-by-day and night-by-night for so many months. His story reminded the audience of why they chose nursing as a career!

Following this ceremony was the annual luncheon for the CPAN and CAPA certified nurses! Once again, awards for the great achievements of component certified members were presented, including the Silver Star Award which NAPAN was pleased to receive! Go NAPAN!!

Other formal events throughout the Conference included a Development Luncheon where attendees were informed of the multiple scholarships and educational offerings ASPAN strives to provide on an annual basis. Components are invited to “Hail, Honor, and Salute” fellow members for their achievements in the Perianesthesia arena(s) and/or Memorials for deceased members who touched the life of Perianesthesia nursing in some manner. NAPAN made a donation in memory of the late Mary Connie Redmond who, for many years, supported and practiced Perianesthesia nursing. Many of the current NAPAN members feel proud and privileged to have known and/or worked with Connie throughout her nursing career.

In addition to these formal activities, there were a multitude of educational presentations for attendees to attend with contact hours awarded. There were many speakers and multiple topics including the ASPAN Standards, PACU Emergencies, Preoperative Assessments, as well as “Hot Topic presentations such as Medicinal Marijuana use in Perianesthesia and, one of my personal favorites”, the Care of the Reconstructive Skin Flap Patient in the PACU…. did you know that doctors are writing orders for leeches to be placed to graft sites to enhance blood flow to the operative sites to enhance healing? And do you know how much blood one leech can suck in an hour? All presentations were outstanding!

In addition, there were many poster board presentations regarding Perianesthesia research, Perianesthesia activities, and Perianesthesia certification. They were very informative.

And there was a component newsletter contest that NAPAN won, giving our component a gift of $250! Way to go, NAPAN!

The conference concluded with a President’s Reception in honor of 2017-18 ASPAN President Susan Russell.

Finally, the conference ended on Thursday morning with an energizing presentation by Maureen Iacono. She compared the strength of the ASPAN-founding beliefs and practices to a bridge that, once destroyed by flood waters had been re-built with materials that were “indestructible”. However, while the bridge stood mightily over the river for many years, the river was re-routed from underneath the bridge. Maureen compared the strength of ASPAN to this indestructible bridge that, though the purpose of it’s existence may change throughout the years, it’s strength and might will steadily remain a constant and everlasting presence!

What a fantastic week!
Kristy Iwansky and Carolyn Carr beginning their day bright and early to participate in the ASPAN Development Dream Walk in Indianapolis, IN

Kristy Iwansky and Carolyn Carr seated and prepared for the start of the Representatives Assembly

Katrina Bickerstaff, ASPAN President, Carolyn Carr, NAPAN President and Jennifer Kilgore, Region 2 Director

Jennifer Kilgore, Carolyn Carr and Kristy Iwansky during luncheon break for the Representatives Assembly

Carolyn Carr, Jennifer Kilgore, Kristy Iwansky and Gayle Kiviniemi enjoying component night.

Photos Courtesy of Carolyn Carr
NAPAN 2017 SPRING CONFERENCES

The NAPAN Education committee has been busy the first quarter of 2017 as it has held three ½ day in-services:

In January, a concise program regarding Domestic Violence and Human Trafficking provided plentiful and pertinent information. Attendees were informed of signs and symptoms suspect of those individuals who might be threatened in their personal environment(s) and need help. The participants learned about the many resources to effectively detect and manage patient-reported and/or suspected domestic violence.

In February, NAPAN was honored to have Dr. Gangadasu Reddy present on surgical repair and reconstruction of the hands. This amazing review of bones, tendons, and muscles in the hand that normally function synergistically in a healthy hand as well as possible surgeries to correct abnormalities renewed an awesome appreciation of these valuable, often taken-for-granted gifts of the human anatomy.

Madeline Walker, BA  
Anne Boatright MSN, RN, SANE  
Gangadasu Reddy, MD
And finally, in March, Dr. Robert Greenhagen, DPM provided a riveting presentation on foot surgeries, both common and uncommon. His presentation connected with many nurses in the audience who suffer from bunions, plantar fasciitis, and hammer toes that have occurred as a result of their “long-standing” careers. Dr. Greenhagen shared the morning with Andrew Lund, MDA who described the regional blocks that are often used in undergoing surgery on the foot. Each of these speakers provided a fantastic review of the many tendons, muscles, and bones that work together to enable the support and function of the invaluable human ambulation.

The combined presentations manifested the relevance of nursing and the importance of knowing what to look for in the patients we care for, both defensively and physically.

Robert Greenhagen, DPM and Andrew Lund, MDA

Photos courtesy of Rebecca Erickson

Education Committee Report Submitted by Kristy Iwansky. MSN RN CPAN CAPA
Greetings!

Let the good times roll! It’s Mardi Gras in my home town, a time filled with balls, parades, costumes and my favorite – King Cake! Reminds me of a rapidly approaching event particularly designed for perianesthesia nurses – ASPAN National Conference! I hope to meet with you in Indianapolis, be prepared to be energized and increase knowledge of our specialty practice!

PANAW week has come, I hope you celebrated with colleagues! I was delighted that my hospital celebrated with us by a gift basket filled with goodies. We also enjoyed great food and sported out PANAW t-shirts. I always look forward to seeing posts from my ASPAN friends on how they celebrated.

Much to share about ASPAN! Our membership is strong, currently, 13000+ and growing! ASPAN now has a group membership that offers institutions a discount as they support nurses to join. ASPAN has also released a perianesthesia nurses video. You will find it on YouTube and it is well done. So take a few moments to enjoy it and share!

ASPN continues to support perianesthesia nurses through education, research, and clinical practice. Standards and Guidelines strategic work team is currently working on a variety of guidelines and position statements. Here is a glimpse into the work being done for the specialty of perianesthesia nurses.

- Position Statement on: Air Quality and Occupational Hazard Exposure Prevention
- Position Statement on: Perianesthesia Patient with Do Not Resuscitate Advance Directive
- Guideline for Pain and Comfort
- Guideline for Hypothermia
- Research and Review of Obstructive Sleep Apnea – developing guideline

ASPN continues to offer the highest quality educations designed with the perianesthesia nurse in mind. Now it’s exciting to know that they are implementing modes of delivery that meet the nurse’s needs. Through online modules, webinars the perianesthesia nurse is equipped to increase knowledge and skill even from the home setting. All the while managing busy families among other duties.

I had a phone call this week from an anesthesiologist. He is involved in opening a new surgical center. He called me inquiring about how to obtain a copy of the ASPAN Standards. The director for this new facility insisted on obtaining a copy of the ASPAN Standards. Wow, I was so happy to share with him that ASPAN has recently published the 2017-18 PeriAnesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. I hope you have your copy, at the very least that you have a current copy within your unit.

It is always a pleasure to share about ASPAN and its benefits! Again, I hope to see you at national conference! It is an honor to serve as your regional director, I’m an email/text/call away! Take care!

Jenny Kilgore BSN RN CPAN
ASPN Region 2 Director
NAPAN Member PANAW Celebrations
Photos courtesy of Marge Divine, Carolyn Carr, Pat Stevens, Cindy Stehno and Facebook page: Nebraska NAPAN
MORE PANAW PICS

Photos courtesy of Lisa Benson-DeVries and Carolyn Carr
As Nebraska nurses, we believe that all individuals have a right to basic healthcare.

We believe that we are professionals that strive to provide safe and competent healthcare and to do that we must maintain competency and practice standards.

We need to be aware of current legislation in our unicameral. Several bills of interest include:

LB 360 - To register surgical technologists and have them under the supervision of the Board of Medicine. Also appears to allow physicians to delegate to anyone. Nurses have opposed this on the basis that the OR nurse should be the supervisor of surgical technologists and that we open ourselves up to many problems by letting physicians delegate to "anyone".

LB 586 - Prescription drug monitoring. Change provisions to the Prescription Drug Monitoring program. For us, this bill is huge as we witness everyday the epidemic of prescription abuses in our everyday practice.

Log on to the NNA Bill Tracker for more information.

Www. Nebraskanurses.org/?page=LA

Submitted by
Gayle Kiviniemi, RN, CAPA
Member-at-Large Governmental Affairs Chair
NAPAN nurses travel to Lincoln

The Nebraska Nurses Day at the Legislature took place this year on February 9, 2017 at the Lincoln Marriott Cornhusker Hotel. It was sponsored by the Nebraska Nurses Association. Cindy Stehno, Gayle Kiviniemi Pat Stevens and Bernie Larsen made the road trip down to visit Lincoln, Nebraska for the event.

The morning was spent listening to key note speaker Mary Behrens MS, FNP-BC, FAANP, followed by Ann Oertwich PhD, MSHn, RN on The Scope of Practice: the Board of Nursing Perspective. Following a break to visit sponsor booths, the day continued with the 2016 Legislative Success Stories and 2017 Legislative Priorities by Don Wesely, and Linda Stones MS BSN RN CRRN.

Lunch was served and everyone had the chance to stay and visit with their State Senators.

The day ended with a visit to tour the Nebraska State Capitol.

Attendees received 3.25 credit hours of continuing education. If anyone is ever interested in going, please watch for information on the NAPAN or Nebraska Nurses Association websites.
It is the goal of NAPAN to reach out and serve our local community. Each educational offering includes a freewill offering to a local charity. The Kountz Food Pantry was the charity chosen for the 33rd Annual NAPAN State Conference.
I find that the NAPPIN’ News newsletter gets easier with each subsequent issue (just as my predecessor Phyliss Bolton assured me it would). I hope that the quality also improves accordingly. NAPAN has had a productive Spring and our members have been busy. Our attendance at each half-day conference was well attended and the evaluations were complementary. The board is interested in your input into the education offered as well as any other input you may have for us. We are dedicated to serving our members and increasing the knowledge base of the perianesthesia nurse. Please consider joining the governing board and committees. Each member of the board is an employed active perianesthesia nurse who is willing to invest some of their time toward the promotion of their profession. There is room for YOU.

The “NAPAN Willingness to Participate” form is on our website http://napannebraska.com and the “ASPN Willingness to Participate” form is found on the ASPAN website. Please take a look and find a committee that can use your particular skills and interests. The ASPAN committees are chaired by an experienced member of ASPAN and all business is conducted via email correspondence.

As always, I hope you will consider studying for and taking the CPAN/CAPA exam to earn your certification. Certification in your field of expertise is a valuable asset.

Please consider submitting your articles and items to be published to me: judymink40@gmail.com

Sincerely,

Judy Mink RN BSN CPAN

Please check out these websites for more information:
http://napannebraska.com
http://cpancapa.org
http://www.aspan.org
Facebook: NAPAN Nebraska
2017-2018 NAPAN Executive Board

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