

# The Eye Opener

## National Association of PeriAnesthesia Nurses of Canada

[www.napanc.org](http://www.napanc.org)



.....is an Associate Member of the Canadian Nurses Association (since 2002).

PeriAnesthesia Nursing is now a CNA recognized *nursing specialty* (since 2011).

PeriAnesthesia Nurses now have their very own Certification Examination, with the designation of PANC(C) for success!



## SUMMER 2014

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## Did you know...

The "**Members Login**" Section has moved! On our website ([www.napanc.org](http://www.napanc.org)), look under "Members". Please speak with your provincial President for the access ID and Password information.

**Constant attention by a good nurse may be just as important as a major operation by a surgeon.**

Dag Hammarskjold

Care to Be...  
the Best!

PERIANESTHESIA  
NURSING Certification

EXAM: Inaugural:  
2014!!!!

Information online: [getcertified.cna-aiic.ca](http://getcertified.cna-aiic.ca)

Next Registration: September - November, 2014

**NEXT (2<sup>nd</sup>) Exam Date: April 15, 2015**



Care to Be  
the Best

CNA Certification

# Certification Examination for PeriAnesthesia Nurses: 2014!

## Successfully Certified Nurses: PANCC©

- |                              |                                |
|------------------------------|--------------------------------|
| 1. Laura Baird, AB           | 44. Thao Le, QC                |
| 2. Shelley, Bondy, ON        | 45. Katherine (Kate) Leto, ON  |
| 3. Lynn Buchanan, AB         | 46. Ann Lohka, AB              |
| 4. Joy Bumstead, ON          | 47. Kelly MacInnis, ON         |
| 5. Rhodora Camacho, ON       | 48. Kirsty Macqueen, ON        |
| 6. Scott Campbell, ON        | 49. Lucie Martineau, QC        |
| 7. Maria Cancellara, ON      | 50. Laura McNulty, NB          |
| 8. Carole Capper, BC         | 51. Deborah Moore, ON          |
| 9. Janet Clarke, ON          | 52. Lorelei Morrison, MB       |
| 10. Angeline Comeau, NS      | 53. Sandra Newton, NS          |
| 11. Melanie Connors, MB      | 54. Daphne Osborne, NL         |
| 12. Edith Cooper, AB         | 55. Lori Ouellette, ON         |
| 13. Kimberly Cullen, NS      | 56. Deborah Owen, AB           |
| 14. Chris Dassylva, ON       | 57. Sharon Peabody, NB         |
| 15. Yolanda DePape, MB       | 58. Susan Pearce, MB           |
| 16. Priya Doodnauth, MB      | 59. Bev Pimentel, NS           |
| 17. Delia Moore Doodram, ON  | 60. Cathy Plantz, MB           |
| 18. Jennifer Dorling, ON     | 61. Lina Porco, QC             |
| 19. Chris Douglas, AB        | 62. Vivienne Preece, MB        |
| 20. Margo Drewe, AB          | 63. Andrea Richards, ON        |
| 21. Carol Duncan, ON         | 64. Chris Richardson, MB       |
| 22. Katie Dunn, BC           | 65. Kimberley Roberts, AB      |
| 23. Candy Epworth, ON        | 66. Sandra Robinson, ON        |
| 24. Paula Ferguson, ON       | 67. Evelyn Seip, SK            |
| 25. Donna Fogarty, NS        | 68. Maricia Silvera-Batson, ON |
| 26. Jennifer Fournier, ON    | 69. Erin Staines, ON           |
| 27. Jean Funk, MB            | 70. Lisa Steel, ON             |
| 28. Tammy Gallagher, ON      | 71. Kristy Thain, BC           |
| 29. Anna Galloro, ON         | 72. Noreen Todaro, QC          |
| 30. Nicoleta Ghetta, ON      | 73. Emma Tolley, AB            |
| 31. Johanne Giguere, QC      | 74. Laura Van Loon, SK         |
| 32. Lori Giovannetti, ON     | 75. Caroline Wall, MB          |
| 33. Janet Grootveld, ON      | 76. Catherine Wiese, ON        |
| 34. Elizabeth Hardy, NS      | 77. Angela (Angie) Winter, AB  |
| 35. Lynn Haslam, ON          | 78. Karen Winter, ON           |
| 36. Heather Hirtle, NS       | 79. Annette Wood, NS           |
| 37. Jane Huiskamp, ON        |                                |
| 38. Kathy Jellow, SK         |                                |
| 39. Mary-Elizabeth Jones, ON |                                |
| 40. Faisal Kassam, AB        |                                |
| 41. Peggy Klassen, BC        |                                |
| 42. Donna Lackey, ON         |                                |
| 43. Stacey Lauzon, ON        |                                |

And more names coming in daily....to be added to the list! Watch [www.napanc.org](http://www.napanc.org) under "Certification" for updates to this list!

It is amazing what you can accomplish if you do not care who gets the credit.

- Harry S. Truman

### *Did you know?*

NAPAN© representatives have been a part of the Strategic Working Group with **Accreditation Canada** to revise the *"PeriOperative Services and Invasive Procedures"* standards in Ottawa throughout this past year? This revised document is in use in 2014. Watch for it when you are next accredited!

\*\*\*\*\*

NAPAN© also consulted on the "Independent Medical/Surgical Facilities" standards with Accreditation Canada in 2011 and suggested revisions to the Phase I and II recovery periods in terms of best practice. These standards are currently in use.

\*\*\*\*\*

PeriAnesthesia nurses from OPANA (Ontario) have worked with the College of Physicians and Surgeons of Ontario (CPSO) to revise the "Out-of-Hospital Premises" standards for safe recovery in independent clinics in Ontario.



## Ask NAPAN©

Q:

What's the evidence that supports cardiac monitoring all postanesthetic patients no matter how minor the procedure or how well the patient is?

A:

NAPAN© Responds:

There is none. Sorry.

But both the American Society of Anesthesiologists (ASA) and the Canadian Anesthesiologists' Society (CAS) note that mandatory monitoring post anesthesia includes: frequent observation of respirations, ongoing oxygen saturation, regular BP monitoring and the availability of electrocardiographic monitoring.

There may be SOME patients that require ECG monitoring, but that is on an individual basis (and at the anesthesiologist's discretion, so they say). However, in our Standards for Practice 3<sup>rd</sup> edition, we note that the nurse has the right to monitor anyone she feels warranted.

**Another Q/A .....????**

Nurse 1: "How did you figure out that the patient's problem was with his colon?"

Nurse 2: "Process of elimination."

Q:

If a patient has a minor procedure under general anesthetic, and prior to leaving the OR he can answer questions regarding his comfort level, raise his head, protect his own airway, vital signs all within normal range, is he considered to be in Phase 1 by virtue of being immediately post op or Phase 2 because his Aldrete score is 12-14/14?

A:

First of all, the real Aldrete and/or Modified Aldrete scoring systems never went above a total of 10, so I'm not sure what adaptation of Aldrete you are using. But you are correct that if the patient is in that type of condition, they are really in a Phase II stage of recovery and will readily meet the criteria for what is also called "fast-tracking" and bypass the PACU.

The phase is not related to the location the patient is currently in (OR, PACU, other) but the condition of the patient. Patients can pass through Phase I very quickly (or slowly) depending on the length of anesthesia, number/types of medications, etc. Many patients enter PACU in a Phase II stage of recovery and can quickly be transferred to a Phase II physical area for care. Or if they meet the criteria for "fast-tracking" while still in the OR, they can be transferred to a Phase II area directly.

NAPAN© Standards for Practice 3<sup>rd</sup> edition discusses criteria for fast-tracking and use as an example the White's criteria. Look for this in the Resource on "Discharge Criteria from all PostAnesthesia Phases" in the Standards, 3<sup>rd</sup>ed.



**NAPAN© Conference 2014 Photos: Meet and Greet Night, May 30, 2014**

**Photo to the left:**  
Conference Chair,  
Kathy Jellow, Thao Le,  
QPANA President and  
Paula Ferguson,  
President of NAPAN©  
2009-14

**Photo to the right:**  
Queen Elizabeth the  
"Twoeth" with the "Red  
Hat Brigade",  
Edmonton



**Below:** Amy Powers,  
President of PANNB/PEI  
(New Brunswick)



**Left:** Founding President, and  
Immediate Past President Laura Van  
Loon, SK, after being knighted and  
awarded by Queen Elizabeth the  
"Twoeth" with the highest honour of  
distinction: "The Loonie Award".

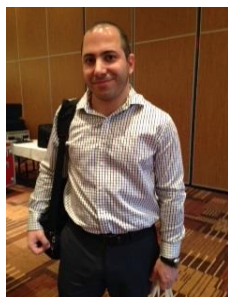
**Right:** Queen Elizabeth the  
"Twoeth" with the Conference  
Committee, Regina Saskatchewan.

More photos on page 20-21 and  
available at (click on this link):  
[NAPAN© 2014 Conference Photo  
Gallery](#)



**New NAPAN© Newsletter Editor, 2014:**

Bernard Bachaalany, RN BScN, QC

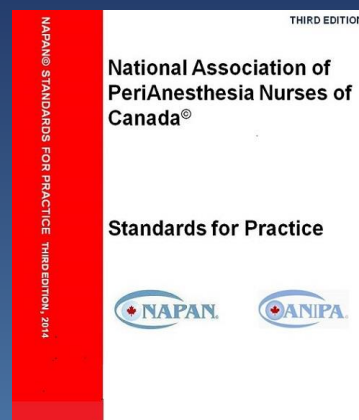


Bernard graduated from Antonine University, Lebanon, in 2002. From 2002-2004, at Sacre-Coeur Hospital, Lebanon, he worked as Anesthesia nurse. He also worked in the Levant Clinic, Lebanon in 2004 as an Anesthesia nurse. He then moved to Saudi Arabia, where he worked from 2004-2009, as the PACU charge nurse at the Saad Specialist Hospital. He immigrated to Canada in 2009, and is currently a PACU nurse in Sacre-Coeur Hospital in Montreal. He has worked in clinics in the Montreal area as an Anesthesia nurse between 2009-present. Bernard has been on the NAPAN© Standards Committee for the 3rd edition during 2012-2014. He has also been a QPANA Executive member (Member-at-large) since 2012.

**Updates:**

**NAPAN© Standards for Practice, 3<sup>rd</sup> edition: Published May 30, 2014**

**Get your copy NOW! Go to:**  
[www.napanc.org/standards](http://www.napanc.org/standards)



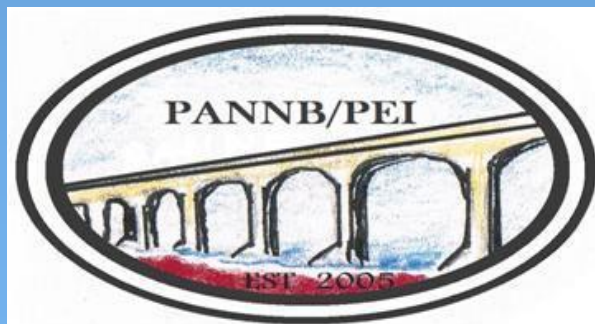
**Next NAPAN© (13<sup>th</sup>) Annual NATIONAL CONFERENCE, 2015:**

**Location: Moncton, NB**

**Date: June 12-14, 2015**

**Watch the NAPAN© website for information as it becomes available:**

[www.napanc.org/conferences](http://www.napanc.org/conferences)



## Committee Reports

### Nominations Committee Report to the NAPAN© Board of Directors May 30, 2014

The Nominating Committee determines succession in an organization, a most important and essential committee for the future health and activity of NAPAN©. The immediate Past-President chairs the committee and the Board of Directors appoints committee members. Our Board of Directors is a working board which means that all volunteers work diligently to accomplish the activities necessary to further our mission. We are incorporated as a federal charitable not-for-profit association and follow all rules and regulations as required.

**The Executive:** is comprised of a President, Past President, Secretary, Treasurer, President-Elect, Secretary-Elect and Treasurer-Elect. These individuals are nominated, or volunteer, for their roles. The decision making for the operation of the association is made by this group of individuals. They must be members of NAPAN© from any of the provinces or territories. Job descriptions are found on the website at [www.napanc.org](http://www.napanc.org) and by clicking the tab "About NAPAN©". Terms of reference for committee members are available.

**The Board of Directors:** is comprised of active members of the Boards or Executives of the provincial/territorial associations, as determined by each provincial association. Usually, the President of the provincial association is the nominated representative for the Board of Directors of NAPAN©.

For terms of reference for any of the Committee Chair portfolios, please do not hesitate to email me at [lauralene66@gmail.com](mailto:lauralene66@gmail.com)

The names at this time for election are:

President: Laura McNulty (2014-2016)

Secretary: Louisa Bartlett (2014-2016)

Treasurer: Laurel Archer (2014-2016)

Newsletter Editor: Bernard Bachaalany

Website Chair: Paula Ferguson

Standards Chair: Paula Ferguson

Certification Chair: Paula Ferguson

Fundraising Chair: Laura Van Loon

ICPAN Representative: Laura Van Loon

The Chair is seeking volunteers for the following 2 year mentoring positions:

President-Elect

Secretary –Elect

Treasurer-Elect

Please contact me ([lauralene66@gmail.com](mailto:lauralene66@gmail.com)) If

you or anyone you know may be interested in any of these positions.

I will need scrutineers for the Annual General Meeting. Fran Langevin, PANGS member will be the Chief Scrutineer and we will appoint others at the AGM.

Submitted by

Laura Van Loon, Immediate Past President, NAPAN©

### Fundraising Committee Report to the Board of Directors May 30, 2014

Fundraising for our colleagues and our projects is very important as our charitable designation mandates assistance to our members to advance their educational opportunities.

#### Charitable Number: Revenue Canada

We are now a Charitable Organization with our own Revenue Canada number, which allows NAPAN© to give receipts for deduction for Income Tax Purposes. Please contact: [laurelene66@gmail.com](mailto:laurelene66@gmail.com) to donate. You will be given further information on where to mail your cheque or credit card number for your donation. NAPAN© thanks you for all donations!

#### Donations- Standards For Practice 3<sup>rd</sup> Edition

This year we were requesting the membership and all provincial jurisdictions to consider donating to the French and English translation and publication costs of the 3<sup>rd</sup> Edition of Standards for Practice for our specialty. It is with great appreciation that I have been able to have all logos of the NAPAN© jurisdictions printed on the covers of the latest Standards for practice. Individual members, chapters or hospital groups have their names printed on the cover as well. Recognition of the donors is on the NAPAN© website and in the upcoming newsletter. Many, many thanks to all who contributed. You can still contribute at any time and your name will be placed on the 4<sup>th</sup> edition cover, on the website and newsletter. Donation forms are on our website. Total to March 31, 2014: \$2700.00 \$2210.00 donated after year end.

#### NEW - Certification Bursaries

##### **Sponsor a 2015 Certification Bursary!**

NAPAN© sponsored 3 Bursaries in 2014.

We are looking at sponsoring the same for next year as follows: one for each region (west, central and east) for Certification examination costs (**value up to \$550**). **Watch the website and apply in Jan. 2015.**

#### Individual Certification Bursaries:

We had success in attracting 2 individual members **who sponsored one certification bursary each for a maximum of \$550.00** in their own names in 2014. For individuals, the bursary will be administered by NAPAN© with input for the criteria by the donor, e.g., the donor may want to give the bursary to an applicant from a specific province. Certification results must be sent to NAPAN©.

#### Provincial Certification Bursaries

Provincial associations can donate to NAPAN© who will administer that provinces' certification bursary(ies). In this our first year of certification:

- **2014 PeriAnesthesia Nurses of Saskatchewan (PANGS)** has contributed towards 2 bursaries:  
Value: \$250.00 per bursary.
- **2014 Association of Nova Scotia PeriAnesthesia Nurses (ANSPAN) (3).**  
Value: maximum \$550 each  
Total value: \$7700.00

#### 9 NAPAN© Conference Bursaries

NAPAN© sponsors one bursary per province/territory to help a member to attend the National Conference and Annual General meeting each year by providing the Early Bird cost of the Registration Fee. Help sponsor a bursary. Need assistance? Email: [info@napanc.org](mailto:info@napanc.org) or Log in to the NAPAN© Member's Log-in to download the application form.  
Total value: \$3555.00

Submitted by Laura Van Loon, Chair  
NAPAN© Fundraising Committee



### Standards Committee Report for BOD May 30, 2014

Today is the official launch date for our **3<sup>rd</sup> edition of our Standards for Practice.**

#### NAPAN© Standards Committee Members, Reviewers and Consultants

#### **NAPAN© Standards Committee Members**

Laura Van Loon RN PANC(C) Chair, 3rd Edition  
Saskatchewan 2004-2014  
Louisa Bartlett RN Secretary Alberta 2010-2014  
Bernard Bachaalany RN BScN Quebec 2012-2014  
Nela Crisan RN MN Ontario 2009-2014  
Paula Ferguson MN NP-Adult PANC(C) President,  
NAPAN© Ontario 2009-2014  
Nancy Forbes RN BN Nova Scotia 2012-2014  
Dory Glaser-Watson BScN PNC(C) CLNC TNCC  
PANC(C) Alberta 2013-2014  
Amanda Hunt RN BScN New Brunswick 2012-  
2014  
Thao Le RN BScN PANC(C) (Pediatric Section)  
Quebec 2013-2014  
Laura McNulty RN PANC(C) President-Elect,  
NAPAN© New Brunswick 2012-2014  
Simone Towle RN BScN Nova Scotia 2004-2014  
Daphne Osborne RN MN PANC(C)  
Newfoundland 2008-2014  
**Section Consultants**  
Jiao Jiang, MN, NP-Anesthesia (Consultant  
Position Statement 3) Ontario  
Claire Middleton, MD, FRCP, Anesthesiologist  
(Consultant Position Statement 3) Ontario  
**Former NAPAN© Standards Committee  
Members 3rd Edition**  
Marion Power RN Nova Scotia 2004-2013  
Robyn Vinck RN Manitoba

*Thank you to all the members of the committee  
for their dedication, unfailing contributions,  
diligence and collegial friendship in  
researching, writing, editing, reviewing and  
meeting deadlines for the publication of the 3<sup>rd</sup>  
Edition of Standards for Practice.*

*Secretary Louisa Bartlett deserves a round of  
applause for the never-ending minutes and  
revisions she had to make.*

*Thank you to the writers of our newest  
Resources: Louisa Bartlett, Paula Ferguson and  
Thao Le.*

*NAPAN© is grateful for the reviewers and  
consultants for their excellent input that has*

*helped to provide Standards for Practice.*

*We are so appreciative of Francois Aube, our  
translator who has met our deadline for the  
English to French translation.*

*A most heart-felt congratulations to our  
Editor, Paula Ferguson, who has been the  
indomitable Spirit of these Standards*

*The Board of Directors have always been  
there for the Standards Committee, for extra  
meetings and reviews. Without their co-  
operation, dedication and desire for an  
excellent publication, our nursing colleagues  
would not have this resource for the  
perianesthesia specialty practice.*

To all, my heartfelt thanks.  
Laura Van Loon, Chair

#### **Conference Committee 2014 Report May 30, 2014**

The NAPAN© 2014 Conference Committee has worked extremely hard to put together this 12<sup>th</sup> Annual Conference & AGM. Though somewhat disheartened by the lower number of delegates registered to attend this conference, the committee feels proud of the line-up of speakers they have booked. There were many factors that potentially influenced our lower turn-out. The high cost of the certification exam may have impacted potential registrants. There should be a discussion as to how often a national conference should be held. Perhaps we should consider a conference every two years.

It has been a challenge to get all committee members from the two hospitals together for meetings so quite a few decisions were made by email. This is something that should be noted for future conference committees. This committee will attempt to put together some "helpful hints" for the next conference committee.

Our potential revenue for the conference was estimated around \$30,000 and the potential expenses are estimated at around \$25,000. It looks like we may make a small profit. If there are unforeseen expenses, PANGS has a healthy account that should be able to cover them.  
I hope everyone that visits Regina, enjoys the

offer.

Respectfully submitted,  
Kathy Jellow  
Chair, NAPAN© 2014 Conference Committee

#### **Website "Committee" Report to Board of Directors May 30, 2014**

##### A. Updates since February 5, 2014:

1. Updated Provincial application forms as requested
  2. Spotlight: Changed to PANGS (conference host)
  3. Minutes, newsletters to Members Login
  4. Certification Information: added Bursary Application Form, Bursary Sponsorship forms
  5. Added: Bursary for Conference Registration information and application form
  6. Changed Password to Members Login (ID: **NAPANcRN; Password: Standards**)
  7. Conference Information: Linked to PANGS website (<http://www.pangroupsask.ca/>, added Program, hotel information, registration and link
  8. Photo Gallery: added more photos re ICPAN 2013
- B. New Additions and things to come:

1. Membership login area: continuing information, financial reports, Board minutes, next newsletter
  2. New photo gallery: PeriAnesthesia Week, 2014 (or all PeriAnesthesia weeks) and more photos for ICPAN, 2013 if available. Please send photos!
  3. Photo Gallery to come: Will add section for Conference 2014,
  4. Spotlight: Conference?
  - C. Inquiries to [info@NAPANc.org](mailto:info@NAPANc.org) (Paula's email):
    1. Standards questions: cardiac monitoring, RPNs being trained for PACU (in Ontario)
    2. All clinical inquiries saved for newsletter
    3. Orders for standards
    - D. Forum updates:
      1. **Very underutilized.**
    - E. Suggestions for Revision:
      1. Photos and biographies to the "Organizational Structure", under each person in each section.
- Respectfully submitted,



**Newsletter "Committee" Report to Board of Directors  
May 30, 2014**

- A. Last Newsletter: October, 2013 (sorry, no time to develop a new one due to Standards deadline!)
- Comments: heard positive feedback
  - Content of "Ask NAPAN©": using emails that come in
  - Suggestions for inclusions? Send articles please!
  - Included ICPAN photos
- B. Next Newsletter: Summer, 2014 Inclusions:
- Follow up ICPAN Conference 2013 including photos, featuring winners of poster presentations (AB, Ontario)
  - Link to Certification update
  - Sponsorship Opportunities for: 1) Certification Bursaries (2015) with link to Sponsorship form for Sponsorship of Certification Bursaries (2015)
  - Certification Bursary Recipients
  - Conference Bursary Recipients
  - Notice of Membership Login: contact your provincial rep
  - Standards for Practice: New information on 3rd edition 2014 Standards in both languages with order form (link) updated.
  - Notification for Conference 2015: Mark your calendar, June 12-14, 2015.
  - Article: Any to offer?
  - Fillers: cartoon clips, "sayings", quotations
  - Other suggestions?
- C. Distribution: Timeline: All Provincial Presidents should ensure distribution of NAPAN© Newsletter within 2 weeks of receipt to all NAPAN© members in their provinces please!!!!
- D. Members Only Login: Full newsletter, financial information, Board Minutes, etc.
- Members Only ID and Password, 2014: ID: NAPANcRN; Password: Standards** (case sensitive).
- Please share with your current 2014 members and with new members as they join.
- E. Volunteer for Newsletter Editor position: Bernard Bachaalany, QC. Please approve!

Respectfully submitted,  
Paula Ferguson, Interim Newsletter Chair

**conference and the hospitality our city has to NAPAN© Executive Committee Report  
May 30, 2014**

The NAPAN© Executive Committee has met informally via email since our last Board meeting.

**Recommendations by the Executive Committee:**

Fundraising: Certification: no further Bursaries have been offered; 10 acquired to date.

Fundraising: Standards: **\$2700** donated towards translation and publication. Further donations WILL be accepted, but cannot be acknowledged on the back cover of the Standards. Forms remain on website.

International Conference (ICPAN):

- Laura remains NAPAN©'s International representative/contact to ICPAN. Responds to ICPAN's emails with recommendations from Executive for structure, membership, C & B, website, costs etc.
- No final "contract"/committee/association design completed by ICPAN to date; in progress
- Choosing amongst 3 countries to incorporate: Canada, USA, UK

Charitable Status update: Granted and retroactive to August 10, 2012. What this means:

- Annual income tax returns as a Charitable Organization: submitted September, 2013. Next one due September, 2014. Accountant, Randy Bousfield is aware.
  - Review Engagement completed, year end March 31, 2014. Two to be presented at AGM June 2014 (along with Review Engagement for year end March 31, 2013).
  - Receipts for Income Tax purposes now: for all donations including Certification Bursary, Standards (printing/translation), Conference bursaries, other donations.
  - New ideas for Bursaries?
- Standards update: Printed week of May 5, 2014. Shipped to Regina (45 copies), to Richmond BC (40 copies: Laurel Archer to send to purchasers from the West) and to New Bandon, NB (40 copies: Laura

Paula Ferguson, Website Chair East). Paula Ferguson will "send out" orders for PDF (since will be uploaded to NAPAN© Website for purchaser to retrieve).

- Official publication date: May 30, 2014 at conference in Regina
- Over 10 orders received since May 15 (opening date for accepting orders)
- Cost for translation now over \$16,000. Future of translation?
- What to do if purchasers request PDF on USB key or other?

Financial: Nothing new. Profits from Standards sales continue to support association and keep bank balance around \$25,000-\$30,000. Payments for Insurance, Moneris, Interware (reg system), renewal with CNA as Interest group, CNPS insurance paid in past quarter.

**NAPAN© Initiatives over the period Feb 5 - May 30, 2014.**

- President attended:
  - ASPAN Conference, April-May 2014 in Las Vegas
  - QPANA Conference, May 2, 2014 (gave presentation)
  - Immediate Past President attended both of above
- CNA teleconferences, May 20, 2014.
- President will attend: CAS-AHP meeting in St. John's NL on June 13-14 (as Past President)
- NEW President (Laura McNulty) will attend CNA meeting in Winnipeg, Manitoba from June 15-18.

**Final Reminders and Suggestions for Board of Directors:**

**Executive position and committee vacancies: VERY IMPORTANT!!!!!!**

- President-Elect, Secretary-Elect, Treasurer-Elect, (2014-2016),
  - Fundraising chair,
  - Standards 2017 (co-)chair(s),
- Newsletter editor (Board nominated member, posted to website). Looking for late nominations by Board and from membership at AGM.

**Nominations Committee:** needs 3-5 new members: one from East, one from Quebec, one from Ontario, one from West at least. To date, Maureen Landry only. Responsibility of provincial associations to supply member for Nominations Committee

**Fundraising Committee:** needs new chair/members.

New President: Laura McNulty assumes the role June 1, 2014 at AGM.

**Dates for BOD meetings 2014:** September, 2014. Date TBD.

**News:** 13<sup>th</sup> National Conference 2015, Moncton, NB! Date: June 12-14, 2015.

Respectfully submitted,

Paula Ferguson, M.N., NP-Adult, President,  
NAPAN©, 2009-14

#### Certification Committee Report May 30, 2014

1. Certification activities all completed and listed on the website, along with good luck message prior to April 5, 2014 exam date.
2. Extremely high passing rate! Leslie Patry will announce at AGM Sunday
3. Exam committee met with ASI testing company twice in April to review poorly answered questions: removed many and drastically improved the passing rate.
4. NAPAN©'s Responsibilities completed:
  - a) Practice exam provided by CNA has 100 test questions, received by candidate upon registration for exam.
  - b) Mentors on CNA website with link on NAPAN© website.
  - c) Bibliography, blueprint and competencies on CNA website with link from NAPAN© website.
5. NAPAN©'s Responsibilities moving forward (sustaining Certification):

McNulty to send to purchasers from the

- a) Study groups: If you are developing one, we must inform CNA so they can add it to their website. Please let me know if you know of one in your regions.

- b) Study guide: Hoping to get to this in a non-Standards year: in time for Certification 2015. Volunteers? Please contact me.

- c) For next year: set up Skype/ooVoo/WebEx study groups? Or Webinar on website (accessible to anyone)? Who is willing to assist?

Respectfully submitted,

Paula Ferguson,

Chair, Certification Committee, 2009-14

## IMPORTANT UPDATE on CERTIFICATION!!!

At the May 30<sup>th</sup> Board of Directors meeting, the members of NAPAN© have given the green light for the Certification Committee to develop a study guide in time for Registration for the 2015 Certification Examination.

Development of this guide is currently underway. Watch: [www.napanc.org/certification](http://www.napanc.org/certification) for more information.



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**Photographs** of NAPAN©'s most memorable events are now on the website: [www.napanc.org/](http://www.napanc.org/). "Photo Gallery"

Choose from:

NAPAN© National Conferences

The first International PeriAnesthesia Nurses Conference, Toronto

Certification Volunteers in Ottawa!  
And more.....

**Learn from  
yesterday;**

**Live for today;**

**Hope for  
tomorrow.**

**- Albert Einstein**

**ICPAN 2013 Conference Photos..... cont'd from last newsletter**

Pictured to the right is a photo of Laura Van Loon, International Representative for NAPAN©, displaying the NAPAN© sponsored/developed poster: "Prevention of PeriAnesthesia Hypothermia through implementation of practice standards". Dublin Ireland, September 19-22, 2013.



Delegates from the Philippines trying on the "Canadian" hats at ICPAN.



Crazy Canucks from Alberta at the ICPAN Conference in Ireland. Note the Canadian flags in the air (and in the hair)???





## Provincial Reports

### THE ASSOCIATION OF NOVA SCOTIA PERIANESTHESIA NURSES

April 1, 2013 – May. 29, 2014

#### ANNUAL REPORT to NAPAN© BOARD OF DIRECTORS, MAY 30, 2014

President – Simone Towle

President Elect– Sandra Newton

Secretary – Sandra Newton

Treasurer – incoming April 1, 2014 took over from acting

Maureen Landry

Education Coordinator – Tracey Tooke took over June, 2013 from Susan Allen

Immediate Past President – Maureen Landry

I can't believe as ANSPAN president it is my 2<sup>nd</sup> year already it has been super challenging with some Standards work & exam writing in addition to this role; but absolutely professionally, personally rewarding & fun ! ANSPAN had a stellar year with the great news of 8 members successfully completing the 1<sup>st</sup> Peri Anesthesia Nursing Certification "**our hearts are glowing with pride.**"

Congratulation to: CDHA Sandra Newton, Angeline Comeau, Bridgewater; Heather Hirtle, Sydney C.B.; Kim Cullen, Beverly Pimentel, Annette Wood, Donna Forgarty and Elizabeth Hard. They have paved the way for more nurses to follow in their footsteps with certification this coming year!

Special thanks :to Maureen Landry for education, support and holding a couple position s until other's came aboard and got settled!

The Association of Nova Scotia PeriAnesthesia Nurses (ANSPAN) has 32 members opened up registration April , 2014.

We started our 2013-2014 year off May 11, 2013 with our AGM & Education day a great success with the following presentations 1. Anesthesia trends 2. Some like It Hot Periop Hypothermia, 3.Acupuncture & Acupressure for Pain Control, 4.Perioperative Health Care provider's educational development & support efforts / experiences in Rwanda, Good conversations/strategies around Perianesthesia Nursing coverage in PACU a minority of community hospitals still struggling to meet this standard. Simone Towle & Mary Ellen Henneberry shared perianesthesia nsg. exam writing experience in Ottawa and provided information from C.N.A. which inspired a number of ANSPAN nurses to write.

Our 2013-14 education sessions and meetings were held: September 23, 2013 Dr.Yugi Gu –"Anesthesia Malignant Hyperthermia", November 16, 2013 Dr.MatKieberd –"Cardiac Arrhythmia's post op " ,Jan 20, 2014

ANSPAN Susan Allen RN & Tracy Tooke RN –"Broken Earth Haiti Experience" , March 24, 2014 Dr.Ainslie Gilchrist-"Pituitary Tumors and SIADH".

Teleconferencing:our meetings inter provincially with NS/NFLD still have members from other sites participating .Nursing director of CDHA Perioperative Portfolio Karen Mumford continues to fund the calls.

PeriAnesthesia Nsg Specialty Certification: **3 bursaries** are available from the 2012 Conference hosted in Halifax a donation to **ANSPAN members:** online at NAPAN© apply April 1, 2014. Study resources were put in the CDHA library half are e- books & other hospitals also got funding to buy books.

Completion of: NAPAN© Standards 3<sup>rd</sup> edition 2014 with ANSPAN member's commitment: Big thanks to Standard Reps: "Nancy Forbes & Simone Towle on National Standards Committee worked extra hours tirelessly.

Also, thanks to Maureen Landry, Angeline Comeau, Heather Hirtle who were Standards reviewers.

We gave a generous donation to NAPAN© for Standards development/printing. Maureen Landry forwarded the cheque in April, 2014 to NAPAN© treasurer.

ANSPAN Membership reports sent to NAPAN© by Secretary: Sandra Newton and Financial reports by Treasurer: Maureen Landry over the past fiscal year April 1, 2013- March 31, 2014.

*The future continues to be bright!*

Respectfully submitted, Simone Towle – President ANSPAN

### ***NAPAN© is proud to announce the following Recipients for NAPAN©'s Conference Bursaries, 2014:***

1. Anne Terris
2. Brenda Elder
3. Cynthia Power
4. Sheila Bohay
5. Cindy Rizzoli
6. Fran Langevin
7. Janet Melanson
8. Susan MacEachern (see photo pg 20)

### ***NAPAN© is pleased to announce the following Recipients for the Certification Bursaries, 2014:***

#### **NAPAN©-Sponsored Bursaries:**

- Chris Douglas, AB
- Faisal Kassam, AB
- Paula Ferguson, ON

**Laura VanLoon Bursary:** Kathy Jellow, SK

**Paula Ferguson Bursary:** Thao Le, QC

#### **PANGS Bursaries:**

- Evelyn Seip, SK
- Laura VanLoon, SK

#### **ANSPAN Bursaries:**

- Sandra Newton, NS
- Angeline Comeau, NS
- Third bursary to be held over for next year. No qualifying applicants this year.

Three of the above recipients have donated their Bursaries back to NAPAN© so that 3 Bursaries in their names may be offered for Certification, 2015: Paula Ferguson Bursary, Thao Le Bursary, Laura VanLoon/PANGS Bursary



**PANNB/PEI Report to the NAPAN© Board of Directors,  
May 30, 2014**

Our membership drive this year started in February and we received 62 memberships to date. We are one up from last year and have a couple of new members. We have 50 members from NB and 12 members from PE.

This year we mailed out association information sheets about PANNB/PEI and NAPAN© to each hospital in the two provinces, who provide surgical services, in hopes to spread the word. Our focus was mainly on the supporting NAPAN© and the continued development of our National Standards. We will do this again next year as I managed to recruit a member in this fashion.

Planning is underway for hosting the next national conference in Moncton. I know our conference chairs have some speakers already lined up. I can't say that they haven't expressed some concern over the small numbers for this year's conference. Six members are coming to Regina and are excited to go. I am not aware if anyone else is attending besides the six I mentioned.

I'm looking forward to seeing everyone at the conference this week

Sincerely,

Amy Powers

President PANNB/PEI

**A pessimist's blood  
type is always .....  
B negative.**

**QPANA (Quebec) Report to NAPAN© Board**

**May 30, 2014**

**MEMBERSHIP 2014- 2015**

There are 94 members

**QPANA 21<sup>st</sup> ANNUAL CONFERENCE**

QPANA 21<sup>st</sup> Annual Conference, with the theme "Mutation en soins périanesthésiques – Transformation in Perianesthesia Care" occurred in Quebec City, on May 3<sup>rd</sup>, 2013. It was a successful event with 103 participants.

The conference was approved by the University of Montreal for six hours accredited continuing education.

**QPANA's PARTICIPATION IN PROMOTING  
PERIANESTHESIA NURSING**

As an active participant in the National Standards Committee and the CNA Certification Committee, this year, it is a great pleasure for QPANA to join our colleagues from other provinces to celebrate the release of the 3<sup>rd</sup> edition of the Standards for Practice and the first occurrence of the Canadian Perianesthesia Nursing Certification Exam.

Kind regards,

Thao Le

QPANA President and National Representative

**PeriAnesthesia Nurses Group of Saskatchewan  
(PANGS) Report to NAPAN© May 30, 2014**

PANGS was only able to hold a Skype Meeting on January 27, 2014 and then had another meeting at the SRNA Member Links Night on May 6, 2014. Only four members attended that meeting.

PANGS has 26 members at this time. It has been an ongoing struggle to attract new PACU nurses. Efforts to attract more Day Surgery nurses have not been fruitful.

It has been decided that our Annual Conference & AGM for 2014 will be held in conjunction with the Saskatchewan Operating Room Nurses Group (SORNG) on September 19, 20, 21, 2014. All positions on the PANGS executive (except treasurer) are due for nomination. Due to illness, our treasurer handed the books over to a new treasurer.

Kindly submitted,

Kathy Jellow, President, PANGS



## Article:

### Consensus Statement

# Perioperative fluid management: Consensus statement from the enhanced recovery partnership

Monty G Mythen<sup>1</sup>\*, Michael Swart<sup>2</sup>, Nigel Acheson<sup>3</sup>, Robin

Crawford<sup>4</sup>, Kerri Jones<sup>5</sup>, Martin Kuper<sup>6</sup>, John S McGrath<sup>7</sup> and Alan

Horgan<sup>8</sup> (June, 2012)

Retrieved from

<http://www.perioperativemedicinejournal.com/content/1/1/2>

## Introduction

Enhanced Recovery (ER) after Surgery (or Fast Track) is a bundle of 'best evidence based practices' delivered by a multi-professional health care team, with the intention of helping patients recover faster after surgery [1]. Professor Henrik Kehlet, a surgeon from Denmark, pioneered the concept more than a decade ago but practitioners in the UK remained sceptical of his amazing results and adoption in the National Health Service (NHS) had been slow [1,2]. The Enhanced Recovery Partnership Programme (ERPP) was set up by the Department of Health in England in May 2009, to encourage the widespread adoption of ER with the aim of improving recovery from major surgery [1,3]. The Programme initially concentrated on elective major

## Standards Winner!!!

Allyson Cobb, NB whose name was drawn from those who submitted a completed Standards Survey at the recent 2014 NAPAN© Conference



surgery in four specialities (Colorectal, Musculoskeletal, Gynaecology and Urology). Audit of ER practice by the early adopters demonstrated greater than 80% compliance with the majority of elements recommended by the ERPP. However, perioperative fluid management including the administration of pre-operative carbohydrate drinks and individualised goal directed fluid management guided by advanced haemodynamic monitoring (e.g. Oesophageal Doppler) had lower levels of compliance [3]. A pilot study using Commissioning for Quality and Innovation (CQUIN) to encourage practice change showed a dramatic improvement in outcomes in North Central London with very high levels of compliance with the ERPP recommended principles of perioperative fluid management, in particular goal directed fluid management [4].

The National Programme has evolved into the Enhanced Recovery Partnership (ERP), and the most recent guide published by the ERP includes evidence of widespread adoption of ER in the NHS in England and achievement of stated goals i.e. reduced length of hospital stay after surgery resulting in more operations being performed despite fewer bed days, no increase in readmissions and high levels of patient satisfaction [5]. Perioperative fluid management is at the heart of Enhanced Recovery and the use of intra-operative fluid management technology, such as Oesophageal Doppler, is supported by the ERP in line with the National Institute of Clinical Excellence (NICE) Guidance (MTG3), the NHS Operating Framework 2012–13 and the Department of Health Innovation Health and Wealth Review 2011 [5–7]. Despite concordance in the guidelines, the veracity of the evidence has been challenged [8,9].

The ERP thought it was timely to produce a consensus statement from the National Clinical Leads and Specialist Advisors within the specific context of Enhanced Recovery and, for the purpose of

widespread dissemination, the general principles and key recommendations outlined in the latest guide are reiterated in this article [5]. Of note, no particular evidence based methodology was used aside from seeking unanimous agreement from the authors. A practical and pragmatic set of guidelines and recommendations was the aim. The conclusions do align with the GIFTASUP guidelines and NICE guidance where established EBM methodologies were utilised [6,8,10]. In making this consensus statement we agree that larger, more definitive studies of perioperative fluid management and, in particular, the relative contribution of haemodynamic monitoring compared with fluid restriction would be welcomed [11,12]. However, to be useful, such studies must be conducted in the context of a fully implemented Enhanced Recovery Program.

## General principles of enhanced recovery fluid management and recommendations of the enhanced recovery partnership

For further details see latest ERP guide [5].

### Pre-operative

- Maintain good pre-operative hydration.
- Give carbohydrate drinks.
- Avoid bowel preparation.

### Peri-operative

- Use fluid management technologies to deliver individualised goal directed fluid therapy.
- Avoid crystalloid excess (salt and water overload). 'Maintenance' fluid, if utilised, should be limited to less than 2 ml/kg/hr including any drug infusions. The use of isotonic balanced electrolyte solution (e.g. Hartmann's) will minimise hyperchloraemic acidosis.

### Post-operative

- Avoid post-operative i.v. fluids when it is possible.
- Always ask the question; 'what are we giving fluids for?: Maintenance fluid? Push early drinking and eating;

Replacement fluid?

Consider oral before i.v. and consider 'prescribing' oral fluids

Use Goal Directed Fluid Therapy

## Aims of ER fluid management (by the end of surgery)

Patients core temperature is normal (circa 37°C).

- Major intra-abdominal surgery.
  - Intermediate surgery (30 day mortality >> 0.5%) in high risk patients (age >> 80 years, history of LVF, MI, CVA or peripheral arterial disease).
  - Unexpected blood loss and/or fluid loss requiring >> 2 litres of fluid replacement.
  - Patients with ongoing evidence of hypovolaemia and or tissue hypoperfusion (e.g. persistent lactic acidosis).
- Perceived lack of resources is not a viable excuse. NICE have concluded that we can't afford NOT to use intra-operative fluid management technologies where indicated [6]. Practitioners should not be constrained by lack of

availability of such technology.

**The Enhanced Recovery Partnership recommends the development of local guidelines and algorithms for fluid management and regular audit of compliance, in line with national guidelines, NICE recommendations and the Innovation, Health and Wealth Review (2011)[6,8].**

- No evidence of hypovolaemia, tissue hypoperfusion or hypoxia.
- No evidence of hypervolaemia or excess fluid ('zero balance').
- Hb >> 7 g/dl.
- No clinically significant coagulopathy.
- Minimal use of vasopressors.

Predictors of poor outcome include: greater age, higher ASA status, high blood loss, longer than expected surgery, evidence of hypovolaemia or hypoperfusion (e.g. metabolic acidosis, blood lactate >> 2 mmol/litre, central venous O<sub>2</sub> << 70%), greater use of vasopressors, high volumes of i.v. fluids (>> 3.5 litres total), positive fluid balance (>> 2 litres positive on day of surgery) [13-18].

In an individual patient, failure to achieve these aims should prompt a review of the need for ongoing care in a higher care environment (e.g. extended recovery, HDU or ITU). If audit of a group of patients shows that these aims were not achieved, this suggests that the delivery of care should be reviewed.

## Individualized goal directed fluid therapy

**The Enhanced Recovery Partnership recommends the use of intra-operative fluid management technologies to enhance treatment with the aim of avoiding both hypovolaemia and fluid excess. This should be decided on a case-by-case basis adhering to local guidelines in the context of NICE recommendations, national guidelines and the Innovation, Health and Wealth Review[6,8].**

Indicators of central hypovolaemia include:

- Blood loss or fluid loss
- Tachycardia
- Hypotension
- Cool peripheries
- Low CVP
- Low cardiac output
- Reduced stroke volume
- Pulse pressure variation (during IPPV)
- Pre-load responsiveness
- Low central venous O<sub>2</sub> saturation
- Raised blood lactate

Central hypovolaemia should respond to volume therapy (i.e. a fluid bolus) [13-18].

**The Enhanced Recovery Partnership recommends that all Anaesthetists caring for patients undergoing intermediate or major**

### **surgery should have cardiac output measuring technologies immediately available and be trained to use them.**

The use of intra-operative fluid management technologies are recommended from the outset in the following types of cases:

Major surgery with a 30 day mortality rate of  $\gg 1\%$ .

· Major surgery with and anticipated blood loss of greater than 500 ml.

Major intra-abdominal surgery

Intermediate surgery (30 day mortality  $\gg 0.5\%$ ) in high risk patients (age  $\gg 80$  years, history of LVF, MI, CVA or peripheral arterial disease).

· Unexpected blood loss and/or fluid loss requiring  $\gg 2$  litres of fluid replacement.

· Patients with ongoing evidence of hypovolaemia and or tissue hypoperfusion (e.g. persistent lactic acidosis).

Perceived lack of resources is not a viable excuse. NICE have concluded that we can't afford NOT to use intra-operative fluid management technologies where indicated [6]. Practitioners should not be constrained by lack of availability of such technology.

## **What NICE said about cardio-Q Doppler**

*"...The case for adopting the CardioQ-ODM in the NHS,...is supported by the evidence...The CardioQ-ODM should be considered for use in patients undergoing major or high-risk surgery or other surgical patients in whom a clinician would consider using invasive cardiovascular monitoring. This will include patients undergoing major or high-risk surgery or high-risk patients undergoing intermediate-risk surgery."*[6]

## **The GIFTASUP guidelines said**

*"In patients undergoing some forms of orthopaedic and abdominal surgery, intraoperative treatment with intravenous fluid to achieve an optimal value of stroke volume should be used where possible as this may reduce postoperative complication rates and duration of hospital stay."*[10]

## **What the 2010 ER implementation guide: Delivering enhanced recovery said**

*"Individualised goal-directed fluid therapy...*

*When intravenous fluid is given, the benefits of maintaining circulatory filling and organ perfusion must be weighed against the risk of excess fluid accumulation in the lungs causing hypoxia, and, in the gut, causing nausea and delayed return of gut motility (ileus).*

*When there is not enough fluid in the bloodstream, the stroke volume falls – that is, there is a fall in the volume of blood ejected by the heart each*

*heartbeat....*

*In a typical regime enough colloid is given to maintain the stroke volume, but no more. This allows circulatory volume and organ perfusion to be maintained with the minimum of administered fluid, which minimises fluid accumulation in the tissues."*[1]

### **The Enhanced Recovery Partnership recommends the regular audit of practice and outcomes benchmarked against national data for surgical procedures.**

This should ideally include:

- 30 and 90 day mortality rate (ideally risk adjusted).
- Length of hospital stay.
- Same day admission rate.
- Readmission rate.
- Patient reported outcomes.

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*In every art beginners must start with models of those who have practiced the same art before them.*

— Ruth Whitman (1922-1999)  
Poet, professor and mentor

Save one life... and you are a hero.

Save one hundred lives....  
and you are a **nurse**.

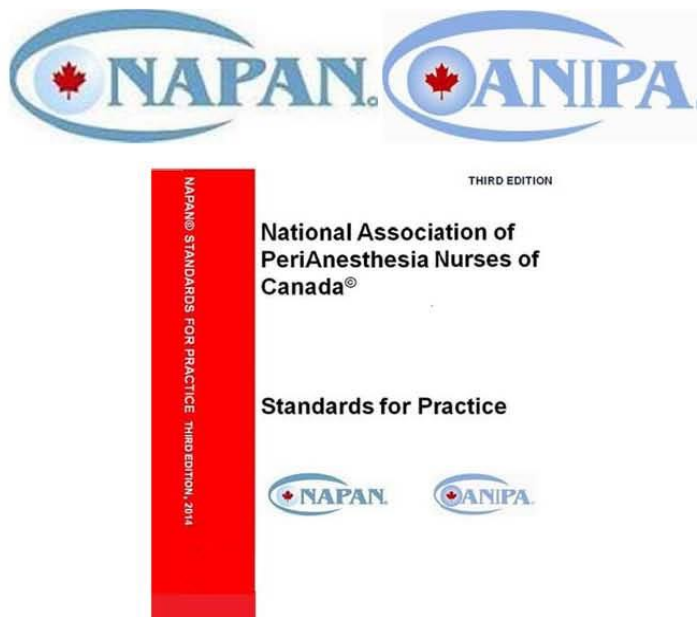
- Chuck Stepanek

Compassion brings us to a stop and for a moment, we rise above ourselves.

- Mason Cooley



**AN IMPORTANT ANNOUNCEMENT**  
**FROM**  
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*Canada ©*



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Questions? Contact us at: [info@napanc.org](mailto:info@napanc.org)

### ICPAN Steering Committee Established!!!!

Following the conference, interested delegates met to discuss forming a Steering Committee to develop and finalize the draft Constitution and By-Laws, to research and establish a bank account, to extend our website, to review and formalize the process for conference site bids, to establish membership categories and fees.

This committee includes Pat Smedley, Chair (UK), Ann Hogan (IE), Sue Fossum (USA), Meg Bumpstead (Australia), Bente Bunche (Denmark), and **Laura Van Loon (Canada)**.

Keep posted for more news as we develop this International Organization.

Next conference: September 9-12, 2015 Copenhagen, Denmark. Go to: <http://www.icpan2015.dk/>

## CANADIAN SUCCESSES AT ICPAN 2013: CONGRATULATIONS!!!!



To Cindy Rizzoli (on the left) and Chris Douglas (on the right), Edmonton, AB who won **First Place** in the Innovative Practice Poster Awards at the **International Conference in Dublin, September 2013**

To Carol Deriet and her team (pictured) of Sunnybrook Hospital, Toronto who won **Runner Up** in the Innovative Practice Poster Awards at the **International Conference in Dublin, September 2013**





**NAPAN© CONFERENCE 2014 REGINA, SASKATCHEWAN****May 30 – June 1, 2014***And a good time was had by all!!!!*

QE 2 with ASPAN Past-President, Twilla Shrout (right) and outgoing NAPAN© President Paula Ferguson (left)

Conference Bursary Winners, l to r:  
Brenda Elder, AB; Susan MacEachern NS;  
Janet Melanson, NB; Sheila Bohay,  
SK; Cindy Rizzoli, AB; Cindy Power, NB;  
Fran Langevin, SK



Barb Milton, President ,  
Canadian Nurses Association  
2013-14; Opening Address to  
NAPAN© delegates May 31, 2014

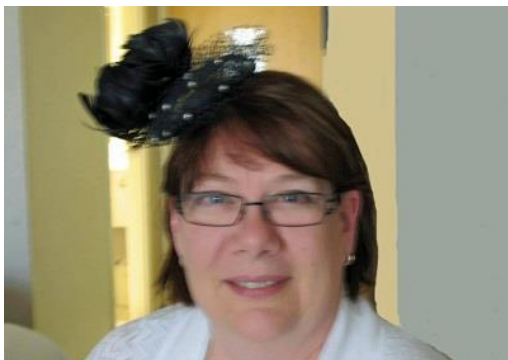
Dr. Marlene Smadu, RN, EdD,  
LLD(h.c.): Opening Keynote  
Speaker May 30, 2014.

“The Sky’s the Limit – So Nothing  
Will Get in Our Way:  
PeriAnesthetic Nurses as Patient  
and Family Centred Care  
Champions.





## *At the conference.....*



Top left: Louisa Bartlett, NAPAN© Secretary, Centre: Laura McNulty, Incoming NAPAN© President, Top right: Francis Loos (right) speaker; Centre left: Susan MacEachern, NS; Simone Towle, NS; Laurel Archer BC, NAPANc Treasurer, Paula Ferguson, Outgoing NAPAN© President; Twilla Shrout (ASPAN Past-President); Thao Le, President QPANA; Laura VanLoon, Founding & Immediate Past-President. Centre middle: Paula Ferguson, opening address; Centre right: Dr. Jurgen Maslany: Speaker on Dexmedetomidine. Bottom left: Kathy Jellow, Conference Chair, opening address; Bottom centre: "You've got to be kidding" speakers Jackie Diemert, RN & Jo-Anne Brooks, CNE; Centre right: Francis Loos and group modelling Simulation Lab;



And the Board of Directors, NAPAN© 2014-15. See these and more: "Photo Gallery" on the NAPAN© website: [www.napanc.org](http://www.napanc.org)

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