



Winter 2017  
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# What's TAPANing

The Official Newsletter of the West Texas and Panhandle Region

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Join the  
wesTpan group on  
Facebook!

## President's Message

by Trina Mora

Hello wesTpan Members,

The holidays are upon us already! I hope you all had a wonderful Thanksgiving with family and friends! Christmas is right around the corner, and is sneaking up fast!

I hope you were able to attend the 41st Annual State TAPAN Conference in San Antonio in October. I'm sure everyone that was able to go had a great time! If you were there, and have any pictures, please send them to us for the next newsletter. You can send any pictures you may have to our email address at [admin@tapan-westtexas-panhandle.com](mailto:admin@tapan-westtexas-panhandle.com)

Our Secretary, Kat Tollett, has recently sent out an email requesting those that receive the email to respond, so we will know that we are able to reach you. Only a few have replied, so far. When you have a few minutes, please check your emails and respond so we know that we have the correct contact information for you. We are trying to increase member participation, and would greatly appreciate any time you can give. As we have said before, without member participation, there would not be money available for scholarships, or the ability to come together for our profession. Your talents and expertise are valuable to all of us!

We are still searching for anyone willing to fill Liaison Officer positions in San Angelo, Lubbock, Odessa, and Amarillo. We are looking for volunteers for our region, as well. Whether you can serve on a committee, or volunteer to help at various educational and fundraising events, you are invited to participate in our active organization. Simply share with your region- maybe you have an article about perianesthesia nursing that we can include in our newsletter, or pictures of local events in which you have participated. Whatever you think may be news-worthy, please send it along to share. You can earn scholarship points for different things you send to us for the newsletter, and it would mean a lot to all of us in the West Texas and Panhandle region. Please send anything you have, and any questions to

[admin@tapan-westtexas-panhandle.com](mailto:admin@tapan-westtexas-panhandle.com)

I hope you have a very Merry Christmas and a Happy and Prosperous New Year! Be safe and take care!

Sincerely,

*Trina Mora, BSN, RN, CAPA, CPAN*

## *Save the date...2018!!*

January 8<sup>th</sup> - April 2<sup>nd</sup>

### ABPANC Exam Registration Open

Check out the website, new testing provider  
Is now in effect which means new rules for  
Scheduling/cancellations/roll overs

February 5<sup>th</sup> - 11<sup>th</sup>

### PANAW Week

How will YOU celebrate PeriAnesthesia Nurse Association Week?  
Make plans, see them through, and share pictures!

February 14<sup>th</sup>

### Spring 2018 Newsletter submission deadline

Submit events, pictures, congratulations, even jokes  
To [admin@tapan-westtexas-panhandle.com](mailto:admin@tapan-westtexas-panhandle.com)

April 2<sup>nd</sup> - May 29<sup>th</sup>

### CAPA CPAN exam dates

Good luck to those of you who are testing!  
For more information, visit the ABPANC website at: <http://cpancapa.org/>

April 29<sup>th</sup> - May 3<sup>rd</sup> 2018

### ASpan National Conference

Taking place in Anaheim CA  
Visit <http://www.aspan.org/Events> for details

## *Congratulations!!*

*Congrats to Sarah Salcido for her TAPAN state  
Star award 2017!!*

*The TAPAN Star Award is presented at the Annual State Conference to  
members who best exemplify the Mission of TAPAN through their  
contributions and service to professional perianesthesia nursing during  
the preceding year (August 1 - July 31).*

*[Excerpt from TAPAN.org website]*



## WESTPAN NEW MEMBERS OF 2017!

Shelly Burrow BSN, RN, ADN

Maria Castro RN

Cherylle Florer BSN, RN

Elsie Howard RN, CAPA

Phyllis Hawkins RN, ADN

Beatriz Herrera RN

Ann Kveton BSN, RN, CPAN

Eileen Morrow BSN, RN, CPAN,  
CCRN

Jae Palentinos BSN, RN

Vern Pharr MSN/Ed, CCRN, RN,

CPAN, CAPA, CEN

Nina Phillips RN

Melissa Rosson BSN, RN

Diane Saenz BSN, RN

Melanie White BSN, RN



### Editor's Note:

*What's TAPANing* is the official Newsletter of West Texas-Panhandle Region.

Contributions to *What's TAPANing* are encouraged. All articles and comments relevant to Perianesthesia care must be double spaced and typed. The author is responsible for providing appropriate references for accuracy and reliability of information.

#### Submission Deadlines:

Feb 15<sup>th</sup> - Spring newsletter

May 15<sup>th</sup> - Summer newsletter

August 15<sup>th</sup> - Fall Newsletter

November 15<sup>th</sup> - Winter newsletter

Photos are property of the editor unless otherwise noted. Send comments, suggestions, and/or submissions (including individual achievements!) to [tollettk473@gmail.com](mailto:tollettk473@gmail.com)

Happy  
Holidays!!!



## *Congratulations!!*

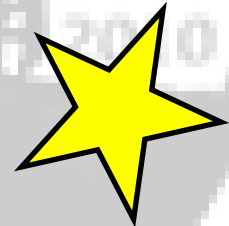
Jessica Herrera has completed her BSN this year! She graduated in October. Jessica works at Midland Memorial and had worked while taking classes. This is a big accomplishment for her and we are proud of her!

Photo courtesy: Cynthia Spradlin.

Santa is on his way!  
Nurses have been good ALL year!  
Hope he brings you something  
Super nice!



wesTpan top sTar-bits



### **Midland Memorial Hospital (Midland):**



Group Pic is the POCU and PACU nurse team at Midland Memorial. Left to right, are: Natalie Kingston, Sarah Salcido, Laura Newbrough, Michelle Wentworth, Kim Woodard, Maria Torres, Trina Mora, Diane Saenz, Estela Jimenez, Patricia Catlett, and Jessica Herrera. Keep up the good work team!

Photo courtesy: Raquel Enriquez RN



## Midland Memorial Hospital (Midland) continued:



Happy Birthday to Linda!

Left to right are: Linda McDonald, Natalie Kingston, Phyllis Hawkins, Manuel Gonzales, Kim Woodard, Dr. Tilton, Patricia Catlett, and Sarah Salcido.

Photo courtesy Trina Mora

NDNQI post-survey pizza party with PACU/POCU staff and anesthesia!

Left to right are: Laura Newbrough, Dr. Brooks, Zach Belew, Natalie Kingston, Linda McDonald, and Manuel Gonzales.

Photo courtesy Trina Mora



Sharing the Christmas Spirit!  
Left to Right is Michelle Wentworth, Carrie Watson, Sarah Salcido, Dolores Ezell, Trina Mora, Natalie Kingston, Linda McDonald, and Estela Jimenez

Photo courtesy Billy Haggerty

## Midland Memorial Hospital (Midland) continued:

We are READY for the party!

Left to right is Sal Olivas, Carrie Watson, Diane Saenz, Patricia Catlett, Natalie Kingston, Michelle Wentworth, Jessica Herrera, Phyllis Hawkins, Estela Jimenez, and in front is Manuel Gonzales

Photo courtesy Sarah Salcido



## Hendrick Medical Center (Abilene):



Our donation drive for Noah Project in Abilene was a success with food and toiletry items donated. Noah project helps those affected by domestic violence and sexual assault to become empowered to survive and thrive again.

Left to Right is Kandy Morrow, Chelsea Castanuela, Linda Jacques, Kat Tollett and Macie Booker

Photo Courtesy Kat Tollett

**\*\*\*Share the news from your area! Send your top sTar-bits to be included in \*\*\*  
 What's TAPANing to [admin@tapan-westtexas-panhandle.com](mailto:admin@tapan-westtexas-panhandle.com)**



<p align="center"> <u>\$\$ wesTpan Financial Report \$\$</u>                      Quarterly report as of November 27<sup>th</sup>, 2017                      INCOME (including dues): \$172.62                      EXPENSES (reimbursements, monthly charges): \$ 144.00                      BALANCE: \$1233.98                 </p>
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*Best Wishes for Happy and  
Healthy Holidays!*

Join the wesTpan group on Facebook today! Pictures, events, and announcements are updated often. Share your nursing pictures and comments with everyone!

## Perioperative Management of the Patient with Chronic Pain

[From the anesthesia providers' perspective]

By

Andrew J McPhail BSN, RN, CCRN, RRNA

### Introduction

The United States is facing an increasing amount of opioid use for chronic pain management.<sup>1</sup> Anesthesia practitioners must be aware of options for the management of these patients' pain when they present for surgical procedures. Anesthesia practitioners should individualize anesthetic plans for each patient and include both opioid and non-opioid medications for best pain management results. Evidence supports continuing prescribed home medications the day of surgery and the implementation of multimodal management throughout the surgical experience.<sup>2,3</sup> This case report details the management of patients experiencing chronic pain and lists pharmaceutical options for anesthesia practitioners to achieve the best postoperative pain outcomes in this patient population.

Evidence supports continuing prescribed home medications the day of surgery and the implementation of multimodal management throughout the surgical experience

The use of prescription opioids for chronic pain management in the United States has grown rapidly over the past 10 years.<sup>1</sup> Patients experiencing chronic pain also have a higher sensitivity to painful experiences.<sup>3</sup> Historically, opioids have been the mainstay in treatment for perioperative pain, but can be difficult in this patient population.<sup>2</sup> The purpose of this case report is to discuss perioperative pain management in patients treated with opioids for chronic pain,

including non-opioid techniques, to decrease pain scores and increase patient satisfaction.

### Discussion

Chronic use of opioids is increasing in the United States, as well as tolerance of and dependence to these medications.<sup>1,2</sup> This epidemic is creating a challenge to anesthesia practitioners as the management of perioperative pain is affected by these home medication regimens.<sup>2,3</sup> Each stage of anesthesia is affected by patients experiencing

Incorporating medications such as ketamine, IV acetaminophen, ketorolac, and gabapentin with opioid management of operative pain can lead to significantly better outcomes.

chronic pain and requires an individualized approach to each patient's management. The use of opioids alone for perioperative pain management is often inadequate and unreliable, increasing the importance of multimodal pain management.<sup>3</sup> Incorporating medications such as ketamine, IV acetaminophen, ketorolac, and gabapentin with opioid management of operative pain can lead to significantly better outcomes.

### Opioid Use for Pain Management

The preoperative phase is the most important phase of complex pain management and begins with identifying an opioid dependent patient.<sup>2,3</sup> The anesthesia practitioner should review home medications to determine extent of opioid dependence and have a candid discussion with the patient regarding degree of expected postoperative pain.<sup>3</sup> If the patient is given false hopes of minimal pain following their procedure, both pain and anxiety can be exacerbated postoperatively. Patients should continue their home pain medications the morning of surgery in order to maintain baseline serum levels and to prevent withdrawal following

their procedure.<sup>2,3</sup> The morning dose of medications should be administered IV if the patient cannot take by mouth the day of surgery. Morphine equivalents may also be calculated if the medication is unavailable in IV form.<sup>2</sup>

Patients being treated with methadone should receive an additional opioid dose prior to surgery. The duration of pain suppression for methadone is shorter than its opioid withdrawal effect possibly leading to hyperalgesia if not addressed. Opioid tolerance from chronic methadone use may also increase the dose of adjunct opioids needed to achieve an acceptable level of pain relief.<sup>2</sup> No data supports a specific intraoperative opioid in these patients, however, the opioid selected by the anesthesia practitioner is ideally titrated to a respiratory rate of 12-14 in a spontaneously breathing patient and slight miosis of the pupil to ensure adequate pain control.<sup>2-4</sup> Although the choice of opioid varies in these patients, the key is not to omit or limit opioid use in the anesthetic plan.

. The duration of pain suppression for methadone is shorter than its opioid withdrawal effect possibly leading to hyperalgesia...

### Multimodal Management

In addition to opioids for perioperative complex pain management, multimodal techniques such as ketamine, ketorolac, acetaminophen, and gabapentin have been proven to play a significant role in pain management. Multimodal medications ideally start 1-2 hours prior to surgery for optimal benefit.<sup>3</sup> Intravenous acetaminophen and ketorolac are two potent analgesics beneficial to most patients. Ketorolac, a nonsteroidal anti-inflammatory agent (NSAID), provides effective analgesic benefits at doses ranging from 10-60 mg IV. The opioid sparing effect of ketorolac helps to improve postoperative pain management while



reducing opioid related side effects. However, due to the side effects of NSAIDs, ketorolac should not be used when a surgical site has a high chance of re-bleeding or in patients at an increased risk of gastrointestinal bleeding, with impaired renal

The most important factor in perioperative chronic pain management is tailoring to each individual patient and considering all options...

function, or asthmatics.<sup>5</sup> Intravenous acetaminophen, approved for use in the United States since 2011, has proven to reduce postoperative opioid use when administered during a surgical procedure. Best outcomes are achieved when acetaminophen 1000 mg IV is administered 1 hour prior to the end of a case.<sup>6</sup>

Low doses of intraoperative ketamine have also been found effective to improve pain scores and decrease postoperative opioid consumption.<sup>2,3,7</sup> Ketamine is an NMDA receptor antagonist that blocks peripheral afferent noxious stimuli and prevents central sensitization of nociceptors.<sup>7</sup> A dose of 0.25 mg/kg IV prior to surgical incision and 0.15 mg/kg IV before skin closure has proven to be the most efficacious in decreasing postoperative pain. Other studies also suggest an intraoperative ketamine infusion is beneficial as well. The most common side effect of ketamine is psychosis, but is less common in low doses and often attenuated with a preoperative dose of benzodiazepine.<sup>3,7</sup>

Finally, for opioid dependent patients experiencing neuropathic pain, gabapentin, tricyclic antidepressants (TCAs), and serotonin-norepinephrine reuptake inhibitors (SNRIs) are useful adjuncts for pain management. Home doses of these medications should also be continued the morning of surgery. If not prescribed, a 300 or 600 mg IV dose of gabapentin or 100-300 mg IV dose of pregabalin might be beneficial preoperatively.<sup>3</sup> Use of one, or a combination of these non-opioid analgesics is an effective method of managing

## wesTpan Region Officers

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chronic pain perioperatively while minimizing opioid use and opioid-related side effects.

### Summary

Perioperative pain management in a patient experiencing chronic pain can be especially challenging. With a growing number of opioids used in the United States, it is important for anesthesia practitioners to know how to best manage these patients when they present for surgery.<sup>1</sup> Identification of patients prescribed opioid therapy for chronic pain and continuation of home pain medications the morning of surgery are important initial steps in perioperative management.<sup>2,3</sup> Opioids are a critical part of pain management for these patients and should not be withheld.<sup>3</sup> However, multimodal pain relief is imperative to achieve the best pain related outcomes throughout the surgical procedure.<sup>2,3</sup> Ketorolac, acetaminophen, ketamine, gabapentin, SNRIs, and TCAs all play a vital role in multimodal pain management and should be part of the anesthetic plan for these patients.<sup>2,3,5-7</sup> The most important factor in perioperative chronic pain management is tailoring to each individual patient and considering all options when evaluating complex pain during surgery.<sup>2,3</sup>

### References

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7. Jain R, Kochhar N. Influence of difference in timing of perioperative administration of low-dose ketamine on postoperative analgesia. *Anesth Essays Res.* 2017;11(2):406-410. doi:10.4103/0259-1162.194538.

*Andrew McPhail attends Harris College of Nursing and Health Sciences at Texas Christian University. Currently, he is working as a Resident Registered Nurse*



*Anesthetist (RRNA) at Hemdrick Medical Center in pursuit of Doctor of Nursing Practice in Anesthesia. Thank you Andrew, for sharing your knowledge with perianesthesia nurses! As a team caring for surgical patients, it is great to be able to learn from one another.*

Share the fun! Work is serious business, but there are good times too!! Let us all in on some of the fun in your area!

Please submit any items or ideas you would like to see included to [admin@tapan-westtexas-panhandle.com](mailto:admin@tapan-westtexas-panhandle.com)

AND...

Don't forget Facebook!



*Thank  
You!*

Thank You to everyone who helps with proof reading, pictures, suggestions for a better newsletter.

Goodness knows, this is NOT a one person job!

Please send us *your* pictures and happenings!

We would love to hear from everyone!