



What's TAPANing

The Official Newsletter of West Texas and Panhandle Region of TAPAN



President's Message

By Jeanette Frantz MSN, RN

Greetings Fellow PeriAnesthesia Nurses,

Peri Anesthesia Nurse Awareness Week (PANAW) has come and gone. I hope each of you took time to celebrate our discipline of PeriAnesthesia Nursing. PANAW week was a great week for reflecting on the last year and evaluating how one has spent one's time in practice, professional development and appreciating the role we play in patient care. Allowing this time for examination of our practice offers an opportunity to ask how we can better serve our patients and families while growing in our profession.

Coming quickly on the heels of PANAW is ASPAN National Conference, April 10-14th in Philadelphia, Pa. I do hope you have made plans to attend. This year's theme is "Renew Perianesthesia Passion: Inspire Excellence". After taking a few minutes for reflection on this theme I asked myself the question: "how does passion inspire excellence"?

The Merriam Webster online dictionary defines passion as a strong feeling of enthusiasm or excitement for something or about doing something¹. So how do we exhibit passion and excellence? Quint Studer in his book *Hardwiring Excellence* defines excellence with this statement; "*Excellence is when employees feel valued, physicians feel their patients are getting great care, and patients feel the service and quality they receive are extraordinary*"².

It is easy during our daily duties to forget that our influence on patient outcomes has much to do with our passion and the pursuit of excellence in patient care. It is this passion that keeps us coming back, day after day, to attend to the needs of our patients at the bedside, keeping them safe, preventing harm, and providing quality care. It is our passion for excellence that feeds the desire to implement that quality improvement project, write a journal article or precept a new employee so others can learn from our experience and expertise.

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Thank you for reading the wesTpan newsletter!
What does "Passion" mean to you? How does this inspire excellence in your life? **Send us your thoughts!**

wesTpan Region
Officers

President

Jeanette Frantz MSN, RN
Midland, TX
jeanette.frantz@midland-memorial.com

Vice President

Trina Mora BSN, RN,
CAPA, CPAN
Midland, TX
trina.mora@midland-memorial.com

Treasurer/Secretary

Kat Tollett BSN, RN,
CPAN, CST
Abilene, TX
tollettk473@gmail.com

Immediate Past President

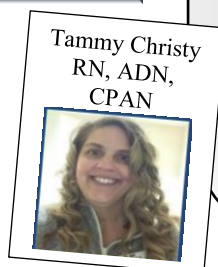
Ellen Abaquin BSN, RN,
CPAN
eabaquin@gmail.com

Webmaster

Kristen Smith MM, BM,
BSN, RN
admin@tapan-westtexas-panhandle.com



<http://www.tapan-westtexas-panhandle.com>



Tammy Christy
RN, ADN,
CPAN

How is your passion? Does it fuel you to participate in activities that push you to your limit for greater professional development? Maybe you are planning on taking a certification exam, attending national conference, participating in an educational offering. Whatever, your plans and goals for your practice for the coming year, rest assured it is that passion that fuels your drive for professional development and excellence.

So with much appreciation for all that you do to express your passion for excellence in PeriAnesthesia Nursing, thank you.

Save the date for June 18th and plan on attending our spring/summer regional educational offering here in Midland, TX. Educational offerings covering robotic surgery, and ethics and jurisprudence will be presented for Continuing Nursing Education hours, so grab a buddy and come on over! Cost is low and breakfast is provided! Watch for more details in our next issue of What's TAPANing.

Jeanette Frantz, MSN, RN

President, wesTpan

References:

1. Passion. (n.d.) *Merriam-Webster Dictionary online*. Retrieved from: <http://www.merriam-webster.com/dictionary/passion>
2. Studer, Q. (2003) Principle 2; measure the important things. (1st ed.) *Hardwiring Excellence*. (61-72) Gulf Breeze, FL. Fire Starter Publishing. p.45.

Speaking of passion...

Newly Certified Members

Congratulations!!!!

Tammy Christy CPAN

Cheryle Florer CPAN

Matthew Jones CAPA

Kayla Levin CAPA

Amy Wilcox CPAN

COMMUNITY OUTREACH



MARC CPR Event

The event took place on December 2nd, 2015. Jeanette Frantz provided a free CPR class for eight newly hired employees of Midland Association of Retarded Citizens (MARC) Inc in Midland, Texas. Many thanks to you Jeanette!



*No act of kindness, no matter how small,
is ever wasted.*

- Aesop

Food Donation

Food that was collected at the Multi-Modal Pain dinner was donated to the Midland Soup Kitchen. They were very appreciative. Nancy and Johnny, the ministers who run the kitchen, said to tell all of the nurses, “thank you.” Antonio, the cook said this: “It takes the whole village to take care of those in need”. They wanted to pass along their thanks to all of the nurses who donated.

We delivered it to the Midland Soup Kitchen right before Christmas

Pictured below is some of the POCU/PACU staff who collected for our food drive.

Everyone’s generosity is truly appreciated!



Midland, Texas

Pictured above are: Trina Mora, Natalie Kingston, Laura Newbrough, Kim Woodard, Manuel Gonzales, Aretha Rhea, Estela Jimenez, Diane Saenz, Sal Olivas, Maria Torres

Meet the Webmaster

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:

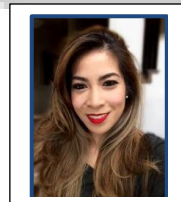
Feb 15- Spring newsletter
May 15- Summer newsletter
August 15- Fall Newsletter
November 15- Winter newsletter

Send comments, suggestions, and/or submissions (including individual achievements!) to: tollettk473@gmail.com

A correction to the Winter 2015 edition: A misspelling on page 3 after the article "Meet the westTpan president" the name should read: Jeanette Frantz. Your name is in the newsletter many times, only this one was misspelled! Sincere apologies from the editor for the mistake.

I found out that I passed my NCLEX on January 1, 2016. What a great way to ring in the New Year, right? I currently work at Baylor University Medical Center (BUMC) in the heart of downtown Dallas as a transplant nurse.

I'm sure you are probably wondering what a transplant nurse is doing as a board member of westTpan! When I was a poor graduate student, I gained a few handy skills to help pay the bills—one of which was learning how to build websites. At the time, my mom was the President for the West Texas Panhandle Region of TAPAN. She asked me to revamp the website. Over the years, I've become quite fond of the organization and the people involved. I've been the webmaster since. Nursing is my second career. My background is in the performing arts. I earned my first Bachelors degree cum laude in Music and Theatre from Texas Tech University in 2009. I then earned my Masters in Music with honors from the New England



Conservatory in Boston, Massachusetts in 2011. After moving back to Texas to be with my husband, I worked at Garland Independent School District as a music enrichment and private voice

teacher. I taught for four years, and eventually decided it was time for a change. Thus, I went back to college and received my BSN from Texas Tech University, graduating Magna Cum Laude in December 2015.

Those who know me personally would probably describe me as persistent, determined, committed, and occasionally stubborn. I'm a full-time nurse three days a week, and when I'm not at the hospital, I still teach part-time for Garland ISD, maintain various websites, and sing professionally in Dallas. I enjoy constantly being on the go; I'm sure it will eventually catch up to me one day. In the mean time, I plan to continue to collaborate with the wonderful members of the West Texas Panhandle Region of TAPAN!!

Kristen Abaquin Smith, MM, BM, BSN, RN

****Announcement****

Some changes have been made to the member communication practice. You will be receiving email reminders from our official email address: admin@tapan-westtexas-panhandle.com

Please be sure to add it to your contacts so you won't miss out on any happenings in our region. Also, don't forget to update your contact info through the ASPAN website.

“Meet the...” individuals is the second in a series to introduce the wesTpan board members. We want you to know a little about them and their journey. Check out the Winter 2015 issue for the president and vice president introductions.

**Meet the Secretary/
Treasurer**

“Well, how did I get here?” a line in a song by the Talking Heads is one that runs through my brain often. I have not had a straight path into my nursing career, nor into my position as secretary and treasurer for the wesTpan region. To make things easy to follow, I will begin with my entry into the health care field.

In 1997, I received my basic emergency technician certification and served as an active volunteer member for four years. I then enrolled in the CST program in 2003 and became a certified surgical technician in 2004. While working as a scrub tech with a cardiovascular team at Hendrick Medical Center, I performed nursing duties for which I had been trained. But, I wanted to be able to do more. So, I enrolled in courses at night that were required for nursing school.



Nursing school began for me in 2012 and I changed my work hours to the evening shift. I graduated from Texas Tech School of Nursing in December 2013 and began working in PACU in 2014. Along the way, I enjoy being married and raising my two boys. My family has supported me every step of the journey.

By the fall of 2015 I had accepted the secretary position from Edna Pabruada who was getting ready to retire. About the same time, Lorna Taylor was in need some help with the treasurer position due to time constraints with obligations in her personal life. The next thing I knew, Ellen Abaquin (immediate past president of wesTpan) was

encouraging me (with great vigor, and a lot of help) to create a newsletter. Voila! The Fall 2015 What’s TAPANing came into existence. I love my job as a PACU nurse and want to share my joy with anyone who will listen. I encourage those around me to become a member of ASPAN and to work toward certification. I don’t feel like I know enough, so I am always reading and learning from others. I believe the learning never ends. I realize that life is anything but “same as it ever was” (from that same song).

Kat Tollett BSN, RN, CST, CPAN

This is a good place for the
\$\$ wesTpan Financial Report \$\$

Report as of 2/15/16 totals:

INCOME (including dues, registration fees, fundraising, sponsorship): \$73.98
EXPENSES (office supplies, scholarship): \$35.74
BALANCE as of 2/15/16: \$2636.97

*Those who work together bloom together,
If you have a story to share, pictures of an
event, or even a suggestion to make our
region the best in Texas, please email us!*
admin@tapan-westtexas-panhandle.com

In the West Texas and Panhandle Region, this is how we celebrate PANAW:

PANAW celebration all week at Midland Memorial

Submitted by

Trina Mora BSN, RN, CAPA, CPAN

We managed to do something every day for the staff!

Monday: PeriAnesthesia Nurses travel mugs



Tuesday: Lunch from an anesthesiologist
(Chick Fil-A)

Wednesday: Lunch from 2 anesthesiologists
(Burgers were great)

Thursday: Pot Luck lunch



Friday: Lunch from a surgeon and
The Big Cookie from Trina Mora

It was a great week!!



PANAW celebration at Abilene Regional Medical Center

Submitted by

Vicky Lessing RN, BSN, CCRN, CPAN, CAPA

We celebrated Perianesthesia week in Abilene Regional Medical Center by having lunch Wednesday for all the staff. Leesa Davis provided the cake and everybody pitched in, bringing different kind of foods. On Friday, we had pizza from Pizza Hut with dessert and drinks for lunch courtesy of our anesthesiologist Dr. Bradly Butler.



Left to right back row:

Lindsey Barker, RN (DSU) Melissa Ritchi PACU unit sec.
Michael Wehmeyer (transport), Sarah Cariaga, RN (PACU)
Cyndi Stockstill, RN (PACU) Melanie White, RN (DSU) Elsie
Howard, RN (DSU) Rachael Freeman, RN (PACU) Sharon
Cross, RN (DSU) Lino Lopez, RN PACU

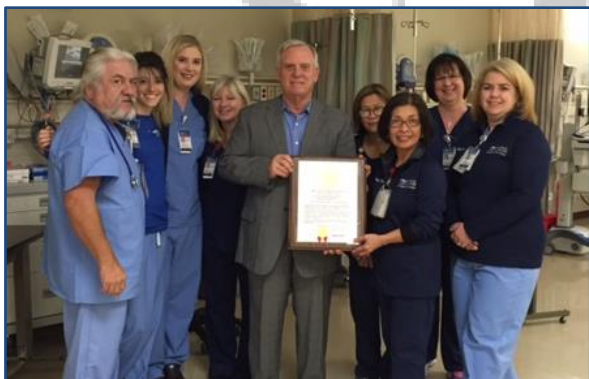
Front row: Vicky Lessing, RN (PACU) Monica Ramirez, RN
(DSU)

PANAW Celebration at Hendrick Medical Center

Submitted by

Ellen Abaquin BSN, RN, CPAN

In Abilene, a public announcement was made over the radio waves on KBCY 99.7 during the Doc & Kelly morning show. Not only that, but Mayor Norm Archibald declared PANAW week for February 1-7th, 2016 and he came to have his picture made with the PACU staff and our new plaque! To kick off the week, we had a PANAW cake. We also had pot luck lunches provided by a different department every day, YUM!



Abilene Mayor Norman Archibald handing the PANAW proclamation to HMC PACU nurses. From left, Manny Deleon, Kelsey Sorensen, Dallas Brown, Linda Jacques, Mayor Norman Archibald, Tina Medina, Ellen Abaquin, Lorna Taylor and Sarah Knerr

The PANAW cake was taste tested by Tracey Carrigan, Mindy Ballard,

Dawn O'Neil, Sarah Knerr, and Reyna Lopez



Thanks to everyone for helping raise awareness about our profession!! Email your pictures to admin@tapan-westtexas-panhandle.com

VOLUNTEER VIEW

My name is Shree Patel, and I am a freshman at Texas Tech University. Currently, I am studying Biology on a pre-medical track, and I have really enjoyed the volunteering experience that I have received at Hendrick Medical Center this winter break. Although I have been volunteering at HMC since high school as a junior volunteer, this recent involvement has been the most memorable because I was able to scrub up and work in the Post Anesthesia Care Unit. Here, I got the unique opportunity to interact with patients and assist in their treatment. I witnessed every aspect of what a patient goes through from entering to exiting the PACU, and I was even able to help take care of the kids who came through. This “hands on” experience is what every pre-med student dreams of, and I am so thrilled that I was exposed to it. In addition, working in the PACU also allowed me to aid nurses and observe physicians as they interacted with their patients. Observing these interactions and witnessing the genuine compassion that the nurses and physicians feel for each of their patients really inspired me and makes me really excited about my future in medicine. In conclusion, I would like to thank everyone in the PACU for making me feel so welcome and HMC for providing me with such an extraordinary volunteering experience.

Shree, you are very welcome! And, of course, you are welcome anytime. Thanks for all of your help! Best of luck in your journey! Keep that excitement alive, always.



Save the date...

April 4th - May 28th 2016

CAPA CPAN testing

Registration window is open January 11th -
March 7th
Early bird registration ends February 22,
2016

April 11th 2016:

The Use of Multimodal Analgesia in Treating Acute Pain: A focus on Quality of Patient Care.

Presented by Chris Pasero MS, RN-BC,
FAAN. Starting at 6pm, this presentation
will include dinner. Registration in
advance is appreciated. This event is free,
but please bring some non-perishable food
items for donation!

June 18th 2016:

TAPAN on the Road

A seminar is in the works! Topics
include: robotic surgery and
jurisprudence and ethics. This will
take place in Midland, Texas.
Registration is \$12 for members,
\$15 for non-members. CE hours
will be available. Breakfast and
lunch will be provided! Registration
information and further details will
be available in the next newsletter
and on our website: [www.tapan-](http://www.tapan-westtexas-panhandle.com)

[westtexas-panhandle.com](http://www.tapan-westtexas-panhandle.com)

Please join us!

VOLUNTEER VIEW CONTINUED

My name is Marcheta Hill. I'm a senior at the University of Texas at Austin studying Microbiology and Infectious Disease. Having the opportunity to come back home and volunteer at Hendrick Medical Center has been one of my greatest experiences. In the Post Anesthesia Care Unit (PACU), I have been able to have hands on interactions with patients, comforting them and aiding them in any small way I can. When I interact with the nurses, I can ask so many questions about patients' conditions/ailments and how or why certain practices are effective against their specific ailment to receive valuable knowledge that feeds

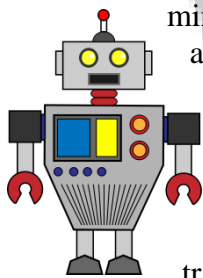
the passion I have for the field of medicine. In the PACU I have also had the treat of interacting with some of the doctors. Being able to stand by while they assess a patient once they have come out of surgery is one of the most exciting parts of my day. Being able to have volunteered in PACU, I want to work even harder to become one of the doctors who I pass on a daily basis and become one of those individuals changing the world one patient at a time.

We are glad you have had such great experiences here! May your future change the future of others for the better Marcheta. Don't ever stop asking questions.

Robotic Surgery

Submitted by Rhonda Walker CRNA

Robotic surgery is a relatively new surgical technique that is becoming more common in the operating room. In recent years, significant attention has been given to utilizing the robotic system for a variety of surgical procedures as the demand for minimally invasive surgical techniques increases. The goal of robotic surgery is to offer a



minimally invasive surgical option for a major complicated surgical procedure that would otherwise require a large incision for exposure. This technology can provide for less pain and a quicker recovery when compared to traditional open surgical techniques.

The first robotics procedure was performed in 1987 and was a cholecystectomy. (Samadi, 2015) The da Vinci surgery system was approved by the FDA in 2000 for general laparoscopic surgery and is the system that is being used by Hendrick Medical Center. (Samadi, 2015) The da Vinci robotic device consists of a patient-side cart that has four robotic arms that are utilized for holding instruments necessary for the surgical procedure, such as scalpels, scissors, bovies, etc. The surgeon sits at a console and controls the four interactive robotic

arms via hand controls that provide for precise movements of the surgical instruments. A high definition camera that provides for a 3 dimensional



*Surgeon console da Vinci robot system
(da Vinci robot assisted surgery, 2015)*

view with precise depth perception is used at the surgeon console to provide direct visualization of the surgical field. The da Vinci system improves upon traditional laparoscopic surgery by allowing the surgeon to implement minimally invasive surgeries on procedures that involve complex dissection or reconstruction. The maneuverability of the instruments thru small incisions is a major advantage.

Robotic surgery is similar to laparoscopic surgery because it utilizes 4 small incisions and an insufflation gas, such as carbon dioxide, to allow for surgical exposure during the procedure; therefore the advantages and disadvantages of robotic surgery are comparable to laparoscopic surgery. Some of

the advantages of robotic surgery when compared to open techniques include reduced postoperative pain, a decrease in postoperative ileus, shorter hospital stays, less postoperative pulmonary involvement, better cosmetic outcomes, reduced intraoperative blood loss, and earlier ambulation with a quicker return to normal activities. (Barash, 2009)

There are also many disadvantages that are seen with robotic surgery and many of them parallel the disadvantages and complications of laparoscopic surgery. A decrease in lung compliance that is exaggerated in obese patients along with hypercarbia may be appreciated in the postoperative period. (Morgan, 2009) A decrease in the functional residual capacity of the lungs with the addition of atelectasis can contribute to a decrease in arterial oxygenation. This may cause for a prolonged PACU stay or the requirement of oxygen supplementation for the patient. Adequate visualization by the surgeon is necessary for the procedure and therefore extreme positions are often used during certain surgical procedures. The majority of gynecological or urological surgeries that are performed with the robot have the patient in a modified lithotomy position in extreme/steep trendelenburg (greater than 30 degrees). The positioning allows gravity to pull the abdominal contents cephalad and allow for better surgical exposure. This extreme positioning can present many complications intraoperatively and postoperatively. Position neuropathies that may

...extreme positioning can present many complications intraoperatively and postoperatively.

result from the compression or stretching of nerves may be detected in the PACU as the patient is recovering from anesthesia. Particular attention should be paid to the brachial plexus, ulnar, and lateral femoral cutaneous nerves. (Berger, 2013) These injuries can be mild and will resolve or there could be permanent damage to the nerves. Also, particular care should be paid to patients with known pre-existing eye conditions, such as glaucoma, in which an increase in intraocular pressure could be detrimental to the patient. A

prolonged surgery and extreme positioning can increase the risk for retinal detachment, periorbital edema, and eye neuropathies that could first be detected in the PACU. (Jeong, 2014)

Renal insufficiency will likely be exacerbated

Airway complications are seen in approximately 0.7% of robotic surgeries and may require reintubation or airway management in the PACU

during robotic procedures because of the mechanical compression caused by the pneumoperitoneum. Careful attention to urine output should be a concern in the PACU because urine output may be inhibited with a decrease in creatinine clearance, glomerular filtration rate, and renal blood flow for up to 3 days postoperatively. (Berger, 2013)

Airway complications are seen in approximately 0.7% of robotic surgeries and may require reintubation or airway management in the PACU. (Berger, 2013) Airway complications can include stridor, laryngeal edema, airway obstruction, and tracheal deviation. Patients can be considered a high risk for airway edema with robotic procedures due to longer operating times (surgery \geq 4 hours), a head-down position, excessive fluid administration, and high abdominal insufflation pressures. (Barash, 2009) Careful evaluation of the airway should be completed in the operating room but a problem could be observed in the PACU in which immediate intervention would be necessary.

Pain management should be similar to that of laparoscopic surgery and may be better controlled using a multi-modal approach, including acetaminophen, non-steroidal inflammatory drugs, and opioids. Referred shoulder pain secondary to compression of the phrenic nerve due to the pneumoperitoneum may be observed. Overall, the complication rate of robotic surgery is low and usually the postoperative course is uneventful. Early detection of complications in the PACU could be beneficial for the patients outcome.

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Rhonda Walker DNP, CRNA, works full time at Hendrick Medical Center. She is also a clinical coordinator with TCU School of Anesthesia. Thank you for taking the time to share this informative article with us!

Thank you!

To you, the reader for reading and sharing this newsletter. This is a labor of passion for the profession, please share it with others out there who feel the same!

To all of the folks who contribute to this and to every edition. It takes a team to pull it all together. This includes those of you whose proof-reading skills and recommendations are highly valued.

To those out there who feel the call to take action, thanks for answering that call. To those who hear it, but haven't answered yet- give us a shout, there are so many ways to get involved. We have the perfect opportunity for you!

To TAPAN and ASPAN leadership, we don't know where we'd be without you! Thanks for the mentoring and guidance!

*Thank you
all!*