



President's message

Jackie Clinkinbeard RN

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Hello West Texas - Pan Handle Region nurses. I want to welcome each of you to our newly formed region. As most of you know, Districts 4, 9 and 11 have been combined to form our new region. I just want to say I feel fortunate to be a part of this change, but I also feel we have a great task ahead combining such a vast geographical expanse. But I am excited about working closely with nurses from other areas of Texas.

I recently attended the TAPAN state conference, and had a very fun and educational time. I would like to encourage each of you to attend the state conference if at all possible.

As I sat through the installation of officers meeting, I began to realize what a massive charge we have been given to try and combine our districts. My hope is that each of you realize how important you are to the practice of Perianesthesia nursing and what a positive difference we can make for our patients by sharing our own best practices with each other.

Our region had two shining stars acknowledged for their "above and beyond service" to TAPAN and their districts. They are Elena Abaquin from District 9 and Melanie Brooks, district 11. Next year I would like to present the Region Star Award to *you!* Please work with me to make this regional venture a gain for us all. Call or email me with any ideas you may have. Let me know if you are willing to serve on a committee or in any capacity. We need volunteers so that we can make this region the best in Texas.

Remember this quote I heard at the state conference; You are the specialist. Be the leader in your area. Tell your co-workers what you have gained from being a member of ASPAN.



*Seated left to right; Jackie Clinkinbeard, Elena Abaquin, Vickie Lessing, Edna Pabruada
Standing: Hermie Robles*

Local Anesthetic Systemic Toxicity

In an effort to improve the diagnosis, treatment, and ultimate prognosis of local anesthetic systemic toxicity (LAST), the American Society of Regional Anesthesia has issued new findings and recommendations for care of a patient experiencing local anesthetic systemic toxicity.

Although not considered a common occurrence, most cases of LAST are mild in nature. Symptoms range from ringing in the ears, agitation, inappropriate vocalizations, bradycardia, hypotension, and in rare cases, seizures, cardiac arrest and death.

Dr. Guy L. Weinberg, professor of anesthesiology at the University of Illinois College of Medicine in Chicago is a co-author on the new advisory. His statistics show that approximately one in 500 patients who receive a peripheral block experience a LAST episode. Studies have shown that 10% of those patients will have cardiac complications. Dr. Weinberg states "At those numbers, LAST is about 10 times more common than malignant hyperthermia, and those are conservative estimates."

Patients who seem to be particularly vulnerable to a LAST episode include those with nutritional deficiencies, mitochondrial myopathies, ischemic heart disease, low cardiac output and conduction defects. In addition, patients who are under the age of 16 and over the age of 60 are also most likely to exhibit atypical symptoms. Central nervous system depression has long been considered the classic symptom, however, only

...LAST is about 10 times more common than malignant hyperthermia, and those are conservative estimates."

Dr. Guy L. Weinberg

C. Howell RN

about half of the patients with LAST exhibit this.

Further complicating the diagnosis of a LAST episode is the variable onset of characteristics. Symptoms often present themselves within 60 seconds of an injection, however, symptoms can manifest as late as 15 minutes post injection. "If a patient experiences [central nervous] or cardiovascular symptoms within two hours of getting an anesthetic, it's best to consider anesthetic toxicity as a possible diagnosis," Dr. Weinberg states.

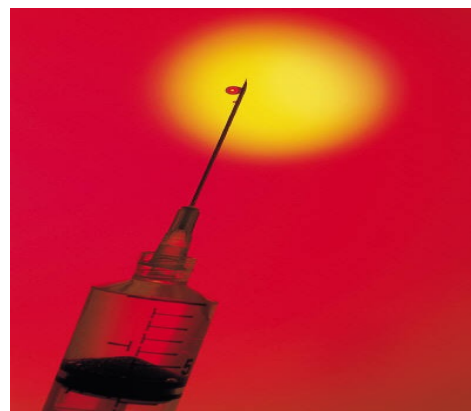
The new advisory has made the following recommendations:

Airway compromised patients are likely to experience acidosis or hypoxia unless immediate steps are taken. Both conditions are known to exacerbate LAST.

Lipid emulsion therapy has previously been considered a treatment of last resort, however this should now be considered at the first indication of LAST.

Propofol has been considered to be a suitable substitute for lipids by some practitioners, since it is formulated with lipids. However, it contains very little lipids, and can cause dose related cardiac depression.

In the case of a cardiac arrest ACLS is still recommended with the following modifications; Vasopressin and calcium channel blockers are not recommended. If epinephrine is used, small initial doses (in adults, boluses of 10-100mcg) are preferred.



Freeman, David. "Seeking the Final Word on LAST." *Anesthesiology News* (2010): 1.28.

AWARDS

*Elena Abaquin, RN, BSN, CPAN
Immediate Past President—district 9*

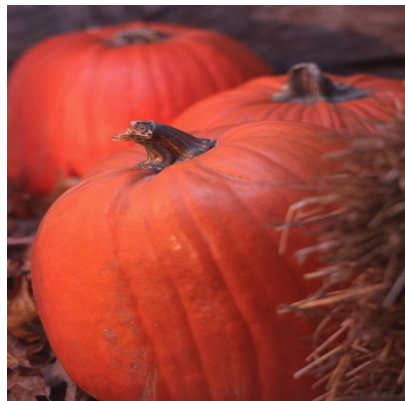
Congratulations to the 2009-2010 recipients of District 9 educational scholarships. They are Jackie Clinkinbeard, Edna Pabruada, Gayle Stegall, Charon Howell, Ann Floyd, Kimberly Malone, Vicky Lessing, and Elena Abaquin. Last year, the district budgeted \$1000.00 for the educational fund and awards were based on merit points. Information on how to earn merit points and apply for scholarship for the year 2010–2011 can be obtained by contacting any region officer.

Help Wanted

Publicity Committee—Members needed. This is a new committee created to promote our district. If interested in becoming a committee member, please contact Charon Howell or Ellen Abaquin.

Policy and Procedure Committee— We need a Chairman and committee members. If interested in serving on this valuable and necessary committee please contact Jackie Clinkinbeard.

Liaison Representatives—If you are willing to be a contact person for your hospital or organization please contact Charon Howell.



Have great hopes and dare to go all out for them. Have great dreams and dare to live them. Have tremendous expectations and believe in them.

Norman Vincent Peale

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 to :

Charon Howell
602 Cardinal Ln.
Abilene, Texas 79602
charsmare@clearwire.net

Fabulous Three Bean Soup

1 large onion, chopped	stewed tomatoes
2 TBS vegetable oil	1 cup chicken broth or stock
1 green or yellow pepper, chopped	1 tsp. ground cumin
1 can (16 oz) kidney beans, rinsed & drained	1/2 tsp salt
1 can (15 oz) pinto beans, drained	1 cup Pace Picante Sauce
1 can (15 oz) black beans, drained	(1 lb. cooked ground beef is optional)
2 cans (14 Oz each)	Cook onion in oil in large saucepan or

Dutch oven until onion is tender, but not brown. Add remaining ingredients (including ground beef if desired) except optional garnishes; bring to a boil. Reduce heat; simmer 10 minutes. Ladle into soup bowls: garnish with cheese, cilantro, green onion, sour cream. Makes 10 servings.

This also freezes well, and reheats in the microwave great! Enjoy

Can Ya Hear Me???????

C. Howell, RN

By now many of you have heard of the death of a patient at Massachusetts General Hospital earlier this year as a direct result of alarm fatigue. Over the span of about 20 minutes a patient became bradycardic and ultimately expired while alarms, monitors and cardiac tapes were ignored. Ten nurses working the floor that day could not recall hearing the alarms or seeing the tickertape messages on 3 hallway monitors warning them of the patient's deteriorating condition. In addition, a separate bedside monitor was also turned off.

Although this case seems incredulous, and profoundly negligent, we have all worked in units where the constant alarms soon become just background noise. It is unintentional, but our brains have to delegate the noise somewhere to allow us to continue to function. How many times have you gone home after a shift to lay your tired body down for some well deserved shut-eye, only to hear the sounds of alarms going off in your head?

Alarm fatigue has become noticeable enough that John Hopkins University, and Georgia Institute of Technology teamed up to devise an innovative solution: By attaching an antibacterial fabric-wrapped fiberglass panel to the walls or ceilings, noise was reduced by an average of 4 decibels, and reverberation or echo times were reduced by approximately 29% in a cancer unit at John Hopkins. (Blum). However, some patient safety experts have determined that the answer to alarm fatigue is to add more alarms! I'll just let you think on that one.

Most of us know that such panels are not forthcoming in the near future for our facilities, but there are ways to protect yourself from alarm fatigue. First and foremost, respect your alarms. Don't turn them off or reduce their volume. You need to hear them and respond appropriately. Check periodically to make sure the alarm has not been inadvertently disabled.

Secondly, don't rely on the alarm. It is so easy to get into the habit of treating the alarm. Use your power of observation. Use your God given gut instinct telling you something is not right with this patient. It has been my experience that a physician will respect a nurses insight far more than what technology is telling them.

Third, and this is by far the most difficult, take care of yourself. We have all worked at times where you haven't seen the business end of a bathroom in 10 hours, let alone taken a lunch break. Use your fellow nurses to work together to allow periodic breaks from the unit. Work to reduce as much ambient noise as possible. Try to keep loud conversations to a minimum. Answer phones quickly.

Try to stay hydrated and nourished. Avoid the junk in the vending machines, and bring nutritious foods from home. If you have to munch on the run, at least eat something that will help you through the next several hours, instead of something that zaps what's left of your energy.

And finally, know when you really need more than just a few minutes break. Use that PTO for something besides your kid's sick days. Take time to recharge *your* batteries.

Blum, Karen. "Noises Off: Hospital Turns to Technology to Lower Decibels." Anesthesiology News (2010): 22-23

Highlights

Elena Abaquin, RN, BSN, CPAN

District 9 was well represented during the 34th TAPAN annual conference held in Grapevine, Texas on September 17-19, 2010. Attendees from Abilene were Jackie Clinkinbeard, Elena Abaquin, Edna Pabruada, and Vicky Lessing. The group was joined by Suzanne Reyes and Ronelle Hathaway from Brownwood.

Jackie Clinkinbeard (region president 2010—2011) and Elena Abaquin (district immediate past president) attended the Leadership Conference held in Grapevine, Texas on September 17, 2010. The annual leadership retreat is held to promote professional development and nurture present and future TAPAN leaders. This year's meeting provided current and future district leaders tools and information for reorganization and chapter management.

TAPAN is officially reorganized. The process of drawing boundaries and district realignment that began in 2009 has ended. The original eleven districts were replaced by five regions. District 9 and 11 comprise the new West Texas Panhandle Region with Abilene as the regional headquarter.

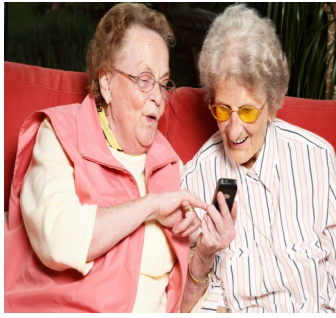
2010 is a year to remember for members of District 9. The district received the **Outstanding Small District Award**. The active participation and hard work of many district members indeed paid off.

Hats off to Charon Howell, editor of **What's TAPANing**, the official newsletter of district 9. Through her leadership, **What's TAPANing** took first place in the 3rd annual district newsletter contest. A certificate and \$100.00 reward were received during the TAPAN state conference in Grapevine.

Make a Note & Save the Date!



October 4, 2010 Testing window opens for CAPA/CPAN examination
 October 16, 2010 CAPA/CPAN review, Hendrick Medical Center, Abilene, Texas
 November 14, 2010 Testing window closes for CAPA/CPAN examination
 November 15, 2010 Last day to submit articles for winter edition
 November 11-13, 2010 **Updates for the Professional Nurse**, Methodist Stone Oak Hospital, San Antonio. 7.9 contact hours. For information contact Cielito Ascio, 210-358-2580, cielito.ascio@uhs-sa.com



West Texas - Panhandle Region

Executive Members

President	Jackie Clinkinbeard	Abilene, Tx 79602 Jackie_clinkinbeard@ARMC.net
Vice-President	Elena Abaquin	Abilene, TX 79606 manang@suddenlink.net
Secretary	Kimberly Malone	Abilene, TX 79606 Kimi.k@scglobal.net
Treasurer	Ann Floyd	Abilene, TX 79606 annscabin@bellsouth.net

Abilene Regional Medical Center
 Abilene Regional Surgery Center
 Hendrick Medical Center
 San Angelo
 Brownwood

Vicky Lessing 325-428-1550
 Jackie Clinkinbeard 325-794-5450
 Edna Pabruada 325-670-2274
 Susan Hinson 325-486-5823
 Suzanne Reyes 325-200-5313

From the Editor's Desk

I'm a very goal oriented person. It's a curse. My life is incomplete if I'm not trailing around with my day planner, which keeps track of all the essential (and yes, non-essential) components of my days. I receive lots of good natured kidding about keeping up with my "brain". Once I tried to join the 21st century and switch to an electronic PDA, but there's just something about putting ink to paper that punching a button on a keyboard can't compete with. Fall is one of my favorite times of year because it's time for the annual trip to Office Depot to pick out the crisp new blank pages for next year. I told you, it's a compulsion.

My hobby is competitive trail riding with my horse. It requires lots of planning and keeping up with conditioning logs, training methods, things that would drive most sane individuals nuts. It's an incremental sport and the devil's in the details. If you really want to do well, you have to plan your goals.

Dreams and goals go hand in hand. You can dream, but without a plan to execute the goals, you will never actually experience your dream.

Goals are good things. They push you to do more, be better, shoot higher, and best of all, see how far you have actually come. We all have those times when we feel like we aren't accomplishing anything. How comforting to review your starting point and realize you have not wasted your time at all. In fact, had you not done "A", you would have never arrived at "C".

District 9 set some pretty high goals this year and thanks to everyone's cooperative effort we accomplished a lot! Increased membership, community support, seminars, scholarship. Heady stuff when you think about it. But not accomplished by accident. We made goals.

So my challenge to you is to pick some goals. Find something to accomplish, something that really means a lot to you. Find a professional goal, perhaps through more involvement with TAPAN. We have combined a large area and in order to stay excellent we need all hands on deck. That means You!

Find a personal and spiritual goal as well. Write it down and track your progress. Shoot for a completion date and begin a journey of self discovery.

2011 HERE WE COME!!!

Charon

