

State of the District

Elena Abaquin RN, BSN, CPAN

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They may forget what you said, but they will never forget how you made them feel.

Carl W. Buechner

It is hard to believe that my tenure as District 9 president is almost over. In about two months, the presidential baton will be passed to Tonya Green, 2009-2010 District 9 vice president. And just as the U.S. president periodically delivers the State of the Nation address, I report to you the State of the District.

This year, our district experienced many **WOW** moments. Our spring seminar, Transforming Care through Knowledge was held on February 2, 2010 & was attended by a record breaking number in our district's history—50 nurses & nursing student's. The attendance was encouraging, & the district officers went right back to work planning future educational offerings. **(WOW!)**

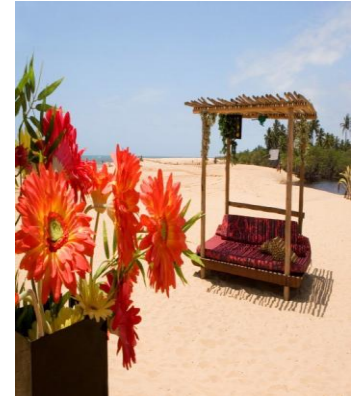
Our membership has dramatically increased. As of March 2010, we have 26 members—an almost two-fold increase from

October 2009. Our goal is not just to recruit new members, but also to encourage old members to renew their lapsed membership.

I want to recognize Charon Howell, district historian for reviving our newsletter. What's TAPANing has a new format full of information about our district's activities. If you have not received your copies, please contact either me on the web at manang@suddenlink.net or Charon at

charsmare@clearwire.net.

A scholarship fund was started this year to assist district members with renewal of ASPAN membership, initial or renewal of CPAN or CAPA, as well as attendance to perianesthesia/perioperative related seminars. **(WOW!)** Please email me or Jackie Clinkinbeard, chairman of District 9 scholarships & awards committee at Jackie_clinkinbeard@armc.net



for information. Applications must be turned in no later than July 15, 2010.

On July 10, 2010 our district will be hosting TAPAN on the Road: Destination Abilene at Hendrick Medical Center. A half-day seminar will be held at the Shelton Building Auxiliary Conference Room. Four contact hours will be awarded to the attendees upon successful completion. A meeting will be held in the afternoon in which redistricting & chapter formation will be the main agendas. State officers will be present for guidance & to answer questions from all concerned.

Continued page 4

Are There COOTIES on Your Stethoscope???

Stethoscopes are an integral part of nursing equipment. They hang around our necks, are as natural and un-noticed as our scrubs or name badges, and come in a lovely array of fashionable colors. But recent reports suggest that we may want to give a lot more thought about our scopes and the role they may be playing in spreading, dare I say it, ...MRSA!

The Texas Board of Nursing Bulletin reported in the April 2010 newsletter of a recent study published by Merlin et al. (2009) that one in three stethoscopes used by emergency medical personnel were contaminated by MRSA. One in three! Are you racing for that alcohol prep yet?

The study also concluded that the longer the time between cleanings, the more likely the stethoscope would be MRSA contaminated.

On a somewhat scarier note, the good ol USA is not the only one experiencing problems with MRSA transmission via

**Only 6% of physicians
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stethoscopes**



C. Howell, RN

healthcare tools.

R. Madar, MD PhD, Institute for Public Health, Jessenius Faculty of Medicine, Martin, Slovakia performed a similar study on stethoscopes, but his focus was on physicians.

This 950 bed teaching hospital in Martin, Slovakia had an occurrence of MRSA that reached an epidemic proportion in 2004, being among the first to experience the insidious nature of MRSA. An infected trauma patient was admitted to their facility and subsequently transferred to ICU, where the environment and other patients became colonized. Immediate and complex efforts to eliminate MRSA from their facility were unsuccessful as it rapidly spread to other departments and clinics in the hospital. The facility was at a loss as to how this contamination was occurring.

Special consideration had been given to high-risk invasive diagnostic and therapeutic health-care tools, but the importance of less critical equipment was underestimated. The authors randomly cultivated 110 stethoscopes of physicians and medical students with astounding results. Staph was present on 85% of the scopes, out of which 20% were MRSA resistant. Besides staph, other microbial flora was detected on stethoscope membranes including pseudomonas, mycotic agents and sporulants. An anonymous questionnaire revealed that only 6 % of physicians or medical students had ever disinfected the membranes of their stethoscopes.

So a reminder to us all, as we clean our hands between each patient, remember that ethanol based foam cleanser is just as effective as a handy alcohol prep in cleaning the membrane and ear pieces of our stethoscope. And don't forget the other incidentals such as monitor leads, thermometers, and BP cuffs. The littlest things can make the biggest differences.

References

Lewis, Martha RN. "Cleaning Stethoscopes Between Patients." Texas Board of Nursing Bulletin Volume 41, No. 2 April 2010:4

Madar, R., Novakova E., Baska T., The Role of Non-Critical Health-Care Tools in the Transmission of Nosocomial Infections. Clinical Study. Martin:Jessenius Faculty of Medicine, 2005

Mirror Therapy

The international Anesthesia Research Society (IARS) released a study in February 2010 regarding phantom limb pain in injured soldiers. The study reports an innovative new therapy called Mirror Therapy which has shown significant success in preventing phantom pain in soldiers with severe leg injuries requiring amputation.

“Although it may sound like „hocus pocus“, this is one of many recent reports about the use of mirror therapy in veterans with injured limbs,” comments Dr. Steven L Shafer of Columbia University, Editor-in-Chief of Anesthesia and Analgesia.

Phantom pain is a common problem among patients after amputations. The pain pathways in the spinal cord and brain remember the painful

injury even after the injured limb has been removed. Mirror therapy in essence “tricks” the brain and spinal cord into believing that all of the arms and legs are intact and without pain. Prior to amputation, patients sit with a mirror placed between their arms and legs so that they can see their reflection in the mirror. The mirror makes the limb appear to be normal and healthy. Patients then control their injured arm or leg in the mirror, but they are actually controlling the reflected uninjured arm or leg.

Of the four soldiers who were involved in mirror therapy none had major problems post operatively with phantom pain. Any episodes were reported to be brief and mild, and all patients were able to participate in their post op physical therapy

C. Howell, RN

programs.

More research is needed, but the initial findings are encouraging, and strongly suggest that mirror therapy performed prior to amputation may prevent disabling phantom pain.

References

International Anesthesia Research Society (IARS). Newswise. 20 January 2010. 13 April 2010
www.newswise.com/articles/view/560494

When we do the best that we can, we never know what miracle is wrought in our life, or in the life or another.

Hellen Keller

Editors Note:

What's TAPANing is the official Newsletter of TAPAN District 9 (Abilene/San Angelo).

Contributions to Whats 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

What's for Supper??? WOWSA!!

A fabulous salsa, great for dipping or garnishing. Enjoy!

- 2 Large tomatoes, diced
- 1/2 Red onion, chopped
- 3 Jalapeno peppers, finely chopped
- 1 can black-eyed peas
- 1 can whole kernel

- corn
- 1 Tbs fresh cilantro, chopped
- 2 cloves garlic, finely chopped
- 2 Tbs lime juice, fresh
- 1Tbs olive oil
- 2 tsp salt
- 1 tsp cumin
- 1 tsp black pepper



Combine all ingredients & chill for 2 hours before serving. For WOWSA that's less hot, seed the jalapeno peppers before chopping. If you like it with a real "bite" ...leave the seeds in!



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E. Abaquin RN, BSN, CPAN

Three gift certificates for COMPLETE TRANSMISSION FLUID EXCHANGE has been generously donated by Ronnie Smith Transmission, LLC located at 4101 Bob-O-Link, Abilene, Texas. This is a silent auction, the service has no expiration date and is valued at \$137.95. Opening bid starts at \$50.00 and bidding will close during the TAPAN on the ROAD seminar on July 10, 2010. Offers must be submitted to manang@suddenlink.net with bidder's e-mail address and/or contact numbers. Bidders and district 9 members will be notified periodically of the progress of the auction. Proceeds will go towards the TAPAN district 9's scholarship fund.

State of the District *continued*

Redistricting & reorganizing will undoubtedly affect our district members. I hope you will attend & let your concerns be heard.

If you want to take the certification examinations in the future, I am excited to inform you that a certification review class is in the planning stages & will be held at Hendrick Medical Center in October 2010. We are just waiting for the ASPAN office to decide on the exact date. Attendees of the seminar on July 10th will be given a 10% discount towards the CPAN/CAPA review class.

Whether we want to be incorporated with the other districts, or have our own chapter, I hope that we continue to work together as a team. Through your participation, either as district officer and/or active member, the **wow** moments we had had this year can be sustained. And probably, we will experience even more.

Let every nation know, whether it wishes us well or ill, that we shall pay any price, bear any burden, meet any hardship, support any friend, oppose any foe, to assure the survival and success of liberty.

John F. Kennedy



Know Your Standards

Phase I Level of Care

Class 1:2 ONE NURSE TO TWO PATIENTS

- One unconscious, stable, without artificial airway, & over the age of 8 years; & one conscious, stable & free of complications.
- Two conscious, stable, & free of complications.
- Two conscious, stable, 8 years of age & under, with family or competent support staff present.

Class 1:1 ONE NURSE TO ONE PATIENT

- At the time of admission, until the critical elements ** are met..
- Unstable airway***
- Any unconscious patient 8 years of age & under.
- A second nurse must be available to assist as necessary.



Phase II Level of Care

Class 1:3 ONE NURSE TO THREE PATIENTS

- Over 8 years of age
- 8 years of age & under with family present

Class 1:2 ONE NURSE TO TWO PATIENTS

- 8 years of age and under without family or support staff present.
- Initial admission of patient post procedure

Class 1:1 ONE NURSE TO ONE PATIENT

- Unstable patient of any age requiring transfer

** Critical elements defined as:

- Report has been received from anesthesia, questions answered, transfer of care has taken place.
- Patient has a secure airway
- Initial assessment is complete
- Patient is hemodynamically stable

*** Examples of an unstable airway include but are not limited to:

- Requiring active interventions to maintain patency such as manual jaw or chin lift
- Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc



References

American Society of PeriAnesthesia Nurses. "Patient Classification/ Recommended Staffing Guidelines." 2008-2010 Standards of Perianesthesia Practice. Cherryhill: The American Society of PeriAnesthesia Nurses, 2008. 59-61

Make a Note & Save the Date!

July 10 2010 TAPAN on the ROAD— Blocked room at discounted rate at Comfort Suites University at 1902 East I-20. Phone 325-672-0338 & 325-672-7629. Use Group Name—TAPAN. All rooms with discounted rates are suites—King \$69.00, can hold 4. Queen \$75.00, holds 6

July 26, 2010 Registration window opens for online registration CAPA/CPAN examination

August 15 2010 Submission deadline What's TAPANing fall issue

September 6, 2010 Registration window closes for online registration CAPA/CPAN examination

September 17—19, 2010 TAPAN State Seminar Seeds for Growth, Harvesting Knowledge, Hilton DFW Lakes Conference Center, Grapevine

October 4, 2010 Testing window opens for CAPA/CPAN examination

October weekend TBA CAPA/CPAN review ** We will keep you informed as this unfolds**

November 14, 2010 Testing window closes for CAPA/CPAN examination



Abilene/San Angelo/Midland District Contacts

Executive Members

President	Elena Abaquin	Abilene, TX 79606 manang@suddenlink.net
Vice-President	Tonya Green	Anson, TX 79501 tonya092053@gmail.com
Secretary	Kimberly Malone	Abilene, TX 79606 Kimi.k@scglobal.net
Treasurer	Ann Floyd	Abilene, TX 79606 annscabin@bellsouth.net
Historian	Charon Howell	Abilene, TX 79602 charsmare@clearwire.net

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

Vicky Lessing 325-428-1550
 Jackie Clinkinbeard 325-794-5450
 Edna Pabruada 325-670-2274
 Susan Elftman
 Susan Hinson 325-486-5823

From the Editors Desk

As I write this issue, our country has seen a phenomenal change in the future of our health care system with the passing of health care reform. Most of the nursing journals that I subscribe to have agreed with the general media in that America's health care system is profoundly "broken." I have pondered for some time about doing an article on health care reform and what it will mean to our profession. I confided in a fellow professional that I had begun to put some research together for the article, and she peered at me through her glasses, with furrowed brow & pursed lips only to say "be careful."

After listening to the debates on both sides of the aisle about the need for health care reform, I can't help but feel that this profession that I have been a part of for over 30 years has taken some pretty big hits. My memories trailed back over the years to co workers that went the extra miles for patients & their families because it was the right thing to do, not for political correctness.

This weekend I sat through commencement at Texas Tech as my husband received his diploma. Dr. Ted Mitchell, President, Texas Tech University Health Sciences Center delivered the address. He spoke about health care reform, and stated although not perfect by any means, America still has the most profoundly advanced medical care in the world.

We have been a part of that. What we do cannot be cheapened, or denigrated for a political purpose. It cannot be fixed by adding mounds more paperwork to an already overburdened chart. It cannot be out-sourced to cheaper labor abroad. It comes from a healing place deep inside and gets expressed through hands that wipe tears as well as

butts. It is a profession that does not care if you are insured, or even here legally, just that you are receiving the care that you need, at the moment that you need it.

I have had the privilege of serving with doctors and nurses that know missing Christmas morning with their families goes with the territory; just like another shift yawning ahead after being up all night on call. This is America's health care, and it is most decidedly not "broken."

Like the rest of you, I have resigned myself to accept the changes that will come with health care reform. After all, ours is an ever-changing profession. But my pride in the country that has produced some of the most remarkable health care professionals the world has ever seen remains forever ardent, and for that I will not apologize or "be careful."

Have a wonderful summer.

Charon

