



Winter 2016
Volume 6 Number 4

What's TAPANing

The Official Newsletter of the West Texas and Panhandle Region

What's inside this issue

1. Opening Message
2. Meet the Treasurer
2. Financial Report
- 3 & 4. State Conference pictures
5. wesTpan Top sTar-bits
6. New members
6. wesTpan Contact Information
7. I am a Student Nurse
7. Save the Date
8. Selective Relaxant Binding Agent: Sugammadex
9. Editor's Note
10. Thank You

Join the wesTpan group on Facebook! Pictures, comments, events are posted regularly!

Opening Message

From secretary Kat Tollett

The 40th Annual TAPAN State Conference was a fantastic experience! There was a lot to learn from each session and all of the speakers were engaging and entertaining. The wesTpan region was the proud recipient of the Outstanding Region Award (ORA) for the category of 75 members or less! Thank you to Ellen Abaquin for her hard work on the entry, she did a great job with this challenging task. The Mocek Newsletter award was also won by wesTpan by a narrow margin. You can see pictures from the conference in this newsletter and on our website. The wesTpan region had several folks in attendance, we hope to see more of our members at the conference in San Antonio next September!

As the season changes and the holidays thrust themselves upon us with unimaginable speed, the wesTpan region is also changing. Members in officer positions have changed (you can view the current officers in the "contacts" section). Jessica Herrera and Sarah Salcido have already spearheaded some tough topics and should be proud of the great job they have done so far. As we settle in to the new positions, the board asks that you consider taking a role in wesTpan. Whether it is serving on a committee or in an officer position, you are invited to participate in this active organization. We need your help to become an even better region than ever before. Without member participation, there would not be seminars planned, there would not be money to provide scholarships, there would not be the ability to come together for our profession and organization. Your talents and expertise are needed to help the forward motion of our region. Anything helps, an educational article for the newsletter, helping with fundraising, or sending



in pictures of local events, means a lot and can earn scholarship points. Send an email to admin@tapan-westtexas-panhandle.com and we can help you to get involved today!

On another note, I feel it important to let you all know that our immediate past president, Ellen Abaquin, had an aneurysm in her brain on October 31st at work in Abilene. This traumatic experience for her and those around her resulted in hospitalization for a few weeks and now rehab for an unknown amount of time. I, and those with whom she works, miss her very much. Ellen asks for prayers to help her heal. Ellen has a long road of rehab ahead of her and we are keeping her in our thoughts a prayers as she continues on her journey.

To all of you, the members of wesTpan, may your holidays be bright, merry, and healthy. Keep serving those who need your help, your knowledge, expertise, and your skills with your mind, body, and soul. And above all take care of your self.

Sincerely,

Kat Tollett BSN, RN, CPAN, CST

Meet the wesTpan Treasurer

My name is Sarah Salcido, I was recently elected to serve with the wesTpan division as the Treasurer. I have worked at Midland Memorial Hospital for almost three years now and have been an RN for just over 5 years. I have always taken great pride in helping others but hadn't given thought to nursing until I had traveled down several other health related avenues first.



I acquired my first bits of medical knowledge from working at a veterinary clinic, then later working with the New Mexico State University Fire Department as an EMT-Basic. I have worked in

several fields of nursing including assisted living facilities, nursing homes, an urgent care clinic, a student health clinic, and now at a hospital. The Post Anesthesia Care Unit is by far one of my favorite specialties thus far. I enjoy the quick pace, the diversity of care, and opportunity to learn something new every day. I am currently applying at Angelo State University for entrance into the Family Nurse Practitioner program. I am very excited, wish me luck! Thank you all for the invite to serve on the wesTpan board, let's make a difference!

Best Regards,

Sarah Solcido RN

\$\$ wesTpan Financial Report \$\$

Quarterly report as of September 30, 2016 totals
INCOME (including dues, fundraising, donations):
\$392.62
EXPENSES (seminar expenses, meeting expenses,
scholarships): \$534.24
BALANCE: \$2586.62

TAPAN State Conference in Lewisville, TX



Felicia Selman (center) presents the Outstanding Region Award in the category of 75 members or less to Ellen Abaquin (on left) and Jeanette Frantz



A general membership meeting was held following the conference- pictured here are (L to R): Deb Brown, Jessica Herrera, Trina Mora, Kat Tollett, Ellen Abaquin, and Vicky Lessing

TAPAN State Conference in Lewisville, TX

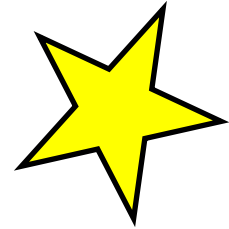


A great turnout of members for an early morning 40th Birthday walk. Happy Birthday TAPAN!!



Susan Norris presents the Mocek Newsletter Award to Kat Tollett at the TAPAN Business Meeting





Midland Memorial Hospital (Midland):

Happy Holidays! Winter time is here and the Midland group is participating in a few community events. Midland Memorial Hospital had a food drive department competition for donation to the Midland Soup Kitchen. Our department joined in and I am proud to say Peri-Operative department came in 2nd place with a total of 824.2 pounds of food for the Midland Soup Kitchen. The PACU/POCU nurses have started a new drive this year called PAW's for Celebration to help our local animal shelter with food and supplies for our communities homeless furry friends. Pictures to come soon! Happy Holidays and Happy New Year from the Midland group!

Submitted by: Jessica Herrera

Hendrick Medical Center (Abilene):

Here in Abilene we contribute to the Mission Thanksgiving event every year. This year, new or gently used coats and blankets were collected for donation. We had a large box to give to those who need help staying warm this winter. Thank you to all who donated!

Submitted by: 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



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

*Best wishes to you all
for a*
**SAFE AND
HAPPY
NEW
YEAR!!**



WESTPAN NEW MEMBERS OF 2016!

Melanie Brooks BSN, RN, CNOR
Cynthia Chavez RN, CPAN
Tammy Christy RN, ADN, CPAN
Leesa Davis ADN, RN
Sharon Dixon RN, CAPA
Sandra Dorset RN
Adonica Dugger RN, CNOR, DNP
Sharleta Ellis ADN
Patricia Floyd MSN, RN-BC, CPAN
Heather Guest MSN-Ed, BSN, RN, CAPA
Ronelle Hataway RN, CPAN
Jessica Hawkins MSN
Mike Kahler BSN, RN, CNOR
Margaret Kendrick BSN, RN
Sherry Kramer BSN, CNOR, TNCC
Kimberly Malone BSN, RN, CPAN
Toressa McLarty RN
Jan Pipkin BSN, RN
Sarah Salcido RN
Stephanie Smith RN, AAN
Toylynn Walterscheid RN
Carrie Watson RN
Carolyn White BSN
Ruby Wilson BSN, RN, CAPA

Celebrate your profession!

***PeriAnesthesia Nurse Awareness
Week (PANAW)***

is February 6th thru 12th 2017

***How will you show your pride to the
community? Email your pictures of
the week's activities! Your celebration
will be featured in the next issue of
"What's TAPANing"!***

wesTpan Region Officers

President

Trina Mora BSN, RN,
CAPA, CPAN
Midland, TX
tmoram@yahoo.com

Vice President

Jessica Herrera RN
Midland, TX
Jesih.03@yahoo.com

Treasurer

Sarah Salcido RN
Midland, TX
Cowden824@gmail.com

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



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

I am a Student Nurse

by Brandi Taylor

I am a student nurse.

On my first rotation in L&D,
A single nulliparous teenager assigned to me.
My nervousness I did try to hide,
Acting like I've seen a birth many a time.

I am a student nurse.

When my patient and I first met,
It was clear she would be my trickiest case yet.
Her replies were limited to one word or two,
A more effective form of communication I needed
to use.

I am a student nurse.

Within the hour I had built a strong rapport,
Her beliefs and aspirations did outpour.
Feeling like God abandoned her in her time of
need,
I assured her of God's love, unfaltering indeed.

I am a student nurse.

A nursing diagnosis of spiritual distress, I did
conceive,
An opportune time to plant God's Holy seed.
I prayed with her, while I hoped she would see,
God's presence undoubtedly shining through me.

I am a student nurse.

A complicated labor did progress,
With late decels, I did assess.
The MD was called and forceps were used,
A healthy baby was delivered, though battered and
bruised.

I am a student nurse.

When my rotation was over
and my charting was done,
I knew with God's love,
I've at least touched someone.

My role more rewarding than I ever could have
known,

For I am allowed where very few others do go.

I AM THE STUDENT NURSE.

*Brandi Taylor BSN, RN, CCRN is working as a
travel NICU nurse in the Galveston area. Her
powerful poem speaks to all nurses, student and
experienced. Thank you Brandi for sharing this with
us!*

Save the date...

January 9th-March 6th 2017
CAPA CPAN exam registration

Exam administration window is
open April 3rd- May 30th

For more information, visit the
ABPANC website at:

<http://cpancapa.org/>

February 6th-12th 2017
PeriAnesthesia Nurse Awareness
Week (PANAW)

Visit www.aspan.org for ideas and
posters to celebrate skilled in
nursing, professionals in caring!

April 30th-May 4th 2017
ASPAN 36th National Conference
Indianapolis, IN

Energizing Generations. The Race
to Distinction. Early bird
registration ends 3/1/17.

Selective Relaxant Binding Agent: Sugammadex

By Rhonda Walker DNP, CRNA

Neuromuscular blocking agents have many uses in patients undergoing surgery. Muscle paralysis is a mainstay of anesthesia practice and is often necessary for particular surgeries that are performed in the operating room. There are critical portions of surgery that require the patient to have complete muscle relaxation and immobility for the surgical procedure. Muscle paralysis can also be used to relax or paralyze the vocal cords for intubation and to allow the patient to be mechanically ventilated. Anesthesia providers administer a variety of paralytic agents and often have to reverse their effects at the conclusion of surgery. Muscle relaxants became a routine part of anesthesia practice after a study was published in 1942 that showed the paralytic effects of curare on skeletal muscle and they are still widely used today (Morgan, 2006).

Nondepolarizing muscle relaxants act as competitive antagonists at the neuromuscular junction by binding to acetylcholine (ACh) receptors and in turn prevent ACh from binding to the motor end plate of a muscle cell. The ACh receptors are now occupied by a muscle relaxant and there are less receptors available to allow ACh to bind and cause a muscle contraction. In turn, the muscle becomes flaccid and paralyzed (Morgan, 2006). At the completion of the surgery when muscle relaxant is no longer needed, the nondepolarizing muscle relaxant can be reversed so that the muscle will be able to contract again.

Cholinesterase inhibitors, such as neostigmine, are required to pharmacologically reverse the effects of muscle relaxants. Cholinesterase inhibitors prevent the acetylcholinesterase enzyme from breaking down ACh and the amount of ACh increases. This allows the ACh to compete with the muscle relaxant at the receptor and regenerate a normal neuromuscular

transmission. Unfortunately, cholinesterase inhibitors, such as neostigmine, have untoward effects that are seen after administration. Bradycardia, bronchospasm, nausea and increased respiratory secretions are a few side effects that can be seen after administration of this drug because of the stimulation of the muscarinic receptors. An anticholinergic medication must be administered simultaneously to minimize the side effects. Glycopyrrolate is the anticholinergic medication that is most often administered with neostigmine because of the similarity of their onset of action and duration. However, this combination of drugs can increase the frequency of heart arrhythmias (Plaud, 2010).

Sugammadex binds selectively to the neuromuscular blocking medications belonging to the aminosteroidal class

Until recently, cholinesterase inhibitors administered simultaneously with an anticholinergic drug were the only options for reversing paralytics. Sugammadex is the first drug of its kind in a new class of medications called selective relaxant binding agents and was made available for use in the United States in 2015 (Welliver, 2006). Sugammadex binds selectively to the neuromuscular blocking medications belonging to the aminosteroidal class. This class of medications include rocuronium, vecuronium and pancuronium. The aminosteroidal nondepolarizing muscle relaxant is encapsulated and inactivated by sugammadex and their effects are terminated. The noncovalent bond of sugammadex and the nonsteroidal muscle relaxant is then mostly excreted by the kidneys in the urine. Sugammadex can also be used as a rescue drug if neostigmine is unable to adequately reverse the paralytic agent.

After a paralytic agent is administered and no longer needed for the surgery, there is a possibility of the patient having residual paralysis from the medication. The degree of residual paralysis can be measured in several ways. Residual paralysis can be measured qualitatively by utilizing a nerve stimulator and testing for a train of four (TOF) or it can be measured by clinical tests (Plaud, 2010). The utilization of a nerve stimulator

Sugammadex can also be used as a rescue drug if neostigmine is unable to adequately reverse the paralytic agent

is a common method for monitoring the level of muscle relaxation in an anesthetized patient in the operating room. The TOF allows anesthesia providers to make decisions about administering additional medication for continued relaxation or the amount of paralytic reversal agents needed to fully reverse the patient. Clinical tests that are utilized in the operating room are the recovery of spontaneous respirations with an adequate tidal volume with the ability to keep carbon dioxide at a normal level, the head-lift test for greater than 5 seconds and the tongue-depressor test. The tongue depressor test is probably the most reliable clinical test and is the ability of the patient to hold an object between their teeth while someone is trying to remove it (Plaud, 2006). However, this test is difficult to implement routinely and must be used on an awake patient. Each of these tests and factors are considered before extubating the patient and transporting them to the postanesthesia care unit (PACU).

The reversal of muscle relaxants in the operating room plays an important role in the care and monitoring of the patient in PACU. It is vital that the patient is adequately reversed of all paralytic agents prior to extubation and transport to

PACU. Residual muscle paralysis is a legitimate concern and primary element of patient safety for PACU nurses and can cause detrimental effects for the post-surgical patient. The absence of reversal medications, such as a neostigmine and robinul or sugammadex, can have a tenfold increase in death or coma in the first 24 hours postoperatively (Plummer-Roberts, 2016). Residual paralysis can cause an extensive range of complications that are associated with muscle weakness. The problems that can be associated with muscle weakness are hypoxia, pulmonary collapse, acute respiratory failure, aspiration of gastric contents and the inability of the patient to maintain a patent upper airway (Unal, 2015).

Residual muscle paralysis is not an uncommon problem seen in the PACU. Multiple studies have been conducted on the residual muscle paralysis rate after emergence and range from 5%-

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

85% of patients presenting to PACU (Plaud, 2010). The wide range of variability can be explained by the extensive range of methods studied; however, the values prove that this is a legitimate concern for patient safety. Critical respiratory events occur between 0.8%-6.9% of the time in PACU after surgery. These critical respiratory events include, “upper airway obstruction, hypoxia, hypoxemia, signs of respiratory failure, inability to breathe deeply when instructed, evidence or suspicion of postextubation aspiration, and reintubation.” (Plummer-Roberts, 2016, p. 63). The time spent in PACU for a patient with residual neuromuscular blockade is on average 75 minutes longer than a patient that had adequate reversal of neuromuscular blockade (Plummer-Roberts, 2016).

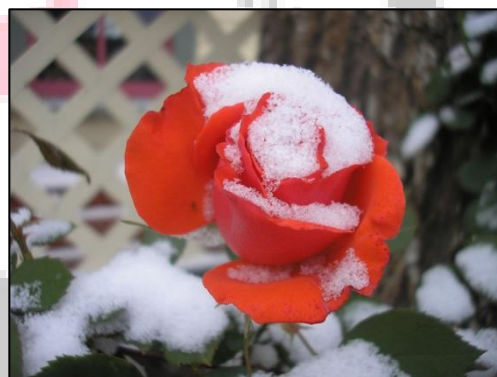
Studies have shown that sugammadex decreases the incidence of postoperative respiratory complications (Unal, 2015). As a new drug on the market, sugammadex has the opportunity to make an immense impact on anesthesia practice and patient safety. Sugammadex has so far proven to be a safe drug with minimal side effects that may improve patient safety.

References

- Morgan, G.E., Maged, S.E., & Murray, M.J. (2006). *Clinical anesthesiology*. New York, NY: McGraw-Hill Companies, Inc.
- Plaud, B., Debaene, B., Donati, F., & Marty, J. (2010). Residual paralysis after emergence from anesthesia. *Anesthesiology*, 112(4), 1013-1022.
- Plummer-Roberts, A.L, Trost, C., Collins, S., & Hewer, I. (2016). Residual neuromuscular blockade. *AANA Journal*, 84(1), 57-65.
- Unal, D. Y., Baran, I., Mutlu, M., Ural, G. Akkaya, T., & Ozlu, O. Comparison of sugammadex versus neostigmine costs and respiratory complications in patients with obstructive sleep apnea. *Turkish Journal of Anaesthesia*, 43, 387-395.

Welliver, M. (2006). New drug sugammadex: a selective relaxant binding agent. *AANA Journal*, 74(5), 357-363.

Rhonda Walker DNP, CRNA, works full time at Hendrick Medical Center. She is also clinical coordinator with TCU School of Anesthesia. Thank you Rhonda, for writing this exclusive article for the members of wesTpan!



Please...

Feel free to submit any items or ideas you would like to see included to admin@tapan-westtexas-panhandle.com

AND...

Don't forget to join us on Facebook!

Thank you!