Fall 2016
Volume 6 Number 3

What's TAPANing

The Official Newsletter of the West Texas and Panhandle Region

What's inside this issue

If you are reading this, we would like to hear from you!! Please contact us and let us know how we are doing!!

President's Message

by Trina Mora

Greetings fellow West Texas and Panhandle PeriAnesthesia Nurses,

I hope you all have had a wonderful summer. It seems to have gone by very quickly this year!

I would like to take the time to announce some changes in the wesTpan leadership. Jeanette Frantz has resigned as the President. She did a fabulous job, and I would like to express appreciation to her for her time. We will miss you, Jeanette!! Good luck in your future endeavors! I, Trina Mora, will be replacing Jeanette as the President of wesTpan. It is my honor to serve and I will do my best to lead the wesTpan region! Replacing me as Vice President of wesTpan is Jessica Herrera. Jessica is a Registered Nurse in the PACU at Midland Memorial Hospital. She is eager to learn and eager to get started as an officer in wesTpan. Please welcome her to our leadership! A biography about Jessica can be found in this edition of our newsletter.

Our Spring seminar in Midland on June 18th was a big success! Thank you to Midland College for allowing us to use the facility. Many thanks to those that attended and those that helped set up. I would also like to thank Dr. Viney and the robotics team for their presentation, and their offering of hands-on experience with the robot. In addition, I would like to express my appreciation to Dr. Rebekah Powers and Katherine Simpson for their job well-done and interesting presentations!

The TAPAN State Conference will be held in Lewisville, Texas in September. We hope to see you all there! Please go to the TAPAN website for details and registration information at tapan.org

Sincerely,

Trina Mora BSN, RN, CPAN, CAPA

Meet the wesTpan Vice President

My name is Jessica Herrera. Midland Memorial Hospital has been my home for 18 plus years. The first 14 years, I was part of the Financial Eligibility office team, employed as a receptionist for 5 years, until becoming a coordinator. The Eligibility office allowed me to gain experience while providing assistance with medical bills and medications to uninsured and under-insured patients. On my 14th year in the office, my husband and I decided it was time for me to pursue my dream of becoming a nurse. I transferred over to the clinical side as a Nurse's aide for 3 years, which allowed me to complete my classes entering nursing school. On my last year of nursing school I was able to transfer to the PACU team as a Nurse Intern and had hands-on learning and training. This training helped me easily transition over as a student to a nurse on the unit. PACU has been my home for almost 2 years. I hope to continue to grow and help others grow in this area. Currently I am attending Grand Canyon University for my BSN and plan to graduate in August of 2017. I am a member of ASPAN, TAPAN and plan on obtaining my CPAN and CAPA in 2017. I look forward to being part of the wesTpan region board!

Sincerely,

Jessica Herrera RN

$$ wesTpan Financial Report $$

Quarterly report as of 8/15/16 totals
INCOME (including dues, fundraising, donations): $1102.78
EXPENSES (seminar expenses, meeting expenses, scholarships): $1131.60
BALANCE as of 8/15/16: $2284.49

Save the date…

July 11th-September 6th 2016
CAPA CPAN registration
Exam administration window is open October 3rd- November 5th
For more information, Visit the ABPANC website at:
http://cpancapa.org/

September 23rd-25th, 2016
TAPAN State Conference
Lewisville, TX. Early bird registration ends September 2nd!
Hope to see you there!

In Case You Missed It…

Advocating Patient Safety Through Education this past June was a big success! The seminar, held in Midland, was well attended and very much fun! We learned about robotic surgery, with a simulation lab set up and demonstration and with useful tips for everyone. Dr. Viney was very entertaining, and, with the help of Bruce Norgren, Lisa Shaw, and Scott Brown, the presentation was informative. Katherine Simpson guided us through the importance of research to the nursing profession. To help further our understanding of jurisprudence and ethics, Dr. Powers went over the ins and outs with some great examples.

There were prizes and some great food followed by a wesTpan general membership meeting. Some items discussed are as follows: -previous minutes and current financial report were read and approved

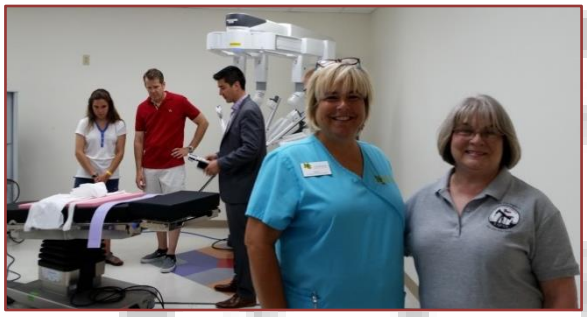
- officer elections will be held next year (as the 2 year terms will then expire)
- please submit happenings, pictures, articles, achievements, and experiences to our email for inclusion in the newsletter as well as the Outstanding Region Award and the Bluebonnet Award applications
- scholarships are available for region members (find the form on our website). Money is available for scholastic endeavors, attendance to seminars and leadership meetings, membership dues, certification review, renewal of certification, and certification exam fees The form is written in such a way so members can see what activities are included in qualification for a scholarship.
- gray polo shirts worn at the seminar by wesTpan officers may be available for purchase, those interested can send an email to the official email address (admin@tapan-westtexas-panhandle.com)
- members are reminded to visit the website often for current and upcoming events/announcements
- everyone is encouraged to please send any ideas for future educational presentations. We want to cater to the desires and needs of the members in our region.

Pictured here: Kat Tollett, Susan Wagoner, Jeanette Frantz, Linda Allyn, Edna Pabruada, Susan Russell, Elena Abaquin, Cielito Ascio, Vicky Lessing, Trina Mora, Felicia Selman, Mollie Smith, and Katherine Simpson.

We were especially honored to have TAPAN on the Road attendees. These are officers of the state level who also held a business meeting that was attended by all who were interested. Thank you to those who traveled near and far to this special event!

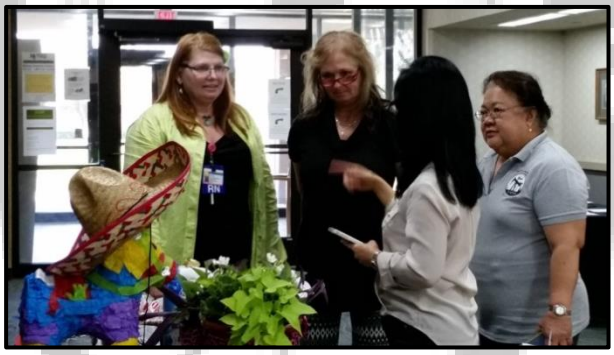
The complete collection of pictures can be viewed on our website:
http://www.tapan-westtexas-panhandle.com Check it out!

More pictures from Midland



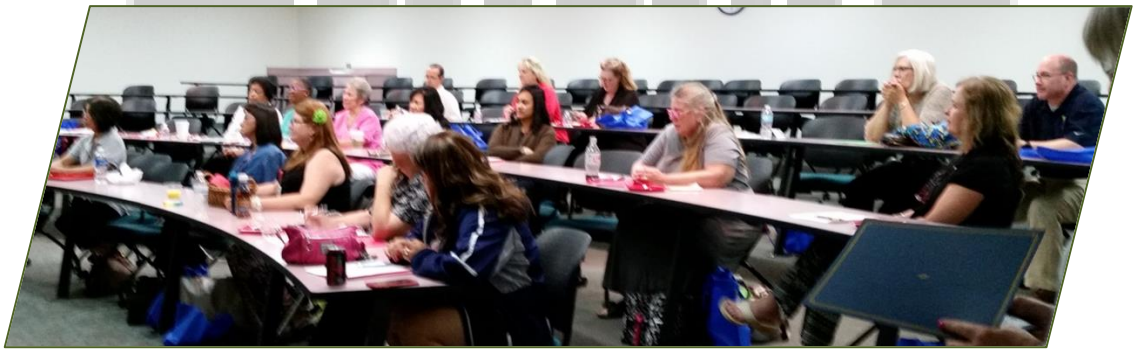
Lea Keesee of Midland College and Jeanette Frantz smile for the camera in front of the robotic surgery simulator.

There was plenty of food and many door prizes!



Folks from TAPAN on the Road, Abilene, Lubbock , and Midland visited during breaks. In the entry hallway, there was a bake sale and other items for fundraising.

Katherine Simpson's presentation



wesTpan sTar-bits

Midland Memorial Hospital (Midland):

On August 13, 2016 the City of Midland provided the annual city wide health fair event, called The Wellness Tour. Linda McDonald RN, from Midland Memorial Hospital PACU, organized a section of the health fair at the Greater Ideal Family Life Center. This was sponsored by Midland Memorial Hospital, the Greater Ideal Nurses Guild Ministry, and Alpha Kappa Alpha Sorority, Inc. It was a great success. At this site, more than 25 vendors and volunteers participated in introducing wellness and health information to the community. Examples of the wellness and health booths were stations for blood pressure checks, blood sugar checks, education for Alzheimer's Disease, Hands of Compassion Home Care, Inc., West Texas Urgent Care Center, and the Midland Memorial Outpatient Lab. Thank you Linda and everyone involved in making this a huge success!

(submitted by Trina Mora)

These are the ladies of the Greater Ideal Nurses Guild Ministry of Midland who is one of groups who sponsored the event

Hendrick Medical Center (Abilene):

Elany (pictured at left), who is having chemo treatments in the Dallas Ft Worth area, shows her beautiful smile as she holds up the drawing supplies given to her by wesTpan members.. She is the daughter of a tech who works in PACU I at Hendrick Medical Center. The family is staying at the Ronald McDonald house during her treatments. To the right is a picture of the items being presented to Elany's dad, Abraham, by Elena Abaquin for delivery to the young lady. Let her light remain bright throughout her treatment journey and beyond!

(Submitted by Kat Tollett)

******Share the news from your area! Send your sTar-bits to be included in ******
What's* TAPANing *to admin@tapan-westtexas-panhandle.com

WESTPAN NEW MEMBERS OF 2016!

Melanie Brooks BSN, RN, CNOR
Cynthia Chavez RN, CPAN
Tammy Christy RN, ADN, CPAN
Sharon Dixon RN, CAPA
Sandra Dorset RN
Sharleta Ellis ADN
Jessica Hawkins MSN
Mike Kahler BSN, RN, CNOR
Margaret Kendrick BSN, RN
Sherry Kramer BSN, CNOR, TNCC
Kimberly Malone BSN, RN, CPAN
Jan Pipkin BSN, RN
Toylynn Walterscheid RN
Carolyn White BSN

wesTpan Region Officers

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Trina Mora BSN, RN, CAPA, CPAN
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Vice President
Jessica Herrera RN
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Treasurer/Secretary
Kat Tollett BSN, RN, CPAN, CST
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Have You Seen the Sacral Neuromudulation Stimulator?

By Rebekah Mullins BSN, RN

Urinary urge incontinence (UUI) is defined as the inability to maintain bladder control once the individual experiences the urge to urinate. Incontinence is an important middle age health issue and affects approximately twenty percent of women over the age of forty (Menezes, Pereira, & Hextall, 2010). Urinary incontinence can greatly affect social functioning and quality of life. Sacral neuromodulator stimulators (SNM) are helpful tools to assist patients who suffer from UUI who have not obtained relief of symptoms from more conservative therapies (Wollner, Hampel, & Kessler, 2012).

Introduction

Mrs. ER is a Caucasian, married, 59 year old, gravida 4, para 3, woman who has been experiencing UUI for 3 years. She sought counsel from her gynecologist one year ago. Her gynecologist recommended lifestyle changes and bladder training activities for four months, and her urinary symptoms did not improve. She spoke with her gynecologist who referred her to a local urologist. The urologist began her on a trial of antimuscarinic medications for 5 weeks, and Mrs. ER showed no improvement in her symptoms (Wollner et al., 2012). Mrs. ER also was instructed in performing pelvic floor muscle exercises that were not successful in improving her symptoms.

Predictive factors for UUI include age, pregnancy, menopause, obesity, hysterectomy, and certain chronic medical conditions

Mrs. ER did not have anatomical or mechanical chronic urinary retention, so she was therefore a candidate for a sacral neuromodulation stimulator (SNM) implant (Wollner et al., 2012). Her urologist recommended a trial of SNM to assess if this technology will improve her symptoms. She experienced a successful trial of the stimulator and presents this morning to have an outpatient procedure to have a permanent stimulator implanted.

Pathophysiology

Urge urinary incontinence is defined as the involuntary leakage of urine that is accompanied by or immediately preceded by urgency. Urge incontinence is largely caused by an overactive or unstable bladder that is uninhibited by detrusor muscle in the bladder (Menezes, Pereira, & Hextall, 2010). Predictive factors for UUI include age, pregnancy, menopause, obesity, hysterectomy, and certain chronic medical conditions (Menezes et al.,

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

2010). During the filling phase of the bladder, the patient attempts to stop the passage of urine without success. Hyper-excitability of the muscle or a disorder of the nerve supply to the muscle maybe likely causes of urge incontinence. However disorders of the connective tissue in the pelvic floor may also be a factor (Menezes et al., 2010).

The mechanism of action of SNM is not completely understood. SNM seems to involve modulation of spinal cord reflexes and subsequent brain networks rather than by directly stimulating the detrusor or urethral sphincter (Wollner et al., 2012). The pelvic floor contraction used to monitor SNM lead placement is not related to a direct stimulation effect, but is associated with an afferent-mediated response (Wollner et al., 2012).

SNM placement involves a two-stage procedure. Initially a temporary, unipolar electrode is place in sacral foramen S3, and a test stimulation occurs for 4-7 days. This phase is known as a percutaneous or peripheral nerve evaluation (Wollner et al., 2012). More than fifty percent of patients experience a successful test phase with symptom improvement. The second stage of the process involves implantation of a quadripolar lead and the neuromodulator. The second stage of the process is minimally invasive and can be performed under local anesthesia. The modulator is implanted into the subcutaneous tissue (Wollner et al., 2012).

The pelvic floor contraction used to monitor SNM lead placement is not related to a direct stimulation effect, but is associated with an afferent-mediated response

Patient Status

Mrs. ER is post-menopausal, with onset of menopause occurring after her hysterectomy. Her babies all weighed over eight pounds at birth. Mrs. ER is 5'6'' tall and weighs 248 pounds. She has recently lost thirty pounds, and her urinary symptoms did not improve. Mrs. ER's medical history includes being treated for chronic hypertension with hydrochlorothiazide 25 milligrams (MG) per os (PO) every day (qday) and metoprolol 25 mg po qday. She also suffers from hypothyroidism and takes synthroid 125 mcg po qday. Mrs. ER's surgical history includes an appendectomy at age 25 without complications and a total vaginal hysterectomy (TVH) at age 41 for symptoms of dysmenorrhea and menorrhagia without complications. She is not allergic to any medications and suffers from seasonal allergies treated occasionally with over the counter allergy medications. She is no longer taking the antimuscarinic medication previously prescribed by her urologist since it did not improve her urinary symptoms.

Mrs. ER is diagnosed with UUI and underwent treatments and medications previously described. She has continued to perform pelvic floor exercises, but she is not receiving any other treatment for her urinary disorder.

Nursing Assessment

Before a SNM can be placed, urinary tract infections and other obvious pathologies requiring different types of treatment must be ruled out. A complete urological examination including medical history, physical exam, a bladder diary, urine culture and analysis, urinary tract ultrasound, bladder washing with cytology, and urodynamic investigation must be performed (Wollner et al., 2012). Nurses who are assisting to prepare a patient for SNM placement need to ensure that these procedures have been conducted by the urologist prior to surgery.

Mrs. ER received her implant under general anesthesia and now presents to the post-anesthesia care unit (PACU) for follow-up care. The

anesthesiologist attempted to perform the procedure under local anesthesia, however Mrs. ER had difficulty lying still for the procedure and required induction of general anesthesia. Mrs. ER's post-operative vital signs are:

- Temporal temperature: 98.2
- Heart Rate: 75 beats per minute (BPM)
- Respirations: 14 per minute
- Blood Pressure: 125/76

She did take all of her medications this morning before arriving for surgery. Her laboratory results pre-operatively included a urinalysis (UA) with results as follows:

- Glucose, bilirubin, ketones, protein, leukocytes, and nitrites: negative
- Specific gravity: 1.020
- Urobilinogen- 1
- Red blood cells: 1
- White blood cells: 2
- Urine clear, straw-colored

Her hemoglobin was 12.5 g/dl and her hematocrit was 40%. Her BMP results were:

- Sodium: 136 mEq/L
- Chloride: 100 mEq/L
- Potassium: 4.0 mEq/L
- CO2: 25 mEq/L
- Magnesium: 1.8 mEq/L
- Glucose: 98 mg/dL
- BUN: 18.0 mg/dL
- Creatinine: 1.0 mg/dL
- BUN/ Creatinine Ratio: 14.0
- Calcium: 9.5 mg/dL

[The] patient will be able to void without difficulty and that her urine will be without abnormal color or odor before discharge

Mrs. ER's post-operative physical exam reveals a partially sedated, pleasant, obese female who presents in no acute distress. Her lungs are clear to auscultation in all fields. Her heart tones are regular and even. She is in normal sinus rhythm on the bedside monitor. Her abdomen is soft with hypoactive bowel sounds in all quadrants. She has had nothing to eat or drink since midnight. She is groggy but easily arouses to stimulus. She received midazolam 2 mg intravenous push (IVP) and meperidine 25 mg IVP during the procedure. She also received fentanyl 125 micrograms (mcg) IVP, propofol 125 mg IVP, and ondansetron 4 mg IVP for nausea prevention. She also received cefazolin 2 gm intravenous piggyback (IVPB) intra-operatively for infection prevention. Her airway was managed with a laryngeal mask airway (LMA) during the procedure. She has lactated ringers infusing to a left forearm intravenous access (IV) per gravity at a moderate rate. She has a small, 2-inch, occlusive dressing on her left posterior flank. She also has puncture sites on the right posterior flank and sacrum that were closed with skin glue during her stimulator test phase. These puncture sites are healing well without redness or drainage. The stimulator can be palpated on the left flank, but no additional swelling is noted. The stimulator was inserted into a pocket of subcutaneous tissue on the left flank and was not sutured into the tissue (Wollner et al., 2012). The operative site is without redness or unexpected tenderness. She complains of left flank pain rated "4" on a 0-10 scale and describes the pain as "throbbing". She is not nauseated and has no other complaints. She is currently on bedrest and moves all extremities with ease. She has not yet urinated but voided just before her procedure started.

Mrs. ER will meet with the representative from the stimulator company prior to discharge home. Her stimulator will be set to the parameters that were used during the test phase

Plan of Care

Priorities in nursing care will be managing her recovery from anesthesia, controlling her pain, and treating any nausea as it occurs. Her ability to void will also need to be assessed prior to her discharge to home.

Her first priority nursing diagnosis is acute pain related to neuromodulator implantation as evidenced by complaints of left flank pain rated "4" on 0-10 scale. The goal for this diagnosis is: pain will be rated 0-3 on 0-10 scale by time of discharge to home. Interventions for this diagnosis include administering morphine 2-4 mg q 5 min for a maximum of 10 mg as ordered by the anesthesiologist for pain greater than 5 on a 0-10 scale, encouraging the patient to use non-pharmacological methods of pain control including deep breathing and relaxation, administering hydrocodone 5 mg/ 325 mg, two tablets once before discharge for pain rated less than 5 on a 0-10 scale, and assisting the patient to reposition her body to provide for greater comfort and pain control. Evaluation will include assessing her pain level during care and prior to discharge home. Expected result would be a pain of 0-3 on a 0-10 scale.

Another priority nursing diagnosis is high risk for altered urinary elimination related to neuromodulator stimulator implantation. The goal for this diagnosis is: patient will be able to void without difficulty and that her urine will be without abnormal color or odor before discharge to home. Interventions for this diagnosis include having the patient demonstrate proper regulation of the neuromodulator stimulator prior to discharge to home, assess for any difficulty in urination each time the patient urinates including burning on urination and urge incontinence symptoms, encourage adequate hydration with noncarbonated beverages prior to discharge, assess urine for color, odor, and amount each time the patient voids. Evaluation will include assessing her ability to void prior to discharge to home. The expected outcome is that the patient will be able to urinate without difficulty and that her urine will be without abnormal odor or color prior to discharge.

Recommendations

Mrs. ER will meet with the representative from the stimulator company prior to discharge home. Her stimulator will be set to the parameters that were used during the test phase. She will receive instructions on utilizing her stimulator and will be given an implant identity card and should be instructed to carry it at all times (Wollner et al., 2012). Following the twenty-hours post implantation, her daily activities will not be limited. She will need to be instructed to notify her physician if her UUI does not improve, if she spikes a fever over 100.5, if she notices redness, swelling, or drainage from her incision site, or if her pain is not controlled with the prescribed medication (Wollner et al., 2012).

Nurses play an important role in the patient care of patients who have SNM devices implanted and need to be properly educated and prepared to care for these types of patients

Mrs. ER's discharge instructions will also include avoiding magnetic resonance imaging (MRI) studies as recommended by the manufacturer of her stimulator. MRI should only be conducted in emergency situations, and the neuromodulator needs to be turned off before MRI is performed (Wollner et al., 2012). If she should need extracorporeal shockwave lithotripsy in the future, the focal point should not be placed in direct vicinity of the neuromodulator or the lead. Ultrasound and radiography in the vicinity of the neuromodulator or leads should also be avoided. Mrs. ER will need to follow her physician's plan for follow up care. Her first appointment with the urologist will be in two weeks (Wollner et al., 2012). She can also be directed to look at the Medtronic website which has a detailed, user-friendly patient education guide regarding SNM placement. It is located at http://professional.medtronic.com/wcm/groups/mdtcom_sg/@mdt/@neuro/documents/documents/sns-

pt-guide.pdf ("Your InterStim therapy patient therapy guide, n.d.).

The images from the Wollner et al. (2012) study are very helpful for visualizing the SNM placement procedure. Medtronic, a commonly used company involved in the production and use of SNMs, has information on their website for training healthcare providers. Their website is http://professional.medtronic.com/pt/uro/snm/edu/index.htm#.VlE4dd-rSbU ("Sacral neuromodulation: Education and training", n.d.) Medtronic also has a high-quality video on their site that discusses the pathophysiology of UUI and SNM placement. The website is http://professional.medtronic.com/pt/uro/snm/edu/about/index.htm#.VmBUDsrvibM ("Sacral neuromodulation for bladder control", n.d.). Medtronic has done a thorough job of providing educational material online for patients as well as healthcare providers.

Conclusion

Sacral neuromodulation stimulators are a new advancement in UUI care. Nurses need to be prepared to properly care for patients who have SNM devices inserted, including possible complications and appropriate postoperative care. Nurses also need to be prepared to create high-quality discharge plans for these patients, including education for the patient about when to contact the physician. Nurses play an important role in the patient care of patients who have SNM devices implanted and need to be properly educated and prepared to care for these types of patients.

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Rebekah Mullins is an instructor at Abilene Christian University (ACU) School of Nursing. She is also a part-time nurse in PACU-I at Hendrick Medical Center. Currently, Rebekah is working toward MSN at ACU as well.

A Big

Thank You

To all of the contributors to this newsletter! It takes many people to make this production come to life. Feel free to submit any items or ideas you would like to see included to admin@tapan-westtexas-panhandle.com