THE MONITOR

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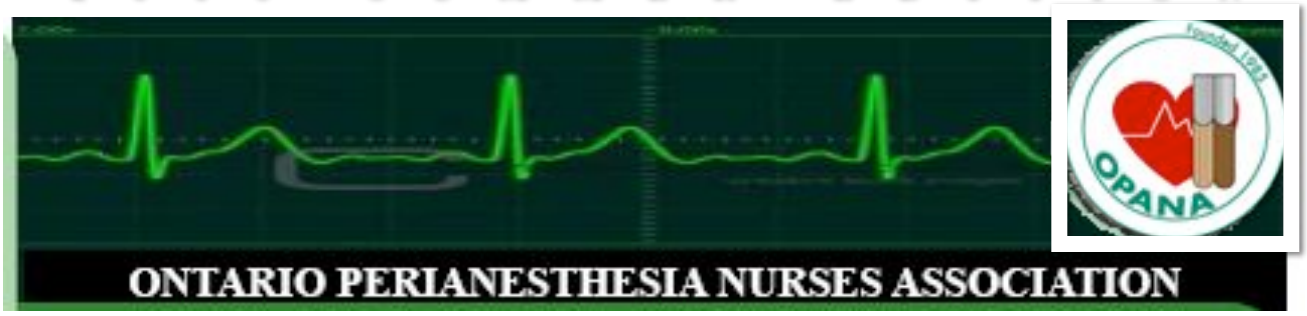

PRESIDENT'S ADDRESS

WHAT'S INSIDE THIS ISSUE

Yes the dogs days of summer and the weather certainly reflected it this year. I am hoping this letter finds all of you somewhat rested in hopes there was time for a little relaxation or a getaway during this warm and bright time of the year. For me, one of my favorite memories this past summer was our vacation trip up to Lake Koshlong in Haliburton where in a kayak I paddled ever so softly on the lake to take in the view of our Canadian evergreen trees embedded between rock and glide on the glistening lake only to turn my head and see the majestic loon which without a doubt is my favorite birds of our lakes with its birdsong so distinct. That does it for me.

WWW.OPANA.ORG

OPANA: 57 Winegarden Trail, Dundas, ON, L9H 7M3
Phone: (905)-627-6830 Fax: (905)-627-0643

PRESIDENT'S ADDRESS CONTINUED

We are now gearing up for the Fall and lots of activity is taking place behind the scenes which in most part will be exciting and one of celebrations. For example, 85 years old is the RNAO, Registered Nurses of Ontario Association, of which OPANA is a nursing specialty interest group. Much has this organization done to advance nursing and hear our voices. After reading the summer issue and comment written by David McNeil, President of RNAO, in his editorial column, I cannot help but say I am in agreement with his viewpoint and observation. "The concept of interdisciplinary care is not new; however we have moved away from talking about **who** is the captain of the ship (for the most part), to who gets onto the ship, how many crew do we need and how do they work together to achieve the best outcomes for patient care delivery?" I firmly agree this is the direction we need to go forth, together in collaboration with evidenced based best practice by supporting & mentoring each another to sustain positive patient care outcomes and wellness in our own being.

For OPANA, this is a very special year, 25 years to celebrate with you, our past presidents and founding members! We our very excited about our upcoming Inspirations Conference being hosted on October 22nd to 24th. Information and registration can be found on our web site @ www.opana.org. You can register on line for the conference, mail in or even fax your copy and we will send you an electronic receipt. Remember, if you join as a OPANA member you will receive an added bonus of a reduced rate for the conference. So don't delay, we have a party to go too!

I would like to extend a special thank you to all the hard working Board members and conference planning committee members who are working tirelessly behind the scenes. Our membership continues to climb and we are now at over 320 members. A special welcome to all our new members who have recently joined. Greetings and a warm welcome to our newest Board of Directors member Tanya Beattie who will be representing the Kingston area. I look forward to reading about her in our Spotlight section of the newsletter this month.

Already, we are making plans for our next big conference in 2011, NAPANc will be hosted by OPANA prior to our First International PeriAnesthesia conference. Mark your calendars October 1st-6th. The Board of Directors of OPANA unanimously agreed to host the next National Conference which will be a shortened event to co-incide with the International conference. More to follow in our next issue but already we have half dozen guest speakers/ topics wanting to titillate our interest and partake in the conference. Planning meetings will commence this September. So if you have any posters or abstracts and are thinking about one this will be a great opportunity to showcase your work with others.

One of my goals as your President is the idea of hosting smaller venues and workshops on topics that interest you around the province. Come to you or your organization and meet you. Let me know what you would like to hear about and send your request to kampf@hhsc.ca or info@opana.org.

Remember we have a weekend to celebrate and don't forget to ask yourself, " Where were you in 1985?". Along with this quotation from Helen Keller that I hope will leave you feeling inspired," Optimism is the faith that leads achievement. Nothing can be done without hope or confidence." Now it is your turn to shine.

Until next time yours truly,

Marianne Kampf, OPANA President
email: kampf@hhsc.ca

OPANA's Inspirations Conference 2010

and 25th Anniversary Celebration

October 23 & 24
Hospitality Suite: October 22nd - 7 pm
Toronto Sheraton Centre Hotel

from the way **we were...**

to where **we are now**

Sponsored by

GE Healthcare

Register on-line@ www.opana.org

Where were you in 1985? Do you remember...

RNAO's 1985 event:
The Grange Report was released in January 1985

Top 10 Movies from 1985...

Back to the Future ◣ Color Purple ◣ Out of Africa ◣ Jewel of the Nile ◣ Rambo 2 ◣ Rocky 4 ◣ Witness ◣ Spies Like Us ◣ Cocoon ◣ The Goonies

TRANSFUSION-RELATED ACUTE LUNG INJURY

Anne Federico, MA, RN, APRN-BC, CCRN, CPAN

Approximately one person in 5,000 will experience an episode of transfusion-related acute lung injury (TRALI) in conjunction with the transfusion of whole blood or blood components. Its hallmarks include hypoxemia, dyspnea, fever, hypotension, and bilateral pulmonary edema (noncardiogenic). The mortality for reported cases is 16.3%. The incidence and mortality may be even higher than estimated because of under-recognition and under-reporting. Although TRALI was identified as a clinical entity in the 1980's, a lock of consensus regarding a definition was present until 2004. An exact cause has yet to be identified; however, there are two theories regarding the etiology: the "antibody" and the "two-hit" theories. These theories involve both donor and recipient factors. Further education and research are needed to assist in the development of strategies for the prevention and treatment of TRALI.

Keywords: transfusion-related lung injury (TRALI), case study, transfusion reactions, continuing education.

The exact cause of TRALI is unknown and hypotheses regarding its etiology are controversial. The two theories associated with the etiology are "the antibody" and "the two-hit" theories. The antibody theory proposes that the transfusion of a blood product containing the human leukocytic antigen class I and class II antibodies, and granulocytes into a recipient with corresponding antigens, causes the activation of leukocytes. This in turn causes endothelial damage in the lungs, leading to the leakage of fluid into the alveoli. This mechanism is believed to occur in approximately 90% of TRALI cases. Less than 10% of the cases occur because of recipient antibodies and donor antigen reactions. According to Sanchez et al, "the fact that blood components from one donor may cause TRALI in some recipients and not others supports such a mechanism that includes antibody-independent routes and factors associated with the recipient's condition"; thus, the formulation of the "two-hit" theory. The first hit requires recent surgery, trauma, infection, hypoxic events, cardiopulmonary disease, or cardiopulmonary bypass (recipient factors). The second "hit" is the transfusion of a blood product, resulting in noncardiac pulmonary edema (donor factors). These events lead to endothelial damage as described previously.

TRALI can occur with the transfusion of any blood product or component. It is most frequently associated with those plasma-rich products such a whole blood, platelets, and fresh frozen plasma.

Treatment strategies for TRALI are mostly supportive. In suspected cases the first action is to discontinue the transfusion and remove all associated IV tubing immediately. It is crucial to prevent any further infusion of the product. Patients experiencing "mild" case of TRALI may only require supplemental oxygen. However, 70% will require mechanical ventilation. Low-volume, high-rate ventilation is recommended for lung protection. Sedation will facilitate effective ventilation and provide comfort for the patient. Despite the presence of frothy sputum and a chest X-ray suggestive of pulmonary edema, diuretics should not be administered because these patients are generally hypotensive and hypovolemic. In fact, liberal fluid and vasopressors may be necessary. In addition, steroids are often given for their anti-inflammatory effect, although their is no data to support their administration. Despite its resemblance to adult respiratory distress syndrome, TRALI is self-limiting.

TRANSFUSION-RELATED ACUTE LUNG INJURY CONTINUED

Most patients improve over a four-day period without long-term consequences (i.e., pulmonary fibrosis).

Although there are no treatment algorithms for TRALI, the following recommendations are suggested: (1) follow your institution's policy for suspected transfusion reactions; (2) send specimens for ABO typing, complete blood cell count, blood cultures, and antibody testing, and (3) check albumin content of tracheal aspirate.

The key for clinicians at this point is education. Practitioners need to be made aware of the signs and symptoms of TRALI. It is also important to use evidence-based practice when considering transfusion. Studies still indicate transfusions are sued excessively in critical care units. Further research is needed to improve health care practitioners' understanding of TRALI, develop treatment strategies, and improve patient outcomes.

Conclusions

TRALI is a complex condition that involves patient and donor factors. It is rarely fatal, but does affect patient outcomes. Improvement in recognition and reporting of cases will help strengthen the database regarding this condition. This along with research and further education of health care professionals will assist in the future development of prevention and treatment strategies.

North Report

Fall is always the time to move on I believe. School starts, and new beginnings happen. I have had the pleasure of being the North Rep for OPANA for many years (about 10 I think). I am stepping down to allow some else the opportunity to commit to OPANA North Position. Hopefully, I can find a replacement for my position. If you are interested in the position or even thinking about it, please e-mail me @ nahorneys@rvh.on.ca. I would gladly mentor you into the position.

My last journey for OPANA as the North Rep was to the NAPANc Calgary Conference. We had an excellent time and awesome hospitality!

Sincerely,
Sue Nahorney, R.N. North Rep OPANA

GTA Report

News from the GTA:
We have been getting ready for the Women's and Babies program move to the Sunnybrook Bayview campus on September 12th. They have an Obstetrical PACU and we are sharing information between our units. Ongoing promotion of the OPANA conference is being done, and we will be sure to invite our PeriAnesthesia nurses with Obstetrical specialization!

Ramona Hackett, BA, RN, CNCC(C)
GTA Representative

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

SPOTLIGHT

A NEW MEMBER TO THE BOARD OF DIRECTORS FOR KINGSTON CO-REPRESENTATIVE: TANYA BEATTIE

I graduated from the Diploma Nursing Program at StLawrence College in Kingston and later completed a BScN through the University of Ottawa.
I also have a Certificate in PeriAnesthesia Nursing from Vancouver Community College.

In my 20 years of nursing I have enjoyed working in a variety of areas from Geriatric Assessment to Clinic Nurse.

Nine years ago, I began working in the PeriAnesthesia department at Hotel Dieu Hospital in Kingston, and recently accepted a position as Clinical Educator for the PeriAnesthesia and Endoscopy units.

I am loving this role as it combines my passion for continuing education and PeriAnesthesia nursing!

I am so looking forward to my involvement with OPANA and am grateful for the opportunity.

Tanya Beattie

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

ASK OPANA?

I am on an information seeking mission and I do hope you can help me with the following questions:

1. Is your staff cross-trained between Phase 1 and Phase 11 Recovery?

2. If not, does your PACU staff discharge patients home from PACU?

3.What is your skill mix in your respective units? i.e. RNs in PACU?

Many thanks
Elizabeth Burke
Elizabeth.burke@lhsc.on.ca

OPANA REPORTS
Hamilton/Niagara

Regards, Deb Behr
Hamilton

Safe and sound in the Juravinski Hospital

The Henderson PACU staff was welcomed back from a wonderful summer long weekend to our new hospital. As you may know, the long weekend teams of folks accomplished the "big move" into the new Juravinski Hospital.

After many months of planning and preparation by many individuals and teams, all patients, staff and units are now safely and successfully transferred into the new hospital. Everything went seamlessly and to plan.

Everyone was upbeat and feeling really good about the move and the new facility.

The PACU (Henderson) staff have done a tremendous job transitioning into the new building. Congratulations.

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

OPANA'S MISSION STATEMENT

To promote standards of perianesthesia nursing practice which will improve care and promote safety for practitioner's and patients.

To establish and promote educational programs which will contribute to the above.

To provide a forum for the presentation and discussion of all matters relating to the practice of perianesthesia nursing.

To establish cooperation and liaison with all groups, associations, institutions, or bodies in matters affecting the objective of the association; and

To further the public's awareness of the role of the perianesthesia practitioner as a vital member of the Health Care Community.

PLEASE DON'T FORGET TO USE OUR FORUM ON THE WEBSITE:
www.opana.org>->"Forum"

FOR YOUR ASK OPANA QUESTIONS

!

Submit any articles or Ask OPANA to: the editor Susan Nahorney@ susan.nahorney@ultrafastwireless.com

Pediatric Regional Rep: Nancy Rudyk
Hope everyone has had an enjoyable summer!

Pain management has become a high priority for all health care facilities in effectively caring for patients. At the Hospital for Sick Children we have had the opportunity to be a part of the RNAO BPG to develop pediatric pain guidelines that integrate non pharmacological and pharmacologic treatment to care for our patient population. Pain management is the 5th vital sign and we have successfully integrated a number of tools to assist each health care professional in completing a pain assessment this includes: 1) comfort kits with age appropriate distraction tools 2) quick access reference cards for all staff a) badge cards with age appropriate pain scales and b) pocket guide with drug dosages, non pharmacological tools and quick reference information.

I also wanted to share with OPANA members a **significant practice change in pain management,** lead by the acute pain service at Sickkids, which has recently occurred at **Sickkids :**
Codeine and Codeine products have been removed from the Sickkids Hospital Formulary.
This has been based on the literature that codeine is dependent on hepatic metabolism for conversion to its active form, morphine. This metabolism is subject to genetic variability such that analgesic and adverse effects of codeine are unpredictable in a significant proportion of the population.
The genetic polymorphism of this metabolic pathway results in: slow metabolizers (insufficient morphine resulting in ineffective analgesia in up to 10% of the population), and ultra rapid metabolizers (excessive morphine resulting in toxicity in 10-30% of the population)

The Sickkids Pain Management Clinical Practice Guidelines states that oral morphine is preferred to codeine for the management of moderate t o severe pain. Codeine should not be used for children with moderate to severe pain when alternative, more reliable medications are available
(July 2010, Sickkids Summary Statement of Evidence on Codeine)

*Full Summary is attached below with drug reference and recommendations *
I would be interested to hear if any other pediatric facility has made any changes in their analgesic pain management.

I encourage you to attend the OPANA conference held in Toronto on October 23-24 . The conference topics and speakers provided insightful information on the trends and challenges in perianesthesia nursing practice. The conference is a great opportunity to spend time with colleagues and meet new people who share the vision of providing the best practice in perianesthesia care. Pediatric topics of interest include: perioperative management of the obese child and acute pain management.

One of my objectives as the regional representative is to connect OPANA members with an interest in pediatric perianesthesia care with each other. To date I have had heard from a few interested members! A larger group would provide an opportunity for members to discuss pediatric practice and share information collectively. If you are interested in connecting through e mail please forward your contact information to me: nancy.rudyk@sickkids.ca. Please forward any suggestions or ideas that you might have to me in developing a pediatric interest group in OPANA.

Nancy

Contact Info:
Nancy Rudyk, Clinical Nurse Specialist
Preanesthesia Clinic, Department of Anesthesia and Pain
Hospital for Sick Children
Toronto, Ont.
416-813-2246

Upcoming Conference:
Please consider attending this one day conference:
Conquering the Hurt: The Trajectory from Acute to Chronic Pain Symposium
November 4, 2010 7:30 – 3:30 PM
The Hospital for Sick Children
www.sickkids.ca/learninginstitute
Please contact me if you have any questions.

SickKids

Summary Statement of Evidence on Codeine

Use of oral analgesia for the management of moderate to severe pain in children

Issue

- Codeine and codeine products will no longer be available on the hospital Formulary as of July 1, 2010

Context

- Pain management is a high priority at SickKids
- The SickKids Pain Management Clinical Practice Guideline states that oral morphine is preferred to codeine for the management of moderate to severe pain
- Some units have already removed codeine from their ward stock supply

Summary of the Literature

- Codeine is dependent on hepatic metabolism (CYP2D6) for conversion to its active form, morphine
- This metabolism is subject to genetic variability such that analgesic and adverse effects of codeine are unpredictable in a significant proportion of the population
- The genetic polymorphism of this metabolic pathway results in:
  - Slow metabolizers (insufficient morphine resulting in ineffective analgesia in up to 10% of population)
  - Ultra-rapid metabolizers (excessive morphine resulting in toxicity in 10-30% of population)

Implications for Practice for the Treatment of Moderate to Severe Pain

- Scheduled acetaminophen and non-steroidal anti-inflammatory drugs are recommended if no contraindications exist
- Use physical (ice/heat) and psychological (distraction/relaxation) techniques of pain control if appropriate
- Codeine should not be used for children with moderate to severe pain when alternative, more reliable medications are available

Recommendations

Drug	Dosing
Morphine	0.2-0.5mg/kg/dose po q4-6h, max 15mg/dose
Hydromorphone	0.04-0.08mg/kg/dose po q3-4h max 2-4mg/dose
Oxycodone	0.05-0.15mg/kg/dose po q4-6h, max 5-10mg/dose

Selected References:

Madadi P, Koren G. Pharmacogenetic insights into codeine analgesia: implications to pediatric codeine use. Pharmacogenomics 2008;9:1267-84.

Ciszkowski C et al. Codeine, Ultrarapid-Metabolism Genotype, and Postoperative Death. [Letter to the Editor]. NEJM 2009; 361:8: 827-8.

Gasche Y, Daali Y, Fathi M, et al. Codeine intoxication associated with ultrarapid CYP2D6 metabolism. N Engl J Med 2004;351:2827-31.

FOR FURTHER INFORMATION PLEASE CONTACT

Drug Information: 416-813-6703 or druginfo@sickkids.ca

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ONTARIO PERIANESTHESIA NURSES ASSOCIATION

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ONTARIO PERIANESTHESIA NURSES ASSOCIATION

OPANA Standards of Practice, 6th Edition, 2009

Contents:

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

2010 MEMBERSHIP FORM
VALID UNTIL DECEMBER 31, 2010
HST# 861942753

Membership fees provide our members with: Newsletters, Educational meetings, reduced Conference fees & support the work required to make us a recognized specialty group, both at the provincial and national level. HST included in Membership Fees.

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Registered Nurse who is currently registered with the College of Nurses and who is working in an employment where perianesthetic nursing is practiced or has a vested interest in the perianesthetic care of clients. Automatically gives membership in NAPANc (National Association of PeriAnesthesia Nurses of Canada). Active membership status includes entitlement to vote on OPANA issues plus all member benefits

Associate $35.00

Health Care practitioner who is working in an environment where perianesthetic nursing is practiced and has a vested interest in the per-anesthetic care of clients. Associate membership holds a reduced annual membership

**Professional Designation* _____

Student $30.00

Future health care practitioners who are not eligible for active or associate membership. Student membership holds a reduced annual membership rate but does not include entitlement to vote on OPANA issues.

*Institution: _____

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Phone: 905-627-6830; **Fax: (905)627-0643**.

OPANA Website Report For Newsletter, August 2010

1. New Categories added:
    - Inspirations Conference Brochure 2010
    - Inspirations Conference 2010 Reg Form activated June 19, 2010
    - MH Mini-Conference, Toronto September 11, 2010 added to Front Page Slide show and to "Other Conferences and Events"
2. Categories disabled:
    - 2010 NAPANc Conference Calgary: disabled link to NAPANc website
3. Changes to Existing Categories/Articles etc:
    - Home page Information re: HST, new prices
    - Changes to Standards Reg Form prices to reflect increased price for HST
    - Changes to all other Reg Forms from GST to HST
    - Bursary to attend the NAPANc Annual Conference, Calgary 2010: updated with winners
    - Update to Article on International Conference (linked to NAPANc website)
    - Update to Article on Certification (linked to NAPANc website)
    - Update to "Healthcare Heroes" to include Sue Nahorney's heroic tale
    - Added Tanya Beattie as Co-Regional Director for Kingston to "Board of Directors" and to "Regional Directors" categories/contacts
    - Updated Nancy Poole and Deb Behr's positions
    - Deleted Tammy Gallagher from Executive
4. Front Page Slideshow Changes:
    - Deleted Bursary to attend the NAPANc Annual Conference
    - Added MH Mini-Conference Toronto with MHAUS logo
    - Added Sue Nahorney's photo and link to "Healthcare Heroes"

- Added Rouge Valley Logo and add for PACU RNs

1. Forum: Questions added; Inappropriate users deleted (multiple)
2. One new advertisement: Rouge Valley Health for PACU RNs, July
3. Next steps: Ideas for new categories and information requested and gratefully accepted.

FORUM REMINDER:

WHEN LOGGING INTO THE FORUM, YOU MUST FIRST "REGISTER". ONCE THAT IS DONE, YOU WILL BE RETURNED TO THE "HOME PAGE". JUST CLICK ON THE "FORUM" TAB AT THE TOP AGAIN, AND YOU WILL BE ADMITTED TO THE FORUM AS "YOU".

DON'T FORGET TO "LOGOUT" WHEN FINISHED!

Respectfully Submitted,

Paula Ferguson, RN, BScN, MN, OPANA Website Chair

Report to the OPANA Board of Directors Meeting

August 26, 2010

NAPANc Initiatives since March 26, 2010:

1. Bursary to support attendance to the upcoming National Conference, one bursary per provincial association (9): winners announced at Calgary Conference with Certificates and photos.
2. Proposal for Certification completed and submitted to CNA, June 15, 2010.
3. All data collated for Voice of 1,000 (1142), APNs in PeriAnesthesia Nursing (142), letters of Endorsement of Standards (138), and numbers of RNs across Canada working in PeriAnesthesia Nursing positions
4. 44 Volunteers recruited for Certification Committees: directions to all volunteers delivered over summer, with commitment confirmed and CVs collected.
5. International Conference: contract signed with 4 National Associations. Hotel Contract signed, bank account opened, Reg form redirected, Program designed, Event insurance secured. October 3-6, 2011. Toronto Ontario Canada.
6. Fundraising Campaign: Application for Charitable Number submitted, fundraising letter and donation form approved by BOD and uploaded to website, and added to August newsletter
7. Nominations needed for Nominations Committee, 2010-11. Positions: President-Elect, members of committees: Fundraising, Nomination
8. President attended: ASPAN Conference April, 2010, Calgary NAPANc Conference, May, 2010, CNA Biennial Convention and BOD meeting, AAE meeting, June, 2010, Canadian Anesthesiologist Society-Associated Health Professionals Group meeting, June, 2010.
9. Anesthesia Assistant Curriculum: Document NOT to be approved by NRTRB due to conflict of interest.
10. NP Anesthesia role: Teleconference call with 4 NPAs in June prior to CAS-AHP meeting to discuss roles and successes. Met one of them in person, Lynn Haslam, who has now joined OPANA and will be submitting a poster at OPANA conference on NPA role.

11. President attending MH Mini-Conference on September 11, 2010 to make contacts with TGH MH unit lead, Dr. Sheila Riazi.

12. Have been invited to speak at ASPAN Conference, April, 2011 in Seattle Washington as part of panel pending approval of abstract.

13. Final Suggestions: **Focus on Certification**: still taking volunteers to add names to Certification Committees.

Again, I wish to thank everyone for their efforts in promoting the National association, and the work they have been doing and will continue to do to support our most ambitious goal and milestone to date: Certification.

Respectfully submitted,

Paula Ferguson

Paula Ferguson, R.N., B.Sc.N., M.N.,

President, NAPANc, 2009-11