THE MONITOR

2011 WINTER EDITION

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

WHAT'S INSIDE THIS ISSUE

*** PERIANESTHESIA NURSES WEEK: FEBRUARY 7 - 11, 2011. CELEBRATE!!!!!!!!!! PERIANESTHESIA NURSING IS A GAS!!**

PRESIDENT'S ADDRESS

Greetings from OPANA!

2011 is here and Happy New Year to all of you! We are just rallying back from a very busy time post our 25th Anniversary Conference. It was a successful conference with over 130 registrants on Saturday and just under a 100 registrants on the Sunday. Our evaluations were very positive! Thanks to the hard work of the committee members who without a doubt helped make this happen! Thanks to all of you who came and shared in our celebration.

Plans are underway for hosting the next NAPANc conference on October 2nd, 2011 in Toronto. OPANA will be host province to the 10th Annual National conference. We are looking forward to welcoming our colleagues and guests from across the country once again. Conference Co-chairs are Ramona Hackett and yours truly. The planning committee has met a few times over conference calls and we will be meeting every month. If you are an OPANA member and are interested in joining the National Conference planning committee please contact us. We always welcome new volunteers! The Sheraton Hotel will be the host location in downtown Toronto not only for the NAPANc conference, but also for the First EVER International PeriAnesthesia Conference. How exciting! Please refer to our conference information flyers within this edition of the Monitor.

WWW.OPANA.ORG

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

Ontario PeriAnesthesia Nurses Association

Congratulations to our fellow colleagues who have been nominated and elected by the OPANA BOD & executive into these roles:

- Carol Deriet as Treasurer
- Nancy Poole as Director of Membership & Marketing
- Keitha Kirkham for Ottawa Regional Director

We still have vacancies for these following positions and welcome any nominations. OPANA Needs You!

- President Elect
- Windsor Essex Regional Director
- Hamilton/Niagara Regional Director

Let's take a moment and begin the year by reflecting together what OPANA's vision is:

* OPANA is dedicated to the promotion of PeriAnesthesia Nursing Practice in all relevant health care environments through the networking and knowledge sharing opportunities offered through interactive educational sessions annually and by offering position statements at the political level.

* Through OPANA's visionary and progressive actions, the Perianesthesia Nurses of Ontario will be envisioned as expert clinical practitioners by other members of the Health Care Team and as leaders in health care.

How do we do this?

OPANA strives to accomplish this by:

- promoting Standards of PeriAnesthesia nursing practice which will improve care and promote safety for practitioners and patients
- establishing and promoting educational and research programs which will contribute to improving care
- promoting interest, professional growth and development and specialization of PeriAnesthesia practitioners
- providing a forum for the presentation and discussion of all matters relating to the practice of PeriAnesthetic nursing.

- establishing cooperation and liaison with all groups, associations, institutions, or bodies in matters affecting the objectives of the association, and
- furthering the public's awareness of the role of the PeriAnesthesia practitioner as a vital member of the Health Care community

Our 2011 ongoing goals

- Develop strategies to increase membership & expertise
- Pursue networking with other Health Care Interprofessionals
- Develop strategies to encourage OPANA members to be involved with OPANA, NAPANc & development of certification

And….

- Each Director to make two site visits per year in their jurisdiction
- To collaborate with other Health Care Specialties in hosting educational opportunities and venues

(Examples: OMA, OAS, Blood Conservation Group, Regional Anesthesia network group)

So what does this mean?

It means we need each and every one of you to continue to support your nursing profession. Get involved! Spread the word! PeriAnesthesia nursing has a funny catch phrase …It's a gas! Really, it is a gas pedal that needs acceleration and momentum to keep moving forward. We are the future. Certification for PeriAnesthesia nursing is now being heard at the National Level. Let's continue to support one another, keep us growing and join!

It is a reality that funding to attend educational events has become more difficult. We have experienced cutbacks but it doesn't mean we must stop our professional growth. There are ways to plan your professional development. Put money away each paycheque. Host a chili day in your unit and set money aside for educational events. Subscribe to a PeriAnesthesia nursing journal. Review one of the standards every month or every other month in your unit from our 6th edition of PeriAnesthesia Nursing Standards released. Raise the bar in your unit!

Remember to renew your membership, recruit a colleague, and keep our specialty interest nursing group growing. This year remember to celebrate PeriAnesthesia Nurses Week which is from February 7th to 11th. Celebrate you, the good work and exemplary care you give, and know that you make a difference.

Thank you for all you do each and every day all year long

Yours truly, Marianne Kampf, OPANA President

Kingston Report:

The only thing new to report here at Kingston General Hospital is that we have added 12-hour shifts to our schedule which had always been solely 8-hour shifts. Those staff who were interested in trying them had the option of choosing a line with only 12-hour shifts or a mix of the 8 and 12-hours. Everyone who wanted to keep the 8-hour schedule were able to do so, and the consensus seems to be that staff are very happy with the new hours and the flexibility to choose the hours they prefer to work.

Jennifer Kelly

GTA

A site visit was made at UHN, the Toronto General site. Carol and I had a tour of all of the peri-anesthesia areas. We were pleased to see that the OPANA conference was being promoted. We recruited the manager to present at the NAPANc conference next October and she will be speaking about their CAIS computer programme that they are using in their PreAdmission Clinic. We are also actively recruiting nurses at Sunnybrook to join the RNAO and choose OPANA as their interest group.

Ramona Hackett, BA, RN

ASK OPANA?

Hi Everyone

Need to do a little benchmarking to help with our same day discharge policy from the hospital surrounding escorts.

The questions I need answered are as follows:

1. What is your facility's procedure if a patient does not have a responsible person to go with them and stay overnight post surgical/endoscopy procedure?
2. Are they required to have someone take them home and stay overnight?
3. What is your rationale for your policy?

Thank you all for your help.

Regards,

Tammy Gallagher R.N. B.Sc.N. @_GallagherT@rvh.on.ca

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

ASK OPANA?

I have 2 questions that I need help for the answers please?
a. Are ENDO patients recovered in PACU?
b. Are ENDO cases done in the OR proper or a separate area?
Thanks for your help on this.
Warm Regards,
Nancy Berthiaume, RN @ Nancy_Berthiaume@wrh.on.ca
Windsor Regional Hospital

Hi
The hospital that I work at would like to use our old OR holding area as a space to observe patients from Phase 1 recovery who are waiting for their post op beds to become available. The thought is to have one RN float in that room to care for up to four patients. Is this standard practice and is there any guidelines or standards to help facilitate this process? Management feels this will help reduce the among of surgery being cancelled by decreasing the recovery room from being on hold. Do you have any input? Thank you. **Jamie Smith @ smithjls60@yahoo.ca**

Assigning patients in the PACU

I have a question for the group. How does your OR communicate with the PACU to let them know when a case is coming out? Right now we assign according to the or slate and cases just show up when they are done. It works most of the time however we are expanding and looking into a meditech system. I was wondering if anyone out there uses this type of system and if it works.

Joanna Broschuk RN @ broschuk.ottawa@sympatico.ca
PACU Queensway Carelton Hospital, Ottawa

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

ASK OPANA?

Staffing on the weekends, and evenings and nights question
Hi Everyone

Kathy has a question regarding staffing. Would you/anyone please be able to respond to Kathy at **kkrupa@cmh.org** Thanks. Here's the question:

"Our PACU does solo staffing on all weekend shifts, and all evening shifts.
I realize that this does not meet OPANA standards, and my manager is trying to increase our staffing to 2.
We were wondering if you knew the staffing ratios used in PACU's in hospitals in Ontario.
If you have such data, or know where I can find it, could you please share it with me?

Thanks so much!" **Please respond to kkrupa@cmh.org**

Susan Hardway hardways@wvuh.com

Can you tell me what types of documentation do you do for your preoperative patient...specifically a day surgery patient.

How much documentation do you complete and how much assessment is carried out? Do you do a head to toe full blown assessment or do you use a more focused assessment?

Anna Harwood star-wood@rogers.com

In our PACU, we are on call after 12 midnight. In the event that ICU patients are in PACU due to lack of beds in ICU, we are told that the PACU RN on call has to be present for support to the ICU RN. That means, the PACU RN could potentially be expected to be present for 48 hours on weekends, even if there are no surgical patients to be recovered. We can try to call another PACU RN in to cover us, but in the event that no one is available, we are to remain. Our shifts on the weekends are 10:00 to 18:00
and then on call from 18:00 until 08:00 the next day, both days. It is very difficult to replace yourself at the last minute, on a weekend. This appears to be unsafe practice in all respects, especially patient safety.
Please clarify our position as PACU RN's and if there is any other option.

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.

OPANA WEBSITE: PRESENTLY IS UNDER CONSTRUCTION
www.opana.org

Submit any articles or ASK OPANA? to:
Susan Nahorney@ nahorneys@rvh.on.ca

A couple of ways to register to become an OPANA MEMBER

1. Use the form with this newsletter: fax or mail in. Cost $50
2. Member of RNAO? Add OPANA to your membership.
3. Even better, if you are already a member of RNAO and paying your fees with an employer payee deduction with adding OPANA to your membership. It would calculate out to less than $13.00/pay for RNAO & OPANA. No hassle or renewal or fuss.

PAIN ASSESSMENT RECOMMENDATIONS FOR OLDER ADULTS

1. Consider obvious sources of pain, including, incisions, trauma, postitioning, irritating infusions, and recent surgery. Consider the elder's history and potential chronic conditions that could be contributing to pain.

2. Attempt to obtain self-report of pain presence and pain intensity. Use simple questions and adapted instruments appropriate for elders and those with cognitive impairment.

3. For elders unable to self-report, use behavioral observations (both typical and less obvious) and physiologic indicators to support a suspicion of pain.

4. Use family members or other caregivers knowledgeable of the elder's baseline behaviour to identify changes in behaviour or activities suggestive of pain.

5. Consider giving an analgesic dose and observe for changes in behaviour to validate suspicion of pain.

6. Systematically assess and document at regular intervals and after interventions have had time to take effect.

7. Use the same pain scale or behavioral approaches each time pain is assessed.

8. Record pain assessment data in accessible location available to all health care providers involved in the elder's care.

Key Recommendations for Pharmacologic Treatment in Older Postoperative Patients

Start with a 25% to 50% reduction in the normally recommended opioid dose for younger adults and titrate upward slowly as needed.

Titrate dose on the basis of patient comfort and adverse effects rather than on a preconceived notion of that milligram amount the patient "should" require.

Administer analgesics around-the-clock to avoid high peak toxicity.

Aggressively control pain to prevent mental decline.

If confusion occurs during treatment, decrease the opioid dose rather than abruptly discontinuing the drug.

If confusion persists, switch to another opioid.

Consider family controlled or around-the-clock nurse-activated dosing for patients with memory difficulties.

Administer a combination of drug (and non drug) therapies.

Be aware of the risks of polypharmacy.

Anticipate and mange adverse effects of opioids that may be particularly problematic for elders, including constipation, urinary retention, sedation, and respiratory depression.

Place patients on a prophylactic bowel regiment throughout the course of opioid treatment.

Avoid IM injections.

Barbara Rakel, PhD, RN & Keela Herr, PhD, FAAN

MEMBERS COMMENT ON THE FALL CONFERENCE

Hi I just wanted to say what an outstanding conference.. I left exhilarated, refreshed on my career outlook, looking into NP anesthesia, generally stimulated to do "more" and "better". Leslie and I found everyone to be engaging, welcoming etc. We have been excitedly sharing our experience and it is catching at our work place,hopefully attendance from our institution will continue at greater numbers. Thanks for all the hours of work of the organizers, speakers,and exhibitors. I learnt interesting applicable information in the hall as well. Donna Wheal

NEW WEBSITE BORN!

Hi all:

Just to inform you that another website has been born: ICPAN has it's very own website now. Please direct all of your contacts and colleagues to this NEW website (a work in progress): www.icpan.info <http://www.icpan.info <http://www.icpan.info/> >

Run by your's truly and Joni Brady of ASPAN!

Regards,

Paula Ferguson, RN, BScN, MN,
President, National Association of PeriAnesthesia Nurses of Canada,
Immediate Past President, Ontario PeriAnesthesia Nurses Association
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ONTARIO PERIANESTHESIA NURSES ASSOCIATION

2011 MEMBERSHIP FORM
VAILD UNTIL DECEMBER 31, 2011
GST #S6194753

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.

New Member _____ ***Renewing Member*** _____ (X)

Please print. No abbreviations or initials.

*Name _____ Tel: *(B): _____

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P.C. _____

Membership Information

Please select your category:

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

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* _____

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: _____

*** CNO # _____ RNAO Member? Yes ( ) No ( )

Please check off one of the following:

_____ Cheque, payable to OPANA (please print and mail this form with payment)

_____ Cheque mailed separately to OPANA (please print and fax this form to (905) 627-0643)

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Expiry Date (mm/yy): _____ Signature: _____

Please send payments by mail or fax with cheque to: **OPANA, 57 Winegarden Trail, Dundas, L9H 7M3**
Phone: 905-627-6830; **Fax: (905)627-0643**.

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

OPANA Standards of Practice, 6th Edition, 2009

Contents:

Ontario PeriAnesthesia Nurses Association

Standards of Practice, Sixth Edition, 2009 Order Form
New Enhanced Revision! (see back for more details)
Don't delay: Order your copy today. Please allow 2-4 weeks for delivery.

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