THE MONITOR

JUNE, 2012 EDITION

INSIDE THIS ISSUE:

President's Address

Dear Colleagues,

I am writing this after a lovely evening out with friends and we were reflecting on the passing of time.

For many of us, our children and grandchildren are finishing another school year and graduations and year end celebrations are being planned. Summer vacations and weekend getaways with families and friends are being planned. For some, the planning of weddings is where our energies are focused.

OPANA Board of Directors recently had a strategic planning meeting where we made plans for OPANA's future direction. There are some changes proposed to the Constitution and By-laws and in order to move forward with the changes we have utilized an on-line voting programme. A Code of Conduct document was sent to active members, and we hope to add this to the OPANA C&B. Directors at Large has been expanded to include Dental and Free Standing and Clinics and we have received nominations for various

other positions of the Board. The results of the ballots are not known as I write this but will be published in this edition of the Monitor.

OPANA is now planning for future also.

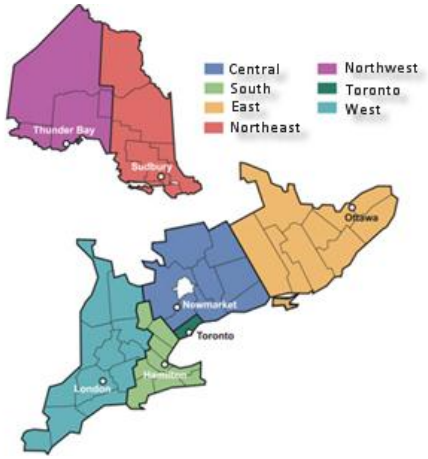
The Standards Committee is busy updating the current Standards. Additions to the next edition of the Standard will including standards of care for Dentistry and Free Standing Clinics, increased information on Paediatrics, and a position statement on Horizontal Violence.

A committee has been established to plan for the next OPANA provincial conference which will be held in the spring of 2013. Details will be provided closer to the date and we will be sure to send out a "Save the Date" announcement.

During our strategic planning meeting, the Board also restructured the Ontario regions in the hopes of reaching members in the North who would like to join our Board of Directors team. We are eagerly seeking a volunteer(s) for Regional Director for the Central Ontario (Barrie/Orillia) area, Northwestern Ontario (Thunderbay/Sault Ste-Marie) and Northeastern Ontario (Sudbury/North Bay.) If you would like information regarding these positions and the job description please email me at info@opana.org.

A friendly reminder: The early bird rate for the NAPANc conference in Dartmouth, Nova Scotia ends June 30th. Head on over to www.napanc.org to register!

I wish everyone a safe and happy summer.



Sincerely,

Deborah

Deborah Bottrell, President OPANA

OPANA'S MISSION STATEMENT

- To promote standards of perianesthesia nursing practice which will improve care and promote safety for practitioners 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.

2012 OPANA ANNUAL GENERAL MEETING VOTING RESULTS

1. **APPROVED: DEBORAH BOTTRELL HAS BEEN NOMINATED BY THE OPANA BOARD OF DIRECTORS AS PRESIDENT FOR THE CURRENT TERM ENDING OCTOBER 31, 2013.**

Response	Count	Percent	Rank
YES	29	90	1
NO	2	6	2
ABSTAIN	1	3	3

1. **APPROVED: CHER JACKSON AND SUSIE OXENHAM AS CO-DIRECTORS FOR DENTISTRY and FREE STANDING CLINICS**

Response	Count	Percent	Rank
YES	30	93	1
ABSTAIN	2	6	2

2. **APPROVED: JONATHAN HOGETERP AS REGIONAL DIRECTOR FOR LONDON (WESTERN ONTARIO REGION)**

Response	Count	Percent	Rank
YES	32	100	1

3. **APPROVED: ARTICLE 6: SECTION 6.9 THE BOARD (BOD) IS REQUESTING TO INCLUDE 6.9.1 "IT IS EXPECTED THAT DIRECTORS WILL AT MINIMUM ATTEND TWO MEETINGS OF THE BOD. THOSE GREATER THAN 100 KMS FROM THE MEETING SITE MAY PARTICIPATE VIA TELECOMMUNICATION."**

Response	Count	Percent	Rank
YES	31	96	1
NO	1	3	2

4. **APPROVED: FINANCIAL STATEMENT APRIL 30, 2012.**

Response	Count	Percent	Rank
YES	29	90	1
ABSTAIN	2	6	2
NO	1	3	**3**

5. **APPROVED: ARTICLE 1: FINANCIAL YEAR. THE FISCAL YEAR OF THE CORPORATION HAS CHANGED TO NOVEMBER 1 TO OCTOBER 31.**

THIS WILL COINCIDE WITH RNAO MEMBERSHIP AND EXECUTIVE TRANSITION.

Response	Count	Percent	Rank
YES	30	93	1
NO	1	3	2
ABSTAIN	1	3	2

6. **APPROVED: THE CODE OF CONDUCT WILL BE ADDED TO THE CURRENT OPANA CONSTITUTION AND BYLAWS (2009) UNDER ARTICLE 3: MEMBERSHIP AS SECTION 3.9.**

Response	Count	Percent	Rank
YES	29	90	1
ABSTAIN	2	6	2
NO	1	3	3

7. **APPROVED: ARTICLE 5: MEETING OF MEMBERS THE BOARD OF DIRECTORS, SECTION 5.3. TO "51% OF THE ACTIVE MEMBERS PRESENT OR RESPONDING FORM A QUORUM FOR THE TRANSACTION** OF BUSINESS."

Response	Count	Percent	Rank
YES	31	96	1
NO	1	3	2

8. **CAROL DERIET HAS BEEN NOMINATED BY THE OPANA BOARD OF DIRECTORS AS PRESIDENT-ELECT FOR THE CURRENT TERM ENDING OCTOBER 31, 2013. PLEASE CAST YOUR ELECTRONIC VOTE.**

Response	Count	Percent	Rank
YES	29	93	1
NO	1	3	2
ABSTAIN	1	3	3

Many thanks to all OPANA members who participated in this on-line vote.
Your ongoing support to OPANA is greatly appreciated!

Featured Abstract

The Preanesthesia Clinic*: *A team approach to improve the child and family surgical experience and enhance patient outcomes

Introduction:
Preanesthesia clinics have historically demonstrated an effective means of preparing patients / families for surgery and decrease unnecessary surgical cancellations or delays. The clinic team is comprised of an Anesthesiologist, Advanced Practice Nurses (APN) and Registered Nurses. The PAC has incorporated a number of strategies to effectively improve the preoperative process to effectively screen, assess and prepare patients and their families prior to surgery. Collaboration between the clinic team and surgical partners has demonstrated effective outcomes that assist programs, patients and their families to navigate the complex hospital system safely, improve the preparation of the child and family for surgery, improve patient flow to optimize surgical starts / minimize surgical cancellation rates and increase family satisfaction. This presentation will highlight the success of the collaboration between the team members to develop a successful preoperative program.

Objectives
The objectives of this presentation will:

1) Describe the prescreening and triage process utilized by the team to effectively prepare the child and family for surgery
2) Outline the preoperative assessment pathway
3) Explain the telephone assessment
4) Discuss the utilization of a preoperative website to provide information to increase the child and family's satisfaction of the surgical experience

Method
A prescreening and triage method to review the patient's medical, surgical and anesthesia history determine potential risk factors prior to the child's surgery. Follow up discussion between the APN /RN / Anesthesiologist and surgical partners ensures that all preoperative testing is completed prior to the surgery date. Data collected on the rate of surgical cancellation and surgical delay due to improper patient preparation was utilized. Parent satisfaction survey was used to collect data on the child and family's surgical experience.

Conclusion
The collaboration between the PAC team members and surgical programs has demonstrated effective outcomes that improved the surgical pathway for the child to ensure best practice, decreased the rate of surgical cancellation, and increased satisfaction of the family and child's surgical experience. The development of the preoperative telephone consultation has been an effective method to obtain and provide information to patients and families prior to surgery

SickKids®

Spotlight: Cher Jackson and Susie Oxenham
Directors at Large: Dentistry & Free Standing Clinics

Cher Jackson RN

Susie Oxenham RN, CCRN

MOTTO: "in somno securitas" ("safe in sleep")

BACKGROUNDS:

Cher and Susie have similar Critical Care backgrounds: Neurosurgery/Spinal Cord Injury Trauma Unit and Emergency.

Currently employed at various Dental Surgical offices in the GTA, they provide PeriAnesthesia nursing care (PAC, PACU and discharge) to adult and paediatric patients undergoing intravenous conscious sedation (mild, moderate, deep) and general anaesthesia. Together, they developed PeriAnesthesia forms to assist as a tool, ensuring concise, accurate and legible charting/documentation for patient safety.

GOALS:

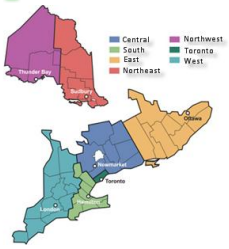
- To contribute as active Directors on the OPANA Board
- To collaborate as members with the existing, dynamic "Standards" Committee members, by updating the specific Standards for Dentistry & Free-Standing Clinics
- Enhance PeriAnesthesia forms and documentation
- Promote continued circulation of the PeriAnesthesia forms amongst Dental Surgical offices

ASPIRATIONS:

- Aspire to implement Standards of PeriAnesthesia care in the workplace, while sharing our existing and subsequent knowledge with other health care specialists.
- Aspire to have the Dentistry & *Free-Standing Clinics "stand supported"*

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

Ontario Regional Reports



Regional Report for the Greater Toronto Area: Carol Deriet & Ramona Hackett

Sunnybrook Health Sciences Centre Perioperative and PeriAnesthesia nurses from the Bayview and Holland Centre sites participated in the annual PeriOperative Presentations (PEP) Day on May 4th. Presentations included the innovative P.A.R.T.Y (Prevent Alcohol and Risk-Related Trauma in Youth) program www.partyprogram.com , international nursing opportunities for OR and PACU nurses, an interprofessional case study about a burn survivor, NP Anesthesia role in the Pre-Admission clinic and Spiritual stress. Overall, a great educational day!

Sunnybrook Peri Anesthesia Staff are being encouraged to join OPANA and participate in the development of the new Standards. The incentive to participate is having their name entered in draws for educational opportunities.
Carol & Ramona

Regional Report for Southern Ontario- Hamilton/Niagara Region: Marianne Kampf & Nancy Poole

Hamilton Health Sciences in the planning stages for a Satellite PACU to launch this Fall. A visit to Sunnybrook Hospital on June 15th for a site tour has been arranged. Focus groups have been formed and presently flow mapping using the lean process is underway. Nurses from the PACU& SDU, educators and managers are working together towards this innovative model with the goal to alleviate bottlenecks within the PACU. Orthopedic spinal anesthesia and urology patients will be the main focus of promoting patient flow through the utilization of this new model of care.

In April I had the pleasure of attending London's PeriAnesthesia Conference called "Emergence and Beyond." Along with our current OPANA President, Deb Bottrell, we were able to meet our newly nominated regional Director for the London/Windsor area, Jonathan Hogeterp. Jonathan was the lead chair in organizing this great conference. A new format was introduced called the "Anesthesia Grab Bag" whereby two anesthesiologists spoke on two different topics with the opportunity for the audience to participate and bring any questions forward. Congratulations Jonathan, on a very informative and wonderful array of topics with dynamic speakers! The conference also allowed us to meet up with Liz Burke, previous OPANA Director for London /Windsor region. I also ran into a colleague who I had worked with when I was early in my nursing career. What a pleasant surprise it was to meet her again and to be able to discuss PeriAnesthesia nursing today!

Respectfully submitted by,

Marianne Kampf & Nancy Poole
Together We Grow

Regional Report for Western Ontario - London/Windsor Region: Jonathan Hogeterp

2012 Annual PACU conference was held April 14 at the Lamplighter Inn in London, with over 100 PeriAnesthesia nurses in attendance. There was a great response to what we called "Anesthesia Grab bag", where 2 anesthetists were on stage and answered questions from the audience related to current issues. The current Sandoz IV Drug Shortage was a hot topic guiding much of that discussion.

Next year's conference will be spearheaded by St Joseph's Hospital, London, and will be held in April 2013.

London Health Sciences Centre recently held a successful Change Bandit fundraiser for the new Children's Hospital.

Regional Report for North Western Ontario- Thunderbay/ Sault Ste. Marie Region
This position is currently vacant and OPANA is searching for an interested nurse(s) to represent Northwest Ontario.

Regional Report for North Eastern Ontario- Sudbury/North Bay Region:
This position is currently vacant and OPANA is searching for an interested nurse(s) to represent Northeast Ontario.

Regional Report for Eastern Ontario - Ottawa/Kingston Region: Keitha Kirkham

Regional Report for Central Ontario – Barrie/Orillia/Newmarket Region
This position is currently vacant and OPANA is searching for an interested nurse(s) to represent Central Ontario.

Regional Report for Dentistry & Free Standing Clinics: Cher Jackson & Susie Oxenham
1) Suggestions for reducing risks for retained Throat Packs:

The throat pack should be carefully counted and charted "in" on insertion and "out" at the end of each procedure.
Cut, and insert (by dentist or anaesthetist) throat pack as "one" gauze strip (woven or other)...caution- when more than one is cut at once, they can cling together depending on type of gauze.
The throat pack should have a string (dental floss) attached either to the middle or near the end of the throat pack, so that when the throat pack is in place, the string will extend long enough from the mouth to potentially anchor. This aids in recognition of the throat pack in situ and retrieval at the end of the procedure. All professionals (min. 2 people) in attendance at the procedure should help in addressing the insertion and complete removal of the throat pack for unobstructed airway continuation post-operatively.

2) When nursing in Dentistry and Free-Standing Clinics the nurse can refer to these web sites below for reference regarding guidelines:

http://www.cpso.on.ca/uploadedFiles/policies/guidelines/office/ohp_standards.pdf

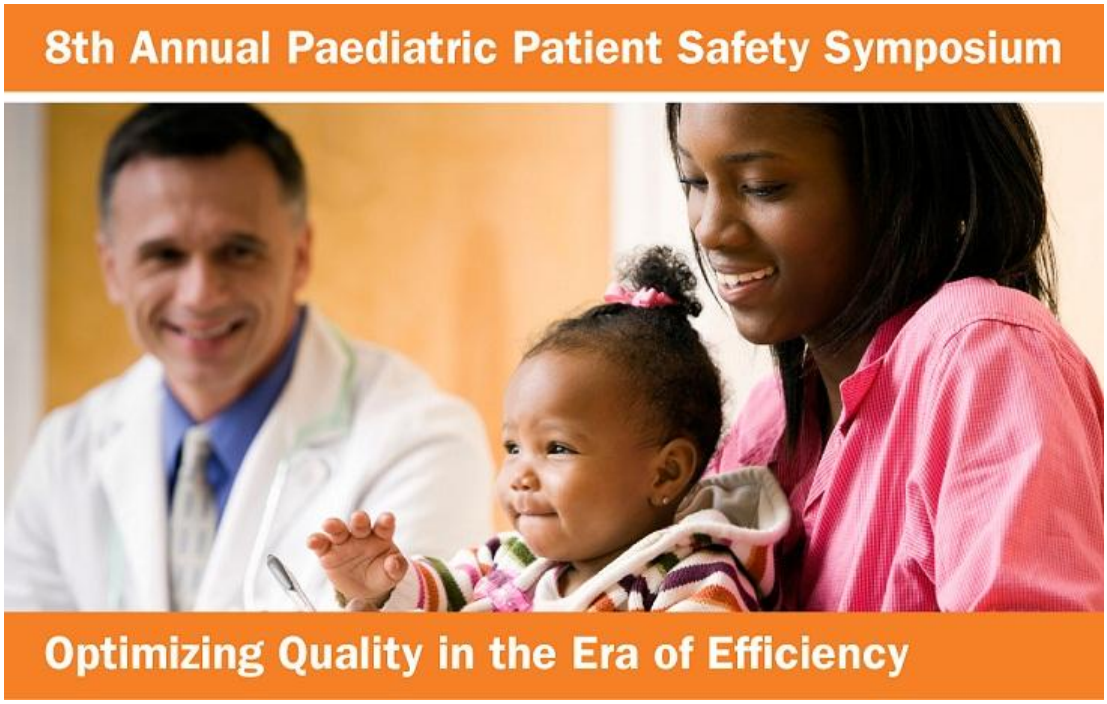
http://www.rcdso.org/sedationAnaesthesia_pdf/Guidelines_sedation_06_09.pdf

3) CONTINUED EDUCATION for nurses in Dental Anaesthesia:

Please refer to Professional Lecture Tour Schedule with
Dr. J. Mel Hawkins DDS, BScD AN

http://www.sedationdentistry.us/anesthesia_services_dentistry.htm

Regional Report for Paediatrics: Nancy Rudyk



Start date:	Monday, June 25, 2012
Time:	8 a.m. - 4 p.m.
Location:	Daniels Hollywood Theatre, 555 University Ave. 1st Floor, Black Wing
Event Open To:	Public

As leaders in paediatric healthcare, our goal is to deliver the safest, quality care possible. Now into our 8th year, the SickKids Annual Paediatric Patient Safety Symposium is a one-day conference that brings together national and international experts to share leading practices and applied science. As always, our aim is to achieve a thought-provoking, relevant and scientific meeting to advance the cause of paediatric patient safety locally, nationally and internationally.

The theme of this year's symposium is centred on the balance, synergy and tensions between maintaining a focus on all dimensions of quality, at a time where there is increasing demands to identify efficiencies and cost savings. Through a combination of plenary sessions and concurrent breakout sessions, participants will learn from leading experts how to balance safety and efficiency while also maintaining a focus on the patient experience.

This symposium will be of interest and relevance to a wide audience including: frontline healthcare providers, quality/safety and infection prevention specialists, health care leaders, researchers, educators and families.

Ask OPANA

Question:

1) Regarding Laparoscopic assisted Vaginal Hysterectomies -- a few quick questions -- How many sites are discharging these patients the same day? What are their criteria for discharge -- ie ASA classification or regional location within catchment (time to travel to hospital)? What do the discharge instructions include?
2) Laparoscopic Appendectomies -- similar points to above re-- classification for discharge, location with catchment and discharge instructions?
3) Mandibular/Jaw surgeries with wiring -- What do discharge instructions look like and include.

Thanks so much for your assistance with this. Jonathan Hogeterp

Jonathan Hogeterp RN BScN
Clinical Educator
Perioperative Care Program
London Health Sciences Centre
Victoria Campus
Jonathan.Hogeterp@lhsc.on.ca

Responses:

1. From Paul Sims RN, Oral Surgery:
   Majority of mandibular jaw surgeries now don't get wired. The correction is screwed and often the patient is discharged wearing elastics to keep their jaw together and supported.
   Regardless of the elastics vs. wire, all patients should have a dietician consult before leaving hospital and be sent home with a feeding tube and 60 cc syringe which they would slide down the side of their month and get liquid food in that way.
   Wired patients should have wire cutters at their bedside and be discharged with wire cutters...a must!
   Post op antibiotic and pain killers (liquid) are prescribed and a follow up appointment with the surgeon is booked."

2. From Mary Jeffery, OR Manager, CGMH:
   "At Collingwood General and Marine Hospital, all laparoscopic vag assisted and lap appendectomies are performed as in patient surgeries at present."

3. From Tara L Willemsen RN BScN MEd CNOR, Director of Perioperative and Ambulatory Care Services, Norfolk General Hospital, Simcoe, ON
   - Regarding Laparoscopic assisted Vaginal Hysterectomies : "We admit out LAVHs"
   - Laparoscopic Appendectomies:" Instructions and discharge criteria are generalized to lower abdominal
     surgery, nothing specific for lap appies."
   - Mandibular/Jaw surgeries with wiring: "We don't perform this case type"

4. From Cher Jackson, RN- Dental clinic

   I have received responses from a few clinics. My understanding is that jaw wiring is done out of hospital, but only as minor emergency treatment, that is usually followed by surgery in hospital.

   Mandibular/Jaw surgeries done in hospital are not discharged the same day. The patient stays overnight for 1 jaw surgery, and 2 nights for 2 jaws, observing the patient for bleeding, vomiting,

and airway, progressing to a step down unit, if they have no airway compromises. Besides airway, the highest necessity for discharging the patient is hydration-ability to drink.

Apparently, in-hospital discharge, for mandibular/jaw surgeries, are not reflective of any ASA classification or location with catchment. The patient must meet standard post-operative discharge criteria. They must have an understanding and ability to put packing in or out, and in the case of wiring, they are instructed how and when to cut the wire with scissors which should be kept nearby (especially post-operatively). The nurse must have good feedback from the patient, regarding their understanding, as to how to remove wires or rubber bands. The patient needs to have someone spend the first night with them when they arrive home. Also, counselling is provided before discharge re: diet explaining progression from liquid to puree diet. No medications containing acetaminophen, D/T potential bleeding. No blowing of nose 2-3 weeks. Sneeze with mouth open. No hot showers D/T bleeding. Caution ambulation with no strenuous exercise/sports; (cardio for 4 weeks), or heavy lifting (gentle after 2 weeks) and remain quiet. No driving for 24 hours, smoking or alcohol. Ice for pain; 20 min on, 20 min off, along with following prescribed pain medication. Notify Dr. if patient experiences, persistent bleeding, fever 38.5 or above, yellow discharge, break through or sharp pain, decrease in ability to drink fluids, decrease in urinating or nausea. Any difficulties with breathing or change of colour, dial 911.

5. From Ramona Hackett, Clinical Educator, Sunnybrook health Sciences Centre
   a) Laparoscopic assisted vaginal hysterectomy patients tend to go home on the same day as surgery. They must meet the PADSS discharge criteria, they must have a responsible adult drive them home and stay with them overnight. They are given the usual information regarding signs and symptoms of infection, how to use their analgesia, and information regarding hygiene and lifting. Our day surgery patients tend to be ASA 1 or 2. Occasionally, this type of surgical patient may need overnight monitoring by a nurse in our Surgical Short Stay Unit. Patient will be discharged the following morning.
   b) Laparoscopic Appendectomies all go home on the same day as surgery. As well as standard post-op instructions, they are given a pamphlet on what to expect post-operatively with regards to laparoscopic surgery ie: may experience shoulder pain due to the gas inserted through the lap site.

Featured YouTube Video

Click link to view video

http://www.youtube.com/watch?v=__dUlY0JpSc

"I Feel Dizzy!"

For those of you who work with paediatric patients you may

be able to relate to this video…

2013

Committed to nursing excellence and continuing competence

Certification

Get certified!

Initial Certification Application Deadline:
November 14, 2012

Maintain your credential!

Renewal Application Deadline:
December 3, 2012

- Cardiovascular
- Community Health
- Critical Care
- Critical Care Pediatrics
- Emergency
- Enterostomal Therapy
- Gastroenterology
- Gerontology
- Hospice Palliative Care
- Medical-Surgical
- Nephrology
- Neuroscience
- Occupational Health
- Oncology
- Orthopaedics
- Perinatal
- Perioperative
- Psychiatric and Mental Health
- Rehabilitation

GREAT NEWS FOR PERIANESTHESIA NURSING! STAY POSTED FOR MORE INFORMATION ON YOUR SPECIALTY AREA OF NURSING!

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PeriAnesthesia Nursing

Exam Date: April 20, 2013

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Ontario PeriAnesthesia Nurses Association

Happy Retirement!

Dear Diane,
On behalf of the entire OPANA membership and the Board of Directors we wish you all the best in your retirement.
Your efforts on behalf of OPANA in its infancy are now reflected in a positive strong association that represents PeriAnesthesia nursing provincially. OPANA has evolved over the years to the largest PeriAnesthesia nursing group in the country and that could only have happened with the strong foundation the founders of the association built.
OPANA would like to thank you for your efforts in the support of PeriAnesthesia nursing, maintaining its standards and promoting Peri-Anesthesia nursing as a critical care specialty and for establishing the ground work we continue to build on.
Congratulations and we look forward to you and Norm presenting at our next Provincial Inspirations Conference in 2013!
You may be retiring but will still be very active and we are so thankful for your passion and dedication to PeriAnesthesia Nursing!
Warmest regards on behalf of the all the
OPANA Board of Directors 2012!

DIANE BUCKLEY

Why Join OPANA?

...because being a member promotes

- ✓ **O**pportunity to network with peers
- ✓ **P**ride in having a professional organization
- ✓ **A**ffiliation with NAPAN©, our national association
- ✓ **N**ursing excellence
- ✓ **A**dvocacy with other qualified perianesthesia nurses

For more information on OPANA membership Visit www.opana.org

Membership Benefits include:

- ✓ Quarterly newsletters
- ✓ Reduced registration fee at OPANA-sponsored educational events including our annual conference and Annual General Meeting (AGM)
- ✓ Opportunities for members to apply for financial support for continuing educational activities (conference bursaries)
- ✓ Discounts on OPANA Standards of Practice
- ✓ Membership in the National Association of PeriAnesthesia Nurses – Canada (NAPANc)
- ✓ Networking opportunities

Ways to register to become an OPANA member:

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

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

2012 MEMBERSHIP FORM
VALID UNTIL OCTOBER 31, 2012
HST#861942753

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

☐ New Member ☐ Renewing Member

Please print. No abbreviations or initials.

***Name**_____

***Tel: (Home/Cell)**_____

***Address:**_____ **Apt.**_____

***City:**_____ **Province:**_____

***Postal Code:**_____

***E-mail:**_____

CURRENTLY EMPLOYED: ☐Full time ☐Part- time ☐ Unemployed

*Place of Work:_____ Dept./Area_____

Address:_____ City:_____

Postal Code:_____ Business telephone #_____

Membership Information Please select your category: Mark with X.

☐ Active $50.00 Registered Nurse who is currently registered with the College of Nurses and who is working in an employment where PeriAnesthesia nursing is practiced or has a vested interest. Membership with NAPANc (National Association of PeriAnesthesia Nurses of Canada) included, Active membership status includes entitlement to vote in OPANA issues plus all membership benefits. *******

CNO # _____ RNAO Member? ☐ Yes ☐ No

☐ Student $30.00 Future Health Care Practitioner 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:_____

Please check off one of the following:

☐ Cheque mailed separately to OPANA. Please print and fax form to 1(905) 627-6830.

☐ Cheque, payable to OPANA. Please print and mail this form with payment

☐ VISA OR ☐ MASTERCARD #_____

Expiry Date (mm/yy):_____Signature:_____

Please send payments by mail or fax with cheque to: OPANA Office, 57 Winegarden Trail, Dundas, ON, L9H 7M3 Phone: 1 (905) 627-6830; Fax**: 1 (905) 627-0643**

OPANA STANDARDS OF PRACTICE, 6TH EDITION, 2009 CONTENTS:

- OPANA Mission Statement, Vision and Goals, Scope of Practice for PeriAnesthesia Nursing

ADMINISTRATIVE STANDARDS

- Environment and Equipment
- Staffing
- Orientation and Education
- Documentation
- Continuous Quality Improvement

CLINICAL PRACTICE STANDARDS

- Care of Patients Receiving General Anesthetics, Regional Anesthetics, Analgesics, Muscle Relaxants and Sedative Agents
- Airway Management
- Patient Comfort Related to Pain or Postoperative Nausea and Vomiting
- Management of Thermoregulation
- Assessment, Monitoring and Interventions of the PeriAnesthesia Patient in All Areas of PeriAnesthesia Patient Care
- Transfer of Care and Accountability in all Phases of the PeriAnesthesia Environment

The OPANA Standards Committee is continuing to work on the 7th Edition! If you are interested in learning about the process of researching and writing standards, please contact: info@opana.org

RESOURCES

- PreOperative Screening in the PreOperative Phase or PreAdmission Unit
- Telepractice in the PreOperative Phase or PreAdmission Unit
- Recommended Staffing Guidelines and Patient Classification
- Care and Screening of the Patient with Obstructive Sleep Apnea
- Care of the Patient with Malignant Hyperthermia
- Management of Patients with Latex Allergies
- Guidelines for Visitors in All Phases of the PeriAnesthesia Environment
- Patient Safety Measures in All Phases of the PeriAnesthesia Environment
- Emergence Delirium
- Pain Management in PeriAnesthesia Nursing
- Infection Prevention and Control
- Discharge Criteria from All Phases of PostAnesthesia Recovery
- Managing Patient Process Flow through the PACU (Avoiding Delays in the OR)

POSITION STATEMENTS

- Minimum Staffing in All PostAnesthetic Phases of Recovery
- Role of the Nurse Practitioner in Anesthesia in All Phases of PeriAnesthesia Environments
- Roles of the RN and RPN in the PeriAnesthesia Setting
- Phase I Recovery as a Critical Care Unit
- Unregulated (Health) Care Providers in PeriAnesthesia Settings
- Do Not Resuscitate in the PeriAnesthesia Environment
- Fast Tracking of the PostAnesthetic Patient to Bypass Phase I Recovery
- Role of the Anesthesia Assistant in the PeriAnesthesia Environment

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

Order Form

Standards of Practice, Sixth Edition, 2009

Don't delay, order your copy today! Please allow 2-4 weeks for delivery

Price List: Members……..... $54.00
Non-members…….…. $81.00
Then add Shipping (per copy) …….... $ 5.50
GST (included in price) (GST # 861942753)

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Home Phone # ……. Bus. Phone # ……..

Email address **(Mandatory)**
…….……
(**receipt will be sent to your e-mail address)**

Job Title ……..……..
Place of Employment ……...
Address of Employer …….……
City ……Province…… Postal Code …….
Ship to: Home/ Work
OPANA Membership Number …….
Other Province and Association Name and Number ……

Payment Options:
Method of Payment: Credit Card or Cheque (Payable to OPANA)
Visa/ MasterCard
Card No. _____-_____-_____-_____Expiry Date ____/____ (mm)/(yy)

Name as it appears on the Card …….

Signature on the Card ……..……..

Payment by Mail (Cheque or Credit Card) OR Payment by Fax (Credit Card only)
Complete the form: fax/mail your order to:
57 Winegarden Trail, Dundas, ON, L9H 7M3. Fax: (905) 627-0643.
Make cheques payable to: "OPANA"

A receipt for payment will be sent to your email address as listed above.

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

OPANA EXECUTIVE BOARD OF DIRECTORS

PRESIDENT:
DEBORAH BOTTRELL

IMMEDIATE PAST PRESIDENT:
MARIANNE KAMPF

PRESIDENT ELECT:
CAROL DERIET

TREASURER:
CAROL DERIET

SECRETARY:
RAMONA HACKETT

DIRECTORS AT LARGE

MARKETING/MEMBERSHIP:
NANCY POOLE

CONSUMER PRICING:
DEBORAH BOTTRELL

NEWSLETTER EDITOR:
RAMONA HACKETT

WEB SITE/FORUM:
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& LYNN HASLAM

PEDIATRICS:
NANCY RUDYK

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