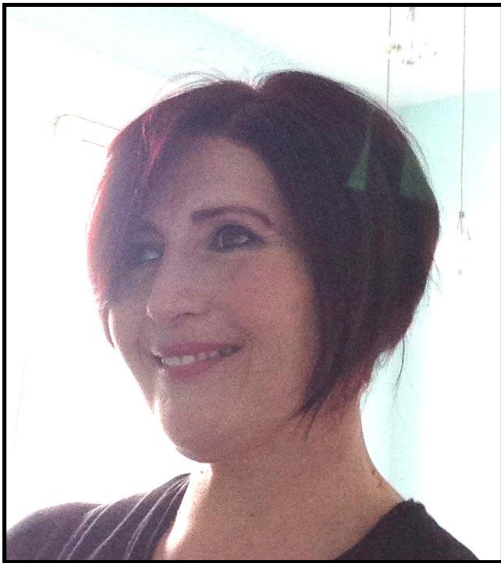


The Monitor

Autumn 2015 edition



Ontario PeriAnesthesia Nursing Association
(OPANA) is an Affiliated Interest Group of the RNAO



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President's Address

OPANA President's Message:

Hello Everyone!

I hope you enjoyed the wonderful weather we had this summer...this Autumn is turning out to be pretty awesome as well! I hope this great weather stays around until mid November because I am really looking forward to our bonfire and marshmallow roast on Saturday night at the Conference. That's just one of the great times we have planned during that weekend, November 13 to 15, 2015. I hope you are planning on attending?!

The OPANA 2015 Inspirations Conference is evolving into the best event yet! The venue offers everything you could imagine and then some! Succulent spa options, food so good it's worth blowing the diet for, great shopping at the outlet mall across the street, and plenty of fun being planned by the best conference planning committee I've ever had the pleasure of working with! How could you not register??? A wonderful opportunity for time to regenerate with old friends and an opportunity to make many new friends! I can't wait to spend some time getting to know you!

ONTARIO PERIANESTHESIA NURSES ASSOCIATION



If you haven't registered yet, please do so now. There are limited spots available and I would not like to see you miss out on this opportunity. Plus, you might end up being the lucky person who wins a free registration to the next NAPANc conference! There will be a surprise announcement about that sometime during Sunday morning at the conference!

I am looking forward to seeing you at the

OPANA 2015 Inspirations Conference "Breathing in the Change"!

White Oaks Resort & Spa

Niagara-on-the-Lake

November 14 & 15, 2015

We are going to make sure that YOU have a GREAT TIME!!!

Please visit our website to find out more as the conference plans develop www.opana.org There will be many prizes, fund raising events, and an awesome list of speakers that will present information on current hot topics in PeriAnesthesia Nursing Practice. Our aim is to ensure the information shared at the conference will captivate you, apply to your practice, and have you walk away feeling inspired and excited to "Breathe in the Changes" with vigor and confidence.

We will be taking a new approach at filling our vacant Board of Director positions:

- a. Central Ontario (Georgian Bay Area) Vacant
- b. Western Ontario (London Area) Vacant
- c. Eastern Ontario (Ottawa Area) Vacant
- d. Northwest Ontario (Greater Sudbury, Sault Ste. Marie Area) Vacant
- e. Northeast Ontario (Thunder Bay Area) Vacant
- f. Dentistry and Free Standing Clinics (at large) Vacant

We are very fortunate because we have the most wonderful, dedicated, passionate nurses on the OPANA BOD! Volunteering as a leader on the OPANA BOD is a wonderful opportunity to make great friends, learn a lot about yourself, your profession, and how you can truly impact our specialty practice! The opportunities are endless. Thank you for considering joining us and representing your regional colleagues! If you would like to learn more about this role, please email me at president@opana.org All of your contributions will be recognized and appreciated and you will be rewarded in so many ways!

Thank You for All that you do to positively impact PeriAnesthesia Nursing!

Wishing all of You All the Best for an Awesome Autumn that inspires you and fills you with positive energy that you can in turn share with us, your PeriAnesthesia Nursing Partners!

Sincerely,

Carol

OPANA President

president@opana.org



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Upcoming Events: Conference Information

2015 Inspirations Conference

 Breathing Change

Mark your calendars for a weekend full of motivational ideas and leading edge information!
November 13th-15th, 2015

White Oaks Resort & Spa
253 Taylor Rd, Niagara-on-the-Lake, ON L0S 1J0

For more information:
info@opana.org | www.opana.org

The poster for the 2015 Inspirations Conference features a blue and white wavy header. Below the title, there is a central graphic with a dandelion seed head and the OPANA logo. The text 'Breathing Change' is prominently displayed. The poster encourages attendees to mark their calendars for a weekend of motivational ideas and leading edge information from November 13th to 15th, 2015. At the bottom, three small images show a hotel room, Niagara Falls, and the resort building. Contact information for more details is provided at the very bottom.

This year's theme is "Breathing Change". We know that our OPANA group members represent a variety of perianesthetic environments, and as such, have developed a diverse group of talks for you, including:

- ✓ Spinal regression (panel)
- ✓ Awake craniotomy
- ✓ Critical care
- ✓ ACLS changes
- ✓ Electroconvulsive Therapy (panel)
- ✓ Alarm fatigue
- ✓ Nursing in Guatemala – a Personal Experience
- ✓ Pediatrics behavioural assessment
- ✓ Delirium assessment & screening
- ✓ Patient navigation

Further information will be available in our Brochure on the OPANA website www.opana.org

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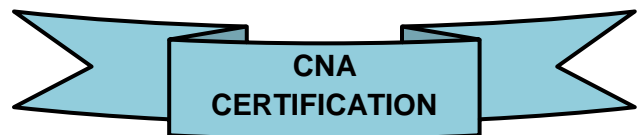


CNA is working with a testing company, Assessment Strategies Inc. (ASI), to begin delivering the 20 certification specialty examinations as computer-based tests.

The certification application and eligibility processes will be entirely online starting in 2016.

Important timelines:

- CNA and ASI will collaborate over the next few months on making the transition from paper- to computer-based exams.
- Applications/renewals will not take place this fall. We expect the online application process to open in late winter/early spring and will provide specific dates once they are confirmed.
- The first computer-based exams will take place in fall 2016. Eligible candidates will be able to write their certification exam between September 19 and October 7, 2016.



CANADIAN
NURSES
ASSOCIATION



ASSOCIATION DES
INFIRMIÈRES ET
INFIRMIERS DU CANADA



**“NEVER DOUBT THAT A SMALL GROUP
OF THOUGHTFUL, COMMITTED CITIZENS
CAN CHANGE THE WORLD;
INDEED, IT’S THE ONLY THING
THAT EVER HAS.”
-MARGARET MEAD**

OPANA is committed to providing leadership opportunities to our Provincial PeriAnesthesia community. We recognize that people lead very busy lives inside and outside of work and we are therefore cognisant of time commitments. Many hands, makes light work! Our goal is to further the goals of OPANA in a collegial and educational manner by sharing our knowledge and resources between each other and members across the province. In order to do this, we need representation from your region! We are eagerly looking for volunteers from the following regions: ☐ Central Ontario, ☐ Western Ontario, ☐ Eastern Ontario, ☐ Northwestern Ontario, ☐ Northeastern Ontario

Please contact info@opana.org for more details

ONTARIO PERIANESTHESIA NURSES ASSOCIATION



Spotlight: ICPAN Conference



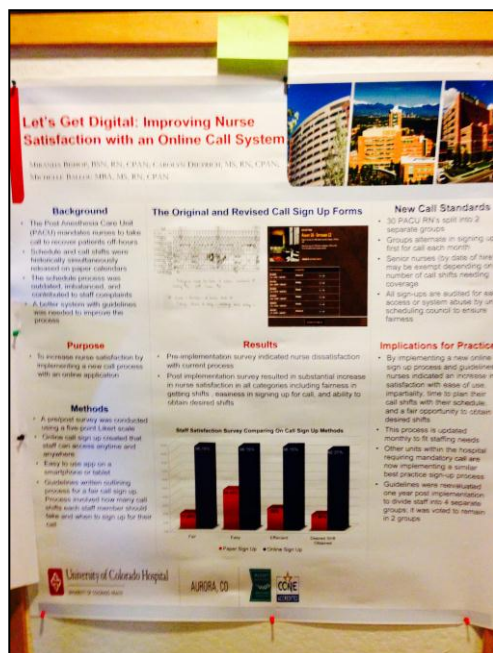
Over 400 delegates from around the world attended the International Collaboration of PeriAnesthesia Nurses (ICPAN) conference held in Copenhagen, Denmark. Check out their new website www.icpan.org for more information about international collaboration!



3rd International Conference
for PeriAnaesthesia Nurses (ICPAN)

September 9 – 12, 2015
Copenhagen, Denmark

"Caring & Sharing: Inspiring Global Connections"



Interesting Poster Presentations

ONTARIO PERIANESTHESIA NURSES ASSOCIATION



The development of a smartphone app for self-reporting postoperative recovery after day surgery

Karina Dahlberg, Mats Eriksson, Maria Jansson & Ulrica Nilsson
School of Health and Medical Sciences, Örebro University, Sweden

Background
In Sweden more than 50% of all operations are performed as day surgery. Many patients feel insecure, lonely and uncertain of what symptoms are to be expected. Until today there are no systematic assessments of patients' postoperative recovery.

Method
An interdisciplinary team was established with researchers from health care and informatics together with an IT company and patients undergoing day surgery to develop the Quality of Recovery (QoR) questionnaire into a smartphone app: Recovery Assessment by Phone Points (RAPP).

Results
A Swedish web-version of the QoR questionnaire (SwQoR) was developed including 31 questions to be answered on a horizontal visual analogue scale. Suitable layout, such as the color and text size was established. Technical issues such as navigation and functioning in different smartphones were solved.

Conclusion
Taking advantage of joint expertise, a useable web-based app adaptable to different technical platforms was constructed. In addition, the SwQoR was successfully transferred into digital format for use on mobile phones. The RAPP smartphone app is easy to use, understand and to navigate in.



Development and initial testing of a smartphone app allowing self-reported symptom measurement regarding the postoperative recovery in adults who have undergone day surgery.

karina.dahlberg@oru.se

ACUPUNCTURE OFFERED AS TREATMENT OF NAUSEA

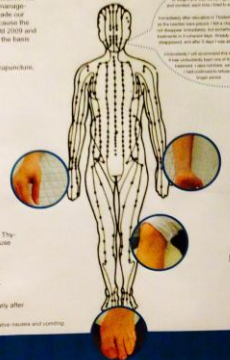
Birthe Møller Andersen, Cynthea Jørgensen, Monica Dahl Andersen, Cynthea Jørgensen, Pia Gladsbøge, Cynthea Jørgensen, Perleth Vindt, Cynthea Jørgensen

Background:
The first time we learned about acupuncture as treatment of post-operative nausea and vomiting was at TMS2 country congress 2008. According to management support 2 intensive care nurses were trained in Erlang. We made our own guidelines for acupuncture treatment at Sygehus Thy-Mors. Because the guidelines from Center for Clinical Guidelines were not updated until 2010 and later updated in 2015. Since then this national guideline has formed the basis for our practice. We are now 3 nurses, who provide acupuncture.

Purpose:
Reducing the patients' nausea and vomiting after anaesthesia by acupuncture. Because nausea and vomiting will:
• extend the period of hospitalization
• delay rehabilitation
• give bad well-being
• cause uncomfortable experiences for the patient
Acupuncture is cheap and gives no side effects.

Method:
The procedure should be performed only by instructed nurses.
• We use sterile disposable needles.
• The acupuncture needles are placed according to instructions.
• They cannot be removed until after at least 30 minutes.
• The treatment should be documented in a schedule.
• Evaluation of the result for the patient must be done immediately after treatment on the next day.

Results:
The result of this survey was that 83% of the patients did not have nausea.



Number of damages caused by nausea vomiting

Number of damages caused by nausea vomiting found on Sygehus Thy-Mors by Global Trigger Tool score of 20 records per month at house

Number of patients treated by acupuncture

Perceptions:
• As it is our experience that post-operative nausea and vomiting often occur after the stay in intensive care, we in future want to give acupuncture to selected groups of patients, just before they are moved to their master sections.
• The ongoing function can be developed.
• We want to maintain the motivation.

Further information: Birthe Møller Andersen Mail: bmoller@sygehus.dk

REGION NORDJYLLAND

I gode hænder hos SYGEHUS THY-MORS



Beautiful Copenhagen

Alarm Fatigue: Are You Tuning Out?

Jacqueline Ross, PhD, RN, CPAN

Ross, J. (2015). Alarm Fatigue: Are You Tuning Out?. Journal Of Perianesthesia Nursing, 30(4), 351-353. doi:10.1016/j.jopan.2015.05.007

CAN YOU RECALL TIMES after a busy day at work when you thought you could still hear the alarms from the postanesthesia care unit at home? I thought I could hear the beeps of the pulse oximeters and the alarms of ventilators in the distance. Do you quickly respond to the alarms at work? Are you tempted to turn down the volume of those alarms? That may be one of the reasons that The Joint Commission announced their 2014 National Patient Safety Goal on clinical alarm safety. Beginning last year, hospitals were required to make alarms a priority within their facilities. Hopefully you are hearing about this within your institutions.

The Joint Commission brought this National Patient Safety Goal forward after over 80 sentinel events involving alarm-related incidents, in addition to the Food and Drug Administration incident report data of over 500 deaths related to alarm issues. In 2013, The Joint Commission issued a Sentinel Event Alert regarding medical device alarm safety in hospitals.¹ The report highlighted that alarm signals *per patient* can be a hundred/per day, so the noise level is high within units and hospitals. Perianesthesia nurses are no exception to the noise, as they work in complex environments with multiple monitors and alarms, in addition to the interactions with other health care providers and patient care. Frustration often arises. This Sentinel Event Alert highlighted that injuries and deaths occurred from ignoring alarms, turning alarms down, or off, with the majority of cases occurring in the intensive care units (ICUs), telemetry, general medicine, and emergency room.¹

Here is an example of an alarm issue at a surgery center. A 17-year-old girl was monitored following a routine tonsillectomy at a surgery center. She was given fentanyl for pain and the nurse pulled the curtain for privacy of the patient. Twenty-five minutes later when the nurse checked on the patient, the nurse realized that the pulse oximeter alarm was muted and the patient had severe respiratory depression and a code was called. Unfortunately, the patient had already suffered profound and irreversible brain damage. The patient died 15 days later.² The Emergency Care Research Institute investigated this case, and the family sued for malpractice and won \$6 million. Excessive noise is disruptive, so it may seem easier to mute some alarms. But as shown in this case, nurses can often be distracted and forget the monitor is silenced increasing the possibility of error.

Hospital noise levels have been increasing steadily since 1960s, as the hospital environment has become more complex and interactive. Health care providers are more distracted by the noise as well. The noise levels lead to alarm fatigue, the main cause of errors in the Sentinel Event Alert. Alarm fatigue is defined as when clinicians become immune or desensitized to the noise or overwhelmed by the information.¹ Alarm fatigue results in the health care provider either not responding to the alarm or being slow to respond to the alarm. This delay or failure to respond leads to an error. In fact, alarm fatigue has been noted in other industries. The Three Mile Island accident was thought to be related to alarm fatigue.¹ More and more attention is focusing on the effect of noise on patient safety. Excess noise is a risk to both health and behavior due to a code requirement that alarms have to be 10 dB over background noise. This creates a loudness feedback loop or internal noise pollution, so environmental noise provokes an escalation of response. The World Health Organization (WHO) guideline states that the daytime unit noise level should be 35 dBA (A-weighted sound level in decibels) and 30 dBA at night. Noise levels in ICUs have been measured as high as 80 dBA, with average sound levels always exceeding 45 dBA.³ Hasfeldt et al⁴ examined the literature from the operating room and noted that the noise levels exceeded WHO's guideline on the average 100% of the time and during peak times noise was at 400% over the recommended guideline. The main effect on patient safety was related to impaired communication between health care providers.⁴

Hospital units have so much equipment with alarms that nurses and other health care providers are overwhelmed. In reality, most of the alarms are false positives and do not require a clinical intervention from a nurse. The alarm is likely set too high or the threshold is too tight. Other common

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causes include electrocardiogram (EKG) electrodes that have dried out and become disconnected from the patient or sensors that are not positioned well. Another system process issue is that the default settings are not adjusted for the individual patient or to various patient populations. Several researchers are now starting to investigate how to develop medical devices with better, smarter alarms. For example, a group of nursing scientists from Yale, John Hopkins and the University of California at San Francisco (UCSF) are studying ways to improve alarms in the hospital setting. One of these nurse researchers, Dr. Barbara Drew at UCSF, is working together with GE Healthcare on ICU alarms. Currently alarms are generic, but Dr. Drew and GE Healthcare are interested in developing alarms that can adapt to individual's vitals by using algorithms. By developing these more sensitive type of alarms, then the alarms would be activated when clinically relevant, decreasing the false positive alarm rates.⁵ Dr. Drew has been completing research since March 2013 from 77 beds in 5 ICUs and found an average of 1,100 alarms per ICU bed per day.⁵ From that information, it is not surprising to understand the importance of decreasing the amount of false-positive alarms. In fact, the Association for the Advancement of Medication Instrumentation (AAMI) currently has a clinical alarms steering committee. By 2016, the AAMI wants to assist in reducing the amount of irrelevant alarms by improving algorithms, individually configuring devices using evidence-based guidelines and combining information from multiple data sources.⁵ However, developing better devices is just one avenue in decreasing alarm fatigue. Managers and administrations must appreciate the complexity of alarm management and maybe most important be willing to invest the resources to have effective alarm management. Other nursing researchers are examining nursing practice changes as well. Dr. Tina Mammone, also at UCSF, is currently investigating whether changes in inconsistencies in nursing practices can impact alarm nuisances.⁵ For example, Dr. Mammone has provided nurses in the study with EKG kits that include EKG preparation paper and EKG electrodes that are resistant to moisture. Then, the nurses change the EKG electrodes every 24 hours. With this added change in practice, it is hoped that there will be fewer EKG leads with poor contact or coming off the patient, leading to an alarm. The study is also exploring short alarm delays may reduce nuisance alarms and possibly evaluate patient outcomes.

As this short column underscores, alarm fatigue is an important issue affecting patient safety and health care workers today. In one survey, most critical care nurses agreed or strongly agreed that nuisance alarms disrupted patient care (7%) and reduced practitioners trust in the alarm and caused them to disable them (78%).⁶ Hospitals that recognize the complexities of managing clinical alarms devote the necessary resources to develop effective management schemes. The Joint Commission, nurse researchers, and many others are focusing on this topic. Additionally to solve this multi-factorial issue, we need to have a multi-disciplinary team working on it, to include but not limited to, nursing, clinical engineering, and technology.

What is your facility or unit doing to address alarm fatigue or alarm safety? Some recommendations you may be able to implement: A monthly discussion about adverse events related to alarm events or even near events; journal discussion of a research article related to alarm fatigue or related topic; in-services on the uses of new and existing equipment, as well as simulation training on alarm use; daily rounds to check the safety of alarms.⁶ Some perianesthesia units have started to measure the noise levels in their units and then attempted to reduce their levels. If you are not sure how a certain alarm works, then ask. Nurses must be active in knowing how to best use the equipment and alarms effectively.

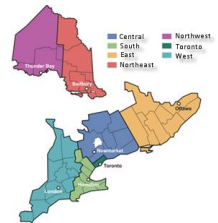
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Ontario Regional Reports



Regional Report for GTA: Lynn Haslam

Update from across Toronto;

The last 10 weeks I have been busy! Humber Regional Health Centre approached George Brown College for a PeriAnesthesia educational update for their nurses who are in the Phase II settings (diagnostic imaging, pediatrics, same day surgery, and labour and delivery). I developed the educational package, and incorporated Humber's feedback for their specific learning needs. The educational sessions themselves were 8 hour days, and approximately 130 nurses attended over the 10 sessions. We will be writing more about our experiences to share with others. It was a great opportunity to have nurses recognize that their day-to-day work is actually Phase II recovery and emphasize their PeriAnesthesia nursing skills!!

Holland Centre – a new role!

We are delighted to announce that an RPN has been integrated into the Holland Centre Pre Operative Assessment clinic. We are very proud to have Donna join us in our pre operative clinic environment. Donna has over 35 years of post operative nursing experience here at the Holland, she is very aware of the operative procedures, and is able to provide our patients with a good insight of post operative expectations. Donna performs the pre operative nursing assessment of our patients. Our clinic now has the RPN role, RNs, and myself, a Nurse Practitioner – a full complement of expertise for our elective hip and knee replacement patients. We look forward to sharing our experiences in an upcoming Monitor edition.

Regional Report for Hamilton Niagara Region: Marianne Kampf & Caroline Fellows-Smith

HIGHLIGHTING DIAGNOSTIC IMAGING

Over the month of September the Diagnostic Imaging Department at 2 of the 4 sites, JHCC and MUMC have for the first time had the opportunity to participate in the sharing of Nursing Knowledge with Level 4 McMaster Nursing students. It has opened the minds and eyes of these near to graduating RN's of other non-main stream area for Nurses. The other gain is ,for the first time the very seasoned RN's in DI have been given the opportunity to precept, sharing there clinical expertise and imparting valuable DI knowledge with emerging RN's.

Over the last few months, the care and management of the RFA (Radio Frequency Ablation procedure that is done on patients with large liver tumors) has been changed. Previously moderate sedation was the standard management of these cases. Due the increasing size and complexity of these tumors, the management has been changed to deep sedation using propofol with Anesthetic involvement. This involved an environmental scan of the area, to identify the appropriate equipment. Intubation box, re-evaluating a 10 minute cart or a full arrest cart, and an anesthetic cart. For the RN's in Interventional it meant reviewing the assessment and documentation, ensuring the proper interpretation of the aldrete scoring is being utilized (It was in use previously, but further assessment is now required).

Caroline Fellows-Smith, RN, BSCN, MN (c), CNCC(c)

Board of Director OPANA, Hamilton Niagara Region

Hamilton Niagara Regional Report Fall 2015

ONTARIO PERIANESTHESIA NURSES ASSOCIATION



Well, autumn has officially arrived and I must say that it has been a fruitful summer that will carry over into this next season. The biggest excitement is the anticipation of our upcoming Inspirations conference being hosted the weekend of November 13- 15th in the Niagara region!

We are working diligently behind the scenes to bring you a top-notch conference! *Please remember to register and join us and mingle with your PeriAnesthesia nursing colleagues across the province!!!*

Why am I writing so pumped up you may ask? Well, I am still on a high just coming off from attending my first International PeriAnesthesia conference overseas, ICPAN, which was hosted by PeriAnesthesia nurses in Copenhagen Denmark. What an excellent conference this was to attend!! My most favourite part of the three day session was the round table "Gathering of the Nations" session. In groups of 8 with nurses from around the world we discussed (and it was polled live with our answers) concerns and questions related to our practice, standards, staffing, the patient, innovation and research. I am actually going to share some of what I learned at our Perioperative PACU EDUCATION day this week with our 3 sites at HHS.

One truly never stops learning; it has been a life-long love of mine! I do not want to be stale in my practice but continue to grow, ask questions and soak in the knowledge to transfer to others. New in our practice is the hope to develop an algorithm with respect to DI patients who are transferred to PACU and then to the SDU after a procedure, sometimes considered high risk for those patients who undergo this intervention under moderate to deep sedation. Together with my colleague, Caroline Fellows- Smith we have made this a goal. So let yourself be challenged and learn while working in an area that is sometimes so busy but so rewarding! I close by sharing some of pictures from our ICPAN conference with my and your OPANA BOD peeps!

Yours in PeriAnesthesia Nursing,

Marianne Kampf



OPANA

Vision, Mission, Values and Goals

OPANA VISION:

A respected nursing practice that leads high quality patient care throughout the perianesthesia road to recovery.

OPANA MISSION:

To recruit and retain high caliber nurse leaders who influence excellence in perianesthesia patient care.

OPANA VALUES:

- Promote respect, positive communication and collaboration among all members of the patient/family/healthcare team
- Value excellence and integrity in all interactions
- Be accountable and ethical in our nursing practice through our actions and decisions
- Commit to excellence in nursing by promoting a culture of lifelong learning that integrates evidence-based practice, research, professional development and competence
- Demonstrate genuine respect for uniqueness and diversity
- Face our challenges through innovation, creativity, shared knowledge and experiences
- Collaborate with inter-professional colleagues to deliver the best quality of care

OPANA GOALS:

- To promote and subsidize research that leads to evidence-based best practices
- To provide venues to share education and learned experiences
- To build a data base of topics that influences perianesthesia nursing practice
- To promote interconnectedness (universal oneness) with perianesthesia nursing associations and related interest groups around the world (e.g. NAPANc, ICPAN, ORNAC, Ambulatory Clinics, Surgical Specialty Groups)



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Why Join OPANA?

Being a member promotes:

- ✓ Opportunity to network with peers
- ✓ Pride in having a professional organization
- ✓ Affiliation with NAPAN®, our national association
- ✓ Nursing excellence
- ✓ Advocacy with other qualified perianesthesia nurses

Membership Benefits include:

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

Ways to register to become an OPANA member:

- ✓ Use our website: www.opana.org and join online. Cost per membership is \$50.
- ✓ 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!
- ✓ Membership runs from November 1-October 31. Membership is aligned with the RNAO membership dates, as well as the annual OPANA conference. Renew your membership when you register for our conferences. A great reminder!

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

What Are Nurses?

A nurse or the field of nursing involves treating people with illness or injury, but does that capture the heart of the profession? As you can see in the following quotes, there's much more to nurses and nursing. Here are some emotional quotes that seek to define nurses and what they do:

1. *"To do what nobody else will do, a way that nobody else can do, in spite of all we go through; is to be a nurse."*
~Raws Williams
2. *"The definition of a nurse: To go above and beyond the call of duty. The first to work and the last to leave. The heart and soul of caring. who will pass through your life for a minute and impact it for an eternity. An empowered individual whom you may meet for only a 12-hour period, but who will put you and yours above theirs."* ~Anonymoua
3. *"Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God's spirit? It is one of the Fine Arts: I had almost said, the finest of Fine Arts."* ~Florence Nightingale

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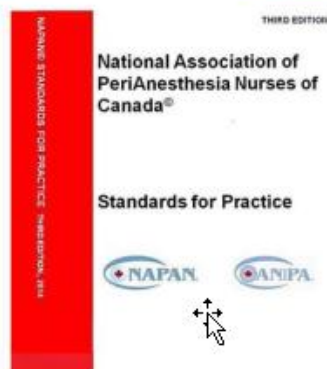


NEW!!! OPANA is pleased to announce that we are officially endorsing the 2014 Standards for Practice, 3rd Edition prepared by the National Association of PeriAnesthesia Nurses of Canada (NAPANc). To purchase your copy, please contact www.napanc.org with your request

AN IMPORTANT ANNOUNCEMENT

FROM

*The National Association of PeriAnesthesia Nurses of
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This latest edition includes: The latest evidence for all existing sections PLUS

- Pediatric Resource
- Pain Management Resource
- Postoperative (and Prolonged) Nausea and Vomiting Management
- Airway Management

Plus: Two new Position Statements, more glossary definitions, and an Index
Questions? Contact us at: info@napanc.org

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All OPANA board positions are held by dedicated volunteers. If you are interested in being a part of the OPANA board, please contact info@opana.org for more information.

PROFESSIONAL ADVISORS

MEDICAL:
DR. MICHAEL PARISH

PROFESSIONAL PRACTICE:
LYNN HASLAM

PEDIATRICS:
NANCY RUDYK