

# THE MONITOR

September, 2012 EDITION



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## President's Address



Dear Colleagues,

Welcome back from your summer holidays!

Many people believe that September of any year is the "real" New Year as activities start up again. A new school year for our children and established activities and meetings that have been on hiatus for the summer start again.

OPANA is rejuvenating after our summer 'slow down'. The Standards Committee has been working hard and is ramping up to bring our 7<sup>th</sup> edition to print.

The addition of board members representing free standing clinics has made us more aware that peri-anaesthesia nurses working in these areas need effective standards they can rely on to govern their patient care.

A reminder that OPANA's membership year has changed to November 1<sup>st</sup>. This is in keeping with the RNAO membership renewal. OPANA is an affiliated interest group of the RNAO and we believe that aligning the membership year will provide ease of renewal.

We are planning an education day for November 24<sup>th</sup> and members will be notified by email and the OPANA website with more details. It will be a one day workshop with current topics and will be free to all OPANA members.

The OPANA Board of Directors is anxious to renew our commitment to the membership and we value your support and ideas. Our Board of Directors are dedicated to the continued growth of OPANA and we welcome volunteers to join us in our committee work. Ongoing committees include the Standards Committee and the website committee. We will also be convening soon to plan the 2013 Inspiration's conference. Questions, comments or suggestions can be directed through the OPANA website [www.opana.org](http://www.opana.org)

The National PeriAnesthesia Nurses conference is scheduled for October 20-21<sup>st</sup>. Dartmouth, Nova Scotia is the site of this year's conference and the conference presentations look very interesting. I will be attending this conference and hope to meet you there. Details of the conference can be found via the conference link on the NAPANc website [www.napanc.org](http://www.napanc.org)

The most exciting news is the upcoming PeriAnesthesia Certification planned to be completed and ready for testing by the fall of 2014! Preparations are underway for the writing of the exam. It has been a long road to get this far and kudos to the NAPANc Board of Directors for their perseverance and diligence in bringing this to fruition!

I wish you all a wonderful autumn and Season of Thanksgiving!

Sincerely,

*Deborah*

Deborah Bottrell, President OPANA



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## 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.

# Spotlight: Lynn Haslam RN (EC), MN

Nursing is not my first career – I worked for a financial institution as an executive administration assistant for 10 years, and entered nursing while on maternity leave with my second child. I completed the George Brown Diploma program in 1997.

I started as a L&D nurse in Ajax (Rouge Valley) in 1998. I worked there for 3 years, then started my BScN courses thru Ryerson's bridging program. My life circumstances changed, and the necessity for full time work found me at Mount Sinai hospital. I continued to work in L&D, but was also seconded to U of Toronto as a clinical instructor. In 2004, I applied to the NP program, with no expectations of being accepted with my first application – but I was!



While completing my NP program – I worked in the High Risk Prenatal clinic at Mt Sinai; as a Research Coordinator. This is where I first truly learned about conduction of studies, ethics, and writing of articles and proposals. I also worked on research projects with anesthesia. My NP program completed in 2006, I was at a loss, as there were no NPs at the time in L&D, or high risk. I decided it was a time for a change – and strengthened my link with anesthesia – and took a job as an NP in the Acute Pain Service. On the pain service, I worked with trauma, and orthopedic patients. I also continued research activities; and of course, took on more of an advanced practice role – working to improve patient care with the implementation of an observation assessment tool for RNs in the ICU.

Of course, that is never the end – when the NP in Anesthesia course arrived – I grabbed the chance – I was so excited to be a part of a new initiative. The learning curve was large, but at the end of the day I can say it was well worth it. I now work in the pre operative clinic; but do have intra operative skills, in addition to my post operative experience – a well rounded anesthesia perspective! I continue to dabble in research, as well as continuing to develop and implement tools to improve on the standards of nursing care immediately post operatively.

I have two children, now both in college, ages 20 (son) and 18 (daughter). I have recently got into raising backyard chickens (6 girls!) and that has proven to be an interesting adventure. In my spare time (ha!) I do like to run and have done 4 ½ marathons, currently training for another this fall. While riding the train to work – I knit, it is amazing how many projects you can get done, and how many problems you can solve in your commuter time! Of course, if that isn't enough – I often teach a pathology course 1-2 times a year, with Trent University, or George Brown.

I am always open to friendly chat – email me if you have any questions about your career trajectory; chickens, or just can't figure out that knitting pattern ☺

*Lynn*



# FEATURED ABSTRACT

## Car Accidents After Ambulatory Surgery in Patients Without an Escort

Frances Chung, FRCPC, Nicole Assmann, FRCA  
(Anesthesia & Analgesia 2008:106:817–20)

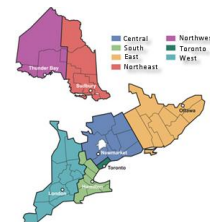
Occasionally, ambulatory surgical patients present without an escort for their procedure. This creates a dilemma for caregivers, and allowing patients to drive may have an impact on their safety. The Canadian Medical Protective Association is a mutual defense organization for 95% of Canadian physicians. The national database is a unique and extensive repository of medico-legal data. We scanned this database for malpractice patients who were discharged after an ambulatory surgery procedure and allowed to drive home with a poor outcome. From this database, two malpractice cases of patients who were discharged without an escort after an ambulatory surgical procedure were reported. Both had a car accident and sustained serious injuries. Based on this we do not recommend discharge without an escort after general anesthesia, regional anesthesia, monitored anesthesia or sedation. Driving after ambulatory surgery cannot be considered safe and caregivers need to verify a safe ride home.

To read the entire article:

<http://www.anesthesia-analgesia.org/content/106/3/817.full.pdf+html>



## Ontario Regional Reports



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

Over the summer, the PeriAnesthesia Department at Sunnybrook continued their work developing a PeriAnesthesia Care Pathway and we are happy to announce that this project is moving along nicely. We will be presenting at the Canadian Association for Ambulatory Care on September 24<sup>th</sup> here in Toronto, and in October we have a poster presentation that has been accepted at the NAPANc conference in Dartmouth, Nova Scotia.

A Sunnybrook interprofessional team has also been involved in a city-wide project to develop care pathways for patients who having surgery for colo-rectal cancer. This care pathway is called Enhanced Recovery After Surgery (ERAS) and includes Best Practices in General Surgery (BPiGS) which covers all areas from pre-op to post-op care. The major point covered in the Pre-Admission Clinic teaching instructions include changes to NPO status: patients will be NPO for solid foods at midnight the night before surgery; however, are encouraged to drink clear, high carbohydrate fluids such as sports drinks up to 2 hours before surgery. Patients are also instructed to bring their favourite gum with them for chewing after surgery. Gum chewing has proven to increase peristalsis post-operatively. Patients will be advised that they will be expected to sit (dangle their legs) at the side of the bed on the evening of their surgical date. The most important aspect of this care pathway is that the same information is given to the patient at each encounter with their health care professionals. This includes the surgeon, primary oncology RN, the PAC nurses, Same Day Surgery nurses, PACU nurses, in patient care unit nurses, residents, dietitians, physiotherapists, and CCAC. Sunnybrook's rollout is being initiated on September 24<sup>th</sup>.

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

Hello to all our PeriAnesthesia colleagues! We hope you had some time off during the summer to relax with friends and/or family. It is hard to say goodbye to such a great summer weather-wise, the warmest & driest on record that I recollect. At Hamilton Health Sciences we have been recruiting staff to our units and our very happy to have seasoned PACU nurses joining us from other organizations. We also have welcomed new grads to our program and it is wonderful to see their excitement and hard work paying off for them as they begin their careers in this specialty area of nursing. We had to say good bye to a much loved colleague who passed away from cancer this summer. Danielle Lloyd was the true model of a professional nurse whose knowledge in PeriAnesthesia nursing was exceptional. Danielle was chosen many times to orientate new staff and students to our unit. We will miss Dani very much, her soft voice and bright smile. I am hoping to have a preceptorship award named after her and I will need to take this forward to our perioperative program this month for discussion.

There is much work going on behind the scenes at HHS as we continue to formulate our model for a satellite PACU to help with the bottleneck. Inclusion and exclusion criteria has been developed and an algorithm in final draft is awaiting feedback. From here construction/renovation work will begin for six bays to be dedicated to this model in our SDS unit which will be staffed with PACU nurses. I do want to thank everyone who sent feedback regarding our benchmark query for our research purposes. It is great to learn and network with nurses across the province and Canada. OPANA Standard sales continue to prove strong and we are very excited. Those resources are for your reference as we strive to continue excellence in care for patients in the PeriAnesthesia environment and address your concerns. We had a wonderful site visit to Sunnybrook Health Sciences Centre and thank our hostesses Carol Deriet and Ramona Hackett who provided information on their regional anesthesia program and care pathway for patients. The picture enclosed is of our visit.



We hope to connect with our Niagara hospital partners as expansion and a new build continue in the LIHN. The St. Catherine's Hospital is slated to open next year and I look forward to a site visit there as well.

So stay tuned we are on an exciting path as we look forward to the sharing more news and updates in our next issue of The Monitor. Many from the OPANA BOD will be attending the upcoming NAPANc conference in Halifax in October and will share news and knowledge with you in our next issue. Hope to see some of you there! Until then warmest regards, Marianne Kampf & Nancy Poole

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

The main thing to report is the Launch of HUGO (Healthcare Undergoing Optimization). This is our ramping up for Computer Provider Order Entry (physicians orders becoming electronic), Electronic MAR, Bar Code scanning for Medication Administration.

This is an area wide project including 10 hospitals in the region with the overall goal of 1) Increased Patient Safety, 2) Improved patient outcomes, 3) Improved access, 4) Reduced Hospital Standardized Mortality Ratio (HSMR), 5) Improved communication.

The roll out across the region will happen in phases with some of the smaller locales being first in line, with LHSC being the final roll out. Goal date for LHSC is Spring 2014.



**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**

The Queensway Carleton Hospital in Ottawa opened a large new wing that will support its future expansion and improve efficiency of their PeriAnesthesia areas. They have built a very large Surgical Day Care Unit 36 bed bays as well as a large modern 20 bed PACU with large critical Care bed bays. The Pre Operative Assessment Clinic is also a larger renovated space that will see more patients with improved flow. It is a really beautiful facility.

The Ottawa Hospital implemented in June a large remodelling of their corporate Pre Admission Units. The new process starts with both a patient questionnaire and pre printed physician orders that help guide the right type of patient visit. This process is to include 4 visit types – Nursing telephone assessments, Nursing visits, Anesthesia only visits and combined Nursing and Anesthesia visits.

The Civic Campus of The Ottawa Hospital has been undergoing construction in both the SDA (same day admit Unit) and PAU (pre admission unit). The pre op area's construction helps support the flow changes at the CIVIC for this new PAU process. The new process allows all patients at the Riverside, General and Civic campus' to benefit from access to elective and walking wounded pre operative assessments.

The PACU at the Civic Campus is undergoing renovations to expand 5 more bed bays. It is a real challenge to do construction and still be present in a unit. Temporary drywall is used to separate the construction and is call hoarding. Makes us wonder what is going on behind there and how cluttered it is! Some areas visible to our patients have the drywall decorated by the nurses with some cheerful and creative artwork. The 5 bed bays will support 4 new ORs. It will allow the PACU to support these new Ors that will bring a new innovative platform for neurosurgical patients. As well as new endoscopy suites for the vascular specialty.

**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**

- The latest “Dentistry Standards of Practice” have been published, as of June 2012 and are on their website.
- The College of Physicians and Surgeons, newly updated version of the “Out of Hospital Standards” are currently in draft form, waiting for approval by the health care professional team.
- We are currently drafting and networking with applicable resources in order to amend the “Standards PeriAnesthesia Nursing specifically for Dentistry and Free-Standing Clinics.
- This edition of The Monitor includes an article that is relevant to the discharging of patients after general anesthesia, regional anesthesia, monitored anesthesia or sedation

**Regional Report for Paediatrics: Nancy Rudyk**

The Hospital for Sick Children is holding a few conferences that may interest PeriAnesthesia nurses, I have attached the information below. In addition, an OPANA workshop will be held at Sickkids on November 24<sup>th</sup>. See flyer for more details.



Conquering Procedural Pain

**When**

Thursday, November 8, 2012 8:00 AM - 4:00 PM

**Where**

Daniels Hollywood Theatre  
Hospital for Sick Children  
555 University Avenue  
1st Floor, Black Wing  
Toronto, ON M5G 1X8

[View Event Website](#)

[View Event Agenda](#)

Please respond by clicking one of the buttons below



# 12<sup>th</sup> Annual Neuroscience Day

The Hospital for Sick Children

Tuesday, November 13<sup>th</sup>, 2012. Hollywood Theater

To register: e mail [Jacqueline.Gaudel@sickkids.ca](mailto:Jacqueline.Gaudel@sickkids.ca)

Free to all SickKids staff, \$40 to external participants

07:30-08:00	Registration – Main Rotunda 1 <sup>st</sup> Floor Black Wing
08:00-08:05	Welcoming Remarks - Hollywood Theater Dr. Steven Miller MDCM FRCPC, Head, Division of Neurology, The Hospital for Sick Children; Bloorview Children's Hospital Chair in Paediatric Neuroscience; Professor, Department of Paediatrics, University of Toronto
08:05-08:50	Dr. Steven Miller “Brain Injury in the Newborn: more than meets the eye”
08:50-09:50	Brain injury and Recovery based on age – Dr P. Rumney
09:50-10:15	Break – Main Rotunda 1 <sup>st</sup> Floor Black Wing
10:15-11:30	Panel- Mental Health Crisis leading to Brain Injury Dr. C. DeSouza Psychiatrist; Kate Turner, OT; Julie Keagan Social Work; Dr P. Rumney, Physician; Tonya Flaming, RN, Discharge Planner; Arbelles Manicat-Emo Nurse Practitioner
11:30-12:00	Spinal Cord Injury Dr. Erin Kiehna
12:00-12:45	Lunch - Provided - Terrace Café - Main Floor Atrium
12:45-14:00	Panel - Awake Craniotomies for Epilepsy Surgery – Dr. James Drake, Neurosurgeon; Dr. Ruth Donnelly, Psychologist; Dr. Tara Der, Anaesthesia; Patient
14:00-14:20	Break – Main Rotunda 1 <sup>st</sup> Floor Black Wing
14:20-14:50	Childhood CNS Vasculitis Dr. Susanne Benseler, MD
14:50-15:45	Computer Navigation in Neurosurgery: A Perspective on Imaging Stephanie Holowka
15:45-16:00	Wrap up and Evaluation





**ONTARIO PERIANESTHESIA  
NURSES ASSOCIATION**

**PRESENTS**

**PERIANESTHESIA  
WORKSHOP 2012**

**FREE WITH 2013 MEMBERSHIP RENEWAL!!!**

**DATE: SATURDAY NOVEMBER 24, 2012**

**TIME: 10:00-14:00**

**VENUE: SICK KIDS HOSPITAL**

**SPEAKERS, LUNCH & GIFTS INCLUDED**

**3.5 CONTINUING EDUCATION HOURS**

**STAY TUNED FOR MORE INFORMATION!**

# Ask OPANA



**Question: I would like to volunteer for OPANA and I would like to learn more about available opportunities and what the expectations may be.**

## Participation on the Board of Directors: Actually Influencing the Association's Decisions

- Must be an RNAO member
- Elected officers consist of the President, President-Elect, Treasurer, Secretary.
- Regional Directors-representing an Ontario region
- Director at Large
- Two-year term, with approximately 4 meetings a year
- OPANA subsidized travel expenses to attend meetings
- Abide by the Code of Conduct, as outlined in OPANA's Constitution & Bylaws
- **Conference Planning Committee**
  - Help plan OPANA's annual provincial conference
  - Provide valuable input into program planning to ensure a broad range of topics covering all areas of PeriAnesthesia practice.
  - Approximately 1 meeting per month via teleconference(evenings)
- **Standards Committee**
  - Responsible to help maintain current, evidence-based PeriAnesthesia standards
  - Help develop position statements on issues pertinent to PeriAnesthesia practice
  - Approximately 1 meeting per month via teleconference (evenings)
- **Website Committee**
  - Responsible for updating the OPANA website with current information
  - Reviews and edits submitted articles
  - Develop and assist with moderation of the forum

## Code of Conduct

As a volunteer organization, OPANA is sensitive to the commitment of its members and will not make unrealistic time demands or expectations. There must be an effort and an understanding amongst members to promote balance between personal and professional commitments. The Code of Conduct will support a healthy volunteer environment, outlining specific norms of conduct and expectations of excellence. Good communication is the cornerstone of effective teamwork and promotes positive outcomes.

## The RNAO Ends

OPANA, as an association affiliated with the RNAO, it is important to us that we meet the expectations and responsibilities to the RNAO's Ends:

- ✓ Engage with registered nurses and nursing students to stimulate membership and promote the value of belonging to their professional organization.
- ✓ Advance the role and image of nurses as members of a vital, knowledge-driven, caring profession, and as significant contributors to health.
- ✓ Speak out on emerging issues that impact on nurses and the nursing profession, health and health care.
- ✓ Influence healthy public policy to positively impact the determinants of health, supporting Medicare and strengthening a publicly funded, not-for-profit health-care system.

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!**

**COMING IN 2014**  
PeriAnesthesia Nursing



**Exam Date: April 20, 2013**

A product of the  
Canadian Nurses Association



**Demonstrate your expertise,  
increase your credibility and advance your career!**

**APPLY ONLINE! [getcertified.cna-aiic.ca](http://getcertified.cna-aiic.ca)**



# ONTARIO PERIANESTHESIA NURSES ASSOCIATION

## Why Join OPANA?

...because 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

For more information on  
OPANA membership  
Visit [www.opana.org](http://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](http://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!

**IMPORTANT REMINDER!**  
**Membership renewal year has  
been changed to coincide with  
the RNAO membership year.  
Renewal this year will be  
November 1, 2012 until  
October 31, 2013**



# ONTARIO PERIANESTHESIA NURSES ASSOCIATION

**2013 MEMBERSHIP FORM**  
VALID UNTIL OCTOBER 31, 2013  
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**





# ONTARIO PERIANESTHESIA NURSES ASSOCIATION

## **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 7<sup>th</sup> Edition! If you are interested in learning about the process of researching and writing standards, please contact: [info@opana.org](mailto: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)	

Name: First .....

Last.....

Address .....

City ..... Province ..... Postal Code .....

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

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NANCY POOLE

**CONSUMER PRICING:**  
DEBORAH BOTTRELL

**NEWSLETTER EDITOR:**  
RAMONA HACKETT

**WEB SITE/FORUM:**  
JONATHAN HOGETERP  
& LYNN HASLAM

**PEDIATRICS:**  
NANCY RUDYK

**DENTISTRY/CLINICS:**  
CHER JACKSON & SUSIE OXENHAM

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](mailto:info@opana.org) for more information.

## REGIONAL BOARD OF DIRECTORS

**GREATER TORONTO AREA:**  
CAROL DERIET & RAMONA HACKETT

**CENTRAL ONTARIO:**  
**VACANT**

**SOUTHERN ONTARIO:**  
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**NORTHWESTERN ONTARIO:**  
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**NORTHEASTERN ONTARIO:**  
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