THE MONITOR

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

RNAO
Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

INSIDE THIS ISSUE:

President's Address

Dear OPANA colleagues,

I hope you all had a wonderful PeriAnesthesia Nurses Week! Celebration of our nursing specialty is so important and the sharing of our skill with others is a key component of that celebration.

We will soon be able to say we have the honour of having a CNA's specialty nursing certification. The exam question writing is under way and as you receive this newsletter we have experts writing the exam in Ottawa. The first registration will be open in the fall of this year, and this marks an historical event in Canadian PeriAnesthesia nursing! Stay tuned, we will definitely keep members up to date. OPANA is committed to helping with your education and financial assistance.

Spring is just around the corner. I looked at the long term weather projection and am hoping the snow will soon be a fond memory (maybe not so for some!)

I haven't seen the first robin as yet but already the conference planning committee is looking forward to the fall and an exciting conference in November 2013. This year, we have listened to our members, and have moved the conference venue outside of Toronto. Our focus is on PeriAnesthesia camaraderie and making this a successful conference to propel us forward in our specialty area. The dates are on the website and as details become available the website will be updated. I look forward to seeing a great number of you at the Nottawasaga Inn & Resort in Alliston, Ontario.

OPANA membership is growing and we currently have 238 members. Many thanks to Francie Moir who was our first member to renew for 2013!

Along with a renewal of growth of our plants and trees, I hope you have a renewal of energy and commitment to our wonderful profession. Wishing you all a happy Spring!

With sincere thanks and optimism,

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.

FEATURED ABSTRACT

The following is a case that was presented on the online Agency for Healthcare Research and Quality Morbidity and Mortality Rounds on The Web. This case exemplifies human factors issues and missed opportunities. It is entitled Death by PCA.

The Case

A healthy 21-year-old pregnant woman delivered a healthy baby via Caesarean section after an uncomplicated pregnancy. Two hours after delivery, the post-anesthesia care unit (PACU) nurse removed the patient's epidural catheter (placed prior to Caesarean section) and implemented an order for a morphine patient-controlled analgesia (PCA) with a 2-mg bolus, 6-minute lockout, and a 4-hour limit of 30 mg. Two concentrations of morphine are normally available for PCA use, 1 mg/mL and 5 mg/mL. The nurse used a 5 mg/mL morphine cassette because a 1 mg/mL cassette was not available. Upon admission to the ward 3 hours after delivery, the ward nurse reviewed the history settings on the PCA pump and confirmed the pump settings were consistent with the order. However, she did not read the label on the cassette, open the pump, or assess the volume being infused.

Four hours after delivery, the patient complained of itching after breastfeeding her infant. The nurse administered 25 mg Benadryl intravenously followed by a second 25-mg dose of Benadryl 45 minutes later. Six hours after delivery the patient was alert, oriented, and awake. Later in the evening the patient was found asleep and snoring. Her vitals were within normal range and the nurse noted that 20 mg of morphine had been infused. Thirty minutes later the patient had no detectable pulse or respirations. Despite resuscitation efforts, she was pronounced dead 7.5 hours after initiation of the PCA.

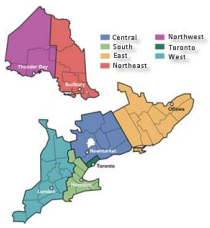
Autopsy revealed a toxic concentration of morphine. The available evidence is consistent with a concentration programming error where morphine 1 mg/mL was entered in the infusion pump instead of 5

To continue reading The Commentary, including lessons learned, please click:
http://www.webmm.ahrq.gov/case.aspx?caseID=291

Spotlight: PeriAnesthesia Nurses Week

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

Ontario Regional Reports



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

Hello Everyone,

At Sunnybrook, we had a great time celebrating Peri Anesthesia Nurses Week 2013!!!

As you can tell by some of our pictures, there was plenty of cake to go around to a lot of the staff of the Pre Admission Clinic; Same Day Surgery; Post Anesthetic Care Unit and the Surgical Short Stay Unit were able to indulge! We also made a point of reaching out to our colleagues in the Clinical Care Areas where we are promoting Best Practices in Peri Anesthesia Nursing Care. These areas, typically have not been viewed as Peri Anesthesia. The role out of our new Peri Anesthesia Care Plan will definitely reinforce this view of nursing practice! One of our nursing colleagues from Ortho-Trauma, has been given an OPANA Membership for her excellent work in identifying solutions around surgical patient flow issues! Kim Menezes, we extend a very warm welcome to OPANA as one of our newest members…hopefully the first of many to come from clinical care areas where Peri Anesthesia Nursing practice will be highlighted at Sunnybrook Health Sciences Centre, in the upcoming months!

A group of Sunnybrook staff, including myself, were fortunate to be able to go on two site visits over the last couple of months, on our quest for new cardiac monitors! One being a long distance trip to Foot Hills Medical Centre, Calgary, Alberta and the other to William Osler Health Centre, Etobicoke site(EGH). The trip to Calgary was excellent…they have several PACU's, one with state of the art equipment and some interesting newer concepts such as patients wheeled into their PACU bays feet first! At EGH we were able to speak with the resource nurse Anne Galloro, one of our OPANA members. Thank you Anne! We look forward to your continued OPANA involvement!

I do hope that All of you have been able to reflect on your Peri Anesthesia Nursing Practices and challenge the processes that only you, with your specific expertise, can implement improvements and share your experiences with us, your OPANA Colleagues!

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

The New Year began with a quick pace. Something each one of us can relate to within our work environments.

Whether you currently document electronically or by paper @ Hamilton Health Sciences preparations for moving forward with electronic documentation have begun. McMaster site Hospital was the first to initiate this process and since the end of January are edoc charting on all inpatient admits and outpatients. The other sites will follow. The Hamilton General site will launch in April and the Juravinski site in June.

Excitedly, we heard this week the formal announcement with respect to Joseph Brant's hospital construction expansion. Oakville hospital expansion is currently well underway.

Soon the new St. Catherine's Hospital will be opening the doors to the public. As your regional directors we plan on a site visit in early spring. We would like to find out firsthand what is going well and what challenges remain. We plan to engage in more site visits and we want to hear from you about what is happening in your PeriAnesthesia environment.

PeriAnesthesia nurses week in February was celebrated at our sites with the distribution of bright orange pens and cake!

I excitedly look forward to the next week as I head to Ottawa to participate with other PeriAnesthesia nursing colleagues across the country in developing exam questions for the First CNA PA nursing certification exam. This is history in the making and to say it in a matter of fact way would be to rejoice by chanting "Hip Hip Hooray, we are moving forward! We are a special group of nurses and I am stoked!"

Behind the scenes conference planning is well under way for our Fall Inspirations Conference. Watch the web site, spread the news and I look forward to seeing you there. We have much to be proud of as PeriAnesthesia nurses; so take the time to remind one another and to say thanks.

Until next time!

Yours in PeriAnesthesia Nursing
Marianne Kampf and Nancy Poole

Regional Report for Western Ontario - London/Windsor Region: Karen Rogers & Shelley Bondy

Karen Rogers is a Nurse Educator for the ambulatory services at St. Joseph's Health Care London which encompasses surgery clinics, medicine clinics and the PeriAnesthesia areas Surgical Day Care Unit and the Pre-surgical Screening Unit. I hold a BScN degree from Laurentian University, a diploma in Operating Room Nursing from Fanshawe College and more recently a Bachelor of Education in Adult Education from Brock University.

I had the pleasure of attending the NAPANc Halifax conference in October 2012 where I met the OPANA board of directors and they introduced me to the idea of being a regional representative. I was accepted into the position in December of 2012 and have already committed to the Inspirations conference planning committee which will be held Nov. 1-3 2013.

I am looking forward to the opportunities of this role and sharing it with Shelly Bondy. Please contact me at rogersopana@gmail.com to introduce yourself and connect, raise questions. I look forward to hearing from you.
Karen

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Greetings from OPANA's most southern region! My name is Shelley Bondy. I have been a charge nurse in the PeriAnesthesia services for the last 6 years. My previous experience was in Maternal - Child care and labour and delivery. I have dedicated my career to our small community hospital, Leamington District Memorial (Canada's most southern hospital!) As a nurse in our PeriAnesthesia services, I work in the Pre-Admit Clinic, Day Surgery, circulate in one of two O.R. theaters, recovery room or follow up. Most days my responsibilities are to keep the flow of the unit, providing safe quality care with no overtime!
I have been a member of OPANA for three years. The resources I have received through conferences, workshops and networking has brought valuable, quality care back to our facility. With limited funding for nurse educators, our front line staff have had to take leadership. I credit the OPANA standards for giving us direction to best practice.
As I enter my 25th year of nursing, I am happy to join OPANA Board of directors sharing responsibilities for the Windsor / London region with Karen. Please contact me: soxtrots@gmail.com

Regional Report for Dentistry & Free Standing Clinics: Cher Jackson & Susie Oxenham

- Susie and I continue to work on the "FSC" Standards of Practice and invite all to join!

On January 29, 2013 we attended The University of Toronto, Department of Anaesthesia Out-of Hospital Premises QA Rounds. Presentation(s) summaries are as follows:

A) ACLS/PALS UPDATE:

1. Present acting 2010 course standards are due to be revised in 2016
2. Precordial thump and cricoid pressure not used routinely
3. Chain of Survival: Early detection, CPR, defibrillation, transfer cardiac centre and medications secondary to CPR
4. CAB: Compressions, Airway, Breathing
5. Can use adult pads on children if no child pads are available
6. In a non-witnessed arrest, a capnography is beneficial
7. Hyperthermia induced state of a patient has favorable outcome
8. PEA, no atropine, no effect
9. Interruption for intubation needs experienced anesthetist D/T compressions is more desirable.
10. Sudden paediatric death should have an autopsy to assess the siblings for causes and effects.
11. Hypovolemic shock…bolus of N/S and blood
12. Septic shock…antibiotics, pressors, glucose and calcium
13. Cardiogenic shock… avoid fluid

B) OUT-OF-HOSPITAL INSPECTION PROGRAM UPDATE:

1. In 2010 OHP developed the regulations and there is a 5 year cycle for inspections and recommendations (pass, pass with conditions &/or fail)
2. The final results of a "clinics" inspection can be found on the College of Physicians and Surgeons web site

C) CASE STUDIES:

1. PONV: recommend dexamethasone
2. Female pt. with Hx of PONV, age < 50, on opioids has a greater risk of PONV
3. Pt. with left shoulder arthroscopy, morbidly obese, on intubation desaturated and became bradycardic and then asystolic… discovered subcutaneous emphysema. Chest x-ray showed tension pneumothorax. Conclusion: the chest x-ray diagnosed the cause, so in a clinic setting this patient may have died
4. 2 year old female, hypotensive and hypoxia, demonstrated severe cardiovascular collapse and bronchospasm, had an allergic reaction to the codeine administered. Common cause of anaphylaxis is muscle relaxants, latex, antibiotics, and narcotic/opioids. Now they give fentanyl instead of codeine
5. Mistake in identity of patient…language barrier/similar sounding names. Called name of patient in waiting room, which should have been for a 9 year old, and a 5 year old was brought in instead. So now armbands are used
6. "Exercise ball" in OR: The anaesthesia venting bag blew up to the size of an exercise ball as the value was turned off. Now an auditory alarm is set up on value

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Regional Report for Paediatrics: Nancy Rudyk

A belated Happy Perianesthesia Nurses Week to everyone!
I hope that you had an opportunity to celebrate peranesthesia nursing practice during the week of Feb 4-8th. A number of events that took place in our program at Sickkids included: breakfast and pizza lunch. The PACU staff also recognized colleagues with unique awards such as: The Murphy's law award, The WWE best hold award, The Betty Crocker award.
It was a fun week!

For PeriAnesthesia nurses that practice in a preoperative assessment program, screening for obstructive sleep apnea (OSA) symptoms is a critical part of preparing a patient for general anesthesia. Frequently children that are assessed in the Preanesthesia Assessment Clinic (PAC), at the Hospital for Sick

Children, present with an undiagnosed history of OSA symptoms. A comprehensive preoperative screening for OSA symptoms is essential to ensure that the appropriate post operative monitoring is booked for the child prior to the day of surgery to prevent unnecessary cancellation or delay in surgery. The preoperative assessment includes the child's: 1) night time sleep history, 2) day time activity level and 3) behaviour patterns. The development of an OSA algorithm in the PAC has been an effective tool used by the PAC staff to determine the appropriate post operative care that the child will likely require following general anesthesia.

- How does your facility prescreen pediatric patients prior to GA?
- Does your preop program use a pathway that has helped to decrease surgical delays and cancellations for pediatric patients which you would like to share with OPANA members?

Please email your feedback to: nancy.rudyk@sickkids.ca

Hope to see you at OPANA 2013 conference!

Nancy

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

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

The expansion of the PACU at the Civic Campus is completed and has an innovative layout with bed bays in the centre area as well as along the side. The nursing station is much larger and more functional. Many nonloadbearing walls were removed creating a very open and safe environment. The capacity is now 26 bed bays.

Several nurses in the region attended the winterlude symposium and found it a great conference. This conference is put on yearly by the department of Anesthesia faculty at the University of Ottawa. For the 2014 conference they are exploring Nursing participation. During a planning committee meeting, I put forward a suggestion of a break out session that targets Anesthesia review for nurses. This would be both a great review and helpful for anyone writing the new PeriAnesthesia CNA certification exam, next year. Anyone in the Ottawa Region interested in some nursing topics please send to me electronically kkirkham@toh.on.ca. We are exploring what role OPANA could play in helping to facilitate Education for PeriAnesthesia Nurses in the Ottawa region.

Thanks
Keitha Kirkham

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 Central Ontario – Barrie/Orillia/Newmarket Region
Tammy Gallagher: No report available

ASK OPANA

Question 1:

One of our members, Elaine Rothwell, has recently started a new position as nurse clinician in the PACU and Day Surgery units at North Bay Regional Health Centre. With this new position comes many questions and she is looking for answers from colleagues around the province. If you can help Elaine, please email her and cc info@opana.org We will collate the responses and include them in the next issue of the Monitor for benchmarking purposes.

I am curious to know what the other hospitals are doing with regards to length of stays with:

a. Electroconvulsive therapy (ECT). We have two PACU nurses booked but it is charged to the psych department. We do Phase 1 Aldrete and Phase 2 PADSS then the ECT nurse, who is an RPN, takes over. The PACU RN's question why the ECT nurse can't recover for phase 2 but the way I read the OPANA standards sounds like it should be one of us. Of course a score of 9 and they meet PADSS 5 minutes later and handed over. Also do you do telephone follow up calls?
b. Patients from the operating room who have had local anesthetics, do they bypass PACU?
c. Patients who have had colonoscopies, gastroscopies, endoscopies under moderate sedation
d. MH patients able to fast track to Day Surgery and stay 2 1/2 hours?

Thanks for your help!

Elaine Rothwell,
Clinician PACU/Day Surgery,
North Bay Regional Health Centre
markroth@sympatico.ca

Question 2:

Marianne Kampf is looking to find out if other PACU's ever run into difficulties with staff being pulled from the PACU to help in other areas when they are short staffed. A situation arose where this scenario occurred on a weekend shift, leaving only one PACU nurse to care for a Phase 1 patient. The OR nurse was requested by the shift manager to stay with the PACU nurse. Both nurses were concerned that the OR nurse could be asked to function as PACU nurse during phase 1 recovery as clearly she is specialized in a very different kind of nursing. Of note, OPANA's position clearly states two PeriAnesthesia nurses should be present at any time when there is a patient recovering from phase 1 anesthesia. Have any other PACU's had this issue? Please email Marianne at kampf@HHSC.CA

Question 3:
Does your Pre-Admission Clinic have RPNs working in the unit, what are the qualifications needed?

Tammy Gallagher
Program Manager,
Perioperative and Perianesthesia Services
Orillia Soldiers Memorial Hospital
170 Colborne St. Orillia
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tigallagher@OSMH.on.ca

BENCHMARKING: Carol's Care to Compare Column

Hi colleagues, do you find yourself wondering if other facilities are experiencing some of the issues you are dealing with in your Peri Anesthesia departments, and what innovative solutions have been developed in order to help solve these dilemmas?

Recently I sent out a benchmark question regarding PACU activity…it seems that many PACU departments are being asked to stretch resources (space and nurses) in order to optimize level of care and provide a temporary solution to the global problem of patient flow…or lack thereof!

I thought I would take a moment to "**Thank"** those that took the time to respond to my question, and "**share"** the information I received….

The QUESTION: Could you please let me know the number of PACU bays you have in ratio to the number of OR's that admit to your PACU? Also, does your facility do cardioversions and ECT's in the PACU?

The ANSWERS:

Out of 14 responses this is what I found out:

*on average you have 1.58 PACU bays per OR
*6 out of 14 facilities do Cardioversions in PACU
*5 out of 14 facilities do ECT's in PACU

Kudos to one facility which has introduced the idea of "PACU Surge". This concept is to highlight the issues of PACU delays…..many Emerg and ICU departments have developed policies and processes in order to deal with their surges, so why wouldn't we follow suit!! Stay tuned for a draft copy of our new PACU Surge Policy….. J

What can you do to help?? Please feel free to send me your answer to these questions, if I inadvertently missed you on my first email that is. I will be happy to provide an update of the information I receive, in our next edition of "The Monitor".

Thank you!

Carol
Carol.deriet@sunnybrook.ca
Patient Care Manager
Peri Anesthesia Services,
PAC; SDS; PACU; SSSU; TMC
Sunnybrook Health Sciences Centre
416-480-6100 ext 3181

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

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...because being a member promotes

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- ✓ **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
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- ✓ 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
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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

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

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

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

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