Hello Everyone!

Yes, it’s that time of year again! Are you ready for the holidays?

On behalf of the OPANA Board of Directors, I would like to take this opportunity to wish you and yours a Very Happy Holiday and All the Best for a Healthy and Blessed New Year!

We hope that you have the opportunity to spend some time with family and friends, and rejuvenate so that we can all enter 2015 with hope and high spirits!

We at OPANA have an awful lot to be thankful for! 2014 has been a very good year!!! Together we have successfully implemented many changes, many of which we hope will benefit our members for years to come!
OPANA Top Three Successes for 2014

1. Newly CNA Certified Nurses in the specialty of PeriAnesthesia for the first time!!!
   Congratulations to those who have been successful!!!

   For those of you who are preparing for the CNA exam April 2015, please keep in-tune to the
   OPANA website for different modes of study group support!

2. OPANA has a new and refreshed look!!! Check out our new logo!!! It was chosen by
   OPANA members that attended the OPANA Energize Your Practice Workshop, held in November
   2014

   ![OPANA Logo]

3. Speaking of the workshop, we had an absolutely FUN, FABULOUS and INFORMATIVE
   OPANA Workshop to “Energize Your Practice!”

   We hope you were able to attend, BUT, if you were not, and you are an OPANA Member
   Visit our Website @ http://www.opana.org/ You will find some of the presentations
   available for you to view!

OPANA Top Three Goals for 2015:

1. To recruit and retain high caliber nurse leaders who influence excellence in
   PeriAnesthesia patient care
   Please Encourage Your Colleagues to Register as an OPANA Member!!
   Please Consider Joining the OPANA Board of Directors!!!

2. To provide venues to share education and learned experiences
   Please Join Us for our upcoming OPANA Conference November 2015!!!

3. To build a data base of topics that influence PeriAnesthesia Nursing Practice
   Please visit the new and improved OPANA website forum!!!
   The more members that utilize the forum, the more valuable tool it is!!
   Post Successful PeriAnesthesia Nursing Practices, queries, challenges…
   It will be what you make of it!

Please take a bit of time to review our new OPANA Vision, Mission, Values and Goals statements
which are listed on the website http://www.opana.org/about.phtml#mission.

If you are interested in participating in planning our next event, the 2015 OPANA Conference, please
let us know by emailing president@opana.org. Many hands makes light work!
The OPANA BOD will be working on offering more frequent web-based workshops and information sessions. Please stay tuned by visiting our website at http://www.opana.org/.

- **As independent PeriAnesthesia Nurses**, we look for opportunities to improve our personal practice, and lead by example...
- **As team members** we work together, share ideas that influence positive changes in PeriAnesthesia Nursing practice, encourage and inspire others to do the same...
- **As a governing body** we research, standardize and provide guidelines that promote innovative evidence based best practice in PeriAnesthesia Nursing!

How can you impact Peri Anesthesia Nursing practice? **Get involved with OPANA!** Please feel free to email me and let me know of your interest! We can strategize to develop a schedule that supports you and your busy life!

I welcome you to email us at info@opana.org at any time. We will do our best to get back to you within 48 hours.

As always....
**Thank You!!! For All that you do...for our PeriAnesthesia Patients and Colleagues!**

I wish you all warm evenings snuggled by a fireplace with some hot cocoa and good company!

Warm regards,
Carol Deriet  
OPANA President  
president@opana.org
Canadian Nurses Association

Exam Date: April 18, 2015

If you and your colleagues are studying for the exam, please let OPANA know so we can let others know about study partners and study groups!
John Hopkins Medicine, Perioperative Management
March 15-18, 2015
Marco Island, Florida
http://www.hopkinscme.edu/CourseDetail.aspx/80032334>

For brochure: click here: CLICK HERE!

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**SAVE THE DATE**

3rd International Conference for PeriAnaesthesia Nurses
ICPAN

September 9-12, 2015
Copenhagen, Denmark

For more information about the International ICPAN Conference, click here!

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**PERIOPERATIVE MANAGEMENT**

From the Leader in Perioperative Medicine
NOW IN ITS 31st YEAR

Updated Topics and Clinical Vignettes
Individual Consultations with Faculty Experts

Sunday – Wednesday
March 15 – 18, 2015
MARCO ISLAND MARRIOTT
Marco Island, Florida

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**April 26 - 30, 2015**

ASPN's 34th National Conference
San Antonio, Texas
"Igniting Professionalism: Excellence in Practice, Leadership and Collaboration"

To find out more about this conference click on link

http://www.aspan.org/Events/
2015-National-Conference
Perianesthesia nurses encounter individuals with chronic conditions within their practice on a regular basis. As more procedures are shifted to the ambulatory surgery arena, it is essential that the perianesthesia nurse is able to understand these chronic conditions in ways that assist in their clinical care. Sickle cell disease, a chronic disease historically found in the pediatric environment, is now often experienced with adult patients because of increased care and management of the disease increasing life expectancies. Knowing the background of this disease and the care required in the perianesthesia environment assists the perianesthesia nurse in adapting their care plans to incorporate the sickle cell disease patients' unique hemodynamic and pain management requirements.

Background

Sickle cell anemia (SCA) is a genetic disorder that first appears in infancy and continues to affect the patient through their growth and development into adulthood. SCA is a chronic disorder that affects all systems. It affects individuals from multiple racial and ethnic backgrounds but is most often associated with patients of African or Mediterranean descent. This anemia occurs in populations that can trace their ancestry to Sub-Saharan Africa, Spanish-speaking regions in the Western Hemisphere (South America, the Caribbean, and Central America), Saudi Arabia, India, and Mediterranean countries such as Turkey, Greece, and Italy.

These individuals, although diverse in their ethnic and cultural backgrounds, share a genetic blood disorder that can be crippling if not managed well.

Anemia distribution is as follows:

- SCA affects 90,000 to 100,000 Americans.
- SCA occurs among about one of every 500 Black or African-American births.
- SCA occurs among about one of every 36,000 Hispanic-American births.
- SCT (sickle cell trait) occurs among about one in 12 African Americans.

Individuals with SCA encounter social isolation, chronic pain, and suffering because of this deteriorating condition. Until the 1960s, care of sickle cell patients did not focus on adult continuum as patients often did not survive to exceed the adolescence years. As SCA management is understood and treatments to help control crisis vaso-occlusions become more prevalent, a smooth transition from one care parameter to the next must occur supporting the patient from childhood to adolescence and into adulthood.
Patient Experience

Patients with sickle cell crisis are individuals who have experienced lifelong anemia states. It is important to understand that these patients are well versed in medical systems. They have chronic and acute pain, systemic anemia processes, and episodes of depression and hopelessness, especially if experiencing frequent crises that may result in deficits related to hypoxic events. This could include avascular necrosis, acute abdomen and/or chest syndrome, stroke, and heart disease.\(^2\) Sudden changes in mood or behavior, especially in children, can indicate an impending crisis.

SCA is a systemic anemia affecting all organ systems. The decrease of oxygen due to the morphology of the blood cells and/or vaso-occlusive events leads to cell death. People with SCA start to have signs of the anemia during the first year of life, usually around 5 months of age. Symptoms and complications of SCA are different for each person and can range from mild to severe. It affects the "normal life" drastically. The individual experiences poor physical function due to fatigue, weakness, or dizziness. They may also experience headaches, pale skin, shortness of breath, and cold hands and feet. SCA can lead to chronic pain, swelling in the hands and feet, serious lung disorders, vision loss, gallstones, and leg ulcers. People with SCA are at risk for serious infections and stroke due to the propensity of clotting and poor blood flow leading to poor wound healing. Because of the decreased capacity for the sickle cell to carry oxygen, intense physical activity can lead to death. Stroke and organ damage are very common complications. Special care and precautions needed to prevent complications may lead to a better life.\(^1\)

Sickle cell patients are more susceptible to substance abuse because of the lack of education regarding pain management. Failure on the health care team to manage the pain of sickle cell patients leads the patients to be extremely frustrated.\(^3\) This might lead to mistrust of the health care professionals or health care system, and therefore, individuals may seek pain management on their own.

Economic considerations must be noted when looking at potential disparities for individuals with SCA. Once the individual has reached adulthood, some people may not be able to work at all, whereas others can have productive employment. Chronic headaches can make it difficult to concentrate for extended periods. Painful crises can make it impossible to sit in one place for more than a short period. Some functional issues that affect people with SCA are impaired tolerance for exercise, reduced mobility, impaired visual acuity, decreasing physical performance, susceptibility to infection, and frequent absences from work.\(^4\) The constant pain might bring fears of dying; because of this, psychological support is an extremely important part of the supportive care, which may be provided through the patient’s health community. The majority of patients with SCA have developed a number of coping strategies, which enable them to have a positive approach to life and work.\(^5\)

SCA, however, can be so unpredictable in its behavior that it causes the individual to have constant fear, anxiety, and stress. People with SCA have a tendency for depression because of the socioeconomic problems and psychosocial issues of their anemia. Adults are often faced with unemployment, lack of health insurance coverage, and inability to qualify for public assistance or disability insurance, which can lead to depression. To assist the patient in coping with the stress of the anemia, the patient should be referred to a therapy group that includes adults with the same or similar disabilities. Involvement in this type of therapy group will help adult sickle cell patients to learn how to cope with common problems and concerns. Additionally, social support is especially important because social isolation increases the chance of developing depression. Health-care professionals need to encourage individuals with SCA to express their feelings about the disease and their medical treatment.\(^6\)
Perianesthesia Considerations

Discussion has included a brief overview of the population that is affected by SCA and some of the medical and psychosocial considerations that must be understood by the patient's caregiver. Positive coping strategies for the individuals, families, and communities must be age appropriate, comprehensive, and reality based. Management of the disease to include treatments and education should include recognition of signs and symptoms of impending crisis, which must be understood by perianesthesia nurses in order for these individuals to be successful in their perioperative experience. The care of the sickle cell patient in the perianesthesia arena can be summed up as follows: “Keep ‘em warm, keep ‘em wet.”

Preoperative considerations center on identification of the disease state and encouraging the patient to have a well-planned anesthesia event. As mentioned previously, the propensity for an individual to have sickle cell disease increases based on their genetic makeup. As the disease often presents within 5 months of age, the patient most likely is aware of the disease status. For the purpose of care management, only those with sickle cell disease have prophylactic “treatment,” as those individuals with sickle cell trait do not present with the sickle effect. Health history should include an understanding of the patient’s last crisis and any triggering event. Understanding any further organ involvement due to past crisis will assist in the development of the anesthesia plan, such as prior occlusive damage to the heart, lung, brain, bones, kidney, or liver. Preoperative testing is determined based on the patient's comorbidities and will include a complete blood count with differential to note the amount of sickle cells present and any required additional testing based on current disease state. If the patient has existing cardiac disease, an EKG or additional testing may be required; similarly, for pulmonary disease, a pulmonary function test may be requested to understand the lung capacity of the patient and coping ability should oxygenation be reduced because of the procedure. Information as to the patient’s pain status and current treatment should be explored to include what pain therapies are effective in the event of a crisis. Education on preventing crisis leading up to the time of the procedure is essential as well-hydrated patients in good control of their pain and comorbidities lessen the potential for perioperative and postoperative crisis complications.

Intraoperative considerations are based on the results of the preoperative testing. Review of the differential will indicate the potential of a sickle cell crisis intraoperatively as the higher the visible sickle cells, the greater the potential for occlusive crisis as a result of the perioperative stress and inflammatory response. The anesthesia plan will include increased fluids such as crystalloid intravenous solutions to encourage sustained vasodilatation and flow of red blood cells. Hypovolemia can precipitate a crisis, so it is essential to have it avoided when at all possible. Another trigger for perioperative crisis is hypothermia which is a real possibility during an operative event, especially for a long procedure or open procedure. Whenever possible, the use of warmed fluids and warming devices such as under and over body blankets should be used to ensure that the patient maintains relative normothermia.

Postoperative considerations continue the preoperative and intraoperative considerations of ensuring that the patient remains hydrated and with temperatures that are within the normothermia range. Progressive rewarming may be required if the patient has a low body temperature. Increased oxygenation should be used during this period via nasal cannula to assist in reversing the general hypoxia experienced as a result of the anesthetic event. Rapid treatment of shivering should also be instituted as the increased need for oxygen can trigger a stress-induced sickle cell crisis. Pain control is essential in the postoperative period, and understanding the patient's complaints of pain that may seem excessive or outside of the expected incision pain could be clues to an impending crisis. Occlusive hypoxic pain from a sickle cell crisis occurs as cells are restricted from gas exchange and begin to die from hypoxia. This is an extremely painful condition, and one that can rapidly deteriorate if not treated
promptly and aggressively. Multimodal pain management may be indicated to assist in creating a balance between the pain control and the prevention of continued hypoxia due to respiratory depression.

During recovery at home and beyond, it is essential that the perianesthesia nurse has provided the patient with sickle cell disease, and the identified caregivers, education on what to expect as a result of having had anesthesia and an operative event. Re-educating the patient on the need for prompt return and treatment for any symptoms of impending crisis, such as swelling of the hands and feet, acute shortness of breath, increased pain, may reduce the cell damage caused by a crisis. Vasooocclusion may result in poor wound healing, so education on the signs and symptoms of wound infection is also essential. Increased activity may cause a stress response, so ensuring understanding of the need to rest fully and to have the physician’s permission to resume normal activities is important.

Caring for individuals with sickle cell disease is inevitable as our population grows and the genetic diversity within our population grows with it. These patients continue to require care for longer periods as advanced in their care increase their life expectancy. This need for continued care presents the patient to the ambulatory surgery arena for procedural care and surgical care. Understanding the physiology behind the vasooocclusive chronic anemia will assist in asking the correct questions in the preoperative phase through educating the patient for self-care in the postoperative phase.


References


“All elves and nurses do have something in common. We do all the work and one guy in an over-sized coat gets all the credit.”
A new formulation of dantrolene sodium was recently approved for the treatment of Malignant Hyperthermia. This new formulation is quicker to reconstitute and eliminates the need to stock liter bags of sterile water that can be accidentally administered intravenously.

New dantrolene product can improve safety. The US Food and Drug Administration (FDA) approved a new formulation of dantrolene sodium (RYANODEX) that’s based on nanosuspension technology (www.ismp.org/sc?id=405). Ryanodex is indicated for the treatment of malignant hyperthermia (MH), a rare but dangerous complication of anesthesia that occurs when certain volatile anesthetic gases and succinylcholine are used. The key feature of the new formulation is that the injectable lyophilized suspension is available in a 250 mg per 20 mL vial. One vial provides a loading dose (2.5 mg/kg) for patients up to 100 kg. If the physiologic and metabolic abnormalities of MH continue, additional intravenous (IV) boluses, up to a maximum cumulative dose of 10 mg/kg, can be given. One vial of Ryanodex contains the same amount of dantrolene sodium as 12.5 vials of other approved dantrolene sodium formulations. Each 20 mL vial is reconstituted with only 5 mL of sterile water, shaken, and given as an IV bolus, allowing for much quicker reconstitution and treatment of MH. This eliminates the need to stock liter bags of sterile water on a MH cart or kit. The accidental IV administration of liter bags of sterile water instead of similar looking liter bags of 0.9% sodium chloride injection (0.9% NaCl) or 5% dextrose and water injection can have catastrophic results.

As with any new, concentrated formulation of an existing product, education and guidelines for appropriate reconstitution and use are required for staff in all areas where the drug is stored and used. The new dantrolene sodium is expected to be available in the last quarter of 2014.

Many thanks to all of the OPANA members who attended the workshop and contributed to a great day!
Regional Report for the Greater Toronto Area: Farah Khan Choudry & Nancy Rudyk

Winter Update 2014 GTA Rep: Nancy Rudyk
Wishing everyone a very Happy Holiday and all the very best in 2015!

The recent OPANA workshop held in Hamilton was a wonderful opportunity to meet members of OPANA. The sessions on Person Centred Care and Horizontal Violence provided information that I will use within my own practice.

**A few questions to consider as we move into 2015!**

- What patient care initiatives in preoperative and/or post-operative care is your hospital currently undertaking that you would like to share?
- Would your hospital in the GTA be interested in having an OPANA board member provide an update in perianesthesia practice?

I look forward to hearing from you and I will post responses in the next newsletter. Please email: rudykn@smh.ca

Regional Report for Central Ontario Region: Tammy Gallagher

Wishing everyone in Central Ontario a wonderful festive season!

Tammy

Regional Report for Hamilton Niagara Region: Marianne Kampf & Nancy Poole

Greetings from your Hamilton- Niagara representatives! We hope you have had a great fall and looking forward to family time soon. With the snow falling all I’m wanting to do these days is curl up in a favorite blanket with a cup of hot chocolate with the fire place crackling in the background. So hope we all get a chance to do this as we roll onto the festive season.
Fall found Marianne and I hosting the OPANA workshop at our home hospital, part of Hamilton Health Sciences. Our workshop was well attended and a huge success. Lunch was a success and we are so happy that we chose a local foodie to support our day with good home made Italian food like momma used to make! Thanks to all of you for coming out and spending the day with your OPANA colleagues. At OPANA, we are always looking for ideas, so send them forward. Nothing is too big or too small.

For so for many of us in nursing, Ebola has taken on a whole new world of education and infection control. SARS affected many in the GTA but little actual impact was experienced in our area. For that we were forever grateful. We remember our colleagues in the GTA who endured the height of the epidemic at that time. Now Ebola, on the other hand, takes health care into a whole new realm. So.... What has been happening at your site to get ready?

Something to think about: Patient presents through emergency with complaints of abdominal pain. Recent travel history within the 21 day to the Ebola hot spots. Clinically and without bloodwork, the surgeon is highly suspicious of the presentation being an acute appendicitis. Surgery is required. Ultrasound is conclusive as positive for an appendicitis. Now, knowing that a positive test result for Ebola may take more then 12 hours and could be false negative due to being too early in the virus presentation, what is the process for this patient? Just a question to send out to our members~ not to scare you, but get you thinking about the “what if.”

Having highlighted Ebola as a dominant theme, we remember those who are affected in the countries identified and the ongoing help needed to contain this epidemic. We are fortunate to live in Canada. Ebola has only heightened our realization of this and makes us grateful for the planning in place here.

With the holidays fast approaching both of us would like to wish you and yours a very Merry Christmas and joyous holiday season.

Nancy and Marianne

Regional Report for Western Ontario - London/Windsor Region:

Stacey Lauzon & Shelley Bondy

Introducing the newest member of our OPANA regional directors…Stacey Lauzon! Stacey graduated from the University of Windsor where she earned her BScN and continued her education through George Brown College for the critical care certificate. She is passionate about PeriAnesthesia nursing and was hired as a new graduate in the PACU at Sunnybrook Health Sciences Centre. Two years ago, Stacey moved to London Ontario and is working in the PACU at the London Health Sciences Centre (Victoria campus). During this time, Stacey also held the position of interim clinical educator and helped develop the training for the electronic orders and medication administration program. Last year, Stacey also successfully passed the inaugural CNA PeriAnesthesia exam. Welcome to the OPANA Board of Directors!
NOTES FROM A SOUTH WESTERN RURAL HOSPITAL
(A PeriOperative / PeriAnesthesia Family of 18)

With ‘Quality care, close to home!’ as our hospital’s focus we are constantly reviewing our processes for improvements. The Perioperative Care Team identified the need for improved M.H. education including a MH drill. Led by Dr. Heys and R.N., Iwona Bilski, our team called upon the resources at MHAUS. We purchased the MH toolkit for $125 dollars which include a MH drill video, task cards and posters. Staff were asked to watch the video in advance to the drill. Our leads chose a slower moment of the day to set up a Resusa-Andy in a spare room. As the staff-assist alarm was called from OR 2, and staff responded, they were given task cards. OPANA member, Lori Ursu was filling ice bags, while veteran nurses were sharing in the task of mixing expired Dantrolene. What might have looked like a chaotic response to a crisis became a great educational experience. Feedback from staff identified further improvements that included - Update task cards specific to our hospital and add location of items to run for; Assigning appropriate task card to scope of practice; More frequent drills. All completed the drill with a better grasp of MH team management.

At the OPANA fall workshop I shared what leadership at OPANA means to me. My first OPANA conference in 2010 was themed “Inspiration” and that it did! In the last four years I have educated myself with OPANA standards, joined the board of directors, held the position of secretary for the last year and was part of the first group of PeriAnesthesia nurses to obtain CNA certification. Being a part of this group of nurses gave me confidence to be the best. How proud I was to have my daughter, Gabrielle Farias SN (2015) with me at the fall workshop. To Gabby and my new OPANA recruits, Lori and Pam - may I inspire you half as much to be your best!

It is with excitement and a bit of sadness that I move on. I have accepted a position the OR / PAR at Prince Rupert Regional Hospital, British Columbia. I look forward to my new adventure with anticipation of more career and life learning. I want to sincerely thank Carol, Ramona, Marianne, Lynn, Nancy R., Tammy, Nancy P., Farah, Debbie, Cher and Susie for making me feel welcome. Best wishes, Stacey you have joined a great group!

Until we meet again at the next NAPANc conference- Happy healing as you lead your patients on the road to recovery!

Shelley

OPEN POSITIONS

Regional Director for North Western Ontario: Thunder Bay/Sault Ste. Marie Region

Regional Director for North Eastern Ontario: Sudbury/ North Bay Region

Regional Director for Eastern Ontario: Ottawa/Kingston/Peterborough
Hello from the “Forum”!

We are finding that we are having a lot of ‘guest’ users entering the forum, but little to no members.

This is a friendly reminder / tutorial that you need to sign in to the forum to get full access. As a guest, you are able to see some discussions, but as a member you are able to fully participate, and get access to the workshop presentations.

Membership to the forum is free with OPANA membership, and the Forum can be accessed from the tab on the OPANA website www.opana.org. If you are unsure of your username or password, you can email me directly at llarmer@hotmail.ca – a quick & easy way to get me to directly help you out.

Here is a screen shot of the forum as a ‘guest’ user. How can you tell? “Welcome, Guest, please login in” message is in the top left corner. Also you can see that we currently have 3 guests visiting the site as I was writing this 😊. Note the only categories are the Autumn edition of the Monitor, and the General Category.

The Login is in the top left corner.
Now, let’s sign in….  

Can you see the difference? There are more General Categories – including the Fall Workshop information.

I hope this helps you! Feel free to contact me directly or through the OPANA website email – info@opana.org
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.

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
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
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.