Isn’t it exciting to have our own Pam Windle as ASPAN President for 2006-2007! She has been such a great representation of Texas nursing and we are so proud of her. Her chosen presidential theme is “Journey to Excellence” and TAPAN will attempt to actively model this.

TAPAN strives to be the premier ASPAN component. This year through the hard work of Cindy Hill and Linda Allyn we became the first ASPAN component to offer on-line conference registration to members. Our new and improved Web site also offers you a sneak peak at your Eyeopener and up-to-date TAPAN news. If you have not had a chance yet to look at the new site, I encourage you to do so. We are still at the same address www.tapan.org. The Web site is a work in progress with many more exciting updates to come.

TAPAN members also strive for excellence in their daily practice. We know this because you keep current through education and certification. Our September conference brought in speakers to teach us the latest in peri-anesthesia advancements. We learned about thorough Preop assessments from Dr. Michael Phy, and Infection Control from Jodene Satterwhite, R.N., CIC. These are some of the hot button topics in all of nursing right now and TAPAN members are on the leading edge.

We also have several opportunities this year around the state to hear ASPAN sponsored educational seminars. TAPAN offers educational scholarships to our members for state and national conferences to help defray the costs of attending. If you would like more information on applying for a scholarship, contact me via e-mail (see page 2). Keeping current in our professional education keeps us on the ‘Journey to excellence’!

I also want to encourage you to strive for personal excellence and become certified in your specialty area. We are to set examples and to encourage our new colleagues to become a certified CAPA or CPAN.

Thank you for traveling along with Pam and TAPAN on this journey. Continue to set the bar high in your practice!
ASPAN Update:
Strategic Goals Set by President Pam Windle

Twill Shrout, RN, BSN, MBA, CAPA, Region 2 Director

ASPAN President, Pam Windle, recently distributed her first quarterly report. Her report follows ASPAN’s Strategic Goals detailing the activities / achievements related to each goal. Highlights from her report include:

Goal A
ASPAN will be the members’ indispen- sable resource for perianesthesia education and knowledge exchange worldwide.
• Develop CPAN and CAPA review courses that have interactive criti- cal thinking case studies- 1st course scheduled to start Aug 2006.
• Number of ASPAN seminars increased from 22 (Fall 05) to 27 (Fall 06).
• Number of ASPAN co-sponsored seminars increased from 0 (Fall 05) to 10 (Fall 2006) pending co-provider seminars.

Goal B
ASPAN will be the influential force for perianesthesia patient safety, public policy and practice standards.
• Responded to almost 400 clinical questions by the Clinical Practice committee.
• Conducted a Staffing SWT meeting in June 2006 to examine the evidence-based practice regarding nurse-patient ratio and outcomes.
• Conducted a Perianesthesia Data Element (PDE) meeting in July 2006.

Goal C
ASPAN will be the recognized voice and source of perianesthesia information to the public.
• Engaged in discussion with American Association of Clinical Dic- tionary, SNOMED, and Data Dic- tionary (APSF) in May 2006.
• Engaged in the discussion with the Council of Surgical and Periopera- tive Safety (ASPN, AORN, ASA, ACS, AANA, AST and Phy- sician’s Assistant) in July 2006.
• Sent two representatives to the British Anesthetic and Recovery Nurses Association (BARNA) June 2006 in Brighton, England.

Goal D
The art and science of perianesthesia nursing will be advanced through ASPAN’s evidence-based practice and research activities.
• Published EBP Model & EBP fo- cus issue in the JoPAN.
• Presented a poster, “Information Literacy for EBP in members of a professional nursing organization”, at a conference in Iowa.
• Published PONV/ PDNV Guideline on the ASPAN website.

Goal E
Infrastructure
• Conducted a membership needs assessment survey.
• Conducted a needs assessment survey of Component Editors.

Carolyn Prentice, RN, CPAN, CAPA, District 7 Member

Joy Ann D. Long, RN, PhD was excellent in giving examples of Evidence Based Practice (EBP), reviewing their start and outcomes for our patients. It is clear to me she is trying to make us understand we have so much knowledge in us. We need to be aware of what and why we do things. There is a better, safer way and it leads to better outcomes for our patients.

We need to be organized, focused. We need to learn to share information and resources with each other.

My goal is to share the information received. I’d like to turn a light on for someone else in realizing EBP is our best practice. It does involve our head to our hearts.

A FOCUS model was used in this lecture. The model is as follows:

F—Find a process to improve
O—Organize to improve the process
C—Clarify the issue
U—Understand sources of variation
S—Select the Process to improve

Resources were discussed and Web sites shared: Medline, CINAHL, www.pubmed.gov, www.cochrane.org, www.nursingsociety.org, and www.ahrq.gov. Some sites allow full access, while others you need to subscribe or be in a health care setting with facility who has access.

Types of review: single versus systemic reviews, with systemic reviews being the preferred. Examples of results of “Best Practices” were reviewed:

• Use of Tylenol, its over usage, and the addition of how much Tylenol has your patient had today added to the pyxis
• Traumatic brain injury care and algorithms developed
• Ventilator acquired Pneumonia
• Change in type of urinary catheters used

I hope this review is informative and helpful to you in understanding that we are a wealth of knowledge in our day to day practice. We need to ask why we do what we do and how can we make it better.

REFERENCE
ABPANC:

Examination Blueprints for CPAN and CAPA Revised

Cyndi Mocek, RN—Eyeopener Editor

The CPAN and CAPA examination blueprints have been revised. The current patient needs domains are:

CPAN
- Physiological Needs—50%, decreased from 65%.
- Behavioral/Cognitive Needs—20%, increased from 10%.
- Safety Needs—20%, increased from 15%.
- Advocacy Needs—10%, remained the same.

CAPA
- Physiological Needs—45%, remained the same.
- Behavioral/Cognitive Needs—20%, decreased from 30%.
- Safety Needs—20%, increased from 15%.
- Advocacy Needs—15%, increased from 10%.

The Candidate Handbook and Application lists the specific patient needs and perianesthesia nursing knowledge needed for meeting domain needs. Go to www.cpancapa.org and download all or some of the sections you want. You may obtain a hard copy by contacting ABPANC.

ABPANC practice exams are available on the ABPANC Web site at www.cpancapa.org. Both CPAN and CAPA have a new 100 item practice exam. You can take each exam online for immediate scoring and feedback. There’s a plus, contact hours are available for completion of each practice exam. Just go to the ABPANC Web site and click on Practice Exams.

For more information contact ABPANC at 475 Riverside Drive, 6th Floor, New York, NY, 10115-0089. Phone: 1-800-6ABPANC. Fax: 212-367-4256.

REFERENCE

April 15, 2007 CPAN & CAPA Certification Exam
Registration Dates:
- Special test site request postmark deadline is 1/29/07.
- Initial application postmark deadline is 2/12/07.
- Late application postmark deadline is 2/19/07, and must include a $50 late fee.
- Application withdrawal/roll over postmark deadline is 2/26/07.
- Test site transfer request postmark deadline is 3/5/07.

Celebrate PANAW February 5-11, 2007
PeriAnesthesia Nurses
Our Journey to Excellence
Visit www.aspan.org, click on Events, then follow the links.
Calculation Change for Continuing Education
Contact Hours In Effect September 1, 2006

Cyndi Mocek, RN—Eyeopener Editor

New regulations for contact hours have been set by the American Nurses Credentialing Center (ANCC). The ANCC is the leading nursing credentialing organization in the United States.

The calculation for continuing education contact hours changed from 1 contact hour for 50 minutes to 1 contact hour for 60 minutes on September 1, 2006.

The change affects all applications for contact hours for those entities providing continuing education.

REFERENCE

Continuing Our Journey to Excellence:
Through Writing for Publication, Research, and EBP

Cyndi Mocek, RN—Eyeopener Editor

Component members involved in publications, research and evidence based practice met in Bloomington, Minnesota at ASPAN’s Component Development Institute (CDI), September 15-17, 2006. Home of the Mall of America.

In April 2001, the Eyeopener was awarded the People’s Choice Award at ASPAN’s 20th National Conference in Boston, Massachusetts. That was very exciting. My goal then became to win the prestigious ASPAN Component Newsletter Award.

I attended ASPAN’s Writers’ Workshop in Philadelphia, September 2001. I returned to Texas excited and motivated to make improvements to the Eyeopener.

With hard work and determination, changes were made to further the success of our newsletter. In 2002, our new and improved newsletter was entered in the national contest with great hope and anticipation.

The payoff came in San Diego at the 2002 ASPAN National Conference. When the announcement came that TAPAN had won I felt as though I had just received an Academy Award!

I attended this year’s CDI in hopes of obtaining the tools necessary to make our newsletter even more successful. You have probably noticed quite a few changes already as you thumb through this edition. I hope you like what you see.

I am looking forward to entering the 2007 ASPAN Component Newsletter Contest. Plan to meet us in Anaheim, California, April 15-19, 2007, and let’s see what happens.
Hello, my name is Cindy Hill and I look forward to serving as your new GAC Chair.

The coming year brings a new legislative session for Texas. I want to have a voice in how my profession is affected through the legislative process. I encourage each of you to become informed about the issues that affect you. Voice your concerns and opinions to your Senators and Representatives. Nurses have a powerful voice and we should use it for the betterment of healthcare in general and nursing in particular.

**Government Accountability Office (GAO): Title VIII Report**

For fiscal years 1999 through 2005, the Health Resources and Services Administration (HRSA), an agency within the Department of Health and Human Services (HHS), spent about $2.7 billion to fund the more than 40 health profession education programs authorized under title VII and title VIII of the Public Health Service Act. These programs include those providing grants to institutions, direct assistance to students, and funding for health workforce analyses. Title VIII includes programs related to nursing education. The GAO reviewed documents and data and conducted interviews with HRSA officials and representatives of health professions.

**H.R. 5349 Nurse Loan Forgiveness Act of 2006**

Rep Sanchez (D-CA) and Rep Tancredo (R-CO) introduced this bill on May 10, 2006. If passed, this bill would amend the higher education act of 1965 to include, under HEA student loan forgiveness and cancellation programs, nurses who serve at least one calendar year in an approved healthcare facility or setting. The amount would be limited to not more than $2000 after the first year, increasing incrementally each year of employment, to a maximum of $5000 after five years of employment.

**S. 3588 Nurse Education, Expansion, and Development Act of 2006.**

On June 28, 2006, Sen. Durbin (D-IL) and Sen. Mikulski (D-MD) introduced the Nurse Education, Expansion, and Development Act of 2006. This bill aims to amend the Public Health Service Act to require the Secretary of Health and Human Services, via the Health and Human Services Administration (HRSA), to award a grant to each eligible school of nursing to increase the number of both faculty and students. This grant would require schools to accomplish two of the following:

- expand or establish an accelerated baccalaureate-nursing program that would graduate new nurses in 12 to 18 months
- establishing cooperative interdisciplinary training between schools of nursing and other specified health related fields
- increasing admissions, enrollment, and retention of qualified individuals who are financially disadvantaged
- increasing enrollment of minority and diverse student populations
- increasing enrollment of new graduate baccalaureate nursing students in graduate programs that educate nurse faculty members developing post-baccalaureate residency programs to prepare nurses for practice in specialty areas where nursing shortages are more severe
- increasing integration of geriatric content into core curriculum

This bill would also require a study examining ways to increase participation in the nurse faculty profession and to report these finding to Congress.

**Influenza vaccine**

According to the CDC, the availability of the preventive measures for the upcoming season appears to be record setting. Amounts of the influenza vaccine appear to be sufficient for the upcoming busy period of vaccinations. According to a new report from the Centers for Disease Control and Prevention (CDC), a record 100 million flu vaccines will be available for the 2006-2007 flu season, with 75 million arriving in physicians’ offices and health clinics by the end of October. The CDC reported that manufacturers began shipping out vaccines to providers to reach them in October and November, which is prior to the beginning of flu season and therefore the most effective time to vaccinate.
Groups of peoples who are most at risk, include children between six months and five years old, people with chronic diseases such as diabetes, asthma and heart disease, and people over the age of 50.

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) announced a new standard due to take effect on January 1, 2007. This standard will require accredited hospitals to establish an influenza program and offer the vaccinations to their staff.

**Addressing the supply of physicians and nurses**

A task force has assembled to address the expected shortage of nurses and physicians. The group is called the Council on Physician and Nurse Supply and it is co-chaired by Linda Aiken, Ph.D., RN, and Richard Cooper, M.D., professors of nursing and medicine, respectively. AMN Healthcare Inc., in California, is providing financial assistance. The two leaders of this Council have predicted that by 2020 the healthcare industry could potentially lack as many as 800,000 nurses and 200,000 physicians.

The Council has identified as its primary goal increasing awareness about the issues facing supply of both physicians and nurses. It also hopes to serve as a change agent and influence public policy toward improvements in this projected shortage. The Council plans to monitor data in the healthcare industry. One recommendation already made by this new Council is increasing efforts to educate future nurses and physicians in America.

**Foreign Nurses**

Hospitals across the country are implanting various recruitment and retention strategies aimed at increasing and maintaining the supply of nurses. One such method has been the utilization of foreign nurses. Nurses from countries such as the Philippines and India have been eager to come to the United States to work. At the present time, more than 10 percent of the new nurses licensed in the US are foreign-trained.

While it is clear that there is a need for this type of foreign worker, there is a limit placed by the federal government on the number of working visas that is granted each year. As the cap for visas approaches, the State Department begins to process only those visa applications that have been on the waiting list the longest. This process has the potential to significantly slow down the visa application process for nurses, as the government deals with the backlog.

**Nurses on Trial in Libya**

The International Council of Nurses (ICN) and the American Nurses Association (ANA) is urging all nurses to take action in the matter of our nursing colleagues on trial in Libya. Five Bulgarian nurses and one Palestinian physician have been imprisoned in Libya since 1999. They have been accused of infecting Libyan children with HIV. It is reported that those imprisoned have been subjected to both physical and emotional abuse, and have had marginal access to legal counsel. Many trials have been scheduled and subsequently cancelled.

Both the ICN and the ANA are urging all nursing colleagues to join together in calling for a just, fair, and expeditious trial, for the prisoners to be released to house arrest pending trial, and for the immediate access to legal counsel.

**Action is needed now!**

Write a letter/e-mail (download a sample letter at http://nursingworld.org/inc/GovtOfficial_letter.doc) to Secretary Condoleezza Rice, U.S. Department of State.

For letters to the U.S. State Department and Secretary Rice, please acknowledge that the State Department has been actively involved in diplomacy around this issue. Urge Secretary Rice to continue actively engaging in this very serious situation.

The Honorable Condoleezza Rice
United States Department of State
2201 C Street, NW
Washington, DC 20520
202-647-2283 - fax
www.nursingworld.org
Surviving a MH Crisis: One PACU’S Story of Success

Diana Jackson, RN, CAPA, Seton Medical Center, Austin, Texas

This is a story of success. Magnet nursing at its best, when an interdisciplinary team came together to save a life. Staff from PACU, surgery, anesthesia, pharmacy, and respiratory therapy put into action what they had recently rehearsed during a Malignant Hyperthermia Mock Code at Seton Medical Center (SMC) in Austin, Texas. That Mock Code became the real thing one evening in the PACU.

One RN revamped the MH Cart to make it more user friendly. She developed a series of job duty cards. The 8x11 cards (examples page 9) spell out the specific tasks for each member of the MH Code response team. During the in-service, the theme “Time is Tissue” was stressed, as was the need to use all available staff, including clinical assistants, transporters, and clerical assistants.

As day progressed into evening, a middle-aged patient was admitted for a laparoscopic appendectomy. The patient arrived in PACU extubated, but having difficulty breathing. He developed muscle rigidity and his axillary temperature was measured at 106°F. He was reintubated and an arterial line was inserted. His arterial pressure was 183/101. The Critical Response Team (CRT) was activated. Staff from ICU, respiratory therapy, and pharmacy responded, along with the House Supervisor.

Two anesthesiologists activated the MH protocol. An anesthesiologist contacted MHAUS by telephone. The MH Cart, Airway Cart, and Crash Cart were quickly brought to the bedside. The recent MH in-service and the new job cards were critical to our success.

The PACU charge nurse assigned tasks, handing a job card to each member of the team. NG, foley, and rectal probe were inserted. ABGs and labs were drawn. Ice packs were placed at the groin, axillae, and neck. IV lines were established as Dantrolene was mixed and administered as quickly as it could be reconstituted. All supplies on the MH cart had been prepackaged in zip lock plastic bags. The bags for mixing Dantrolene contained a 60ml syringe, 100ml sterile water, blunt safety needle, and a vial of Dantrolene.

What we learned:
Mixing Dantrolene with a 60ml syringe and a blunt, safety needle is physically hard work. Advance preparation of supplies helps reduce the chaos and confusion. The cards give each member of the response team a focus, a specific, manageable goal to achieve.

Within forty minutes the patient was transferred to ICU for further monitoring per MH protocol. He had no recurrence of MH, was transferred out of ICU, and is doing well.

SMC put its skills to the test and showed that the Forces of Magnetism absolutely work. The Forces were evident in competent, caring, and dynamic interventions which resulted in a good outcome for this patient. A patient’s life was saved through the efforts of an interdisciplinary team working together for the good of a patient.

PACU nurses everywhere dread this very situation. Few PACU nurses have experienced a MH crisis. We train, we practice, and we hope we are never tested. This PACU survived its test. And so did the patient.

Editor’s Note: Diana Jackson is a member of ASPAN and of TAPAN District 6. She can be reached at djackson@seton.org for further information.
# Malignant Hyperthermia Task Cards

## LAB WORK

<table>
<thead>
<tr>
<th>What:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✦ Draw and label all tubes in bag</td>
</tr>
<tr>
<td>✦ Label down-time form and sign</td>
</tr>
<tr>
<td>✦ Obtain urine analysis sample and label</td>
</tr>
</tbody>
</table>

Take tubes, speci-cup and form to lab in biohazard bags

**RN / CA**

## RECORDER

<table>
<thead>
<tr>
<th>How:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please utilize the malignant hyperthermia crisis flow sheet recommended by MHAUS</td>
</tr>
</tbody>
</table>

Where? In the back of MH notebook (BLUE) located on top of cart

**RN/CRNA**

## MH Carts

<table>
<thead>
<tr>
<th>Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>✦ Between OR 22 and OR 23</td>
</tr>
<tr>
<td>Across from OR 5, by southeast stairway</td>
</tr>
</tbody>
</table>

**RN/CRNA**

## Crash Cart

<table>
<thead>
<tr>
<th>Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a crash cart in each core.</td>
</tr>
<tr>
<td>Core A</td>
</tr>
<tr>
<td>Core B</td>
</tr>
<tr>
<td>Core C</td>
</tr>
<tr>
<td>There is an adult and pediatric crash cart in PACU by manager’s office.</td>
</tr>
<tr>
<td>✦ There is a crash cart by the surgery center desk.</td>
</tr>
</tbody>
</table>

**CA/Tech**

## ICE

<table>
<thead>
<tr>
<th>Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PACU : by Omnicell A; by Omnicell B</td>
</tr>
<tr>
<td>Surgery Center : Med room 1; Med room 2; Med room 3</td>
</tr>
<tr>
<td>How?</td>
</tr>
<tr>
<td>Fill bags with ice, secure to patient using tape provided – neck, axillae, groins</td>
</tr>
<tr>
<td>Bring two buckets of ice for lavage</td>
</tr>
</tbody>
</table>

**RN/CRNA**

## Foley/Rectal/NG

<table>
<thead>
<tr>
<th>Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already in MH cart</td>
</tr>
<tr>
<td>How?</td>
</tr>
<tr>
<td>Insert three-way foley catheter – catch at least 20 ml for urinalysis. Need to attach to urine meter in foley kit. Lavage with cold NaCl…</td>
</tr>
<tr>
<td>Rectal tube – to lavage with cold NaCl</td>
</tr>
<tr>
<td>NG tube to be passed by RN or CRNA</td>
</tr>
</tbody>
</table>

**RN/CRNA**

## Cold Solutions

<table>
<thead>
<tr>
<th>Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>In refrigerated portion of MH cart</td>
</tr>
<tr>
<td>What</td>
</tr>
<tr>
<td>✦ 1000 ml Normal Saline IV Bag x 6</td>
</tr>
<tr>
<td>✦ 1500 ml bottles Normal Saline x 3</td>
</tr>
<tr>
<td>Regular insulin 100 unit vial</td>
</tr>
</tbody>
</table>

**RN**

## IV

| Need at least two patent large bore IV’s |
| Lactated Ringers IV for Dantrolene!! |
| Cold IV Normal Saline for cooling/hydration |

**RN/CRNA**

## Dantrolene

<table>
<thead>
<tr>
<th>Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top drawer of MH Cart</td>
</tr>
<tr>
<td>Immediately call PHARMACY @ 14800 to get more vials.</td>
</tr>
<tr>
<td>How?</td>
</tr>
<tr>
<td>Initially there are 8 vials per cart; each vial reconstituted with 60 ml of STERILE WATER. SHAKE VIGOROUSLY!!</td>
</tr>
</tbody>
</table>

**RN**

## Hypothermia Blanket and Machine

| There are hypothermia blankets in OR 9 and OR 10 |
| If these are in use, call SPD for the hospital hypothermia blanket. |

**CA/Tech**

## Call MH Hotline Now!!!!

**1800-644-9737(MH-HYPER)**
Spotlight Across Texas: District News

District 1: Houston / Gulf Coast

Meggie Kwan, RN, BSN, CAPA

TAPAN District 1 is off to a new start. Our president, Sylva McClurkin, is very much committed to the “Journey to PeriAnesthesia Excellence”. One of her many goals is to see an increase in membership, as well as meeting attendance by at least 10%. Sylva has been working hard calling hospitals in District 1. She has visited St. Joseph Medical Center, getting a warm welcome from the management and staff. Sylva and members of the Board have plans to visit other hospitals in the near future.

Monthly meetings are held the 1st Tuesday of each month, 7:00 pm at Kelsey-Sebold Clinic (at the rotunda). Quarterly we meet on the 1st Saturday of the month at Memorial Hermann Medical Plaza 2 at 11:00 am. We do not meet in January or July. Free CEUs are offered, followed by a business meeting. Topics and meeting dates are published in the Snooze News quarterly. If you are a member and not receiving Snooze News, please send an email to mkwan1@sleh.com.

Plans are underway for the spring seminar to be held on February 10, 2007. This will be a half day seminar. Our education committee is also busy planning for a CPAN / CAPA Review to be held sometime in March 2007. We are inviting Lois Schick to be our speaker. She is quite a dynamic teacher.

We need everyone to be actively involved in our organization. If you are interested in running for office next year please contact Lillian Bailey at lbailey@sleh.com and fill out a willingness to serve form. We also have committees that you can be part of by contacting our president or any of the board members. Each of us will be happy to guide you along the way.

District 2: Fort Worth

Kathleen McCauley, RN, BSN

District 2 is in the process of restructure and revitalization. An executive committee meeting, scheduled for October 28th, kicked off planning for the new year.

Officers for the coming year are Sharon Thorwald, President; Jill Booher, Vice President; Linda Bishop, Treasurer; Susan Bowles, Historian; and Kathleen McCauley, Secretary. With veteran and new members serving, there is anticipation of an exciting year. Stay tuned for details.

District 3: Dallas

Prudence Nietupski, RN, BSN

District 3 completed a successful year of offering monthly education for its members, and those non-members that attended. We look forward to another successful year.

Most of our board members attended the TAPAN State Conference held in Lubbock this past September. We also had a number of District 3 members present, and potential new members.

Our year started with a successful CPAN/CAPA Certification Review Course. This was a collaborative effort between Presbyterian Hospital of Dallas and District 3. Best wishes to all that are sitting for the test in November.

Our Board Members this year are: Karen Jensen, President; Prudence Nietupski, Secretary; Beverly Hillman, Treasurer; Alison Watkins, Education Coordinator; and Pres Pimental, Historian.

We’re are in the process of planning our educational calendar for the 2006-2007 year now. We welcome any and all to attend these offerings.
District 6: Austin  
Linda Allyn, RN, CPAN, CAPA

We welcome all of our new officers and committee chairs to District 6. You can find them all, and more, on our website at www.tapandistrict6.org.

There will be two ASPAN Sponsored Conference's coming up in November 2006 and January 2007. We will also be sponsoring a CPAN/CAPA test site in San Antonio the end of November. Good luck to all who have committed to taking the test.

District 7: El Paso  
Carolyn Prentice RN CPAN,CAPA

District 7 board members met and reviewed plans for the year, including our annual District Seminar to be held in February 2007. A discussion followed on ways to increase membership and participation.

The 2007 State Conference Committee met to start preparations for our annual state conference to be held in El Paso. The timeline was reviewed and discussed and requests for taking positions was made. Committee Co-chairs are Olga Ramirez and Teresa Davis.

District 9: San Angelo  
Susan Hinson, RN

What’s “Tapaning” in District 9? We had a great showing of members at the state conference! Abilene, San Angelo, Brownwood, and Midland were all represented. Everyone had a great time! Our thanks to all who worked so hard to put the conference together!

We have several service projects coming up in the next few months. First is an in-service by Susan Elftmann on "Breast Cancer Awareness" at the Shannon Surgery Center's monthly staff meeting. Next we are planning to adopt families to provide with Thanksgiving baskets. For Christmas we will be decorating a tree at the local Lack's Furniture store to collect non-perishable food for the local Food Bank and we'll be sending Christmas care packages to service persons in Iraq.

On November 18th we will be hosting our Annual Seminar, “Case Studies of Legal Cases”. Included will be “Documentation and Testifying” and a presentation of a mock trial. Hope to see all of you there!

District 11: Lubbock  
Margaret Rosson, RN

We had a great state conference here in Lubbock! If you were here, thanks! If you were unable to attend, sorry to have missed you!

District 11 is preparing for the year ahead. We have a brand new slate of officers and look forward to all upcoming events.

2006-2007 District 11 officers are Sharon Dixon, RN, CAPA, President; Vern Pharr, RN, CPAN, 1st Vice President; Peggy McGuire, RN, Recording Secretary; Margaret Rosson, RN, CPAN, CAPA, Correspondence Secretary; Carol Oden, RN, CAPA, Treasurer; and Kezia Cottenoir, RN, CPAN, Historian.

Continuing Education

Navigating the Regulatory Maze, ASPAN Seminar. Presented by Dolly Ireland, MSN, RN, CAPA, CPAN.

Date: Saturday, January 20, 2007
Time: 7:30 a.m. Registration & Continental Breakfast. Lunch on your own.
Place: LaQuinta Austin Airport Inn & Suites
CEs: 7.25 Contact Hours

For more information and to register go to the ASPAN Web site at www.aspan.org.
Board Members Met in San Antonio to Select Site of 2008 TAPAN State Conference

Cyndi Mocek, RN—Eyeopener Editor

The Executive Board, along with the Policy & Procedure Chair, Eyeopener Editor, and Treasurer Emeritus, met in San Antonio October 27—29, at the Hilton Airport, to conduct the business of TAPAN.

The last state conference held in San Antonio was in 1996. We are excited about returning!

Saturday morning the group met and drove to the future site of the new La Quinta Inn & Suites and Conference Center. They will have new, modern sleek look.

We were shown the future La Quinta under construction. Samples, and pictures of materials and furniture to be used were viewed.

All rooms will be equipped with luxurious pillow top mattresses, free high-speed Internet access, microwaves, refrigerators, iron & ironing board, coffee maker, oversized work desk, and many more amenities. A free continental breakfast is provided daily.

Following the tour, the group headed to San Antonio’s Market Place. Lunch was enjoyed at Mi Tierra before heading back to the hotel for a productive session on policy and procedure.

A board meeting was held on Sunday. Old and new business was discussed and reports were given by members present. A motion was made, seconded, and approved for the La Quinta Inn & Suites and Conference Center, currently under construction, to host the 2008 TAPAN State Conference.

The board meeting was productive, adjourning around 12:45 p.m. The group said their good-byes and headed off to all parts of Texas.

TAPAN Executive Board Meeting Schedule 2007

January 14, 2007
Phone conference

March 3-4, 2007
Dallas / Fort Worth

April 15-19, 2007
ASPN National Conference

June 2-3, 2007
Dallas / Fort Worth

August 4-5, 2007
Leadership Retreat/Board Meeting
San Antonio

September 14-16, 2007
State Conference/Board Meeting
El Paso

Elections Coming Soon

Elections will be held June 2007 for the following positions: 2nd Vice President, Vice President/President Elect, and Secretary. Willingness to Serve forms can be found on the TAPAN Web site at www.tapan.org. We are waiting to hear from you, what are you waiting for? Come join in on the fun and make new friends.
CARDENE® I.V. (nicardipine hydrochloride): Calcium Channel Blocker for Treatment of Hypertension

Cyndi Mocek, RN—Eyeopener Editor

INTRODUCTION
Cardene, or nicardipine hydrochloride, is the only IV calcium channel blocker available for short-term treatment of hypertension, when oral therapy is not appropriate. Cardene is a 2nd generation, I.V. dihydropyridine calcium channel blocker.

HOW CARDENE WORKS
Cardene I.V. is administered directly into the bloodstream preventing calcium ions from entering cardiac and vascular smooth muscle cell, preventing vascular smooth muscle from contracting. The drug causes arteries to dilate and blood pressure to decrease.

IMPORTANT SAFETY INFORMATION
Close monitoring of the blood pressure is required during therapy. Most common side effects of CARDENE I.V. are headache, hypotension, nausea/vomiting, and tachycardia. Less frequent adverse effects, each occurring at 1.4%, include ECG abnormalities, postural hypotension, ventricular extrasystoles, injection-site reaction, dizziness, sweating, and polyuria.

CARDENE I.V. is contraindicated in patients with known hypersensitivity to the drug and those with advanced aortic stenosis. Caution is advised when administering CARDENE I.V. to patients with impaired renal or hepatic function, in combination with a β-blocker in patients with CHF, and in patients with significant left ventricular dysfunction or portal hypertension. Observe caution in patients with severe left ventricular dysfunction due to possible negative inotropic effect.

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Community Service Benefits All Involved

Hermie Robles, RN, CPAN

TAPAN’s District 1 has been busy in their community. They continue to provide service to those in need.

July 2006: collected clothing and personal hygiene items from members and donated to Riverside General Hospital to benefit patients in the Psychiatric and Children’s Units.

August 2006: collected school supplies and donated to Burton Elementary School.
CE Corner

Teresa Davis, RN
Education Coordinator

I am happy to be serving the second year of my term as the TAPAN Education Coordinator. I am also co-chair, with Olga Ramirez-Rodriguez, TAPAN Secretary, of the 31st Annual TAPAN State Conference to be held in El Paso September 14 – 16, 2007.

Our first Conference Committee meeting was held on September 30th. Sub-committees were set up and duties and responsibilities were explained. We are fortunate to have a committed group of perianesthesia nurses working with us to plan the conference.

We are looking forward to an interesting and exciting group of speakers. A large number of which live in El Paso and the surrounding area.

There are many places to visit when you come to El Paso. Downtown offers a unique and rich cultural treasure where the citizens of two nations mingle and interact to produce a shopping and dining experience that cannot be found anywhere else.

We very excited about hosting the 2007 TAPAN State Conference. We invite you to El Paso – Texas with an Attitude.

Planning has begun on the 2007 TAPAN Leadership Retreat. It will be held in San Antonio, site of the 2008 TAPAN State Conference, on August 11 – 12, 2007.

Recognition

Susan Norris, RN
2nd Vice President

Thank you to all the Districts who submitted entries for the Bluebonnet and Outstanding District awards this year. Congratulations to District 1, Houston, recipient of both the Bluebonnet Award and the Outstanding District Award in the over 75 member category. In addition to certificates of recognition to place in next year’s books, they also received cash awards. There were no applicants in the 75 member or less category.

I hope everyone at conference had the opportunity to view the scrapbooks that were submitted for the Bluebonnet Award. It was obvious a lot of time and thought went into these creative records of district activities.

I want to encourage all districts to submit an entry next year. The Outstanding District Award recognizes the activities you do in your district. Points are awarded for membership increase, certification, meetings, seminar attendance, community service projects and more. There are 2 categories, over 75 members and under 75 members, giving everyone a chance to participate. Application packets will be sent out to all District Presidents and Historians. To make sure you receive a copy, please contact me at snorris96@houston.rr.com or via the TAPAN web site www.tapan.org.

The OSDA criteria is being evaluated to ensure that we are recognizing all the activities of each district. We also want to make the application process easy. Your suggestions and feedback are welcome and encouraged. I hope to have much more work to do at next year’s conference by having every district submit a Bluebonnet scrapbook and an OSDA application.

Interested in serving on the Awards Committee? Please contact me or any of the TAPAN state officers.

Plans Underway for 2008 TAPAN Conference

Linda Allyn, RN, CPAN, CAPA
Financial Chair

There was a short board meeting following the TAPAN Annual Conference in Lubbock, September 17, 2006.

- New officers were introduced and welcomed.
- Results of the 2006 conference were discussed.
- The 2007 Conference Chairs reported on the next state conference, in El Paso.

Without further issues to discuss the meeting was adjourned.

The board met in San Antonio October 27-29. Sites were toured for the 2008 state conference.

TAPAN Dollars

Hermie Robles, RN, CPAN
Treasurer

The TAPAN checking account balance as of October 15th, 2006 is $26,768.76.
Research Notice

Bylaws Notice

The TAPAN bylaws provide the foundation for the regulation of the affairs of the Association. They require periodic review to ensure reflection of both the ASPAN bylaws and the current needs and practices of TAPAN. As required by TAPAN policy B-003, this notice serves to inform the general membership of the intent of the TAPAN Executive Board to amend the bylaws during the 2006-2007 term of office. Once approved by the Executive Board, notification will be made in the Eyeopener and the revised bylaws will be posted on the TAPAN website.

Position Created: Treasurer Emeritus

A new position, Treasurer Emeritus, has been formed. The immediate past treasurer will serve in this position as a mentor for the incoming treasurer. This person will orient the new treasurer with their new duties.

Notice to Membership: Executive Board to Amend Bylaws

Board members will assimilate into their domain, tasks that were once performed by an office manager. We will look at distributing the work load to ensure a continued high level of service to TAPAN members.

The Board has decided to create the role of Treasurer Emeritus. This person will mentor and assist the Treasurer in their new role.

Research Search

Liz Martin, MSN, RN, CPAN
Research Chair

Research is an important entity of PeriAnesthesia Nursing Practice.

A survey was distributed at the State Conference titled, “Visitation in the PACU and the Nurse’s Perception.” The data collected will be submitted to a Statistician for analysis and the results printed in a future edition of The Eyeopener. The Committee is very grateful and appreciates each nurse that took the time to complete the Survey.

The Goal Leaf Award is the highest honor of recognition a Component may receive from ASPAN. Points are given for all Research activities done within our component. If you are presently involved in or have completed any research activities, please submit this information to any member of the Research Committee. This will increase TAPAN’s points toward winning the Gold Leaf Award.

The following members volunteered for this Committee; Aida Cadorna BA, RN, CCRN, District 1; Hermie Robles BSN, RN, CPAN, District 1; Alison Watkins MS, RN, CPAN, District 3; and Edna Pabruada BSN, RN, District 9.

Position Created: Treasurer Emeritus

Linda Allyn, RN, CPAN, CAPA
Treasurer Emeritus

From the Editor

The Eyeopener is the official publication of the Texas Association of PeriAnesthesia Nurses (TAPAN).

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Eyeopener submissions:

Members are encouraged to write to the editor with comments, suggestions, and/or articles of interest to PeriAnesthesia Nursing. Submissions must be typed and double spaced. It is the responsibility of the author of items submitted for publication in The Eyeopener to verify the accuracy of information and provide appropriate references. The editor and the TAPAN Board reserve the right to edit or reject submitted material.

Submission Deadlines:

January 15: Spring Edition
April 15: Summer Edition
July 15: Fall Edition
October 15: Winter Edition

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