A

AANA Annual Meeting Quickview, 187


AANA Journal Course No. 7 Examination, 173


Accuracy and reliability of pulse oximetry in premature neonates with respiratory distress, 224

Acid/base balance of the patient from blood gas reports: see AANA Journal Course Part VI, 65

Acidosis: see Letters to the Editor, 308

Acquired immunodeficiency syndrome (AIDS), 217

Adenotonsillectomies, 338

AIDS update: Part I—Incorporating universal precautions during anesthesia, 217

Airway mismanagement, 25

Airway obstruction, 25

Aker, John: see AANA Journal Course Part X—Mechanical circulatory support: The intra-aortic balloon pump, 461

Albee, Jr., Donald T.: Recovery characteristics following antagonism of vecuronium with edrophonium, neostigmine and pyridostigmine, 127

Alkalosis: see Letters to the Editor, 308

Anaphylactic/anaphylactoid reactions in conjunction with anesthesia, 413

Anderson, Craig E.: Attitudes and perceived levels of knowledge of nurse anesthetism educators with respect to computers, 423

Anesthesia considerations in myelomeningocele repair, 431

Anesthesia implications of substance abuse in the parturient, 510.

Anesthetic considerations for the achondroplastic dwarf, 42

Anesthetic deaths, 25

Anesthetic management of the patient with an airway disorder, 25

Antitrust protection against a hospital’s denial of access: see Legal Briefs, 383

Armstrong, Jeffrey: Malignant hyperthermia in a patient with King syndrome, 234

Arterial oxygen saturation in the premature infant, 224

Attitudes and perceived levels of knowledge of nurse anesthesia educators with respect to computers, 423

Awareness in surgical patients, 238

B

Bell, Shirley K.: Effects of preoperative metoclopramide and droperidol on postoperative nausea and vomiting in ambulatory surgery patients, 325

Beta-adrenoceptor blockade and anesthesia, 334

Beta receptor blocking agents: see AANA Journal Course Part IX, 367

Bicitra*, 515

Biddle, Chuck: An in vitro characterization of endotracheal tube cuff performance, 36

Blood gas reports: see AANA Journal Course Part VI, 65

Blumenreich, Gene A.: see Legal Briefs, 3, 91,198, 299, 383, 471

Bronchodilators: see AANA Journal Course Part XI, 542.

The Budget Reconciliation Act of 1987: see Washington Scene, 6

Burrus, Larry E.: General anesthesia for extracorporeal shock wave lithotripsy, 121

C

Callahan, Linda: see Education News, 387

Cardiac drugs: see AANA Journal Course Part IX, 367

A case study: Anesthesia for pheochromocytoma, 169
Hess, John: Supraclavicular block: A review of the methodology of blocking the brachial plexus, 437

Histamine: Implications for anesthesia practice, 413

Horowitz, Jay: Anesthetic implications of substance abuse in the parturient, 510


Human immunodeficiency virus (HIV), 217

The implementation of direct reimbursement legislation for CRNAs, 249

Index to advertisers, 88, 184, 292, 380, 468

Information for authors, 104, 252, 344, 444

The intra-aortic balloon pump’s (IABP) usage in cardiovascular surgery, 461

Intramuscular lorazepam, 75

Intravenous anesthetic agents, 229

Introducing a new column—Challenges facing the education of nurse anesthetists: see Education News, 305

An in vitro characterization of endotracheal tube cuff performance, 38

J

Jordan, Lorraine: see Education News, 305

K

Kallar, Surinder: The effect of oral Bicitra® compared with intramuscular cimetidine on gastric volume and pH in outpatient surgery, 515

Kelly, Joyce: see Education News, 476

King syndrome, 234

L

Laryngospasm, 246

Leak, W. David: Effects of preoperative metoclopramide and droperidol on postoperative nausea and vomiting in ambulatory surgery patients, 325

Legal Briefs, 3, 91, 198, 299, 383

Letters to the Editor, 180, 277, 308

Lithotripsy, 121

Lorazepam, 75

M

Macleod, William J.: see Guest Editorial, 295

Making decisions concerning patient care: see AANA Journal Course Part VI, 65

Malignant hyperthermia in a patient with King syndrome, 234

Maree, Sandra: see Education News, 305

Mastropietro, Cathy: The potentially difficult airway, 25

Mathewson, Hugh S.: Tissue oxygenation in the critically ill, 419

Mathia, William J.: Effects of preoperative metoclopramide and droperidol on postoperative nausea and vomiting in ambulatory surgery patients, 325

McAnallen, Kathleen: Recovery characteristics following antagonism of vecuronium with edrophonium, neostigmine and pyridostigmine, 127

Metoclopramide, 325

Monitoring devices, 269

Moore, Dan: Fentanyl-supplemented halothane anesthesia for pediatric outpatient adenotonsillectomies, 338

Moyer, Mary Katherine: General anesthesia for extracorporeal shock wave lithotripsy, 121

Myelomeningocele repair, 431

Mykleby, Connie C. Martin: The effect of oral Bicitra® compared with intramuscular cimetidine on gastric volume and pH in outpatient anesthesia, 515

N

Nagelhout, John J.: see AANA Journal Course: Advanced scientific concepts: Update for nurse anesthetists—Part IX—Cardiac pharmacology: Calcium antagonists, 367

National Labor Relations Act and CRNAs: see Legal Briefs, 471

Neuromuscular blocks, 127

A new device for keeping IV fluids warm: see Letters to the Editor, 180

Nurse anesthetists and prescriptive authority: see Legal Briefs, 91

A nursing educational model for the rapid expansion or contraction of the nursing workforce in a period of change: See Guest Editorial by Ira Gunn, 497

O

O’Gara, John P.: General anesthesia for extracorporeal shock wave lithotripsy, 121

On being aware: Patient recall of intraoperative events, 238

Oral lorazepam, 75
Outpatient adenotonsillectomies, 338

Parturient and substance abuse, 510

Pauca, Alfredo: Constant-rate drug infusions: two methods of preparation, 537

Pediatric outpatient adenotonsillectomies, 338

Petty, Clayton: Cost awareness is needed for cost containment: see Guest Editorial, 188

The pharmacokinetics of drugs: see AANA Journal Course Part VI, 65

The pharmacokinetics of fentanyl, sufentanil and alfentanil: A comparative review, 229

Pippin, Lynne K.: Malignant hyperthermia in a patient with King syndrome, 234

Post-laryngospasm pulmonary edema, 246

Post-operative nausea and vomiting, 325

The potentially difficult airway, 25

Practice standard in the making: Pulse oximeters: see Legal Briefs, 3

Prescriptive authority: see Legal Briefs, 91

Presidential corporations: see Legal Briefs, 299

Presidential politics and health care law: see Washington Scene, 385

Pulmonary pharmacology—Bronchodilators: see AANA Journal Course Part XI, 542

Purcells, Katherine: Histamine: Implications for anesthesia practice, 413

Quality and outcomes in education and accreditation: see Guest Editorial, 295

Recovery characteristics following antagonism of vecuronium with edrophonium, neostigmine and pyridostigmine, 127

Results of the AANA Journal Course No. 7 Examination, 379

The relationship among human beings, machine systems and monitors as the basis for patient safety regarding anesthesia: see AANA Journal Course Part VII, 137

Rosenberg, Morton: A survey of anesthetic choice among nurse anesthetists, 390

S

Schreiber, Terry: Malignant hyperthermia in a patient with King syndrome, 234

The second session of the 100th Congress: The President’s new legislative and budget proposals: see Washington Scene, 94

Sheppe, Norman A.: A case study: Anesthesia for pheochromocytoma, 169

Sodbinow, Elizabeth: see AANA Journal Course Part XI—Pulmonary pharmacology: Bronchodilators, 542

Shock wave lithotripsy, 121

Sommer, Brent: AIDS update: Part I—incorporating universal precautions during anesthesia, 217

Steedbeck, Naomi Wellman: Beta-adrenoceptor blockade and anesthesia, 334

Substance abuse in the parturient, 510

Supraclavicular block: A review of the methodology of blocking the brachial plexus, 437

Surgical premedicant, 75

A survey of anesthetic choice among nurse anesthetists, 390

Taunton, Roma Lee: Developing research-based articles for publication: see Guest Editorial, 101

Tissue oxygenation in the critically ill, 419

Treatment of acidosis and alkalosis: see Letters to the Editor, 308

Understanding the pharmacokinetics of drugs: see AANA Journal Course Part VI, 65

V

Vecuronium-induced neuromuscular blocks, 127

Verville, Richard E.: see Washington Scene, 6, 94, 249, 302, 385, 474

Walker, Henry J.: Comparison of oral and intramuscular lorazepam as a surgical premedicant on gastric pH and volume, 75

Washington Scene, 6, 94, 249, 302, 385

Y

Yungbluth, Joseph: Recovery characteristics following antagonism of vecuronium with edrophonium, neostigmine and pyridostigmine, 127
Chronic obstructive pulmonary disease is an all-inclusive and non-specific term to connote pulmonary conditions that are accompanied by persistent or recurrent impairment of airflow within the lung.

2. Sympathetic activity is mediated by alpha-adrenergic receptors and beta 2 adrenergic receptors. Alpha activity results in bronchoconstriction. Beta 2 activity results in bronchodilation. There probably are more beta 2 receptors than alpha receptors in the lung. Sympathetic function appears to be one of bronchomotor tone modulation rather than direct control of airway smooth muscle caliber.

3. Parasympathetic control of the respiratory tract primarily is mediated by the 10th cranial nerve, the multibranched vagus nerve. Vagal afferents include stretch receptors, irritant receptors and J-receptors. Stimulation of these receptors by antigens or other irritants can result in reflex bronchoconstriction. Emotion and perhaps other conditions mediate bronchospasm directly by efferent vagal input to the airways by way of muscarinic receptors. Patients susceptible to hyperreactive airways may have hyperreactive cholinergic responses that result in airway narrowing.

4. Beta 2 agonist

\[
\text{Activated adenylate cyclase} \rightarrow \text{ATP} \rightarrow \text{cAMP} \rightarrow \text{Phosphodiesterase} \rightarrow \text{Bronchodilation} \rightarrow \text{5AMP}
\]

5. Halothane is known to sensitize the myocardium to the dysrhythmic effects of catecholamines. Theophylline is thought to act by increasing catecholamine release. Therefore, the potential for dysrhythmias is very likely when halothane is administered in the presence of theophylline. Reducing the rate of intravenous infusion of theophylline during general anesthesia is suggested. In addition, the use of enflurane or isoflurane as an alternative inhalation agent may be equally as beneficial in producing bronchodilation.

Test Yourself Answers
(Questions appeared on page 551.)

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