Vital Signs

New Speakers/Hot Topics:
Apply Now for 2014 AANA Nurse Anesthesia Annual Congress Speaking Opportunity

The AANA Program Committee invites all CRNAs to apply for an opportunity to be a new speaker in a concurrent session to be held on Saturday, Sept. 13, 2014, in Orlando, Fla.

The Nurse Anesthesia Annual Congress provides this opportunity for novice speakers to present evidence-based topics to an audience and receive feedback from experienced faculty members. Six individuals selected by the Program Committee will have the opportunity to present their topic in front of both a panel of expert speakers and a live audience. Following their lecture, each speaker will meet with the panel of experts to receive constructive feedback.

For further information and an application, send an email to jhogan@aana.com. The deadline for application is Monday, Dec. 16, 2013 – take advantage of this opportunity NOW!

The Pulse

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Visit the AANA Calendar of Events for dates of meetings, seminars, conferences, continuing education classes, and more!

February 18-20, 2014: Assembly of School Faculty
March 8-9, 2014: Upper and Lower Extremity Block Workshop
Healthcare Headlines

Healthcare Headlines is for informational purposes, and its content should not be interpreted as endorsements, standards of care, or position statements of the American Association of Nurse Anesthetists.

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Inside the Association

Hot Topics

NEW! Featured Career Opportunities in Updated E-ssential Jobs Section

Scroll down to the revamped Jobs section (directly above the Healthcare Headlines) to check out this issue’s Featured Career Opportunities.

Register Now for the Assembly of School Faculty

The 2014 Assembly of School Faculty, to be held Feb. 18-20 in San Diego, Calif., will be the premier meeting of the year for nurse anesthesia program administrators and program faculty. While the 2014 meeting will run midweek (Tuesday – Thursday this year only), the agenda will continue to tackle the issues faced by nurse anesthesia educators, educational programs and student registered nurse anesthetists, including:

- How will changes in healthcare policy affect education?
- What are the barriers to evaluating clinical performance?
- What affect do recent regulatory changes play in accreditation and certification?
- And more!

Register Now, and receive $50 off your registration! Read More.

Consider Serving with the National Quality Forum

Do you have expertise in quality initiatives and performance measurement? Consider getting involved with the National Quality Forum. The AANA is looking for CRNAs who are interested in potentially working on NQF projects. Interested CRNAs should visit the AANA website at www.aana.com/NQFNominations to view specific projects currently accepting nominations. Links are provided to information regarding the project scope, expertise preferred, time commitment, and documentation required. Questions regarding this process can be directed to practice@aana.com.

Nominations for 2014 Elections Due Dec. 1

Nominations for members for elected office and consent forms from nominees are due in the AANA office by Dec. 1, 2013. Each state association may submit one nominee for president-elect, vice president, and treasurer. In addition, state associations may submit one nominee for a director of their region. In 2014, directors from Regions 2,
3, 6, and 7 are eligible for election. Finally, state associations may submit one name of a member from their region for the AANA Nominating Committee and for the Resolutions Committee. Also, members may self-nominate or nominate another member as long as the nominee meets the qualifications for office found in the AANA Bylaws and Standing Rules. Click here for further information.

Save the Date for the Upper and Lower Extremity Nerve Block Workshop

The Upper and Lower Extremity Nerve Block Workshop is March 8-9, 2014, in Park Ridge, Ill. This workshop is being held at the AANA National Headquarters and is designed for CRNAs interested in developing their skills and knowledge of peripheral nerve blocks. The program includes anatomy, pharmacology, and ultrasound techniques, and also includes case studies and hands-on demonstrations, return demonstration, and skill validation. Register today.

State Government Affairs

AANA SGA Division to Host Webinar for State Association Attorneys and Lobbyists

State legislatures will reconvene in January 2014 for a new legislative session. On Dec. 10 at 2 p.m. CST, the AANA State Government Affairs Division will host a webinar updating state association attorneys and lobbyists regarding legislative and regulatory issues that could affect CRNAs. While this webinar is directed at state association attorneys and lobbyists, state association leaders and any interested AANA member is welcome to attend. For more information, see our SGA webinar page (member login and password required).

Questions arise about the Minnesota Board of Nursing’s ability to Discipline Nurses

A recent Minneapolis Star-Tribune article was highly critical of the Minnesota Board of Nursing, claiming that it allowed nurses to keep practicing after stealing drugs from patients, practicing while impaired or generally neglecting patients. The Board defended its disciplinary practices, noting that it frequently removes nurses’ licenses if needed. The Board also asked the state for additional investigative ability and other statutory changes, pointing out that their ability to discipline nurses is limited by state laws and by inconsistent reporting of problems by employers and state agencies. The Minnesota Nurses Association, the state’s largest nursing union, responded to the article by stating that “illicit behavior by nurses ... is undoubtedly devastating to patients and families” but that “statistics prove these circumstances represent less than 1 percent of the millions of patient-nurse engagements occurring every year in a variety of health care settings in our state.”

AANA Foundation and Research

Proof is Power: Telemarketing Update

The AANA Foundation will soon kick off its 2014 Proof is Power Telemarketing campaign. On the strength of tax-deductible gifts, the Foundation will continue advancing and supporting nurse anesthesia through research and education. When you receive a call for your tax-deductible donation, please be a part of our success and donate generously. We need YOUR help to fund future studies and distribute scholarships, fellowships and grants needed to secure the future of our profession. To learn more about the Foundation’s Proof is Power campaign or to make your tax-deductible gift today, please click here. Thank you for your continued support of the CRNA profession!

Last Call for Applications: NBCRNA Doctoral Fellowship Opportunity
The deadline for the AANA Foundation’s $10,000 Doctoral Fellowship sponsored by National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) is **Saturday, Nov. 30, 2013**. The project/research must address the value of certification or recertification in the advancement of patient safety through enhancing provider quality. Read more [here](#), and access the application [here](#)

**Professional Practice**

**AAAHC Institute for Quality Improvement Releases Patient Safety Toolkits**

The Accreditation Association for Ambulatory Health Care (AAAHC) Institute for Quality Improvement has developed patient safety toolkits, which are available for download. Each toolkit includes a brief overview of evidence-based information on important ambulatory safety issues with references, and patient assessment tools to aid in clinical decision-making and patient management. Download and view the toolkits using the links below:

- **Ambulatory Surgery Obstructive Sleep Apnea (OSA)**
- **Ambulatory Surgery Venous Thromboembolism (VTE)**
- **Ambulatory Surgery and Preventing Falls**
- **Ambulatory Surgery and Surgical/Procedural Checklists**

**Joint Commission FAQ: Laundering of Surgical Scrubs and Other Surgical Attire**

The Joint Commission recently released a Frequently Asked Questions (FAQ) document discussing whether employers are required to commercially launder surgical scrubs and other surgical attire. The FAQ states, “For surgical scrubs or other surgical attire not visibly contaminated, organizations can choose between home laundering (acceptable per Centers for Disease Control Healthcare Infection Control Practices Advisory Committee) or a healthcare-accredited laundry facility (recommended per Association for perioperative Registered Nurses). For all visibly contaminated clothing, the employer must be responsible for laundering per Occupation Safety and Health Administration standards. Your organization should develop a policy addressing how they will manage this process and what guidelines they are following which will drive our survey process.” Read the entire FAQ for **Ambulatory Health Care, Critical Access Hospitals, Office-Based Surgery**, and **Hospitals**.

**PR, Publications and eCommunications**

**New Member Spotlight Story Added**

Capt. Richard Crocker, CRNA, ANC, USA, is profiled in the latest **Member Spotlight story**. While serving in the United States Army in Afghanistan, Crocker decided to write down, illustrate, and publish the bedtime story he had been telling his children the last 10 years. He partnered with the charity **Feed My Starving Children** and has donated all proceeds of the book to the organization, raising close to $300. To read the entire story, click [here](#).

**Don't Wait to Order Your Nurse Anesthetists Week Materials**


**News from COA**

**Open Positions on the COA**
Application Deadline: March 15, 2014

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) is seeking nominations for three director positions: Healthcare Administrator Director, Public Director, and CRNA, Educator Director. Candidates must be available to attend three-day COA meetings, typically held in January, May and October. The term of office is three years, beginning fall 2014 through fall 2017. Individuals then would be eligible to be considered for reelection for an additional three-year term. Read More.

Jobs

NEW! Featured Career Opportunities

Certified Registered Nurse Anesthetist - Somnia Anesthesia
Hazleton, PA

Somnia seeks an experienced CRNA to join its team at Hazleton General Hospital, a community hospital close to the Pocono Mountains & within driving distance of Philadelphia and NYC.
Read more about this position.

CRNA - Somnia Anesthesia
Central, IN

Somnia is actively seeking to hire a CRNA for Fayette Regional Health System, a community hospital in eastern central Indiana.
Read more about this position.

CRNA Opportunities – EmCare Anesthesia Services
Multiple Opportunities Exist Nationwide

EmCare Anesthesia Services supports hundreds of hospitals and surgery centers from coast-to-coast. Search all available opportunities at www.EmCare.com.
Read more about this position.

Visit www.crnacareers.com for more job postings or to post a listing.

Healthcare Headlines

Specialty Pharmacies Fill Execution Drug Shortage, Raising Concerns

Shut off from access to the drugs previously used to carry out capital punishment sentences, states are resorting to fatal drug cocktails concocted by compounding pharmacies. The trend is drawing even more scrutiny to the compounding industry, which came under fire after a bout of meningitis that killed dozens of people last year was traced back to a facility in Massachusetts. Now, critics are focused on state corrections departments that are patronizing compounding pharmacies as manufacturers have stopped production of some lethal injection drugs and others have prohibited their use for executions. The latest example comes from Missouri, which previously used a three-drug combination before supply issues forced it to switch to a single-drug protocol using propofol, which is manufactured overseas. When the European Union threatened to limit export of that anesthetic—which would have caused myriad problems at hospitals across the United States—Gov. Jay Nixon authorized the use of pentobarbital instead. The state ordered the drug from a compounding pharmacy and used it to put convicted murderer Joseph Paul Franklin to death with no complications. Although the pharmacies must be licensed, they do not require accreditation; and detractors complain that the products may be unsafe and could constitute cruel and unusual treatment of condemned prisoners. A bill now on
the president's desk would give the U.S. Food and Drug Administration the authority to inspect and close the biggest compounding pharmacies in the country.

From "Specialty Pharmacies Fill Execution Drug Shortage, Raising Concerns"
NBC News (11/20/13) McClam, Erin

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Propofol Dosing by Weight May Shortchange Obese Patients

When inducing anesthesia in patients with morbid obesity, Canadian researchers find that it is better to base propofol dosage on bispectral index values (BIS) rather than on lean body weight (LBW). Waleed Riad Soliman, MD, PhD, of the Department of Anesthesia at Toronto Western Hospital, who led the study comparing the two calculation methods, said that clinical observations have suggested that patients undergoing bariatric surgery and dosed using the LBW guidelines "were not adequately anesthetized and developed tachycardia and hypertension in response to intubation."  

Sixty bariatric surgery patients with a body mass index of at least 40 kg/m squared were randomized to receive propofol induction based on LBW or according to BIS values. The LBW group received a precalculated fixed dose of 2.6 mg/kg LBW, an approach recommended in 2011. Propofol induction was halted in the other group when BIS declined to 50. According to Soliman, 60 percent of those in the LBW group required addition propofol to achieve deep sedation compared to just 3.3 percent of patients in the BIS group, although total induction doses did not differ significantly and there were no differences in heart rate during intubation.

From "Propofol Dosing by Weight May Shortchange Obese Patients"
Anesthesiology News (11/01/13) Vol. 39, No. 11 Wild, David

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Postoperative Pain Increased With Sequential Surgery

Sensitivity to pain worsens after the second surgery for patients who have bilateral total knee arthroscopy (TKA), according to researchers in South Korea. In a study of 30 people who had a second knee operated on within a week of undergoing surgery on the first, subjects reported a spike in pain levels following the second procedure. They also needed more opiate analgesic in the first 24 hours and more rescue analgesics in the first 48 hours following the first procedure than they did during the same intervals after the second round of surgery. The differences in pain presented even though preoperative pain levels were similar for both joints and the same TKA protocol was followed for both operations. The researchers speculate that hyperalgnesia occurs in the second knee as a result of pain-induced neuroplasticity caused by persistent nociceptive inputs from the first knee, which alter sensory processing and sensitive subcortical structures. "Therapeutic approaches to reduce such hyperalgnesia induced by sequential surgical procedures deserve further study," they write in Pain, "given the detrimental impact of unrelieved postoperative pain and considering the potential contribution to the study of hyperalgnesia mechanisms."

From "Postoperative Pain Increased With Sequential Surgery"
MedWire News (11/18/13) Lyford, Joanna

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Study Finds Widespread Use of Opioid Medications in Nonsurgical Hospital Patients

Research led by Boston's Beth Israel Deaconess Medical Center has uncovered heavy use of prescription opioids, both before and after a hospital stay, for who patients who did not even have surgery. The study examined 1.14 million nonsurgical admissions nationwide over a one-year period, finding that more than half of the patients were given narcotic pain drugs while hospitalized. Not only were they administered high doses, elevating the risk for adverse events, the findings additionally indicate that more than a quarter of patients receiving opioids were written prescriptions on the day they were released—increasing the likelihood of the patient accidentally overdosing or experiencing another kind of complication. Hospitals that more freely prescribe narcotic painkillers have a higher risk for serious opioid-related problems, according to the research results. The analysis revealed that the highest incidence of opioid prescribing for nonsurgical patients is in the western United States, with the lowest
rate of occurrence in the Northeast. "Looking ahead," lead author Shoshana Herzig, MD, MPH, writes in The Journal of Hospital Medicine, "a better understanding of the predictors of opioid-related adverse events in hospitalized patients might enable institutions to take steps to make these medications safer during hospital use."

From "Study Finds Widespread Use of Opioid Medications in Nonsurgical Hospital Patients"
e! Science News (11/14/2013)

New Sedative May Be Helpful for Colonoscopy

A study published in the November issue of Anesthesia & Analgesia lauds a new sedative called remimazolan as a promising new alternative for patients undergoing colonoscopy and other brief procedures. According to lead researcher Dr. Mark Worthington of Johns Hopkins Hospital, "Remimazolam has the attributes of a sedative drug, with success rate comparable with recent studies of other drugs." Designed to work faster and more predictably, with a shorter recovery time than currently available sedatives, remimazolam achieved adequate sedation in less than one minute following administration for most of the volunteers in the study. Afterward, each patient "rapidly recovered to fully alert" in a median time of under 10 minutes. Only a few of the study subjects experienced less-than adequate sedation or minor adverse events. No serious or unexpected adverse events were documented. Researchers subsequently found that flumazenil could be used to reverse the sedative effect of remimazolam, with patients regaining full alertness within 60 seconds of receiving an injection of flumazenil.

From "New Sedative May Be Helpful for Colonoscopy"
EndoNurse (11/14/13)

Walk This Way: Adductor Block After TKA Aids Ambulation

While earlier study has shown that adductor canal blocks effectively provide analgesia following knee replacement surgery, new research indicates that this approach also improves ambulation after total knee arthroplasty (TKA). In a study of 45 patients, 21 of whom received femoral nerve blocks and 24 of whom received adductor canal blocks following TKA, patients in the adductor group were able to walk a median 24 meters—nearly four times farther than patients in the femoral group, who were able to walk only a median of six meters. Femoral nerve blocks can contribute to weakness in the quadriceps muscles that can interfere with the physical therapy process and cause patient falls. The adductor canal, in turn, can be blocked with little motor activity, making it a more distal site to insert a perineural catheter. Doing so may avoid fatiguing the quadriceps while still providing pain adequate pain relief. According to Asokumar Buvanendran, MD, director of orthopedic anesthesia and anesthesiology professor at Rush University Medical Center, the findings add to the growing body of evidence supporting the use of adductor canal blocks for TKA.

From "Walk This Way: Adductor Block After TKA Aids Ambulation"
Anesthesiology News (11/01/13) Vol. 39, No. 11 O'Rourke, Kate

U.S. Hospitals Adopt Child-Friendly Tactics to Minimize Pain, Trauma

Children's hospitals are utilizing numerous technologies and techniques to reduce the pain, discomfort, and distress their youngest patients experience during their treatment. Such efforts are more important than ever, with the National Association of Children's Hospitals and Related Institutions putting the number of "medically complicated" children in the U.S. at 3 million and rising by 5 percent a year. According to the National Child Traumatic Stress Network, 80 percent of pediatric patients and their families report some traumatic stress following injury, hospitalization, or a painful medical treatment. Mission Children's Hospital in Asheville, N.C., is counteracting this in part with a new digital video system that allows children to watch a movie using a pair of goggles they wear during MRIs, which reduces the number of children that have to be sedated during such procedures. Mission child-life specialist also uses medical play techniques to put children at ease by play acting medical scenarios with dolls and toys. Cardon Children's Medical Center in Mesa, Ariz., creates "safety zones"
for children away from areas where potentially stressful or painful procedures are carried out. Cardon also makes use of medical play as well as a device called the J-Tip, which uses pressurized gas to deliver numbing medication before an IV needle is inserted into a vein, making the process pain-free.

From "U.S. Hospitals Adopt Child-Friendly Tactics to Minimize Pain, Trauma"
*Wall Street Journal (11/11/13) Landro, Laura*

**Postoperative Pain May Increase Risk of Cognitive Impairment**

An animal study from the Massachusetts General Hospital (MGH), published in the *Journal of Neuroscience*, examined a possible mechanism for pain-induced cognitive impairment and suggested ways to target potential preventative measures. According to Zhongcong Xie, MD, PhD, director of the Geriatric Anesthesia Research Unit at MGH, the study findings suggested that pain was a perioperative factor that could contribute to the risk that a surgical patient would develop cognitive dysfunction. Other factors include anesthesia, sleep disturbance, and the surgery itself. Experiments were conducted on mice that had small incisions made on one of their paws while under general anesthesia. They were later tested for sensitivity, learning, and memory. Inadequate pain treatment was suggested by the findings as a possible cause of "postoperative cognitive dysfunction through a synapse-associated mechanism." Xie noted that treatments targeting CDK5 activity and inflammation could help ease this issue and provide improved pain control, saying, "We hope this research will promote more studies into the underlying mechanism of postoperative cognitive dysfunction—specifically whether aged animals have greater postoperative impairments—findings of which should ultimately improve outcomes for surgical patients."

From "Postoperative Pain May Increase Risk of Cognitive Impairment"
*Science World Report (11/06/13) Lees, Kathleen*

**Bumps in the Road to Developing Long-Lasting, Single-Injection Nerve Blocks**

Preliminary research shows promise in the use of a single injection of liposomal bupivacaine to deliver a long-lasting nerve block. Although the study led by Dr. Brian Ilfeld of the University of California San Diego showed that a single injection of a liposomal bupivacaine preparation with the brand name Exparel was able to produce a femoral nerve block lasting longer than 24 hours in volunteers, the study results were confusing. According to the November issue of *Anesthesia & Analgesia*, the results presented variable responses and an "inverse relationship" between dose and response. The preparation used in the study was designed to release local anesthetic over a period of 96 hours following the initial injection; and while not approved for performing peripheral nerve blocks, Exparel is indicated for use in managing incision pain after surgery. The results show significant, lasting responses for both sensory and peripheral nerve blocks, though there was an inverse relationship as lower doses of Exparel produced greater responses, which the researchers called "biologically implausible" and attributed to the "limited sample size and the subjective nature of the measurement instruments." Despite this, the study adds to the body of evidence that supports the use of liposomal bupivacaine to provide longer-lasting nerve blocks. The researchers stressed that larger trials will be needed before recommending the drug for routine clinical use in performing nerve blocks.

From "Bumps in the Road to Developing Long-Lasting, Single-Injection Nerve Blocks"
*Science Daily (10/28/2013)*

**Propofol's Effect on the Sciatic Nerve: Harmful or Protective?**

Propofol injections promote cell regeneration following injury to the sciatic nerve, according to new findings published in *Neural Regeneration Research*. In lab tests, investigators discovered that injecting the anesthetic into the injured sciatic nerve of mice had the effect of markedly curtailing the number of apoptic cells in L4-6 segments of the spinal cord, curbing nerve conduction block, and alleviating nerve myelin defects. The researchers concluded that propofol works by blocking damage cause by proinflammatory cytokines and by protecting the central nervous system.
Intranasal Topical Local Anesthetic and Decongestant for Flexible Nasendoscopy in Children: A Randomized, Double-blind, Placebo-Controlled Trial

For children undergoing flexible nasendoscopy, there is no statistically significant difference in discomfort whether they received a decongestant nasal spray, a decongestant with topical local anesthetic (TLA), or a saline placebo spray, new research shows. The study looked at 69 children, ages three to 12 years, who underwent flexible nasendoscopy after receiving a nasal spray. The study's primary outcome measure was the child-reported Wong-Baker Faces Pain (WBFP) scale. Results showed that the mean child-rated WBFP scale scores were 2.4, 1.8, and 2.2 for the placebo, decongestant, and decongestant with TLA groups, respectively. These findings were statistically nonsignificant. Researchers found no correlation between the outcomes and participants' age or sex. Though the findings were not statistically significant, decongestant was still associated with the least discomfort according to child, caregiver, and observer-rated pain scale scores; it also had the lowest rating for difficulty of procedure.