

THE ASA M SENSOR

Volume 3, Number 1

January 1993

THE QUARTERLY NEWSLETTER OF THE
AMERICAN SOCIETY OF ANESTHESIA TECHNOLOGISTS AND TECHNICIANS

President's Message ...

by George Mann

The ASATT 3rd Annual Meeting was held in New Orleans on October 17 and 18. Over 175 were in attendance at the conference which ran concurrently with the ASA Annual Meeting. A series of lectures were presented on technical subjects such as Rapid Infusion, Cell Saver Systems, Difficult Intubation, Mismanagement in the Anesthesia Machines, Malignant Hyperthermia, Local Anesthesia Toxicity Reaction, and the Anatomy of the New Anesthesia System. The Board of Directors were pleased with the outcome of this meeting and are looking forward to 1993.

After two years of being President of our Society, Dennis McMahon has stepped down and passed the gavel on to me. Since the inception of the Society, Dennis has worked hard and has dedicated himself to his belief that the Society is a necessary program and that we can become a major contributor to the health care team. Dennis has left some big boots to fill and I have decided that instead of trying to fill those boots, I would rather walk beside the footprints he has left, for I share the same beliefs that many of you do: our Society is here to stay and by working together, we will achieve our goals. Thanks Dennis!

Our Bylaws state that the President, as the principal officer of the Society, oversees and directs all activities of the Society. I am only one person and one person cannot run this program alone. Therefore, I am requesting help from each member on our roster, whether you are listed as active, associate, individual, corporate, or institutional. My address and number are listed in *The Sensor*. If you are interested in the success of this program, then you must become involved.

Our membership is growing at a steady rate, however, it would be helpful if each of you would try to recruit one new member. Our management office, located in Seattle, Washington, has an 800 number and you could assist them with keeping our records accurate if you would notify them if you change positions, addresses, or phone numbers. This will assure that all information concerning the Society and Program will reach you.

The Board of Director will hold their Spring meeting in Syracuse, NY, on April 16, 1993. In conjunction with this meeting, the SUNY Health Science Center at Syracuse, NY, will host a one-

day seminar on April 17. Information concerning the seminar is located in *The Sensor* under the "Regional Societies" section.

October 1993 - on to Washington, DC, for the 4th Annual Meeting of ASATT and the Annual ASA Conference. Ricki Kallish, Regional Director from Philadelphia has accepted the Program Chairmanship for this conference. If you know of any speakers who might be interested in speaking at our conference during that time period, or who would like to work on the program, please contact Ricki. Her telephone numbers are located in *The Sensor*.



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L. Dianne Holley
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THE VIEW FROM...**Baylor University Medical Center****Dallas, Texas***by Kyle Logsdon*

Founded in 1903, Baylor has become one of the top ten medical centers in the U.S., and is the largest in Texas. The Dallas campus is composed of five hospitals, has 1458 beds, and covers twenty city blocks.

The Surgery Department offers a wide spectrum of services, presently including: transplantation of major organs, cardiovascular, major and minor vascular, neurosurgery, general, cysto, reconstructive, orthopedics, obstetrics, and pediatrics. With over 46 O.R. suites and 5 L/D rooms, the anesthesia technicians play an important role in the efficient flow of cases throughout the hospital.

The Anesthesia Department employs 33 technicians who provide 24 hour coverage over three shifts. The technical skill level is divided into three grades: technician, senior technician, and technical specialist. Each skill level has shared responsibilities and all three work together to accomplish the workload.

The technician is responsible for stocking O.R. rooms, ordering anesthesia supplies and workroom stock, setting up for general cases, and decontamination.

The senior technician is more involved during cases and has direct patient contact. Duties include: assisting with IV's, invasive monitoring, intubation/extubation, drawing up and mixing drugs, drawing blood for lab work, setting up Cell Savers during trauma cases, and administration of blood and blood products. Senior technicians also perform daily gas machine checks and troubleshoot equipment.

The role of the technical specialist is more complex. In addition to the duties of the senior technician, the technical specialist assists with EEG monitoring, performs lab work during liver transplants, and participates in weekly in-services. All technical specialists are required to undergo special training, consisting of approximately 60 hours of classroom lecture. An examination determines whether a technician passes the course. Presently, the training program is being reviewed for incorporation into a national educational program, which would result in certification for anesthesia technicians.

Overall, the Anesthesia Department of Baylor offers a challenging role for the technician. With the prospect of a national certification program and the growth of TSAT and ASATT, this promises to be an exciting period for all anesthesia technicians.

TECHNICALLY SPEAKING

by Wes Simpson II, San Diego, CA

This issue highlights the scientific papers presented during the October 1992 ASA Conference. Abstracts of all talks are available as the September 1992 supplement for ANESTHESIOLOGY. Abstracts cited focus on continued utilization of capnography and pulse oximetry, the ongoing clinical controversies surrounding continuous noninvasive blood pressure monitors, and the promising outlook for cerebral oximetry.

Dinner M, Stever M: Capnography as an aid to blind nasal intubation. *Anesthesiology* 77:A469, 1992
"The use of capnography during blind nasal intubation facilitates both a significantly higher success rate as well as a faster rate of intubation, and can be a valuable tool in airway control of critically compromised patients."

Barker SJ, Hyatt J, Shah NK: The accuracy of malpositioned pulse oximeters during hypoxemia. *Anesthesiology* 77:A496, 1992
"Pulse oximeters can give fake low SpO₂ readings during normoxia when malpositioned. The study concludes that malpositioned oximeter probes also display erroneous data during hypoxemia, but that readings are not consistently low. Some pulse oximeters actually provide a false high reading under certain conditions, which may lead to an uncorrected hypoxic event."

Landon M, Benumof JL, O'Leary RS: Buccal pulse oximetry: an accurate alternative to the finger probe. *Anesthesiology* 77:A526, 1992
"The authors demonstrate that modification of a disposable finger probe for use on the buccal mucosa provides an extremely accurate monitoring site. Correlation with arterial oxygen values was closer than with digit probes."

Burkhardt D, Kinnealey E, Ford-Carlton P, Meyer M, Cooper J: Comparison of arterial tonometry with invasive pressure monitoring. *Anesthesiology* 77:A479, 1992
"This study compared arterial tonometry against a calibrated arterial transducer

with the catheter placed in the contralateral arm. These authors observed clinically significant differences between the two methods and conclude that arterial tonometry should be considered as a compliment to intermittent non-invasive pressure monitoring as a replacement for invasive monitoring at this time."

Searle NR, Gauthier J, Perrault J, DuPont C: Effect of edema on tonometric blood pressure (TBP) reading. *Anesthesiology* 77:A486, 1992
"The authors conclude that while edema will decrease signal strength and increase hold-down pressures used, no clinically significant deviation in accuracy occurs when comparing edematous to normal limbs."

Jameson LC: Comparison of the N-Cat and 2300 Finapres noninvasive continuous BP monitors with an intra-arterial pressure monitor. *Anesthesiology* 77:A550, 1992
"Neither monitor provided the same information as an intra-arterial catheter. Mean blood pressure readings were consistent and accurate. While both monitors provide consistent data, values should be confirmed with a standard NIBP monitor."

Volgyesi GA, Suzuki Y, Lerman J: A simple testing device for pulse oximeters. *Anesthesiology* 77:A578, 1992
"The authors describe a simple device which can be used to test the accuracy of pulse oximeters. One pulse oximeter which displayed normal values, when checked with an electric tester was found to be defective."

Silvay G, Koorn R, Bucek JL, Weiss-Boom L, Griep RB: Regional oxygen cerebral saturation during deep hypothermic circulatory arrest in adult patients. *Anesthesiology* 77:A498, 1992
"Evaluates use of a regional brain oximeter to provide continuous noninvasive measurements. Concludes that cerebral oximetry has potential value during coronary bypass and circulatory arrest. This method may also be valuable

for evaluating brain procedures."

Amory D, Li JK-J, Wang T, Asinas R, Kalatzis E: Noninvasive, continuous assessment of cerebral oxygenation using near-infrared spectroscopy. *Anesthesiology* 77:A533, 1992
"This study concludes that near-infrared frequencies can be used to provide accurate, rapid, continuous monitoring of cerebral oxygenation."

POSITIONS AVAILABLE

Baltimore

The Department of Anesthesiology and Critical Care Medicine of the Johns Hopkins University Hospital seeks and Anesthesia Equipment Specialist to maintain and troubleshoot complex anesthesia and monitoring equipment in the Operating Room. Duties include training of physician and technical staff, and coordination of technical evaluations. Candidate should be experienced with hemodynamic monitoring and technically skilled, with the ability to work independently. Day shift. Contact: David Richmond, Employment Office, Johns Hopkins Hospital, Baltimore, MD 21287 (410) 955-3618

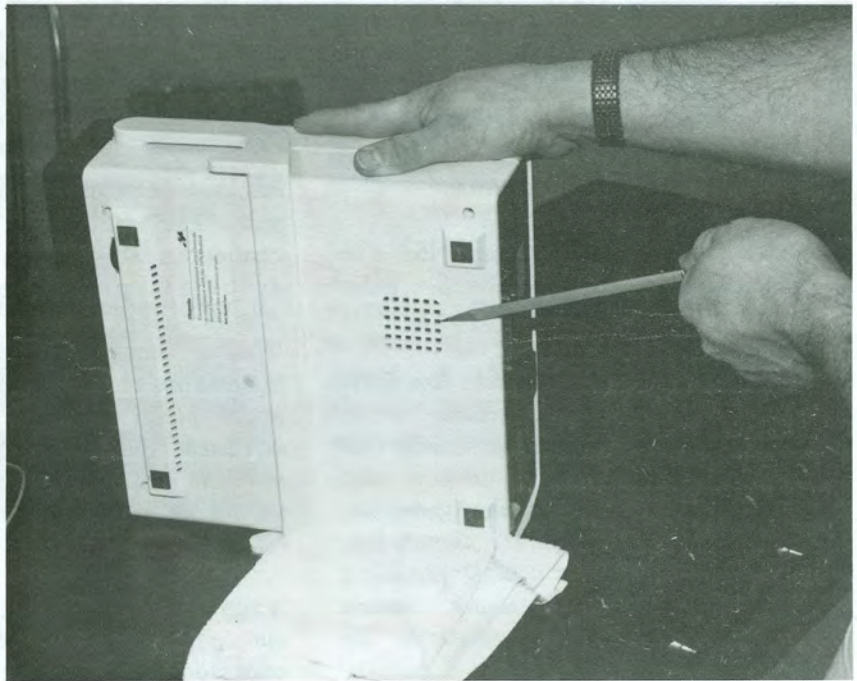
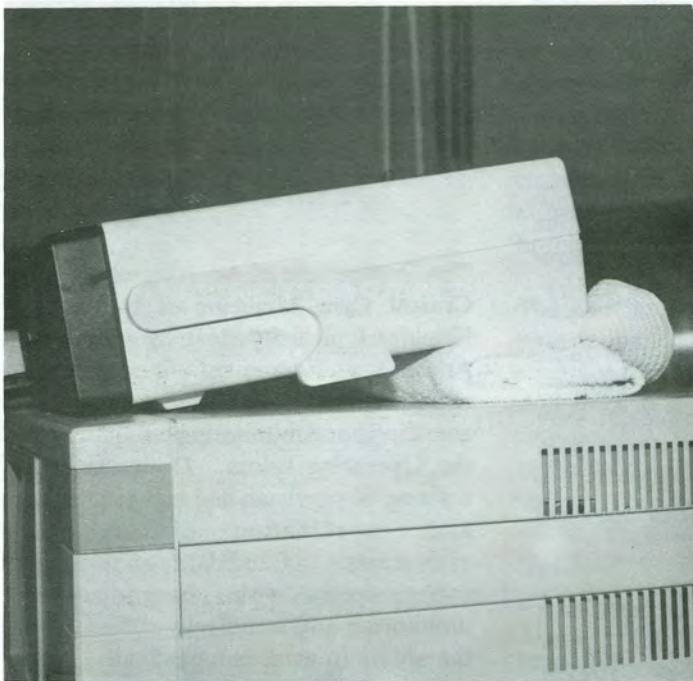
San Jose

The Good Samaritan Hospital of Santa Clara Valley, California is looking for a full-time Anesthesia Technician to help with surgery center, labor and delivery, and a small three-room operating room hospital. Three or more years experience preferred. For more information, please contact Pat Ward, Manager O.R. Good Samaritan Hospital, or Chris Crotty, Lead Anesthesia Technician, Main operating room (408) 559-2414.

HAZARDS...

SILENT ALARM?

At a teaching anesthesia department on the west coast, a technician was called to an OR to investigate a complaint of a malfunctioning alarm on the pulse oximeter. The anesthesiologist had detected indications that the patient, under general anesthesia, was not being well oxygenated, but the audible alarm on the pulse oximeter was apparently not sounding when the oxygen saturation fell below the alarm threshold. On inspection, it was noticed that the anesthesiologist had propped-up the back of the pulse oximeter with a bath towel in order to make the display panel more easily readable. On removing the towel, the audible alarm was apparent; the clinician had unknowingly occluded the alarm speaker port which is located on the bottom of the monitor. (See photos.) The monitor was checked and found completely functional. opening



Liquid crystal displays (LCDs) on monitors at a high or low position can be difficult to read, even if provided with a contrast adjustment. Medical personnel often innovate ways of tilting these units in order to make them more readily readable. As support personnel, anesthesia technicians should recognize the hazards associated with repositioning equipment. Be aware of ventilation holes, fans, switches or controls, and (as above) speaker ports. Under other conditions, the incident described above could have resulted in more than mere embarrassment.

*Have you seen similar hazards in your work setting? LET US KNOW! Become a hero! The **Sensor** will publish reports of incidents or potential threats to safe patient care involving any aspect of anesthesia technology. Describe the hazard in your own words, include a photo or drawing, and we'll edit for publication. Individuals and institutions will not be identified. Send your report to the Editor, c/o the ASATT address.*

MOVING?



JUST MOVED?



ABOUT TO MOVE?



LET US KNOW!

If you have a new name, address, and/or phone recently, please let us know. Copy or fill out this form and send to the ASATT address:

Name: _____

Phone: (____) _____

NEW Address: _____

number & street

apt/unit

city state zip

THE COMPUTER THANKS YOU!



The 1993

Midwest Anesthesia Conference, sponsored by the Illinois Society of Anesthesiologists, will be held May 6-8, 1993 at the Hyatt Regency Hotel in Chicago.

Watch your mail for program and registration materials. For registration and general information, contact the meeting planner:

Leslie Davis at (708) 520-2559.



REGION 7
EDUCATION
DAY!

Saturday,

March 13, 1993

Red Lion at the Quay
Vancouver, WA

CONTACT RUTH OCHOA,
Director, Region 7

Work: 503-370-5200 Page 225

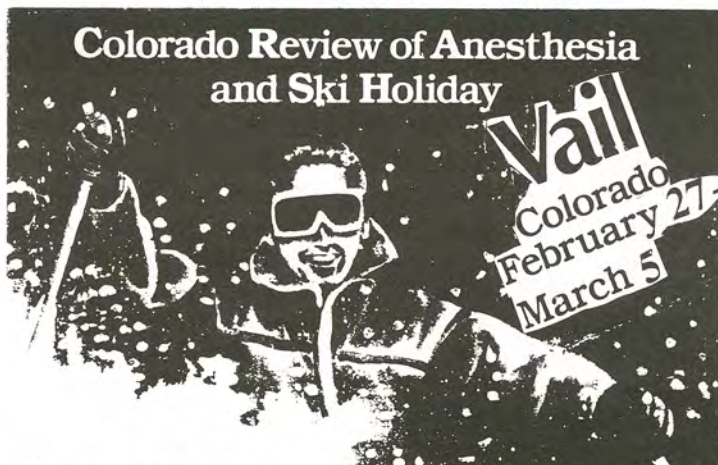
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DETAILS TO BE MAILED SOON

University of Colorado
Department of Anesthesiology

CRASH 93

Colorado Review of Anesthesia
and Ski Holiday



A unique 2 1/2 day course entitled "Principles of Anesthesia Technology" will be offered to anesthesia technicians. This course is being offered to provide workshops and hands-on experience with new equipment and technologies developing in anesthesia today. A Certificate of Completion will be awarded to all technicians. Special room rates are available for technicians on a limited basis.

For further information contact Judith Drakiotes, LPN, CATS at (303) 270-8399.

Office of Continuing Medical Education



Dr Clayton Petty speaking on anesthesia machines.



Dr Robert Lee Jones presents the first Jami Blue Award to Wilma Frisco.



Change of command: Dennis McMahon turns the gavel over to George Mann.

Dr Eric Kitain warms up the crowd on malignant hyperthermia.

Dr Joseph Seltzer answers a question on toxicity of local anesthetics.



Exhibitionists: George Mann and Chris Patterson (r) discuss Society goals with a visitor at our exhibit booth at the ASA display hall.



Dianne Holley, *Sensor* editor, presents fellow Texan Rachel Sierra the Robert Lujan Award.



At the reception: Sharing our sense of community.

A photo album of the ASATT 3rd Annual Meeting is being prepared for inclusion in the 4th Annual Meeting. If you have any pictures you would be willing to donate, please send them to George Mann c/o the ASATT address. These pictures cannot be returned.

Thank You.



Closing comments from George Mann, with an assist from John Spaulding, ASATT Executive Director.

Randy Shipley of Anaquest enlightens on the newest inhalation agent.



THE OHMEDA TEC 6™ VAPORIZER AND SUPRANE^R (desflurane)

by Eve Jelstrom, CRNA
Product Manager, Anaquest, Inc.

The Ohmeda Tec 6™ Vaporizer was designed specifically for delivery of Suprane^R (desflurane), a new potent inhaled anesthetic. In comparison to Forane^R (isoflurane), Suprane^R offers faster emergence from anesthesia and lower metabolism. Differences in the physical properties of Suprane^R compared to Forane^R posed particular challenges in the development of a controlled delivery system. The most pronounced differences include the low boiling point relative to room temperature (22.5 C, 72.5 F) and the low potency (MAC--minimum alveolar concentration--of 6.0% for adults) relative to isoflurane.

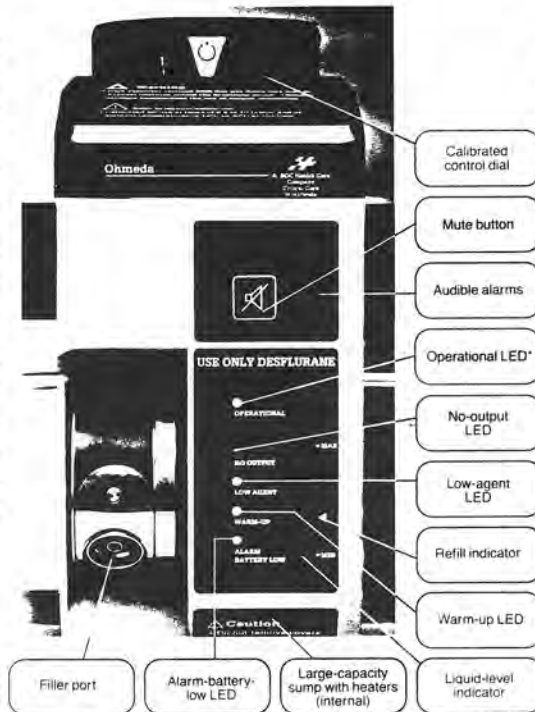
General Features

Unlike conventional direct reading vaporizers, which are purely mechanical devices, the Tec 6™ Vaporizer combines some of the latest electronic and mechanical technology. The Tec 6™ Vaporizer is larger than the Tec 4™ and the Tec 5™ Vaporizers because of its increased capacity and its heating device which is required for delivery of Suprane^R. The Tec 6™ includes a sophisticated alarm system which alerts the user to conditions which could affect the performance of the vaporizer and will automatically shut the vaporizer down if necessary. Status lights and an agent level display on the front panel help to provide useful information to the user about the vaporizer.

There are two styles of Tec 6™ Vaporizers available. One is compatible with Ohmeda Selectatec^R mounting systems and a second is compatible with the North American Dräger Triple Exclusion Interlock System. The Tec 6™ Vaporizer can be simultaneously mounted on the same backbar as Ohmeda Tec 4™ and Tec 5™ Vaporizers and will be fully interlocked, allowing only one vaporizer to be turned on at a time.

Activating the Tec 6™ Vaporizer

The Tec 6™ Vaporizer has no power switch. Once the unit is plugged in, the sump heaters become operational, and



the vaporizer begins the self-testing process. The warning alarm sounds for 1 second, and each LED indicator on the front panel flashes. The self-test can be repeated at any time by simply pressing and holding the mute button for 4 seconds.

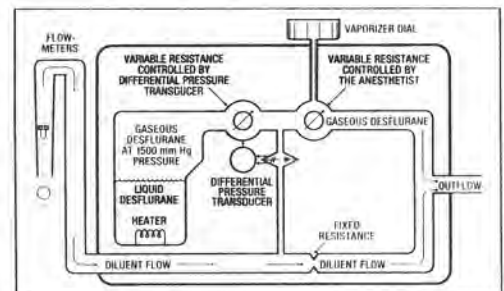
Throughout the initial warm-up period of 5 to 10 minutes, the control dial stays locked in the standby position, and the internal shut-off valve remains closed to help prevent the flow of vapor through the system. During this time, the amber warm-up light is illuminated. Once the unit reaches operating temperature, the warm-up light turns off and the green operational light is illuminated. In addition, the control dial unlocks and the shut-off valve opens when the dial is turned from standby. The complete anesthesia system leak test can be performed at this time. (Instructions for this test can be found in the anesthesia system operation and maintenance manual.)

To stop vapor flow, turn the dial to standby. With the control dial in this position, the heater will still be functioning and the unit will stay at operating temperature. To completely shut off the Tec 6™ Vaporizer, simply unplug it.

Anesthetic Flow

Within the Tec 6™ Vaporizer, precision mechanical and electronic components continuously monitor and report on the status of the unit.

1. Vapor is created by heating and maintaining the agent above room temperature.
2. The Suprane^R (desflurane) vapor is mixed with fresh gas.
3. Two transducers measure the difference in pressure between the fresh gas and the agent. The agent vapor pressure is then regulated to match the pressure of the fresh gas.
4. A metering valve connected to the control dial regulates agent concentration.
5. At the top of the vaporizer, the vapor temperature is maintained by additional heaters to eliminate the possibility of "rainout".



With a concentration setting range of 1% to 18%, the Tec 6™ Vaporizer can deliver the concentrations of Suprane^R required for practically any clinical use. The large sump capacity of 425 ml allows the vaporizer to be used for extended periods of time before refilling is necessary. The Tec 6™ Vaporizer's filling system, especially designed for desflurane, and the Suprane^R bottle's Saf-T-Fill™ Valve help to ensure that Suprane^R and the Tec 6™ Vaporizer can only be used with each other. The Saf-T-Fill™ Valve is crimped on and helps avoid misfilling, spillage, and release of the agent into the operating room environment.

A pointer on the liquid level indicator marks the level at which a full bottle of Suprane^R can be added to the vaporizer, thus avoiding the inconvenience of

storing and reusing partially filled bottles. The unit can be refilled during use without turning the dial to standby. There is one specific occurrence during which the "no output" alarm may be activated. Dial settings above 12% and high flows in combination with an agent level below the 250 ml refill mark may, under certain circumstances, result in the "no output" alarm being activated. Should this occur, turn the dial to "Standby" to clear the alarm, turn the dial to a concentration setting of less than 12% and refill the vaporizer with agent.

Safety Features

- > Filling port accepts only Suprane^R (desflurane) bottles, which are fitted with crimped-on Saf-T-FillTM Valves.
- > Suprane^R bottles are plastic coated to help minimize breakage and are shipped in specially designed, recyclable cartons.
- > Automatic self-check of systems upon initial activation of the unit, and constant self-monitoring throughout its use.
- > Warm-up LED shines amber until vaporizer reaches operating temperature.
- > Locking mechanism prevents agent flow if vapor is not ready for use.
- > Operational LED shines green once vaporizer reaches operating temperature.
- > Liquid-level indicator shows how much agent is in the sump when the vaporizer is powered up.
- > Calibrated control dial, once released, can be freely turned up to 12%. To move the dial past that point (to maximum of 18%), the operator must again press the dial release bar.
- > Interlock pins prevent the operation of another Ohmeda interlocked vaporizer while the Tec 6TM is in use.

Warning Systems

POWER FAILURE OF POWER-CORD DISCONNECTION

In this instance, the vaporizer's shut-off valve immediately closes. If power has not been restored within 10 seconds, a battery-powered audible alarm will sound and the no-output LED will flash red. When power is restored, the vaporizer will resume operation, first carrying out the self-test.

NOTE: The battery does not power the

agent administration system in the event of a loss of electricity. It powers only the alarm system and the liquid-level indicator.

ALARM BATTERY LOW/DISCONNECTION

If the alarm battery should become disconnected or depleted, the low-battery LED will glow amber.

LOW-AGENT LEVEL

Should the amount of anesthetic run low, an audible alarm will sound, and the low-agent LED will shine. If the agent level drops below the minimum operating level, the unit will shut down, an alarm will sound, and the no-output LED will illuminate.

TILTING OR INTERNAL MALFUNCTION

An internal malfunction or tilting of the vaporizer beyond a nominal 10 degrees will cause an automatic machine shutdown. Again in either of these cases, an alarm will sound and the no-output LED will flash red.

Note: The Tec 6TM Vaporizer is equipped with a mute button, so that the low-agent alarm can be silenced by the operator. However, the no-output alarm may only be silenced by turning the dial to standby.

Clinical users should read the complete Prescribing Information on Suprane^R, and review the Operation and Maintenance manual thoroughly. For questions regarding Suprane^R (desflurane) or the Tec 6TM Vaporizer, please call 1-800-ANA-DRUG.

CORRECTION ...

Well, we were proximally correct ...

An astute member in Boston brought to our attention an ambiguous clue in last October's **Technician Crossword**. The clue (8 across) described a type of endotracheal tube with a lateral hole at its *proximal* end. The question is: proximal to what? Some medical dictionaries define proximal as "nearest the point of attachment, or center of the body.." (Taber's Cyclopedic Medical Dictionary, F A Davis Co., 1970). This was the definition assumed in our clue. Others define proximal as "nearest; closer to a point of reference.." (Dorland's Medical Dictionary, Saunders Co, 1981); so that when holding an endotracheal tube at its connector end, one would refer to the other end as *distal*, the opposite of proximal.

Our thanks for the reader feedback. In the future, we'll make every effort to avoid ambiguous clues or answers in the puzzle; and we hope you make every effort to answer them correctly.

Ohmeda

Operation and Maintenance of Anesthesia Equipment

An accredited course specifically designed for individuals directly supporting anesthesia machines and associated monitoring equipment.

Course Objectives

After attending the Operation and Maintenance of Anesthesia Equipment class the attendees should gain:

- A better understanding of theory, pneumatics, design, operation of anesthesia machines, ventilators, and associated monitors.
- Hands-on experience performing preoperative

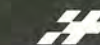
checkout procedures to FDA recommendations.

- Skills to perform routine user maintenance on the equipment.
- Familiarity with and understanding of technical terms for anesthesia equipment, troubleshooting, and applications.
- First level troubleshooting knowledge and skills through theory and hands-on experience.
- Knowledge of manufacturer recommendations for anesthesia equipment cleaning and sterilizing.

1992-93 Class Schedule

- Nov. - Chicago, IL
- Jan. - Orlando, FL
- Feb. - Fresno, CA
- Mar. - Atlanta, GA
- Apr. - St. Louis, MO
- May - Denver, CO
- Washington, DC
- Jun. - Los Angeles, CA
- San Francisco, CA
- Jul. - Boston, MA
- Syracuse, NY
- Aug. - Dallas, TX
- Seattle, WA
- Sept. - Detroit, MI

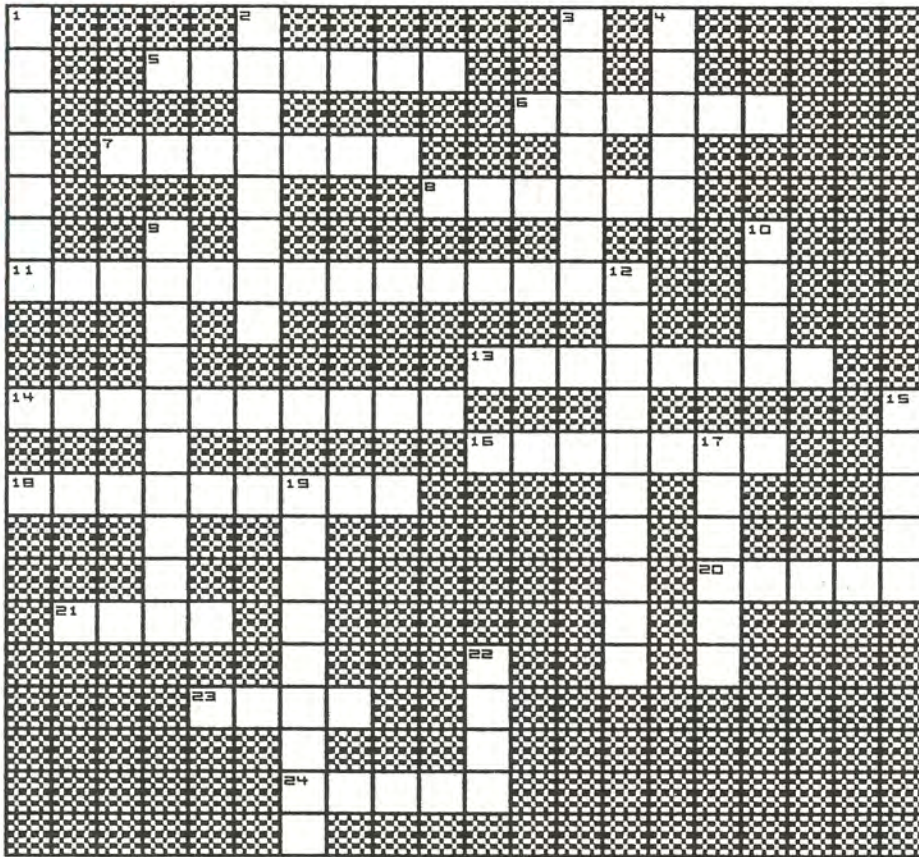
For further information or brochures call Tessa Gillham: 1 800 345 2700.



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Answers to previous puzzle!

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L EPIGLOTTIS O U
L M N N W R N B
E A T I A C A
R C U N CUFF H T
I B H I I
A N A GUEDEL A O
R STYLET A L N
M O I PILOT
O S O R
OROPHARYNX LARYNX
E V C
D C H
RADIOPAQUE
A

BUG OFF!

Reference: Central Service Technician Manual, 3rd edition;
Int'l Assoc of Hospital Central Service Management, Chicago, 1986.

ACROSS:

- 5 An ETO-sterilized item should be properly _____ before storage or use.
- 6 The FDA states that any institution that reesterilizes and/or reuses a disposable item must bear the responsibility for its _____ and effectiveness.
- 7 Bacteria reproduce by _____.
- 8 Aerobic organisms survive only in the presence of _____.
- 11 Cidex, Gluterox, Omnicide, and Sporicidin are examples of a sterilizing solution of _____.
- 13 A nosocomial infection is one acquired in the _____.
- 14 An _____ is capable of slowing down the growth of microorganisms, or killing weak ones.
- 16 An object that is free of all living organisms is said to be _____.
- 18 Manufacturers commonly sterilize bulk quantities of disposable products by exposing them to _____.
- 20 On returning from lunch, breaks, or using the lavatory, O.R. personnel should always wash their _____.
- 21 Microorganisms grow and multiply best at or near _____ temperature.
- 23 A commonly used means of classifying microorganisms is the _____ stain.
- 24 A toxic gas that accomplishes sterilization by chemical breakdown of organisms is ethylene _____.

DOWN:

- 1 Isopropyl alcohol is often referred to as _____ alcohol.
- 2 An autoclave kills microorganisms by exposure to steam heat under _____.
- 3 After leaving and returning to a sterile area, disposable masks, caps, and shoe covers should be _____.
- 4 Before any item is sterilized, it must be _____.
- 9 It is generally recommended that fiberoptic endoscopes be _____ between each use.
- 10 Federal agency that sets and enforces guidelines for protection against hazards and injury to workers (abbreviation).
- 12 Any sterilized item should be labelled with the sterilization date and the _____ date.
- 15 Escherichia coli is one of several bacteria normally found in human _____.
- 17 When using soaps or detergents on the skin, it is important to work them into a _____.
- 19 A sterilization _____, placed inside a sterile package, confirms that the item has been exposed to sterilizing conditions.
- 22 Isopropyl alcohol is effective only as a disinfectant, as only when applied for at least _____ minutes.

REGIONAL ACTIVITIES...by Dianne Holley

Let us announce what's happening in your area. Send a brief report to recent or future activities for the next issue by March 1, 1993 to Dianne Holley, 3810 Tonkawa Trail, Austin, TX 78756: (512) 451-7457. Newsletters and photos are also welcome.

California

Picturesque Monterey will be the location of the *9th Annual Meeting and Seminar* of the **California Society of Anesthesia Technologists and Technicians** on May 21-23. The program which includes business and educational topics is currently being finalized.

For further information:
Ron Turner at (510) 674-2241.

Colorado

Don't miss the annual *Anesthesia Technician's Conference and Ski Holiday* in Vail, February 26-March 1. *CRASH '93* is presented by the University of Colorado School of Medicine. The **Colorado Society of Anesthesia Technicians** will host the ASATT booth in the exhibit hall at the Vail meeting.

For further information:
Judy Drakiotes at (303) 270-8399.

Florida

The **Florida Society of Anesthesia Technicians** is planning to offer courses to area techs on how to write position descriptions and present them to hospital management. The *Annual Statewide Meeting* is tentatively scheduled in Tampa next September.

For further information:
Jerry Guttery at (904) 374-6051 [work] or (904) 472-3925 [home].

Illinois

Ninety percent of the **Illinois Society of Anesthesia Technology** members attended their *1992 Fall Meeting* last November. A reception on Friday night was followed by a business and educational meeting on Saturday. This January 9, ILSAT will present a seminar on Suprane at the University of Chicago.

For further information:
Rodney Duncan at (312) 942-5000.

Michigan

The **Michigan Society of Anesthesia Technologists and Technicians** hosted their statewide meeting in Detroit at Children's Hospital, November 7, 1992. Educational topics included Transesophageal Echo and

the Swans-Ganz Catheter. Exhibit booths set up by sales reps were available for viewing.

For further information:
Louise Martin at (313) 593-7696 or Jim McEvoy at (313) 343-4766.

New York

The **New York State Anesthesia Technology Association** will meet at the Rochester General Hospital, January 20th, to discuss society business. Each of the state's 6 regions will host one of the Association's bimonthly business meetings this year. The SUNY Health Science Center in Syracuse will hold a one-day educational seminar for anesthesia techs on April 17. Program info will be sent to regional ASATT members as well as NYSATA members. Contact George Mann for further information concerning this meeting.

For further information:
John Armstrong at (716) 336-3377.

Ohio

On the 4th Saturday of every month the **Ohio Society of Anesthesia Technologists and Technicians** offers a meeting on a different educational topic. In January, a review film on malignant hyperthermia will be presented in Cleveland. Also in Cleveland, OSATT will host a state meeting at the Holiday Inn-Airport, April 24.

For further information:
Wilma Frisco at (216) 541-5710.

Pennsylvania

Late spring will be the perfect time to attend the *Tri-State Anesthesia Tech Meeting* in Baltimore, MD, sponsored by the **Pennsylvania Society of Anesthesia Technicians**, the Virginia Society, and anesthesia techs in Maryland. This annual meeting is in conjunction with the Central Atlantic Society of Anesthesiologists' Annual Meeting. Planning this meeting is Norman Holst (215) 927-4958.

For further information:
John Diulus at (412) 647-2296.

Texas

Historic San Antonio will be the site of the *Spring 1993 Meeting* of the **Texas Society of Anesthesia Technology** in late March. This meeting will be in conjunction with the Texas Association of Nurse Anesthetists Spring Meeting.

For further information:
Dianne Holley at (512) 451-7457.

Virginia

The **Virginia Society of Anesthesia Technologists and Technicians** is busy with plans for the *Tri-State Meeting* (see Pennsylvania) and preliminary plans for a spring meeting in Virginia. More will be announced later.

For further information:
Linda Ferris at (703) 985-8351.

Wisconsin

Three educational seminars are being planned in Wisconsin for 1993: February or March in Wassau, June in Milwaukee, and an annual meeting in September coinciding with the WSA.

For further information:
Noreen Soeller at (715) 387-7179 [work] or (715) 387-4792 [home].

Washington

The first of this year's bimonthly meetings offered by the **Northwest Society of Anesthesia Technology** will take place at the Harborview Medical Center in Seattle during the latter half of January. This midmorning meeting will include educational lectures followed by a tour of the trauma center's anesthesia facilities in the OR. A combination lunch/business meeting will conclude the day's agenda. Contact Lee Amorn for more details.

For further information:
Dwight Shields at (206) 548-6538 or -6510.

A Capital Idea!



The 1993

ASATT Annual Meeting
& Educational Program
Washington, D.C.
October 16 - 18, 1993