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

PRESIDENT'S MESSAGE...

AS WE MOVE CLOSER TO NATIONAL CERTIFICATION...

by Chris Patterson



During our Annual Meeting in Atlanta this month, I will be handing over the president's gavel to Mr. Jerry Guttery, our very capable Vice President/President-elect. Jerry has our full support and I know that he will do a great job. As I prepare to leave office, I thank you, the membership and the Board of Directors, and extend my personal appreciation and gratitude for your support. I am pleased that we, as a Society, through dedication and perseverance, have made great progress and are steadily advancing our technical knowledge and expertise in anesthesia technology. This has come about through the combined efforts and personal involvement of a dedicated membership. Next year, when our national certification testing process is in place, I foresee a substantial growth in membership and increased levels of skill and professionalism within our ranks. Our Society has a bright future with opportunity and success ahead.

We have received strong support from many sources within the medical community. Obviously, two of our strongest supporters are the American Society of Anesthesiologists and the American Association of Nurse Anesthetists, the two societies which include most of the anesthesia providers whom we serve and receive direction from. Many physicians and nurse anesthetists have stepped forward in the past and have given freely of their time and expertise for our benefit. From all of us in ASATT, we give recognition and thanks to the professionals in these societies for their loyal support, and monetary and educational contributions in our behalf. Representatives from both societies are appointed to ASATT's Examination Committee for Certification. The physicians, educators, and nurse anesthetists who serve as panel members, have donated personal time and expense from their professional work schedules. They openly share their knowledge with us and provide valuable insight into the development of our certification process. We appreciate them.

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All submissions pertinent to the objectives of the ASATT will be considered for publication. Preferred format: 3 1/2" micro floppy diskette, IBM format. Photographs, preferably black-&-white are also welcome and will be returned.

Deadline for the next issue is November 15, 1995

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MERCY HEALTH CENTER DUBUQUE, IOWA

by Sheila K. White, Lead Anesthesia Tech



Mercy Health Center of Dubuque, Iowa sits atop the densely wooded bluffs overlooking the Mississippi River, Illinois, and Wisconsin. Mercy Health Center traces its beginning to 1879 when the Sisters of Mercy from Davenport, Iowa were requested by Bishop John Hennessey to journey to Dubuque to establish a hospital. Inspired by their founder, Catherine McAuley, the courageous Sisters packed their few belongings and arrived in Dubuque on January 13, 1879, to a humble frame house.

This was the beginning of the Sisters dedicated service to the Dubuque community and the surrounding areas that would continue for over a century and still continues today.

In 1995, we continue to see changes and building going on around us. A new Ambulatory Surgery/OR addition is in the construction phase at the time of this article, with completion expected in late 1996.

Mercy Health Center St. Joseph's Unit is a 350 bed, Level II Trauma Center with a full range of general hospital services including specializations in cardiac bypass surgery, mental health, perinatal care, and neurosurgery. Approximately 175 coronary artery bypasses, 400 angioplasties, and 800 heart catheterizations are performed per year. The Surgery Department consists of 9 operating rooms and 2 endoscopy rooms, and schedules more than 8400 surgical procedures per year, performed by more than 60 surgeons.

The Anesthesia Department is staffed by 6 Anesthesiologists, 10 CRNA's, and 3 Anesthesia Technicians. The Anesthesia Technician's role is very diverse. Our duties include, but are not limited to: room set-up and clean-up for each case; assistance with intubations, difficult intubations, and fiberoptic intubations; preparation and assistance with regional anesthesia and I.V. placement; maintaining the Pre-op holding area; troubleshooting anesthesia equipment problems; daily stocking of supplies in each operating room; and decontamination of anesthesia equipment. We maintain and provide support to nursing and anesthesia staff in our ancillary units (pre-delivery, psychiatric unit, lithotripsy, MRI, Cath Lab).

The Lead Anesthesia Technician is responsible for orientation of new staff, inservicing staff on Anesthesia monitors and gas machines, and yearly credentialing of Anesthesia Technicians; ordering and maintaining in-house stock, non-stock supplies and pharmaceuticals; meeting with sales representatives; providing input for capital equipment expense budgets; and keeping Anesthesia Policy and Procedures and paperwork for JCAHO up-to-date.

All the members of Dubuque Anesthesia Services are very generous to the Anesthesia Technicians. Whether it's sharing educational information and training with us, or providing

financial support so we are able to attend ASATT/ISATT meetings, we feel very fortunate to have such a terrific group to work with.

Our Anesthesia staff depends on us to keep equipment and supplies in safe, working condition. We need to continue to grow in our job responsibilities and show our dedication, if our purpose is to move forward and gain their support and respect. I believe certification is a giant step in the right direction to accomplish this goal. We have a strong, growing society, and it will take each and every one of us to keep it heading in the right direction.

ASATT 1995 ELECTIONS...

The results as of September 26, 1995:

Vice President/ President Elect	Ruth A. Ochoa .. 106
Region #1	Jacqueline Polak . 19
Region #2 (non-election year)	Wilma Frisco
Region #3	Linda Cotton 17
Region #4 (non-election year)	Sheila White
Region #5	Ann Martin 6
Region #6 (non-election year)	Dean Rux
Region #7	Dave Mastalski ... 18
	Linda Bewley 16
Jami Blue Award Recipient (chosen by the Board of Directors)	George Mann

INAUGURATION TAKES PLACE DURING THE ANNUAL MEETING

Below is the number of members who voted, by Region:

Total, 574 ballots sent and 114 voted = 21%.
 Region #1, 94 ballots sent and 19 voted = 20%
 Region #2, 121 ballots sent and 9 voted = <1%
 Region #3, 106 ballots sent and 18 voted = 2%
 Region #4, 78 ballots sent and 10 voted = 1%
 Region #5, 32 ballots sent and 6 voted = 2%
 Region #6, 92 ballots sent and 17 voted = 2%
 Region #7, 51 ballots sent and 35 voted = 69%

Thank you for your support during these elections.
 —The 1995 Election Committee—

CERTIFICATION COMMITTEE MEETS FOR A TEST QUESTION REVIEW

Andrew J. Falcone, Ph.D.
Program Director, Research and Development,
Applied Measurement Professionals, Inc. (AMP)

The ASATT Certification Examination Committee and Applied Measurement Professionals, Inc. (AMP) met in the Kansas City, Missouri suburb of Lenexa, Kansas for a two-day meeting to review the newly written test questions (items) for the certification examination. The Committee worked the weekend of July 15th and 16th from morning until evening each day, at the AMP facilities.

By utilizing computerized overhead projection equipment and custom software, AMP displayed the items for the entire Committee to see, and reviewed them for a number of characteristics. The characteristics that the Committee looked for included the technical accuracy of the item, structure, content outline classification, cognitive complexity classification, correct response, correct reference, grammar, clarity, and bias. Prior to this meeting, the Committee, as well as some other prominent practitioners wrote and submitted these items to AMP. Some of the items were accepted for the examination, and some were not. The items that were rejected by the Committee did not meet the psychometric standards discussed above.

As was discussed in the July 1995 article in *The Sensor*, the Committee will reconvene for another two-day meeting in

Atlanta, Georgia to review the draft form of the examination, and set the passing score. A professionally developed examination of this type can take a year to a year-and-a-half to develop, and requires a great deal of time and professional commitment on the behalf of the Committee members. The membership of ASATT is indebted to these individuals for donating their time to the Committee, especially since they are all working full-time jobs in the anesthesia profession. These members include Chris Patterson, AT, ASATT President; Jerry S. Guttery, AT, ASATT Vice President; Wilma F. Frisco, AT, ASATT Secretary and Region 2 Director; Dale Alexander, MA, RRT; Don Biggs, MMSc, AAC; Jim Claffey, CRNA; Wesley Frazier, MD; Mareta Grandona, AT; Nikolaus Gravenstein, MD; William King, MD; A. William Paulsen, MMSc (Anes.), PhD, CCE; Capt. William Clayton Petty, MC, USN; Curt Pudwill, CRNA; and the two newest members of the Committee, Howard Odum, MD; and Lisa Martin-Fornicoia, MT (ASCP).

You can meet many of these individuals at the ASATT Sixth Annual Meeting and Seminar in Atlanta, and I hope to meet and talk with many of you at my presentation on Sunday, October 22, 1995.

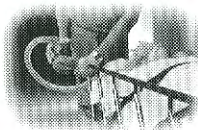


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OPEN FORUM...

*by David G. Mastalski
Chief Anesthesia Technologist, VA Medical Center
Portland, Oregon*

Dear OPEN FORUM:

Can you provide me with an anesthesia machine "checkout list" which, I understand, is supposed to be done every day before administering anesthesia? Are anesthesia technicians responsible for this machine check?

Boise, Idaho

The following anesthesia apparatus checkout recommendations, or a reasonable equivalent, should be conducted before the administration of anesthesia by the provider (Anesthesiologist, CRNA, etc.) according to the American Society of Anesthesiologists (ASA). These recommendations are only valid for an anesthesia system which conforms to current and relevant standards and includes an ascending bellows ventilator and at least the following monitors: capnograph, pulse oximeter, oxygen analyzer, respiratory volume monitor, and breathing system pressure monitor with high and low pressure alarms. This is a guideline which users are encouraged to modify to accommodate differences in equipment design and variations in local clinical practice. Users should refer to the operators manual for specific procedures and precautions.

Emergency Ventilation Equipment

1. Verify Backup Ventilation Equipment is available and functioning

High Pressure System

2. Check Oxygen Cylinder Supply
 - a. Turn off machine and disconnect pipeline supply
 - b. Open O2 cylinder and verify at least half full (about 1000psi).
 - c. Close cylinder. Repeat with all gases.

3. Check Central Pipeline Supplies
 - a. Check that hoses are connected and pipeline gauges read 45-55 psi.

Low Pressure System

4. Check Initial Status of Low Pressure System
 - a. Close Flow Control valves and turn vaporizers off.
 - b. Check fill level and tighten vaporizer drain/filler caps.
 - c. Remove O2 monitor sensor from the absorber unit.
5. Perform Leak Check of Machine Low Pressure System
 - a. Verify that the machine master switch and flow control valves are OFF.
 - b. Examine bulb device for cracks or leaks.
 - c. Attach suction bulb to common (fresh) gas outlet.
 - d. Squeeze bulb repeatedly until fully collapsed.
 - e. Verify bulb stays fully collapsed for at least 10 seconds.
 - f. Open one vaporizer at a time and repeat "d" and "e" as above.
 - g. Turn off vaporizer, remove suction bulb, and reconnect fresh gas hose.

6. Turn On Machine Master Switch and all Other Necessary Equipment
7. Test Flowmeters
 - a. Adjust flow of all gases through their full range, checking for smooth operation of floats and undamaged flowtubes.
 - b. Attempt to create a hypoxic O2/N2O mixture and verify correct changes in flow and/or alarm.

Breathing System

8. Calibrate O2 Monitor
 - a. Calibrate to read 21% in room air.
 - b. Reinstall sensor in absorber and flush breathing system with O2.
 - c. Verify that monitor now reads greater than 90%.
9. Check Initial Status of Breathing System
 - a. Set selector switch in "Bag" mode.
 - b. Check that breathing circuit is complete, undamaged and unobstructed.
 - c. Verify that CO2 absorbent is adequate.
10. Install Breathing Circuit Accessory Equipment to be used during the case
11. Perform Leak Check of the Breathing System
 - a. Set all gas flows to zero (or minimum).
 - b. Close APL valve and occlude "Y" piece.
 - c. Pressurize breathing system to 30cm H2O with O2 flush.
 - d. Ensure that pressure remains at 30cm H2O for at least 10 seconds.

Scavenging System

12. Check APL Valve and Scavenging System
 - a. Pressurize breathing system to 50cm H2O and ensure its integrity.
 - b. Open the APL valve and ensure that pressure decreases.
 - c. Ensure proper scavenging connections and waste gas vacuum.
 - d. Fully open APL valve and occlude "y" piece.
 - e. Ensure absorber pressure gauge reads zero when:
 - minimum O2 is flowing
 - O2 flush is activated

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All questions and pertinent comments or letters may be addressed to:

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Those chosen for publication in this column will receive a free ASATT T-shirt.

AN OVERVIEW OF THE PAEDIATRIC AIRWAY AND RELATED EQUIPMENT

by Jim Tibbals, CRTT
 Chief Anaesthesia Technician
 The Hospital for Sick Children, Toronto

In most cases paediatric patients are NOT small adults and must not be treated as if they were. Exceptions include teenagers who are occasionally taller and larger than we are! Paediatric patients vary from the adult in both anatomical and physiological characteristics. For example, because of the anatomical differences in the larynx, laryngoscopy of the adult is routinely accomplished using a curved Macintosh blade. In the paediatric population, a straight Wisconsin or Miller blade is most often employed. Described below are the anatomical differences in the paediatric airway and the adult airway, and some of the equipment we use as a result of these differences.

I. Anatomy

Anatomical Differences

Five major differences exist between the adult and paediatric airway;

- **Tongue:** In the paediatric patient, the tongue is larger in proportion to the rest of the oral cavity, increasing the potential for airway obstruction during anaesthesia.
- **Position of the larynx:** The larynx is higher in the neck (fig. 1) of the paediatric patient thus the tongue is closer to the roof of the mouth. One result of this position is the increased difficulty with intubation because the angle between the base of the tongue and the glottic opening is more acute than in the adult. Often a straight laryngoscope blade is required to visualize the glottic opening of the larynx.
- **Epiglottis:** The paediatric epiglottis is narrower than the adult and is angled away from the axis of the trachea, thus making it more difficult to lift the epiglottis with the laryngoscope blade.
- **Vocal Cords:** The paediatric vocal cords are attached lower anteriorly than posteriorly. In the adult the attachments are such that the vocal cords are positioned perpendicular to the trachea. This difference leads to a higher degree of difficulty in intubating children, particularly in blind intubations.
- **Subglottic Region:** In children, the narrowest portion of the airway is at the cricoid ring (fig. 2) and with adults it is the vocal cords. One reason cuffed tubes have not been routinely used with children is because a 1/2mm reduction in the usual tube size is required to account for the cuff passing the cricoid ring. In adults, the airway below the cords (the trachea) is larger, thus cuffed tubes are required.

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GLOTTIC OPENING RELATIVE TO CERVICAL VERTEBRA (C)

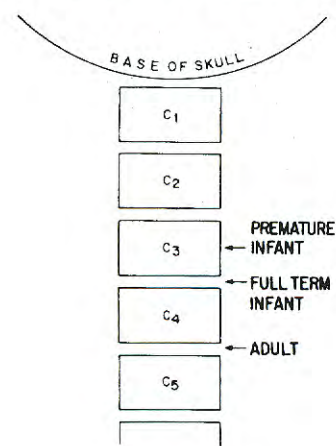


Figure 1: In a premature infant, the larynx is located at the middle of the third cervical vertebra (C3); in a full term infant, at the C3-4 interspace; and in an adult, at the C4-5 interspace. Adapted from A Practice of Anesthesia for Infants and Children.

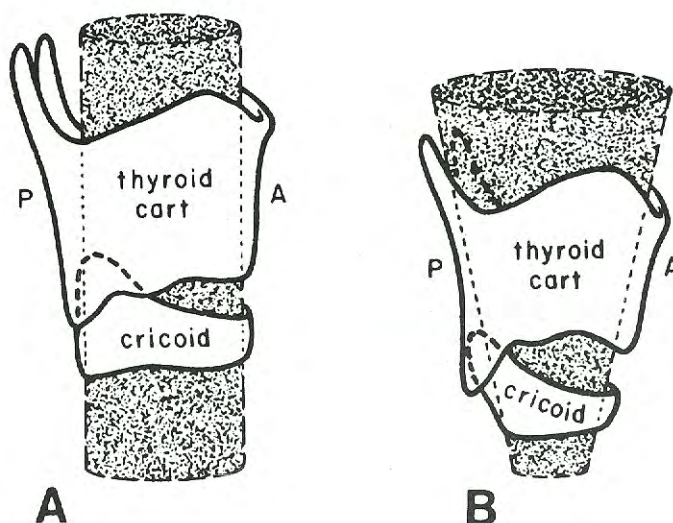


Figure 2: Configuration of the larynx in an adult (A) and an infant (B). Note the cylinder shape of an adult's larynx; and infant's larynx is funnel shaped because of the narrow, underdeveloped cricoid cartilage. A Practice of Anesthesia for Infants and Children

II. Equipment

Uncuffed Endotracheal Tube

Paediatric patients require the greatest variety of endotracheal tube styles and sizes. At The Hospital for Sick Children, the uncuffed, cut-to-length Magill style endotracheal tube is used in over 50% of our intubated patients. This percentage was closer to 85% prior to the use of RAE tubes.

Uncuffed endotracheal tubes (ETT's) are preferred for patients below 8-10 years of age. Uncuffed ETT's, when combined with the minimal leak technique, provide a tube with the largest inner lumen possible. ("Minimal leak" is a technique used to confirm the correct tube size. With this technique, you have a perceptible leak around the tube at airway pressures >20-25 cmH₂O.) The advantages of using a tube with the largest lumen are that it minimizes:

- work of breathing for spontaneously breathing patients,
- inadvertent PEEP.

Edema and post extubation stridor, potential problems with cuffed ETT's, are significant problems in children because any swelling of the mucosal membrane has a relatively greater impact on tracheal diameter and airflow (fig. 3). A properly fitted uncuffed ETT maximizes airflow and minimizes resistance to flow.

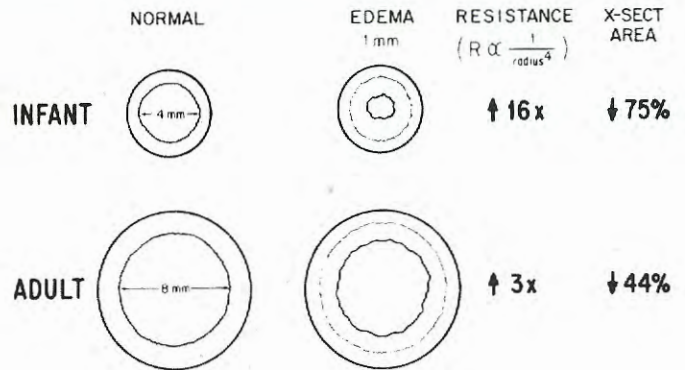
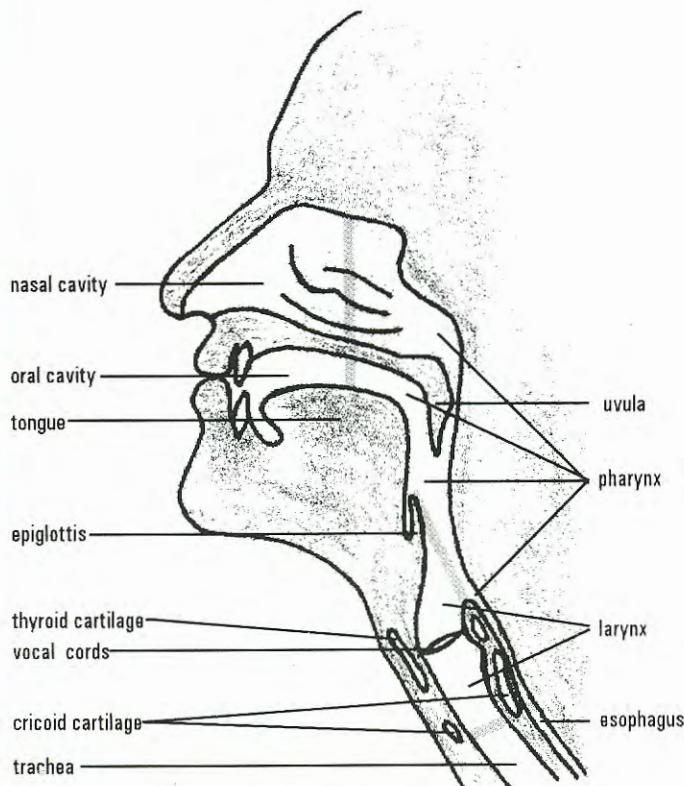


Figure 3: Relative effects of airway edema in an infant and an adult. The normal airways of an infant and an adult are presented on the left, edematous airways (1mm circumferential) on the right. Note that resistance to airflow is inversely proportional to the radius of the lumen to the fourth power for laminar flow, and to the radius of the lumen to the fifth power for turbulent flow. The net result in an infant is a 75-percent reduction in cross-sectional area and a 16-fold increase in resistance to airflow, compared with a 44-percent reduction in cross-sectional area and a 3-fold increase in resistance to airflow in an adult. A Practice of Anesthesia for Infants and Children

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BASIC AIRWAY ANATOMY (Adapted from *Gray's Anatomy*)



Cross Section of the Adult Upper Airway

Epiglottis: structure which folds back over the opening of the larynx during the act of swallowing to prevent food from entering the air passage.

Esophagus: tube of the digestive tract extending from the pharynx to the stomach.

Glottis: the vocal apparatus of the larynx.

Larynx: air passage extending from the base of the tongue to the trachea (includes the epiglottis, vocal cords, thyroid and cricoid cartilages).

Pharynx: tube starting behind the nasal and oral cavities (at the juncture of the soft and hard palate) and extending to the esophagus at the lower border of the cricoid cartilage.

Trachea: air passage from the larynx to the bronchial tubes (from approximately the level of the 6th cervical to the 5th dorsal vertebrae).

Reference: *Gray's Anatomy*, edited by Peter L. Williams, (et al.), 37th Ed., Churchill Livingstone, Edinburgh, 1989.

The ETT Length Chart is used to determine the length for uncut Magill and/or Murphy eye endotracheal tubes used in the operating room. (Important: The values listed in the chart are in most cases 1 cm shorter than the lengths found in Z79 and Canadian standards therefore, they may not be suitable for long term ICU patients. Our ETT lengths are based on research conducted at The Hospital for Sick Children, by Drs. Whalen and Fearon in 1967¹).

ETT Length Chart from The Hospital for Sick Children

Tube Size I.D. (mm)	Oral Uncuffed Length (cm)	Nasal Uncuffed Length (cm)	Oral Cuffed Length (cm)	Nasal Cuffed Length (cm)
2.5	11	13.5	-	-
3.0	11	13.5	-	-
3.5	12	13.7	-	-
4.0	13	15	-	-
4.5	14	16	-	-
5.0	15	17	17	-
5.5	17	19	19	-
6.0	19	20	20	24
6.5	20	21	21	25
7.0	21	22	22	25
7.5	22	23	23	26
8.0	23	24	24	27
8.5	24	25	25	-
9.0	25	26	26	-

RAE Tube

RAE tubes, oral and nasal, are used extensively in Dentistry, Ophthalmology, Otolaryngology, Neurology and Plastic/Reconstructive surgeries because the RAE tube patient connector and anaesthesia circuit are positioned either above or below the face, giving the surgeon the least intrusive work space.

Cuffed Endotracheal Tube

Because of the airway anatomical differences between children and adults, i.e. the narrow cricoid ring, cuffed tubes are not commonly used in patients below 8-10 years of age. In addition to the problems associated with cuffed ETT's noted above, nitrous oxide also presents a hazard in that nitrous oxide easily diffuses into ETT cuffs. Cuff pressure monitoring is indicated when nitrous oxide is used.

Armoured Tubes

Armoured (wire reinforced) tubes are used when the patient's airway cannot be visualized throughout the procedure, such as when the patient is placed in the prone position for orthopedic or neuro surgery.

Laryngeal Masks

The Laryngeal Mask (LM) was invented in 1981 and its intended use was to provide a stable airway when intubation was not indicated or difficult to accomplish. An added benefit is that the LM can be taped in place, much like an endotracheal tube, freeing the hands. The LM allows a direct connection between the patient circuit and the airway by means of a tube, diaphragm and cuff, with the cuff forming a seal around the entrance to the larynx. The LM is most often used for spontaneously breathing patients although the use of mechanical ventilation is not contraindicated. The LM does not provide the same degree of airway safety found with endotracheal tubes and aspiration of gastric fluids remains a potential.

In general, its ease of insertion and the relative difficulty in misplacement makes the LM ideal for short cases and emergency airway management.

Laryngoscope Blades

Common laryngoscope blades come in two forms, curved and straight. Blade selection is generally a matter of personal choice, training and the clinical situation. A variety of custom blades are available for difficult intubations or specific structural abnormalities. Common laryngoscope blades used in our Department of Anaesthesia are;

- Miller, size 0 & 1,
- Wisconsin, size 1, 2 & 3,
- Macintosh (English style), size 2 & 3.

Nasopharyngeal Airway

Nasopharyngeal airways are infrequently used in paediatric patients because of potential trauma to nasopharyngeal structures. The proper size can be estimated by measuring the distance between the nares and the angle of the mandible (fig. 4). We maintain a small supply of silicone airways, size (mm I.D.) 6, 7, 8 & 9.

Oropharyngeal Airway

Oropharyngeal airways are commonly used for;

- preventing obstruction of the airway by the tongue in unconscious, anaesthetized patients,
- splinting the endotracheal tube to prevent it from being compressed or crimped shut by the teeth,
- facilitating oropharyngeal suctioning.

The proper size can be estimated by holding the airway against the face, adjacent to the mouth, with the tip of the airway in a position cephalad (toward the head) to the angle of the mandible (fig. 4). A full range of sizes are available; 3.5, 5, 6, 7, 8, 9, 10 & 11.

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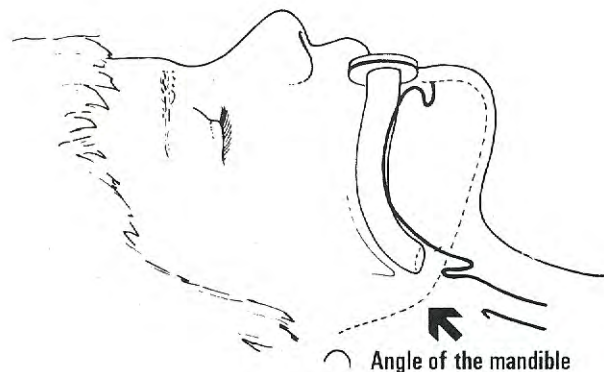


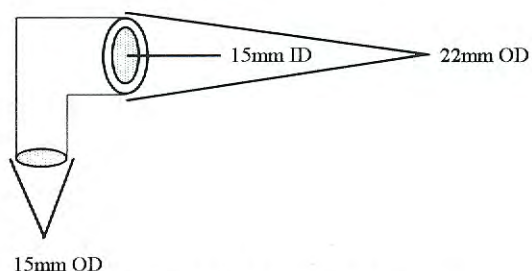
Figure 4: The proper size can be estimated by holding the airway against the face, adjacent to the mouth, with the tip of the airway in a position cephalad (toward the head) to the angle of the mandible (fig. 4). A full range of sizes are available; 3.5, 5, 6, 7, 8, 9, 10 & 11. *A Practice of Anesthesia for Infants and Children*

References

1. Fearon B, Whalen JS: Tracheal Dimensions In The Living Infant. *Annals of Otolaryngology, Rhinology and Laryngology*, Dec, 67, Vol 76, No 5, p 964.
2. *A Practice of Anesthesia for Infants and Children*. 2d Ed. Cote, Ryan, Todres, Goudsouzian
3. *Anesthesia Equipment Principles and Applications*. J Ehrenwerth and J Eisenkraft.

FOR THE "TECHNO-FILE"

Anesthesia breathing circuit/anesthesia machine connectors come in standard diameters—15mm and 22mm. The diameters can refer to the Outer Diameter (OD or male portion) or Inner Diameter (ID or female portion) of a connector. A 15mm ID connector will fit over a 15mm OD connector. The breathing circuit elbow is an excellent example of a connector with various ID's and OD's. The smaller end of the elbow is a 15mm OD connection to fit into the 15mm ID connection on the end of the circuit. The larger end of the elbow has a 22mm OD with a 15mm ID. The 22mm OD fits into an anesthesia mask's 22mm ID connection, and the 15mm ID on the same end of the elbow fits over the 15mm OD connector on an endotracheal tube. Scavange connectors (yellow) are 19mm. Temperature ports are 7.5mm.



Breathing Circuit Elbow

OPEN FORUM... continued from page 5

Manual and Automatic Ventilation Systems

13. Test Ventilation Systems and Unidirectional Valves
 - a. Place a second breathing bag (simulated lungs) on "Y" piece.
 - b. Set appropriate ventilator parameters for next patient.
 - c. Set O₂ flow to 250ml/min, other gas flows to zero.
 - d. Switch to ventilator mode.
 - e. Turn ventilator ON and fill bellows and breathing bag with O₂ flush.
 - f. Verify that:
 - During inhalation: Ventilator bellows compresses to correct tidal volume and breathing bag appropriately distends.
 - During exhalation: Breathing bag contracts and ventilator bellows inflates completely.
 - Volume monitor is reading consistent with ventilator parameters.
 - Bellows moves freely during cycle.
 - g. Check for proper action of unidirectional valves.
 - h. Exercise breathing circuit accessories to ensure proper function.
 - i. Turn Ventilator OFF and switch to manual ventilation (bag/APL) mode.

- j. Ventilate manually and assure inflation and deflation of artificial lungs and appropriate feel of system resistance and compliance.
- k. Remove second breathing bag from "Y" piece.

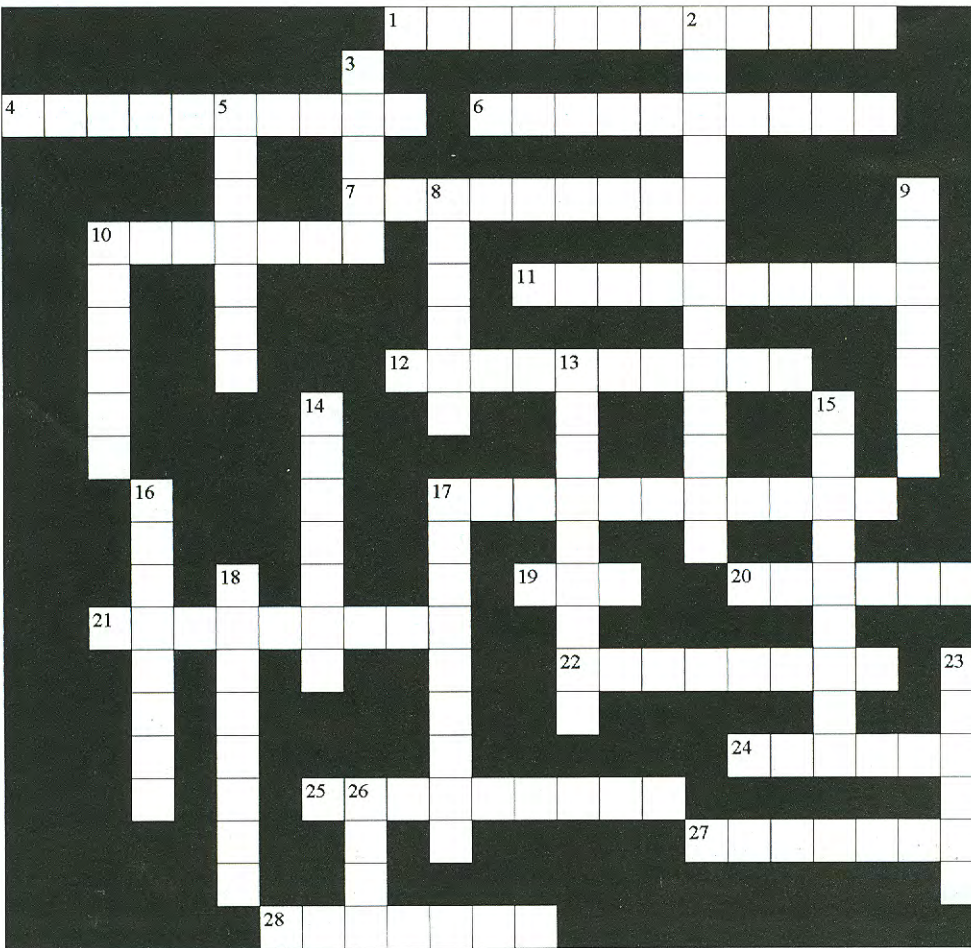
Monitors

14. Check, Calibrate and/or Set Alarm Limits of all Monitors
 - Capnometer
 - Oxygen Analyzer
 - Pulse Oximeter
 - Respiratory Volume Monitor (Spirometer)
 - Pressure Monitor with High & Low Airway Pressure Alarms

Final Position

15. Check Final Status of Machine
 - a. Vaporizers off (or minimum).
 - b. APL valve open.
 - c. Selector switch to "bag".
 - d. All flowmeters to zero
 - e. Patient suction level adequate.
 - f. Breathing system ready to use.

Again, this checkout list is only to be used as a guideline. For a more complete and detailed checkout list, please refer to your specific anesthesia machine manufacturers operations manual or contact your manufacturers representative.



SCIENCE AND TECHNOLOGY POST-TEST: The Pediatric Airway, etc.

Use this crossword puzzle to test your knowledge on the "Open Forum" and "Science and Technology..." articles on pages 5-9. Puzzle answers are on page 19 of this issue.

Across

- 1 ___ can diffuse into an ett cuff, increasing pressure.
- 4 Pediatric ___ are attached lower anteriorly than posteriorly.
- 6 Structure which folds back over the opening of the larynx during the act of swallowing.
- 7 Curved laryngoscope blade used primarily for adults.
- 10 Air passage from the larynx to the bronchial tubes.
- 11 The LMA does not prevent ___ as well as an ett.
- 12 During the low pressure leak test of an anesthesia machine, the "suction bulb" should stay collapsed for at least ___.
- 17 A standard ___ port in a breathing circuit is 7.5mm in diameter.
- 19 ___ ett's are used to maximize working space for surgeons.
- 20 Shape of an infant larynx.
- 21 Straight laryngoscope blade used for pediatric intubations.
- 22 ___ ett's are preferred for patient's under 8-10 yrs old.
- 24 Straight laryngoscope blade used in pediatric intubation.
- 25 A standard breathing circuit connection is ___ mm in diameter.
- 27 A standard ett connection is ___ mm in diameter.
- 28 An oxygen cylinder should be at least ___ full.

Down

- 2 Airway commonly used in children to prevent obstruction by the tongue.
- 3 Airway ___ presents a greater problem in children than adults.
- 5 In children, the narrowest portion of the airway is the ___ ring.
- 8 In adults, the airway below the trachea is enlarged, requiring ___ ett's.
- 9 ___ leak technique confirms correct ett size with uncuffed ett's.
- 10 The ___ is closer to the roof of the mouth in children.
- 13 Tube of the digestive tract extending from the pharynx to the stomach.
- 14 Area which lies at the back of the nose and throat.
- 15 The ___ mask forms a seal around the entrance to the larynx.
- 16 Shape of an adult larynx.
- 17 O2 sensors should be calibrated to ___% in room air.
- 18 A standard ___ connection is 19mm in diameter.
- 23 Air passage extending from the base of the tongue to the trachea.
- 26 ___ reinforced ett's are sometimes used when patients are prone.



American Society of Anesthesia Technologists and Technicians

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OBJECTIVE OF COURSE:

To develop a two day didactic seminar for anesthesia technicians and technologists focusing on preparation for certification testing, scheduled to begin in 1996.

Participants are provided with a study guide divided into 10 sections covering all areas of responsibility. Annual updates for both the study guide and the seminar will be forthcoming.

Testing and review after the program, in a nonthreatening environment, advises participant of his/her knowledge, allowing time for study and research where needed.

Program provides **c.e.u.** credits of **14 hours**.
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This seminar is considered to be a preliminary course to be taken prior to certification testing.

REGISTRATION FEE: \$175.00 (1995 ONLY)

Classes scheduled in 1996 will increase to \$250.00. If payment is received before December 31, 1995, we will honor the 1995 fee of \$175.00.

Includes two breaks and breakfast
Payable to: AIME, Inc.

NOTE: Registration and payment must be received 10 days prior to seminar unless otherwise arranged.

BENEFITS OF COURSE COMPLETION:

ATTENDEE SHOULD:

- Realize strengths and weaknesses in job responsibility.
- Reinforce his/her knowledge in the needs of the anesthesia care provider.
- Determine stocking requirements in the anesthesia department.
- Review operation and basic maintenance of anesthesia work stations.
- Discuss disinfection and sterilization procedures in the O.R.
- Provide information to assist in supplies and equipment purchase negotiations.
- Review Basic Physiology, Pharmacology and Airway Management.
- Assess monitoring techniques and O.R. etiquette.
- Other miscellaneous topics associated with the environment in the O.R.
- Provide information on test taking procedures.

Anesthesia machine segments are presented by local representatives. Maximum participation is required to bring this program to an area closest to you.

SEMINAR SCHEDULES:

- SEPTEMBER 29 & 30
St. Louis, Missouri
- OCTOBER 14 & 15
Chicago, Illinois
- NOVEMBER 4 & 5
Dallas, Texas
- NOVEMBER 18 & 19
Pittsburgh, Pennsylvania
- DECEMBER 2 & 3
Gainesville, Florida
- DECEMBER 16 & 17
Oklahoma City, Oklahoma
- JANUARY 20 & 21
Las Vegas, Nevada
- FEBRUARY 3 & 4
Boston, Massachusetts
- FEBRUARY 17 & 18
Des Moines, Iowa
- MARCH 2 & 3
Houston, Texas
- MARCH 16 & 17
Minneapolis, Minnesota
- APRIL 4 & 5
Kansas City, Missouri
- MAY 11 & 12
Albuquerque, New Mexico
- MAY 25 & 26
San Diego, California
- JUNE 8 & 9
Louisville, Kentucky
- JUNE 22 & 23
Phoenix, Arizona

REGIONAL SOCIETY ACTIVITIES...

Let us announce what's happening in your area. Send a brief report of recent or future activities for the next issue by November 15, 1995 to your ASATT Regional Director or to Dave Mastalski (address and numbers on page 2). Send newsletters, if available, a brief write-up, or call with your info. Photos (captioned) are also welcome, and will be returned.

ASATT Region 1:

The **Region 1** Annual Meeting will be held on November 18th, 1995 at the Newark Radisson Hotel.

For further information:

Jacqueline Polak at (718) 283-7188 [W] or (718) 979-8644 [H].

New York

For information on future events:

George Mann at (315) 471-6077.

ASATT Region 2:

Plans are being made for an early Spring Educational Seminar in Pittsburgh, Pa. Also, see Region 2 Article on page 14.

For more information:

Vicki Carse at (412) 232 5807

Wilma Frisco at (216) 541-5710.

Ohio

The **Ohio Society of Anesthesia Technologists and Technicians** (OSATT) will present it's "Tech of the Year" award at the October meeting. There will be no monthly meetings scheduled for November and December and elections will take place in January. January and February meetings will focus on Case Troubleshooting and the anesthesia equipment book.

For further information:

Wilma Frisco at (216) 541-5710.

Pennsylvania

The **Pennsylvania Society of Anesthesia Technologists and Technicians** in conjunction with AIME Inc., will be hosting a "Target '96" Seminar November 18-19, 1995 at the Ramada Inn at Bigelow Square, Pittsburgh.

For further information:

Vicki Carse at (412) 232-5807.

Virginia

For information on future events:

Linda Ferris at (703) 985-8351.

ASATT Region 3:

For information on future events:

Marc Dickens at (404) 727-3580.

Florida

Florida anesthesia techs are preparing for certification by holding a series of meetings in various locations. The next is scheduled for December 2-3 in Gainesville. See article on page 15.

For further information:

Linda Cotton at (904) 351-7343 or (904) 347-8118.

Georgia

For information on future events:

Marc Dickens at (404) 727-3580.

North Carolina

For information on future events:

Kathline Leahan at (919) 681-5228.

Tennessee

For information on future events:

Sharon Baskette at (615) 322-4000[W] or (615) 646-1599[H].

ASATT Region 4:

See article on page 14.

For further information:

Sheila White at (319) 589-8665.

Illinois

For information about future events:

Pat Zueck (217) 788-3780.

Iowa

Mark your calendars for the last meeting of the year for **Iowa Society of Anesthesia Technologists and Technicians** on November 11 (with snowdate Nov. 18), 1995 at Muscataine General Hospital. Watch your mail for information or call Kim Anderson (319) 262-9207 (W) or (319) 263-1359 (H).

For further information:

Sheila White at (319) 589-8665[W] or (319) 556-8234[H].

ASATT Region 5:

For information about future events:

Ann Martin at (303) 270-8275 [W] or (303) 987-3907 [H].

Colorado

For information on future events:

Teresa Chavez at (303) 320-2440.

Mississippi

For information on future events:

Earl Coleman at (601) 984-5951, or

Nancy Marret at (601) 973-1656.

ASATT Region 6:

For information on future events:

Dean Rux at (602) 821-3279[work] or (602) 497-9709 [home].

Arizona

Anyone interested in forming a state society should attend a free educational/information meeting and luncheon November 11th at Chandler Regional Hospital. The subject will be "Perioperative Hypothermia and Temperature Management". 1 CEU will be offered for attendance.

For further information:

Dean Rux at (602) 821-3279[work] or (602) 497-9709 [home].

California

For information on future events:

Ron Turner at (510) 674-2241.

Texas

See article on page 15. Educational meetings are held regularly in San Antonio [Raul Sanchez at (210) 675-1564], Dallas/Fort

REGIONAL SOCIETY ACTIVITIES... (continued)

Worth [Mary Gallegos at (817) 898-7024 or Lisa Shelton ((817) 685-4917], Austin [Dianne Holley], Houston [Gerardo Trejo at (713) 793-2898].

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

Utah

See article on page 16.
For further information:
Jeff Mann at (801) 585-3619.

ASATT Region 7:

For information on future events:
Ruth Ochoa at (503) 370-5200 pgr 225[W], or (503) 390-0736[H].

Oregon

The Next Meeting/Educational Lunch will be held October 7th at Bess Kaiser Medical Center in Portland. New Society Officers will be introduced.

For further information:
Dave Mastalski at (503) 642-1537, or
Terry Olhauser at (503) 494-4996

Washington

For information about future events:
Don Milbauer at (206) 228-3450.

NEWORLEANS'96NEWORLEANS'96NEWORLEANS'96NEWORLEANS'96NEWORLEANS'96

Plan ahead...

ASATT's 7th Annual Meeting and Seminar

NEW ORLEANS '96



October 19-21, 1996

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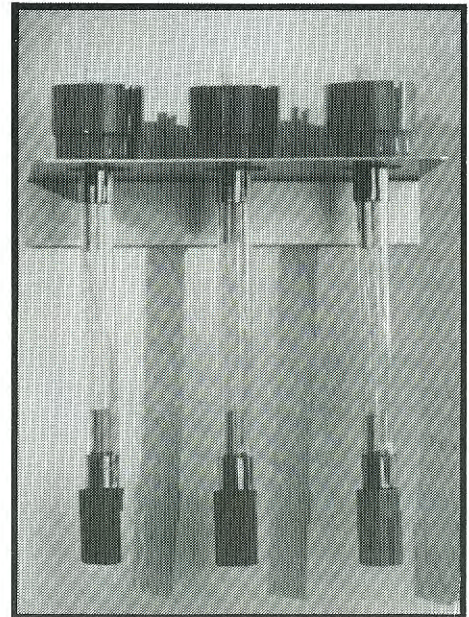
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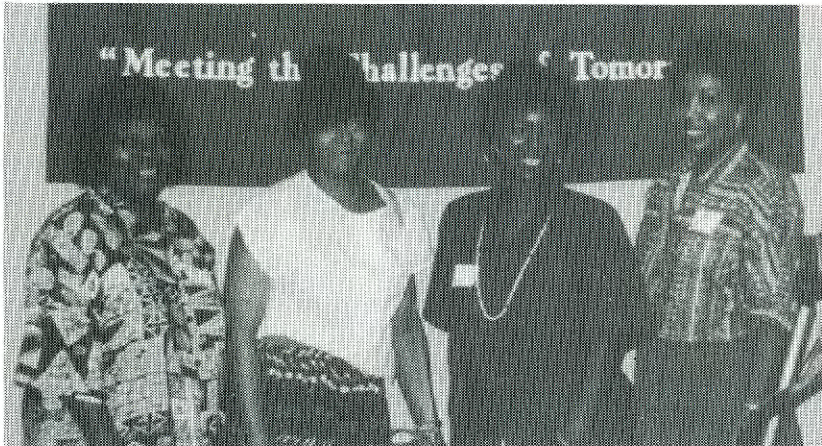
4801 George Rd., Tampa, FL 33634

REGION 2: AN EDUCATIONAL EXPERIENCE ON BEAUTIFUL LAKE ERIE

ANESTHESIA TECHS.... "TAKING THE CHALLENGE"

by Wilma Frisco, ASATT Director Region 2, ASATT Secretary, OSATT Director

On July 29 and 30, in Cleveland, Ohio, the home of the Cleveland Indians and the Rock and Roll Hall of Fame, Stouges Anesthesia Specialists hosted the first "Preparation for Anesthesia Certification Seminar" that was developed by Vilma Young, President and Founder of AIME, Inc., (Alliance in Medical Education).



Ohio Techs—Sylvia Person, Akron; Barbara Escott, Cleveland Hts; Olivia Clayton, Cleveland; and Mamie Murphy, Akron enjoy the AIME Seminar in Cleveland

The recipients of this educational weekend that will be recorded in the book of historical anesthesia events were anesthesia techs from the Ohio Society of Anesthesia Technologists and Technicians and the Pennsylvania Society of Anesthesia Technologists and Technicians.

With great zeal and enthusiasm, the staff of AIME presented detailed lectures and audiovisual exhibitions of OR etiquette, infection control, pre-operative assessments, anesthesia equipment preparation, FDA, JCAHO, and OSHA regulations, pharmacology, airway management, CPR, patient monitoring, malignant hyperthermia, latex allergy precautions, regional, local, MAC, and general anesthesia.

After two complete days of educational challenges, the anesthesia techs departed on Sunday afternoon with a "go-for-it" attitude. They expressed a more relaxed and determined attitude to face the future as "Certified Anesthesia Technicians"!!!!

The OSATT and PSATT would like to take this opportunity to thank Howard Stouges, John Huber of Cleveland, Ohio and Vilma Young of New Haven, Kentucky, for "making a difference in education for the anesthesia tech!"

REGION 4 EDUCATIONAL SEMINAR

by Sheila White, ASATT Director, Region 4, ISATT President

ASATT Region 4 held its annual educational seminar July 22 in Dubuque, Iowa. It was a sparse, but very enjoyable and friendly group of 15 Anesthesia Technicians with 4 of the states in our region represented.

The day was filled with delicious food and drink, and interesting and educational topics such as: Intra-aortic balloon pump, Malignant Hyperthermia, TEE or Transesophageal Echo, Pharmacology for Anesthesia, and Capnography. Everyone in attendance enjoyed the lectures and found them very helpful with their daily work responsibilities.

I would like to thank my hospital, Mercy Health Center, for the use of Mercy West Educational Center. It is a beautiful, well-equipped facility in which to hold meetings such as this. Thank you's are also extended to our speakers who graciously gave up their Saturday morning to speak to our group: Chris Brabant, Perfusionist; Craig Tiernan, CRNA; Dr. Richardson,

Cardiologist; Dr. Reddy, Anesthesiologist; and Dr. Busch, Anesthesiologist. And last, but not least, a warm thank you to the Sales Representatives who supported our seminar with financial assistance: Organon, Baxter, Midwest Surgical, Arrow (Karen Peda), Roche (John Olson), and Ohmeda (Kit Meyer)—the latter three also set up vendor booths to display their products.

It takes many hours of planning and organizing to put together a meeting such as this. I send this request to all ASATT members and members of your state societies—please try to clear your calendars when you see meetings planned in your area. I know giving up your Saturday to attend a meeting isn't the highest priority on your social calendar, but it will take each and every one of us to participate and make sacrifices if our society is to continue to grow and prosper. We all have something to contribute.

REGIONAL ACTIVITIES...

FLORIDA HOSTS ANOTHER AIME TARGET '96 SEMINAR

by Chris Patterson, ASATT President

The second of three Alliance in Medical Education (AIME), Inc. Target '96 Seminars to be held in Florida took place at Imperial Point Medical Center, Ft. Lauderdale, on August 26-27. The seminars are designed to help prepare Anesthesia Technicians for the Certification Exam to be offered by ASATT. The first Florida seminar was in Orlando on May 13-14, and the third is to be in Gainesville on December 2-3. The Target '96 Seminars will also be held in several other cities across the U.S.

Major participants and coordinators of the event included Vilma Young, AIME President; and Linda Cotton, President, Florida Society of Anesthesia Technicians and Technologists (FSATT). Guests included Chris Patterson, ASATT President; and Linda Sielaff, Educational Coordinator, Ohmeda.

The Target '96 Seminars present a wide range of topics essential for Anesthesia Technicians to study and learn. These topics include broad basics such as "The OR Environment" which

teaches OR Etiquette, Aseptic Precautions, OSHA Guidelines and Sterile Fields, Pre-Operative Assessment and Recovery, OR Crash Carts, and Electrical Safety. Other broad basics include infection control, MH and latex precautions, monitors, basic anatomy and physiology, airway management, medical gases, and anesthesia machines and ventilators. Each broad area is broken down into a manageable outline of topics to facilitate rapid comprehension.

The Target '96 Seminars will be available in several different locations throughout the US, besides Florida. Through the end of the year, AIME is donating \$25 to be split between ASATT and the local/state society for each of the first 10 registrants at each meeting who pays his/her own registration fee. As the traveling seminar moves across the country, look for the one closest to you by calling Vilma Young, at (502) 549-7046.



Chris Patterson; Linda Cotton, FSATT President; Bill Beckman, Datex; and Linda Sielaff, Ohmeda



Vilma Young, President, AIME; and Linda Sielaff, Educational Training Specialist, Ohmeda

BAYLOR HOSTS ANNUAL TSAT MEETING

by Lisa Shelton, LVN, Lead Anesthesia Tech
Harris Methodist HEB, Bedford, Texas

Baylor University Medical Center, Dallas, was the site for the 5th Annual Meeting of the Texas Society of Anesthesia Technology on September 9. Elections were held during the business portion of the meeting, and the educational portion followed. Robin Tang of Baylor, who hosted the meeting gave an excellent lecture on "End-Tidal CO₂ and Capnography." Other educational topics included MRI safety, JCAHO requirements, and "How to Set Up Your Own Educational Program."

Robin Tang, Baylor; Mary Gallegos, HCA Denton; Dianne Holley, Seton, Austin; and Lisa Shelton, Harris Methodist HEB, Bedford, coordinated the one-day event which concluded with a visit to the TSA Exhibit Hall in Los Colinas. Lunch and refreshments were graciously provided by Anesthesia Services, Inc. Anesthesia Techs from across the state traveled to Dallas to attend the meeting. It was nice to see all of the "old familiar faces," but even more exciting to see the new ones!



TSAT members from Houston, Carlos Bustos, Emilie Jones, Freida Francis, Juan Sanchez, and Josie Gutierrez enjoy the camaraderie and educational information shared at another meeting

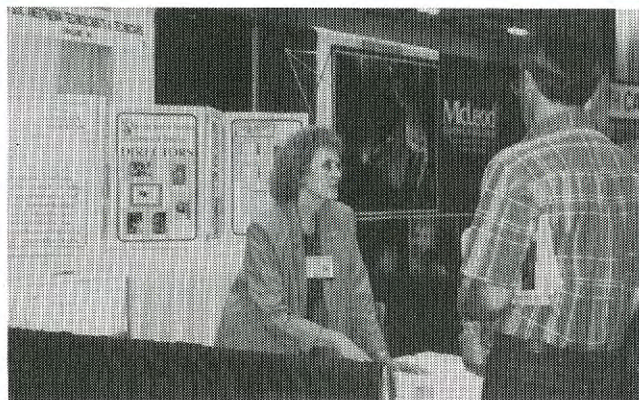
ASATT REPRESENTATIVES ATTEND AANA 62ND ANNUAL MEETING

by Ann Martin, ASATT Director, Region 5

The 62nd Annual Meeting of the American Society of Nurse Anesthetists (AANA), held in Minneapolis, MN, was a successful and exciting event. CRNA's from throughout the U.S. and abroad attended the meeting. The theme of the meeting was "Transform Tomorrow" (new rules, roles, and responsibilities).

The Opening Ceremonies Processional was Saturday, August 5, 1995. Chris Patterson, ASATT President, was one of the six special guests to participate in the opening ceremonies. The presentation of colors, National Anthem, and President's Message were very inspiring. It made you proud to be a participant. Chris also participated in a special reception for the Outgoing President, Mary DePaolis-Lutzo, CRNA, Phd. We both attended a reception for AANA Journal advertisers and exhibitors sponsored by Slack, Inc., AANA's exhibit manager.

AANA gave our society a complimentary booth, ideally located in the midst of vendors known to us. The Incoming AANA President, Christine Zambricki, CRNA, MS, and several members of the Board of Directors made a special effort to come by our booth to greet us, offer continued support for our Society, and volunteer assistance with our booth. Vendors also extended their appreciation for our support.



Ann Martin, ASATT Director, Region 5, answers questions at the exhibit hall during the AANA 62nd Annual Meeting

All three days of the exhibit were exciting and effective. We met CRNA's who have technicians that belong to our Society and some who have technicians who have not heard of ASATT. Some of the issues we addressed were questions regarding ASATT, our roles as Anesthesia Technicians, our standards, certification, schools for training, and the difference between technologists and technicians.

This meeting was extremely important and worthwhile to our Society. It was an ideal place to seek and obtain leads to recruit new ASATT members. The opening party displayed logo slides



Chris Patterson, ASATT President; Mary DePaolis-Lutzo, CRNA, Phd, AANA 1994-95 President; and Edmond Eger, MD, recipient of the 1995 Public Interest in Anesthesia Award

of all exhibitors continually during the party. The ASATT logo was "Assisting Safe Anesthesia Today and Tomorrow." Each evening was filled with dazzling entertainment. I was unable to attend the closing banquet, but Chris, as ASATT President, was a VIP guest. It sounded terrific.

This was our fourth year to attend AANA's Annual Congress. Our thanks to the AANA for their support and the experience of being a part of the 62nd Annual Meeting in Minneapolis, MN, and for the gracious invitation to participate in the celebration of the 63rd AANA Annual Meeting in Philadelphia, PA, in 1996.

REGIONAL NEWS...

UTAH PRESENTS INAUGURAL STATE MEETING

The Utah Society of Anesthesia Technologists and Technicians held their 1st Annual Conference on August 12, at the Silver King Hotel, Park City, Utah. Attendance was excellent with approximately 35 techs receiving the great educational program featuring a distinguished faculty.

Jeff Mann, USATT President, and the USATT Board of Directors presented a well-coordinated and stimulating conference. The educational topics covered the range anesthesia patient care in a basically chronological order, and included "Patient Assessment and Special Monitoring Needs," "Induction, Anesthetic Agents, Depth of Anesthesia,"

"Maintenance of Anesthesia During Surgical Procedures," "Termination of Anesthesia, Reversal Agents, Extubation, Transport to PACU/ICU," and "Anesthetic Agents and Medications."

USATT would like to thank their sponsors: Glaxo, Medsource, Mountain Airgas, Organon, and Sanofi Winthrop. They also would like to thank the Anesthesiologists who took the time and effort to speak at their meeting. Last, but not least, they would like to thank Chris Patterson, ASATT President, for her attendance at the meeting and for all her help in getting USATT "off the ground."

ASATT ATTENDS ASAT FIRST ANNUAL MEETING "DOWN UNDER"

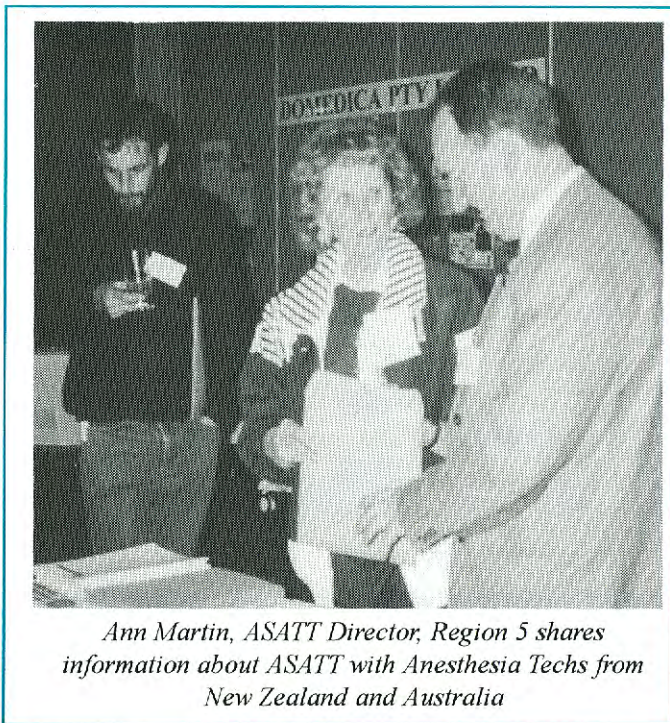
by Chris Patterson, ASATT President

Two representatives from ASATT, Ann Martin, Director Region 5 and Chris Patterson, President, attended the Inaugural Annual Scientific Meeting of the Australasian Society of Anaesthesia Technicians (ASAT). The event took place in Sydney, Australia on September 7-9. It included presentations of educational and scientific lectures covering a wide range of anesthesia-related topics, receptions and a formal dinner, and an extensive Health Care Industry exhibition featuring nearly 30 displays.

The venue for the conference was the beautiful Novotel Hotel, overlooking historic Botany Bay and Brighton Beach on Australia's southeastern coast. The surrounding natural beauty of the Blue Mountains and the Tasman Sea, the cosmopolitan atmosphere of Sydney, and the international flavor of the program added to the already considerable excitement surrounding the meeting.

Ann and I arrived at the Novotel Hotel, in Sydney, on September 4th (Labor Day) and checked into our lovely room—complete with a balcony overlooking Botany Bay and the Sydney skyline. We spent the next couple of days recovering from jetlag, sight-seeing, and making preparations for the 11th Annual World Congress of Anaesthesiologists next April, also here in Sydney.

The ASAT meeting convened on Thursday afternoon with speakers David Byatte, Chairman, ASAT; Julianne Logan, ASAT Conference Convenor; and Dr. Gregory Wotherspoon, President, Australian Society of Anaesthetists. The program then launched into a wide variety of presentations with topics ranging from the role of the Anesthesia Tech to the 1st Surgical Parachute Team. The distinguished panel of speakers from England, U.S.A., New Zealand, and various regions of



Ann Martin, ASATT Director, Region 5 shares information about ASATT with Anesthesia Techs from New Zealand and Australia

Australia, captured our interest and gave us much to think about. Following every 3 or 4 lectures, those speakers formed a panel to discuss their respective topics with the audience.

On behalf of ASATT, I would like to thank our Australian hosts, for the opportunity to take part in such a historical and informative event. We look forward to forging a closer professional relationship with our colleagues "down under."

NEW MEMBERS...

ASATT would like to extend a warm welcome to the following new members who have joined ASATT from 6/15/95 to 9/15/95:

ACTIVE MEMBERS

- Farida R. Aleyeva
Gaithersburg, MD
- Alma J. Ayo
Fayetteville, NC
- Anthony R. Berry
Dallas, TX
- Wendy A. Buford
Fairfax, CA
- Olivia T. Clayton
Cleveland, OH
- Nancy D. Delk
Williamsport, TN
- Chris A. Farley
Birmingham, AL

- Brian R. Holbrook
Greensboro, NC
- Patricia L. Macemore
Summerfield, NC
- Paula J. Marshall
Columbia, TN
- Lisa L. McShane
Allentown, PA
- Donna J. Patterson
Pittsburgh, PA
- Michael Taub
Orlando, FL
- Kimberly R. Tauber
Northampton, PA

- Lucy R. Dickens
Silver Springs, MD
- Diane M. Thomas
Center Valley, PA

INDIVIDUAL

- Michael H. Blencowe
Gwynedd, North Wales, U.K.
- Elaine B. Donohue
Orlando, FL
- Peggy Finkelstein, RN
Summit, NJ
- Dennis B. Forbes, M.D.
Salisbury, MD

- Joyce C. Jones
Lakewood, CO
- Robin Lowe
Spencer, WV

- Robert U. Ruell
Denver, CO

- Karen T. St. Pierre
Pearl River, LA

INSTITUTIONAL

- North Memorial Medical Cntr
Robbinsdale, MN

CORPORATE

- Summit Medical Equipment
Bend, OR

More Benefactors to our Certification Fund: In speaking for our membership and Board of Directors, I extend our appreciation and gratitude to the following organizations for their contributions to our certification fund:

The Georgia Society of Anesthesia Technologists and Technicians, Inc. (GASATT), Snellville, Georgia

Mr. Marc A. Dickens, President

\$1,000.00 Contribution

Augustine Medical, Inc., Eden Prairie, Minnesota

Ms. Laura Pigott

\$1,000.00 Contribution

Marquette Electronics, Inc., Milwaukee, Wisconsin

Mr. Tripp Tart, Sales Manager

\$1,000.00 Contribution

King Systems, Inc., Noblesville, Indiana

Mr. Kevin D. Burrow, Vice President Sales and Marketing

\$500.00 Contribution

Alliance in Medical Education, Inc. (AIME), New Haven, KT

Ms. Vilma Young, President

Ongoing donations of **\$250.00 per Target '96 Meeting** to be split between ASATT and the state/local society.

HAEMONETICS Corporation, Braintree, Massachusetts

Ms. Lisa Fornicoia, Manager Clinical Services - Life Support Division

\$1,500.00 Contribution

These companies and societies have shown extraordinary support to our Society. Their financial contributions will help us achieve our certification goal. We thank them for their generosity.

Remember, our Sixth Annual Meeting is Drawing Near: Don't forget to register for our Annual Meeting in Atlanta, Georgia to be held October 21, 22, 23. The ASA and ASATT exhibition booths will be on display October 23, 24, 25. Make your reservations now by calling our business management company at 1-800-352-3575. Jerry Guttery has put together an excellent educational program for us. He deserves full credit for all the hard work and worry associated with the planning and scheduling of an Annual Meeting. It is not an easy job.

We have a distinguished faculty of physicians, nurse anesthetists, and educators who will present lectures and training on a variety of important, interesting topics in anesthesia. In addition, there are excellent workshops on anesthesia machines which will be presented by talented instructors from Ohmeda and North American Dräger. Certification is also on the agenda. If you want to learn just how close we are to a national certification process, come and join us. Dr. Andrew Falcone, Project Director for Certification will address our group. This is a very important Annual Meeting—we need you there! Also, look for an update from Dr. Falcone in this edition of our newsletter.

Do You Want to Share Your Research and Writing? I am pleased to announce establishment of The Annual Augustine Medical/ASATT Clinical Excellence Award in Research and Writing of a Technical Article in Anesthesia Technology. In order to be eligible for this award, the following ground rules apply: Authors must be anesthesia technicians or technologists; only articles printed in *The ASATT Sensor* will be considered in the judging process; each article will be judged on factual basis of the subject matter presented and excellence in written presentation; the adjudicator(s) will be a medical professional in anesthesiology, a nonmember of our Society, and a neutral party; articles under review for the award will be selected from the previous October, January, April, and July issues of our newsletter; and award winners will be announced at ASATT Annual Meetings each October.

We acknowledge Ms. Laura Pigott for her efforts in our behalf and thank Augustine Medical, Inc., for sponsoring this constructive, educational endeavor. Winners of the award will receive all expense-paid trip (up to \$1,500.00) to ASATT's Annual Meeting the following October. Some details are still to be worked out at this time, but we will announce the first winner in Atlanta.

A Visit to ASAT "Down Under"... ASATT's Region 5 Director, Ms. Ann Martin and I were privileged to represent ASATT and attend the Inaugural Annual Scientific Meeting hosted by the Australasian Society of Anaesthesia Technicians (ASAT). The meeting was held in beautiful Sydney, Australia, September 7, 8, 9. It was a marvelous experience for us. Our Australian hosts were warm and friendly and made sure that we were comfortable and felt "right at home." They attended to all of our needs.

We were impressed with the many lectures and training classes covering a wide range of topics such as, "What Help Will The Anaesthetist Need In The Future," by Dr. Alison Holloway, Director of Anaesthetics Mater Misericordiae Public Hospitals Brisbane; "Patient Awareness," by Dr. Richard H. Riley, Staff Anaesthetist Royal Perth Hospital; "Anaesthesia For Cardiac Transplantation," by Dr. Judy Branch Staff Specialist Anaesthetist Department of Anaesthetics St. Vincents Hospital Sydney; and "Paediatric Emergencies & Difficult Airways," by Dr. David Baines, Consultant Anaesthetist, Camperdown Childrens Hospital Sydney. The lectures were thoroughly enjoyable and we were engrossed in comparing technology between our countries. We absorbed a great deal of knowledge from our Australasian colleagues and we thank them for their kind invitation and opportunity to attend.

Dr. Gregory Wotherspoon, President, Australian Society of Anaesthetists, was introduced to us and we were pleased and honored to make his acquaintance. He very graciously extended an offer for our Society to conduct a display booth with our ASAT colleagues at next year's 11th World Congress of Anesthesiologists at Sydney, Australia during April 1996.

continued on next page...

Membership Application



(Please print clearly or type)

NAME: Last _____, First _____, M.I. _____

Home Address _____

City _____, State (Province) _____, zip (mail code) _____

Home phone (_____) _____, May ASATT release your name to other members? Yes _____, No _____

Employer _____, Dept. _____, Job title _____

Address _____, e-mail address _____

City _____, State (Province) _____, zip (mail code) _____

Phone (_____) _____, ext. _____, pager _____, fax (_____) _____

Applicants signature here to be valid _____, Date _____

Please check your membership category listed below and send the correct amount of membership dues in U.S. currency.

*Active: \$50 _____, This category shall extend to anyone who works in a health care facility under the supervision of an anesthetist and functions in the capacity of technologist, technician, assistant, or aide. (U.S. members only.)

*To authenticate that Active membership is the proper category, you are required to have your supervisor verify that you belong in this category by having his/her signature placed in the space provided below.

(Supervisor's signature here for application to be valid.)

**Individual: \$60 _____, This category is open to anyone who has an interest in the anesthesia field.

**Associate: \$60 _____, This category shall extend to Anesthesiologists, C.R.N.A.'s, and Anesthetists.

**Institutional: \$100 _____, This category is open to academic, medical, hospital, philanthropic, scientific, governmental, or other nonprofit organizations with an interest in anesthesia technology.

**Corporate: \$100 _____, This category is open to businesses and other profit oriented organizations that manufacture, distribute, and provide services that otherwise have an interest in anesthesia technology.

**Change of Address _____

(For official use only)

Date rec'd _____, Region _____, Mem# _____, Check# _____, Amt _____

Comments: _____

PRESIDENT'S MESSAGE... (continued)

On behalf of the ASATT Board of Directors and membership, we give our thanks and appreciation to the following ASAT officers:

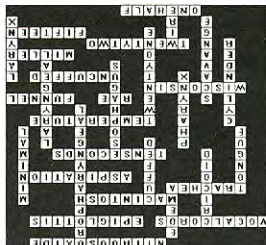
- Mr. David Byatte, ASAT Chairman
- Ms. Julianne Logan, Convenor
- Mr. Ray Farrar, Treasurer
- Mr. David Elias, Secretary
- Mr. Niria Gerbich, Convenor Trade
- Ms. Debbie Amor, Public Relations

Our Australian colleagues were great hosts. We look forward to expanding our professional relationship with our companions "down under."

In closing, I thank all of you for the privilege of serving as president. The new incoming officers and directors have my complete unconditional support; they will be successful as our Society goes on to new and broader horizons.

ANSWERS TO PUZZLE:

(From page 10)



ASATT T-SHIRTS & SWEATSHIRTS!



White or Navy with the ASATT Crest on the Front

**Prices: Short-sleeve T-shirts----- \$15.50ea
Long-sleeve Sweatshirts--- \$22.50ea**

Sizes: M, Lg, XLg, 2X, 3X

To order, send your name, address, shirt style, color, and size, plus a check in the total amount to ASATT, 9805 N.E. 116th St. #A183, Kirkland, WA 98034-4248. Allow 4-6 weeks for delivery.

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- ★ Ohmeda Medical Systems, Madison, WI

BRONZE STAR SPONSORS (\$1000 to \$2500)...

- ★ Augustine Medical, Inc., Eden Prairie, MN
- ★ Florida Society of Anesthesia Technicians and Technologists
- ★ Georgia Society of Anesthesia Technologists and Technicians
- ★ Haemonetics Corporation, Braintree, MA
- ★ Marquette Electronics, Inc., Milwaukee, WI
- ★ Organon, Inc., New Jersey
- ★ SIMS Medical Systems, R.S.P., Inc., New Hampshire
- ★ Level One Technologies, Rockland, MA

STAR SPONSORS (\$500)

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- Northwest Society of Anesthesia Technology
- Oregon Society of Anesthesia Technologists and Technicians

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