THE ASATT SENSOR

Volume 6, Number 4

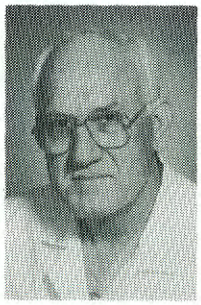
October 1996

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

PRESIDENT'S MESSAGE...

Cer.A.T.'s: INTO THE FUTURE

by Jerry S. Guttery, Cer.A.T.



Certification as an Anesthesia Technician is now in reach of anyone willing to prepare themselves. This preparation can take many forms such as on-the-job-training, formal classroom attendance, workshops with hands-on experience, seminars, inservices and independent reading. With education being the key to success, education is also the key to maintaining that success.

The certified anesthesia technician (Cer.A.T.) will be required to complete twenty hours of continuing education every two years—at least ten hours each year. This requirement is intended to encourage regular participation in some form of ongoing education.

Specific requirements for continuing education has been under study for some time. Your Board of Directors will strive to finalize these requirements at our next Board meeting October 17 & 18, 1996. As soon as details are available, each Cer.A.T. will be notified—as well as all other members.

Those who have not yet taken the exam will have an opportunity in the spring of 1997, most likely in May. The date will be finalized at our next directors' meeting.

I have recently received a letter from John F. Garde, CRNA, MS, FAAN, Executive Director of the American Association of Nurse Anesthetists (AANA) informing me that the AANA Board of Directors had approved the appointment of Denise Martin-Sheridan, CRNA, EdD. and Christine S. Zambricki, CRNA, MS. as liaisons to our Board of Directors and our Committee for Educational Development. We have received this news with great enthusiasm.

AANA's appointment in October 1994 of Jim Claffey, CRNA, and Curt Pudwell, CRNA to our original certification development committee has proven to be an invaluable contribution to ASATT.

With these outstanding professionals joining our esteemed liaison from the American Society of Anesthesiologists (ASA), William H. King, MD, ASATT is in an absolute win-win position.

Inside your Sensor:

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Vertical:	3½"	wide x 10" deep
Quarter-Page:	$100	per insertion
	3½"	wide x 5" deep

[Camera-ready, mechanicals, one-color process.]

Classified Ads: Individuals seeking employment, or employers seeking candidates in anesthesia technical support.

Rate: $8/line, 5-line minimum
3½" wide

[Times-Roman type, 12-pt, typeset by editors.]

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THE SENSOR: Quarterly Newsletter of the ASATT

The opinions expressed herein are those of individual authors, and do not necessarily reflect the views or opinions of the ASATT.

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Graphics Assistance: Infinity Design, Houston, TX

All submissions pertinent to the objectives of the ASATT will be considered for publication. Preferred format: micro diskette, (PC or Mac), or email text file. Photographs, preferably black-&-white are also welcome and will be returned.

Deadline for the next issue is November 15, 1996

Printed on recycled paper

ASATT BOARD OF DIRECTORS

Ruth A. Ochoa, Cer. A.T. - President-Elect

Ruth was one of the original members of ASATT and has been involved with the organization since the first Annual Meeting in Las Vegas. Ruth graduated from Chemeketa Community College in Salem, Oregon, as an LPN in 1976. She started her medical career at Salem Hospital as a critical care float nurse. She then worked in the PACU for ten years, getting her first exposure to post anesthetic patients. She then was promoted to an Anesthesia Technician position at the hospital. Ruth has had many roles with ASATT over the years, including Membership Chairperson, Region 7 Director for three years, and her current position of ASATT Vice President. She will officially take the President's gavel on October 21 in New Orleans. Ruth is looking forward to her year as ASATT President and plans on working very hard for the members of ASATT and for the promotion of the field of anesthesia technology.

Ruth Ochoa, Cer.A.T. and Ann Martin, Cer.A.T.

Ann Martin, Cer.A.T. - Region 5 Director

Ann attended nursing school at Drury College in Springfield, MO. From 1972 - 78, Ann was certified as an O.R. Scrub Tech at the VA Hospital in Denver, CO. She was then promoted as Chief Anesthesia Technician and worked in that role from 1978 - 91. Ann left the VA in 1991 to work as the Lead Anesthesia Technician at the University of Colorado Health Sciences Center. Ann was promoted in May of this year to Chief Anesthesia Technician, overseeing all anesthesia support activities and providing clinical and technical support to staff anesthesiologists and residents. Ann has been Region 5 Director since 1991, and has virtually traveled the world working for the advancement of technicians and the promotion of the ASATT.

Dean Rux, Cer. A.T. - Region 6 Director

Dean was born and raised in Wausau, WI, attending private high school and college in New Ulm, MN with hopes of teaching elementary school. He spent the next 22 years taking business and science courses, at the same time getting trained and gaining experience as an anesthesia technician at Marshfield Clinic in Marshfield, WI. Tiring of the harsh Minnesota winters, Dean and his family moved to Arizona three years ago, where Dean has been the Lead Anesthesia Technician at Chandler Regional Hospital. Dean has been an ASATT Director for the past five years and is excited by National Certification and the prospect of personal and professional growth through his activities with state and national societies. Dean has been married for over 22 years and has two children ages 16 and 18, along with 3 cats.

Dave Mastalski, Cer. A.T. - Region 7 Director

Dave was born and reared in Sacramento, California, and has been an active member of ASATT since 1990. After a successful career in restaurant management and business, Dave went back to school with the intention of seeking a nursing degree. Instead, Dave discovered the field of anesthesia technology at the University of California, Davis, Medical Center, where he worked for over five years as an Anesthesia Technician. After returning from a family camping vacation in Oregon, and being impressed with that area of the country, Dave decided to pursue his current position as Chief Anesthesia Technician at the Veterans Affairs Medical Center in Portland, Oregon. Dave is the founding President of the Oregon Association of Anesthesia Technologists and Technicians (OAATT), and has been active in the ASATT as both the Region 7 Director and the Associate Editor for *The ASATT Sensor*. Dave and his wife, Nancy, have four children, ages 20, 18, 12 and 10, and enjoy outdoor activities and spending time with family.

ASATT 1996 ELECTION RESULTS....

802 ballots mailed - 162 returned

Vice President/President-Elect:
Sheila White, Cer.A.T. - 125
Gibert Alvarado, Cer.A.T. - 24

Region 2:
Wilma Frisco,Cer.A.T. - 40

Region 4:
no write-ins

Region 6:
Dean Rux,Cer.A.T. - 31
Joseph Davis, Cer.A.T. - 1

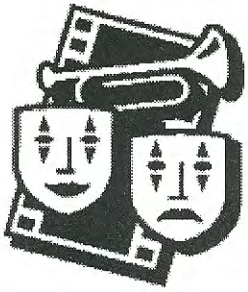
American Society of Anesthesia Technologists and Technicians

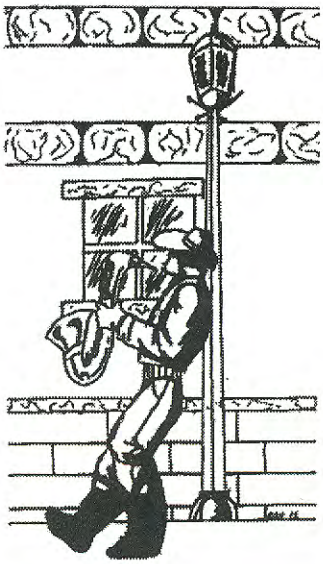
1996

The Year of Certification

&

All That Jazz!





7th Annual Meeting and Educational Program

October 19-21, 1996
Saturday thru Monday

Radisson Hotel
1500 Canal Street
New Orleans, Louisiana

OR Task	Christopher Mills, MD
Intravenous and Inhalation Anesthetic Agents	William Henry King, MD
Inotropic Drugs	Donald Harmon, MD
History of BAODA	Frank L. Pyke, FIOT
Resuscitation	J.H.W. Ballance, MD
Acquired Subglottic Stenosis	Jennifer J. Fuller, AT
History & Duties of Anesthesia Technicians	Wayne Birch, AT
Job of the ODA in England from an Anesthesia Point of View	Joy Catling, MD
Workshop on Understanding the Circle Breathing System....	Julian Goldman, MD
Troubleshooting the Anesthesia Machine	W. Clayton Petty, MD, Paul Baumgart, BA, MBA
Blood Components	Lisa K. Fornicoia, BS, MT (ASCP), CerAT
Separation of the Lungs & Management of One-Lung Ventilation	Grace Chien, MD
Ultane/sevoflurane	Abbott Representative
Cost Containment	William Buhrman, MD
Invasive Monitoring	Claude Brunson, MD
Application and Principles of Anesthesia Gas Monitoring	A. William Paulsen, MMSc (Anes), PhD, CCE
Most Abused Component on the Anesthesia Machine	James M. Yoder, BA
Malignant Hyperthermia	Gene Baker, CerAT
The Technician and Safety Precautions	Klaus Becker, RRT

Exhibits: Registration includes admission to the ASA Exhibit Hall, October 20-23.

ASATT Exhibits at the Radisson Hotel, October 19-20

OPEN FORUM...

by David G. Mastalski, Cert.A.T.
ASATT Region 7 Director , SENSOR Associate Editor
VA Medical Center, Portland, Oregon

Dear OPEN FORUM:

Recently, at our hospital, we have been seeing many "VRE" patients coming into the operating room for various surgeries. Can you please explain what VRE is and how it is spread?

Louisville,TN

Your inquiry and its timing are rather interesting considering we, too, have been seeing many VRE patients in our OR. I did some research and this is what I know: VRE stands for vancomycin resistant enterococci. Enterococci are gram positive cocci which are a part of the normal bacterial flora in the human gastrointestinal system. These organisms live harmlessly within humans. When a patient is treated with antibiotics (like vancomycin) for an infection, the bacteria, which comprise the patient's flora, is exposed to that antibiotic also. Some of the bacteria die, others which may be naturally resistant to the antibiotic survive and continue to live within the patient's gastrointestinal system. These survivors or other resistant strains that the patient may pick up from the hospital environment can then multiply freely as there is no competition present. This results in the overgrowth of the drug resistant entercocci in the bowel. This is known as colonization. A colonized person is not ill even though these bacteria are present. VRE is not more virulent than other entercocci and will not harm the patient as long as they remain in the bowel. However, when the patient's defenses falter or VRE gain opportunity through surgery or other diseases to leave the bowel, infection results. Faltering host defenses usually result from illness due to other causes; a compromised immune system due to old age, steroids, illness, or chemotherapy; invasive devices; recent surgery; or prolonged courses of antibiotics. These are also known as risk factors. Even though VRE infections are rare, they are very serious as there may be no antibiotics available to treat the infection.

VRE is spread by person to person contact via the contaminated hands of health care workers or through contact with contaminated environmental surfaces. Healthcare workers get VRE on their hands or clothes from direct contact with a colonized or infected patient's body, body fluids, blood, or a contaminated object in the patient's environment. While healthcare workers are at minimal risk for infection or colonization from VRE, they can passively transfer the organism to their next patient. Anesthesia technicians and all OR staff should ensure that all equipment and surfaces are decontaminated thoroughly after each VRE patient has left the operating suite. A healthcare worker who fails to use appropriate contact precautions and handwashing when caring for VRE positive patients places every other patient they come into contact with at risk for becoming VRE positive also. Universal precautions is the best method for preventing the spread of VRE. For further information and policy on handling VRE patients, contact your hospital Infection Control Department.

References:

1. **Hagman, Heidi M, Strausbaugh LJ;** Vancomycin-resistant enterococci: The superbug scourge that's coming our way. Postgraduate Medicine 5/96 Vol. 99(5) 60-71.

2. **Centers for Disease Control and Prevention**. Recommendations for preventing the spread of vancomycin resistance: recommendations of the Hospital Infection Control Practices Advisory Committee(HICPAC). 1995 :44 (RR-12):1-13

Dear OPEN FORUM:

Our anesthesiologists and CRNA's are asking me to purchase nerve stimulators for them. Until now, they have provided their own stimulators and I have not had much experience with them. Can you please give me some information on nerve stimulators?

Stockton, CA

Peripheral nerve stimulators help clinicians to detect and monitor neuromuscular function and the adequacy of neuromuscular block during surgery. By observing the muscular response to different patterns of electrical nerve stimulation, the clinician can determine the effects of neuromuscular blocking drugs and adjust the dosages accordingly. Clinicians also can use these devices to precisely locate peripheral nerves when performing regional anesthesia.

The peripheral nerve stimulator delivers electrical current to a peripheral nerve designated for testing, typically the ulnar nerve at the wrist; the facial nerve and nerves of the lower extremities can also be used. Surface or needle electrodes transmit the electrical pulses from the stimulator to the nerve. Conventional ECG electrodes are most commonly used, but many models also come equipped with bipolar surface electrodes (ball electrodes) mounted on the stimulator or use them exclusively. Needle electrodes, sterile probes, and alligator clips attached to needles are used to locate peripheral nerves during regional anesthesia. The correct application of electrodes is very important, because even

continued on page 14...

All OPEN FORUM questions and "Did You Know ..." ideas may be addressed to:

ASATT SENSOR OPEN FORUM
9805 NE 116th Street
Kirkland, WA 98034-4248
FAX (503) 721-7859

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

XOMED JET VENTILATOR: MODEL AMS-3000
XOMED HUNSAKER MON-JET VENTILATION TUBE

by Wayne Griffith, Cert. A.T.
Chief Anesthesia Technician
Ochsner Medical Institution, New Orleans, LA

The introduction of suspension laryngeal surgery 30 years ago challenged the surgeon and anesthesiologist with the task of working together in the same tiny field. Both had been frustrated and concerned with each other's needs: safe airway versus free surgical access. The combination of the Xomed Jet Ventilator and Xomed Hunsaker Mon-Jet Ventilation Tube appears to be a safe and most effective means of ventilating healthy adults by the administration of pressurized oxygen during suspension microlaryngoscopy surgical procedures.

Xomed Jet Ventilator: Model AMS-3000

The **Model AMS-3000** is a compact electronic controlled Jet Ventilator to provide pulmonary ventilation. It uses a high quality long life, very fast solenoid valve assembly, the rate and duty cycle of which is specified by the Ventilator operator. The **Model AMS-3000** measures and detects End-Expiratory Pressure (EEP) in the jet line each cycle and stops the ventilation with an alarm if the EEP exceeds a preset limit. (fig.1)

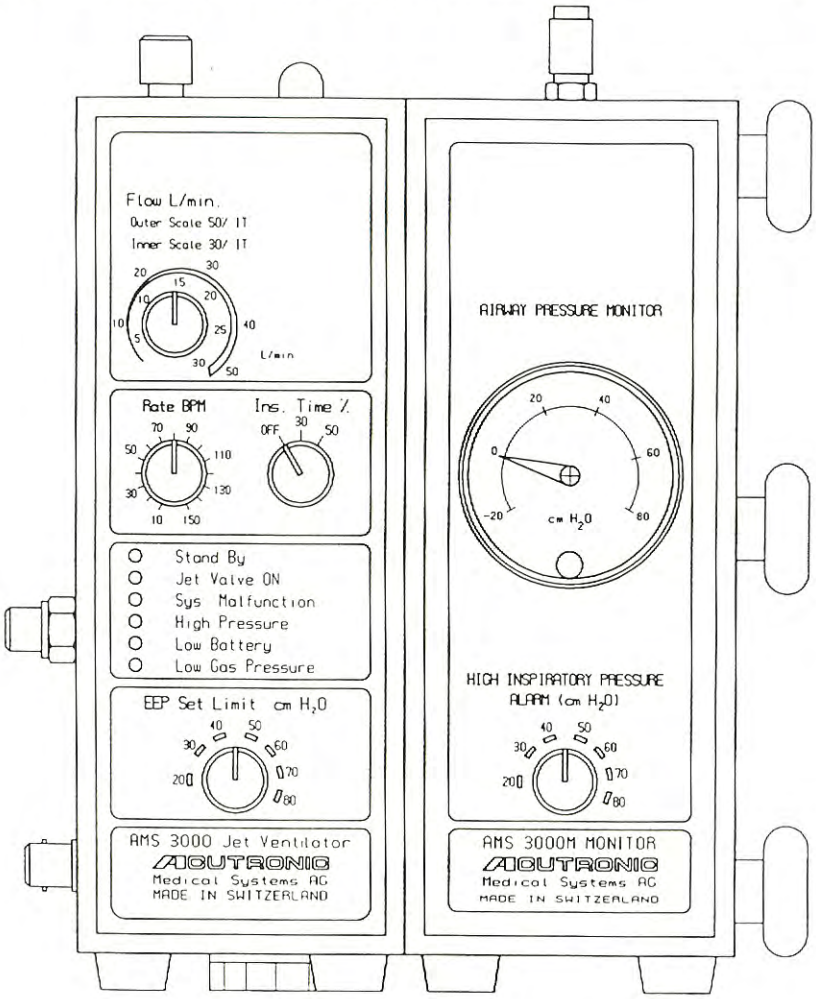


Fig. 1 Control Panel of AMS-3000 Jet Ventilator

The **AMS-3000** is easy to operate, but for proper operation an understanding of the following is necessary:

1. The operation of the controls and indicators
2. Theory of AMS-3000 operation
3. Preoperative check
4. Patient ventilator connection / Set up

Xomed supplies a product manager to fully explain and demonstrate the operation of the controls and indicators. After the inservice, you will be ready to put the unit to use in the operating room.

Theory of the AMS-3000 operation is as follows:

- The electronic control system of the AMS-3000 utilizes a number of controls (Rate and Flow), and pneumatic input to provide respiratory support.
- The rate (BPM) of the pneumatic output from the ventilator is selected by the switch from the front panel.
- The inspiration/expiration time is selected from Inspiration Time (%) switch.
- If the End Expiratory Pressure (EEP) in the patient connecting tube is higher than the adjustable preset limit between 15 to 80 cm H2O, the ventilator stops operation until the pressure falls below a safe limit.
- When the alarm condition is corrected the ventilator will resume working. In a case if electronic generator circuit failure a system malfunction alarm will turn on.
- In case of a low battery or low input gas pressure, an alarm condition is indicated that will effect the performance of the ventilator.
- Audible alarms and appropriate lights turn on immediately with an alarm condition. When the conditions are corrected, the audible alarm and appropriate lights are turned off.

continued on next page...

Preoperative check

According to operating instruction manual the following procedure explains a routine AMS-3000 checkout program to insure that the ventilator is operating properly:

1. Verify that the proper hose connections have been made between the blender output and AMS-3000 gas supply input. Pressure should be regulated to 50 ±5 psi before connecting to the unit.

2. Verify that the proper hose connections have been made between the central gas supply or between the blender if it is used.

3. Verify that the electrical power cord of the AC/AC Adapter is plugged into a properly grounded receptacle. The Stand By light should illuminate when plugged in. If the unit is to be operated by batteries then unplug the AC adapter from the ventilator. No lights should be lit unless the batteries are low at which point the Low Battery light will illuminate.

4. Verify that the patient connecting tube is properly connected to the ventilator and patient breathing circuit.

5. Verify that the jet obstruction or End Expiratory Pressure alarms are in operation. This can be easily tested by the following procedure:

- Switch on the ventilator
- Adjust flow to 20 L/min and EEP set limit to 30 cm H2O
- Crimp the jet line of the patient delivery circuit
- The audible alarm should sound and the LED high pressure will be illuminated. The ventilator should cease delivering gases.
- Uncrimp the jet line. Now the EEP exceed alarm will cease and the ventilator will resume normal operation.

Patient Ventilator Connection

Attach the patient connecting tube to the Jet ventilation mainshaft. The Airway pressure monitoring tube is connected to the Jet ventilation tube monitor line. A three-way stopcock is added to this line to enable monitoring of the patients etPCO2. The sample line from your end tidal CO2 monitor is connected to one port of the stopcock and the other is connected to the Airway Pressure Monitor side of the jet ventilator. It is suggested that you monitor the airway pressure side and on occasion turn your stopcock to check your patient's etPCO2. (fig.2)

Xomed Hunsaker Mon-Jet Ventilation Tube

The **Xomed Hunsaker Mon-Jet Ventilation Tube** is a small diameter, dual-lumen tracheal tube manufactured primarily of fluoroplastic. The overall length of the device is approximately 33 cm, including a molded fluoroplastic positioning structure on the distal end of the tube intended to maintain the position of the jet tube in the central portion of the lumen of the trachea. The larger diameter lumen of the fluoroplastic tube is intended for the intermittent delivery of oxygen in a procedure referred to as jet ventilation in the subglottic region of the trachea during microlaryngeal surgical procedures. The smaller diameter lumen tube is intended to be connected to a gas monitor for intraoperative monitoring of respiratory gases and/or airway pressures. An internal stainless steel wire is provided within the larger lumen tube to facilitate extubation in the event of laser damage to the tube. Both the jet tube and the monitoring tube are fitted on the proximal end with a thermoplastic female

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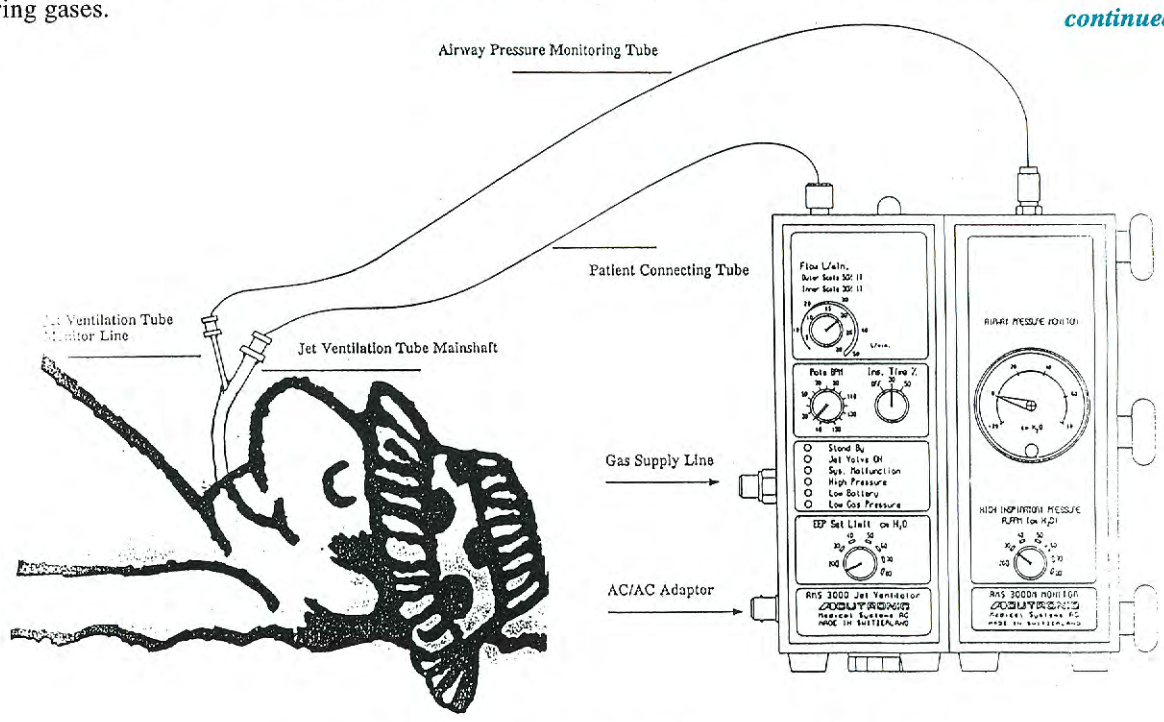


Fig. 2 Setup for the Airway Pressure Monitor

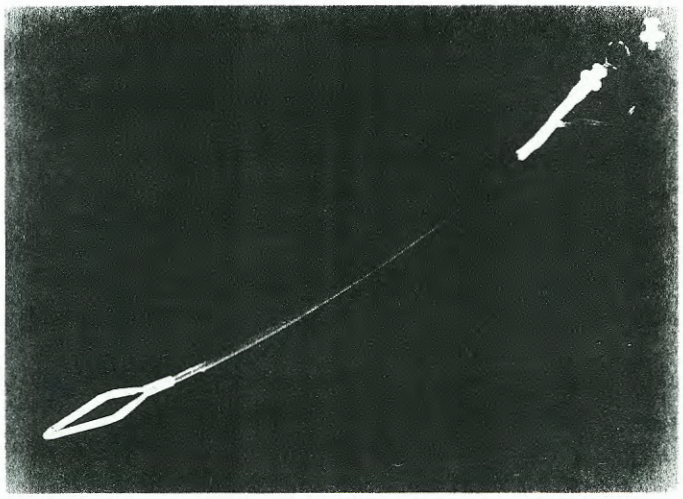


Fig. 3 Hunsaker Mon-Jet Ventilation Tube

luer type fitting for connection to operating room gas supplies and monitoring equipment. (fig.3)

LASER COMPATIBILITY

The **Xomed Hunsaker Mon-Jet Ventilation Tube** was tested under standardized conditions for testing laser resistance of endotracheal tube shafts. The results of such testing and additional tests to simulate environment conditions encountered in the clinical use showed that the device is laser compatible as it will not produce a blowtorch like flame or a melting-dripping structure if impacted by laser energy at energy intensities commonly used in clinical practice. The device was tested in an oxygen enriched environment by laser energy from three types of lasers used in laryngeal surgery: CO2 Laser, ND:YAG Laser and Argon Laser. Complete laser testing data is on file with Xomed-Treace, Inc. and a summary of results is available upon request from Xomed.

The **Xomed Hunsaker Mon-Jet Ventilation Tube** is indicated for use in microlaryngeal surgical procedures as a means of ventilating the patient by the administration of pressurized oxygen. Together with the **Xomed Jet Ventilator: Model AMS-3000** you are able to adequately ventilate a patient undergoing jet ventilation in the subglottic region of the trachea during microlaryngeal surgical procedures.

WHAT IS A LASER?

by Karen Winsor, RN, BSN
Staff Development Specialist, Surgery
Seton Medical Center, Austin, TX

Laser is a word that stands for Light Amplification by Stimulated Emission of Radiation. This term also refers to the device that generates the laser energy.

The laser uses electrical power to stimulate atoms to a high energy state. The atom returns immediately to its normal resting state and a small amount of light energy is emitted. This sets up a chain reaction with other surrounding atoms. The resulting light energy is then amplified and emitted as a beam of light which interacts with tissue as the clinician activates the laser.

Lasers may emit their energy in brief, repeating emissions or in continuous light beams. The power, or energy, of a laser beam is measured in watts. The source of each laser's energy is determined by the active medium where the atoms are stimulated. Thus the different names:

CO2: active medium is CO2 gas

Nd:YAG: active medium is a solid crystal yttrium aluminum garnet

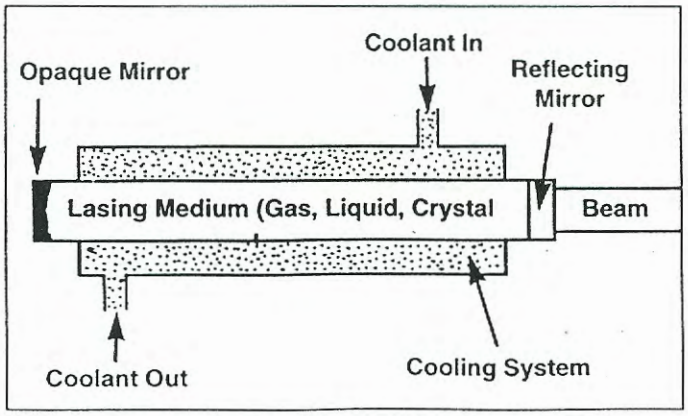
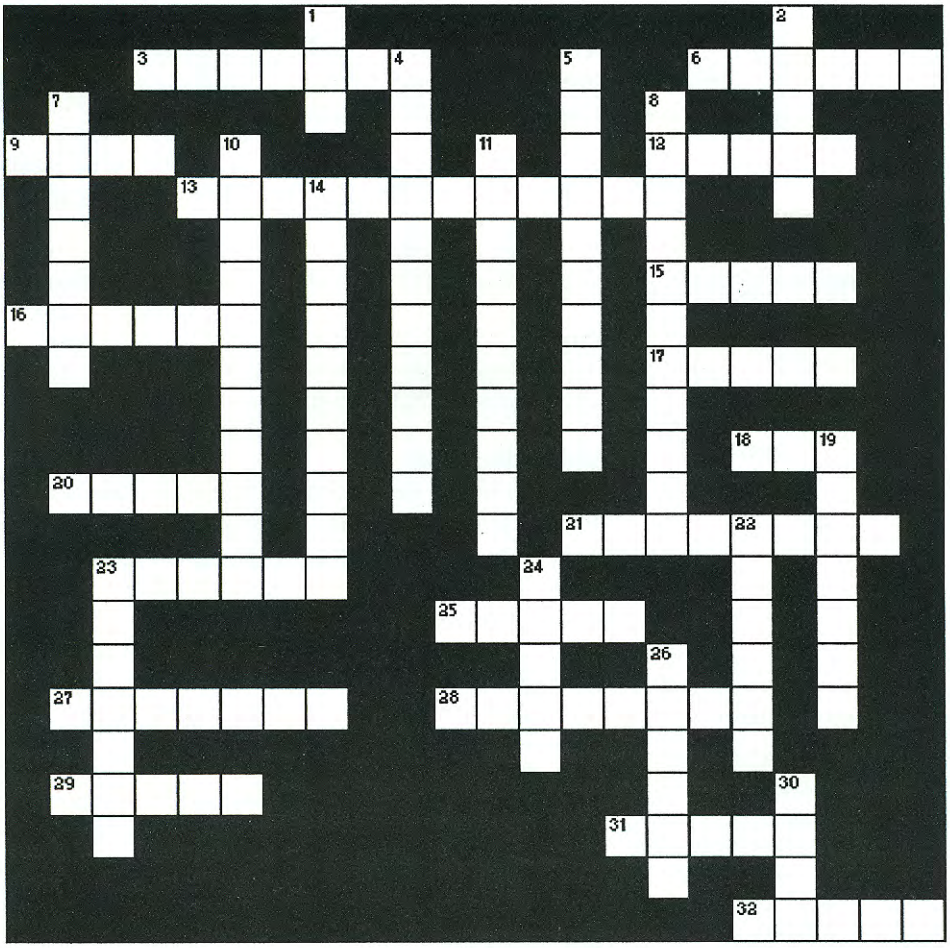


Diagram of Laser Components

TECHNICIAN CROSSWORD



SCIENCE AND TECHNOLOGY POST TEST: Jet Ventilation, Nerve Stimulation, VRE, Lasers

Use this crossword puzzle to test your knowledge on the "Open Forum" and "Science and Technology ..." articles on pages 5-8. Puzzle answers can be found on page 15 of this issue.

Across

3 __ precautions should be used with a patient with VRE.
6 __electrodes are used to locate peripheral nerves.
9 Enterococci are __ positive bacteria.
12 The laser uses electricity to stimulate__to a high energy state.
13 __ of the bowel with VRE does not cause illness.
15 The power or energy of a laser beam is measured in __.
16 A nerve stimulator can be used on the __ nerve to determine depth of relaxation.
17 When nerve stimulator intensity is increased, but no greater contraction occurs, the stimulation is called__-maximal.
18 Intermittent delivery of oxygen is called __ ventilation.
20 The Hunsaker Tube is __ compatible in clinical settings.
21 Clinicians can use peripheral nerve stimulators to precisely locate nerves when performing __ block.
23 One of four types of typical nerve stimulation.
25 Peripheral nerve stimulators help to determine the adequacy of neuromuscular __ during surgery.
27 All of the muscle fibers supplied by a nerve contract when stimulated with "__ force."
28 EEP stands for End-Expiratory __.
29 Laser stands for __ Amplification by Stimulated Emission of Radiation.
31 Enterococci are part of the normal __ in the bowel.
32 Nerve at the wrist used for peripheral nerve stimulation.

Down

1 CO2 lasers use CO2 __ as an active medium.
2 Lasers may emit their energy in continuous light __.
4 One of four types of typical nerve stimulation.
5 __ nerve stimulators help clinicians to detect and monitor neuromuscular function during surgery.
7 Nd:YAG uses a solid __ as an active medium.
8 An important procedure for prevention of the spread of disease among patients.
10 One of four types of typical nerve stimulation.
11 VRE stands for __-resistant enterococci.
14 __ results when a resistant strain of bacteria encounters no competition.
19 Jet ventilation occurs in the subglottic region of the __.
22 Jet ventilation uses pressurized __ to ventilate a patient.
23 One of four types of typical nerve stimulation.
24 VRE will not harm a patient as long as they remain in the __.
26 Electrodes should be placed so that a nerve stimulator stimulates the nerve, not the __.
30 Bipolar surface electrodes are also called __ electrodes.

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, 1996 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 can be returned.

ASATT Region 1:

For information on future events:
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 all-day educational seminar the 1st week of June '97 in association with the APSF. Watch your mail for further details. See Pennsylvania.
For further information:
Wilma Frisco at (216) 261-0649.

Ohio

The following are scheduled educational meetings:
October 26,1996 - Robinson Memorial Hospital, Ravenna, OH
January '97 - Western Reserve Surgical Center, Kent, OH
February 22, '97 - Akron General Hospital, Akron, OH
March 22,'97 - St. James Cancer Center, Columbus, OH
April 26, '97 - Childrens Hospital, Akron, OH
For further information:
Wilma Frisco at (216) 261-0649.

Pennsylvania

Plans are being made for a full day of education on Sat. June 14, 1997. The topic will be "Anesthesia Patient Safety" and will be presented by the APSF. Details to follow.
For further information:
Vicki Carse at (412) 232-5807.

Virginia

For information on future events:
Linda Ferris at (703) 985-8351.

ASATT Region 3:

Beautiful Myrtle Beach, South Carolina was the location for the ASATT Region 3 Annual Meeting, Saturday, September 21, 1996. The event took place at the Radisson Resort, Kingston Plantation.
For information on future events:
Linda Cotton (904) 351-7343[W] or (904) 347-8118[H].

Florida

For information on future events:
Linda Cotton at (904) 351-7343[W] or (904) 347-8118[H].

Georgia

For information on future events:
Marc Dickens at (404) 712-7710.

North Carolina

For information on future events:
Gail Walker at (919) 966-5136[W] or (919) 929-1865[H].

Tennessee

For information on future events:
Sharon Baskette at (615) 322-4000[W] or (615) 646-1599[H].

ASATT Region 4:

The annual Region 4 meeting was held in Dubuque, IO on Saturday, September 28. It was a full day of interesting topics including: PAP/Swan Ganz; Basic Pharmacology: ECG Interpretation; Patient Positioning and MH See pg 12.
For further information:
Sheila White at (319) 589-8665[W] or (319) 556-8234[H].

Illinois

ILSAT held an educational meeting on August 14 in Springfield. The ILSAT annual educational meeting will be held in Oakbrook, IL in November. See pg 12.
Watch your mail for details
For more information:
Pat Zueck (217) 788-3780.

Iowa

The next meeting for ISATT will be held in April '97 in conjunction with the ISA in Des Moines. Watch your mail for further details on this great meeting. See pg 12.
For further information:
Sheila White at (319) 589-8665[W] or (319) 556-8234[H].

NCSAT OPENS JOB "HOTLINE"

The North Carolina Society of Anesthesia Technicians has started a nationwide job referral service for anesthesia technicians looking for employment and hospitals with positions to fill.

A technician seeking a change of employment should send his/her name, address, phone numbers, fax number, and the city or state in which one desires employment. Hospitals should send job opening information and the name of a contact person. NCSAT is asking that technicians send in a one-time-only fee of $5 to help defray costs. Hospitals can register at no charge.

Hospitals can fax their job listings to (919) 966-4873, ATTN Gail Walker.

Technicians can mail their applications and a check made out to NCSAT to: Gail Walker, NCSAT President
6 Tamarack Ct.
Chapel Hill, NC 27514

Phone: (919) 966-5136[W] or
(919) 929-1865[H].

ASATT Region 5:
See the ad in this issue for details on "CRASH'97". All anesthesia support personnel are invited.
For further information:
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

ASATT Region 6:
For information on future events:
Dean Rux at (602) 821-3279[W] or (602) 497-9709[H].

Arizona
For information on future events:
Jane Fry at (602) 885-5756[H] or (602) 721-3836[W], or
Dean Rux at (602) 821-3279[W] or (602) 497-9709[H].

California
For information on future events:
Ron Turner at (510) 674-2241.

New Mexico
For further information:
Chris Urso at (505) 286-1168[H] or (505) 272-0383[W]

Texas
The Texas Society of Anesthesia Technology Annual Meeting took place at Wilford Hall Medical Center in San Antonio on Saturday, September 7. Techs also attended the TSA exhibit hall at the beautiful Hyatt Regency Texas Hill Country Resort. Plans are underway for a spring meeting and the 1997 Annual Fall Meeting (in Irving). Dallas/Fort Worth technicians hold their regular meetings on the 2nd Saturday of each month. [Lisa Shelton (817) 685-4917] For Houston meetings, [Gerardo Trejo at (713) 793-2898]. San Antonio also meets regularly [Raul Sanchez at (210) 675-1564]. Austin plans a dinner meeting on November 4.
For further information:
Dianne Holley at (512) 451-7457.

Utah
For information on future events:
Jeff Mann at (801) 585-3619.

ASATT Region 7:
Plans are being made for our Region 7 Educational Seminar tentatively scheduled for March 1, 1997, in Portland, OR. We are putting together an outstanding program with new topics and great instructors. The main focus will be on Certification Review and Preparation. Many vendors will also be on hand. Watch your mail for details soon.
For further information:
Dave Mastalski at (503) 642-1537[H] or (503) 273-5389[W]

Alaska
Anyone interested in starting an Alaska State Society?
Contact: Dave Mastalski (503) 642-1537

Hawaii
See article below.
For further information:
Delbert Macanas (808) 547-9872

Idaho
Anyone interested in starting an Idaho State Society?
Contact: Dave Mastalski (503) 642-1537

Montana
Anyone interested in starting a Montana State Society?
Contact: Dave Mastalski (503) 642-1537

Oregon
The next OAATT Meeting is on Saturday, October 5th at the VA Medical Center in Portland. Malignant Hypothermia will be the topic. The lunch /lecture will last from 10am-1pm. Free to members. All are invited, or, join us on December 7th at St. Vincent's Hospital in Portland
For further information:
Linda Bewley at (503) 291-2151
Richard White (360) 887-4988

Washington
The fall NSAT meeting was held September 14 at Harborview Medical Center in Seattle and was well attended. Our guest instructors were Dennis McMahon, CBET and Jeremy Cooper M.D.
For information about future events:
Nora Tiffany at (360) 427-9562.
Lee Amorin at (206) 731-4189

Wyoming
Anyone interested in starting a Wyoming State Society?
Contact: Dave Mastalski (503) 642-1537

HAWAII STATE SOCIETY FORMED

by Nelson Lee, Cert. A.T.

The Hawaii Society of Anesthesia Technicians and Technologists (HISATT) proudly announces that 14 Anesthesia Technicians, Biomedical Specialists and Physicians attended our kick-off meeting on August 14, 1996 at Queens Medical Center in Honolulu. Delbert Macannas was elected as President of the newly formed society. Nelson Lee will be serving as Vice President/ Treasurer and Kanani Cole will serve as Secretary. I'd also like to acknowledge Dr. Bill Montana who will be serving as our Medical Adviser. Thanks also to John Wong of Glaxo/ Welcome for providing refreshments. HISATT will be meeting every other month with the next meeting scheduled for September 25th at Queens Medical Center. Thank you to all who participated. If anyone else is interested in joining HISATT or for more information contact Delbert Macannas (808) 547-9872 or Nelson Lee (808) 547-4710.

NEWS FROM REGION 4...

by Sheila White, ASATT Region 4 Director

REGION 4

The annual ASATT Region 4 meeting was held in Dubuque, Iowa, Saturday, September 28, 1996. It was a full day of interesting educational topics including: Understanding the PAP/ Swan Ganz, Basic Drug Pharmacology, ECG Interpretation, Patient Positioning, Malignant Hyperthermia, and others.

Once again, it was a sparse group, but of the 10 technicians that did attend, they enjoyed the topics, company, and food.

We (the regional directors and state presidents) are really at a loss as to why no one wants to take time to attend these meetings. We understand and realize everyone has busy lives, and we do also, but we put hours into planning and organizing these meetings.

We need your help to start making these meetings a success. We'd like to know why you're not attending.

We'd like to hear what keeps you away, and is there a way we can make these meetings more attractive, and accessible for people? We would love to hear from you and see if we can find a solution. THANKS

IOWA

It has been a busy summer for everyone and fall is fast approaching. The next meeting for ISATT will be April 1997, held in conjunction with the ISA in Des Moines. I don't have the exact date in April, yet, but if you ask your Docs, I'm sure they will be receiving literature. Mark it on your calendar, it is always a good meeting.

Is anyone interested in getting more involved?!! We need to get our state society rejuvenated and find some more people with gusto!!

We also still have a position open for Secretary. This person would take notes/minutes at our meetings, and possibly put together a quarterly newsletter (something very simple)!! It really wouldn't be a big time commitment. Please let me know—I'd love to hear from you.

ILLINOIS

Thanks go out to Pat Zueck and the ILSAT Board of Directors for their interesting meeting held August 14, 1996 in Springfield. They covered several important topics that could confront us on a day-to-day basis.

There was a small turnout for this meeting, too. This was discussed at the end of the meeting, that day. How can we get people interested in attending?? OK, you Illinois techs, we want to hear from you!! Here's hoping we'll see you in November 96 in Oakbrook, IL for your yearly fall/winter meeting.

THE FOUR OF US IN THE CITY OF BROTHERLY LOVE!!!

Wilma F. Frisco,
ASATT Secretary, Director Region 2

The luxurious Philadelphia Marriott/Convention Center was the site for the 63rd annual meeting of the American Association of Nurse Anesthetists. The meeting was held August 10-15, 1996. The AANA graciously extended to the ASATT representatives the opportunity to participate in the explosive opening and festive closing ceremonies.

In the exhibition hall, Chris Patterson, Ruth Ochoa, Ann Martin, and Wilma Frisco proudly elaborated on the success and future endeavors of ASATT.

The dynamic and new ASATT display which was designed by Ann Martin was proudly displayed in the exhibition hall.

Chris, Ruth, Ann, and I were tremendously encouraged by the sponsors, other exhibitors, the officers, members, and guest of the American Association of Nurse Anesthetists. Their general message was "continue that which you have started, and you will succeed."

CRASH 97 TECHNICIAN PROGRAM

FACULTY

Michael B. Ochs, D.O.
Assistant Professor
CRASH 97 Technician Course Director

Ann Martin, AT
Executive Board Director/ASATT Region 5 Director
CRASH 97 Technician Course Assistant Director

Rita Agarwal, M.D.
Assistant Professor of Anesthesiology

Paul Baumgart
Marketing Manager, Ohmeda

Avninder Dhaliwal, M.D.
Assistant Professor of Anesthesiology

Matthew Flaherty, M.D.
Assistant Professor of Anesthesiology

Jim Hanneford, MA, RRT
Instructor of Anesthesiology

Joy Hawkins, M.D.
Associate Professor of Anesthesiology

Clark Lyda, RPh
Clinical Pharmacist

Howard Miller, M.D.
Assistant Professor of Anesthesiology

W. Clayton Petty, M.D.
Professor & Chief of Anesthesiology
Madigan Army Medical Center

PROGRAM

SATURDAY - MARCH 1, 1997

6:30-7:00	Registration
6:30-7:00	View Exhibits; Continental Breakfast
7:00-7:45	ASATT Update Ann Martin, AT
7:45-8:30	Machine Fundamentals & Troubleshooting - Part I W. Clayton Petty, M.D. Paul Baumgart
8:30-9:15	Machine Fundamentals & Troubleshooting - Part II W. Clayton Petty, M.D. Paul Baumgart
9:15-9:30	Question and Answer Session Ms. Martin, Dr. Petty and Mr. Baumgart
9:30	View Exhibits; Recess
3:30-4:30	View Exhibits; Refreshments
4:30-5:45	WORKSHOPS
	A: Invasive Monitoring Howard Miller, M.D. Jim Hanneford, MA, RRT
	B: IV Admixtures Clark Lyda, RPh Michael Ochs, D.O.
5:45-7:00	Repeat Workshops A and B

SUNDAY - MARCH 2, 1997

6:30-7:00	View Exhibits; Continental Breakfast
7:00-7:45	Pediatric Anesthesia Rita Agarwal, M.D.
7:45-8:30	Obstetric Anesthesia Joy Hawkins, M.D.
8:30-9:15	Trauma Anesthesia Howard Miller, M.D.
9:15-9:30	Question and Answer Session Drs. Agarwal, Hawkins and Miller
9:30	View Exhibits; Recess
3:30-4:30	View Exhibits; Refreshments
4:30-5:45	WORKSHOPS
	A: Fiberoptic Intubation Michael Ochs, D.O. Avninder Dhaliwal, M.D.
	B: Malignant Hyperthermia Drill Rita Agarwal, M.D. Howard Miller, M.D.
5:45-7:00	Repeat Workshops A and B

MONDAY - MARCH 3, 1997

6:30-7:00	View Exhibits; Continental Breakfast
7:00-7:45	ASA Difficult Airway Algorithm Avninder Dhaliwal, M.D.
7:45-9:30	ASATT Sample Questions/Answers Ann Martin, AT Michael Ochs, D.O. Avninder Dhaliwal, M.D. Matthew Flaherty, M.D.
9:30	Adjourn until February 27, 1998

Contact Phyllis Tuller - Course Coordinator - 303-270-4092

NEW MEMBERS....

ASATT would like to extend a warm welcome to the following new members who have joined from 7/1/96-8/31/96.

ACTIVE MEMBERS

Judy Arroyo-Green
Saginaw, MI

Charles L. Avig
Baltimore, MD

Denise W. Bartlett
Jonesboro, AR

Michael C. Boll
Millburg, MA

Joseph Brown, Jr.
Philadelphia, PA

Janie M. Caffrey
Montgomery, AL

Ernie C. Carvajal
Garland, TX

Susan G. Cescutti
Rome, GA

Calvin Cobb
Greensboro, NC

Diana Corvin
Bellevue, NE

Rachel Diaz
Goodrich, MI

Darin J. Forrest
Philadelphia, PA

Mary Franklin
Bristol, VA

Bridget E. Harris
Huber Heights, OH

Steven B. Helton
McDonough, GA

Gene Hines, Jr.
Stanley, NC

Edmund A. Johnson
Philadelphia, PA

Kevin D. Johnson
Harvey, IL

Mary P. Jones
Glenside, PA

Beth C. Kingsmill
New Orleans, LA

Alfredia E. Kiser
Pike Road, AL

Sylvester Knox, Jr.
Oak Park, IL

Michael D. Kortman
Birmingham, AL

Becky J. Lincicum
Fresno, CA

Leslie R. Macaw
Nashville, TN

Angel I. Martinez
Fairview, NJ

Michael A. Moore
Pittsburgh, PA

Stephen W. Moore
Galveston, TX

Denise J. Myers
Baltimore, MD

Carmen G. Nelson
New Port Richey, FL

Tonya B. Patton
Rock Hill, SC

Dale S. Peck
Ft. Myers, FL

Richard C. Perry
Edgewood, MD

Todd C. Reed
Bluffton, IN

Patricia A. Robinson
Sanford, FL

Richard E. Robinson
Philadelphia, PA

Gregory A. Swaim
Dallas, TX

Patricia I. Thomas
Philadelphia, PA

Wanda Q. Toval
Deridder, LA

David C. White
Burbank, CA

Veda White
Philadelphia, PA

Ron Wiggan
Brooklyn, NY

Robert Williams
Baltimore, MD

INDIVIDUAL MEMBERS

William Baxendale
Longview, NC

Alim L. Fornah
Alexandria, VA

William R. Friedman, Jr.
New York, NY

Hahn T. Tran
Reston, VA

INST. MEMBERS

Memorial Mission Hospital
Asheville, NC

OPEN FORUM.... *(continued from page 5)*

slight displacements can result in considerable changes in stimulation current requirements. In addition, the electrodes must be placed so that the device stimulates the nerve, not the muscle.

When the clinician stimulates the peripheral nerve with sufficient intensity ('maximum force'), all of the muscle fibers supplied by the nerve contract. If the intensity is increased further, the stimulus is described as supramaximal, but no greater muscular contraction occurs. By delivering the same amount of supramaximal stimulation before and after administration of neuromuscular blocking drugs, the clinician can determine the effect of the neuromuscular block.

Peripheral nerve stimulators typically use four types of stimulation: twitch, train-of-four (TOF), double-burst, and tetanic. These techniques produce specific responses or patterns of muscle contraction. The clinician can then assess the level or type of block by observing visually the degree to which the effected muscle contracts.

You will find that there are several models on the market and costs range from $100-$500. There are some pharmaceutical companies that provide bottom-end models to providers free. For further information, contact your local anesthesia equipment supplier and/or your hospital Biomedical Engineering Department.

Dear OPEN FORUM

I have been searching for educational videos that can be used in our department for inservices and training. Most anesthesia related videos I have seen are either monotone and dull or too advanced for technicians. Can you recommend a resource for appropriate educational videotapes

Honolulu, HI

I, too have been frustrated with the lack of "technician/technologist level" educational videotapes appropriate for inservicing. This is one area that ASATT has been investigating with great interest. Unfortunately, there is a need for improvement in videos geared toward this level of education. If any readers have recommendations, please let me know and I will reference them in a future column. I have found the ASA Patient Safety videotapes to be excellent inservices for technicians. You may also check with various equipment manufacturers for videos about their products. Another resource could be your hospital medical library. For further information on the ASA Patient Safety series of videotapes, contact the ASA (708) 825-5586.

DID YOU KNOW...?

Internet sites of interest:
ASATT homepage: <http://www.kingsystems.com/asatt.htm>
AANA <http://www.aana.com>
ASA <http:// www.asahq.org>
Tech Talk (discussion group) : <tech talk@anaes.sickkids.on.ca>

...There is still time to register for the ASATT 7th Annual Meeting and Educational Seminar in New Orleans on October 19-21, 1996. Please call the ASATT 1(800) 352-2575 or contact your Regional Director.

Membership Application

American Society of Anesthesia Technologists & Technicians

9805 N. E. 116th St. #A183, Kirkland, WA 98034-4248

(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.**

_____ _____

(Print your Supervisor's name and title here.) *(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_____

CAREER OPPORTUNITIES...

The Portland, Oregon VA Medical Center, Department of Anesthesiology has an immediate F/T opening for a Certified (Cer.AT) or Certified eligible Anesthesia Technician with at least 2 years experience. Located in the heart of the beautiful Pacific Northwest, we are a critical care, state-of-the-art Medical Center with the latest in equipment and technology. We have very active cardiac surgery and liver transplant programs, and are affiliated with and physically connected to Oregon Health Sciences University (OHSU). We offer the qualified candidate a competitive salary and benefits package.

Please contact: Dave Mastalski, Chief Anesthesia Technician (503) 273-5389 for more information. EOE.

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.

ANSWERS TO PUZZLE:

(From page 9)

American Society of Anesthesia Technologists & Technicians
9805 N. E. 116th St. #A183, Kirkland, WA 98034-4248

CERTIFICATION FUND SPONSORS...

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- ☆ **Ohmeda Medical Systems,** Madison, WI

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

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- ☆ **Haemonetics Corporation,** Braintree, MA
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Northwest Society of Anesthesia Technology

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