

THE ASA M SENSOR

Volume 7, Number 3

July 1997

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

PRESIDENT'S MESSAGE...



CONTINUING TO MOVE AND GROW

by Ruth A. Ochoa, CerAT

It is hard to believe that it is July already, but we have already accomplished quite a few things this year. We now have a new management company—thank you all for your patience during the transition. If you have any concerns or questions that have not been addressed during the last 3 months, please feel free to contact me at (503) 370-5200, pager 40225 (Monday-Wednesday 0430-1700 Pacific time) or at (503) 390-0736, any other time. If I am not able to answer your call in person, please leave a message and I will get back to you as soon as possible.

Congratulations to the 155 of you that passed the Certification Exam on May 17, 1997. This brings the total of Certified Anesthesia Technicians to 533.

Letters have been sent to the AANA and ASA asking for their endorsement of the ASATT Certification

Exam as the only recognized examination for Anesthesia Technicians. Also, letters have been sent to the regional directors and presidents of state organizations asking for their support.

Recently it has been brought to the ASATT Board of Directors' attention that ASA is endorsing Respiratory Care Therapists as Anesthesia Techs. This is the reason for the aforementioned letters. Also, strength is in numbers—please encourage any of your co-workers who are not ASATT members to become members.

The ASATT Board of Directors would like to extend many thanks to Glaxo Wellcome for their generous donation of \$5000 to the ASATT Certification Fund.

Please remember to make plans to attend the ASATT 8th Annual Educational Seminar, October 17-19, 1997. Hotel accommodations are going fast. See you there.

continued on page 11...

Inside your Sensor:

Official Notices...

New Executive Director, page 11

Science and Technology...

Difficult Airway Equipment, page 4

National News...

'97 ASATT Meeting Info, page 8

Open Forum...

Latex Allergy, page 3

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For further information, contact:*The ASATT Sensor*

Dianne Holley, CerAT, Editor

3810-A Tonkawa Trail

Austin, TX 78756

(512) 451-7457

or

ASATT Office

2000 L. St., NW, Suite 200

Washington, DC 20036

(609) 853-9382

202-833-3843 (fax)

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 352-374-6051(W)
 jsguttery@aol.com(E)

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 David G. Mastalski, CerAT
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 Portland, OR
 503-642-1537(H)
 nmastalski@aol.com(E)

THE SENSOR: Quarterly Newsletter of the ASATT

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

Editor: L. Dianne Holley, CerAT 3810-A Tonkawa Tr, Austin, TX 78756. 512-451-7457(H), 512-323-1104(F), ldholley@aol.com(E)

Associate Editor: David G. Mastalski, CerAT VAMC, Portland, OR. 503-642-1537(H), 503-721-7859(F), nmastalski@aol.com(E)

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 August 15, 1997

Printed on recycled paper



OPEN FORUM...

by David G. Mastalski, CerAT
 ASATT Region 7 Director, SENSOR Associate Editor
 Chief Technician, VA Medical Center, Portland, Oregon

The intent of this page is to provide an "Open Forum" for ASATT members or anyone with an interest in anesthesia technology to exchange information and ideas.

Dear OPEN FORUM:

There are many of my co-workers within our O.R. who have experienced rash related problems from wearing non-sterile latex gloves for most of the day. Can you please provide some information on possible allergic reaction to these gloves?

Bozeman, Montana

The following information briefly explains hypersensitivity associated with the use of typical latex examination (non-sterile) gloves. Please refer to your hospital Employee or Occupational Health Department for more detailed information.

Non-Allergic Dermatitis: This is usually characterized by flaky skin with papules, cracks or sores. Often the cause may be repeated or prolonged irritation from sweating under the gloves or from the gloves rubbing against the hands. Glove powder could also have a significant effect. Most health care workers with irritant dermatitis find relief by identifying the irritability factor and reducing or eliminating contact, e.g., using powderless latex gloves.

Allergic Contact Dermatitis Type IV: Chemical Allergy. This allergy is a type IV delayed-type cell mediated hypersensitivity reaction typically due to excess residual chemicals utilized as accelerators and antioxidants in the manufacturing process of rubber gloves. When not removed from the product by washing or leaching process, these chemicals can be responsible for most cases of allergic contact dermatitis. Possible symptoms include a rash appearing within 48 to 96 hours after exposure, with palpable areas with bumps, sores and horizontal cracks in the skin. Most workers can find relief from wearing synthetic gloves that do not contain chemicals used in the manufacture of latex gloves. However, some synthetic gloves may also contain chemicals other than those associated with latex gloves which may evoke reactions.

Allergic Contact Dermatitis Type I: Latex Protein Allergy. This is true latex allergy. An immediate hypersensitivity reaction that involves systemic IgE antibody formation to proteins in products made from natural rubber latex. Natural latex contains up to 240 potentially allergenic protein fragments, and different people may be sensitized to varying combinations of latex allergens. Glove powder is a major factor in latex allergen exposure. Sensitized people exposed to powdered latex gloves can exhibit symptoms ranging from respiratory problems to fatal anaphylaxis. Possible signs and symptoms may include mild to

serious urticaria, rhinitis, conjunctivitis, facial swelling, respiratory distress, asthma or anaphylaxis. Workers who are suspected to be latex allergic should have confirmatory diagnostic testing. Please keep in mind that skin testing can only confirm the diagnosis of latex allergy and has no value in the prediction of the likelihood of an anaphylactic reaction. Affected workers should change to synthetic gloves and avoid contact with latex in their environment. Contact your hospital Employee Health Department for more information.

Dear OPEN FORUM:

I am studying to take the ASATT National Certification Examination. My question is, will there be more than one examination administered per year? As I recall, there were two exams in 1996. Also, how are the examination testing sites determined?

Sacramento, CA

Your recollection is correct, there were two examinations in 1996 (May and October). This was the first year for administering the National Certification Examination and the ASATT Board of Directors voted to have two exam dates for this first year only, because of the overwhelming response for the exam. The cost and logistics required to correctly administer this exam around the country make it prohibitive to offer the exam more than once per year. The exam will be given in May annually at several regional sites around the country.

Previous to each exam, a demographic survey and grid is taken to determine the cities where the exam will be given. Some of the factors taken into account to determine the testing sites are: numbers of ASATT members in a given location, accessibility (airport, highway, bus, train etc.), location of a suitable (contracted) actual testing site, and, it must be geographically sensible, i.e., we would not have two testing sites within 100 miles of each other (unless the above factors outweighed the geographics). Again, these are just a few of the factors taken into account for test site selection. It is the goal of the Certification Committee to announce the examination site cities by

continued on page 17...

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.

TECHNOLOGICAL ADVANCES IN DIFFICULT AIRWAY MANAGEMENT

by Dianne Holley, CerAT

Chief Anesthesia Technician, Seton Medical Center, Austin, TX

Anyone who has been CPR certified has heard of the ABC's of life support. They are, in order of priority: Airway, Breathing, and Circulation. Anyone trained as an anesthesia tech should also be very familiar with the vital importance of a well-maintained airway. Technicians may fulfill their roles as assistants in airway management in various ways: by learning to recognize possible indicators of a difficult airway and then anticipating the needs of the anesthesia clinician; by being familiar not only with the equipment, but the techniques used to obtain a viable airway; and by maintaining a well-supplied difficult airway cart.

Factors contributing to a difficult airway include:

- Abnormal airway anatomy
 - Large tongue
 - Receded chin
 - Thick and/or short neck
 - Small mouth
 - Long teeth
 - Swelling in and around the oropharynx
- Injuries to the head or neck
- Arthritis of the neck or jaw

In addition to performing a physical assessment of a patient's airway prior to surgery, an anesthesia clinician will inquire into a patient's history with past intubations and possible difficulties encountered. The clinician will then determine the best method of ensuring a patent airway throughout the surgical procedure. The American Society of Anesthesiologists has developed a Difficult Airway Algorithm which delineates the choices and subsequent steps to be taken in all eventualities involved in securing an adequate airway.

Once airway risk has been assessed, a clinician may choose:

- to proceed with paralysis (general anesthesia), mask ventilation, intubation, and/or laryngeal mask airway (LMA) placement
- to perform a regional or local anesthetic to allow the patient to breathe spontaneously and thus protect his own airway
- to perform an awake intubation, in which the patient breathes spontaneously and protects his own airway until intubation is achieved, after which time paralysis (general anesthesia) is induced
- to postpone surgery

If at any time the airway becomes compromised or is unexpectedly difficult to secure, the clinician may:

- opt to use any of several intubation aids and techniques
- awaken the patient and either postpone the surgery or attempt to perform an awake intubation
- achieve a secured airway surgically

Equipment helpful to achieve a difficult intubation should be readily available to the clinician. It is also important that anyone assisting the clinician be familiar with the equipment and techniques.

Some positioning techniques can help open and protect an unsecured airway. While the patient is awake and spontaneously ventilating, or asleep and not intubated, the head tilt or jaw lift can open the airway and move the tongue out of the airflow path. Once the patient is asleep, cricoid pressure can help prevent gastric contents from entering the airway, however, this pressure should be released during active regurgitation. Pressure at the thyroid cartilage as requested by the intubating clinician can aid visualization of the larynx during attempted intubation.

A normal atraumatic intubation usually involves a laryngoscope blade and handle, and an endotracheal tube (ETT). Alternatively, a laryngeal mask airway can be inserted. Jet ventilation can be achieved using a smaller lumen tube such as either the Hunsaker Tube or an attachment to the surgeon's laryngoscope. This is primarily used during laser airway surgery, but jet ventilation can also be an adjunct to difficult airway management.

Slightly difficult airway problems can frequently be resolved by using either a malleable stylet to curve the tip of the ETT upward, or by using an intubating stylet which generally comes with a similarly curved tip. The added curve helps guide the ETT or stylet upward into the larynx. The malleable stylet is placed in the ETT up to (but never beyond) the tip of the ETT. A "hockey stick" bend is placed at the end of the ETT and the stylet is removed as soon as the ETT goes into the larynx. The intubating stylet (e.g. Eschmann Catheter) is placed into the larynx and the ETT is threaded over it into the trachea. Magill forceps can help advance an ETT that has been inserted nasally.

Flexible fiber-optic intubating scope: A flexible fiber-optic bronchoscope (FOB) or intubating scope is a mandatory piece of equipment on any complete difficult airway cart. An ETT is threaded all the way onto the scope, and the scope is then advanced using fiber-optic visualization into the trachea via the nose or mouth. The ETT is then slid along the scope into the

appropriate position. This technique can be used on awake or asleep patients. Many ancillary pieces of equipment are available to facilitate the use of the scope, including swivel adapters which allow positive-pressure mask ventilation while using the scope; bite blocks to prevent a patient from biting through a scope; and intubating oral airways which have added bend and length in them and allow the ETT to be inserted through their rounded lumen.

Although a dedicated light source should be available for the scope, frequently other light sources used by the operating room staff have adaptable outlets to fit an assortment of scopes and can be used if necessary. Most intubating scopes have a channel available for suctioning or injecting medication or air through, but it is very small. Secretions should not be allowed to dry in the suction channel. After active suctioning, it should be immediately cleared by suctioning clean water, saline, or even alcohol through it. Very long thin channel brushes are also available to clean these channels, but these are made specifically to fit a particular style of scope (i.e. they are not interchangeable with other styles of scopes and brushes) and care should be used not to try to force a wrong-sized brush to fit.

Laryngeal Mask Airway: The LMA is a combination of an anesthesia mask and an endotracheal tube. Like the ETT, the

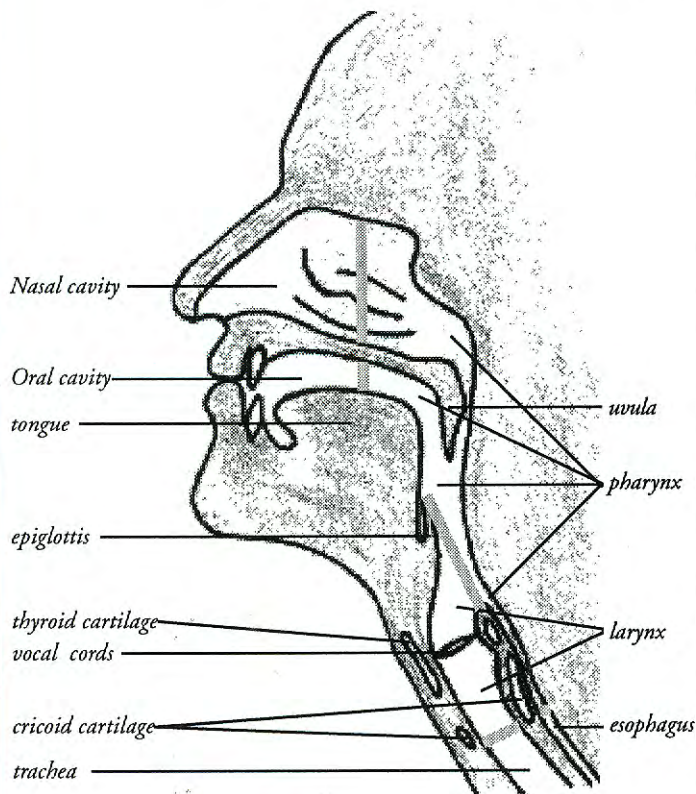
LMA can achieve good ventilation when a conventional mask is inadequate. However, like the mask, the LMA does not provide adequate protection against aspiration. During a difficult airway situation, the LMA is often at least a temporary airway option due to the ease of its insertion. Other variations on the original LMA (including a disposable version) are now available in the U.S.

Another newer technique involves placing an LMA, and then using it as a guide to pass a flexible scope into the trachea. An ETT can then be threaded off the scope, through the LMA. A size 5 LMA can pass a size 7.0mm ETT through its lumen. A water-based lubricant should be used to ease the passage of the ETT through the LMA and past its tip. In a similar technique, an intubating stylet or jet ventilating catheter can be passed through the LMA, followed by removal of the LMA, and then by passing an ETT along the stylet or catheter. Sometimes a blind intubation can be achieved using just an ETT through the LMA.

Jet Ventilation/Airway Exchange Catheter: The combination jet ventilation tube and ETT exchange catheter is another new tool on the market. It basically consists of a long catheter with a lumen for gas exchange and removable connectors for either a jet ventilator (luer lock) or a breathing circuit elbow (15mm). Some are even long enough to allow for the exchange of an

continued on pg 6...

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.

endobronchial tube for another tube. These catheters can be used either for jet ventilation alone, or as a backup during ETT exchange or attempted extubation.

Combitube: An esophageal-tracheal tube is also newly available. It is a double-lumen/double-cuffed tube which is designed to work whether placed in the esophagus or in the trachea. The concept is similar to that of a double-lumen endobronchial tube. There is a distal lumen opening, behind which is a cuff (like in a conventional ETT); behind this cuff are the second lumen openings, behind which is a second cuff. If the tube is placed in the trachea, the distal lumen opening and the distal cuff are used (similarly to the conventional ETT). If the tube is placed in the esophagus, the proximal lumen openings and both cuffs are used—the distal cuff blocks air from the esophagus, and the proximal cuff blocks air from the oropharynx. The clinician then ventilates through the appropriate lumen.

Retrograde Intubation: During this procedure, a long guidewire is passed through a large needle (e.g. 16g IV catheterization needle and a .035" guidewire) penetrating the cricothyroid membrane. The wire goes through the larynx, into the oropharynx, and out of the mouth. An ETT is threaded back down the wire protruding from the mouth until it reaches the insertion point of the guidewire. The wire is then removed, and the ETT is advanced further into the trachea.

Cricothyrotomy: This emergency surgical procedure involves the placement of a short curved tube through the cricothyroid membrane, using the Seldinger Technique (using a needle to pass

a guidewire which serves to guide the tube into place after a larger incision has been made). The tube is then sutured into place and a 15mm OD connector allows connection to a ventilator.

Other Tools: Any catalog of anesthesia products will offer a large variety of other intubation aids which can be more or less helpful depending upon the situation, and the specific training of the clinician. Available on the market are ETT's with a built-in lever by which one can pull the tip of the ETT upward. Another recent addition is an articulating laryngoscope blade with a lever which bends the tip slightly upward to aid visualization. Lighted malleable stylets can aid visualization either when looking through the mouth, or by turning out the room lights and viewing it externally as it passes through the larynx. The Bullard Intubating Scope can aid intubation as well as allow television screen viewing of the larynx. An oropharyngeal (i.e. oral) airway with a cuff is new on the market for use in spontaneously ventilating patients who are in no danger of aspiration. In addition, an huge assortment of different laryngoscope configurations, adaptors, prisms, and stylet guides are also available.

Difficult airway carts: A well-configured difficult airway cart will have a place for the FOB to be stored safely, so that it will not develop a bent "memory" from being stored in a curled position. It will also house the light source in such a way that it is readily accessible and but not easily knocked onto the ground. The cart will also contain a variety of LMA's, jet ventilation apparatus, ETT's, and other intubation aids. Most importantly, the cart should be kept in a site easily accessible and well-known to both OR and anesthesia personnel.



★ **OBJECTIVE**
★ **SUPPORTIVE**
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★ **TECHNICAL**
★ **TEAMMATE**

..... **A QUALITY OF TECHNICAL SUPPORT TO THE ANESTHESIA PROVIDER.....**

This seminar will award four continuing education/contact hours.

(Printed Meeting Agenda will be mailed)

For additional information:

Barbara E. Powell at 614-454-4224

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The Ohio Society of Anesthesia
Technician Technologists

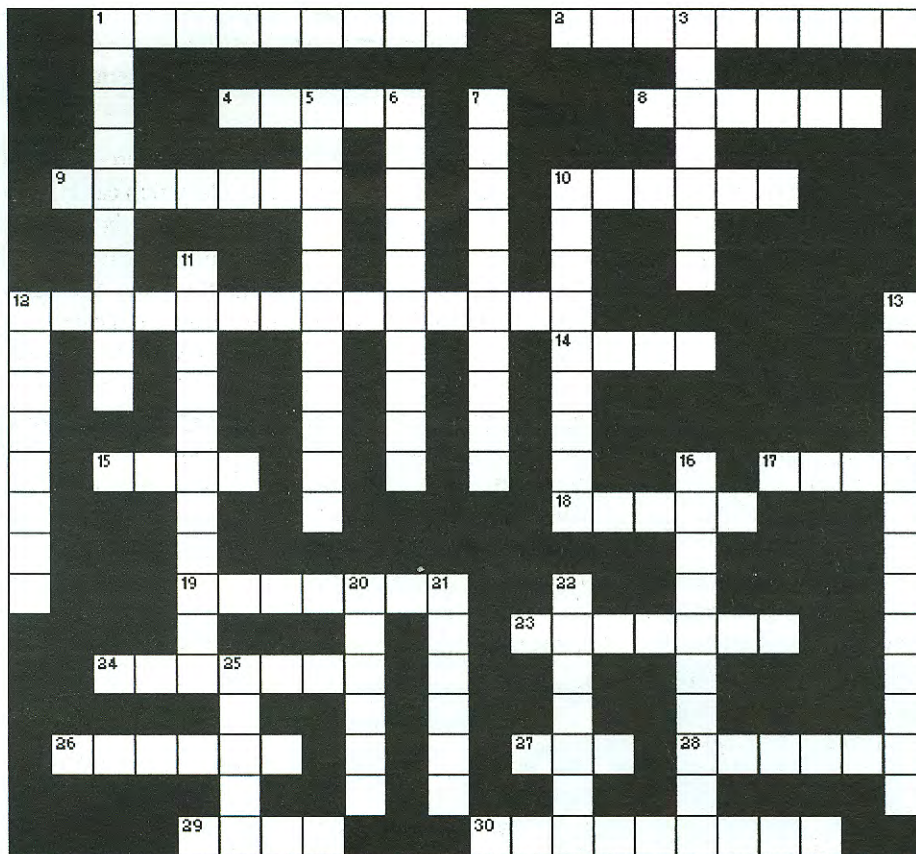
Education/Continuing Education
Seminar

Saturday, September 27, 1997

8:30am - 4:30pm

Holiday Inn/Zanesville
4645 E. Pike
Zanesville, OH 43701

Registration Fee:
\$35/OSATT/ASATT Member
\$45/Non-Member



SCIENCE AND TECHNOLOGY POST TEST: Airway Equipment, Latex Allergy

Use this crossword puzzle to test your knowledge on the "Science and Technology ..." articles on pages 3-6. Puzzle answers can be found on page 15 of this issue.

Across

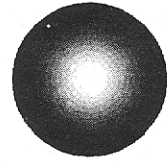
- 1 ___ of the neck or jaw can contribute to a difficult airway.
- 2 Tube of the digestive tract extending from the pharynx to the stomach.
- 4 A very difficult intubation may be attempted with the patient being ___.
- 8 ___ forceps can help during nasal intubations.
- 9 Air passageway from the larynx to the bronchial tubes.
- 10 Air passageway from the base of the tongue to the trachea.
- 12 An emergency procedure to secure a surgical airway.
- 14 A thick and/or short ___ can be a contributing factor to a difficult airway.
- 15 The head ___ can help open a non-intubated patient's airway.
- 17 A milder allergic reaction can cause a ___.
- 18 An esophageal-tracheal tube has a double ___ and a double cuff.
- 19 The vocal apparatus of the larynx.
- 23 ___ pressure can help prevent passive regurgitation.
- 24 A ___ channel in an FOB should not be allowed to become blocked by dried secretions.
- 26 Common irritant found in some gloves.
- 27 A ___ ventilator is commonly used during laser airway surgery.
- 28 A respiratory-related allergic reaction.
- 29 A receded ___ can contribute to a difficult airway.
- 30 ___ gloves can help prevent allergic reactions.

Down

- 1 An LMA does not protect against ___.
- 3 Opening from the top of the throat to the esophagus.
- 5 Potentially fatal allergic reaction.
- 6 The structure which folds back over the opening of the larynx during the act of swallowing.
- 7 An FOB is a ___ bronchoscope.
- 10 LMA stands for ___ Mask Airway.
- 11 ___ dermatitis is caused by prolonged irritation.
- 12 ___ allergy is a type of contact dermatitis not directly related to latex.
- 13 An ___ airway with a cuff can be used on non-intubated patients.
- 16 ___ intubations involve a guidewire passed through the mouth.
- 20 A large ___ can be a contributing factor in a difficult airway.
- 21 A malleable ___ can be used to curve the tip of an ETT.
- 22 A true latex allergy shows sensitivity to ___ in the latex.
- 25 Long ___ can be a contributing factor in a difficult airway.



American Society of Anesthesia Technologists and Technicians



The Education Horizon is Yours

THE EDUCATION HORIZON IS YOURS

1997

**8th Annual Meeting
and
Educational Seminar**

**October 17-19, 1997
Friday-Sunday**

**Radisson Hotel
1433 Camino del Rio South
San Diego, CA 92108**



Free admission to the ASA Exhibit Hall for all ASATT Meeting Registrants.

**ASA Exhibit Hall dates: October 19-21, 1997
(opens at noon 10/19)**

COURSE OBJECTIVES

At the conclusion of this 2^o day educational seminar, the participants should have acquired an enhanced knowledge of:

- essentials and fundamentals of pharmacology and drug calculations.
- minimally invasive cardiopulmonary bypass techniques and the subsequent monitoring implications and complications associated with this procedure.
- right heart functions and understanding techniques and complications of right heart catheterization.
- intraoperative transesophageal echo (TEE) techniques and applications in the surgical patient.
- gas pressure diffusion, oxygen and carbon dioxide transport and acid-base balance essential for the interpretation of blood gases.
- identifying potential positioning problems to ensure the safety of adult and pediatric patients from positioning injuries.
- an overview of VRE and its effect on the patient.
- identifying issues involved in quality control and quality assurance of blood recovery (cell saving) during surgical procedures.
- dermal response signs and symptoms associated with latex sensitivity/allergy and how it affects patients and health care providers.
- the Anesthesia Technicians' role in identifying and solving potential anesthesia gas machine problems.
- understanding how recall/awareness can remain intact in the anesthetized patient and the importance of appropriate conversation/behavior in the OR.
- pediatric anesthesia and special preparation for: airway management, vascular and fluid administration, monitoring, and regional anesthesia.
- improving your professional life through continuing education opportunities, involvement in your state and/or national societies, and various other topics.

This seminar will offer a maximum of 13 CE/CH approved by ASATT.

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NOCA

National Organization for Competency Assurance.

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8th Annual Educational Program
Radisson Hotel-San Diego, California
October 17-19, 1997

Name _____
Home Address _____ Apt/Suite _____
City _____ State _____ Zip _____
Employer/Affiliate _____
Title _____ Department _____
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FEES

Registration fee deadline is September 12, 1997: After September 12, 1997:

- A. \$200.00 for ASATT Members
B. \$250.00 for Non-Members

- C. \$250.00 for ASATT Members
D. \$300.00 for Non-Members

Membership No. _____ Total Amount Enclosed \$ _____ *

Make check payable to: ASATT. (Check drawn on a U.S. bank in U.S. funds only.)

Registration fee includes tuition, course materials, coffee breaks, lunches, receptions, ASATT Certificate of Attendance and exhibits.

ID BADGE

Please complete as you would like your name tags to read.

(Please print)
Name _____ Title _____ Spouse/Guest[†] Name _____
Employer/Affiliate _____ Spouse/Guest of: _____
City _____ State _____ City _____ State _____

[†] Guest registration fee \$8.00. (This name tag will not admit the spouse/guest to lunches.)

HOTEL INFORMATION

A block of rooms has been reserved for ASATT registrants: **\$95.00 single/double occupancy.** Accommodations should be made directly with the Radisson Hotel in San Diego. Reservations may be made by calling **(619) 260-0111**. Rooms are on a first come basis. **Deadline to reserve rooms at the group rate is September 15, 1997.** A round trip shuttle bus will be provided by the Radisson Hotel to the ASATT exhibit hall on Sunday afternoon (times TBA). There are several other inexpensive modes of transportation.

MAIL REGISTRATION FEE* TO:

ASATT
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P.O. Box 510
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Phone (609) 853-9382
FAX (609) 251-0278

HOTEL RESERVATIONS

Radisson Hotel
1433 Camino del Rio South
San Diego, CA 92108
Phone (619) 260-0111
FAX (619) 497-0813

* A \$20.00 fee will be assessed for all returned checks.

Refund requests must be in writing and received before September 12, 1997 and a service fee of \$20.00 will be retained.

For more information, call the ASATT office at (609) 853-9382

Reminder: Make a copy for future reference.

Dear ASATT Members,

I am excited about the opportunity to serve you in the capacity of Executive Director. My role is to provide information to the elected leadership so that decisions can be made efficiently and productively.

In addition, I will provide overall leadership and direction to the TEAM Management (a division of SLACK, Inc.) staff located in our Thorofare, New Jersey office and organizational activities to ensure effective financial management and successful execution of association programs and activities.

I have a strong background in public relations and strategic planning. I sharpened my management skills over the past four years at St. Mary's College of Maryland where I was responsible for shaping and growing the College's conference services, steering committees engaged in campus center masterplanning, and developing a myriad of marketing strategies. I hold a bachelor's degree in communications from Purdue University.

We are currently in a period of transition, but I am confident that we will be positioned to offer you the full extent of our services soon.

While the majority of my time is dedicated to working with the President, Board of Directors, and Committees, I look forward to hearing from the membership on how we can serve you better. Questions regarding membership, recertification, and the Annual Education Meeting should be directed to (609) 853-9382. Questions or recommendations regarding strategic planning or priorities for ASATT should be directed to me at (202) 416-1860.

I look forward to helping promote and develop ASATT in a way that it is recognized for its significant contributions to the field of anesthesia and the medical community, as well as, serving the public and membership as a valuable resource and advocate.

Warmest Regards,
Katrina Crist
Executive Director

**The American Society of Anesthesia
Technologists and Technicians**

**proudly announces partnership with our new
business management company:**

SLACK, Inc.

**The new ASATT business phone number and
address is:**

**ASATT
2000 L. St., NW, Suite 200
Washington, DC 20036
(202) 426-1647**

Advertising Rates: New advertising rates will go into effect for ads placed in the January 1998 issue of *The ASATT Sensor*. The new rates are per insertion and are as follows: 1/4 page: \$125, 1/2 page: \$250. Current members will receive a 20% discount.

PRESIDENT'S MESSAGE....(cont. from pg 1)

As we continue to move and grow, the next step is to develop the Technologist Level. Dave Mastalski, CerAT, was appointed as Chairperson for the Technologist Level Test Development Committee. Ann Martin, CerAT, was appointed as Chairperson for the development of the Technologist Level Workbook/ Study Guide. This is a tremendous job that these dedicated people have undertaken, please give them your support. The target date for the first Technologist Level Exam is the year 2000.

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 August 15, 1997 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 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:

Please see Ohio (below).

For further information:

Wilma Frisco at (216) 261-0649.

Ohio

Please make plans to attend the following meetings:

August 23- Steris Corp.

October 25 - Bair Hugger.

The OSATT presents an Education/Continued Education Seminar on September 27, 1997 8:30am-4:30pm at the Holiday Inn Zanesville Ohio. The cost for OSATT/ASATT members is \$35. Nonmember cost is \$45. 4.0 CE contact hours are available.

For further information:

Barbra Powell at (614)454-4224 or Charlene Smith (303)677-3292

Wilma Frisco at (216) 261-0649.

Pennsylvania

For further information:

Vicki Carse at (412) 232-5807.

Virginia

For information on future events:

Linda Ferris at (703) 985-8351.

ASATT Region 3:

North Carolina is hosting the Region 3 Meeting again this year.

It will be held September 20, at the Grove Park Inn in Asheville.

For information on future events:

Linda Cotton (904) 351-7343[W] or (904) 347-8118[H], or

Gail Walker at (919) 966-5136[W] or (919) 929-1865[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:

For further information:

Sam Ortiz at (312) 772-7830[H] or (312) 567-2190[W].

Illinois

For more information:

Pat Zueck (217) 788-3780.

Iowa

For further information:

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

ASATT Region 5:

For further information:

Ann Martin at (303) 372-6300 [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:

See article and picture on page 13.

For further information:

Dean Rux at (602) 821-3279[W] or (602) 497-9709[H].

Arizona

See article on page 14. Anyone interested in starting a state society call Tom Maggs in Phoenix at (602) 267-5011(W) or (602) 863-3667(H) or Jane Fry in Tucson (numbers below).

For information on future events:

Jane Fry at (602) 885-5756[H] or (602) 721-3836[W]

California

See article and picture on page 14. On July 25-27, 1997, AIME, Inc presents a 2-1/2 day "Preparation for Anesthesia Certification Workshop" at the Children's Hospital, Los Angeles. Contact Vilma Young for further info at (502) 549-7046. Also, a 1-day Haemonetics Cell-Saver Workshop will take place at the Santa Clara Valley Medical Center, San Jose on September 20, 1997.

For further information:

Grainne Senier at (408) 735-1346.

New Mexico

For information on future events:

Chris Urso at (505) 286-1168[H] or (505) 272-0383[W]

Texas

The 1997 Annual Fall Meeting will be Sept. 6 in Irving. Dallas/Fort Worth technicians hold their regular meetings on the 2nd Saturday of each month. [Lisa Shelton (817) 685-4917] Houston members meet every other month, [Gerardo Trejo at (713) 793-

2898]. San Antonio members also meet regularly [Raul Sanchez at (210) 675-1564].

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

Utah

Utah is planning an all-day meeting on either August 16 or September 20. The location will be Salt Lake City or Provo. More details to be announced.

For further information:
Kirk Hanson (801) 625-2700.

ASATT Region 7:

For further information:
Dave Mastalski at (503) 642-1537[H] or (503) 273-5389[W]

Hawaii

For information on future events:
Delbert Macanas (808) 547-9872

Oregon

The next Educational Meeting will be July 12 @ Providence St. Vincent's Hospital in Portland.

For further information:
Linda Bewely at (503) 291-2151
Richard White at (503) 273-5389

Washington

The next meeting of the NSATT will be September 13th. Please call for time and location. Watch your mail for election ballots and info.

For further information:
Nora Tiffany at (360) 427-9562.

NCSAT 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
2156 E. Greensboro Chapel Hill Rd
Graham, NC 27253
Phone: (919) 966-5136[W] or
(910) 376-0327[H].

ASATT REGION 6 NEWS

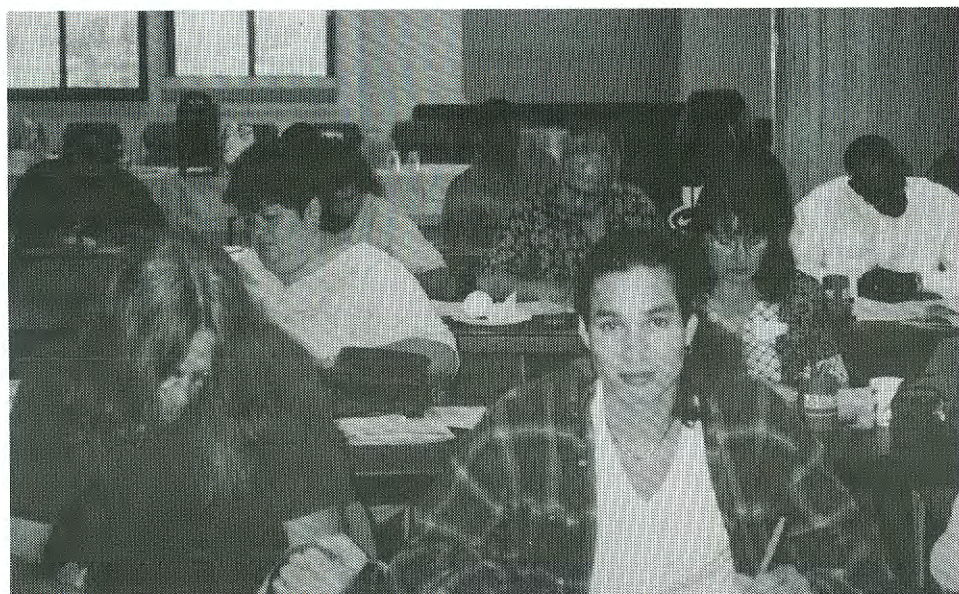
by Dean Rux, CerAT
ASATT Director, Region 6

Region 6 held its annual meeting May 3 in Chandler, AZ. The attendance was outstanding. THANK YOU all for taking time away from family and other obligations to further your sights on education. Applause to those who drove the distance from

Tucson, San Diego, and UCLA to join the valley techs in a day of discussion, learning, and network.

This was not only an eventful day of education, but ten anesthesia techs joined ASATT. I know your sights are set on certification. With that in mind, ASATT wishes you the best of luck. Thanks to Medireps, Drager, and Spacelabs for their assistance in making the meeting possible.

Arizona: Kim Jones, LPN, CerAT, has arranged with the AZ Society of LPN's for A.T. to meet once a month when they reconvene in the fall. These are one and sometimes two hour topics presented by professional staff. If you thought it difficult to get the necessary contact hours (10/yr), because you cannot get to Regional or National meetings, this should take the load off your shoulders.



Registrants at the Region 6 Annual Meeting in Chandler, AZ: Front row: Tom Maggs, CerAT, Phoenix; John Castrillo, CerAT. Second row: Randi Horsley, RN, Chandler; Bonnie Faircloth, San Diego.

CAATT HOSTS TWELTH ANNUAL MEETING

by Grainne Senier, CerAT, CAATT President

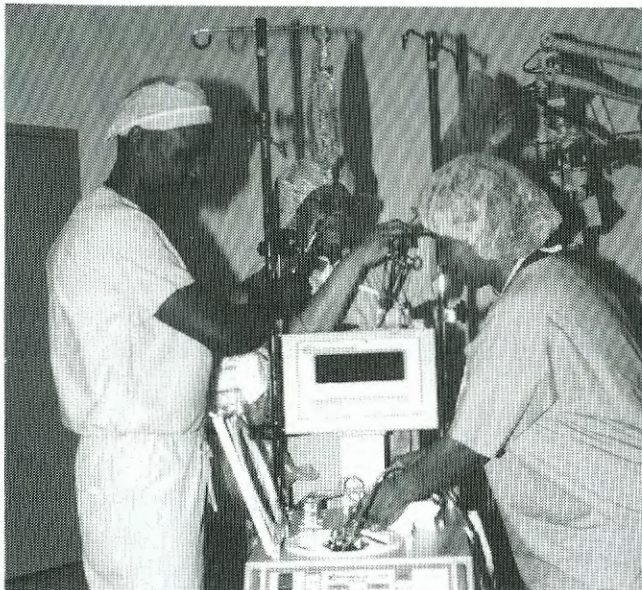
The California Association of Anesthesia Technologists and Technicians (CAATT) hosted its Twelfth Annual Educational Meeting in sunny Monterey, May 16-18. We enjoyed a stimulating syllabus, an excellent faculty and the enthusiastic attendance of 36 Anesthesia and Operating Room personnel—AND we scored full marks on our hospitality suite.

Plans are already in the works for next year's meeting which will be held alongside the California Society of Anesthesiologists' 50th Annual Anniversary Meeting and Celebrations.

Spring into action with us next May at the Hyatt Regency Hotel in San Francisco!



CAATT Members: Leonie Rugebregt, Lead A.T., Santa Clara Valley M.C.; Grainne Senier, CerAT, President CAATT; Chris Patterson, CerAT, Past President, ASATT



Ohio Anesthesia Techs in action.



William Keith, AT; Brian Bevacqua, MD, Chief of Anesthesia; Doris St. Clair, CerAT; Olivia Clayton, CerAT at VAMC, Cleveland.

ANESTHESIA TECHNICIAN DAY CELEBRATING AND RECOGNIZING EXCELLENCE

by Wilma Frisco, CerAT
ASATT Secretary, Director Region 2

As the Director of Region 2, and a previous employee in the Anesthesia Department of the Veterans Administration Medical Center (VAMC), Wade Park Division, Cleveland, OH, I applaud the Anesthesia Technical Staff at the VAMC for its daily pursuit of excellence in the technical practices of anesthesia. The staff is eager to acquire knowledge of the latest technical equipment that is used by the anesthesia providers. Unselfishly, the technical staff attends hospital inservices and local, state, and regional meetings that are designed for the Anesthesia Technician.

It gives me an abundance of pleasure to acknowledge that two of the technicians, Olivia Clayton, CerAT and Doris St. Clair, CerAT, (who were trained under my supervision), were participants in the first National ASATT Certification.

Because of the endorsements of Dr. Brian Bevacqua, Chief of Anesthesia, Dr. John G. Fraser, Professor of Anesthesiology/Case Western University Medical School, and the anesthesia staff, the technicians at the VAMC in Cleveland are rapidly advancing as Certified Anesthesia Technicians. The OSATT and ASATT are grateful that the technicians who exemplify this level of commitment to professional excellency are members of our team.

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 healthcare facility under the supervision of an anesthetist and functions in the capacity of technologist, technician, assistant, or aide. (US 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.)

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

OPEN FORUM....(cont from pg 3)

the January issue of this newsletter. For further information, contact the ASATT Business Office or your Regional Director.

DID YOU KNOW....?

Web Sites of Interest:

The ASATT: <http://www.kingsystems.com/asatt.htm>

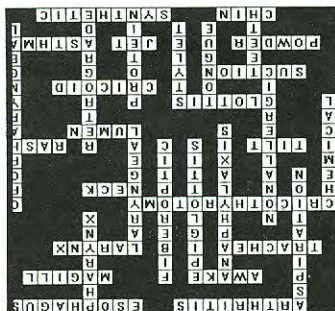
The American Association of Nurse Anesthetists: <http://www.aana.com>

The American Society of Anesthesiologists: <http://www.asahq.org/>

Tech Talk Discussion Board: TechTalk@anaes.sickkids.on.ca

**ANSWERS TO
PUZZLE:**

(From page 7)



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, 2000 L. St., NW, Suite 200, Washington, DC 20036. Allow 4-6 weeks for delivery.



CERTIFICATION FUND SPONSORS....

GOLD STAR SPONSORS (\$5000 and up)....

- ★ American Society of Anesthesiology
- ★ Ohmeda Medical Systems, Madison, WI
- ★ Glaxo Wellcome, Research Triangle Park, NC

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

- ★ Augustine Medical, Inc., Eden Prairie, MN
- ★ FL Soc. of Anes. Technicians & Technologists
- ★ GA Soc. of Anes. Technologists & Technicians
- ★ Haemonetics Corporation, Braintree, MA
- ★ Marquette Electronics, Inc., Milwaukee, WI
- ★ Organon, Inc., New Jersey
- ★ SIMS Medical Systems, R.S.P., Inc., NH
- ★ Level One Technologies, Rockland, MA
- ★ Baxter Healthcare Corp., Chicago, IL
- ★ COBE Cardiovascular, Arvada, CO
- ★ B.Braun Medical, Bethlehem, PA
- ★ Mallinckrodt, St.Louis, MO

STAR SPONSORS (\$500)....

- King Systems, Noblesville, IN
- NW Soc. of Anes. Technology
- OR Soc. of Anes. Technologists & Technicians
- Gensia, Inc, Vallejo, CA

CORPORATE MEMBERS....

- | | | |
|--|--|---|
| ANESTHESIA EQUIPMENT SUPPLY, INC.
Black Diamond, WA | JOHNSON & JOHNSON MED, INC.
Arlington, TX | SHARN, INC.
Tampa, FL |
| ARC MEDICAL, INC.
Scottsdale, GA | KING SYSTEMS CORP.
Noblesville, IN | SIMS/LEVEL ONE, INC.
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| DATEX MEDICAL
Tewksbury, MA | MEDIREPS, INC.
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Louisville, KY |
| GENSIA, INC.
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