THE ASATT SENSOR

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July 1998

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

**PRESIDENT'S MESSAGE....**

## MAKE TIME WORK FOR YOU

*by Sheila K. White, CerAT*
*Mercy Health Center, Dubuque, IA*

Time . . . everything we do, our entire lives, is based on . . . time.

Do you ever wonder how you'll get it all done? One of my favorite songs by Vince Gill starts, "Everybody wants a little piece of my time . . ."

I often wonder if I had more time, would it really help? I think the key is staying focused and setting priorities. I sometimes find myself "sweating the small stuff" when there are so many other important issues on which I should be focusing my energy.

I guess each person looks at an issue based on his/her life. What may seem trivial to one person, could be of major importance to the next.

Reviewing the results of the Anesthesia Technician Survey that were published in the April 1998 *ASATT Sensor*, substantiates this point. It makes us ask, what is important to you? There were 1150 surveys mailed to the membership, yet only 250 were returned–that's only 21%! We hurt ourselves by not taking part in this survey, because the survey results could have served as a positive, supportive and visible picture of the active Anesthesia Technician that would reinforce to your supervisor what technicians across the country are doing on a daily basis and how they are compensated. It remains to be seen how supervisors respond to the survey and the low number of responses we received.

I received many calls, as did most of our Board of Directors, but we had to tell the callers the same thing. We printed the results as we received them. We realize the results do not present an "accurate" picture of the marketplace, especially in reference to the salary ranges. Our hope was to use the survey results as a beneficial marketing tool to promote the Anesthesia Technician.

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**Inside your Sensor:**

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***Display Ads:*** Announcements of products, services, employment opportunities, or educational programs relevant to the theory, maintenance, or application of anesthesia technology.

**Rates:**

| | | |
|---|---|---|
| Half-Page: | $250 | per insertion |
| Horizontal: | 7¼" | wide x 5" deep |
| Vertical: | 3½" | wide x 10" deep |
| Quarter-Page: | $125 | per insertion |
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[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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**All funds derived from advertising support the ongoing education of anesthesia technicians and technologists.**

*(ASATT reserves the right to refuse advertising copy for any reason at any time.)*

**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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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, 1998**

***Printed on recycled paper***

# WHO'S WHO IN ANESTHESIA

*contributed by Vicki Carse, CerAT*
*President, PSATT*

**Name:** John Diulus, CerAT

**Current Position:** Anesthesia Equipment and Education Specialist, Anesthesia Technologist, University of Pittsburgh Medical Center. Clinical Instructor, Anesthesia Technology Program, Carlow, College.

**First Job You Ever Had:** Grocery Store Delivery Boy

**Number of Years in Anesthesia Field:** 11 years

**How did you become interested in anesthesia?** Actually, it was quite by accident–all those years ago. I had originally intended to become a Physical Therapist. But while in my first year of college, I developed a need for some spending money, (as most college students do), so I applied for an Anesthesia Aide position open at the University of Pittsburgh. My love for work in the Operating Rooms began on my very first day of work in that position.

**What do you find the most challenging about your job?** I am now at the point where I feel very comfortable about my skills in the operating rooms; therefore the major challenge for me no longer dwells inside the operating room walls. Rather, I see a challenge in developing a plan for the recognition of Anesthesia Technologists as members of the Anesthesia care team that provide revenue-producing services for our patients.

**What Secret Vice can you confess about?** If I wrote about any of them, they would not be secrets, now would they? It does not matter much, I would have a tough time picking just one to write about anyway!!!

**If a magic genie could grant you one wish, what would it be?** It seems that if one wish were granted to me, it would be awfully selfish to pick something just for me–although I would be very tempted. It also would be very tempting to pick something very materialistic, like money! But deep inside, I am not sure if these kinds of things would really give me or anyone else happiness for a very long time. So–based upon my life experiences–I would ask to be granted the gift of serenity. If I could live my entire life, content and happy, what else could I ever need!

**What is your favorite food?** Just about any kind of Chinese dish.

**People would be very surprised to know that I:** am a pretty decent cook.

**You have just won your dream vacation! Where would you go?** Back in 1990, I had the opportunity to spend almost a month in Hawaii. I loved it!! I would go back in a minute, should the opportunity ever come up again.

**What has been your proudest accomplishment so far in your life?** Being the best son I can be to my parents–who have so unconditionally taken care of me throughout my life.

**It is your day off; what do you enjoy doing with your free time?** I love to attend movies–especially those playing in older theaters with very large screens.

**What is your favorite type of music?** Of course, Rock 'n' Roll!!

**What is your favorite book?** Actually, there is a tie between two books, both by the same author. I love thrillers! This is why I picked *The Red Dragon* and *The Silence of the Lambs*, both by Thomas Harris.

**What is your favorite movie?** I really do not have a favorite movie–there always seems to be a new one that I love more than the last. But if I had to pick a recent favorite, I would pick *Seven*, with Brad Pitt and Morgan Freeman.

**What would you like to get around to doing one of these days?** I really want to begin Law School at night.

*continued on page 21.....*

# CERTIFICATION/RECERTIFICATION

*by Wilma F. Frisco, CerAT*
*Chairperson, Oversight Committee*

**Certification:** The 4th National Certification Examination for the Anesthesia Technicians had a total candidate volume of 286 applicants. The examination was administered by Applied Measurement Professionals, Inc. on Saturday, May 16, 1998.

**Test locations and Candidate Volume:**

Ray State Medical Center
Springfield, Massachusetts
Candidates–13

University of Pittsburgh
Pittsburgh, Pennsylvania
Candidates–64

University of North Carolina
Charlotte, North Carolina
Candidates–48

St. Louis Community College/Flo Valley
St. Louis, Missouri
Candidates–20

American River College
Sacramento, California
Candidates–36

Mountain View College
Dallas, Texas
Candidates–94

University of Hawaii/Manoa
Honolulu, Hawaii
Candidates–11

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**Update on Anesthesia Technician Day:** March 24th, 1998, Governor James Hunt of North Carolina signed into effect a proclamation designating March 31 as Anesthesia Technologists' and Technicians' Day. North Carolina is following suit to a similar proclamation in effect in New York State. Gail Walker, CerAT, Chairman of the Anesthesia Tech Day Committee, will be approaching governors on a state-by-state basis until all states recognize March 31st as Anesthesia Technologists' and Technicians' Day.

**Recertification**: The Continuing Education and Oversight Committees are reviewing the ASATT guidelines for recertification. The committees are determined to address all of the issues and outline the program to insure that the recertification guidelines are comparable to other allied professional programs.

All technicians who were certified in May, 1996, and October, 1996, are required to submit ten (10) CE/CH and a Recertification Form by **December 31, 1998**.

All technicians who were certified in May, 1997, are required to submit a Database Record Form and ten (10) CE/CH by **December 31, 1998**.

If you have not received the official ASATT Continuing Education & Recertification Guidelines and filing forms, you may call:

Debi Maines at 609-853-9382,

Wilma F. Frisco at 216-261-0649, or

Your ASATT Regional Director.

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**ASATT seeks a volunteer:** David Mastalski, CerAT, Director, Region 7 and Associate Editor of the society newsletter, *The ASATT Sensor*, has devoted his expertise in journalism to the newsletter. For several years, David has unselfishly written, edited, and solicited articles that have appeared each quarter.

Because of additional commitments to ASATT, David has resigned as Associate Editor. As much as ASATT regrets that David resigned, ASATT does accept his resignation and realizes that the Editor, Dianne Holley, CerAT, needs an Associate Editor.

If you possess writing, editing, and computer skills and have a desire to share your journalism talents with ASATT, please contact Dianne Holley at 512-451-7457[H], 512-324-1104[F], or ldholley@aol.com [E].

# OPEN FORUM

*by Dave Mastalski, CerAT*
*ASATT SENSOR Associate Editor, ASATT Director , Region 7*
*Chief Technician, VAMC, 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:

Our hospital is preparing for our JCAHO survey later this year. The issue of locking up all medications, including those on the anesthesia carts located in the OR suites has come up. Can you confirm whether we need to lock every anesthesia cart, as we are hearing from other facilities?

Ed Marujo, CerAT
Los Angeles, CA

This issue has been a very "hot topic" for discussion among anesthesia departments around the country for a few years now. The interpretation of the JCAHO standard requiring "secure medications" has varied from year to year, seemingly dependent upon to whom you talk. Seeking direction for our upcoming JCAHO survey, I asked the VA Central Office for guidance. Frank Scamman, MD, VA Headquarters Anesthesia Service Director wrote the Joint Commission requesting a clear interpretation of the standard. Here is their response: " There is not a JCAHO requirement that anesthesia carts are locked when not in use. The issue is adequate control of medications. Each organization needs to assess its needs to meet this standard. Control of medications in the operating room is enhanced by the limited access to the area. Individuals working there are working in a position of trust that includes being in the presence of medications. The organization establishes its policy and procedure based on its assessed ability to ensure control of medications."

Dear OPEN FORUM:

What, if anything is the ASATT doing to promote, initiate, and/or develop formal college programs in anesthesia technology at the junior college level (AA degree)?

Gregory Allan Swaim, CerAT
VP, Texas Society of Anesthesia Technology

Currently, there are two anesthesia technical programs that are established in Pittsburgh, PA, which are associated with one-year technical colleges. Plans and outlines are developing, as I have been informed, for an anesthesia technical program in Wisconsin. Several technical program directors have inquired about the ASATT Training Guidelines for the Anesthesia Technician/ Technologist. ASATT is developing a core curriculum that will be reviewed by educators that are directly involved in the mission of the organization. Once the reviewers approve this curriculum, the ASATT will release this information to those schools and programs, which have received national recognition, and meet the standards for education in allied health professions.

## DID YOU KNOW....?

Web Sites of Interest:

The new ASATT web site is alive and well. Mr. James Tibbals, CerAT is our Webmaster.....Great job Jim!!! Check us out at: **http://www.asatt.org**

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

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

Tech Talk Discussion Board: **http://anaes.sickkids.on.ca/AnaesWeb/Sub_Page/TechTalk_DG**

NCSAT National Job Listings: **http://www.aims.unc.edu/dept/links/NCSAT/NCSAT.html**

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

ASATT SENSOR OPEN FORUM
Attn: Dave Mastalski, CerAT, Associate Editor
2000 L Street NW Suite 200
Washington, DC 20036

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

## 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 or email their job listings to numbers listed below, ATTN Gail Walker.

Technicians can mail their applications and a check made out to NCSAT to:

Gail Walker, ASATT Director, Region 3
2156 E. Greensboro Chapel Hill Rd
Graham, NC 27253
Phone: (919) 966-5136[W] or
(910) 376-0327[H].
FAX: (919) 966-4873[W]
Email: gwalker@aims.unc.edu

Please see our webpage at <http://www.aims.unc.edu/dept/links/NCSAT/NCSAT.html>. Jobs will be listed on the webpage for 6 weeks.

# ANAESTHESIA MACHINE

*By Murray J Welte, CerAT*

The modern anaesthesia machine has been an evolutionary device from the first machines designed for precise delivery of gases in the early 1900's. Technological changes driving anaesthesia machine development have escalated in the past 10 to 15 years at an exponential rate, with the introduction of microprocessors and other modern technology. Currently the manufacture and supply of anaesthesia equipment in North America are largely by Ohmeda of Madison,WI, and North American Dräger. Other manufactures worldwide include Penlon of England, Dräger Europe, Phillips, and Puritan Bennett.

The anaesthesia machine may be broken down into subsystems for description and I will attempt to do so for clarification of each system.

**The High Pressure System**

The high pressure system consists of all parts of the machine that receive gas at cylinder pressure. These areas are the hanger yokes at the rear or side of the machine that support and hanger reserve gas cylinders for the anaesthesia machine, and the high pressure regulator that reduces the pressure from cylinder pressure to a nominal work pressure usually around 50 psi. The yokes are fitted with capture screws that hold the cylinders in place and secure the neck of the cylinder. The cylinder neck contains a valve, which, when opened, allows high pressure gas to pass out of the cylinder, through the cylinder outlet valve and through a sintered filter and check valve into the primary regulator of the anaesthesia machine. Each yoke is fitted on a modern anaesthesia machine with indexing pins to allow only the appropriate gas to be mounted, thus increasing patient safety and eliminating the possible delivery of the wrong gas. The regulator adjusts the gas pressure to a lower working pressure (50 psi) and distributes it to the machine. There also is a pipeline connector on the machine that supplies regulated gas (50 psi) to the machine, thus bypassing the primary regulators. The normal pipeline and cylinder gases found on most anaesthesia machines are oxygen, nitrous oxide and air. However, more exotic gases such as helium, nitrogen, cyclopropane, ethylene, and xenon have been used in administration of anaesthesia.

**The Intermediate Pressure System**

The intermediate pressure system includes all areas of the anaesthesia machine that receive gas at a reduced pressure from the primary regulator or from the pipeline connection system directly. The intermediate pressure also is delivered directly to the ventilator and the fresh gas flush system. It should be noted that 50 psi $O_2$ is delivered to the fresh gas outlet and the possibility of barotrauma can occur if the flush valve is held open during the inspiratory phase of controlled ventilation as the flow rate is often up to 75 lpm. Intermediate gas pressure is also supplied to the pipeline pressure gauges and is supplied to the secondary regulators on a modern anaesthesia machine. Intermediate $O_2$ pressure is also used to power the oxygen fail-safe system of the modern anaesthesia machine: 50 psi oxygen is used as the pilot gas to open the nitrous oxide flow circuit thus preventing nitrous oxide flow without oxygen supply present. The intermediate pressure is monitored by an internal pressure switch and sounds an audible alarm when supply pressure drops below a predetermined pressure. This alarm can be either electrically generated or pneumatically generated.

The second stage regulators step down pressures from 45-50 psi to the appropriate pressures necessary for the calibrated flowmeters to deliver. The second stage regulators help to smooth the pressure fluctuations caused by high flow demands during pneumatic ventilator triggering. Gases from the secondary regulators supply the flow control knobs for each gas in the flowmeter cluster of the machine. These flow control assemblies are a valve assembly and are adjustable from 0% open to 100 % open . Care must be taken when adjusting these not to over-close the valve as seat damage can occur causing the flow control valve to leak. Each knob of the flowmeter cluster controls the flow of a specific gas and are color-coded for the particular gas. The $O_2$ supply knob is fluted-shaped and is touch-coded for added safety in poorly lighted environments. The flow tubes are specific gas calibrated and have bobbins or balls to indicate gas flow. The bobbin indicates flow by reading the indicated flow from the top of the bobbin and the ball indicates flow at its equator. In a clean flow tube, the bobbin will rotate slowly as the gas passes through the flow tube and in a flow tube with a ball, the ball rotates in a clean tube.

**Low Pressure System**

The low pressure system is gas at a pressure slightly above atmospheric and downstream from the flow control valves. This area includes the flow tubes, vaporizer circuit, fresh gas outlet, fresh gas supply tubing (low pressure piping), through the unidirectional valve, out through the fresh gas outlet into the absorber circuit, and on to the inspiratory side of the patient breathing circuit. It should also be noted that the low pressure system generally has a pressure

relief valve which opens to atmosphere if pressure in the low pressure system exceeds a preset pressure. This preset on a Mod II Plus Ohmeda anaesthesia machine is approximately 120 mmHg. This insures the integrity of the LP circuit should an occlusion occur in the common (fresh) gas outlet downstream of the anaesthesia machine.

**Minimum $O_2$ Ratio Devices**

Most modern anaesthesia machines are fitted with an oxygen flow ratio device. These devices through various methods control the ratio of oxygen to nitrous oxide and insure a non-hypoxic mixture is delivered to the patient circuit at all times. These devices can be constructed by chaining the $O_2$ and $N_2O$ flow control knobs together with minim stops employed to insure proper minimum ratios are maintained. Other methods of controlling the ratios through pressure control are also available. These ratios or concentrations are further monitored by an integral oxygen analyzer fitted to all certified anaesthesia machines. This monitor is powered up when the master switch on the anaesthesia machine is turned on.

**The Anaesthesia Machine Framework**

The anaesthesia machine framework is constructed to house all the above systems and provide a workspace for the anaesthetist. The machine generally is fabricated of materials that are resistant to corrosion and are easily cleaned with germicidal solutions. The anaesthesia machine is sometimes fitted with physiological monitors or has shelves to house the installation of monitoring equipment. The anaesthesia machine also generally has several drawers, one of which should be locking. The drawers contain ancillary devices necessary for the safe delivery of anaesthesia–these devices may include laryngoscope handles and blades, airways, intubating stylets, anaesthesia masks, etc. The power for monitoring equipment, integral monitors, and external monitors is also generally supplied via the machine framework and is fitted with appropriate circuit breakers and safety cutoff devices.

Mounted on the rear or sides of the machine are hangers and yokes to hold the auxiliary gas supply cylinders for the anaesthesia machine. The machine also is the structure that carries the flowmeters and vaporizer manifold and all high pressure, intermediate, and low pressure piping. The intermediate pressure system is also incorporated in the machine and supplies 45-50 psi gases to various devices including the fresh gas flush valve and the ventilator gas supply fitting. The anaesthesia machine master switch is mounted on this frame and electrically starts the machine, enables alarms, powers integrated physiological monitors, and allows the flow of gases to the flowmeters. Most modern anaesthesia machines also incorporate anaesthesia ventilators which are powered-up with the master switch.

**Anaesthesia Ventilators**

A simple description of an anaesthesia ventilator is an automated bag squeezer. In the time period before the anaesthesia ventilator, the Anaesthesia provider had to have great endurance and a strong arm and wrist muscles, as it was not uncommon to squeeze the rebreathe bag for hours on end as the case proceeded. Today anaesthesia equipment generally incorporates an anaesthesia ventilator to relieve the provider from this tedious chore. The anaesthesia ventilator is however more that just a ventilator: it is the interface that provides a visual reference for machine alarms and also does some basic patient monitoring. The ventilator described in the follow text is the 7810 Ohmeda Anaesthesia ventilator.

The 7810 Ventilator is composed of two major components: the control module and the bellows assembly. The control module is mounted on the anesthesia machine frame and controls mechanical ventilation. It also contains the integrated monitors which provide circuit oxygen concentration, airway pressure, exhaled volume monitoring, and ventilator alarm systems. The control module is fitted with controls that set Tidal Volume, Respiratory Rate, Inspiratory Flow Rate, Inspiratory Pause, and Inspiratory Pressure Limit. By manipulation of these controls, near to normal physiological breathing patterns may be maintained when the patient is not capable of supporting his own respirations. Adjustable alarms on the control module include low oxygen concentration, high oxygen concentration, and low minute volume.

The bellows assembly can be mounted to an Ohmeda GMS absorber or remotely. A drive gas tube carries drive gas from the control assembly to the bellows assembly to provide the driving force to collapse the bellows and force the circuit gases into the patient. There is also a small sensing line attached to the rear of the control module for airway pressure sensing. During the inspiratory phase, a circuit gases dump valve is held closed, and the inspiratory gases are directed into the patient's airway. In the expiratory phase, the patient exhales and the bellows is reinflated, fresh gas from the machine blends with the scrubbed exhaled gases, and any surplus gas is exhausted through the dump valve. When the expiratory period ends, the drive gas starts to pressurize the outside of the bellows, the dump valve closes, the bellows collapses, and the gases are once again forced into the patient airway. It should be noted that the drive gases and the patient circuit gases are completely isolated and are separated by the bellows wall. The drive gas for the ventilator is typically

*continued on page 8....*

oxygen but can be medical air. Oxygen is the gas of choice: if the bellows was to become perforated, the resultant mixture would have a higher oxygen concentration not a lower one–this assures patient safety.

The rate at which the gas is forced into the patient airway is controlled by a microprocessor circuit and a variable flow control valve in the control module assembly of the 7810 ventilator. The maximum inspiratory pressure is set on the control on the front of the control module and monitored via the microprocessor and a pressure transducer which receives its signal via the pressure sensing line attached to the absorber.

**Absorber System.**

A modern anaesthesia machine is fitted with a carbon dioxide absorber system. Typically the absorber is mounted on the left side of the anaesthesia machine frame. The absorber contains breathing system check valves to insure the correct direction of gas flow through the absorber system. This circulation insures all expired gases pass through the absorber media and the carbon dioxide is scrubbed from the exhaled gases. Fresh gas from the anaesthesia machine is routed from the fresh gas outlet on the anaesthesia machine into the absorber head where it mixes with the recirculated scrubbed gases of the circuit and a new inspiration mixture is ready for delivery back to the patient. The absorber system generally includes an inspiratory pressure gauge to monitor circuit pressure, a switch to select bag or bellows, an $O_2$ sensing port, adjustable pressure limiting (APL) valve, rebreathing bag arm, and scrubbing media cannisters.

A rebreathing bag is present on the absorber system to monitor the respirations of the patient during spontaneous respiration and to be squeezed when assistance is required. An adjustable pressure limiting valve is incorporated in the absorber system. It is set to dump excess gases built up by the constant introduction of fresh gas from the anaesthesia machine. The APL valve is also useful when it is necessary to overpressure the breathing system to force gases into a patients airway. This is accomplished by closing down the APL valve to set the baseline pressure higher and squeezing the rebreathing bag. The modern absorber system also has the capability to be connected to a ventilator bellows assembly and the anaesthesia ventilator then in effect becomes the rebreathe bag squeezer, and delivers gases to the patient in a controlled environment set by the ventilator control module and the anaesthesia provider. Some modern absorber systems also include mechanical devices for measurement of circulating gas volumes. Also, absorber systems often have the capability of being converted into various circuit configurations including some non-rebreathing systems such as the Bain Circuit system. Positive end expiratory pressure valve systems are also available for most absorber systems–thus PEEP can be applied to the patient circuit.

**Vaporizers**

Anaesthesia machines generally are fitted with vaporizers to vaporize anaesthetic agents. Most modern anaesthesia vaporizers are designed to be used out of circuit. Therefore the vaporizer only is in the fresh gas circuit when its specific vapor is being delivered, otherwise it remains out of the circuit during it's non-use. The vaporizers are temperature and pressure compensated to insure accurate delivery of vapor. Temperature and pressure compensation is necessary, as the vapor pressure and temperature decrease as the liquid in the sump vaporizes. The vaporizer compensates for these pressure and temperature changes automatically. Each vaporizer is specific for a given agent and is calibrated for its vapor pressure and temperature characteristics. Multiple vaporizer installations on a single anaesthesia machine are interlocked to insure that only one vapor at a time can be selected for delivery. The filling mechanisms of anaesthesia vaporizers are evolving quickly to an indexed style of fillers so that the filler device only fits a single agent and that device will only mount to the vaporizer designed for that agent. This will insure that only appropriate agent will be put into the vaporizer designed for it.

With the descriptions of the various sub-systems of the modern anaesthesia machine you can start to understand the machine. The machine basics have not changed significantly for many years but the technology utilized to deliver gases has. The anaesthesia machine is at a crossroads in design and the new designs that are being brought forward are changing the design and concept of anaesthesia gas delivery quite dramatically–an example of this new technology design is the Physio Flex anaesthesia machine. These new directions in anaesthesia machines will be quite exciting and are outlined in chapter 33 of the book *Anaethesia Equipment Principals and Applications* (Ehernwerth and Eisenkraft).

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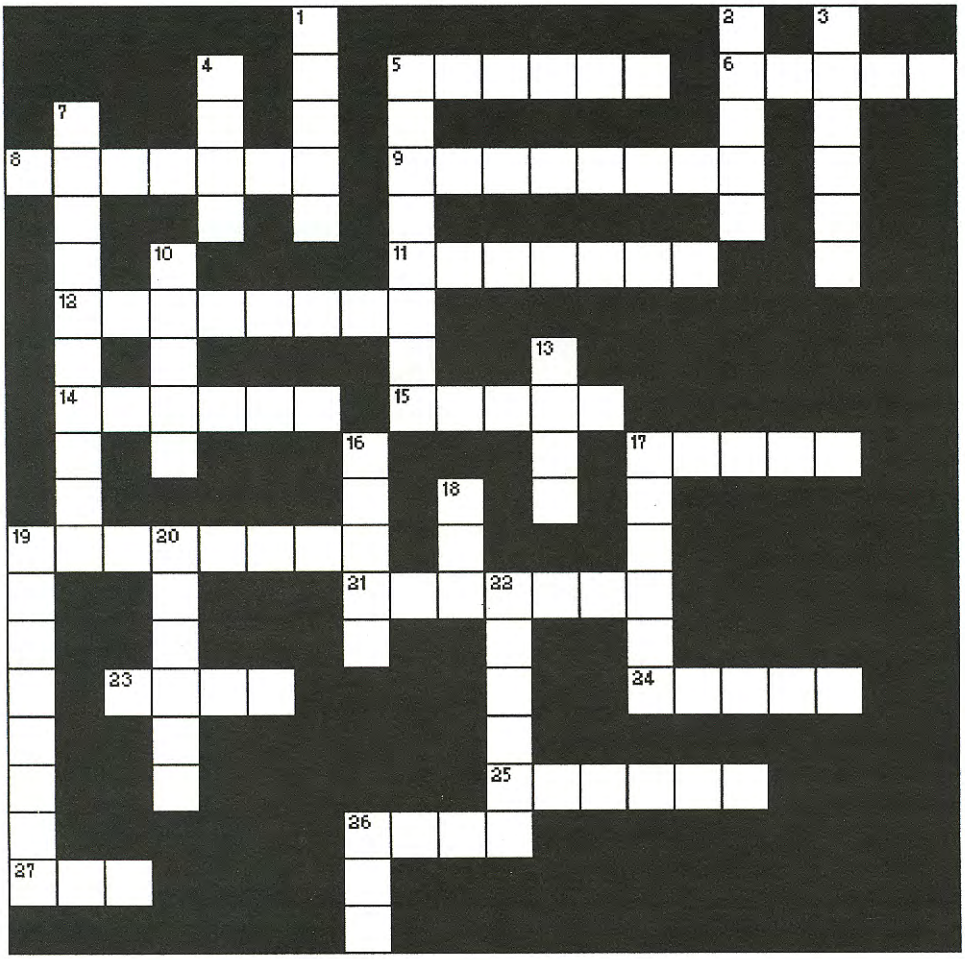
TECHNICIAN

CROSSWORD



## SCIENCE AND TECHNOLOGY POST TEST: The Anesthesia Machine

*Use this crossword puzzle to test your knowledge on the "Science and Technology ..." article on pages 6-8. Puzzle answers can be found on page 21 of this issue.*

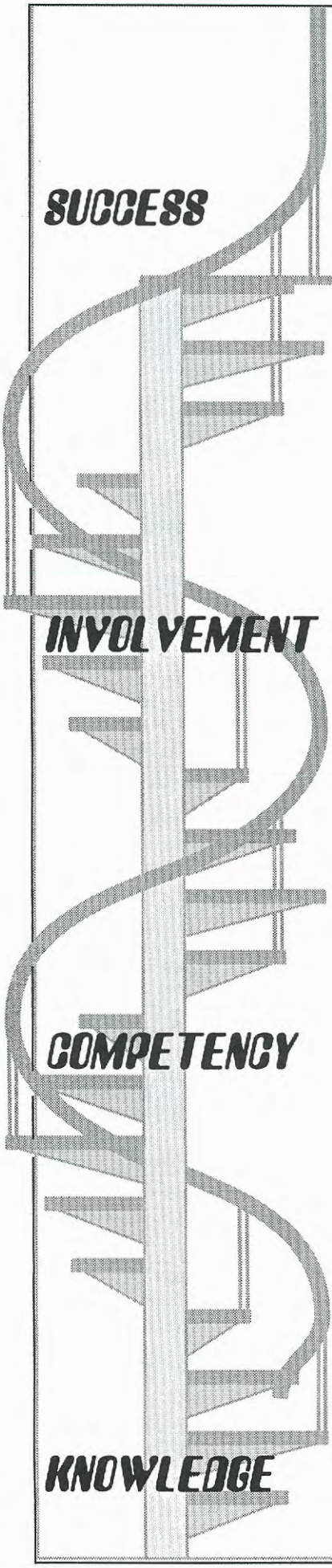
### Across

5 The absorber scrubs __ dioxide from the exhaled gases.
6 The intermediate pressure system sounds an audible __ when pressure drops too low.
8 If $O_2$ is the drive gas, and the __ becomes perforated, the inspired $O_2$ increases.
9 APL stands for adjustable pressure __ (valve).
11 One of the three most common pipeline/cylinder gases on anesthesia machines is __ oxide.
12 The drive and circuit gases are __ by the bellows wall.
14 Vaporizers vaporize anesthetic __.
15 An $O_2$ flow __ device prevents hypoxic mixtures.
17 The gas pressure in the intermediate pressure system (in psi).
19 The ventilator has an airway __ sensor.
21 The anesthesia machine's power supply has __ breakers.
23 Over-closing a flow control can cause the valve to __.
24 The __ gas provides the pressure to collapse the bellows and deliver circuit gases to the patient.
25 The __ monitor helps alert to hypoxic mixtures.
26 A common non-rebreathing circuit.
27 PEEP stands for positive __ expiratory pressure.

### Down

1 Part of the intermediate pressure system is the fresh gas __ system.
2 The inspiratory pressure __ monitors circuit pressure.
3 The low pressure system is downstream from the flow control __.
4 Gases from the secondary regulators supply the __ control knobs.
5 The high pressure system receives gas at __ pressure.
7 The __ has a tidal volume control.
10 Hanger __ support reserve gas cylinders.
13 Indexing __ prevent tanks from being mounted incorrectly.
16 __ valves are unidirectional valves on the absorber.
17 The O2 supply knob is __ in shape.
18 One of the three most common pipeline/cylinder gases on anesthesia machines.
19 The intermediate pressure system can receive gas directly from the __.
20 Capture __ hold gas tanks in place.
22 The fresh gas outlet is also called the __ gas outlet.
26 A ventilator is simply an automatic __ squeezer.

# The ASATT 9th Annual Meeting and Educational Seminar




## SECURING THE STEPS TO SUCCESS

Combine business with pleasure and bring the family to Disney World!

**Mark your calendars for**
**October 16, 17, 18, 1998**
**Orlando, Florida**

***ASA Exhibits***
***October 18, 19, 20, 1998***
***Visit us there at the ASATT Booth!***

ASA TT

## PRE-REGISTRATION FORM

# The ASATT 9th Annual Meeting and Educational Program

## Radisson Plaza Hotel, Orlando - Florida

## October 16 - 18, 1998

*(Please Print)*

Name: _____ Membership No. _____

Home Address: _____ City/State/Zip: _____

Employer/Affiliate: _____ Dept: _____ Title: _____

Business Address: _____ City/State/Zip: _____

Business Phone: _____ Home Phone: _____ Fax: _____ E-Mail: _____

### REGISTRATION FEES

Registration fee deadline is October 1, 1998:

A. ❑ Members - $200.00

B. ❑ Nonmembers - $250.00

C. ❑ Students (w/ proof of school) or One-Day Admission - $100.00 (If 1-day admission, which day? _____ )

D. ❑ Guest Registration - $5.00* Name of Spouse/Guest *(Please Print)* _____

E. ❑ Guest Luncheon - $10.00**

F. ❑ Bus Shuttle to Disney World*** - $5.00 No. of Passes: _____

After October 1, 1998:

G. ❑ Members - $250.00

H. ❑ Non-Members - $300.00

** Guest registration fee $5.00 (NameTag Issued)* ***Guest Lunch $10.00 Friday, October 16, 1230-1400 hours*

****Bus Shuttle to Disney World Saturday, October 17, Departing Hotel at 1315 - $5.00 per person.*

### PAYMENT METHOD

Total Amount Enclosed: $ _____ Make checks payable to ASATT - Checks drawn on a U.S. bank in U.S. funds only

❑ MasterCard (16 digits) ❑ VISA (13-16 digits) Card No: ❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑

Credit Card Owner Signature: _____ Exp. Date: _____

Credit Card Owner Address *(if not as above)*: _____

Fees include tuition, syllabus, coffee breaks, lunches, receptions, ASATT Certificate of Attendance, and exhibits

### ID BADGE

Complete as you would like your name tag to read - *(Please Print)*:

Name: _____ Title: _____

Employer/Affiliate: _____ City: _____ State _____

### HOTEL INFORMATION

A block of rooms has been reserved for ASATT registrants: $79 single/double occupancy. Accommodations should be made directly with the Radisson Plaza Hotel, 60 S. Ivanhoe Bvd, Orlando, FL 32804. For Reservations: Phone (407)425-4455 or FAX (407)843-0263 -- Deadline to reserve rooms at the group rate is Sept. 15, 1998. A round trip shuttle bus will be provided at the Radisson Plaza Hotel to the ASA Exhibit Hall, Sunday, Oct. 18. Go and see our ASATT exhibit along with others.

MAIL REGISTRATION FEE* TO:

ASATT Registration Manager
P. O. Box 510
Thorofare, NJ 08086-0510
Phone (609) 853-9382, FAX 609-251-0278

HOTEL RESERVATIONS:

Radisson Plaza Hotel Orlando
60 South Ivanhoe Boulevard
Orlando, FL 32804
Phone (407)-425-4455, FAX 407-843-0263

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

***Refund requests must be in writing and received before October 1, 1998 - service fee of $20.00 will be retained.***

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

***Reminder, cut out or make a photocopy of this page, fill out form and mail with your remittance***

## COURSE OBJECTIVES

At the conclusion of this 2-1/2-day educational seminar, the participants will have acquired an enhanced knowledge of:

- pharmacology essentials and fundamentals
- recall/awareness and how it can remain intact in the anesthetized patient, and the importance of appropriate conversation/behavior in the OR
- newborn anesthesia and special preparation for airway management, vascular and fluid administration, monitoring, and regional anesthesia
- regional anesthesia and its different techniques, drugs, equipment, and patient populations
- hemostasis: techniques and procedures
- anesthesia delivery systems and basic troubleshooting
- intravascular catheters and their associated complications, and the results of improper technique
- trauma patients: their management and the responsibilities of anesthesia technicians
- invasive lines and their anatomical placement
- pain management in the acutely and chronically ill patient
- airway anatomy and the complications it can present
- non-invasive blood pressure monitoring

**This seminar will offer a maximum of 12 CE/CH approved by ASATT.**

ASATT is a member of
NOCA
National Organization for Competancy Assurance

• • • • •

ASATT is a member of
IACET
International Association of Continuing Education and Training

## FACULTY

**Earl Ransom, MD**
Clinical Associate Professor
UNC Hospitals
Chapel Hill, NC

**Fred Spielman, MD**
Professor
UNC Hospitals
Chapel Hill, NC

**Julie Lowery, CRNA**
UNC Hospitals
Chapel Hill, NC

**Douglas Forrester, MD**
Assistant Professor
UNC Hospitals
Chapel Hill, NC

**Sunil Dogra, MD**
Clinical Assistant Professor
UNC Hospitals
Chapel Hill, NC

**Lisa Fornicoia, MT (ASCP), CerAT**
Fore Technology
Pittsburgh, PA

**Martha Mitchell, MD**
Clinical Associate Professor
University of Florida
Gainesville, FL

**Linda Georges, MD**
Assistant Professor
UNC Hospitals
Chapel Hill, NC

**Bob O'Donnell**
Technical Instructor
Ohmeda

**John M. Gotzon**
Technical Instructor
North American Dräger

**Becton Dickinson Representative: TBA**

**Medwave Representative: TBA**

## SEMINAR COORDINATORS

Chris E. Patterson, CerAT
Vice President/President-Elect
(510) 471-9327[H] or jackandchris@earthlink.com[E]

Gail Walker, CerAT
Region 3 Director
(336) 376-0327[H] or gwalker@aims.unc.edu

# ASATT 9th Annual Meeting and Educational Seminar

# SECURING THE STEPS TO SUCCESS

**October 16, 17, 18, 1998**

**Radisson Plaza Hotel**

**60 S. Ivanhoe Blvd.**

**Orlando, Florida**

**(407) 425-4455 (Tel) or (407) 843-0262 (FAX)**

**ASATT Members & Guests: $79/night roomrates, single or double**

***ASA Exhibits: October 18, 19, 20, 1998, Orlando Convention Center***

***Visit us there at the ASATT Booth!***

**PROPOSED AGENDA:**

**Wednesday, October 14**
Board of Director's Meeting

**Thursday, October 15**
Board of Director's Meeting
State Presidents' Meeting with the Board (1500-1700)
Early Registration (1700-2000)

**Friday, October 16**
Registration and Continental Breakfast (0630-0745)
Welcome, Sheila White, ASATT President (0745-0800)
Educational Program (0800-1230)
Lunch with your Regional Director (1230-1400)
Anesthesia Machine Hands-On Workshop (1400-1600)
Reception (1730-1900)

**Saturday, October 17**
Registration and Continental Breakfast (0615-0700)
Educational Program (0700-1130)
Lunch sponsored by Abbott Lab/Anesthesia (1130-1300)
Shuttle to Disney World (1315) [$5/person]
Shuttle from Disney World to Hotel (at close of Park)

**Sunday, October 18**
Continental Breakfast (0700-0800)
Educational Program (0800-1000)
ASATT Business Meeting (1030-1230)
1998-99 Board of Director's Meeting(1230-1315)
ASA Exhibit Hall Opens (1200)

**Monday, October 19**
ASA Exhibit Hall

**Tuesday, October 20**
ASA Exhibit Hall (Closes at 1200)

**PROPOSED SPEAKERS AND TOPICS**

| | |
|---|---|
| Earl Ransom, MD | Invasive Lines: Setup, Placement and Anatomical Pathways |
| Fred Spielman, MD | Art of Anesthesia: An Illustrated History of Pain Control |
| Julie Lowery, CRNA | Pharmacology |
| Douglas Forrester, MD | The Role of the Anesthesia Technician in Dealing with a Trauma Patient |
| Sunil Dogra, MD | Difficult Intubations |
| Lisa Fornicoia, CerAT, MT(ASCP) | Monitoring Hemostasis |
| Linda Georges, MD | Anesthetic Care of the Newborn |
| Martha Mitchell, MD | Regional Anesthesia |
| Speaker TBA | Anesthesia Patient Safety Foundation (APSF) |
| Speaker TBA | Difficult Intubation/Airway |
| Speaker TBA | Starting IV's, Complications and Fluid Management |
| Ohmeda Representative | Hands-On Workshop |
| Dräger Representative | Hands-On Workshop |

| | | |
|---|---|---|
| **Registration Fees:** *(Deadline:10-01-98)* | ASATT Members | $200 |
| | Nonmembers | $250 |
| **Late Registration Fees:** | ASATT Members | $250 |
| | Nonmembers | $300 |
| **Student:** | With proof of school | $100 |
| **One-Day Attendance Only:** | | $100 |

**VISA/MASTERCARD ACCEPTED**

**Note: The above is a proposed agenda. All is subject to change.**

**For further information, contact coordinators:**

**Chris E. Patterson, CerAT, Vice President/President-Elect, (510) 471-9327[H] or jackandchris@earthlink.com[E]**

**Gail Walker, CerAT, Region 3 Director, (336) 376-0327[H] or gwalker@aims.unc.edu**

**ASATT; 2000 L St, NW, Suite 200; Washington, DC 20036; 609-853-9382; http://www.asatt.org/**

## 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, 1998 to your ASATT Regional Director or to Dianne Holley (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:
Joyce Freeman at (315) 464-2825[W].

**New York**

For information on future events:
George Mann at (315) 471-6077.

**ASATT Region 2:**

See article on page 18.
For more information:
Wilma Frisco at (216) 261-0649.

**Ohio**

OSATT meeting schedule: July–Vacation Month; 8/22–Monthly educational meeting in Ravenna; Sept–All-day workshop, Zanesville; 10/24–Monthly educational meeting, Ravenna. Election of officers for 1999 in Nov. The OSATT congratulates Sally Ondrus on her recent retirement from Akron General Hospital.
For further information:
Barbara Powell at (614) 454-4224 or
Charlene Smith (303) 677-3292.

**Pennsylvania**

For information on future events:
Vicki Carse at (412) 232-5807.

**Virginia**

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

**ASATT Region 3:**

For information on future events:
Gail Walker at (919) 966-5136[W] or (336) 376-0327[H].

**Florida**

For information on future events:
Ed Vasquez: 407-897-1529[W] 407-275-2630[H]

**Georgia**

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

**North Carolina**

For information on future events:
Jack Jackson at (910)-424-2868[H] or (919) 966-5136[W].

**Tennessee**

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

**ASATT Region 4:**

For information on future events:
Sam Ortiz at (312) 772-7830(H) or (312) 567-2190(W)

**Illinois**

For information about future events:
Pat Zueck (217) 788-3780.

**Iowa**

See article on page 17.
For further information:
Sheila White at (319) 589-8665[W] or (319) 556-8234[H].

**ASATT Region 5:**

For information on future events:
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**

The MSATT held its 6th Annual Meeting and Educational Seminar on June 20 at the Holiday Inn, Greenville. Coordinators were Earl Coleman, University of Mississippi; Luellen Carter, Delta Regional Medical. Center; Janna Pittman, River Oaks Hospital; and Randy Sullivan, Methodist Hospital Jackson.
For information on future events:
Earl Coleman at (601) 984-5951.

**ASATT Region 6:**

See article on page 17.
For information:
Dean Rux at (602) 821-3279[W] or (602) 497-9709 [H].

**Arizona**

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

**California**

See article on page 20 .
For information on future meetings:
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**

See article on page 19. Plans are underway for the Annual Statewide Meeting on Sept 12 in San Antonio.CE/CH will be offered, as well as admission to the TSA Exhibit Hall. DALLAS/FORT WORTH– contact Bob Reno–214-327-2066 or E-mail--cbyBOB@Aol.com. HOUSTON– GHSAT held a study review session at St. Joseph Hospital on May 2. 275 questions and answers were reviewed in preparation for the ASATT Certification Exam. Other 1998 meetings are Aug. 1 & Nov. 7. Contact Essie Davis or Emily Jones 713-738-2811. AUSTIN: Monthly inservices offering CE/CH are being held at Seton on the 1st Thursday of each month. Contact Dianne Holley at 512-451-7457. SAN ANTONIO: Raul Sanchez at 210-675-1564.
For further information:
Gerardo Trejo at (713) 793-2898.

**Utah**
For information on future events:
Kirk Hanson (801) 625-2700

**ASATT Region 7:**
The 6th Annual Region 7 Meeting was held in Portland on May 2 (See article, pg 16). AIME, Inc. presents a 3-day workshop "Understanding Anesthesia Technology" on Sept. 11-13 in Portland. For further information:
Dave Mastalski at (503) 642-1537 or (503) 273-5389 Email: nmastalski@aol.com

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

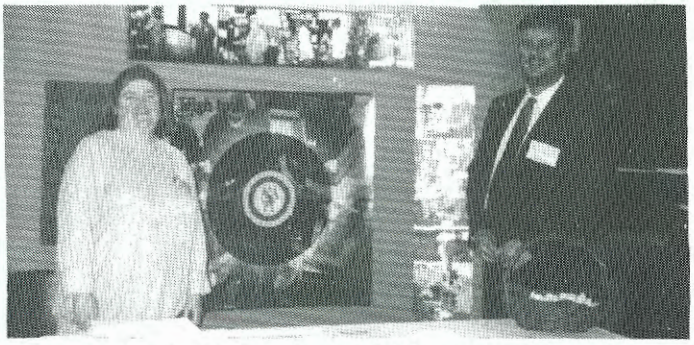
**Oregon**
OAATT held a well-attendedCEU Course on June 20 at the Portland VA Medical Center. Mark your calendar for the following upcoming Educational Meetings: August 22 – Portland; October 3 – TBA; December 5 - TBA.
For further information:
Richard White at (360)887-4988 Email:rwhitea@pacifier.com

**Washington**
For information about future events:
Ann Marie Cates (425) 743-3267

## ASATT TRAVELS TO SEATTLE

*by Dave Mastalski, CerAT*
*ASATT Director , Region 7*

The ASATT was invited to display in the vendor exhibition hall at the 20th Annual Meeting of the Society of Cardiac Anesthesiologists at the Washington State Convention Center, April 26 – 28, in Seattle. According to Dave Mastalski, CerAT, Region 7 Director, " We handed out over 150 information packets. The inquiries about ASATT Certified Anesthesia Technicians was tremendous." Thanks to ASATT Region 7 members Nora Tiffany, CerAT, Lee Amorin, CerAT, Betty Leap, CerAT, and Dave Mastalski, CerAT, for volunteering their time to represent ASATT at this well-attended meeting.



*Dave Mastalski, CerAT, Region 7 Director, and Nora Tiffany, CerAT, proudly display the ASATT booth at the SCA Meeting.*

# SIXTH ANNUAL REGION 7 MEETING AND SEMINAR

*by Dave Mastalski, CerAT*
*ASATT Director , Region 7*

Thirty nine anesthesia technicians from as far North as Nanaimo, British Columbia, and South to Los Angeles, CA, gathered at the DoubleTree Hotel in Portland, OR, on Saturday, May 2, for the Sixth Annual Region 7 Educational Meeting and Seminar "Competency Through Education." The program was preapproved for 6.0 continuing education/ contact hours. The educational program began with an overview of the ASATT Continuing Education Program, which was presented by ASATT Immediate Past President Ruth Ochoa, CerAT, and Region 7 Director and Program Coordinator Dave Mastalski, CerAT. "Airway Management for Technicians" was presented by James Grant, MD, followed by a presentation by Grace Chien, MD, "Basic ECG Interpretation." After lunch, a two-hour, hands-on presentation/workshop was presented by the Ohmeda and Dräger service representatives.

The highlight of the day was a very informative "Roundtable Discussion" moderated by Program Coordinator Dave Mastalski, CerAT, which was followed by a post-test of the day's educational topics. Thanks to the faculty for donating their expertise and time. Also, thank you to: Alex Alexander–Abbott Laboratories, Sam Shook–AES, Inc., Kathy Tiekotter–B.Braun/ McGaw, Sharrie Reed, RN–COBE Cardiovascular, Marc Desrosiers–CoMedical, Inc., Datex Engstrom, Bob Wells–Medex, Inc., David Blair–SIMS/Level 1, Mimi Fuller–Vital Signs, Dorine Bright–Zeneca Pharmaceuticals for supporting the continued education and competency of anesthesia support personnel.

We hope to see as many people as possible next Spring when we meet for the Seventh Annual Meeting. Tentative plans are being researched to hold the meeting in Hawaii. Bring your thinking caps and suntan lotion. Aloha!


*Rick White, OAATT President, and Linda Bewley, OAATT Secretary at the 6th Annual Region 7 Meeting*

# REGION 6 ANNUAL SEMINAR -- YES, YOU CAN BE SUCCESSFUL!

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

Whether it be educational lectures, meeting with colleagues, discussion, or job comparison–success is accomplished in many ways. 27 Anesthesia Techs from far (NM, CA, Tucson) and near (Phoenix) achieved success, May 2, at the Annual Region 6 Education Seminar in Chandler, AZ. A day of educational lectures for "Assisting Safe Anesthesia Today & Tomorrow" was presented on filters, vaporizers, logistics of MH, lidocaine & bupavacaine facts, and the safe workstation. Sheila White, CerAT, President of ASATT, assisted Dean Rux in conducting an open forum followed with examples of proper CE/CH to be submitted yearly by certified techs.

The certified technicians in attendance put at ease the many questions that three techs in the group had regarding the certification test they would take, May 16. We wish you luck! Five new members joined ASATT.

Assurance was given by CerAT's from various locations that they were recognized in job statusand pay for their certification.

Thank you Chandler Regional Hospital, Pall Bio-Medical, Abbott, Arrow, Sharn, Kentac, Medireps & Cardio Dynamics for your support and contributions to the seminar.

# IOWA

*by Sheila K. White, CerAT*
*Mercy Medical Center, Dubuque, IA*

There will be educational meetings held by the Iowa Association of Nurse Anesthetists (IANA) and Iowa Society of Anesthesiologists (ISA) this fall. Check with your Anesthesia providers at your place of employment if you are interested in attending these very informative educational seminars. The Iowa Anesthesia Technicians are always welcome at these meetings and they offer us a student registration fee. They are usually held in Des Moines in October. I know the IANA Educational Seminar will be held October 16-18. If you need assistance locating information on these meetings, contact me.

The Iowa Society of Anesthesia Technicians and Technologists (ISATT) enjoyed a great meeting in Des Moines on Saturday, June 6. There were five interesting and educational lectures covering topics such as "Pediatrics: The Role of the Anesthesia Technician;" "Regional Anesthesia;" "ISTAT–Blood Gas Analysis at your Fingertips;" "Airways Management–How the Anesthesia Technician Can Assist" and "Heart Port Technique, Advances in Coronary Artery Bypass Procedures." We had excellent support from many vendors who presented their products and the newest happenings in the Anesthesia market. It was a great day shared by Iowan and other Region 4 Anesthesia Techs as well as many other interesting, friendly people. Wish you would have been there! Hope to see you next year!

# MORE ON ORLANDO MEETING

This year's meeting site is approximately 13 miles from the downtown Orlando Convention Center/ASA exhibits. Why? Because larger organizations, societies, and associations reserve or "block" hotel accommodations in the general vicinity of the convention center—usually five years in advance through the local housing authority. ASATT can obtain lodging accommodations in the same area; however, costs for our members would be substantially higher. The $79.00 single/double room rate secured for this year's Annual Meeting is better afforded by many of our members, although a few miles removed from the downtown area.

We have arranged for the bus shuttle service to Disney World to depart our meeting site at 1315, Saturday, October 17, at a cost of $5.00 per person, round trip. Preparation is also underway to provide free shuttle service to the ASA Convention Center, Sunday, Oct. 18, at the conclusion of our business meeting and again Monday, October 19. The final schedules will be printed in the October edition of *The Sensor*.

If you are driving your personal vehicle or decide to rent a car, you will be only 20 minutes away from Walt Disney World Resort; Universal Studios; Sea World; and some of the finest golf courses in the country. Our hotel is just minutes from the Orlando Arena and Church Street Station with its variety of shops, restaurants, nightclubs, and more. The hotel will provide brochures and arrange transportation. The Radisson Plaza Hotel Orlando is conveniently located just off Interstate Highway 4 and 15 miles from the Orlando International Airport. The area is picturesque with a view overlooking beautiful Lake Ivanhoe.

For those of you with internet connections, check out the ASATT web site at <http://www.asatt.org/>. More detailed information concerning our Orlando Annual Meeting will be available there within a few weeks. Also, you may want to look up the following Orlando websites to obtain information about the many recreation/pleasure trips available for the family:

Walt Disney World: http://www.disney.com
Universal Studios Florida: http://www.usf.com
Wet 'N Wild: http://www.wetnwild.comp/wetnwild/
Church Street Station: http://www.churchstreetstation.com
Sea World of Florida: http://www.seaworld.org
Orlando/Orange County Convention & Visitors Bureau E-Mail: media@orlandocvb.com

See you there in October!!! Bring the family and make the meeting a combination vacation/business trip. And, don't forget to complete and mail the pre-registration form printed in this newsletter—make a photocopy for your records.

Chris Patterson, CerAT
Program Coordinator

Gail Walker, CerAT
Program Coordinator

# A DAY IN PEDIATRIC ANESTHESIA

*by Wilma F. Frisco, CerAT*
*Director, Region 2*

Dayton, Ohio, the home of Wilbur and Orville Wright, was the location for a complete day of lectures on pediatric anesthesia. Lesa Cooper, CerAT, OSATT Director, Southwestern Division, and Wilma F. Frisco, CerAT, coordinated this dynamic seminar that was held at the Children's Medical Center, Dayton.

*Mary Fangel, CerAT, and Clinical Technology Representative, Bradley Barta, and son, Ryan*

Topics included were: Pediatric PACU–Sharon Mitchell, RN; Pediatric Anatomy–Ed Walz, MD; Neonatal Anesthesia–Vince Cassani, III, NNP, CRNA; Malignant Hyperthermia & Sickle Cell Anemia–Wendy Hoersting, CRNA.

Vendors were: Cardinal Medical Specialties–Greg Mannix; Organon–LeeAnn Collins; Clinical Technology–Bradley Barta; Circon–Jim Maupin

*Lesa Cooper, CerAT, OSATT Director, SW Region, & Ed Walz, MD, Anesthesiologist, Children's Medical Center, Dayton*

Anesthesia Technicians from Michigan, Indiana, and Ohio attended this seminar. They are very appreciative to the speakers, vendors, coordinators, and the Children's Medical Center, Anesthesia Department for this another educational opportunity for the Anesthesia Technicians who are encouraged to pursue continuing education.

# NEWS FROM TEXAS

*by Joey Herrera*

Texas Society of Anesthesia Technology (TSAT) and San Antonio Society of Anesthesia Technology (SASAT) joined to present the first 1998 Texas Educational Workshop. The workshop took place on Saturday, April 18, at Wilford Hall Medical Center in San Antonio.

This educational workshop was put together by Gerardo Trejo, CerAT, TSAT President, and Raul Sanchez, SASAT President. Attending Anesthesia Technicians enhanced their knowledge on the following topics: The Operating Room Environment–Capt. Liza DeDecker; Anesthesia Machine/Delivery System–Wally Compton, North American Dräger; Monitors/Ancillary Devices–Lt. Col. Machetta; Pharmacy–Lt. Col. Dr. Kenneth Davis; Airway Management–Lt. Col. Dr. Richard A. Hersack; IV Therapy–Capt. Kathy Tablizo, CRNA; and Anatomy & Physiology–Lt. Col. Dr. Robert Bjoraker.

All of the speakers were able to present their topics in such a way as to relate directly to the attendees' roles as Anesthesia Technicians assisting the anesthesia providers. For example, Dr. Hersack focused on the difficult intubation equipment, with which a technician should be familiar and always have ready. A technician who can anticipate the anesthesia provider's needs is a tremendous asset.

The speakers stressed the strong support that they have for Anesthesia Technicians and encouraged us to achieve and maintain certification.

It was an outstanding turnout of Anesthesia Technicians from all around Texas–such as Lupita Villanueva from Edinburg, Mattie Justice from Odessa–and 40 others from Houston, Galveston, Dallas, San Antonio, and many other areas. We would like to congratulate all those who showed their interest by coming out on a Saturday to learn how to better meet the challenges of their jobs.

The TSAT and SASAT would like to thank all of the participants for attending this successful workshop. Also they would like to thank all of the speakers and sponsors for participating in this meeting. Thank you all for your strong support in promoting the enhancement of knowledge for the Anesthesia Technician and Technologist.

*Gerardo Trejo, CerAT, TSAT President; Lt. Col. Richard A. Hersack, MD; and Raul Sanchez, SASAT President, discuss educational opportunities for the Anesthesia Technician*

# OPEN LETTER TO CAATT MEMBERS

April 22, 1998

Dear CAATT Team Member,

It is with regret that I must confirm the cancellation of this year's Annual Educational Meeting which was due to run simultaneously with CSA's 50th Anniversary Meeting at the Hyatt Regency in San Francisco in June. Due to protracted family illness I have been and continue to be obliged to spend considerable amounts of time with my parents in the United Kingdom; consequently, I am writing to appeal to you for your help in ensuring the continuation of Association activities.

Over and above accepting **nominations for Officers**, we need to recruit an **Annual Educational Meeting Coordinator** to start work as soon as possible on making arrangements **for next year's CAATT A.E.M.** which again will be held with the CSA's in San Francisco. It is an enjoyable challenge which involves pulling together an interesting program from the many sources within the Anesthesia community. Don't know where to start? It's easy! We have to put together an instructional package on how to ensure a successful meeting–the framework of topics is already in place. If you would enjoy all the perks which go with this up-front position, then volunteer today by contacting your Association by telephone. You may call (408) 735-1346 and leave a message. If your call is not returned within two or three days, you may contact Dr. Michelle Raney, our Liaison to the Board of the CSA, who would be happy to give you more guidance. Please call the CSA at (650) 345-3020 or FAX (650) 345-3269; the CSA will pass your messages on to one of us at the earliest opportunity.

We look forward to hearing from you and working with you.

Sincerely,

Grainne M. Senier
President

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

So I implore you, the next time you receive a survey, take 5 minutes to complete and return it. IT WILL MAKE A DIFFERENCE!

The next issue I would like to clarify is the process you should follow in order to obtain an answer to any questions or concerns you have.

First and foremost, contact your Regional Directors. Their phone numbers are listed on the inside front cover of *The Sensor*. If at all possible, they will contact you within 48 hours of your call, but we all know how busy our lives get, so if you do not hear from them, and it is not an urgent matter, try to reach them again. If you still do not hear from them, then feel free to contact me. The role of the Regional Director is to serve as a communication link between members in that region and the Board of Directors. If this service is not being provided, then I need and want to know, so it can be addressed.

Regional Directors should be able to answer, or find the answer, to your questions. Should you need to contact the home office, and it pertains to:

General Membership, contact the Membership Coordinator:

Melanie Priemon at 609-853-9382.

All mail (except Certification/CE/CH-related) should be sent to:

ASATT
2000 L. St. NW, Suite 200
Washington, DC 20036

Certification and/or CE/CH, contact Debi Maines at:

ASATT Certification
ATTN: Debi Maines
6900 Grove Rd.
Thorofare, NJ 08086-9447
609-853-9382.

Please save this important information for future reference. Remember CONTACT YOUR REGIONAL DIRECTORS FIRST!! They are there to assist you.

I would publicly like to express my gratitude and thanks to all of the ASATT Board of Directors and our TEAM Management staff for the long hours and dedicated service to accomplish so many of the tasks at hand these past several months. I see how busy the Board is, and how "full" all plates are with ASATT projects, in places of employment, and with personal lives–but the Board continues, unselfishly, working to ensure that Anesthesia Technicians and ASATT remain a vital organization and an important part of Allied Health Care. *continued on page 22....*

## EMPLOYMENT OPPORTUNITIES....

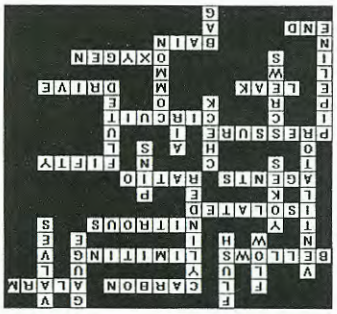
**The Portland, Oregon VA Medical Center has an immediate opening for a Certified Anesthesia Technician (Cer.A.T.)** Salary: $26K - $35K D.O.E. + up to $15K in overtime/on-call compensation. Full benefits package included. Interested applicants should contact: Dave Mastalski, CerAT, Chief Anesthesia Technician, (503) 220-8262 X 6832, FAX (503) 721-7859.

## THE VIEW FROM.... (cont. from page 3)

**What bit of important advice would you offer other anesthesia technicians across the country?** I think that we should all work as hard as we can–both inside the operating rooms and with our continuing education programs–so that our spot on the Anesthesia Care Team is made more solid. It is of the utmost importance that our profession be associated with an educational requirement of some sort. Without it, we will not gain the respect that each of us knows is well deserved. A few states now have schools which teach Anesthesia Technology. With the tenacity of Technologists in the remaining states, schools will open there as well. DO NOT SETTLE FOR LESS.

## Answers to Puzzle

*(From page 9)*



## PRESIDENT'S MESSAGE.... (continued from page 21)

Being involved in a volunteer organization guarantees you will endure a great deal of "sweat and tears," receive more complaints than compliments, and probably not receive the recognition you should. On the flip side, there is great satisfaction and personal pride to see a project reach successful completion, to witness the camaraderie at a meeting so diligently organized, to smile and share a hello as you recognize a familiar face from last year's annual meeting. It's "little things" like these that outweigh any of the less than desirable reasons for getting involved in any organization. We must continue working together to reach a common goal. We are meeting and making friends along the way, many of which will hopefully last a lifetime. The future of ASATT depends on your participation and willingness to "get involved"!

Another group of people I would like to acknowledge is our vendors! ASATT is so fortunate to have the support of so many generous companies and their sales force. We not only receive the financial support that enables us to continue to grow and gain independence, but recognition from and the willingness of these sales representatives to spread news of ASATT and its ventures as they travel across the country. Who else has the opportunity to reach so many Anesthesia Technicians on a daily basis? Interact with your sales representatives and let them know you are interested in hearing and learning about what is going on with ASATT and its members. They are enthusiastic about ASATT and want to help us succeed!

It won't be long: October will be upon us. The ASATT Board of Directors and I hope to see you in Orlando, FL, for another superb educational seminar. Chris Patterson, CerAT, Vice President/President-Elect, and Gail Walker, CerAT, Regional 3 Director, have been working diligently to organize this seminar. They have secured some generous volunteers to assist them in their efforts. Hopefully, your plans are to join us. It is a beautiful location and a fantastic educational program. We always have a great time, and we encourage you to be part of it!

I cannot believe how quickly the time has passed since I began my term as your President last October in San Diego. I had underestimated the amount of work to be done, but it has been an enlightening experience, just the same. As the summer approaches, and I review and add to my calender of activites during the next few months, and my "TO DO" list continues to grow longer–I am thankful I have such a terrific group of people to call my Board of Directors. I probably would not have stayed on track and accomplished all that needed to be done if it had not been for them.

Remember, "time stands still for no one," so don't let a precious moment go to waste.

Have a safe and fun summer, and I look forward to seeing you in Orlando, or talking with you on the phone. YOU are the reason we are all here.

# American Society of Anesthesia Technologists and Technicians
## 2000 L. St., NW, Suite 200, Washington, DC 20036

## Membership Application

*(Please print clearly or type)*

Last Name_____ First Name_____ Initial_____ Degree _____

Home address_____

City_____ State(Province)_____ Zip (Mail Code)_____

Home Phone (_____)_____ May ASATT release your name to other constituents? Yes_____ No___

Employer/Affiliate_____ Dept._____ Title_____

Address_____ Email address_____

City_____ State(Province)_____ Zip (Mail Code)_____

Business phone (_____)_____ ext. _____ pager #_____ Fax # (_____)_____

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

| | | | |
|---|---|---|---|
| **Active:** | $50 | _____ | This category shall be extended to anyone who is employed in a health care or research facility where his/her duties are comparable or equal to the duties of an anesthesia technician, technologist, assistant or aide. This individual's duties must be supervised by an anesthesiologist, anesthetist or an individual who has been given supervisory responsibilities of anesthesia technical personnel. Active membership is also extended to any retiree who has previously fulfilled the requirements of active membership as described above. This individual must continue to show an interest in, give support to, and actively participate in continuing education in the field of anesthesia technology. |
| ***Associate:** | $60 | _____ | This category shall extend to Anesthesiologists, C.R.N.A.'s, and Anesthetists. |
| ***Individual:** | $60 | _____ | This category is open to anyone with an interest in the field of anesthesia technology. |
| ***Institutional:** | $100 | _____ | This category is limited to academic, medical, hospital, philanthropic, science, governmental and non-profit organizations that express an interest in anesthesiology. |
| ***International:** | $70 | _____ | This category is limited to any individual who is a member of an International Society of Anesthesia Technology. $10 of this fee is designated to cover additional postage. |
| ***Student:** | $35 | _____ | This category is open to students enrolled in anesthesia technology training programs that are recognized by the ASATT. |
| ***Corporate:** | $100 | _____ | This category is limited to businesses and other profit orientated organizations that manufacture, distribute, provide services or otherwise have an interest in anesthesia technology. |
| **Change Of Address:** | | _____ | |

**These categories provide all rights and privileges of active membership except holding office, chairing a committee and voting.*

Applicant's signature here to be valid_____ Date of application_____

ASATT reserves the right to verify employment and/or affiliations appropriate to the membership category requested.

**There will be a $20.00 fee assessed for returned checks.**

**(for official use only)**

Date application rec'd_____, Region (_____) Membership #_____

Check #_____ Amount: $_____

Comments:_____

American Society of Anesthesia Technologists & Technicians
2000 L. St., NW, Suite 200, Washington, DC 20036

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**NW Soc. of Anes. Technology**

**OR Soc. of Anes. Technologists & Technicians**

**Gensia, Inc,** Vallejo, CA

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