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

PRESIDENT'S MESSAGE...



OUR FUTURE LOOKS BRIGHT!!

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

Reflecting back on the activities of the past year and reviewing my last three "President's Messages," I clearly focus my attention on time. It seems no matter how simple or complex our lives, time is a major player.

It seems impossible to believe that October is right around the corner. The first thing I think of, being from Iowa, is the arrival of winter. Frigid subzero weather, snow and ice, but still such a beautiful season at times. My next thought reminds me my term as president of ASATT is almost complete. This passing of time, one day at a time, brings with it the completion of many, many small steps which fulfill ASATT's purpose and goals. These steps represent accomplishments that the Board of Directors and other committed members of ASATT have worked so diligently to accomplish. These small, continuous steps over time, continue to build the strong foundation that supports ASATT.

A few members have voiced their opinions to me and other Board members, that they see ASATT's progress as too little, too late. There will always be negativity and complaints from the general membership, this I realize, and I know it is not unique to ASATT. All organizations have dissatisfied members, but it still concerns me, as a member, and as president. Don't misunderstand me, I don't wear rose-colored glasses or entertain illusions of living in a perfect world. But, I am the type of person who believes if I don't like the way something is being done, then I either offer to help correct the problem, or keep the negativity to myself. I appreciate we all have the freedom of speech, and I have no desire to stifle individuals if they have something to say, but, let's take these negative comments and turn them into positive suggestions, and work on them together. Don't be so quick to criticize the people who have sacrificed so much of their personal lives in an effort to make things better for all

continued on page 22....

Inside your Sensor:

The View From...

San Diego, CA, page 3

Science and Technology...

Ready for ACLS? page 6

National News...

Orlando Meeting, pages 10-13, 17

Official Notices...

New ASATT Address! pages 4-5

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ADVERTISING RATES:

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
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 Vertical: 3¹/₂" wide x 10" deep
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Classified Ads: Individuals seeking employment, or employers seeking candidates in anesthesia technical support.

Rate: \$8/line, 5-line minimum
 3¹/₂" wide

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

For further information, contact:

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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.)

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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 can be returned.

Deadline for the next issue is November 15, 1998

Printed on recycled paper 

CHILDREN'S HOSPITAL AND HEALTH CENTER

by *Maretta Grandona, CerAT*
San Diego, CA

Childrens
Hospital
and Health
Center

CHHC is tucked into a small triangle created by the merge of the 805 and 163 freeways, 15 miles north of the US/Mexican border. Opened in 1954, CHHC is a level one pediatric

trauma center, treating approximately 100 trauma patients each month. A 233-bed hospital, it has 33 NICU and 24 PICU beds. Each year, there are approximately 10,000 inpatients and 35,000 visits to outpatient departments that are staffed by over 100 physicians practicing in 35 subspecialties, including dental, GU, General, ENT, ophthalmology, orthopedic, and cardiac surgery.

CHHC has 8 ORs in the main suite, an endoscopy room, and four OR's in the Day Surgical Unit. The anesthesia department also provides services to CT, Radiology, Cardiac Cath Lab, MRI, and Hem Onc. We have 8 anesthesia technicians, of whom, 4 are certified. All of us have received "on-the-job-training." Three of our technicians have a background as Navy Corpsmen. We come under the supervision of Dave Skillin, Cardiovascular Technologist in cardiac surgery. Our patients range in size from premature newborns, weighing less than 1000 gms, to football player-size, so an average day is usually far from boring. Our workday starts at 0630 with room setups; surgeries are usually scheduled to start at 0700-0730. We staff with 1 technician on the a.m. shift, a 2nd technician in at 0930 for the midshift, and the p.m. technician working 1430-2300. The technician in DSU works 0700-1530, with a per diem technician coming in the late afternoon to cover room cleanups, restocking, making IV's, and setting for the following morning's cases. Weekend coverage is provided by a "techretary" - an anesthesia technician crosstrained in weekend secretarial duties which include scheduling cases, answering phones, lab runs, etc.

We have 15 anesthesiologists, and usually one or two residents, from either Balboa Hospital (Naval Medical Center) or UCSD. The duties of the technicians include preparation and maintenance of anesthesia and monitoring equipment, troubleshooting, clinical assistance (not always possible with a heavy caseload and staffing ratios), clean up and room turnaround between cases, restocking of anesthesia carts, ordering of supplies, and evaluation of new products and equipment.

We are included in the regular inservice training sessions held by the perioperative services department. In addition, the hospital's continuing education department also hosts many programs that not only help us meet our requirement for continuing education, but are also fun and informative as well!! The department of anesthesia also invites us to educational meetings geared for the doctors to attain CME's. This is great, because as they process and utilize new information, we are already up-to-date as to what changes they may be making to their technique.

Gas induction is the most commonly employed technique. Because we are working with children, by necessity we need to work closely with the family—in particular, with the parents. We have an induction room set up off the holding room in the main OR, and two in the DSU, with an anesthesia machine and

monitors. This enables parents to be present to hold and comfort a distraught or anxious child while he is being induced. Once the child is asleep, the parents can go to the waiting area, while the anesthetized patient is transferred to the OR. It is not uncommon to hear the doctors telling the children fairy tales and stories or singing lullabies and Disney tunes as the children drift off to sleep.

It can be emotionally taxing working with sick and injured children. Some days it seems that the children are being wrenched screaming from their parents' arms. The muffled cries of "Mommy, Mommy" from under the mask that you sometimes hear as a child is being anesthetized can tear at your heart. I work with warm and caring people—we cover our soft hearts with a veneer of professionalism. These sick and injured children deserve the best medical care, and I think that as a team, that is what we provide. I am proud to be a part of the Children's team.



WHO'S WHO IN ANESTHESIA

contributed by *Vicki Carse, CerAT*
President, PSATT

Name: Patricia Ann Carlson

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

First Job: Sander for an outdoor rustic furniture manufacturer.

Number of Years in Anesthesia Field: 14 years.

How did you become interested in anesthesia? While I was attending college for a degree in physical therapy at the University of Pittsburgh, I was working as a Nurses' Aide in the Recovery Room at Presbyterian University Hospital (now UPMC). Dr. Raymond Leanza, an anesthesiologist, approached me and asked if I would be interested in a new position they were creating called an anesthesia technologist. Of course, I took him up on it and I've been here ever since.

What do you find the most challenging about your job? The most challenging part of my job would have to be keeping our department on its toes when it comes to new technology. The UPMC Health System is growing in leaps and bounds. We are under the same budgetary constraints as the rest of the country. The changing healthcare dilemma has left very little money for upgrading older equipment. I spend a good portion of my time finding creative ways to get new equipment without spending a lot of money. When I'm not counting beans, I'm covering operating rooms or teaching.

What Secret Vice can you confess about? I have about 10. My biggest vice(s), which really isn't a secret to those who know me is ice cream. Brooster's Mint Chocolate Chip to be exact. I

Continued on page 21....

CERTIFICATION/RECERTIFICATION

by Wilma F. Frisco, CerAT
Chairperson, Oversight Committee

Certification: The 5th National Certification Exam will be given on Sat, **May 15, 1999**. Applied Measurement Professionals, Inc, Lenexa, KS, has been contracted to administer the examination in the following locations:

- Los Angeles, CA
- Denver, CO
- Detroit, MI
- Houston, TX

Application Deadline: March 1, 1999 (postmark)

See form below to obtain examination application or study guide.

Recertification: 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 ASATT Continuing Education & Recertification Guidelines and filing forms, or for more certification information, call:

**Wilma Frisco at 216-261-0649, or
Your ASATT Regional Director.**

clip, fill out, and return to ASATT

To obtain the National Certification Examination Application and/or *Anesthesia Technician Study Recommendations with References*, please complete the following and mail to:

ASATT Certification
P.O. Box 23086
Euclid, OH 44123-0086

Name: _____ Membership #: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Telephone: (____) _____ [Home] (____) _____ [Work] (____) _____ [Fax] _____
 Employer/Affiliate: _____ Email: _____

Please check item(s) that you are requesting

- Certification Application
- Anesthesia Technical Study Recommendations with References* (A fee of \$25 must be included with the request for the study recommendations, which will be applied to the application fee. Please allow 3-6 weeks for delivery)

clip and save

*****IMPORTANT NOTICE*****

To All ASATT Members and Business Associates

Effective October 19, 1998, send ALL ASATT mail and correspondence to:

American Society of Anesthesia Technologists and Technicians (ASATT)

P.O. Box 23086

Euclid, OH 44123-0086

The ASATT Board of Directors is currently in the process of securing new management services. More information will be available at the Business Meeting, October 18, 1998, in Orlando, FL. If you are unable to attend, watch for details in the January, 1999 issue of *The Sensor*. If you need to speak with someone, please contact the Regional Director listed in the newsletter for your area.

Sincerely,

Sheila K. White, CerAT
ASATT President

1999/10TH ANNIVERSARY JOURNAL

The 10th Anniversary Committee is composing a souvenir journal for the Anniversary Gala.

If you desire to express congratulatory greetings to the ASATT, you may do so by choosing from the following:

- Patron's Listing (name only) \$15
- Patron's Listing (name, city, & state) \$20
- Ad/Greeting (black & white) 1/4 page \$40*
- Ad/Greeting (color) 1/4 page \$60*
- Ad/Greeting (black & white) 1/2 page \$80*
- Ad/Greeting (color) 1/2 page \$100*
- Ad/Greeting (black & white) full page \$160**
- Ad/Greeting (color) full page \$180**

* ASATT Members Only

** ASATT Members & State Societies

(All pictures, logos, and reprintable items must be clear and print-ready.)

Mail entry/entries by April 30, 1999, to:

Wilma F. Frisco, CerAT
24101 Lakeshore Blvd, Suite 314A
Euclid, Ohio 44123

Make checks payable to:

ASATT 10th Anniversary Journal

Please include your telephone/fax number and return address with your entry/entries.

For additional information, please contact:

Wilma Frisco at 216-261-0649[H], 216-261-0695[F], or WFR1011622[E], or

Ann Martin at 303-372-6300[W], 303-372-6315[F], or admartin@skihcolorado.edu[E]

EMPLOYMENT OPPORTUNITIES....

Anesthesia Techs, (Evenings, 2-11pm). Kaiser Permanente, a leader in quality healthcare, seeks Anesthesia Techs for our Baldwin Park Medical Center. Qualified candidates will have certification, and basic nursing care and crisis management experience.

For immediate consideration, please contact Stella Wiggins at (818) 375-2635, or reference Dept Code 100198ASAT and fax your resume to (818) 375-4367. EEO/AA Employer. KAISER PERMANENTE.

ELECTION RESULTS

1998 ASATT Election Results: The following are the final election results for the 1998-99 year.

Vice President/ President-Elect:

Gail Walker: 72 votes

Region 2 Director:

Vickie Carse: 23 Votes

Region 4 Director:

Sheila White: 10 Votes

Region 6 Director:

Dean Rux: 21 Votes

The 1998 Jami Blue Award recipient is Angel Martinez, Cer.A.T., Anesthesia Supervisor, Columbia Presbyterian Medical Center.

The 1998 Augustine Medical / ASATT Clinical Excellence Award In Research and Writing - Anesthesia Technology winner is Linda Bewley, Cer.A.T. for her article "Latex Allergy" printed in the October 1997 issue of *The ASATT Sensor*.

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. There is no charge for registration.

Hospitals can fax or email their job listings to numbers listed below, ATTN Gail Walker.

Technicians can mail their applications 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.

Technical Supervisor, Vanderbilt University Hospital, Nashville, TN. Certified Technician. Minimum 2-years experience as an Anesthesia Technician. Call Sharon Baskette 615-936-2800 (wk) sharon.baskette@mcm.vanderbilt.edu

ACLS - IS IT FOR YOU?

By TammySue Graffen, CerAT
Scott AFB, IL

The opinions expressed herein are those of the individual author and do not necessarily reflect the views of opinions of the United States Air Force.

Drug shock—drug shock.....big shock—little shock—everybody shock shock ... A-B-C shock shock shock D shock..... no matter how you look at it it's all the same thing... ACLS !!

Advanced Cardiac Life Support classes have changed over the years. Gone are the days when you wondered if the mega code meant resuscitation on you – because you knew by the time you got to that station you would need it !! The new ACLS class is a much kinder, gentler... “user friendly” organism than it was just a mere 10 years ago. Everything from course length to core content has been completely revamped over the past few years. So those of you who were wondering if you could survive taking ACLS without first taking an Inderal, read on—there is hope!! ACLS is definitely passable for everyone with a little bit of preparation!

Class Length: Classes are arranged differently based on the individuals attending. In many facilities they are tailored to fit the needs of the staff. Most classes run for two days for experienced providers: physicians, ICU nurses and technicians, and physician assistants. The first day consists of lecture and hands-on, and the second, a day of testing. Each station is approximately 1 hour, with four or five people in each group. This does not give the candidate much time to practice. Other novice courses may run for four days or in some facilities be spread out once or twice a week for a month. This allows the student a chance to review, absorb and digest a small bit of information before moving on to the next block. Many facilities also offer a dysrhythmia class prior to an ACLS class. This is good for those who are not comfortable identifying cardiac rhythms.

Core Content: Core content has changed drastically over the past few years. Classes would run for three days - the first being a full day of lectures with the next two being practice at each station and then the final testing on day three. There used to be five stations a candidate would have to go through alone to demonstrate proficiency and knowledge. In designing the new curriculum, it was realized that if you are running a code - you won't be alone (personally I'm surprised they haven't trained the housekeepers, since everyone from the postman to the plumber seems to show up at a code). Candidates are now placed in groups, not only for practice, but also for testing the mega code. American Heart has also done away with individual stations for CPR, airway management, and dysrhythmia recognition. It was decided that all of these skills should be incorporated into one station - as it would be in the real situation. So as one person is being monitored on directing the team another individual is monitored on intubation. But don't let that stress you out - evaluators don't stand there with a stopwatch timing you at 30 seconds anymore!

So as much as the new class format seems to be more streamlined, it does pose a few new problems. The new format does not have a day of didactics for the participant to get a grasp of each 'thread' of ACLS: acid-base balance, pharmacology, dysrhythmia recognition, and each individual algorithm. This tends to make the less experienced participants feel like they're only getting a surface run through. The theory now is an all incorporated format—you get just what you need for that case.... at that case. In response to this surface training, the ACLS cards have also changed—you are no longer certified in ACLS. The new cards are to show participation and successful completion of a mega code and the written test.

Class Format: The following is a sample of a typical class agenda:

DAY 1

Welcome/Introduction/Objectives
CPR/AED Overview (in groups)
Case 1: Respiratory Arrest with a Pulse
Case 2&3: V-Fib/Refractory VF/Pulseless VT
Case 4/5: Pulseless Electrical Activity/Asystole
Lunch
Case 6: Acute Myocardial Infarction
Case 7: Bradycardia
Case 8/9: Unstable/Stable Tachycardia

DAY 2

Optional cases: Special Situations
Hypothermia/Drowning
Shock/Acute Pulmonary Edema
Electrical Shock/Trauma
Toxicology/Pregnancy
Legal/Ethical issues
Mega Code practice
Lunch
Written test
Mega code test
Review/Retest

How to Survive the Essentials: Surviving ACLS is merely a matter of being prepared. One cannot walk into an ACLS class without prior experience, preparation, and an understanding of the basic principles. You must know the foundation.

Dysrhythmia Recognition: The first 'brick' is dysrhythmia recognition. There are seven basic rhythms (with a few variations) you will want to be able to identify: sinus (normal, bradycardiac, tachycardiac), atrial (flutter, fibrillation and premature atrial contractions), junctional, ventricular (tachycardia, fibrillation, and premature ventricular contractions), pulseless electrical activity, asystole, and blocks (first/ second/third degree). Cardiac rhythm identification becomes second nature with exposure and practice.

Pharmacology: Drugs seem to be the biggest stumbling block candidates run across. Many people tend to memorize the drugs per the appropriate algorithm, and then end up getting lost when they move from algorithm to algorithm, or have to figure out the consequence of the drug action/reaction. The best tip here is to not only know the appropriate drugs for the appropriate algorithm, but to also know the actions/reactions of the drugs. If you don't know what a beta-blocker does, and you give one only to wonder why the pulse is dropping, you will have more to deal with than just a bradycardiac rhythm. Granted, you can pass with pure memorization and regurgitation, but you won't really know what is going on. I prefer to be one of those 'why' people. I want to know why am I giving it, why is it doing what it is doing, and why I should/should not give more. Always remember the 'why's, when's, how's and what to watch for's' when giving pharmacologic agents. The main drugs with which you will want to become familiar with are atropine, lidocaine, bretylium, and epinephrine. If you know these drugs backwards and forwards, you will do very well.

Putting It All Together: The last bit of advise is to know how to put it all together and be a team leader. Many candidates do not know how to stand back and watch. You have to tell your crew what you want done and then listen to the response. Even more importantly you need to take control. Time after time, I see two or three individuals trying to run the code. The entire room is chaos. No one knows to whom to listen. You are the team leader. You need to have all information go through you. If you get to a point where you're not sure what to do next, then ask for input—that's why you have a team.

What's New: Added to the 1997 curriculum was an expansion of Cardiac Complications and Stroke. What used to be a blurb on myocardial infarctions has turned into dealing with 12-lead EKG. We no longer treat one heart attack as any other. The changes include deciphering the ST-segment and an aspirin for everyone! (Trust me, you'll need it!!) It is now known that an aspirin in the early stages of an MI is as important as giving thrombolytics.

A Final Thought: The one component of ACLS that seems to be forgotten among all the techno-training is the human element. For those of us who have been doing this so long that we seem to function like a mechanic on a car, it becomes hard to remember that not only is the patient human - but so are we. We have to remember our limitations - and that we are not, as much as we might think at times, God. We have so much to deal with during a code, that we pick and choose, prioritize if you will, on what to focus. And coming in dead last are our emotions. We can handle the clinical, the technical, the physical, the chaos, sprinkled with just a little of the patient's family, and we do just fine. But don't throw in our own emotions—that would cause circuit overload.

In a real code blue, you have to allow yourself to be human. If your hospital doesn't do debriefings after high stress events try to talk to others who were involved in the event. One of the hardest things you will ever have to face is walking away from a 16-year-

old who was just pulled from a car wreck and rushed into your operating room. Understand, we all handle stress differently and we all have different 'baggage' we take with us from it.

One point American Heart stresses is to remember that sometimes the last beat needs to be the last beat. We just can't save everyone. Some hearts, luckily, are too healthy to die - but others are too sick to live. It is our job to remember which category we are treating. Ethics committees have tried for years to debate the quality vs. quantity issue when it comes to saving lives. But not all hearts can, or should be saved. We have to be able to say enough is enough. As much as ACLS is about saving lives, the majority of attempts end with death.

So prepare yourselves multi-dynamically - get the experience, gain the knowledge, retain the human element, and protect yourself emotionally. ACLS is a great skill to have to help save a life and to be an essential element of your anesthesia team.

References:

American Heart Association. Textbook of Advanced Cardiac Life Support. 1994.

American Heart Association. Textbook of Advanced Cardiac Life Support. 1997.

ACLS Terminology:

ACLS - Advanced Cardiac Life Support

CPR - Cardiopulmonary Resuscitation

Algorithm - Sequential procedure (for running a code)

Dysrhythmia - Abnormal heart rhythm

Infarction - Injury to the heart muscle

Ischemia - Lack of blood/oxygen (esp. to the heart)

Bradycardia - Slow heart rate

Tachycardiac - Fast heart rate

Asystole - Lack of heart beat

Block - Impairment of electrical conduction in the heart

PEA - Pulseless Electrical Activity

MI - Myocardial Infarction or heart attack

Hypothermia - Low body temperature

Sinus Node - Pacemaker of the heart

PVC - Premature Ventricular Contraction

PAC - Premature Atrial Contraction

NSR - Normal Sinus Rhythm

Beta-Blocker - Drug given to block the B-receptor

Thrombolytics - Agents given to dissolve blood clots during an MI

Lidocaine - Local anesthetic with antidysrhythmia properties

Atropine - Anticholinergic—prevents bradycardia.

Epinephrine - Increases heart rate and blood pressure

Bretylium - Drug used for treatment of ventricular fibrillation and ventricular tachycardia

TRENDS IN TECHNOLOGY

THE LATEX-SENSITIVE PATIENT: ARE YOU PROVIDING A LATEX-FREE ENVIRONMENT FOR THEM?

Capt Carol Rayos, CRNA

The opinions expressed herein are those of the individual author and do not necessarily reflect the views of opinions of the United States Air Force.

In the past decade, latex allergies have emerged as one of the major occupational health problems for certain high-risk patients and exposed healthcare workers. Allergic reactions to natural rubber latex can range from a mild contact dermatitis to life-threatening anaphylactic shock.

Natural latex is the milky sap from a variety of plants, including the rubber tree *Hevea brasiliensis*. Latex is a processed product that can be found in over 40,000 products in both households and hospitals.

More than 1,000 systemic allergic reactions to natural rubber protein, were reported to the U.S. Food and Drug Administration (FDA), since 1988. The FDA has made a top priority of requiring manufacturers to label their products. The new rule will require devices to be labeled with the items that contain latex.

Devices that will require the new labeling include: surgical and examination gloves, blood pressure cuffs, intravascular

equipment, electrode pads, hemodialysis equipment, bandages and tape, urinary catheters and condoms, oxygen cannulas, endotracheal tubes and anesthetic gas masks.

As healthcare providers it is paramount not to be caught unaware or unprepared for the latex-allergic patient who presents to us in the operating room. All members of the operating room and anesthesia staff must be able to identify those patients at risk and implement all appropriate precautions to secure a latex-free environment. Proper glove use and hand-washing are important to reduce indirect contact and inhalation exposure from the glove's powder. Identification and removal of all latex-containing devices used on these patients (i.e. the rubber ports on intravenous tubing to the ambu bags) are critical steps in prevention. Latex-allergy protocols and policies including latex lists, kits, and latex-allergy carts have become the rule rather than the exception in most operating rooms and anesthesia departments today. It would be in the best interest of the patients and providers for everyone to be familiar with the recognition, treatment, and prevention of latex allergies.

Finally, a Keyed Agent Adapter that really works, first drop to last.

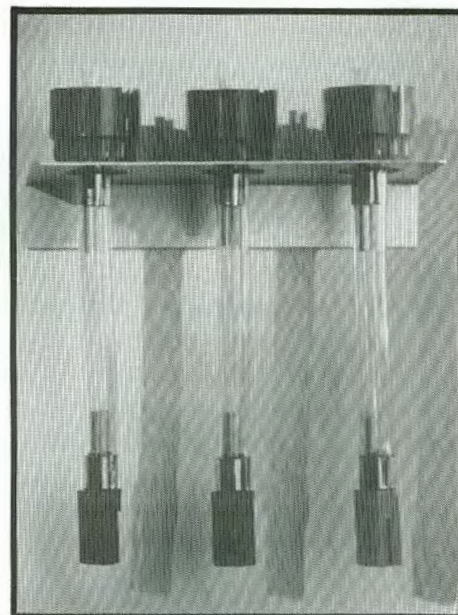
Vapofil solves the air-lock problem.

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Vapofil saves money.

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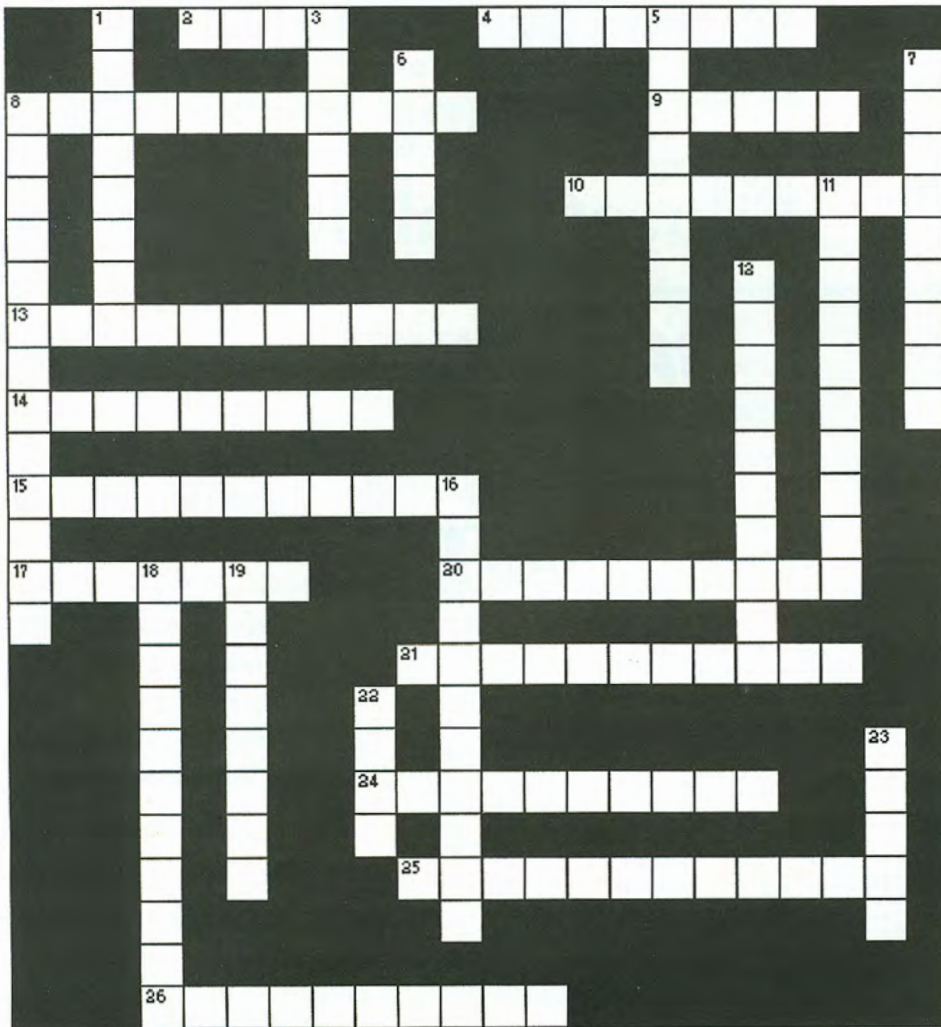
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TECHNICIAN

POSTTEST



SCIENCE AND TECHNOLOGY POST TEST: ACLS, Latex Allergy

Use this crossword puzzle to test your knowledge on the "Science and Technology ..." articles on pages 6-8. Puzzle answers can be found on page 17 of this issue.

Across

- 2 ___-Blocker is a drug given to block the B-receptor.
- 4 Anticholinergic drug; prevents bradycardia.
- 8 Fast heart rate.
- 9 Natural ___ is the milky sap from the rubber tree.
- 10 Drug used for treating ventricular fibrillation and ventricular tachycardia.
- 13 Slow heart rate.
- 14 Local anesthetic with antidysrhythmia properties.
- 15 Hypothermia is low body ___.
- 17 ACLS is Advanced ___ Life Support.
- 20 Injury to the heart muscle.
- 21 PVC is a Premature ___ Contraction.
- 24 A mild allergic reaction is contact ___.
- 25 A life-threatening allergic reaction is ___ shock.
- 26 Sequential procedure (for running a code).

Down

- 1 Lack of blood/oxygen (esp. to the heart)
- 3 PAC stands for Premature ___ Contraction.
- 5 PEA stands for ___ Electrical Activity.
- 6 NSR stands for Normal ___ Rhythm
- 7 CPR stands for Cardio-___ Resuscitation.
- 8 Agents given to dissolve blood clots during an MI.
- 11 Glove powder is an ___ exposure problem.
- 12 MI stands for ___ Infarction or heart attack.
- 16 Drug that increases heart rate and blood pressure.
- 18 Abnormal heart rhythm.
- 19 Lack of heart beat.
- 22 The sinus ___ is the pacemaker of the heart.
- 23 Impairment of electrical conduction in the heart.

The ASATT 9th Annual Meeting and Educational Seminar

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Orlando, Florida

*ASA Exhibits
October 18, 19, 20, 1998
Visit us there at the ASATT Booth, # 27!*

*See
"More on Orlando"
on page 17.*

**ASA
ATT**

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
- ◆ pulse oximetry

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

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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

Dan Hatlestad

Clinical Marketing System

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
Datex Ohmeda

John M. Gotzon

Technical Instructor
North American Dräger

Richard Harbaugh

Technical Instructor
MedWave

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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

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PROPOSED AGENDA

Wednesday, October 14

Board of Directors' Meeting

Thursday, October 15

Board of Directors' Meeting

1500-1700 State Society Presidents/Representatives - Meeting with the Board

1700-2000 Early Registration

1400-2000 Vendors' Exhibits Set up

Friday, October 16

0630-0745 Registration and Continental Breakfast and Vendors' Exhibits

0745-0800 WELCOME TO ALL, Sheila K. White, President

0800-0900 Martha Mitchell, MD - Regional Anesthesia

0900-1000 Linda Georges, MD - Anesthetic Care of the Newborn

1000-1030 Break and Vendors' Exhibits

1030-1130 Julie Lowery, CRNA - Pharmacology

1130-1230 Lisa Fornicoia, MT(ASCP)CerAT. - Monitoring Hemostasis

1230-1400 Lunch with ASATT Regional Directors

1400-1600 Workshops:

Medwave - Non-invasive Blood Pressure Monitoring, Richard Harbaugh, Instructor

Dräger - Anesthesia Machines, John M. Gotzon, Technical Instructor

Datex Ohmeda - Anesthesia Machines/Ventilators, Bob O'Donnell, Technical Instructor

1700-1900 Reception/Vendors' Exhibits

Saturday, October 17

0615-0700 Registration and Continental Breakfast and Vendors' Exhibits

0700-0800 Dan Hatlestad, Clinical Marketing Systems - Pulse Oximetry

0800-0900 Sunil Dogra, MD - Awareness under Anesthesia

0900-0930 Break and Vendors' Exhibits

0930-1030 Douglas Forrester, MD - Trauma Patients: Their management and the responsibilities of the Anesthesia Technician

1030-1100 ASA Educational Speaker - Motivational Talk

1100-1130 AANA Educational Speaker, Denise Martin-Sheridan, CRNA, PhED - Motivational Talk

1130-1300 Lunch/Lecture - Abbott: Thomas J. Ebert, MD, Anesthesia Agents sevoflurane/desflurane

1315 Bus Shuttle from Hotel to Disney World (\$5.00 per person)

Return at Close of Park - Approx. 2100 - further details TBA

1230-1500 ASATT Strategic and Review Committee Meeting, Hotel Boardroom

Sunday, October 18

0700-0800 Continental Breakfast and Vendors' Exhibits

0800-0900 Fred Spielman, MD - Art of Anesthesia, an illustrated history of pain control.

0900-1000 Earl Ransom, MD - Invasive lines and their anatomical placement

1000-1030 Break and Vendors' Exhibits

1030-1230 1998 Business Meeting with Membership

1300-1700 ASA Bus Shuttle Service to Orlando/Orange County Convention Center - ASA Exhibits (Visit our ASATT Booth No. 27 at the Exhibit) Details of Shuttle Service TBA in Hotel Lobby.

1230-1315 BOD Lunch (on your own)

1315-1715 1998/1999 Board of Directors' Meeting

Monday & Tuesday, October 19, 20

0900-1600 ASA Exhibits (Visit our ASATT Booth No. 27)

For further info, contact Seminar Coordinators (see previous page):

Chris E. Patterson, CerAT, or

Gail Walker, CerAT, or

the ASATT Office (see page 2)

See pg 17 for "More on Orlando Meeting"

REGIONAL SOCIETY ACTIVITIES...

Let us announce what's happening in your area. Send a brief report of recent or future activities for the next issue by November 15, 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:

The 3rd Annual PSATT/Region 2 Seminar was held June 6-7 at Mercy Hospital of Pittsburgh. 39 techs attended the 1-1/2 day meeting.
For more information:
Wilma Frisco at (216) 261-0649.

Ohio

For further information:
Barbara Powell at (614) 454-4224 or
Charlene Smith (303) 677-3292.

Pennsylvania

See Region 2.
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

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

See Crash Ad on page 16.
For information on future events:
Teresa Chavez at (303) 320-2440.

Mississippi

For information on future events:
Luellen Carter Jr. at (601)-378-2301[H] or (601)-334-2090[W].

ASATT Region 6:

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

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

TSAT held its Annual Statewide Meeting on Sept 12 in San Antonio. 4 CE/CH were offered, as well as admission to the TSA Exhibit Hall. For regional meetings—D/FW: David Smith at 817-788-2410. Houston: Gerardo Trejo. Austin: 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:

For further information:
Dave Mastalski at (503) 642-1537 Email: nmastalski@aol.com

Hawaii

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

Oregon

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

THANK YOU FOR A FANTASTIC OPPORTUNITY

by Wilma F. Frisco, CerAT
Director, Region 2

At Madigan Army Hospital, Tacoma, Washington, in 1969, I began my career as an anesthesia technician. With a background in science and biology, I was not at a total loss in the field of anesthesia, but I knew there was challenge awaiting. With a zeal for technology, even in the early seventies, I realized that the practice for the anesthesia technician would be very broad.

As the years advanced, my practice as an anesthesia technician advanced. I was very blessed to work in teaching institutions that employed anesthesiologists and anesthesiologists who embraced technically adept personnel.

Throughout my career, I was privileged to teach, supervise, re-organize departments, design equipment, sit on hospital committees, and attend workshops/seminars. However, I realized that as an anesthesia technician, I was not recognized as a professional, and I did not know anyone who was recognized as a professional anesthesia technician.

With encouragement from Dr. John G. Fraser and Dr. Douglas Eastwood, I wrote letters to the anesthesia departments of large medical centers and Veterans Administration Medical Centers throughout the United States. In a matter of weeks, I received responses from Peter Chase, Dennis McMahon, and Jami Blue.

Even though we were miles and miles apart, we discovered that we had the same dreams and visions. Very quickly, I was informed about the California, Colorado, and Northwest Societies for anesthesia technicians, and the "umbrella," American Society of Anesthesia Technologists and Technicians, ASATT.

With encouragement from these founders of ASATT, and the zeal and eagerness of many anesthesia technicians in the greater Cleveland area, I organized the Ohio Society of Anesthesia Technicians and Technologists in October, 1989.

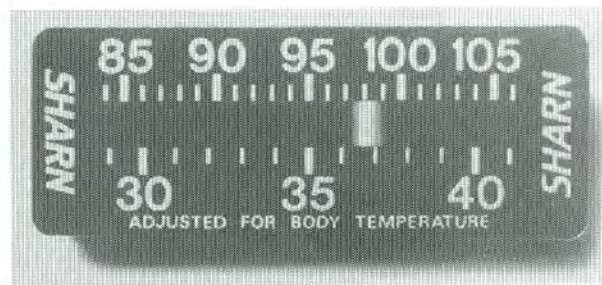
Even though I became disabled in 1990, I did not become discouraged. Gainful employment as an anesthesia technician was now history for me, but I remained determined to assist the ASATT with its endeavors for professional recognition and certification.

As I prepare to depart from the position of Director of Region #2, I extend words of thanks to all ASATT members. To the challenging and thoughtful members in Region #2, I appreciate the support and encouragement that you have extended to me; I could not have been a successful director without your cooperation. Thank you so very much!!!!!!

As you welcome Vickie Carse, who is an exciting young and vibrant woman, give to Vickie what you gave me, "A Fantastic Opportunity!"

I will cherish these moments always.....I remain, Wilma

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- Capnography
- Flow Meters: Past and Present
- Electrocardiogram Physiology
- Compressed Gases - Physics/Pipelines
- Obstetric Anesthesia

Workshops:

- Machine Check-out/Troubleshooting - Ohmeda & North American Drager
- Electrocardiogram Interpretation
- Rapid Infusion System/Autotransfusion

For more information, contact:

Phyllis Tuller or Ann Martin

303-372-6301

MORE ON ORLANDO....

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. We will also provide free shuttle service to the ASA Convention Center, Sunday, Oct. 18, at the conclusion of our business meeting and again Monday, October 19. See the final schedule on page 13.

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.

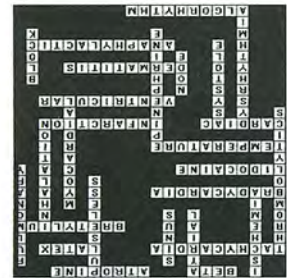
For those of you with internet connections, check out the ASATT web site at <<http://www.asatt.org>>.

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 preregistration form printed in this newsletter—make a photocopy for your records.

Chris Patterson, CerAT
Program Coordinator

Gail Walker, CerAT
Program Coordinator

ANSWERS TO
PUZZLE
(From page 9)



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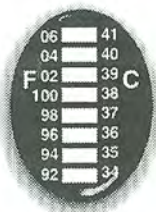
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CERTIFIED ANESTHESIA TECHS....

The ASATT is proud to announce that the following individuals have met national certification requirements through the successful passing of the National Certification Examination(s) for the Anesthesia Technician.

May '96

Yaffa Adelstein, Cer.A.T.
Jacinth Ah Sing, Cer.A.T.
Gilbert Alvarado, Cer.A.T.
Aimee Alvord, Cer.A.T.
Lee Amarin, Cer.A.T.
Tom Appleton, Cer.A.T.
Gustavo Araiza, Cer.A.T.
Nola Archer, Cer.A.T.
David Arntz, Cer.A.T.
Gene Baker, Cer.A.T.
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David Bandy, Cer.A.T.
Albert Barba, Jr., Cer.A.T.
Sharon Baskette, Cer.A.T.
Dean Bates, Cer.A.T.
Maria Bates, Cer.A.T.
Nancy Baude, Cer.A.T.
Veronica Beasley, Cer.A.T.
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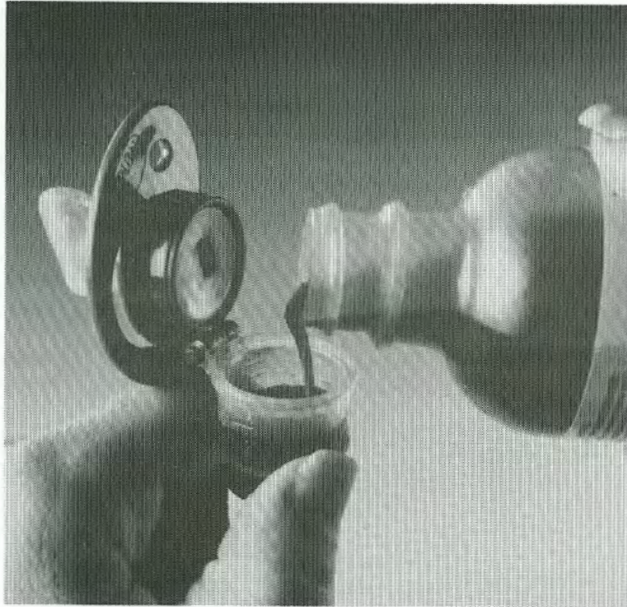
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Continued on pg 20....

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WHO'S WHO (continued from page 3)....

also like anything chocolate such as M & M's with peanuts and red licorice. The other 7 are a secret.

If a magic genie could grant you one wish, what would it be? If I had one wish, it would be for a cure to be found for my husband, John's, non-Hodgkin's Lymphoma, which was just diagnosed in April. For those of you who are interested in helping us find a cure, it's called Gamma Delta Subcutaneous T-Cell Lymphoma. There have only been 26 known cases in the country. He is the third case UPMC has ever had. We need all the leads and prayers we can get.

What is your favorite food? My mom's hot roast beef, mashed potatoes and gravy, and my grandmother's fried chicken with a cucumber and onion salad.

People would be very surprised to know that I: am on the National Ski Patrol. When I'm not skiing, I'm an instructor/examiner for the NSP Winter Emergency Care program. When I'm not skiing, working, teaching, I teach Sunday School to 3 and 4-year-olds and direct Children's Musicals in our church community.

You have just won your dream vacation! Where would you go? We would rent a motor home, pack up lots of clothes. Then take our 2 children, John Peter, age 2, and Sarah, age 6, on a cross-country tour of the USA. We would visit every capital city and historical location in the country. I predict that this would require at least 3 years of vacation. Life is too short....enjoy it while you can.

What has been your proudest accomplishment so far in your life? Being the best wife and mother I can be to my wonderful husband and 2 lovely children. When it comes to work, I would have to say that my greatest accomplishment is knowing that 99%

of the students that I taught at Carlow College and UPMC have passed the ASATT National Certification the first time they took it.

It is your day off; what do you enjoy doing with your free time? Well, I don't have a lot of free time these days, but when I do get a day, I like to sleep in past 8:30 am. When I finally roll out of bed, I like to read the paper while drinking a hot cup of tea and eat a chocolate chip bagel, from Einsteins Bagels, which has been toasted and smothered in melted butter.

What is your favorite type of music? I like anything instrumental such as George Winston, Yanni, or John Tesh.

What is your favorite book? My favorite book from childhood clear up to adulthood has been The Velveteen Rabbit. It has turned out to be my children's favorite, too. Which could have possibly occurred because I keep reading it over and over to them.

What is your favorite movie? It's been so long since I've seen a movie that wasn't rated "G" or wasn't something from Walt Disney. But, if I had to pick a favorite, it would have to be Romancing the Stone.

What would you like to get around to doing one of these days? I would really like to get our Anesthesia Technology Training Manual published. We hope to have it ready by October 1998, for the ASATT meeting in Orlando. The program which is being used at Carlow College will be available for use throughout the country. We are on the final pages of it. We're very excited that we can make the information we teach here at UPMC available to all anesthesia departments. This will enable anesthesia departments to train their technologists "in-house," instead of sending them to other locations.

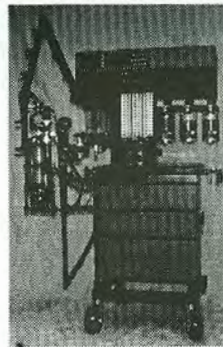
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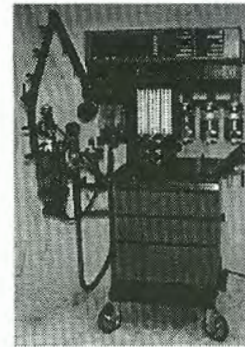
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anesthesia technicians across the country, if you are not willing to step forward and help. Offer what you can, as no contribution is too insignificant, to aid us in these efforts.

In comparison, the end results of a howling, dangerous snow storm can still take your breath away when the early morning light unveils the beauty remaining. And as such, many positive outcomes can be realized from members suggestions and comments when they are handled properly, maturely, and professionally. The end result: We can do great things together!!

There has been a great deal of activity taking place this past year by the Board of Directors and other committee members involved with ongoing ASATT projects, so I'd like to highlight some of them to keep you informed as to what is going on behind the scenes.

*Certification has been one of the most important goals ASATT has worked to accomplish. Having accomplished this goal and successfully administering four certification tests in three years, ASATT has requested written endorsement of our certification process and continuing education program from two of the most prestigious organizations with whom we could hope to be associated. The American Society of Anesthesiologists (ASA) and the American Association of Nurse Anesthetists (AANA).

I am proud to inform you that on July 20, 1998, I received written notification from Mr. John F. Garde, Executive Director of the AANA. He communicated to me that the AANA Board of Directors has agreed to endorse the ASATT Certification Examination for a period of one year.

Dr. William King, ASA liaison to ASATT has submitted his draft resolution and recommendations to the Anesthesia Care Team Committee for its consideration in this matter. That decision is expected in October at the annual meeting in Orlando.

These endorsements are very important to ASATT and its future.

*Dave Mastalski, CerAT, Region 7 Director was appointed Chairperson of the Technologists' Test-Writing Committee. Dave and his committee have set a goal of offering the first technologists' exam in the new millennium, 2000.

*Ann Martin, CerAT, Region 5 Director, has been securing text that covers dozens of topics from many anesthesiologists, nurse anesthetists, certified anesthesia technicians, and other professionals. They have volunteered to work with Ann to compile the technologists'-level study manual with references, which they anticipate having available in early 1999, to aid in preparing for the technologist examination.

*Plans are being finalized for ASATT's Gala and 10-year anniversary celebration in October 1999, in Dallas, TX. Ann Martin, CerAT, Chairperson of the Gala Event, along with her committee members are zealously organizing a wonderful evening. On behalf of the committee and the entire Board of Directors, I hope you will make arrangements to be part of this celebration. Continue to watch for information that will keep you informed of additional highlights.

*The Board of Directors approved the 3-year appointment of Ruth A. Ochoa, CerAT, and Ann Martin, CerAT, to the Program Planning Committee. Ruth and Ann will arrange the logistics for the ASATT annual meetings, beginning with the 10-year anniversary meeting to be held October 1999, in Dallas, TX. I'm sure we will enjoy a spectacular and interesting educational seminar, as past ones have been throughout ASATT's history.

*There was an opportunity for membership to submit bylaws changes in July when the election ballots were sent. Very few bylaw changes were submitted, but the ones submitted will be discussed during the October 18, 1998 business meeting. Official votes will be sent to the membership following the conclusion of this annual meeting. Please take time to knowledgeably review the issues at hand and submit your vote.

*Wilma Frisco, CerAT, Certification Oversight Committee Chair, and other committee members will be surveying the membership once again, in the near future, to ask for your input as to job analysis in correlation with the technologist level. Please take the appropriate time necessary to give this subject matter your fullest attention.

*ASATT was again invited to display at the AANA in Nashville, Aug. 1-3. Chris Patterson, CerAT, Vice Pres/Pres-Elect, Gail Walker, CerAT, Region 3 Director, and I attended this meeting along with over 1800 CRNA's. We were able to talk with, and distribute our ASATT information packets to so many interested people. We felt it had a very positive outcome, with a great deal of interest focused on our education, certification process, type of training, role clarification, and so many other questions we were more than happy to answer. The AANA has been very supportive of ASATT and our endeavors, and I have sent a letter of gratitude and thanks, for their generosity.

*ASATT will also have its display booth set up at the ASA this October, in Orlando. We anticipate a great deal of interest and are thankful to the ASA for this complimentary booth space and their continued support.

*A polling of ASATT members took place in July to seek opinion as to how ASATT can best serve its members and offer maximum educational opportunities. The Board of Directors will take the opinions under advisement at their meeting October 14-15, in Orlando. The membership will be informed of the outcome as soon as possible.

So, as you can see, it has been a very busy and productive year for ASATT. There is still so much to be done, and the need for more willing, energetic volunteers will increase as ASATT continues to grow and continues to be recognized as a professional entity. ASATT's future is looking very bright! I would hope everyone would want to get involved, so you can be a part of it all!

I have enjoyed this past year and the opportunity to serve as your president. It has been an enlightening experience and a year of personal growth. I will never forget the friendships with which I have been blessed, or the many lessons I have learned. Thank you for your support and encouragement. I look forward to seeing many of you in Orlando.



American Society of Anesthesia Technologists and Technicians

P.O. Box 23086, Euclid, OH 44123-0086

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 nonprofit 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: _____

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