Volume 9, Number 1

January 1999

THE ASATT SENSOR

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

PRESIDENT'S MESSAGE....

ASATT'S TENTH ANNIVERSARY IS NEAR

by E. Chris Patterson, CerAT
Kaiser Foundation Hospital, Redwood City, CA

I wish all of you a very Happy, Prosperous New Year on behalf of your Board of Directors. You, the membership, are the elements of ASATT and we, as representatives serving on the Board for you, offer our thanks for your continued support. We pledge our dedication to you to move forward positively and constructively this year and on into the new millennium. The Board and I extend our appreciation to our Immediate Past President Sheila K. White, CerAT, for her hard work and contributions to our Society, especially in the challenging area of our recertification process.

Sheila is now assuming duties as the elected Region 4 Director. Last year, Sheila pursued the possibility of having our certification program for anesthesia technicians officially endorsed by the ASA and AANA. The acknowledgments were issued. Thank you Sheila, and our appreciation is extended to the ASA and the AANA for their recognition and support. More about this important event, including a draft of the resolution itself can be found on page 14.

We are pleased to have new officers and directors aboard this year: Vicki Carse, CerAT, is the newly- elected ASATT Region 2 Director and Sharon Baskette, CerAT, was recently appointed as interim ASATT Region 3 Director. Vicki and Sharon bring a wealth of experience to the Board. Both ladies have served as state society presidents and state society officers. Gail Walker, CerAT, previously Region 3 Director, was elected and now serves as our ASATT Vice President/President-Elect. Gail donated many hours of difficult, exhaustive work last year as co-coordinator of ASATT's Ninth Annual Meeting and Seminar held in Orlando, Florida, last October. She is known for her excellent capabilities and brings many years of experienced leadership to ASATT.

continued on page 18....

Inside your Sensor:

The View From...
Your Newly-Elected Officials, page 5

Science and Technology...
One-Lung Anesthesia, page 8

National News...
ASA Resolution, page 14

Official Notices...
New ASATT Address! pages 4-5

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asil@idir.net[Email],
http://www.asatt.org/

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			
Horizontal:	7¼"	wide	x	5"	deep
Vertical:	3½"	wide	x	10"	deep
Quarter-Page:	$125	per insertion			
	3½"	wide	x	5"	deep

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

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

Rate: $8/line 5-line min 3½" wide
[Times-Roman type, 12-pt, typeset by editors.]

For further information, contact:

The ASATT Sensor
Dianne Holley, CerAT, Editor
(see address/phone below)
or
ASATT Office
(see address/phone above)

Discount for current members: 20%

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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Associate Editor: Tammy Sue Graffen, CerAT, 618-744-1656[H]
Associate Editor: Maretta Grandona, CerAT, MaRATICUS@aol.com[E], 619-495-8524[F]

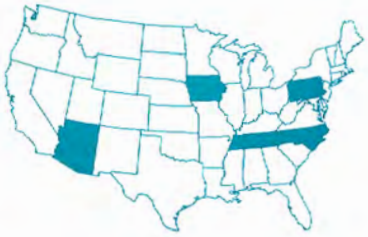
All submissions pertinent to the objectives of the ASATT will be considered for publication. Preferred format: 3-1/2" diskette, (PC or Mac), or email text file. Photographs, preferably black-&-white are also welcome and can be returned.

Deadline for the next issue is February 15, 1999

Printed on recycled paper

ASATT'S NEWLY-ELECTED BOARD MEMBERS

Compiled by Tammy Sue Graffen, BS, CerAT
Associate Editor, **The ASATT Sensor**
Scott AFB, IL



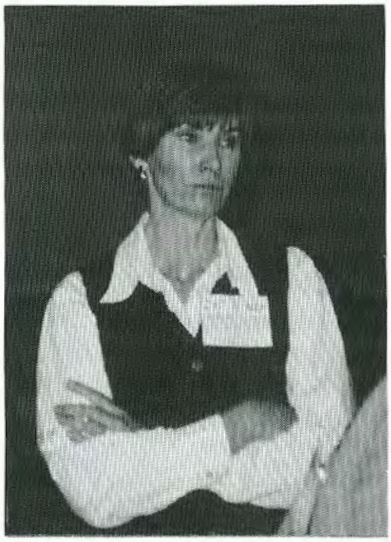
Gail Walker, CerAT,
Vice President/President-Elect

Gail is originally from Chicago, but later moved to Florida where she trained as an anesthesia tech at Southwest Florida Regional Medical Center in Ft. Myers, and worked for 11 years. She later spent a year in Wilmington, NC where she was employed as an anesthesia tech at New Hanover Regional Medical Center. For the past five years her career has continued as an anesthesia tech at the University of North Carolina-Chapel Hill Medical Center. Gail became president of the NCSAT in 1995 where she originated and coordinated the NCSAT Job Hotline during her 2 years in that office. She helped plan the past two Region 3 Meetings with Linda Cotton, previous Region 3 Director. Gail has an 18-year-old daughter, and a house full of animals. Gail has received a lot of on-the-job training, and says she is still learning. Her hospital has been very proactive in conducting in-house training of anesthesia technicians. Please contact her if you would like information on how to set up your own in-house training program.

Vicki Carse, CerAT,
Director, Region 2
President, PSATT

Vicki is proud to be working at The Mercy Hospital of Pittsburgh, Pittsburgh's first hospital, and the first Mercy Hospital in the world! The present-day Department of Anesthesiology is responsible for patient care in 17 main OR's, as well as 6 operating suites and 1 block room in the Same-Day Surgery Center, 2 cysto rooms, 2 labor and delivery rooms, and 2 obstetric suites. Anesthesia services are provided to patients requiring orthopedic, thoracic, open heart, vascular, neurologic, obstetric, and gynecologic procedures. Services are also provided for radiologic procedures performed outside of the department, to include x-ray, MRI, endoscopy, lithotripsy, and cardiac caths. The Anesthesia staff includes 37 attending anesthesiologists, 4 anesthesia residents, 18 CRNA's, and 12 anesthesia technicians. The work schedule at Mercy remains somewhat consistent. The anesthesia technicians with whom Vicki works have become her second family. After 18 years of spending 8 or more hours a day, 5 days a week with her coworkers, she has come to know them with a keener sense of respect. They all know that the patients are their number one priority. They consider themselves the "Dream Team of Anesthesia." They are all very proud of their accomplishments, whether big or small. Vicki is very proud to say that she is a Certified Anesthesia Technician from The Mercy Hospital of Pittsburgh! Go Steelers! Go Penguins! Go Pirates! Love that Black and Gold!

Sharon Baskette, CerAT
Director, Region 3



Sharon is currently employed at Vanderbilt University Medical Center as a Technical Supervisor and has been with the Department of Anesthesiology since 1976. She undertook the task of building the anesthesia technician program when Vanderbilt built a new hospital in 1981. Since then, the technical staff has grown to 19 and covers 37 operating rooms plus the Radiology Department. Sharon was the founding president of the Association of Anesthesia Technicians & Technologists of Tennessee in 1994. She will continue to have an active role in the Tennessee chapter and work diligently to increase membership. As Interim Region 3 Director, she hopes to expand ASATT membership, promote certification, and support the continuing education needs of anesthesia technicians. Sharon feels it is important to get involved so anesthesia technicians can move forward. Sharon has one son, Matthew 24. Her interests include hiking, snow skiing, working out, and traveling. Sharon's favorite vacation place is the mountains.

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:

Stanford, CA	**Raleigh, NC**
Los Angeles, CA	**New York, NY**
Denver, CO	**Portland, OR**
Jacksonville, FL	**Houston, TX**
Detroit, MI	**Richmond, VA**

Application Deadline: March 1, 1999 (postmark)

See form below to obtain examination application or study guide.

Recertification:

If you have not received the ASATT Continuing Education & Recertification Guidelines and filing forms, or for more certification information, contact the ASATT office or Your 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
5800 Foxridge Dr, St. 115
Mission, KS 66202-2333

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 January 1, 1999, send ALL ASATT mail and correspondence to:

American Society of Anesthesia Technologists and Technicians (ASATT)

5800 Foxridge Drive-Suite 115

Mission, Kansas 66202-2333

Telephone Number: (913)-262-2249

Facsimile: 913-262-0174

E-Mail: asil@idir.net

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@skiuhcolorado.edu[E]

Have you moved?
Changed jobs?
Changed names?
Please let us know!
Complete the form on pg 23 and return it to ASATT!

STRATEGIC PLANNING AND REVIEW COMMITTEE

The ASATT Strategic Planning and Review Committee completed work on two documents which were approved by the Board of Directors at the 9th Annual Meeting in Orlando, FL. The first document is an updated Mission, Vision and Value Statement by which ASATT, as an organization, has pledged to operate.

Mission: The ASATT supports opportunities for professional development, education and growth to the members. The ASATT is committed to maintaining the highest standards of patient care by anesthesia support personnel.

Vision: The ASATT will serve as a resource to the members and community as a vehicle to achieve quality patient care through education and research.

Values: Values through which our Mission and Vision are reached: Respect for Others, Integrity, Responsibility and Accountability, Collaboration, Diversity, Self-improvement, and Fiscal Responsibility.

The second document is a draft Strategic Plan, which is a work in progress and identifies three areas of action in order for ASATT to pursue its long-term goals and objectives. This sets the foundation for outlining future specific action plans for ASATT in each area.

Membership:

a) increase membership

b) improve service

Public Relations:

a) increase public awareness

b) increase visibility w/ regulatory agencies

Financial:

a) increase revenue

b) manage portfolio

c) decrease expenses

Respectfully Submitted,
Dave Mastalski, CerAT
Chairperson, Strategic Planning & Review Committee

ASATT COMMITTEES....

The following comprise the 1998-99 ASATT Committees as appointed. All are subject to change.

Development Committee: Ruth Ochoa, CerAT, Chairperson.

Anniversary Gala Committee: Ann Martin, CerAT, Chairperson.

Finance Committee: Ruth Ochoa, CerAT, Chairperson.

Technician Study Manual: Sheila White, CerAT, Chairperson.

Technologist Study Manual: Ann Martin, CerAT, Chairperson.

Nominating Committee: Joyce Freeman, CerAT, Chairperson.

Bylaws Committee: Dean Rux, CerAT, Chairperson; and all members of the Board of Directors.

Outreach Committee: Gail Walker, CerAT, Chairperson; Vicki Carse, CerAT, Co-chairperson.

Education/Continuing Education Committee: Gail Walker, CerAT, Chairperson; Lucille Ward, CerAT, Co-Chairperson; Lisa M. Fornicoia, MT (ASCP), CerAT, Corporate member; William H. King, MD, ASA Liaison; Susan Smith Caulk, CRNA, MA, AANA Member.

Executive Committee: Chris Patterson, CerAT, President; Gail Walker, CerAT, Vice President/President-Elect; Wilma F. Frisco, CerAT, Secretary; and Ruth Ochoa, CerAT, Treasurer.

ASATT Test Development (Writing) Committee (Technician Level) Committee: Gail Walker, CerAT, Chairperson; Patt Sturdivant, CerAT, Co-Chairperson; James Tibbals, CerAT; Lisa Fornicoia, MT (ASCP), CerAT, Corporate Member; Maretta Grandona, CerAT; Earl S. Ransom, MD, ASA Member; William H. King, MD, ASA/ASATT Liaison; A. William Paulsen, MMSc(Anes.), PhD, CCE, ASA Member; Thomas G. Healey, MA, CRNA, AANA Member.

Annual Education Program Committee: Ruth Ochoa, CerAT, Chairperson; Ann Martin, CerAT, Co-Chairperson.

Certification/Recertification Committee: Wilma F. Frisco, CerAT, Chairperson; Barbara E. Powell, CerAT , Vice-Chairperson; Craig Smith, CerAT; Karen Winterich-Farhat, CerAT.

Strategic Planning & Review Committee: Dave Mastalski, CerAT, Chairperson; Denise Martin-Sheridan, CRNA, EdD; Dean Rux, CerAT; Jacquie Polak, CerAT; Sam Ortiz, CerAT.

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Management Search Committee: Dave Mastalski, CerAT, Chairperson; Chris Patterson, CerAT.

Membership Committee: Gail Walker, CerAT, Chairperson.

Oversight Committee: Wilma F. Frisco, CerAT, Chairperson

OPEN FORUM

by Dave Mastalski, CerAT
ASATT Director, Region 7
Chief Anesthesia 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:

We are interested in standardizing our cleaning and disinfecting of anesthesia blades with the rest of the region. Currently, we wash anesthesia blades, soak in Vespor for 20 minutes, rinse in tap water, then dry and replace them on the carts. We have heard that soaking is not necessary, just mechanical cleaning. Do you have literature or information that is pertinent to this subject? I would appreciate any help you may have on this.

Peggy Dotlich, RN, OR Educator
Rena Nungesser, LPN, Anesth. Tech
Affiliated Health Services, Mt. Vernon, WA

It is my understanding that any anesthesia equipment that comes in contact with mucous membranes must be "high level" disinfected, AFTER being mechanically cleaned. Some methods include 20 minutes in glutaraldehyde, pasteurization, etc. We have recently switched from glutaraldehyde to Steris for processing. This actually sterilizes the blades, but we subsequently don't handle them with sterile gloves.

Dianne Holley Mountain, CerAT,
Chief Anesthesia Technician
Seton Medical Center, Austin, TX

The Centers for Disease Control and Prevention (CDC) and other interested groups have published infection control recommendations. However, the American Society of Anesthesiologists (ASA) publishes a manual, Recommendations for Infection Control for the Practice of Anesthesiology, which provides guidelines specific to anesthesia equipment, including laryngoscope blades. This publication is free and available: www.asahq.org or call the ASA (847) 825-5586 for further information.

Dear OPEN FORUM:

Does anyone know if it is mandatory, recommended, or at individual hospital preference that there is a backup anesthesia machine readily available in the OR in the event of a machine failure?

Dean Rux, CerAT
Chandler, Arizona

The Joint Commission for Accreditation of Healthcare Organizations (JCAHO) makes no mention in their published standards regarding the requirement and/or recommendation for having a "backup" or "extra" anesthesia machine available. The American Society of Anesthesiologists (ASA) or the American Association of Nurse Anesthetists (AANA) does not include this as a standard of practice. Further, the Anesthesia Patient Safety Foundation (APSF) and both major anesthesia machine manufacturers (North American Drager & Datex-Ohmeda) do not recommend keeping an extra machine available specifically in the event of a malfunction. What they do recommend, and what is required: properly maintained anesthesia machines, which includes a regularly scheduled comprehensive preventive maintenance program, along with the daily FDA machine checkout.

I would like to take an informal survey of our readers regarding this question. Please write or email your answers to the following questions:

1) Does your facility keep an extra "back up" anesthesia machine specifically for the event of a machine failure or malfunction?

2) Are your anesthesia machines functions checked regularly through scheduled preventive maintenance?

3) If yes, how often? Who performs this preventive maintenance?

4) Are daily FDA checkouts performed?

5) If yes, who performs these checks?

We will publish the results in the next issue.

Dear OPEN FORUM:

Some of our anesthesia technicians have successfully passed the ASATT National Certification Examination. I understand that the ASATT will be offering an advanced-level Technologist Examination in the year 2000. I know that other allied health care professionals, such as respiratory therapists must complete a two-year program and pass the RT examination before becoming eligible to sit for the advanced (RRT) exam. What, if any, minimum requirements will there be to sit for the ASATT Technologist level examination?

San Francisco, CA

The ASATT Technologist Test Writing Committee has been formulating task statements, a job analysis survey and a practitioner statement regarding the Anesthesia Technologist-level exam, which is planned for 2000. The process for formulating a solid advanced-level Anesthesia Technologist-level exam is long and comprehensive. At this time, ASATT has not defined the minimum requirements for sitting for this exam. However, it is safe to assume that there will be minimum requirements, which could include experience, formal training and/or education. There is also a high probability of a requirement to be credentialed as an ASATT Certified Anesthesia Technician (CerAT) in order to sit for the Technologist level exam.

Further, there are proposed ASATT Standards of Practice in Anesthesia Technology, which the Board of Directors is expected to approve at their March meeting. This document proposes

continued on page 20....

ONE-LUNG ANESTHESIA

By Maretta Grandona, CerAT
Associate Editor, The ASATT Sensor
Children's Hospital and Health Center, San Diego, CA

DEFINITION: Intraoperative ventilation (during anesthesia) is performed by selectively ventilating only one lung. Anesthesia gases, when used, are supplied selectively to the ventilated lung. This is achieved by using specialized endotracheal tubes such as the Univent tube or Bronchocath, or by deliberate selective bronchial intubation with a magill-tipped endotracheal tube.

The decision to use one-lung anesthesia is described as being absolutely or relatively indicated. Absolute indications for one-lung anesthesia include:

- isolation to prevent spillage from one lung contaminating the uninvolved lung, as could happen with an abscessed or bleeding lung;

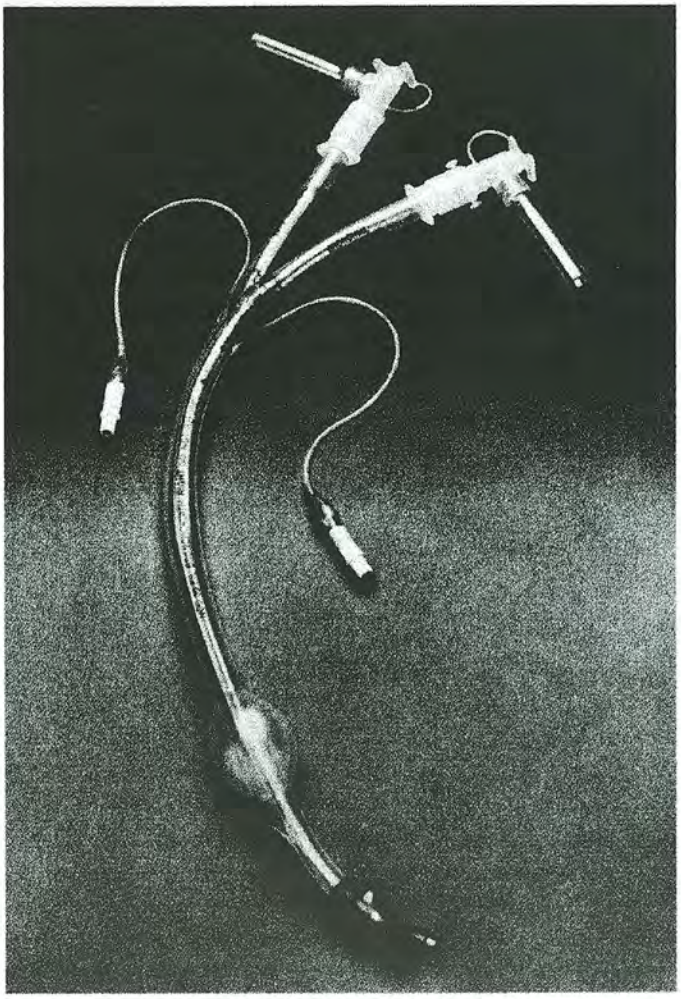
- the presence of a large bronchopleural fistula treated with a chest tube, a bronchopleural cutaneous fistula, or a tracheobronchial disruption, in these cases one-lung anesthesia is required in order to adequately ventilate the uninvolved lung;

- a 3rd less likely scenario is the patient that presents for whole lung lavage. This may be performed in patients with pulmonary alveolar proteinosis, or rarely, in patients with asthma and cystic fibrosis. I have actually had the awesome experience of assisting with anesthesia for whole lung lavage in a patient who had self administered mineral oil via a nebulizer in a suicide attempt.

One-lung anesthesia is relatively indicated when collapse of one lung improves surgical access and exposure, such as: repair of a thoracic aortic aneurysm, pneumonectomy, lobectomy, esophageal resection, and thorascopic spinal surgery.

HOW: There are 3 techniques that can be employed to achieve one-lung anesthesia, they are: double lumen endotracheal tubes, bronchial blockers, and endobronchial tubes. Generally speaking, utilizing a double lumen endotracheal tube is the technique of choice in the adult patient. However, in the pediatric patient, or the patient with grossly distorted anatomy (e.g. scoliosis, some cerebral palsy patients), a standard double lumen endotracheal tube may be too large and/or too long to be correctly positioned. In these cases, the use of an endobronchial blocker is more common, or an endobronchial tube may be used.

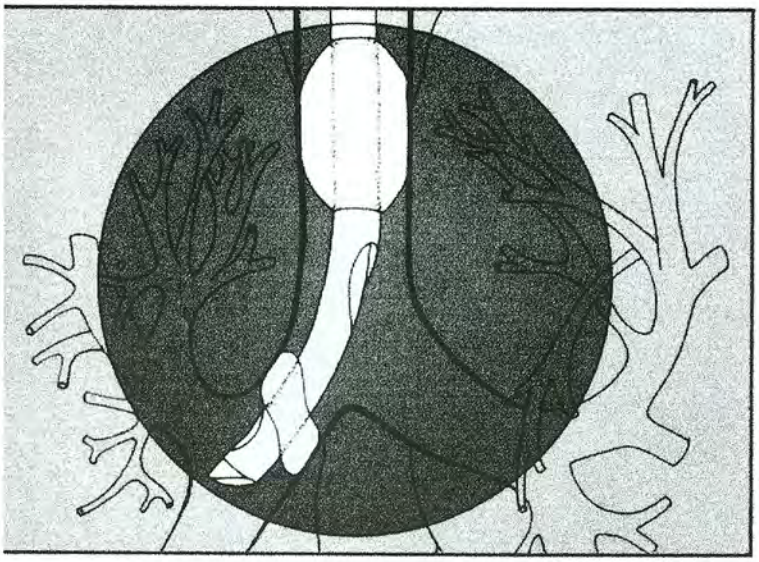
DOUBLE LUMEN ENDOTRACHEAL TUBE: (e.g. Bronchocath) A Double Lumen Endotracheal Tube (DLETT) has a tracheal lumen and a bronchial lumen. The bronchial lumen can be either left- or right-sided. It is positioned in the trachea with the bronchial lumen in either the left or right main bronchus. A tracheal cuff and a bronchial cuff protect the airway. Due to the anatomy of the airway the left-sided DLETT is easier to position, and can be used almost universally, unless there is a good indication for using a right-sided DLETT. The original DLETT's were made from rubber. They were the Carlens, White, Bryce-Smith and Robert Shaw—undoubtedly all named after the doctors that designed them. There was also the Gordon Green tube; it was not a DLETT, but rather a single-lumen, right endobronchial tube with a fenestrated bronchial cuff to facilitate ventilation of the right upper bronchus. It deserves mention here because the concept of the fenestrated bronchial cuff on right-sided DLETT's was borrowed from the Gordon Green tube. The Carlens was a left-sided tube, with oval shaped lumens and a carinal hook. The White was essentially a right-sided Carlens, with a slotted bronchial cuff to ensure adequate ventilation of the right upper lobe. The Bryce-Smith was an oddly shaped tube, imagine 2 endotracheal tubes joined front to back, giving an anterior/posterior profile of almost an



Bronchocath, Double Lumen Endotracheal Tube (DLETT)

inch, it was available in both left- and right-sided versions. The lumens were both round and it had no carinal hook. Portex used to make a disposable version of this style of tube. The Robert Shaw has D-shaped lumens within a round body, it is also available in right- and left-sided versions and like the Bryce-Smith, has no carinal hook. The Bronchocath is a disposable version of this type of tube, and is probably the most widely known and accepted style in use today. All of the right-sided DLETT's have a slotted bronchial cuff to ensure adequate ventilation of the right upper lobe. All of the DLETT's have 2 curves in planes 90 degrees apart to facilitate intubation and correct endobronchial placement, the first curve is the same as the curve of a standard endotracheal tube, and the second is a lateral curvature of the bronchial portion of the tube. A malleable stylet aids in the maintenance of these curves during intubation. The bronchial cuff on these tubes has a very small volume. It usually takes less than 2 cc's to achieve a seal. Overinflation of the bronchial cuff can cause it to herniate into the trachea, causing an airway obstruction; herniate over the end of the tube, thereby blocking the bronchial lumen; or even cause stenosis of the tube, reducing or blocking flow through it. Overinflation of the bronchial cuff of a right-sided DLETT can result in unintentional blockade of the right upper lobe. Very rarely, bronchial trauma or disruption can also result from overinflation.

INSERTION AND POSITIONING: Routine intubating equipment and assistance is required. It is recommended that a flexible fiberoptic bronchoscope is available to ascertain correct positioning of the DLETT, although the anesthesiologist may choose not to use it. A Y-connector is necessary to connect both lumens to the breathing circuit and a large, rubber- tipped clamp is needed to clamp the connector to check the position of the tube. Because of the length of the tube, ensure that you have long suction catheters available. The ones that are sold with the disposable DLETT's have a small diameter, making them easier to pass through the lumen of the tube. Once the DLETT is inserted–with just the tracheal cuff inflated it will function in the same manner as a standard endotracheal tube. Gases flow through both lumens and ventilate both lungs. Gases are able to escape around the bronchial lumen, and the tracheal cuff seals the airway. Inflating the bronchial cuff prevents the flow of gases around the bronchial lumen, isolating the lungs from each other, and protecting the airway from blood or secretions that may be present in one lung. Both lungs can still be ventilated. By clamping either the bronchial or tracheal lumen it is possible to selectively ventilate either lung. With a left-sided DLETT in place, clamping the bronchial lumen will result in ventilation of the right lung only, clamping the tracheal lumen will result in ventilation of the left lung only. With a right-sided DLETT in place, clamping the bronchial lumen will result in ventilation of the left lung only; clamping the tracheal lumen will result in ventilation of the right lung only. Care must be exercised during insertion and positioning of a right-sided DLETT to ensure adequate ventilation of the right upper lobe. Tube placement can be checked visually with a flexible fiberoptic bronchoscope inserted in the tracheal lumen, there should be a clear view of the tracheal carina, and the bronchial cuff should just be visible below the carina. Tube placement can also be checked by listening to breath sounds (auscultation). This is done as follows: with the tube in place and the tracheal cuff inflated, breath sounds should be equal on both sides. The bronchial cuff is then inflated; breath sounds should still be equal. If using a right-sided tube, confirm ventilation of the right upper lobe. Clamp the bronchial lumen (apply clamp to Y-connector, not the DLETT, to prevent damage to the tube, which could require reintubation to replace), breath sounds should only be heard on the opposite side. (For a right-sided tube, clamping the bronchial lumen should result in ventilation of only the left lung; for a left-sided tube, clamping the bronchial lumen should result in ventilation of only the right lung.) Clamp the tracheal lumen– with a left-sided tube, breath sounds should only be heard on the left side, with a right-sided tube, breath sounds should only be heard on the right side. Listen for the return of breath sounds as the clamp is removed. The position of the tube should be checked at insertion and again after positioning the patient for surgery.



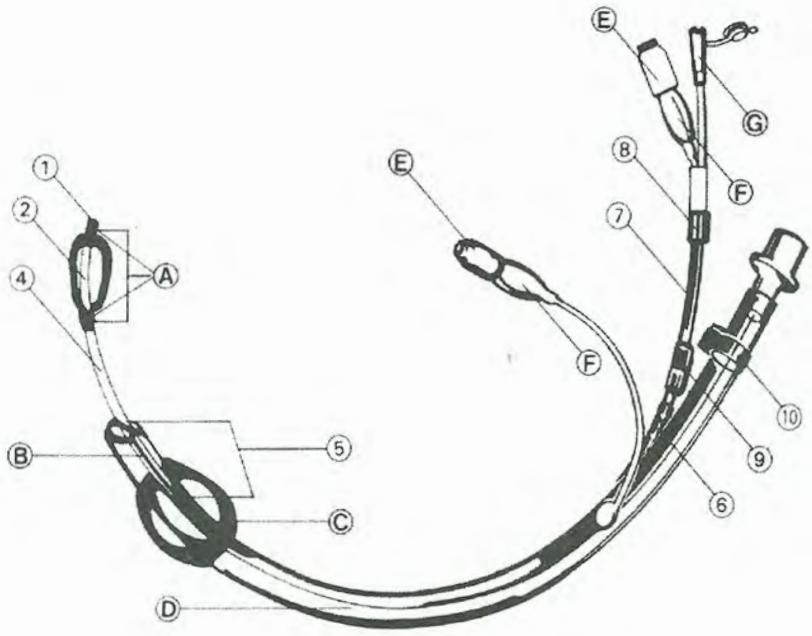
Correctly placed, right-sided Double-Lumen Endotracheal Tube

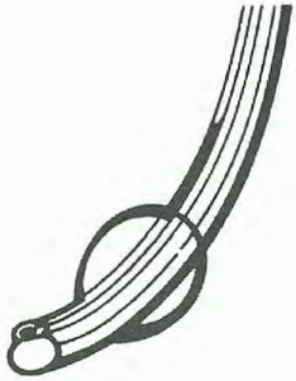
ENDOBRONCHIAL BLOCKER: (e.g., Univent tube) One-lung anesthesia can also be achieved by blocking the main bronchus of the lung that you do not wish to ventilate. This can be done by using a specially adapted endotracheal tube, such as the Univent tube. The Univent tube consists of a standard endotracheal tube with a reinforced, cuffed blocker built in to the side wall. After intubation, the blocker can be advanced using

Continued on page 10....

direct vision via a fiberoptic bronchoscope until it is sitting in either the left or right main bronchus, as desired. (Use of a fiberoptic bronchoscope is not optional in this instance, it is absolutely indicated.) The blocker cuff is then inflated, blocking the bronchus and thus preventing ventilation of that lung. The Univent tube comes in adult and pediatric sizes, both cuffed and uncuffed. In the pediatric version, the blocker is not vented. In the adult sizes the blocker is vented to allow for suctioning of secretions, or insufflation of oxygen. If a Univent tube is not available, or in the very small pediatric patient in whom the smallest Univent tube is too big, a similar effect can be achieved by intubating the patient with an appropriate standard endotracheal tube and inserting a fogarty embolectomy catheter alongside the tube and into the desired bronchus. Fogarty embolectomy catheters have a balloon on the end that can be inflated, thereby blocking the lung. They also have the advantage of having an inner lumen providing for suctioning and/or oxygen administration via a Jackson-Rees circuit. With both of these techniques, confirmation of the position of the inflated blocker in the bronchus must be done endoscopically. Compared to the use of a DLETT, this technique is less reliable at totally isolating the lung. The cuff on the blocker needs to be "just right" and as such can be difficult to position. Patients in whom this technique is employed often have other anesthetic considerations, for example, distorted anatomy (due to disorders such as scoliosis), and are often young children with smaller anatomy.

SELECTIVE BRONCHIAL INTUBATION: In this technique an endotracheal tube is inserted via the trachea and into a main bronchus. Because of the anatomy of the airway, the tube will preferentially intubate the right main bronchus. A tube with a magill tip (standard tubes have a Murphy eye, which is absent in the Magill tip) is generally used, to prevent inadvertent tracheal ventilation through the Murphy eye. It is difficult to achieve a good seal and thus to totally isolate the lung and ventilation of the right upper lobe will be absent or compromised. There is a higher incidence of subglottic trauma resulting in post-op croup





Blocker cuff is fully retracted in the main body at intubation.

1) Open Lumen Tip (X-ray Opaque)
2) Blocker Cuff
3) Setting End Mark
4) Blocker Bend
5) Pocket for Blocker Cuff
6) Blocker Mantle Tube
7) Blocker
8) Blocker Grip
9) Cap Stopper
10) Band Stopper

A) Blocker Cuff Band
B) X-Ray Opaque Line
C) Endotracheal Tube Cuff
D) Endotracheal Tube
E) One-Way Valve
F) Pilot Balloon
G) Blocker Cap Connector

Univent, Endobronchial Blocker

than with the other techniques. This is considered to be the least perfect of the 3 techniques, and is generally used for very small patients in whom the other 2 techniques are not practical.

COMPLICATIONS: As with any intubation, there is always the risk of causing trauma to the airway, either during insertion, or while the tube is in place. With the use of DLETT's, tracheobronchial trauma can be caused by failing to remove the malleable stylet after the tip of the tube has been passed through the vocal cords. Due to the relatively large external diameter of the DLETT's, prolonged intubation may result in vocal cord trauma secondary to the size of the tube. For this reason, if postoperative ventilation is required, the DLETT is usually replaced by a standard endotracheal tube before the patient is transferred from the operating room. As previously mentioned, overinflation of the bronchial cuff may cause it to herniate, resulting in an obstruction of the tip, blockade of the right upper lobe, or a bulge into the trachea, or it can cause a constriction of the bronchial lumen. In rare cases overinflation can result in bronchial trauma or disruption. Malpositioning of the tube can result in a failure to isolate the lung, causing cross ventilation and the inability to deflate the desired lung. A correctly positioned tube is often displaced during positioning of the patient, and may occasionally be displaced due to surgical manipulation. When using a bronchial blocker (e.g. Univent tube), the same complications arising from overinflation of the bronchial cuff on a DLETT apply to the overinflation of the bronchial blocker. One of the disadvantages of bronchial blockers is that it may not be possible to suction or ventilate the lung distal to the blocker. An advantage to using a bronchial blocker is that if postoperative ventilation is required, once the blocker is deflated and removed from the bronchus, the tube functions as a standard endotracheal tube, and reintubation is not necessary. The main complications from the use of selective bronchial intubation are postoperative croup resulting from subglottic trauma, and inadequate ventilation of the right upper lobe. Continuing ventilation postoperatively requires that the tube be repositioned in the trachea to provide ventilation to both lungs.

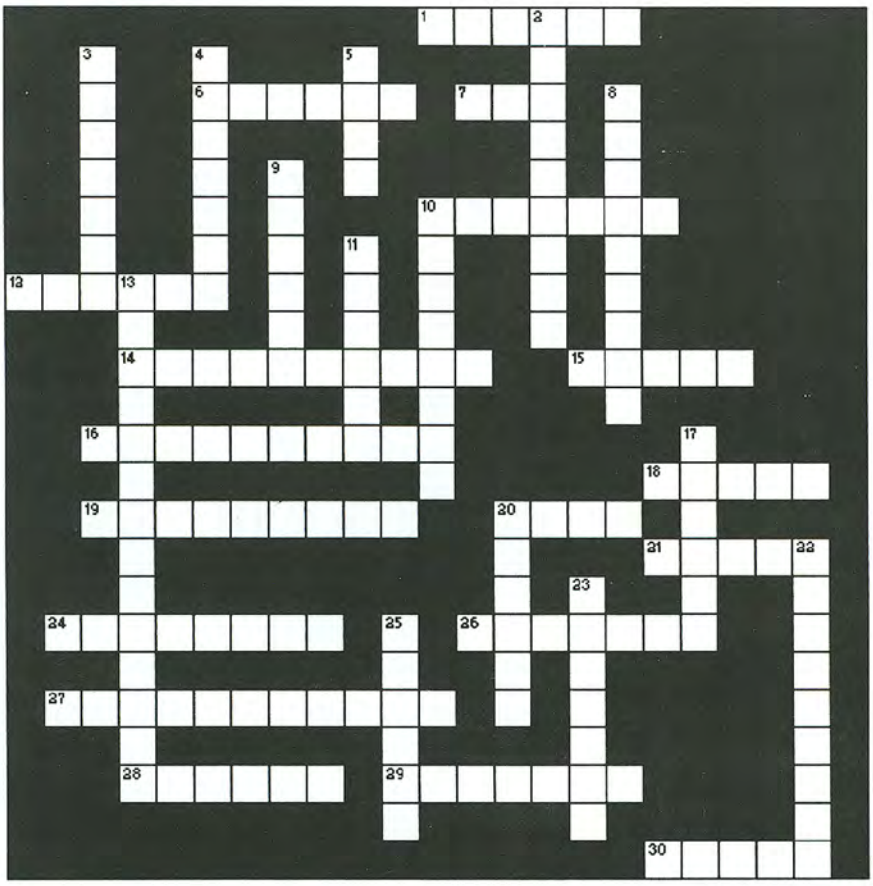
RECOMMENDED READING: I have not covered the physiological aspects of ventilating only one lung, as that is a worthy topic in its own right. For that reason, I suggest that if you are interested, you read the appropriate chapters in the following texts.

ANESTHESIA FOR THORACIC PROCEDURES. Edited by Bryan Marshall, David Longnecker & H. Barrie Fairley; *ANESTHESIA* 2nd Edition, Edited by Ronald D. Miller; *ANESTHESIA FOR THORACIC SURGERY*, Jonathon L. Benumof.

If you are interested in the historical aspects, a truly fascinating book on the subject is *ORIGINS OF THORACIC ANESTHESIA*, William W. Mushin & Leslie Rendell-Baker, reprinted 1991 by the Wood Library- Museum of Anesthesiology.

TECHNICIAN

A



SCIENCE AND TECHNOLOGY POST TEST: One-Lung Anesthesia, Open Forum

Use this crossword puzzle to test your knowledge on the "Open Forum" and "Science and Technology ..." articles on pages 7-11. Puzzle answers can be found on page 22 of this issue.

Across

1 Ridge between the two main bronchi.
6 A vented bronchial blocker can allow for insufflation of __.
7 The bronchial cuff usually requires less than __ cc's of air.
10 The presence of a bronchopleural __ can indicate the need for one-lung ventilation.
12 Most standard ETT's have a __ eye.
14 __ trauma is more frequent with selective bronchial intubation than with other methods of achieving one-lung ventilation.
15 For a left-sided tube, clamping the bronchial lumen should result in ventilation of only the __ lung.
16 __ cleaning should precede high level disinfection.
18 DLETT stands for double __ endotracheal tube.
19 __ intubation with an ETT can produce one-lung ventilation.
20 An extra __ suction catheter is required with DLETT's.
21 With the DLETT's, tracheal trauma can result from failure to remove the stylet after the tube is passed through the __ cords.
24 The DLETT has a __ lumen and a bronchial lumen.
26 Name of a doctor and the double lumen ETT he developed.
27 If a patient needs post-op ventilation after using a DLETT, he is usually __ using a standard ETT.
28 All DLETT's have 2 curves in planes __ degrees apart.
29 The bronchial cuff can herniate into the __ with overinflation.
30 Recommended frequency of performing the FDA anesthesia equipment checkout is __.

Down

2 Contamination __ is an indication for one-lung anesthesia.
3 The Univent uses an endobronchial __.
4 A standard ETT and a __ embolectomy catheter can be used similarly to a Univent tube.
5 Due to airway anatomy, the __-sided DLETT is easier to position.
8 Distorted anatomy, such as with __, might preclude the use of a DLETT.
9 Selective bronchial intubation can be used for one-lung anesthesia, utilizing a __-tipped ETT.
10 Correct placement of a DLETT is frequently verified using a __ fiberoptic bronchoscope.
11 Thoracic __ aneurysm repair may require one-lung anesthesia.
13 A method of "high level" disinfection.
17 Anesthesia equipment that comes in contact with __ membranes should be "high level" disinfected.
20 Whole-lung __ requires one-lung ventilation.
22 Type of lung surgery frequently requiring one-lung anesthesia.
23 Right DLETT's have __ bronchial cuffs to ensure adequate ventilation of the right upper lobe.
25 One means of confirming appropriate DLETT placement is listening for __ sounds.

The University of Colorado Health Sciences Center
Department of Anesthesiology

presents

CRASH 99

Colorado Review of Anesthesia and Ski Holiday

Vail, Colorado

February 27 - March 1, 1999

ANESTHESIA TECHNICIAN COURSE

Anesthesia Technicians and Technologists are a major asset to any anesthesia department. The current process of national certification will eventually be required. Our program is designed to serve you by helping obtain your certification and C.M.E. credits. Please tell your co-workers about this educational opportunity. We feel we have compiled a solid 2-1/2 day course to help you achieve your goals by offering the following:

Lectures:

- Anesthetic Agents
- Malignant Hyperthermia
- ACLS Review/Update & Trauma Anesthesia
- 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

ASA COMMENDS ASATT

In response to a request from Ms. Sheila White, CerAT Past President (97-98) of ASATT to Dr. Bill Owens, then ASA President, the ASA House of Delegates in Orlando passed "Resolution No. 7". That resolution contains three points: 1) it commends ASATT for commitment to educational development, 2) it affirms ASA's continued support of the concept of our academic growth, and 3) it encourages anesthesiologists, other health care providers, and medical administrators to recognize the ASATT certification and recertification.

As anesthesia technicians and technologists, you should take pride in your work as part of the anesthesia care team. I encourage you to learn as much as you can. Certification is an excellent way to demonstrate your knowledge. I congratulate the many technicians who have passed the exam and are now Certified. A knowledgeable, capable, assistant is a valued part of the team.

William H. King, MD
ASA/ASATT Liaison

ASATT RESPONSE TO ASA

Dear Chris Patterson, ASATT President, ASATT Board of Directors, and ASATT Membership:

During my administrative role as ASATT President, 1997-1998, the ASATT requested an endorsement of its National Certification Examination and Certification Program from the ASA. It is my pleasure to submit to you the following Resolution that was declared in October, 1998 by the ASA.

This recognition, in the form of a resolution by the ASA, endorses the efforts of the many dedicated members of the ASATT who had a vision for professional excellence in education as it relates to anesthesia technology.

This resolution is another historical "milestone" for the ASATT; every member should be especially proud of the accomplishments of this "your" organization.

With your dedication to the ASATT, the organization will continue its pursuits as an educational vehicle in the allied health profession.

As Dr. King has stated, the technician is a valuable asset to the anesthesia team, and the certified anesthesia technician must endeavor to maintain continuing education requirements for recertification.

As an integral member of the anesthesia team, the certified anesthesia technician must display competence, experience and knowledge to the patients, operating room staff, administrative personnel and colleagues, and demonstrate to all that unspoken statement "We Are Securing Our Steps to Success!"

Congratulations to the ASATT Founders, Members and Supporters,

Sheila K. White, CerAT
Immediate Past President, 97-98
ASATT Region 4 Director

ASA RESOLUTION NUMBER 7

WHEREAS, The American Society of Anesthesia Technologists and Technicians (ASATT) was organized in 1989 to provide educational opportunities for anesthesia support personnel; and

WHEREAS, ASATT, with assistance that included members of ASA, created a national anesthesia technician certification examination; and

WHEREAS, ASATT, has offered four certification tests between 1996 and 1998 resulting in more than 500 certified technicians; and

WHEREAS, ASATT, has established a program for recertification based on continuing education; and

WHEREAS, This certification is a demonstration of their knowledge base, a commitment to quality patient care and a continuing effort to stay current in their field; therefore be it

RESOLVED, That the American Society of Anesthesiologists (ASA) commends the American Society of Anesthesia Technologists and Technicians (ASATT) for their commitment to educational development; and therefore be it further

RESOLVED, That ASA pledges its continued support to the concept of academic growth as advanced by ASATT; and therefore be it further

RESOLVED That ASA encourages anesthesiologists, other health care providers and medical administrative personnel to recognize ASATT certification and recertification of anesthesia technicians.

COMING ATTRACTION!

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 February 15, 1999 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 Jersey
Anyone interest in forming a state society? Contact:
Alberto Abraham at 609-581-7432[H] or 609-497-4000 x 6256[W].

New York
For information on future events:
Angel Martinez at (973) 365-5129 or (973) 365-6022.

ASATT Region 2:
For information on future events:
Vicki Carse at (412) 232-5807

Ohio
Monthly meetings: January 23, 1999 in Akron, Ohio
February 27, 1999 in Ravenna, Ohio
March 24, 1999 in Ravenna, Ohio

Each monthly meeting will offer an educational topic which will grant one (1) CE/CH. The Ohio Society will elect officers in February. A one-day seminar that will grant four (4) CE/CH is being planned for the spring of 1999.
For further information:
Barbara Powell at (614) 454-4224, or
Charlene Smith (303) 677-3292, or
Wilma F. Frisco at 216-261-064.

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

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

North Carolina
For information on future events:
Pat Sturdivant or Lucille Ward at (919) 966-5136.

Tennessee
The meeting was held on Saturday, November 21 at Vanderbilt University Medical Center in Nashville, TN. We appreciated everyone who was able to attend and the lectures were wonderful. The next meeting is planned for the spring of 1999. We ask all of the technicians in Tennessee to contact the new president.
The new officers are:
President: Joe Brock, Vanderbilt University, Nashville, TN
Vice President - Forrest Douglas, VA, Nashville,
Secretary/Treasurer - Tonia Rozell, Vanderbilt Univ., Nashville,
For information on future events:
Joe Brock at 615-833-1453[H] or 615-936-2800[W] or joe.brock@mcmail.vanderbilt.edu[E]

ASATT Region 4:
Tentative location for Region 4 meeting is Madison, WI in mid-May. I am currently trying to line up speakers and housing. Watch your mail for information, or call me. If you are interested in helping me organize this meeting, please contact me.
For further information:
Sheila White at (319) 589-8665[W] or (319) 584-0242[H].

Illinois
For information about future events:
Kevin J. Mines at (312) 226-9936 or (312) 942-5000 x 50412.

Iowa
For information on future events:
Sheila White at (319) 589-8665[W] or (319) 584-0242[H].

ASATT Region 5:
For information on future events:
Ann Martin at (303) 372-6300 [W] or (303) 987-3907 [H].

Arkansas
One-day seminar, Feb. 20, 1999, at Arkansas Children's Hospital in Little Rock.
For information contact
Bill Peery at Bpeery8254@aol.com[E] or 501-320-1330
Irene Mosely at 501-320-1330.

Colorado
See Crash Ad on page 13.
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:
May Day! May Day!
Mtg at Chandler Regional Hospital in Morrison Bldg.
May 1, Region 6 Annual 1999 Mtg lecture agenda:
-Hepitits A - G
-Fire in the OR Suite
-NPO Fact or Fiction & Nuclear Medicine Patient
-EKG - Back to Baics
-Arterial Insertion & Complications
-Whats Wrong With This Picture
There will be 6 C/E hours given pending approval. These lectures are subject to change.
For information:
Dean Rux at (602) 821-3279[W] or (602) 497-9709 [H].

REGIONAL ACTIVITIES....

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

California
Contact Maretta Grandona (see page 2 for numbers) for information on a possible meeting in May.
For information on future meetings:
Grainne Senier at (408) 735-1346.

Texas
"Live Music Capital of the World," Austin, Texas, is the site for the TSAT Spring Meeting '99. This one-day educational event will take place at Seton Medical Center on Saturday, March 13. TSAT has requested approval from ASATT for 6 CE/CH.

For regional meetings–D/FW: David Smith at 817-788-2410. Houston: February 6: IV Fluid Therapy, ECG-I, Monitors & Accessories. April 3: Airway Management, ECG-II, Pharmacology. June 5: Outpatien Surgery, ECG-III, Blood Gas & Glucose. Gerardo Trejo(see below). Austin: Dianne Holley at 512-451-7457. San Antonio: Raul Sanchez at 210-675-1564.
For further information:
Gerardo Trejo at (713) 793-2898.

ASATT Region 7:
Plans are being finalized for the 7th Annual Region 7 Meeting and Education Seminar to be held in Seattle on Saturday, April 24. Please make plans to attend the ASATT Anesthesia Technologist Exam Prep Course in Honolulu on July 30-31,1999.

Combine your education with a tropical vacation. Final arrangements for special discount all-inclusive Three, Five, and Seven day travel/ hotel packages from the West Coast are being finalized. Continuing Education/Contact Hours will be available. Watch your mail for details and registration info.
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
Watch your mail for a calendar of upcoming meetings and events.
For further information:
Richard White at (360)887-4988 Email:rwhitea@pacifier.com

Washington
NWSAT will hold its first meeting and seminar of 1999 on January 16, at Stevens Hospital in Edmonds (20 min North of Seattle).
For information about future events:
Ann Marie Cates (425) 640-4157[W]

PRESIDENT'S MESSAGE.... *(continued from page 1)*

Dean Rux, CerAT, a veteran to the Board and one devoted to our Society, was reelected as ASATT Region 6 Director. A thank you to all for your dedication to ASATT, for your willingness to share your talents, and for volunteering to work for the good of our Society.

On behalf of Dianne Holley Mountain, CerAT, Editor, *The ASATT Sensor*, it is my pleasure to announce the appointment by her of two Associate Editors: Ms. Maretta Grandona, CerAT and Ms. Tammy Sue Graffen, CerAT. Dianne will provide a featured background of both ladies in the April 1999 newsletter. Welcome aboard, Maretta and Tammy Sue. Those in attendance at our meeting in Orlando, Florida last October, were treated to a stirring, patriotic rendition of our national anthem, sung by Maretta's husband, Lt. Stephen L. Grandona, USN.

With the Tenth Anniversary of the ASATT sitting just around the corner (Oct. 1999), I extend a deserved, heartfelt message of appreciation from all of us in the ASATT to the American Society of Anesthesiologists and The American Association of Nurse Anesthetists. The ASA and the AANA have been unwavering supporters, mentors and advisors to ASATT and have made invaluable contributions, both financial and educational, in the promotion of the overall professional advancement and education of anesthesia technicians and technologists across the country. It is remarkable to me to recall that it was only a little over ten years ago, when a group of us met from different areas of the country to explore the possibility of organizing a national society. Without the strong support and backing of our mentor societies at that critical juncture, I personally feel that our progress and development as a Society would have been impeded. We have much more to accomplish in the future but the potential for our continued expansion and educational advancement is excellent.

A special note of appreciation is in order for two of "our very own" professionals: William H. King, MD, ASA/ASATT Liaison and Denise Martin-Sheridan, CRNA, EdD, AANA/ASATT Liaison. Dr. King and Dr. Martin-Sheridan were actively involved in our recent Ninth Annual Meeting and Seminar held last October at Orlando, Florida. Their lectures and motivational talks were excellent. As appointed Liaisons, they participate in our Board meetings and are valuable, trusted advisors. Thank You, Dr. King and Thank You, Dr. Martin-Sheridan from all of us in the ASATT.

IMPORTANT MESSAGE TO ALL:

Effective January 1, 1999, ASATT has employed a new business management company to fulfill the administrative needs of the membership. We are pleased to announce our new management company and Executive Director:

ASATT
Mr. Frank A. Bistrom, CAE, ASATT Executive Director
"ASIL" - Association Services International, Ltd.
5800 Foxridge Drive - Suite 115
Mission, Kansas 66202-2333
Telephone Number: 913-262-2249
Facsimile Number: 913-262-0174
E-Mail: asil@idir.net

Mr. Frank A. Bistrom, his wife Betchie, and their professional staff have over 35 years of experience in the business field. Their "doors are now open" for ASATT business and they are presently handling our business requirements with a firm dedication to providing personable, professional service to all members and associates. ASIL was chosen through a competitive bidding process which generated excellent participation and responses from many fine companies. Mr. Dave Mastalski, CerAT, ASATT Region 7 Director, was appointed by the Board last October to chair a committee to begin the search for a new management company. Dave Mastalski and I conducted the final interviews with the remaining successful candidates during December. With Board approval, ASIL was selected shortly thereafter on the basis of their excellent qualifications, highly credible references, and reasonable cost bid for services rendered. Our thanks to Dave Mastalski for his professional work in putting together the entire bidding process which included job/task requirements, formal bids, along with a pressing urgency to complete the process within a short time span.

It has been difficult time for ASATT prior to and during the change-over of business management companies. Members of the Board have performed many administrative duties and worked diligently to facilitate the change and minimize problems for you. Wilma Frisco, CerAT, ASATT Secretary, deserves a special thank you for establishing "temporary headquarters," along with an ASATT post office box and telephone number while the change was taking place.

Obviously, during a shifting of business records, data and information of this magnitude, some "glitches" and problems cannot be avoided. If any member has experienced administrative delays recently, or has unresolved membership-related problems, please contact our new management company or your regional director immediately. I am also available to give support to our members and colleagues. To those who may have experienced difficulties, we ask for your patience and understanding with the assurance that positive changes are now in place. The Board, our Executive Director, and I are dedicated to improving service for your membership needs and we are striving to ensure that you receive prompt attention to those needs, now and in the future.

Unfortunately, the publication of this edition of *The ASATT Sensor* has been delayed while we have undergone the transition. All responsibility for the delay rests with me and is through no fault of our editorial staff. My apologies are given to all. Our Editor, Dianne Holley Mountain, CerAT, was put under stress but made us look good once again.

To reflect back on our Annual Meeting and Seminar held in Orlando, last October, we again witnessed the strong support put forth by our friends and colleagues in the medical business community. Prominent companies in the field of anesthesia technology, such as: North American Dräger, King Systems, Medwave, Haemoscope (Fore Technology), Trademark Medical, and others not mentioned here, actively participated in our educational program. Not only did they provide equipment and materials at our meeting site, but they also conducted important workshops, presented lectures, and displayed the latest

innovations in medical products related to our field of endeavor. Their support for the ASATT is commendable. In speaking for all of us, we are most appreciative. Thanks to all for the backing and a special acknowledgment to the following for their contributions at Orlando:

Abbott Labs, Ms. Betsy Steele: Sponsored Luncheon

Welch Allyn, Mr. Jerry Lynch: Sponsored Continental Breakfast

Datex/Ohmeda, Ms. Linda Yeager and Mr. Bob O'Donnell: Sponsored Luncheon

Ceramatec, Mr. Bruce Brierley: Sponsored Continental Breakfast

Cobe, Ms. Sammye Harris: Sponsored ASATT Committee Luncheon

As a reminder to all: If you change your residence, your name, or employer please immediately notify our business offices and your regional director. Membership records must be kept current so that your membership announcements, certification records, and other important documents are forwarded to you without mailing delays.

FUTURE EDUCATION: Seminars and Educational Meetings are planned by all regional directors this year:

Region 1, Joyce Freeman, CerAT, Regional Director: at Syracuse, NY, April 24, 25, 1999, and August 1999.

Region 2, Vicki Carse, CerAT, Regional Director: at Pittsburgh, PA, June 5, 6, 1999.

Region 3, Sharon Baskette, CerAT, Regional Director: at Atlanta, GA, March 20, 21, 1999.

Region 4, Sheila White, CerAT, Regional Director: at Chicago, IL, early or mid May 1999.

Region 5, Ann Martin, CerAT, Regional Director: at Vail, CO, Feb. 27, 28, Mar. 1, 1999.

Region 6, Dean Rux, CerAT, Regional Director: at Chandler, AZ, May 2, 1999.

Region 7, Dave Mastalski, CerAT, Regional Director: at Honolulu, HI, July 30, 31, 1999, and at Seattle WA, April 24, 1999.

Please check your newsletter for details of these events in case of changes. Two of the events listed above are still in the planning stage; specific scheduled dates of the meetings will be available later. The preceding is a brief summary only.

Our Tenth Annual Meeting and Seminar will be held in Dallas, Texas, October 8, 9, 10, 1999. More details will follow in later editions of "The ASATT Sensor." This is a very special meeting and celebrates our Society's Tenth Anniversary. Ann Martin, CerAT, ASATT Region 5 Director, and Ruth Ochoa, CerAT, ASATT Treasurer, were assigned by the Board as coordinators of this meeting. I look forward to the meeting in Dallas and hope that all of you can attend ---this is one not to be missed. Please consider making your plans now to meet and commemorate a decade of ASATT's growth.

ASATT's midyear Board of Directors meeting will be held March 18, 19, at the Emory Conference Center, adjacent to the Emory University School of Medicine, Atlanta, Georgia, The meeting will be held in conjunction with ASATT's Region 3 Annual Meeting and Seminar scheduled for March 20, 21. Sharon Baskette, ASATT Region 3 Director is in process of organizing an excellent educational program and seminar. Members within Region 3 will be notified of the details in the near future.

WEBSITE: To those who are not familiar with ASATT's website, <http://www.asatt.org>, Mr. Jim Tibbals, CRTT, CerAT, is our Webmaster. Jim started the project during late 1997 and early 1998 and has done an excellent job. I suggest that if you have the opportunity to connect to the internet, check out our website. It contains valuable information. The work that Jim has put into this project is immeasurable. As you will see, our website is composed professionally and represents our organization in a very fine manner.

My logo and theme for this coming year focuses on Membership, Education, and Economics. We are renewing our efforts to improve upon membership services to you, our colleagues; and we will move forward with a concentrated effort on education and educational programs, with fiscal responsibility always present in our planning.

In closing, I urge each of you to take a more active part in your Society. Our past record of voting in elections, the number of nominations submitted, and the amount of ballots recently cast for Bylaw Amendment Proposals, reflects an extremely low level of participation. We need all of you to actively participate in your Society's future. Your thoughts, ideas, and constructive criticism are welcomed by me and others.

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 (336) 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.

OPEN FORUM (continued from page 7)....

minimum experience and educational requirements for both the Certified Anesthesia Technician (CerAT) and Anesthesia Technologist beginning in 2000.

Did You Know..?

- You can earn $1500 by writing a technical article for The ASATT Sensor? That's right! The Augustine Medical Award is given annually to the author of the technical article submitted to *The Sensor* for publication. A panel of CRNA's and Anesthesiologists chooses the winning article. So pick a topic of interest, do the research, and dust off those typewriters.

- Your ASATT Regional Director is available as a resource and advocate for you as a member. Please contact your RD with any ideas, events, or questions–they are your elected representatives.

- All of your hospital yearly "mandatory reviews" as prescribed by JCAHO can qualify as Category 1 Continuing education contact hours. Mandatory review courses such as infection control, CPR, electrical safety, age-specific training, patient safety, competency reviews, etc. will qualify if properly documented. This mandatory hospital-based training can qualify for several CE contact hours per year, alone. Please refer to the ASATT Continuing Education & Rectification Guidelines brochure for details or contact your Regional Director.

- Almost every equipment / supply manufacturer will come to your workplace and provide inservice training on their products....free! Many of the companies have "pre-approved" CE credits to offer.

- Almost all medical devices (anesthesia machines, monitors, etc.) are run by microprocessors. Is your equipment Y2K compliant? Does your department or facility have a Y2K plan or policy? Be proactive. Get involved. Be a part of the solution. Contact your bio-med or hospital information systems departments and find out how you can help. ECRI offers a free telephone seminar Y2K and Medical Devices: To Test or Not to Test". Call James Keller @ ECRI (610) 825-6000 x 5279 or email: jkeller@ecri.org for more information.

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

AANA: http://www.aana.com

ASA: http://www.asahq.org/

ECRI: a nonprofit medical technology agency: http://www.ecri.org

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

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

ASATT SENSOR OPEN FORUM
Attn: Dave Mastalski, CerAT
5800 Foxridge Dr., St. 115
Mission, KS 66202-2333

Sheila K. White, CerAT
Director, Region 4

Sheila joined the ASATT Board of Directors shortly after attending her first national meeting in October '94 in San Francisco, CA. She discovered there was a great deal of work to do, and much important advancement about to take place in ASATT—she wanted to become involved. Sheila feels very strongly that you can't sit back and wait for someone to do the work, then expect to reap all the benefits. If you want something positive to happen in your life, you have to make it happen.

After serving as Region 4 Director from 94-96, Sheila was elected as Vice President/President-Elect for the 96-98 term. After seeing, and being part of, many of ASATT's goals being met through the efforts of the dedicated Board of Directors and some very involved members, Sheila decided she was not yet ready to leave the involvement and friendships with which she had been blessed over the past 4 years. Sheila was once again elected as Region 4 Director for the 1998-2000 term. She is looking forward to meeting everyone that is willing and able to attend ASATT Region 4 meetings, Iowa state meetings, and the annual educational seminars. There is still a great deal to be done, and she would like to see more of the membership become involved. It can be a headache, sometimes, but with it come personal satisfaction and a wealth of knowledge. Sheila is employed at Mercy Health Center in Dubuque, Iowa, and has worked as an Anesthesia Technician since 1987. She has a 20-year-old daughter, Jessica, who attends college in Winona Minnesota, and an 18-year-old son, Stephen, who is a senior in high school. Her husband of 21 years, Steve, is a carpenter in Dubuque.

Dean Rux, CerAT,
Director, Region 6

Dean was born and raised in Wausau, WI, attending private high school and college in New Ulm, MN in the pursuit of teaching elementary school. He spent the next 22 years taking business and science courses, at the same time getting trained and gaining experience as an anesthesia technician at Marshfield Clinic in Marshfield, WI. Tiring of the harsh Wisconsin winters, Dean and his family moved to Arizona five years ago, where Dean became Lead Anesthesia Technician at Chandler Regional Hospital. Dean was an ASATT Director in Region 4 and also during the past four years in Region 6. National Certification and the prospect of personal and professional growth through his activities with state and national societies excite him. Dean has been married for 25 years and has two children ages 18 and 20, along with 3 cats.

WHO'S WHO IN REGION 2

contributed by Vicki Carse, CerAT
Director, Region 2
President, PSATT

Name: Charlotte R. Huff

Current Position: Anesthesia Tech at Radford community Hospital

First Job: Radford Army Ammunition Plant

Number of Years in Anesthesia Field: 2

What do you find the most challenging about your job? Keeping up with the latest technology and making it available to our department.

What Secret Vice can you confess about? I like to sit down with a bag of popcorn, eat the whole bag, and not share with anyone.

If a magic genie could grant you one wish, what would it be? Happiness and good health for all my loved ones. I have been married for 11 years, and have 2 children: an 8-year-old daughter, and a 4-year-old son.

What is your favorite food? T-Bone steak

People would be very surprised to know that I: always wanted to be a singer.

You have just won your dream vacation! Where would you go? Hawaii

What has been your proudest accomplishment so far in your life? Having my two children and being a mom.

It is your day off; what do you enjoy doing with your free time? Gardening and crafts.

What is your favorite type of music? Gospel

What is your favorite movie? Terms of Endearment

What would you like to get around to doing one of these days? Furthering my education. I plan on taking the ASATT Certification Exam this May, and I have an Associate Degree in Science/Medical Assisting. I graduated with honors and was elected "Who's Who Among College Students" in 1994. I am a Certified Pharmacy Tech.

OFFICIAL NOTICE....

Dear Board of Directors and Officers:

Today I received 64 returned ballots concerning the proposed bylaws changes. According to current bylaw—**ARTICLE XVI, Section A # 3: A twenty percent (20%) response of the voting membership must be counted to validate a By-law change.** As stated, there will be no bylaw changes this year, because the return was five (5%) percent of the voting membership. The hardcopy received from SLACK shows membership to be 1369.

Following is the actual count for each proposed bylaw change. Not every proposal was marked (checked) with a "yes" or "no." Some ballots had several unanswered. Of course there was no count for that proposal either way.

Dean Rux, CerAT
Chairman, Bylaws Committee

I. Proposal # 1 would change the rules for censure, suspension, and expulsion of members and add a "Right to petition for a hearing" as Section 1.

QUESTION: Shall we change article III, section H, as proposed?

Yes: 58 No: 6

QUESTION: Shall we add a new section I to article III of the bylaws?

Yes: 52 No: 10

II. Proposals #2 & #3 would make word and number changes that are needed if the membership decides to change the method for selecting our Secretary and Treasurer.

QUESTION: Shall we change the wording from the current to the proposed in section A of article VII?

Yes: 50 No: 13

III. Proposals #3 and #4 would make several modifications to Article IX, Elections.

1. It would change the way that the Secretary and Treasurer are chosen - FROM being appointed by the board TO being elected by the members;

2. It would define a specific timetable for nomination and election of officers;

3. It would redefine eligibility for ASATT officers;

4. It would define the term of office of the officers.

QUESTION: Shall we select the secretary and treasurer by election?

Yes: 52 No: 12

QUESTION: Shall we use the timetable for nomination and election?

Yes: 54 No: 8

QUESTION: Shall we use the proposed eligibility criteria?

Yes: 57 No: 7

QUESTION: Shall we use the proposed terms of office for secretary and treasurer?

2 years: 40 3 years: 22

QUESTION: Shall we change wording of Article IX - Elections from current to proposed?

Yes: 53 No: 11

IV. Proposal #5 would further define the duties and responsibilities of the executive committee.

QUESTION: Shall we add the proposed additions to Article X, section B?

Yes: 60 No: 4

V. Proposal #6 would define a specific timetable for submission of bylaws amendments. It would remove the requirement that at least 20% of members respond and allow small numbers of voters to make changes to the bylaws.

QUESTION: Shall we use the proposed timetable?

Yes: 54 No: 10

QUESTION: Shall we keep the requirement that at least 20% of members respond to a proposed bylaws change in order to validate the elections?

Yes: 14 No: 8

[Note: More than a half dozen voted yes on the first question & also voted yes for the above question. About 85% did not respond to the above question. D.R.]

VI. Proposals submitted for addition to Article 9. Section E5. of this article defines terms of office.

QUESTION: Shall we add to section E5. - and take one year off after serving term limit as Regional Director.

Yes: 30 No: 34

QUESTION: Shall we add E9. to this section Immediate Past President will not hold another office during that business year.

Yes: 32 No: 32

Answers to Puzzle

(From page 9)

American Society of Anesthesia Technologists and Technicians
5800 Foxridge Dr., St 115; Mission, KS 66202-2333

Membership Application & Change of Address/Employment Form

(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:		_____	Membership Number: _____ (No charge)

**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
5800 Foxridge Dr., St. 115; Mission, KS 66202-2333

CERTIFICATION FUND SPONSORS....

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

- ★ **Abbott Laboratories**
- ★ **Baxter Pharmaceutical Products, Inc.**
- ★ **Datex Ohmeda**
- ★ **King Systems Corporation,** Nobelsville, IN
- ★ **Mallinckrodt, Inc.,** St. Louis, MO
- ★ **North American Dräger**
- ★ **SIMS Level One, Inc.**

CORPORATE MEMBERS....

Anesthesia Equipment Supply, Inc
Black Diamond, WA

ARC Medical, Inc.
Scottdale, GA

Central Georgia Anesthesia Svc.
Macon, GA

Datex Medical
Tewksbury, MA

Gensia, Inc.
Vallejo, CA

Graphic Controls
Denver, CO

Haemonetics Corp.
Braintree, MA

Hudson, RCI
Temecula, CA

Johnson & Johnson Med, Inc.
Arlington, TX

King Systems Corp.
Noblesville, IN

Medireps, Inc.
Glendale, AZ

North American Dräger
Telford, PA

Novacon Corp.
St. Paul, MN

Ohmeda
New York, NY

Red Lion Medical safety, Inc.
Newark, DE

Sharn, Inc.
Tampa, FL

Sims/Level One, Inc
Rockland, MA

Spectrum Anesthesia Service
Louisville, KY

Stouges Anesthesia Specialties, Inc.
Middleburg, OH

Summit Medical Equipment
Bend, OR

Trademark Medical
Fenton, MO