

THE **ASA** **SENSOR**

Volume 9, Number 2

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

PRESIDENT'S MESSAGE....

MOVING FORWARD WITH TEAMWORK & RESOLVE



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

Dear Colleagues: My warmest regards to each of you with appreciation for your continued support of our Board of Directors and me. It is a privilege to represent and serve you as a member of the ASATT and as an Officer of the Board. First and foremost in our minds is a personal dedication to serve well with your best interests always present in our planning and decision-making.

When looking at business matters realistically, I have learned from experience that despite careful planning and devotion to cause, on occasions we cannot always achieve every goal or complete every project without some imperfections and need for improvements. This factor to me, is just a plain reality of business present in any organization. As you know, it is only through perseverance and hard work that goals are finally reached and major projects are refined and concluded to the professional satisfaction of all. I feel that our

accomplishments as a Society far outweigh any setbacks, but many challenges still await us—the field of education alone is an ever-present, ongoing quest for self-improvement. As long as we continue to work together as a cohesive team committed to worthy causes that uplift and improve the professional standards of anesthesia technical support personnel everywhere, nothing but success will follow. I cannot overstate nor over-emphasize that each and every individual member of this Society plays an important part and is a necessary ingredient for the overall success of our group as a whole. Equally important and with reciprocal benefits are our relationships and ties with our colleagues in State Societies and Associate Societies, the members and officers both here and abroad.

I ask you as a member to give serious thought to your Society. Those who are willing and able to donate their time and expertise are welcomed. We appreciate fresh

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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			
Horizontal:	7 1/4"	wide	x	5"	deep
Vertical:	3 1/2"	wide	x	10"	deep
Quarter-Page:	\$125	per insertion			
	3 1/2"	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 3 1/2" wide
[Times-Roman type, 12-pt, typeset by editors.]

For further information, contact the ASATT Office.

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.)

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

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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 May 15, 1999

Printed on recycled paper



ASATT PUBLICATIONS PERSONNEL

Maretta Grandona, CerAT, Associate Editor

TammySue Graffen, CerAT, Associate Editor

Jim Tibbals, CerAT, Webmaster



Maretta Grandona, CerAT Associate Editor

Maretta lives in San Diego, a long way from her hometown of Auckland, New Zealand. As a 2nd-year nursing student, on her first day working in the operating room she was told to "go and assist the anesthesiologist." "But what should I do?" she asked. "Just stand there and hand him what he needs," was the reply. Totally clueless and out of her depth, she vowed never to go near another anesthesiologist again. 6 months before finals she decided that nursing was not her chosen career and resigned from the program. Within a few months she was offered a job as an "anesthetic nurse aide" at a small surgical center with 2 operating rooms, performing 2000 surgeries a year. She and another aide were responsible for setting up the anesthesia equipment before cases, room turnovers (including mopping the floor), assisting the anesthesiologist at induction, patient transport, circulating, and being general all round "go-fer". After 4 years, a nurse suggested to Maretta that she should train as an anesthesia technician. "Who are they and what do they do?" she asked. "Exactly what you do, but they know why," was the reply.



Maretta trained as an anesthesia technician at Greenlane Hospital in Auckland, New Zealand. She is a graduate of a formal 2-year program, and worked at Greenlane hospital for 10 years. In 1993 she married Steve Grandona, an officer in the US navy, and moved to California. In 1994 she embarked on a new career, with the official title of "Mom." In October 1997 she was chatting to a colleague at the ASATT annual meeting in San Diego, and learned of an upcoming vacancy at Children's Hospital and Health Center in San Diego. In January 1998 she reentered the workforce as an Anesthesia Technician.

Maretta has been an active member of ASATT since 1992. She has written several articles for *The Sensor* and is also on the Technician Level Test Development Committee. She has a firm commitment to training and educating anesthesia technicians, and despite her initial impression, she loves those anesthesiologists!!

TammySue Graffen, Cer.AT Associate Editor

TammySue has been on Active Duty in the Air Force for 13 years. She has been stationed at Scott AFB, IL for seven years. There she has been an anesthesia technician for the past two years. Prior to that she worked as a supervisor on a Medical/Oncology ward for three years, flew medivac missions throughout the Pacific for three years, and worked in an ICU for almost 5 years. She has a BS degree in Adult Education and is currently finishing a degree in Clinical/Counseling Psychology. She has one son, Matthew, who is 8. She is engaged to Bruce Jones with a December '99 wedding planned. Her passion is teaching—which she plans as her career after she finishes her 20 year "job" in the Air Force!!

Jim Tibbals, CerAT Webmaster

Jim was born and raised in Milwaukee, WI. In 1974, Jim joined the U.S. Army, serving in the U.S. and West Germany as a 91B or Medic. Later, he attended the Respiratory Specialist Program at Ft. Sam Houston, TX, and served his last 2 years as an RT stationed at Ft. Leonard Wood, MO. Jim met his wife Hajnalka in 1977, while serving in Germany and was married 2 years later in San Antonio, TX. After the completion of Jim's second enlistment in 1981, they moved to Toronto, Ontario, Canada, Hajnalka's hometown. Jim and Hajnalka have two children, Amanda, 15, and Tommy, 12. Jim's keen interest in computers and the Internet make him a natural for his current post as webmaster.



Jim worked at The Hospital for Sick Children in Toronto since 1981, first as a respiratory therapist, then as an anesthesia technician and later as chief tech. "My time at Sick Kids was interrupted by a brief, three year stint in a community hospital in the mid-80's. I held an anesthesia respiratory therapist position at the Mississauga Hospital which included anesthesia tech and respiratory therapy responsibilities." Like most, Jim's anesthesia training was 'on-the-job' and he received generous support from the staff physicians and hospital. In 1986, Jim was a founding member and Secretary for the Anaesthesia Respiratory Therapy Association of Ontario, a subgroup of the Respiratory Therapy Society of Ontario. Jim was the first recipient of the Annual Augustine Medical/ASATT Clinical Excellence Award for his October, 1995 article entitled "An Overview of the Paediatric Airway and Related Equipment." Jim left Sick Kids in January, 1999, for a Technical Applications Specialist position with Siemens Canada.

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OFFICIAL NOTICES....

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

**To All ASATT Members and
Business Associates**

Effective January 1, 1999,

ALL ASATT

correspondence should be sent to:

**American Society of Anesthesia
Technologists & Technicians (ASATT)
5800 Foxridge Drive-Suite 115
Mission, Kansas 66202-2333**

Telephone: (913)-262-2249

Facsimile: 913-262-0174

E-Mail: asil@idir.net

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and return it to ASATT!**

UNC JOB "HOTLINE"

The Department of Anesthesiology at the University of North Carolina at Chapel Hill provides website access for the National Job Hotline for Anesthesia Technicians. Employers are invited to list their open positions at no charge. These ads will be posted for up to 6 weeks.

Please provide the following information: Name of hospital, location, contact person, and phone number. This information can be emailed to:

gwalker@aims.unc.edu

or faxed to Gail Walker at

919/966-4873.

For current job postings, please visit our webpage at:
<http://www.aims.unc.edu/dept/links/NCSAT/NCSAT.html>

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
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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 and mail to:

ASATT 10th Anniversary Journal
5800 Foxridge Drive - Suite 115
Mission, Kansas 66202-2333

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]

ASATT'S 10th Annual Educational Seminar

Plan now to attend the 10th Annual Educational Seminar of the Society to be held in *BIG D* -- Dallas, Texas.

This special meeting will feature exhibits, educational sessions and a Gala Finale Dinner and Show!

The event will be held at the Radisson Central Hotel Dallas!

Mark the date: **October 8-10, 1999**

Watch the mail for a full descriptive brochure on this gala event!



(Submitted by Frank A. Bistrom, CAE, ASATT Executive Director) March 18-19, 1999 the ASATT Board of Directors met prior to the Region 3 Seminar at Emory Conference Center in Atlanta, Georgia. All officers and board members were present along with ASA Liaison Dr. William King, AANA Liaison Denise Martin-Sheridan, CNRA, EdD, and ASATT's new Executive Director, Frank Bistrom, CAE.

Presiding over the meeting was President Chris Patterson, CerAT. The events of particular interest were:

Transition to New Office: Dave Mastalski, CerAT reported that the transition to the new ASATT staff office in Mission, Kansas was completed. The staff handled the applications for this year's certification exam with a total of 329 applicants for the May 15, 1999 exam. The office operates from 8:30 a.m. to 5:00 p.m. Monday through Friday, CST. The Administrative Coordinator is Erika Fuhrman, and she can be reached at 913 / 262-2249 or fax 913 / 262-0174 or check the web site: www.asatt.org.

All records and materials of the society have been placed at the new office and the staff will bend over backwards to meet every member's needs. Be sure to send in any address change that might have occurred since October 1998 just to be safe.

Dues Notices: The new staff has caught up and has mailed dues notices to those with from last October 1998 through March 1999 membership renewal dates. These are on a prorating basis because the Society is changing from a monthly renewal date to a standard renewal date for all members. Everyone's renewal date will be July 31st. To achieve this we have converted those just mailed to the new renewal schedule and billed them dues notices below the \$50 annual dues basis. We will bill them and every member June 15th for their 1999-2000 dues of \$50 with a deadline of August 1st. Anyone, who has paid dues into that time period, will receive a credit, paying the reduced balance. This has been a project the Board wanted to put in place for about two years. The concept is to allow for tighter budgeting, ease of payment from institutions or companies who pay members dues and better service to you the member, by our staff.

Membership: The Executive Director reported that we have the following active members on the rolls:

Region 1: 195, Region 2: 278, Region 3: 238, Region 4: 114, Region 5: 61, Region 6: 336, Region 7: 125, with 164 members in other membership classifications for a total of 1518 members.

A new membership pamphlet is being developed and will aid you in telling others about ASATT and inviting them to join us!

Home-Study CE/CH Program: President Chris Patterson, CerAT, presented the Board with a home study CE/CH course, sponsored and funded by Baxter Pharmaceuticals Products and administered through "Anesthesia Today." The Board reviewed and approved ASATT's participation in the program by CoMed Communications, Inc. Each issue of "Anesthesia Today" contains anywhere from three to five articles, all of which have passed peer-review, and which are accompanied by a minimum of three learning objectives per article. The content is followed

by a self-assessment post-test, which when completed and mailed with a \$5 processing fee to the credentialing agency, ABCComm, Inc. It grades the tests, composes the cover letter to the participant, cites incorrect answers and the correct answer location in the test, and if a 70% or better is achieved, a certificate of award for credits is enclosed.

This will offer our members another way to continue their education and also gain CE/CH credits. ASATT members will be notified in the near future and given a contact person with ABC Comm, Inc., and 800 number to call as soon as the next printed edition of "Anesthesia Today" is ready for publishing.

National Certification Program: The Board reviewed a proposal to structure a National Board of Anesthesia Technology (NBAT) that would become the credentialing organization for anesthesia technicians and technologists.

This group would be free of the ASATT Board, allowing them to concentrate on the Society's business. The Board will review a broadened proposal at their next Board Meeting in October.

Recertification Program: The recertification program was reviewed and those with a designation will be allowed to report their continuing education credits on an every two-year basis, reporting 20 credits each two years. This will start for the 1996 designees now and for the 1997 designees after they report in 1999. The 1998 designees will have to report 20 credits by the year 2000. The database was revised to facilitate timely handling of the program and those who recertified by the December 31, 1998 deadline will be hearing the results by May 25, 1999. The delay caused by the office move and database changes.

ASATT Exhibits at Meetings: The Board approved ASATT having a booth at the Society of Cardiovascular Anesthesiologists' meeting in Chicago, April 24-28, 1999. Region 4 Director Sheila White, CerAT will coordinate the booth.

ASATT will also have a booth at the AANA meeting and exhibits in Boston August 8-12, 1999. This will be following ASATT's Region 1 Seminar, held August 7th, just prior to AANA.

Texas Moved to a Different Region: The Board approved the request of Texas to be moved from Region 6 to Region 5. They will join Arkansas, Colorado, Kansas, Louisiana, Mississippi, Nebraska, and Oklahoma. Ann Martin, CerAT, Regional Director for Region 5 welcomes the Texas members.

National Meeting in Dallas, Texas: The plans for the next national ASATT meeting are well under way. This tenth anniversary meeting will be a great one, we hope everyone is planning to add the event to their travel plans. Remember it is October 7-10, 1999, at the Radisson Central Hotel, Dallas, Texas. There will be a special gala event finale, so mark your datebook!

Bylaw Task Force: The President, Chris Patterson, CerAT has appointed a special task force to review and update the ASATT Bylaws. Its report will be reviewed and voted upon at this year's Annual Society Meeting. Past-President Dennis McMahon will chair with William H. King, MD, and Executive Director Frank Bistrom, CAE, rounding out the task force.



A DREAM COME TRUE

ASATT 10th

ANNIVERSARY GALA

OCTOBER 9, 1999

DALLAS, TEXAS

Radisson Central Hotel

MANAGING MALIGNANT HYPERTHERMIA

TSgt TammySue Graffen, Cer.AT
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.)

When malignant hyperthermia (MH) was first identified in 1960, the mortality rate was nearly 80 percent. Since then our ability to manage this syndrome has greatly increased each year. We have an increased awareness as well as more sophisticated patient monitoring capabilities. The dramatic decrease in mortality since the 1980s can be attributed to the addition of dantrolene in 1979. Prior to this, treatment consisted of mainly cooling the patient and treating the specific symptoms.

WHAT IS MH?

A severe sudden hypermetabolic crisis triggered by an anesthetic agent. MH is a chain reaction of symptoms that is triggered in susceptible individuals by commonly used general anesthetics. It can happen in any patient, including those who have had prior surgeries without complications.

DIAGNOSIS...

WHO IS SUSCEPTIBLE?

There are several muscle diseases that are predispose a person to MH. Reports have also linked MH to forms of Myotonia as well as Muscular Dystrophy. While muscle biopsy testing is advisable, currently there are only 11 testing centers in North America.

Those who are at increased risk include:

- Those with a family history of MH
- Family history of anesthesia complications
- Duchenne's muscular dystrophy
- Osteogenesis imperfecta
- Other congenital neurological or muscular disorders

DIAGNOSIS OF MH

Halothane, enflurane, isoflurane, desflurane, and sevoflurane are triggering anesthetics as well as the muscle relaxant succinylcholine. Early signs include:

- increased body metabolism
- muscle rigidity/Masseter Muscle Rigidity (MMR)
- rapid high fever
- tachycardia
- tachypnea
- unstable blood pressure
- arrhythmia

The most common symptoms of MH include a greatly increased body metabolism, muscle rigidity, and a high fever. However the most sensitive indicator of potential MH in the OR is an unanticipated increase (e.g. doubling or tripling) of end-tidal CO₂. CO₂ increase may occur suddenly or over 10 to 20 minutes. This, along with total body rigidity, can be detrimental. Respiratory and metabolic acidosis usually occur early as well. Core temperature elevation is another symptom, but is often a

late sign of MH. Other symptoms may include hypercarbia, cardiac dysrhythmias, cyanosis, mottling, and myoglobinuria. Hyperkalemia should be considered immediately in the event of cardiac arrest.

Succinylcholine seems to be especially problematic in children, therefore is best avoided for routine surgeries. The use of alternative neuromuscular blocking agents is advised.

Nitrous oxide is not a trigger.

TREATING MH

Being prepared is essential to preventing death from MH

Pre-operative preparations:

- All patients undergoing general anesthesia should be asked:
 - Do you or your family have a history of MH or anesthesia-related problems?
 - Do you or your family have a history of muscle disorders?
- Anesthesia machine—With a new circuit, flow 10L/min O₂ through the circuit for at least 20 minutes (if using a new gas hose then 10 minutes is sufficient). During this time, a breathing bag should be attached to the Y-piece of the circle system and the ventilator set to inflate the bag. Change soda-lime and inactivate, drain or tape vaporizers in the "off" position.
- Place a cooling blanket on the table
- Dantrolene prophylaxis should only be considered on an individual patient basis and is not recommended as a routine. When used, dosage is 2 - 2.5 mg/kg IV starting 30 minutes prior to anesthesia. Prophylaxis dantrolene should be used with caution since it can worsen muscle weakness in patients with muscle disease. For consultation contact MHAUS.

Intraoperative:

- If possible, a spinal, epidural, regional or local is the best choice
- General anesthesia agents include benzodiazepines, opioids, barbiturates, propofol, ketamine, nitrous oxide, etomidate. Muscle relaxants including pancuronium, atracurium, vecuronium, pipecuronium, mivacurium, doxacurium, or curare are all considered safe. Neostigmine and atropine are safe for reversal.
- Monitoring—BP, core temperature, ECG, pulse oximeter, and capnograph. Respiratory rate and volume should be monitored if using general anesthetic.

IF A MALIGNANT HYPERTHERMIA EPISODE OCCURS:

- **STOP VOLATILE ANESTHETICS AND SUCCINYLCHOLINE IMMEDIATELY**
- Hyperventilate with 100% O₂
- Give 2.5 mg/kg of dantrolene IV bolus rapidly
- Repeat dantrolene PRN until signs of MH are controlled

- Suggested upper limits for dantrolene is 10 mg/kg (this may be exceeded as necessary)
- Avoid calcium channel blockers
- Treat any persistent arrhythmias with standard antiarrhythmic drugs
- Monitor core temperature
- Cool by nasogastric, rectal lavage, and surface cooling (avoid overcooling)
- Administer IV cold saline 15 ml/kg q 15 X 3
- Hyperkalemia is common and should be treated with hyperventilation, bicarbonate, intravenous glucose and insulin (10u regular in 50 ml of 50% glucose)
- Continue dantrolene for at least 36 hours after episode
- Monitor in an ICU for 24-36 hours
- Administer dantrolene at 1 mg/kg q 4 - 6 hours
- Monitor labs, ABGs, urine and clotting studies until normal
- Continue to monitor core temperature

BEING PREPARED FOR MH

All areas that administer general anesthesia should have an MH cart as well as instructions for treating MH posted. Also available should be a way to continuously monitor end-tidal CO₂, core temperatures, and oxygen saturation; a cooling blanket; an

ice machine; and a refrigerator for fluids (ideally a self contained MH/refrigerator cart). Items maintained on the cart should be immediately accessible and should include:

DRUGS

- 36 bottles of dantrolene sodium IV
- 2,000 bacteriostatic-free sterile water for injection USP to reconstitute dantrolene
- 5 50cc ampules of 8.4% sodium bicarbonate
- 2 500 ml (or ten 50 ml) vials of 20% mannitol
- 2 40 mg/amp furosemide
- 2 50 ml of 50% glucose
- 1 100 units/ml regular insulin
- 2 10% calcium chloride
- Antiarrhythmic drugs such as lidocaine, procainamide, and beta blockers

COOLING EQUIPMENT

- 50 ML syringe x 2
- Nasogastric tube x 2
- Large clear plastic bags for ice
- Bucket for ice

Continued on page 10...

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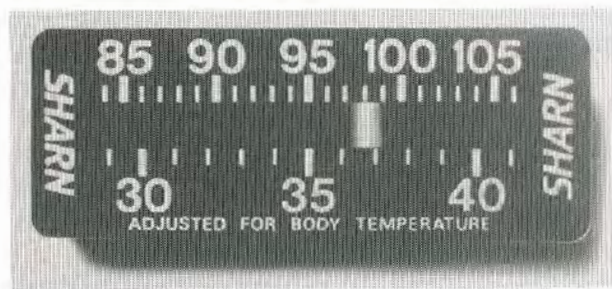
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EQUIPMENT

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- Anesthesia breathing circuits

LABORATORY TUBES

- Red top blood tubes for 6 repeat CK, LDH, Na, K, Cl, Ca, Mg
- Heparinized 5 ml blood gas syringes x 6
- Tubes for coagulation studies – PT/PTT, platelet count, fibrinogen, and Fibrin-split product
- Urine specimen containers to measure myoglobin
- Urine dip stick for hemoglobin

FORMS

- Reporting forms for the North American MH Registry
- Report all acute MH episodes to MHAUS Registry at (717) 531-5437

PLANNING AHEAD

Minutes count when it comes to a MH crisis. Being prepared is only half the battle. All OR and PACU personnel should be trained in the recognition and treatment of MH. Having staff do dry-runs of an MH emergency as well as periodic inservices is well worth it. MHAUS has several resources available including videos, literature, posters, and brochures listing the recommended supplies. They are also available for consultation.

MHAUS LITERATURE

All MHAUS literature is available 24 hours a day, 7 days a week through the MHAUS Fax-On-Demand system at 1-800-440-9990. The North American MH Registry, an operating unit of MHAUS registers information about specific patients and their families. Healthcare providers are encouraged to report MH episodes to the Registry. Forms may be obtained from:

North American MH Registry
Pennsylvania State University
Department of Anesthesia
P.O. Box 850
Hershey, PA 17033-0850
(717) 531-5737

MH HOTLINE

Names and phone numbers of on-call anesthesiologists available to consult in MH emergencies may be obtained 24 hours a day: 1-800-MH-HYPER (1-800-644-9737) Outside the United States: 1-315-428-7924

MHAUS
32 South Main Street, PO Box 1069
Sherburne, NY 13460-1069
(800) 98-MHAUS or (607) 674-7901

Malignant Hyperthermia Association of the United States (1998). Clinical Update 1998/99, Brochure
Malignant Hyperthermia Association of the United States (1998). Managing Malignant Hyperthermia, Brochure

TIPS AND TRICKS OF THE TRADE

*TSgt 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.

Being military, I get to meet anesthesiologists and CRNA's from all over the country. This gives me a chance to talk to people from other facilities and find out 'how they do business.' One thing I have been hearing over and over again is how everyone really likes the three-way stopcock we use in our IV line. So I figured I would pass on the product(s) we use here. If it sounds helpful to you, pass it on and talk it over with your providers!

When we set up our IV tubing we use a primary set with a three stopcock extension. This allows three ports for drug administration that are easily accessible. Many of the providers will tape this section at the head of the bed so they don't have to go searching the line for an injection site. The IV line has an additional two needleless ports if more are needed. Other advantages are the syringes can be

screwed into the stopcocks, left in place, and turned on as needed. In addition, with the needleless ports, needles on injectors can be broke off in the cap and used in the port. This eliminates the need to search for a Tubex injector to give ketorolac.

IV tubing - IVAC Spec-sets Administration Set #42293E
IVAC

Length - 104" Priming Volume - 17 ml 20 drops/ml

Extension set - Triple Stopcock Extension Set #ET-123
(473054) Braun

Length: 45 in Priming Volume: 6.8 ml

This column is for you! Anyone having any good Tips or Tricks of the trade please mail them to me at: TammySue Graffen 34402 Iowa St. Scott AFB, IL 62225

e-Mail = Tammy.Graffen@Scott.af.mil

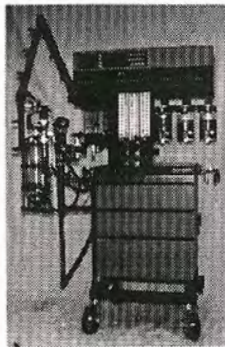
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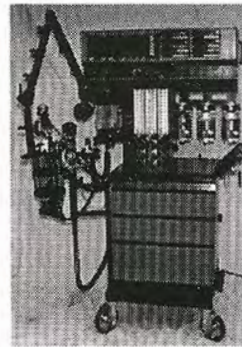
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PULSE OXIMETRY: AN UPDATE

by: Thomas G. Healey, CRNA, MA

Perhaps no other physiologic monitoring device (with the exception of the electrocardiogram) has had such a valuable impact on the safety of anesthesia. Because of its importance, this review article has been designed to reacquaint the Anesthesia Tech with some of the more critical aspects of this monitoring device.

Pulse oximeters detect changes in arterial oxygen saturation (SpO_2). Changes in oxygen saturation are easily detected, giving the anesthesia provider the opportunity to correct hypoxemia, one of the biggest threats in the delivery of anesthesia. Oximeters rely on a sensing probe that emits red and infrared wavelength light across a point of pulsatile arterial blood flow. The sensor and related interpretive equipment, measure the shifts that result from the absorption of those light waves by oxygenated and unoxygenated hemoglobin. The amount of red light that is absorbed by unoxygenated or reduced hemoglobin is compared with the infrared light that is absorbed by the oxygenated hemoglobin. The differences in light transmission and absorption are then converted to oxygen saturation readings. The typical monitor also provides a readout of the arterial pulse waveform and a reading of the heartrate.

The most sensitive part of the monitor is the oximeter sensor probe and cable that attaches to the monitor housing. There are various designs and both reusable and disposable probes are in use. Correct and secure placement of the probe, be it reusable or disposable, is vital to obtain oximetry data. Fingers, toes, and the ear lobe are common monitoring sites; although the ear lobe may not have enough pulsatile flow to provide accurate data. Since the probe operates on a light sensitive basis; the probe should be shielded from ambient room light, especially fluorescent light. The probe should also have positive contact with the skin to prevent "optical shunting." Many anesthesia providers will secure the probe in such a way as to shield it from light and provide positive skin contact. Another consideration in probe placement is where the blood pressure cuff and or arterial line might be placed. Typically, you would place the probe on the opposite limb from the blood pressure cuff or arterial line. Naturally, the surgical procedure must also be taken into account when determining probe placement.

A number of common problems occur during pulse oximetry. The most common center on the probe itself. Twisting, disconnection, accidental removal, or cable problems are regularly seen. Putting a probe on a finger with dark colored nail polish can result in lower saturation readings, as can the use of a probe on false nails. Nail polish and false nails should be removed if these fingers are going to be used for probe placement.

Patient temperature provides another variable. Hyperthermia dilates the venous bed and hypothermia constricts the arterial bed. Both conditions interfere with accurate readings. Shock and its corresponding vasoconstriction also result in inaccurate readings. Pulse oximetry readings are also influenced by ambient electromagnetic signals from an electrocautery unit or magnetic resonance imaging unit. Probes should be shielded with an opaque cover to reduce this interference.

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Two other problem areas are seen, although not with the regularity as the ones previously discussed. The presence of abnormal hemoglobin will affect readings. Heavy smokers have an increase in carboxyhemoglobin creating a false high reading. This is also true for patients that have carbon monoxide poisoning. Patients with various anemias may have low readings, subsequent to the reduced amount of hemoglobin in circulation.

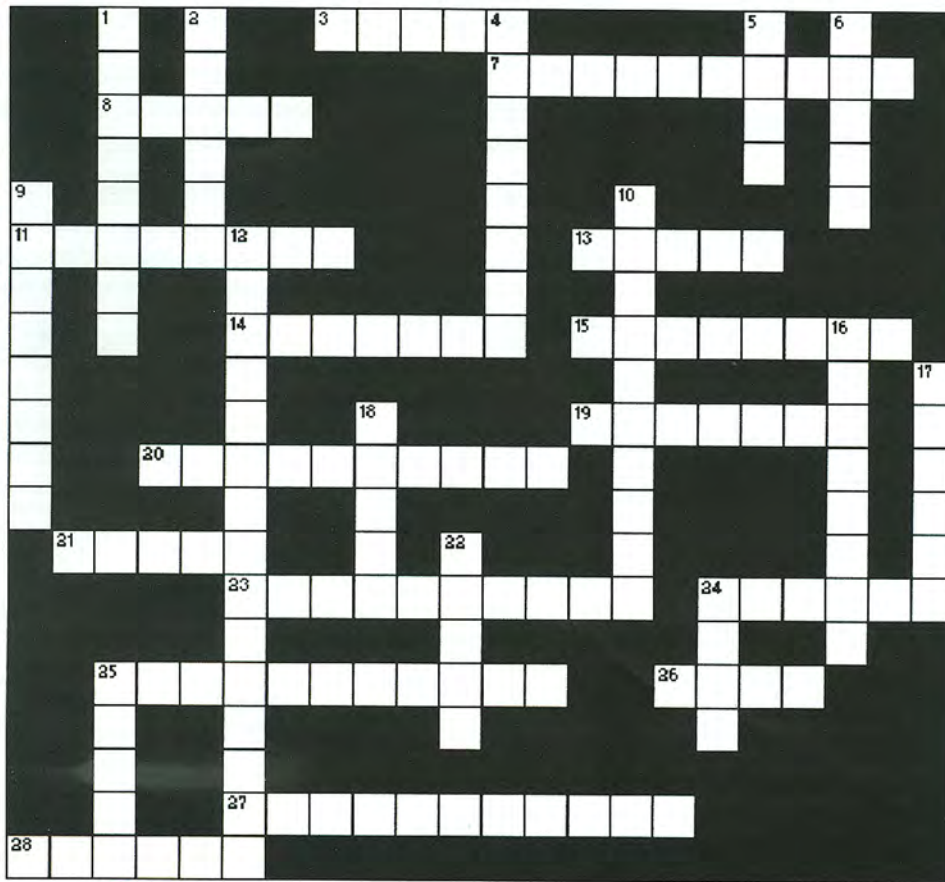
Certain dyes that are used clinically can also present problems. "Moon and Comporesi" report the following effects of dyes on pulse oximetry:

<u>Dye</u>	<u>Effect</u>
Methylene Blue	transient marked decrease in SaO_2 , lasting several minutes
Indigo Carmine	transient decrease
Indocyanine Green	transient decrease
Fluorescein	no significant effect ¹

In summary, the Anesthesia Tech can contribute to improved Patient Care by knowing and understanding the intraoperative use of pulse oximetry. His or her ability to troubleshoot a problem can literally "save" the day.

Reference: ¹ Moon, R. and Camporesi, E., Respiratory Monitoring, Chapter 36, pg 1265 in Anesthesia, R.D. Miller, MD, Editor, Fourth Edition, Churchill Livingstone, Publishers, 1994.

Editor's note: Thomas G. Healey, CRNA, MA, is a Nurse Anesthesia Educator and consultant and serves on the Technician Certification Examination Committee for ASATT.



SCIENCE AND TECHNOLOGY POST TEST: Malignant Hyperthermia, Pulse Oximetry

Use this crossword puzzle to test your knowledge on the and "Science and Technology ..." articles on pages 8-12. Puzzle answers can be found on page 18 of this issue.

Across

- 3 Acronym for the national MH registry.
- 7 Lab items used in an MH episode include a urine dip stick for ___.
- 8 The most sensitive indicator of an MH episode is a rapid increase in end-___ CO₂.
- 11 Respiratory & metabolic ___ can occur with MH.
- 13 Dantrolene is reconstituted with non-bacteriostatic ___.
- 14 MH protocol involves placing a ___ blanket on the table.
- 15 Carbon ___ poisoning causes a false high SaO₂.
- 19 A non-MH-triggering gas is ___ oxide.
- 20 Primary drug used to treat and prevent MH episodes.
- 21 ___ anesthesia is safe for MH patients.
- 23 Hypothermia ___ the arterial bed, interfering in SaO₂ readings.
- 24 A muscle ___ can positively identify an MH patient.
- 25 ___ is a dye which has no significant effect on SaO₂.
- 26 SaO₂ should be measured on the arm opposite of a B-P ___.
- 27 A non-MH-triggering reversal drug.
- 28 A non-MH-triggering muscle relaxant.

Down

- 1 Pulse oximeters measure ___ oxygen saturation.
- 2 ___ carmine causes a transient decrease in SaO₂.
- 4 SaO₂ probes should contact the skin to avoid optical ___.
- 5 MH protocol includes monitoring ___ temperature.
- 6 Oximeter probes emit red and infrared ___.
- 9 MMR stands for ___ Muscle Rigidity.
- 10 MH preparations include inactivating ___.
- 12 An MH-triggering muscle relaxant.
- 16 MH is linked to muscular ___.
- 17 MH preparations include flushing the breathing system for ___ minutes.
- 18 A dantrolene ___ is given early in an MH episode.
- 22 Indocyanine ___ causes a transient decrease in SaO₂ readings.
- 24 Methylene ___ causes a transient decrease in SaO₂.
- 25 An early sign of MH is rapid high ___.

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 May 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:

A Regional Anesthesia Technician Seminar is planned for April 24-25 at the Sheraton University Hotel in Syracuse, NY.

For further information:

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:

The Region 2 Seminar will be held the June 5-6 at the Mercy Hospital of Pittsburgh. The 1-1/2 day seminar will be offering 12 CH's for the CerAT. Room accommodations can be made at the Ramada Inn, located within walking distance of the hospital. The rate is \$90 a night. A brochure will be sent out soon.

For further information:

Vicki Carse at (412) 232-5807

Ohio

For information on future events:

Barbara Powell at (614) 454-4224, or

Charlene Smith (303) 677-3292, or

Wilma F. Frisco at 216-261-064.

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:

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

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:

Region 4 meeting and educational seminar, May 22, at the Crowne Plaza Hotel in Madison WI. There will be a tour of the

Datex-Ohmeda production plant on Friday, May 21, from 2-4pm. Anyone interested can meet later for dinner at a location to be determined. Watch your mail for more information. It should be a great meeting, and I hope to see everyone there.

For further information:

Sheila White at (319) 589-8665[W], (319) 556-8234[H], or pelah40@aol.com[E].

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) 556-8234[H].

ASATT Region 5:

For information on future events:

Ann Martin at (303) 372-6300 [W] or (303) 987-3907 [H].

Arkansas

See article on page 15.

For information contact:

Bill Peery at Bpeery8254@aol.com[E] or 501-320-1330

Irene Mosely at 501-320-1330.

Colorado

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: Hepatitis A - G, Fire in the OR Suite, NPO Fact or Fiction & Nuclear Medicine Patient, EKG - Back to Basics, Arterial Insertion & Complications, Whats Wrong With This Picture. There will be 6 CE/CH given pending approval. These lectures are subject to change.

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

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

Early preparations are underway for the Annual Fall TSAT Educational and Business Meeting, September 11, in San

REGIONAL ACTIVITIES....

Antonio. TSAT held an all-day meeting on March 13 in Austin, more will be reported in the next issue. Also, Texas is excited to play host to the 10th Annual ASATT Meeting in Dallas in October!

For regional meetings—D/FW: David Smith at 817-788-2410. Houston: June 5: Outpatient Surgery, ECG-III, Blood Gas & Glucose. August 7: Cell Saving, CV Anesthesia, Business Meeting: 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:

The 7th Annual Region 7 Meeting and Education Seminar will be in Seattle on Saturday, April 24. Topics include Electrical Safety, New Technology, Y2K Preparedness, Blood Conservation, and ASATT in 2000. The program is offering 6 CE/CH.

Please make plans to attend the ASATT Anesthesia Technologist Exam Prep Course in Honolulu on July 30-31. Combine your education with a tropical vacation. Arrangements for special discount, all-inclusive 3, 5, or 7-day travel/ hotel packages from the West Coast are being finalized. CE/CH will be available. Watch your mail for details and registration info.

For further information:
Dave Mastalski at (503) 642-1537, or nmastalski@aol.com[E]

A SUCCESSFUL SEMINAR IN AR

by Ann Martin, CerAT
Director, Region 5

A one-day seminar at Children's Hospital in Little Rock provided a continuing educational forum to promote professional competence for anesthesia technologists and technicians. More than 20 technicians from AK, LA, OK, and CO attended the seminar. 15 of those in attendance were not members of ASATT, but were very enthusiastic about joining. A special thanks to Bill Peery, CerAT, Irene Mosley, CerAT, and Bill Wilfort of Children's Hospital for the courage in putting on their first seminar. The speakers were excellent as well as the presentation on troubleshooting the anesthesia machine. A job well done!

Hawaii

See Region 7
For information on future events:
Delbert Macanas (808) 547-9872

Oregon

For information on future events:
Richard White at (360)887-4988 Email: rwhitea@pacifier.com

Washington

For information about future events:
Ann Marie Cates (425) 640-4157[W]

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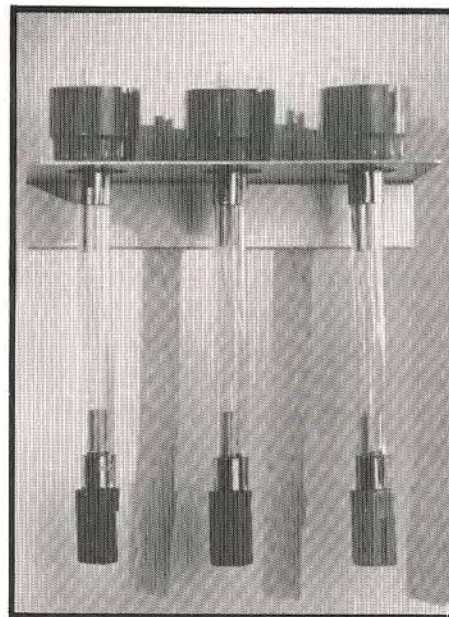
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A LOOK BACK AT ORLANDO 1998

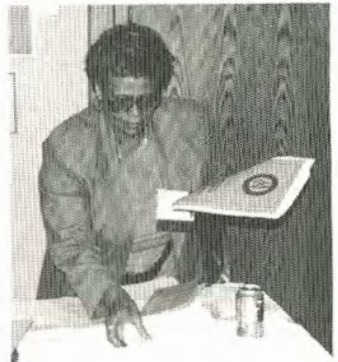
by Jim Tibbals, CRTT, CerAT, ASATT Webmaster
Siemens Electromedical Canada

The ASATT's Ninth Annual Meeting and Education Seminar was held October 16, 17, 18, 1998 at the Radisson Plaza Hotel Orlando, Florida, located next to beautiful Lake Ivanhoe. First day Opening Exercises were impressive as SRA Jeffrey Lessord; AMN Erin McKenzie; AMN Anthony Haney; and SSGT Maurice Naylor, the military honor guard, presented the colors. This was followed by the national anthem sung by Lt. Stephen L. Grandona, USN. Attendance at the seminar allowed members to earn 13 CE/CH's. Many thanks to the faculty for an extremely professional seminar: Earl Ransom, MD; Fred Spielman, MD; Julie Lowery, CRNA ; Dan Hatlestad; Linda Georges, MD; Martha Mitchell, MD; Douglas Forrester, MD; Sunil Dogra, MD; Thomas J. Ebert, MD; William H. King, MD; Denise Martin-Sheridan, CRNA, PhD; Lisa Fornicoia, MT(ASCP), CerAT; Colleen Lindell, RN,BS,MS; Bob O'Donnell; Linda Yeager; John M. Gotzon; and Richard Harbaugh.

One of ASATT's supporters from the medical community commented, "I was most impressed with the dedication of all those involved in the ASATT. The communication and the entire event were extremely well organized, and the participants were a very interested and responsive group. . . ." The vendor display area was arranged in a very convenient fashion, easily accessible to all with food and drinks located in the center of the hall. Friday evening, ASATT hosted a "Taco Bar" reception in the vendor hall. The food was tasty and we all enjoyed it. On Saturday, a special bus shuttle was arranged to transport members and their families to Disney World. In reference to bus shuttles, the ASA was most generous to ASATT and arranged to provide free shuttle bus service to and from our hotel to the ASA Exhibition Hall downtown for 2-1/2 days. Shuttles operated every 30-minutes ---What a treat, we didn't have to worry about transportation to downtown. Thank you ASA!!! We had a wonderful turnout of members, 240 total I believe, and it was pleasant to socialize with our colleagues from the 50 states and Canada.



Robin Tang, CerAT, and Bob Reno, CerAT, both of Baylor University Medical Center, Dallas, TX, share technical insights with Gerardo Trejo, CerAT, TSAT President, Ben Taub Hospital, Houston, TX; and Alberto Abraham, CerAT, Medical Center at Princeton, Princeton, NJ (above)

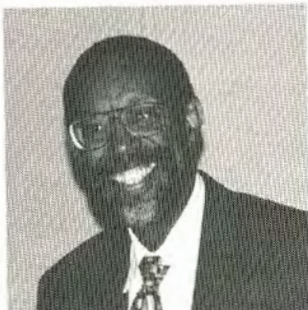


Wilma Frisco, CerAT, Secretary prepares for Certification/Recertification questions (right)

Chris Patterson, CerAT, 1998-99 President, Seminar Coordinator, keeps organized (right)



Gail Walker, CerAT, 1998-99 Vice President/President-Elect, Seminar Coordinator; and David Mastalski, CerAT, Director, Region 7 welcome Denise Martin-Sheridan, CRNA, EdD, AANA/ASATT Liaison (above)



William H. King, MD, ASA/ASATT Liaison addresses the membership (left)

LINDA BEWLEY RECEIVES AUGUSTINE MEDICAL HONOR

by *Maretta Grandona, CerAT*
Children's Hospital and Health Center, San Diego, CA

Linda Bewley, CerAT is the proud recipient of the 1998 Annual Augustine Medical/ASATT Clinical Excellence Award. This award is given in recognition of excellence in writing a technical article on an anesthesia-related topic. Linda's article on Latex Allergy



John Heithans, Vice President-Performance Development, Augustine Medical, Eden Prairie, MN, displays the award-winning article with author, Linda Bewley, CerAT

was published in The ASATT Sensor in October 1997. As part of the award, Linda will receive up to \$1500 towards travel and expenses for the 1999 ASATT Annual Meeting and Educational Seminar in Dallas, TX.

Linda is the Lead Anesthesia Technician at Providence St. Vincent Medical Center in Portland, OR. She has worked there for 8 years. She passed the May 1996 Certification exam. On a professional level, Linda keeps busy pursuing certification in Sterile Techniques/Processing, she volunteers at the hospital and serves as a member of the Regional Latex Committee and the Neonatal Committee. She is Secretary of the Oregon Association of Anesthesia Technologists and Technicians (OAATT), and has previously held office as President and Vice President of OAATT.

On a personal level, this mother of two and grandmother of five still finds time for collecting Beanie Babies, travelling to the coastline and shopping with staff members.

Many Thanks to Educational Staff:

Earl Ransom, MD
Fred Spielman, MD
Denise Martin-Sheridan, CRNA, EdD
Julie Lowery, CRNA
Douglas Forrester, MD
Colleen Lindell, RN, BS, MS
Sunil Dogra, MD
Lisa Fornicoia, MT (ASCP), CerAT
Thomas J. Ebert, MD

William King, MD
Dan Hatlestad
Martha Mitchell, MD
Linda Georges, MD
Bob O'Donnell
John M. Gotzon
Richard Harbaugh
Linda Yeager

and Seminar Coordinators:

Chris Patterson, CerAT **Gail Walker, CerAT**

ANGEL MARTINEZ WINS JAMI BLUE AWARD

by *Maretta Grandona, CerAT*
Children's Hospital and Health Center, San Diego, CA

The 1998 recipient of The Jami Blue Award was Angel Martinez, CerAT. The Jami Blue Award is conferred upon a technician for outstanding achievement and commitment in the field of anesthesia technology.

Angel's career began in 1986 when he entered an LPN program. After a 6-month internship he was offered a job at NYU. Although working in anesthesia, Angel was interested in becoming more involved in the administrative aspects of the job. He worked various shifts while pursuing a Bachelors in Hospital Business Administration. During this time he also attended various training seminars (such as Draeger and Ohmeda). After leaving NYU he went to Cornell as an Assistant Supervisor and Technical Support for Anesthesia. He worked there for 4 years, supervising approximately 10 technicians. Next came a non-anesthesia related position at Beth Israel where he was employed as the Operating Room Material Management and Video Consultant. In 1996 he took up a position as Chief Anesthesia Technician at Columbia. While there he helped to establish a training program for anesthesia technicians, was involved in staff selection, working and negotiating with unions. He continued to develop the training program, and also worked in Material Management. He was responsible for 15 technicians and aides working in 50 OR suites and satellite locations, with a strong emphasis on Cardiac Surgery and Liver transplantation. In 1999 Angel returned to familiar territory and is currently employed at NYU supervising 8 anesthesia technicians.



Sheila White, CerAT, 1997-98 President, and Ann Martin, Director, Region 5, present the Annual Jami Blue Award to Angel Martinez, CerAT

In a career that has spanned 12 years Angel has consistently put the hopes and goals of Anesthesia Technicians first. He worked with George Mann (a past President of ASATT) to establish their state society. He achieved certification in 1996. Angel says that his biggest struggle has been to get Anesthesia Technicians to believe in themselves and their ability to go further in their careers. Angel Martinez is indeed an outstanding and committed anesthesia technician.

perspectives and new ideas; that is the basis for progress. If you are able to volunteer on a committee or taskforce in the future, please notify your regional director and submit your name and any specific areas of interest or expertise. If you are not immediately asked to serve, I assure you that your name will be held on an active list for future needs. None of us have all of the answers but together we can definitely provide them. Your Board of Directors and I are interested in hearing of your ideas and thoughts to improve ASATT. Please feel comfortable and free to present proposals to remedy problems as you see them or to offer improvements to existing policies—that is your right and duty as a member. You need only to call or write to your regional director, your executive director, or to me. As a reminder, nominations and elections will soon be in the offering; please participate in the process and make your intentions known.

Our midyear Board of Directors' meeting was held March 18, 19, in Atlanta, Georgia at the Emory Inn and D. Abbott Turner Center on the campus of the Emory University School of Medicine. The midyear meeting was previously scheduled to coincide with a planned ASATT Region 3 Educational Meeting & Seminar held on adjoining dates, March 20, 21. Ms. Sharon Baskette, CerAT, ASATT Interim Region 3 Director coordinated the seminar with the most able assistance of the Program Director, A. William Paulsen, MMSc (Anes), PhD, CCE, Professor of Anesthesiology and Physiology, Emory University School of Medicine. Dr. Paulsen has been a long-standing strong supporter of ASATT and presented members of Region 3 and the Board with an excellent seminar composed of interesting technical lectures and a highly comprehensive hands-on workshop. THANK YOU Dr. Paulsen and Sharon Baskette for putting together a truly outstanding seminar. Dr. Paulsen also serves on ASATT's Anesthesia Technician Certification Examination Committee. From all of us, we offer our thanks to Datex-Ohmeda, North American Dräger, Marquette, and Hewlett Packard, who very generously provided technical instructors, anesthesia machines, and monitors for the seminar. Other medical supplier/vendors also took part in the program and will be featured in a more detailed report of the meeting in the July 1999 issue of our newsletter.

During the Atlanta Board meeting, many issues were thrashed about and debated and decisions then reached by majority vote. For a summary of the decisions made by your Board of Directors, please refer to page 6 of this newsletter. "ASATT Board Actions" may become a regular news article in future editions of *The ASATT Sensor*.

The American Association of Nurse Anesthetists is holding its 66th Annual Meeting in Boston, MA, August 7-12. The AANA invites ASATT members and nonmembers to register and join them in Boston. The Meeting will be at the Hynes Convention Center/Sheraton Hotel. The registration fee for anesthesia support personnel is \$100 and provides access to a host of excellent educational activities such as Scientific Sessions, General Meeting Events, Exhibits, and Social Events. Special sight-seeing tours are also offered at very reasonable costs. If you remit an additional \$50 you will be entitled to attend the closing ceremonies and a dinner/dance function. For the latest information about

AANA's Annual Meeting visit their website at: <<http://www.aana.com>> or telephone (847) 692-7050 or Fax (847) 692-3224.

ASATT's Region 1 Director, Ms. Joyce Freeman, CerAT., is planning an ASATT Region 1 Educational Meeting & Seminar scheduled for Saturday, August 7, in conjunction with the AANA's Annual Meeting in Boston. Please check for details of this meeting elsewhere in the July edition to follow. Members of Region 1 will be notified of the meeting details by mail.

Many of ASATT's past achievements were made possible chiefly through the past loyal support from our professional advisors in both the ASA and the AANA. They have always actively participated in ASATT projects and have played major roles in areas of ASATT education, certification, and training. We have received counsel and guidance from men and women in those societies and they most deservedly share in our successes.

335 members registered to take the ASATT Anesthesia Technician Certification Examination at 11 different testing sites. Testing will be conducted at: Stanford, CA; Los Angeles, CA; Denver, CO; Jacksonville, FL; Detroit, MI; Raleigh, NC; New York, NY; Portland, OR; Houston, TX; Richmond, VA; and Springfield, MA.

All examinations will be administered on Saturday, May 15, 1999, by Applied Measurement Professionals, Inc., Lenexa, Kansas. Good Luck to all taking the test; we recognize your commitment to education and advancement of skills.

If you have any questions or need help with membership problems and administrative needs whether old or new, please contact your regional director. They will help you solve your problems and coordinate the information with our home offices.

Good News: Our Society has experienced an increase of almost 200 new members since our last report of October 1998. In speaking for all of us, we welcome our new colleagues and thank them for coming on board.

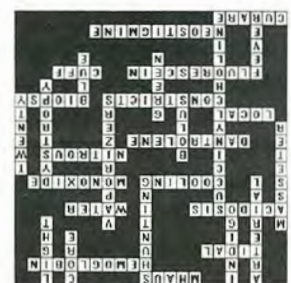
I hope all members received the winter edition of the Anesthesia Patient Safety Foundation Newsletter. Vicki Carse, CerAT, Director, Region 2, arranged for all members to receive a complimentary copy after ASATT made a worthwhile contribution to the Foundation.

In closing, your Board of Directors and I thank you all again for your support and we urge you to continue down the road of education, education, and more education. As old adage states, "Knowledge is Power," and with knowledge comes assurance and excellence on the job.

ANSWERS TO

PUZZLE

(From page 13)





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, anesthesiologist assistant 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: _____	

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

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- ★ **North American Dräger**
- ★ **SIMS Level One, Inc.**

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