

THE ASA M SENSOR

Volume 9, Number 4

October 1999

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

PRESIDENT'S MESSAGE....

ASATT'S TENTH YEAR MILESTONE

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



Dear Colleagues and Associates: At the time you receive this edition of *The ASATT Sensor* we will be nigh to meeting together and celebrating our tenth anniversary in Dallas, Texas. It is extremely rewarding for me, and I know for all of you, to see our Society progress from its beginning in 1989 and arrive at our tenth year of growth. In speaking for all of us, I offer special recognition to **The American Society of Anesthesiologists** and **The American Association of Nurse Anesthetists** for their many contributions over the past ten years to uplift and benefit anesthesia technicians and technologists everywhere. Their loyal support of ASATT has been essential to our growth.

ELECTIONS: The Board of Directors and I are pleased with the interest and activity that took place during this year's election process. It is my privilege to acknowledge the results:

ASATT Vice President/President-Elect – Ms. Vicki Carse, CerAT, was recently elected as ASATT's new Vice President/President-Elect (1999-2001). Personally, I cannot think of a better-qualified person to assume the office. Vicki is now serving as ASATT Region 2 Director and will assume her new duties at our Annual Meeting and Seminar in Dallas, Texas, this coming October. I have been acquainted with Vicki for over five years and respect her devotion to improving the standards of anesthesia technical support personnel. She is presently employed as Supervisor, Anesthesia Workroom, Mercy Hospital of Pittsburgh, Pittsburgh, PA. Her previous duties at Mercy Hospital include: Lead Anesthesia Technician, Monitor Technician, and she has served extensively on the Curriculum Development, Western School Anesthesia Technician Program. In addition, Vicki is currently serving as the President of the Pennsylvania Society

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THE SENSOR: Quarterly Newsletter of the ASATT

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


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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 November 15, 1999

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SETON MEDICAL CENTER & CAPITOL ANESTHESIOLOGY ASSOCIATION

by *Dianne Holley, Chief Anesthesia Tech, Austin, TX*
Editor, The ASATT Sensor; TSAT Treasurer & Past President



Austin is situated at the geographic, ecologic, and sociologic heart of Texas. The extremely diverse ecologic zones of Texas include the high plains and farmlands of North Texas, piney woods and swamps of East Texas, the rugged scrub oak hills of South Texas, the broad vistas of the mountainous west Texas desert, and the palmetto groves and sand dunes of the Gulf Coast. All these zones intersect and are represented in Austin and the surrounding Hill Country. Green rolling hills dotted with clear springs, caves and grottos, magnificent limestone cliffs, and the Colorado River with its chain of Highland Lakes give Austin an enchanting physical beauty. One can understand why early Texans chose Austin as the State Capital. The University of Texas, a relaxed life-style, a thriving live-music/film/art scene, and a growing high tech industry have made Austin a recent "boom town."

Seton Medical Center (SMC) is located at the heart of Austin. It is a Catholic Hospital, associated with the Daughters of Charity National Health Services. The Seton Network of Austin encompasses more than 30 facilities in Austin and the surrounding Hill Country, including Brackenridge Hospital—the area trauma hospital, Children's Hospital of Austin, Seton Northwest, Renaissance Women's Hospital, and many more hospitals and clinics.

Capitol Anesthesiology Association (CAA) is a very large group of anesthesia providers and support personnel. They employ nearly 50 anesthesiologists and 80 CRNA's and provide anesthesia to all the Seton facilities and a few other facilities that are not connected with Seton. The MD's and CRNA's continually rotate from one facility to another, so that the group has one large pool of clinicians from which to draw to cover the fluctuating schedules of the various facilities.

The Surgery Department has 20 OR's, including 2 CV/Heart rooms, 1 Crani room, and other rooms dedicated to Ortho, Gyn, Eyes, GU, ENT, and General Surgery. We also have 3 L&D c-section rooms, Electrophysiology, and Endo. We keep extra equipment for traveling to the various X-ray rooms, the rare ICU anesthetic, physical therapy, lithotripsy, or wherever else anesthesia services may be required. We are also in the process of setting up anesthesia equipment for our MRI suite which was recently retrofitted with anesthesia gases and vacuum.

We perform 1700 surgical procedures each month in the OR suite. Since Seton is the Central Texas Heart Institute, our schedule usually includes 1-5 open heart procedures each day, including heart transplants. We also have the regional

Neonatal Intensive Care Unit, so we frequently care for very tiny patients.

CAA and SMC share responsibility for employing the anesthesia techs—roughly half work for SMC and half for CAA. They are all however, considered to be basically the same, all answering to the Chief Anesthesia Tech and performing the same duties. This dual loyalty to both the hospital and the anesthesia group may seem outwardly awkward, but in actuality, it produces great teamwork and a great department.

Anesthesia techs are responsible for stocking, cleaning, and turn-overs between cases. They are also responsible for some Pharmacy Tech duties as they deliver drugs to the OR's, prepare syringe packs, and help set up syringe pumps. Anesthesia techs prepare and assist with the invasive and noninvasive procedures and monitoring including Arterial, Central and PA lines, blood delivery, drawing and running for blood gases, pain management procedures, spinal drains, and neonatal and pedi cases. More recent changes include frequent off-pump heart cases, where the anesthesia techs have been responsible for setting up continuous cardiac output/SVO2 monitors. Troubleshooting equipment problems and being on the "front lines" during patient crises add a lot of excitement to the job.

Roughly 2 years ago, the anesthesia techs began to embrace the network pool concept and so far it has met with great success. Although each tech has a primary work location, each is oriented to at least one if not two or more other locations within the system. Vacation requests are viewed network-wide, and coverage is provided from other facilities

when necessary. Generally, larger facilities have more techs and a greater cushion of coverage than smaller facilities who may have only one regularly scheduled tech. Daily caseloads are taken into consideration when scheduling replacement personnel.

About six months ago, the Chief Anesthesia Tech became a network-wide position as well. This reduces duplicate work among facilities since capitol budget, education, cost containment, vendor appointments, scheduling, evaluations, and supply standardization and substitutions can be handled by one person.

The greatest benefit of networking the techs is the educational aspect. Currently, all new techs are initially trained at SMC since it is the largest facility with the greatest number of routinely scheduled cases requiring anesthesia tech support. A checklist

continued on page 22....



Dianne Holley Mountain, (2nd from left) with 1998-99 TSAT Officers Raul Esquivel, Director; Naomi Medina, Secretary; Gerardo Trejo, President; Raul Sanchez, Vice President; David Smith, Director; & Essie Davis, Director

ASATT 1999 ELECTION RESULTS

Newly elected ASATT officers for the 1999-2000 year are:

- VP/President Elect - Vicki Carse, CerAT, Pittsburgh, PA
- Region 1 Director - Joyce Freeman, CerAT, Syracuse, NY
- Region 3 Director - Sharon Baskette, CerAT, Nashville, TN
- Region 5 Director - Gerardo Trejo, CerAT, Houston, TX
- Region 7 Director - Nora Tiffany, CerAT, Seattle, WA

In addition, the following were selected as 1999 Award Winners:

- Jami Blue Award - Patti Carlson, CerAT
- Augustine Medical Award - TSgt TammySue Graffen, CerAT
"Managing Malignant Hyperthermia"
The ASATT Sensor, April 1999

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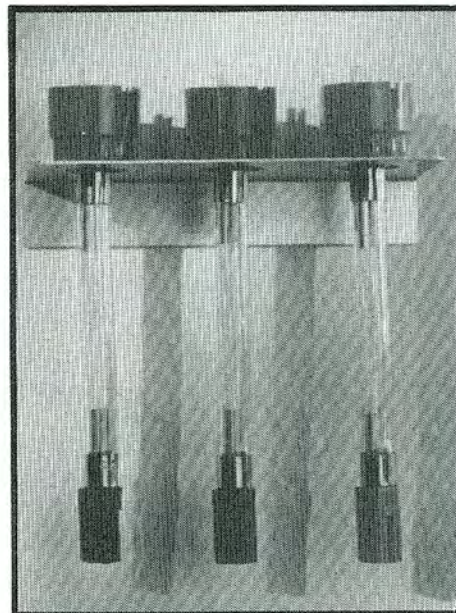
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OPEN FORUM

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:

Recently, our hospital opened the MRI suite and has asked anesthesiology to provide "limited anesthesia services" there. I understand that there are special equipment needs in an MRI suite. Can you please provide some information?

Las Vegas, NV

The Magnetic Resonance Imaging (MRI) suite incorporates an extremely powerful magnet, and because of this, there are some definite special equipment needs for providing anesthesia there. Before we get to special equipment needs, let's start with some basics first.

In order to provide any level of anesthesia there must be sufficient space to accommodate necessary equipment and personnel and to allow expeditious access to the patient and equipment. There should be a telephone or intercom system in order to request assistance, if needed. There must be a reliable source of oxygen adequate for the length of the procedure. There should also be a backup supply equivalent to an E cylinder. There should also be a reliable source of suction. There should be a provision for adequate illumination of the patient and equipment. In addition, there should be a flashlight available. There should be sufficient electrical outlets to satisfy anesthesia machine and monitoring equipment requirements, including clearly labeled outlets connected to an emergency power supply.

Some of the equipment and supplies needed: a self-inflating hand resuscitator bag capable of administering at least 90% oxygen as a means to deliver positive ventilation; adequate anesthesia drugs, supplies and equipment for the intended anesthetic care; and adequate monitoring equipment to allow adherence to the American Society of Anesthesiologists "Standards for Basic Anesthetic Monitoring."¹ There should be immediately available an emergency cart with a defibrillator, emergency drugs and other equipment adequate to provide CPR. Additionally, in any location in which inhalation anesthetics are administered, there should be an anesthesia machine equivalent in function to that employed in regular operating rooms, including an adequate and reliable system for scavenging waste anesthetic gases.

According to the ASA Standards: "during all anesthetics, the patient's oxygenation, ventilation, circulation and temperature shall be continually evaluated."² This creates a unique challenge to providing anesthesia in the MRI unit, as the powerful magnet makes it virtually impossible to deploy the use of standard anesthesia machines and monitors. With the refinement and use of nonferrous metals, such as aluminum, anesthesia and monitor manufacturers have brought to market enough equipment the last several years, to safely provide all levels of anesthesia. Please contact your manufacturer representatives for further information.

¹ Both the American Society of Anesthesiologists (ASA) and the American Association of Nurse Anesthetists (AANA) have established Standards and Guidelines for providing anesthesia in remote areas.

² ASA Basic Standards for Anesthetic Monitoring; effective July 1, 1999

DID YOU KNOW....

Web Sites of Interest:

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

AANA: <http://www.aana.com>

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

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

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

ASATT SENSOR OPEN FORUM

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

THE THROMBELASTOGRAPH®

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

The Thrombelastograph® (TEG™) is a global test of blood coagulation or clotting. It is used in operating rooms, intensive care units, laboratories and other patient care areas to assess coagulation and guide patient management. Abnormalities of coagulation can result in both bleeding (hemorrhage) and clotting (thrombosis). The parameters of the TEG™ are used to determine which drugs and/or blood products should be given to the patient and to evaluate the patient's response to therapy when abnormalities in coagulation are encountered.

TEG™ is a graph of the elasticity of a blood clot. Whole blood (.36ml) is placed inside an oscillating cup. A freely suspended pin is lowered into the cup. While the blood remains fluid, a straight-line graph will be produced. As the blood begins to clot, fibrin strands form between the cup and pin and the graph becomes wider. The width of the graph represents the strength of the clot as it forms over time.

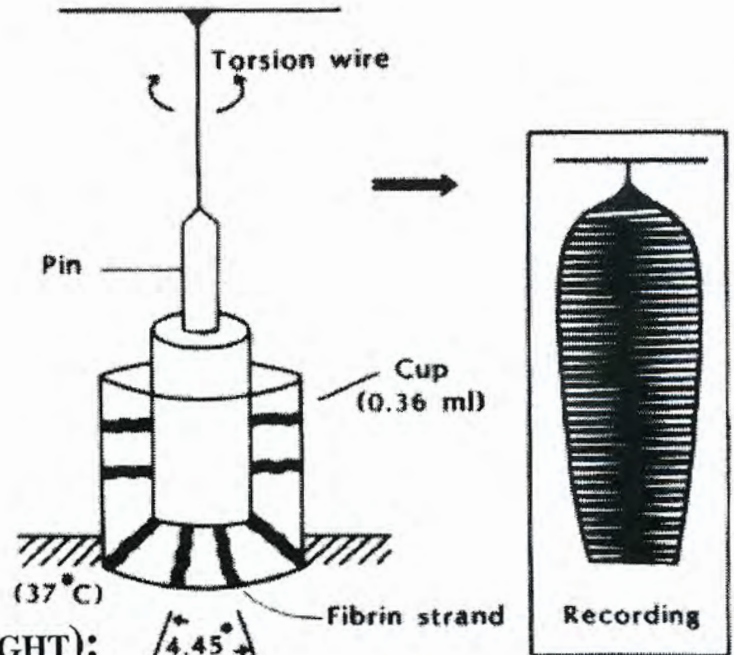


FIGURE 1 (RIGHT): $\angle 4.45^\circ$

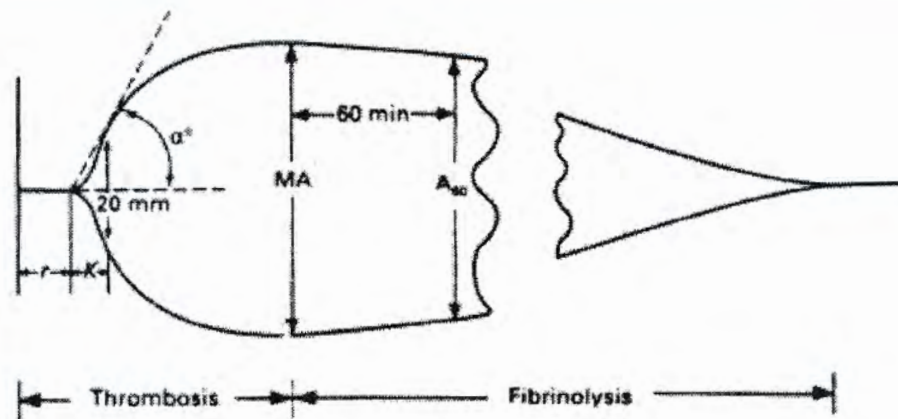
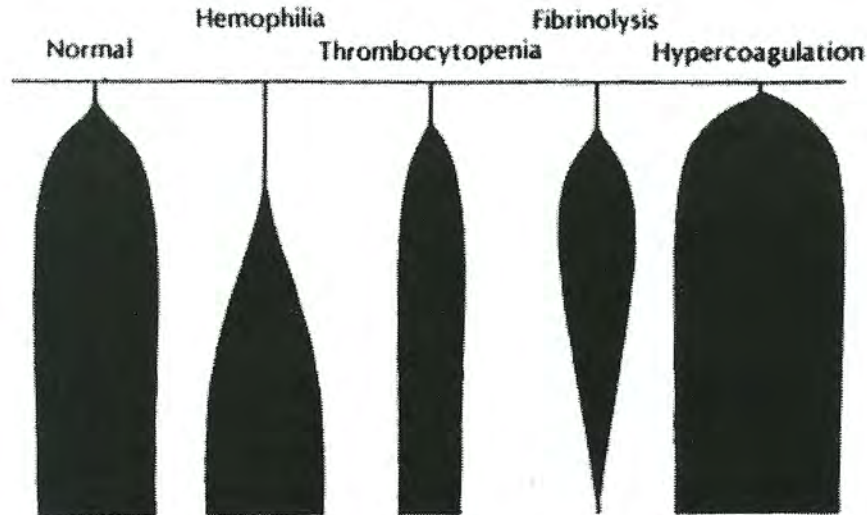


FIGURE 2: The graph is analyzed for the following parameters:

- R** The time taken for the graph to reach 2mm of width. The R value represents the onset of fibrin formation
- K** The time taken after R is reached to reach a width of 20mm. The K value represents the rate of fibrin polymerization.
- ANG** The angle of deflection tangent to the shoulders of the graph. The ANG represents the rate of fibrin polymerization.
- MA** The maximum amplitude or width of the graph. The MA value represents clot strength.
- TMA** The time taken to reach maximum width. The TMA value represent the time required to reach maximum clot strength.
- G** G is a calculated value based on the MA. G represents clot firmness
- EPL** The EPL is the estimated percentage lysis or clot breakdown. This value represents clot stability over time.

FIGURE 3: TYPICAL TEG PATTERNS ARE SHOWN BELOW:



The first graph depicts a normal TEG™. Notice the normal **R** value or onset, normal **ANG** or rate of polymerization, the normal **MA** or strength and the stability of the **MA** or strength over time.

The second graph depicts a delay in the onset of fibrin formation which may be seen in patients with coagulation factor disorders, patients on anticoagulants such as heparin and coumadin, or an increased amount of inhibitors. It shows an extended **R** or onset, the **ANG** is reduced and the **MA** is normal. There is no evidence of premature clot breakdown.

The third graph depicts a reduced **MA** or clot strength. This graph may be seen in patients with a defect in platelet number or function. It shows a normal **R**, a reduced **ANG** and **MA** with no evidence of premature clot breakdown.

The fourth graph depicts abnormal clot breakdown. This graph may be seen when fibrinolysis occurs. The **R**, **ANG** and **MA** are normal. The **MA** or strength declines over time until the graph becomes a straight line.

Many types of laboratory tests exist to elucidate specific defects in different pathways that result in blood clot formation. The TEG™ evaluates the effect of these pathways simultaneously by evaluating blood clotting in whole blood. In a study done at Rush-Presbyterian-St. Luke's Medical Center in Chicago, Dr. Speiss reported that the TEG™ (87%) was a significantly better predictor of post-cardiopulmonary bypass coagulopathies than the ACT (30%) or standard coagulation testing of PT, PTT, fibrinogen and platelet count (51%). The TEG™ uses whole blood, which allows for the interaction of the cellular elements, such as platelet cytoplasmic granules and platelet cell surfaces, along with the plasma components.

Normal coagulation in surgical patients is essential to prevent potentially life threatening bleeding (hemorrhage) and/or inappropriate clotting (thrombosis). When coagulation is normal some bleeding, as a result of surgery, can be expected and is

referred to as surgical bleeding. Bleeding that is a result of an abnormality of the coagulation system is referred to as medical bleeding. When medical bleeding is encountered during surgery, the bleeding may become overwhelming. If appropriate treatment is not given a vicious cycle is created and it is difficult to stop the bleeding.

TEG™ AS A GUIDE TO TRANSFUSION MANAGEMENT

The TEG™ is changing the standard of care in transfusion management. TEG™ monitoring has been shown to decrease blood product usage by up to 30%. Better management of bleeding has been shown to result in earlier extubation. The TEG™ is used to determine the safety of regional anesthesia in obstetric patients with low platelet counts. Using the TEG™, investigators have reported decreased re-exploration rates by identifying

continued on page 8....

abnormalities in coagulation prior to surgical interventions. Endogenous release of heparin followed by fibrinolysis has been reported in obstetrics and multi-organ system failure. Therefore, these patients were effectively treated with drugs instead of blood products. The common practice of transfusing blood products to these patients would be severely misplaced. TEG™ monitoring allows for identification of these abnormalities as well as documentation of appropriate therapy.

Currently, many clinicians must use a shotgun approach to coagulation management. The decision to transfuse blood products or administer drugs is often prophylactic and based on clinical judgment despite the complications and costs that may arise from inappropriate therapy.

Complications from transfusion therapy include disease transmission and mild to life threatening transfusion reactions. Immunosuppression is an often under-recognized complication of blood transfusion and may be a precipitating factor in post operative infection rates. The use of prophylactic drugs to reduce the probability of coagulopathy is growing in spite of the cost and possible side effects. All of these factors can have a negative effect on patient care and increase costs.

Dr. Yoogoo Kang recognized the need for coagulation monitoring to guide replacement and pharmacological therapy while working with liver transplantation patients at the University of Pittsburgh. He was a pioneer of blood product replacement therapy guided by the results of TEG™ monitoring. He felt that in order to manage coagulation properly, coagulation must be monitored, abnormalities must be properly identified and the appropriate treatment must be given. Dr. Kang developed the following guidelines for treatment of coagulopathies when clinically warranted during surgery: A prolonged **R** (**R**>15') was treated with 2 units of FFP and a decrease in maximum amplitude (**MA**<40mm) was treated with 10 units of platelets. Cryoprecipitate (6 units) was infused when the above therapy did not improve coagulation or when the clot formation rate was slow (**ANG**<45 degrees). Pharmacological therapy consisted of the use of epsilon-aminocaproic acid (Amicar™) for the treatment of fibrinolysis and protamine sulfate to treat heparin effect.

Heparin effect is observed as a prolonged onset (**R** value) on the TEG™. Heparinase is an enzyme that breaks down heparin. Heparin effect is evidenced by a correction of the prolonged **R**-value when heparinase is added to the sample. Heparinase is routinely used to monitor coagulation while patients are systemically heparinized during cardiopulmonary bypass. After protamine sulfate is given to neutralize heparin at the conclusion of cardiopulmonary bypass, two samples are placed in the TEG™. One sample is untreated and the other is placed into a heparinase-coated cup. If a prolonged **R** is observed on the

untreated sample and not observed on the heparinase sample, additional protamine is given. Performing samples in this manner provides information regarding residual heparin activity, platelet function, coagulation factors, fibrinogen as well as fibrinolysis.

Many transfusion algorithms using TEG™ parameters have been developed for cardiac surgery patients. Each is very similar to the guidelines originally developed by Dr. Kang. The TEG™ is used in surgery and the intensive care units to distinguish between medical and surgical bleeding, which is important to eliminate unnecessary trips to the operating room to explore for bleeding. The TEG™ is also used to identify patients who require aggressive therapy such as anticoagulation to prevent thrombotic complications. Thrombotic complications are a result of inappropriate clotting which can cause many clinical conditions that range from postoperative deep vein thrombosis to potentially fatal pulmonary thromboembolus.

Since the TEG™ is a laboratory test, it has a CPT code and departments can charge for performing the test. It has a quality assurance program, which is required by the clinical laboratory improvement amendment (CLIA). With proper training, anesthesia technicians can qualify as operators and many across the nation currently operate the device. Laboratory testing is a highly regulated field and requires extensive documentation. It is well recognized that there is a need for coagulation testing and other point of care testing during surgery, however having qualified operators to perform the test is one of the most limiting factors to their widespread use. Undoubtedly this is an area where anesthesia technicians can participate in providing quality patient care by their willingness to fulfill a patient care need.

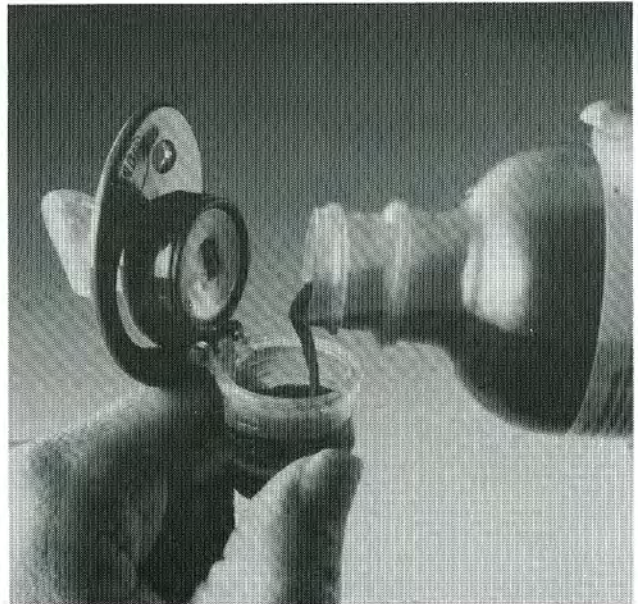
There are many other applications for TEG™ testing than covered here. If you would like more information on the TEG™, visit Haemoscope's website at www.haemoscope.com.

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1. The Thrombelastograph® test is done on which substance?
 - A. serum
 - B. plasma
 - C. packed cells
 - D. whole blood

2. The Thrombelastograph® evaluates all of the following EXCEPT
 - A. clot strength
 - B. fibrin formation
 - C. platelet count
 - D. clot stability

3. Which test is not used to predict coagulopathies ?
 - A. prothrombin time (PT)
 - B. fibrinogen level
 - C. hematocrit
 - D. activated clotting time (ACT)

4. An early pioneer in using TEG™ as a guide to treating coagulation problems was
 - A. Dr. B.- D. Spiess
 - B. Dr. Y. G. Kang
 - C. Dr. H. W. Grand
 - D. Dr. J. A. Caprini

5. The Thrombelastograph® test measures which of the following:
 - A. medical bleeding
 - B. surgical bleeding
 - C. both medical and surgical bleeding
 - D. neither medical or surgical bleeding

Answers to Questions from the last ASATT Sensor (July 1999):

1. C. Henderson-Hasselbalch Equation
2. B. HCO₃
3. A. patient just ate a full meal
4. B. mixed venous
5. D. glucose

To apply for Continuing Education/Contact Hours,

1. completely fill out the information on the left
2. fill in the appropriate circles on the right corresponding to the correct answers to the questions above
3. send \$5 check or money order payable to ASATT and this completed form to: **ASATT**
5800 Foxridge Drive, Suite 115
Mission, KS 66202-2333

✂ (Clip here and return bottom section to ASATT along with \$5) ✂

Name _____		A	B	C	D
ASATT Number _____	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address _____	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City _____	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State _____ Zip _____	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone _____	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signature _____					
Date _____					

REGIONAL SOCIETY ACTIVITIES...

Let us announce what's happening in your area. Send a brief report of recent or future activities for the next issue by November 15, 1999 to your ASATT Regional Director (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:

Region 1 is planning a Regional Meeting in April, 2000. See article on page 15 about last April's Region 1 Meeting.

For information on future meetings:

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:

See article on page 14.

For further information:

Vicki Carse at (412) 232-5807

Ohio

August 28, 1999: the University of Cleveland/ Anesthesia Department hosted the monthly meeting. Carol Rypinski, RN, Aspect Medical, conducted a workshop on the BIS Monitor.

September 25, 1999: the OSATT will have a luncheon in Middleburg Hts., Ohio to celebrate its 10th anniversary.

October 23, 1999: the Robinson Memorial Surgery Center/ Anesthesia Staff will host the monthly meeting.

January, 2000: the Children's Hospital of Akron /Anesthesia Staff will host the monthly meeting.

For information on future events:

Charlene Smith (303) 296-7697, or

Wilma F. Frisco at 216-261-0649.

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

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:

For further information:

Sheila White at 319-356-1616[W], 319-466-0907[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 319-356-1616[W], 319-466-0907[H].

ASATT Region 5:

For information on future events:

Gerardo Trejo at (713) 793-2898.

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>

REGIONAL ACTIVITIES....

Arkansas

For information contact:
Bill Peery at Bpeery8254@aol.com[E] or 501-320-1330
Irene Mosely at 501-320-1330.

Colorado

Get ready for Crash 2000, Vail Colorado, March 4 - 6, 2000. For more information call Ann Martin, Chief Anesthesia Technician, CRASH 2000 Technician Course Director at 303-372-6351 or Phyllus Tuller, Course Coordinator at 303-372-6301.

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].

Texas

TSAT is planning a short business meeting to take place during the weekend of the ASATT meeting in Dallas. Stay tuned for more details later.

For regional meetings—D/FW: David Smith at 817-788-2410. Houston: a half-day meeting on Nov. 6, contact Gerardo Trejo (see below). Austin: Dianne Holley at 512-451-7457. San Antonio: a half-day meeting on Sept 18, Raul Sanchez at 210-675-1564.

For further information:
Gerardo Trejo at (713) 793-2898.

ASATT Region 6:

For information:
Dean Rux at (480) 821-3279[W] or (480) 497-9709 [H].

Arizona

For information on future meetings:
Dean Rux at (480) 821-3279[W] or (480) 497-9709 [H].

California

For information on future meetings:
Grainne Senier at (408) 735-1346.

ASATT Region 7:

See article on page 15.
Watch your mail for information regarding the ASATT Region 7 and University of Washington Full Day Hands-on Seminar featuring the U of W Anesthesia Patient Simulator. CE/ Contact hours will be available.
For further information:
Nora Tiffany at (360) 427-9562 (W) email: rtiffany@uswest.net

Hawaii

See article on page 15.
For information on future events:
Delbert Macanas (808) 547-9872

Oregon

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

Washington

NSAT will present an educational conference and meeting on Oct. 22, from 9 – noon at Stevens Memorial Hospital. The topics will include: New Technology for NIBP and Trauma Anesthesia. Contact hours will be available. Also, watch your mail for notices on officer nominations/elections, which will take effect Jan. 2000.

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

WHO'S WHO IN REGION 2....

*contributed by Vicki Carse, CerAT
Director, ASATT Region 2/ President, PSATT
Mercy Hospital, Pittsburgh, PA*

Name: Scott Cooper

Current Position: Chief Anesthesia Technician

Number of Years in Anesthesia Field: 11

What do you find the most challenging about your job?
Getting everyone to work as a team together.

What Secret Vice can you confess about? If I told you, it wouldn't be a secret anymore, now would it.

If a magic genie could grant you one wish, what would it be?
To be financially secure

What is your favorite food? I love to cook all types of dishes, but if I had to choose, I would pick grandmother's fried chicken recipe.

People would be very surprised to know that I: am an avid gardener.

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

What has been your proudest accomplishment so far in your life? Buying a house and remodeling it completely myself.

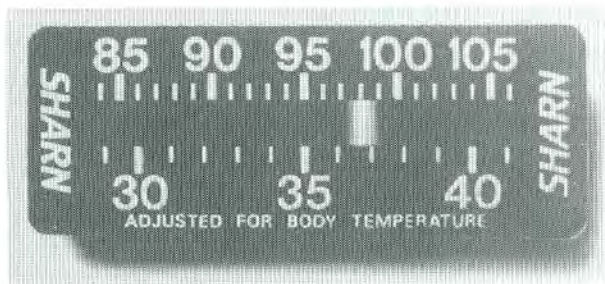
It is your day off; what do you enjoy doing with your free time? Gardening, playing with my dogs, grilling out.

What is your favorite type of music? Jazz and Blues.

What is your favorite movie? *Something about Mary.*

What would you like to get around to doing one of these days? Owning my own business.

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Consistent Monitoring. Crystalline Temperature Trend Indicators easily migrate with your patient throughout surgery and recovery, there are no interruptions in monitoring. You can be sure that comparative readings reflect changes in the patient, not in the monitor.

Precise Readings. Crystalline uses an advanced form of liquid crystal technology which displays temperature with a concise gold line on a continuous scale. Readings require no color interpretation.

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EDUCATION & TEAMWORK

by Vicki Carse, CerAT
Director, ASATT Region 2/ President, PSATT
Mercy Hospital, Pittsburgh, PA

In the three rivers city of Pittsburgh, the first weekend of June had the most perfect weather conditions: beautiful pale blue skies, temperature of 85°F, low humidity, and lots of sunshine. Great reasons to want to stay indoors, right? Wrong, but 57 anesthesia technicians did stay inside the Sister M. Ferdinand Clark Auditorium at the Mercy Hospital of Pittsburgh for the 4th Annual ASATT Region 2/PSATT Seminar.

The day and a half event was host to a superb collection of speakers from the Department of Anesthesiology at Mercy Hospital, as well as guest speakers from the ASA and ASATT. The topics included a wide range of subjects from the history of pain management and managing a trauma patient to TEE for anesthesia techs, fundamentals of ventilation, and infection control for anesthesia equipment. The audience also had the pleasure of participating in "Pharmacology Jeopardy," with our own Vanna White (Roseann Locante) turning the cards. An outstanding presentation was given by Dr. Roseland Bainum of Mercy's Human Resources Department, on "Putting People First." With some help from her friends, Dr. Bainum demonstrated the importance of all patients being our first priority—whether it's the 1st or 19th patient of the day. ASA/ASATT Liaison, Dr. William King's informative topic of "Understanding Bylaws" was so well presented that all participants should feel comfortable returning Bylaw information to ASATT when requested, and Chris Patterson, ASATT President, brought the anesthesia techs up-to-date on the current Society business. We were particularly delighted to have Ms. Barbara Brookner, an Operating Department Assistant from England, describe to us how things are done in the "theatres" of the hospitals of the United Kingdom. Their facilities and procedures are quite different from the OR's here in America.

I'd like to send a warm round of applause to the speakers from Mercy Hospital and the Department of Anesthesiology who graciously gave their time on the weekend to support our meeting. Richard Stypula, MD; Stephen Thomas, MD; Christopher Trioanos, MD; Roseland Bainum, PhD; Bonnie Craig, CRNA; Francis Feld, CRNA; Jean Fleming, RN, MPM, CIC; and Marybeth McFarland. A special "thanks" goes to William King, MD, and Chris Patterson, CerAT, for their leadership and the valuable information that they shared about the Society. I'd also like to thank our various vendors whose financial support made this meeting possible.

And, last, but not least, a big heartfelt "thanks" to my fellow coworkers for their hard work and enthusiasm during the weekend. The impromptu skit performed by Carol, Trish, Roseann, Barb, Doris, and Jeff was quite entertaining and relevant to all. Thanks for representing yourselves on such a high level of excellence in the anesthesia workplace.

See you in the year 2000 for the 5th Annual ASATT Region 2/PSATT Seminar.

THANKS, REGION 7 TECHS!

Just a quick "thank you" to all of the wonderful anesthesia technicians that I have had the privilege to represent for the last four years. I believe we have made great strides in furthering our profession, and I personally enjoyed meeting and working with all of the great folks in Region 7 and beyond. I encourage all members to actively participate in the society. Nora Tiffany, Cer.A.T., as your new Region 7 Director, would welcome any and all ideas and suggestions. I hope to see you all at future meetings.

Sincerely,

Dave Mastalski, Cer.A.T.

REGION 1 EXPLORES TECH DUTIES

by Joyce Freeman, CerAT
Director, Region 1

Joyce Freeman, CerAT, Director, Region 1, held her 1st of 2 Regional Meetings in Syracuse on April 24-25. Members from all along the Eastern coast came to the conference. With the assistance of Ansheai Spence, the Program Coordinator, the program was very successful.

My goal as Regional Director was to give extended time to lectures and hands-on demonstrations that were requested by members from the last seminar and to provide the needed credits. I also wanted to show the depth of the Anesthesia Support Clinician. Our role as Anesthesia Technician far exceeds the common everyday practices. In some institutions, we assist on invasive procedures, satellite cases, and we see other areas of Anesthesia that some technicians do not. My intent was to expose that part of our duties to those technicians.

To me, it is very important to continue to show all of the different areas that are anesthesia-related. In order for our members to stay interested in the seminars, we must continue to think "out-of-the-box" and provide new and exciting areas of education as we learn about them at the conferences.



Jacqueline Polak, CerAT studies the booth offerings of Armstrong Medical Representative, David Yugar.

EDUCATION IN PARADISE!

By Dave Mastalski, Cer.A.T.
Director, Region 7

The first ever ASATT Educational Conference held in Honolulu at the beautiful Ala Moana Hotel was extremely successful and well attended. Many thanks to all who attended and welcome to the four new ASATT members who joined us at the meeting. All in attendance passed the post test and qualified for 6.0 CE/ contact hours from ASATT.

Thanks to Delbert Macanas, Cer.A.T., Program Coordinator, and our wonderful faculty for giving their time and expertise: Bruce Angeski, CCP, RRT, BS; Michael Hee, MD; Diana Nunn, RN, and Robin Takata, MD. Additionally many thanks to our vendor/ sponsors who helped make the program possible: Abbott Hospital Products; Aspect Medical; Astra-Zeneca; Baxter; Bergen-Brunswig; BOC Gaspro; Datex-Ohmeda; Holden Hospital Supply; Medtronic, Inc, and Organon.

Based on the success of this meeting and the enthusiasm of the Hawaii techs and local vendors, we would like to plan a 2-3 day conference for next year and hope to attract plenty of technicians from the mainland.

I would like to take this opportunity to thank all the anesthesiology faculty, nursing professionals, and educational equipment specialists who took the time to provide the lectures and hands-on demonstrations for the conference: Sebastian Thomas, MD; Richard Beers, MD; Carlos Lopez, MD; Susan Nostrame, MD; Colleen O'Leary, MD; Vijayalakshmi V. Patil, MD; Bettina Smallman, MD; Chairman Vakariah, MD; Judy Kilpatrick, RN; Kathy Same; RN; Shawn Retzloff, Datex Ohmeda; and Jim Yoder, North American Dräger. Also, thanks goes to Enrico Campoersi, MD, Chairman, Anesthesiology Department, SUNY, and a strong supporter of anesthesia technicians.

A special thank you to all the vendors who supported us: Haemonetics, Armstrong Medical, Arrow International, Mallinckrodt, Organon, B. Braun, Datex-Ohmeda, and LMA America.

In closing, I would like to thank all the members who attended. Without you, the meeting could not have been successful. I hope to see all of you again next year.

*Highlights of the
10th Anniversary Gala
October 9, 1999
"A Dream Come True"*

- 6:00-7:00 Reception (Cash Bar)
- 6:30-7:00 Banquet Seating
- 7:00-10:00 Agenda:
 - Music
 - Dinner
 - Entertainment
 - Exhibitor Recognition
 - President's Awards
 - Grand Finale
- 10:00-12:00 Dancing



Formal or Semi-formal attire

Gala Reservation – Cost is \$25.00 per person

PLEASE PRINT
 Registrant's Name _____ Title _____
 Address _____ City _____ State _____ Zip Code _____
 Number of Guest(s) _____ I prefer your vegetarian dish:
 Name of Guest(s) _____

Make all checks payable to: **ASATT/Gala** and mail to: ASATT
 5800 Foxridge Drive, Suite 115
 Mission, Kansas 66202-2333

All reservations and payments must be received by **October 1, 1999** first come-first serve basis.

- For additional information call:**
- Ann Martin, Chairperson – 303-372-6351
 - Jacqueline Polak, Vice Chairperson – 718-283-7188
 - Bob Reno, Program Committee – 214-820-4613
 - Wilma Frisco, Gala Journal – 216-261-0649
 - Ruth Ochoa, Program Committee – 503-390-0736

Program sponsored by
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Register Today!

ASATT's

10th Anniversary

Educational Conference &

Annual Business Meeting

October 7-10, 1999

Radisson Hotel Central - Dallas, Texas

Air Transportation

Dallas / Fort Worth International Airport is serviced by the following major airlines: American, American Eagle, Canadian, Continental, Delta, Midwest Express, Northwest, TWA, United, USAir and Vanguard Airlines. Shuttle service is available from this terminal.

Dallas Love Field Airport is serviced by the following major airlines: American, Continental and Southwest Airlines. Free shuttle to Hotel from Love Field.

Hotel Accommodations

The official meeting hotel is the Radisson Hotel Central at 6060 North Central Expressway. It is a full service hotel, conveniently located four miles from downtown, just off the DART Rail line and within minutes of Greenville Avenue restaurants and nightlife.

Featuring a beautiful atrium surrounded by 288 guest rooms, indoor/outdoor pool, full restaurant, lounge, jacuzzi and sauna.

Radisson Hotel Central Reservations

You can reach the hotel at 214 / 750-6060.

The Conference rate is: \$104 single and \$114 double.

When calling tell them you're registering for the ASATT Meeting to receive these rates. Cut off for these rates is September 14, 1999, so act early to be part of the group.

ASATT's 10th Anniversary Educational Conference

October 7-10, 1999 - Radisson Hotel Central - Dallas, Texas

Wednesday - October 6, 1999

2:00 - 6:00 p.m. Board of Directors' Meeting

Thursday - October 7, 1999

8:00 - 12:00 Noon Board of Directors' Meeting
2:00 - 7:00 p.m. Exhibitors Setup
2:00 - 3:00 p.m. Event Rehearsal (Current Board)
3:00 p.m. **State Representatives' Meeting**
5:00 - 7:00 p.m. Early Registration

Friday - October 8, 1999

6:00 - 7:00 a.m. Exhibitors Setup
7:00 a.m. Registration & Continental Breakfast
8:00 a.m. **Opening Ceremonies & Welcome**
Presentation of Colors by the
468 Corp. Support Battalion
Welcome by ASATT President
Chris Patterson, Cer.A.T.

8:30 a.m. **Infection Control**
Christine Columbus, MD
9:30 a.m. Break
View Exhibits
10:00 a.m. **Fluid Balance & IV Complications**
(Adult vs. Child)
Donald Prough, MD
11:00 a.m. **EKG Interpretation**
TBA
12:00 Noon Luncheon
TBA
Sponsored by Abbott
1:00 p.m. View Exhibits
1:30 p.m. **ACLS**
Neal Fleming, MD, Ph.D.
2:30 p.m. **Transplant Surgery**
Michael Ramsey, MD
3:30 p.m. Break
View Exhibits
4:00 p.m. **Temperature Monitoring**
Beth Godfrey, CRNA
5:00 p.m. Adjourn for the Day
7:00 - 10:00 p.m. **50's Party**

Saturday - October 9, 1999

7:00 a.m. Registration & Continental Breakfast
8:00 a.m. **Breakout Sessions**
9:00 a.m. Break
View Exhibits
9:30 a.m. **Breakout Sessions**
10:30 a.m. **Breakout Sessions**
11:30 a.m. Luncheon
TBA
Sponsored by Level One

12:30 p.m. View Exhibits
1:00 p.m. **Breakout Sessions**
2:00 p.m. Break
View Exhibits
2:30 p.m. Adjourn & ASATT Exhibits Close

Breakout Sessions

- A: Autotransfusion
- B: Advanced Airway Management
- C: Transesophageal Echocardiogram & Noninvasive Continuous Esophageal Doppler Monitor
- D: Monitoring - Physiological & Gas Monitoring

Attendees will be divided into 4 groups and rotate through all 4 different Breakout Sessions. Breakout assignments will be given at time of registration.

10th Anniversary Gala

Saturday Evening

6:00 - 7:00 p.m. Reception (No Host Bar)
6:30 - 7:00 p.m. Banquet Seating
7:00 - 10:00 p.m. Dinner & Gala
10:00 - 12:00 p.m. Dancing

"A Dream Come True." This gala event promises to be "one to be remembered." The 10th Anniversary Committee has planned a colorful festive evening that will include: historical presentations, laser show, honors, awards, dining, dancing, entertainment and a dynamic Toastmaster.

Sunday - October 10, 1999

7:00 a.m. Continental Breakfast
8:00 a.m. **Fire in the OR**
Clayton Petty, MD
9:00 a.m. **ASATT Business Meeting**
Chris Patterson, Cer.A.T. - President
Break
10:30 a.m. **Meeting with Regional Directors**
10:45 a.m. **Motivational Talk**
Speaker: Clayton Petty, MD

12:15 p.m. Adjourn until October 13, 2000 at the Cathedral Hill Hotel in San Francisco

12:00 Noon ASA Exhibit Hall Opens
Bus will be provided by ASA from ASATT Hotel to their Exhibit Hall

2:00 - 6:00 p.m. Board of Directors' Meeting

Monday - October 11, 1999

8:00 - 12:00 Noon Board of Directors' Meeting



10th ANNIVERSARY CELEBRATION

Radisson Hotel Central
Dallas, Texas
October 7-10, 1999

ASATT's Annual Conference Registration Form

Name: _____ Membership No. _____

Home Address: _____ City/State/Zip+4: _____

Employer/Affiliate: _____ Dept: _____ Title: _____

Business Address: _____ City/State/Zip+4: _____

Business Phone: _____ Home Phone: _____ Fax: _____ Email: _____

BADGE

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

Badge Name: _____ Title/Designation: _____

Employer/Affiliate: _____ City: _____ State: _____

REGISTRATION FEES

Registration fee deadline is:	October 1, 1999	After October 1, 1999
Registration fee: [] ASATT Member	\$225	\$275
[] Non-ASATT Member	\$275	\$325
[] Student	\$100	\$125
___ Guest (ASA Exhibits Only) \$ 10 (Badge only)		
___ Guest Luncheon \$ 15 Saturday Only (Includes Badge)		
___ Gala Dinner & Celebration \$ 25 per person (Spouse Welcome - Formal/Semi Formal Attire)		
___ <i>Check here if special vegetarian meal required</i>		

Full Registration Fees include: tuition, course material, continental breakfast, coffee breaks, lunch, and certificate of education contact hours.

PAYMENT METHOD

Total Amount Enclosed: \$ _____ * Make check payable to ASATT (U.S. Funds only)

[] MasterCard [] Visa Card Number: _____

Credit Card Owner's Signature: _____ Expiration Date: _____

Credit Card Billing Address: (If Not Address Above) _____

Mail your Seminar Registration Form to:

ASATT • 5800 Foxridge Drive - Suite 115 • Mission, KS 66202-2333 • 913 / 262-2249

CERTIFIED ANESTHESIA TECHS....

The ASATT is proud to announce that the following individuals have met national certification requirements through successfully passing the May 1999 National Certification Examination for the Anesthesia Technician.

Humberto J Aguilar, CerAT	Sonja M Follon LPN, CerAT	Anthony R Lisske, CerAT	Axel Rodriguez, CerAT
Teresa H Alston, CerAT	Kathryn A Foster, CerAT	Lee M. Lunsford, CerAT	Jay T Rogers, CerAT
Scott H Ambruster, CerAT	Jeffrey E Frank, CerAT	Lacreasia Mack, CerAT	Joaquin B Ronquillo, CerAT
Suzanne Baird, CerAT	Jessica L Friery, CerAT	Albert Marmolejo, CerAT	Chad M Ross, CerAT
Linda S. Baker, CerAT	Robert D Frye, CerAT	Carmela J Martin, CerAT	Jorge Ruiz, CerAT
Elliot L Balin, CerAT	Amanda Funk, CerAT	Gracie E Martin, CerAT	Sherwin Sandy, CerAT
James D Balint, CerAT	Carolyn Gardner, CerAT	Jeffrey L McClemons, CerAT	Malgorzata Sarysz, CerAT
Kimberly S Ball, CerAT	Christopher M Gatheral, CerAT	Jamie McGee, CerAT	Everette A Scott, CerAT
James E Barefoot, CerAT	Macie J Glodek, CerAT	Lisa A McKeever, CerAT	Rigoberts Segura, CerAT
Hamilcar Barga, CerAT	Henry Go, CerAT	Tony McLaurin, CerAT	Constance J Shaw, LPN, CerAT
David N Barger, CerAT	Michael E Gordon, CerAT	Shane R. Medley, CerAT	Scott L Sieling, CerAT
Cesar E Barrera, CerAT	Jill N Gouvion, CerAT	Wendy J Medlin, CerAT	Bobby C Silao, CerAT
William T. Baxendale, CerAT	Jordan M. Graff, CerAT	Sandra J Metelski, CerAT	Beverly J. Slagle, CerAT
Jeffrey E Beattie, CerAT	Lisa M Green, CerAT	Ana M Miranda, CerAT	Brenda V Smith, CerAT
Eunice A Beatty, CerAT	Thanh H Ha, CerAT	Travis A Mita, CerAT	David M Smith, CerAT
Alice S Beltran, CerAT	Greyson T Hackett, CerAT	Thomas R. Mobley, CerAT	Steven C Smith, CerAT
Carolyn Y Black, CerAT	Roger L Hall, CerAT	Kevin D. Mohr, CerAT	David R Smith, Jr., CerAT
Matthew R Bowers, CerAT	Francisco R Hamilton, CerAT	Robert A. Molina, CerAT	Kathy Smitherman, CerAT
Sharlane Boyd, CerAT	Kelly M. Hansen, CerAT	Javier E Mondragon, CerAT	Susan Snakenberg, CerAT
Vickie L Breeze, CerAT	David R Hanssen, CerAT	Thomas S Moore, CerAT	Falecious M Spencer, CerAT
Debra A Brisco, CerAT	William Harris, CerAT	Dennis J. Murray, CerAT	Clayton Spoor, CerAT
Kasidit U Broemmer, CerAT	Melvin J Henley, CerAT	Richard A. Myers, CerAT	Jan Y Storbakken, CerAT
Debra L Brooks, CerAT	Mary A Hennessey, CerAT	Christopher Nablo, CerAT	Jorge L Suarez, CerAT
Douglas Burns, CerAT	Andrill D. Hester, CerAT	Luis E. Naranjo, CerAT	Jessie Swain, CerAT
Obaseki Che'menju, CerAT	Debra L. Hix, CerAT	Thomas Neese, CerAT	Arnold R Taylor, CerAT
Amanda S Check, CerAT	Julie E Hoopman, CerAT	Tamera R. Neumann, CerAT	Jayne S Teagarden, CerAT
Tamela J Crain, CerAT	Michael A. Hopper, CerAT	Melissa A. Newman, CerAT	John E Tegio, CerAT
Frank A Crew, CerAT	Daniel P Huffman, CerAT	Hanh T Nguyen, CerAT	Tammy A Terry, CerAT
Roberta J Cunningham, CerAT	April D Hughes, CerAT	Gary W. Nobiensky, CerAT	Dwayne L Thompson, CerAT
Carlos A Cusi, CerAT	Russell G Ingram, CerAT	Anthony W. Ogilvie, CerAT	Shawn R Trejo, CerAT
Jeffrey Dalpiaz, CerAT	Holly A Ivinjack, CerAT	Alvis Page, CerAT	Helen D Trotter, CerAT
Tracy L. Davis, CerAT	Paul M. Jackson, CerAT	Steve Papadelis, CerAT	Frank L Upton, CerAT
Valerie M Day, CerAT	Kelly L Jett, CerAT	Steve D. Parks, CerAT	Frank O Usher, CerAT
Romel E Dela Cruz, CerAT	William J Jurina, Jr., CerAT	Patrick Perone, CerAT	Troy Van Gelderen, CerAT
Suanne E. Despres, CerAT	George J Kaye, CerAT	Rose M Perry, CerAT	Ingrid M Van Hollebeke, CerAT
Hessie M Dixon, CerAT	Kenyon N. Kerkove, CerAT	Suzanne Perry, CerAT	Jason A Villa , CerAT
Cynthia M. Domenici, CerAT	Scott A Key, CerAT	Sonya R Peterson, CerAT	Randy J Wade, CerAT
Kathleen A. Duprey, CerAT	Hun S Kim, CerAT	Peguy Philemon, CerAT	Ryan L Wall-O'Mara, CerAT
Richard L Emerick, CerAT	Gregory S. Knox, CerAT	Gene Phillips, CerAT	Michael K Wallingford, CerAT
Patrick D. Emrich, CerAT	Seik Kyan, CerAT	Joseph V Pineda, CerAT	Aurelia D Watkiss, CerAT
Dianna D Enbody, CerAT	Robert D. LaFrance, CerAT	Lynn D. Preston, CerAT	Autumn M Watson, CerAT
Martin P. Espinosa, CerAT	Jessup J. Lal, CerAT	Donald E Quick II, CerAT	Maura C Weader, CerAT
Jeffery D. Everett, CerAT	Kirpaul S. Lalchand, CerAT	Richard C. Quinn, CerAT	Debra J Weir, CerAT
Thomas S. Fancher, CerAT	George D. Lane, CerAT	David E. Ramirez, CerAT	Joyce A White, CerAT
Jacqueline M Feldkamp, CerAT	St. Clair Larry, Jr., CerAT	Ernie R Ramirez, CerAT	Ernest Williams, CerAT
Raymond F Fetrow LPN, CerAT	Dellaressa Lauderdale-Thurmond, CerAT	Myra E. Rhyne, CerAT	James L. Williams, CerAT
Susan J Fiore, CerAT	Jennifer L Lawlor, CerAT	Gregory R Rice, CerAT	Henry Willis, CerAT
Carl D Flores, CerAT	Darrin D. Legg, CerAT	Scott W Rigdon, CerAT	Kathy Wilson, CerAT
Guillermo Flores, CerAT		Larry W Robinson, CerAT	Alvin B. Yabut, CerAT

of Anesthesia Technologists & Technicians (PSATT), and has served in this capacity since 1995. It has been a pleasure working with her on the Board this past year and I surely recognize the qualities of leadership she possesses. I know she will have the support of all.

ASATT Region 1 - Ms. Joyce Freeman, CerAT, was reelected as ASATT Region 1 Director. Joyce is a seasoned veteran on our Board and brings valuable experience to ASATT, having served in the past as a Surgical Technician, Anesthesia Technician, and Chief Anesthesia Technician. She currently works at the State University of New York, Health Science Center at Syracuse. I have witnessed firsthand her unselfish dedication to ASATT duties and strong desire to improve our educational standards and we consider her a valuable Board member.

ASATT Region 3 - Ms. Sharon Baskette, CerAT, was elected as ASATT Region 3 Director. After serving one-year as ASATT Interim Region 3 Director, Sharon now assumes the post for a two-year term. Sharon has served in various capacities at Vanderbilt University Medical Center, which include: Anesthesia Technical Supervisor II and I, and Staff Assistant/Administrative Assistant. In addition, she served as President for the Association of Anesthesia Technicians & Technologists of Tennessee from 1993 to 1998. We welcome her aboard again for the start of the 1999/2000-service year.

ASATT Region 5 - Mr. Gerardo Trejo, CerAT, was elected for a first term as ASATT Region 5 Director. Known to all of us affectionately as "Jerry," Mr. Trejo brings a wealth of experience to the ASATT Board of Directors. He is now serving in his second term as President of the Texas Society of Anesthesia Technology (TSAT) and was elected President of the Greater Houston Society of Anesthesia Technology (GHSAT). Jerry also served as Region 2 Director for TSAT and Vice President for GHSAT and is a member of the Advisory committee to the Anesthesia Technician Program at San Jacinto College, Pasadena, Texas.

ASATT Region 7 - Ms. Nora Tiffany, CerAT, was elected for a first term as ASATT Region 7 Director. She brings an impressive list of previous experience to the ASATT Board of Directors. Ms. Tiffany has served as Anesthesia Technician, Swedish Hospital; Anesthesia Technician, Harborview Hospital; and as Director of Anesthesia Technical Services, Mason General Hospital. She has been an active participating member of ASATT and The Northwest Society of Anesthesia Technology (NSAT) and was a co-founder and first Secretary/Treasurer of NSAT. In addition, she served as President of NSAT from 1995 to 1997.

I wanted to take the time in my final President's message to honor the experience and excellent qualities that these new Board members bring to ASATT. We have challenges ahead and much work and education to accomplish in the future. With the able

assistance of these people, I feel that the "ship is in good hands." It won't be easy meeting the challenges posed at the start of the next century, but I am confident that Gail Walker, CerAT, ASATT's Incoming President (1999-2000) and her Board composed of both new and veteran members will carry on admirably. To the outgoing Board members, who have unselfishly sacrificed hours and hours of personal time and hard work for ASATT over many years, praise and commendations are in order. Their expertise will be needed as they serve in advisory, mentorship capacities, as well as serving on ASATT committees and projects.

ANESTHESIA TODAY:

With the support of our Board, we recently concluded the establishment of a new home study course, now open for participation by all interested anesthesia technicians, technologists, and associates, through the journal, *Anesthesia Today*. Around mid-September, introductory issues will be sent to all ASATT members along with a letter of instruction of how to enroll in the course. The introductory issue will be sent to you courtesy of Baxter Pharmaceutical Products, Inc., sponsors of the educational grant for this program. The study course provides an additional opportunity to "learn and earn" CE/CH credits that will apply to your ASATT Anesthesia Technician certification/recertification educational requirements. Our thanks and appreciation is in order to Baxter Pharmaceutical Products, Inc., with special mention for Ms. Regina King, Manager, Marketing Communications, Baxter. This is a truly excellent educational program and we hope you will take advantage of it.

RECAPPING THE PAST YEAR'S MAJOR BUSINESS:

Your Board of Directors and I worked together to resolve the following issues:

Change of Business Management Companies — We made a difficult but successful transition of all ASATT records and documents to ASIL, Mission Kansas, starting in January of 1999. Our home offices now have a complete membership database set up and have put a new annual dues billing process in place.

Continuing Education — All ASATT Regional Directors conducted annual educational seminars this year and some held more than one seminar. A new home study course was initiated this year related to technical articles appearing in each issue of *The ASATT Sensor*.

Certification — On May 15, 1999, we had approximately 335 anesthesia technicians sit the ASATT Anesthesia Technician Certification Examination administered by Applied Measurements Professionals, Inc.

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Finances — Through the combined efforts of each member on the Board, I feel that we have moved forward and improved our financial position. A financial report will be given at our Annual Business Meeting in Dallas on Sunday, October 10.

Bylaws — As previously reported, an ASATT Bylaws Task Force will present a complete Bylaws Revision Proposal during our business meeting on October 10.

Policies and Procedures — Several Board members have worked on these tedious projects in the past, and a final draft will be presented to the Board at Dallas by Gail Walker, CerAT, ASATT Vice President/President Elect.

Standards of Practice — A difficult project that was tackled by several Board members in the past. Their hard work paid off—it is now concluded and in print for distribution.

Recertification — Under the chairmanship of Ms. Lisa Fornicoia, MT (ASCP), CerAT, this important area of ASATT business is continuing to move forward. New forms and procedures to simplify the process are under development by Lisa's committee and she reported that the overall process will be thoroughly evaluated from time to time and refined as needed.

ASATT Membership Brochures and Special Information Packets — The documents have been revised and updated and are now in use.

The ASATT Technologist Test Writing Committee under the chairmanship of Dave Mastalski, CerAT, ASATT Region 7 Director, is progressing forward according to plans.

As I close my year of service, I extend my appreciation to you, the membership, and to our Board of Directors. I offer a personal "Thank You" to each of you for your support, your participation, and for your dedication to the best interests of anesthesia technical support personnel everywhere.

Visit the
ASATT Website
for all the
latest information:

<http://www.asatt.org>

and training regimen have been developed to guide techs through all the various aspects of their duties. New techs are hired and trained a few weeks apart to stagger their areas of development so that each may concentrate on one type of procedure at a time. After a few months at SMC, the new techs spend a month at Brackenridge and Children's Hospital where they are oriented to trauma, pediatrics, and pedi open heart cases. Finally, they will be assigned to their primary location, polish up on their techniques, and possibly, once they are totally comfortable, learn yet another location where they can substitute for a vacationing tech.

Seton and CAA have always been very supportive of the anesthesia techs. All but the newest techs are certified, and SMC and CAA assist with continuing education, both financially and otherwise. In addition, both organizations have been very supportive of tech involvement with ASATT and TSAT (Texas Association of Anesthesia Technology). Facilities for meetings, financial assistance, after-hours computer use, and a large pool of qualified speakers have been available for tech society activities.

Texas Society of Anesthesia Technology originated at SMC using CAA computers after-hours to organize membership lists, create flyers, and maintain financial records. Several local and statewide meetings took place in SMC meeting rooms and the TSA/TSAT Liaison is CAA anesthesiologist, Kathy Gross, MD. In addition, the aforementioned computers enabled the typing and editing of articles in the first few years of *The ASATT Sensor*.

On a more personal note, I would like to extend my most heartfelt thanks to Seton and CAA and all the wonderful people at both institutions. I have been an anesthesia tech here for more than 17 years, and have always been encouraged and assisted in my quest to advance the professional and educational goals of the anesthesia tech. I could never have accomplished my work with the TSAT and ASATT without the generous support of my employers and coworkers. As I move into another department and career within the Seton System, I will always look back with great pride at my days of being an anesthesia tech.

After 10 years of work on *The ASATT Sensor*, 9 of which as Editor, it is finally time for me to pass on the baton. This experience has taught me a tremendous amount. It has been a great honor and privilege to be allowed such a rewarding responsibility. I want to thank all those who have participated in *The Sensor*, especially current Associate Editors: Maretta Grandona and TammySue Graffen, and past Associate Editor: Dave Mastalski. You have made my job so much easier. I am also appreciative to the ASATT Board of Directors, past and present, and our Liaisons with the ASA and AANA. I have truly learned the value of teamwork and loyalty to the common goals of a society. I have also made a great many friends whose friendship I trust will endure over time.

Lastly, I would like to encourage all those who are striving for a better future, to devote at least some of their efforts to the overall good of their profession. Join your local and national societies, participate whenever possible, and lend your assistance by helping in whatever capacity you are able. Every ounce that you put in will come back to you in abundance.



American Society of Anesthesia Technologists and Technicians
5800 Foxridge Dr., Suite 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 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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