

SENSOR ONLINE

THE OFFICIAL PUBLICATION OF THE AMERICAN SOCIETY OF ANESTHESIA TECHNOLOGISTS AND TECHNICIANS

VOLUME XXII / SUMMER 2012

Understanding Massive Transfusion Protocol

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ANNUAL CONFERENCE:

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SENSOR

provides its readers with information on
anesthesia-related topics, and with a forum
for learning and discussion. *The views
expressed herein are those of individual
authors, and do not necessarily reflect
the views or opinions of ASATT.*

All submissions pertinent to the objectives of
ASATT will be considered for publication.

Preferred media: CD or via email.

Photos in TIF or JPG formats preferred.

Photographic prints can be returned.

ISSUE DEADLINES:

Fall September 1st

Winter December 1st

Spring March 1st

Summer June 1st

Display ad rates and size specifications

can be requested from ASATT at

414/908-4942 ext. 450.

Permission to publish all articles and photos
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unless otherwise specified.

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DELBERT MACANAS, SR., CER.A.T.

PRESIDENT'S Message

HOWZIT EVERYONE!!!
I hope everyone is enjoy-
ing their summer. Many of
you are probably taking your families
on vacations. Enjoy your families and
the time off; you all deserve it.

The year is disappearing rapidly
and there are just a few Regional
meetings left for you to acquire your
CEs for the year. As the summer
moves along please make arrange-
ments to attend the Annual Meeting
in Washington, DC. Because before
you know it, October will be here.

*Time = life; therefore, waste your time
and waste of your life, or master your
time and master your life.*

~ Alan Lakein ~

The meeting will be held October
11–14 at the Omni Shoreham Ho-
tel. This city has so many places to
see — museums, monuments, and
places to eat. Just visiting the dif-
ferent Smithsonian Museums will
take you a week to see the different
branches. If you get a chance, stop
by the Natural History Museum; as
you walk through the doors, there is a
huge elephant and it houses the Hope
Diamond. Another popular division
is the Air and Space Museum, where
you can see the Wright Brothers'
plane and the Apollo 11 space module.

Now let's start talking
about monuments: the
Wall, Martin Luther
King, Washington, and
Lincoln, to name a few.
That does not mention
the White House, Con-
gress, U.S. Mint, and
all the other govern-
ment facilities.

Washington, DC is
another expensive city to visit. If you
haven't already, please check online
for fares; this will help save a few
dollars. Look for a roommate — the
hotel that we are staying at is not
cheap; a roommate will save the hotel
cost by one half. If you accomplish
this you will have saved enough mon-
ey to pay for your meals and sightsee-
ing. The big bonus: the convenience of
waking up in the morning, getting on
the elevator, and being at the meeting
is priceless.

We have had many inquiries from
many of you, and from the facilities
that we work at, about the end of the
National Certification for Anesthesia
Technicians. You will have until 2015
to get certified as an Anesthesia Tech-
nician. After that the only National
Certification that will be offered is as
an Anesthesia Technologist. Further
to be eligible to take the exam you
will have to attend an Accredited Pro-
gram. These programs will eventually
have to be CAAHEP (Commission on
Accredited Allied Health Education
Programs) approved. If your certifica-
tion lapses, you will not be eligible to
retake the exam until you have gradu-
ated from an accredited program. So
please do not take your recertification
lightly. Ensure that you have extra
CEs, just in case some of the ones that
you have submitted are denied. Many



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MORE

SENSOR ONLINE



Anesthesia Technician Chosen as Safety Champion

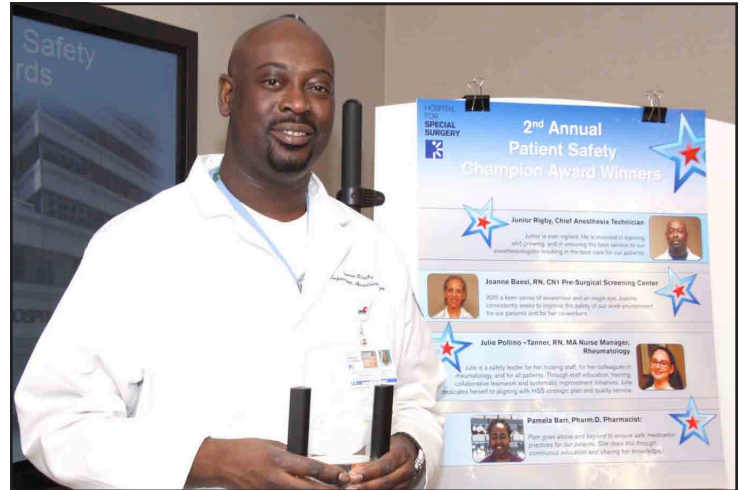
JUNIOR RIGBY, Chief Anesthesia Technician at Hospital for Special Surgery in New York, was chosen as one of the three Safety Champions at the hospital in 2011 (from over 3,500 employees), reports Mary Hargett, Administrator Director for the hospital's Department of Education. "Rigby was recognized for his ongoing commitment to ensuring a safe work environment for our patients and staff through his own actions and through the example he sets for others," Mary said. "He has taken the leadership role in several quality initiatives, and through the in-services he provides on anesthesia equipment for staff from other services."

To appreciate Junior's contributions to patient safety, *The Sensor* asked Mary to provide a few examples:

"Junior has been involved with the anesthesia laterality verification initiative. We have a unique system here at HSS to prevent wrong site block where the anesthesiologist has to verify the correct site with the Circulating Nurse before being given a block needle. Junior worked with our QA Team on this project, which involved removing the block needles from the anesthesia carts and transferring them to a separate storage container in the Circulating Nurse Area. We continue to follow this practice and Junior and his staff continue to ensure the stocking and availability of the block needles in the specific location.

"Junior also works with the QA Team to ensure that all syringes, including Propofol, are labeled. We have investigated other options such as automated scanning and printing systems, which we eventually decided against for practical reasons. Junior was the primary liaison with the vendors for these trials.

"We implemented point-of-care testing in the OR in 2011 for some complex spine procedures. Junior oversees the functionality of the testing equipment and the availability of the test kits, and works collaboratively with our Department of Laboratory Medicine on the verification

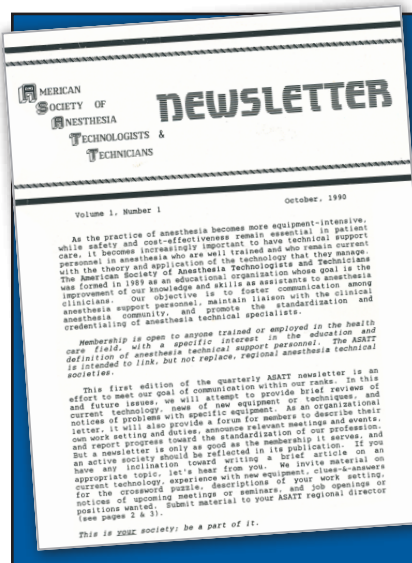


of results.

"I consider myself extremely fortunate to have Junior as my colleague and friend, and cannot praise him enough. He is integral to our department. I have heard quotes like the following several times from the anesthesiologists: 'I was considering using a Glidescope. I turned around and there was Junior with the scope' ... 'Junior knows what I need before I know' ... 'When Junior enters my OR, I immediately feel better.' In addition to his exemplary work performance, Junior is one of the kindest, most helpful people I have ever met." S

WE WANT TO HEAR FROM YOU!
Anesthesia Technologists and Technicians
Do Contribute to Patient Safety!

If you know someone who has collaborated with the anesthesia patient care team to implement similar quality initiatives, we want to hear from you!



As the profession of anesthesia technology begins to evolve into a true health science discipline, ASATT President Delbert Macanas, Sr., Cer.A.T., requested that the Board of Directors allocate funds to preserve the history of ASATT by archiving every issue of *The Sensor* since it began in 1990. With the help of Bill Glass at [AlphaBase Inc.](#), graphic designer for *The Sensor*, the ASATT Board of Directors is proud to announce that this long-awaited project has been completed! The issues are now available for your review by logging into the member site and then clicking on the link "Sensor Archives." A huge thanks to those involved for bringing this project to fruition!



Helpful hints for the Recertification cycle ending December 31, 2012

"Membership" and "Recertification" are **not the same!** Membership dues (annual fee) are up for renewal **August 1, 2012**. Recertification fees (bi-annual) are due in **December** of your expired year.

If you are unsure of the process, ask **NOW**, not later.

Specific questions for Recertification must go to the Recertification Committee, not HQ. Email questions to suec598@msn.com.

Remember, CEs for use towards recertification must be whole hours.

If you are a member of ASATT and attended an ASATT-sponsored event, your CEs are recorded on the database.* **Do not submit a certificate** in addition to your database information — *there is no double-dipping* of CEs!



ASATT members must submit a copy of your database record regardless of whether or not you have earned CEs through ASATT. The Recertification Committee does not have access to your database.

Check your member database to be sure it is up to date. If it is not up to date, contact Alex at HQ: certification@asatt.org or 414/908-4942, ext. 123.

If you need CEs and plan on using the *Sensor* "Science and Technology" quizzes, complete them now so that they may be recorded on your database. This will

also help you avoid costly delays in the processing of your recertification application. Quizzes submitted with recertification applications are processed by the Recertification Committee, not ASATT HQ.

If you have the required CEs needed on the ASATT database, you still need to submit a recertification application as well as the appropriate fees.

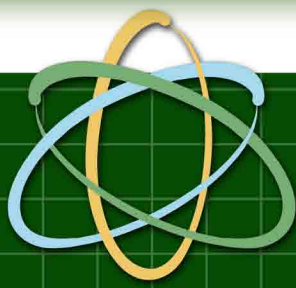
Individuals submitting CEs for lectures prepared and given must submit the following information: sign-in sheet that contains the names of attendees, your name as presenter, length of the lecture, date of the lecture and be on official hospital letterhead. A copy of the presentation must also be included, unless prior approval was obtained from the ASATT Continuing Education Committee. Remember, only five CEs will be accepted from this category; the majority of CEs earned must come from Category I.

ASATT HQ will begin to accept recertification applications on November 1, 2012. Please do not submit applications prior to this date.

If you are not planning on renewing your ASATT Membership, print off your CE database **NOW! Access to this information expires with your membership!*



There will be significant changes to the Recertification process that will go into effect January 1, 2013. The changes will be posted on the ASATT website and a blast email will be sent out. Be sure that your contact information is up-to-date!



Understanding Massive Transfusion Protocol

by **Charlene Koch, Cer.A.T.**
Children's Hospital Colorado, Aurora, CO



MASSIVE TRANSFUSION PROTOCOL (MTP) is a system that has been established by many hospitals that can be implemented when a patient is suffering from a massive and uncontrolled hemorrhage. The location of the hemorrhage may or may not be identified, but through the use of large quantities of blood products and fluid replacement, more time is available and there is a stronger possibility that the hemorrhage can be identified, repaired or controlled. The rapid availability of appropriate blood products in this situation may help in reducing a patient's mortality or morbidity.

MTP is activated when a patient requires blood replacement of at least 30% of total blood volume in a two-hour period, at least 50% of total blood volume in a three-hour period, or 100% total blood volume in a 24-hour period. These percentages may vary dependant on each facility and the patients they treat (adult vs. pediatric).

Massive Transfusion Protocol can be activated by the Anesthesia Provider in the operating room or by any Licensed Independent Provider overseeing the care of the patient in the emergency department or intensive care unit. Once the system is activated, the blood bank and the MTP teams are notified immediately. It is important that the patient information that is given to the blood bank includes patient name, weight, and medical record number. It is also

important to verify the unit where the patient is located. Some facilities have MTP teams that may be comprised of Nursing House Supervisor, House Resource, Charge Respiratory Therapist, and a Surgical Resident on Call. Code teams can also be notified for additional support. Blood banks often provide a cooler for blood products. This is particularly convenient if the patient must be transported to different locations within the hospital (ER to CT, CT to OR, etc.) During MTP it is important to keep blood products with the patient at all times.

Hemorrhage can occur in controlled environments such as during a liver transplant. Hemorrhage can also occur during or following childbirth, but the most common cause of uncontrolled blood loss is due to physical trauma.

When a massive traumatic injury occurs to a patient, it is normal practice to begin watching the patient for blood loss. If it is obvious that the patient is losing a large volume of blood, large bore catheters should be inserted for fluid replacement. There are situations where vascular access on a trauma patient is not gained until the patient is in the OR, but with most trauma situations, IV access is gained in

an uncontrolled environment (along the side of a highway after a MVA). These catheters may not be large enough to deliver a massive volume of fluids. In these situations the utilization of an R.I.C. (Rapid Infusion Catheter exchange set) is advised. These sets generally contain a guide wire, a 7F catheter, and a scalpel to make exchanging the catheter easier. Large quantities of fluids can also be delivered through 14g, 16g and 18g catheters, but when utilizing an 18g catheter, it may be easier to deliver fluids through two IV catheters.

Mass Transfusion Protocol should be practiced by OR, ED and ICU staff and blood banks during annual training. It is important that all staff members are aware of the protocol and how it is activated as well as what role each person would have in the delivery of blood products. Having

[MORE](#)



a competent staff available to locate and utilize rapid infusion equipment can make a huge difference in the patient's outcome.

There are situations where the need for immediate transfusion may occur. During MTP, uncrossmatched group O negative red blood cells may be made available to deliver to the patient. These situations only occur if a physician deems it necessary to immediately begin giving blood products because the patient's life is at risk and time is of the essence. Obviously, it is important that a type and cross (testing to gain the blood type and the antibody screen) gets accomplished as quickly as possible to begin the administration of the appropriate type of blood products. If the patient (or patient representative) is unable or unavailable to give consent for blood transfusion, blood products can be administered as a life-saving measure. Consent should be gained as soon as possible. In controlled environments, obstetric units or the OR where there is the possibility of blood loss, consent forms are often signed as a precautionary measure. In these situations, blood type is already available allowing a more controlled blood transfusion.

Some patients may be placed on a Lactated Ringers IV initially, but during MTP, Plasmalyte or 0.9% Sodium Chloride is ideal because Lactated Ringers could cause blood to clot due to the calcium component. Once MTP is indicated, providing an adequate supply of these fluids in the trauma environment can reduce the need to retrieve these fluids during the delivery of the blood products.

Having a supply of pressure bags within the trauma environment can allow quicker fluid delivery while a rapid infuser is being prepared. Hotlines, y-type blood tubing and blood filters should also be available during MTP.

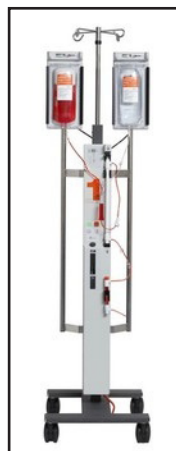
State of the art rapid infusers are available and allow for quick and easy set up. Whether a facility has the Belmont Rapid Infuser or the Level 1



While pressure bags are available in several different sizes (left), the 500cc bag is used for transfusing blood. A Hotline (right) can buy some time while a rapid infuser is being primed.

Fast Fluid Warmer, they both provide a disposable set that is quick to set up. Despite the ease of setting up a rapid infuser, it is imperative the staff is trained at putting these disposable sets into the rapid infuser to avoid the loss of precious time during the set up process.

Once the rapid infuser is primed with Plasmalyte or 0.9% Sodium Chloride and ready to be utilized, it is time to start administering blood products. All blood products are considered drugs that need to be prescribed and ordered. Before use, blood products need to be inspected and verified by two (licensed) staff members. The products received from the blood bank need to be labeled with the patient's name and medical record number that need to be verified at the bedside. All blood products have a blood transfusion



The Belmont Rapid Infuser (above) and the Level 1 Fast Fluid Warmer.

record and a product compatibility label. The compatibility label will contain the unit number, the blood group of the product, the blood group of the patient and the expiration date. Inspection of the blood product is to check for normal coloring and that the product is not clotted. Checking the integrity of the component bag (no holes) and that the temperature indicator (if available) is within normal limits is also part of the inspection process. Careful documentation of blood products is necessary. It is important to communicate clearly with the staff member who is documenting the blood product usage. The

Collection Date	Unit Number	EXPIRES
PLATELETS POOLED Volume ___ mL Each unit in pool contains 12081 platelets from CPD Whole Blood. Store at 20 to 24C.		B Rh POSITIVE
See circular of information for indications, contraindications, cautions and methods of infusion. VOLUNTEER DONOR This product may transmit infectious agents. Rx Only PROPERLY IDENTIFY INTENDED RECIPIENT.		
		Collected and Presented by PUGET SOUND BLOOD CENTER Seattle, WA 98104 Registration 83071347

information that must be passed on is the unit number and the volume of the component bag.

When operating the rapid infuser, constant communication with the provider is a must. Monitoring the flow rate and blood products used should be treated like drug administration verifying with the provider if more products need to be utilized. The use of an I-Stat or HemoCue can give immediate information to the provider as to the need for more blood products or fluids. Rapid infusers should always be monitored. The Level 1 has an air detector that will stop the flow of fluids and allow for quick removal of the air. This does require a staff member to continuously monitor the delivery of fluids, remove the air then restart the transfusion. The Belmont has a sophisticated system

that removes the air automatically. The need to monitor the Belmont is so that the touch screen is not accidentally pressed causing a change in the flow rate.

Understanding blood products used during MTP can help an anesthesia tech anticipate what may be needed. Whole blood is broken down into different components by blood banks. These components can be delivered individually or simultaneously to gain a desired result. The first component is packed red blood cells (pRBC). The job of red

blood cells is to deliver oxygen to the body tissues. During MTP, large amounts of pRBC are generally used during the hemorrhage to maintain the delivery of oxygen to vital organs and the brain. FFP or fresh frozen plasma can be given during a hemorrhage to help replace vital coagulation factors. Platelets (PLT) are the “glue” of whole blood. Platelets stick to each other to close up “leaks” in the vascular system. In most MTP situations, blood products are given at a rate of pRBC:FFP:PLT (1:1:1) to mimic whole blood. It is important to remember that platelets should not be delivered via a rapid infuser because the rapid

infuser will break down the platelets. Cryoprecipitate or Cryo is similar to FFP. It is a type of coagulant. If FFP has been used during a hemorrhage, Cryo is generally not indicated although there are times when both Cryo and FFP may be needed.

Massive Transfusion Protocol is



a means to maintain life during a hemorrhage. Massive transfusion does not go without risks. There are several short-term and long-term risks, but the immediate advantages far outweigh the risks.

Hypothermia during massive transfusion can occur, especially with pediatric patients. Because blood products are cold-stored, during rapid transfusion fluids may not be adequately warmed to maintain normothermia. Also, exposure during open surgical cases can quickly add to cooling of the patient. Use of other warming equipment is necessary to help avoid hypothermia.

Sometimes, wrapping a patient's head with a warm towel or blanket, then slipping a plastic bag over the head (intubated patients only) can help keep the patient's temperature from dropping dramatically.

Hemostatic abnormalities are a complication that can easily occur. When large amounts of pRBC are given along with IV fluids, a dilution of the patient's whole blood may occur. When the blood is diluted, clotting factors and platelets quickly deplete causing the blood to not coagulate. A good balance of pRBC, FFP and platelets need to be given to help avoid hemostatic complications but the breakdown of the coagula can still occur.

Hyperkalemia can occur as potassium levels increase during storage of pRBC. With hyperkalemia, cardiac arrest or arrhythmias can occur.

As with any type of transfusion, there is also the risk of viral infections. Although viral infection risks have decreased with modern testing, infection is still a possibility. HIV (human immunodeficiency virus), Hepatitis A, B, and C are rarely transmitted in modern times, but can certainly still occur. A more commonly transmitted virus is Epstein-Barr virus.

Understanding and practicing Massive Transfusion Protocol may determine whether a patient will live or die. Being prepared for any situation at all times is critical in any trauma environment. Not every patient can be saved, but through the understanding of MTP and better training, patient outcomes may improve. **S**

of us really do not know what this CAAHEP accreditation entails, so please visit the website www.caahep.org to learn more about the organization.

Education is the passport to the future, for tomorrow belongs to the people who prepare for it today.

~ Malcolm X ~

ASATT is still looking for leaders to move us forward.

Leadership and learning are indispensable to each other.

~ John F. Kennedy ~

There are three essentials to leadership: humility, clarity and courage.

~ Chan Master Fuchan Yuan ~

Aloha,
Delbert

References

McPherson Henry's Clinical Diagnosis and Management by Laboratory Methods, 22nd ed.

www.mdconsult.com

www.crashingpatient.com

<http://asheducationbook.hematologylibrary.org>

Massive Transfusion Protocol Policy and Procedure, Children's Hospital Colorado.



23rd Annual ASATT Educational Conference

October 11-14, 2012

Omni Shoreham Hotel

2500 Calvert Street, Washington, DC 20008

Reservations: 800-THE-OMNI

Room rate: \$229 plus tax for Single/Double — Ask for Group Code 12400611144

Prices guaranteed until September 14, 2012, based on availability.



REGISTRATION FORM

Registration Type	Early Bird thru Sept. 14	Early Bird 9/15 – 10/5	ON-SITE after Oct. 5	DAILY (check one) <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Amount
Member* Mem. # or User ID: _____	\$350	\$400	\$500	\$250	
Non-Member*	\$550	\$600	\$700	\$350	
Spouse/Guest**	\$250	\$250	\$250		
TOTAL					

This is my 1st time attending
an ASATT Conference Yes No

Special physical
or dietary needs? Yes No Describe: _____

Registration fee includes conference materials, opening reception, Friday and Saturday breakfast, Friday and Saturday luncheon, and designated CEs.

*No registration will be processed without payment. Any registrations that do not have the correct payment attached will be held until full payment is received. No exceptions will be made.

**Spouse/Guest rate includes Welcome Reception, meals, and exhibits only.

PARTICIPANT INFORMATION

Please type or carefully print the information requested exactly as it should appear on the roster and participant's name badge.

Full Name _____ Nickname for name badge (if different) _____

Employer/Affiliate of _____

Home Address _____

City _____ State _____ ZIP Code _____

Work Phone _____ Work Fax _____ Email _____

PAYMENT INFORMATION

Check Visa MasterCard Discover American Express

Card Number _____ Exp. Date _____ Sec Code (CVV) _____

Cardholder's Signature _____

Full Name (as it appears on card) _____

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City _____ State _____ ZIP Code _____

Work Phone _____ Work Fax _____ Email _____

REFUND POLICY

Cancellations made through September 16, 2012, will be penalized 50% of the registration fee. Cancellations made on or after September 17, 2012, will receive no refund.

Print this form, attach payment (if paying by check), and submit to:
American Society of Anesthesia Technologists and Technicians

7044 South 13th Street • Oak Creek, WI 63154

414/908-4942, ext. 450 • Fax: 414/768-8001

www.ASATT.org

Please note that membership dues are not included in the Conference registration fee and are invoiced separately.

23rd Annual ASATT Educational Conference

Omni Shoreham Hotel – Washington, DC

October 11–14, 2012

SCHEDULE OF EVENTS

Schedule is subject to change – please keep checking the ASATT website for updates.

Thursday, October 11, 2012

6:00 – 8:00 pm Registration and Reception

Friday, October 12, 2012

7:00 – 8:15 am..... Registration Breakfast and Vendors

8:15 – 8:30 am..... Welcome and Announcements

8:30 – 9:30 am..... Dr. Thakar – *Live demo with GE or Acuson for ultrasound*

9:30 – 10:30 am Wei Chao, MD.

10:30 – 11:00 am Break / Vendors

11:00 am – noon..... Dr. Elizabeth Rebello – *Code Blue: Review of ACLS Drugs and Highlights of the 2012 American Heart Association Guidelines*

noon – 1:30 pm Lunch / Vendors

1:00 – 2:00 pm Garry Brydges, CRNA

2:00 – 3:00 pm Dr. Timothy Jackson

3:00 – 3:30 pm Break / Vendors

3:30 – 4:30 pm Tom Green – *Preventing O.R. Fires*

4:30 – 5:30 pm Victoria Reyes / Michael Boytim – *Professional Changes in the Anesthesia Profession*

Saturday, October 13, 2012

7:00 – 8:15 am..... Registration Breakfast and Vendors

8:15 – 8:30 am..... Welcome and Announcements

8:30 – 9:30 am..... Yuri Vater, MD. – *Obesity and Position – Tips for Techs*

9:30 – 10:30 am Patricia Carlson – *Procurement Process*

10:30 – 11:00 am Break / Vendors

11:00 am – noon..... Sass Elisha, CRNA

noon – 1:30 pm Lunch / Annual Business Meeting

1:00 – 2:00 pm John Frazier, RN

2:00 – 3:00 pm John Rivera

3:00 – 3:30 pm Break

3:30 – 4:30 pm Daniel Hatlestad – *Anatomy of the Anesthesia Machine*

4:30 – 5:30 pm Regional Meetings



TECHNICIANS PASSING THEIR CERTIFICATION EXAMS

APRIL 2012

Julie Beeson, Cer.A.T.	Region 7
Jerrold Boock, Cer.A.T.	Region 6
Troy Cotter, Cer.A.T.	Region 7
Matthew Davis, Cer.A.T.	Region 7
Rafael Fernandez, Cer.A.T.	Region 1
Solomon Galang, II, Cer.A.T.	Region 1
Kelly Lynch, Cer.A.T.	Region 7
Richard McNicholas, Cer.A.T.	Region 4
Calvin Reese, Cer.A.T.	Region 3
Samuel David, Cer.A.T.	Region 5
Jonathan Sands, Cer.A.T.	Region 7
Hirut Simegn, Cer.A.T.	Region 6
Seong Unti, Cer.A.T.	Region 7

MAY 2012

Lakeisha Cofield, Cer.A.T.T.	Region 5
Tracey Frazier, Cer.A.T.T.	Region 6
Robert Lopez, Cer.A.T.T.	Region 5
Michael Balisacan, Cer.A.T.	Region 7
Malika Barati, Cer.A.T.	Region 6
Tiffany Blackmon, Cer.A.T.	Region 6
Norbert Brooks, Cer.A.T.	Region 2
Victor Elamparo, Cer.A.T.	Region 5
Trenton Emmert, Cer.A.T.	Region 3
Denise Gonzales, Cer.A.T.	Region 6
John LaBelle, Cer.A.T.	Region 3
Lauren Lawrence, Cer.A.T.	Region 4
Thomas Nagengast, Cer.A.T.	Region 1
Tatyana Pinkevich, Cer.A.T.	Region 6
Penny Schiavoni, Cer.A.T.	Region 2
Tracy Van Winkle, Cer.A.T.	Region 7

JUNE 2012

Norma Fuentes, Cer.A.T.T.	Region 5
Martha Perez, Cer.A.T. T.	Region 5
Rossmore Barte, Cer.A.T.	Region 6
Hannah-Joy Castillo, Cer.A.T.	Region 6
Nakia Dowell, Cer.A.T.	Region 7
Winnie Hau, Cer.A.T.	Region 1
Kyle Hughton, Cer.A.T.	Region 6
Melinda Hunter, Cer.A.T.	Region 2
Stephanie Jacobs, Cer.A.T.	Region 5
Carrie Kadohiro, Cer.A.T.	Region 6
Heidi Karna, Cer.A.T.	Region 6
Tomilyn Knoch, Cer.A.T.	Region 5
Julie Luong, Cer.A.T.	Region 6
Alexander Majd, Cer.A.T.	Region 6
Elizabeth Maucesa, Cer.A.T.	Region 6
Michael Occhipinti, Cer.A.T.	Region 3
Maribel Parco, Cer.A.T.	Region 6
Laura Pigorsh, Cer.A.T.	Region 2
Larry Quach, Cer.A.T.	Region 6
Kelly Samide, Cer.A.T.	Region 3
Anthony Sforza, Cer.A.T.	Region 2

JUNE 2012 (cont.)

Jeffrey Shade, Cer.A.T.	Region 2
Brittany Stark, Cer.A.T.	Region 6
Tsu-Mu Tu, Cer.A.T.	Region 6
Catrice Tucker, Cer.A.T.	Region 6
Morgan Villarreal, Cer.A.T.	Region 5
Travis Williams, Cer.A.T.	Region 7
Diane Wojtowicz, Cer.A.T.	Region 4
Susan Woods, Cer.A.T.	Region 2
Yin Ye, Cer.A.T.	Region 5

JULY 2012

Christopher Carrizal, Cer.A.T.T.	Region 5
Carrie Kadohiro, Cer.A.T.T.	Region 6
Larry Quach, Cer.A.T.T.	Region 6
Carley Willis-Granger, Cer.A.T.T.	Region 5
Danielle Angell, Cer.A.T.	Region 7
Karen Baker, Cer.A.T.	Region 2
Cheryl Barkhoff, Cer.A.T.	Region 2
James Bornemann, Cer.A.T.	Region 2
Brooke Butterworth, Cer.A.T.	Region 3
David Clark, Cer.A.T.	Region 2
Nubia Contreras, Cer.A.T.	Region 1
Heather Cummings, Cer.A.T.	Region 7
Aurora Ganzon, Cer.A.T.	Region 6
Tanya Greco, Cer.A.T.	Region 6
Stephen Halton, Jr., Cer.A.T.	Region 2
Ahmed Hamdan, Cer.A.T.	Region 5
Eric Helman, Cer.A.T.	Region 2
Nancy Hernandez Ortega, Cer.A.T.	Region 6
Kenneth Hill, Cer.A.T.	Region 3
Tiarra Hutter, Cer.A.T.	Region 2
Brittany Jamison, Cer.A.T.	Region 2
Jon Rex Kruse, Cer.A.T.	Region 6
Anne Laperriere, Cer.A.T.	Region 3
Sokphy Lee, Cer.A.T.	Region 7
Christina Lopez, Cer.A.T.	Region 5
William Lorton, Cer.A.T.	Region 2
Janine Martinez, Cer.A.T.	Region 2
Naomi Mitchell, Cer.A.T.	Region 2
Delores Mohn, Cer.A.T.	Region 2
Jawoon No, Cer.A.T.	Region 5
Brendon Paul, Cer.A.T.	Region 2
Lee Philips, Cer.A.T.	Region 2
Susan Prunzler, Cer.A.T.	Region 4
Vanessa Rodgers, Cer.A.T.	Region 6
David Rodriguez, Cer.A.T.	Region 6
Kimberly Saldana, Cer.A.T.	Region 6
Matthew Sheaffer, Cer.A.T.	Region 2
Wendi Shinn, Cer.A.T.	Region 2
Clodell Soriano, Cer.A.T.	Region 5
Krystal Torres, Cer.A.T.	Region 5
Salvador Villamor, Cer.A.T.	Region 1
Alexander Yailo, Cer.A.T.	Region 3
Stephanie Zavaleta, Cer.A.T.	Region 6

EPINEPHrine

Fifteen years ago at Martin Memorial Hospital, a boy by the name of Ben Kolb received a local injection of 3mL of EPINEPHrine 1:1,000 instead of lidocaine with EPINEPHrine 1:100,000. EPINEPHrine 1:1,000 had accidentally been poured into a cup labeled “lidocaine with EPINEPHrine” on the surgical field. The surgeon prepared a syringe with the solution from the mislabeled cup, which resulted in the child’s death.



In an attempt to prevent well known errors from being repeated, the ISMP produced a film entitled *Beyond Blame*. The Anesthesia Patient Safety Foundation also includes information about this case in its video, *Medication Safety in the Operating Room*.

Sadly, earlier this year a large health system made the same error again: EPINEPHrine was mistaken for lidocaine with EPINEPHrine.

To read more about this error and recommendations for how to prevent it from happening again, you can access it at www.ismp.org/Newsletters/acutecare/issue.asp?dt=20120405.



Centers for Disease Control & Prevention

RECENTLY, THE CDC has recommended that “every American born between 1945 and 1965 should be tested for the liver-destroying virus, hepatitis C.” According to the CDC, “One in 30 Baby Boomers is infected with the virus and most don’t know it. Hepatitis C is a leading cause of liver cancer and other liver diseases, and is the leading cause of liver transplants.” CDC Director Dr. Thomas Frieden stated that research shows that deaths from hepatitis C have nearly doubled in the last ten years, and in order to prevent deaths from increasing substantially in the coming years, we must take action now.

The final recommendations were published in the August 17 issue of the CDC’s *Morbidity and Mortality Weekly Report*. They were also published online August 17 in the *Annals of Internal Medicine*.

WARNING:

DO NOT apply high-flow suction or allow extended exposure of suction to tissue associated with procedures that require either no suction, low vacuum, or low-flow suction — for example, passive chest drainage.

ALWAYS consider the type of tissue associated with the surgery procedure **BEFORE** using the system. Failure to comply may result in severe injury or death!





LogoWear Order Form



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414/908-4942 Fax: 414/768-8001 www.asatt.org asattinfo@asatt.org

ALL WEARABLES ARE MACHINE WASHABLE

Short-sleeve T-shirt — khaki with ASATT logo

____ Small ____ Medium ____ Large ____ X-Large \$16 \$ _____
____ XX-Large \$18 \$ _____

CLEARANCE { **Fleece Vest** — camel brown with embroidered ASATT logo

____ Small ____ Medium \$15 \$ _____

Baseball Cap — khaki with ASATT logo embroidered on front (one size fits all)..... \$15 \$ _____

Lunch Bag — black with ASATT logo \$10 \$ _____

2011 ASATT Conference Pin..... \$5 \$ _____

Cer.A.T. Patches..... \$5 \$ _____

Cer.A.T. Pin..... \$8 \$ _____

Cer.A.T.T. Pin..... \$8 \$ _____

Bumper Sticker \$1 \$ _____

Subtotal \$ _____

Shipping (*SUBTOTAL*: up to \$25: \$5 \$26 to 40: \$8 \$41 to 60: \$10 \$61 or more: \$15) \$ _____

TOTAL AMOUNT DUE \$ _____



PLEASE PRINT CLEARLY

Name _____ Email _____

Address _____

City _____ State _____ ZIP Code _____

Work Phone _____ Home Phone _____

CREDIT CARD:

Card No. _____

Exp. Date _____ CCV _____

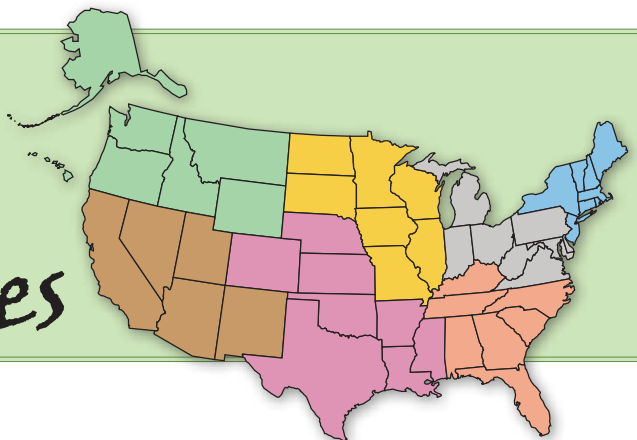
Signature _____



Mail to: ASATT Headquarters
7044 South 13th Street, Oak Creek, WI 53154-1429

ASATT

Regional Activities



REGION 1

CT-ME-MA-NH-NJ-NY-RI-VT

Director: Jonnalee Burgess, Cer.A.T.

Work: 603/650-6804

Email: jonnalee.burgess@hitchcock.org



Well, here we are in the midst of summer. Now is the time to start planning your trip to the national meeting for this year. It will be held at the Omni Shoreham in Washington, D.C. from October 11th thru the 14th.

I want to remind those of you that have to recertify this year to start making sure that you have enough contact hours. Certified Anesthesia Technicians, you need 20 and the Certified Anesthesia Technologists will need 30.

Hope you all have a great summer and stay safe. 😊

REGION 2

DE-IN-MD-MI-OH-PA-VA-WV

Interim Director: Kimberly Stack, Cer.A.T.

Work: 330/543-7871 • **Fax:** 330/543-4003

Email: gibbyfrenchie@netzero.com



Wow, it is hard to believe we are almost near the end of summer ... I just hope this warmer weather stays around for a while. Hopefully everyone has had a chance to vote in the election this year. This gives you a voice in the election process. It is you, the members, that make us stronger as an organization. We cannot change if you don't vote.

The national meeting will be in Washington D.C., Octo-

ber 11-14. I am looking forward to another great meeting. The speakers ASATT has lined up are fantastic. I hope everyone is making their final arrangement to attend. These meetings are for you to meet other anesthesia technicians and learn about new advancements in our field and also earn continuing education credits toward recertification.

It's that time again to start collecting all of the necessary paperwork to send in for your recertification. Do not wait to the last minute. Start looking to make sure you have all of your CEUs and that they fall within the three tiers.

REGION 3

AL-FL-GA-KY-NC-SC-TN

Interim Director: Sue Christian, Cer.A.T.T.

Work: 615/343-7077 • **Fax:** 615/343-1966

Email: suec598@msn.com



Well done, Region 3! We held two meetings this spring/summer and both were very well attended. Kudos to those who put forth the effort to expand their knowledge base! While both meetings were targeted as preparation for the technologist exams, both meetings contained content for the varied levels of practice. Our first meeting took place in Hickory, North Carolina, in April. A big thanks to Shana Branton for her excellent recruitment of speakers and vendors, her organizational skills to keep the meeting on target, and her overall enthusiasm

MORE



LEFT: Region 3 "annual meeting" attendees. RIGHT: Dr. Daves speaking on pediatric cardiac anesthesia.



TOP LEFT: Mao Shinoda practices his insertion technique. TOP RIGHT: Dr. Clifford Bowens speaking on ultrasound – what every anesthesia technician should know. ABOVE LEFT: John Shields, CRNA, and Dina Velloci, AANA Liaison, prepare central line simulator. ABOVE RIGHT: Dr. Jason Lane speaking on experiences in and out of the OR anesthesia settings.

continued from page 13

to provide her colleagues with an opportunity to earn valuable CEs. We would also like to thank the vendors who came out to support us: Nathan Quick and Joel Dyer from Propper for sponsoring the breakfast, Don Newnam from Centurion Medical for sponsoring the break, and Western Piedmont Anesthesia for sponsoring the lunch. Sharn Anesthesia also supported the meeting by providing the notebooks. Our speakers did an outstanding job to ensure that the content of their lectures was relevant to the learning objectives. We would like to thank Dr. Tom Hill; James Decker, CRNA; Robyn Ison, CRNA; Terry Wicks, CRNA; Ida Goodnight, CRNA; and Allison Burris, BS, RT, for taking the time to speak to us.

Our second meeting was held in July in Nashville. This

meeting has become somewhat of an “annual meeting” of its own and seems to be a central location for techs from several states. A big thanks to Travis Spain, Dewayne Campbell, Sharon Baskette, Tonia Rozell, Gwen Stafford and Julie Kapelan for their assistance in recruiting the speakers for our program. The speakers did an excellent job putting a new twist on some “old topics.” We would like to take this opportunity to thank Drs. Bowens, Lane, Daves, Gupta and Carter, as well as John Poland, Cer.A.T. A special thanks to John Shields, CRNA, who donated the majority of his day by being available with a central line simulation mannequin. John showed the techs how to insert a central line with the use of ultrasound and during the breaks and lunch hour, made sure each tech

MORE

present had an opportunity to practice on the simulator. Dina Velloci, our AANA liaison, also spent the day with us and provided the attendees with a progress report on how our profession is growing and how the demand for experienced technicians in the workplace is expanding. A final thanks to Tonia Rozell who coordinated the meals; the techs thoroughly enjoyed the lunch that consisted of Moe's chicken and steak fajitas.

While we had excellent attendance at the meetings, I am somewhat distraught over our Region's participation in the nominating process for the Board of Directors, the Regional Education Award, and the special award in honor of Judy Tomlinson. The latter two awards allow us to nominate a colleague or peer who has gone out of their way to provide support and education to our fellow technicians. The process is rather simple and I find it hard to believe that no one within our Region had a qualified nominee to submit. Please keep in mind that nothing will get accomplished if we assume that someone else will do it. If that were the case, we would not be where we are today.

Fall is upon us and that can only mean that the Annual Meeting is a few short weeks away. If you are in need of CEs, please explore the option of attending this meeting in Washington, D.C. If you cannot attend the Annual Meeting, then check out the link on our homepage, "State and Local Meetings," for meetings that are approved by ASATT. Your Board of Directors is also working very diligently to provide other avenues that will allow you to earn CEs that will meet the recertification requirements. Hopefully we will be able to provide more details in the coming months. Hope to see you in Washington!

REGION 4

IL-IA-MN-MO-ND-SD-WI

Director: Cindy Zellner, Cer.A.T.

Work: 715/387-7179 • Fax: 715/387-5890

Email: zellfam2@tds.net



The summer sure has been flying by again. Hard to believe it's nearly over already. It's time to start looking to fall now.

I hope your fall plans include attending the Annual ASATT Conference to be held this year in Washington, DC! How exciting — so much to see and do there! It will be October 11–14 at the Omni Shoreham Hotel. Click here to register for the conference: <http://asatt.org/natmeet/natmeet12/>. Make your travel arrangements now to get the better deals. These conferences are a great way to keep up-to-date on the many changes in our field by meeting with the many product vendors and by having the opportunity to hear the great presentations by some very knowledgeable speakers, as well as meeting people who work in our field, and hearing what is happening during the year and what is being worked on by your ASATT

Board of Directors and committees during the annual business meeting.

In closing, I would like to thank each of you for giving me the opportunity to represent you as a Director for our Region, and as always, please feel free to contact me with any questions or concerns you may have. If I can't help you, I will direct you to someone who can.

REGION 5

AR-CO-KS-LA-MS-NE-OK-TX

Director: Charlene Koch, Cer.A.T.

Work: 720/777-6207

Email: koch.charlene@tchden.org



Hello, Region 5 members!

I hope everyone is having a wonderful summer. The Region 5 conference in Denver was a great success. The educators were exceptional and the Colorado weather cooperated and everyone who traveled to Denver enjoyed a beautiful day.

If you were unable to attend the Region 5 conference here in Denver, were you able to attend another educational conference? If you were, please email me. I would like to know how the conferences were so I can share the information with your peers who are looking for education for next year.

The National Conference is coming soon. Please join us in Washington D.C. We want to represent Region 5 well in our nation's capital. Register soon to take advantage of the discounted registration. I look forward to seeing everyone. If we haven't met personally, please come and introduce yourself. I really like meeting those whom I respectfully represent.

Best wishes to all of you this summer!

REGION 6

AZ-CA-NM-NV-UT

Int. Dir.: Diane Alejandro-Harper, Cer.A.T.

Work: 650/283-2558 • Fax: 650/456-7003

Email: dianesa20@gmail.com



We had a successful Regional conference in Las Vegas. We had close to 75 attendees at the two-day conference! I would like to thank all the participants for making the conference a success. I met a lot of the ASATT members from Region 6, and we also had members attend the conference from Colorado, Oregon, and New York! A special thank you to George Cahill and Albert Tagle for their assistance with the conference. Lastly, I would like to recognize all the vendors who supported the conference; we could not do this without them. For those of you who attended the conference, web links to the presentations have been sent out.

For those of you who have not attended a conference this year, the national conference will be in Washington,

MORE

D.C., October 11–14. You can register or download the form from the ASATT website. You can receive up to 13 CEUs for the two-day conference.

Thanks!

REGION 7

AK–HI–ID–MT–OR–WA–WY)

Director: Joleen Bishop, Cer.A.T.

Work: 206/223-2391

Email: indigobats@comcast.net



I hope everyone’s summer got off to a great start and you all have left room for at least one more meeting – the Annual Meeting in Washington DC., October 11–14.

Speaking of long lost attendees, please don’t become

one. Ensure that doesn’t happen by renewing your membership. It’s not the same as renewing your certification and it’s due every year at this time. It’s easy to do and you will be glad you did because it saves \$\$\$ at the meeting registrations and gives access to up-to-the-minute happenings within our profession around the nation and other great website finds. Have you checked it out lately???? Good stuff ... I kid you not!!

Procrastination is one of the most common and deadliest of diseases and its toll on success and happiness is heavy.

~ Wayne Gretzky ~

So, I leave you with the Great Gretzky, and an abundance of professional opportunities. Procrastination may be more than a financial loss. You never know whom you could meet and what new energy can be found at any of our organizational events.

Peace!

*This year’s Annual Meeting will be held October 11–14 at the **Omni Shoreham Hotel** in our nation’s capital. The hotel is conveniently located near many attractions within walking distance, so bring your walking shoes! This list should be a good place to start:*

WASHINGTON, D.C. ATTRACTIONS

- National Zoo (*free admission*)4 blocks
- National Mall..... 10 minutes
- Lincoln Memorial..... 15 minutes
- Tidal Basin, home of the Franklin Delano Roosevelt and Jefferson Memorials 15 minutes
- Korean War Memorial1.5 miles
- National Cathedral.....1.5 miles
- Dupont Circle, shops, restaurants and art galleries.....1.5 miles
- Washington Convention Center..... 2 miles
- Washington Monument 2 miles
- International Spy Museum, history of espionage 2 miles
- Georgetown, home of John and Jacqueline Kennedy before residing in the White House 3 miles
- Vietnam Veterans Memorial..... 3 miles
- White House 2 miles
- U.S. Capitol..... 3.5 miles
- National Cemetery 5 miles
- Mount Vernon, the estate of George and Martha Washington.....30 miles
- Six Flags America Theme Park.....30 miles

TRANSPORTATION

- Metrorail..... 1 block
- Union Station, Amtrak Station 4 miles
- Ronald Reagan National Airport..... 8 miles
- Dulles International Airport 30 miles
- Baltimore-Washington International Airport 45 miles

UNIVERSITIES

- Georgetown University 2 miles
- George Washington University..... 3 miles
- Howard University 3 miles

ARTS & CULTURE

- Kennedy Center for the Performing Arts 3 miles
- Ford Theater 2 miles
- National Theatre 2.5 miles
- American History Museum 2 miles
- Air and Space Museum and IMAX Theater 3 miles
- Natural History Museum and IMAX Theater 3 miles
- Shakespeare Theatre..... 3 miles
- U.S. Holocaust Memorial Museum 3.5 miles
- Smithsonian Institution..... 3.5 miles
- National Gallery of Art..... 10 minutes

OUTDOOR RECREATION

- Rock Creek Park6 blocks
- Boating on the Potomac 15 minutes
- Washington’s famous cherry blossom trees..... 15 minutes

SHOPPING

- Adams Morgan1 block
- Chevy Chase Pavilion (Saks Fifth Avenue, Neiman Marcus) 3 miles
- Fashion Center (Macy’s, Nordstrom and Abercrombie & Fitch) 4 miles

SPORTS

- Verizon Center, home of NBA’s Wizards and NHL’s Capitals 2 miles
- FedEx Field, home of NFL’s Washington Redskins 10 miles

DINING & ENTERTAINMENT

- Robert’s Restaurant on site
- Jandara (Thai).....1 block
- Lebanese Taverna (Mid-Eastern)1 block
- Medaterra (Mediterranean-American)1 block
- Mr. Chen’s Chinese1 block
- Murphy’s Irish Pub.....1 block
- New Heights (American).....1 block
- Café Paradiso (Italian)1 block
- Butterfield 9 (fine dining)1.5 miles
- ESPN Zone (sports themed) 2 miles
- Occidental (fine dining) 2 miles

Find more terrific ideas about things to do in D.C., here are some websites worth investigating:

Interactive maps for D.C. — <http://washington.org/browse-dc/dc-map>

Free (or almost free) things to do while in Washington:

<http://washington.org/visiting/browse-dc/attractions/100-free-things-to-do>

A PDF file of the Interactive Visitors Guide can be downloaded from:

<http://washington.org/visiting/browse-dc/interactive-visitors-guide>

For more information, visit the Washington, D.C. Convention & Visitors website — www.washington.org.

CONTINUING EDUCATION QUIZ



To test your knowledge on this issue's Science and Technology article on page 6, provide correct answers to the following questions on the form below; follow the instructions carefully. **Submissions for this issue's Quiz expire December 31, 2013. Achieve 100% in this quiz to earn one (1) Continuing Education credit.**

- | | | |
|--|---|--|
| <p>1. The MTP is activated when a patient's blood loss is 1% of total blood volume in a three-hour period.
<input type="checkbox"/> True <input type="checkbox"/> False</p> <p>2. Indications of a traumatic injury requiring a MTP may be:
A. Ruptured AAA
B. Shattered tibia
C. Hip replacement
D. None of the above</p> <p>3. During a MTP, large volumes of FFP are given in order to deliver oxygen to the body tissues.
<input type="checkbox"/> True <input type="checkbox"/> False</p> | <p>4. Acceptable vascular access for use on a trauma patient include:
A. R.I.C. and 24g IV catheter
B. R.I.C. and 22g IV catheter
C. R.I.C. and 16g IV catheter
D. Both A & B</p> <p>5. It is not recommended to use rapid infusers on a patient experiencing rapid blood loss.
<input type="checkbox"/> True <input type="checkbox"/> False</p> <p>6. The following blood component(s) is/are not recommended to be infused through a rapid infusion system:
A. pRBC
B. FFP
C. Platelets
D. Both A & B
E. Both B & C</p> | <p>7. The MTP protocol can only be activated by the anesthesia technician.
<input type="checkbox"/> True <input type="checkbox"/> False</p> <p>8. The Blood Bank typically requires the following information:
A. Patient name
B. Weight
C. Medical record number
D. All of the above</p> <p>9. It is not uncommon for hemorrhage to occur in controlled environments such as a liver transplant or during childbirth.
<input type="checkbox"/> True <input type="checkbox"/> False</p> <p>10. Blood products are not considered to be drugs.
<input type="checkbox"/> True <input type="checkbox"/> False</p> |
|--|---|--|

To apply for Continuing Education/ Contact Hours:

- Provide all the information requested on this form.
- Provide the correct answers to this issue's quiz in the box (right)
- Mail this form along with \$10.00 (check or money order, payable to ASATT) to:

ASATT
7044 South 13th Street
Oak Creek, WI 53154-1429

The answers to the Summer 2012 Continuing Education Quiz are:
(circle correct answers)

- | | |
|------------|--------------|
| 1: T F | 6: A B C D E |
| 2: A B C D | 7: T F |
| 3: T F | 8: A B C D |
| 4: A B C D | 9: T F |
| 5: T F | 10: T F |

Name _____ ASATT Number _____

Street Address _____ Phone _____

City _____ State _____ ZIP Code _____

Signature _____ Date _____



ASATT Calendar

October

Annual Meeting, Washington, DCOctober 11-14

November

Recertification application packets accepted November 1

December

2012 Recertification expires December 3

January 2013

\$75 late fee initiated for all late submissions
of recertification paperwork January 1

End of recertification grace period..... January 31

March

Anesthesia Tech Day March 31



**American Society of Anesthesia
Technologists and Technicians**

7044 South 13th Street
Oak Creek, WI 53154-1429

414/908-4942 Fax: 414/768-8001

info@asatt.org www.ASATT.org