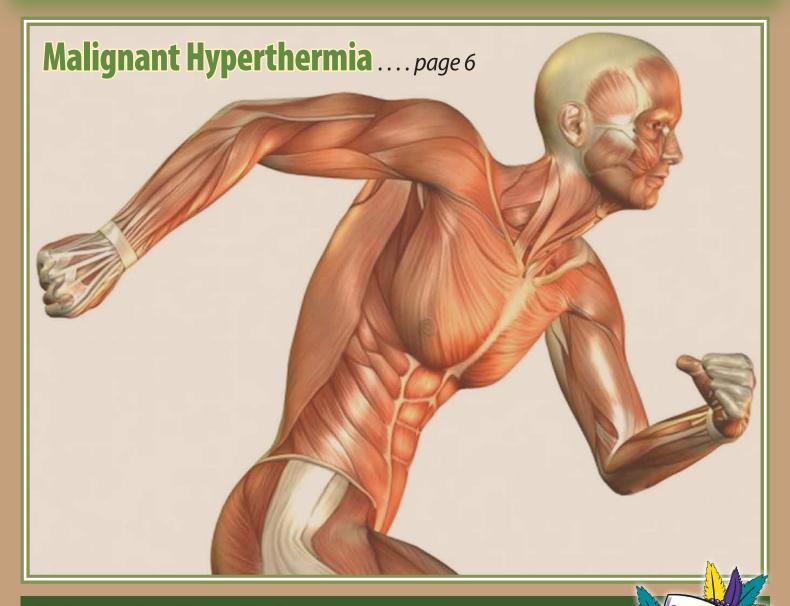


THE OFFICIAL PUBLICATION OF THE AMERICAN SOCIETY OF ANESTHESIA TECHNOLOGISTS AND TECHNICIANS

VOLUME XXIV / SPRING 2014



Join us in New Orleans, October 9–11, as we proudly celebrate a quarter century of ASATT!



American Society of Anesthesia Technologists and Technicians





NEW ORLEANS • FRENCH QUARTER

OCTOBER 9-11, 2014

SENSOR

is the quarterly publication of the American Society of Anesthesia Technologists and Technicians

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

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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:

Summer	July 1st
Fall	November 1st
Winter	January 1st
Spring	April 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 submitted to the *SENSOR* will be assumed unless otherwise specified.

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Life's not about waiting for

the storms

to pass

it's about

learning

to dance

in the rain.

~Vivian Greene

S WE ARE ALL settling into the rhythm of spring, we begin to see life renewed and new life emerges with strength and resolve. So it is with ASATT.

You as members have been hearing over the last couple of years about accreditation, standardized education and retiring of on-the-job training. I am sure some of you are little unsure of the future and a bit nervous about how these changes will affect you, while others are very motivated and excited to see this leap into the realm of recognized allied health professionalism, and all that this can mean to our everyday work and job security.

As the next year or so goes by your board of directors will be posting information through *THE SENSOR* and ASATT website to help this transition go smoothly for everyone.

For those who are non-certified, I would highly recommend that you take the exam the moment you be-

come eligible. If you are nervous about taking the exam, put your fear aside; even if you do not pass the first time you are empowered with the knowledge of what to expect and study further. If one member of a department is successful, that will encourage others you work

with to take the exam. Also, forming study groups can be very helpful, as is accessing online information. Remember, the last day to take both exams is July 14, 2015; you must have your application in 60 days in advance in order to assure all paperwork will be completed and your testing site of choice is available.

If you are currently certified as an anesthesia technician, you have two choices: You can take the technologist level exam by July 14, 2015 as above, or



if you choose to remain a certified technician you need only to assure that you get 20 CEs, along with the recertification fees and application to the recertification committee by December 31st (I would advise sooner), every two years. You must pay close attention to the qualifications and requirements for recertification, as the technician exam will no longer be offered.

Going forward after July 2015, eligibility to take the exam will be through successful completion of an approved/accredited program only. These processes are also undergoing change and all currently approved

programs will be transitioning to accreditation. New programs currently forming will undergo the accreditation process only.

The exams are being reviewed by the Exam/Item Writers committee. Items from both exams will contribute updated questions to form one

exam. This will reflect the results of the Professional Practice Analysis as well as a balance of entry into practice and advanced practice metrics.

Enjoy your spring, embrace change, and under no circumstance entertain the mediocre!

Vicki Reyes, Cer.A.T.T. ASATT President

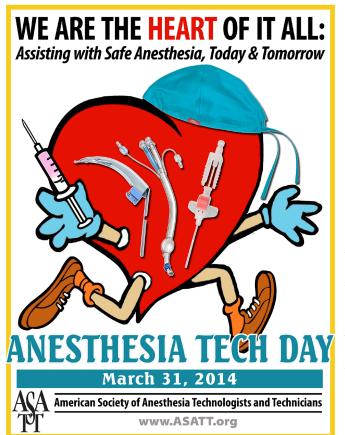




ANESTHESIATECIDAY



This clever photo montage was taken of the techs at the University of Maryland in celebration of Anesthesia Tech Day. The techs were honored with lunch followed by a delicious cake for dessert.





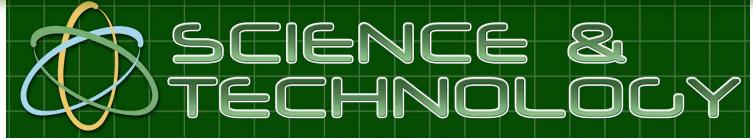
LEFT: Thanks to Sharlene Howard, Cer.A.T., for her submission of this idea for the 2014 Tech Day poster. ABOVE: The Department of Anesthesia at Vanderbilt University Medical Center anesthesia techs: Front row: Glenna Eddy, Hilary Connell. Second row: Mao Shinoda, Sharon Baskette, Damon Peebles, Jarvis Singleton. Third row: Joe Brock, Dewayne Campbell, John Poland, Ray Brazill. Back row: Walter Woiten, Eric Williams, Fred Dennis. The techs were treated throughout the week with catered lunches from Jack's Bar-B-Q and a fajita bar from Moe's and to wrap up the week, a potluck lunch was held in their honor. Additionally, the techs were surprised with a variety of baked goods, along with two huge boxes of snacks.



UPMC posted our photo digitally throughout Mercy Hospital so that all of the employees know who we are! It was a great day for celebrating — a breakfast was hosted in our honor and a lovely cake presented to us on Anesthesia Tech Day 2014.



For Tech Day, Marshfield Clinic in Marshfield, WI, surprised their tech department with lunch in their honor, and presented the techs a card from the Chamber of Commerce that included a gift certificate.



Malignant Hyperthermia

What is it? What is my role as an anesthesia technician/technologist during an MH crisis?

Vicki Carse, Cer.A.T. Mercy Hospital, Pittsburgh, PA

Originally written in 2005 by Vicki Carse, Cer.A.T. Expanded and updated in 2014 by Sue Christian, Cer.A.T.T.



ALIGNANT HYPERTHERMIA, also known as malignant hyper-pyrexia or simply MH, was first identified in 1960 by Dr. Michael Denborough. It is a rare inherited myopathy associated with inhalational agents and the depolarizing muscle relaxant, succinylcholine. The use of these anesthetic agents/drugs given to a patient susceptible to this unique syndrome can cause a defective intracellular calcium control mechanism within the sarcoplasmic reticulum which results in sustained muscle contractions.

The classic MH case is characterized by a marked elevation of body temperature, hypercarbia, tachycardia, unstable blood pressure, arrhyth-

mias, cyanosis and muscle rigidity (though not necessarily in that order). This results from acute uncontrolled increase in skeletal muscle metabolism that may eventually proceed to severe rhabdomyolosis or muscle catabolism. The mortality rate due to malignant hyperthermia reached as high as 80% prior to the introduction of Dantrolene Sodium for injection. The combination of the introduction of Dantrolene Sodium for injection in 1979, a heightened awareness of MH, and improvements in patient physiological monitoring technology (especially related to capnography) contributed to a drastic decrease in mortality rates associated with this unique syndrome.

The body's muscles in motion.

Muscle Anatomy

To understand the patient's reaction to the inhalant agents and/or succinylcholine, we need to be familiar with the muscle anatomy of the human body. Our muscle anatomy is composed of three categories: skeletal, smooth and cardiac. Furthermore, there are two types of muscles: striated and smooth. Striated muscle is attached to our bones by tendons and allows our arms, legs and feet to move. Smooth muscle is that muscle which is found in our bodies internal organs. Muscle movement is either voluntary or involuntary.

With voluntary muscle movement, we dictate which muscles we will use, how long we will use those muscles, and how long they will contract. An example of voluntary movement is assisting with the transfer/lifting of a patient from the OR bed to a stretcher. Moving an adult patient weighing 150 kg would require more muscle contracture than that of a pediatric patient weighing 30 kg.

On the other hand, we have no control over our involuntary muscles. The brain controls which muscles will be used, the duration of use and how long they will contract. An example of involuntary muscle movement is our heartbeat. Coincidentally, cardiac muscle is composed of both smooth and striated muscle.

MORE

SENSOR ONLINE



The muscle fiber has three layers of protective covering: epimysium, perimysium and endomysium. The endomysium encompasses the sarcolemma. The sarcolemma has several functions, one of which is to receive stimuli for muscle contracture. The sarcolemma forms tubules deep inside the muscle cell known as transverse tubules (commonly referred to as T-tubules), that allow chemical changes to quickly penetrate the interior of the cell. An increase in calcium ions are what cause the muscular contractions.

In addition to the sarcolemma, the sarcoplasmic reticulum plays a key role in muscle contracture and relaxation. The sarcoplasmic reticulum is found in cardiac and striated muscles and its function is to release calcium ions when the muscle contracts and to store calcium ions when the muscle is relaxed.

What causes Malignant Hyperthermia?

MH has been labeled as an inherited autosomal disorder and often referred to as a *syndrome*. When we are born, we inherit genes from our parents. The Ryanodine Receptor gene (RYR1) forms channels that transport positively charged calcium ions within muscle cells. When signaled, the RYR1 channel releases calcium ions from the sarcoplasmic

reticulum into the surrounding cell fluid (cytoplasm). The resulting increase in calcium ion concentration stimulates muscle fibers to contract, which allows the body to move. A defective RYR1 receptor would cause an overload of calcium ions to be released by the sarcoplasmic reticulum, thereby causing continuous contracting of the body's muscles. It was originally thought that there was only one mutation of the gene; however, genetic studies now indicate that there has been a minimum of 40 mutations that have been

identified and associated with MH. If one of our parents has a defective Ryanodine receptor gene (RYR1), we stand a 50/50 chance of inheriting that gene.

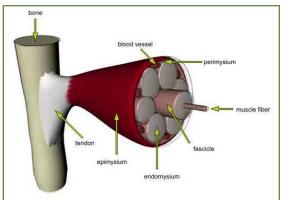
Why is MH referred to as a Syndrome?

MH is referred to as syndrome because the classical signs differ from patient to patient: one might show a spiked temperature, whereas another might have an elevated CO₂ level. Because there is no true order of events, determining that the patient has triggered into an MH crisis is challenging for any anesthesia provider.

How do we determine if a patient is MH susceptible?

A thorough, observant personal and family history often implies an

States with the highest incidence of MH are:
Michigan Nebraska
West Virginia Wisconsin



Muscle is attached to the bone by tendons and the muscle fiber is covered with three protective layers; do you know what they are?

increase of sensitivity to malignant hyperthermia. Sentinel events in the patient or a family member's history may include an episode of unexplained fever in the operating room, an anesthetic that required immediate termination or a recorded previous occurrence of MH. A quick phone call to the North American Registry can either confirm or deny healthcare providers diagnosis of suspected MH.

What triggers Malignant Hyperthermia?

The known triggering agents that have been identified as hazardous for use on the patient vulnerable to Malignant Hyperthermia are ALL volatile inhalational agents (Desflurane, Enflurane, Halothane, Isoflurane and Sevoflurane) as well as the depolarizing muscle relaxant, Succinylcholine. A few examples of safe drugs that can be utilized to achieve anesthesia are nitrous oxide, barbiturates, etomidate, non-depolarizing muscle relaxants and opioids.

Preparing the anesthesia gas machine for the MH patient

When the syndrome of MH was first discovered, it was of the opinion that a "clean, dedicated" anesthesia gas machine be readily available for use on a susceptible MH patient. Since that may not have been financially feasible for some institutions,

the Malignant Hyperthermia Association of the United States (MHAUS) provided an alternative process that recommended purging the anesthesia gas machine with flows of 10L/min of oxygen for 10 minutes, attaching a test lung or a re-breathing bag to the wye piece of the circle system and the ventilator set to inflate the breathing bag intermittently to flush the ventilator. In addition, the vaporizers should be removed from the anesthesia machine.

After flushing of the machine is complete, the CO₂ absorbent needs to be replaced with fresh granules, the anesthesia breathing circuit needs to be replaced with a new or disposable circuit and the fresh gas hose needs to be exchanged with a "clean" hose that has not been exposed to any inhalation agents. If this procedure

was followed, the flushing of the machine would effectively eliminate any traces of inhalational anesthetics that may be capable of triggering a MH episode. If the fresh gas hose is not replaced, the flush time needs to be increased to 20 minutes. Another alternative is to acquire an ICU ventilator that has had no exposure to inhalational agents.

In the past 10+ years, anesthesia machines have turned into anesthesia workstations and as such, the way they are constructed has changed.

The fresh gas hose on many of these machines is no longer easily accessible and the metal components have been replaced by those made out of plastic or elastomeric components that absorb residual inhalation vapors and release them during subsequent anesthetics. The manufacturers then recommended increasing the flush time for MH susceptible patients

from 10 minutes to greater than 90 minutes.

If the staff were made aware that the patient was a possible susceptible MH patient and it was scheduled as the first case of the day, the flushing of the machine could be done without delaying the surgery schedule. However, if the MH-susceptible patient is scheduled later in the day, the flushing of the machine could cause a delay with the procedure start time. In June 2011, Birgenheier et al. released the study, "Activated Charcoal Effectively Removes Inhaled Anesthetics from Modern Anesthesia Machines" that was published in *Anesthesia* & Analgesia and recommended that charcoal filters be placed on the inhalation and exhalation valves of the newer anesthesia workstations. The study states that "placement of









An example of the contents of an MH cart: (A) Supplies for IV access; (B) supplies for insertion of an arterial line; (C) Drugs and syringes for mixing the dantrolene; (D) Supplies for lavage and cooling.

the Vapor-Clean filter canisters on the anesthesia machine allows the machine to be vapor-free (less than five parts per million of vapor) within 90 seconds."

MHAUS evaluated the claim and then released this statement in July 2011: "MHAUS suggests, following the manufacturer's recommendations, Vapor-Clean Filters may be used as an alternative, or in addition to, the present MHAUS recommendation for preparation of anesthesia machines for MH-susceptibles." The manufacturer of the charcoal filters recommends changing the filter canisters after 12 hours of continuous use on a single patient. If a patient is exhaling inhalation agents, they recommend changing the filters after 60 minutes of use.

Treatment of a patient during an MH crisis

Immediately call for additional help. An experienced Anesthesia

Right: Vapor-Clean charcoal filter canisters on the inhalation and exhalation valves of the anesthesia machine. According to the manufacturer of the filters (Dynasthetics), they have changed the coloring of the filters to orange (below) so that the color would stand out in the OR, reminding staff to change/discard after use.





Technician/Technologist would be an enormous "extra pair of hands" to the anesthesia provider. Discontinue all anesthetic agents and hyperventilate with 100% oxygen.

MHAUS recommends administering a loading dose of 2.5mg/kg intravenous every five minutes, up to a total dose of 10mg/kg if needed. Dantrolene is packaged in powder form and each bottle contains 20mg of Dantrolene and 3,000mg of Mannitol. The powder must be reconstituted with sterile water (labeled "for injection USP") and must not contain a bacteriostatic agent. The mixed solution should produce a clear yellow or orange color. Exactly how much Dantrolene would be required? There is 20mg of Dantrolene per bottle that needs to be mixed with 60ml of sterile water for injection USP (No bacteriostatic agent); this equates to: 1mg/3ml. A 2.5 mg/kg dose = 175 mg or 525 ml (exactly)nine vials). If the total dose of 10mg/ kg is needed, that would equal 700mg or 2100ml (exactly 35 vials).

Initiate cooling by placing bags of

Seasoned techs who have experience mixing Dantrolene will attest to the fact that it seemed like an eternity to mix the Dantrolene before obtaining a flake-free solution. In 2009, JHP Pharmaceuticals introduced DantriumÃ,° IV. This formula reconstitutes in approximately 20 seconds which the pharmaceutical company claims is four times faster than the original mixture and that the time saved mixing the powder is equivalent to a minute per bottle. As we all know, if MH is not recognized and treated immediately, the patient will either suffer a poor outcome or die. Shaving off minutes of mixing the Dantrolene means that the anesthesia provider is able to give the only "resuscitation drug" for reversing MH in rapid succession of each dose.

ice to the groin, axilla and neck areas. Iced IV fluids to lavage the stomach, bladder and open cavities are necessary to maintain a temperature of <40°C. To correct acidosis; administer sodium bicarbonate 2-4mcg/kg. Monitoring lines are placed: EKG, temperature probe, Foley catheter, arterial and central venous pressure. Monitor urinary output; administer mannitol or Lasix as needed. Blood samples are drawn for laboratory analysis and the patient treated according to the test results. Dantrolene should continue being administered 1-2mg/kg for at least 36 hours until the patient is stable. The patient should be monitored in the ICU and staff should be aware that there is the possibility that the episode could trigger again.

What is the role of an Anesthesia Technician/Technologist during a Malignant Hyperthermia episode?

That very question has been asked multiple times over the past 15 years of the ASATT Regional Director, Board of Directors and during conversations with ASATT colleagues. As we have learned over the years through education and perhaps even

a personal experience, a Malignant Hyperthermia crisis is just what it says ... a CRISIS!

The functional role of the Anesthesia Technician/Technologist as a participant on the team preparing and caring for the MH-susceptible patient SHOULD be determined prior to an onset of the MH episode. Your department should have a written treatment plan that outlines your responsibilities. Your role will be determined according to departmental policies at your facility. An MH crisis will be managed in a similar fashion to a Code Blue, so your role in an MH situation will probably be similar to your role in a code situation.

The role of the Anesthesia Technician/Technologist may include flushing the anesthesia gas machine, removing/taping off the vaporizers, placing the MH cart in the appropriate Operating Room and perhaps even facilitating the process of mixing and drawing up of the drug dantrolene.

If IV access and invasive monitoring are required and this is something that you usually assist the anesthesia provider with, your role would include this.

Staging a "mock" MH crisis as a department in-service may serve as the benchmark example as to what responsibilities you as an Anesthesia Technician/Technologist will be assigned. ASATT can certainly make recommendations as to what role the Anesthesia Technician/Technologist may play during an MH episode, but ultimately, the decision of the director of your managing department will be the determining element regarding your utilization at the occurrence of an MH event. Don't wait for an MH episode to occur! Discuss your role as an Anesthesia Technician/Technologist during a MH event with your manager. Being prepared ahead of time will save precious minutes if and when an MH event occurs! 5

Contact information for the Malignant Hyperthermia Association of the United States and the North American Malignant Hyperthermia Registry of MHAUS:

> MHAUS 11 East State Street P.O. Box 1069 Sherburne, NY 13460

In the U.S., the MH Hotline is: 1-800-MH-HYPER

Visit their Website at: www.mhaus.org

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CALL FOR SPEAKERS

HE ASATT PROGRAM PLANNING COMMITTEE is seeking speakers for our Annual Conference, October 9–11, 2014. Presentation must be 50–60 minutes in length, and related to the field of Anesthesia and the Anesthesia Technology Profession.

Topics will be presented Friday, October 10th and Saturday, October 11th, 8 a.m.–5 p.m.

If you wish to give a presentation as an educational speaker, please complete the Speaker Proposal Form. Then email the form to Alex Llanas, a.llanas@asatt.org ... or send by fax to 414.768.8001, attn: Alex Llanas.

Visit the ASATT Website and click "Speaker Proposal Form."
For further information please contact Alex at a.llanas@asatt.org.

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Jacinth Ah Sing, Cer.A.T.	Region 7
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Gildardo Amavizca, Cer.A.T	Region 6
Hector Arizmendi, Cer.A.T.	Region 5
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Brandon Sullivan, Cer.A.T	_
Matthew Williams, Cer.A.T	
Alberto Yanez, Cer.A.T.	Region 6

What would a trip to New Orleans be without a stop at Café du Monde? Keep a little extra money in your pocket to spend at the Café by registering for the Annual Meeting at the early bird pricing. Hurry! Early Bird registration ends



on May 31st! See the registration form on page 16 for a complete list of dates and pricing.



Regional Activities

REGION 1

CT-ME-MA-NH-NJ-NY-RI-VT **Director:** Joyce Freeeman, Cer.A.T.

Work: 315/464-2825

Email: region1director@asatt.org

Hello everyone! The Syracuse Region 1 meeting is May 3, 2014, from 7 a.m. to 5 p.m. Lunch will not be included in the program. Lunch will be on your own. The SU campus has lots of shops and restaurants to explore. This will be a good opportunity to stretch your legs and get out of the building. The flyer is on the ASATT website and has all the information for signing up. There is a business meeting scheduled at 4 p.m. as soon as the educational seminar is completed. Please come with questions. I would also like to have a discussion surrounding education and what the future could possibly look like. I need to know what type of conversations happen within your work place. Do you see an opportunity for learning a new skill but due to educational requirements or a license it prevents you from performing the tasks? Please bring these types of concerns to the meeting as well.

There are additional meetings scheduled in June and July for Region 1 — both in New Jersey.

Please contact me with any concerns. I hope to see you in Syracuse!!!

Thank you!

REGION 2

DE-IN-MD-MI-OH-PA-VA-WV Director: Randy L. Harris, Cer.A.T.

Work: 443/492-8928

Email: region2director@asatt.org

Greetings Region 2.

Congratulation to our newest certified anesthesia technicians; we have 71 techs in Region 2. It's nice to hear that we are growing as a organization and you have invested in your future. Our profession is as strong as our membership. Please encourage technicians at your hospital to become certified anesthesia technologists or technicians. In a few months, we need to nominate someone in our Region for the Educational Award. Someone who's impacted us.

Our regional meeting will be in August at Hershey, PA.

REGION 3

AL-FL-GA-KY-NC-SC-TN **Director:** Marc McGaffic, Cer.A.T. Work: 407/831-9816, ext. 1534

Email: region3director@asatt.org

TO ALL TECHS WORLDWIDE: HOPE YOU HAD A HAPPY ANESTHESIA TECHNOLOGIST DAY!!! I hope that your organization, your anesthesiologists, CRNAs, and supervisors spoiled you rotten on YOUR day! The organization has come a long way from even when I first joined, all the way back in 2001!! The founders and leadership of ASATT take great pride in celebrating this day with each of you and your organizations. Thank you everyone for providing the exceptional patient support that you do.

Spring has finally sprung ... especially for our Northern brothers and sisters. This must have been the worst winter on the books for them. Here in Florida we are enjoying no humidity (which is awesome if you've ever felt our humidity here) with sunny skies and temps in the 70s.

I hope everyone is trying to attend the National Meeting in New Orleans. I believe we are still looking for speakers for our event. If you're interested, please complete the form located on our website. Also, speaking of the ASATT website: Isn't it just AWESOME??!!?? The new layout is fantastic and very user-friendly.

I am very proud of each and every one of you. The support you provide to your facilities, patients, medical staff and each other is outstanding. Each of you should be praised for your daily work and the sacrifices you make to ensure exceptional patient care is given to each and every patient.

In closing, has anyone read the article regarding Suspended Animation for Trauma Victims? It's a great read and really makes me proud of my former tech job in Pittsburgh. UPMC Presbyterian Hospital, a level one trauma center, is creating very advanced methods to help save lives. Take a moment and read the article, I think you'll be impressed: http://nbcnews.to/ldEYu0j







REGION 4

IL-IA-MN-MO-ND-SD-WI Director: Cindy Zellner, Cer.A.T. Work: 715/387-7179 • Fax: 715/387-5890 Email: region4director@asatt.org ng I

Finally, winter is over! This was a long one. Time to look forward to warmer sunnier days ahead. I hope everyone had a great Anesthesia Tech Day on March 31st. I know many of your facilities did special things for their techs that day to thank you for the fantastic job you have been doing assisting providers and patients in the field of anesthesia. I want to personally thank you for all your hard work and dedication to our profession!

We have a lot to look forward to this year with our National Meeting in New Orleans, October 9–11 at the Astor Crowne Plaza. We are still searching for more speakers for this event, so if you have any ideas for this, please contact us. We will be celebrating the 25th Anniversary of ASATT at this conference, so you won't want to miss this one! You can sign up online right from the ASATT website. Plan ahead and make your reservations now to save money on registration and transportation.

And if you were not able to attend a Regional Conference in your area, check out some of the meetings available in other Regions. They may work better with you schedule. Go to the Events dropdown on the new ASATT website and you will find many upcoming meetings available to you to get those CEs. And while you are attending any of these, please keep in mind, many of the speakers you hear have great presentations and we are always looking for nominations for Regional Education Award recipients. You can download those forms from the website as well. Have one already printed when you go, and it will be handy for you to just fill it out and send it in. Your nomination may be the one to receive the award which is always an honor.

One last thing: Have you checked out the new ASATT

SCIENCE &
TECHNOLOCY
HAVE YOU GOT THE

WRITE STUFF?

Your SENSOR staff would be grateful — and your fellow techs would benefit greatly — if you contributed articles to publish in THE SENSOR — especially Science & Technology articles.

Win the respect of your peers (and maybe more!)
Contact Sue Christian, Cer.A.T.T., SENSOR editor, for details: suec598@msn.com.

website? Everything is much easier to find now, and it's up to date and looks great! They have done a fine job of arranging all the areas you may want to explore. Take some time to familiarize yourself with all the dropdowns so you know where to find just what it is you are looking for

As always, if you have any questions or concerns, please feel free to contact me. Hope to see you in October!

REGION 5

AR-CO-KS-LA-MS-NE-OK-TX Director: Robert Lopez, Cer.A.T.

Work: 713/441-1736

Email: region5director@asatt.org



I hope everyone had a memorable Anesthesia Tech Day!

I want to thank all of the doctors, CRNAs, nurses, and PCAs who thanked their Anesthesia Techs on Tech Day, Thank you, all anesthesia techs, anesthesia technologists for what you do; you guys are the best!

The GHSATT had their local meeting on March 29th; it was a great turn out for the area: about 50 plus showed up at the Sanford Brown School, plus the new students for this year. Thank you Jerry, Wesley, and Fish for the great meeting.

Next one for the Houston area will be at M.D. Anderson in May or June, I will give more information when it becomes available.

Thanks!

REGION 6

AZ-CA-NM-NV-UT

Director: Paul Castaneda, Cer.A.T.

Work: 520/360-2055

Email: region6director@asatt.org

Greetings Region 6,

First off I'd like to start by congratulating all the new certified anesthesia technicians and technologists in Region 6. Now that spring has arrived I hope everybody has survived the winter storms and are ready for the heat to come. I would like to take the time now to thank each and every one of the members not just in Region 6 but throughout the organization for your dedication to our society. Our society thrives on our members, so again thanks for your membership as you are all valued. Many of us have started thinking about vacations; while considering your vacation spots please look into the Annual Conference in New Orleans this year in October. As I had said earlier this year, I do plan on having a minimum of two Regional conferences, one in Las Vegas and the second one in Tucson, Arizona. Putting a conference together is very hard work, thanks for all those who have helped and

are helping currently with putting together the upcoming conferences. I will put the dates and exact locations on the website as soon as they are confirmed.

REGION 7

AK-HI-ID-MT-OR-WA-WY

Director: Delbert Macanas, Cer.A.T. Work: 808/547-9872 (0930-1830 PST M-F)

Email: region7director@asatt.org



I hope all of you are thawing out and ready for spring to bring fresh growth and a clean start to the year. If this was your year to recertify, I hope you did not wait until the last minute to get your required CEs.

On behalf of ASATT, I would like to thank the Hawaii Association of Nurse Anesthetists (HANA) and their President Malina Bagalso, for extending an invitation for Anesthesia Technicians & Technologists to their Educational Conference. The meeting was held at the Turtle Bay Resort on the beautiful North Shore of Oahu. This was the first time that Our Profession was invited to attend the



ASATT MEMBERS!!

YES, IT IS THAT TIME OF YEAR — TIME FOR THE ASATT YEARLY NOMINATIONS AND ELECTIONS! PLEASE TAKE THE TIME TO REVIEW THE NOTES IN THIS ISSUE OF THE **SENSOR** THAT EXPLAIN THE ASATT NOMINATION AND ELECTION PROCESS. YOUR VOICE AS AN **ACTIVE PARTICIPATING** MEMBER OF ASATT IS VITAL TO THE **CONTINUED**

SUCCESS OF OUR SOCIETY & PROFESSION. **THANK YOU!**

meeting. HANA generously allowed us to attend the meeting at a reduced rate. Unfortunately, I could not attend the meeting but I know that a number of our peers attended the meeting. I hope to maintain and further develop this relationship with this important group of Anesthesia Care Team members. This meeting allowed our peers another opportunity to earn additional CEs without flying to the mainland, helping keep cost to a minimum. I would also like to thank Dina Velocci, CRNA, MS, APN, one of the AANA Liaisons to our Board of Directors who helped facilitate this alliance. Again thank you very much for your support — it is appreciated.

"In this new wave of technology, you can't do it all yourself, you have to form alliances." ~ Carlos Slim Helu

Region 7 has three meetings scheduled in 2014. April 26th at Valley Medical Center in Renton, Washington. President-elect Jeremy Wyatt has worked diligently to organize the meeting. Kellie Hines is coordinating our next meeting scheduled for Saturday, June 28th, at Sunnyside Medical Center in Clackamas, Oregon. The last meeting is now set for Sunday, August 10th, at the Hilton Waikiki Beach Hotel in Honolulu, Hawaii.

All of these meetings do not just happen; there is a lot of work and planning. We can all use any help that anyone is willing to offer. There are speakers to secure, vendors and sponsors to help supplement these meeting and just any help you are willing to give is very much appreciated. So, if you can help secure a speaker or sponsor, please contact one of us ASAP. Please watch the website for further details. Thank you very much in advance.

These meetings will set the tone for everyone to earn CEs toward recertification. As I have stated before, waiting until the last minute to earn all of your CEs is poor planning on your part. Stay ahead of the game. Please help make our meetings a success by attending any of the meetings.

"Education is the best friend. An educated person is respected everywhere. Education beats the beauty and the youth." ~ Chanakya

Another big reminder!!! For those who are not certified as an Anesthesia Technician, you have a limited period of time to get it done. Time is short; before you know it the deadline will be here. All you Certified Anesthesia Technicians ... your chance to become a Technologist will end at the same time.

"Yesterday is the history chapter in the book of life, isn't it time you turned the page?" ~ Rob Liano

The Annual Meeting will be October 9–11, 2014, at the Astor Crowne Plaza in New Orleans. Start planning now to attend the meeting ... do not wait!

Aloha!

REGIONAL EDUCATION AWARDS

HE ANNUAL AWARDS WILL BE PRESENTED to recipients in each of the ASATT Regions during the business meeting held on Saturday, August 10, 2013. The award recognizes the continued dedication in sponsoring, promoting and furthering education programs, thus advancing professionalism among the anesthesia technicians and technologists within each of the ASATT Regions. It also acknowledges continued support of the American Society of Anesthesia Technologists and Technicians.

As a member of the Society, you may nominate a person, facility or company who in your judgment has sponsored, promoted or furthered Continuing Education Programs thus advancing the professionalism among the anesthesia technologists and technicians within your ASATT Region.

♦ This award is given in recognition of continued dedication in sponsoring, promoting and furthering education for anesthesia technicians.

- ♦ Seven awards will be presented each year at the Annual Business Meeting one award for each Region.
- ♦ Recipients will be nominated in each Region by the membership.
- Nominations will be sent to each Regional Director.
- ♦ The final selection in each Region will be made by the Regional Director and the President and/ or the President-Elect.
- ♦ Recipients will be acknowledged at the Annual Business Meeting of the Membership.

CRITERIA FOR NOMINATIONS

- ♦ Nominees must live and work in the Region in which they are nominated.
- Nominees must sponsor, promote or further education for anesthesia technicians in their Region.
- Nominations can be for an individual, a facility or a company.

REGIONAL EDUCATION AWARD NOMINATION FORM for 2014

I would like to nominate the following person, facility or company located within my ASATT Region:				
Name		Region No		
Address				
City				
Please explain why you feel the above person, facility or com-	pany is qualifie	d for this award. Qualifications:		
Your Name	ASATT N	Member Number		
Address				
City	State	ZIP Code		

Nomination forms must be received at ASATT Headquarters no later than Tuesday, July 1, 2014.

Email your nomination to ASATT Headquarters: a.llanas@asatt.org In the Subject line, please use "Regional Education Award Nomination."



October 9-11, 2014

Astor Crowne Plaza

739 Canal Street, New Orleans, LA 70130

Central Reservations: 888-696-4806

Room rate: \$221 plus tax for Single/Double Room Ask for the ASATT Annual Meeting group code ATT

> Prices guaranteed until September 8, 2014, based on availability.

REGISTRATION FORM							
Registration Type	Early Bird thru May 31	June 1 thru Aug 15	Aug 16 thru Sept 14	Sept 15 thru Oct 1	ON-SITE after Aug 8	DAILY (check one) ☐ Thurs ☐ Fri ☐ Sat	Amount
Member* Mem. # or User ID:	\$250	\$300	\$350	\$400	\$500	\$250	
Non-Member*	\$450	\$500	\$550	\$600	\$700	\$350	
Spouse/Guest**	\$200	\$250	\$250	\$250	\$250		
						TOTAL	
This is my 1st time attending an ASATT Conference □ Yes □ No	Special physical or dietary need		es <i>Describe:</i> _				
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.							
		PARTICIP/	ANT INFOR	MATION			
Please type or carefully print the informat	ion requested ex	actly as it sho	uld appear on t	he roster and p	oarticipant's n	ame badge.	
Full Name			N	lickname for n	ame badge (if	different)	
Employer/Affiliate of							
Home Address							
City					_State	ZIP Code	
Work Phone Work Fax Email							
			IT INFORM				
☐ Che	ck 🗌 Visa	MasterC	ard 🗌 Am	erican Exp	ress 🗌 Dis	scover	
Card Number				Exp. D	ate	CVV	
Cardholder's Signature							
Full Name (as it appears on card)							
Address (if different than above)							
City					_State	ZIP Code	
Work Phone	Work Fax		ا	mail			
REFUND POLICY							
Cancellations made by Aug. 15, 2014, will receive full refund. Cancellations made Aug. 16 through Sept. 16, 2014, will be penalized 50% of the registration fee. Cancellations made on or after Sept. 17, 2014, 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.

ASATT Board of Directors

AVE YOU EVER WONDERED exactly what the responsibilities are of the individual Board members? Here is a simple overview of the "position descriptions" of the Board of Directors.

~ ~ ~

Regional Directors — Two-year term

MUST BE A CERTIFIED ANESTHESIA TECHNICIAN OR TECHNOLOGIST, A MEMBER OF ASATT IN GOOD STANDING AND RESIDE WITHIN THE REGION THEY HAVE BEEN ELECTED TO SERVE.

- Responsible for organizing at least one yearly meeting and in some situations, two. This includes obtaining speakers, selecting locations and obtaining sponsors. The Regional Director is financially accountable for operating within the budgeted funds for the regional meeting. They are also responsible for providing an outline of the meeting to ASATT for distribution and sending ASATT a final list of attendees to facilitate awarding of CEs.
- Responsible for promoting the Annual Educational Meeting within the Region with both vendors and members.
- Responsible for attending the Annual Educational Meeting.
- Assisting with registration, sales, etc., during the Annual Meeting.
- Assist with the ASA booth, if needed.
- Responsible for participating in all Board activities, to include:
 - > Attending all Board meetings.
 - > Participating in all Board conference calls. (Usually every other month on a Saturday morning)
 - > Responding to all e-mails when questions/opinions are solicited.
 - > Submitting monthly, quarterly and yearly reports for your Region and/or committees to the President.
 - > Submitting Sensor and Website updates by the date requested.
 - > Participate in the yearly budget process for the region's activities.

Secretary —

Two-year term

MUST BE A CERTIFIED ANESTHESIA TECHNICIAN OR TECHNOLOGIST AND A MEMBER OF ASATT IN GOOD STANDING.

- Responsible for taking minutes at all Board meetings and business meetings and submitting the minutes to the Board of Directors.
- Responsible for co-signing all contracts negotiated.

Treasurer —

Two-year term

MUST BE A CERTIFIED ANESTHESIA TECHNICIAN OR TECHNOLOGIST AND A MEMBER OF ASATT IN GOOD STANDING.

- Responsible for supervising the handling of ASATT funds.
- Responsible for the accounting of ASATT funds to the membership.
- Responsible for assisting ASATT management in the planning of the annual budget.
- Monitoring the profit and loss on a monthly basis.

President-Elect —

Three-year term

MUST BE A CERTIFIED ANESTHESIA
TECHNICIAN OR TECHNOLOGIST, A
MEMBER OF ASATT IN GOOD STANDING & HAVE HELD A PREVIOUS
BOARD POSITION (PAST OR PRESENT).

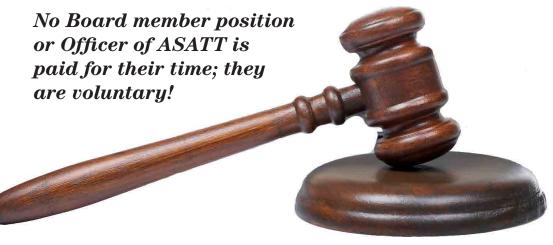
- Communicating directly with the President of the ASATT.
- Assuming the responsibilities of the President when necessary.
- Being familiar with the Bylaws, Policy and Procedure manual and the working of all committees.
- Succeeding the President at the end of his/her term.
- Co-chairing the Annual Educational Meeting, to include taking care of the ASA booth (set-up, staffing and break-down).
- Chairing the Communications Committee.

President

- Handles daily Society business as required
- Presides at all Society membership, Board of Directors and Executive Committee meetings.
- Responsible for co-signing all negotiated contracts on behalf of the Society.
- Fiscally responsible for operating the Societies business within the approved budget.
- Prepares agendas for Board Business
- Co-Chairs the Annual Educational Meeting, to include taking care of the ASA booth (set-up, staffing and breakdown)
- Responsible for set-up, staffing and break down of ASATT booth at the AANA National Meeting

Immediate Past President

- The Immediate Past-President shall serve as a member of the Board and Chairperson of the Nominations Committee.
- The Immediate Past-President shall fulfill various other duties for the Society at the pleasure of the President by mutual agreement of both parties.
- Assist with set-up, staffing and break down of ASATT booth at the AANA National Meeting.
- Participates in conference calls and Board meetings.



113 ELECTOR TIMES

Want to make a difference?

Come join the Board of Directors of ASATT.

Make sure your email address is up to date at ASATT headquarters.

Qualifications are:

You must be a certified member of ASATT in good standing, and willing to make a difference.

There are two ways to become nominated:

1. To nominate someone:

- a. Obtain their approval before submitting their name. Candidates who have been nominated by someone other than themselves will be contacted by the chairperson of the nomination committee, Vicki Carse.
- b. If the candidate accepts the nomination they are required to submit a letter of acceptance as well as a professional resume to ASATT Headquarters by the 25th of June (fax copies are accepted) in order to have their name on the ballot.

2. To nominate yourself:

- a. Complete the Nomination form and submit it to ASATT headquarters along with your professional resume if you want to be included in the Election process. These must be received at ASATT Headquarters by the 10th of June. A Nomination Form will be available on ASATT website under the MEMBERS- ONLY link.
- b. You may submit your information via regular mail, fax or email. If you are submitting your nomination by email: attach your resume and the nomination form (scan into a pdf file).
 In the subject line, please insert the phrase: 2014 Completed Nomination Form. Address the email to: a.llanas@asatt.org.
- c. If the information is incomplete, your nomination will be discounted.



Regardless of which process is used, completed nomination forms must be received by the ASATT Headquarters by the June 10, 2014.

You may print a nomination form from the MEM-BER ONLY link and mail to ASATT Headquarters — it must be received by the 10th of June.

This year Regions 2, 4, and 6 are up for elections for Regional Directors. To qualify, you must live in the region to be on the ballot. Regional Directors serve a two-year term. We also have Treasurer and Secretary Positions on the ballot; these are also two-year terms. To qualify for President Elect, you must have previously served on the Board of Directors, preferably as a Regional Director; this is a three-year term.

The Board of Directors always hopes for a pool of dedicated members who are willing to invest themselves in the advancement of the anesthesia technology profession. You can be involved as simply as nominating a person who will continue to move the profession forward or voting for the candidate who will serve the profession best. Voting will take place between the 5th of July and 12th of August. Watch the website and your email for further information. We look forward to having a new group of dedicated individuals to help guide us into the future. Please think about getting involved in your organization. Please contact me with any questions or concerns. (Put "Election" in the subject line.)

Vicki Carse, Cert.A.T.
carsev@upmc.edu
Immediate Past President
Nomination Committee Chair

2014 ASATT BOARD OF DIRECTORS NOMINATION FOR ELECTION FORM

Please nominate a Director from your Region only! Remember, the nominee must be a certified technician or certified technologist in good standing and a current member of ASATT.

Region Number Membership Num THREE WAYS TO SUBMIT THIS		To be valid, nomination forms must be received by June 15, 2014. You must
City	State/Province ZIP/F	Postal Code
Address		
YOUR Name		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
Treasurer		
Secretary	· · · · · · · · · · · · · · · · · · ·	NAME
The nominee for President-Elect must be a current or past ASATT Board member.		
President-Elect	· · · · · · · · · · · · · · · · · · ·	NAME
Region 6 Director (AZ, CA, NM, NV, UT)	······	NAME
Region 4 Director (IL, IA, MN, MO, ND, SD, WI)	······	NAME
Region 2 Director (DE, IN, MD, MI, OH, PA, VA, W	/V)	NAME

By mail:

ASATT

7044 South 13th Street

ak Creek, WI 53154-1429

By fax:

414.768.8001

Attn: Alex Llanas

By email:

a.llanas@asatt.org

Subject line:

"2014 Nomination Form"

have the approval of the person you are nominating prior to submitting that person's name to the Nomination Committee.

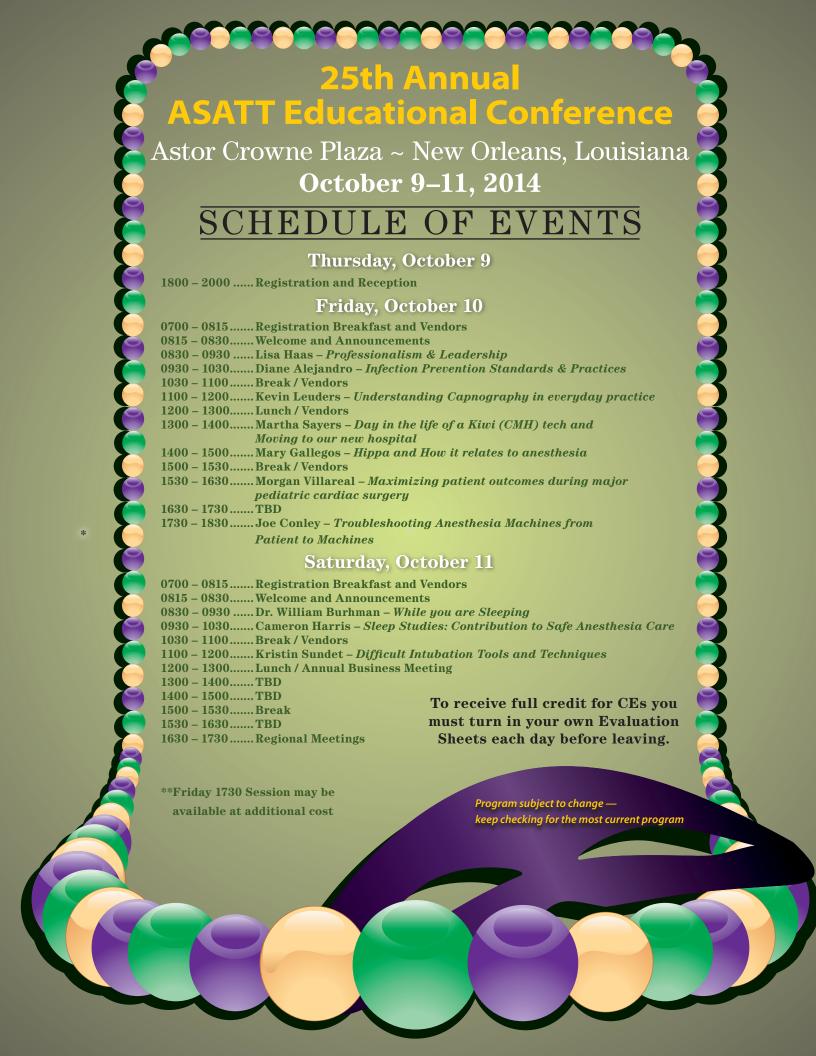


IN ORDER FOR SUBMISSIONS to be considered for publication as the **Science and Technology** article, the following criteria must be met:

- 2,000-word minimum.
- All references must be correctly formatted and cited according to the American Psychological Association (APA). Check out their website for helpful hints:
 - http://owl.english.purdue.edu/owl/resource/560/01/
- Three (3) high-resolution images that pertain to the content. (If taken from a website, must have permission to reprint.)

- Minimum of ten (10) quiz questions in multiple-choice format. A combination of multiple-choice and true/false combinations will be
- Once received, the article will be checked for plagiarism by sophisticated software. If the article is returned with a score report of 5% or higher, the article is considered highly plagiarized and will be returned to the author for a rewrite, If the article is not corrected or if it fails the plagiarism check a second time, the article will be removed from consideration.

Should your article be chosen for publication, you are entitled to claim up to three CEs for use toward recertification on Form #3 of the Recertification Application. In addition, your article will qualify for the Science and Technology Award. (The award is decided by an independent committee outside of ASATT.) If chosen, the winner receives not only an award, but a check for \$1,500. Articles submitted by sales representatives, CRNAs or MDs do not qualify for the award, should their article be published.



2014 Educational Conference Registration Now open

Conference Registration is now open for the ASATT 2013 Annual Educational Conference, taking place on October 9-11, 2014 in New Orleans, LA.

Start Making Plans now to join us by making your hotel reservations at the Astor Crowne Plaza and registering during the Early Bird Registration.

For more information visit the Annual Education Conference Page



American Society of Anesthesia Technologists and Technicians

25th Annual Conference

October 9-11, 2014 New Orleans, LA Astor Crowne Plaza

The ASATT program planning committee is seeking speakers for our Annual Conference October 9-11, 2014. Presentation must be 50-60 minutes in length, and related to the field of Anothesis and the Anothesis Tophaslam, Defension related to the field of Anesthesia and the Anesthesia Technology Profession.

Topics will be presented Friday October 10th and Saturday October 11th, 8:00 AM to

If you wish to give a presentation as an educational speaker, please complete the in you wish to give a presentation as an educational speaker, prease complete the speaker proposal form. Then email the form to Alex LLanas at a llanas@asatt.org or if you wish to fax please fax to 414-768-8001 Attn; Alex LLanas.

Speaker Proposal Form

For further information please contact a llanas@asatt.org.

Sensor's Online Quiz

Click here to take a quiz! cost: \$10.00 for members and \$20.00 for non-

ASATT Fee Schedule Changes

Click here to view Changes

Visited our sleek, new ASATT.org website? We're very proud of our new look ... let us know what you think! How can we make it even better?





The Sensor is the quarterly magazine produced for ASATT Members. As a benefit of membership you have access to download the current and past issues.

Join ASATT for this and other benefits.







Take the Sensor Quiz Online!

Employers!

The verification link has now been activated. Candidates who have successfully Ine verification link has now been activated. Candidates who have successfully passed the exam will not have their file updated and activated until ASATT receives official written notification from our testing company, AMP. Generally, we receive the written notification between the 10th and 14th of the following month. All updates for the certification verification site will be performed on the 15th of the month.

Click here to be directed to the verification site.

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SENSOR ONLINE

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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,
2015. Achieve 80% in this quiz to earn
one (1) Continuing Education credit.

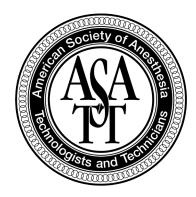
 Succinylcholine is the non-depolarizing muscle relaxant that is considered one of the triggers of an MH crisis. True	 4. The minimum number of recommended vials of Dantrolene to be stocked is: A. 9 vials B. 12 vials C. 24 vials D. 36 vials 5. Dantrolene needs to be mixed with: A. 20 ml of nonbacteriostatic sterile water for injection USP B. 30ml of nonbacteriostatic sterile water for injection USP C. 60 ml of nonbacteriostatic sterile water for injection USP D. None of the above 6. Vapor-Filter charcoal filters provide an alternative to flushing of the anesthesia machine. □ True □ False 	7. MH is caused by a sudden and continuous increase of calcium ions. True False 8. MH is inherited. True False 9. If prompt treatment of MH is delayed, the patient will not suffer a serious outcome. True False 10. States with the highest incidence of MH are: A. Michigan B. Wisconsin C. Virginia D. New Hampshire E. A&B F. A&C
7	uested on this form. s issue's quiz in this box >>> 0 (check or money order, ASATT 7044 South 13th Street 4:	ne answers to the Spring 2014 continuing Education Quiz are: rele correct answers) TF 6: TF ABCD 7: TF ABCD 8: TF ABCD 9: TF ABCD 10: ABCDEF
Name		
Street Address City Signature		



ASAMM Calemdar

Educational Meetings

Region 4 Meeting, Neenah, Wisconsin	April 26
Region 7 Meeting, Renton, Washington	April 26
Region 1 Meeting, Syracuse, New York	May 3
Region 1 Meeting, Iselin, New Jersey	June 14
Region 7 Meeting, Clackamas, Oregon	June 28
Region 1 Meeting, Atlantic City, New Jersey	July 19
Region 7 Meeting, Honolulu, Hawaii	August 10
Membership Events	
Board of Directors Nominations forms	
will be made available to Membership	May 9
Deadline for completed Nomination forms for Board of Directors	June 15
Nomination forms for Regional Education Awards	
will be made available to Membership	May 9
Deadline for Acceptance letter and professional résumé	
for Board of Directors	June 30
Deadline for nominations for Regional Education Awards	July 1
Online voting begins for Board of Directors	July 8
Online voting for Roard of Directors closes at end of husiness day	August 15



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

