

SENSOR ONLINE

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

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SEPTIC BOWEL OBSTRUCTION

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2015
ASATT
ANNUAL
EDUCATIONAL
CONFERENCE
AUGUST 27-29
SALT LAKE CITY

REGIONAL EDUCATION AWARDS

THE ANNUAL AWARDS WILL BE PRESENTED to recipients in each of the ASATT Regions during the business meeting held on Saturday, August 29, 2015. 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 2015

I would like to nominate the following person, facility or company located within my ASATT Region:

Name _____ Region No. _____

Address _____

City _____ State _____ ZIP Code _____

Please explain why you feel the above person, facility or company is qualified for this award. Qualifications:

Your Name _____ ASATT Member Number _____

Address _____

City _____ State _____ ZIP Code _____

Nomination forms must be received at ASATT Headquarters no later than Wednesday, July 1, 2015.

Email your nomination to ASATT Headquarters: a.llanas@asatt.org

In the Subject line, please use "Regional Education Award Nomination."

SENSOR

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SENSOR

provides its readers with information on
anesthesia-related topics, and with a forum
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All submissions pertinent to the objectives of
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Preferred media: CD or via email.
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ISSUE DEADLINES:

Summer July 1st
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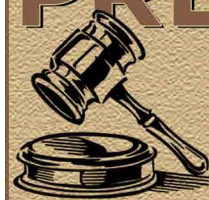
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PRESIDENT'S MESSAGE



Jeremy Wyatt, Cer.A.T.



GREETINGS ALL!
I hope everyone's year is
going well and we are all hold-
ing to our new year's resolutions. As
a profession we are proceeding for-
ward at full speed. Our July 15, 2015,
date is rapidly approaching when we
will take the next step forward to
advance our profession. As we have
been communicating over the last few
years, we are retiring the technician
exam along with the ability to use
work experience for qualification of
the exam. Going forward everyone
will take the technologist exam after
successfully graduating a two-year
degreed and accredited Anesthesia
Technology program.

Now we know you have been
hearing us as we are getting around
40 applications a week!! In March
alone we had 92 people take the
exam; 78 took the
technician and
14 took the tech-
nologist exam.
This is a big
jump from the
last year where
we would only
have about 40
applications
a month. This is
very exciting because this shows
our profession is growing. As more
healthcare professionals fulfilling the
role as an anesthesia tech become
certified, the more recognized our
profession will become.

While this much-needed advance-
ment will continue to move our
profession forward, it will be hard
but it is the right work to do. As
new members join our profession
through standardized education and
certification, we will be more widely
accepted as a contributing member
of the patient care team. As you look

at other successful healthcare profes-
sions you can see that they too went
through the same process.

One of those professions that
recognized this is nursing and I had
the opportunity to attend AORN
to represent ASATT during their
national conference in Denver. I was
overly impressed by the positive and
warm welcoming I received by well
over 1,100 OR nurses who came to
our booth. There were a few common
themes I picked up. First and fore-
most, they were exceptionally glad
we were in attendance to educate
them on who we are, as some of them
did not know we have a professional
association. Second, many were
unaware that there is a certification
exam for our profession. Third, that
we have standardized education with
nine current schools in place offering

**"...we are getting around 40
applications a week!! In March
alone we had 92 people take the
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This is a big jump from the last year
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40 applications a month. This is
very exciting because this shows
our profession is growing."**

two-year degreed
anesthesia tech-
nicians. Fourth,
our advance-
ments forward
this July 15th,
which they felt
is the best thing
we, as part of
the patient care
team, can do to
secure ourselves as a profession. With
such an overwhelmingly positive
response, it assured me that we are
doing the right work at the right time.

As I was a bit surprised with the
number of nurses that did not real-
ize that ASATT exists, it makes me
wonder how many people in the role
of an anesthesia tech don't know
that we exist. With July 15th rapidly
approaching, I am asking for every-
one's help to communicate these
changes to all your fellow anesthesia

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WHO
are we

AND

WHY are
we Here?

by Vicki Reyes, Cer.A.T.T.

Many of us have already had or will have the opportunity to contribute greatly to our profession, as well as the professions with which we affiliate. After all, we have much in common. We also have knowledge that is specific to each of our individual roles as members of the Anesthesia Care Team (ACT). Some of us have volunteered or been invited to collaborate with other affiliated professional healthcare organization's committees.

As members of committees, we represent all Anesthesia Technologists, Technicians and the ASATT organization. We contribute to the safe care of patients as part of a team, and we bring a different perspective to the group during discussions. Every so often one of these opportunities comes up where a contribution,

seemingly small, presents itself.

A request for help is made to the entire committee, it strikes you that this sounds like something I could help with, but I am new to the committee and still very unsure of the expectation which in turn makes me very hesitant to respond. What if it doesn't work out, *WHAT IF I SOUND STUPID?!!* After all, the other committee members are all so educated, experienced and have been on this committee for a very long time. Well take the plunge! You may not always make a huge splash, but you may just start a ripple, and that ripple may turn into a tidal wave.

Case in point: New to a committee, a request went out for help to all committee members. Ideas were needed on how a committee could help underserved countries educate and train people to work on medical equipment including: repairing,

troubleshooting, inspecting and preventive maintenance of Anesthesia and other equipment. A natural for an Anesthesia Technologist ... who talks to a Bio Systems Engineer that she is on a committee with, and just so happens to be acquainted with Engineers in Clinical Technology Management, who remembers a coworker that is president-elect of the American College of Clinical Engineering (ACCE) who does international training of clinical engineers. The ACCE International Committee thought it would be a wonderful idea to collaborate with an organization like the ASA, and their official response was, "ASA is interested in partnering with organizations that can train on Anesthesia and other equipment overseas. Perhaps we could call the Past President of ASA/current President

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of the ASA Charitable Foundation soon to discuss.” Signed by National Project Director. This is forwarded back to the Chair of the originating committee, who writes “ASA Charitable Foundation, I am passing this email off to you to contact them directly” including information on the person who initiated the request. “Frankly, when you asked for help with this project, was not expecting much. However, once again, I am just blown away by the contacts, expertise, insight and commitment of the people on my committee.

Can you believe we now have the American College of Clinical Engineering in partnership with WHO on this? We have worked really hard for the past few years to keep ASATT interested in partnering with the ASA. And this is yet another reason why that commitment is so important to us.

Hope you don't mind my CC'ing some of the people who have helped us continue to partner in a meaningful way with ASATT. *My best, ASA Chair*” I would say that's contribution! Ultimately where did this go?

Chair of the ASA Charitable Foundation writes (edited version) “...Just

had a very exciting conversation and learned a great deal about this group's longstanding experience in the kind of work we're trying to support through ASA.

Because of their experience (ACCE) has a strong network with ministries of health and WHO that could be helpful. I will add them



(ACCE) to the group of leaders ... so that we together, craft a potent message to anesthesia leaders asking them to leverage relationships with their biomed engineers to encourage recruiting volunteer faculty and donation of biomed test equipment

through any of the (now) four groups. A benefit will be an implied invitation for collaboration and communication among those groups. At ASA, we will delegate deployment and management of volunteers and donations by the groups we have now vetted as our partners.

...these efforts are a broad attempt to enhance biomed engineering capability with the understanding that many anesthesia devices will – for the time being – remain out of the scope of new BMETs with very basic training. But it's a start.

I hope to have a draft of a communication to the heads of the 150 or so largest anesthesia departments for circulation in the next five to six weeks.

Stay tuned and thanks for reminding us what the term “network” means!”

So, what does being a part of a committee accomplish? Ask the patient who will receive better care, the provider who has a better

understanding of what you know, and an opportunity for you to help educate someone, while gaining the satisfaction of how much *YOU CAN* make a difference, personally.

I know time is scarce ... but a few emails can go a very long way. **S**

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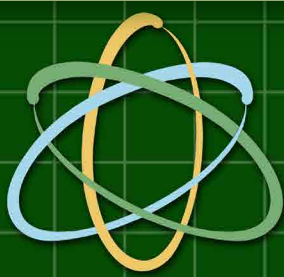
techs that might have been on the fence about sitting for certification. Most importantly to those techs that might not know about these important changes. Our profession will have a stronger voice as we grow our numbers and membership to help influence our position at the patient's side. With these professional advancements does come a higher level of personal responsibility and accountability. We need to hold ourselves accountable and to the highest level of professionalism.

We are looking for more members to join the Board of Directors. We need highly motivated volunteers to continue the strong and hard work moving our profession forward. You need to fully understand this is not an easy task and you will have a lot requested of you. That said, it is very rewarding to be a driving force to advance our profession knowing the positive impact it will have on patients.

Last, our national meeting is rapidly approaching. We have put out lots of requests for members to come forward and present at our National

Educational Conference. I am still asking for your help to encourage members to take advantage of this opportunity. All anesthesia techs who give a presentation during our national meeting will be able to take advantage of the \$100 registration fee, earn extra CEs, and build your professional résumé!! Please contact me if you have any questions about this or any other questions. I look forward to greeting you all at our national conference in Salt Lake City, August 27–29.

 **Jeremy Wyatt, Cer.A.T.**
ASATT President



SCIENCE & TECHNOLOGY

A PROLOGUE TO CASE REVIEW DISCUSSIONS

UNDERSTANDING, COMPREHENSION, AND APPLICATION are all necessary to maximize our role as anesthesia technologists. One of the best ways to acquire new knowledge is to apply what we have learned through experience, competency or structured didactic learning. A tool often used in higher learning to assess ability in application is case scenarios or case review. Reviews allow for discussion, interaction and exposition of unusual or new material. Our position is that case scenarios are beneficial to all. Furthermore, we think presenting in this format will give rise to discussion and promote collegial interaction. In general the format of most case scenarios or reviews involves a presentation of acute and chronic patient conditions. As part of the anesthesia care team, we participate in the formation and execution of the care plan. Although our scope of practice does NOT include developing the anesthesia plan, the anesthesia technologist should be keenly aware of the plan and how it applies to their involvement in the case. Having the confidence to participate, will allow for greater anticipation of the patient, provider and department needs.

A principle for case scenario presentation involves having a basic guide to develop the background of the case. Here is a basic list of items that should be part of the discussion for development of a case scenario or review:

- I. Introduction
- II. Preoperative Evaluation
- III. Surgical Plan
- IV. Equipment
- V. Anesthetic Pre-Operative Considerations
- VI. Anesthetic Plan
- VII. Maintenance of Anesthesia
- VIII. Emergence
- IX. Post-Op

This list is only an example and by no means exhaustive. Medical students, nursing students and others are given similar outlines for discussion. However, detailed outlines may be more comprehensive depending on the topic and level of discussion. We will use the outline above to develop our case. Please compare what your medical facility routinely does in the case to follow. What would your facility do differently and what would be the same? Differences in practice can lead to good case scenario/review discussion and assessment of practices. Our intent is NOT to be prescriptive but to encourage discussion for cases that many of us face daily in our operating rooms.

To lighten the mood let us start by saying.....

"A long time ago in a galaxy far, far away..."

Septic Bowel Obstruction

Introduction

Our patient comes to us directly from the emergency room with complaints of severe abdominal pain and vomiting for the previous two days. The patient is female and 65 years old. She weighs 173 pounds (78 kg) and is 65 inches (165cm) tall. Her diagnosis as assessed by the surgical staff is septic bowel obstruction and therefore has been scheduled for an exploratory laparoscopy with a possible bowel resection.

Preoperative Evaluation

During our initial encounter with the patient we notice the patient looks frail and weak. Her lips are cracked and dry, as she struggles to speak. Upon assessment of her intravenous

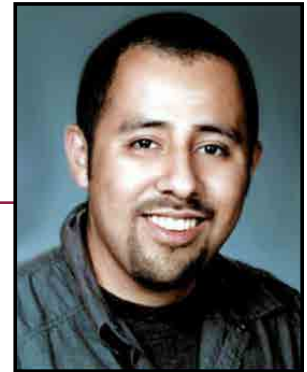
line we find a small 20 gauge IV with a 10-drop IV set and a functioning nasogastric tube. She seems disoriented and fatigued; her forehead shines with sweat as she struggles to take breaths.

Surgical Plan

The patient has been rushed to the operating room for an exploratory laparoscopy with a possible bowel resection. The surgeon will make an incision proximal to the umbilicus and place a tube into the abdominal cavity to fill it with carbon dioxide. As we know, insufflation will give the surgeon room to work and visualize organs through the laparoscopic



Andres Trevino



Damian Marquez

camera. Extra incisions will be made to introduce special instruments to inspect the abdominal region. The surgeon will then analyze where the blockage is located and the severity of the infection (Merrell, 2001). Tissue will then be resected and removed. The amount of tissue which may be removed will depend on the assessment of the surgeon. In more severe cases, the dead bowel will be identified then clamped above and below

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the necrotic tissue; this section of bowel is then cut and excised. The healthy remaining tissue will then be re-anastomosed.

Complications of this procedure vary from infection at the site of the incision to perforation of the organ. The procedure may convert to an open laparotomy depending on the infection process and how far it has advanced (Merrell, 2001).

Equipment

Diligent preparation is key to patient survival. This ranges from the completion of the FDA checkout on the anesthesia machine to ensuring emergency ventilation measures are available such as a resuscitation bag. The provider has requested a low-high endotracheal tube size 7.0mm to protect the airway against the risk of aspiration. The endotracheal tube can also be useful in removing secretions from the lungs. As a precaution we will also set out a 6.5mm and 7.5mm low-high endotracheal tube in the event that the 7.0mm tube is either too small or large. A Macintosh 3 and Miller 2 blade with a size above and below are also set out with regular and short handles (Arriaga, 2015). A video laryngoscope is ready on standby if needed. Portable video laryngoscopes such as a McGrath,

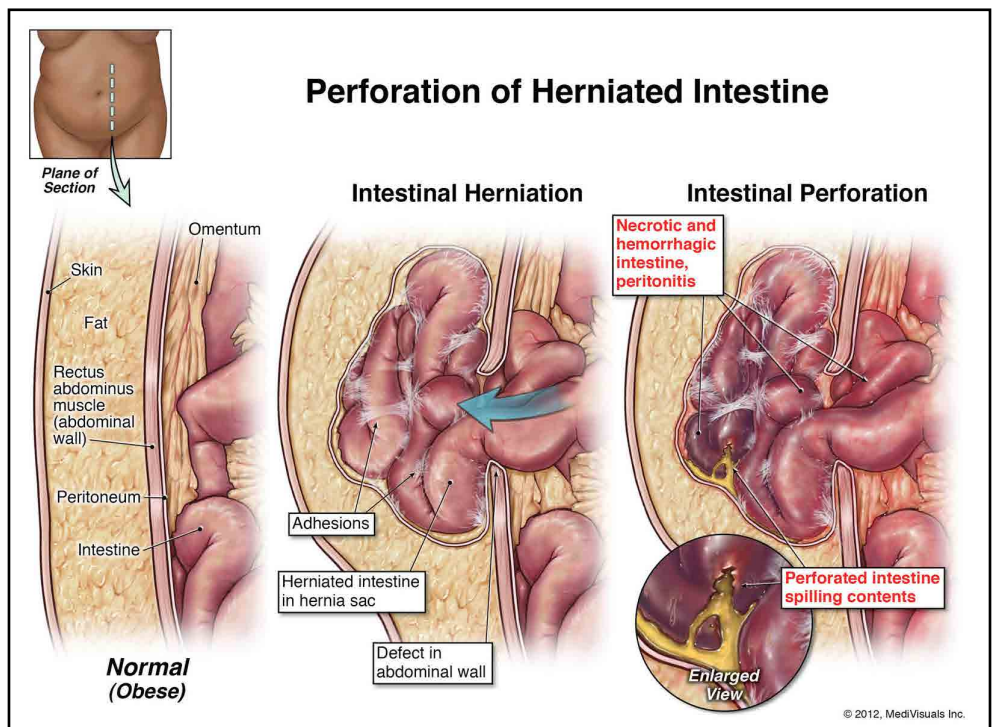
King, Pentax AWS or Glidescope should be available at most facilities; however, the preference for our facility is a Glidescope. The scope is prepared with a size 3 sheath and a size 4 on standby. We must prepare the endotracheal tube with a Glidescope stylet and add lubrication to it for smooth removal upon intubation. Double checking of the suction system is imperative. Multiple suction canister liners may be needed for our case. The nasogastric tube brought in with the patient will be useful to

minimize the risk of aspiration.

All standard ASA monitors will be utilized. These include pulse oximeter, blood pressure cuff, and five lead electrocardiogram, end tidal CO₂ with volatile agent identification and temperature. The bispectral index monitor may be used to address the risk of recall. In addition, due to the potential with fluid shifts and imbalances, preparation of an arterial line and central venous catheter kit will be made aseptically for optimal monitoring and rapid fluid resuscitation (Noland, 2015).

From our perspective, it is evident that the patient is at high risk for septic shock. As anesthesia technologists we would want to prepare for potential dehydration, aspiration, and oxygenation issues. We would also be concerned with potential high blood loss since the surgery can vary from a minimally invasive procedure to an open procedure in which the surgeon would need to resect tissues. Two large 16 gauge IVs would be ideal, but since the patient is dehydrated, only two 18 gauge IVs may be possible (Arriaga, 2015). We would also be concerned with third spacing. This is when fluid shifts from the intracellular space to the interstitial space, resulting in full body swelling. With a

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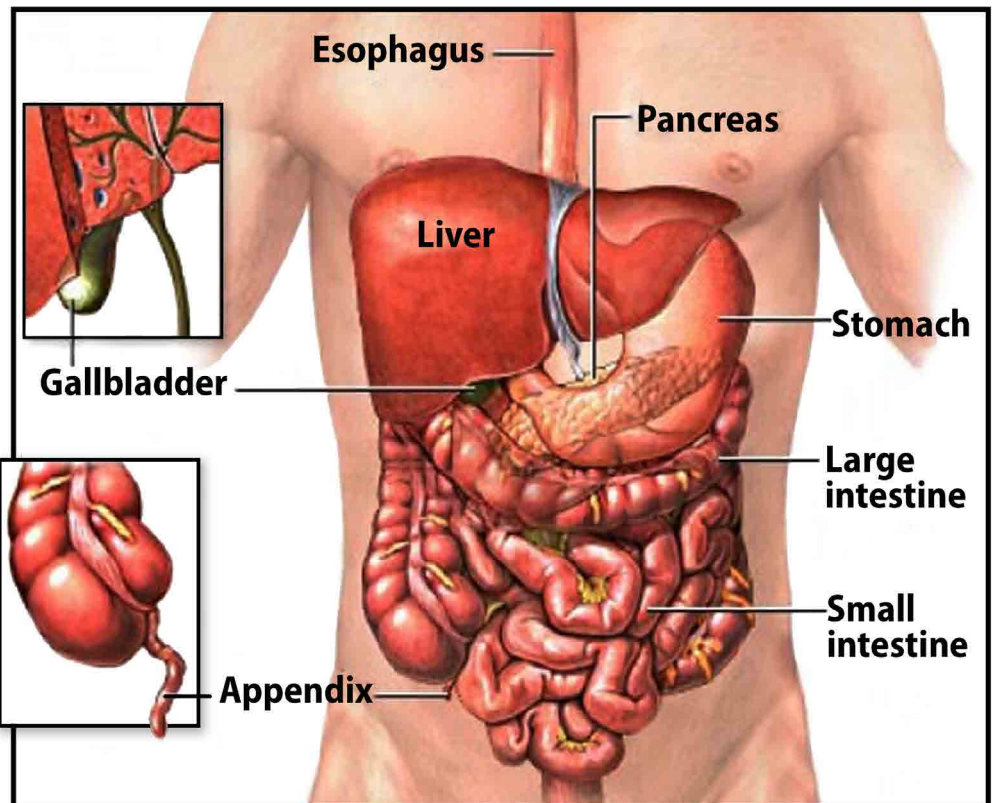


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possibly compromised kidney, to add to the list of our patient's co-morbidities close monitoring of hemodynamics will be necessary to stabilize the effects of third spacing. Setting up multiple medication pumps, which need to be available for the provider, would be a logical next step in preparing for the case. Volume expanders, like albumin and hetastarch; as well as crystalloids should be set out and prepared for use. We may also possibly need cool normal saline if the patient becomes hyperthermic. If time permits the cell saver reservoir and suction should be prepared, remembering that if contamination occurs the blood collected becomes useless. Lastly, we may also use monitors to assess the patient's cardiac output. Many methods exist such as the Edwards Lifescience Flowtrac, Cheetah Nicom and Covidien LiDCO to monitor cardiac output non-invasively. Our facility uses the Cheetah Nicom. It is a non-invasive monitor that uses bioactance technology. (Cheetah, 2013).

Anesthetic Pre-Operative Considerations

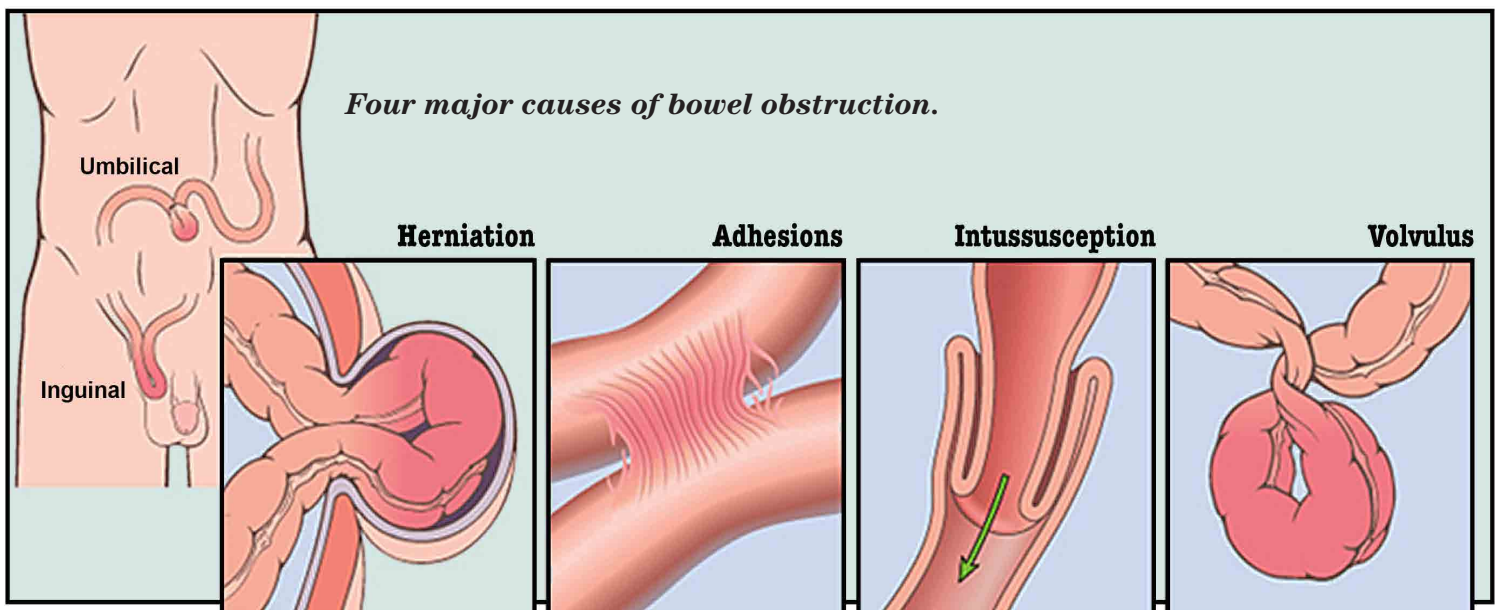
As part of the anesthesia care team one of main points of focus is airway management. In this patient we would be worried about difficult intubation since the patient is elderly



and overweight. A difficult intubation cart should be ready, with this case our patient has a high Mallampati score. Oxygenation and ventilation will be multifaceted issues since the lungs may not be fully expanding due to pain. Unusually high respiratory rates are common among septic shock patients. In fact, sometimes atelectasis and pleural effusion can be noted in these patients (Lawrence, 2007). Patients suffering from sepsis also run the risk of Acute Respiratory

Distress Syndrome also known as A.R.D.S (Acute Respiratory, 2015). Fluid volume will also be an issue since our patient is dehydrated and hypovolemic with an electrolyte imbalance. Inadequate volumes will also affect our ability to perfuse vital organ and tissues. Blood loss may also be an issue because of the type of surgery. Blood loss concerns tie into fluid management and oxygenation.

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Systemic Inflammatory Response Syndrome or S.I.R.S. is one of our biggest worries as we go into surgery because it can lead to Septic Shock, which can lead to multiple organ failure, and myocardial infarction (Kaplan, 2014).

Anesthetic Plan

The anesthetic care team will likely go with a rapid sequence induction; Fentanyl, Etomidate, Succinylcholine will all be used along with cricoid pressure (Sellick's maneuver) to prevent aspiration (Noland, 2015). This is important because our patient has been vomiting for the past two days and is more susceptible to aspirate during intubation. Succinylcholine will be used for the induction but Cisatracurium for the maintenance, since we do not want to further irri-

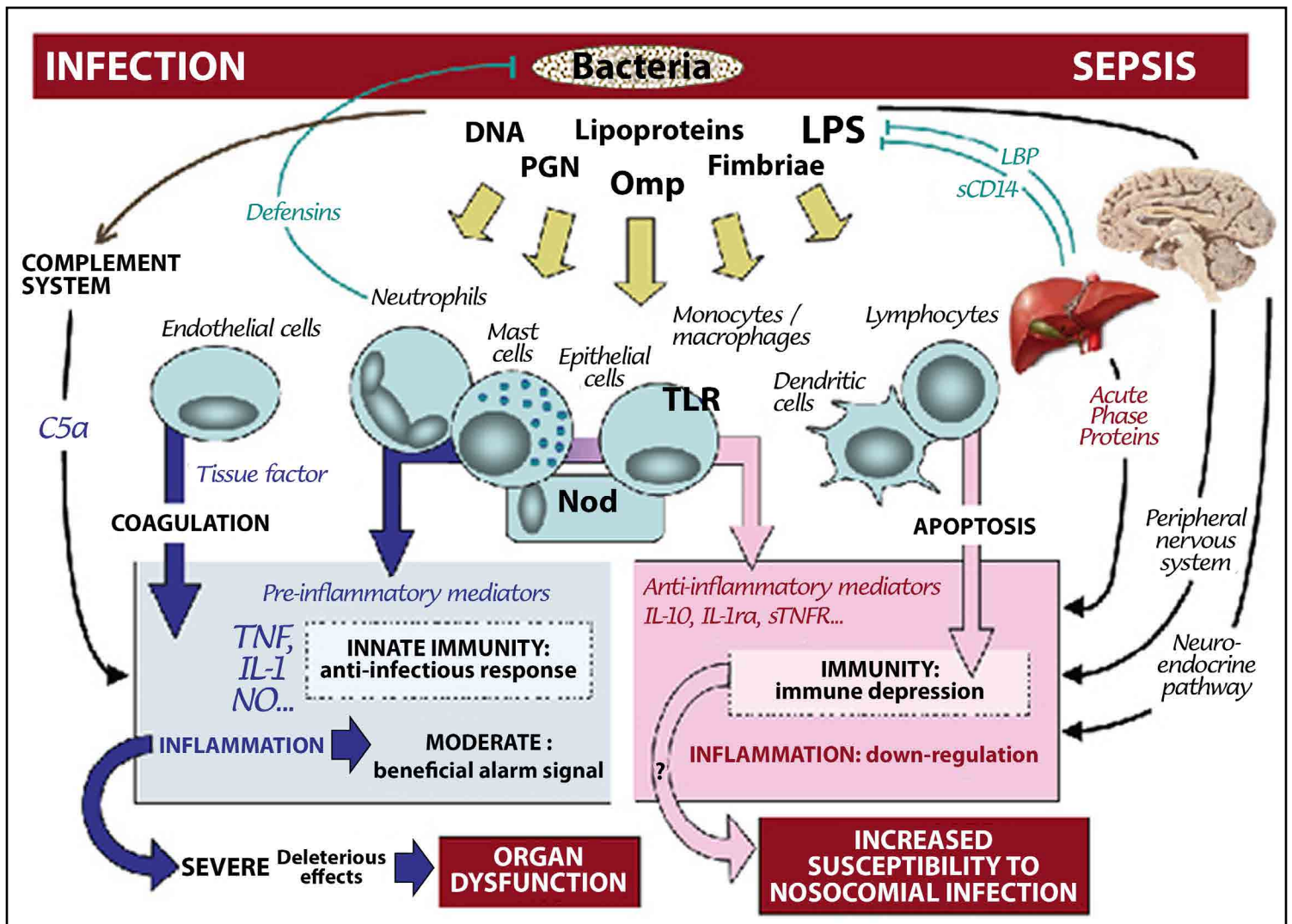
tate the kidneys and Cisatracurium is degraded through the Hofmann elimination process. We would also worry about the effects of etomidate and sepsis (Yoon, 2012). Etomidate has been the cause of prolonged adrenal insufficiency in patients with sepsis. This is a problem because the adrenal glands are responsible for the secretion of cortisol, which is responsible for various physiological reactions including maintaining blood sugar levels, fluid and electrolyte status, and normal vascular tone. Adrenal insufficiency is a concern with septic patients because without cortisol their immune function will be hindered (Chan, 2012). To avoid these issues a mix of etomidate and a low dose of propofol may be asked for by the anesthesia care provider. We will also have all emergency advanced cardiovascular life support drugs on hand and broad spectrum

antibiotics such as, Ancef, Vancomycin, and Flagyl. A type and cross match of blood should be established as soon as possible, so blood can be need early in the case. Colloids such as Hextend, albumin, platelets, fresh frozen plasma and crystalloids should be kept closely nearby (Noland, 2015). All these thoughtful measures will assist us in maintaining normovolemia, tissue perfusion, heart rate and blood pressure.

Maintenance of Anesthesia

In spite of all our preparation and monitoring measures, our patient is now in septic shock. As anesthesia technologists, we can view the vitals and see the heart rate increase, the blood pressure decrease, and core temperature rises. Our preparation allows us to immediately assist with

MORE



fluid and blood infusion. As the case continues, arterial blood gas and chemistry analysis with point of care testing (iStat or GemStat) tell us that the patient's hematocrit is extremely low and she is in metabolic acidosis. Blood gas values are as follows:

pH.....	7.29
PaCO ₂	47mmHg
HCO ₃	21 mEq/L
Hemoglobin.....	11 g/dL
Hematocrit.....	33%

As technologist, we preemptively brought sodium bicarbonate just for this instance. All efforts are made to stabilize hemodynamics and maintain an adequate blood pressure. Meanwhile, the provider will be

administering phenylephrine drip and vasopressin and aggressive antibiotic therapy. Although we cannot administer drugs, we can help set up tubing and pumps. We can be helpful in the expediting the delivery though the intravenous lines (Frazier, 2015). In emergencies we can also use the blood from the cell saver if the case allows for non-contaminated blood to be collected (Ashworth, 2010). In addition careful monitoring of vital signs must always be understood, analyzed and if a legitimate concern arise, one must not hesitate to voice concern.

Emergence

Due to the fact that this was a septic shock the provider has chosen to leave the patient intubated post-operatively. A call for a ventila-

tor is made. Careful monitoring of all vitals, fluids, and drips must be made and continued in order to ensure the best patient outcome. At this point as anesthesia technologists we would prepare the cables, transport monitor, oxygen tank and resuscitation bag. We would assist with bagging of the patient and prepare the transport IV pole for the ICU. The provider will then lead the team in moving the patient. Extra care should be exercised to assess that all connections are intact after transfer to the transport bed and that the oxygen tank and resuscitation bag are connected along with all vital monitors. Handling the transport IV pole or bagging the patient as we move from one site to another should be done deliberately and safely.

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IMPORTANT UPCOMING CHANGES TO THE ANESTHESIA TECHNOLOGY PROFESSION

Anesthesia Technology is rapidly being recognized as an Allied Health Profession. As a profession sometimes we need to make difficult and somewhat painful decisions in order to secure our position as a member of the Anesthesia Care Team. To help with these transitions we are circulating information that will impact many of us in the Anesthesia Technology vocation. Listed below are some very important dates to remember and plan for. ASATT is also requesting your assistance to disseminate this information to all of your coworkers and those looking to begin a career in the anesthesia technology profession.

- July 15, 2015 is the last day to use work experience for qualification of the Technician Certification exam.
- If you plan on taking the Technician Certification exam you will need to have the examination application completely filled out, with all necessary supporting documentation and payment to ASATT Headquarters prior to June 30, 2015.

- You will need to fully meet ALL eligibility requirements by July 15, 2015 in order to qualify for the Technician Certification exam.
- After July 15, you will be eligible for the **Technologist-level** Certification exam after successful completion of an ASATT approved/accredited program.
- **At midnight on July 15, 2015 CDT, we will retire the Technician-level Certification exam.**
- July 20th, the Technologist Certification exam will be the only one available.

IMPORTANT:

(1) Certified Technicians will not be grandfathered to Certified Technologists. (2) You will be able to keep your Technician Certification as long as you meet the 20 CE's needed for your certification and remain in good standing.

Vicki Reyes, Cer.A.T.T., Chair
Education/Accreditation Committee

Post-Op

Upon arrival to the ICU, the care provider would face a multitude of management and maintenance issues. Sepsis must be managed with broad spectrum antibiotics, organs must be monitored closely since they may be at risk of failure. Pain must be managed for the comfort of the patient and to assess patient ventilatory status for proper oxygenation (Noland, 2015). In addition, fluid volumes and the ability to perfuse must be kept as close to normal as possible. Some issues that remain with the patient after anesthesia care involve nutrition management. It is a big concern since the patient likely hasn't eaten or taken any supplements within the past few days (Piper, 2015). To aid in all the issues above, arterial blood gases, labs and urine output will be monitored in order to fully access the patient's status. Once the patient is able to breathe and perfuse adequately the surgeon and intensivist may choose to extubate. In some instances, anesthesia is called to perform the extubation due to the danger of edema and swelling that are symptomatic of septic shock.

Conclusion

The case began as an exploratory laparoscopy, originally a minimally invasive procedure, with minimal complications. Things quickly took a turn for the worse as the patient showed signs of septicemia and the case was converted into an open laparotomy. Though the patient was in shock, we were proactive and anticipated what was needed. Our understanding, comprehension, and application of what was needed for this patient allowed us to preemptively prepare for the forethought patient's septic shock state. Fluid management, blood infusion and blood gas analysis aided in the care of our patient. Post-operative assistance and transport are important parts of anesthesia care. Preparation of supplies and monitoring adjuncts

is of key importance in both fluid therapy and airway management. Communication with the anesthesia care provider during the creation of the anesthesia care plan is useful to predict and prepare the various equipment for superior patient care. Patients and providers rely on us to be knowledgeable and prepared so that we may positively affect outcomes in the operating room. Though it may require more effort on our part, we as anesthesia technologists should always proactively and preemptively prepare for the worst and strive for the best standard of patient care. **S**

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BUILDING BIOMEDICAL ENGINEERING CAPACITY IN THE DEVELOPING WORLD: NECESSARY TO ADVANCE ANESTHESIOLOGY

Call for Volunteer Faculty and Test Equipment Donations

The advancement of anesthesiology practice and safety in the developing world depends on many components. One of the most neglected is the availability of functioning technology to support patient care. Even in sites with abundant donation of used equipment, this problem persists and the equipment "graveyard" is a constant reminder of the critical need for the biomedical engineering skills necessary to maintain and repair equipment for anesthesia and many other aspects of patient care.



In your home institution, you are surrounded by complex and sophisticated equipment and have access to biomedical engineering support for your practice. We hope that you can take advantage of this anesthesiology-biomed relationship to raise awareness of the needs in less fortunate corners of the world.

The ASA Committee on Global Humanitarian Outreach has identified several non-governmental agencies training a biomed workforce in low-resource settings. **They all share a need for (a) volunteer faculty and (b) donated test equipment.** You may be able to inspire your own biomed colleagues to respond to this need. Here's a little about some of these organizations, including contact information for volunteers or equipment donors, that we ask you to share with your engineering colleagues:



Engineering World Health

Engineering World Health initiated its BMET training program in late 2009 in response to this dire need. Our mission is to build a local, sustainable, trained workforce of BMETs in developing countries to repair and maintain medical equipment. The program began in Rwanda through the generous funding of the GE Foundation, with the goal of creating a local school training enough technicians to service every hospital in that country. Now, Rwanda has over 58 trained biomedical engineering technicians, with an additional 83 in training. Building on the success of this program,

biomed training programs are operating in Cambodia, Honduras, Ghana, and Nigeria.

Learn more at <http://www.ewh.org/professionals/bmet-training>

Please consider contributing to the EWH BMET digital library: <http://library.ewh.org>

Contact: BMET@ewh.org

MORE

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Tropical Health Education Trust

THET is working with Zambia's Northern Technical College (NORTEC) and Ministry of Health to implement the first pre-service Diploma for BMETs. We currently have 60 students across two years and expect to graduate our first cohort in early 2017. We are looking for skilled individuals to deliver quality hands-on corrective maintenance and troubleshooting sessions on all kinds of medical equipment in our newly developed skills workshop, and via hospital attachments. This biomedical technology program is supported alongside a Master of Medicine course in Anesthesia through the University of Zambia's School of Medicine. The THET programs in Zambia were launched in 2010.

For more information: <http://www.thet.org/our-work/zambia-programme/human-resources-for-health-programme>

Contact: Edward Tonkin edward@thet.org

Almathea Trust

Since 2010, Amalthea Trust has been working with Kyambogo University, the main technical university in Uganda, to help them develop and implement their own 2 year Diploma in Biomedical Engineering. This Diploma course is the first in the country and aims to reduce the problems associated with broken, malfunctioning, and incorrectly used medical equipment throughout the country's hospitals. The Amalthea Trust is committed to improving medical engineering within Uganda and the surrounding countries. The Trust has also supported a project with 7 African countries, 4 European countries, UNECA (United Nations Economic Commission for Africa), and the WHO on setting up BME courses from Diploma level to Masters and PhD level. This will involve Amalthea Trust providing technician level training to university staff in 10 African universities.

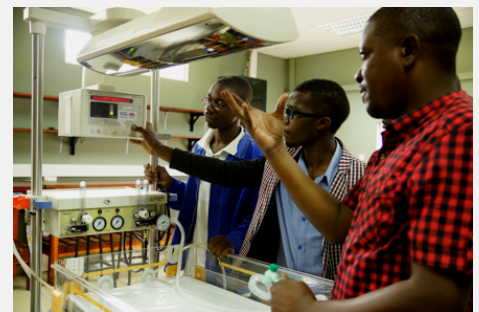
For more information: www.amaltheatrust.org.uk

Contact: Steven Dagleish stevend@amaltheatrust.org.uk

American College of Clinical Engineering

The ACCE was formed in 1990 and has supported international training programs worldwide almost since its inception. The training workshops have been offered in dozens of low and middle income countries on every continent in collaboration with leading global health groups such as WHO and its Regional Office for the Americas, Pan American Health Organization (PAHO).

These workshops provide an educational forum whereby clinical engineers (CE) and related health professionals in other countries are introduced to the best CE/health technology management (HTM) systems and working methods worldwide, and to exchange information and ideas in the participating countries.



For more information: <http://accenet.org/International/Pages/Default.aspx>

Contact: Antonio Hernandez, International Committee Chair hernandezantonio@comcast.net



26TH ANNUAL EDUCATIONAL CONFERENCE

August 27-29, 2015

Little America Hotel
500 South Main Street, Salt Lake City, UT 84101

Central Reservations: 800/431-5288

Room rate: \$149 plus tax for Single/Double Room
Ask for the ASATT Annual Meeting Group

Prices guaranteed until July 25, 2015,
or based on availability.

REGISTRATION FORM

Registration Type	Early Bird thru April 30	May 1 thru June 15	June 16 thru July 14	July 15 thru Aug 14	ON-SITE after Aug 14	DAILY (check one) <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> 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 needs? No Yes 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 American Express Discover

Card Number _____ Exp. Date _____ CVV _____

Cardholder's Signature _____

Full Name (as it appears on card) _____

Address (if different than above) _____

City _____ State _____ ZIP Code _____

Work Phone _____ Work Fax _____ Email _____

REFUND POLICY

Cancellations made by July 1, 2015, will receive full refund. Cancellations made July 2 through Aug. 1, 2015, will be penalized 50% of the registration fee. Cancellations made on or after Aug. 2, 2015, 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.

26th Annual ASATT Educational Conference

Little America Hotel • Salt Lake City, UT • August 27–29, 2015

SCHEDULE OF EVENTS*

Thursday August 27

1800–2000.....Registration and Reception

Friday August 28

0700 – 0815.....Registration Breakfast
and Vendors

0815 – 0830..... Welcome and Announcements

0830 – 0930.....*Ventilation Modes* — Dan Halstead

0930 – 1030.....*Cell Saving Revolution*
— John Rivera

1030 – 1100.....Break / Vendors

1100 – 1200.....*Vaporization of Halogenated
Agents* — Dan Halstead

1200 – 1330.....Lunch / Vendors

1300 – 1400.....*Troubleshooting the Anesthesia
Machine* — Draeger

1400 – 1500.....TBD / General Session

1500 – 1530.....Break / Vendors

1530 – 1630.....*Charcoal Filters and MH*
— John Orr, MD

1630 – 1730.....TBD / General Session

Saturday August 29

0700 – 0815.....Registration Breakfast and Vendors

0815 – 0830..... Welcome and Announcements

0830 – 0930.....*Continuing Education Platforms*
— Jeremy Heiner

0930 – 1030.....TBD / General Session

1030 – 1100.....Break / Vendors

1100 – 1200.....*Monitoring the Anesthetized
Patient* — Shannon Sayer-Rana

1200 – 1330.....Lunch / Annual Business Meeting

1300 – 1400.....TBD / General Session

1400 – 1500.....*Normothermia* — 3M

1500 – 1530.....Break

1530 – 1630.....*Poison Control* — Alexander
Garrard, PharmD, Interlipid

1630 – 1730.....Regional Meetings

**13 CEs awarded for full participation.
To receive full credit for CEs,
you must turn in your own Evaluation
Sheets each day before leaving.**

*Tentative Program, subject to change — actual CE count could range from 11 to 13 CEs

Call for Speakers

The ASATT Program Planning Committee is seeking speakers for our Annual Educational Conference August 27–29, 2015. 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, August 28th and Saturday, August 29th, 8 a.m. to 5 p.m. **Presenters will receive a reduced conference registration rate of \$100.**

- Presenters can earn one (1) CE for presenting, and two (2) for preparing the presentation.
- If you wish to give a presentation as an educational speaker, please complete the Speaker Proposal Form on the following two pages, or download it by clicking [HERE](#). **DEADLINE FOR SUBMISSION IS JUNE 30!!**
- Must meet continuing education guidelines. Contact ASATT HQ for details.

SPEAKER PROPOSAL FORM

Please complete this form, then email or fax the proposal in MS Word or PDF format.
Send the email attachment to a.llanas@asatt.org include in the subject line **Call for Proposal**.
If you choose to fax your proposal, please fax to the attention of Alex Llanas @ 414-768-8001.

I. Presenter(s) Names (please print)

II. Presentation Format: 50-60 minute session, OR multiple 50-60 minute sessions

III. Details of Presentation

A. Title of Presentation (maximum 20 words)

B. Presentation Description

- Include summary of main points, information and/or techniques to be presented.
- Description should be 500 words or less using double-spaced, 12-point font.

C. Learner Outcomes

- Outcomes should explicitly state what you expect the participants to learn or be able to do by the end of your presentation.
- Outcomes should be stated in a maximum of 20 words per outcome. Participants will be able to:

1. _____
2. _____
3. _____

D. Topic Category (select one category and one topic)

- | | |
|---|--|
| <input type="checkbox"/> Category I | <input type="checkbox"/> Category II |
| <input type="checkbox"/> Operating Room tasks | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Infection Control Techniques | <input type="checkbox"/> Interpersonal Disciplines |
| <input type="checkbox"/> Anatomy and Physiology | <input type="checkbox"/> Computer Programs |
| <input type="checkbox"/> Types of Anesthesia | <input type="checkbox"/> Data Record Keeping |
| <input type="checkbox"/> Intravenous Therapy | <input type="checkbox"/> Materials Management |
| <input type="checkbox"/> Monitors and Ancillary Devices | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Quality Assurance Training |
| <input type="checkbox"/> Airway Equipment | <input type="checkbox"/> Anesthesia Gas Machine and Gas Delivery |

E. Target Audience (check all that apply)

The presentation is best suited for allied health professionals serving the following populations:

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Neonate | <input type="checkbox"/> Obstetric |
| <input type="checkbox"/> Pediatric | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Teen | <input type="checkbox"/> Geriatric |

F. Level of Expertise

NOTE: Most attendees and allied health professionals have at least an **Associate degree** or equivalent experience and **expect high-level, fast paced presentations.**

- Beginner:** students and professionals new to the field of anesthesia.
- Intermediate:** professionals working in the field as Certified Technician or Technologist, CRNA, MD or other related health care professional for at least 5 years
- Advanced:** seasoned professionals who have considerable knowledge and experience or as an educator in the field

VI. Biographical Statement, Curriculum Vita, or Résumé (insert or attach)

VII. Primary Presenter Contact Information

Name _____ Credentials _____

Address _____

City _____ State _____ ZIP Code _____

Day Phone _____ Home Phone _____

Email Address _____

PROPOSAL FOR PRESENTATION

1. Each proposal must be submitted with:
 - Speaker Proposal Form
 - Description of Presentation
 - Résumé or CV
2. There is **no compensation** for Presentation Speakers. Speakers must pay for their own travel and hotel arrangements. Presenters will receive a reduced conference registration rate of \$100.
3. All technician/technologist speakers must **register for the conference.** *Presenters can earn one (1) CE for presenting, and two (2) for preparing the presentation.**
4. The official language of the conference is English. All informational material, proceedings, and presentations will be in English.
5. **Deadline for proposal submission is Tuesday, June 30, 2015**
6. **Notification of acceptance will be no later than Friday, June 5, 2015**

**Must meet continuing education guidelines. Contact ASATT HQ for details.*

All presenters must sign this agreement:

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

The entire Speaker Proposal Form must be completed and emailed or faxed to ASATT prior to the submission deadline.

POSITION DESCRIPTIONS FOR ASATT Board of Directors

HAVE 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

- 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.

President-Elect — Three-year term

- Communicating directly with the President of the ASATT.
- Assuming the responsibilities of the President when necessary.
- Being familiar with the By-laws, 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.

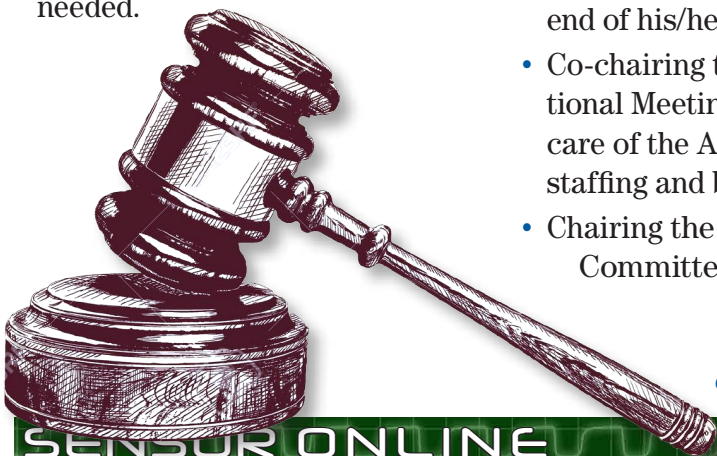
President

- 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 Society’s 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

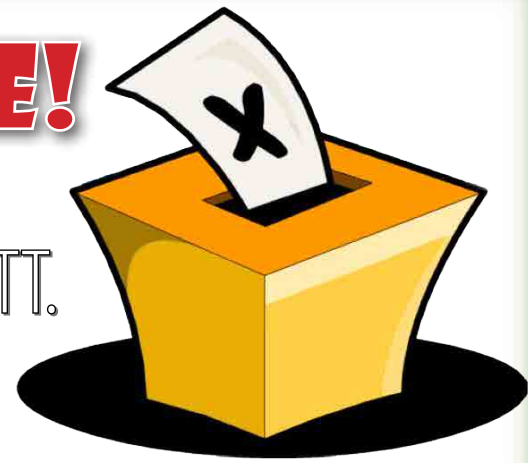
- The Immediate Past-President shall serve as a member of the Board and Chairperson of the Nominations Committee.
- The Immediate Past-President shall fulfill various other duties for the Society at the pleasure of the President by mutual agreement of both parties.
- Assist with set-up, staffing and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

No Board members or Officers of ASATT are paid for their time ... they are voluntary!



IT'S ELECTION TIME!

Want to make a difference?
Come join the Board of Directors of ASATT.



First: 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 has been a change to the election process! Self-nominations will no longer be accepted!

1. If you would like to nominate a certified technician who meets the qualifications to hold a seat on the Board of Directors:
 - a. Obtain their approval before submitting their name.
 - b. Candidates who have been nominated will be contacted by the chairperson of the nomination committee, Vicki Reyes.
 - c. If the candidate accepts the nomination:
 - i. The nominee is required to submit a letter of acceptance.
 - ii. A professional résumé must be submitted to ASATT Headquarters by the 25th of June (fax copies are accepted) in order to have their name on the ballot.
2. If you would like to FAX your nomination, Print a Nomination form from the MEMBERS ONLY link and FAX it to ASATT Headquarters at (414) 768-8001 "Attention Alex Llanas" — **it must be received no later than the 10th of June.**
3. If you would like to mail in your nomination Print a Nomination form from the MEMBER ONLY link and mail to ASATT Headquarters, 7044 South 13th Street, Oak Creek, WI 53154 — **it must be received no later than the 10th of June.**

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

This year Regions 1, 3, 5, and 7 are up for elections for Regional Directors. You must live in the Region to be able to be on the ballot for that Region. Regional Directors serve a two-year term. The position of President-Elect is a three-year commitment and the individuals nominated must have served on the Board of Directors in the past.

The positions require individuals who are willing to volunteer their time to their Region and to the National Society. Elected officials are required to sign a confidentiality form, Conflict of Interest Disclosure and Code of Ethics form. Each position carries certain requirements (see position descriptions for a detailed listing) and each individual is expected to fulfill those obligations.

The current Board is hoping for more involvement from membership. You can be involved by putting your name on the ballot or as simple as voting once the election process is underway. Voting will take place between the 8th of July and 9th 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. (Please put election is the subject line.)

Victoria Reyes, Cer.A.T.T.
Immediate Past President
Nomination Committee Chair

Once the nominations have been received and eligibility to run for office verified and accepted by the nominee, an electronic ballot will be posted the Members Only section of the ASATT website. You must be an active member and your membership current in order to cast your vote. You will need to know your password to access the site and you will only be allowed to cast your ballot one time. The ballot will be available on August 12, 2015. Members will receive an email informing them when the site has been activated. Be sure that your email address is current; if it is not, log into the member site and update your information before it is too late. Further information will be posted in the summer issue of THE SENSOR and at www.asatt.org.

2015 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 1 Director (CT, ME, MA, NH, NJ, NY, RI, VT).....	NAME
Region 3 Director (AL, FL, GA, KY, NC, SC, TN).....	NAME
Region 5 Director (AR, CO, KS, LA, MS, NE, OK, TX).....	NAME
Region 7 Director (AK, HI, ID, MT, OR, WA, WY).....	NAME
President-Elect.....	NAME

The nominee for President-Elect must be a current or past ASATT Board member.

~ ~ ~ ~ ~

YOUR Name _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Region Number _____ Membership Number _____

THREE WAYS TO SUBMIT THIS NOMINATION FORM:

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

By fax:
414.768.8001
Attn: Alex Llanas

By email:
a.llanas@asatt.org
Subject line:
"2015 Nomination Form"

To be valid, nomination forms must be received by June 10, 2015. You must have the approval of the person you are nominating prior to submitting that person's name to the Nomination Committee.

ANESTHESIA TECH DAY 2015



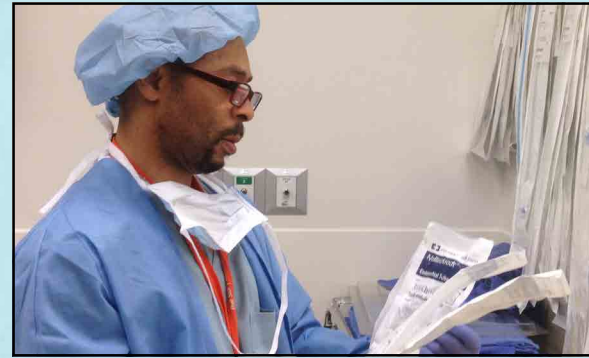
We want to hear how **YOU** celebrated Anesthesia Tech Day! Send us your stories and photos now, and we will gladly include them in the Summer issue of **The Sensor**.
Deadline for submission is June 25th. Send your submissions to suec598@msn.com.



Tech Zane Shelly, Tech Kevin Johnson and Tech Dave Bandy



Tech Jeremy Stirgis, Tech Awanna Ferguson and Tech Bobby Clark



Tech Bobby Clark



Tech Kevin Johnson, CRNA Margaret, and Tech Marie Fisher



Tech Biomed Rodney Duncan



Tech Sylvester Knox



Tech Angel Valencia



Tech Ruben Reed and Manager Tia Gay



Tech Jeremy Stirgis



Tech Marketta Outlaw



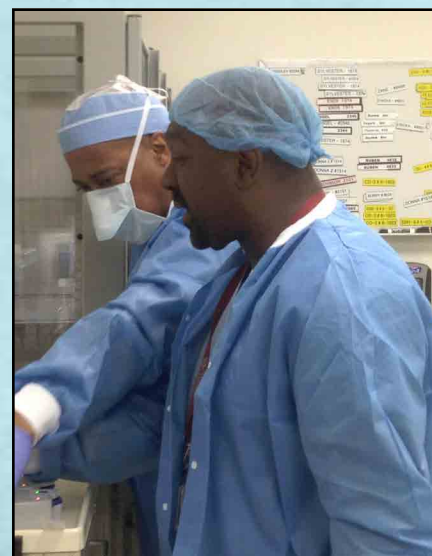
Tech James White



Tech Awanna Ferguson



Tech Donna Pierce



Tech Brady May and CRNA Dave Clanton



Tech Ericka Marshall

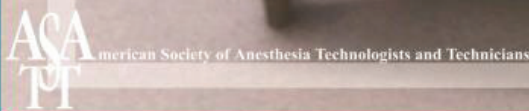


THE anesthesia technologists and technicians at Vanderbilt University Medical Center are valued members of the patient care team. To show appreciation for their dedication and contribution to patient safety, the anesthesia technologists and technicians enjoyed surprises all week. The festivities included grab bags stuffed with snacks, and catered luncheons from Jimmy John's and Olive Garden.



Front row, left to right are: Paivi Belton, Mao Shinoda, Jarvis Singleton and Joe Brock. Second Row: Christine Tinglin, Kayla Buchanan, Cheryl Bales, Julie Kapelan and Brandon Nix. Third row: Ray Brazill, John Poland, Shannon Summers. Back row: Phillip Hood, Tonia Rozell, Damon Peebles and Dewayne Campbell. Absent from photo are Sharon Baskette, Ashley Atkinson, Paul Clary, Christopher Duff, Fred Dennis, Cameron Hix, Erica Land and Cindy Waldron.

Happy Anesthesia Tech Day



March 31st is our day, a day to celebrate our profession! We hope you took a moment to acknowledge one another for all the hard work and long hours you put in to ensure the highest level of patient safety, patient care and elevating our profession through standardized education. Anesthesia Technology is a crucial part of the patient care team and I want to thank you all for everything you do. **Jeremy Wyatt, Cer.A.T., ASATT President**

TECHNICIANS PASSING THEIR CERTIFICATION EXAMS

JANUARY

Eliseo Acosta, Cer.A.T.....Region 3
 Chavez Aiu, Cer.A.T.....Region 7
 Doug Akeroyd, Cer.A.T.....Region 1
 Amando Bacason, Cer.A.T.....Region 1
 Daniel Beaty, Cer.A.T.....Region 5
 Cynthia Brooks, Cer.A.T.....Region 2
 Joseph Brooks, Cer.A.T.....Region 7
 Marlon Bunoan, Cer.A.T.....Region 6
 Mary Dupree, Cer.A.T.....Region 5
 Kevin Ellis, Cer. A.T.....Region 3
 Abdo Esa, Cer.A.T.....Region 1
 Courtney Galdos, Cer. A.T.....Region 6
 Alan Gardner, Cer.A.T.....Region 2
 Mario Rosario Gatmaytan, Cer.A.T...Region 7
 Darrell Green, Cer.A.T.....Region 2
 Tavon Green, Cer.A.T.....Region 2
 Guillermo Hernandez, Cer.A.T.....Region 4
 Felisha Kernodle, Cer.A.T.....Region 2
 Peggy King, Cer.A.T.....Region 3
 Ryan Lavigne, Cer.A.T.....Region 3
 Tiffany Levengood, Cer.A.T.....Region 2
 Jaime Lindsay, Cer. A.T.....Region 7
 Alex Manzano, Cer.A.T.....Region 3
 Virginia Melvin, Cer.A.T.....Region 1
 Kimberly Monheim, Cer.A.T.....Region 4
 Ronald Morales, Cer.A.T.....Region 2
 Andrew Moran, Cer.A.T.....Region 6
 Jason Nole, Cer.A.T.....Region 6
 Derick Rauch, Cer.A.T.....Region 2
 Justin Shappelle, Cer.A.T.....Region 2
 Scott Sisk, Cer.A.T.....Region 3
 Kevin Snowden, Cer.A.T.....Region 3
 Aldwin Sta Maria, Cer.A.T.....Region 6
 Mulugeta Teclab, Cer.A.T.....Region 2

Angelica Terrero, Cer.A.T.....Region 1
 Xavier Travarez, Cer.A.T.....Region 1
 Jamie Wallace, Cer.A.T.....Region 2
 Jane York, Cer.A.T.....Region 1
 Mohamed Hamza, Cer.A.T.T.....Region 5
 Carl Robinson, Cer.A.T.T.....Region 4

FEBRUARY

Chakakhan Bellamy, Cer.A.T.....Region 3
 Hilda Cordova, Cer.A.T.....Region 6
 Michelle Estes, Cer.A.T.....Region 1
 Lauren Fiedling, Cer.A.T.....Region 6
 Carole Goldman, Cer.AT.....Region 2
 Jacob Hester, Cer.A.T.....Region 5
 Cheryn Johnson, Cer.A.T.....Region 1
 Jamison Ledwich, Cer.A.T.....Region 7
 Randall Magsino, Cer.A.T.....Region 7
 Jeanette Marshall, Cer.A.T.....Region 5
 Raymond Martinez, Cer.A.T.....Region 6
 Xingyu Masu, Cer.A.T.....Region 1
 Oscar Morris, Cer.A.T.....Region 5
 Ricky Prasad, Cer.A.T.....Region 6
 Deanna Reed, Cer.A.T.....Region 2
 Sichem Reyes, Cer.A.T.....Region 6
 Samuel Sarkisian, Cer.A.T.....Region 1
 Martha Sayers, Cer.A.T..... Auckland, NZ
 Feliiciano Villalba, Cer.A.T.....Region 3
 Steve Waleko, Cer.A.T.....Region 2
 Jungang Wang, Cer.A.T.....Region 5
 Lawrence Watanabe, Cer.A.T.....Region 4
 Stanley Williams, Cer.A.T.....Region 2
 Jasmine Yu, Cer.A.T.....Region 1
 Nicholas Russell, Cer.A.T.T.....Region 7

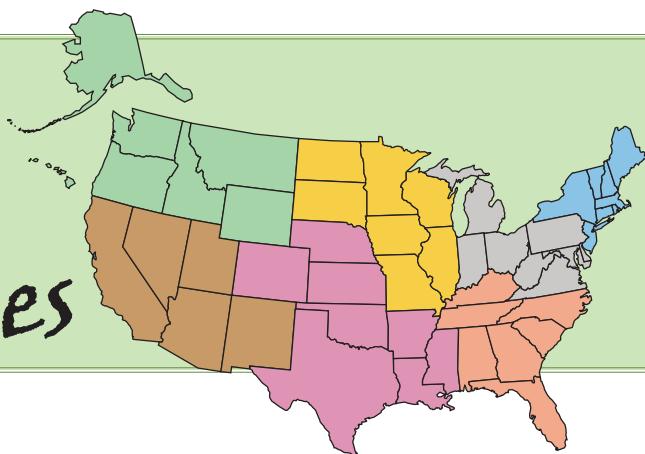
MARCH

Anthony Albertson, Cer.A.T.....Region 4
 Tonia Arends, Cer.A.T.....Region 7
 Ernesto Caducoy, Cer.A.T.....Region 5
 Cynthia Caldwell, Cer.A.T.....Region 2
 Robert Castillo, Cer.A.T.....Region 6
 Alfredo Cornejo, Cer.A.T.....Region 6
 Gary Cortez, Cer.A.T.....Region 5
 Jeana Cortrite, Cer.A.T.....Region 6
 Bradley Counts, Cer.A.T.....Region 3
 Tenisha Dale, Cer.A.T.....Region 5
 William Dean, Cer.A.T.....Region 1
 Jordana Demart, Cer.A.T.....Region 2
 Christopher Dougherty, Cer.A.T.....Region 2

Cynthia Eaton, Cer.A.T.....Region 1
 Philip Fitzgarld, Cer.A.T.....Region 1
 Arthur George, Cer.A.T.....Region 5
 Juana Cristina Gil, Cer.A.T.....Region 3
 Wanda Gilmore, Cer.A.T.....Region 2
 Bill Golding, Cer.A.T.....Region 5
 James Gordon, Cer.A.T.....Region 2
 Joshua Grant, Cer.A.T.....Region 6
 Vicki Harrison, Cer.A.T.....Region 2
 Larry Ivy, Cer.A.T.....Region 6
 Mayra Jamies, Cer.A.T.....Region 6
 Kelly Johnson, Cer.A.T.....Region 1
 Marcin Kalbarczyk, Cer.A.T.....Region 5
 Heather Kametler, Cer.A.T.....Region 1
 Rhonda Kosciolk, Cer.A.T.....Region 6
 Mishel Lazaresghahi, Cer.A.T.....Region 6
 Spencer Lewis, Cer.A.T.....Region 2
 Jacob Light, Cer.A.T.....Region 3
 Frederis Medina, Cer.A.T.....Region 3
 Jaclyn Milazzo, Cer.A.T.....Region 1
 Babu Natarajan, Cer.A.T..... Dubai
 Marquis Patton II, Cer.A.T.....Region 3
 Richard Post, Cer.A.T.....Region 1
 Cailin Power, Cer.A.T.....Region 2
 Tammi Ranges, Cer.A.T.....Region 5
 Shari Rocha, Cer.A.T.....Region 4
 Christina Romanielo, Cer.A.T.....Region 1
 Alexis-Vicente Sandagon, Cer.A.T.....Region 3
 Jesse Santana, Cer.A.T.....Region 5
 Toni Smith, Cer.A.T.....Region 2
 Lynn Stadler, Cer.A.T.....Region 4
 Christopher Stephens, Cer.A.T.....Region 3
 Joseph Stroud, Cer.A.T.....Region 5
 Breanne Svihra, Cer.A.T.....Region 2
 Tiffany Todman, Cer.A.T.....Region 1
 Dana Torre, Cer.A.T.....Region 1
 Zachariah Treat, Cer.A.T.....Region 5
 Haileselassie Tuku, Cer.A.T.....Region 1
 Jessica Wegner, Cer.A.T.....Region 4
 Kelsey West, Cer.A.T.....Region 6
 Katherine West-Aaron, Cer.A.T.....Region 1
 Gregory Wilson, Cer.A.T.....Region 2
 Shawn Breault, Cer.A.T.T.....Region 3
 Andy Duran, Cer.A.T.T.....Region 5
 Lance Granger, Cer.A.T.T.....Region 3
 David Hicks, Cer.A.T.T.....Region 6
 Adam Horne, Cer.A.T.T.....Region 2
 David Moore, Cer.A.T.T.....Region 3

ASATT

Regional Activities



REGION 1

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

Director: Joyce Freeman, B.S., Cer.A.T.

Work: 315/464-2825

Email: region1director@asatt.org



Hello Everyone!

Finally, we are looking at better weather conditions. With better weather conditions comes ... Regional Meetings!! Our first education meeting was held on April 11th in Pittsfield, MA. The meeting was very well attended and I am excited that the program that Dodie had worked so hard to put together was well received. Thank you, Dodie, for holding this meeting and including door prizes for those who attended!

Please remember that July 15, 2015, will be the last day that anyone with two years of experience as OTJ-trained anesthesia technicians can take the ASATT national certification exam for Technician and for certified anesthesia technicians in good standing to sit for the Technologist level. After this date the Anesthesia Technologists exam will be open only to students who have graduated from an accredited program for "Anesthesia Technologists." The technician exam will no longer be available.

The national ASATT Educational Meeting will be held in Salt Lake City, August 27-29. Hotel reservations can be made now. The earlier you register the more you will save. I hope to see you there.

Anesthesia Technologists students: I would like to encourage each of you to write a "Science and Technology" article for *THE SENSOR*. This is a great opportunity for you to be recognized by your Society and by your peers. Having an article published will look great on your résumé. If you are interested, please go to the ASATT website for more details on how to accomplish this goal. If you are selected as the winner of the Sensor's S&T Award, you will find it to be very beneficial. Good luck!!

Future dates for Region 1 meetings: May 16th at SUNY in Syracuse and June 20th in Iselin, NJ. The May meeting brochure information is posted under the events tab which can be accessed directly from the ASATT homepage. FYI for our Regional meetings: Vendors come to the meetings to support us and to make contact with us for their products. Please remember

to take the time to visit them and show them that we appreciate their support.

I hope to see you at the Regional meetings. *Be blessed, everyone!!*

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



Welcome to Spring, Region 2!

Our profession will be embarking on a milestone of becoming a degreed profession. This will allow employers to see the growth that we are making. Also, our national meeting is fast approaching. I hope you all are planning to be a part of this conference. Please consider being a speaker. Surely you have attended a past conference; you were passionate about a topic and wanted to share your ideas. Guest speakers also receive a discount on attending the conference. We had several speakers at our last national meeting that were Anesthesia Technicians. They did an outstanding job. If you're not going to be a part of the national meeting, please attend our Regional meeting in Hershey, PA. It will be held at the Milton Hershey Medical Center on October 10th and 11th.

Good luck to those who are working on becoming certified. You can do it!

REGION 3

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

Director: Gail Walker, Cer.A.T.

Email: region3director@asatt.org



I hope everyone was able to celebrate Anesthesia Tech Day this year in their departments. I've heard from Region 3 members who had pizza parties, gift cards, cakes and many, many thanks from the anesthesia providers we all work for. The next thing we can look forward to is our Regional meeting. The Region 3 meeting will be held this year at

[MORE](#)

the University of North Carolina Hospitals in Chapel Hill, NC on Saturday May 30th. Thank you to the members who responded back to my email as to what topics they would like to see presented this year. The balloon pump, cell saving and airway adjuncts are a few of the presentations we will see this year. More information should be listed on the ASATT website in the very near future. I, unfortunately, had two speakers back out at the last minute so I am running behind with this program. I will email all Region 3 members personally when ASATT approves the meeting for the 6 CEs I am requesting. Forgive the delay; it could not be helped. If you cannot make it to Chapel Hill in May, the North Carolina Society of Anesthesia Technicians will have their state meeting in Asheville later in the year.

I've gotten many emails concerning the certification exam and the upcoming changes in July. I am happy to say that almost all with whom I've spoken plan on sitting for the test before the deadline. Please don't hesitate to email with questions or concerns. I look forward to seeing you all on May 30th in Chapel Hill!

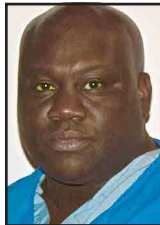
REGION 4

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

Director: Jeffery Blakney, Cer.A.T.

Work: 708/202-8387 ext. 29126

Email: region4director@asatt.org



Hello Region 4!

Registration is now open for the ASATT 2015 Annual Educational Conference, taking place on August 27-29, 2015 in Salt Lake City, UT. Each one should reach one and bring them if we do this we may very well have the largest turnout at conference.

Again I want to encourage everyone who is not Certified to please sit for the exam before July 2015, as this exam will no longer be offered after this month; ASATT is moving toward enhanced credentialing and will be offering only the Technologist exam.

I'm very passionate in the growth and development process as to maintain ourselves on the cutting edge of clinical and technical Anesthesia support. I would like to see Region 4 conferences held in every state in the collective. It is the responsibility of each and every technician to get into the game to support personal growth and development in conjunction with organizational development of ASATT.

Hey Region 4 is there anyone out there who always wanted to write a science and technology article well ASATT gives an annual award for the article chosen for Sensor publication you could win up to 1,500. The authors of the technical articles must be either an anesthesia technician or technologist go to ASATT.ORG for more details.

See you in Utah!

REGION 5

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

Director: Robert Lopez, Cer.A.T.

Work: 713/441-1736

Email: region5director@asatt.org



Hello Region 5 members,

I hope everything is well with everyone. I would like to start off by saying that I hope everyone had a good Anesthesia Tech Day.

I know that the July deadline is fast approaching and everyone is in a hurry to get certified. Let me offer this bit of information: Please fill out all of your paperwork correctly. I would hate for there to be any delays on your paperwork. There are only a couple of months left, so please get this done ASAP.

I know that there may be some of you who have concerns about the way ASATT is going, and why we are doing what we are doing. I have had the same concerns, but this is something that has to be done in order to get our profession where we want it to be. I don't have all the answers but if you email me with any of your concerns I will give you as much information as I can, or I will refer you to someone who has that information.

There was a local meeting in Houston; they had a good turnout of about 35-40 Anesthesia Techs. I would like to thank Jerry Trejo, Michelle Fish, and Wesley Williams for a wonderful job in getting this meeting together.

There will be a Regional meeting in Fort Worth in mid-June. Greg Farmer has been getting things together there. Stay tuned for more information. It's been a slow process but we are getting there.

Again as always if you would like to have a meeting in your state or city please email me and we can get one going for the later part of the year or sooner.

Thanks!

REGION 6

AZ-CA-NM-NV-UT

Director: Diane Alejandro-Harper, Cer.A.T.

Work: 650/283-2558

Email: region6director@asatt.org



Hello Region 6.

I wanted to take this opportunity to thank you for all the work you do each day, especially in recognition of Anesthesia Technician Day! March 31st comes once a year; nevertheless, your personal contributions to the anesthesia community is what makes a difference each day.

July 2015 is around the corner and just a few weeks away! Are you an experienced anesthesia technician and thought about getting certified and just have not had the time? Or you thought about taking the test and waiting until you are ready? Please take advantage of the next few months to pursue your certification as this will be your

MORE

last opportunity to use your work experience to qualify for the exam. Please remember June 30th will be the last day to submit your supporting documents for the test to ASATT. Please email me if you need assistance to get things started.

I will make arrangements before and/or after the national conference to schedule our Regional meeting. The National Education Conference will be held August 27–29 in Salt Lake City, Utah. Come join us, collect your continuing education credits, and enjoy what Salt Lake City has to offer in the summer!

Best regards—

REGION 7

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

Director: Delbert Macanas, Cer.A.T.

Work: 808/547-9872 (0930–1830 PT M–F)

Email: region7director@asatt.org



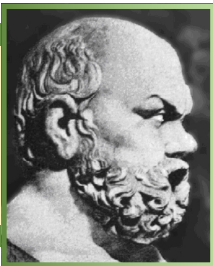
Howzit Region 7!!!

As we head through Spring into Summer, we all look forward to longer and warmer days. Many of our peers have struggled through a brutal winter.

Make sure to check the website for updates on all of the Regional and local meetings available for you to attend and get CEs for recertification.

In Hawaii, the Hawaii Association of Nurse Anesthetists (HANA) has invited ASATT members to attend their Annual Meeting. They also gave the members a special price. I am eternally grateful for their generosity. This is the second year that they have done this and I hope this will continue in the years to come.

Region 7 is still offering three Regional Education Meetings in 2015. The first one was at Overlake Hospital in Bellevue, Washington. John Gonzalez did a great organizing the meeting. The attendance was one of the highest in many years! That is absolutely fantastic! I hope the next two meetings will be just as successful.



"Education is the kindling of a flame, not the filling of a vessel."

Socrates

Also, at all of our meetings we need to thank our vendors. They are also taking time out of their busy schedules to sponsor these events. But, more important, they are presenting our attendees with the latest news and technology. These vendors are vital to everyone and they are doing their best to ensure we are helping provide our patients with quality care.

Our Portland meeting will be held at Oregon Health

Sciences University Hospital and is being coordinated by Mario Saldano and peers. I will be coordinating the Hawaii meeting. The date has not been determined for these two meetings at this time. So, start thinking about coordinating a meeting in 2016.

Remember: ASATT members attending these ASATT-sponsored meetings don't need to track these CEs, as they will go straight to the CE database. This simplifies the recertification process. Please do not wait until the last minute to get your required CEs. Every year ASATT Headquarters will get calls from frantic people looking for ways to get CEs. **Poor planning on your part does not constitute an emergency on ASATT's part.**

If this is your year to recertify, please ensure that your submitted CEs are legitimate. Do not take the process lightly. This makes it harder for the Recertification Committee and yourself. As we move forward, this process will also evolve as we grow.

"It's discouraging to think how many people are shocked by honesty and how few by deceit."

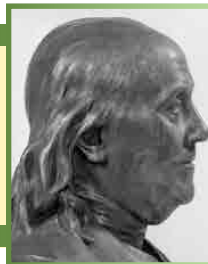
Noël Coward



The Annual Meeting will be held on August 27–29, 2015, at the Little America Hotel in Salt Lake City, Utah. We will be holding the meeting with the AANA. This will be ASATT's first visit to Utah. As I understand it, you should take a few extra days to go and visit this beautiful state. An hour away is majestic Bryce Canyon, so if you are an outdoors person, this is a beautiful place to go hiking. Our Annual Meeting is very unique: Where else will you find over two hundred of our peers in the same place at the same time? There is no other meeting like ours!

We must all remember being an Anesthesia Technician or Technologist has become our **Profession**. We have come from many different walks of life, by chance but mostly because of opportunity. Take pride in yourself and your profession; hold your head up high. At one of our Regional Meetings, every physician that lectured started their presentation thanking the Anesthesia Technical staff. Emphasizing how we make their life much easier. We must continue to stand united moving forward.

Aloha!



"Without continual growth and progress, such words as improvement, achievement, and success have no meaning."

Benjamin Franklin

REGION 1 MEETING & SEMINAR



Saturday, May 16, 2015
Weiskotten Hall
Setnor Building
Room 1507–1508
William J. Williams, MD
766 Irving Avenue
Syracuse, NY 13210

The Setnor Building is located within Weiskotten Hall. Please enter building as you have in the past. Turn right once in the lobby . Walk down hallway and turn right to see sign that will direct you to the Setnor Building.

In order to receive continuing education / contact hours, course participants will be required to sign-in for lectures and turn-in evaluation form.

Vendors will again be exhibiting, please make them feel welcome by stopping by and learning what's new.

The Program

Saturday, May 16, 2015

7:00 a.m.

Registration
Continental Breakfast and
Vendor Exhibits

7:30 a.m.

Welcome

Joyce Freeman
ASATT Region 1, Director

8:00 a.m.

Adult and Pediatric Cardiac Surgery Medication:
Intubation and Emergence, What is the Difference
Joseph Resti, MD

9:00 a.m.

Pediatric Resuscitation
Jadwiga Bednarczyk, MD

9:50 a.m.

Break and Vendor Exhibits

10:00 a.m.

Fire in the OR/ Airway Fire
Joyce Freeman, B.S., Cer.A.T.

11:00 a.m.

Preparing the Anesthesia Patient for the OR
Susan Nostrame, MD

Program Director / Coordinator

Joyce Freeman, Cert. A.T.
BS Health Care Management
Dir. Anes. Technical Services

12:00 p.m.

Lunch Break and Vendor Exhibits

1:00 p.m.

Commonly Used Anesthesia Medications
Christina Phelan, PharmD BCPS
TH Pharmacist

2:00 p.m.

Airway Management
Srinivasa Thota, MD

2:50 p.m.

Break and Vendor Exhibits

3:00 p.m.

Blood Management
John Rivera

4:00 PM

Adjourn Meeting

ASATT

Joyce Freeman
Region 1 Director ASATT

**** This program is subject to change****

*****Up to 7 CE's will be given*****

REGION 1 MEETING & SEMINAR

Program Objective: The need to learn is imperative for the growth and development of the Anesthesia Technician as an integral part of the Anesthesia team. At the completion of the seminar each participant should have a keen awareness of the challenges faced in the work place and a more objective method of assessing and applying the information presented. Up to 7 contact hours will be awarded for full attendance.

Recommended Location/Lodging:

These Hotels are closest to SUNY.

Genesee Grande
1060 East Genesee Street
Syracuse New York, 13210
866-389-5922

Hampton Inn and Suites
3017 Erie Blvd East
Syracuse New York, 13214
866-559-3298

Courtyard by Marriott
300 West Fayette St
Syracuse NY 13202
877-694-8954

Registration Fees:

Pre-Registration Fee

\$100.00 for members
\$125.00 for non-members

Registration Fee: After May 16, 2015

Members will pay \$100.00 and Non-members \$150.00

Registration fee includes tuition, course materials, continental breakfast, vendor exhibits and Certificate of Education Contact Hours (for non-members). Members will have their Contact Hours recorded in the ASATT database. This meeting is approved for up to 7 CE's

***Students will get \$15 off of their registration fee and will not receive a certificate of CE's for attending.**

ASATT MISSION

The ASATT supports opportunities for professional development education and growth to the members.

The ASATT is committed to maintaining the highest standards of patient care by anesthesia support personnel.

VISION

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

VALUE

Values through which our Mission and Vision are achieved:

- respect for others,
- integrity, responsibility and accountability,
- collaboration and teamwork,
- diversity,
- self improvement and
- fiscal responsibility.



REGISTRATION FORM ASATT Region 1 Meeting May 16, 2015

Held at SUNY Upstate Medical University

Name: _____ Phone: _____ (H) _____ (W) E-mail: _____

Home Address: _____ City _____ State: _____ Zip: _____

Institution: _____ ASATT Membership No. _____

Registration Fee: \$100.00 _____ Current ASATT member \$ 125.00 _____ Non-ASATT member

Add Late Fee (after May 16, 2015)

Credit Card: VISA / MASTERCARD / Discover / AMEX (circle one)

Credit Card Number: _____ **Exp Date:** _____ SEC Code _____

Authorized Signature _____ **Date** _____

Make check payable to: ASATT Region 1 Meeting, SUNY

Send to: ASATT • Alex LLanas - 7044 S. 13th Street, Oak Creek, WI 53154 • Ph: 414-908-4942 ■ Fax (414) 768-8001

REGION 3 MEETING & SEMINAR



Saturday, May 30, 2015
University of
North Carolina
Hospitals
101 Manning Drive
Chapel Hill, NC 27514

In order to receive continuing education / contact hours course participants will be required to sign-in, attend the lectures and turn-in evaluation form.

The Program

Saturday, May 30, 2015

- 7:15 a.m. **Registration/Breakfast**
- 7:55 a.m. **Welcome**
Gail Walker, Cer.A.T.
ASATT Region 3 Director
- 8:00 a.m. Disinfection and Sterilization: What You Need to Know
Becky Brooks, BSN, RN
- 9:00 a.m. Malignant Hyperthermia
Jeanie Brown, BSN, RN, CNOR, CNIII
- 10:00 a.m. **Break**
- 10:30 am. Balloon Pump and Auto Transfusion
Greg Griffin, Chief Perfusionist
- 11:30 a.m. Point of Care Testing
Karen Hrischuk,
- Agenda, Lectures, Speakers, & times subject to Change**
- Program Director
Gail Walker, Cer.A.T.
gwalker@unch.unc.edu
- Program Coordinators
Jack Jackson, Cer.A.T.
Damon Reed Cer.A.T.
Trevon Logan, Cer.A.T.
- 12:30 p.m. **Lunch**
- 1:30p.m. History of Anesthesia
Fred Spielman, MD
- 2:30 p.m. Airway Adjuncts
Robert Matthews, CRNA, PhD
- 3:30 p.m. **Questions and Answers**
- 3:40 p.m. **Adjournment**

If you are a vegetarian, please notify Gail by email.

REGION 3 MEETING & SEMINAR

Program Objective: The need to learn is imperative to the growth and development of the Anesthesia Technician as an integral part of the care team. At the completion of the seminar each participant should have a keen awareness of the challenges faced in the work place and a more objective method of assessing and applying the information presented. Up to **6 contact hours** will be awarded for full attendance.

Registration Fees:

Pre-Registration Fee

\$100.00 for members \$150 for nonmembers

Late Fee: \$25 after May 27th.

Registration fee includes tuition, continental breakfast & lunch and certificate of education contact hours (for non-members) Members will have their Contact Hours recorded on the ASATT database.

* **Students will get \$25 off of their registration fee and will not receive a certificate of CE's for attending.**

Location/Lodging:

There are many area hotels, all with different price ranges. Please use one of the travel websites such as www.hotels.com to find something within your price range.

Registrants will park in the visitor parking deck which is the Dogwood Deck. Parking

is \$8 for all day parking. The meeting space will be held at the Bio-infomatics Building room 1131 across the street from the parking deck. There will be signs up to help direct people.

ASATT MISSION

The ASATT supports opportunities for professional development education and growth to the members.

The ASATT is committed to maintaining the highest standards of patient care by anesthesia support personnel.

VISION

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

VALUE

Values through which our Mission and Vision are achieved:

- respect for others,
- integrity, responsibility and accountability,
- collaboration and teamwork,
- diversity,
- self improvement and
- fiscal responsibility.



REGISTRATION FORM

ASATT Region 3 Meeting

May 30, 2015

Held at: University of North Carolina Hospitals

101 Manning Dr.

Chapel Hill, NC 27514

Name: _____ Phone: _____ (H) _____ (W) E-mail: _____

Home Address: _____ City _____ State: _____ Zip: _____

Institution: _____ ASATT Membership No. _____

Registration Fee: _____ \$100 Current ASATT member _____ \$150 Non-ASATT member _____ * \$75 Student

Add Late Fee (after May 27th) \$25

Credit Card: VISA / MASTERCARD / Discover / AMEX (circle one)

Credit Card Number: _____ **Exp Date:** _____ **SEC Code** _____

Authorized Signature _____ **Date** _____ **Name on Card:** _____

Make check payable to: ASATT Region 3 Meeting

Send to: ASATT • 7044 S. 13th Street, Oak Creek, WI 53154 • Fax (414) 768-8001

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, 2016. Achieve 80% in this quiz to earn one (1) Continuing Education credit.**

1. **Complication of an exploratory laparoscopy with a possible bowel resection include:**
 - A. Infection at the site of the incision
 - B. Perforation of an organ
 - C. Both A & B
 - D. None of the above
2. **An arterial blood gas result of pH of 7.29; PaCO₂ of 47mmHg; HCO₃ of 21 mEq/L and a Hemoglobin of 11 g/dL would indicate that the patient is experiencing:**
 - A. Respiratory acidosis
 - B. Respiratory alkalosis
 - C. Metabolic alkalosis
 - D. Metabolic acidosis
3. **In the event that the patient becomes hyperthermic, the cold fluid of choice would be:**

A. Albumin	C. Dopamine
B. Hetastarch	D. Normal saline

4. **When resuscitating a patient experiencing septic shock, early goal directed fluid therapy involves:**
 - A. Venous catheter placement
 - B. Arterial catheter placement
 - C. Red blood cell transfusion
 - D. All of the above
5. **Septic shock can lead to:**
 - A. Multiple organ failure
 - B. Poor urinary output
 - C. Systemic Inflammatory Response Syndrome
 - D. Difficult airway
6. **Adrenal insufficiency is a potential problem for patients who experience septic shock.**

True False

7. **If an autotransfusion device is used and fecal matter is suctioned into the reservoir, the blood is safe to administer back to the patient as long as it is washed.**

True False
8. **Third spacing occurs when there is a fluid shift from the interstitial space to the intracellular space.**

True False
9. **The drug associated with prolonged adrenal insufficiency in patients with sepsis is:**
 - A. Succinylcholine
 - B. Cisatracurium
 - C. Nimbex
 - D. Etomidate
10. **Septic shock can lead to Systemic Inflammatory Response Syndrome.**

True False

To apply for Continuing Education/ Contact Hours:

- (1) Provide all the information requested on this form.
- (2) Provide correct answers to this issue's quiz in this box > > >
- (3) 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 Spring 2015 Continuing Education Quiz are:
(circle correct answers)

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

Name _____ ASATT Number _____

Street Address _____ Phone _____

City _____ State _____ ZIP Code _____

Signature _____ Date _____



ASATT Calendar

2015

- Region 1 plans a meeting to be held at SUNY in Syracuse..... May 16
Brochure and registration now available online
- Region 3 will host a meeting at UNC in Chapel Hill..... May 30
- Deadline to submit completed nomination forms
for ASATT Board of Directors ElectionJune 10
- Region 5 plans a meeting to be held in Fort Worth, TX mid-June / tbd
- Region 1 plans a meeting to be held in Iselin, NJ..... June 20
- Deadline for nominees to submit professional résumé
for ASATT Board of Directors Election June 25
- Deadline to submit nomination forms for Regional Education Awards.....July 1
- Last Day to use work experience to qualify for Certified Technician Exam.....July 15
- Only Certified Technologist Exam available, beginning.....July 20
- Online voting begins for ASATT Board of DirectorsAugust 12
- Annual Educational Conference in Salt Lake City, UTAugust 27–29
presentation of Regional Education Awards on the 29th
- Region 2 will host a meeting at Milton Hershey Medical Center
in Hershey, PA October 10–11

TENTATIVE MEETINGS

- Region 2 plans a meeting to be held in Maryland
- Region 7 plans a meeting to be held in Portland, OR
- Region 7 plans a meeting to be held in Hawaii



**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