ISSUE #102 / WINTER 2016

sensor

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

SCOPE OF PRACTICE

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student corner

Epiglottis Case Study

pg 8

YOU, YOUR FRIENDS,
AND EVERYONE YOU WORK WITH,
SHOULD TAKE TIME OUT ON MARCH 31ST TO CELEBRATE

ANESTHESIA TECH DAY!

. . . YOU'D BE A FOOL NOT TO

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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, JPG or PNG formats preferred.
Photographic prints *can* be returned.

ISSUE DEADLINES:

Spring	April 1st
Summer	July 1st
Fall	November 1st
Winter	January 1st

Display ad rates and size specifications can be requested from ASATT at 414/908-4942 ext. 450.

PRESIDENT'S MESSAGE

Otoniel Castillo, Cer.A.T.T.

HAPPY NEW YEAR TO ALL!

Let me start by wishing you much success in 2016. If anyone would have told me six years ago that I was going to be this heavily involved in ASATT, with its pursuits and goals, I would have chuckled at the notion. I have never been a crusader. I always enjoyed reading about them though; Don Quixote is a personal favorite. However, thankfully things and people change. I remember attending my first function as the incoming treasurer for ASATT in October of 2010, in San Diego. Not only was I accepting a responsibility on the ASATT Board of Directors but I was also presenting a topic to a meeting room full of more than 200 anesthesia technicians and technologist. I was nervous but it was absolutely exhilarating! The knowledge that there were people there with possibly more years of experience and education than my own was daunting. A room like that can be overpowering. The other lecturers were all so interesting ... would I bomb or do well? Thankfully, I did well and my presentation was well received.

However, I can make a similar comparison now that I am in the role of president. I can tell you there is a lot to do and to keep up with. I feel proud to say that I can attest and confirm that many of our peers volunteer an incredible amount of time and effort on our behalf to further the progress of anesthesia technology professionals. Indeed, their commitment is most noteworthy and they help empower the "get involved" movement we wish to infect our members with. I am hooked and intend to support ASATT in anything after my task as president is over. I know people on our Board of Directors who have given more than their fair measure of devotion to ASATT. It is clear that I (and maybe you) have a duty to do as much as I (we) can.

So much has transpired with me personally and to ASATT during these past six years. It is not immediately obvious but I tremble when I speak in front of a large group of people. But I have improved and have learned much during these years. Nonetheless, this is precisely my point. In 2010, I did not have a clue as to how things were getting done within ASATT and my profession. It takes time, personal effort and a dedication to get a grasp of anything worthwhile. It was incredible to talk with total strangers at the San Diego meeting in 2010 and we shared in the common bond of anesthesia technology professionals. I found myself instantly "involved." There was so much to be done and there still is. The momentum generated by previous leaders has propelled us here. The years have passed so quickly. Now I sit here, focusing on the upcoming year and my role as President, and the commitment and motivation it will require from me. My message to each and every one of you is: **SECURE YOUR SUCCESS.**

"How do I do that?" you may ask. Well there is a little secret. You may already know it. When I was a manager I was taught that not one person is indispensable for the job to get done. However, some individuals are keystones that managers would rather not do without because they make everything easier and run smoother. How do we get to that point of expertise? We can secure our professional role as a qualified, competent anesthesia technology professional by increasing our knowledge. Education is vital to

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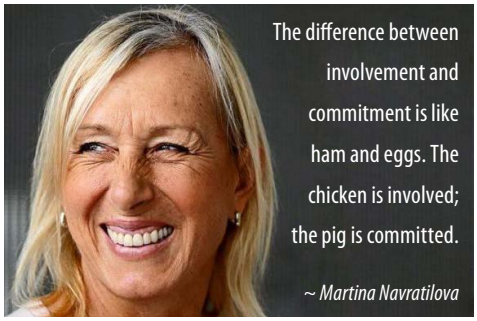
personal and ASATT's organizational success.

With a new examination and new educational standards, continuing education will be an integral part of our strategic planning and commitment to ASATT's membership. Nevertheless, whether you have chosen to be a certified technologist or certified technician or none of these, education should be something you should pursue for YOURSELF. The continuing education requirements exist to ensure knowledge and practical skills remain current. Most (maybe all) medical specialties (medical assistants, psychology technicians, surgical technologists, vocational nurses, etc.) have some educational requirements, expectations and penalties. Along with education, competency is what you display every day to your patients and the numerous people with whom you come in contact. If you don't strive to increase your knowledge, your competency skills will fail to improve. Again, education is vital.

Certainly education is important but there is one more aspect that will remain forever equally important to your personal success and equally important to ASATT and that is INVOLVEMENT. I feel very passionate about involvement. There are so many ways in which to contribute and to get involved locally, regionally and nationally. The most common phrase is "I'm too busy." Well, that is probably a true statement. However, so am I and so are many who find the time to get involved. I know currently all of our Board of Directors and committee members are working on projects and issues that concern or impact all of us. We all volunteer our time and energies for a cause in which we believe and feel fervently must succeed. I see my involvement (and hopefully yours) as a means to secure ASATT's future. I cannot fathom implying that you must put ASATT above all else. That statement would be a weak argument. When we use that often uttered phrase, "I am too busy," we ignore the



consequences to our personal and our profession's future. We are at a very crucial and opportune transition in our profession's development. Certification has been here for twenty-plus years. Regulatory entities and many professional organizations are inquiring about our profession. We had well over forty-six thousand hits to our certification and educational standards in the past fiscal year. Involvement is and will be absolutely necessary as we progress towards higher goals. We need to organize so we can tackle state and local issues. ASATT will need volunteer members in each jurisdiction to champion our causes. This is our next step. We needed our educational standards and certification to have the appropriate weight for legislators and other professional groups to recognize our scope of practice.

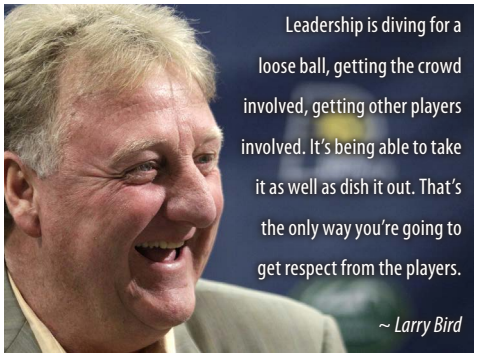
If you have not had an opportunity, please visit ***ASATT.org*** *to view our newly revised and updated scope of practice.* This process will require time and effort. Sound familiar? It can be as simple as paying your membership dues, renewing your certification with the appropriate CE units. Perhaps becoming involved with one of the many committees already established. Consider offering to write an article for *The Sensor,* helping your Regional Director or getting more involved with your state societies as they become functional and important to our goals. The list of possibilities goes on and on. ASATT is YOUR organization! All of us standing united and strong can make the difference. Just like you make the difference to your patients when you are involved with their care and help in the delivery of safe and effective anesthesia. It is not and cannot be a one-person spectacle. WE NEED ONE ANOTHER!! I was fortunate to involve myself with ASATT at a time of change in San Diego; however, the same is true today. The Conference Planning Committee has three goals in mind this year as we plan for the 27th Annual Educational meeting:

1) Present top quality speakers who will deliver interesting, informative, and essential topics to our membership and nonmembers alike.
2) Provide an opportunity for networking with colleagues from all over the country!
3) Arrange opportunities for the vendors to meet individuals who may be responsible for purchasing decisions and for sponsors meet with the professionals they have supported.

After tallying the comment sheets from the Salt Lake City meeting, it appears we were successful in achieving all our goals last year. We are overjoyed with all the positive comments we received. We accomplished what we set out to do. Thanks to all who were able to participate. Every meeting is a tremendous undertaking, and we take pride in the success of the meetings. We did this for you! On behalf of the entire ASATT Board of Directors, we thank you for attending, participating, and taking that first step toward participation and professional involvement and commitment.

I look forward to this year! Remember — many hands make for light work!

Otoniel Castillo, Cer.A.T.T.
ASATT President



October 20–22, 2016

ASATT

American Society of Anesthesia Technologists and Technocians

2016 ASATT Educational Conference

Scope of Practice

You've seen the document....now here's the story!

V. Reyes, Cer.A.T.T.

Scope of Practice describes the clinical functions of assessment, procedures, actions and processes that healthcare personnel are permitted to perform within the parameters of the credentialing organization, state, and to a lesser extent, federal laws. Each of these have regulations that describe requirements for education and training, and define Scope of Practice. The Scope of Practice is predominately found in state law and limitations are specific to education, experience, and demonstrated competencies. Individual states or facility rules may limit or narrow the Scope of Practice of an individual through job description and/or policy.

Scope of Practice can be further delineated by:

- Federal law/Medicare regulations
- Medi-Cal regulations
- Accreditation standards
- Clinical setting (e.g. inpatient, outpatient, lab, emergency department, etc.)
- Legal opinions

ASATT as Credentialing Organization

The credentialing organization is the entity that sets the Scope of Practice for their profession. Methodology includes professional practice analysis, national certification examination and input from other established professions in the same field, generally as liaison to the Board of Directors.

Professional certification indicates that an individual has met criteria which measures knowledge, skills and abilities necessary for entry-level practice in anesthesia technology. The credentials Cer.A.T. and Cer.A.T.T. indicates that the individual has fulfilled the criteria and is therefore qualified to function within their individual Scope of Practice.

Healthcare exists in an environment of increasing regulatory scrutiny. Standards in education and training are intended to encourage a consistent, safe care environment which leads to measureable outcomes for public information.

Job Descriptions

Job descriptions are legal opinions and policies that can define the operational functions and responsibilities of a specific position. The description cannot exceed the state laws that regulate the healthcare practitioner's license, certification or non-licensed Scope of Practice.

Consequences

There are significant risks identified with violations of Scope of Practice. Legal liabilities exist for the allied healthcare professional, the supervisor(s), and the organization if the healthcare professional practices outside of his or her Scope of Practice.

Risks include disciplinary action by licensing/certification boards, hospital or healthcare corporation sanctions and/or fines, as well as the potential for criminal charges in egregious cases.

From an accreditation and regulatory perspective systematic non-compliance with Scope of Practice requirements can result in loss of accreditation and/or sanctions.

Key Reasons Why It Is Important to Establish Scope of Practice

Patient Safety: The right patient, the right professional performing the right clinical service at the right time supports patient safety.

Quality: The allied healthcare professional must have the appropriate education, knowledge and experience to participate, as a member of the anesthesia care team, in the care of patients.

Patient Satisfaction: The patient's care experience is improved with competent caregivers.

Compliance: Scope of Practice is defined by law and monitored by regulatory agencies.

Legal Requirements: All care activities must be appropriately documented and provided by personnel operating within their Scope of Practice.

Reimbursement: In order to collect for services, facilities must ensure that the right practitioner performed the right clinical service, within the right time frame, with the right clinical record documentation.

Medicare and Scope of Practice

Medicare "Conditions for Coverage" may allow only certain professionals to perform a procedure or

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provide appropriate supervision levels.

Medicare "Conditions of Participation" (e.g., for hospitals or Medicare-certified surgical centers) require compliance with state law, and have some provisions regarding supervision that affects professionals. Conditions of Participation apply to the facility regardless of the patient population, as in Medicare *vs.* commercial members.

Medicare Reimbursement Rules may impose additional supervision requirements by type of service.

State Medical Benefit Agencies may also impose supervision or countersignature requirements that affect Scope of Practice.

How Do You Know If a Task is Within Scope of Practice?

- Is the skill within the generally recognized scope and standards of practice?
- Is the act something taught in your basic education program?
- Do you know how to perform the act?
- Are you competent?
- Can you document successful completion of additional education to perform the act?

Anesthesia Technology Professionals

The majority of states do not currently recognize anesthesia technology, which means they neither deny nor allow the Scope of Practice that ASATT publishes. It is the responsibility of the technologist/technician to ensure that he or she is adhering to Scope of Practice.

There is a fundamental need for anesthesia technology professionals in every anesthesia practice, regardless of size. In large organizations reliance on these professionals is often very great. The need for credentialing and privileges for these professionals, cannot be overstated. These professionals must be qualified and must at all times understand what they are expected to do and how to do it. Often administrators do not appreciate the function of the anesthesia technology professional, even though it is obvious to all who work in the OR. Initiation of new positions and defense of current staff by the anesthesia providers should be undertaken to ensure an adequate number of competent staff.

To review the ASATT Scope of Practice, refer to the Fall 2015 *Sensor* or the ASATT Website under the "About Us" tab. ■

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Nagelhout and Plaus; Nurse Anesthesia: 5th Edition, Ch. 2 pg. 24

Barash, Cullen, Stoelting; et al: Clinical Anesthesia; 7th Edition – Sec.1 Ch. 2

Scope of Practice: Business & Professions Code. Title 22 CA Code Regulations

The Joint Commission, Hospital Accreditation Standards

ASATT Membership and Certification Cards Printable Off ASATT Website

In an effort to reduce cost and time, ASATT membership and certification cards can now be printed off the ASATT website — **www.ASATT.org.**

To print a membership card, log in to the ASATT website, then go to the **Membership** tab and select **Profile**. Once in your profile you will see a button, **Printable Membership Card**, in the right top corner. Click on that to display your membership card.

To print your certification card you do not need to be logged into the ASATT website. Just go to the **Certification** tab and select **Printable Certification Card.** Enter in the requested information. Keep in mind it must be the information we have in the database, and then click on **View Certification Card**.

If you encounter any issues please contact ASATT Customer Care at **customercare@asatt.org.**

INDIVIDUALS PASSING THEIR EXAMS

Individuals who have earned the Cer.A.T.T. designation:

Nicole Abreu, Cer.A.T.T.
Region 3

Jeff Gronefeld, Cer.A.T.T.
Region 3

Brendon Loizzo, Cer.A.T.T.
Region 1

Victor Quevedo, Cer.A.T.T.
Region 7

Srinivasan Jayaprakasam, Cer.A.T.T.
India

Epiglottis Case Study

student corner*

Ana Pelayo and Edgar Campa
Kaiser Permanente School of Anesthesia Technology

*ASATT invites all students currently enrolled in an Associates Degree Anesthesia Technology program to submit their capstone project for publication in *The Sensor*.

It is a sunny day on the soccer field as little J graciously passes the ball to his teammate and best friend for the scoring goal. After a celebratory team potluck little J and his family head home to continue the celebration, but over the course of the day he develops a sore throat and fever that continues to spike reaching forty degrees Celsius by evening. He develops low-pitch inspiratory stridor and on arrival to the emergency room he is quiet, flushed, frightened and prefers to be in a sitting position. After careful review of the boy's signs and symptoms the emergency physician suspects an upper respiratory obstruction. He suspects epiglottitis typically occurring in children between the ages of one to five years of age. Epiglottitis is an acute inflammation in the supraglottic region of the oropharynx with inflammation of the epiglottis, vallecula, and arytenoids. Epiglottitis is primarily associated with *Haemophilus influenza* infections (Hib), however most children in the United States are immunized decreasing the incidence of the disease (Jenkins & Saunders, 2009). Epiglottitis may be indicated by the rapid onset of fever, drooling, stridor and dyspnea.

Since inspiratory stridor is considered to be a late sign of epiglottitis usual radiographs are not attempted to confirm the diagnosis and the child is quickly transported to the operating room. The priority is seen to be the securing of the airway with confirmation of the diagnosis with laryngoscopy (Chiocca, 2006, p.88). The four-year-old boy presents no other underlying conditions, he is healthy and of average height and weight for his age. Such situation requires a skilled anesthesia team for proper airway management and the presence of an otolaryngologist ready to perform an emergency tracheostomy if necessary. The child is very agitated prior to induction so the mother is allowed to accompany her son in order to prevent him from crying as it can increase airway swelling and can precipitate obstruction, which can lead to respiratory failure and even death. He is kept at a sitting position in his mother's arms, to avoid any distress that can lead to a laryngospasm (an involuntary muscle contraction of the vocal cords).

Prior to intubation the anesthesia technologist prepares the equipment necessary to ensure an uneventful intubation. Pediatric monitors are place on the child including: blood pressure cuff, ECG leads, pulse oximeter, and a table top pediatric Bair Hugger is made available. The difficult airway cart is a crucial piece of equipment for intubation of a pediatric patient with epiglottitis. Before intubation the anesthesia technologists prepares the fiber optic scope. Prior to the start of the procedure it is best practice to inspect the scope to make sure there is no accidental damage and that it has been appropriately cleaned. Proper function is essential in ensuring a clear view for the provider. The application of a defogging solution at the tip of the scope is helpful to maintain clarity while going down the larynx. Along with a fiber optic scope the anesthesia technologist should prepare a size 50 and 60 oral airway. A size 1 and 1.5 miller blade should be made available giving the provider an option for visualization prior to intubation. The straight blade makes it easier for the anesthesia provider to visualize the cords without causing

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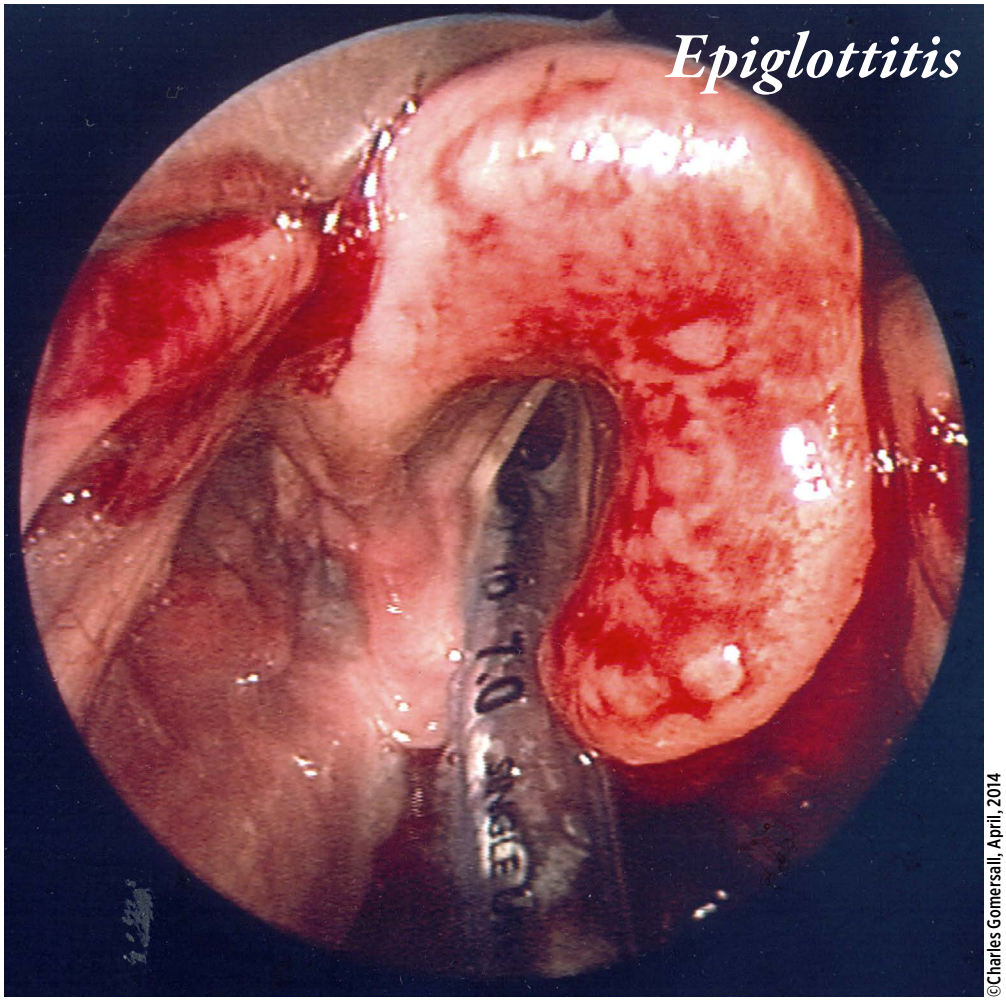
more damage to the already swollen airway as explained by CRNA Miguel Lopez (Interview, January 29, 2016). The anesthesia provider determines the proper sizing for an endotracheal tube (ETT) based on the Khine formula (age/4+4). The formula would indicate that the child be intubated with a size 4.0 endotracheal tube. However, CRNA Miguel Lopez suggests that in this case a size 3.0 and 3.5 cuffed endotracheal tube is considered the best choice because the smaller tube would be more easily inserted due to the already swollen airway (Interview, January 29, 2016). In contrast to a smaller uncuffed tube, a larger cuffed tube could aid in the verification of the airway. Since epiglottitis can be life-threatening a pediatric crash cart should also be brought into the room.

The complications presented by epiglottitis vary depending on the degree of swelling and symptoms presented by the patient. The most prevalent issue regarding this diagnosis is a laryngospasm or increased edema that can lead to a complete airway obstruction. Securing the airway, in case of total obstruction, is crucial to avoid hypoxemia and damage to vital organs including the brain. In the case of a complete obstruction invasive airway management procedures, like a cricothyrotomy or tracheostomy, must be performed. Although, emergency cricothyrotomy has largely replaced emergency tracheostomy because of its simplicity and rapidity it is contraindicated for children less than six years of age because of their less fibrous supportive tissue and smaller larynx (Benumof, 2013, pg. 619). In emergency cases involving pediatric patients the preferred choice for airway management is a tracheostomy with a technique known as percutaneous dilatational tracheostomy (PDT) or Ciaglia technique. It involves making a very small skin incision, introducing a needle into the trachea, and dilating the opening with sequentially larger dilators to allow insertion of a tracheostomy tube of the selected size (Benumof, 2013, pg. 615). It is crucial to ensure that the child remains calm so that serious airway management complications can be avoided.



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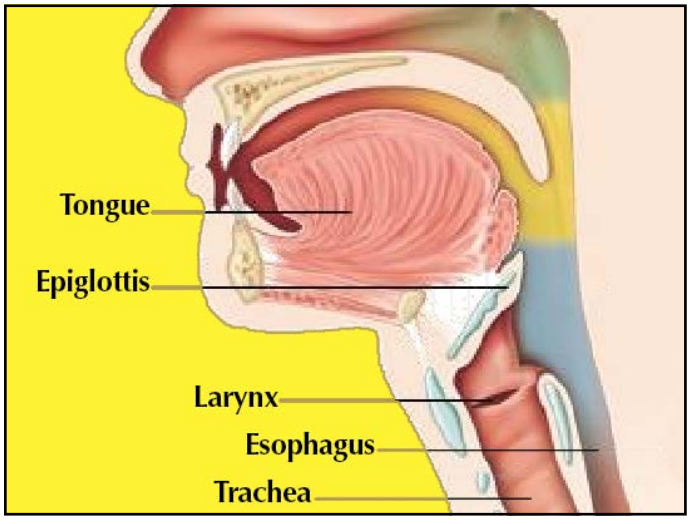

In our case the child remains in his mother's arms as he is spontaneously ventilated and undergoes inhalational induction. Difficult airway pediatric protocols suggest that inhalational induction may be performed with Sevoflurane and 100% oxygen (Benumof, 2013, pg. 731). Sevoflurane is ideal when managing a difficult pediatric airway because of its pleasant aroma and low blood gas solubility, which makes for a rapid induction. Once the child has been masked with Sevoflurane and induced, his mother will be taken to the waiting room. A peripheral IV is then started. The anesthesia care team decides to use a 20 or 22g catheter to ensure peripheral venous access for any medications or other agents needed during the procedure. When the ability to ventilate the patient by mask is demonstrated, a small dose of muscle

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Color-coded Berman oral airways.

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relaxant or propofol may be given to further facilitate intubation (Benumof, 2013, pg. 731).

Upon intubation it is important to remember that a swollen epiglottis is sensitive to the touch especially when a cold plastic tube is passing through the vocal cords. Inflammation in the epiglottitis is the body's response to treating infection. The superior border of the larynx is very tender and inflamed making a laryngospasm a major concern. If a laryngospasm is to occur the use of succinylcholine or positive pressure can aid in the relaxation of the vocal cords making intubation easier. The main goal is to protect the patient airway. Intubation using a flexible fiber optic scope with an oral endotracheal tube is the best approach when dealing with the acute epiglottitis. The use of lubrication gel on the shaft of the fiber optic scope is useful to slide the ETT into the glottis. In order to place the ETT it must be slid down the shaft of the scope, passing the vocal cords, and placed right above the carina. For sedation, CRNA Teresa Huang suggested to keep the patient sedated with propofol and versed (Interview, January 15, 2016). If there is any tachycardia or hypertension then fentanyl is good to use for pain control.

During maintenance, it is important to keep the child deeply sedated and comfortable to give his body plenty of rest so he can fight the infection. With deep sedation, you can avoid any physical response to stimulation and the child will not be easily aroused. Providing ice packs on the patient's skin or cold saline peripheral infusion can help lower the patient's temperature. Double-checking that the ETT and any intravenous lines are fastened securely, can pre-emptively avoid them from being pulled out. The anesthesia technologist is an integral part of the anesthesia care team by aiding the anesthesia provider in monitoring vital signs, lines, ventilation, temperature, and hemodynamic balance.

Emergence it is a very critical time, the antibiotics used to treat the infection has decreased the swelling and the patient is ready to be extubated. However, it is important to note that the boy will not wake up and be immediately cognizant of his surroundings. Therefore, extubation should be done in a controlled room with many trained and qualified people. Having emergency equipment ready in the event of an airway emergency is vital. There are a few ways to check to see if the swelling has gone down. First, visual confirmation can be achieved by using a fiber optic scope to see the epiglottis. Second, the cuff can be deflated and a leak can be assessed by listening, if the swelling has gone down then the sound of air escaping past the tube should audible. Dr. Bauff suggests having a Cook airway exchange catheter as a

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safe way to extubate and as the best way to maintain an open airway (Interview, January 15, 2016). If the muscles unexpectedly contract or close, you will still be able to ventilate. Next, you can place the Cook airway exchange catheter over the ETT just above the bevel. As the anesthetist provider begins to pull the ETT out of the trachea you can place a firm three-fingered grip at the bottom of the Cook airway exchange catheter to maintain placement and at the same time anchor your hand to the mandible of the patient's jaw. Now in the event of an emergency, you can still Ventilate and re-intubate if necessary.

It takes approximately one to three days for the antibiotics to help with the swelling. Postoperative delirium is associated with antibiotic therapy, volatile agents, pain, and even anxiety (Bell, Kain & Hughes, page 435, 1997). Having the family comfort the patient until the delirium resolves is a good choice to avoid further complications. Close observation after extubation is the best practice for airway safety. Preventing aspiration following this case is paramount. Feeding and ingestion of liquids should be withheld for 24 hours after extubation. Even secretions can cause the patient to aspirate because of a reduced gag reflex. Antiemetic medications, such as ondansentron, given intravenously will help control any postoperative nausea and vomiting. A fully awake, alert, oriented patient is the goal so that they can maintain their own airway. Patients may not understand what is happening or what is going on. The natural reaction is to be scared. The Pediatric Intensive Care Unit is the best way to keep a vigilant watch and monitor the patient.

Ultimately it is in the best interest of the anesthesia provider to have an anesthesia care team that is compliant and competent with basic airway equipment and procedures, ensuring quality care for the patient. It is also crucial for anesthesia technologists to be the experts in the use of airway and patient monitoring equipment. Qualified anesthesia technologists should be able to anticipate complications along the way to best help the anesthesia provider. It is a common misconception that critical airway emergencies are unlikely; however, to be a successful anesthesia technologist it is imperative to remain proficient at handling and preparing for difficult situations. As a technologist foreseeing the anesthesia providers' next move proves to be the best way to aid in a situation where seconds can make a difference in a patient's outcome and ultimate recovery. ■

TAKE THE QUIZ PAGE 16

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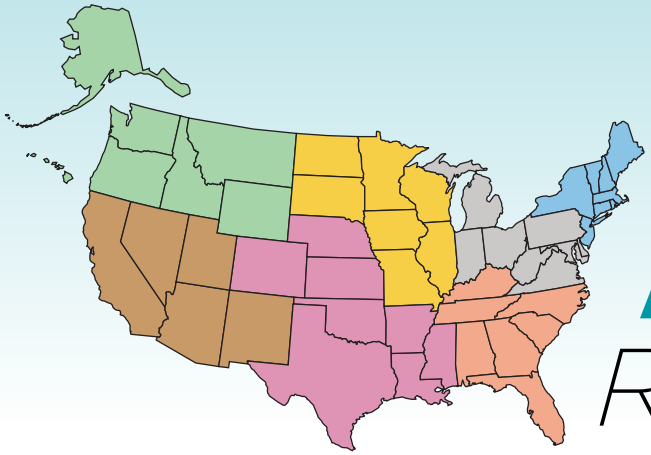
Miller laryngoscope blades.



ASATT Regional Activities

REGION 1
CT-ME-MA-NH-NJ-NY-RI-VT

Director: Jonnalee Burgess, Cer.A.T.
Work: 802/296-6314
Email: region1director@asatt.org

I have reached out to a few of you in hopes that we could have at least three meetings for Region 1 this year. However, I have not heard anything as of yet. *PLEASE* let me know if you are even contemplating having one. I hope you all had a Happy Holiday and the best from my family to yours for a prosperous New Year. Let's set some records for Region 1. *We can do this!*

Thank you to NovaMed for hosting a lecture series in New York City in conjunction with the PGA. I do have a report coming for this; I just have not received it yet. I am disappointed that I could not attend, but I will be there next year.

Please start thinking about a few things: First of all, Regional Educational Awards will be here before we know it. Second, ASATT would like to see your articles in *The Sensor*. If you have any questions, please do not hesitate to reach out to me. I can be reached several ways. I will respond to all emails, even if I have to admit that I do not know the answer I will get the correct answer for you. If it you have to recertify this year (2016) start working on your contact hours now so it will be easier for you in December.

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

No report.

REGION 3
AL-FL-GA-KY-NC-SC-TN

Director: Gail Walker, Cer.A.T.
Work: n/a
Email: region3director@asatt.org

Hello Region 3 members.

I know many of you are waiting to be able to register for our Regional meeting and you will be able to do so shortly. I've had a couple of minor hiccups in arranging this meeting but we're back on track. Our Regional meeting March 26th on the University of North Carolina campus has added another speaker that I believe will help give our members a better appreciation of ethnic diversity and how to more successfully communicate with others from different backgrounds. I've noticed that the lack of communication is often cited as one of the greatest frustrations people have at the workplace because people do not know how to effectively communicate with others different than themselves. Being a great anesthesia tech takes more than a good understanding of our jobs. It also depends on how successfully we interact with one another. It is my hope that this presentation on diversity will give you the tools to better communicate with others.

In addition to diversity training we will have hands-on POC testing presented by Lisa Kelly from ROTEM, troubleshooting and general overview of anesthesia machines by GE Healthcare. Also, for the first time, we will look at TeamSTEPPS® and how this team-based system works in the operating room. We will also have a speaker from Masimo who will speak on the clinical application of brain function monitoring during general anesthesia. This meeting will award 6 CEs.

Our Region is very large and it is not realistic, for example, to expect technicians from Miami to drive to North Carolina for a meeting. If you're interested in organizing a meeting in your area, please email me and let's chat. I can almost guarantee you'll be surprised by how easy these meetings can be to arrange. ASATT had many new technicians/technologists certify last year and you don't want to jeopardize your hard-won certification by not actively getting the CEs you need.

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

The date is set for our Region's annual spring meeting! Please save the date — April 23, 2016. The selected site is

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Adventist Bolingbrook Hospital in Bolingbrook, Illinois. We have lined up terrific speakers with great topics. Please make plans to attend and be sure you give us your feedback on how to improve YOUR future conferences. We anticipate future conferences will represent a cross-section of speakers from throughout the Region who are committed to the growth and development of anesthesia technicians and technologists. If any member is willing to organize a meeting in your state, I would support your efforts and help in any way I can.

Being that January is the month that numerous techs start to collect CEs I want to keep in my report on how to go about. One resource for CEs is the great website, **www.anesthesiatechpearls.com.** Region 4's Spring 2016 meeting, along with a 2016 Summer meeting, are worth up to 7 CEs per meeting. The national meeting scheduled for October 2016, in Chicago, will offer a minimum of 13 CEs. Another resource for your CEs is the quiz you can submit from our quarterly ASATT magazine, *The Sensor,* in addition to the above-mentioned meetings. Please check back for updates and do not hesitate to contact me if you have any questions.

Stay warm, Region 4.

REGION 5
AR-CO-KS-LA-MS-NE-OK-TX

Director: Greg Farmer, Cer.A.T.
Work: 817/250-2650
Email: region5director@asatt.org

Greetings Region Five!!

It's the beginning of a new year and I hope y'all are ready for a fantastic year. As always, it's important to be a member of your professional organization. And you can also be involved! There are many ways to help out ASATT, just email me and find out.

I am hoping to schedule some Regional meetings to further our education and sharpen our skills. So far this is what I've been working on:

- Regional meeting in February was at Houston Methodist Hospital.
- Meeting in Dallas/Ft. Worth later this year.
- Looking for a different venue for another June meeting. Contact me if you're interested in hosting ... let's show off your facility! *Details to follow soon!*
- Cook Children's is interested in hosting a pediatric meeting this year! **Details to follow soon!!**

I'm still waiting to hear from some more folks who would like to have a meeting in their own backyard. I know it is difficult for people to go out of town to attend a meeting. So let's organize one in your hospital. I've done it and I can help you. I'm always willing to help. Just email me ... thanks!

REGION 6
AZ-CA-NM-NV-UT

Director: Diane Alejandro-Harper, Cer.A.T.
Work: 650/283-2558
Email: region6director@asatt.org

Happy 2016, Region 6!

Always would like to hear from all of you ... please feel free to contact me with questions, ideas, and feedback!

The 54th Clinical Conference in Pediatric Anesthesiology was held February 19–21 at Disneyland Hotel in Anaheim, and was a great success!

Here are the plans for this year: **April 9–10 (tentative),** ASATT Region 6 Education Conference, Sunrise Hospital, Las Vegas. *ASATT CEs pending approval;* **October 20–22,** ASATT National education conference, Chicago; *ASATT CEs pending approval.*

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 Everyone!!!

Hopefully spring will be in the air shortly. As we begin a new year, it's the start of something new and exciting. ASATT is rolling along in a dawn of a new era. It is exciting, yet, scary. There will be many growing pains as we move forward. But, we must continue to look forward to where we are headed and not look back at where we were. I always try to look at our direction in this light; we are laying the groundwork for the future generations of Anesthesia Technologists.

2016 has just started, yet Region 7 has already had our first Regional Education Meeting. The meeting was held on Saturday, January 30th, at Kaiser Sunnyside in Clackamas, Oregon. Kellie Hines of Kaiser and Darrell Baker from Providence Saint Vincent did a terrific job coordinating the meeting. They had help from Josh French, Neil Allen and Larry Roberts. We had 59 members attend the meeting.

The agenda was: *Pediatric Airways* by Rachel Mercer, MD.; *Hemodynamic Monitoring* by Donald Flynn, CRNA; *Pharmacology* by Jason DeYoung, MD.; *Malignant Hyperthermia* by Anand Jain, MD.; *Non-OR Anesthesia & MAC Anesthesia* by Kellen Martyn, CRNA; *Anesthesia in Afghanistan* by Paul Tostenrud, MD.;;and *Esophageal Doppler* by Kevan Kamp. It was a great day for learning!

At the end of the meeting, when I addressed the attendees, I told them the success of Region 7 is because of the people within the Region and the people who are accepting the challenge to help educate our peers.

The next meetings are already in the works. My goal for

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2016 is to have four meetings in Region 7. My long-term goal is to have a minimum of 4–5 meetings a year. Also, I would like to hold a meeting in every state in Region 7 before I retire from the Board of Directors. Do you think this is an attainable goal?? I am thinking it is a bucket list item... LOL

ASATT Region 7's Regional Educational Award winner in 2015, John Gonzalez, is hard at work planning our meeting. It is set for Saturday, May 14th, at Overlake Hospital in Bellevue. I am in the process of coordinating the Hawaii meeting. It will be held on Sunday, August 7th, at the Pacific Beach Hotel. Joseph Fitzgerald from Evergreen Health in Kirkland, Washington, is working on a September meeting. Finally, Mario Saldana and his crew at Oregon Health Sciences University Hospital are working on meeting at the end of the year.

"It is up to us to live up to the legacy that was left for us, and to leave a legacy that is worthy of our children and of future generations."

Christine Gregoire

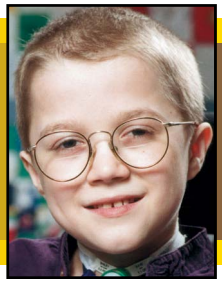
If you can help any one of us with a speaker, sponsor, or help, please contact us at your earliest convenience.

Breaking News: It looks like Region 7 will be having FIVE meetings in 2016! That has got to be a record for Regional meetings. Stand tall and be proud, Region 7!!!

Let's not rest there... Even though 2016 just started, please start thinking about meetings for 2017. We need more people to get involved to help coordinate meetings. If you are thinking about taking on this challenge, please contact me at your earliest convenience. Remember, I have been coordinating meetings for our Hawaii members for close to 20 years. By this time, I have been involved in probably 40+ meetings. Just think of it this way: ***It's not easy ... but, it's not hard.***

The Hawaii Association of Nurse Anesthetists (HANA) has again invited us to attend their annual educational meeting in 2016. The meeting will be held April 16–17, at the Aulani Resort & Spa.

Start planning to attend the 2016 ASATT Annual Educational Meeting in Chicago. Chicago is a beautiful city that I love to visit. I hope to meet more of my Region 7 peers at the meeting. Early bird registration is starting now.



"Unity is strength... When there is teamwork and collaboration, wonderful things can be achieved."

Mattie J.T. Stepanek

Remember if you attend an ASATT-sponsored meeting, ASATT members don't need to track these CEs, and 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 and emergency on ASATT's part.***

"There are no strangers here; only friends you haven't met."

William Butler Yeats

Further, as the meetings end, please allow time for the CEs to be posted to the database and certificates of attendance to go out. There are so many times when, a meeting will be held on Saturday and by the beginning of the next week I get an email asking when the items will be posted. Also, you can get your certificate by email, so make sure your email address is correct on the database.

At all of our meetings we need to thank our vendors. They are 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 that we are helping to provide our patients with quality care. Please treat them how you would want to be treated.

While reflecting on where we came from ... everyone must realize how valuable your Certification is. Judging from the feedback, phone calls, and the review of qualifications on job websites, more employers are looking for Certified candidates. Therefore, what you hold is important and will become increasingly valuable in the years to come. Don't mess around with CEs for recertification.

Aloha!

SUBMISSIONS FOR THIS ISSUE'S QUIZ EXPIRE **DECEMBER 31, 2017**. *ACHIEVE 80% IN THIS QUIZ TO EARN ONE (1) CONTINUING EDUCATION CREDIT.*

CONTINUING EDUCATION QUIZ

SCIENCE + TECHNOLOGY

To test your knowledge on this issue's ***Science + Technology*** article on page 6, provide correct answers to the following questions on the form below. Follow the instructions carefully.

1. **Scope of practice is predominately found in:** ***(choose 3)***
   - A. federal government
   - B. state law
   - C. facilities
   - D. job descriptions

2. **Scope of practice can be further defined by:** ***(choose 3)***
   - A. Medicare regulations
   - B. accreditation standards
   - C. entitlements
   - D. legal opinions

3. **Limitations to scope of practice are based on:** ***(choose 3)***
   - A. education
   - B. experience
   - C. competencies
   - D. policies

4. **Job descriptions define the functions and responsibilities of a position.**
   - ☐ True ☐ False

5. **A job description can exceed:** ***(choose 1)***
   - A. state laws
   - B. certification
   - C. personal practice
   - D. scope of practice

6. **Risks associated with violating scope of practice are?** ***(choose 3)***
   - A. Becomes a requirement
   - B. Hospital fined
   - C. Criminal charges
   - D. Disciplinary action

7. **How do you know if a task is within your scope of practice?**
   - A. Try it and see what happens.
   - B. Ask your supervisor.
   - C. It is taught in an education program.

8. **All states recognize anesthesia technology scope of practice.**
   - ☐ True ☐ False

9. **It is the hospitals responsibility to ensure adherence to scope of practice.**
   - ☐ True ☐ False

10. **The need for credentialed anesthesia technology professionals:**
    - A. is overstated.
    - B. should be defended by anesthesia providers.

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 Winter 2016 Continuing Education Quiz are: (circle correct answers)

1: A B C D *(choose 3)*
2: A B C D *(choose 3)*
3: A B C D *(choose 3)*
4: T F
5: A B C D *(choose 1)*
6: A B C D *(choose 3)*
7: A B C
8: T F
9: T F
10: A B

Name_____ **ASATT Number** _____

Street Address_____ **Phone** _____

City_____ **State** _____ **ZIP Code**_____

Signature_____ **Date** _____

SUBMISSIONS FOR THIS ISSUE'S QUIZ EXPIRE **DECEMBER 31, 2017**. *ACHIEVE 80% IN THIS QUIZ TO EARN ONE (1) CONTINUING EDUCATION CREDIT.*

CONTINUING EDUCATION QUIZ

SCIENCE + TECHNOLOGY

To test your knowledge on the special ***Science + Technology*** article on page 8, provide correct answers to the following questions on the form below. Follow the instructions carefully.

1. **Which of the following is the Khine formula?**
   A. 16 + age ÷ 4
   B. age ÷ 4 + 4
   C. age + 2 ÷ 16
   D. 4 + age ÷ 2

2. **Complications presented by epiglottitis vary depending on**
   A. age and weight.
   B. swelling of the airway and symptoms.
   C. ethnicity and access to ER services.
   D. temperature and antibiotics.

3. **If a pediatric epiglottitis progresses to complete upper airway obstruction, which of the following is the best method to achieve access to the airway in children under 6?**
   A. emergency cricothyrotomy
   B. standard emergency tracheostomy
   C, percutaneous dilatational tracheostomy

4. **How many approximate days of IV antibiotic therapy are necessary to reduce the swelling in epiglottitis cases?**
   A. 7–5 C. 3–1
   B. 5–3 D. 0

5. **Which is the primary concern in treating a case of epiglottitis?**
   A. Analgesics for pain
   B. Antibiotics to treat the infection
   C. IV access and administration of anxiolytics
   D. Securing the airway and oxygenation

6. **When extubation occurs, after days of antibiotic therapy, which of the following is an adequate piece of equipment used to maintain airway access?**
   A. IV access and administration of anxiolytics
   B. LMA
   C. Cricothyrotomy kit

7. **What is the age range of children usually affected by epiglottitis?**
   A. 5–11 B. 7–9 C. 1–5

8. **Difficult airway induction for pediatric patients can best be achieved using which combination?**
   A. Desflurane with 50% mix oxygen and nitrous oxide
   B. Sevoflurane with 100% oxygen
   C. Propofol with Rapid Sequence Induction while pre-oxygenating
   D. Versed and Etomidate with blow-by oxygen.

9. **Which is NOT a typical sign and symptom of epiglottitis?**
   A. Stridor C. Fever
   B. Sore throat D. Wheezing

10. **Epiglottitis can occur in less that a 24-hour period?**
    ☐ True ☐ False

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(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

student corner

The answers to the Winter 2016 Continuing Education Quiz are: (circle correct answers)

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

Name_____ **ASATT Number** _____

Street Address_____ **Phone** _____

City_____ **State** _____ **ZIP Code**_____

Signature_____ **Date** _____

2016 ASATT Educational Conference

swissôtel CHICAGO

323 East Upper Wacker Drive • Chicago, IL 60601

ASATT's 2016 Annual Educational Conference will be held at the Swissotel Chicago's 1st floor Event Center. This year ASATT is teaming up with the ASA, so attendees for our meeting can choose from any of the ASA hotels for room accommodations. Visit the ASA Housing page to see a list of hotels and to make reservations.

HOTEL ACCOMMODATIONS

Chicago has committed well over 8,000 quality hotel guestrooms to ASA, and of this quantity more than 1,000 hotel rooms are within walking distance of the McCormick Place Convention Center. Make sure you use onPeak or ASA International Housing Group, and take advantage of reduced rates for hotel rooms in Chicago.

Through the travel experts at onPeak (formerly Travel Planners), ASA has negotiated and secured a number of reduced-rate hotel rooms to help with your trip to Chicago. Rooms at the group rate are limited and available on a first-come, first-served basis. Be sure to book early for the best hotel selection and price.

To book your housing reservations online for the ANESTHESIOLOGY® 2016 Annual Meeting in Chicago, please visit the official ASA Housing Website (available in May), or to book by phone, contact the onPeak offices at 855/992-3353 between 9 a.m. and 5 p.m.

REGISTRATION

Registration Type	Member	Non-Member	Spouse/Guest*	Student**
Early Bird *thru May 31st*	$250	$450	$200	$125
June 1–July 31	$300	$500	$250	$125
Aug 1–Sept 14	$350	$550	$250	$125
Sept 15–Oct 14	$400	$600	$250	$125
On Site *Oct 20–22*	$500	$700	$250	$125
Daily *Thurs/Fri/Sat*	$250	$350	n/a	n/a

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

** Must have a valid school ID.

Click here to register online

Click here to download Registration Form

Refund Policy:

- Full refund of registration fee for cancellations made by September 1, 2016
- Cancellations made between September 2, 2016 and October 1, 2016 will be penalized 50% of the registration fee.
- Cancellation made on or after October 2, 2016 will receive no refund.

Contact info **registration@asatt.org**

ASATT CALENDAR

2016

Anesthesia Tech Day ..... March 31

UPCOMING MEETINGS

Region 3, University of North Carolina, Chapel Hill, NC..... March 26

Region 6, Sunrise Hospital, Las Vegas ..... [tentative] April 9–10

Region 7, Overlake Hospital, Bellevue, WA ..... April 18

Region 7, Pacific Beach Hotel, Hawaii ..... August 7

Check the ASATT website frequently; more meetings will be posted soon!

American Society of Anesthesia Technologists and Technicians
7044 South 13th Street
Oak Creek, WI 53154-1429
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info@asatt.org www.ASATT.org