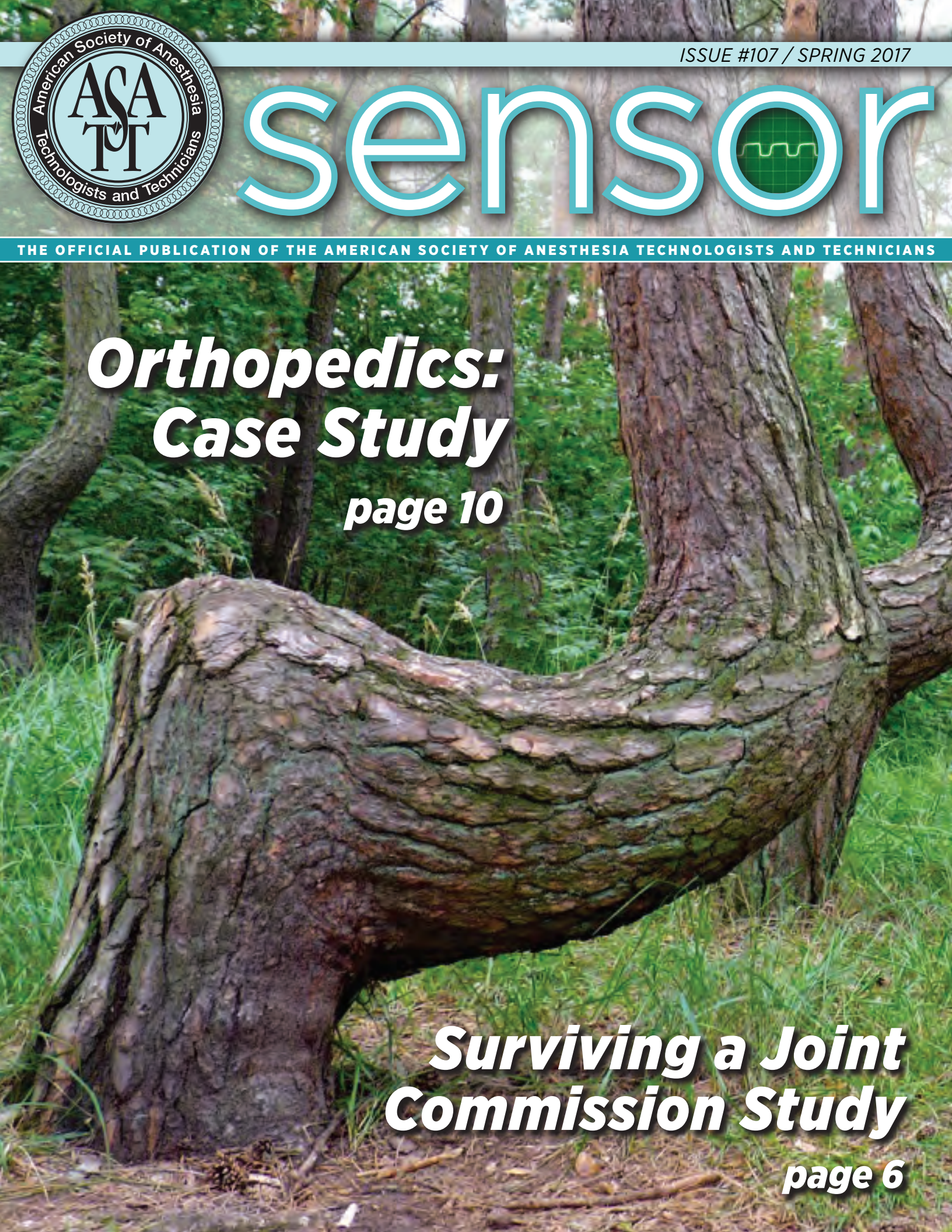
ISSUE #107 / SPRING 2017

sensor

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



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AMERICAN SOCIETY OF ANESTHESIA TECHNOLOGISTS AND TECHNICIANS

Educational Conference

PASADENA, CA

August 24-26, 2017 • Pasadena Hilton

sensor
is the quarterly publication of
the American Society of Anesthesia
Technologists and Technicians
7044 South 13th Street
Oak Creek, WI 53154-1429
Monday–Thursday, 7:30AM to 4PM
Friday, 7:30AM to 3:30PM, Central Time
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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:

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

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

PRESIDENT'S MESSAGE

Victoria Reyes, Cer.A.T.T.

I ALWAYS LOOK FORWARD with anticipation to Spring. I love the sweet smell in the air, the sunshine, the sounds of the birds, and the warmth which hints of the summer to come. It is a time of rebirth and new beginnings. ASATT is also up from the Winter lull and sprouting opportunity everywhere you look.

Every single cell in the human body replaces itself over a period of seven years. There is no part of you *now* that was part of you seven years ago, so you too are reborn and reinvigorated! As members, you have seen the change in ASATT over the last seven years. A tremendous amount of progress has been made to substantiate our profession through accreditation, standardized education, retiring of on-the-job training, degree programs, and a defined scope of practice. We have begun to see a change, and some of you are very motivated and excited to see this leap into the realm of recognized allied health professionalism. Others are beginning to see the effect this can have in our everyday work and job security. We are maturing and realizing that it is not enough to ask what is needed, but we have begun to ask ourselves, "What excites me? I have good ideas" — and then we go do it! I think what surprises us most is how well these innovations are received. What our profession needs is more people who are willing to share ideas, and follow through with them. Talking is one thing, but actions always speak louder than words!

If you are currently certified as an anesthesia technician, you now have the ability to take the technologist-level exam through the advancement process. If you choose to remain a certified technician, you only need to be sure you get 20 CEs, along with the recertification fees and application, to the Recertification Committee by December 31st, every two years. Pay close attention to the qualifications and requirements of continuing education. The goal of continuing education is just that: As a profession, we need to be sure we stay on top of the latest information that is pertinent to the anesthesia care team. We play an important role in assuring that the care team delivers the safest and best care to our patients, utilizing knowledge gained through continuing education. Your Regional Directors have done an excellent job of offering many opportunities for you to gain additional education, and to meet with your peers to share your experience, or speak to someone who may be able to enlighten you on options for your practice.

The Annual Education Meeting will be in Pasadena, August 24–27. We are scheduling speakers that will lecture on topics that are eligible for use towards the Technologist Advancement requirement. There are additional options for program directors or future directors, and cell salvaging. If you are interested in attending any of those additional offerings, be sure to register for those in addition to the general meeting attendance.

So, what do we have coming up this year? Our management group, TEI, has merged with AEG (Association Executive Group). Don't worry — you will

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still get to see Mike and Alex's smiling faces at our national meetings and the list of numbers will mostly remain the same. Any changes will be listed on the ASATT website. This group brings some additional marketing practice, and we are seeking to maintain the great relationship that we have enjoyed with TEI. The **Item Writers Committee** will be working on a new Professional Practice Analysis this year and will use the results to review the certification examination. You may also receive a survey from ASATT regarding our profession; please be sure to fill this out and return it. It is through these sources that the committees will base the educational requirements for future practice, as well as the data to support our education and profession. The **CoA-ATE** (Committee on Accreditation for Anesthesia Technology Education) will be busy with the accreditation of existing programs and Letter of Review for newly formed programs this year and in years to come. We anticipate four to six new programs to begin throughout the country in 2017–18. This committee works with individuals willing to take on the task of starting a program and assures that programs adhere to the standards through outcomes assessments. The **Policy & Procedure/By-Laws Committee** is busy trying to keep up with all the committee action items that must have regulations attached to their activities. **Strategic Planning Committee** is working to secure and advance the profession. Continuing Education Committee works to find and approve educational opportunities. They work with the **Certification/Recertification Committee** to ensure items that have been pre-approved will be credited to the member's application for recertification. The **Editorial Committee** is responsible for publishing *The Sensor*. The chair of this committee takes a lot of responsibility for the content, to provide members with up-to-date, relevant information. This also allows members an opportunity to receive CE credits. **Ethics Committee** reviews complaints regarding alleged unethical behavior by all persons involved with ASATT including the board, liaisons, employees and members. Action is taken after consideration, investigation and input from the Board of Directors.

We have greatly enhanced the profession of Anesthesia Technology over the past few years. We are interacting more with other professions and their associations, such as the ASA, AANA, AORN, CAAHEP and a few others. We all work together so it behooves us to gain a better understanding of the expectations of each group in relation to our profession. *All of this has been achieved by volunteers!* Let this sink in for a moment ... every one of them has a family, a full-time job, and work as managers or supervisors. Most sit on committees (in their workplace and the association) and they work hard to advance ***your*** profession. I know you hear endlessly about the need to get involved, to volunteer or join a committee, but the number of those willing is very small and appears to be dwindling. When you volunteer, you are a conduit of change and progress; that is how most of us got involved. Without new perspectives, the profession will not grow. Without someone to follow through with a suggestion made by a member, the idea will never come to fruition. We need to begin now to formulate a plan on how to maintain the progress we have made. Long-term board members will carry this knowledge with them as they leave. For the organization to flourish, we need that knowledge to be documented and for new committee and board members to be mentored into their positions. We have such lofty goals, there just isn't enough time for the few people tasked to achieve them.

I have faith that future contributors and leaders of ASATT are out there, but maybe a little nervous or shy to approach us. If you truly want to get involved, talk to a board member at the next meeting you attend. If there is a committee that sounds interesting to you, ask about it (our information is in *The Sensor* and on the website). If they don't contact you immediately, contact them! They are probably trying to catch up on something else. Find out what the commitment is. Somehow we have all managed to find time, so start out small you'll be surprised just how quickly you get hooked!

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

"I think there is something more important than believing: Action! The world is full of dreamers. There aren't enough who will move ahead and begin to take concrete steps to actualize their vision."

~ W. Clement Stone

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ASSOCIATION EXECUTIVES GROUP ALONG WITH THEIR SISTER COMPANY HARRIS MARKETING GROUP MERGES WITH TECHNICAL ENTERPRISES, INC.

Wisconsin, December, 2016 – Association Executives Group (AEG) and its sister company Harris Marketing Group are happy to announce their recent merger with Technical Enterprises, Inc. (TEI). With the merger, AEG and Harris Marketing Group have moved their headquarters from Wales, WI to Oak Creek, WI, in order to be more centrally located to the Milwaukee Metro area. The merger was in the works since the end of 2015, with the finalization and move occurring in early 2016. Both Association Executives Group and Technical Enterprises, Inc. are experts in the association management industry. The combination of these two companies will create the opportunity to expand reach into many different organizations and enhance the services provided to current clients.

Both Association Executives Group and Technical Enterprises, Inc. serve the nonprofit association and foundation community. Their commitment to growing and supporting these organizations is what initially brought the two companies together. Their complimentary expertise and shared vision for the future made this a perfect fit.

Both companies bring more than 30 years of experience in association management, membership growth, event planning, and marketing and design. The ability to utilize marketing services and provide those to association clients will be a unique offering that will propel AEG into the forefront of the association management industry.

"All of our current and future clients are sure to benefit from the merger of Technical Enterprises, Inc with Association Executives Group," said Mike McManus, Vice President of AEG Client Relations. "We have been able to blend the strengths of the individual companies into one stronger, more adaptable organization."

"AEG, combined with our sister company Harris Marketing Group, has been in business for more than 17 years and our top personnel bring more than 100 years combined experience in nonprofit organizational management and marketing," said Denise Harris, CEO of Harris Marketing Group and Association Executives Group. "We're dedicated to providing high-quality customer service and excellent value."

"Our boutique-style company provides effective teamwork and a shared client focus, which are essential in delivering professional quality work – on time and on budget," said Liz Kutz, CFO of Association Executives Group. "We do not believe in overpriced work or an over-staffed business hierarchy that burdens clients with unnecessary costs. Value and results are our utmost priority."

Founded in 1986, Association Executives Group (AEG), formerly Technical Enterprises, Inc. (TEI), is a full service Association Management Firm specializing in association and foundation management, conference and event planning, public relations and media services, publishing, and sponsorship sales. AEG also excels in producing print and digital magazines, newsletters, membership directories, association books, conference programs, and association brochures.

Surviving a Joint Commission Survey

Sue Christian, Cer.A.T.T. & Delbert Macanas, Cer.A.T.T.

One of the most powerful statements that will strike fear in the hearts of healthcare professionals from CEOs to ancillary staff is the phrase, "We are within our window for The Joint Commission Survey." Throughout our career we will endure numerous inspections but none more daunting than that of The Joint Commission (TJC); hopefully the information in this article will relieve some tension as well as assist you with preparing for your survey.

The Joint Commission was established in 1951 and is responsible for evaluating the performance of healthcare entities in the United States to ensure they are meeting the standards for administering safe, effective and quality healthcare (The Joint Commission). These standards were created to help identify and correct critical safety and quality issues. Healthcare facilities that acquire the "gold seal of approval from TJC" have demonstrated their commitment to providing safe, effective, quality care to their patients.

Healthcare entities are not mandated to acquire the accreditation; it is purely a voluntary process. However, if healthcare entities wish to participate in and receive payment from the Centers of Medicare or Medicaid Services (CMS), federal regulations require a certificate of compliance with the Conditions of Participation (American Nurses Association). The certification is based on a survey conducted by either a state agency on behalf of the CMS or a national accrediting organization such as TJC. The certification and survey must meet or exceed the CMS requirements. The surveys are unannounced and take place once in a 39-month period to ensure the healthcare facility is maintaining compliance with the established standards (The Joint Commission).

In 2002, TJC established National Patient Safety Goals as a means to address problems identified with patient safety. The National Patient Safety Goals are set based on common issues experienced in the healthcare setting and is updated at regular intervals. The 2017 National Patient Safety Goals include patient identification, improving staff communication, medication safety, alarm safety, infection prevention, identifying patient safety risks, and prevention of surgical errors (The Joint Commission).

The survey process incorporates the tracer methodology; an evaluation process in which a surveyor will randomly select a patient and follow them from admission to discharge. It is in this manner that the surveyors are able to assess and evaluate the healthcare entity's compliance with standards as well as their effectiveness in providing the required care.

Listed below are several categories that are currently the focus of TJC surveyors. It should be noted that this is not an inclusive list; we are only highlighting subject matter and key notes from individuals who recently completed a survey and specifically those items that pertain to anesthesia.

Infection Control

If the surveyors find an infection control problem or concern, they will immediately contact TJC Headquarters to discuss the finding. Infection control covers a wide range of topics/areas including but not limited to ***overall cleaning, hand hygiene*** and ***sterilization/high-level disinfection.***

Overall cleaning — pertains to the overall cleanliness of not only the operating rooms, but all areas within the surgical arena. Included in this category are equipment, supply storage and any surface in which dust may collect. Surveyors will also determine if employees are knowledgeable regarding the various cleaning solutions available and when they are used (standard pre-

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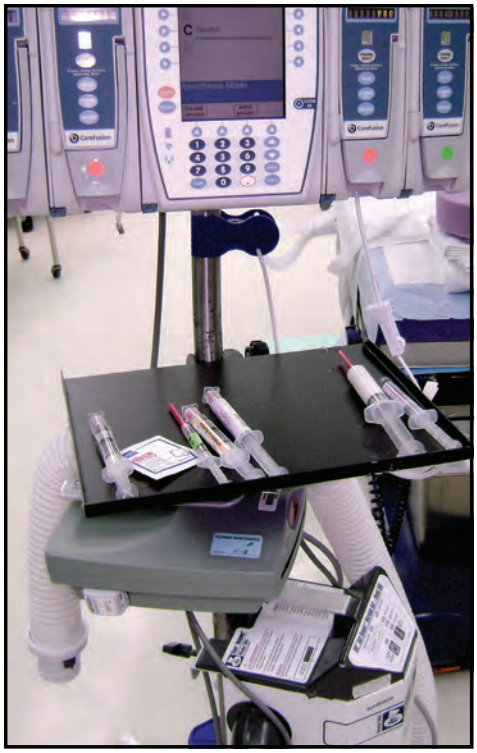
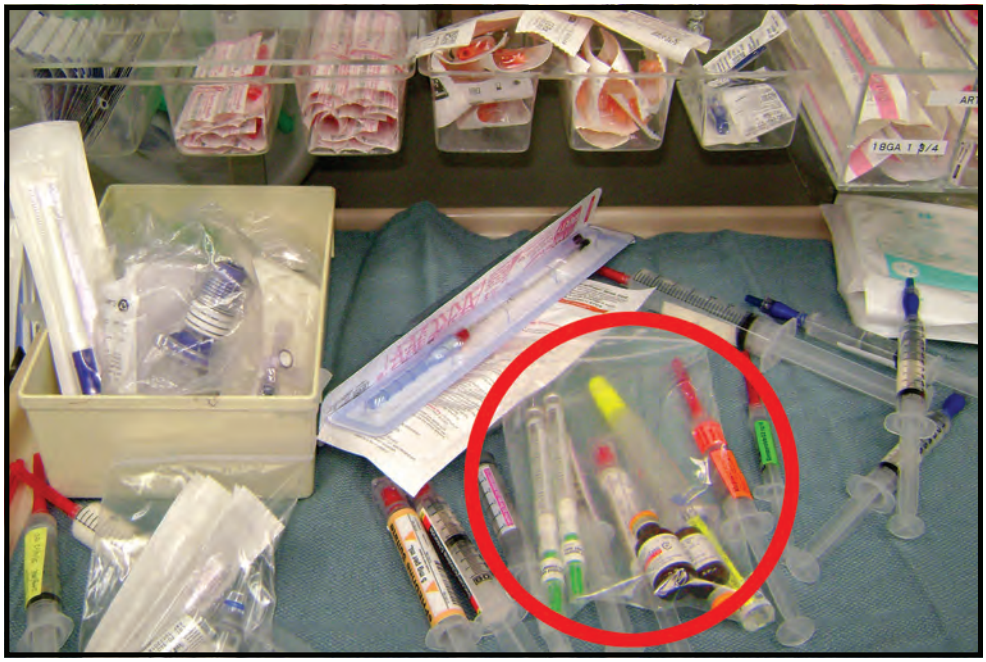
cautions versus isolation precautions). Questions surveyors asked recently:

- How is the anesthesia area cleaned between surgical procedures? Who is responsible for cleaning (anesthesia tech, orderly, etc.). Are IV poles, forced air warming units, anesthesia machines, supply carts, fluid warmers, etc. wiped down between cases?
- What type of cleaning solution is used, what is the "kill time"?
- Will your carts pass the "white glove test"? Surveyors checked for dust on both external and internal surfaces. External surfaces included the tops and backs of anesthesia machines, gas lines, power cords and cables and under any ancillary equipment that may be on the anesthesia machine shelf. Internal surfaces included supply bins in the anesthesia supply cart (make sure to remove all items in individual trays, clean thoroughly and let dry before replacing stock items).



All equipment must be wiped down with approved cleaning solution between every case.



What's wrong with this picture? Could it be that narcotics are left unsecured?

- Vents, sprinkler heads and other overhead equipment should be free of dust and debris.
- Dust all surfaces daily!

Hand hygiene — the single most important prevention for avoiding/decreasing hospital-acquired infections. Surveyors may observe or question staff:

- When should they wash their hands?
- How they should wash your hands (soap versus alcohol-based hand foam/gels)?

Sterilization/high-level disinfection — This area is not limited to just the sterile processing department or GI lab; it also includes anesthesia. All staff must be able to speak to the facilities established policies and processes and verify that each individual is actually practicing in the same manner (no deviation). Standards have been set in regards to the handling and storage of laryngoscope blades and handles, flexible fiberoptic scopes as well as TEE probes.

- Know the difference between sterilization, disinfection and high-level disinfection.
- How are the laryngoscopes blades and handles processed and stored?
- How are TEE probes stored?
- When are scopes and TEE probes reprocessed?
- How are dirty TEE probes identified and transported for reprocessing?

Medication safety

TJC is focusing on the proper labeling of medications prepared outside of pharmacy and not immediately administered to a patient. Also of interest is how multi-dose vials are handled (they should be labeled with date opened and an expiration date of 28 days from date opened unless the manufacturer or pharmacy states that the shelf life is shorter.

- Syringes – are they labeled appropriately? What do you do with medications that are drawn up but not labeled? (Discard in a sharps' box!
- Drug outdates – who is responsible? (Pharmacy or anesthesia)
- Fluids/pressure transducers – when are they spiked and when do they expire?
- How are medications secured (in a lock storage area unless they are under constant surveillance).

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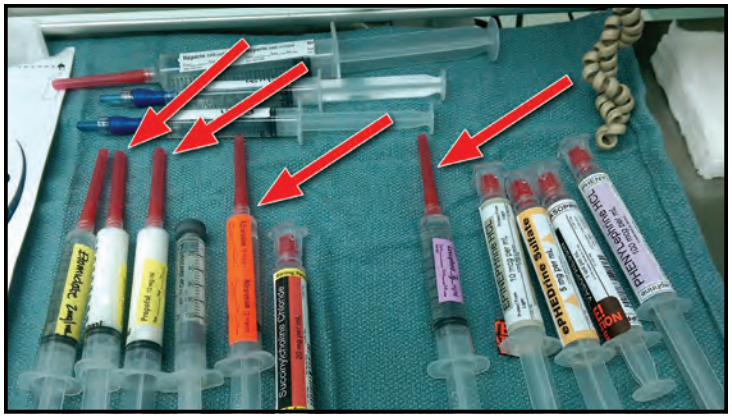
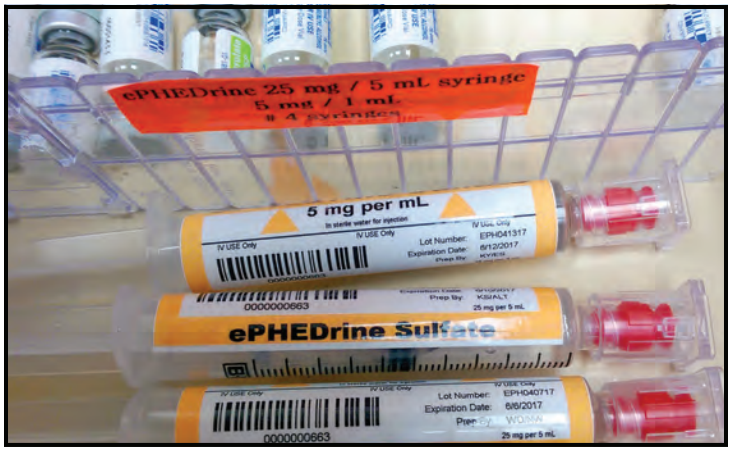


What's wrong with this picture? Medication safety requires that all drugs drawn up need to either be used at that moment or labeled correctly (drug, concentration, date, time).



Drugs drawn up under a sterile hood have a longer expiration date.

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- What medications has your facility identified as being considered High Alert?
- What example can be given as a look-alike, sound alike medication (EPINEPHrine/ePHEDrine)?
- Are single dose medications used multiple times? Single dose medications lack preservatives and using the vial more than once carries a risk for bacterial infection in addition to the risk of cross contamination.
- How does the facility manage waste pharmaceuticals?
- Medications stored in a refrigerator must have the temperature recorded daily.

Environment of Care includes those topics that relate to **Life Safety** for patients, their family members and visitors as well as hospital staff. Topics that fall under this category include what to do in the event of a fire; actions to take in the event of a hazardous spill (Safety Data Sheets formerly known as MSDS), or medical equipment failure.

- All hallways are free and clear of clutter. Emergency carts (crash carts, airway management) stored in hallways are considered to be in use at all times.
- Positive & negative pressure rooms — checked for proper air flow.
- Smoke compartment doors are not to be propped open and if so, must be on a e magnetic catch. How do you identify a fire rated door? Do doors shut completely or is there a gap?
- Fire extinguishers are easily accessible.
- How to identify equipment that is due for service/PM.
- Know when personal protective equipment must be worn (and worn correctly).

Anesthesia workroom/ supply storage

- Expiration dates – Surveyors will want to know who is responsible for checking, how frequently are outdates performed? How are "short" expiration dates identified?
- Cleanliness of supply storage area (racks, bins, floor)
- Are items stored on a top shelf and if so, do they have 18" of clearance from the ceiling?

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There must be clear access to the fire extinguisher.

Emergency cart with serial locks.

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- Are clean and sterile supplies stored separately?
- All supplies are at least 6" off the floor.

Medical gas safety includes all areas related to the safe storage and handling of medical gas cylinders. Surveyors will want to know when it would be important to shut off the medical gas pipeline to an operating room; individuals with the authority to shut off the pipeline supply and question staff as to the location of the shutoff valves.

Cylinder tank storage –

- Are the empty cylinders physically segregated from the full cylinders?
- Are the cylinders secured with an appropriate chain or are they stored securely in an approved holder?
- Are the storage racks labeled to clearly identify full cylinders from empty cylinders?
- Is the room clean?
- Does the number of cylinders stored match the room rating?

Human Resources – all jobs require a clinical or technical skill set. Sometimes those key elements are performed routinely; other times on a less frequent basis but are still critical to the role. Surveyors will randomly select employee files to check for the following:

- How is the competency for the specific role assessed for clinical or non-clinical staff?
- What skills are required to maintain that competency?
- When is the competency renewed?
- What type of training is required for new staff?

Miscellaneous topics

Documentation — Surveyors reviewed the anesthesiologist's pre-anesthesia notes to ensure they were completed prior to the start of the surgical procedure and specifically paid attention that an airway assessment was performed and documented.

Malignant Hyperthermia Cart- is one available? Does it have a refrigerator built in? Is the temperature logged? How are outdates performed and who is responsible?

Crash Cart – does it have a serial lock? Is there a log to document contents and expiration dates? Can staff verbalize how to check the defibrillator? Is the date and time correct? How often is the equipment checked? Is there a maintenance sticker available? Are defibrillator pads available?

The medical gas cylinders need to be secured with an appropriate chain or stored securely in an approved holder. The storage racks also need to labeled to clearly identify full cylinders from empty cylinders.

Fluid/blanket warmers – are they clearly labeled? Is there a temperature log present? Are the content correct? Do staff members know what to do if the temperature is out of range?

In summary, the key to a successful survey is to always practice according to the standards, that way you are prepared no matter what! ■

TAKE THE QUIZ PAGE 39

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What's the difference between a CE, CH & CEU? The abbreviation **"CE"** stands for **Continuing Education** while **"CH"** stands for **Contact Hour.** Both of these are used to designate Continuing Education that lasts 60 minutes. **"CEU"** stands for **Continuing Education Units** and each Unit is equal to 10 Contact Hours. To convert the unit to Contact Hours involves a little arithmetic. For instance, let's say you receive a Continuing Education certificate that awarded 2.5 **CEU**s. Since each Unit is equal to 10 Contact Hours, the equation would be 2.5 × 10 = 25 hours. If the certificate read .8 **CEU**s, then the equation would be .8 × 10 = 8 hours.

STUDENT CORNER

SCIENCE & TECHNOLOGY

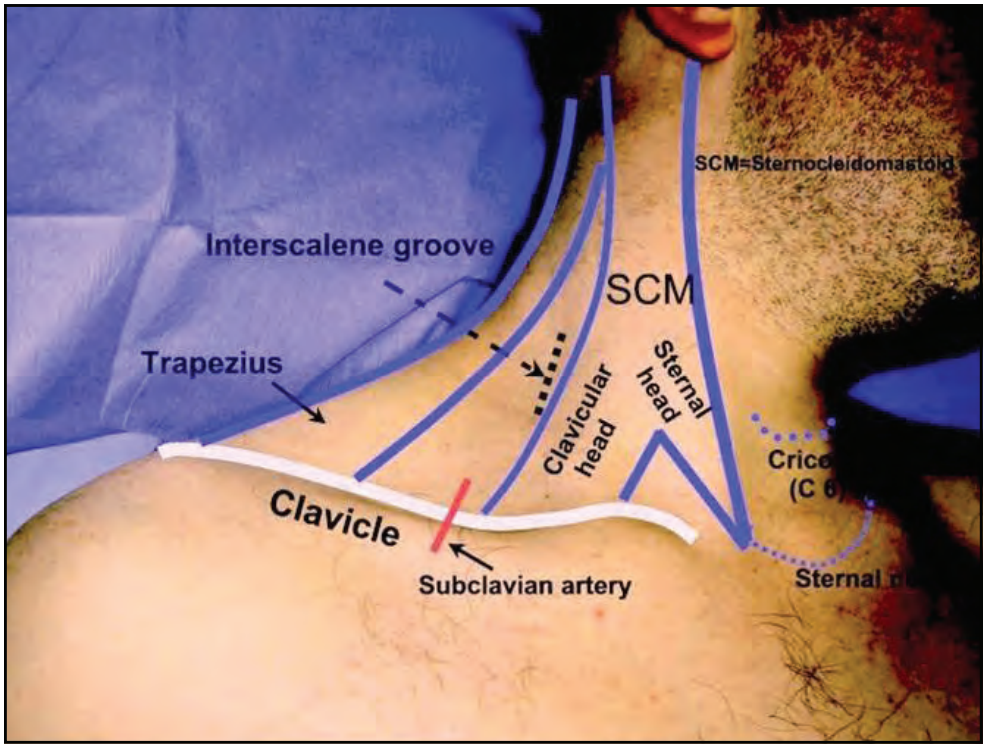
ASATT INVITES ALL STUDENTS currently enrolled in an approved Anesthesia Technology program to submit a **Science & Technology** *article or their capstone project in Word document form for publishing consideration as the Student Corner S&T featured article. This issue's featured article has been submitted by Francisco Nunez, S.A.T.T. Francisco is currently enrolled in the Pasadena City College/Kaiser Permanente Anesthesia Technology Program.*

ORTHOPEDICS: CASE STUDY

Francisco Nunez, S.A.T.T.

ORTHOPEDICS CAN BE best described as the branch of medicine involved with the correction or prevention of deformities, disorders, or injuries of the skeleton and associated structures. Over the years, progress has been made in the development of technology and improved surgical techniques, especially with arthroscopy for the hip, knee, shoulders and spine. Anesthesia for Orthopedics has emerged into a detailed set of choices to determine the best possible approach for the safety of the patient. Providers must consider various factors which include, height, weight, physiology, anatomy, comorbidities, positioning, to name a few (Nagelhout, J., 2014).

My case study revolves around a patient that is a 26 year old male, semi-professional basketball player, whom is having right arthroscopic shoulder surgery to repair a rotator cuff tear. The patient weighs two hundred and twenty-five pounds and is seventy-nine inches tall. He is an ASA II with a history of asthma, which is well controlled. The Anesthetic provider and patient have opted to go with General Anesthesia and an interscalene block.



The anatomy involved when performing an interscalene block.

As an Anesthesia Technologist, my initial concerns from the information I have been given would be the immediate health of the patient. The patient's BMI indicates that he is in good overall health and the fact that he is a young athlete, gives you great insight on his physiology. He is known to be an ASA II, with controlled asthma. My concern is to assure that Albuterol and the appropriate attachment for a metered dose inhaler (MDI) would be readily available for the patient in case any issues arise from his asthma. The patient is tall at about seventy-nine inches; I would make a note to have an 8.0 endotracheal tube set-up (including stylet) with larger blades and a handle fully charged with a good light source. The patient is having an interscalene block to go along with general anesthesia, so I will make sure to have the

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block cart ready, along with the ultrasound machine in the pre-op holding area. Shoulder surgery can be done in either Fowler's position ("beach chair") or lateral position, depending on the surgeon and their preference. I would inquire about the position in advance because Fowler's position and lateral position each provide different considerations to be made in regards to pressure points, surgical visibility, and the patient's safety and security; therefore, having the appropriate padding and/or cushion, restraints and support is crucial.

Being an anesthesia technologist requires an understanding of the overall surgical procedure. Knowledge of this surgery can give me helpful insights on what to expect in regards to the patient and anesthesia provider's needs. Shoulder arthroscopy to repair a torn rotator is a minimally invasive procedure that can last a few hours. A torn rotator cuff injury can be painful and have debilitating effects. Shoulder arthroscopy is surgery that uses a tiny camera called an arthroscope to examine or repair the tissues inside or around the shoulder joint. The arthroscope is inserted through a small incision in the skin. Using the scope, an experienced surgeon who is facile with arthroscopic techniques can evaluate the entire shoulder joint and can usually fix the tear through very small incisions using specially-designed instruments and devices. The goals of repair are to restore normal and painless motion and full strength to the affected shoulder:

The rotator cuff tear is identified and loose, degenerated, and frayed tissue around the cuff edge must be removed back to healthy tissue. This process is called *debridement*.

The edge of the cuff tear must be brought back to its normal position without undue tension. This process is accomplished using techniques called *mobilization* or in larger tears, a technique called *margin convergence*.

The tear must be fixed into place using specially-designed *suture anchors* that allow the surgeon to approximate the cuff tear securely to the bone (American Academy of Orthopedic surgeons, 2011).

The results are most predictable in the hands of a highly-specialized surgical team that is familiar with the various techniques and instruments and who perform this surgery often. Such a team will maximize the benefits of the surgery and minimize the risks. This short procedure can allow the patient to be discharged to home with a minimum of discomfort. In addition, the scope allows the surgeon to take pictures and video to show to the patient what problem(s) existed and how the problem was addressed (University of Washington Medicine, 2002).

After rotator cuff surgery, a small percentage of patients experience complications. Complications from arthroscopic procedures represent a small percentage of the total number of procedures performed. Complications that may occur include subcutaneous emphysema, pneumomediastinum, and potentially life-threatening tension pneumothorax. The full range of potential anesthetic complications associated with patient positioning apply; inadvertent extubation, eye or corneal injury, and nerve injury may occur due to improper positioning. To provide optimal visualization of joint structures during arthroscopic procedures, the irrigating fluid used to distend the operative joint is instilled under pressure, which can lead to possible issues with soft tissue and absorption.

In addition to the risks of surgery in general, such as blood loss or problems related to anesthesia, complications of rotator cuff surgery may include:

Nerve injury: This typically involves the nerve that activates your shoulder muscle (deltoid).

Infection: Patients are given antibiotics during the procedure to lessen the risk for infection. If an infection develops, an additional surgery or prolonged antibiotic treatment may be needed.

`Deltoid detachment: During an open repair, this shoulder muscle is detached to provide better access to the rotator cuff. It is stitched back into place at the end of the procedure. It is very important to protect this area after surgery and during rehabilitation to allow it to heal.

Stiffness: Early rehabilitation lessens the likelihood of permanent stiffness or loss of motion. Most of the time, stiffness will improve with more aggressive therapy and exercise.

Tendon re-tear: There is a chance for re-tear following all types of repairs. The larger the tear, the higher the risk of re-tear. Patients who re-tear their tendons usually do not have greater pain or decreased shoulder function. Repeat surgery is needed only if there is severe pain or loss of function (American Academy of Orthopedic surgeons, 2011).

This patient is healthy overall, but is an ASA II. A patient with this classification has some form of mild systemic disease. These diseases are only considered if the patient is without substantive functional limitations. Examples include (but not limited to); current smoker, social alcohol drinker, pregnancy, obesity (30 > < 40 BMI), well-controlled diabetes mellitus, hypertension, and mild lung disease (American Society of Anesthesiologists, 2014).

The specific condition my patient suffers from is asthma, which is well controlled. Asthma affects 5% to 7% of the population. The main symptom is airway (bronchiolar) inflammation and hyper reactivity in response to a variety of stimuli. Vagal afferents in the bronchi are sensitive to histamine and multiple noxious stimuli, including cold air, inhaled irritants and instrumentation. It can lead to vagal activation that results in bronchoconstriction, mucosal edema, and secretions, leading to an increase resistance to gas flow at all levels of the lower airways. Drugs used to treat

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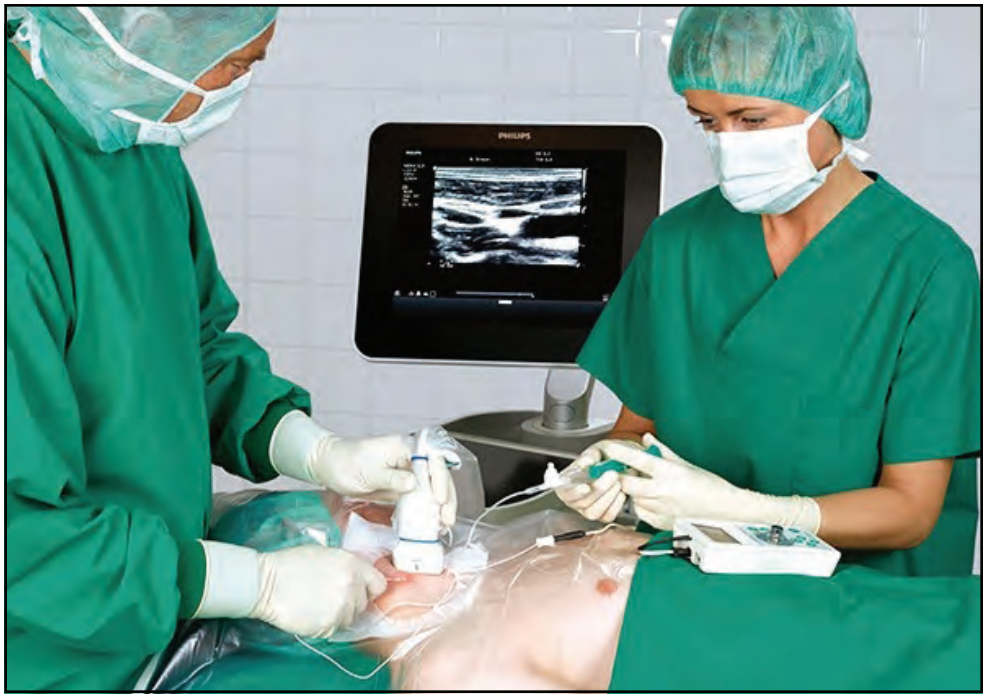
asthma include B-adrenergic agonists, methylxantines, glucocorticoids (used for both acute treatment and maintenance therapy of patients with asthma because of their anti-inflammatory and membrane-stabilizing effects which usually require several hours to become effective), anti-cholinergic (produce bronchodilation through anti-muscarinic action and may block bronchoconstriction), leukotriene blockers, and mast cell-stabilizing agents. Symptomatic agents (Albuterol) are most commonly used for acute exacerbations. They produce bronchodilation via B_2 activity (Morgan & Mikhail, 2013).

The most critical time for asthmatic patients undergoing anesthesia is during instrumentation/intubation. General anesthesia neither eliminates or exacerbates the possibility of bronchospasm. Pain, emotional stress, or stimulation during light general anesthesia can precipitate bronchospasm. Drugs often associated w/ histamine releases (Atracurium, Morphine, Meperidine and Succinylcholine) should be avoided or given slowly when used. The induction agent is not as important, if adequate depth of anesthesia is achieved before intubation or surgical instrumentation. Propofol and Etomidate are suitable induction agents; Propofol may also produce bronchodilation. Desflurane is the most pungent of the volatile agents and may result in cough, laryngospasm, bronchospasm. Reflex bronchospasm can be blunted before intubation by additional dose of the induction agent, ventilating the patient with a 2-3 minimum alveolar concentration (MAC) of a volatile agent for 5 min, or administering intravenous or intratracheal Lidocaine. Volatile agents are most often used for maintenance of anesthesia to take advantage of their bronchodilation properties (Morgan & Mikhail, 2013). If a mild or moderate bronchospasm occurs; increase inhalational anesthetic, increase anesthetic depth (Propofol, narcotics), administer Albuterol via nebulizer/metered dose inhaler (Elisha, Gabot & Heiner, 2013).



Peripheral nerve block is being performed with combined ultrasound and nerve stimulator. Note the assistant is available to slowly inject the local anesthetic as well as being able to adjust the amperage on the nerve stimulator or adjusting the depth or gain on the ultrasound unit.

Although my patient's asthma is controlled, my role as an anesthesia technologist is to expect the worst and hope for the best. I make sure Albuterol and any necessary adjuncts are present on either the anesthesia cart or gas machine. I will also discuss my concerns with my anesthetic provider and maybe suggest the use of the Albuterol inhaler in the pre-operative holding area, just prior to coming to the OR. Being present during intubation and extubation is mandatory because a bronchospasm may occur and I may be needed to assist with securing the patient airway, masking (providing 100% fiO2), ventilating manually, or assisting with the set up of the inhaler/nebulizer attachment.

In this case scenario, the provider and patient have opted to go for an interscalene block prior to going under general anesthesia for his surgery. Neuraxial and other regional anesthetic techniques play an important role; providing postoperative analgesia and allowing the patient to be up and walking around, facilitating early rehabilitation, hospital discharge and minimizing the occurrence of perioperative thromboembolic complications (blood clots blocking blood vessels). The interscalene brachial plexus block using ultra-sound and/or electrical stimulation is perfectly suited for shoulder procedures. Even when general anesthesia will be used, an interscalene block can supplement anesthesia and provide effective postoperative analgesia (Morgan & Mikhail, 2013).

The contraindications for this block are: uncooperative patient, combative, demented patient, pediatric patient (GA), blood coagulation disorder, pre-existing neuropathy or nerve injury. This procedure requires an experienced anesthesia provider. It requires education for technologist and the nursing staff as well as for the patient. The nerve block also requires resources that include expensive equipment, block area, extra time and well trained ancillary support.

The majority of peripheral nerve blocks are smooth and uneventful, with a reported complication rate of 0-5%. One of the major complications is Local Anesthetic Systemic Toxic-

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ity (LAST). The cause is intravascular injection or rapid vascular absorption. If this occurs, the patient may have an altered mental status, seizure which Dr. Baldwin says is "rare but troublesome" (personal communication, March 17, 2017), respiratory depression, hypotension, cardiac arrhythmia. Delayed neurologic complications consist of tingling and numbness, persistent painful paresthesia, sensory loss or motor weakness, infection, hematoma, block-specific complications like pneumothorax or phrenic nerve palsy.

My role as an anesthesia technologist comes with many tasks before, during and after the nerve block. It's important that I provide the necessary monitors and equipment needed for this procedure. The standard monitors for the block, which consists of a pulse oximeter, ECG, blood pressure cuff. Also ensuring there is a well functioning IV line, in most cases the pre-op nurse has already provided that. The block cart set-up with needles, catheters, syringes, supplies for sterile skin preparation, drapes and ancillary equipment which includes: Local anesthetics, nerve stimulator, basic intubation equipment, emergency drugs including; Atropine, vasopressors, midazolam, Propofol, muscle relaxants and intralipids (in case of LAST). Additionally, an ultra sound machine that is well functioning. All this equipment and cart is something I must have at the designated area, ready for the anesthesia provider.

Assisting during a block is also imperative. Starting off with the pre-procedural time out; which includes stating the patient name, identification number, date of birth and the type of block being performed. My tasks include monitoring the vitals, giving supplemental oxygen, appropriate sedation/medication administered by the provider, apply nerve stimulator grounding pad, assure the extremity to be blocked is totally exposed, preparation of the site for the block, adjusting the amperage on the nerve stimulator, assisting with the ultra sound device, which includes adjusting the view, depth, and gain. I must also provide assistance to the patient, in this case scenario, ensuring that the patient is positioned appropriately for the interscalene block; having their head facing the opposite direction, arm placement and visibility of the insertion site and stimulating site are essential. Also communicating with the patient, asking what they feel (sensation of electricity indicates the block is at the appropriate mark), hear (ringing of the ears indicates the injection has gone intravascular) or taste (metallic taste also indicates the injection has intravascular) is vital during this procedure. Once the acceptable stimulation has been achieved, I will assist with injecting the syringe every 5cc's (stopping the injection if there is any resistance) and aspirating the syringe, ensuring that there is no blood. Once all this has been completed; assist with dressing the insertion site, and cleaning up the designated area as well as keeping a close eye on the patient for any problematic symptoms after the block.

After the block has been achieved it takes about 15 minutes for the patient to be transported from pre-op to the operating room. Once in the operating room, I assist with the placement of non-invasive monitors and have the intubation equipment readily available. Prior to intubation, during the timeout, I would make sure patient identification is visible as well as the marking of the shoulder being repaired. Knowing that although the patient has controlled asthma, the intubation can trigger a bronchospasm, so being there to assist with that possible complication is important. Once the timeout has been completed, I would assist with pre-oxygenation of the patient and I would also distract them by having a simple conversation prior to the drugs being administered and intubation. During the intubation process, I would hand over the endotracheal tube to the provider once they have achieved the proper view. After handing them the endotracheal tube, I would retract the lip, remove the stylet once they have positioned the tube and either inflate the cuff or connect the breathing circuit, depending on the routine I have with my provider.

Critical factors in the selection and presentation of the available anesthesia techniques appropriate for arthroscopic procedures is the patient positioning necessary to facilitate the surgery and the overall state of health of the patient. In this instance, the patient will be having shoulder arthroscopy, which uses one of two positions, either lateral decubitus or modified Fowler's

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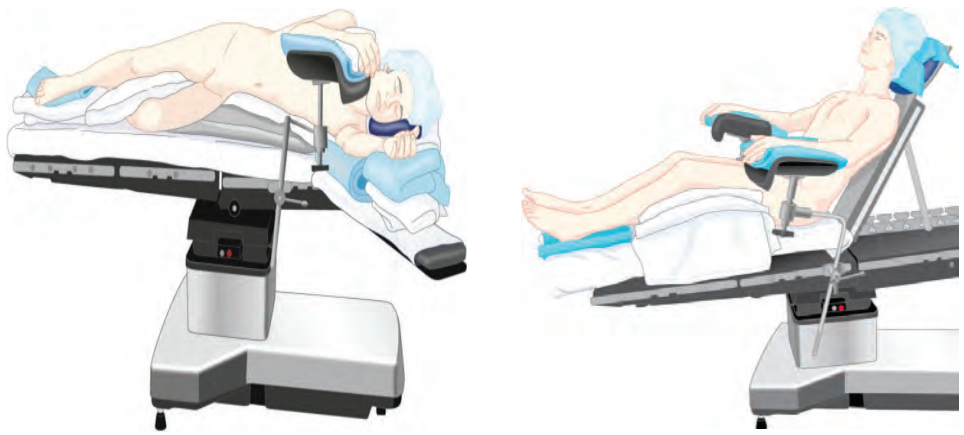

Lateral Decubitus (left) — When establishing the position, note flexion of lower leg, padding between legs, and proper support of both arms. Fowlers position (right) — Sitting position adapted for shoulder surgery (also referred to as the "beach chair position"). Arms must be supported to prevent stretching of the brachial plexus.

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position ("beach chair"). The choice is determined in part by the nature and extent of the issue being addressed. For some shoulder arthroscopy procedures, supplemental traction with weights and abduction may be necessary to provide optimum operative visualization; for others, the modified Fowler's position may be used with the force of gravity or manual traction providing sufficient operative visibility. Reviewing the patients chart and more importantly, personally interviewing the patient, along with understanding the physiologic changes associated with various positions, assist in choosing the best care for each patients. Positioning may affect lung expansion; circulation, which can be improved or made worse, nerve, muscle and soft tissue injuries. Positioning may also cause undesirable physiological changes; anesthesia may dull normal protective mechanisms. This has become more complex due to minimally invasive procedures such as the one this patient will be undergoing.

The Fowler's position (beach chair) has possible major complications that an anesthesia provider must be cautious about. Pulmonary function will more closely resemble "normal" function as a result of being in the modified Fowler's position, however the potential for venous air embolism is somewhat increased in this position. The sitting position may result in detrimental cerebral damage to patients experiencing hypotension. According to both CRNA's Jill Bowen and Moj Didehavarsadr, "the pressure in the head and the arm may be different and unfortunately, there can be insufficient blood flow to the brain causing long term damage in the brain" (personal communication, March 16, 2017).

Hypotensive bradycardic episodes (HBE's) are a relatively common adverse effect of shoulder arthroscopy and may lead to potentially devastating complications. HBE's have been defined as a decrease in heart rate less than 50 beats/min and/or decrease in systolic blood pressure of more than 30mmHg within a 5-minute interval or any systolic pressure below 90mmHg. These transient but profound hypotensive and/or bradycardic events have been reported in patients undergoing shoulder surgery in a semi-upright position under an isolated interscalene block anesthetic with reported incidence

MORE

Position Related Complications During Shoulder Arthroscopy	
Beach Chair	***Lateral Decubitus***
Hypotensive Bradycardic events w/ interscalene block	Temporary Paresthesia (10%)
Cervical Neurapraxia (rare)	Permanent Neurapraxia (2.5%)
Air Embolism/pneumothorax	Risk of musculotendinous nerve injury (5 o'clock portal) (rare)
Cerebral Hypoperfusion Event	Fluid-related obstructive airway

Prevention of Position Related Complications During Shoulder Arthroscopy	
Beach Chair	***Lateral Decubitus***
Reference Systolic Pressures at level of brain	Use of Safe Shoulder positions when arm is placed in traction
	45 degrees of forward flexion with 90 degrees of abduction
	45 degrees of forward flexion with 0 degrees of abduction
Attentive Care to intraoperative head positioning	Placement of anterior inferior portal out of traction
Consider use of HBE prophylactic measures when using interscalene block	Consider use of general anesthesia for longer cases

(Nagelhout, J. (2014)

Potential Position Related injuries	
SYSTEM	Potential Injury
Head, eyes, ears, nose, and throat	Blindness, corneal abrasion, facial edema, outer ear damage. vocal cord edema and airway edema
Cardiovascular	Vascular occlusion, deep vein thrombosis, and ischemic injuries
Respiratory	Atelectasis - caused by pressure on the outside of the lung. .Endobronchial intubation tube dislodgement and aspiration
Neurologic	Peripheral neuropathy, quadriplegia, decreased cerebral blood flow and increased intracranial pressure
Genitourinary	Myoglobinuria, acute renal failure and damage to genitalia
Muscoskeletal	Amputation, backache, compartment syndrome - fascia don't expand, compartment swelling leads to pressure in the area, which presses on muscles, blood vessels, and nerves. If pressure is high enough, blood flow to the compartment will be blocked, which may cause permanent injury to the muscle and nerves if pressure lasts long enough
Skin	Abrasion, alopecia and decubiti

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approaching 30%.

My role as anesthesia technologist is to assist the OR staff in placing the patient in the most optimal position for the surgeon. If the surgeon decides to go with the Fowler's position; it is important to have the appropriate arm rests to position the arms in such a way that the brachial plexus does not get stretched. Support for the head and neck is important as well, to prevent cervical injury. Padding and pillows are placed underneath the legs, gel pads should be used under the heels to avoid pressure points, and proper restraints will prevent the patient from sliding down.

The surgeon in this case scenario has opted to go with the lateral decubitus position. It is important that I am aware of the possible injuries and pressure points that are vital for the care of the patient. Knowledge of the equipment to help assist with the positioning is important. For this position, the support devices I need are axillary rolls to be placed mid thorax below the nipple line; the roll can be a bag of IV fluid placed well away from the axilla to prevent compression of the axillary artery and brachial plexus, pillows to go in between the legs; the lower leg placed with flexion and the top leg should be straight but there are some surgeons that prefer both straight, arm positioners that provide proper support for both arms and cushion. Also, additional padding under the headrest to ensure alignment of the head with the spine. Headrests should be kept away from the dependent eye and arm level with the shoulder. The main pressure points to be concerned about is the ear, acromion process, elbow, ribs, iliac crest, and greater trochanter, also eye protection for the patient is important. Once the positioning is stabilized and the airway is reaffirmed, I can proceed onto the next OR.

This procedure usually has little to no complications because it is minimally invasive and the patient is young and healthy and his asthma is controlled. The procedure itself takes about 1 to 2 hours and the incisions are minimal, using irrigants and the camera to help with the visualizations. Intra-operatively I will occasionally pass by the OR to get a sign that everything is ok or if any assistance will be needed.

Once the surgery is over, another critical junction in the perioperative care of this patient is the emergence and extubation. The importance of being present during emergence and extubation is because the patient may wake up violently and end up hurting himself. This tends to be the case with young males, so I certainly do not want them hurting themselves, especially when they have just had surgery. The extubation is a concern because although he is asthmatic and precautions were taken, the removal of the endotracheal tube can irritate the airway and cause a bronchospasm. Finally once everything has been cleared in regards to emergence and extubation, carefully moving the patient over to the gurney is important. Making sure they are placed in a safe position is vital. If possible, checking up on them in PACU to make sure there are no complications from the surgery, anesthesia and the asthma. I could also suggest and retrieve an ice pack to help alleviate some of the pain the patient may have after surgery.

For an anesthesia technologist, this case provided me various tasks and concerns. It requires my full attention throughout the whole case. It is vital that I know about the patient, the procedure, the anesthetic choices, equipment, positioning, drugs, and potential complications. Communication with my provider and other OR staff is important to make this perioperative experience as smooth as possible. ■

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TAKE THE QUIZ PAGE 40

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2017 ASATT BOARD OF DIRECTORS NOMINATION FOR ELECTION FORM

Please nominate a Director from your Region only:

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____________________

To be valid, nomination forms must be received by June 9, 2017. You must have the approval of the person you are nominating prior to submitting that person's name to the Nomination Committee.

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

IT'S ELECTION TIME!

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. 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**.

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 — customercare@asatt.org.

PROVISIONAL RECERTIFICATION

If you failed to submit your recertification application on time or if your application for recertification was not accepted, the only course of action available to you is to apply for provisional recertification. To apply for provisional recertification, you will need to contact ASATT HQ and request the application form. Follow the instructions and make sure that all required documentation is submitted with the application. Once received, your application will be reviewed to determine if you qualify for provisional certification. Do not begin to earn CEs until you receive approval from ASATT. Above all, make sure you understand the instructions. If you have questions, please contact the Chair of the Certification/Recertification Committee.

REQUIREMENTS

Before provisional recertification can be granted, the anesthesia technologist/ technician must submit a completed application for **Provisional Recertification** along with a Remediation for Expired Certification Application including all applicable fees. In addition to current recertification fees for the appropriate certification level (**www.ASATT.org**), there will be a Provision fee of $200 required. The requirements are as follows:

1. 30 CE credits will be required at the technician level in order to regain Certified Anesthesia Technician status.

   The applicant must follow the same requirements listed for the technician on the ASATT website, at the Certification tab under Recertification.

2. 40 CE credits will be required at the technologist level in order to regain Certified Anesthesia Technologist status.

   The applicant must follow the same requirements listed for the technologist on the ASATT website, at the Certification tab under Recertification.

Accrual of required CEs begins after ASATT approval of the application for Provisional Recertification. Previously earned CEs will not be accepted for remediation purposes.

All applications, documentation and fees must be completed and **approved** within the 12-month deadline (effective December 31st through December 31st, one year following) without exception or the individual must complete the Refresher Program to take the Technologist NCE regardless of current certification level.

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 2017

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_____

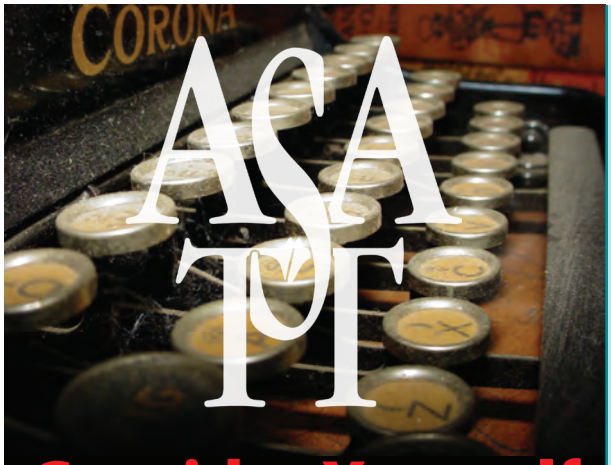
Address _____

City_____ State_____ ZIP Code _____

Nomination forms must be received at ASATT Headquarters no later than Saturday, July 1, 2017.

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

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



Consider Yourself a WRITER?

How about submitting a SCIENCE & TECHNOLOGY ARTICLE?!

Interested in being published? Wish to enhance your professional portfolio? Want to help your fellow Cer.A.T.T. and Cer.A.T. colleagues with Continuing Education credits?

How would you like to possibly WIN an AWARD (and $1,500 cash!) while you do this?

SCIENCE & TECHNOLOGY

DID YOU KNOW?

ASATT has a Science and Technology Award which is awarded to a selected individual annually. Individuals who are considered must submit a technical article to the editor of **THE SENSOR** and/or to ASATT HQ. The article must first be selected for publication in **THE SENSOR.** The author of the technical article must be either an anesthesia technicians or technologists.

The articles considered for the award will be selected from the winter through fall issues of the quarterly published **SENSOR** during that fiscal year. (e.g., Winter 2017 to Fall 2017.)

All published articles will be judged by a panel of medical professionals in anesthesiology and evaluated on the subject matter, relevancy and its written presentation.

All submitted articles must be composed of 2,500 to 3,000 words, be formatted following American Psychological Association (APA) guidelines and have properly annotated bibliographical references. A detailed guide is available at:

http://owl.english.purdue.edu/owl/resource/560/01/

All Science and Technology articles submitted for publication will be scanned with plagiarism detection software by ASATT.

PLEASE DO NOT PLAGIARIZE!

If plagiarism is suspected, **THE SENSOR** editor will notify the Board of Directors prior to submitting the information to the ASATT Code of Conduct and Ethics Committee for further investigation.

The technical articles must include a 10-question quiz; answers should either be multiple-choice or true/false. The questions are used for Continuing Education, and should be written by the author of the article.

If you are the recipient of the Science and Technology Award, you will be notified first by mail, and then your name will be announced at the ASATT Annual Educational Conference. If the awardee is in attendance at the conference, a plaque/award and a check in the amount of $1,500 shall be presented. If the awardee is NOT in attendance, the plaque/award and check will be mailed to the winner at the address on record with ASATT HQ.

So ... what are you waiting for??

Call or email ASATT HQ if you have an article to submit.

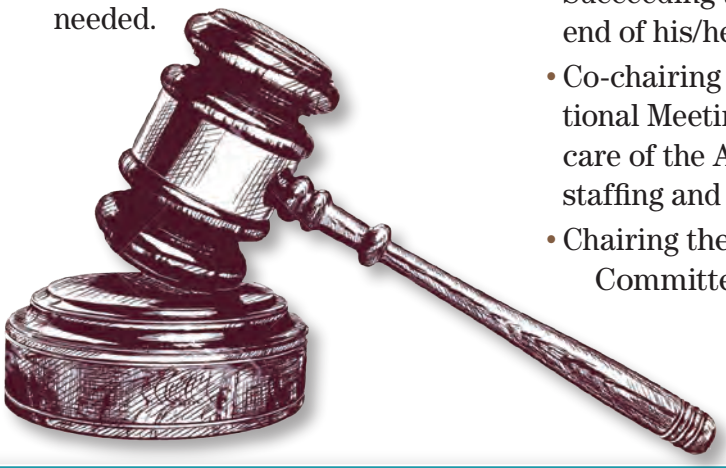
Note: Please do not call or email ASATT HQ to ask for help in writing the article. However, you can ask what deadlines exist for article submission. You may submit your article multiple times if it is not selected for publication upon first submission.

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, Tony Castillo.
    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 26th 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 9th 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 9th of June.***

Regardless of which process is used, completed nomination forms must be received by the ASATT Headquarters by the 9th 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 1st of July and 1st 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.)

Tony Castillo, Cer.A.T.T.
Immediate Past President
Nomination Committee Chair

LogoWear Order Form

7044 South 13th Street, Oak Creek, WI 53154-1429
414/908-4942 Fax: 414/768-8001 www.asatt.org asattinfo@asatt.org

ALL WEARABLES ARE MACHINE-WASHABLE

Ladies Heavyweight Tank Top — Caribbean blue with ASATT logo

____Small ____Medium ____Large ____XL ____XXL ..... $5 $_____

Men's Tank Top — sapphire with ASATT logo

____Small ____Medium ____Large ____XL ____XXL ..... $5 $_____

Short-Sleeve T-Shirt — khaki with ASATT logo

____Small ____Medium SOLD OUT Large SOLD OUT XL SOLD OUT XXL ..... $5 $_____

Bumper Sticker, each ..... 25¢ $_____
SPECIAL: Five (5) Bumper Stickers ..... $1 $_____
Cer.A.T. Embroidered Patch ..... $5 $_____
Cer.A.T. Pin ..... $8 $_____
Cer.A.T.T. Pin ..... $8 $_____
Subtotal ..... $_____
U.S. Shipping *(up to $25: **$5** $26 to 40: **$8** $41 to 60: **$10** $61 or more: **$15**)* ..... $_____
International Shipping *(pay exact amount)* ..... $_____

TOTAL AMOUNT DUE $_____

REV May 2017

PLEASE PRINT CLEARLY

Name_____ Email _____

Address _____

City_____ State_____ ZIP Code _____

Work Phone_____ Home Phone _____

CREDIT CARD: ☐ VISA ☐ MasterCard

Card No._____

Exp. Date_____ CCV_____

Signature_____

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

CERTIFICATION

There are two certifications that ASATT recognizes: the Certified Anesthesia Technician and Certified Anesthesia Technologist:

- The **Technician** certification is still valid for those who successfully complete the recertification renewal requirements. *The Certified Anesthesia Technician exam was officially retired on July 15, 2015.*
- The **Technologist** certification is earned by completing an ASATT accredited/approved program and successful completion of The National Certification Exam. Certified Anesthesia Technicians in good standing have the opportunity to complete the National Certification Exam by following the **Advancement Program** requirements — refer to the ASATT Refresher/Advancement/Provisional Recertification Program Standards available at **https://www.asatt.org/files/Certification/ASATTRefresherProgram_ProvRecertIIIfinal.pdf**.

Continuing Education

Continuing education is essential to enable Anesthesia Technologists and Technicians to ensure personal and professional development in the rapidly changing field of anesthesia technology. Therefore, to retain the Certified Anesthesia Technician or Technologist designation, Anesthesia Technicians and Technologists must document continuing education pertinent to the field of anesthesia technology.

CE Credit Requirements

After an individual has become certified or successfully completed the renewal process, they must begin to earn continuing education credits according to their two-year certification period. For newly certified individuals, they must wait for their designated two-year certification period to begin. Example: if you received your Technologist certification July 18, 2016, your certification expires December 31, 2018. The two-year designated certification period would officially begin January 1, 2017 and end December 31, 2018 (CEs must be earned during that specific timeframe).

- Certified Anesthesia Technician, Cer.A.T. – Individuals holding the Cer.A.T. certification must earn 20 CEs during their two-year certification period.
- Certified Anesthesia Technologist, Cer.A.T.T. – Individuals holding the Cer.A.T.T. certification must earn 30 CEs during their two-year certification period.

Recommended Programs and Credits

It is the responsibility of the individual to ensure appropriate courses are taken and complete records are maintained.

Credit Calculation: One continuing education/contact hour (CE/CH) may be requested for each 50- to 60-minute lecture attended. Hours will not be given for introductory remarks, breaks, business meetings, meals, or non-anesthesia-related topics that do not fall under Category II.

The content of the lectures must be relevant to the Anesthesia Content Outline listed below. During each two-year recertification period, you may submit only five CE/CH from Category II that do not relate to the Anesthesia Technician Content Outline.

Category I:	Category II:
Operating Room tasks	Stress Management
Infection Control Techniques	Interpersonal Disciplines
Basic Anatomy and Physiology	Computer Programming
Types of Anesthesia	Data Record Keeping
Airway Management Equipment	Materials Management
Anesthesia Gas Machine and Gas Delivery	Marketing
Monitors and Ancillary Devices	Quality Assurance Training
Pharmacy	
Intravenous Therapy	

Other Educational Programs

Activity relevant to the profession of Anesthesia Technology CE/CHs may be earned by active participation in the field of anesthesia technology such as presenting lectures or serving the national organization as an official member of any committee or board. CE/CHs are awarded as follows:

Activity

- Presenting a 50- to 60-minute lecture on a topic relevant to the Anesthesia Technician Content. **Outline:** 1 for each different topic presented (proof must be submitted with renewal application).
- Preparing a 50- to 60-minute lecture on a topic relevant to the Anesthesia Technician Content. **Outline:** 2 for each different topic presented (proof must be submitted with renewal application).

MORE

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- Serving on a official ASATT committee or board: 1 for each separate official ASATT committee or board served with a maximum of 3 each year (must actively participate and will be confirmed with the Chair of the respective ASATT committee).

Carry Forward of Excess CEs

CEs earned over the required amounts needed for Technician and Technologist recertification may not be carried over to the next certification period.

Continuing Education CEs accepted by ASATT

- Attendance at an ASATT National meeting
- Attendance at an ASATT Regional meeting
- ASATT Sensor Quizzes. (Only quizzes from your certification period can be used)
- Active participation on an ASATT Board or committee (confirmed with Chair of Committee)
- Preparing and or presenting a lecture relevant to Anesthesia Technology (proof required)
- CEs from www.anesthesiatechpearls.com website
- BLS – copy front and back (2 CEs), documentation that the course was 4 hours in length (4 CEs);
- ACLS – New (maximum of 8 CEs), Renewal (maximum of 4 CEs); PALS – New (maximum of 8 CEs), Renewal (maximum of 4 CEs).

Other Programs and Credits

Refer to the State and Local Meetings link from the dropdown menu of the Events tab on the ASATT website. These programs have been reviewed by the ASATT Continuing Education Committee for relevancy to the field of anesthesia technology. The number of ASATT approved CEs will be listed with each program. These programs (not ASATT) are responsible for providing the anesthesia technician/technologist with the required continuing education documentation needed for recertification. Documentation is to be submitted at time of renewal.

CE Approval

It is the responsibility of the individual to determine if a seminar or meeting meets the requirements for ASATT approval. If the CE comes from an unapproved organization, the individual risks not receiving approval or full credit. The individual is responsible to maintain evidence that the CE(s) meet the ASATT requirements.

Individuals may request approval for CEs not already approved by ASATT, by completing and submitting the **Pre-Approval Continuing Education Forms**. These forms are reviewed and approved by the Continuing Education Committee.

If you have any questions or need additional information, contact **ASATT HQ** for assistance. Issues that cannot be readily answered are referred to the Continuing Education Committee Chair for review and response.

CE Reporting (Recertification)

Certification expires December 31st every two years. individuals who are due to recertify this year will ***receive a postcard indicating that it is time to renew-these will be mailed out the middle of November. There will also be an email reminder as well.*** These will include a short list of instructions for the applicants to complete. **Applications mailed or postmarked after December 31 must include a $75 late fee. Your application will not be processed unless the correct fees are submitted. Members and non-members alike, who are contacted because of incomplete documentation, will incur an additional $50 fee to complete the processing of their packet. ASATT grants a renewal extension until January 31st, which means we must receive your packet on or before the 31st. If the 31st falls on a Saturday, your packet is due by the end of business on Friday. If the 31st falls on a Sunday, then your packet is due by the end of business on Monday.** *There will be no exceptions made for packets received after January 31st, unless prior arrangements were made with* ***the recertification committee.***

Request for an Extension

A request for extension must be made in writing to the Chair of the Recertification Committee. Keep in mind that even though an extension may have been granted the CEs submitted must have been completed during your two years certification period.

Late Submissions

If you submit your packet after the grace period of January 31st, you're subject to loss of certification. Remediation will be required by following the Provisional Certification process within a year of the loss of certification. Further information is available at: **https://www.asatt.org/files/Certification/ASATTRefresherProgram_ProvRecertIIIfinal.pdf**).

MORE

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General information for ASATT recertification

Record Keeping

It is the responsibility of the individual to ensure complete records are maintained. For ASATT members, ASATT sponsored CEs (National and Regional meetings, Sensor Quizzes) will be logged in the ASATT database, and can be viewed under your member profile on the ASATT website. All other CEs earned even if they have an ASATT approval code, will need to be submitted at the time of your renewal.

Requirements for Certification to be Re-established or Advanced

ASATT REFRESHER/ADVANCEMENT/PROVISIONAL RECERTIFICATION PROGRAM STANDARDS

There are three methods by which certification can be re-established or advanced:

- The **Refresher Program** is offered to certified anesthesia technologists who have not been substantially engaged in the practice of anesthesia technology for more than 2 years and must update their skills and knowledge of current clinical and theoretical practice in anesthesia technology in order to meet the established standards of practice and to apply for recertification through examination.
- The **Advancement Program** is designed for the certified anesthesia technician who requires additional knowledge and skills in clinical practice in order to meet the established standards of practice of a certified anesthesia technologist.
- **Provisional Recertification** may be granted for the previously certified anesthesia technologist/technician whose certification was allowed to lapse due to late or insufficient CE credits beyond the December 31st recertification deadline. ■

CLICK HERE for REFRESHER/ADVANCEMENT/PROVISIONAL RECERTIFICATION PROGRAM STANDARDS

Looking Ahead...

AS PART OF THIS YEAR'S Board of Directors commitment to educational opportunities, we have researched the next three years' meeting locations. This was discussed with the membership attending the 2016 Annual Educational Meeting in Chicago and was met with much enthusiasm! Our goal is to keep educational meetings cost-effective, and by giving you three years' notice for upcoming meetings, you will have the opportunity to decide when and where you would like to attend annual meetings and make plans ahead of time, while keeping it interesting for you!

As this profession and ASATT continue to grow, we will consider what works best for you, this may include going to sites coinciding with the ASA and AANA or as a stand-alone meeting.

We are also exploring ideas for future meetings in new areas such as Cleveland, San Antonio/Dallas, and Charlotte, NC.

Annual Education Meetings:

2017:..... Pasadena, CA	Pasadena Hilton
2018: ..... Las Vegas, NV	*venue tbd*
2019: ..... Orlando, FL	*venue tbd*

American Society of Anesthesia Technologists and Technicians

This Transcript will be used effective January 2017 for all program graduates. This will be submitted with their Certificate/Degree to qualify for the national certification examination.

Transcript of Student Record for the National Certification Examination

Anesthesia Technologist Program Code # _____ ASATT ID # _____

First Name _____ Middle Name _____

Last Name _____ Maiden Name _____

Current Street Address _____ City _____ State ____ Zip Code _____

Telephone _____ Date of Birth (MM/DD/YYYY) _____ Social Security Number (last 4 digits) _____

Degree Awarded: AS ☐ BS ☐

Anesthesia Technologist Educational Program Information

Anesthesia Technologist Educational Program Name: _____

Program City: _____ State ____ Length in Months ____ Date Completed (MM/DD/YYYY) _____

Certificate Awarded _____ Major Anesthesia Technology

Academic Record The minimum required hours appear in parentheses. No field can contain a zero.	Hours
1. Professional Aspects of Anesthesia Technology Practice **(30)**	
2. Anatomy *may be integrated into lectures	
Physiology	
Pathophysiology	
(60)	
3. Anesthesia Pharmacology (18)	
IV Therapy (6)	
Emergency Medications (6)	
(30)	
4. Basic & Advanced Principles of Anesthesia Technology Practice	
Anesthesia Machine (24)	
Hemodynamic Monitoring Equipment (40)	
Intubation & Adjunct Airway Equipment (16)	
Asepsis & Sterile Techniques (8)	
(88)	
5. Quality Assurance **(8)**	
6. Capstone Projects **(40)**	
Total (256)	

As of the date of my signature below, I affirm that this transcript contains a complete and accurate record of the above-named student's academic coursework and clinical experience in the above-named approved/accredited anesthesia technologist educational program. I further affirm that the student has completed all of the academic and clinical requirements necessary for completion of an approved/accredited anesthesia technologist educational program, including attainment of identified competencies as specified by the Commission on Accreditation of Allied Health Education Programs.

_____

Program Administrator Signature

Date _____

As of the date of my signature below, I have read this transcript and it is a complete and accurate record of my academic coursework and clinical experience in the above-named approved/accredited anesthesia technologist educational program, including attainment of identified competencies as specified by the Commission on Accreditation of Allied Health Education Programs.

_____

Candidate Signature

Date _____

American Society of Anesthesia Technologists and Technicians

Record of Clinical Experience

Codes: **( )=Minimum Required Cases** [ ] = Preferred Number of Cases

First Name | Last Name | ASATT ID # | Program Code #

			Number
I. Total Number of Anesthesia Cases		**(300)**	
II. Total Hours of Anesthesia Time		**(560)**	
III. Total Clinical Hours		**(540)**	
IV. Lab/Simulation Time		**(40)**	
V. Patient Physical Status			
A. Class I			
B. Class II			
C. Classes III & IV	[15]	**(10)**	
D. Class V	[2]		
VI. Special Cases			
A. Geriatric (65+ years)	[10]	**(5)**	
B. Pediatric			
a. 2-12 years	[10]	**(5)**	
b. under 2 years	[5]	**(1)**	
c. Neonate (under 4 weeks)	[1]		
C. Trauma/Emergency	[5]	**(3)**	
D. Ambulatory/Outpatient		**(10)**	
E. Obstetrical management	[4]	**(3)**	
1. Caesarean delivery	[2]	**(1)**	
2. Analgesia for labor	[2]	**(1)**	
a. Epidural	[3]	**(1)**	
b. Spinal	[3]	**(1)**	
VII. Position Categories			
A. Prone	[5]	**(2)**	
B. Lithotomy	[5]	**(3)**	
C. Lateral	[5]	**(3)**	
D. Sitting	[5]	**(2)**	
VIII. Anatomical Categories			
A. Intra-abdominal	[10]	**(5)**	
B. Extrathoracic	[2]	**(1)**	
C. Extremities		**(5)**	
D. Perineal	[3]	**(1)**	
E. Head			
1. Extracranial		**(1)**	
2. Intracranial	[2]	**(1)**	
3. Oropharyngeal	[5]	**(3)**	
F. Intrathoracic	[4]	**(2)**	
1. Heart	[5]	**(2)**	
2. Lung	[3]	**(2)**	
3. Other			
G. Neck	[4]	**(2)**	
H. Neuroskeletal	[2]	**(1)**	
I. Vascular	[2]	**(1)**	
J. Other			

			Number
IX. Pharmacological Agents-Observe & Assist for Induction			
A. Inhalation agents	[200]	**(100)**	
B. Intravenous induction agents	[200]	**(100)**	
C. Intravenous agents – muscle relaxants	[200]	**(100)**	
D. Intravenous agents – opioids	[200]	**(100)**	
A. General anesthesia	**[200]**	**(100)**	
B. Induction, maintenance, emergence			
1. Inhalation induction	**[10]**	**(5)**	
2. Mask management		**(1)**	
3. Laryngeal mask airways (or similar devices)	**[15]**	**(10)**	
4. Tracheal intubation			
a. Oral	**[200]**	**(100)**	
b. Nasal	**[1]**		
5. Total intravenous anesthesia	**[2]**	**(1)**	
6. Emergence from anesthesia	**[200]**	**(100)**	
C. Monitored anesthesia care	**[10]**	**(5)**	
D. Regional techniques: setup & assist	**[10]**	**(5)**	
a. Spinal	**[5]**	**(1)**	
b. Epidural	**[5]**	**(1)**	
c. Peripheral	**[5]**	**(1)**	
XI. Arterial Technique: Setup & Assist		**(10)**	
A. Arterial puncture/catheter insertion		**(5)**	
B. Intra-arterial blood pressure monitoring		**(3)**	
XII. Central Venous Pressure Catheter: Setup & Assist	**[5]**	**(2)**	
1. Actual	**[2]**	**(1)**	
2. Simulated	**[2]**	**(1)**	
XIII. Pulmonary Artery Catheter: Setup & Assist			
A. Placement	**[5]**	**(1)**	
B. Monitoring	**[5]**	**(1)**	
XIV. Other			
A. Intravenous catheter placement	**[10]**	**(5)**	
B. ACLS – Expiration date (mm/yy):			
C. Pain Management (acute/chronic)	**[1]**		
D. Alternative airway management techniques	**[40]**	**(10)**	
1. Fiberoptic techniques: setup & assist	**[5]**	**(3)**	
a. Actual placement	**[2]**	**(1)**	
b. Simulated placement	**[2]**	**(1)**	
c. Airway assessment	**[3]**	**(1)**	
2. Other techniques	**[2]**	**(1)**	

All areas must be completed

**Students must have experience in each category*
*** Including lab simulation hours (283)*

The Growing Profession of
Anesthesia Technology

Why consider an Anesthesia Technology Program?

As a growing allied health profession, the Anesthesia Technology profession specifically focuses on fundamental and advanced clinical procedures, which assist the anesthesia provider in the safe and efficient care of patient's receiving anesthesia. Working under the direction of the anesthesia provider, the Anesthesia Technologist is a vital member of the anesthesia care team. They are proficient in the acquisition, preparation, and application of various types of equipment required for the delivery of anesthesia care. Technologists are trained to anticipate the needs of the patient and the provider, according to the surgical requirements, procedure or circumstance.

The overall goal of the Anesthesia Technology curriculum is to prepare the student to take and pass the American Society of Anesthesia Technologists & Technicians (ASATT) National Certification Examination to become certified as an Anesthesia Technologist (Cer.A.T.T.)

Anesthesia Technologists work in a variety of clinical settings including: hospital operating rooms, interventional and diagnostic radiology, labor and delivery units, intensive care units, emergency rooms, outpatient procedure suites, and ambulatory surgery centers.

There is a growing need for these entry-level professionals. According to the **American Society of Anesthesia Technologists & Technicians** depending on the job setting, the projected starting salary for a Certified Anesthesia Technologist is $36,000 to $55,000 annually.

Professional Standards and Guidelines have been created and approved for the Anesthesia Technologist and Technician by the Commission on

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Accreditation of Allied Health Education Programs (**CAAHEP**). There are currently a handful of Anesthesia Technology programs that are CAAHEP accredited. And, there is a growing need for additional programs across the country.

Establishing an Anesthesia Technology Program

The first step in establishing an Anesthesia Technology program is to review the **Standards and Guidelines for the Accreditation of Educational Programs in Anesthesia Technology**, which is the document by which CAAHEP accredited programs are reviewed. The Standards include the required curriculum for the program.

If you feel that your institution is ready to begin the accreditation process, you will want to fill out a Request for Accreditation Services Form. The completed form is sent to the Committee on Accreditation for Anesthesia Technology Education (**CoA-ATE**), which is the committee that works with programs as they move through the accreditation process. You are encouraged the visit the CoA-ATE webpage for additional information.

If you are considering adding an Anesthesia Technology curriculum to your program, please let us help. The CoA-ATE can assist in reviewing your current didactic offerings and outline steps necessary to establish a quality Anesthesia Technology program. The CoA-ATE can also assist in presenting current information regarding the Anesthesia Technology profession and program potential at your College or University or to your Department Chair.

For Additional Information

Please visit the **CAAHEP website** and the **American Society of Anesthesia Technologists and Technicians** website to learn more about the anesthesia technology profession. For further information and to obtain an accreditation packet please contact:

Theresa Sisneros @ **theresa@caahep.org**
Director, CAAHEP Accreditation Services

or Victoria Reyes, Cer.A.T.T. @ **victoria.a.reyes@kp.org**
Committee Chairperson CoA-ATE

Committee on Accreditation for Anesthesia Technology Education
Email | Website

28th ANNUAL Educational Conference

August 24–26, 2017

Pasadena Hilton
168 S Los Robles Ave
Pasadena, CA 91101

Book hotel room by calling 626/577-1000 or order line ... just ***CLICK HERE!***

ASATT EIN # 94-3016630

REGISTRATION FORM

Registration Type	Early Bird thru June 30	July 1 thru July 31	Aug 1 thru Aug 11	Aug 12 thru Aug 18	ON-SITE After Aug 18	DAILY (check one) ☐ Thurs ☐ Fri ☐ Sat	Amount
Member Mem. # or User ID: _____	$300	$350	$400	$450	$550	$300	
Non-Member	$500	$550	$600	$650	$750	$400	
Student*	$125	$125	$125	$125	$125		
Spouse/Guest**	$200	$250	$250	$250	$250		
Workshop: Cell Salvaging w/ Wet Lab	$50	*Space is limited to 60 individuals.*					
Program Directors / Accreditation Workshop	$100	*For individuals interested in starting an Anesthesia Technology program. (No CEs awarded.)*					
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.							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.
*Must have a valid school ID. **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 _____

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 _____

Work Phone_____ Work Fax_____ Email _____

REFUND POLICY

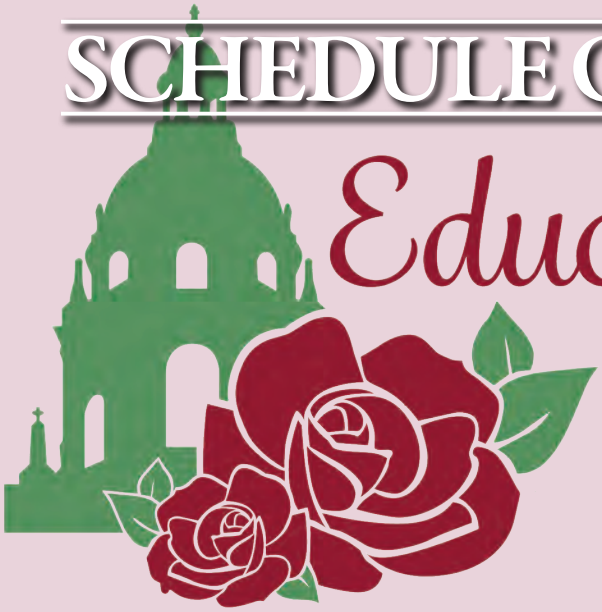
Cancellations made by Aug. 1, 2017, will receive a full refund. Cancellations made Aug. 2 through Aug. 11, 2017, will be penalized 50% of the registration fee. Cancellations made on or after Aug. 12, 2017, will receive no refund.

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

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

SCHEDULE OF EVENTS



Educational Conference

Pasadena Hilton / Pasadena, CA

August 24–26, 2017

Thursday, August 24, 2017

1400–1630 ..... Anesthesia Technology Education Workshop*
Michael Boytim/Vicki Reyes

1630 -2000..... Registration

1800–2000 ..... Welcome Reception

Friday, August 25, 2017

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

0815–0830 ..... Welcome and Announcements

0830–0930 ..... IABP
Maquet: Pam LeBlanc

0930 -1030..... Pharmacology Review
Sass Elisha, CRNA

1030–1100 ..... Break / Vendors

1100–1200 ..... "Importanceof Education & Certification — A CAO's Perspective"
Sylvia Everroad, RN, MSN

1200–1330 ..... Lunch / Vendors

1300–1400 ..... Basic EKG
Pat Hegge, Cer.A.T.

1400–1500 ..... Review for ACLS
Otoniel Castillo, Cer.A.T.T.

1500–1530 ..... Break / Vendors

1530–1630 ..... Professional Challenges in the Workplace
Brent Sommer, CRNA, MPHA

1630–1730 ..... Arterial Blood Gas: What you need to know
Michael Boytim, CRNA, Ed.D.

Saturday, August 26, 2017

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

0815–0830 ..... Welcome and Announcements

0830–0930 ..... Capnography
Mohamed Hamza Cer.A.T.T.

0930 -1030..... Regional Anesthesia
Jen Thompson, CRNA, DNP

1030–1100 ..... Break / Vendors

1100–1200 ..... *TDB*

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

1300–1400 ..... Blood Bank and Blood Product Administration Review
John Rivera

1400–1500 ..... "IV Fluids: They're All the Same – Right?"
Michael Phelps, MD

1500–1530 ..... Break

1530–1630 ..... Ethics and Anesthesia Technology
Diane Alejandro, Cer.A.T.
& Jeremy Wyatt, Cer.A.T.T.

1630–1730 ..... Regional Meetings

Sunday, August 27, 2017

0830–1130 ..... Workshop: Cell Salvaging w/wet lab**
John Rivera

* Requires additional fee. NO CEs awarded.
** Requires additional fee

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

13 CEs awarded for full participation.

Tentative Program subject to change; actual CE count could range from 11 to 13

COLUMBIA STATE COMMUNITY COLLEGE

Columbia State Community College is currently recruiting for an *Anesthesia Technology Program Director*

Full-time faculty are responsible for delivering instructions in the discipline(s) for which she/he has been employed. In addition, faculty are expected to provide academic advising to students and participate in divisional and institutional activities related to the college's mission. *Faculty serving as program directors have agreed to accept certain administrative responsibilities in addition to their faculty responsibilities.* The program director provides leadership for a specific program, ensures that the program operates smoothly, maintains any applicable accreditations, and assists the division dean with the supervision and evaluation of faculty and staff in the program.

Education, Training and Experience Required:

1. Associate's degree in Anesthesia Technology or related field
2. Minimum of five (5) years full time or equivalent experience as an Anesthesia Technologist.
3. ASATT Certified Anesthesia Technician (Cer.A.T.) or Anesthesia Technologist (Cer.A.T.T.)
4. Current BLS w/AED and ACLS (or equivalent)

For more information or to apply for this position, please go to the link at:

http://jobs.tbr.edu/postings/18892

Applications for this position are accepted through the online process only.

Columbia State Community College is an Equal Opportunity Employer.

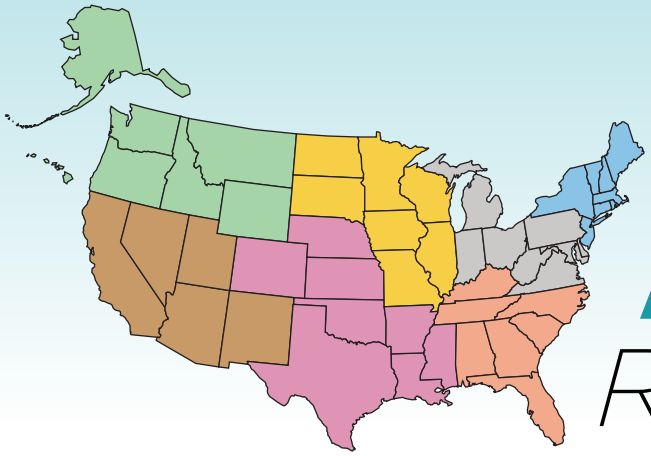
YOU'VE GOT MAIL!

Your 2017/2018 membership renewal invoice will be emailed to the address on file. You may renew your membership by performing one of the following actions:

- **Online** — Log into your account and follow the renewal prompts. If you have any difficulties using the members-only area of the ASATT website, you may contact Customer Care by phone at (414) 908-4942 ext. 450 or by e-mail at **customercare@asatt.org**.
- **Fax** — Print the invoice, include the payment information:
  Attention: Nicole Cheever
  Subject: Membership Renewal
  (414) 768-8001
- **Phone** — Call the ASATT Membership Department at (414) 908-4942 ext. 116.
- **Mail** — Print the invoice, include a check or money order and send to:
  ASATT Headquarters – Membership
  7044 South 13th Street.
  Oak Creek, WI 53154-1429
- **Email** — Scan and send a PDF file of the invoice and payment information to:
  ASATT_membership@asatt.org.
  Subject line: "Membership renewal for [INSERT NAME])".

DID YOU KNOW

Every issue of *The Sensor* since it was first published in 1990 (left) is available for your review by logging into the Members Only section at www.ASATT.org and click on the link, "Sensor Archives." You're welcome to download and print them, too!



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

Happy Spring, Region 1! Our Regional Meeting was held on Saturday, April 8th at the Montefiore Medical Center in Bronx, NY. This was, by far, the largest Region 1 meeting in regards to attendance — 111 anesthesia techs! Thank you to Efrain Martinez for hosting this meeting. The premises, the speakers, the food, the networking that techs had a chance to do and the location were GREAT!!

If you celebrated Anesthesia Tech Day on March 31, and would like to share pictures, please do send them to me and we can include them with the next report.

If you are interested in hosting a future Region 1 Meeting, please send me an email and we can discuss the specifics. My goal for Region 1 was to have at least three meetings this year and we have the potential for one more this year in October. As soon as I get more information I will have it posted to the website. We also have two meetings scheduled for 2018.

It is not too late to help us all in getting the CEs that we all need to recertify. It is all about team work and together we can accomplish this goal.

It is time for the Region 1 members to start thinking about who you would like as your Regional Director for next two years, as my term expires this October. I have decided to run again this year for the Region 1 Director. If you know someone who you would like to nominate, please check out the ASATT website for details and an explanation on the proper way to nominate an individual for Regional Director.

Registration is open for the Annual Meeting in Pasadena, California. This meeting is going to be great and close to so many things to do in that area.

REGION 2
DE-IN-MD-MI-OH-PA-VA-WV

Director: Karen Patrick, Cer.A.T.
Work: 410/605-7000 ext 5631
Email: region2director@asatt.org

Hello Region 2,

I hope everyone is doing well. I'm looking forward to warmer weather even though we didn't have a bad winter I still don't enjoy cold weather at all.

I am excited about the upcoming meetings. It was great to see many faces at the April conference that was held at the Penn State Hershey Medical Center in Hershey, PA. Thank you Sarah and your team for volunteering to host and coordinate the meeting! I also will be holding two meetings in Baltimore; one on June 3, 2017 and sometime in October 2017 details for both educational meetings will be posted to the website as they become available. If you are interested in holding a regional meeting please contact me. I would love to hold a conference in your area.

We are always looking for Anesthesia Technicians and

MORE

INDIVIDUALS PASSING THEIR EXAM

Those who have earned the Cer.A.T.T. designation in February & March, 2017

Katherine Cabai, Cer.A.T.T. . . . . *Region 4*

continued from page 33

Technologists to publish articles in our *Sensor,* If there is anyone out there who has ever thought about writing a Science & Technology article, ASATT awards an annual prize worth $1,500 for the chosen published article (plus it's a great way to earn CEs). Details on the requirements are outlined in this issue. It's a great way to show what you have learned and taught others in our field.

I hope many of you can join us at the educational conference being held this year in Pasadena, which will be on August 24–26. This is a great way to see old friends and meet new ones. It's also a great way to earn your CEs and to take back all of the educational opportunities that you will learn.

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

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

Greetings Region 3!!

April turned into a busy month for all of ASATT. Many meetings were held throughout the country and Region 3 was no exception. Saturday and Sunday, April 8th and 9th, we had an all-day, hands-on session for anesthesia machines at UNC. Members have been asking for more hands-on classes so, yes, we do pay attention when you ask!

Lambrick Mack at Emory is working on another meeting for us sometime this summer, hopefully in July. More details will follow next month. Sue Christian at Vanderbilt hosted a meeting on April 22. The North Carolina State Society of Anesthesia Technicians will be having their state meeting in September at the Grove Park Inn. So happy to be offering more choices but some states still haven't had a meeting in some years. If anyone in Florida is willing to help, I'd be so happy to get something started down there.

Finally, early registration is open for our Annual Meeting in Pasadena this year. Please visit the ASATT website for more information. Early registration is always a little less expensive than if you wait, so please take advantage of this discount if you plan on attending. There is nothing like attending a conference with 300 of your fellow technicians from across the country and sharing ideas, knowledge and just getting to know one another!

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,

I hope everyone had a wonderful Anesthesia Tech Day ... we should all celebrate our profession with care and passion! Anesthesia Techs are very important pieces to our institutions and that's cause for celebration.

Registration is now open for the ASATT 2017 Annual Educational Conference, taking place August 24–26 at the Pasadena Hilton. Each one should reach one and bring them; if we do this, we may very well have the largest turnout at conference.

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 conferences held in every state. 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.

I feel we should set our goals high and struggle, if we must, to meet them; but never set our goals so low as they are easily attainable and we find ourselves wanting and lacking. We are the present and the future of this vocation; we are the backbone of this organization and the life line of our regions. Help me, help us grow!

Region 4, I have to continue letting you guys know if there is 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 our website for more details.

Last but not least, if there are any question concerning the College of Dupage (Illinois) **please call the program director, Kathy Cabai. For more information 630.942.8328.**

Have a great spring.

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 5!!

Well here we are in 2017. I hope everyone is working towards their New Year's resolutions. I have some New Year's resolutions for Region 5. And with all of your help, we are not only meeting the goal...we are blowing it away!!!

I set a goal for at least three ASATT Regional Meetings this year. With all of y'all's dedication, we now have six ASATT Regional Meetings with more to hopefully come!!!

I want to recognize those individuals who helped me coordinate these ASATT Regional Meetings.

For April 8 / UTSW meeting in Dallas, TX

- Bob Reno Cer.A.T.T.; Mohamed Hamza Cer.A.T.T.;
- Amanda Virginia CRNA,DNP-A and Clay Freeman CRNA

MORE

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For April 29 / Christus Hospital in San Antonio, TX

- Raul Esquivel Cer.A.T.; Rodrigo Rivera, Cer.A.T.; Oscar Cortez, Cer.A.T.
- Chavez Aiu Cer.A.T.; Rosa Bravo; Jason Menchey Cer.A.T. and everyone at SASAT (San Antonio Society of Anesthesia Technicians and Technologists)

For May 6 / Texas Health Plano in Plano, TX

- Andrea White Cer.A.T. and Jacob Jhingree Cer.A.T.

For May 20 / Arkansas Childrens Hospital in Little Rock, AR

- William Peery Cer.A.T.T.; Susan Brown Cer.A.T.

For June 10 / Arlington Memorial Hospital in Arlington, TX

- Keith Brewer Cer.A.T.

For June 24 / University of Mississippi Medical Center in Jackson, MS

- John Bethea

But there are still possible meetings later this year in Oklahoma City, Houston, Biloxi, San Antonio and Denver!

Future Goals this Year

1. More Regional Meetings

If you want to host an ASATT Regional Meeting at your facility, don't hesitate, contact me ASAP!

I would hate to have to decline a meeting because a date has been taken. And please don't hesitate to plan to attend a meeting. Contact me! If you don't think that your location would be a possible site, don't think that way. You would be surprised how many people would come out. Interested? Contact me, let's do it!

2. ASATT State Societies

When talking to attendees about forming ASATT State Societies, there has been very positive response. This would be a great way to network with other techs in your state! These ASATT State Societies could help with coordinating Regional Meetings, getting speaker support and vendor support. Some states would only have one or two zones, while larger states could have many zones. But all zones will have input to further improve our Region and profession. Interested? Contact me, let's get it going.

3. Online Meetings

I am going to need a lot of help with this one! The idea is to be able to "attend" an ASATT Regional Meeting or National Conference via the ASATT website. This would allow ASATT members to log-in, pay the fee and "attend" the meeting from the comfort of your home. Do you have the knowledge to help me get this off the ground? Email me and let's get rolling.

Raising Our Profile

This is something we all should strive to do daily. There are many ways to do this in your facility.

Plan a meeting — ask around if any MDAs, CRNAs, RRNAs, Cer.A.T. or Cer.A.T.T. would be interested in sharing a presentation to help educate your fellow techs.

Find a "Champion" — someone who believes in making us better at our profession and is willing to help.

Ask questions — show that you are interested in learning more, people will appreciate that.

Take notes — write down the info they relay to you. Write it down, then learn it, then put it into practice. It can only help you!

Participate in ASATT — do you want to be more active in how your profession grows? Contact me and I will find out what committees are looking for help.

Happy Anesthesia Tech Day 2017!!

I hope everyone had a fun day! I hope everyone was able to celebrate it! I hope you took pictures!! If you did, send them to me and we will post them on the site!

ASATT National Educational Conference is August 24–26 in Pasadena, California!!!!

There will be 13 CEs awarded for full participation! This is a great way to network, meet fellow techs from across the world, and learn new information!

https://www.asatt.org/conference/199/index.php

Check with other techs to see if you can share a room and save some money. ***I hope to see y'all there!!***

And last but not least, my term is ending this year. I feel blessed to have been able to serve all of y'all over the last two years. I look back and see where we were and where we are currently. And I am looking forward now.

And I intend to run for re-election.
I hope you will support me.

I have many, many ideas for our Region. I listen to y'all when you ask questions and when you have ideas. Together I know we can make Region 5 the very best!!

Thanks and God Bless!

REGION 6

AZ-CA-NM-NV-UT

Director: Johnny Walker, Cer.A.T.T.
Work: 707/576-4892
Email: region6director@asatt.org

Happy belated anesthesia tech/technologist day to everyone in Region 6. Hope everyone got the recognition and praise each one of you deserves. I do first want to address meetings and a little hiccup I've had so far this year. This

MORE

continued from page 35

IS NOT a call for sympathy but merely an FYI infomercial on the beginning of my year. And that is my one and only co-worker has been out on a medical leave and has yet to return. I know great timing right? Well it's getting addressed and by the end of this month I will devote my time to making meetings and CEs happen! Also with that being said if you want to have a meeting in your area you can earn CEs and free admission to your meeting. I will do everything to help you accomplish that. That's really how other regions have so many meetings. They key is getting everyone involved and excited about the profession.

Please try to attend the Annual National Meeting August 24–26 in Pasadena, California. You can register now and receive a price break till June 30th, and there's also a cell salvage workshop on Sunday, August 27, across the street from the conference at the Kaiser School of Anesthesia which I hear is already 25% full so get on it!

Finally if you have any comments, ideas, question, answers and thoughts please email me directly at **johnniegwalker@gmail.com** or **region6director@asatt.org**. Always great to hear from you.

REGION 7

AK–HI–ID–MT–OR–WA–WY

Director: Delbert Macanas, Cer.A.T.T.
Work: 808/547-9872 (0930–1830 pt M–F)
Email: region7director@asatt.org

Howzit Everyone!!!

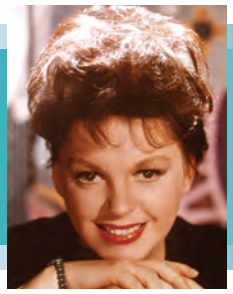
The first three months of 2017 have already zoomed by. Make sure to take time out to spend time with your family and friends. Especially those of you who have younger children... Spend the time, make memories... Before you know it, they will be adults and off on their own adventures...

Each day of our lives we make deposits in the memory banks of our children.

Charles R. Swindoll

ASATT is headed toward an exciting part of our year. There are so many Regional Education Meeting in these next few months, please make sure you attend one of them. Attend them to learn and network. Many have the attitude; I don't need any CEs, so I don't need to attend the meeting. Please go to the website and check it the many meetings, some of them are being held right in your back yard. Don't forget to look at your state CRNA meetings too.

For years many of our members have asked to have additional CE opportunities and the Board of Directors have heard you. So, your Regional Directors have worked diligently with many of you to organize/coordinate these meetings. It is so energizing to see many new people willing to help our peers. Greg Foster in Region 5 already has six meetings scheduled in 2017. Region 7 will have five meetings plus access to earn CEs at every state CRNA Annual Educational Meeting. When I became a Regional Director a few years ago, the expectation was to have ONE meeting a year in your region. I believe we have raised the bar a little. But, we could not have done it without everyone's help. Please continue to help educate our peers across the country.



Always be a first rate version of yourself, Instead of second rate version of somebody else.

Judy Garland

We need more people to get a taste of what it takes to coordinate meetings. The more people with the experience, the better it is. Then over the years people from different states or cities can alternate hosting meetings. Host a meeting every other year. If you are interested in coordinating a meeting in your area please contact your Regional Director. Like I have said before... "It's not easy, but it's not hard."

What lies behind us and what lies ahead of us are tiny matters compared to what lives within us.

Henry David Thoreau

Upcoming ASATT Region 7 Meetings

Saturday, May 13th at Overlake Hospital coordinated by John Gonzalez and crew.

Saturday, June 17th is the new date for the rescheduled Kaiser Sunnyside meeting but it will be held at Oregon Health Sciences University Hospital with Kellie Hines and friends organizing the meeting.

Sunday, August 6th the Hawaii Meeting at Pacific Beach Hotel by myself.

Saturday, September 23rd at EvergreenHealth coordinated by Joe Fitzgerald and staff.

Mario Saldana and Matthew Davis are still looking to have a meeting in October.

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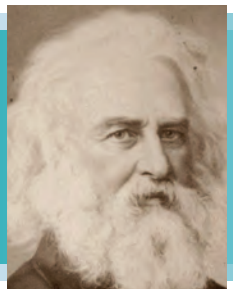
CRNA State Annual Meetings

Washington at Hilton Seattle Airport, April 21–23.

Idaho at Riverside Hotel, April 28–30.

Check the website for approved CEs.

Don't forget this year's ASATT Annual Meeting will be our first "independent" meeting without the ASA or AANA. Please make plans to attend this historic meeting and make it a success.



Perseverance is a great element of success. If you knock long enough and loud enough at the gate, you are sure to wake up somebody.

Henry Wadsworth Longfellow

The agenda is just about complete and we haven't had a meeting in California in a while. There are so many things to do and see in the Golden State. There is a bus that will take you from Pasadena to Universal Studios for $2-3.00 and will take you an hour. A train/tram can get you to Disneyland for $11-15.00 in a couple of hours. Or you can visit the historic Rose Bowl, Old Pasadena, or Pasadena City Hall (silhouette on the ASATT logo).

The Annual meeting is where you make friends, network, have fun, and the bonus learn. I want to make new friends at this historic meeting. But, I also want to see my veteran friends too. I have been attending the Annual Meeting for many years and have been seeing friends once a year. But, when they do not attend the meeting, I ask others what happened to them. Hopefully you have a friend or peer that you can share a room with to cut your cost to attend the meeting. I have so many great memories of the annual meeting.

Take care of all your memories. For you cannot relive them.

Bob Dylan
("Open the Door, Homer")

To all of you who get their travel expenses paid for by your employers, BE THANKFUL and COUNT YOUR BLESSINGS!!! Please appreciate the BONUS benefits you get. In this day and age of healthcare... these benefits a disappearing quicker than evaporating water in the desert.

< < < Reminder > > >

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. Versus an ASATT "approved" meeting, you will need to submit your certificate of attendance. 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. As I have said before... Poor planning on your part does not constitute an emergency on ASATT's part.

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, the fastest way to get your certificate is by email so make sure your email address is correct on the database.

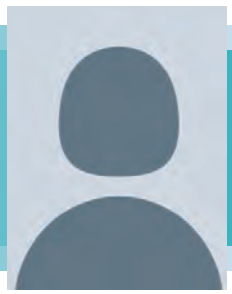
There will be an election for a new Region 7 Director. You must be a member in good standing with ASATT. If you are interested in the position, please review the Regional Director Job description. We are looking for a friendly, energetic person to help keep ASATT moving forward.

We have come a long way and we want to continue our positive progress, laying the groundwork for future generations on Anesthesia Technologists. Many of us were part of the first wave who took the first exam in 1996. You **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" applicants. Therefore, remember that if you are certified, you are not "grandfathered" in. You earned your certification and what you hold is important and will become increasingly valuable in the years to come. Don't mess around with CEs for recertification.

Last... The Board of Directors and ASATT Headquarter frequently fields emails and calls from people inquiring about getting "Certified". Unfortunately, they have, as they say, missed the boat... Please value that "Certification" that you have earned and remember, IT IS OUR PROFESSION. Be proud... Hold your head up high...

It's NOT the job you DO;
it's HOW you DO the job.

Anonymous



Region 7 Education Award – If you know someone in our region who has gone above and beyond the call of duty to educate our peers in Region 7. Please step forward to nominate them.

Aloha!

ANESTHESIA TECH DAY ~ MARCH 31

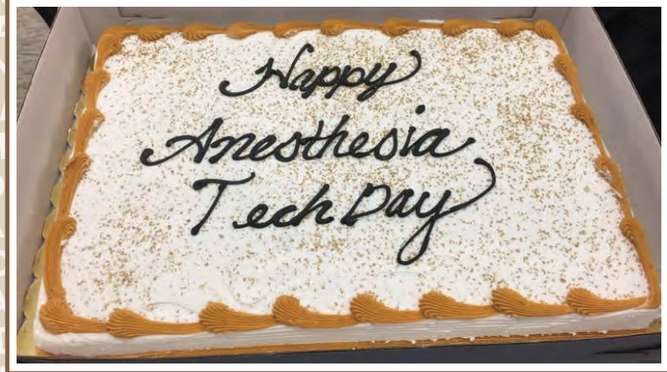
Region 4 — *Far left, Yazmin Morin-Martinez, Cer.A.T., helps promote Anesethesia Tech Day at Hines VA Hospital. Group photo, from left to right: Yazmin Morin-Martinez, Cer.A.T.; Hessie Dantzler, Cer.A.T.; Dr. James Loo, Chief of Anesthesia; Carl Newman; Sigita Rutkauskaite Cer.A.T.*

International — *Shout-out to fellow techs and "Happy Anesthesia Tech Day!" from Rocky Cruz, Cer.A.T., in Saudi Arabia (top), and from Nizamuddeen Kuniyil Abdul Kadar in Qatar.*

Nashville — In celebration of Anesthesia Tech Day, the Vanderbilt Department of Anesthesiology showered the techs with appreciation for the contributions they make towards enhancing patient safety.


VCH Techs


VUMC Adult Techs



Hospital for Special Surgery (HSS) Honors Anesthesia Technicians

Every year on March 31st, the American Society of Anesthesia Technologists and Technicians celebrates **Anesthesia Tech Day.** At HSS, we have seven anesthesia technicians who assist with the administration and monitoring of anesthesia. They have an extensive knowledge of anesthesia techniques, instruments, supplies and technology.

The Anesthesiology Department at HSS honored our anesthesia technicians with a luncheon to thank them for providing world-class care to our patients every day!

The HSS anesthesia technicians include (standing, l-r) Grell Barnes, PM Supervisor; Garrick Austin, Anesthesia Technician; Hector Pineda, Anesthesia Technician; Raymond Daniel, Senior Anesthesia Technician; (seated) Junior Rigby, Anesthesia Technician Manager. Not pictured: Nicholas George, Anesthesia Technician; and Michael Liu, Supply Technician.

(Submitted by Mary J. Hargett, Director, Education and Clinical Initiatives)

SUBMISSIONS FOR THIS ISSUE'S QUIZ EXPIRE DECEMBER 31, 2018. *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. **All hospital entities are required to be surveyed by TJC.**
   ☐ True ☐ False
2. **All supplies should be stored at least 18" off the floor.**
   ☐ True ☐ False
3. **Full medical gas cylinders should be segregated from empty ones.**
   ☐ True ☐ False
4. **The 2017 National Patient Safety Goals include:**
   A. Patient identification
   B. Medication safety
   C. Alarm safety
   D. Infection prevention
   E. All of the above
5. **TJC is responsible for evaluating the performance of healthcare entities in the United States to ensure they are meeting the standards for administering safe, effective and quality healthcare.**
   ☐ True ☐ False
6. **Hand hygiene is not the single most important prevention for avoiding/decreasing hospital acquired infections.**
   ☐ True ☐ False
7. **All equipment should have an identification label for when preventative maintenance was performed and when it is due to be renewed.**
   ☐ True ☐ False
8. **Fluid, blanket warmers and refrigerators should have a visible temperature log present.**
   ☐ True ☐ False
9. **Only non-licensed clinical staff is required to have a competency for their job requirements on file.**
   ☐ True ☐ False
10. **Multi-dose vials should have a 30-day expiration date from when they were opened.**
    ☐ 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

QUIZ 1 OF 2

The answers to the Spring 2017 Continuing Education Quiz are:
(circle correct answers)

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

Name_____ **ASATT Number** _____

Street Address_____ **Phone** _____

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

Signature_____ **Date** _____

SUBMISSIONS FOR THIS ISSUE'S QUIZ EXPIRE **DECEMBER 31, 2018**. *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. **Factors that must be considered by providers for orthopedic surgical procedures include:**
   A. Patient weight
   B. Patient positioning
   C. Patient comorbidities
   D. All of the above
2. **Patient positioning for a shoulder arthroscopy procedure include:**
   A. Fowler's position
   B. Lateral decubitus position
   C. Supine position
   D. Surgeon's preference
   E. A, B & D
3. **Items needed to perform a peripheral nerve block include but are not limited to:**
   A. Block Cart equipped with needles, catheters, syringes & local anesthetics
   B. Supplies for sterile skin preparation, drapes
   C. Nerve stimulator or ultra sound machine
   D. All of the above
4. **Complications from rotator cuff surgery include:**
   A. Infection
   B. Nerve injury
   C. Tendon re-tear
   D. None of the above
   E. B & C only
   F. A, B & C
5. **Necessary steps that need to be taken to treat a mild or moderate bronchospasm include:**
   A. Increase inhalational anesthetic
   B. Decrease anesthetic depth (Propofol, narcotics)
   C. Administer Albuterol via nebulizer/metered dose inhaler
   D. A & C only
6. **The type of block most suited for shoulder surgery is:**
   A. Interscalene brachial plexus block
   B. Popliteal block
   C. Femoral nerve block
   D. None of the above
7. **One of the major complications of a peripheral nerve block is local anesthetic systemic toxicity.**
   ☐ True ☐ False
8. **Prior to beginning a nerve block procedure, a time out is required to identify the patient by name, identification number, date of birth and the type of block being performed.**
   ☐ True ☐ False
9. **A complication resulting from the patient being placed in the Fowler's position is the possibility of a venous air embolism.**
   ☐ True ☐ False
10. **Complications of the lateral decubitus position include:**
    A. Temporary Paresthesia
    B. Risk of musculotendinous nerve injury
    C. None of the above
    D. A & B

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

QUIZ 2 OF 2

The answers to the Spring 2017 Continuing Education Quiz are:
(circle correct answers)

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

Name_____ **ASATT Number** _____

Street Address_____ **Phone** _____

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

Signature_____ **Date** _____

ASATT CALENDAR

2017

Board of Directors nominations began ..... May 10
Regional Education nominations began ..... May 10
Board of Directors nominations close ..... June 9
Regional Education nominations close ..... July 1
Membership renewal begins *(invoices sent via email on file)* ..... July 1
Membership expires ..... August 1

Regional Educational Meetings

Region 2:
Baltimore, MD ..... June 3

Region 5:
Texas Health Plano Hospital, Plano, TX ..... May 6
Arkansas Children's Hospital, Little Rock, AR ..... May 20
Arlington Memorial Hospital, Arlington, TX ..... June 10
University of Mississippi, Jackson, MS ..... June 24

Region 7:
Overlake Hospital, Bellevue, WA ..... May 13
Pacific Beach Hotel, Honolulu, HI ..... August 6
Evergreen Hospital Medical Center, Kirkland, WA ..... September 17
Oregon Health Sciences University, Portland, OR ..... October 17

National Educational Conference in Pasadena, CA ..... August 24–26

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