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Ramona Hackett

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Dear OPANA members,

Happy Canada Day! As I write this message to you today, I can't help but recognize this amazing country where we all live and work. This year, I am keenly aware of how fortunate we are to be living in a place that celebrates our population's diversity: our differences and our sameness. As the daughter of parents who immigrated to Canada in 1967, I am grateful they chose Canada as their new homeland-the place where they wanted to raise their family. I enjoy learning about people's heritage and believe there is always a place to blend family traditions with adopted traditions. As we all celebrate Canada day today, it's another opportunity for friends and family to get together and enjoy each other's company. I truly imagine you are all having a wonderful long weekend - enjoying the summer heat too! Stay cool during this heat wave!

There are a few things I would like to bring to your attention. I would like to remind those of you who would like to challenge yourselves to becoming a Canadian certified PeriAnesthesia Nurse, [registration is now open](#) for the autumn exam sessions. OPANA financially supports your learning and there are bursaries available [bursaries available](#) to help offset the expenses. Through NAPANc, there are also free study modules and practice questions available to guide you through [the CNA PeriAnesthesia Blueprint](#).

Coming Up:

- OPANA conference 2018
- Call for Abstracts!
- CNA certification

The OPANA board of directors is busy finalizing plans for our Biannual conference being held in Niagara Falls at the beautiful [Marriott on the Falls](#). Our theme is "Looking to the Future" and we have exceptional speakers planned for you! Look to our flyer in this issue of The Monitor for more information. Conference registration is opening soon -stay tuned! I am going to keep this short, but please enjoy this summer issue of the Monitor. I wish you all a wonderful and safe summer and hope you are all able to take some well-deserved vacation. I hope to see you at our conference!

Warm regards,
Ramona Hackett RN MScN PANC(C)
President, OPANA

President's Address

2017-2018 Annual Report

Submitted to: Laura McNulty, President NAPANc
Submitted by: Ramona Hackett, President OPANA
Date: May 12, 2018

President: Ramona Hackett since November 2016
Immediate Past President: Carol Deriet
President-elect: Candace Epworth
Treasurer: Marianne Kampf
Treasurer-elect: Nancy Poole
Secretary: Nicci Chow
Secretary-elect: Anita Damjee

Regional Board of Directors:
Southern Ontario: Carolyn Fellow-Smith, Gail Fellows, Marianne Kampf
Greater Toronto Area: Linda Marshall-Masson, Sherry France
Western Ontario: Amaya Sanchez
Eastern Ontario: Stephanie Currie, Morag Menzies
Central Ontario: Candace Epworth, Karen Wessel
Northern Ontario: vacant

Newsletter: Nelisha Bhaloo & Nicci Chow. Published winter/summer and sent to members via email.
Website: Carol Deriet, Dhivya Eapen
Membership: Nancy Poole
Student Liason: Rosemary Leone, 4th year nursing student, Ryerson University

Report:

- Membership: RNAO/OPANA Membership is: 147 (RNs: 141 Students: 6); OPANA website: 96; TOTAL: 243 (membership down 16)
- OPANA Board 20. Medical Advisor and Nursing Advisor as well.
- The OPANA board is robust with increasing interest with more volunteers coming on board from all areas of Ontario. OPANA is inclusive and does not turn anyone away.
- PeriAnesthesia Workshop held September 30, 2017 at Trillium Health Partners, Mississauga Hospital. The workshop was presented by the OPANA board in 20 minute "Blitzes". Attended by 86, feedback was excellent. There were two attendees who were prepping for the CNA exam and both were surprise recipients of bursaries. Jeffrey Lee (Ottawa) and Jessica Anteo (Mississauga)
- AGM held at workshop
- An OPANA board retreat was held on Jan 13, 2018 at the Pillar and Post Inn in Niagara-on-the-Lake. 14 Board members attended. Focus was on OPANA Goals and Roles and launch of conference planning.
- University of Toronto held a PeriAnesthesia Education day held April 7, 2018. Marianne Kampf and Ramona Hackett were invited faculty for the day. OPANA was invited to promote our association and NAPANc Standards for Practice 2017.
- Winter/Summer newsletters are sent to OPANA members
- Website is updated regularly
- The RNAO has made it easier for Interest Groups to communicate with their members. Recall RNAO is no longer sharing personal information of their members with the IGs. Email archives can be found at the following link: <http://chapters-igs.rnao.ca/interestgroup/38/about> . Admittedly, this has been a learning curve and our email communications are not as frequent as they used to be.
- Planning underway for October OPANA conference

Goals for 2017-2018

- recruitment & attrition to the OPANA executive
- Promote CNA exam,
- one-day workshop September 30, 2017 with the idea to conduct a BLITZ of the PeriAnesthesia core curriculum
- create role profile for student liaison position
- continue to promote OPANA and benefits of membership

**May 5, 2018: all goals were met through our activities-see report*

Goals for 2018-2019

- develop a learning package for board positions that can be a permanent document; ease transfer of accountability to next leader
- continue to promote CNA exam through unique strategies
- OPANA conference being held October 19-21, 2018 in Niagara Falls. Theme: Embracing the Future
- Increasing social media activity

Regional Reports

Hamilton-Niagara

Hi Everyone,

It has been a very busy spring. I have had the pleasure of attending our National conference NAPANc that was held in the lovely Fantasy land hotel in Edmonton!



The venue was amazing (some exploring through the West Edmonton mall and I managed to buy a few things for family) the conference itself was fantastic! Some of the topics, I was very surprised at how much I learned e.g. Communicating Effectively with Culturally Diverse Patients, this was amazing! And another: Canadian Military and Trauma Surgery in Afghanistan. I would have never thought some of these topics would have been so informative. But all the topics were exceptional.

Attending a conference always recharges my professional batteries. Which is so important in these times in health care, where we are stretched professionally to make every minute count at work. If you are looking for an opportunity to revitalize your practice, save the date to attend our OPANA conference being held this year in Niagara Falls! We have a star line up of speakers, so I hope to see you all there! Oct 19, 20, 21 2018

One of the things I have been working on in our DI department is training nursing staff from our neuro step down unit for the role of clot retrieval nurse to function in the role of circulating nurse. This has involved learning the top end role to assist GA cases that are anesthesia supported. Also reviewing procedural sedation and intra procedural hemodynamic monitoring for patients undergoing a clot retrieval procedure in the Biplane suite in IR. It was a 4 day 8 hour session reviewing:

Phases of care/ monitoring:	Top End role: Assisting Anesthesia
<ul style="list-style-type: none"> • Pre procedural • Intra procedural • Post procedural monitoring 	<ul style="list-style-type: none"> • Types of Anesthesia • MH review • Induction and emergence • Simulation of Top End Role • Anesthetic Equipment • Gas Machine • Anesthetic Cart • Glidescope • Circulating role for difficult Airway • Required monitoring/ care and support of the patient • Review Mallampati Classification • Necessary Equipment : ETT , LMA

Regional Reports

To tag on for a little update of interest to some of you is in the PACU at the site I work we are trialling a 10 hour schedule with our staff for 6 months. This was a long arduous process to develop by the staff themselves, many many versions were reviewed until one was voted on, accepted and now being trialed for 6 months.

We have completed a charge nurse resource package for our PACU staff so that anyone who is in the role after the day charge nurse or needs to fill in has a reference guide to follow. This was the teamwork of our Charge nurse, our current PACU manager and myself. It is a resource not a job description with quick tip tool framework for guidance in an already busy environment as you well know.

Officially we have transitioned to full implementation of the 3M warming device Bair hugger and temperature monitor unit for our patients as our normothermia corporate HHS wide quality initiative. The transition was not seamless but we are now working well within the ideal treatment for our patients and maintaining norm thermic state while in the peri-operative environment.

I had a great opportunity to present in April at the University of Toronto PeriAnesthesia Nursing advance course and it was wonderful to meet so many nurses who wanted a refresher, an opportunity to review for certification or general knowledge enhancement. Ramona our current OPANA president also presented and it was a lovely opportunity to share knowledge with colleagues across the province. We hope to do the same in the spring of 2019 at U of T. We have been invited back.

Lastly, Caroline also presented our poster from the work done at HHS on procedural sedation at the NAPANc conference in Alberta and we are happy to share. Please contact us if you are interested.

Have a wonderful summer break and do enjoy those sunny days!

Cheers,
Marianne Kampf and Caroline Fellows-Smith
Hamilton Niagara OPANA Regional Directors
kampf@hhsc.ca or fellows-smith@hhsc.ca



Regional Reports

Trillium Health Partners & Credit Valley Hospital

The peri-operative staff at THP, Credit valley site is happily working in our new expanded space. The staff endured almost a year of construction that took place while we worked. We moved our entire working space several times and were often forced to work in very close quarters. We managed to continue with most surgeries and uphold a high standard of care in the process. The patients and families were very understanding during this time.

We expanded the recovery room and day surgery, added three new operating rooms and renovated 4 operating rooms. We have a new interprofessional lounge, new locker room, and new washrooms. We are also fortunate to have new education and conference space. Our Surgery check-in area has been expanded and we to include a more comfortable patient and family waiting area for private discussions as well updated and expanded interview rooms. We have also added a playroom for the pediatric population as well as texting options to inform families of where their loved one is during the journey. If any other organizations are involved in any large scale renovations please feel free to reach out so we can share our lessons learned. We are in the process of writing a white paper.

Implementation of Medical Directives across all three sites is underway. The Medical directives will allow for pre-emptive analgesia to be given to adults and pediatric populations. The goal is to ultimately reduce post-operative opioid requirements. Mississauga and Queensway site have seen success with the medical directives.

The Clinical order set project (COTS) is well under way with surgeons now using the Entry Point software and printing out updated harmonized orders after surgery. The goal is to reduce errors with handwritten orders, standardize and incorporate best practice guidelines. So far, challenges and success. Change implementation is always a challenge, but so far.....so good.

Best Regards,
Sherry France and Linda Marshall-Masson
OPANA Co-directors GTA Region



First-Ever Ketamine Guidelines for Acute Pain Management

By: Megan Brooks

First-Ever Ketamine Guidelines for Acute Pain Management Released

Megan Brooks

June 15, 2018

58 Read Comments      

Evidence supports the use of intravenous (IV) ketamine for acute pain in a variety of contexts, including as a stand-alone treatment, as an adjunct to opioids, and, to a lesser extent, as an intranasal formulation, according to the first guidelines on the use of ketamine for acute pain management.

Ketamine has captured headlines recently for its potential role in treating severe depression and posttraumatic stress syndrome. Ketamine is also increasingly being used in inpatient and outpatient settings to manage acute pain.

One driving force behind this is the growing effort to reduce the risk for long-term opioid use after acute exposure and its subsequent complications, including addiction. Yet, to date, few recommendations have been available to guide this emerging acute pain therapy.

"The goal of this document is to provide a framework for doctors, for institutions and for payers on use of ketamine for acute pain, who should get it and who should not get it," guideline author Steven Cohen, MD, from Johns Hopkins School of Medicine in Baltimore, Maryland, told *Medscape Medical News*.



The guidelines were [published online](#) June 7 in *Regional Anesthesia and Pain Medicine*.

Pain Management in Ambulatory Surgery

By: Jan G. Jakobson

Pain Management in Ambulatory Surgery—A Review

Jan G. Jakobsson 

Department of Anaesthesia & Intensive Care, Institution for Clinical Science, Karolinska Institutet, Danderyds Hospital, 182 88 Stockholm, Sweden

Received: 18 April 2014 / Revised: 27 June 2014 / Accepted: 9 July 2014 / Published: 24 July 2014

(This article belongs to the Special Issue Anaesthetics)

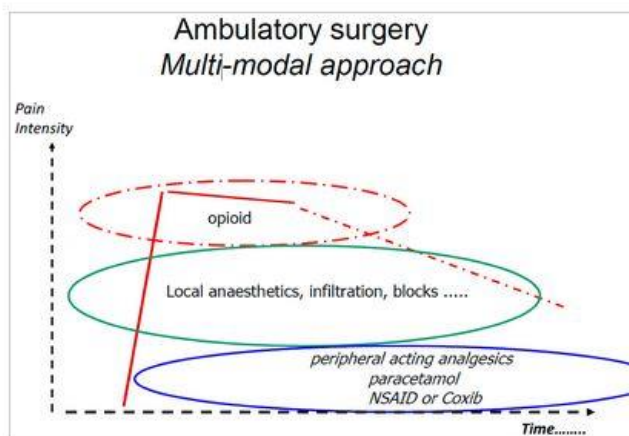
 [View Full-Text](#) |  [Download PDF](#) [1569 KB, uploaded 24 July 2014] |  [Browse Figures](#)

Abstract

Day surgery, coming to and leaving the hospital on the same day as surgery as well as ambulatory surgery, leaving hospital within twenty-three hours is increasingly being adopted. There are several potential benefits associated with the avoidance of in-hospital care. Early discharge demands a rapid recovery and low incidence and intensity of surgery and anaesthesia related side-effects; such as pain, nausea and fatigue. Patients must be fit enough and symptom intensity so low that self-care is feasible in order to secure quality of care. Preventive multi-modal analgesia has become the gold standard. Administering paracetamol, NSAIDs prior to start of surgery and decreasing the noxious influx by the use of local anaesthetics by peripheral block or infiltration in surgical field prior to incision and at wound closure in combination with intra-operative fast acting opioid analgesics, e.g., remifentanyl, have become standard of care. Single preoperative 0.1 mg/kg dose dexamethasone has a combined action, anti-emetic and provides enhanced analgesia. Additional α -2-agonists and/or gabapentin or pregabalin may be used in addition to facilitate the pain management if patients are at risk for more pronounced pain. Paracetamol, NSAIDs and rescue oral opioid is the basic concept for self-care during the first 3–5 days after common day/ambulatory surgical procedures. [View Full-Text](#)

Keywords: ambulatory surgery; analgesia; multi-modal analgesia; balanced analgesia; postoperative pain

▼ Figures



*Please see attached PDF for full text article

OPANA 2018 Conference



"THE FUTURE BELONGS
TO THOSE WHO PREPARE
FOR IT TODAY"
-MALCOLM X

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Looking to the Future

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KETAMINE | ROLE OF RPN'S IN PERIANESTHESIA |
PROCEDURAL SEDATION AND SO MUCH MORE

*TOPICS ARE SUBJECT TO CHANGE

FOR MORE DETAILS AND TO REGISTER ONLINE VISIT

<http://www.opana.org/conference>

CALL FOR ABSTRACTS NOW OPEN

See you there!



Call for Abstracts



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CALL FOR POSTER ABSTRACTS

THEME:
LOOKING TO THE FUTURE

YOUR ABSTRACT SHOULD INCLUDE:

- Presenter(s) name, credentials, email address
- Title of poster
- Relevance to PeriAnesthesia Nursing
- Typed single spaced in font size 12, not to exceed 350 words
- Poster size to be no larger than 4' x 6'

DEADLINE FOR ABSTRACT SUBMISSION:
AUGUST 31ST, 2018

Please submit your abstracts via email to
Caroline Fellows-Smith: fellows@HHSC.CA

Authors will be notified of acceptance of abstract by:
September 15, 2018.

Confirmation of participation must be received by:
September 30, 2018

OCTOBER 20-21, 2018
MARRIOTT ON THE FALLS
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Being a member promotes:

- ✓ Opportunity to network with peers
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- ✓ Affiliation with NAPANc®, our national association
- ✓ Nursing excellence
- ✓ Advocacy with other qualified PeriAnesthesia nurses

Membership Benefits include:

- ✓ Quarterly newsletters
- ✓ Reduced registration fee at OPANA-sponsored educational events including our bi-annual conference and Annual General Meeting
- ✓ Reduced registration for workshops
- ✓ Opportunities for members to apply for financial support for continuing educational activities (conference bursaries)
- ✓ Discounts on NAPANc Standards of Practice
- ✓ Membership in the National Association of PeriAnesthesia Nurses – Canada (NAPANc)
- ✓ Opportunity to vote on important OPANA issues
- ✓ Networking opportunities
- ✓ Access to our on-line forum

Ways to register to become an OPANA member:

- ✓ Use our website: www.opana.org and join online. Cost per membership is \$50.
- ✓ Member of RNAO? Add OPANA to your membership.
- ✓ Even better, if you are already a member of RNAO and paying your fees with an employer payee deduction, consider adding OPANA to your membership. It would calculate out to less than \$13.00/pay for RNAO & OPANA. No hassle, renewal or fuss!

Membership runs from November 1-October 31. Membership is aligned with the RNAO membership dates, as well as the annual OPANA conference. Renew your membership when you register for our conferences. A great reminder

**OPANA is an
Affiliated Interest
Group of the
RNAO**



For more information on OPANA membership

Visit www.opana.org