MORNA GAUZETTE

November 2015

President's Corner

It is my great pleasure to welcome you to MORNA, both returning and new members. I would like to take this opportunity to introduce you to your current MORNA Executive Board Members:

Past President: Monica Palmquist
President: Karen Sagness
President Elect: Kim Goodman
Secretary: Iris MacMillan
Treasurer: Wendy Rodger
Educational Coordinator: Jacquie Radtke

This coming year will see MORNA challenged in several exciting ways.

Firstly, our Constitution and By-Laws (C&B) Committee continues to work on updating our organizations C&B in order to better align with those of the Operating Room Nurses Association of Canada (ORNAC). This has been a significant project and I'm happy to say that the work is almost complete. A very big "Thank You" to Ray Larkins, Eva Marie Lessing, Lesia Yasinski, Monica Palmquist and Iris MacMillan for their many hours of work to see this project through.

Secondly, this year is an exciting one for MORNA in that it is the first year that our members will be able to join ORNAC directly. Please visit ORNAC's website at www.ornac.ca for information on registration, benefits of membership and related fees.

Plans are well underway for our Annual Spring Workshop which will be held March 19, 2016 at The Hilton Winnipeg Airport Hotel. A full and exciting educational program is planned as well as some opportunities for networking not only with our vendors but also with your perioperative nursing colleagues from within the province. If you would like more information regarding the workshop, please contact MORNA's Education Coordinator, Jacquie Radtke, at jacq.radtke@gmail.com.

The next ORNAC 25th National Conference "Harnessing our Power" is being planned for Niagara Falls 2017, April 30- May 4th. Program and registration information will be available on the ORNAC website. As you make plans to attend this conference, please be reminded that in June 2014, the MORNA Board decided to offer $500 in educational funding to all MORNA members who qualify.

In closing, Perioperative Nurses Week was nationally recognized on Nov.9-13h 2015 and we learned that many of our members had the opportunity to celebrate the week in a variety of ways within their facilities. Thank you for sharing your stories and congratulations to all MORNA members for your valuable contributions to perioperative nursing!

Best regards till next time,
Karen Sagness
President
Manitoba Operating Room Nurses Association
mornamatters@gmail.com

2015-2016 EXECUTIVE

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MORNA

Manitoba **O**perating **R**oom **N**urses **A**ssociation

2015-2016 Executive

Office	Name	Facility	Phone/Fax
President	Karen Sagness RN CRN- Adult-OR-Plastics, Burns & Reconstruction Health Sciences-Adult mornamatters@gmail.com	Health Science Centre-Adult 820 Sherbrook St. Winnipeg, MB R3A 1R9	Work# (204) 787-3524 Fax # (204) 787-3095
President – Elect	Kim Goodman RN CPN(C) Health Sciences-Adult kimgoodman@shaw.ca	Health Sciences Centre-Adult 820 Sherbrook St. Winnipeg, MB R3A 1R9	Work# (204) 787-3524 Fax # (204) 787-3095
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Standing Committee Chairpersons

Communications Committee & Newsletter — Iris MacMillan, Jacquie Radtke, Monica Palmquist
Karen Sagness, (Ex-Officio)

Constitution & By-Laws Committee — Monica Palmquist, Karen Sagness (Ex-Officio)

Education Committee — Jacquie Radtke

Nominations — Monica Palmquist

31- 08- 2015

MORNA Meeting Dates 2015 – 2016

Date	Day of Week	Event	Host	Location
September 15, 2015	Tuesday	MORNA Annual Wine & Cheese 1900 hrs	HSC Adult	St. Boniface Education Parlour Rm N1037
October 15, 2015	Thursday	Business and Education Meeting 1900hrs	Grace & PanAm	PanAm Clinic Conference Room- Main Floor
November 18, 2015	Wednesday	Business and Education Meeting 1900 hrs	St. Boniface	PanAm Clinic Conference Room- Main Floor
January 12, 2016	Tuesday	Business and Education Meeting 1900 hrs	Concordia & Womens'	PanAm Clinic Conference Room- Main Floor
February 18, 2016	Thursday	Business and Education Meeting 1900 hrs	Victoria & Childrens'	PanAm Clinic Conference Room- Main Floor
March 19, 2016	Saturday	MORNA Spring Workship	MORNA	Hilton Winnipeg Airport Hotel
April 20, 2016	Wednesday	Business and Education Meeting 1900 hrs	Seven Oaks & Miscericordia	PanAm Clinic Conference Room- Main Floor
June 3 2016	Friday	MORNA Annual Dinner	MORNA AGM	Maxime's Restaurant 1131 St. Mary's Road Wpg

*Check back for any changes in dates/location and for more info about the workshop

MORNA Spring Workshop

March 19th, 2016	Saturday	MORNA Saturday workshop	Details to follow	Hilton Wpg Airport Hotel 1800 Wellington Ave. Wpg., Mb

MORNA Membership

Category	Fees	Send to
Active Canadian Perioperative Registered Nurse Membership	$65.00- January 1, 2016 till January 1, 2017	Ornac Registration Online at ornac.ca Workshop Registeration: Wendy Rodgers c/o- OR Childrens' Hospital 820 William Ave Winnipeg, Mb R3A 1R9
Healthcare Professional Associate	$70.00	
Student Nurse Associate	$55.00	
Retired Perioperative Registered Nurse Associate	$55.00	



Hospital Reps. 2015 -2016

MORNA Manitoba Operating Room Nurses Association

Facility	Name	Address	Phone/Fax
Concordia	Colleen Ungrin Mike Porco (Alt)	1095 Concordia Ave Winnipeg, MB R2K 3S8	Wk#(204)661-7198 Fx#(204) 661-7222
Grace	Kristin Hall Elizabeth Gray (Alt)	300 Booth Drive Winnipeg, MB R3J 3M7	Wk#(204)837-0120 Fx#(204) 897-2938
HSC – Adult	Stacey Brown Val Stephens (Alt)	820 Sherbrook St Winnipeg, MB R3A 1S1	Wk#(204) 787-3524 Fx#(204) 787-3095
HSC- Childrens	Jane Stone	840 Sherbrook St Winnipeg, MB R3A 1S1	Wk#(204) 787-2240 Fx#(204) 787-1178
HSC–Women's	Sherry Requeima	735 Notre Dame Av Winnipeg, MB R3E 0L8	Wk#(204) 787-1494 Fx#(204) 787-1078
Misericordia	Roberta Fransishyn	99 Cornish Ave Winnipeg, MB R3C 1A2	Wk#(204) 788-8380 Fx#(204) 788-8529
PanAm Clinic	Kelly Kleinsasser Ardith Hammerling (Alt)	75 Poseidon Bay Winnipeg, MB R3M 3E4	Wk#(204) 925-1553 Fx#(204) 475-9486
St. Boniface	Louan Gladish Janet Keena (Alt)	409 Taché Winnipeg, MB R2H 2A6	Wk#(204)237-2585 Fx#(204) 237-2587
Selkirk	Donna Shead	Box 5000-100 Easton Drive Selkirk, MB R1A 2M2	Wk#(204)482-5800 ext-20014 Fx#(204) 482-1293
Seven Oaks	Krista Kalteck	2300 McPhillips St Winnipeg, MB R2V 3M3	Wk#(204)631-3037 Fx#(204) 697-3077
Flin Flon	Kristi Burke *	P.O. Box 340 Flin Flon,MB R8A 1N5	Wk#(204)687-7591 ext- 30643 Fx# (204)687-8494
The Pas	Mary Gareau	67 First St.P.O. PO Box 240 The Pas, MB R9A 1K4	Wk# (204) 623-9555 Fx# (204) 623-9614
Victoria	Alison Bartel Gail Bembenek (Alt)	2340 Pembina Hwy Winnipeg, MB R3T 2E8	Wk#(204) 477-3171 Fx#(204) 269-7683
Thompson	Lorna Dudas	871 Thompson Dr. South Thompson, MB R8N 0C8	Wk# (204) 677-2381 ext. 2233 Fx# (204) 778-1410
Boundry Trails	Margaret Friesen Barb Doerksen	Box 2000, Sta Main Winkler, MB R6W 1H8	Wk# (204) 331-8922 Fx# (204) 331-8924
Brandon	Dawn Affleck	C/O Surgical Suite 150 Mc Tavish Ave. East Brandon, MB R7A 2B3	Wk# (204) 578-4136 Fx# (204) 578-4959
Dauphin	Simone Greening	625 3rd St. SW Dauphin, MB R7N 1R7	Wk# (204) 638-2229 Fx# (204) 629-3413
Steinbach	Lauren Silverside	Bethesda Hospital 316 Henry Street Steinbach, MB. R5G 0P9	Wk# (204) 326-6411 ext. 2074 Fx# (204) 632-9614
Maples	Carolyn Finnson	Maples Surgical Center 7-1291 Jefferson Ave. Winnipeg, MB R2P 1S7	Wk# (204) 633-1108 Fx# (204) 633-1148

CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

Certified Perioperative Nurse Canada

CNA CERTIFICATION/RECERTIFICATION

Consider becoming certified in your specialty as a perioperative nurse – CPN(C). The deadline for applications to write in 2016 usually in November 2015 so check out the website and plan now to write in 2016. The deadline for certification renewal application for 2016 will be around the same time (Nov. 2015)

You must have completed 3900 hours in your specialty prior to applying. Applications are accepted from Sept 1, of each year to ~mid Oct/Nov. Visit www.ornac.ca and www.cna-aiic.ca for more information. MORNA has funding available for active members, $150.00 toward certification or recertification fees. This is separate from the educational funding and does not influence the amount of educational funding available to you. There are other sources of funding available follow the financial assistance link under obtaining certification on the CNA website.

The fee schedule is available on the CNA website noted above. Click on **Become Certified!** on the left hand side of the home page.

Any of these pique your interest?

Sources of funding

1. WRHA – $500.00 each year Jan to Dec, plus 2 days salary replacement, to a maximum of 2 days per year. (Those outside of the WRHA contact your local HA).
2. MNU – $200.00 per fiscal year (available to all MNU members, contact your ward rep). Some locals have additional educational funds.
3. MORNA members – contact your rep or go online at (must have been a member in the previous year). www.ornac.ca/chapters/MORNA/ for funding guidelines

MORNA wishes to Acknowledge and THANK all supporting vendors, participating in this years' monthly educational sessions and meetings. We will be listing each monthly vendor name on our monthly poster. We are grateful for the continued support and involvement in teaching new innovative technology to our Perioperative Teams.

THANK YOU...

Important notice re Canadian Operating Room Nursing Journal (CORNJ) subscriptions Please ensure that MORNA has your correct & current address. These addresses are submitted at the beginning of each year to Clockwork. If the journal is considered undeliverable, the cover is ripped off and the journal is discarded by Canada Post. The cover is then delivered back to the publisher with a C.O.D. charge of $0.65 for each cover. ORNAC pays for all returned journals decreasing final profits. Any changes of address also need to be submitted as soon as possible to prevent any delays in subsequent mailings. Subscription problem inquiries should be directed to the MORNA executive, not directly to Clockwork/CORNJ.***Your change of address can be done directly on the ORNAC website. Go to http://www.ornac.ca, then journals, select subscriptions. The change of address window can be found here.

When You Leave Winnipeg for a Conference, You Don't..
By Jane Stone

When you leave Winnipeg for a Conference, you don't expect hail as you land, let alone a white out a few days into the Conference. But that is what Edmonton had to offer us Winnipeggers. The Conference was non-stop! All minutes of the day were used up, non spared. There were many great presentations throughout and learned lots! It is great when you can take back what you've learned and explain to fellow workers what we are doing right and how in other areas we can improve. We at Children's leared how touse our megadyne mat more effective. Such example would be the ability to fold it many times over to use in NICU with babies in the incubators. We didn't think we were able to fold it over and get the proper conductivity. This is excellent news for us because now we don't have to stick neonates with pads that could potentially harm their skin.

I happened to attend a seminar that was peds related and was quite happy about that, only wishing that they had put that in the brochure. The seminar was on family centered care. We were a few steps ahead of them in the perioperative area while the Ontario hospital is allowing family to come in right after the children leave the operating room. Soon we will be having parents come in sooner as well as having a more open environment for parents to come into the theatre for part of the induction.

One baby step at a time.

There were also a lot of great sessions on surgical sight infections and MDR. There was also a fabulous session on necrotizing fasciitis! Everyone will be in for a treat at the next MORNA workshop. I have never seen someone so enthusiastic about necrotizing fasciitis. He was a very engaging speaker. With all of the education that we received we also had great night out's to socialize and meeti new people and have some fun! I would really recommend attending the next ORNAC Conference.

COCAINE

Cocaine use has been an ever increasing issue on many levels in North America and while I attended the Canadian Society of Plastic Surgeons Annual Meeting in Victoria, BC in June, I heard a very interesting case presentation of a patient who sustained a significant vascular-associated life threatening injury as a result of Levamisole-adulterated cocaine use. While the injury affected all body tissue, it most notably damaged the kidneys and pancreas and caused a 70% TBSA cutaneous and subcutaneous assault to the patient.

Levamisole was initially marketed to treat parasitic worm infections but by 2003 it was withdrawn from all North American markets partly due to its significant risk of serious side effects. The most serious side effect noted was agranulocytosis, a significant depletion of white blood cells, mostly neutrophils, which leaves the patient at risk for infection. Associated vasculitis was also quite comon.

Since 2003, Levamisole has been used as a cutting agent in cocaine for its ability to add bulk and weight. It also makes the drug appear more pure. From 2007 to 2010, the United States Drug Enforcement Agency indicated that the percentage of cocaine seized with Levamisole has increased from 10% to 77%. Also during this 3 year time period, the incidence of patients seeking medical attention related to the use of this drug and it's adverse effects has also become more prevalent. The patient, after ingesting cocaine adulterated with Levamisole, arrived at hospital in septic shock. A poor clinical picture was provided by the family so it was unclear how long the patient had remained at home before seeking medical attention.The frequency of drug use and the amount consumed prior to falling ill were also unknown. Upon arrival in the ER, the patient was intubated and transferred to ICU in critical condition. Assessment of the patient revealed the following:

-metabolic acidosis
-acute renal failure
-severe hyponatremia
-severe hyperglycemia
-decreased LOC
-diffuse purpuritic rash with associated bullae
-foul discharge to all extremities
-full thickness tissue loss bilateral upper thighs

Due to agranulocytosis and systemic vasculitis, the patient suffered significant tissue loss. While in hospital the patient required approximately 11 debridement with skin grafting procedures. These procedures required the utilization of both allograft and autograft skin. Since majors organs were also affected as a result of the Levamisole consumption, the patient also required renal dialysis and insulin therapy for approximately 10 weeks. After approximately four months in an acute care setting, the patient was finally stable enough to be discharged to a rehabilitation facility for further care. This patient sustained an incredible systemic assault as a result of Levamisole-adulterated cocaine use. Since the drug is still being used as a cutting agent in cocaine, this type of case scenario may become more prevalent within the health care setting.

Submitted by

Karen Sagness

Laser Safety Training Programs

Date: September 19, 2015
Time: 08:00 – 16:00 hrs
Venue: Health Sciences Centre Winnipeg, Psych. Building, Room PX 236/238
Tuition Fee*: 250$ per person or no charge if covered under Hospital "Gold" Service Plan (see note below)

***Note: The Clarion Medical Technologies Inc. Service Group is pleased to sponsor at no charge any staff at an institution whose laser is protected under the "Gold" Service plan.**

LASERS – A NURSING PERSPECTIVE

Topics covered:

Laser Physics
Laser Safety
Laser Hazards
Laser Standard (CSA Z386-14)

Course written and instructed by:

Jean Yves Latreille, R.N., C.P.N.(C), C.M.L.S.O.
Clinical Coordinator, Certified Medical Laser Safety Officer

- **Course Manual Included**
- **Hours credited towards C.N.A. Certification in Perioperative Nursing**
- **Lunch is NOT included**

Complete the registration form and return by e-mail before August 30, 2015.

To contact directly: Jean Yves Latreille
Call: 1-800-668-5236 # 1506
Email: jeanyvesl@clarionmedical.com

Please call Stacey Kuhl @ 787-1212 if you require any more information. Thanks.

Laser Safety Training Programs

WINNIPEG REGIONAL COURSE

DATE: SEPTEMBER 19:2015: Health Sciences Centre Winnipeg, Psych Building R.: PX 236/238

LASER SAFETY TRAINING PROGRAM REGISTRATION FORM

LASERS – A NURSING PERSPECTIVE

To register, please complete this form and return by e-mail at jeanyvesl@clarionmedical.com
DEADLINE FOR REGISTRATION: AUGUST 30, 2015.

⎸Covered under hospital "Gold" Service plan ⎸Not covered under hospital "Gold" Service plan

Name:_____

Title: _____

Hospital: _____

City: _____

Fax: _____ Email: _____

Registration Fees	"Gold" Service plan	No "Gold" Service plan
Lasers – A Nursing Perspective	No Charge	$250.00/person
TOTAL	**No Charge**	**$250.00/person**

PAYMENT METHOD

⎸Cheque enclosed payable to **Clarion Medical Technologies Inc. - Laser Safety Training**
Mail to: 11883 28 ave R.D.P., Montréal, QC H1E 7C4

⎸Visa ⎸Mastercard ⎸American Express

Card Type Card Number Expiration Date (month/year)

CARD HOLDER'S NAME SIGNATURE

Building a Business Case in Perioperative Nursing: The Effect of an Organized Voice

I attended the 24th ORNAC conference "Bridging Excellence in Perioperative Practice" and was inspired by the presenter Kay Ball. I was struck by her positive energy, driven nature and how willing she was to share helpful tips to build a business care in perioperative nursing.

Create a Business Case

1. Organize information to persuade others based on evidence
2. Deliver a powerful message
3. Realize your talent → You have the knowledge, skills and experience. You have the power to engage others
4. Do everything possible to reach that standard/goal!
5. The Business Case is to convince Senior Executives and decision makers; it is a proposal that has value, addresses needs, is cost effective, justifies the financial ask for money, supports the Vision of the Organization and is Supportive of Patient Care
6. The business case Must be: understandable, adaptable and compatible to goals of the Organization, logical, measureable and accountable.

Elements of Development of the Business Case

- Know Your audience → Know their interest(money, personnel, education; answer questions with confidence, don't be intimidated, you are the clinical expert, respect their time → Time is Valuable
- Know your data → provide the critical data to make your points → prioritize the data and arrange it in an easy understandable way
- Know National and Industry benchmarks → Present relevant standards, guidelines, negative consequences and what others are doing
- Do ground work for support → who can you rely on for buy-in.

Presenting Your Business Case

- Bottom line up front → BLUF
- State what you want first
- Start with the ASK (in one sentence)
- Have the data organized and prioritized
- Be prepared → you will see all kinds of group (agree, challengers, short attention span, other priorities, physician resistance, complacency).

Business Case Types

A3 Lean →Reason for action (problem to solve), who is involved, current state, target state, gap analysis, solution approach, action/communication plan, follow up, lessons learned
SBAR→ Situation, Background, Assessment, Recommendations
Any Logical format→ Describe the identified need, explain the process, cost savings, return on investment, action plan for implementation, expected benefits for patients and staff.

Presentation Tips

1. Identify yourself (be confident, make the sell in 5-10 minutes, know the art of

negotiation)
2. Make the ask (start with what you want first)
3. Present the data (Use figures, examples)
4. Tell the story in understandable language
5. Know the benchmarks
6. State how it will impact patient care!
7. Prioritize the information (2-3 message points)
8. Focus on the goal to convince
9. Be concise
10. Vary pitch or tone of voice
11. Emphasis at sentence end
12. Be yourself, don't lie or pretend to know what you don't
13. Dress professionally
14. Drink water only
15. Smile
16. What your body language
17. Use hand gestures (positive ones only)
18. Practice
19. Set a start date, with identified nurse, surgeon and anesthesia champions

Kay then used these tips to present a business case for smoke evacuation.

Respectfully submitted,
Lesia Yasinski RNBN, MSA
Manager of Nursing Initiatives
Winnipeg Regional Health Authority

Updates on Malignant Hyperthermia
Dr. Sheila Riazi, MSC, MD, FRCPC.
Staff Anesthesiologist at University Health Network
University of Toronto, Ontario.

Dr, Sheila Riazi is the Director of MH diagnostic Centre in Toronto, the only Canadian diagnostic centre for MH. Here she sees at risk individuals, performs diagnostic testing, and heads the MH research. Dr. S. Riazi discussed MH, a pharmacogenetic disorder of skeletal muscle cells that is triggered with the use of volatile anesthetics, and or succinylcholine. Sepsis can mimic MH, and at times is difficult for anestheologists to assess. The MH patient shows signs of Tachycardia, High CO2, Rigidity, nd increased Temperature. This sometimes occurs t inductin and 20% of patients die. She told us of a case when an overweight patient whose IV access was very difficult, and the IV was started in her antecubital fossa. The patient was given a GA using LMA. After succinylcholine was given the patient went rigid, clamped down on the LMA, cut off the IV from rigid bent arms. Calcium inside the cell increased causing the rigidity, the buildup of Potassium in the blood caused cardiac arrest. She had no IV access and no oxygen and unfortunately died. MH patients respond to a drug called Dantrolene. This drug reverses the hypermetabolic response induced by MH. Dr. Sl Riazi said all OR's should stock at least 36 vials and 10-12 vials are needed per patient. It is more important to administer the Dantolene as soon as possible, than the cooling of the patient. If Dantrolene is delayed by 50 minutes the patient gets 100% complications. Kidney overload causes the patient to become dialysis depedent. Patients go to ICU and remain intubated. In 25% of cases MH can come back, and patients may need Dantrolene up to 24 hours after. Temperature needs to be monitored for all cases in the OR so diagnosis of MH isn't delayed. Muscle biopsy is a very invasive diagnosis for MH. The muscle from the inner thigh, a 3 inch cut, is taken, stretched and clamped exposing it to anesthetic. Contractions are measured and the test takes 4 hours. Patients have to go to Toronto for the biopsy because the muscle cant be resected for more than 6 hours, and because the test takes 4 hours, it has to be fresh. If a family member is

identified for MH it may not show up in genetic tests. Toronto is the only centre in Canada for testing and can only do 30-40 biopsies a year, so there is a long wait list. If a women who is pregnant and the father of the baby is known MH, but the mther is not, baby can carry the gene. If a caesarian section is needed because an epidural is not possible then the patient is to be treated as MH. Prior to induction the anesthetic machine needs 1 hour of flushing. If using charcoal filters the circuit flush time takes 10 minutes. A new study of " Awake MH" shows for non-anesthetic triggers, at risk individuals are prone to exercise or heat induced MH. A marathon runner collapsed while rinning on a hot day. She was wearing a medical alert bracelet for MH. She was fiven Dantrolene in the Emergency Department and survived. If Dantrolene is used in your area rmember to fill out the forms that come with the drug, and send it in so they can keep track of the cases of MH. If Dantrolene is given and the patient is not MH, flebitis could occur. It is better to give the drug as it could save a life.

Submitted by
Elizabeth Gray

Latest Technology & Updates in the Field of Electrosurgery

I, Kateryna Zhbanova, attended my very first ORNAC National Conference this past May in Edmonton. I have gained a tremendous amount of vital information to improve my own practice, such as, managing surgical plumes, cultural safety, to building a business case and eventually how to move away from paper charting to wireless electronic health records. The topic of utmost interest to me was on electrosurgery. Simply because I was not fully aware of the considerations associated with this technology. The guest speaker, Melissa Fischer has an extensive perioperative background with a focus in leadership and education. Prior to her current position as a clinical specialist for Megadyne Medical Products, Melissa spent over fifteen years working clinically in operating room, holding multiple RN leadership positions within surgery departments.

Melissa Fischer raised awareness not only about the latest technologies and updates in the field of electrosurgery but of the safety issues regarding the harnessing and conversion of high frequency electrical energy. For instance, if the patient return electrode was to alarm I would first ensure that it was plugged in fully by unplugging and re-plugging it back in. However, that won't solve the problem but instead can create a problem. Range of resistance of the already applied cautery pad on the patient gives a base line. Every time the cautery pad becomes detached from the patient, machine alarms. Unplugging and re-plugging the cord allows the machine to detect a new baseline, which now will be generating heat over much smaller surface area yielding an increased risk for burn.

Melissa Fischer also touched on the duty cycles defined as the amount of time machine is in active state compared to the total time being used. Duty cycles should be 25% or less. For example, 10 seconds on followed by 30 seconds off. This means that even with a correctly applied contact quality monitoring patient return electrode, increased power settings or longer activation times may result in thermal injury or patient pad site burn.

Our traditional 'sticky' pad return electrodes generate heat due to the relatively small size of the dispersive pad. As power settings are increased or the duration of the activation lengthens, heat builds up under the pad when the current exits the patient. Some level of skin damage will occur if the skin temperature under the pad reaches 45°C. Currently, there is no alarm or monitoring system in place to notify of this increased heat. Therefore, warming the sticky pad, either via warming unit or by applying heating pad, such as, Bair Hugger blankets is contraindicating as it already increases the skin and pad temperature.

Additionally, the sticky pad should be placed on a well vascularised, muscular area. However, patient's buttock as a grounding site while patient is in the supine position during procedure is not recommended. The area has some decreased vascularity due to pressure caused by the body weight.

Some of the considerations with traditional return electrodes were compiled by the guest speaker which are as follows:

- Place electrode with long portion towards the surgical site to decrease risk of edge effect burn
- Place the electrode close to the surgical site
- Do not pre-warm or place warming devices over them
- Place after patient is positioned
- If alarms intra-operatively, do not unplug the cable and reconnect without checking the contact area of the electrode

Melissa Fisher encouraged to complete skin assessment prior to surgery and afterwards. If one was to encounter a lesion of unknown origin, these steps should be followed. First, preserve evidence including devices and packaging. Second, take colored photos of lesion immediately and then at 24 hours and at 48 hour mark if possible. Thermal or electosurgical burns are noted immediately or within one hour where as chemical burns or pressure ulcers are noted hours to days after. Additionally, it could be of value to take photos of the operating room or set-up and of the devices before they are inspected/tested. Third, file an incident report and be very objective with descriptions.

Perioperative nurses utilize a variety of different equipment to assist in medical procedures. They must be aware of changes in technology and the highest safety to benefit patient care. Electrosurgery has many benefits which are recognized worldwide yet many risks and perioperative nurses are in a good position to mitigate many of these risks through education and training.

To contact Mellisa Fischer with questions or for more information on perioperative safety programs, please send an email to mfischer@megadyne.com.

Respectfully submitted,
Kateryna Zhbanova
RNBN - HSC ADULT OR NURSE

Managing Surgical Plume: A Facility Wide Approach

I, Olena Zhbanova, attended ORNAC National Conference in Edmonton on May 3 – 7, 2015 and was inspired by the presenter Robert Scroggins, RN, BSN, CMLSO. He has 32 years of experience as an RN (23 years in OR) and has instituted a successful smoke evacuation program for the health system and taught a variety of courses related to patient and staff safety. Robert Scroggins is currently the Clinical Programs Manager for Buffalo Filter, manufacturer of surgical smoke evacuation equipment and teaches continuing education programs regarding the hazards of surgical plume and the effective management thereof. I was amazed to learn, as you will too, how hazardous surgical plume is to health care workers in the OR.

1 gram (tissue) of ablation = 3 cigarretes
1 gram (tissue) of ESU = 6 cigarettes
Daily Plume was equivalent to 27-30 cigarettes/day

Think about that for a second…

<u>Physical Hazards</u>

- 0.3 microns can enter alveoli, which causes bronchiolitis, asthma, COPD/Emphysema and these particles cannot be expelled from the alveoli
- They have done studies with rat models, exposed them to surgical plume and found particles stored in bone, bone marrow, brain, liver, spleen and intestines. Six months later tests showed that particles (10 microns) were still found in rats
- This is not only hazardous to staff working in OR but patients as well for e.g. laparoscopic cholecystectomy, most surgeons do not attach an evacuation device and some plume will get trapped inside the patients.

Chemical Hazards

- Surgical plume contains over 40 hazardous chemicals which are toxic, mutagenic and carcinogenic
- Health hazard from chemical components such as Benzene, which is a Group 1 carcinogen causes Leukemia & Toluene, which is a carcinogen as well and causes mental delay in babies (not ideal for anyone but especially pregnant moms to be exposed to this)

Biological Hazards

- It is known that surgical plume can contain
- Intact viable HPV, HIV and HBV
- Intact strands of viral & human DNA
- Intact cancer cells

Additionally, Robern Scroggins pointed out that using suction is not nearly as effective or sufficient as you might think. Suction works at 85L/min whereas smoke evacuation is at 839L/min. Facilities must use 0.1micron filter (0.3microns can enter alveoli) to successfully remove surgical plume, as well as use ULPA filter, 100 times more effective, compared to HEPA filter. Needless to say it is important for everyone working in an OR to utilize smoke evacuation system to avoid exposure to hazardous particles in surgical plume. Surgical plume has a cumulative effect and we as nurses are in OR more often than anyone else (e.g. surgeons, patients etc), therefore we have a much higher exposure to surgical plume. We have come a long way in working as a team and we do it well, that it should never come to needing to refuse work because it is unsafe.

Additional information

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Respectfully submitted,
Olena Zhbanova RNBN
HSC Adult OR Nurse

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Guidelines, Statements & Standards

Facts at your fingertips: Review important practice guidelines and the roles and responsibilities nurses play in specific procedures.

Role of the Registered Nurse Related to Scope Advancement

The role of the Registered Nurse In Scope Advancement

Position

The Canadian Society of Gastroenterology Nurses and Associates CSGNA supports scope advancement in an Advanced Nursing practice/Delegated Medical Act. This is subject to approval of the individual provincial governing bodies and Health care facility.

Definition

Advancement refers only to the act of advancing the endoscope under direct supervision of the Endoscopist.

Background

The primary role of the registered nurse during endoscopy procedures is maintenance of patient safety. Advancement should only be carried out under direct visualization. The registered nurse must have the knowledge, skill and judgment to assist with the procedure and independently know when to stop advancing. An education program including Anatomy and Physiology, principles underlying the procedure, nursing implications and expected outcomes are integral components. This can only be carried out under the direct supervision of a qualified Physician.

Disclaimer

The Canadian Society of Gastroenterology Nurses and Associates (CSGNA) assumes no responsibility for the practices and recommendations of any member or other practitioner or for policies and procedures of any Endoscopy unit.

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Operating Room Nurses Association of Canada

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Go to https://ornac.ca

- Select **Membership**, from the boxes above the menu
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- Select **Renew my Registration**
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ORNAC Membership Renewal
4 Cataraqui Street, Suite 310
Kingston, ON K7K 1Z7

We look forward to your continued membership in ORNAC and a fantastic 2016!

Sue Burns, Membership Coordinator
ORNAC Management Team

**Important Notes Regarding your Membership*

- *Membership period is from January 1 - December 31.*
- *Registrations received on or after January 1 are considered to be late.*
- *As a result of the management transition, all membership payments received in September 2015 will be automatically extended to the 2016 membership year. These changes will be applied to your profile automatically in the upcoming weeks.*

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Nous espérons que vous prolongerez votre adhésion à l'AIISOC pour une année 2016 formidable!

Sue Burns, Coordonnatrice des adhésions
Équipe de gestion de l'AIISOC

*Notes importantes concernant votre adhésion

- La période d'adhésion est du 1er janvier au 31 décembre.
- Les inscriptions reçues le 1er janvier ou après cette date sont considérées comme en retard.
- En raison de la transition administrative, tous les paiements pour adhésions reçus en septembre 2015 seront automatiquement transférés à l'année d'adhésion 2016. Ces changements seront automatiquement appliqués à votre profil au cours des prochaines semaines.

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