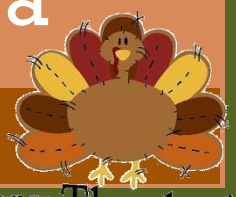
UNE Anesthesia Extra

UNIVERSITY OF NEW ENGLAND

Brought to you by MSNA Class of 2015



Happy Thanksgiving

Volume 1, Issue 3

NOVEMBER 2013

We have lots of exciting things going on at UNE!

Please place your orders for our class logo wear by December 2nd. Clothing samples will be available Tuesday November 19th.

Special thanks to Sarah V. & her significant other Jeremy for their awesome logo work~

Gym Day
Finley Recreation Center
Thursday November 21st
11am-3pm

Keep testing your knowledge!
Thanks to Valley Anesthesia

ENJOY YOUR VACATION

PR Initiatives

Have you ordered your UNE logo wear?

CRNA Cert Exam Review Question #1

Name one anesthesia maneuver that decreases lower esophageal sphincter (LES) tone.

CRNA

Question #2

Which region of the respiratory tract serves as the principal "physiologic heat and moisture exchanger" (HME)?

The class of 2015 is holding our first fundraiser!

With the help from Old Farm Christmas Place in Cape Elizabeth students will be selling holiday wreaths. The fundraiser will last for the remainder of November and through December 5th.

Wreath price range is from $18-25.

The money raised will go towards the class graduation ceremony as well as public relations activities we will host in the future.

If interested in purchasing a holiday wreath please contact Viktoriya Maslova at vmaslova@une.edufor the order form.

UNE UNIVERSITY OF NEW ENGLAND
NURSE ANESTHESIA

Our Ice Cream Social Was a Hit!

On November 6, the nurse anesthesia program put on an ice cream social at UNE for the undergraduate nursing students.

It provided a comfortable atmosphere for nursing students to interact and learn about the nursing profession and how to establish individualized professional goals. The purpose of the social was to develop an informal mentorship program between nurse anesthesia students and undergraduate nurses.

This event truly reinforced interprofessional development. Thank you GAPSA for your support!

Submitted and organized by Alicia Grimaldo RN,BSN, SRNA

Epidural & Spinals – Avoid Unnecessary Bleeding & Paralysis

Submitted by: Mark Alderson, MSN, RN, CNL, SRNA

With deep vein thrombosis (DVT) prophylaxis becoming more frequent as providers strive to provide the most efficacious care, and avoid reimbursement issues, chances are your patient may be on low molecular weight heparin: enoxaparin (Lovenox).

On November 6, 2013, the U.S. Food & Drug Administration (FDA) issued a safety announcement reminding providers that judicious, evidence-based timing should be practiced for epidural and spinal placement and / or removal when a patient is receiving anticoagulants.

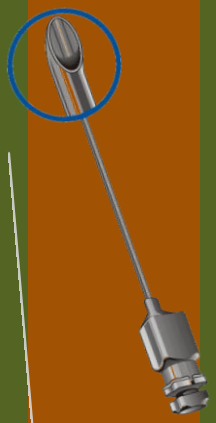
They summarized their recommendations as follows:

•"For enoxaparin, placement or removal of a spinal catheter should be delayed for at least 12 hours after administration of prophylactic doses such as those used for prevention of deep vein thrombosis. Longer delays (24 hours) are appropriate to consider for patients receiving higher therapeutic doses of enoxaparin (1 mg/kg twice daily or 1.5 mg/kg once daily).

•A postprocedure dose of enoxaparin should usually be given no sooner than 4 hours after catheter removal.

•IN ALL CASES, A BENEFIT-RISK ASSESSMENT SHOULD CONSIDER BOTH THE RISK FOR THROMBOSIS AND THE RISK FOR BLEEDING IN THE CONTEXT OF THE PROCEDURE AND PATIENT RISK FACTORS.

•When undergoing these types of procedures, patients should alert their health care professional immediately if they experience any symptoms such as numbness, tingling, leg weakness or paralysis, or loss of control over their bladder or bowels."



While the above recommendations focus on enoxaparin, the FDA notes that all anticoagulants present risks of bleeding or neurological injury when spinal or epidural anesthesia are involved.

Complete Safety Announcement can be found here:
http://www.fda.gov/Drugs/DrugSafety/ucm373595.htm

LOVENOX® (enoxaparin sodium injection)

Answer #1

Cricoid pressure (Sellick's maneuver) decreases lower esophageal sphincter (LES) tone. [Barash, Clin. Anes. 6e, 2009 pp1222t]

Answer #2

The **upper respiratory tract** (especially the **nose**) functions as the principal heat and moisture exchanger (HME) to bring inspired gas to body temperature and 100% humidity in its passage to the alveoli. [Miller and Pardo, *Basics*. 6e, 2011 pp209]