Summer 2024

The Sensor

Case Review: Anesthesia Technologist Insights Related to the CABG Procedure

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asatt

AMERICAN SOCIETY OF ANESTHESIA TECHNOLOGISTS AND TECHNICIANS

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Perspective

PRESIDENT'S LETTER

Dear Members of ASATT,

We are excited to announce that registration for this year's ASATT Annual Conference in Oklahoma City is open. We are eager to showcase our efforts to bring you an excellent national conference.

The conference will feature two-panel discussions focused on cell saving and organizational leadership, among various breakout sessions designed to provide you with the latest insights and advancements in the field. These sessions are crafted to enhance your knowledge and skills, ensuring you continue providing exceptional patient care.

In addition, we are offering an ACLS (Advanced Cardiovascular Life Support) course for a nominal fee of $50. This course will be held the day before the conference begins, providing a valuable opportunity for professional development.

I would also like to take this time to let you know about ways you can get involved with ASATT. Did you know that if you get an article published in "The Sensor," you receive five CEUs? It's true! If you have the itch to write and share your expertise with the rest of the membership, submitting articles for publication is a great way to get involved. Additionally, we have several committees that can use your voice, so please reach out to the office to get connected.

Please follow us on our social media channels to stay updated on all our activities and connect with fellow members. Engaging with us online is a great way to stay informed and be part of our vibrant community.

We sincerely appreciate your hard work and unwavering dedication to supporting patient care. Your commitment to excellence drives our community's success, and we are honored to support you in your professional journey.

Thank you for your ongoing efforts and support. We look forward to seeing you in Oklahoma City!

Warm regards,

Bryan Fulton, M.Ed., Cer.A.T.T.
ASATT President
president@asatt.org

From the Executive Director

JENNIFER RZEPKA, CAE

CELEBRATING THE DEDICATION OF ASATT'S THANKLESS VOLUNTEERS

The leaders of ASATT who contribute countless hours developing content, considering the impact of trends in anesthesia, meeting throughout the work day, over the weekends and in evening hours, considering optimal ethical practices for anesthesia technologists and technicians, evaluating programs to ensure quality and effectiveness in their education, answering countless emails, developing quiz content to provide CE on-demand, and so much more, often go unnoticed and uncelebrated.

The ASATT Board of Directors, the Officers and Regional Directors, are the volunteers who dedicate their time, energy, and expertise without expecting anything in return other than the satisfaction of knowing they've helped advance the anesthesia profession for you.

These individuals embody the spirit of altruism, service and selflessness, yet they receive critique and complaint loudly from dissatisfied members and attendees when something goes awry, or doesn't fulfill their expectations of ASATT. When the caring volunteers receive that negative input more often than gratitude, their passion and dedication can quickly erode.

That's why I'm dedicating my article in this issue to saying ***THANK YOU*** to the strong, hard-working Board members of ASATT who remain committed through challenge, adversity and apathy. They toil behind the scenes, dedicating countless hours to bettering the association, and rarely receive the compliments and thanks for their work.

Like every ASATT member, these volunteers are also juggling personal and professional responsibilities. In addition to whatever they have going on in their family-life, they also face limited resources, burnout and the emotional toll of their jobs. What sets these volunteers apart, is that they still find the time to give back to ASATT.

It is only through their extraordinary efforts that ASATT has been able to provide quality education to its members and participants through quarterly webinars, many educational articles and the ever-evolving Annual Conference and Tech Expo. These people are shaping the future of anesthesia and driving initiatives that impact patient's lives and shape profession for the better.

Please take the time to think about the people who have previously served, and are currently serving ASATT, and what they have done to help you advance your career. Consider reaching out to say 'thank you'. An e-mail, phone call, expressing gratitude as you pass in the hallway, at the Conference or even just leaving a voice mail can have a tremendous, positive impact. Let these tireless leaders know that what they're doing matters, and they may just find the time and energy to continue the invaluable work on behalf of the organization, on behalf of you.

Jennifer Rzepka, CAE
ASATT Executive Director
j.rzepka@asatt.org

ADVANCE YOUR CAREER TODAY!

Looking to advance your career or find top talent? Explore career growth and professional development opportunities on **our website**. Sign up for job alerts to stay updated on new postings. ASATT welcomes job postings from any organization that has opportunities that may be of interest to our membership.

Spotlights

STUDENT SPOTLIGHT

Mikayla Howorka

If someone had told me this time last year that I would end up going to school again, I definitely would have laughed. I had just come home from a mobilization with the military, aimlessly scrolling on social media, when I saw a video about anesthesia technology. I found it very interesting and immediately went into research mode. Eventually, the internet led me to the anesthesia technology program at Oklahoma City Community College, and the rest was history.

My time during this program has been nothing short of excellent. My time during this program has been nothing short of a rollercoaster ride. First semester was like the incline at the beginning of the ride. We learned a lot of the basics and were getting excited for the rest of the program. The labs and clinical days were long, but they helped reinforce everything we were learning. Second semester was filled with the rush of twists and turns; it came with more skills, more information, and more pressure. Our labs had more simulations with the very life-like mannequin, Apollo, and in clinical we got more exposure to central and arterial lines and various nerve blocks. The final semester was the slow ending part of the ride. It seemed like it lasted forever! Lab involved some new information but also a lot of review from the previous semester. During clinical, we had more freedom to go do any skills we wanted to or could find that day.

Overall, I loved this program. The faculty and students involved practically became family, and the information learned is highly valuable. Though my time is done, I know the relationships I've developed, and the knowledge learned will assist me in all my future endeavors.

Spotlights

MEMBER SPOTLIGHT

Robert Feltis Cer.A.T.

University of Texas Southwestern University

Robert Feltis is a certified anesthesia technician with over 38 years' experience in anesthesia. He started his anesthesia journey in November of 1987 and obtained his certification soon afterwards. Robert works as a Chief Anesthesia Technician of Cardiovascular Procedures.

Over the course of his career, Robert has become proficient at many different types of procedures. While his path has led him to UTSW, he has the most joy working in open hearts and lung cases.

Robert has been an advocate of ASATT and teaching for years. He was instrumental in coordinating several ASATT region 5 conference in the past. He enjoys the camaraderie, networking and learning opportunities he has experienced with ASATT.

In his off hours, Robert enjoys many hobbies. Robert enjoys traveling, gardening, BBQ, Ham radio operating, foodie, and weather watching. Some of his recent travels have taken him exploring the local Texas surroundings searching for excellent BBQ, smoked meats and burger joints. Robert enjoys growing many of his own fruits and produce, making salsa!

Robert has been involved with Ham radio for many years. He enjoys the ability to help his community and others with news and weather reports. He also has many weather monitors at home that enable him to measure and track precipitation and winds. This information is contributed to meteorological groups to better understand and evaluate environmental changes.

Robert has been employed at UTSW since 2014. From 1987 to 2005 he worked as an anesthesia tech lead at St. Paul Hospital in Dallas, TX. He then moved over to Medical City Dallas and worked lead anesthesia technician from 2005 to 2014.

Robert was an EMT/Paramedic/Volunteer Firefighter from 2001 to 2017. He worked as an EMT/Paramedic/Firefighter in Sunnyvale, Texas just outside of Dallas. Robert enjoyed driving the truck, operating equipment and serving the community. He was inspired by George W. Bush at 9/11 when he said, "Do what you can to volunteer in your community." And so he did, taking the necessary classes at the local fire station. Robert was a first responder and was called on to render aid and comfort during tornadoes and fires.

UTSW has been his home base since 2014 and he feels that it is a great place to work, particularly for new Anesthesia Technologist graduates and those wanting to learn about the profession of anesthesia technology. "This is a very supportive environment. I love working here and there are amazing providers and a wide range of cases."

2024 ASATT CALENDAR

2024 ANNUAL CONFERENCE

2024 Annual Conference & Anesthesia Tech Expo
Wednesday, September 25 - Saturday, September 28, 2024
Omni Oklahoma City Hotel
Oklahoma City, OK

← Download the Exhibitor Prospectus

Download the Attendee Registration Brochure →

2024 WEBINARS

Quarter 3: August 10, 2024

Quarter 4: December 14, 2024

View Our Online Calendar & Register Today

2024 SENSOR

Quarter 3
September 21, 2024 – Content Due

September 28, 2024 – Distribution Date

Quarter 4
November 30, 2024 – Content Due

December 21, 2024 – Distribution Date

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Share. Inquire. Learn.

ASATT's online Discussion Forum is available for members to connect and share!

ASATT has an online Discussion Forum that members can support each other through the sharing of vital resources, knowledge and experiences, and to seek answers to questions and concerns.

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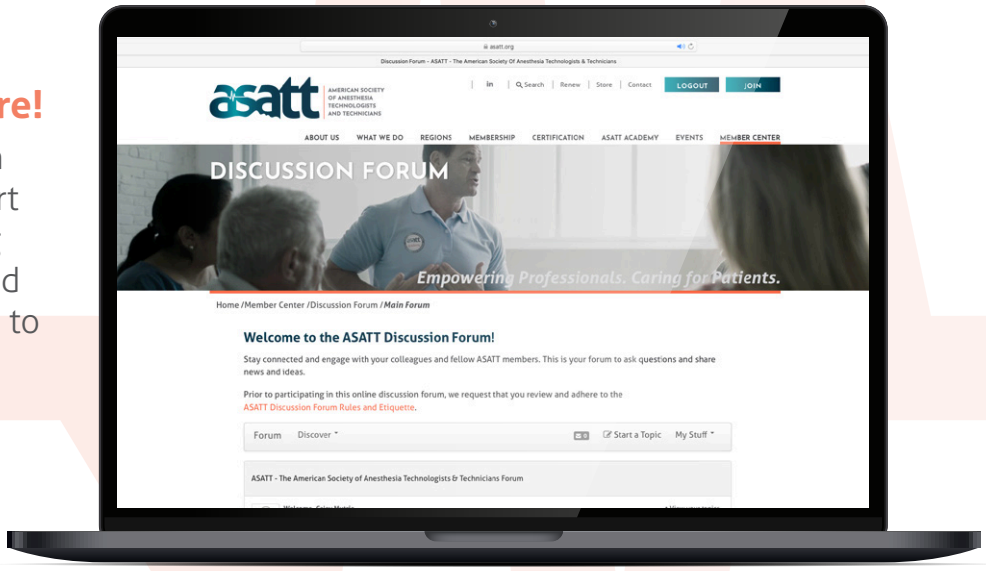

Case Review: Anesthesia Technologist Insights Related to the CABG Procedure

MIKAYLA HOWORKA
OKLAHOMA CITY COMMUNITY COLLEGE

INTRODUCTION

This case study analyzes the medical history and surgical intervention of a 51-year-old male patient diagnosed with coronary artery disease caused by a calcified coronary lesion. The surgical procedure is a coronary artery bypass graft involving three vessels. The patient has no known allergies (NKA) and is classified as an ASA 4 (American Society of Anesthesiologists Physical Status Classification). He stands at a height of 183 centimeters (72 inches) and weighs 104.6 kilograms (about 230 pounds). The Mallampati score is 2, indicating a moderate view of the patient's airway during pre-operative examination. Additionally, the patient's thyromental distance is greater than three finger breadths, and the patient demonstrates a full range of motion in the neck.

The patient's review of systems shows a calcified lesion due to coronary artery disease (CAD) and primary hypertension. Furthermore, it was found that the patient had nearly complete occlusion, with the coronary artery being almost 100% blocked.

PATHOPHYSIOLOGY

The basics of CAD include its risk factors and impact on the cardiovascular system. CAD is a condition where the coronary artery becomes restricted or blocked, causing the heart muscle to receive insufficient blood and oxygen supply. "It typically involves the formation of plaques in the lumen of coronary arteries that impede blood flow" (Shahjehan & Bhutta, 2023). The 'plaques' are a collection of fat that accumulate over time. A multitude of adjustable and

non-adjustable risk factors can cause the build-up of plaque. According to the American Heart Association (2021), the most common risk factors are high cholesterol and blood pressure, family history, smoking, and diet. Some can be avoided, but others cannot (American Heart Association, 2021).

The progression of CAD depends on each individual. "The hallmark... is the development of atherosclerotic plaque" (Shahjehan & Bhutta, 2023). For some, it may start in their early childhood; for others, it may occur much later. Plaque build-up is the beginning stage of CAD, where the heart's arteries begin to harden. Plaque can be considered a fatty, sticky substance that will start accumulating on the arteries and cause them to narrow. "Over time, the plaque could grow in size or become stable..." (Shahjehan & Bhutta, 2023). The stability of the plaque indicates that it has calcified, as the diagnosis states for the 51-year-old patient. Just because it becomes stable does not mean that it will go away.

Per the American Heart Association (2021), typical symptoms include shortness of breath, angina, lethargy, and dizziness. In this case, the patient started to experience shortness of breath and slight chest pain, likely related to exerting themselves at work (American Heart Association, 2021). When the demand for oxygen increases, the heart will beat faster to compensate, and the respiratory rate will also increase. With a narrowed coronary artery, not enough oxygenated blood can pass through to meet the demands of the heart, thus resulting in chest pain and shortness of breath. However, when the exertion decreases, so does the need for oxygen. Therefore, the symptoms will subside.

The most significant obstacle to combat is a myocardial infarction or heart attack. It is a known medical emergency with high risk and can be fatal.

Additionally, reduced blood flow can cause a myriad of physiological changes. When the heart constantly works harder than it needs to, this presents a problem. Following the Cleveland Clinic, without appropriate intervention, CAD can lead to arrhythmias, heart failure, and myocardial infarction (Cleveland Clinic, 2023). Not only will CAD weaken the heart, but can present with these complications if not treated appropriately. The most significant obstacle to combat is a myocardial infarction or heart attack. It is a known medical emergency with high risk and can be fatal.

As a result of the previously stated, this patient's heart is working in overdrive; calcified plaque has affected their cardiac function by reducing the blood flow to the heart. If not for the willingness of the patient to seek professional help and the early intervention of the physicians, the progression of the condition might have resulted in more severe complications or a more challenging treatment path.

SURGICAL PROCEDURE

As previously stated, the patient was scheduled to have a coronary artery bypass graft of four vessels due to a calcified coronary lesion. Although the patient was recently diagnosed with CAD and primary hypertension, they have had no prior surgeries and no other medical history to report. The patient said they started experiencing slight chest discomfort and shortness of breath at work about one month prior to this surgery.

The surgery aims to re-route blood and oxygen flow to the heart. According to Jaffe (2020), coronary artery bypass graft (CABG) is the most common cardiac surgery (Jaffe, Schmiesing, & Golianu, 2020). This procedure is accomplished with a collection of steps: preparation, harvesting grafts, cardiopulmonary bypass (CPB), connecting grafts, and closure and recovery. For this patient, we induced them under general anesthesia. Then, an arterial line was secured in the left radial artery, while a central line was secured in the right internal jugular. The arterial line was placed to receive real-time, continuous monitoring of the patient's blood pressure. The central line allows the anesthesiologist to give or infuse drugs rapidly. Once complete, the patient is essentially ready for surgery.

The surgeon used the left saphenous vein and the left internal mammary vein as grafts to attach to the heart. This will direct blood flow from the aorta to the part of the coronary artery that is not diseased, thus bypassing it and restoring blood flow. The heart is then exposed "... through a median sternotomy, with the patient typically supported on full CPB" (Jaffe, Schmiesing, & Golianu, 2020, p. 390). During induced asystole, the heart was protected with hypothermia and antegrade cardioplegia. The surgeon let the perfusionist

know they were finished, and the patient's heart was allowed to proceed with beating to see if the grafts were successful. Once it was deemed the heart was restored, CPB was terminated, Heparin was reversed, and the chest was closed.

PHARMACOLOGY

From start to finish, numerous drugs are given to the patient to prepare them for surgery, keep them hemodynamically stable during surgery, and keep them comfortable after surgery. For pre-operative medications, the patient was given amlodipine, atorvastatin, losartan, nitroglycerin, and aspirin. Amlodipine, or Norvasc, is a calcium channel blocker with arterial vasodilation actions and is mainly used for treating hypertension. Atorvastatin or Lipitor is a hypolipidemic drug that can be used "... for the treatment of clinically evident coronary heart disease" (Hitner, 2022, p. 437). Losartan is an angiotensin receptor blocker (ARB). ARBs produce vasodilation and decrease peripheral resistance and blood pressure. Nitroglycerin mainly causes vasodilation (or dilation of the veins). Aspirin is a nonopioid analgesic with many uses, such as reducing inflammation and working as an anticoagulant. According to Hitner, it is essential for treating heart disease (Hitner, 2022).

Induction medications are administered once the patient is brought to the operating room. Versed was one of the first, which is a benzodiazepine typically used for sedation. Lidocaine is a local anesthetic used for many things. Still, for this patient specifically, it was used to decrease the burning sensation of propofol and to be injected into the skin for the arterial line placement. Fentanyl (an opioid) is given for the discomfort that comes from laryngoscopy and intubation. Next comes propofol and etomidate. Both drugs fall under the class of intravenous anesthetics known as hypnotic sedatives. The main difference between them is that propofol can be used for induction and maintenance, while etomidate cannot be used for maintenance. Quickly after, rocuronium is administered. Rocuronium is one of many non-depolarizing muscle relaxants. In this case, the patient does not need complete paralysis, just enough muscle relaxation for intubation. Its blockade is short, and its duration of action is ideal for this case. Once properly intubated, isoflurane is turned on via the vaporizer for the rest of the case to maintain general anesthesia. Isoflurane produces bronchodilation effects and minimal cardiac depression, which is ideal for this patient. To finish off induction, the patient is given an antibiotic called cefazolin to help fight infection post-surgery.

The same induction medications are used during maintenance except for rocuronium and lidocaine. Additional medications are Amicar, norepinephrine, dobutamine, Heparin, and Cardene. Amicar is a coagulant that "...inhibits fibrinolysis activation in situations when excessive clots dissolution is occurring" (Hitner, 2022, p. 404). Norepinephrine is given periodically to increase blood pressure and heart rate. Dobutamine is an adrenergic drug that will increase the force of the heart's contractions. Heparin is especially important for this surgery. Heparin is an anticoagulant that prevents thrombin formation, preventing the clotting chain of events from occurring. According to Choi and Lewis (2016), anticoagulation is essential to prevent thrombus formation in the CPB circuit and avert acute disseminated intravascular coagulation during bypass (Choi & Lewis, 2016). Cardene is like amlodipine in that it is a calcium channel blocker. Its primary pharmacological effect is vasodilation.

Since this patient is not getting extubated in the operating room upon completion of the surgery, there are only a few medications that the anesthesiologist will give for pain management and comfort of the patient. Hitner (2022) indicates that dexamethasone is a corticosteroid that is efficient in preventing postoperative nausea and vomiting (PONV) (Hitner, 2022). Ondansetron is also given to aid in the prevention of PONV. Ondansetron is an antiemetic.

ANESTHESIA TECHNOLOGIST ROLE

The anesthesia technologist (AT) is vital in supporting the anesthesiologist through surgeries. This CABG surgery was no different. In preparation, the AT set up and checked the anesthesia gas machine and systems and monitored well before the surgery if circumstances required replacement. Then, all ASA standard monitors, intubation equipment, arterial line and central venous pressure (CVP) line supplies, and any other equipment or supplies the anesthesiologist indicated.

The AT assisted with induction by helping transfer the patient to the operating table, placing proper monitoring devices on them, and making them as comfortable as possible. While the anesthesiologist is intubating the patient, the AT prepares the patient's arm for arterial line placement. Quickly after, the AT performed a sterile scrub to assist the anesthesiologist with the CVP line. This can be particularly stressful, as everything must remain sterile until the line is secured.

During maintenance, the anesthesiologist cannot leave the

operating room to run labs or grab supplies. This is where the AT comes in. Labs are essential during cardiac surgery. "Blood gases, hemoglobin, potassium, ionized calcium, and glucose measurements should be immediately available" (Butterworth, Mackey, & Wasnick, 2022, p. 453). The perfusionist runs most of the labs, but there are a few that the AT can do outside the operating room. Outside of running labs, the AT checks in on the anesthesiologist and ensures they have everything they need.

There were not any complications during the surgery, but there are a few things that an AT should anticipate happening. Blood loss can occur, although rare. The patient gives blood in advance for complications, so the AT must be prepared to get extra equipment for a blood transfusion. Hemodynamic collapse is always a possibility. Sometimes diagnostic tests will show one thing, but when the surgeon gets to operate on the patient, they find something else or worse. If the patient had severe CAD, their heart would have been much weaker than expected and could collapse before CPB was initiated or terminated. Other heart complications can occur, like ischemia, tamponade, dysrhythmias, coagulopathy, and cardiac failure (Jaffe, Schmiesing, & Golianu, 2020). Ultimately, the AT should be prepared for the worst and know where the necessary equipment is located in case of complications.

COMPLICATIONS/POSTOPERATIVE MANAGEMENT

No complications arose during this patient's surgery. The patient stayed intubated and sedated when leaving the operating room and was transported to an intensive care unit (ICU) bed. There, they will be extubated. In the ICU, they will continue monitoring the patient and managing pain.

CONCLUSION

In conclusion, patients diagnosed with CAD and demonstrating symptoms associated with its pathophysiology often require CABG surgery. It is important to note that CAD is a chronic disease process that may not always exhibit clinical symptomology early on, often necessitating surgical intervention in advanced stages following diagnosis. Diagnostic testing revealed nearly 100% blockage of the coronary artery, indicating the necessity of CABG surgery. The procedure involved harvesting the left saphenous and left internal mammary arteries to redirect blood flow from the aorta to areas of the heart with significantly reduced blood flow. Remarkably, the patient maintained relative hemodynamic stability throughout the surgery, requiring only medications to adjust for the body's response to cardiopulmonary bypass (CPB). The outcome of the surgery was successful, with no complications arising. With the patient's heart now functioning optimally, a hopeful outlook for an extended and improved quality of life lies ahead.

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Interested in writing an article for the Sensor? It's a wonderful opportunity for you to gain national recognition and earn CEUs!

To support you, the Editorial Board will be available to answer questions and provide guidance: proofing grammar, reference documentation, etc.

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Keep an eye out for an email with more information.

Important Updates

BETH MCVEIGH

HALFWAY THROUGH 2024: ARE YOU HALFWAY TO YOUR CEUS?

ASATT Members and Non-Members,

Do you need to recertify this year?

Recertification Overview

- **All CEUs must be earned prior to the certification expiration date.**
- Extra credits **do not** roll over to the next period.
- Recertification is open from **November 1st through December 31st.**
- If your certification expires on **December 31, 2024**, it's crucial not to miss the deadline. We are halfway through 2024, and all your Continuing Education Units (CEUs) must be earned within your two-year certification period before year-end (no exceptions):
  - » **20 CEUs for Certified Anesthesia Technician (Cer.A.T.)**
  - » **30 CEUs for Certified Anesthesia Technologist (Cer.A.T.T.)**

Check Your CEUs

Check Your Current CEUs

- You already have an ASATT account.
- Click the button above to log in and retrieve your username and/or reset your password if needed.
- Once you're logged in, you should see a large name tag with your name on it.
- Click "VIEW MY CEUs" in the center of the screen or at the bottom of the "Quick Links" menu on the right.
- Enter the date range as **1/1/23 through 12/31/24** on the left side of the screen.
- Press the grey "Apply Filters" button on the left side of the screen.
- Two numbers will appear at the top center of the screen.
- Ignore the "Event/Session Total" number and use only the "Hours Total" number.
- That top number is your current number of CEUs.
- If it meets or exceeds the minimum required for your certification, congratulations, you have earned enough CEUs to recertify!

How to Earn More CEUs Before Year-End

ASATT 2024 Annual Conference - The 2024 ASATT Annual Conference is open to both members and non-members and will be held Wednesday, September 25 - Saturday, September 28, 2024. Earn up to 14 CEUs and hear from industry experts! **Click here to register online**.

Sensor Quizzes - Each Sensor Quiz is worth 1 CEU (exception: the 2023 Summer Quiz is worth 2 CEUs). Sensor Quizzes can be taken online or printed and submitted via mail. ASATT members may be entitled to free Sensor Quizzes included in their membership. To redeem your free quizzes, email asatt@asatt.org with the titles of the quizzes you would like to have unlocked.

- **Note: Any quiz that you have already taken for credit during this recertification period or a past one cannot be submitted for credit a second time.*

Access Sensor Quizzes

ASATT Webinars - Earn up to 4 CEUs by participating in ASATT Webinars. **Register online today!**

BLS/ACLS/PALS - Please submit these during the recertification process. Earn between 2-8 CEUs for submitting the following:

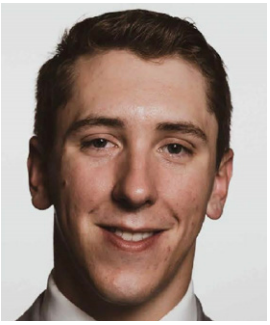
- BLS – Copy front and back (2 CEUs), documentation that the course was 4 hours in length (4 CEUs)
- ACLS – New (8 CEUs), Renewal (4 CEUs)
  - » **Please read this message about ACLS changes**
- PALS – New (8 CEUs), Renewal (4 CEUs)
- **Must show documentation that it is a new or first-time certification to claim 8 CEUs.*

Third-Party CEUs - You can submit these during the recertification process. It is the responsibility of the individual to determine if a seminar, meeting, or other educational opportunity outside of ASATT programming meets the requirements for ASATT approval.

Questions? Email **asatt@asatt.org**

Beth McVeigh
ASATT Coordinator
asatt@asatt.org

Trauma Surgery: Exploratory Laparotomy/ Hemicraniectomy/ Thoracotomy



CODY STEVENSON
ADJUNCT FACULTY, OKLAHOMA CITY COMMUNITY COLLEGE

OVERVIEW OF TRAUMA

Trauma

Trauma occurs unexpectedly and is a significant contributor to morbidity and mortality across all age groups, ranking as a leading cause of death among both the young and elderly (Butterworth, Mackey, & Wasnick, 2018, p. 820). Trauma management involves complex procedures, as illustrated in the case discussed below.

Recovery from trauma entails a comprehensive process for the patient. Trauma patients' care begins upon the arrival of Emergency Medical Services (EMS) at the scene, followed by transportation to the hospital. Upon hospital arrival, resuscitation begins promptly, leading to surgical intervention. Post-surgery, the patient often recovers in the intensive care unit and then proceeds to months of rehabilitation (Butterworth, et al., 2018, p. 820).

Trauma: Exploratory Laparotomy

One of the most common surgeries performed for trauma patients is exploratory laparotomy (ex-lap). This surgery addresses abdominal trauma or any acute conditions within the abdominal cavity (Jaffe, Schmiesing, & Golianu, 2020, p. 709). The ex-lap surgery begins with a large midline abdominal incision, followed by the surgeon exploring the four abdominal quadrants. During this process, biopsies may be taken from the liver (Jaffe, et al., 2018, p. 709). The primary goal of the ex-lap procedure is to identify, localize, and cease bleeding to restore hemodynamic stability. It is essential to note that before further assessment of patient stability, the surgical team addresses vascular trauma while

the anesthesia care team manages hypovolemia, aiming to restore the patient to normovolemia.

In the anesthetic management of trauma ex-lap, the provider must handle numerous tasks, requiring a team-based approach to ensure patient safety during surgery. One key task for the anesthesia provider is to secure and manage the airway. However, it is important to note that patients with significant trauma often require intubation in the field or emergency department before arriving in the operating room (Butterworth, et al., 2018, p. 820). If the patient is not intubated in the field, the anesthesia provider meets the patient in the trauma bay, working with the surgeon and emergency department to assess the current status and develop an action plan for the operating room. The physician addresses three critical aspects of airway management: evaluating the trauma patient with basic life support intervention, presuming the presence of a cervical spine cord injury, and addressing potential failed endotracheal tube placement (Butterworth, et al., 2018, p. 821).

For the anesthesia technologists, it is pivotal to be familiar with common airway assessment tests and results, as this knowledge helps determine the types of equipment to prepare in the operating room. For example, limited neck mobility and a thyromental distance of less than 7 cm indicate the need for a video laryngoscope. However, it is always best practice to assume a trauma patient will have a difficult airway and have a video laryngoscope readily available.

Trauma: Hemicraniectomy

Trauma occurring to the cranium often requires emergent surgical procedure, typically utilized to reduce swelling, decrease intracranial pressure, and ensure cerebral perfusion pressure remains adequate. When trauma to the head happens typically, it requires an emergent surgical procedure. Most of the surgeries can be addressed through a wide frontotemporoparietal craniotomy (Jaffe, et al., 2018, p. 711). One of the most significant factors for craniotomy procedures ins time and precision. In the surgical procedure of a hemicraniectomy, the surgeon makes an incision resembling a question mark, starting from the tragus and extending superiorly to the frontal area of the patient. This flap is then retracted back to expose the skull for the cranial drill (Jaffe, et al., 2018, p. 711). Once the skull is removed the surgeon is going to assess the state of the hematoma, and gently remove the hematoma relying on warm irrigation. To ensure proper recovery, management of ICP and CPP the surgeon may end up placing an external drain at the surgical site as well as leaving the skull off as to prevent brain swelling from impacting the cranial pressures and perfusion of the brain (Jaffe, et al., 2018, p. 711).

The anesthesia side of any neurosurgery type of case can be unique. In the event of a traumatic brain injury (TBI), there is typically an increase of intercranial pressure due to the hematoma. Hyperventilation, mannitol, hypertonic saline, and diuresis is used to help maintain the ICP until fixed (Jaffe, et al., 2018, p. 711). With most TBI patients tongues typically fall back into the mouth which can cause an airway obstruction so careful attention to airway management, specifically during induction is needed. TBI patients tend to develop the Cushing's Triad which is a critical event where a patient develops severe hypertension, bradycardia, and irregular respirations. These are hallmark signs of a herniation of the brain, with the treatment being a decompression, via craniotomy (Jaffe, et al., 2018, p. 711).

Trauma: Thoracotomy

Another common trauma procedure is a thoracotomy, colloquially known as a "clamshell." Common indications for a thoracotomy include penetrating chest wounds, blunt force trauma, hemothorax, aortic injury, and cardiac tamponade. Hemothorax is typically due to massive exsanguination in the chest, often resulting from cardiac, vascular, or pulmonary injuries. Another cause is pericardial tamponade (Jaffe, et al., 2018, p. 814). When a patient requires this procedure in the emergency department, the odds of survival are less than 15% (Jaffe, et al., 2018, p. 814).

A thoracotomy involves an incision that extends from the sternum to the side of the chest at the 5th intercostal space. Heavy scissors are used to divide the muscles and cut across the sternum. This method is typically used as a last resort because it often leads to cardiac massage. For anesthesia in an emergency thoracotomy (clamshell), an endotracheal tube along with an orogastric (OG) or nasogastric (NG) tube should be secured. Typically, patients are not anesthetized for this procedure (Jaffe, et al., 2018, p. 815).

CASE OVERVIEW

Patient Demographics

During trauma procedures, obtaining demographic information to guide care in the operating room is not always straightforward. Therefore, trauma room setups need to be comprehensive and adaptable to a wide array of patient

types and surgical specialties. In most cases, a complete picture of the patient may not be available until well after the surgeries are completed, and demographic information often comes hours later.

In this review, the only information provided by the EMS team was the patient's age, 26, and sex, which was male. Additionally, we were informed that the patient was ejected from a motor vehicle and that the team was en-route to the hospital. EMS reported that the patient was unconscious upon their arrival and that CPR was performed for five minutes, after which return of spontaneous circulation (ROSC) was achieved. Further information included current airway management techniques, noting that the patient was intubated with an 8.0mm endotracheal tube (ETT) at a depth of 24 cm. Vital signs during transport indicated tachycardia, hypotension, and tachypnea, though oxygen saturations were reported as normal.

For the anesthesia technologist, it is crucial to be prepared for several contingencies. First, while the airway was initially managed, the depth of the tube and the unknown extent of trauma might necessitate reintubation. Additionally, the reported vitals from EMS indicated likely heavy internal bleeding, suggesting the need to coordinate with the blood bank to prepare for an emergent transfusion.

Upon the patient's arrival at the emergency department, the trauma surgeon initiated a Focused Assessment with Sonography for Trauma (FAST) protocol. This is an emergent ultrasound procedure used to diagnose internal bleeding. The test is a four-stage exam that assesses the upper right quadrant for signs of fluid in and around the liver and kidney. The exam continues to the left upper quadrant, pelvis, and pericardial view below the xiphoid process. Similar to the assessment of the upper right quadrant, the surgeon looks for signs of internal bleeding, as this will determine the types of surgery required to save the patient (Quinn & Sinert, 2011). In this review, the patient had a positive FAST exam and was rushed to the operating room within 10 minutes of exam completion. It was determined that the patient had significant upper right quadrant bleeding and needed an emergent exploratory laparotomy.

The anesthesia team determined that the patient's ASA status was ASA 5 E and activated the massive transfusion protocol (MTP). As the ex-lap proceeded, neurosurgery needed to perform a hemicraniectomy on the patient urgently due to increasing ICP and diminished CPP. The trauma team temporarily packed the patient to control the bleeding and allowed neurosurgery to perform their procedure. Anesthesia conducted arterial blood gases (ABGs) every 10-15 minutes, but saw no improvements initially, and the MTP continued. After neurosurgery finished, the trauma team resumed the exploratory laparotomy. Although the trauma surgeon could not initially locate the source of the bleeding, they identified significant bleeding in the upper quadrants. The trauma surgeon decided to proceed with a thoracotomy.

Anesthesia continued to monitor ABGs and noted no improvements until the trauma surgeon identified a bleed under the chest cavity and temporarily repaired it. At this point, a small improvement was observed. The MTP remained active, with the patient receiving 53 units of PRBC, 53 units of FFP, 12 units of platelets, 12 units of cryoprecipitate, and 13 liters of Plasmalyte. The patient survived and was transported to the ICU.

RISKS AND COMPLICATIONS ASSOCIATED WITH TRAUMA SURGERY

Anesthesia should be aware of the risks associated with any trauma patient. There are numerous risks involved in trauma anesthesia, and anesthesia providers should always utilize the ABC mnemonic for a quick patient assessment. Additionally, anesthesia should consider all trauma patients to have a full stomach, necessitating a rapid sequence intubation (RSI) procedure (Pardo & Miller, 2018, p. 727). When intubating a patient, providers should always use a video-guided system to ensure the safe and timely placement of the tube, minimizing risks to the patient's safety.

In trauma cases, managing massive transfusion protocol (MTP) and fluid resuscitation is often crucial. Delaying blood transfusions to a patient can hinder trauma resuscitation and exacerbate the patient's condition (Butterworth et al., 2018, p. 827). In cases where a large amount of blood is used, providers may encounter the lethal triad, comprising hypothermia, acidosis, and coagulopathy. The "50/50 rule," introduced recently, has garnered considerable attention (Pardo & Miller, 2018, p. 402). This rule indicates that with every 10 units of blood given to the patient, there is a 10% increase in mortality (Pardo & Miller, 2018, p. 402).

ANESTHESIA TECHNOLOGIST ROLE

When it comes to trauma surgery, it's essential to have a designated OR suite prepared. The anesthesia technologist should ensure that the suite is equipped with all necessary

anesthetic equipment, including MTP rapid transfusers, endotracheal tubes, basic ASA monitors, and machine setups. They should also receive a report from their provider to understand what's happening. Once there's knowledge of a trauma patient, a game plan is established upon the patient's arrival.

Once the trauma patient arrives, the priority is to transfer them to the operating table and induce anesthesia. It would be beneficial to have a secondary technologist to assist in starting procedures like MTP, Cell Saver, or central line insertion. Additional IV access is crucial once the patient is anesthetized, followed by assistance with arterial line placement using ultrasound guidance. The patient is typically connected to a Belmont for their MTP through a 16g IV. ABGs are run every ten to fifteen minutes to monitor the patient's condition, focusing on hemoglobin and calcium levels due to the significant blood loss.

The surgery itself is often long and stressful. The patient may receive large amounts of fluid and blood, leading to alkalosis and systemic swelling. After surgery, the patient is transferred to the trauma intensive care unit, where they may continue to receive blood and be placed on warming devices due to hypothermia. Anesthesia may administer epinephrine drips to maintain blood pressure and heart rate stability.

Conclusion

Trauma surgery is inherently stressful, requiring quick thinking and planning in all aspects, not just the surgical procedures themselves. On the anesthesia side, there are numerous considerations that providers must be mindful of. Effective communication is crucial within the anesthesia team and between the surgical and anesthesia teams. Collaboration is key in trauma surgery, with optimal outcomes achieved when everyone works together seamlessly. Each member involved in trauma surgery should be highly experienced, capable of working independently, and trusting others to fulfill their roles, ensuring a smooth process aimed at saving the patient's life.

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Take the QUIZ

Click here for a copy of the quiz.

Vote Today!

BOARD OF DIRECTORS ELECTION INFORMATION

BETH MCVEIGH

2024 Board of Directors Voting Information

Voting is now open for the ASATT Board of Directors and will run through Friday, August 9, 2024. All active members can vote for Executive positions (President-Elect, Secretary, and Treasurer) and Regional Director positions. You may only vote for the Regional Director in your region. Please note, that failure to follow these guidelines will automatically result in disqualification of your ballot.

CLICK HERE TO VOTE!

Please click here to vote.

Position Nominated For:
PRESIDENT-ELECT
(Vote to Approve)

Name: Michael Kosanke, Cer.A.T.T.

Mike Kosanke is currently serving as the Continuing Education Director for ASATT and is aspiring to become the President-Elect. With over 20 years of experience as an anesthesia technician, Mike has been certified throughout his entire career. He began his professional journey at St. Mary's in Milwaukee in 2001, where he honed his skills hands-on. He later took on the role of lead tech for 12 years at the VAMC in Milwaukee and advanced to the position of Anesthesia Equipment Specialist at the VA. Mike's dedication to his profession is evident in his continuous pursuit of growth and excellence in his field.

On a personal note, Mike was born and raised in Wisconsin and has a deep love for the outdoors. Bowhunting whitetail deer is his true passion, and he spends much of his free time on his property in northern Wisconsin. Mike and his wife, who have been married for 30 years, share their home with two rescue dogs, adding to the seven dogs they have rescued over the years. Known for his curiosity and hands-on approach, Mike enjoys home repairs, woodworking, landscaping, and has recently ventured into welding to fix some equipment at his northern property. Mike looks forward to the opportunity to serve as President-Elect and continue contributing to ASATT.

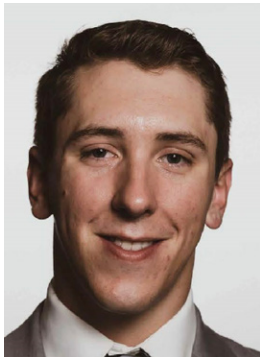
Position Nominated For:
TREASURER
(Vote to Approve)

Name: Otoniel A. Castillo, BA, Cer.A.T.T.

Otoniel A. Castillo, is a Certified Anesthesia Technologist and Assistant Director of the Kaiser Permanente Anesthesia Technology Program (KPAT). He also serves as an instructor in the program. With over 30 years of experience in anesthesia technology, Otoniel has a rich background in education, leadership, management, and patient care.

Otoniel's clinical experience spans major specialties in anesthesia and surgical care, including pediatrics, cardiothoracic, neurosurgery, orthopedics, general surgery, major vascular, and oncology cases.

Otoniel has extensive experience in critical patient care, trauma, and acute airway management, and has participated in direct patient care led by anesthesia providers in various clinical settings. His skills include assisting with peripheral nerve blocks, invasive and non-invasive procedures, cell salvage, and balloon pump therapies. Otoniel has served on several national committees for ASATT and has been a member of the Committee on Accreditation of Anesthesia Technology Education Programs for CAAHEP for over a decade.



Position Nominated For:
SECRETARY *(Vote for 1)*

Name: Cody Stevenson, Cer.A.T.T.

Cody J. Stevenson is the Manager of Anesthesia Support Services at OU Health, Inc. He began his journey in anesthesia in 2019 as an uncertified technician, driven by a passion for the field. Through dedication and hard work, Cody earned his certification in 2020 and advanced to a supervisory role before becoming a manager. His expertise includes a specialization in liver transplant anesthesia, and he has experience in the cardiac realm as well. One of the most rewarding aspects of his career is serving as an Adjunct Professor in the Anesthesia Technology program at Oklahoma City Community College, where he is deeply committed to mentoring the next generation of anesthesia professionals.

Cody is deeply committed to ongoing personal and professional development. He actively pursues self-directed learning and leadership training, constantly striving to enhance his skills and knowledge in anesthesia. His passion for delivering superior patient care and effectively supporting surgical teams drives this commitment. Cody aims to create a workplace that fosters excellence and innovation in anesthesia technology. He envisions making his hospital a highly sought-after environment known for its advanced practices, collaborative culture, and dedication to quality care.

Position Nominated For:
SECRETARY *(Vote for 1)*

Name: Sangita Nichols, Cer.A.T.T.

Sangita Nichols is Indian-American who speaks Hindi and English fluently. While attending college, she met her husband, Christian, and decided to dedicate her life to raising her new family. Together, they have three children and have been active in their lives by participating in sporting activities, Booster Clubs, Moms Offering Moms Support (MOMs) Club, and Parent-Teacher Association (PTA). Having raised her children for eighteen years, Sangita decided to return to school.

At a very young age, Sangita has always had a passion for caregiving and found herself taking an interest in the medical field. In 2015, she graduated with an Associate of Science in Anesthesia Technology from Pasadena City College. Currently she is working as an Anesthesia Technologist at Irwindale Surgery Center. She is passionate about her work and has participated in studies on COPD, examined drug usage, and performed a variety of volunteer activities benefiting diverse populations. In her spare time, she enjoys hiking, swimming, and traveling with her husband. She aspires to become an active member of the ASATT organization by contributing her skills and abilities and assisting the leadership in the decision-making process.

Position Nominated For:
SECRETARY *(Vote for 1)*

Name: Stephanie Monteiro, Cer.A.T.T.

Stephanie Monteiro is a Certified Anesthesia Technologist with over 25 years of experience at Boston Children's Hospital. She is an active member of the American Society of Anesthesia Technologists and Technicians and a founding member of the Massachusetts Society of Anesthesia Technologists and Technicians. Stephanie is dedicated to education and professional development, having collaborated with leadership to create an in-state Continuing Education Unit (CEU) program. She has also engaged in community outreach through the Science, Technology, Education, and Healthcare Enrichment Camp and local career fairs. As the Anesthesia Technician Supervisor, she oversees daily operations across 10 operating rooms at two pediatric satellite locations, managing hiring, training, evaluation, and regulatory compliance.

In her previous role as a Certified Anesthesia Technician, Stephanie assisted anesthesiologists during critical events, performed intraoperative blood salvage, and handled equipment for invasively monitored patients. Her attention to detail and professionalism were crucial in urgent situations. Her commitment to excellence and passion for advancing Anesthesia Technology make her a vital asset to Boston Children's Hospital and the broader medical community.

CLICK HERE TO VOTE!

Position Nominated For:
REGION 2 DIRECTOR
(DE-IN-MD-OH-PA-VA-WV)
(Vote for 1)

Name: Karen Patrick, Cer.A.T.

Karen Patrick, a current Board member, has been nominated for the next term of Region 2 Director for ASATT. She is a Certified Anesthesia Technician with a focus on ensuring patient safety and security during surgical procedures. As part of her quality assurance responsibilities, Karen ensures that all equipment is operational for the many tasks assigned.

With 23 years of experience in a hospital setting, including 17 years as a Lead Anesthesia Technician, Karen's work ethic is driven by her passion for anesthesia airway safety. She believes in completing jobs and projects thoroughly so that no one needs to follow up after her.

Outside of work, Karen enjoys gardening, reading, bowling, and spending time with family and friends.

Position Nominated For:
REGION 2 DIRECTOR
(DE-IN-MD-OH-PA-VA-WV)
(Vote for 1)

Name: Wendi Slusser, Cer.A.T.T.

Wendi Slusser has served as an anesthesia technician for over 20 years. Currently, she is a tenured faculty member and Program Director at the Community College of Allegheny County (CCAC) in Pittsburgh, PA. In 2016, she left her full-time position as Chief Anesthesia Technician at UPMC Magee Women's Hospital to build a new program from scratch, which she considers one of the biggest challenges of her career.

During the COVID pandemic, in July 2020, Wendi returned to staff at UPMC Magee Women's Hospital in a casual capacity. When COVID was at its most critical state, she felt called to assist her teammates and colleagues in caring for patients. She put her own life at risk and distanced herself from her family for their safety, feeling it was her duty as a healthcare provider to serve.

Wendi's passion is her profession, and teaching has provided her the opportunity to advocate for and grow the profession as well as change lives. She aspires to move forward in her career as an ASATT Regional Director to continuously contribute to a field that has rewarded her in many ways. She resides just south of Pittsburgh with her husband of nearly 20 years, their 16-year-old son, Hank the Aussiedoodle, and their two adorable (but mischievous) goats, Peanut Butter and Jelly.

Position Nominated For:
REGION 4 DIRECTOR
(IA IL MI MN MO ND SD WI)
(Vote to Approve)

Name: Samantha Groshek, Cer.A.T.T.

Samantha Groshek has served as the Lead Anesthesia Technologist and Anesthesia Department Coordinator at a robust tertiary care center for 19 years. She has maintained her certification as a Perioperative Blood Management Technologist through IBBM for the past eight years. Since 2022, Samantha has served as the Region 4 Director on the ASATT Board. Her involvement stems from her passion for the job and her drive to advance the career by standardizing education requirements, scope of practice, and general recognition among employers nationwide.

Outside of work, Samantha and her husband are dedicated parents to three children and caretakers of a lively hobby farm. Their farm is home to a large horse, a sassy mule, five dogs, a couple dozen chickens, and tens of thousands of honey bees. While Samantha is slowly pursuing a Master's in Public Health and a private pilot's license, the family also finds joy in building cedar strip canoes and planning remote, backcountry canoe trips through the Canadian wilderness.

CLICK HERE TO VOTE!

Position Nominated For:
REGION 6 DIRECTOR
(AZ-CA-NM-NV-UT)
(Vote to Approve)

Name: Sara Paraspolo, Cer.A.T.T.

Sara E. Paraspolo is currently enrolled in the Bachelor of Health Science program at Grand Canyon University, with an expected graduation date of June 2025. She completed her Certificate of Completion for Anesthesia Technology at Kaiser Permanente School of Anesthesia / Pasadena City College in June 2011 and became a Certified Anesthesia Technologist in December 2018. Sara holds an Associate Degree in Physical Science and an Associate Degree in Arts-Music from Citrus Community College. Sara currently serves as the Treasurer of ASATT and is also a Distance Education Certified Educator for California Community Colleges.

Sara She was awarded "The Outstanding Anesthesia Technician Award" by the 3rd Year Graduating Residents of Anesthesiology at UCI Medical Center in June 2013. She extensive experience with various anesthesia and medical procedures, including Belmont & Level 1 Rapid Infuser, IV certification, and a wide range of anesthesia specializations such as Bariatric, Cardiac, Cysto/Urology, Vascular, Neuro, Ortho, GYN, ENT, GI, Interventional Radiology, MRI, L&D, Oncology, One Legacy, MIS/Laparoscopic, Plastics, Spine, Thoracic, Trauma, Fetal & Peds/Neonatal Anesthesia.

CLICK HERE TO VOTE!

Open Board Positions

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.

▶SECRETARY

Two-year term

- Responsible for taking minutes at all Board meetings and business meetings and submitting the minutes to the Board of Directors.
- Responsible for co-signing all contracts negotiated.

▶TREASURER

Two-year term

- Responsible for supervising the handling of ASATT funds.
- Responsible for the accounting of ASATT funds to the membership.
- Responsible for assisting ASATT management in the planning of the annual budget.
- Monitoring the profit and loss on a monthly basis.

▶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.

REGIONAL DIRECTORS *(continued)*

- 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 ASATT President.
- Assuming the responsibilities of the President when necessary.
- Being familiar with the Bylaws, Policy & 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.

Notes

REGIONAL UPDATE

REGION 1

Hard to believe that Summer is here, but the lilacs are here and oh the spring flowers are so fragrant and beautiful as well. Enjoy your summer with family and friends, and co-workers too, but only if you choose to do so. Have fun at the beaches, picnics, hiking, parks and or whatever else you do for fun. Just please be safe and still have fun, it can be done.

Do not forget to vote when the ballots are sent to you. Remember you can only vote for the Regional Director for the Region in which you reside. Just a reminder that if you live in Region 1, you cannot vote for the Regional Director position. However, you can still vote for President-Elect, Secretary and or Treasurer. And then next year consider running for one of those positions, next year Region 1 Director position will be up for Election.

There will be a Q3 Webinar on Saturday Augst 10, from 12-4pm CST. This webinar will be hosted by Region 5 and Region 6, Regional Directors. You can be guaranteed that you will get your money's worth with each of ASATT's meetings and Webinars. Just a reminder that if you are an ASATT Member that you will receive one free webinar per membership year. When you decide that you want to use it, please email ASATT.

The 35th Annual Educational Conference of the **American Society of Anesthesia Technologists and Technicians will be** in Oklahoma City, Oklahoma, September 25-28, 2024. Please start planning, as there will be so many educational opportunities that you will not want to pass up! If you are a member, you will get a discount and earn CEUs. I hope to see you there.

Now on to some more excitement, The Practical Experience Pathway. It is an alternate way for Anesthesia Technicians to get certified. Check out the website under Cert.A.T. / Cert. A.T.T. Tab, it says specifically "The Practical Experience Pathway". It will let you download the brochure, and it is very informative. Check it out and let me know what your thoughts are. The second item is, if you want to become more involved, please feel free to volunteer to be on a committee, if the committee you prefer is full, we can always find another committee. It allows you to see how the BOD runs and if you want to become more involved then we will always welcome new participants.

Respectfully Submitted,
Jonnalee Geddis, Cer.A.T.
region1@asatt.org

REGION 2

Hello Region 2,

I hope everyone is doing well! I'm so glad warmer weather is upon us, looking forward to getting some vacation time in with my family!

The ballots are open for the 2024 ASATT Elections!! The BOD positions that are open for elections are Regions 2,4, and 6; Secretary; Treasurer; and President-Elect. This is your opportunity to play a role in making the future of ASATT. Members are always asking how they can be more involved, and voting is a great place to start!

Be on the lookout for our upcoming **Quarterly Webinar Conferences!** The schedule for these webinars is **August 10 and December 14**. Make sure you check the ASATT website for updates and registration information. Remember you can earn up to 4CE's for attending. If you have any questions or concerns, please feel free to reach out to me at **region2@asatt.org**.

Remember being a ASATT member has many benefits and discounts. You can get access to the sensor, ASATT updates and discounts to Educational and Regional conferences, plus many more valuable benefits. So, make sure you check out the membership page at ASATT to see the different tiers that are offered we even have a student membership. The website also has very useful information and updates about our webinars, conferences and sensor publications with great articles on healthcare news.

Save the Date: The 2024 **National Conference will be held in Oklahoma City, Oklahoma at the Omni Hotel. The conference dates are September 25 -28, 2024.** I hope you can join us, and I look forward to seeing everyone in person!

Karen Patrick, Cer.A.T.
region2@asatt.org

REGION 3

Thank you for joining us for the Q2 Educational Webinar! How many of you are planning on attending the national conference? Please meet me in Oklahoma City in September! I look forward to spending time with our region. We have some exciting things planned for our members! Register now! Catch the early bird special.

Please make sure you reach out to me if you have any questions or concerns. I'm here to support you all. Please note that we have switch over our email accounts. So if you've reached out to me, I may not received it. The new email address is **region3@asatt.org**.

Sincerely,
Phillip Hood, Jr., Cer.A.T.
region3@asatt.org

REGION 4

Hi All,

It's officially garden season here in central Wisconsin! I hope everyone is as excited for flowers and veggies and sunshine as I am! We have some exciting events lines up that I'd like to draw your attention to -

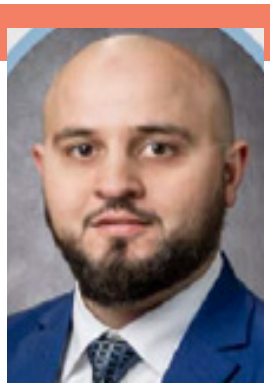
Webinars August 10 and December 14. This is a really great way to gain some CEUs at an affordable rate right from the comfort of your home! There will be engaging presentations on the latest advancements and best practices from experts in anesthesia and interactive Q&A sessions.

National Conference | New Frontiers in Anesthesia Technology September 25-28 in Oklahoma City. There will be comprehensive workshops and training sessions, keynote speeches by renowned professionals, networking opportunities with peers and industry leaders, and innovative exhibits showcasing the latest technology and products. This year there will even be an opportunity to sign up and complete ACLS at an amazing price! We've been working hard to bring you some new and cool experiences. These events are designed to enhance your knowledge, skills, and professional connections. There's even a chance to win an iPad!

I hope to see many of our Region 4 members at these events, and I look forward to connecting with more of you there!

Sincerely,
Samantha Groshek, Cer. A.T.T.
region4@asatt.org

REGION 5



Dear ASATT Colleague,

I hope this message finds you well. As I reflect on the recent Region 5 event, held in collaboration with The University of Texas MD Anderson Cancer Center, I am filled with gratitude and pride. It was a unique opportunity for us to access a wealth of knowledge in the field of anesthesia technology, and it was truly inspiring to see our ASATT family from across the nation gather in Houston, Texas.

I would like to extend my heartfelt thanks to Sonia Mata and Dr. Ravish Kapoor for their tireless efforts in organizing this event. To all the presenters, vendors, and everyone involved, your contributions were invaluable and deeply appreciated.

Looking ahead, we have exciting events on the horizon. The ASATT Q3 Webinar is scheduled for August 10, 2024, and the National ASATT Conference is coming up in September in Oklahoma. I look forward to the opportunity to connect with you there.

To my fellow Certified Anesthesia Technicians, I want to remind you of the golden opportunity that the Practical Experience Pathway presents. This pathway can make you eligible to challenge the certification exam. Embrace this opportunity, believe in your capabilities, and make it your own!

Did you know you can earn 5 CEUs for writing a case report for the ASATT sensor? This is a wonderful chance to contribute to our field and learn in the process. If you're interested, please reach out to your regional director.

Remember, our influence extends beyond the OR. Let's continue to lift each other up, share our knowledge, and grow together. Each one of you is an integral part of our community, and your contributions are highly valued.

Thank you for your dedication to our profession. Keep up the great work!

Sincerely,
Ahmed Hamdan, Cer.A.T.T.
region5@asatt.org

24

REGION 6

I wish everyone has had a wonderful spring. Are you ready for summer? Every year at this time we recognize our fallen and their families. We thank you. We also recognize those who have served or are serving, and we also thank them.

Nominations should be done. I hope you had the chance to make you nominations. I request that you take part in the voting process. We need to have a larger participation by members. VOTE!!!

Also, please note the upcoming ASATT National Educational Conference which will be in Oklahoma City, OK during September 25th - 28th. Please take part in this opportunity. There will be many great speakers/presenters on hand. Also, Region 5 & 6 will host an education webinar on August 10th. Lookout for emails and postings on ASATT's website for details.

If you have co-worker who want to become certified technologist, please have them look at the Practical Experience Pathway webpage, refer them to https://www.asatt.org/practical-experience-pathway for more details.

Furthermore, there are more possibilities of credits and educational opportunity on the ASATT website. Remember, you have access to the Sensor quizzes through your membership dues. Certainly, remember to use your BLS and ACLS for credits towards recertification.

"Talent wins games, but teamwork and intelligence win championships."

~ Michael Jordan ~

What do you think about applying this quote to the anesthesia care team model?

Be well and enjoy your summer.

Regards,
Otoniel Castillo, Cer.A.T.T.
region6@asatt.org

REGISTER NOW FOR ASATT'S Q3 EDUCATIONAL WEBINAR PRESENTED JOINTLY BY REGIONS 5 & 6

Click Here to register for ASATT's Q3 Webinar held via Zoom. Registration is $40 for ASATT members and $80 for non-members. ASATT members might have a complimentary webinar credit available for redemption. To check your eligibility, redeem your credit, and confirm your attendance, email asatt@asatt.org. Members are eligible to redeem only one webinar credit within a 12-month membership period. Membership benefits do not carry over.

Important Updates

BETH MCVEIGH

REMINDER: ACLS CERTIFICATION REQUIREMENT FOR CERTIFIED ANESTHESIA TECHNOLOGISTS

Since 2015, holding ACLS (Advanced Cardiovascular Life Support) certification has been a requirement outlined in the Scope of Practice (SOP) for all Cer.A.T.T. holders. This certification is a fundamental requirement to ensure the safe and effective delivery of anesthesia care. As part of our ongoing commitment to professional development and adherence to industry standards, ASATT has updated the ACLS certification requirement for Cer.A.T.T. holders. It is required to have your ACLS certification documented on file by December 31, 2024.

Please review the previously sent memo about **ACLS changes here**.

SUBMIT YOUR ACLS

It's crucial for Certified Anesthesia Technologists to ensure their credentials are up to date well before the December 31, 2024, deadline. **Click here** to upload a current copy of your ACLS certification card, obtained through the American Heart Association or the American Red Cross, in PDF, JPEG, or PNG format. Upon receipt, ASATT will process each submission and update membership profiles accordingly.

ACLS CERTIFICATION ADD-ON CLASS

Stay compliant with ACLS certification requirements and join the ACLS Certification add-on class at the #asatt2024 Annual Conference on September 25th. For just $50, attendees can enroll in the class, provided they've booked a 2-night stay at The Omni Oklahoma City Hotel and purchased the required course book. *Mention "ASATT 2024" to receive the discounted rate.

Limited spots are available! **Secure your spot now**.

Beth McVeigh
ASATT Coordinator
asatt@asatt.org

Registration is open for ASATT's 35th Annual Educational Conference! Join us from September 25-28 at the beautiful Omni Oklahoma City Hotel. Anesthesia technologists and technicians from around the world will gather to learn, innovate, and network. **Register today!**

Hands-On Skills Workshop

Get ready for an exciting addition to this year's conference lineup - the *NEW* Hands-On Skills Workshop! Taking place on Saturday, September 28, 2024, from 1:00 pm to 3:00 pm, this workshop promises an immersive educational experience where participants will dive into the latest technologies and sharpen their clinical skills in an interactive environment. Picture this: tables arranged around the room, each offering a unique opportunity for hands-on learning. Small groups will rotate between stations, engaging in dynamic demonstrations and discussions led by clinically experienced proctors.

But here's the cherry on top - attendance is included in your registration, and attendees who complete the workshop will be entered into a drawing to win a FREE iPad! Don't miss out on this incredible opportunity to enhance your skills, network with peers and industry leaders, and walk away with the chance to score a fantastic prize.

ACLS Add On Class

Cer.A.T.T. holders, ensure your ACLS certification is up-to-date by December 31, 2024. Stay compliant with ACLS certification requirements and join the ACLS Certification add-on class at on September 25th. **For just $50**, attendees can enroll in the class, provided they've booked a 2-night stay at The Omni Oklahoma City Hotel and purchased the required course book.

Make your hotel reservation online today!

Or call for reservations: 1-800-THE-OMNI

*Mention "ASATT 2024" to receive the discounted rate.

Remember, your 2-day Hotel Reservation Confirmation Number is required for class participation. Limited spots are available, so secure your spot now! Take advantage of these exceptional savings and the opportunity to advance your career and ensure the highest standards of patient care.

Download the Attendee Registration Brochure for more information.

We look forward to having you join us in Oklahoma City!

Calling all Sponsors and Exhibitors! We would like to invite you to participate in ASATT's 35th Annual Educational Conference in Oklahoma City, Oklahoma, September 25-28, 2024. Our attendees, which consist of anesthesia technologists and technicians, travel from all over the world to learn, innovate, network, and expand their patient care knowledge and techniques.

Showcase your products and services. Become a Platinum Level Sponsor today to enjoy exclusive perks! *NEW* Exhibitors & Sponsors are invited to participate in the #ASATT24 Hands-on Workshop to be held on Saturday, September 28, 2024. Seize this opportunity to showcase your brand and provide participants with an introduction to new technologies and an interactive environment to improve clinical skills using advanced training.

SECURE YOUR SPOT TODAY!

Click here to secure your spot, and don't forget to reserve your room at the Omni Hotel. Mention 'ASATT 2024' to enjoy the special conference rate of $229/night. **Book online** or call 1-800-THE-OMNI.

Download our Sponsorship & Exhibitor Prospectus, and learn about sponsorship levels, perks, and opportunities available to showcase your brand at our event.

- Exhibit Contract Deadline: August 1, 2024
- Exhibit Locations: Awarded on a first-come, first-served basis
- Cancellation Policy: Refunds available for cancellations made in writing before June 15, 2024 (less a $100 processing fee). No refunds for cancellations on or after June 15, 2024.

*If you have any questions or need additional information, please reach out to the ASATT Office: 414-295-9220; **asatt@asatt.org***

asatt

AMERICAN SOCIETY OF
ANESTHESIA TECHNOLOGISTS
AND TECHNICIANS

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