



The Scope

PRESIDENTS MESSAGE

Hello Region 45,

I hope everyone had a wonderful Thanksgiving. I know that for me it was a quiet time to reflect on the many blessings that I have in my life.

Every year at this time we get a regional score card on membership, certification and membership voting from SGNA headquarters. I want to share this information with you. Our total membership is 214. Out of 64 regions

we are the 8th largest. Even though we do have a large membership it would really be nice if we could increase our number in 2012. This is one of our region goals set for next year. Please encourage your co-workers to join the society if they are not members by stressing the importance and the benefits of belonging to the society.

The number of certified members in our region is 52. That is 24% of our members. If anyone is interested in becoming certified the deadline for registering is February 29, 2012. The written test is being offered May 18th, 2012 in Phoenix. The computer based testing is May 1-May 31, 2012. There is a new Certification Study Manual available in the SGNA market. It has replaced the Doris Barnie Certification Review Course.

The number of membership that voted in the 2011-2012 national election was 20 or 10.4%. I want to take this time to remind everyone it is time to vote in the National elections. You can do so by going on the SGNA website at SGNA.org. We need everyone to vote since membership voting is an important category that the national board looks at when deciding Region of the Year.

The OSGNA board met in October. At the meeting the 2012 goals for our region were set. These goals are:



2011 President, Joan Metz

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2011 OFFICERS

- PresidentJoan Metz
- Past PresidentDebbie Vance
- President ElectTerri Geil
- SecretaryKim McNary
- TreasurerKaren Strader-Helton
- Education/LegislationShirley Flowers
- Historian/Newsletter.....Sandy Amos

Our new Medical Advisors for 2011-2012 are Dr. Carmen Meier and Dr. Christopher South. Thank you for your dedication and service.

Education & Legislation

*Shirley Flowers, BSN, RN, CGRN
Ohio State University Medical Center
Nursing Staff Development Specialist,
Endoscopy*

Greetings to all,

Year in Review:

The 38th annual National SGNA Conference held May 6 – 11 in Indianapolis, Indiana, we shared some of the city's dining spots with Indianapolis marathon runners as well as local Prom night goers, while practicing patience is a virtue in the 90 + minutes downtown, hot spot dining lines

I was privileged to have represented you (OSGNA region 45) in the SGNA 2011 House of Delegates. Ohio had a contingency of conference participants and well as session presenters. Joan Metz was a presenter at Train the Trainer pre-conference sessions and I was one of the presenters at the ABCGN Certification review session.

Next year's SGNA conference will be held in Phoenix, Arizona, if you are going, remember to check out one of Joan's training sessions! Train the Trainer session continues to be very popular.

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1. To provide an environment for growth and education to enhance professional GI nursing by:
 - Financial responsibility through budgeting
 - Increase member certification through a mentoring program
2. To encourage new board growth

Don't forget to mark your calendar for March 24, 2012 for our regional education meeting. It will be held at the Oscar Event Center which is connected to Jungle Jim's in Cincinnati, Ohio. This year we would like to raffle off gift baskets to raise money for the American Cancer Society colon task force. The task force uses this money to help promote colon cancer screening in the community. We hope that these baskets will be donated by Endoscopy facilities. If interested in donating a basket please email a board member.

Lastly, I want to wish each member and their families a very blessed holiday season.

Merry Christmas and Happy New Year

Joan Metze, President ☘

Multiregional Conference 2011

The 2011 Multiregional Educational conference was the weekend of October 7-9 in Milwaukee Wisconsin. The conference was well attended with 140 participants. Several Ohio SGNA members attended along with Joan Shirley and I. The speakers were so informative and the networking was great. Andre Pells gave an excellent presentation on infection control in the GI lab. He collects old medical books and shared stories and pictures on how the first physicians assessed the colon. National speaker Dr Patricia Raymond sang her Devine Butt Meddler colonoscopy songs, lectured on current colonoscopy trends and statistics and endoscopy quality indicators. The Multiregional conference usually occurs the third weekend of October, depending on availability of a meeting place. The 2012 conference will be in Indianapolis, and take place in Kentucky the following year. ☘

Capnography

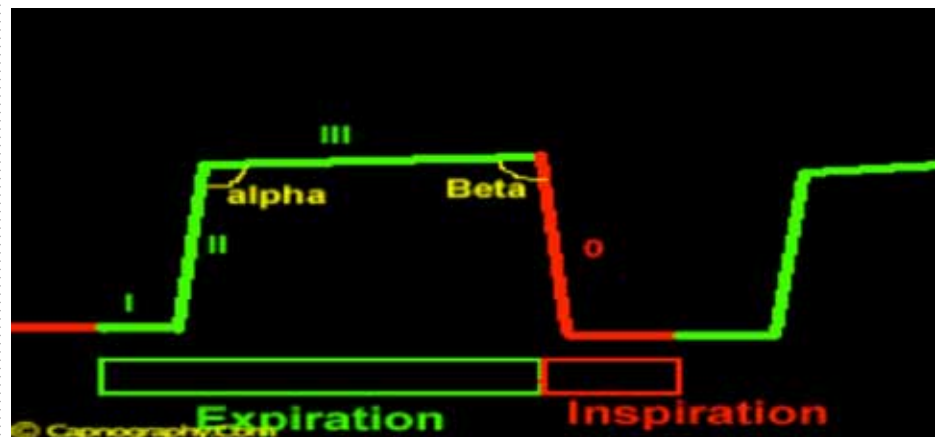
By Joan Metze

Monitoring a patient during procedural sedation is something we all do. But the question has been raised "Are we doing enough to keep our patient's safe during procedural sedation?". Before the 1980's nurses relied on their own physical assessment skills to monitor a patient receiving procedural sedation. In the late 1980's pulse oximetry was introduced. It wasn't until 1995 though that pulse oximetry became a standard of care for monitoring patients receiving procedural sedation. Now capnography or CO2 monitoring is available. Do we need to add CO2 monitoring when giving sedation or is pulse oximetry and physical assessment still enough?

When we talk about a patient's respiratory status we need to be looking at the three parts of the respiratory cycle: oxygenation, ventilation, and metabolism. Pulse oximetry measures the amount of oxygen that is attached to the hemoglobin. However when supplemental O2 is given to patients during procedures it can falsely raise the patient's pulse oximeter readings. But this alone doesn't give us any information about a patient's ventilation state. When a patient goes from moderate sedation to a deeper sedation a patient's ability to maintain their ventilatory function is affected. Capnography measures the patient's ventilations. It is a noninvasive device that is not affected by poor peripheral perfusion or motion artifact. It gives breath by breath information about how well the patient is ventilating. It is not to be used by itself but with pulse oximetry and the nurse's continual assessment of the patient. Capnography can help nurses titrate a patient's sedation, and can alert nurses to their patients having apnea or airway obstruction sooner.

There are two ways to measure CO2. One is main stream where the CO2 sensor is placed directly on the ET tube. The second way is side stream where the sensor is placed near the airway attached to an O2 cannula or a mask.

A normal capnogram or CO2 wave form shows the changes in the partial pressure of CO2 during a complete respiratory cycle. Normal ETCO2 ranges from 35-45mmHg. and reflects the maximum CO2 concentration in the exhaled breath. This occurs right before inspiration. This is what a normal wave form looks like.



Picture from: Welcome to Capnography: A Comprehensive Educational Website By: Dr. Bhavahi-Kodali MD.

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Education and Legislation from pg 1

OSGNA was proud to once again be a co-sponsor of Nurses Day at the Statehouse. This year's event was held June 7th. While it was not standing room only this year, it was well attended. In addition to hearing the sponsoring organizations present their legislative agenda's talking points, we also heard from several state legislators. The day included tours of the statehouse, attendance at open sessions as well as an opportunity to lunch and network with state legislators, colleagues and nursing students from throughout the state. OSGNA has been a sponsoring organization of this event for the past several years and has presented issues pertinent to health caregivers and consumers alike, related to colorectal cancer; including screening, follow up treatment and care, particularly for those Ohioans that are under served or uninsured.

Save the date for next year's Nurses Day at the Statehouse - February 29, 2012.

It has been said that 1 out of every 50 registered voters is a nurse. What a voice we have, let our voices be heard, remember to vote in the next upcoming election!

The Multi Regional SGNA Education Conference was held in Wisconsin the weekend of October 7 -9th. Kim McNary and I served on this year's Multi Region SGNA education conference committee. There were over 150 participants with 6 or so from Ohio. Outside perfect sweater weather, sunshine with beautiful fall foliage, lots of oranges, reds and rusts. Inside, the topics and speakers were very good. All but one of the sessions was GI specific. The committee has already begun work on next year's conference, which will be hosted by the Indiana SGNA. Next year's conference in October, 2012 will be in Indianapolis, Indiana. Indiana is a little closer to our boarder – plenty of time to plan now for a fall road trip.

Upcoming Events:

For those of you that have waited or would like to add a few more GI specific contact hours – Bethesda North Hospital in Cincinnati will be hosting the annual Judy Staley Endoscopy Symposium on November 5, 2011 from 7:00am – 4:05pm. The all day session topics look good, and as stated on the brochure have been approved for 7 nursing contact hours.

OSGNA Education Conference 2012- Our next annual education conference will be held in the Cincinnati area, March 25, 2012. The Education committee has begun working on a line up of speakers and timely topics based on your suggestions with our goal being educational and relevant topics for both novice and seasoned digestive health team members alike.

Seasons Greetings! Shirley

Capnography from pg 2

If using capnography the nurse needs to:

- Document a baseline waveform, numeric number and respiratory rate prior to administering medication for sedation.
- Monitor any change in the waveform/numeric number showing signs of apnea or respiratory depression.

If the patient's baseline wave form changes the nurse needs to:

- Reassess the patient/look for equipment issues (kinked or displaced cannula/mask).
- Cease drug administration.
- Stimulate the patient briskly if they are hypo-ventilating or having apnea.
- Use bag/mask ventilation if patient stimulation doesn't arouse the patient.
- Use reversal agents as needed.

The role of Capnography is not to replace existing monitoring but to provide another added monitoring system to help keep our patients safe.

References

Eisenbacher S., Heard L, Capnography in the Gastrointestinal Lab, *Gastrointestinal Nursing*. 2005, March-April 28:2 99-105.

The SGNA Annual Course, Speaker: Gretchen Cole RN BSN, Title: *Implementing Capnography for Procedural Sedation: Strengthening Your Safety Belt*.

Websites

Capnography: The Ventilation Sign By: Bill Milan.

Welcome to Capnography: A Comprehensive Educational Website By: Dr. Bhavahi-Kodali MD.

Microsoft Powerpoint: Why Capnography, Microstream Capnography Solution.