Happy Holidays OPANA Members!

This is my first article as President of OPANA. I hope this finds you all well and healthy getting ready for the upcoming Holidays. I would like to tell you a little about myself. I graduated from the University of Connecticut in 1977 with a BSN. In February 1979 I joined the Air Force leaving Connecticut for Biloxi, Mississippi as a 2nd Lieutenant. I stayed on active duty for 3 ½ years getting out as a Captain with an active duty husband and new baby daughter. I continued to work in surgery, elective surgery, ambulatory departments and special procedures as we moved to several states. I remained in the Air Force Reserves as an Individual Mobilization Augmentee (a specialized program) as well as working in the local community wherever we moved. I remained in the reserves for 30 years, having many wonderful experiences in clinical and supervisory areas along with preparing nurses, technicians and physicians for deployments to other medical facilities. I also had the fortunate opportunity over the years to work closely on the “Persian Gulf Program” an illness affecting airmen coming back from the First Gulf War. I was instrumental in developing the acclaimed Medical Simulation Center at Wright-Patterson Air Force Base.

I obtained my Certification in Ambulatory Perianesthesia in 1997. I had the pleasure of having been the Dayton Area Perianesthesia Association (DAPANA) district representative for several years followed on as president and convention chairman. I have served OPANA as secretary for several years progressing to ASPAN Assembly Representative, Vice-President, and now President for OPANA. I have attended 10 national conferences, volunteering as hostess/greeter for attendees and establishing new friendships that I continue to meet yearly at these meetings. I would encourage all of you to attend the national conference if not this upcoming April in Las Vegas then in the future. It is definitely a way to learn the newest ways that other hospitals and your coworkers are enhancing their professional skills.

My vision as president of this organization is to attract new young nurses in the perianesthesia setting to join their professional organization and to become involved. I was fortunate to have Vice-President, Teri Siroki accompany me to the ASPAN Leadership Development Institute in September. Subsequently we were able to successfully launch a professional social network site on Facebook. I have posted upcoming events, such as our fall conference, and would like to post other events that may be happening in the state as well on the site.

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OPANA Board Members 2013

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Win With Power by Attending:

ASPN's 33rd National Conference

Dealing with Challenges:
Winning with Power, Practice & Purpose

Las Vegas Hotel & Casino
April 27 - May 1, 2014
Las Vegas, Nevada

Las Vegas Hotel & Casino
April 27 - May 1, 2014
Las Vegas, Nevada

One of the things I like to do when I’m going to another city, especially one as special as Las Vegas, it to look up all the cool restaurants I’d like to dine in. So that’s exactly what I did for all of you who will be attending the conference this year.

I came across what looks like a fabulous place to eat while you’re in town. The fact that “SUGAR” was in the name helped immensely. This place offers breakfast, lunch and dinner, so plenty of options to choose from, including red velvet buttermilk Pancakes, the sugar factory eggs benedict, the sugar factory burger and the grilled black angus filet and over-the-top desserts. They also feature the famous Sugar Factory goblet cocktails. There is even a cocktail cart that comes tableside to create drinks infused with liquid nitrogen.

The outdoor dining area faces the famous dancing water fountains. And no visit would be complete without a visit to the Sugar Factory Store which is connected to the restaurant and has one of a kind confectionary treats and gifts. You also really need to check out their online menu to believe it.

Visit their website at: http://www.parislasvegas.com/restaurants/sugar-factory-american-brasserie.html

Sugar Factory American Brasserie
Teri Siroki and Rose Durning getting fired up for the 33rd National ASPAN Conference At LDI in Kansas

Scholarship Awards
Jane Booth RN

OPANA members one of your benefits is the Scholarship Awards. You accumulate points for many activities which are described on the form. Points translate to dollars awarded as Scholarships.

Download the forms from our website OHI-OPANA.ORG submit to your District Scholarship Chair for verification and she (he) will forward them to me. You can receive up to $75, depending upon points, for attending either the Spring or Fall OPANA Seminar.

Jane Booth OPANA Scholarship Chair
janebooth@fuse.net
Almost all of us are familiar with the song by the Hollies that includes the words in the title of this article, just as most of us who work in Recovery Room have heard a patient say or mouth the words, “I can’t breathe.” The purpose of this article is to review all the possible causes and solutions to this very common complaint that appears in our workplace.

The communication from the anesthesia provider to the PACU is paramount to helping you decide what algorithm to follow to protect your patient after you receive them and the anesthesia person has left to start another case. The medical background of the patient and the type of procedure that was performed, along with their preoperative psychosocial interactivity, will expedite the correct diagnosis to treat the problem.

Usually, the most obvious cause to diagnose is that of a mechanical obstruction. Close evaluation of the oral pharynx will rule out such causes as a swollen tongue or other oral edema, a tonsil or oral sponge left in postoperatively, or bleeding in the oral cavity. Sometimes drainage will precipitate a laryngospasm causing a crowing noise, drop in oxygen saturation and closure of the airway. Treatment includes positive pressure ventilation with oxygen, jaw thrust and occasionally the administration of succinylcholine to break the spasm. Laryngeal edema caused by multiple intubation attempts may require steroids and an inhalational drug therapy. However, blockage of the airway supraglottically, in a tracheostomy stoma or in an endotracheal tube by a large mucous plug can only be diagnosed by trying to run a catheter in the airway and remedied by suctioning very quickly.

Physiologic causes of respiratory problems can include COPD, asthma and other diseases of the lung and tracheobronchial tree. This list also includes myasthenia gravis, atypical plasma cholinesterase, cerebral palsy and tumors or brain injury are also causes. A good review of all the neuromuscular and related diseases has been presented by Dahm.(1) Obviously, each patient diagnosis requires specific treatment tailored to it. Pulmonary edema caused by congestive heart failure, narcotic reversal by naloxone or prolonged respiratory effort against a closed airway may require diuretics and sometimes reintubation with ventilator support.

Drug induced respiratory problems in the PACU have changed in the thirty-five years that I have been practicing, as have the surgical procedures and patient population. Problems related to the muscle relaxants given by anesthesia personnel to patients include the inability to metabolize succinylcholine (a depolarizing type relaxant) and either inadequate reversal, overdosing or recurarization (of the non-depolarizing relaxants) in the PACU as the patient rewarms.

For treatment of atypical plasma cholinesterase we have historically kept the patient sedated and ventilated until the drug finally wears off. This is a genetically passed trait and most patients will tell you if anyone in their family has had this problem in the past. The only other available treatment is a transfusion with fresh frozen plasma, which is rarely done. A current review on Medscape shows that no progress has been made in finding a reversal agent for this problem (2)
We are in an ever-changing age of networking technology. We need to be able to communicate with current and future members through social media. I am certainly open to ideas and suggestions.

We had a very successful annual fall seminar in October entitled “Continued Growth Through Sharing” at the Siegel Center at Mt Carmel East Hospital. We had 45 attendees with some welcomed new faces! The educational presentations were inspiring; Dr. Gary Huber from Cincinnati spoke on “Gut Brain Immune Connection” and “Metabolic Syndrome”, OR nurses Cynthia Nelson and Patricia Shinkle discussed “Perioperative Forensic Nursing”, Bonita Woodin, RN discussed her personal mission trip in the Dominican Republic and how nurses need to be resourceful when interacting with their environment and available equipment, Jennifer Eades, RN and Nancy McGushin, MSN reviewed a case study on STEMI in the PACU, and our own past president of OPANA and ASPAN Debby Niehaus, RN discussed how ASPAN has evolved over the years the past 32 years with brochures back to 1980! It was a very stimulating seminar with delicious food and snacks enjoyed by all. Thank you all for who helped put this event together and for making it a success.

I would also like to acknowledge two of our OPANA members who are each the recipient of a $500 National Conference Scholarship from ASPAN for 2014. They are Kathleen Frato, MSN, RN, CAPA, Lyndhurst, OH and Carla Bumgarner, RN, CPAN, Willowick, OH. Congratulations! I am looking forward to seeing you in April in Las Vegas. As an ASPAN member, you are all eligible for this scholarship but your two reference letters and application with resume MUST be received by 30 June each year. Something to put on your calendar for next year!

Lastly, we will need to address our future nursing roles in a rapidly changing medical environment. We are currently experiencing changes in technology, quality improvement initiatives, reimbursement, and government involvement in all aspects of medical and nursing care. As nurse leaders we must continue to serve as advocates for our patients and profession. For example, the Governor’s Cabinet Opiate Action Team has been launched to develop new opiate usage guidelines. We will need to become familiar with the guidelines. A one-hour education video and information is available at www.opioidprescribing.ohio.gov. Our Governmental Affairs Representative, Sally Morgan is actively involved with legislation. Thank you.

We are more effective in anything that we do when we understand ourselves, the way we think, and where our values are in reference to others as well as our personal strengths and limitations.

Reference Val Gokenbach, nursetogether.com
Companies have worked for years trying to produce the ideal non-depolarizing muscle relaxant for surgery. Initially we had curare, metacurarine, and gallamine all with undesirable side effects including loss of surgical relaxation as the patient cooled and an additive effect with repeated doses. As our patients rewarmed in PACU in those days, they could become reparalyzed because the drugs were reactivating after what appeared to be an adequate reversal.

The next generation of relaxants included two new chemical structures and we were given pancuronium and atracurium. Both were better than the first generation but still had side effects such as a histamine release and a more unpredictable duration of action following repeated doses.

Currently, we have cisatracurium and rocuronium as the main relaxants in our drug armamentarium. Cisatracurium is blessed with a second metabolic pathway known as Hoffman elimination, where it deactivates as it warms up to normal body temperature.

Narcotics have always posed a challenge in the PACU. Everyone who works there has seen the petite patient (perhaps a recovering heroin addict) that sometimes require what appears to be overdose amounts and the very large patients who can be “cheap dates” due to other diseases such as obstructive sleep apnea. Likewise, we have all seen the patient splinting due to inadequate pain control and the patient narcotized as intramuscular medicines take effect. This is where the experienced PACU nurse is invaluable. Any of these situations can lead to respiratory problems. Recently, I have seen an increase in the preoperative administration of hydromorphone which can lead to respiratory depression in the elderly to the point of causing PVC’s and high end tidal carbon dioxide levels after intubation.

The type of surgical procedure can also cause problems post-operatively. Obviously procedures on the airway (tonsillectomy or laryngectomy), lung (lobectomy or pneumonectomy), or through the abdominal wall (open bowel resections or abdominal aortic aneurysms) can cause post-op respiratory challenges.

In the past few years, newer surgical techniques have prompted different anesthesia challenges. Laparoscopic procedures with prolonged carbon dioxide insufflation to the abdomen can cause subcutaneous emphysema sometimes requiring post-op ventilator support or post-operatively the carbon dioxide can migrate, causing the patient pain under the shoulder blades as they awaken in the recovery room.

I have never provided anesthesia for a robotic procedure, but the literature has plenty of articles alerting the anesthesia provider to the possible challenges that it poses. Some of the issues include due to the positioning in steep trendelberg for prolonged periods of time, the resulting edema; the need for the restriction of intravenous fluids, careful patient selection, and possible occult blood loss without immediate access to the patient. In PACU these patients may present with airway or peri-orbital edema and they may require post-op ventilator support for several hours. (3, 4, 5)
The final component of dealing with respiratory complaints by our patients relates to their level of anxiety and the co-morbidities they present us with. Consider the asthmatic patient who wakes up anxious and their anxiety triggers an attack. Obviously, some anxiolytic and a breathing treatment go a long way. Another complaint I have heard in the PACU is the patient who received an LTA (lidocaine spray to the trachea before placement of the endotracheal tube), say that they cannot feel themselves breathe. After checking all vital signs and all other possible causes, the PACU nurse needs to reassure the patient that they will be able to sense their respirations as before after the medicines wears off.

In summary, we will continue to be challenged by our patient population and surgical procedures they receive, especially when it comes to their respiratory status. The best patient advocate is their PACU nurse.

References:


3) Ting, P., 2005, Robotic Surgery and the Anesthesiologist, Anesthesiologyinfo.com/articles/06152203.phy


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Web Master Corner

Debby Niehaus

I’d like to hear from all members who wish to submit pictures from meetings, conferences or ASPAN meeting as well as district and state updates for the ohiopana.org website. Please email any information you wish posted or contact your district representative to have it put on the website.

Email: debbyniehaus@zoomtown.com

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Taken From “Nurses daily Quotes by Suzanne Gordon—Nursetogether.com

“I’m Just a Nurse”

✦ I just make the difference between life and death.
✦ I just have the educated eyes that prevent medical errors, injuries, and other catastrophes.
✦ I just make the difference between healing, coping, and despair.
✦ I just make the difference between pain and comfort.
✦ I just educate patients and families about how to maintain their health.
✦ I'm just central to the real bottom-line in health care.
Ohio Legislative Update
Sally Morgan, RN, APNP-BC

Below is a summary of some of the bills being addressed by the Ohio Assembly:

HB 139 Advanced Practice Registered Nurse & Physician Assistant-Hospital Admissions This bill would allow APRNs to admit a patient to a hospital if the APRN has a standard care arrangement with a collaborating physician who is a member of the medical staff of the hospital. The hospital must grant the APRN admitting privileges and the patient shall remain under the medical supervision of the physician. Prior to the planned admission, the APRN shall notify the collaborating physician of the admission. Similar provisions apply to PAs. The bill unanimously passed the House on October 2, 2013. The legislation has received two hearings in the Senate Medicaid, Health and Human Services Committee. A committee vote is expected in early December.

HB 264 Diabetes in Schools Regarding care for students with diabetes in schools is currently in the House Health & Aging Committee. The Currently, ORC 3313.713 allows designated unlicensed personnel who are employed by a board of education who are trained by a licensed health care professional, to administer medication to children at school. The Ohio Association of School Nurses is working closely with the legislators to set minimal competency standards for the unlicensed personnel.

Medicaid Expansion and Reform
On October 10, pursuant to the Affordable Care Act, the Centers for Medicare & Medicaid Services approved a State Plan Amendment submitted by the Ohio Department of Medicaid to extend Medicaid coverage to adults who are not pregnant, aged 19-64, with household incomes at or below 138% of the federal poverty level. The Plan is to take effect January 1 2014. On October 21, in a widely watched move, the State Controlling Board approved the transfer of federal funds of $562 million in fiscal year 2014 and $2 billion in state fiscal year 2015 for the coverage. Lawsuits were subsequently filed by six Republican lawmakers and two Right to Life chapters suing the Kasich administration over its use of the Controlling Board to secure federal funding for Medicaid as the General Assembly rejected the Medicaid expansion in the Budget Bill, HB 59. The Ohio Supreme Court has granted a request to expedite the lawsuit.

HB 123 - Telehealth Services is pending in the Senate Medicaid, Health & Human Services Committee. This bill would allow for Medicaid to reimburse for patient diagnostic and therapeutic services that are performed via phone, web, or satellite devices. The parameters of reimbursement would be established through rules. The bill also contains language regarding health care peer review committee proceedings. The House passed the bill on June 26, 2013 by a vote of 95-3. The bill has received two hearings in the Senate Medicaid, Health Medicaid, and Health & Human Services Committee. A Senate committee vote is expected in early December.

Check this out!

The Ohio Nurses Association is inviting RNs across Ohio to join in their grassroots efforts to focus on developing stronger relationships between individual nurses and legislators. It’s a great way to leverage existing relationships between nurses and legislators, as well as build new ones. This allows the RN a chance to make a difference. RNs in other Ohio nursing organizations are signing up and learning about legislative issues that impact healthcare in Ohio and perianesthesia nurses can take part in this venture. By signing up as an individual RN, there is no political conflict with ASPAN or OPANA. Nurses are the health care experts and legislators want to hear from nurses on health care issues. It has been estimated that one in fifty voters in Ohio is a registered nurse so every RN is important. There is no charge to become a member of this grassroots effort. Go to www.bethechangeohiorn.org and sign up today!
DAPANA had a very successful fall meeting. Head trauma and trauma in pregnancy were the topics covered in the educational portion of the meeting. Two contact hours were awarded. For the first time, DAPANA held a drawing for a one-year membership to ASPAN from those members who had attended all meeting last year.

In February DAPANA will hold its 15th annual “Change and Innovation in PeriAnesthesia Nursing” to kick off PANAW. The half-day seminar will award 4 contact hours and breakfast will be served. It is free for ASPAN members and a nominal fee will be charged for non-members.

April 12, 2014 will round out this year’s meetings. More information on the educational component to the meeting will be forthcoming. In the April meeting, elections will be held for the positions of secretary and district representative. Any DAPANA member who is interested should contact Bonita Woodin, DAPANA president.

We have had a busy year. On September 14th Samantha Ticchi PA presented Thoracotomy Tube Insertion and Management and the Review of Solid Organ Injury. Regina Torti MSN, RN presented Complications following Carotid Endarterectomy: Reperfusion Syndrome and Cerebral Vascular Accident at the November meeting and will be presenting this topic at the National conference in Las Vegas.

At the November meeting we voted to donate $100.00 to the Honor Flight Program for our Christmas gift/donation.

Our next meeting will be February 4, 2014. Mark your calendars for the Spring Conference “Continued Growth through Sharing.” This will take place on May 17, 2014 at St Lukes Hospital in Maumee Ohio. There will be a board meeting at 8PM on May 16th at the Staybridge Suites in Maumee Ohio. We are looking forward to seeing you there!

We held our annual reverse raffle in October and it was a lot of fun and great success. We have held monthly meetings with speakers and CE awarded September through December. We made a monetary donation to a local women’s shelter.
Ketamine Infusions
Submitted by: Debbie Connett RN/Carole Smith CNS

Post-operative Ketamine IV infusions are being initiated in many of our post-op lumbar fusion cases. Ketamine is a NMDA receptor antagonist. NMDA receptors in the dorsal horn are recruited when excessive pain impulses are activated from the peripheral nerves; it is responsible for hyperalgesia.

The blocking of these receptors by Ketamine provides another avenue of pain relief for these surgical cases which often have a chronic pain in their medical history. It is administered in subanesthetic doses at infusion rates typically ranging from 0.5-3 mcg/kg/min. Patients have tolerated subanesthetic ketamine infusions well. The most common side effect is blurred vision which resolves with dose reduction. Other side effects which have been reported from ketamine administration include hallucinations, nightmares, confusion, bradycardia, and tachycardia. These side effects have not been observed so far in the lumbar spine fusion population. Opioid pain relief is also initiated usually in the form of patient controlled analgesia.

PACU and Spine floor RNs caring for these patients have received education to equip them to care for these patients. We have enjoyed success in improving our patients’ post-operative pain scores, reducing length of stay, and reducing total opioid use during admission for spine fusion surgery. We plan to reach other complex pain patient populations with ketamine therapy in the near future.

ASPAN’s Leadership Development Institute
Kansas City, MO
Submitted by Teri Siroki RN

I would like to thank OPANA for providing me the opportunity to attend the Leadership Development Institute in Kansas City, Mo. this past September with Rose Durning. The LDI offered a wealth of information on topics ranging from leadership style, program planning, professional development and research to budget planning and succession preparation.

Through group exercises we were able to identify our own style of leadership. We then compared the various leadership styles and identified the strengths and weaknesses of each. This helped us understand the importance of each style within our organizations and the value each member brings.

Time was set aside for networking and sharing with members from across the country on a wide variety of issues. Rose and I picked up several tips on how other components are handling some of the same issues we face. With the assistance of WYSAN members, we were able to set up a Facebook Page for OPANA.

During our free time, Rose and I visited the shops in the area and enjoyed some BBQ! We spent time renewing old acquaintances and making new ones. It was a great experience and I hope each of you will consider attending at some time in the future.
Leadership Development Institute (Part II)  
Submitted by Rose Durning MS, BSN, RN, CAPA

To the OPANA Board, **A BIG THANK YOU** for sending me to the ASPAN Leadership Development Institute 2013 in Kansas City, Missouri. Kansas City is often referred to as the “Heart of America” due to its geographical center in the United States and noted for its “warm-hearted charm.” The Country Club Plaza was just a few blocks away with sparkling fountains and Spanish-style architecture. The city registers around 200 fountains in the area and boasts “More fountains than in Rome.” Of course Kansas City is most noted for its barbecue, having more restaurants per capita than any other city in the nation. Teri Siroki, Vice-President and I were busy from early morning till night between the lectures and trying to take in as much of the city as possible.

**Leadership:** Winning with Power Practice and Purpose was the theme for the weekend event. This weekend was focused on providing innovative ideas and enhancing our professional leadership and communication skills. The topics dealt with real world component level challenges as strategic planning, exploring research opportunities, reviewing leadership development tips and identifying award winning best practices. Twilla Shrout, our ASPAN President did a fabulous job encouraging us to shape our path, purpose and destination for each component. We had wonderful speakers along with interactive breakout sessions. I was fortunate to have our Regional Director Tracy Underwood, BSN, RN, CPAN from West Virginia, assist me through the process of setting up our professional social network account on Facebook. I was up to the wee hours on Saturday evening inputting emails. Tracy will be coming to our fall 2014 Seminar to speak…put that on your schedule, October 2014. You’ll certainly want to meet her!
Welcome to OPANA-- the Ohio PeriAnesthesia Nurses Association.

As a benefit of becoming a member of ASPAN (American Society of PeriAnesthesia Nurses), you automatically become a member of your state and local organizations.

You belong to Distirct:

_______________________________________________________

The President of your district is:

_______________________________________________________

and her contact information is:

_______________________________________________________

The President of OPANA is Rose Durning. Contact info is: rjdzuie@aol.com

Please visit the OPANA website www.ohiopana.org to learn more about OPANA and what the organization can offer you.

What you will find at the website:

- District news and updates
- Awards
- OPANA meeting minutes
- *Snooze News*, OPANA’s newsletter
- Names and contact information for all OPANA Board members and District Representatives
- Educational opportunities
- ABPANC news
- Scholarship forms
- Direct links to ASPAN and ABPANC

Notices will be sent via e-mail. Please keep your contact information up to date.

Changes can be made at the ASPAN website www.aspan.org by editing your profile.

Personal e-mail addresses work best. E-mails are often rejected when sent to a work email.

OPANA is here to provide you with help and information regarding your perianesthesia practice. We hope you become an active participant in our association. Please consider volunteering to serve on a committee or by helping out at events. If you would like to become more involved at any level, please contact the state or district President.
Letter From the Editor
Renee Garbark BSN, RN

New Editor?

This will be my last Snooze News edition as your editor. I’ve actually been in education for the last 4 years and as the time goes on it gets more difficult to put the newsletter together when I haven’t been down in the “weeds” with all of you to see what we really should be covering. So I will be passing the baton to someone new.

As of this writing the board hasn’t selected a new editor, so please pass the word to your colleagues to see if they might be interested in getting involved.

When I started editing in 2009, I had no experience and received lots of support from board members who mentored me into this role. I’m so grateful for this experience. I’ve learned and grown as a nurse and a person by getting involved at the state level.

I wanted to thank all the board members and OPANA members for their support over the past several years. It has been such a pleasure to serve OPANA in this manner. I’ve been able to develop new skills I can carry with me in my career and personal life.

Once a new editor is chosen, I’ll be available for consultation if needed. We use Microsoft Publishing software to put the newsletter together, which I was able to teach myself by “clicking” around until I figured it out. However, I’m sure Microsoft Word would also work although it doesn’t have as many functions and options as Publisher.

If you’re interested and would like to talk to me, please give me a call or send me an email with your contact information. (Work: 937-522-2498 Cell: 937-474-8661 and email is garbarks@sbcglobal.net)

We’d like to find another editor before our next edition which would be published in June.