

Summer 2019 • alabamacrna.org

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2019 SUMMER NEWS BULLETIN

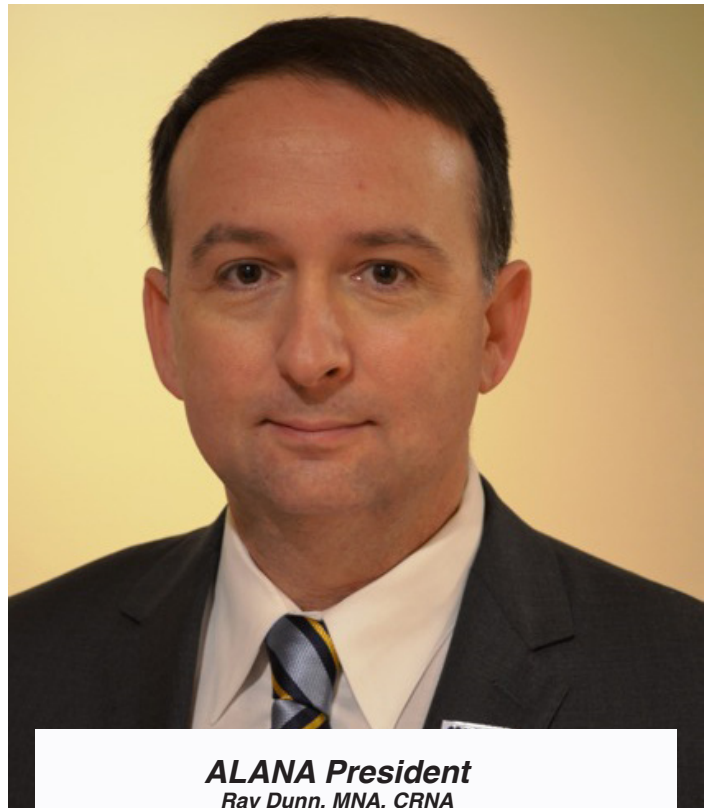


PRESIDENT'S ADDRESS

I trust everyone is well and excited about this summer in Alabama. We didn't tip toe into summer we jumped right in to 90+ degrees without hesitation. Karen and I have tried to have some "us" time during the small windows of opportunity we have on weekends. Things like taking our Granddaughter to fun places to some overnight excursions on our motorcycle. She still refuses to ride on the interstate but Alabama is truly a beautiful state and riding the backroads offers solace and time to reflect as well as converse on what our goals are. With such busy schedules it is important that everyone set boundaries and take time for a sunset or sunrise to see how gratifying life can be. We may have to force that in a schedule, but it is necessary and worth it.

I want to take the time to brag on your BOD. This Board is seasoned and self-motivated and have been running non-stop for you. The wheels that turn behind the scenes are happening and the ALANA Board have been wonderful to work with and I truly believe I can rely on each one if I have a need both professional and personal. To be able to work alongside this group of people is a privilege. Our Spring meeting was a tremendous success. We had a great line up of speakers and a PAC event to rival all others. A special thanks to Farley Templeton on another year of auctioneering getting folks to bid one more time! Your Professional Development Board and the PAC worked countless hours making this what you and other CRNA's from 8 different states enjoyed. I have received requests for next years dates from Maryland, Minnesota, Arizona, and points in between. We did run out of room space at the Hilton Sandestin, so be an early bird and get the special as well as a room.

The work isn't over and cannot be done by your BOD alone. We need your help. You are a part of this wonderful profession and we need you to keep providing great care at the bedside as well as being the subject matter expert whether in the board room, battle field, or bedside. We may not be THE answer to all healthcare problems, but we should be a key member in the solution. Train to be your best, keep your skills sharp and become an active member of your association. This will make our profession stronger and you as an individual CRNA prepared for



ALANA President
Ray Dunn, MNA, CRNA

whatever comes your way.

Thank you so very much for what you do, for the care you provide for your patients, and for allowing us to represent you. Your daily commitment to patient safety and outcomes are in keeping in the highest traditions of our profession and sets us apart from the rest. I am blessed to be in this position and remain humbled in the compassion I see from you and excited in the direction we are going.

Sincerely,

Ray



BON UPDATE

With the recent signing of Alabama Act No. 2019-102 by Governor Ivey, the Board of Nursing has entered the implementation stage for the Enhanced Nurse Licensure Compact (eNLC). The Compact does not apply to advanced practice nursing. However, advanced practice nurses who practice across state lines will have their Compact licenses recognized for purposes of APRN approval in states that are party to the Compact. Accordingly, beginning in 2020, currently-approved CRNAs who reside in and hold multistate licenses from other Compact states will no longer be required to renew their Alabama RN licenses to maintain CRNA approval.

At its May meeting, the Board of Nursing proposed broad revisions to the ABN Administrative Code, including Chapters 4 (Licensure) and 9 (Advanced Practice Nursing), to facilitate Alabama's participation in the Compact. These proposals presently are available for review and comment on the Proposed Rule Changes page of the ABN website. The Board will accept comments until 4 p.m. on Friday, July 5, with plans to officially certify them as final at the July Board meeting.

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FAMILY FUN NIGHT 2019

Saturday, July 20th at 6:30 p.m.
Regions Field, 1401 1st Ave South, Birmingham, AL 35233

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Tickets can be picked up from Will Call window.

ALL PROCEEDS BENEFIT THE ALA-CRNA PAC

ALANA ADVOCATES FOR YOU!



Kallie Beretta, Justin Carroll, Michael Humber, Congresswoman Martha Roby, ALANA President Ray Dunn, David Gay, Kyle Vanderford, and Randall Chiappetti



UAB SRNA's at the Alabama State House helping President Dunn and SPD Humber speak for CRNA's statewide



Congressman Bradley Byrne, ALANA BOD, AANA Treasurer Heather Rankin, Samford SRNAs Randall Chiappetti, Shannon Kolupaeva, Michael Humber, Randall Chiappetti, David Gay, Senator Doug Jones, Kyle Vanderford, and Justin Carroll



Justin Carroll, Kallie Beretta, Krista Niedermeier & Representative Gary Palmer



Michael Humber, Randall Chiappetti, David Gay, Senator Doug Jones, Kyle Vanderford, and Justin Carroll



**STATE POLITICAL
DIRECTOR UPDATE
MICHAEL HUMBER,
CRNA, DNP, MNA**

caucus lunch. I can tell you that CRNAs are recognized in Montgomery. I want to thank the many board members, students, and CRNAs for coming to Montgomery to help with our efforts. Of course deGraffenried and Company is to be commended for assisting us in our efforts in Montgomery this year. If you have any questions, please reach out to me.

It has been my pleasure to serve the ALANA this year as the State Political Director. I have worked hard to be sure that CRNAs are understood and recognized in Montgomery.

Sincerely,
Michael Humber

The 2019 Regular Legislative Session has ended with some great success and a few minor delays. Of course the session began with special session to address the gas tax which passed. When we re-entered the regular session, two Board of Nursing bills that we supported moved fairly quickly. SB 38 (Reed) Nursing License Compact bill and SB 37 (Reed) Rural Loan Repayment Program were enacted. Both of these bills will have the potential to impact CRNAs in licensure and rural practice. HB 245 (Ellis) NBCRNA name clarification in Section 27-46-3 of the insurance code was also enacted. We worked these bills throughout the entire session until they were sent to the Governor's desk. Although it may seem like a simple process, it is quite a challenge to PASS a bill.

SB 187 (Singleton)/ HB 236 (South) Rural tax credit met some challenge due to the number of tax credit bills that were introduced this year. Seeing that the session started with a gas tax, the issuing of tax credits presented a problem. The main issue with our bill was that we added nurse practitioners which really increased the tax credit amount on the fiscal note. This will be modified and re-submitted next year.

SB 156 (McClendon) CRNA practice clarification was improperly characterized as a "Scope of Practice" bill. There were several true scope of practice bills, however our bill was designed to clarify the actual practice of CRNAs. Thank you to the many CRNAs that made phone calls and wrote letters to legislative members. We were recognized for our efforts. Of course the anesthesiologists, ASSA, and MASA were very oppositional. A public hearing was called on our bill and we had a meeting with some anesthesiologists to discuss the bill further. The bill did not make it back to committee for a vote this year because time ran out, but with a little work in the off-season we will re-introduce. Persistence is key with legislation because it is rare that a bill passes in the first year of presentation.

Other successes: We met many of the new members of the legislature and educated them on our practice as CRNAs. We hosted a senate health, rural caucus, and ladies of the house dinner at Johnny Crawford's house in Montgomery. We also hosted a black



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ANESTHESIA ABSTRACTS

Pharmacology, Pain

INTRAVENOUS VS ORAL ACETAMINOPHEN AS A COMPONENT OF MULTIMODAL ANALGESIA AFTER TOTAL HIP ARTHROPLASTY: A RANDOMIZED, BLINDED TRIAL

J Arthroplasty 2019; ahead of print

DOI: 10.1016/j.arth.2019.02.030

Westrich GH, Birch GA, Muskat AR, Padgett DE,
Goytizolo EA, Bostrom MP, Mayman DJ, Lin Y, YaDeau JT



Abstract

Purpose

The purpose of this study was to compare the analgesic effectiveness of IV acetaminophen vs. PO acetaminophen as part of multimodal analgesia following total hip replacement.

Background

Hundreds of thousands of total hip replacements are performed in the USA every year. In previous studies, patients who received an articular local anesthetic injection rather than neuraxial analgesia received over 50% more opioid and had higher pain scores. Some studies have shown that acetaminophen reduces the need for opioid analgesia. Specifically, IV acetaminophen has reduced morphine use by a third following some orthopedic procedures. IV acetaminophen passes the blood brain barrier faster than PO acetaminophen resulting in CSF concentrations that are twice as high as PO. Thus, the study investigators hypothesize that IV acetaminophen would reduce — pain with activity, opiate use, and opioid related side effects after total hip replacement.

Methodology

This was a double-blind, randomized controlled trial. It included patients undergoing primary total hip replacement between the ages of 18 and 90 years old. Following is a partial list of exclusion criteria:

abnormal liver or kidney function, planned general anesthesia, rheumatoid arthritis, planned periarticular local anesthetic injection, daily opioid use during the month before surgery, chronic pain, and opioid abuse.

Subjects received either IV acetaminophen and PO placebo (IV group), or PO acetaminophen and IV placebo (PO group). The first dose of acetaminophen, by either route, was administered 30 minutes after arrival in the PACU.

For their anesthetic, all patients received up to 5 mg of IV midazolam, propofol sedation, and a combined spinal epidural anesthetic. No subjects received any ketamine or opioids preoperatively or intraoperatively.

Additionally, all subjects received dexamethasone, ondansetron, famotidine, and ketorolac. Postoperatively, all subjects received patient controlled epidural analgesia with bupivacaine and clonidine. They also received IV ketorolac every eight hours for two days followed by PO meloxicam. Subjects had PO tramadol 50 to 100 mg or oxycodone 5 mg available by request for pain. Rescue analgesia was 2 mg IV hydromorphone.

Result

Data from 154 subjects were analyzed. There were no differences between the IV group and PO group for pain at rest or during physical therapy, cumulative opioid dose used, or opioid side effects.

The average dose of oral morphine equivalents over a three day period was 199 mg. This is approximately equivalent to patients taking two 100 mg tramadol per day. Likewise, there was no difference between groups for any of the secondary outcomes; time to discharge, pain scores, satisfaction, and cognitive effects.

Conclusion

IV acetaminophen provided no benefit compared to PO acetaminophen as part of multimodal analgesia following total hip replacement.

Comment

This study gives us a couple things to talk about, which is good since it doesn't have a lot to teach us.

When IV acetaminophen came out, I wasn't impressed. I'd never found Tylenol (a brand name from a different manufacturer) to do much for any pain I had. But then I learned that IV acetaminophen worked differently than PO, producing more potent analgesia. It certainly does provide meaningful analgesia under some conditions. Still, it is expensive so the question of just how much better IV is than PO is a legitimate one. This study tried to answer that question for total hip patients who received multimodal analgesia. The problem is that all patients got:

- combined spinal / epidural
- epidural PCA
- dexamethasone
- ketorolac
- meloxicam

What more can you expect acetaminophen to do after all that? A basic concept in research methodology is "effect size." Simply put, the bigger the effect, the more likely you are to be able to see it in research results. Here this tenet worked against us. The effect of everything else patients received for pain was very big, and the difference, if any, between IV and PO acetaminophen was small by comparison. Thus, if there was any difference between IV and PO acetaminophen at all, we simply couldn't see it in the research.

There would seem to be little downside to giving PO acetaminophen, and it is cheap. So adding it for even a small benefit may contribute some opioid sparing; a good thing. But IV acetaminophen is expensive. If we are going to use it we'll want to think about what more it will add beyond the other things we plan to give.

Lastly, a quick thought on exactly why we need to critically review everything we read. This study included the following statement: "... the study supports routine use of oral acetaminophen for these [total hip] patients." The fact is, however, that their data does not support this statement. First, there was no difference between the IV and PO groups so the study didn't "support" one over the other. Second, the study did not compare any acetaminophen group with a group that did not receive acetaminophen. As such, this study doesn't provide any evidence that acetaminophen did anything in this combination of patients and anesthetic technique.

Please don't believe everything you read.

Michael A. Fiedler, PhD, CRNA

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CRNAS GIVE BACK



CRNA's at Northport DCH give back to their community at the Tuscaloosa Soup Kitchen



UAB SRNAs and alumni at the ALANA/ MedHope Africa event.



Tuscaloosa CRNA's volunteer their time at the annual DCH BBQ and Blues annual event benefitting the Help and Hope Patients Assistance Fund



CRNA Day on Capitol Hill

Medical Missions

AANA Annual Congress

Habitat for Humanity

Thank you to the hundreds of preceptors in 33 different clinical sites who have invested time and energy in the 24 students graduating in May 2019.

With your guidance and encouragement to pursue professionalism and excellent patient care, our students have completed more than 51,789 clinical hours and 18,264 anesthetic cases. They have also "given back" more than 1,372 service hours to our professional organization, in the community and on the medical mission field.

Congratulations to the soon-to-be newest members of the AANA and ALANA!



Samford University
Ida Moffett School of Nursing

SUMMER MEETING WAS A BLAST!



Thank you to the Samford and UAB programs for sponsoring our Opening Reception



The ALANA t-shirts were a hit at the ALA-CRNA PAC table



Program Chair Krista Niedermeier visits with speaker Peter Strube

SUMMER MEETING WAS A BLAST!



A PERFECT day for the ALANA Beach Party



Lisa Herbinger, Krista Neidermeier & Terri Cahoon visit with Dr. Brent Boyetter & his bride, Sandra, between sessions



Ray Dunn and John Morris present the ALANA Distinguished Service Award to Larry Hornsby

2019 FALL

MEETING



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