

## WELCOME!

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Welcome to the third and final installment of the NAP newsletter from your editors, Giselle Bush and Katie Hall. We have more updates and features about school affairs, another spotlight on a great preceptor, class president messages, and two more discussions about clinical issues.



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## CONGRATULATIONS!



Congratulations to the class of 2010! They have just started their clinical rotations and all are doing great! They've had observation days and school labs that have helped them prepare for the clinical setting; they have made many comments about how much this process has helped them!

## GOOD LUCK!

Congratulations to the class of 2008! We have finally made it! The final countdown has begun! Good luck in all of your future endeavors to everyone graduating this year.

We Welcome letters to the co-editors:

Giselle Bush, RN, BSN, SRNA : [gbush@lsuhsc.edu](mailto:gbush@lsuhsc.edu)

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## PRESIDENT'S CORNER

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Wow, it seems a bit surreal to be in the position we are in now. It is amazing to think that just three short years ago we were starting to embark on a journey that, for many, has probably been the most challenging thing we have ever done. We were faced with many obstacles along the way. Hurricane Katrina gave us an enormous hurdle given that it hit us early on in the program, left some of us homeless, and took us all away from our campus. With our future in mind, we persevered and did what was necessary in order to get through. Carpools, lots of coffee, and great friendships were made in those early months traveling to Baton Rouge for classes.

And now here we are merely a month from our graduation day, looking to our futures with many emotions. I am sure that we all feel a huge sense of accomplishment, while remaining a bit humble and anxious about starting our careers as CRNAs. Preparation for the "big test" is full on its way, as we have been taking in all the helpful tips and pointers from our instructors, preceptors, and previous LSU NAP graduates.

To NAP 09, we congratulate you on a major accomplishment as we eagerly pass the SENIOR torch to you! You have all worked very hard thus far and it will give you a profound sense of pride to call yourselves the senior class of the LSU NAP. We wish you much luck in your last year in the program. To NAP 10, we would like to wish you luck as you begin clinical. The upcoming months will be a little overwhelming and extremely exciting. You may have many good days, while the very next day could make you question your ability to do this at all! Hang in there and remember that we have all been there and experienced those same emotions!! As the months in practice add up, your confidence will too!

To our instructors, we greatly appreciate all the time, dedication, and hard work that you have put into grooming and preparing us to our full potential. We are all honored to be representatives for, not only our school, but for each of you as well. As we are about to break away from under your wings, we only hope that we can make you as proud of us as we are of being the 2008 Graduating Class of the LSUHSC Nurse Anesthesia Program.

Giselle Bush, NAP 08  
Class President  
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## PRESIDENT'S CORNER

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Well it is almost the end of another semester for the Class of 2009. It is approaching May and this means that we have one year left until graduation. All of our class continues to excel and expand our knowledge base. Our faculty has recently chosen two of our fellow classmates to attend the AANA Assembly of Faculty in Washington, D.C., these students will be sponsored by LANA. During their trip they will shadow CRNAs that are experienced in lobbying and the ins and outs of politics within our profession. We cannot wait to hear what they will learn about the political side of the profession.

On the other hand, we cannot forget the graduation of Seniors in less than a month, the excitement must be overwhelming. As president, I speak for the Class of 2009 in saying CONGRATULATIONS!!! We also want to wish you all Good Luck on boards!

Lastly, the freshman of the Class of 2010 have recently entered clinicals with much anticipation. We also want to wish you all good luck as well. You all finally get to apply some of the massive amount of information that you have learned in the clinical setting. Once again, you all call if you need help

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The Class of 2010 would like to thank the Class of 2009 and 2008 for being available and supportive as we progress through this program. Your efforts and helpful hints have been deeply appreciated. We wish 2009 continued success as well as join together with them in congratulating the class of 2008 on a job well done. We will miss your wisdom and “can do” attitude. Good luck with your careers and best wishes.

The class of 2010 is now in full swing. After nine months of intense studying we now shift gears and begin our clinical phase. Partly nervous, partly excited we are ready to begin. We thank our instructors for their patience and endless knowledge and hope we make you proud.

Class officers have been selected and are available to the incoming class of 2011 for any questions they may have. We hope to assist you anyway we can to make to transition to this rewarding program as memorable as possible. Good luck with your studies. The elected officers are:  
Vice President - Alicia McCambell  
Social coordinator – Ann Leblanc  
Historian – Brendt Madden

Kendal Miller, NAP10  
Class President  
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## SPOTLIGHT ON A PRECEPTOR

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**Mr. Kim Holtzman  
CRNA  
University**

Mr. Holtzman was raised in Little Rock, Arkansas. He graduated from Xavier University/Charity Hospital school of Nurse Anesthesia in May, 1999. and started his career at East Jefferson Hospital in June, 1999. He came to University Hospital in January, 2007. However, this was not Mr. Holtzman's first career. He previously worked in the oil and gas industry at Amoco and Louisiana Land and Exploration Company.

As a preceptor, he looks forward to watching the progression of students that rotate through University Hospital. Mr. Holtzman offers this advice: "In the profession of nurse anesthesia, you never stop learning. It's a career that provides a high level of job satisfaction as well as a lifetime of experiences that enable you to become a better anesthetist."

A big thanks to Kim Holtzman and all that he does for his students!!

By: Katie Hall, RN, BSN, SRNA

## ALCOHOL VERSUS ZOFRAN: LET'S TREAT NAUSEA AND VOMITING!

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One of the most common side effects after surgery is post-operative nausea and vomiting (PONV). This results in the patient having an unpleasant and uncomfortable surgical experience. The incidence of PONV can be minimized through vigilant peri-anesthesia care.

The following are predictors of PONV: non-smokers, females, previous feelings of sea-sickness, inner ear pathology, gynecologic and laparoscopic surgeries, surgeries lasting longer than one hour, episodes of hypotension, amount of opioids used, and pain postoperatively (Cotton, Rowell, Hood & Pellerini, 2007).

Complications that may occur due to PONV are aspiration, disruption of the surgical wound, and dehydration. Patients that experience PONV and the sequelae that occur are at increased risk of longer hospital stays, which in turn increases the cost of healthcare (Morgan, Mikhail & Murray, 2006).

In order to decrease PONV, medications have been developed to decrease neurotransmitters, like serotonin, dopamine, histamine, and acetylcholine. In blocking these neurotransmitters in the chemoreceptor trigger zone, the emetic response is decreased (Cotton et. al, 2007).

One of the most popular antiemetics is Ondansetron (Zofran). This drug blocks serotonin receptors, which are located peripherally and centrally (Morgan et. al, 2006). These receptors play a crucial role in the vomiting response. The most common side effect that is associated with Ondansetron is headache (Morgan et. al, 2006).

Cotton et. al (2007) compared the effects of inhaled isopropyl alcohol (IPA) and ondansetron to control PONV. Ondansetron was chosen because it has been proven to be effective clinically against PONV and has minimal side effects. The authors compared these two treatment modalities because IPA is more cost effective, can be self administered, and has minimal side effects. According to Cotton et. al (2007), ondansetron cost \$20 per 4mg dose and the alcohol preps only cost pennies.

The results from this study showed that IPA took only 15 minutes for the nausea to improve; whereas the ondansetron group took 30 minutes. Patients that were sent home with IPA pads had fewer complaints of PONV (Cotton et. al, 2007).

Patient satisfaction is a high priority for healthcare providers. The cost of healthcare must be considered. The utilization of IPA in our treatment of PONV can relieve some of our patient's discomfort and allow them to have a more pleasant surgical experience at a reduced cost.

Cotton, J. W., Rowell, L. R., Hood, R. R., & Pellerini, J. E. (2007). A comparative analysis of isopropyl alcohol and ondansetron in the treatment of postoperative nausea and vomiting from the hospital setting to the home. *AANA Journal*, 75(1), 21-26.

Morgan, G., Mikhail, M., & Murray, M. (2006). *Clinical anesthesiology* (4th ed.) New York, New York: Lange Medical Books/ McGraw -Hill.

# CONGRATULATIONS!

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Good Luck

to the

Class of 2008!

By: Giselle Bush, RN, BSN, SRNA

## Emergence Coughing: Investigating an interesting new technique to minimize it!

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Coughing and bucking on the endotracheal tube are commonly seen when extubating an awake patient. Bucking can result in marked increases in heart rate, arterial blood pressure, central venous pressure, intraocular pressure, and intracranial pressure; therefore, efforts should be made to minimize it (Morgan, Mikhail, & Murray, 2006). Additional detrimental effects associated with coughing are wound dehiscence, bleeding, dysrhythmias, and bronchospasm (Wetzel, Ancona, Kortman, Loniewski, & Lebeck, 2008).

Common practices used to decrease coughing upon emergence of general anesthesia include the use of intravenous narcotics and intravenous Lidocaine. The use of a laryngotracheal topical anesthesia (LTA) kit to administer Lidocaine below the vocal cords prior to intubation or 4% Lidocaine administered down the ETT before emergence are both favorable techniques. Although deep extubation is a useful practice to mitigate coughing, it is contraindicated in many circumstances (Wetzel et al, 2008).

Coughing can be attributed to the sensitivity of stretch receptors located throughout the inner lining of the trachea (Wetzel et al, 2008). These receptors are easily stimulated by irritants such as the ETT since they are found just below the epithelium (Wetzel et al, 2008). According to Wetzel et al (2008), topical Lidocaine is effective by the direct local mucosa-anesthetizing effect rather than systemic absorption of the airway.

Administering Lidocaine directly into the ETT cuff is both practical and efficient in anesthetizing the trachea. The ETT cuff is made of thin polyvinyl chloride which will allow the Lidocaine to easily diffuse across its membrane (Fagan, Friesel, Laffey, Hannon, & Carrey, 2000). As the local anesthetic diffuses across the membrane, the adjacent tracheal mucosa becomes anesthetized. According to Fagan et al (2000), the use of 4% Lidocaine to inflate the ETT cuff at the time of intubation results in a decrease in coughing for 4 to 8 minutes during and after extubation in procedures lasting longer than one hour.

Wetzel et al, (2008) studied the effect of 4% Intra-cuff Lidocaine on shorter procedures in patients with a smoking history. In this study, Lidocaine was not shown to be effective in decreasing emergence coughing in procedures lasting less than 1.5 hours. However, it was suggested that the efficacy of Lidocaine may have been decreased due to the patient population of smokers who are much more prone to emergence coughing (Wetzel et al, 2008).

The use of Intra-ETT cuff Lidocaine has the potential to be an exciting new technique for decreasing emergence coughing in awake patients. Coughing can be extremely detrimental to patients emerging from general anesthesia and every effort should be made to minimize it if possible.

Fagan, C., Friesel, H.P., Laffey, J., Hannon, V., & Carey, M. (2000). The effects of intracuff lidocaine on endotracheal tube-induced emergence phenomena after general anesthesia. *Anesthesia Analgesia*, 91(1), 201-205.

Morgan, G., Mikhail, M., & Murray, M. (2006). *Clinical anesthesiology* (4th ed.) New York, New York: Lange Medical Books/ McGraw-Hill.

Wetzel, L.E., Ancona, A.L., Cooper, A.S., Kortman, A.J., Loniewski, G.B., & Lebeck, L.L. (2008). The effectiveness of 4% intracuff lidocaine in reducing coughing during emergence from general anesthesia in smokers undergoing procedures lasting less than 1.5 hours. *AANA Journal*, 76(2), 105-108.