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Spring | April 2023 | Volume 1 | Issue 3

Pulmonary Pulse

Virginia Society for Respiratory Care Newsletter

A message from the President >>>

As the new president of the VSRC, I want to say that I am more than excited to be taking on this role. With help from the rest of our board and committee members, I hope to continue to grow our society even stronger. I have many goals for my presidential term, but the ones I am placing on top are “recruitment” and “advocacy”. As we see many of our colleagues retiring, we have to recruit a new generation of therapists so that they can share that important knowledge that they have gained. In terms of advocacy, this pandemic has shown what we have known for a long time: That we are a key aspect of the healthcare team, and we are integral to our patient’s care. I want us all to be proud of the profession that we have, and the care that we give.

Derrick Many, MSc, RRT, RRT-ACCS
VSRC President 2023-24

Announcements >>>



RT Licence Plates

Pre-order yours today! (see pg. 6)

Conference Registrations

Don't forget to register for upcoming conferences and symposiums online: www.vsrc.org

Get Involved

If you want to become a volunteer, contact **Derrick Many** on AARC Connect.

Get Connected

To contact a board of director, message them on **AARC Connect!**

Board of Directors >>>

Officers

President **Derrick Many**

President-elect **Leslie Johnson**

Immed. Past President **Ryan Sharkey**

Vice president **Susan Arrington**

Secretary **Connie Lloyd**

Treasurer **Daniel Gochenour**

Delegates

Senior Delegate **Bessie Brooks-Garnett**

Delegate **Hanns Billmayer**

District Directors

Blue Ridge

Andrew Carruthers

Madison Fratzke

Central

Erica Chenault

Ali Brown

Northern

Sherleen Bose

Jared Rice

Tidewater

Brian McHale

Santiera Brown-Yearling

Western

Amber Lipis

Vacancy

Medical Advisor: Dr. Bruce Rubin

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Upcoming Events >>>



April 21 | Q2 Board of Directors Meeting | Richmond & Virtual

May 23-25 | Symposium by the Sea | Virginia Beach

July 15-17 | AARC Summer Forum | Ft. Lauderdale, FL

September 29 | Neo/Peds Symposium | Location TBD

October | Mountain Air Symposium | Lynchburg

For more details and to stay updated...

www.vsrc.org | AARC Connect “Virginia Society”

Twitter & Instagram @va_society_resp_care | Facebook @VirginiaSocietyRC

Specialty Credentials: Across the State

“NBRC specialty credentials gave me a wider understanding of pathophysiology and therapy modalities to address patient concerns and to collaborate with interdisciplinary teams. I participated in patient care in deeper ways. Now I ask more questions of pathophysiology and therapy modalities to discover their gaps: a virtuous cycle.” | **Michael O’Brien**, MSc, RRT-ACCS, RRT-NPS, RRT-SDS, RPFT, AE-C, *UVA Medical Center, Charlottesville*

Neonatal/Pediatric Specialty (RRT-NPS)

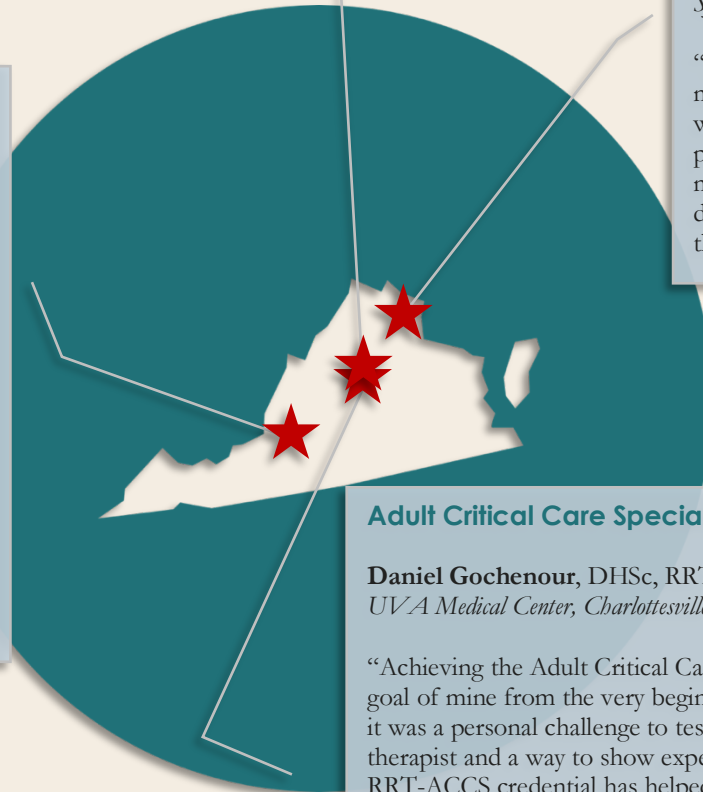
Amber Lipes, MS, RRT, RRT-NPS | *Carilion Roanoke Memorial Hospital, Roanoke*

“I wanted to take the RRT-NPS exam because I started working a Level III NICU and Level I pediatric trauma hospital immediately after graduation. I wanted to ensure I had the knowledge and skills to care for this special patient population. By having the NPS credential I have been able to gain respect from providers and advance my career into a respiratory educator role.”

Neonatal/Pediatric Specialty (RRT-NPS)

Mark Celenski, RRT, RRT-ACCS, RRT-NPS | *Inova Health System, Fairfax*

“The RRT-NPS credential gives me confidence in my ability to work with our neonatal and pediatric population by giving me the knowledge on their disease processes and the best therapy indicated.”



Adult Critical Care Specialty (RRT-ACCS)

Daniel Gochenour, DHSc, RRT, RRT-ACCS, RRT-NPS | *UVA Medical Center, Charlottesville*

“Achieving the Adult Critical Care Specialty credential was a goal of mine from the very beginning of my career. At the time it was a personal challenge to test what I knew as a respiratory therapist and a way to show expertise in adult critical care. The RRT-ACCS credential has helped to elevate my career into leadership positions and academic appointments. Ultimately achieving and maintaining the RRT-ACCS credential is a point of pride as a respiratory therapist.”

District Updates >>>

Blue Ridge | District director **Andrew Carruthers** and **Madison Fratzke** will be organizing a fun annual outing this fall | Stay tuned for the Fall 2023 outing announcements!

Central | **Ali Brown** and **Erica Chenault** hosted the Capital City Symposium on March 18. **EVENTS >>>** Visiting Reynolds students to discuss AARC/VSRC membership and benefits.

Northern | District directors **Sherleen Bose** and **Jared Rice** held a meet & greet on March 17 | **EVENTS >>>** Educational event in the works August 12 for CRCEs | Respiratory Care Week Bowling Oct. 28!

Tidewater | District directors **Brian McHale** and **Santiera Brown-Yearling** are planning quarterly virtual CRCE's on clinical, leadership, patient care topics. **EVENTS >>>** Symposium by the Sea will be May 23-25!

Western | **Amber Lipes** is learning her new role as District Director | Contact **President Many** DJM5W@uvahealth.org if you are interested in filling the vacancy for the second district director!

What district are you in? (see pg. 7)

Call for Nominations!

To all AARC/VSRC members:

We are looking for volunteers to join the board for the Virginia Society for Respiratory Care! If you want to make an even greater difference in your profession, please run for one of our open positions. To be considered as a candidate for a position please **complete the nomination form** posted on AARC Connect and send to our Nominations/Elections co-chair Madison Fratzke at: mlfratzke@gmail.com.

Positions on the 2023 Ballot

President-Elect
Secretary
Treasurer

Northern District Director
Western District Director
Blue Ridge District Director
Central District Director
Tidewater District Director

Nomination Deadline
June 30th, 2023

Polls Open
August

Polls Close
September

Terms Begin
January 2024

Role Overview

President-elect: The President-elect shall be the oncoming president. They will act on the behalf of the president in their absence and use their one-year term to become familiar with the affiliate’s needs and president’s duties.

Secretary: Has the responsibility of maintaining all affiliate records, reports, membership lists and minutes of regular and special meetings, including the Board of Directors meeting.

Treasurer: Maintain accurate and true accounts of all financial transactions.

District Director: District directors will engage the members at the local level by disseminating social and educational information to members in their district. This could include the county or city you *live or work*.



Journal Club Presentation

Madison L. Fratzke, BSRT, RRT, RRT- ACCS

Respiratory Therapist, UVA Medical Center

&

Christopher S. King, MD, FACP, FCCP

Transplant Pulmonologist, Director, Lung Transplantation INOVA Fairfax Hospital

“Mechanical Ventilation for the Lung Transplant Recipient”

Thursday, May 4th, 2023

Approved for 1 CRCE for all VSRC members who complete the survey.

All are welcome to attend.



2023 Journal Club Dates*

4:00-5:00 PM

May 4

July 27

October 26

*dates may be subject to change

The link & call-in information will be posted on AARC Connect “Virginia Society” Community & Social Media

If you are an RT student and would like to help present a peer-reviewed article, contact **Keith Lamb** at

lambbrt@gmail.com.

Looking for a career in Respiratory Care?



www.vsrc.org/jobs

Myth Busting Part 2: Asthma Medications

Before jumping into this next topic, I want to ask (beg) for readers to contribute to this column. Please send me topics of interest and if you are ambitious, I can help you write a column. In the last issue I discussed some myths about asthma care, and today I continue this theme by discussing some asthma medication myths. As always, I am happy to send references supporting my comments. Requests can be sent to bkrubin@outlook.com.

[Myth 1] "When given in the hospital, albuterol should be scheduled and slowly weaned as the patient improves."

Inhaled albuterol has an elimination half-life of about 4 to 6 hours. Giving it more frequently provides no additional benefit but increases the likelihood of side effects including tremor, tachycardia, hypokalemia, and hyperglycemia. By improving perfusion before ventilation, it can also cause transient hypoxemia, but this is not a "sign" that more albuterol is needed. Studies have shown that after a short initial treatment period of a few hours, with receptors saturated, albuterol given only as needed leads to less drug administered, shorter length of hospital stay, and fewer side effects.

As an aside, I really do not like the term "weaned" unless you are slowly introducing a baby to solid foods. It makes no sense for decreasing the amount or frequency of a medication.

[Myth 2] "Continuous albuterol nebs should be given for as long as needed to help the patient recover from a severe attack."

Continuous albuterol can provide rapid relief, but also excessive exposure over time, which is why the side effects mentioned above are almost always obvious after about 6 hours. At that time and regardless of how tight the patient is, there is significant risk without benefit to giving more and more albuterol.

[Myth 3] "For patients with heart problems or who are excessively sensitive to albuterol side effects, Xopenex (levalbuterol) is a safer alternative."

Regular (racemic) albuterol contains two enantiomers a Right-handed (R) and Left-handed (S) form, a bit like gloves for the right and left hand. Xopenex or levalbuterol (R-albuterol) contains only the active enantiomer. Here is where it gets tricky. When tested in rodents, both R- and S-albuterol can bind to the beta receptor with nearly equal affinity. The R-albuterol causes bronchodilatation (smooth muscle relaxation) while S-albuterol does not. Both enantiomers produce side effects like tachycardia and tremor. Sepracor, the company that developed Xopenex, thought that by removing the S-enantiomer they could get the same benefit but with fewer side effects and this is absolutely true, but only for asthmatic rats. In humans, the binding affinity of R-albuterol is over 100-fold greater. This means that there are no increased side effects of racemic albuterol when compared dose-for-dose with Xopenex; except for poverty as Xopenex is much more expensive. Sadly, for the company they cannot and do not claim that Xopenex is any better or that it should be preferentially used in patients with heart disease. Even sadder, and just bad luck for them, in their registration studies Xopenex actually produced more side effects than good old racemic albuterol. This is written in small print in the package insert.

Bruce K. Rubin, MEng, MD, MBA, FAARC
Jessie Ball Dupont Distinguished Professor of Pediatrics
Virginia Commonwealth University, Richmond
VSRC Medical Advisor
bkrubin@outlook.com

Esophageal Manometry: An Introduction

Without getting granular on this topic, I would like to talk briefly about esophageal manometry. For the last few years, we at UVA (like many other academic medical centers) have been placing these small caliber single purpose balloon catheters to help sort out issues when mechanically ventilating patients that are not straight forward. Using this catheter allows us to "partition" or "separate" our measurements of airway and pleural pressures. This comes in handy, particularly when managing patients that have extrinsic influence on their airway pressure. This may happen in morbid obesity, intra-abdominal processes like bowel edema from volume resuscitation, chest wall abnormalities and others. The catheter itself is typically placed orally into the esophagus and is positioned in a way that places the small volume balloon in the bottom third of the thorax. The balloon is then attached to the bedside monitor, or if you are using a ventilator that has integrated monitoring capability. Proper position is

confirmed by taking special pressure measurements. Once confirmed to be in the correct position, the bedside clinician essentially takes two separate measurements using both the airway pressures during an inspiratory hold, and once again during an expiratory hold. After these measurements are taken, simple calculations will reveal an expiratory transpulmonary pressure (or Exp. Ptp) and an inspiratory transpulmonary pressure (or Insp. Ptp). These results assist the clinician in managing both PEEP and pressure swings respectively. By using this technology to titrate ventilator settings, we can help maintain a lung protective ventilator management strategy and reduce ventilator induced lung injury.

Keith D. Lamb, RRT, RRT-ACCS, FAARC, FCCM
University of Virginia, Charlottesville
KL5DB@uvahealth.org

Join us for the 45th annual
VSRC
 Symposium by the Sea
 May 23-25th

17 AARC Approved
 CEUs
 (its license renewal year!!)

Hilton Oceanfront VA Beach
 Use code *EARLYBIRD* before
 May 1st for 10% discount

Topics to include: PFTs,
 sleep, pulm rehab,
 emergency
 management,
 pediatrics and more!!



Symposium
 Registration



Discount Hilton
 Rooms



Don't have the money to register? Grab 2 friends and
 join our sputum bowl! 3 members per team all get FREE
 registration!! Email srg7a@uvahealth.org for code.



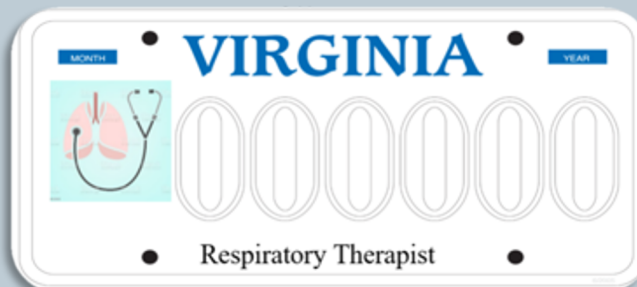
AARC Summer Forum

Saturday, July 15 - Monday, July 17

Fort Lauderdale Marriott Harbour
 Beach Resort & Spa

We need 450 pre-orders to get the RT License Plate in production!
 Pre-order yours today for only \$10!

VSRC Delegate **Bessie
 Brooks-Garnett** has worked
 diligently to help make it
 possible to create a Virginia
 license plate for Respiratory
 Therapists and supporters!
 We need your help to get
 450 sign ups!

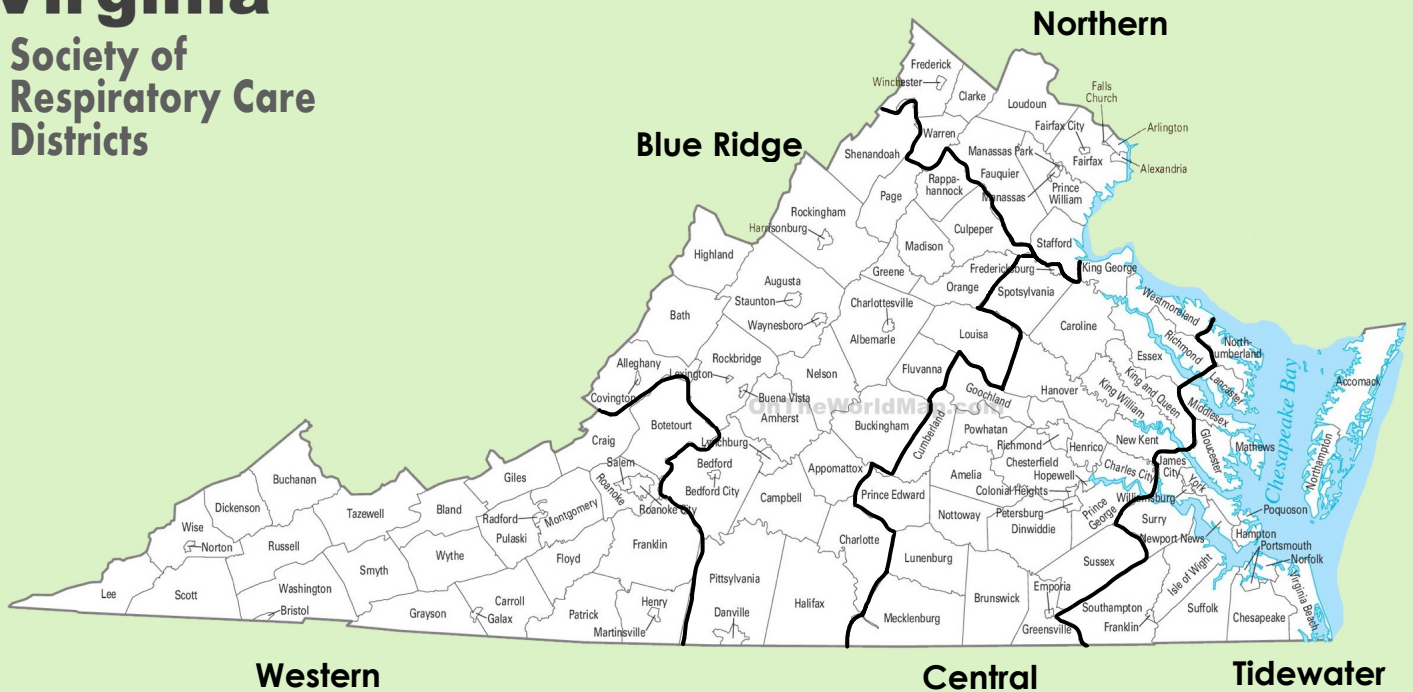


Go to AARC Connect "Virginia Society" or Scan this QR
 code for the link to download the pre-order form>>>



Virginia

Society of Respiratory Care Districts



Comic >>>



Selected by **Derrick Many**, MSc, RRT, RRT-ACCS

Quote >>>

“Carry out a random act of kindness, with no expectation of reward, safe in the knowledge that one day someone might do the same for you.”

Princess Diana

Editor >>>

Madison L. Fratzke, BS, RRT, RRT-ACCS
Respiratory Therapist
University of Virginia Medical Center
Charlottesville, VA

This newsletter is a compilation of news, announcements and articles produced by members of the Virginia Society for Respiratory Care. If you have any questions, requests for topics, contributions, or critiques please contact the editor at mlfratzke@gmail.com.

