

FANNP NEWS



HIGHLIGHTED: VERMONT OXFORD iNICQ VALUE COMPASS SERIES UPDATE • MEET KIM IRVINE, KIM NOLAN AWARD RECIPIENT • FANNP ELECTION YEAR

PLUS: POCKET NOTEBOOK • LEGISLATIVE UPDATE • EDUCATIONAL OFFERINGS

The Publication of the Florida Association of Neonatal Nurse Practitioners

FANNP 2007 Conference Planning Update

Neonatal Nurse Practitioner Symposium: Clinical Update and Review

2007 Conference • October 16–20, Clearwater Beach, Florida

Submitted by Mary Kraus, ARNP & Jacqui Hoffman, MS, ARNP, RNC

FANNP conference planning is moving right along for another great Symposium! The 18th National Symposium offers great speakers this year including Madge Buus-Frank, our keynote speaker. A dynamic speaker, Madge Buus-Frank offers 27 years of clinical experience in the NICU. She is currently a Neonatal Nurse Practitioner at the Children’s Hospital at Dartmouth, and Pediatric



Madge Buus-Frank, RNC, MS, ARNP will present the keynote address “The Care and Tending of Neonatal Nurse Practitioners: Cultivating Commitment, Collaboration and Competence.”



Clinical Faculty at Dartmouth Medical School. Her opening general session, **The Care and Tending of Neonatal Nurse Practitioners: Cultivating Commitment, Collaboration and Competence** will set the stage for the remainder of the Symposium. She will also present **Preventing the Preventable; Pharmacology Misadventures in the NUCU** for the advanced track and **Understanding the Developing Brain: Neonatal Neurology Review** for the review track.

Carol Botwinski is Assistant-Professor at the University of Tampa, School of Nursing, Neonatal Nurse Practitioner at All Children’s Hospital, St. Petersburg, Florida, and FANNP President. Her review track sessions on **Blood Curdling Hematology Review, The Nephron of Terror: Neonatal Renal Function and Failure, Going Over to the Dark Side of Neonatal Fluid and Electrolyte Management, and The Nightmare of a Pharmacology Review**, promise to be clear, concise, and understandable.

See “SPEAKERS” on page 4



**THE FLORIDA ASSOCIATION OF
NEONATAL NURSE PRACTITIONERS**

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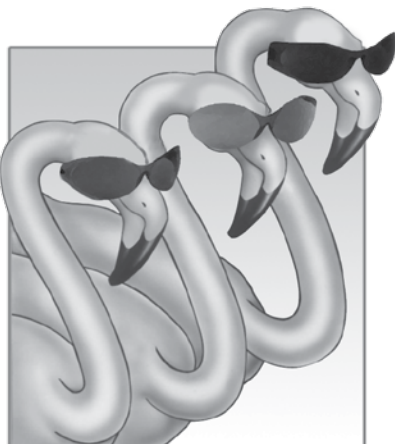
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Message from the President

The months of May and June are traditionally a time of graduations and beginnings; and new NNPs having completed their coursework and clinicals are now off to experience NNP life "on their own." Many of us have worked as preceptors and have experienced the satisfying aspects of working with students: watching them grow in skill and confidence and being able to transmit the essence of our role to the next generation of NNPs. We have also benefited by growing and learning from students through exposure to the latest research and in improving our own critical thinking skills.

On behalf of the FANNP to all the new graduates... congratulations... and, remember you are never on "your own"... throughout your career you will always have the support of other NNPs. The FANNP, as an organization, is also here to support you throughout your career. And, to help with the next big step... that of taking and passing the NCC exam... the FANNP conference this year is no exception.

The conference planning committee has developed another program that promises to be challenging, expanding our clinical and professional knowledge. And, of course there will be ample opportunity to meet new friends, enjoy the Florida sun and beach and network. The planning committee is planning for a "Monster Mash" this year and other "ghoulish" activities in keeping with our Halloween theme. So, be on the look out for our conference brochures... they'll be in the mail this June/July.

The FANNP also needs the continued support of all its members. This year is an election year and a call for nominations is going out (see article in newsletter for more information) to help fill these volunteer positions. Have a great summer. I look forward to seeing each of you at the conference this October!

*Carol Botwinski, EdD, ARNP
FANNP President*



Pictured above: (Left to right) 2006 Kim Nolan Spirit Award Recipient Kim Irvine; past year's recipients Karen Theobald, Madge Buus-Frank, Pam LaFerriere, and Leslie Parker.

Kim Irvine Receives 06 Spirit Award – Who's Next?

Kimberly Irvine, ARNP was awarded the Kim Nolan Spirit Award at the 17th National Neonatal Nurse Practitioner Symposium in Clearwater in October, 2006.

To nominate someone for the Kim Nolan Spirit Award for 2007, go to the website FANNP.org and download an application, or write to Paula Timoney, c/o FANNP, PO Box 14572, St. Petersburg, FL 33733-4572. The deadline is June 30, 2007.

Call for Nominations Your FANNP Wants YOU!

This is an election year and positions will be open on the Board of Directors for FANNP. The term of office is Jan. 1, 2008 through Dec. 31, 2009. Responsibilities include attendance at two to three meetings per year, participation at FANNP sponsored conferences, and participation on established committees.

The positions* are:

President Elect: Fills in as President in their absence, member of Bylaws Committee, succeeds to Presidency upon completion of term.

Secretary: Keeps minutes of all meetings, gives notice of all meetings, keeps bylaws and membership records, member of the Communications Committee

Treasurer: Have charge and full knowledge of all Association funds, render statement of financial condition of the Association for all meetings, Chairs the Finance Committee.

Members at Large (4): Serves on Committees as assigned.

*Please see the BYLAWS available in your Membership Directory for a complete description of these positions.

To be eligible to run for an officer position (*President Elect, Secretary, or Treasurer*), you must be a current member who has served on the Board of Directors or any FANNP committee. To be eligible to run for a *Member at Large* position you must be a current member with an interest in continuing the mission of FANNP.

Please consider running for one of these positions! We need your help to carry on!

Nominations are due by Aug. 1, 2007, send them to debulop@bellsouth.net or president@fannp.org. Ballots will then go out to active members for your vote, due back by Oct. 1, 2007. The newly elected candidates will be announced at the 18th NNP Symposium Business Luncheon.



What's up with the iNICQ Internet Series, "Testing and Improving Potentially Better Practices Collaborative?"

Submitted by Genny Cline, MSN, ARNP, RNC

The iNICU collaborative, "Testing and Improving Potentially Better Practices (PBP) Collaborative" is underway. This program is the seventh in a series of internet-based improvement collaboratives sponsored by the Vermont Oxford Network under the direction of Jeffrey D. Horbar. This exciting collaborative was prepared to introduce participants to "Potentially Better Practices" identified and tested by teams that participated in the Network's NICQ 2005 Collaborative. In that Collaborative, 47 multidisciplinary teams from NICUs in North America worked with experts to identify and test PBPs in a variety of NICU clinical practice areas. VON refers to these practices as "potentially better" rather than "better" or "best" because they believe that until the practices are evaluated, customized, and tested in participants own NICUs, they will not know whether are truly "better" or "best."

Prior to each session VON provides pre-work packets to participating centers designed to prepare the team for the session. The pre-work packets include resource kits with self-assessment tools as well as detailed descriptions and case studies of the PBPs.

The first session of the series was held on March 6, entitled, "Introduction to Potentially Better Practices." The initial session explained what PBPs are and reviewed the purpose and method of PBPs development. Important steps in the development of PBPs were discussed, including a review of how to evaluate the current evidence. The session also provided an overview of the existing VON PBPs, and challenged participating centers to begin the process of implementing and testing these PBPs in their own centers.

The remaining five sessions in the series will continue to support and educate participating centers through the process of implementation and testing of PBPs in their respective NICUs. A copy of the schedule for the iNICQ sessions is presented below for your review. Each session lasts approximately 90 minutes. In addition to the general lecture time, participating centers are also asked to schedule an additional 30 minutes following the session to work together

VON *continued from page 3*

on structured improvement exercises that are provided related to the topic of the session. The cost of the entire program is \$3250 per NICU team. Nursing contact hours, CMEs, and CRCE credits are awarded to participants.

The remaining topics, time and dates of the sessions are as follows:

Session 2: June 6, 2007 – PBPs for Nutrition

Nutritional Practices..... Ekhard Ziegler
Case StudiesAlfonso Pantoja
Discussion, 30-minute exercise

This session will introduce the potentially better practices for nutrition of VLBW infants, and present case studies of how individual PBPs have been tested and implemented by NICU teams.

Session 3: September 26, 2007 – PBPs for Medication Safety

Medication Safety.....Stuart Levine
Case Studies Andrew Kairalla
Discussion, 30-minute exercise

This session will introduce the potentially better practices for medication safety, and present case studies of how individual PBPs have been tested and implemented by NICU teams. Attention will be paid to the JCAHO safety goals.

Session 4: November 14, 2007 – PBPs for Improving the NICU Environment

How the environment affects infantsStanley Graven
Case studies of the PBPs..... William Liu
Discussion, 30-minute exercise

This session will address how the NICU physical environment (sound, light, odor, space) affects the health and development of infants and their families. Case studies of how individual NICUs applied the PBPs for the NICU environment will be presented.

Session 5: January 16, 2008 – PBPs for Respiratory Care

Respiratory practices.....Wally Carlo
Case studies..... Betsi Anderson
Discussion, 30-minute exercise

This session will review the PBPs for respiratory care and support of VLBW infants and present case studies of how individual NICUs have applied these PBPs.

Session 6: March 19, 2008 – Case Studies from iNICQ

Introduction.....Handyside
Case Studies from iNICQparticipating teams

Discussion, 30-minute exercise

All sessions begin at noon eastern time.

To find out more about the program or to obtain registration information, contact Pam Ford at VON, her email is as follows: pam@vtoxford.org

SPEAKERS *continued from page 1*

Dianne Charsha is also be back by popular demand. She brings 20 years of clinical experience as an NNP. She is a national speaker and author on numerous professional clinical topics, and is known for her enthusiasm and teaching skills. Dianne will speak on **Congenital Heart Disease, Differential Diagnosis and Management of Respiratory Distress, and Blood Gas Interpretation and Ventilation** sessions for the review track.

Jacqui Hoffman serves on the conference planning committee. She is currently the Coordinator of the NNP Online Program at the University of Alabama at Birmingham and a Neonatal Nurse Practitioner with Pediatrix Medical Group, Inc. She will present **Stomach Potion #9: Review of Common GI Conditions** for the review track.

Bruce Buehler is an engaging speaker who maintains the audience's attention and is requested to return by participants every year. His academic appointments include Clinical Professor of Pediatrics, Chairman of the Department of Pediatrics and Professor in the Department of Pathology and Microbiology in Omaha, Nebraska. He will be presenting **Herbal Medication**

and Alternative Medication Usage by Pregnant Women...Possible Effects on the Fetus for the advanced track session and **Review of Genetics** for the review track.

Leslie Parker will also be back this year. She is a Neonatal Nurse Practitioner and Clinical Assistant Professor at the University of Florida in Gainesville, where she is program director of the Neonatal Nurse



Dianne Charsha MSN, CRNP, RNC, will speak on "Congenital Heart Disease," "Differential Diagnosis and Management of Respiratory Distress," and "Blood Gas Interpretation and Ventilation."

Bruce Buehler, MD, (right) will present "Herbal Medication and Alternative Medication Usage by Pregnant Women...Possible Effects on the Fetus" for the advanced track session and "Review of Genetics" for the review track.



Practitioner Program. Leslie will discuss **Unraveling the Mysteries of Neonatal Metabolic and Endocrine Function** for the review track. Watch for the brochure on our website and in your mail box this month; check out all of the other outstanding speakers that have been lined up to present clinical and professional topics you won't want to miss.

We have increased the hotel room block in response to last years numbers, so hopefully no one will be turned away. The usual fun activities are planned including the "Welcome Reception," "Roundtable Discussion" and in addition we are planning a "Monster Mash" on the beach and hope that everyone will bring their scariest or craziest costume to wear to the Halloween Party! The topic for this year's round table discussion is **Scary, Scary Night: Going from Expert Neonatal Nurse to Novice NNP** headed by Jacqui Hoffman. In this interactive discussion we will explore the challenges of role transition from the expert bedside NICU nurse to the novice NNP, as well as discuss the challenges facing a seasoned NNP who relocates to a different city/state or selects a different career path. **Which Doctoral Degree is Right for You? Demystifying the Options** will be presented by Michele Beaulieu, Robin Bissinger, and Carole Kenner, all dynamic speakers who will discuss the pros and cons of the three doctoral options including PhD, DNSc, and DNP. Be sure to attend. Mark your calendar now! The Symposium offers a great way to prepare for certification exam, or keep up with the latest knowledge; it is also a great way to network and have fun. Hope to see you in October!

2007 CONFERENCE SCHEDULE
FANNP'S 18th NATIONAL NEONATAL NURSE PRACTITIONER SYMPOSIUM: CLINICAL UPDATE AND REVIEW

TUESDAY, OCT. 16 5.5 CONTACT HOURS

7:30 – 9:00 AM CONTINENTAL BREAKFAST | REGISTRATION | NETWORKING | EXHIBITS OPEN

9:00 – 10:30 AM **Welcome and General Session #1**
The Care and Tending of Neonatal Nurse Practitioners: Cultivating Commitment, Collaboration and Competence
- Madge Buus-Frank, RNC, MS, ARNP Despite the rhetoric about the importance of highly-functional multidisciplinary care teams and their impact on quality of care, very little is known about how to effectively build such a team. How do we move from eating our young, to nurturing them instead? This session will provide pragmatic tips on the care and tending of NNPs with ten creative strategies to help you create a culture of commitment, collaboration and competence.

10:30 – 11:00 AM BREAK | NETWORKING | EXHIBITS OPEN

11:00 AM – 12:30 PM **Track A**
A1 Double, Double, Toil and Trouble – Understanding the Infection and Inflammatory Response – Darlene Calhoun, DO
Infection and inflammatory mediators play a role in preterm birth and may be responsible for some of the short and long term outcomes associated with premature neonates. A balance between pro- and anti-inflammatory mechanisms is critical for an optimal outcome for the patient. We will identify the primary markers associated with the neonatal systemic inflammatory response, and how to use these markers to modify therapies in the management of these neonates.

12:30 – 2:00 PM **LUNCH (on your own) | Lunch Cart in Exhibit Hall EXHIBITS OPEN**

2:00 – 3:30 PM **A2 A Vampire's Guide to the Control of Bleeding – Evaluation and Management of Platelet Disorders** – Darlene Calhoun, DO
Thrombocytopenia is very common in the NICU, affecting a majority of hospitalized patients. While most causes are readily identified and associated with infection and sepsis, some infants have persistent thrombocytopenia. We will discuss how to thoroughly and systematically evaluate neonates with disorders of the platelet and institute effective management strategies for these neonates.

3:30 – 4:30 PM **Track B**
B1 Stomach Potions #9: Review of Common GI Conditions
Jacqui Hoffman, MS, ARNP, RNC
Provides a general overview of common neonatal gastrointestinal conditions to help the attendant prepare for NCC Certification.

4:30 – 6:00 PM **B2 Review of Genetics**
Bruce Buehler, MD
Provides a general overview of genetics to help the attendant prepare for NCC Certification.

6:30 – 7:30 PM **A3 Herbal Medications and Alternative Medication Usage by Pregnant Women...Possible Effects on the Fetus** – Bruce Buehler, MD
Herbal and alternative medications are used more frequently in today's society, even by pregnant women. In this session we will discuss the use of complimentary/alternative medicine by pregnant mothers, discuss the safety of these medications, and explore the possible effect of these medications on the fetus, which may require NICU treatment.

7:30 – 8:30 AM **B3 Understanding the Developing Brain: Neonatal Neurology Review** – Madge Buus-Frank, RNC, MS, ARNP
This presentation will review the embryological underpinnings of brain development, pointing out key areas of vulnerability along the way. Related clinical concepts include common brain malformations, hypoxic ischemic encephalopathy, neonatal seizures, intracranial and extracranial bleeding, and hydrocephalus.

6:30 – 7:30 PM **WELCOME RECEPTION** Sponsored by FANNP
Meet old friends, make new friends and network with colleagues. Join us poolside for hors d'oeuvres and sunset.

WEDNESDAY, OCT. 17 7.5 CONTACT HOURS

7:30 – 8:30 AM CONTINENTAL BREAKFAST | REGISTRATION | NETWORKING | EXHIBITS OPEN

8:30 – 9:30 AM **General Session #2 What, When and How: New Concepts in Parenteral Nutrition** – Susan Carlson, MMSc, RD, CSP LD, CNSD
This session will review new concepts and controversies in parenteral nutrition. Topics will include parenteral nutrition initiation and advancement, additives, and prevention of parenteral nutrition associated complications. Case studies will highlight key concepts.

Article Review: Are there critical periods for brain growth in children born preterm?

Arch Dis Child Fetal Neonatal Ed. 2006, 91:F17-F20

Submitted by: Deborah Fulop, MSN, ARNP

This was an interesting retrospective cohort study, the data from the study was collected from 1980-1981 and birth weight instead of gestational age was used as the inclusion criteria for the cohort of 194 infants born in Merseyside. The study population included infants born less than 1500 grams; it also included infants who were IUGR. Outcome measures included head circumference at birth, discharge, 4 years and 15 year of age. Assessment of intelligence and minor motor impairment was made at 8 years of age.

Imaging studies revealing white matter damage in the perinatal period have been correlated with most major neuromotor problems. There is also an association between height and head circumference and intellectual outcome. The late intrauterine and early postnatal period in human development are characterized by high growth velocity particularly of the brain. In older children the size of the brain is broadly related to cognitive function as is height. The size of the head at birth is poorly related to later intelligence. Growth rate in both infancy and early childhood were related in intelligence quotient (IQ), but the effect was greater in childhood.

In this study population it appeared that the poor growth must have been postnatal, either in the neonatal period or during infancy or early childhood. Postnatal growth could also be affected by antenatal factors, perinatal illness, drugs, or nutrition, or subsequent childhood illness or nutrition.

The standards used for these computations were based on those published by the Child Growth Foundation from 1990. The z score for birth weight allowing for gestation at birth and sex were computed using weight standards from the Child Growth Foundation.

The results of the study revealed that of the 399 very low birth weight births during this time, 229 survived to age 15, 10 survivors

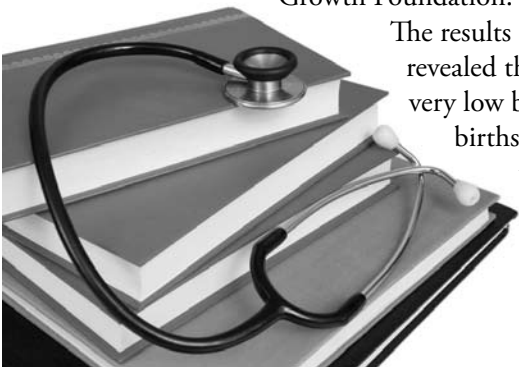


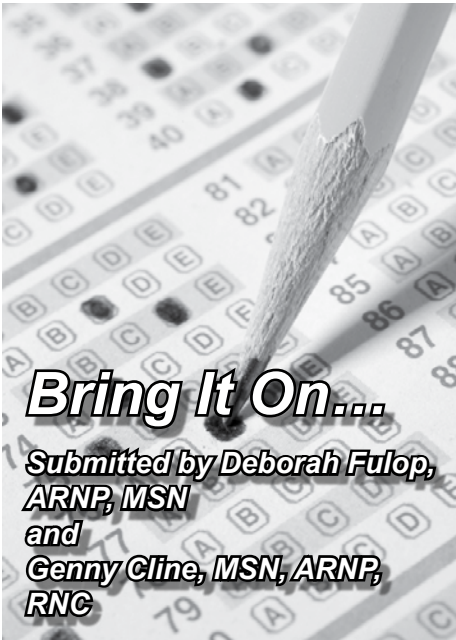
refused assessment, 25 had CP or major visual or hearing deficits and were excluded further from the study, leaving 194 subjects for the study. The mean birth weight of the study population was 1230 grams and the mean gestational age 30.8 weeks. The LBW infants in the study were weaned off of oxygen support by 2 days of age and had reached full feeds by 3 days of age. In this study of head growth in infancy and childhood, IQ scores at 8 years of age was significantly related to head size at birth, 4 and 15 years of age; suggesting that postnatal growth was more important as a determinant of IQ than intrauterine growth. In the absence of significant IUGR later growth of the head is a more important determinant of IQ than immediate postnatal growth. And the similar correlation between IQ and OFC at birth, suggest that antenatal head growth is also a determinant of later IQ.

White matter damage appears to be strongly linked to poor later growth of the brain in terms of both white and grey matter. Drug treatments in the neonatal period such as corticosteroids have a pronounced effect on growth and have been associated with subsequent cerebral palsy, and lower IQ. Magnetic resonance imaging studies have shown that signs of white matter damage are associated with poorer later myelination and also reduced brain volume.

The article study suggests that interventions designed to improve IQ in very low birth weight children will need to target on management strategies to reduce IUGR and improve later childhood growth. Interventions to improve motor ability will need to be targeted on interventions to promote brain protection during the neonatal period.

The study begs the question, "What are we doing in our NICU to improve developmental outcomes?"





Bring It On...

**Submitted by Deborah Fulop,
ARNP, MSN
and
Genny Cline, MSN, ARNP,
RNC**



Practice Questions to Prepare for the NNP Certification Exam

1. A 38-week gestation infant is being treated in the NICU for group B streptococcal pneumonia. The infant was initially stable in an oxygen hood at 60% O₂ with a pulse oximeter reading above 95%. At 6 hours of age, the infant becomes increasingly tachypneic and cyanotic, with desaturation below 80% on pulse oximeter during handling or crying. The oxygen concentration is increased to 100% by oxygen hood. Arterial blood gases reveal a PaO₂ of 50mmHg despite receiving 100% oxygen. Pulse oximeter readings from the right wrist probe site are higher than readings obtained from the right ankle probe site. On the basis of this clinical presentation, the NNP suspects the development of persistent pulmonary hypertension of the newborn (PPHN) as characterized by:

- shunting right to left through the ductus venosus and foramen ovale.
- shunting left to right through the ventricular septal defect.
- shunting left to right across the ductus arteriosus.
- shunting right to left across the ductus arteriosus and foramen ovale.

2. A 28-week gestational age preterm infant is admitted to the NICU with RDS and hypotension, as part of the admission work-up the infant has a CBC with differential and blood culture sent before starting antibiotics. The results of the CBC with differential are as follows:

WBC 6.1 X 10³/mm³
 Segs 20%
 Bands 8%
 Promyelocytes 5%
 Metamyelocytes 3%
 Lymphocytes 56%
 Eosinophils 4%
 Monocytes 7%
 Basophils 3%
 Platelets 62 X 10³

The results of the CBC with differential indicate that the infant's calculated immature to total ratio is:

- I/T ratio is 0.44, a positive left shift, abnormal suggestive of infection
- I/T ratio is 0.55, a positive left shift, abnormal suggestive of infection
- I/T ratio is normal for age, no left shift
- I/T ratio is normal for age, but the infant is thrombocytopenic

See "ANSWERS" on page 11

Neonatal Abstinence Scoring

1. Clinical Presentation- Neonatal abstinence syndrome (NAS) can be due to intrauterine exposure to heroin or methadone.

Other less potent opiates have been implicated as causes of NAS.


Non-opiate central nervous system (CNS) depressants have been considered as causes of NAS.

2. Onset varies with: Drug, quantity, frequency, duration, and timing of withdrawal.

3. Neonatal Drug-Withdrawal Scoring System:

(American Academy of Pediatrics (1998). Neonatal Drug Withdrawal. Journal of Pediatrics, 101(6), 1079-1088.

Neonatal Drug-Withdrawal Scoring System				
Score	_____			
Signs	0	1	2	3
Tremors (muscle activity of limbs)	Normal	Minimally increased when hungry or disturbed	Moderate or marked increased when undisturbed, subside fed or held snugly	Marked increase or continuous even when undisturbed, or going on to seizure-like movements
Irritability (excessive crying)	None	Slightly increased	Moderate to severe when disturbed hungry	Marked even when undisturbed
Reflexes	Normal	Increased	Markedly increased	
Stools	No	Explosive, but normal frequency	explosive, more than 8 d	
Muscle Tone	Normal	Increased	Rigidity	
Skin Abrasions	No	Redness of knees and elbows	Breaking of the skin	
Respiratory Rate/minute	<55	55-75	76-95	
Repetitive Sneezing	No	Yes		
Repetitive Yawning	No	Yes		
Vomiting	No	Yes		
Fever	No	Yes		

- 
4. Non Pharmacological Treatment: Swaddling, frequent small feedings, hypercaloric formula, temperature stability, observation of sleep habits, weight changes.
 5. Pharmacologic Management: Narcotics, anticonvulsants.
Based on daily average scores or a trend in scores
Over 24—48 hrs.
 6. Effects: Small for gestational age/intrauterine growth retarded, low birth weight, cerebral infarcts, learning disabilities, attention deficit disorder.

FANNP 2007 Scholarship Application and Eligibility Guidelines

FANNP was founded to support the educational advancement of Neonatal Nurse Practitioners. To achieve this goal, each year on December 31, at least 10% of the available monies in the general operating budget are put in a scholarship fund.

Guidelines for scholarship qualification are as follows:

- You must be a FANNP member.
- All members, student members and associate members are eligible.
- Priority for scholarship award will be given to members, followed by student members and then associate members.
- Priority for scholarship award will be based on length of membership and service to FANNP.
- You must be a licensed RN, ARNP, NNP or equivalent.
- Preference will be given to currently licensed certificate NNPs working towards a NNP degree.
- You must attend an educational program leading to a degree related to the health care field during the application period.
- The application period for the 2007 scholarship is September 15, 2006 to September 15, 2007. (i.e. To be eligible for a 2007 scholarship you must have attended classes sometime between September 15, 2006 and

September 15, 2007.)

- An applicant may receive a maximum of two scholarship awards for each degree sought.
- Preference will be given to those working towards a degree in neonatal health care.
- If awarded a scholarship, recipients agree to write a short article for the FANNP newsletter within the next year.

The completed scholarship application must be postmarked by September 15, 2007.

Scholarships of \$500 – \$1000 per qualified applicant will be awarded each year at the FANNP Annual Business meeting, scheduled in conjunction with the FANNP National Neonatal Nurse Practitioner Symposium: Clinical Update and Review.

The FANNP Board of Directors will select the scholarship recipients based upon the above qualifications and the applicant's level of practice and educational and professional goals. The number and dollar amounts of the annual scholarships will be determined by the FANNP BOD based upon the amount of monies available in the scholarship fund, the number of applicants, and each applicant's qualifications as listed above.

To obtain an application or for questions, please contact FANNP via email at: scholarships@fannp.org OR leave a message at 1-800-74 FANNP OR by US mail at: Karen Theobald, FANNP Treasurer, PO Box 14572, St. Petersburg, FL 33733-4572.

Legislative Update

Legislative Update Spring, 2007

Submitted by Leslie Parker, RNC, NNP, MSN

The 2007 Florida legislative session has proven to be exciting and productive. Already the session has been filled with a number of important issues effecting advanced practice nursing. Potential bills affecting ARNP's in the state of Florida include the following:

Senate Bill 248/House Bill 879 — is a bill providing title protection for Certified Registered Nurse Anesthetists, Certified Nurse Midwives, and Clinical Nurse Specialists. It would also provide licensure of Clinical Nurse Specialists.

Senate Bill 1508/Senate Bill 469: — is a bill to include ARNPs and PAs in the statute which provides certain civil immunity to health care providers who obtain informed consent.

Senate Bill 1958/House bill 1299: — would allow ARNPs to certify the cause of death and sign death certificates. ARNPs would only be involved in certifying the cause of death in uncomplicated and expected deaths such as those occurring in a hospice or long term care situation.

Senate Bill 556//House bill 1263: — is the prescriptive privilege bill which would allow ARNPs to prescribe controlled

substances, schedules III through IV. If the ARNP worked in a hospital or hospice, they could prescribe schedule II substances. Prescriptive privileges would have to be in compliance with the specific protocol and signed by the collaborating physician. Florida is one of the only three states which do not allow ARNPs to prescribe controlled substances.

On a national level, President Bush released his 2.77 trillion budget proposal for fiscal year 2008 on February 5, 2006. As in previous years, the President proposes to cut funding for many health care programs important to nursing. While this budget does not necessarily change current funding, it does indicate that funding for nursing education and health care will be difficult to obtain.

Congresswoman Lois Capps and Congressman Steve LaTourette have joined forces to form a Nursing Caucus in the U.S. House of Representatives. The Caucus will provide a non-partisan forum promoting the discussion of issues impacting the nursing profession.

According to a report by the National Health Statistics Group at the Centers for Medicare and Medicaid Services, U.S. health care spending will

almost double to 4.1 trillion by 2016 and account for 20 percent of every dollar spent in this country.

The ANA endorsed the Nursing School Capacity Act of 2007 on February 5th. This bill would require the National Academy of Sciences to research the reasons that school of nursing are turning away qualified applicants, the sources of the faculty shortage, technology which may improve clinical education and measures that can improve nurse retention.

Due to their large numbers, nurses are in the unique position to change the political environment. Please make a pledge today to become more politically active by making a contribution to either your state nursing organization or ANA or by making an appointment with your legislator to voice your opinion on critical issues affecting nurses in your area.



Educational Offerings

High-Risk Obstetrics

August 9-12, 2007
Snowmass, Colorado
Contemporary Forums
www.contemporaryforums.com

18th Annual FANNP Symposium: Clinical Update and Review

October 16-20, 2007
Clearwater, FL
FANNP
www.FANNP.org

7th Annual National Neonatal Nurses Meeting

September 5-8, 2007
Las Vegas, Nevada
The Academy of Neonatal Nursing and Neonatal Network
www.neonatalnetwork.com or
www.academyonline.org

10th Anniversary National Mother Baby Nurses Conference

September 5-8, 2007
Las Vegas, Nevada
Mother Baby Education and Neonatal Network
www.neonatalnetwork.com

23rd Annual Conference A Passion For Excellence: Creating Brighter Tomorrows For Babies

September 26-29, 2007
San Diego, California
NANN
www.NANN.org

The Vermont Oxford Network Annual Meeting and Quality Congress for Neonatology

December 1-2, 2007
Washington, D.C.
www.vtoxford.org

Hot Topics in Neonatology

December 2-4, 2007
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"BRING IT ON" ANSWERS from page 7

1. The correct answer is "d", Persistent pulmonary hypertension of the newborn (PPHN) is suspected in infants with severe hypoxemia despite maximal medical management. These infants present with respiratory distress and oxygen desaturation. The diagnosis of PPHN is confirmed by echocardiography showing extrapulmonary right to left shunting through the foramen ovale and patent ductus arteriosus. Also, a 10-15% difference between pre and postductal pulse oximeter readings is indicative of right to left shunting through the foramen ovale and ductus arteriosus.

2. The correct answer is "a" 0.44, positive left shift. An I/T ratio greater than 0.2 is suggestive of infection.

Mature cells= Segs

Immature cells= Bands, Metamyelocytes, Myelocytes, Promyelocytes

I:T Ratio= $\frac{\% \text{ Immature Cells}}{\% \text{ Immature} + \% \text{ Mature Cells}}$

$\frac{\text{Bands (0.08) + Promyelocytes (0.05) + Metamyelocytes (0.03)}}{\text{Bands (0.08) + Promyelocytes (0.05) + Metamyelocytes (0.03) + Segs (.20)}}$

$\frac{0.16}{0.36} = 0.44$ I/T, this result is greater than 0.20, which indicates a left shift, suggestive of infection.

$\frac{0.16}{0.36} = 0.44$ I/T, this result is greater than 0.20, which indicates a left shift, suggestive of infection.

0.16

0.36 = 0.44 I/T, this result is greater than 0.20, which indicates a left shift, suggestive of infection.

Note: The platelet count is also low, assuming it is a centrally drawn specimen and not partially clotted, but this information is not necessary to answer the test question.

Apply Now for FANNP Research Grants

The FANNP has research grant money available to qualified members! The object of the grant program is to encourage Neonatal Nurse Practitioners to develop and carry out research projects in the area of neonatal care. These grants will help defray research expenses. Research in the role of the advanced neonatal nurse practitioner is encouraged.

Each year FANNP sets aside funds for the support of research projects. \$1,000 is the maximum amount which may be awarded to an applicant for any one project. Applicants must be the principal investigator of the project. Novice researchers as well as those with extensive research experience are encouraged to apply.

FANNP research grant applications can be obtained by contacting the FANNP through the website at carolb@fannp.org or contacting Carol Botwinski, FANNP Research Committee, PO Box 14572, St. Petersburg, FL 33733-4572.

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