The Wrap-up: FANNP’s 22nd National Neonatal Nurse Practitioner Symposium Clinical Update and Review

I want to thank everyone for all their efforts in making FANNP’s 22nd National Neonatal Nurse Practitioner Symposium Clinical Update and Review a resounding success. Also a thank you to all who attended! We had a great time networking and visiting old friends, reviewing, and hearing some of the latest updates in our field, not to mention relaxing at “our spot on the Beach”!

Now... for NEXT year! Please feel free to bring any suggestions or ideas to our attention for our next conference. We can be reached via website FANNP.org. One of our new projects will be to identify the classification each topic would meet to fit under any needs we might have for NCC certification, especially for the “A” Track. Remember, without your input, we wouldn’t be here!

See you next year!

Mary Kraus, MSN, NNP-BC
Conference Planning Chair
Florida Association of Neonatal Nurse Practitioners
Letter from the President

Hello,

The Florida Association of Neonatal Nurse Practitioners would like to recognize and thank the 12,000+ NPs in Florida who provide a significant contribution to the healthcare of the people of Florida and the almost 150,000 NPs who practice in the United States.

I hope you celebrated your accomplishments during National Nurse Practitioner Week this past November 13-19, 2011. There is no limit to what each one of us can contribute to our profession and continue to strengthen the bonds that tie us together.

We are eagerly looking forward to the 23rd National Neonatal Nurse Practitioner Symposium. The planning committee has already begun to create yet another exceptional program. I hope that many of you get to join us again in Clearwater, October 16-20, 2012! Once again, what an incredible 2011 FANNP Symposium. Everyone I asked felt that the speakers were great and that they had a good time networking and enjoying the beautiful weather. I would like to thank all of the attendees for choosing this conference and would like to thank the planning committee and the BOD for a job well done.

And looking toward January, the time is quickly approaching to pass the baton into the capable hands of incoming president Terri Marin. I look forward to working with Teri and president elect Leslie Parker and the rest of the wonderfully dedicated and hardworking members of our board of directors in the years to come. I am completely confident that this group will continue to guide the FANNP along with our committee members to continue with excellence. As I write my final letter to the membership as president of this wonderful organization, so many thoughts and images come to mind. Throughout the years of my involvement with the FANNP, I have been humbled by the intelligence, the passion, the caring, and the generosity demonstrated by all of you.

In the short time that was graciously awarded the honor of serving as your president, work was completed, projects were begun and many ideas were discussed into plans and goals for the future. None of that would be possible without the commitment, guidance, support and hard work of many individuals. I take this opportunity to thank each and every one of you who have given of yourselves in some way while I was President. Your willingness to step up, pitch in and get things done has filled this year with so many pleasurable, memorable moments that I will treasure for a lifetime.

Thank you and respectively,
Ruth Bartelson

Election Results

This year was a nomination year. We are pleased to announce the following Board of Directors who will take office January 1, 2012:

- Ruth Bartelson, ARNP, NNP-BC - Past-President
- Terri Marin, PhD(c), ARNP, NNP-BC - President
- Leslie Parker, PhD, ARNP, NNP-BC - President Elect
- Kim Irvine, ARNP, NNP-BC - Secretary
- Sheryl Montrowl, ARNP, NNP-BC - Treasurer

Response rate by US Postal response was low and the election for Members-at-Large was very close. The new Members-at-Large are:

- Ashley Darcy, PhD, ARNP, NNP-BC
- Jacqui Hoffman, DNP, ARNP, NNP-BC
- Mary Kraus, MSN, ARNP, NNP-BC
- Diane McNerney, DNP, ARNP, NNP-BC

We are looking at future elections being done electronically as other professional organizations have been doing, so it is imperative that we have your current email address. Please make sure as you renew your membership that you verify or add your email address; don’t forget to add to your email acceptance list so these do not end up in the spam basket. We do not share your email address with any organizations or neonatal businesses. Finally, we limit the number of emails sent out by FANNP to include only those related to professional practice or certification issues that are important to your professional practice or FANNP business issues that need to be brought to your attention prior to the quarterly newsletter.

Respectfully Submitted,
Jacqui Hoffman, DNP, ARNP, NNP-BC
The case study presented involves a neonate with congenital bilateral upper eyelid coloboma. In this paper, I will present the pathophysiology for the diagnosis as well as the medical management for this neonate by the Advanced Registered Nurse Practitioner (ARNP) in collaboration with the neonatologist.

**Case Study:**

**Baby girl Sarah** is a 2500-gram 32-week gestation infant born via spontaneous vaginal delivery to a gravida 1 para 1 mom. Mother is a 40 year old high school math teacher, married, with good prenatal care; prenatal labs were negative for hepatitis B, GBS, serology, gonorrhea, chlamydia and rubella immune. Infant’s Apgar’s assigned at delivery were 9 at 1 minute and 9 at 5 minutes of age. On physical exam both eyelids were asymmetrical and, the medial third of the upper eyelids were absent. Lacrimal punctae were also absent from both upper eyelids. Lower eyelids were normal and lacrimal punctae were patent. Pupils had red reflex bilaterally when examined. There were no masses and no dysmorphic facial features. Remainder of the physical exam was normal. Amniocentesis obtained prenatally due to advanced maternal age revealed the baby had normal chromosomes. There is no family history with similar findings.

In lens coloboma a piece of the lens is absent. The lens is the part of the eye that helps focus light on the retina.

Macular coloboma occurs when the center of the retina, called the macula does not develop normally. The macula is responsible for daylight, fine and color vision. Macular coloboma may be caused when normal eye development is interrupted or following an inflammation of the retina during development of the baby (NEI, retrieved September 1, 2009).

Optic nerve coloboma refers to an abnormal optic nerve that is deeply excavated or hollowed out, which is also referred to as an optic nerve pit.

Figure 1. Normal fundus. NEI Eye Health Organizations Database (Resources on Coloboma). Retrieved September 1, 2009 from World Wide Web: http://www.nei.nih.gov/health/resources Search.

Figure 2. Lens Coloboma. NEI Eye Health Organizations Database (Resources on Coloboma). Retrieved September 1, 2009 from World Wide Web: http://www.nei.nih.gov/health/resources Search.

Figure 3. Macular coloboma. NEI Eye Health Organizations Database (Resources on Coloboma). Retrieved September 1, 2009 from World Wide Web: http://www.nei.nih.gov/health/resources Search.

Figure 4. Optic nerve coloboma. NEI Eye Health Organizations Database (Resources on Coloboma). Retrieved September 1, 2009 from World Wide Web: http://www.nei.nih.gov/health/resources Search.

See “COLOMOMA” on page 4
COLOBOMA

Continued from page 3

Uveal coloboma is large enough to involve the optic nerve, either the inferior portion or the entire optic disc. It can present as an iris coloboma with the traditional keyhole or cat eye appearance to the iris and/or as a chorio retinal coloboma where the retina in the lower inside corner of the eye is missing. This type is primarily genetic in origin and can be associated with a syndrome such as CHARGE syndrome and is associated with a change in or a complete deletion of a gene called CHD7 (Bashour, 2007).

Eyelid coloboma is present when pieces of either the upper or lower eyelid are absent. This is baby girl Sarah's condition. Eyelid coloboma may be part of a genetic syndrome, or may occur as a result of a disruption of eyelid development in the baby. Eyelid coloboma is an almost constant feature of Treacher Collins syndrome, which is autosomal dominant with variable penetrance (Bashour, 2007).

Upper eyelid coloboma is often associated with cryptophthalmos and as a result can occur in any genetic diseases involving cryptophthalmos including Fraser syndrome and Manitoba Oculotrichoanal (MOTA) syndrome (Bashour, 2007). Cryptophthalmos is a rare congenital anomaly in which the skin is continuous over the eyeball and the eyelids are absent. It is classified into three types: complete, incomplete and abortive (Bashour, 2007). Baby girl Sarah's her upper eyelids are incomplete with no cryptophthalmos.

Medical Care

Corneal protection is the primary goal in the medical treatment of eyelid coloboma. Modalities that can be used either for small defects or for large defects awaiting definitive surgical therapy include the following: artificial tears and ointment, moist chamber optical bandages and bedtime patching (Ankola, 2003).

Upon admission to the NICU, consultation with the ophthalmologist was obtained for baby girl Sarah. Her diagnosis of bilateral upper eyelid coloboma and medical intervention with artificial tears was started. Further monitoring and consideration for surgery to repair the eyelids is in baby girl Sarah's plans.

Surgical Care

Corneal protection and cosmetic appearance are indications for surgical therapy. The surgical procedure used depends on the size and the location of the defect. No definite age was identified for the surgery. If the eyelid coloboma is small and well managed with topical lubrication, then surgery may be delayed until later in childhood. Usually, it is corrected by direct closure. The edges of the defect are freshened with sharp incisions, and precise anastomosis is preformed. The lid margin is brought together using a 2-layer approximation of the tarsus and the skin (Bashour, 2007). Lateral cantholysis and placement of near-far, far-near sutures may be necessary to minimize horizontal tension.

With large eyelid coloboma, immediate surgical closure is usually needed to prevent corneal compromise. A 2-stage reconstruction may be required for those defects that occupy greater than 40-50% of the lid. The surgical procedure used depends on the involved lid.

When the lower lid is involved the modified Hughes procedure is used and is demonstrated as follows: upper lid tarso-conjunctival flap (for tarsus layer) with retroauricular skin flap (for skin layer) (Bashour, 2007). With the upper lid the modified Cutler-Beard procedure is done, consisting of a lower lid tarso-conjunctival flap (for tarsus layer) with retroauricular skin flap (for skin layer) (Ankola, et al 2003).
Alternate techniques for either the upper lid or the lower lid include the following: a semicircular flap from the lateral canthal area (Tenzel or modified Tenzel flap) and a full-thickness lid rotational flap (Ankola, et al 2003).

After discharge from the hospital, close follow up with an ophthalmologist would be required for the coloboma involving the pupils.

Theoretical Concept

The Nursing Process Theory by Ida Jean Orlando states that the nurse meets the patient’s immediate need for help via communication. Communication occurs both verbally and non-verbally. In the neonatal environment, the nurse communicates with the patient non-verbally. Monitoring of vital signs, lab work and clinical physical reactions to stimulus attunes the nurse to any interventions required to meet the neonate’s need for comfort. Therefore, nurses need to use their perception, thoughts about the perception or the feeling engendered from their thought to explore the behaviors which the neonates present (Schmieding, 2002).

Cultural Assessment

To institute a cultural assessment of this family, one reviews the mother or parent’s ethnic background, religion, primary language and level of education and comprehension. In the case of Baby girl Sarah, there is no mention of any culture or ethnic background. Education to the parents of an infant in the NICU and her clinical course would have to be done on a continuous basis. Informing of the clinical status, problems and interventions should occur, especially during the critical hours, on a shift-to-shift basis. Providing literature, or providing web sites for them so that they will be able to obtain information to read at their level of comprehension, is important so they can make informed decisions regarding Sarah.

References


Schmieding, N. J. (2002). Orlando’s nursing process theory in nursing practice. In M. R.

Alligood & A. M. Tomey (Eds.), Nursing theory utilization & application (2nd ed). St. Louis: Mosby.

2011 Kim Nolan Spirit Award

Recipient: Marylee Kraus!

Congratulations to Marylee Kraus, the 2011 Kim Nolan Spirit Award recipient! The Kim Nolan Spirit Award is presented to a FANNP member who exemplifies the “can-do” attitude and commitment to service that Kim possessed.

Mary Kraus has been involved with FANNP for many years and has served as president, past president, president-elect, and board member at large. Currently Mary is the coordinator of the annual FANNP Symposium. Mary works tirelessly to organize the many planning committees in order to put on a quality educational program. Every morning during the conference, Mary is up early to ensure that the day goes smoothly. She consistently welcomes attendees with a smile and engages others while participating in the conference events. You can often see Mary dancing the night away during the annual beach parties.

Mary has worked for the Center for Neonatal Care at Disney Pavilion at Florida Children’s Hospital in Orlando for 16 years. She is a senior member of the NNP group and is a preceptor and role model. Mary is involved in a number of hospital committees and represents the NNP group well. She is also active in her church and is involved in the church’s medical outreach program.

Mary joins a well respected list of colleagues who are past recipients of the award:

2002 Pam Laferriere
2003 Madge Buus-Frank
2004 Leslie Parker
2005 Kim Irvine
2006 Karen Theobald
2007 Ruth Bartelson
2008 Cheryl Robinson
2009 Gail Harris

Please join FANNP in congratulating Mary on this prestigious award!

Respectfully Submitted,
Paula Timoney, DNP, ARNP, NNP-BC
Calling for Research Proposals... FANNP Grants Available

The FANNP has research grant money available to qualified members! The objective 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. Award amount will vary based on number of applications received each year. Each applicant will be awarded one grant per project, and must be the principal investigator. Novice researchers as well as those with extensive research experience are encouraged to apply. There is no deadline for grant submission; we accept applications year round and you will be notified via mail of reward amount. Grant recipients will be announced at our annual Business Meeting held during our Annual Symposium each year in October.

FANNP research grant applications can be obtained by contacting the FANNP through the website at conference@fannp.org

Ashley Darcy, PhD, RN, NNP-BC
FANNP Research Chair

FANNP Scholarship Funds Available!

FANNP was founded to support the educational advancement of Neonatal Nurse Practitioners and remains committed to promoting education for NNPs. Each year on December 31st, at least 10% of the available monies in the FANNP general operating budget are put in a scholarship fund. FANNP is proud to be able to award scholarships to nurses and NNPs continuing their educational pursuits in the field of neonatal health care.

Three scholarships were awarded in 2011 to Scarlet DeLeon, from Miami, Florida, Leigh Ann Cates from Sugar Land, Texas and Melanie Ellis from Brandon, Mississippi.

FANNP would like to be able to award more scholarships in 2012, but we can only award scholarships if we receive applications.

Are You, Or Is Someone You Know, Eligible For A 2012 FANNP Scholarship?

FANNP members who attend an educational program leading to a degree related to the health care field between September 15, 2011 and September 15, 2012 are eligible for a 2012 scholarship.

FANNP Scholarship Eligibility Criteria:
1. Scholarship applicants must be FANNP members.
   • 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.
2. Scholarship applicants must be a licensed RN, ARNP, NNP or equivalent.
   • Preference will be given to currently licensed certificate NNPs working towards a NNP degree.
3. Scholarship applicants must attend an educational program leading to a degree related to the health care field during the application period.
   • Preference will be given to those working towards a degree in neonatal health care.
4. The application period for the 2012 scholarship is September 15, 2011 to September 15, 2012. (i.e. To be eligible for a 2012 scholarship you must have attended classes sometime between September 15, 2011 and September 15, 2012.)
   • An applicant may receive a maximum of two scholarship awards for each degree sought.

Applicants are asked to include a 3-5 page submission for publication in the FANNP newsletter as part of the application process. The submission can be an original article, a paper you submitted for coursework, a case study, best practice clinical update or a literature review.

The completed scholarship application packet must be postmarked by September 15, 2012.

For questions, more information or to obtain an application please contact FANNP via email at: scholarships@fannp.org.
FANNP Welcomes Tiffany Gwartney as Our New Newsletter Editor

During the last four years I have had the honor of serving as the FANNP newsletter editor. Throughout my years of involvement with FANNP I have been consistently amazed by the professionalism and dedication of the board of directors (BOD) and the passion, intelligence, caring, and level of engagement of the entire FANNP membership. I would like to thank Carol Botwinski, the FANNP BODs, and the FANNP membership for the opportunity to have served as the newsletter editor which has enhanced my professional development and enriched my life. I have enjoyed working with my many friends and colleagues at FANNP and wish the organization continued growth and success.

It takes the intelligence, creativity, and commitment of many to make a newsletter great. I would like to thank everyone who has contributed to the newsletter during the time I have been editor. I would especially like to thank FANNP members who have regularly submitted articles that have made the newsletter what it is today. Thank you Mary Kraus for your regular FANNP conference updates which kept us all in the loop about the progress and plan for the annual conferences. Thank you to Ruth Bartelson (current president) and Jacqui Hoffman (past president) for your inspiring “Letter from the President” articles that we have enjoyed over the years. Thank you to Diane McNerney for your on-going “Pocket Notebook” columns and the many interesting and informative feature articles you have written over the years such as “Reflections on Nursing Leadership”, “Handbook on Identifying Newborn Infection”, and “How to Organize a Poster for Presentation”. Thanks to Leslie Parker for your ongoing “Legislative Update” column which has kept us all informed on current legislative issues affecting nurse practitioners. I would also like to extend a special thanks to Teri Marin for her informative “Grant Writing” series and Pam Laferrier for her many feature articles and her popular series “Penelope’s Pose”. I would also like to extend a special thank you to Karen Theobald for her many FANNP Scholarship articles and Paula Timoney for her tribute to the KNSA recipients over the years. Finally, I would like to thank Linda Steele from Steele Advertising who has done an outstanding job over the years to consistently design cost effective and creative new layouts, ensure that our web page is current, and that the newsletter always goes to press on time. The contributions and dedication of this team has made the FANNP newsletter what it is today.

I am pleased to welcome Tiffany Gwartney, MSN, NNP-BC as our new FANNP newsletter editor. As I pass the baton to the qualified hands of Tiffany, I am confident that Tiffany has the intelligence, dedication, and creativity to take the newsletter to a new level. From early in her academic nursing career, Tiffany was certain that she wanted to work closely with NICU patients, and allowed that passion to guide her career choices. After completing her ADN in 2000, Tiffany began her NICU career in a local level II nursery. She quickly realized that she was most passionate about working with critically ill and premature infants, and began working and refining her skills at Northwestern University Hospital’s level III nursery in Evanston, IL. She functioned in transport and charge nurse capacities while working towards completing her BSN in 2005, at DePaul University in Chicago, IL. Tiffany’s thirst for knowledge led her to Nashville, TN, where she was employed at Vanderbilt Children’s Hospital while completing her MSN to become an NNP in 2010. One highlight of her career was to provide extensive primary care for Tennessee’s youngest and smallest liver transplant patient. Beckoned to her hometown, Tiffany relocated to Orlando in late 2010. She is currently employed as a Nurse Practitioner at Winnie Palmer Hospital for Women and Babies through Pediatrix Medical Group. Tiffany brings a total of eleven years of NICU experience and considers it a privilege to be entrusted with the healthcare of children. Tiffany enjoys traveling for pleasure, but has also found herself working triage in a children’s clinic located in the remote village of Zapote, Guatemala, as well as teaching NICU RNs in Shanghai, China. Her enthusiasm for teaching continues to be evident in her roles as an active NRP and CPR instructor. She is also an active member of NANN, FANNP, ANN, and Sigma Theta Tau and grateful recipient of a 2010 FANNP scholarship. Welcome Tiffany! I wish you and the entire dedicated FANNP newsletter team continued success in 2012.

Respectfully Submitted,
Gen Cline, DNP, ARNP, NNP-BC
FANNP Newsletter Editor
Nominate someone you know today!
Kim Nolan Spirit Award

Characteristics:
Can-do attitude; Service to family, work, & community

Purpose:
• To honor the contribution that Kim Nolan, founding member, made to FANNP and her community.
• To recognize an NNP who exemplifies the characteristics of Kim.

Eligibility Requirements:
• A nominee must be a member of FANNP.
• A nominee may be a practicing NNP, a retired NNP, or a NNP student.

Selection Criteria:
• A nominee should demonstrate service to his/her community or professional organization.
• A nominee should possess excellent communication skills.
• A nominee should demonstrate positive “can-do” behavior in daily activities.

Nominee Characteristics:
• Enthusiastic;
• Family oriented;
• Role model/mentor;
• Caring, nonjudgmental, respectful.

Selection Process:
• Nominations will be accepted from any FANNP member.
• Blinded applications will be reviewed by the Spirit Award Committee members.
• Once selected, the award recipient will receive written notification of selection.

Award Recognition:
The recipient will receive the following:
• Complimentary conference registration and accommodations for this or next year’s NNP Symposium in October;
• One year waiver of FANNP dues;
• Recognition in the newsletter and on the Website;
• A certificate suitable for framing;
• A Lladro statue

Get Kim Nolan Spirit Award nomination forms on the web at FANNP.org

Thank You!
For Another Successful Year
2011 FANNP Conference Sponsors:

Abbott Nutrition
Childrens Medical Center
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Ikaria
Linkous & Associates, LLC
Mead Johnson Nutrition
Pediatrics Medical Group

We’ll See You Next Year at FANNP’s 23rd Neonatal Nurse Practitioners Symposium: Clinical Update and Review
October 16-20, 2012
Sheraton Sand Key Resort
Clearwater Beach, Florida
Basics of ECMO

4 Part Series

1. **Definition** - Extracorporeal Membrane Oxygenation (ECMO) is a therapy for hypoxic respiratory failure due to reversible pulmonary disease in neonates. It allows time for intrinsic recovery of the lungs and heart.

2. **Diagnosis** - Major neonatal diagnoses for ECMO are PPHN and MAS, CDH, RDS, GBS, and Asphyxia.

3. **Neonatal selection criteria include the following:**
   - Gestational age of 34 weeks or more
   - Birth weight of 2000 g or higher
   - No significant coagulopathy or uncontrolled bleeding
   - No major intracranial hemorrhage
   - Mechanical ventilation for 10-14 days or less
   - Reversible lung injury
   - No lethal malformations
   - No major untreatable cardiac malformation
   - Failure of maximal medical therapy

4. **Inclusion criteria:**
   - Maximal ventilatory support of 100% oxygen with peak inspiratory pressures (PIP) often as high as 35 cm water.
   - The alveolar-arterial (A-a) gradient of 600-624 mm Hg for 4-12 hours.
   - Alveolar/Arterial (A-a) gradient formula
     \[ (A-a) = \text{Diffusing capacity \[D\] of \(O_2\) equals atmospheric pressure - 47 - \((\text{PaCO}_2 + \text{PaO}_2)\)/\(\text{FiO}_2\) \]
   - The oxygenation index (OI) greater than 40 in 3 of 5 postdate gas determinations obtained 30-60 minutes apart may be computed as follows (where MAP is mean airway pressure):
     - Oxygen Index (OI) formula - \((\text{MAP} \times \text{FiO}_2 \times 100)/\text{PaO}_2\)
   - \(\text{PaO}_2 = 35-50\) mm Hg for 2-12 hours

**Acute deterioration may be computed as follows:**
   - \(\text{PaO}_2\) of 30-40 mm Hg or less for 2 hours
   - \(\text{pH}\) of 7.25 or less for 2 hours
   - Intractable hypotension

5. **Contraindications to ECMO** - The failure to meet the above inclusion criteria.

7. **ECMO Technique: Venoarterial and Venovenous bypass**

   **Venoarterial ECMO**
   - Higher \(\text{PaO}_2\) is achieved.
   - Lower perfusion rates are needed.
   - Bypasses pulmonary circulation
   - Decreases pulmonary artery pressures
   - Provides cardiac support to assist systemic circulation
   - Requires arterial cannulation

   **Venovenous ECMO**
   - Lower \(\text{PaO}_2\) is achieved.
   - Higher perfusion rates are needed.
   - Maintains pulmonary blood flow
   - Elevates mixed venous \(\text{PO}_2\)
   - Does not provide cardiac support to assist systemic circulation
   - Requires only venous cannulation

**ECMO Technique:**

**Venoarterial bypass** - A cannula is placed through the right jugular vein into the right atrium. The blood is actively pumped by a roller pump through the oxygenator, where gas exchange occurs via countercurrent flow of blood and gas. The blood is warmed to body temperature by the heat exchanger before returning to the patient through a cannula placed through the right carotid artery into the aortic arch. Systemic anticoagulation therapy with heparin is administered throughout the bypass circuit, with frequent monitoring of activated clotting time.

**Venovenous bypass** - A double-lumen cannula is placed through the right jugular vein into the right atrium. Desaturated blood is withdrawn from the right atrium through the outer fenestrated venous catheter wall, and oxygenated blood is returned through the inner lumen of the catheter and is angled to direct blood across the tricuspid valve.

**References:**


Legislative Update

Leslie Parker, PhD, NNP-BC

Advocacy is defined as a political process generally motivated by moral or ethical principles protecting the interests of a group or member of a group. Nurses can advocate by influencing the political milieu to protect their patients and promote the nursing profession. As nurses, we continually advocate at the bedside for the best interests of our patients, it is now time to take advocacy to the next level and support our patients as well as our profession at a state and national level. Multiple opportunities exist for neonatal nurses and neonatal nurse practitioners to begin the process of advocating not only for patients and nurses in our particular unit but for patients and nurses all over the country.

The National Association of Neonatal Nurses (NANN) has identified advocacy as one of its major goals including improving the lives of neonates and their families. NANN’s advocacy web page (www.nann.org) provides information regarding their initiatives in the health care policy arena. NANN’s Health Policy and Advocacy Committee is composed of 8 members representing both NANN and NANNP (National Association of Neonatal Nurse Practitioners).

Currently their priorities include:
(1) Respiratory Syncytial Virus (RSV) prophylaxis
(2) Implementation of the Advanced Practice Registered Nurse (APRN) consensus model.
(3) Universal screening for critical congenital heart disease
(4) Endocrine disruptors in the NICU
(5) Reimbursement by Medicaid and other insurers for donor human milk for preterm infants
(6) Nursing workforce issues and appropriations
(7) The Doctor of Nursing Practice (DNP) degree as requirement for entry into practice.

Other opportunities available through NANN include the Nurse in Washington Internship program that offers an opportunity for nurses to learn about legislation, the legislative process and advocacy related to nurses and neonatal patients. This yearly 3 day program is held in Washington DC and NANN provides two scholarships for this program. NANN’s web site also has links to legislative alerts and calls to actions to allow neonatal nurses to become aware and to take action regarding important legislation.

In addition, there are opportunities for advocacy at the national level. The American Nurses Association (ANA) recently hosted two annual events bringing nurses together from all over the country to discuss and learn about nursing policy issues. The first event, the ANA-C/SNA (Constituent/State Nurses Associations) Lobbyist meeting, brought 50 individuals, from 35 states to discuss a broad array of issues. Issues common to all states included removal of barriers from nursing practice especially advanced practice nurses, ensuring safe nursing staffing levels, safe patient handling, and promotion of nursing education advancement and health reform implementation. The second event was the third annual American Nurses Advocacy Institute. This included 22 participants from 20 states who were selected by their state nurses association to be involved in a prestigious year-long mentored program designed to advance both state nursing associations and ANA legislative and regulatory agendas and educate nursing colleagues regarding the policy-making process.

The ANA also hosted a home health virtual lobby day on September 29th concerning the Home Health Planning Act of 2011. Over 1000 nurses from across the country participated in this event. A virtual lobby day is an opportunity to have a say on important issues facing nursing from anywhere in the world via the internet. This event led to hundreds of e-mails, letters, and phone calls to members of congress to support legislation to support this bill. The Home Health Planning Act of 2011 would make all APNs eligible to order home health services under Medicare thereby increasing provision of optimal care to patients.

It is abundantly clear that there are multiple opportunities for neonatal nurse practitioners to become advocates for their patients and their profession. Take a look at the websites for NANN, the ANA and your state nursing organization and find something that interests you and become involved today. Your voice will make a difference in the lives of the babies we care for and the future of our profession. The new Institute of Medicine recommendations provide the foundation for nurses and nurse practitioners to become instrumental in the future of health care. There has never been a more important time for nurses to become involved in advocacy for their patients and profession.
Bring It On Answers
(Questions on page 12)
1. Answer is C; infants exposed to nicotine in utero often display soft neurological signs. Variations in tone have been found, including both hypotonia and hypertonia. Fine tremors are common and may continue into the first month of life. Early behavioral dysfunction has been described, including hyperactivity, poor orientation, and impaired attention. In utero exposure to nicotine has also been found to cause impaired neonatal habituation, orientation, consolability, autonomic regulation, and orientation to sound and is associated with a heightened Moro reflex and tremors.

2. Answer is C; the findings represent the expiration phase of respiration. There may be false evidence of atelectasis and increased heart size.

3. Answer is C; the infant is physiologically well compensated, indicating a more chronic source of blood loss or hemolysis. An abdominal ultrasound is not indicated at this time (adrenal hemorrhage is more likely to be acute). A neurologic hemorrhage is more likely to be an acute event and is better detected in the term neonate with a CT scan of the brain.

for all 4 newsletters. No cash discounts.

Payment must be received in full prior to the scheduled close date for the quarterly issue.

Payments can be made through paypal on the FANNP website

Format
The classified ad section of the newsletter will be limited to 1 page only with approximately 30 ads per page
Ads will be processed on a first come first serve basis

Closing Dates for Space and Advertising Materials
• December, 2011-ads must be received by November, 11, 2011, and paid in full
• March, 2012-ads must be received by February 11, 2012, and paid in full
• June, 2012-ads must be received by May 11, 2012, and paid in full
• September, 2012-ads must be received by August 17, 2012, and paid in full

Advertising in FANNP Newsletters
Acceptance of Advertising
• Classified ads only
• Link on website for direct submission
• All advertisements are subject to review and approval by the Editor

Ad Options
May run ad in one newsletter or all year – 4 total newsletters, March, June, September and December.

Cost
• $50.00/ad each newsletter or $150.00

2012 Educational Offerings

8th Annual Highlights Newborn Intensive Care Conference
January 19-20, 2012
Norris Conference Center - City Center
Houston, Texas
www.norriscenters.com/houstoncitycenter

NEO-The Conference for Neonatology
February 22, 2012
Continuous Quality Improvement Pre-Conference
Walt Disney World Dolphin
Orlando, Florida
www.neoconference.com

Texas Association of Neonatal Nurse Practitioners 8th Annual Conference
March 29-31, 2012
Sheraton Gunter
San Antonio, Texas
www.txannp.org/2012

9th National Advanced Practice Neonatal Nursing Conference “Building the Evidence – Supporting the Practice”
April 19-21, 2012
Hyatt Regency Hotel
New Orleans, Louisiana
www.academyonline

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The 23nd FANNP Neonatal Nurse Practitioners Symposium: Clinical Update and Review
October 16-20, 2012
Sheraton Sand Key Resort
Clearwater Beach, Florida
FANNP.org
Bring it On...
Practice Questions to Prepare for the NNP Certification Exam

1. Which of the following are frequently found in newborns exposed to nicotine in utero:
   A. Diminished Moro reflex.
   B. Hyper alertness.
   C. Tremors.

2. An X-ray film shows cardiomegaly, opaque lung fields, and the diaphragm above the 7th rib in an asymptomatic infant. These findings suggest:
   A. A rotated film.
   B. The area exposed was not perpendicular to the X-ray beam.
   C. The film was obtained during expiration.

3. Baby Boy F is a 39-week EGA infant born via SVD with Apgar's of 8 & 9. On PE he is very pale, no respiratory distress with RR 44, no jaundice, B/P is 70/42, there is a grade I/VI systolic murmur, no hepatospleenomegaly and normal pulses and perfusion. A hematocrit is obtained and is 32%. What additional tests would be most helpful at this time?
   A. Complete blood count, smear for cell differential count and morphology, cranial ultrasound and reticulocyte count.
   B. Complete blood count, smear for cell differential count and morphology, Kleihauer-Betke test of maternal blood, abdominal ultrasound and hemoglobin electrophoresis.
   C. Complete blood count, smear for cell differential count and morphology, Kleihauer-Betke test of maternal blood, and reticulocyte count.

Answers on page 11