A Summary of the FANNP Mock Trial

Andrea Biondi, MSN, CPNP, NNP-BC

After months of intense planning, and coordination between the Campbell Mock Trial Law team and the FAANP Mock Trial Committee, the event took place at our October, 2008 conference with great success. The idea of including a mock trial as part of our conference curriculum this year was mainly due to how well received the first trial was by our previous attendees over two years ago. The planning stages began with the search for a competitive Mock Trial Team willing to forego the fall Mock Trial competitions, traditionally attended by most law schools. The school would be requested to send a dedicated group of Mock Trial students to prepare and present a case to our target audience of Neonatal Nurse Practitioners. The students included in these teams are the often the top of their class, and well prepared for the rigorous work involved in national trial competitions. The FAANP planning committee contacted several law schools. Following interviews and negotiations, Campbell Law School of Lillington, North Carolina clearly stood out as the most enthusiastic group to take on the unique challenge of presenting this realistic case at our conference this past October, 2008. This challenge was unusual for the law team, because the group from Campbell would be working with actual NNPs playing critical roles in the case.

One of the goals of this presentation was to demonstrate to the audience of Nurse Practitioners the actual mechanics of a medical malpractice trial. In addition, we wanted to show how the legal system scrutinizes the delivery of health care in medical malpractice litigation in hopes that the practitioners viewing the trial could learn some important lessons which might help them avoid litigation in the future. Our hope was that the law students would benefit as they learned to develop and present a medical malpractice case from the “ground up” while interacting with actual health care providers.

Genieveve Cline, NNP and Andrea Biondi, NNP spent months preparing the facetious fact base for the case and the supporting documents of the chart that outlined the case of a nurse practitioner who led the resuscitation of a late preterm infant. A complete medical record was developed which included documents from the admission record, diagnostic results, and specialty consults to the discharge summary and medical follow plan. Once the actual chart was developed, the law students began the long process of putting together a comprehensive case that would address the many legal dilemmas pertinent to the resuscitation and the documentation as it existed in the fictitious medical record.

The team of mock trial law students was guided by the expertise of Professor William Woodruff, one of Campbell’s Trial Advocacy teachers and an experienced medical malpractice litigator. The students included Jennie...
Spring is just around the corner and always offers the promise of new beginnings. In the last newsletter, I encouraged members to pay attention to matters that affected nursing. The unfortunate reality of legislative issues is that often times, the issues require immediate response sometimes with a deadline that day. All of us were aware of the upcoming President’s stimulus package but many of us had no idea that it could impact nursing. Thanks to a rapid email distribution from the American Association of Colleges of Nursing (AACN), member-based organizations were offered the tools to let their constituents’ know of the needed support to restore the $600 million House provision for nursing and health professions workforce (this includes funding nursing education). I forwarded this email to the FANNP Board of Directors and Planning Committee members with the hope that they would continue to forward to their colleagues and get the word out to even more nurses and NNPs. At the time the email was distributed, I was attending the Council meeting for the National Association of Neonatal Nurse Practitioners (NANNP) and was able to let all of the Council know of this urgent need. This is how one voice, may be able to make a difference by becoming many voices. Using generic messages created by AACN and the American Nurses Association (ANA), FANNP was able to offer their recommendations as an organization that these funds be restored. The efforts of the many nursing organizations that responded, as well as the Capitol Hill Nursing Champions, resulted in $500 million being restored. The effort is still not over as there will need to be systems put in place to carefully monitor the distribution and utilization of these funds so we do not make the same mistakes as other areas of business have done. Keep your eyes open – you may not have the time to respond as an individual NNP to a short deadline but it only takes one click of the forward button to your professional colleagues and friends to continue spreading the message. To the right, you may read the AACN response. — Jacqui Hoffman

Kim Nolan Spirit Award (KNSA)

Cheryl Robinson, Ph.D., ARNP was awarded the Kim Nolan Spirit Award at the 19th National Neonatal Nurse Practitioner Symposium in Clearwater in Oct., 2008. Congratulations to Cheryl!

To nominate someone for the Kim Nolan Spirit Award for 2009, 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.

Cheryl Robinson receives the 2008 Kim Nolan Spirit Award at FANNP’s October Conference.

Letter from the President

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AACN Applauds Congress for Passing the American Recovery and Reinvestment Act that Includes Funding Nursing Education

$500 Million Will Support Nurses and Other Health Professionals Over the Next Two Years as a Result of this New Legislation

WASHINGTON, D.C., February 13, 2009 – The American Association of Colleges of Nursing (AACN) applauds Congressional leaders and our Nursing Champions on Capitol Hill for securing additional funding for nursing education in the newly passed American Recovery and Reinvestment Act (H.R. 1), which President Obama is expected to sign on Monday, February 16, 2009. Of the $500 million allocated for health professions training in the final stimulus package, $300 million will be awarded to the National Health Service Corps and the remaining $200 million will be divided between the Nursing Workforce Development Programs (Title VIII of the Public Health Service Act) and the Health Professions Training Programs (Title VII). In addition, the conference agreement includes $10 billion for the National Institutes of Health with $7.4 billion being distributed to the Institutes (including the National Institute of Nursing Research), the Centers, and the Common Fund.

UPDATE: Funding for Nursing Education Secured in the Stimulus Package

As a follow-up to our message yesterday afternoon, AACN is thrilled to report that $500 million of the original $600 million for nursing and health professions training was included in the final stimulus package, the American Recovery and Reinvestment Act (H.R. 1). Of that $500 million, $300 million will be awarded to the National Health Service Corps and the remaining $200 million will be divided between the Title VII Health Professions Training Programs and the Title VIII Nursing Workforce Development Programs. The conference report further noted that the funding for Titles VII and VIII should focus on such programs as primary care and dentistry, public health and preventive medicine, loan repayment and scholarships, as well as grants for training program equipment.

“In their work to stimulate the U.S. economy, federal legislators recognized the connection between funding health professions education and preparing a workforce large enough to meet the nation’s healthcare needs,” said AACN President Fay Raines. “Nurse educators are grateful for this infusion of funding, which will help nursing schools battle the financial challenges they are currently facing.”

“The nursing community truly came together as a strong voice to save funding for nursing education,” said Representative Lois Capps, RN (D-CA). “I am proud to have helped my fellow nurses achieve this goal and strengthen the nursing workforce so that all Americans will benefit from the quality health care nurses provide.” Below is Congresswoman Capps’ floor statement in support of the bill.

“The American Recovery Act is about creating jobs,” Senator Barbara Mikulski (D-MD) said. “Not only jobs in construction, but jobs in healthcare, jobs in education, and jobs for women. America is facing a nursing shortage that affects every city in every state. If we don’t invest money in educating our healthcare professionals, we won’t be able to increase our healthcare workforce, which is so important for our hospitals and for our patients.”

“The funding for health professions and nursing training included in this legislation ensures that thousands of vacant healthcare positions across the country will be filled,” said Senator Dick Durbin (D-IL), Majority Whip. “More than that, it gives men and women the opportunity to secure meaningful, well-paying jobs where they will work everyday to help prevent illnesses and save lives.”

All three provisions for health professions training will provide an opportunity for nursing students and schools to receive funding. The Nursing Workforce Development Programs support the supply and distribution of qualified nurses to meet our nation’s health care needs. Over the last 45 years, Title VIII programs have addressed each aspect of nursing shortages – education, practice, retention, and recruitment. By investing in these programs, Congress has shown its strong commitment to reversing the national nursing shortage and filling vacant nursing positions.

The provisions authorized under Title VII are the only federally funded programs that support the education and training of individuals across the interdisciplinary healthcare team. Schools of nursing and nursing students benefit from many Title VII programs, such as the Scholarships for Disadvantaged Students and the Faculty Loan Repayment Program.

Finally, the National Health Service Corps provides scholarships and loans to nurse practitioners, certified nurse-midwives, primary care physicians, dentists, mental and behavioral health professionals, physician assistants, and dental hygienists.

In November 2008, AACN’s Board of Directors approved the organization’s request to expand AACN’s efforts to secure funding for nursing education in the stimulus package. In this difficult economic time for schools of nursing, the Board recognized this unique opportunity to act now and alleviate current funding concerns for nursing education and increase appropriations for the Nursing Workforce Development programs in fiscal years 2009 and 2010. Reacting to AACN’s call to action, nursing deans, faculty, and students rallied behind the stimulus legislation and sent more than a 1,000 messages through AACN’s online advocacy tool to Congress explaining the importance of supporting nursing education and funding for the Title VIII programs.

“Securing this funding is a tremendous feat for nursing education and a testament to the power of collaboration among nursing organizations,” added Dr. Raines. “AACN is grateful that our membership

See “Recovery” on page 4
acted quickly, along with the thousands of nurses across the country, to encourage Members of Congress to include funding for nursing and health professions training in the final bill. Nursing united and prevailed.”

For more details on AACN’s advocacy effort on behalf of nursing education and research, see http://www.aacn.nche.edu/Government/index.htm.

Representative Capps’ Floor Statement on the American Recovery and Reinvestment Act of 2009:

M. Speaker, I rise in strong support of this bill which will reinvest in America’s future… And will create jobs. There are still sectors of our economy that are hiring and one of those is healthcare. I am so proud to see that this bill recognizes that by investing $500 million for training new nurses, physicians and dentists. In 2008, over 27,000 qualified applicants were turned away from nursing school because we don’t have enough faculty to train them. The programs that will be funded through this bill will help train more faculty and also entry level nursing students so that we can shore up our health care workforce. If we simply continue at the current pace, we will have a shortage of one million nurses by the year 2020. This bill makes an excellent investment to alleviate that shortage and create jobs. I urge my colleagues to vote yes and I yield back.

The American Association of Colleges of Nursing (AACN) is the national voice for university and four-year college education programs in nursing. Representing more than 640 member schools of nursing at public and private institutions nationwide, AACN’s educational, research, governmental advocacy, data collection, publications, and other programs work to establish quality standards for bachelor’s- and graduate-degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate nursing education, research, and practice. www.aacn.nche.edu

From FANNP’s Conference Planning Committee…

We are busily working putting together the agenda for our 20th Anniversary Symposium, Update, and Review. We hope to see you all back and for you to bring friends and co-workers, we have some special activities planned to celebrate and of course to continue our program with great speakers and hot topics along with our proven review course.

I’m asking anyone to share pictures, stories, etc. of past conferences. We are putting together something fun and hope to have some good memories to share from the past 20 conferences! If you have anything you would like to share, please send it to me at mhknnp@aol.com. We will give you credit, or if you choose to remain anonymous we can do that too! The more the merrier, this should be fun!

Again, looking forward to seeing you all in October, (13-17) the brochure will be out in early summer, so keep the dates open!

Bring It ON….

Answers (Questions on page 12):

1. Answer is B, ethical theories each have goals, duties, and rights.
2. Answer is C, perinatal events associated with cystic PVL include a history of chorioamnionitis, prolonged rupture of membranes, peripartum hemorrhage, asphyxia, hypovolemia, sepsis, hypocarbia, PDA, recurrent apnea and bradycardia, hypotension and extreme prematurity.
3. Answer is B, if the newborn is aphonic or hoarse, this suggests a congenital laryngeal abnormality or involvement of the recurrent laryngeal nerve.
Florida Association of Neonatal Nurse Practitioners
Scholarship Application, 2009 Eligibility Guidelines

1. Scholarship applicants must be FANNP members.
   a. All members, student members and associate members are eligible.
   b. Priority for scholarship award will be given to members, followed by student members and then associate members.
   c. Priority for scholarship award will be based on length of membership and service to FANNP.

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.
   a. The application period for the 2009 scholarship is September 15, 2008 to September 15, 2009. (i.e. To be eligible for a 2009 scholarship you must have attended classes sometime between September 15, 2008 and September 15, 2009.)
   b. An applicant may receive a maximum of two scholarship awards for each degree sought.
   c. Preference will be given to those working towards a degree in neonatal health care.

3. Scholarship applicants must attend an educational program leading to a degree related to the health care field during the application period.
   a. The application period for the 2009 scholarship is September 15, 2008 to September 15, 2009. (i.e. To be eligible for a 2009 scholarship you must have attended classes sometime between September 15, 2008 and September 15, 2009.)
   b. An applicant may receive a maximum of two scholarship awards for each degree sought.
   c. 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 benefiting all FANNP members.

The FANNP Board of Directors select the scholarship recipients based upon the applicant’s qualifications, level of practice, educational and professional goals using the attached eligibility guidelines. The number and dollar amounts of the annual scholarships are 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.

FANNP members from across the country including Florida, Alabama, Hawaii, North Carolina, Mississippi, Maryland, California, Tennessee, South Carolina, Iowa, Indiana and Arizona have been scholarship recipients. In 2008 Georgia and Virginia were added to our growing list of members who received scholarships.

Add your name to the list request a scholarship application, e-mail KT@fannp.org or contact Karen Theobald by mail at FANNP, PO Box 14572, St. Petersburg, Florida 33733-4572.

Are you or is someone you know eligible for a FANNP scholarship?

Karen Theobald, ARNP

FANNP remains committed to promoting education for NNPs and is proud to be able to award scholarships to nurses and NNPs continuing their educational pursuits in the field of neonatal health care.

FANNP members who attend an educational program leading to a degree related to the health care field between September 15, 2008 and September 15, 2009 will eligible for a 2009 scholarship.

FANNP has awarded scholarships of $500 – $1000 per qualified applicant to 44 deserving candidates; totaling approximately $38,000 in college scholarships during the past eleven years.

Scholarship recipients share their education by writing a short article for the FANNP newsletter benefiting all FANNP members.

The FANNP Board of Directors select the scholarship recipients based upon the applicant’s qualifications, level of practice, educational and professional goals using the attached eligibility guidelines. The number and dollar amounts of the annual scholarships are 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.

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Add your name to the list request a scholarship application, e-mail KT@fannp.org or contact Karen Theobald by mail at FANNP, PO Box 14572, St. Petersburg, Florida 33733-4572.

The Completed scholarship application must be Postmarked by September 15, 2009.

Apply today!
Kuhn, a third-year law student, and three of her colleagues, Brian Law, Clint Byrd, and second-year student Jessica Scott. Earlier in the year, the students, along with Professor Woodruff began to put the details of the case together after a visit to Womack Army Medical Hospital NICU, at Fort Bragg. This visit, hosted by Ms. Biondi focused on the presentation of a Mock Code, and allowed the students to interact with medical, nursing, and respiratory staff on site, while witnessing a staged situation similar to the events of the case being presented at the conference.

The case dealt with the resuscitation of a 3-day-old infant in the “step-down” nursery. The allegations of malpractice focused on the actions of the Neonatal Nurse Practitioner who led the resuscitation efforts after the baby went into cardiopulmonary arrest. Many of the issues brought up during the trial were related to the NNP’s documentation and specific times and sequence of events that took place during the code. Other specifics that the lawyers focused on were the change in NRP guidelines that took place in 2006. Coincidentally, the timeline of the case occurred only months before the NRP changes, which led to an interesting cross examination regarding correct dosages, routes and timing of Epinephrine administration ordered by the NNP who led the code.

The Campbell Law team arrived on Day 2 of the conference, and all were anxious to begin the intense preparation required to bring the case to life. Hours and hours of one on one and group practice situations occurred during the days leading up to the Mock Trial between the law team, Professor Woodruff and the volunteer NNP’s playing specific roles in the trial. Gen Cline and Andrea Biondi continued to monitor the progress of the case throughout the week, ensuring the students and NNP’s remained on track with the details of the trial, and the logistics of the room were such that the audience would have a real sense of being in an actual courtroom. The students had studied NRP guidelines, examined actual resuscitation equipment and accumulated examples of physical evidence to present during the trial. The attention to every detail emphasized by the team was incredible to witness, and it was evident early in the week that this group was driven toward presenting the most realistic, well thought out defense and cross examination possible. Professor Woodruff explained to the NNP’s that “Our students had to learn the medicine so they could bring credibility to the discussion with the experts. They didn’t just learn a script; they had to learn the medicine and develop a rapport with medical experts in order to present a coherent, comprehensive, and concise case to the jury.”

FAANP members Mary Krauss, Diana Fuchs, Leslie Parker, and Paula Timoney volunteered a tremendous amount of their time to represent the roles of the mother of the infant, the defendant nurse practitioner, and the plaintiff’s and defendant’s expert witnesses.

The NNP’s playing these role took their work extremely seriously and interjected just the right amount of dramatic energy to make the case that much more realistic. The volunteer NNP’s successfully drew the audience in and made the trial believable. This was clearly exhibited by the response of the audience, and degree of emotion towards the case apparent during the ensuing question and answer session.

Perhaps the most dramatic moment of the case took place when the cross examination team placed a huge time clock up on the projection screens. The audience was asked to maintain silence as the clock counted down five full minutes. This five minute countdown was to signify the alleged delay in time from when the “code was called” to when it took the NNP to order the epinephrine administered during the event. This allegation was assumed by the plaintiff’s law team as to be the single most important reason why the infant’s prognosis and outcome was so poor. Imagine if you will, a room packed with NNP’s, not only having to sit quietly for any length of time, (that in itself a great challenge) but also to be forced to watch a clock countdown the probable legal demise of a fellow practitioner. As you can imagine it was torturous for this audience. The group was already visibly and vocally disturbed after listening to the expert physician witness for the prosecution which
offered no support to the NNP's medical decisions made during the code. Now, we all had to come to terms with the fact that this single tactic by the prosecution would be likely to easily sway a jury of 12 lay people to side for the prosecution and against the NNP on trial. It was obvious to all that the sequence of events and the situation the NNP found herself in during this resuscitation could have happened to any one of us. Moreover, anyone of us could have been on the receiving end of the lawyers direct and cross examinations. The trial stimulated an intense discussion within the audience members, and it was clear that many could relate closely to the facts and events of the case. At the conclusion of the mock trial, Professor Woodruff fielded the questions and comments of the audience providing clear answers to some of the concerns voiced about techniques for avoidance of medical malpractice litigation. Specific mistakes made by the defense were addressed and perhaps the most important point made was how careful practitioners need to be when charting and reporting exact times of interventions during emergency situations. Overall, the Mock Trial seemed to be an event well received by all and a great benefit to both the NNP audience and law students involved. In the closing moments of the presentation, the entire team agreed that the hours of painstaking preparation and planning was well worth the reaction and wisdom gained by all of the participants.

A Potentially Better Practice: Exposing Premature Infants to Mother’s Scent

Pamela Laferriere, MSN, ARNP, NNP-BC

Survival rates among premature infants are increasing secondary to advances in biomedical technology; moreover, ethical recognition and application of behavioral and social science research have the potential to improve survivors’ quality of life (Perlman, 2001; Roze & Breart, 2004). While the neonatal intensive care unit (NICU) is the environment wherein a premature infant survives, it is also a stressful environment that can prove to be detrimental to neurodevelopment. One way that patient-care providers, especially nurses, potentially impact developmental outcomes is through the application of research and evidence-based practice (EBP) by manipulating the NICU environment (Blackburn, 1998; Hendricks-Munoz, Prendergast, Caprio, & Wasserman, 2002; Laudert et al., 2007; Liu et al., 2007; Perlman).

The Children’s Hospital of Southwest Florida (TCH) along with other centers within the Vermont Oxford Network (VON) NICU Quality Improvement Collaborative Year 2005 (NIC/Q 2005), participated in a study to identify and implement potentially better practices (PBPs) supporting the neurodevelopment of premature infants (Laudert et al., 2007; Liu et al., 2007). The 16 identified PBPs, supporting optimal neurodevelopment in the premature infant, address five categories: (a) auditory; (b) chemosensory and olfactory; (c) sleep preservation; (d) somesthetic, kinesthetic, and proprioceptive; and (e) visual. Two chemosensory and olfactory PBPs (CO-PBPs) are identified, exposure to mother’s scent and avoidance of noxious odors (Laudert et al; Liu et al.).

There is not a preponderance of evidence specifically addressing outcomes from exposure of mother’s scent by premature infants; however, there is a substantial volume of evidence addressing the impact of skin-to-skin or kangaroo care in term and premature infants. An assumption is made that part of the skin-to-skin experience is exposure to mother’s scent. For this reason, evidence from skin-to-skin research is included when discussing outcomes and benefits.

Little evidence is found specifically detailing how premature infants, other than with the skin-to-skin experience, might be exposed to mother’s scent. One neonatal intensive care unit (NICU) encourages mothers to wear cloth dolls for several days to absorb scent and then place the dolls next to the infant for exposure (Laudert et al., 2007). Other studies exposed preterm infants to cloth or gauze pads or cotton-tipped applicators scented with mother’s scent or breast milk (Delaunay-El Allam, Marlier, & Schaal, 2006; Porter & Winberg, 1999; Raimbault, Saliba, & Porter, 2007). The method of mother’s scent exposure chosen for this evidence-based practice (EBP) guideline uses opaque, cotton, heart-shaped cloth infused with mother’s scent.

The EBP guideline will be referred to as Heart to Heart. The mother will infuse her scent into the fabric by wearing it next to her skin, breasts, and heart. The premature infant will be exposed to mother’s scent when the heart is placed under or near the infant. The heart can also be used to shield the premature infant’s eyes from bright, overhead lights used during examinations, procedures, and provision of routine care. Control of exposure to light is a major facet of developmentally appropriate care (Liu et al., 2007).

There seems to be no deleterious effects from the implementation of developmental care. In addition to enhancement of olfaction, physiologic processes, and maternal-infant bonding, overall brain development and neurobehavioral outcomes might also be
positively impacted by EBP guidelines addressing developmental care provided the premature infant in the NICU environment.

The recommendation suggested herein is to expose premature infants to mother’s scent utilizing the Heart to Heart EBP guideline. Exposure to mother's scent might benefit the premature infant: (a) by fostering brain organization and neurodevelopment by olfactory stimulus (Blackburn, 1998; Laudert et al., 2007; Liu et al., 2007); (b) by decreasing stress experienced in the NICU environment (Blackburn; Laudert et al.; Liu et al.; Perlman, 2001; Tessier et al., 2003); (c) by fostering family-centered care and mutual attachment between baby and mother (Blackburn; Bozzette, 2007; Conde-Agudelo, Diaz-Rossello, & Belizan, 2003; Moore, Anderson, & Bergman, 2007; Tessier et al.); (d) as part of potentially better practices, reduce length of stay and thereby costs associated with hospitalization (Blackburn; Hendricks-Munoz et al., 2002; Tessier et al.); (e) as part of kangaroo care, potentially reduce severe morbidity while improving weight gain (Conde-Agudelo, Diaz-Rossello, & Belizan; Tessier et al.); (f) by promoting odor-learning that might impact suckling and feeding behaviors (Delanauy-El Allam, Marlier, & Schaal, 2006; Laudert et al.; Liu et al.; Porter & Winberg, 1999; Rainbault, Saliba, & Porter, 2007); and (g) as part of skin-to-skin care, might stabilize cardio-respiratory status (Moore, Anderson, & Bergman; Perlman). The quality of the evidence is moderate; however, the risks of the intervention are low or non-existent while the benefits are significant.

More and more premature infants are born at the edge of viability with extremely long and complex hospital stays. Premature infants surviving the NICU environment are faced with neurobehavioral, cognitive, and social problems (Bozzette, 2007; Perlman 2001). Integrating appropriate and avoiding inappropriate sensory stimulation might well serve the neurodevelopment of these fragile patients with a low-cost, low-risk, high-benefit intervention (Bozzette et al., 2007; Liu et al., 2007; Perlman). Exposing premature infants to mother’s scent is such an intervention.

References
Clonidine Hydrochloride and Neonatal Narcotic Abstinence Syndrome

1. Narcotic abuse and addiction have become an increasingly serious problems in the United States. The passive addiction of neonates through prenatal maternal drug use has become more prevalent.

2. Signs of Neonatal Narcotic Withdrawal:
   • Hyperirritability
   • Jitteriness
   • Autonomic instability
   • Poor feeding
   • Hypertonicity
   • Rarely seizures

3. Pharmacological Agent For Treatment of Neonatal Withdrawal
   • A variety of pharmacological agents have been used in the treatment of neonatal narcotic abstinence syndrome (NNAS):
     • Opiates- morphine, methadone, and paregoric
     • Nonopiates- diazepam, phenobarbital, and chlorpromazine, clonidine

4. Clonidine Hydrochloride
   • A nonnarcotic medication.
   • An a2-adrenergic agonist, has been reported to be effective in the treatment of narcotic abstinence syndrome in adults
     At low doses, targets the adrenergic hyperactivity thought to be the basis of narcotic withdrawal syndrome

5. Effects of Low Dose Clonidine Hydrochloride For NNAS:
   • A marked reduction of withdrawal symptomatology.
   • Total length of treatment course range is from 6 to 17 days, with a mean length
   • of treatment of 12.2 days.
   • No significant changes in systolic blood pressure.

6. Pharmacodynamics of Clonidine Hydrochloride:
   • Clonidine blood levels obtained during maintenance oral therapy ranged between 0.1 and 0.3 ng/ ml
     on 3-5 pg/ kg/ day, levels well below those seen in the treatment of Tourette syndrome

7. Effects of Clonidine Use in NAS
   • Progressive overall improvement with a clear decrease in symptoms, not a complete elimination of withdrawal symptoms.
   • Clonidine-treated infants were rated as being “poor sleepers” as compared to phenobarbital treated infants (55% vs. 29%).

8. Long Term Outcome
   Confounding Variables:
   • Environment
   • Dysfunctional caregivers
   • Severity of withdrawal had no effect on developmental outcome.

References

Spring, 2009

Leslie Parker, NNP-BC, PhD(c)

The 2009 Florida legislative session has already been an exciting and productive event. The session is filled with several important issues affecting advanced practice nursing. Potential bills affecting ARNPs in the state of Florida include the following:

- Senate Bill 408/House Bill 53 is a proposed bill mandating that clinical laboratories accept specimens from ARPNS. This is accepted practice for most other health care providers and ARNPs have been allowed to order labs since 1996.

- Senate Bill 426 is the prescriptive privilege bill that has failed to pass over the last several years. This bill would allow ARNPs to prescribe controlled substances, schedules II through V, under a protocol arrangement. Florida is one of only three states that does not allow ARNPs to prescribe controlled substances.

Florida continues to turn away qualified applicants from Florida nursing programs. A recent survey conducted by the Florida Center for Nursing reported than over 12,000 qualified applicants were not admitted to nursing programs due to limited funding for faculty positions, faculty shortages, and limited clinical education sites.

On a national level, congress appears ready to pass a major increase in funding to fight the nation’s nursing shortage. The U.S. Senate Appropriations Committee approved its version of the American Recovery and Reinvestment Act of 2009. This includes a major increase in federal funding for nursing education and training that would include $250 million for the Department of Labor’s High Growth Job Training Initiative that funds grants to nursing schools and health facilities and $600 million to be used for nursing scholarships and loan repayments. These funds could also be used for nursing schools to buy equipment including simulation equipment, which could increase educational capacity of schools.

If we work together, nurses have the ability to change legislation at the local, State and National level. Take part in this incredible opportunity by becoming politically active in either your state nursing organization or the ANA.

2009 Classified Advertising in the FANNP Newsletter

Acceptance of Advertising

- Professional Classified ads only.
- Link provided 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, December, March, June, and September issues.

Cost and General Information

- $50.00/ad each newsletter or $150.00 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 though PayPal on the FANNP website.

Format

- Each ad will be limited to 6 lines/30 characters per line.
- 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

June, 2009 — ads must be received by May 15, 2008, and paid in full.

September, 2009 — ads must be received by August 14, 2009, and paid in full.

December, 2009 — ads must be received by November 13, 2009, and paid in full.

— FANNP BOD
Penelope’s Pose

Some articles of interest:

Aher, Malwatkar, and Kadam (2008) offer some guidelines for the management of neonatal anemia. The discussion includes causes, diagnosis, and therapies including blood transfusions. Perhaps most interesting are the transfusion guidelines presented in Table 1. The article is an easy read, pertinent to practice, and quite helpful to the novice and student NNP.


Byrne, Szyld, and Kattwinkel (2008) provide a discussion of the ethics of delivery-room resuscitation that asks several questions:

- What are the outcomes for ELBW infants resuscitated in the delivery room?
- What circumstances determine not initiating resuscitation or discontinuing support?
- How accurate and predictive is current data?
- Who makes resuscitation decisions?
- How are resuscitation decisions made?
- Are guidelines situational?

The authors offer concise practice points and a research agenda.


How credible are health information sites found using the World Wide Web? Rains and Karmikel (2009) examine the credibility and the perception of credibility of those who seek health information from websites. After reading this article, I ponder the information journeys taken by the parents of NICU patients. Do parents of sick neonates perceive internet websites as reliable and credible sources? What assumptions do they make? Do they even consider the credibility of the sites wherein they search? What makes them perceive a site as trustworthy? Do we ask parents from where they retrieve health information?


Until next time, – Penelope Nerdski

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Educational Offerings

**Neonatal Nutrition**
March 25, 2009
Las Vegas, NV
Contemporary Forums
www.contemporaryforums.com

**9th Annual Neonatal Pharmacology: Clinical Update**
March 26-28, 2009
Contemporary Forums
www.contemporaryforums.com

**6th National Advanced Practice Nurses Conference**
Westin Boston Waterfront
Boston, Massachusetts
April 3-5, 2009
Academy of Neonatal Nurses
www.academyon-line.org

**The National Conference of Neonatal Nursing**
May 14-16, 2009
Nashville, TN
Contemporary Forums
www.contemporaryforums.com

**Perinatal Dilemmas**
August 10-13, 2009
Snowmass, CO
Contemporary Forums
www.contemporaryforums.com

**9th National Neonatal Nurses Meeting**
Hyatt Regency
Phoenix, Arizona
September 14-16, 2009
Academy of Neonatal Nurses
www.academyon-line.org

**NANN’s 25th Annual Education Conference**
The Neonatal Community: Creating the Silver Lining
September 23-26, 2009
Hilton Austin & the Austin Convention Center
Austin, Texas
www.nann.org

**The Fetus & Newborn: State-of-the-Art Care**
October 29, 2009
San Francisco, CA
Contemporary Forums
www.contemporaryforums.com

**Developmental Interventions in Neonatal Care**
November 5-7, 2009
Washington, DC
Contemporary Forums
www.contemporaryforums.com
Questions: (see answers on page 10)

1. Ethical frameworks have which of the following essential elements?
   a. Rights, outcomes, and goals.
   b. Goals, duties, and rights.
   c. Duties, obligations, and rights.

2. Which of the following common adverse perinatal events are associated with the development of cystic periventricular leukomalacia?
   a. Perinatal asphyxia, hypocarbia, maternal chorioamnionitis, hypotension and hyperbilirubinemia.
   b. Neonatal sepsis, hypoglycemia, PDA, sodium bicarbonate administration and hypotension.
   c. Prolonged rupture of membranes, perinatal asphyxia, placenta abruption, and PDA.

3. A neonate with a hoarse or absent cry should be further evaluated for:
   a. Bilateral Choanal Atresia.
   b. Laryngeal abnormality.
   c. Pierre Robin syndrome.