

FANNP NEWS



HIGHLIGHTED: FANNP BOARD OFFICERS AND MEMBERS-AT-LARGE NOMINATIONS

PLUS: POCKET NOTEBOOK • LEGISLATIVE UPDATE • EDUCATIONAL OFFERINGS • BRING IT ON • LETTER FROM THE PRESIDENT • CONFERENCE UPDATE • NEWSLETTER EDITOR POSITION

The Publication of the Florida Association of Neonatal Nurse Practitioners

A look at Nominations for FANNP's 2012-2013 Board of Directors Officers and Members-At-Large

It is hard to believe that it is already time for another election. We wish to thank all of the current Board members and Members-At-Large for their dedication to the organization over the past 2 years.

A call for nominations went out to all members with a description of the positions found on the FANNP website (www.FANNP.org). All current members will be receiving a ballot via U.S. Postal mail at the beginning of September. It is very important that we have your current mailing information so that you receive your ballot; if you need to update your mailing information please click on the secretary link on the website as soon as possible. All ballots will need to be postmarked by October 1. Election results will be announced at the Annual Business Meeting at the 22nd National FANNP Symposium.

Here are the Board positions and nominations for the upcoming election.

PRESIDENT ELECT:

Leslie Parker, PhD, ARNP, NNP-BC
(*running unopposed*)

Leslie has been a member of the NANN research committee and on the board of directors of FANNP and is currently the legislative liaison for FANNP. Her goals for the future of FANNP include increased involvement at a national level in both nursing and medical organizations

and involvement with changes in NP educational standards. She sees the future of the NNP profession resting on the shoulders of those new to the profession, therefore FANNP has a responsibility to educate and mentor new graduates to bring the NNP profession to new levels of success. Leslie is currently employed by the University of Florida where she has a dual appointment with the College of Nursing and the College of Medicine. She has been involved with the education of neonatal nurse practitioners since 1993 through precepting NNP students, functioning as the tract coordinator and teaching in the NNP program. She is dedicated to the advancement of NNPs by providing a solid educational foundation for the newest members of the profession. Leslie also functions as a NNP in the NICU at Shands at the University of Florida. She received her PhD from the Medical University of South Carolina in 2010. She is currently involved in research concerning neonatal nutrition and increasing delivery of breast milk to VLBW infants. She publishes regularly in neonatal journals and presents both nationally and internationally.

SECRETARY:

Kim Irvine (*running unopposed*)

Kim has served as the secretary for the past several terms and is willing to continue in her position for the



upcoming election cycle. FANNP is thankful for her past and future time as a dedicated Board Member.

TREASURER:

Sheryl Montrowl (*running unopposed*)

Sheryl has served as treasurer since 2008 and is willing to continue in her position for the upcoming election cycle. She has been instrumental in offering guidance to keep the organization fiscally fit during these tough economic times. FANNP is thankful for her past and future time as a dedicated Board Member.

MEMBERS-AT-LARGE (4 positions):

Ashley Darcy, PhD, ARNP, NNP-BC

Ashley has been a member of FANNP since 2009. She was recently appointed to Chair the Research Committee when a vacancy occurred. She has held several leadership roles in various professional and academic groups. Ashley has been published in peer-reviewed publications and a chapter in the *Developmental Care of Newborns and Infants*. She has been a guest lecturer both locally and nationally. She is an NNP currently

See "NOMINATIONS" on page 2

2011 FANNP Conference Planning Update



There's still time to register! FANNP's National Neonatal Nurse Practitioner Symposium: Clinical Update and Review, October 11 – 15, 2011, Clearwater Beach, Florida. Get details now at fannp.com

Well everyone, the clock is ticking...the 22nd National Neonatal Nurse Practitioner Symposium Clinical Update and Review is right around the corner. We are tying loose ends and looking forward to another great conference. We have a very interesting line up of up to date and state of the art information for the A track, and many of the same wonderful reviews for the B track with a few new ones thrown in! The setting is the same beautiful Florida beaches and weather with many opportunities to network, renew old friendships and make new ones and don't forget...have some fun! Don't forget your favorite team apparel or dress for your favorite sport for the Sports Fest Wednesday night. That's after Tuesday nights Welcome Reception around the pool. There will be more great discussions at the Round Table Thursday night with Friday off for some fun and maybe the Jazz Fest. Hope to see you all there!

Mary Kraus, MSN, NNP-BC
*Conference Planning Chair
 & the rest of the FANNP Conference Planning Committee
 Members*

NOMINATIONS

Continued from page 1

working with South Dade Neonatology in Miami. She completed her PhD at the University of Pennsylvania. She is currently an adjunct faculty member at Emory University in Atlanta where her husband resides.

Jacqueline “Jacqui” Hoffman, DNP, ARNP, NNP-BC

Jacqui joined FANNP as a NNP student. She was so inspired by not only the FANNP Board but also the members who offered a wealth of knowledge, that she wanted to give back to the organization and became the conference chair of the annual conference soon after graduating. She has remained on the conference planning committee and looks forward to assuring quality content for the seasoned NNP as well as the student NNP studying for their certification exam. She has served as Member-At-Large and now for the past 6 years has served as President-Elect, President, and Past President. She was part of the original Council for the National Association of Neonatal Nurse Practitioners (NANNP). She has been an NNP since 2001 and is currently working with the

Tampa Bay Pediatric Medical Group. She completed her DNP in 2010 at the University of Alabama, Birmingham (UAB). She has been the NNP Program Coordinator and Clinical Faculty at UAB for the past 5 years and most recently has joined the University of Florida, Gainesville as the NNP Track Coordinator and Adjunct Clinical Assistant Professor in the College of Nursing.

Mary Kraus, MSN, ARNP, NNP-BC

Mary joined FANNP shortly after moving to Florida in 1996. She has served as President-Elect, President and Past President as well as Member-At-Large in the past and again recently. She has been active on the annual conference planning committee and has been the Chair for the past couple of years. She has been an NNP since 1993 and is currently working at Florida Children's Hospital in Orlando.

Diane McNerney, DNP, ARNP, NNP-BC

Diane has been an active member of FANNP for the past 15 years, serving as President in 2000 and as a Member-At-Large since 2010. She previously co-chaired the annual conference and has been an active planning

THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

BOARD OF DIRECTORS

Ruth Bartelson, Winter Park, FL
President

Terri Marin, Seminole, FL
President Elect

Jacqui Hoffman, Seminole, FL
Past President

Kim Irvine, Land O'Lakes, FL
Secretary

Sheryl Montrowl, Gainesville, FL
Treasurer

Genieveve Cline
Newsletter Editor

MEMBERS AT LARGE

Diane Fuchs

Marylee Kraus

Diane McNerney

Genieveve Cline

committee since 1997; in this role she has played an instrumental role in securing many of the exceptional speakers, organizing the themed party event and several other roles to assist in making the conference such a success. Diane has been a NNP since 1996 and is currently practicing in the Tampa Bay Pediatrix Medical Group. She completed her DNP in 2009 at USF and is now an Associate Clinical Professor at USF.

Diana Morgan-Fuchs, ARNP, NNP BC

Diana attended the FANNP Conference in 1992 as a NNP student preparing for NCC certification. The FANNP conference was inspiring as it was well organized, provided opportunities for professional networking and unique in providing a conference with specific

education for the advanced ARNP as well as a education for ARNP's preparing for Board certification. She joined as a member then and has expanded her involvement as a Member-At-Large and FANNP planning committee. She is been a ARNP since 1992 with numerous roles in the NICU such as Preceptor, Resident teaching, Transport coordinator, NRP instructor, and Associate Director of the Newborn Hearing Screen Program with Pediatrix Medical Group. Currently she works at Winnie Palmer Hospital for Women and Babies in Orland, Florida employed by Pediatrix Medical Group.

If you have any questions or do not receive a ballot, please feel free to notify me at nominations@fannp.org

Jacqui Hoffman, FANNP Past-President

Letter from the President

What a heat wave we have endured this year! I have spent so much time in my pool, I can't tell whether these are the permanent wrinkles or just pruny from the excessive soaking! I hope everyone has taken time to be with their families and loved ones this summer and pampered yourself. We all take care of others and forget to nurture and care for ourselves. There are a lot of changes in the workforce lately that can cause so much



stress; computer based order entries, computerized documentation, and ever evolving role changing. This can result in continuing high levels of anxiety. Being a nurse practitioner is a position which requires a great deal of autonomy, decision-making ability, logical reasoning, and the ability to reach a conclusion on

what to do under what may be difficult circumstances. Find someone to confide in, assist you when times can be difficult, be your muse, and this can be the best job ever! I am blessed by numerous close NNPs that help me everyday. I hope and pray you can be blessed this way too.

The FANNP Conference Committee has been working hard to present the 22nd FANNP Symposium this year. Everything has been finalized to include a Sports Themed Beach Party. We want to see everyone out there enjoying themselves and wearing their favorite sports clothing and paraphernalia. Of course, I will be wearing a Gator jersey. So if you missed the Conference Brochure, make sure you go to the website, www.fannp.org to download a copy.

Ruth Bartelson, MSN, NNP-BC, FANNP President

Are You Eligible for a FANNP Scholarship?

FANNP members who attend an educational program leading to a degree related to the health care field between Sept. 15, 2010 and Sept. 15, 2011 are eligible for a 2011 scholarship. Contact scholarships@fannp.org with any questions or to receive a 2011 scholarship application.

FANNP Scholarship Eligibility Criteria:

- 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.
- Priority for scholarship award will be based on length of membership and service to FANNP.
- 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.
- Scholarship applicants must attend an educational program leading to a degree related to the health care field during the

application period.

- The application period for the 2011 scholarship is September 15, 2010 to September 15, 2011. (i.e. To be eligible for a 2011 scholarship you must have attended classes sometime between September 15, 2010 and September 15, 2011.)
- 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.

Applicants will be asked to submit a 3-5 page article submitted as a word document, in APA format, for publication in the FANNP newsletter as part of the application process. (See FANNP 2011 Paper Grading Rubric for Newsletter Article Submission). The completed scholarship application must be Postmarked by September 15, 2011.

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, PO Box 14752, St. Petersburg, FL 33733

2011 Kim Nolan Spirit Award

We have made some changes to the Kim Nolan Spirit Award Eligibility Requirements. Nominees no longer need to have demonstrated an “active” commitment to FANNP. And NNP students are now eligible! Nominate someone you know today!

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

Previous recipients:

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

Kim Nolan Spirit Award applications are available on our website, fannp.org.

– Paula Timoney, DNP, ARNP

FANNP is Recruiting a New Editor for the Newsletter – Apply Today!

Job Description of FANNP Newsletter Editor

Eligibility:

The Florida Association of Neonatal Nurse Practitioners (FANNP) Newsletter Editor must be a current member of FANNP in good standing, and is responsible to the FANNP Board of Directors (BOD). The editor is not required to attend the BOD meetings.

Job Description: Specific Role and Responsibilities of the FANNP Newsletter Editor

The newsletter is published and mailed out to FANNP members quarterly by the second Friday, of the respective month (December, March, June, and September).

The Steele Advertising firm is on contract to prepare and print the newsletter.

The newsletter editor is responsible for sending out a reminder to the BOD committee members who regularly submit newsletter articles. The reminder e-mail needs to be sent out 2-weeks, and then 1-week prior to the article submission dead line date (second Friday of the month prior to the publication due date (November, February, May, August). This is necessary to provide Steel Advertising enough time to prepare the proof prior to the go to print due date.

The newsletter Editor is required to proof and prioritize all submitted articles to determine the most appropriate order and sequence of the articles to

ensure a great layout and maintain cost effectiveness.

Note: FANNP is charged a fee for every four pages used, the usual length of the newsletter is 12 pages, but can be as long as 16 pages.

Articles need to be submitted to Steele Advertising by the first of the month that the newsletter is due to be published (December, March, June, and September). This is necessary to allow enough time to prepare the proof and meet the due date to go to print.

The deadline for Steele Advertising to go to print is the second Friday of the month of publication (December, March, June, and September).

The Editor need to maintain a copy of the final proofs of all newsletter articles on a jump drive for FANNP files.

The Editor needs to remind Steele Advertising to post a copy of the most current newsletter on the FANNP website when completed.

The Editor also needs to check the web site quarterly to ensure the chairs of the Research, Scholarship, Conference, Kim Nolan Spirit Award, and Membership Applications have up-dated their posted materials. If outdated materials are noted the Editor is responsible for notifying the committee chair and Steele Advertising to up-date the respective page.

Benefits:

The editor is eligible to attend the annual FANNP conference

POCKET NOTEBOOK

Diane McNerney DNP, MS, NNP-BC

Principles of Drug Action

1. Absorption – Movement of drug from site of entry to circulating body fluids. Absorption begins at site of administration and is essential to the process of distribution, metabolism and excretion.
2. Bioavailability – The percentage of active substance in a drug that is absorbed and becomes available to the target tissue following administration. Methods of manufacturing and ingredients may alter bioavailability.
3. Distribution – Transport of drug in body fluids to the site of action. Blood flow and cardiac output directly effect drug distribution. Drugs bound to plasma proteins have the greatest impact on distribution. Only lipid-soluble drugs cross the blood-brain barrier. The tissue enzymes of the placental barrier are permeable to a great number of drugs, many of these drugs intended to produce a therapeutic response in the mother have an adverse effect on the fetus.
4. Metabolism – The chemical transformation of a drug to water-soluble compound which can be excreted from the body. The liver is the primary site of metabolism. Additional sites of metabolism are the plasma, kidneys, lungs, and intestinal mucosa.
 - A. Hepatic first-pass effect – Oral medications absorbed from the GI tract normally travel to the portal system first, then to the liver before entering the general circulation. In some cases, there is a complete elimination of the drug without the production of any pharmacological activity. A drug with an excessive first-pass effect is given IV to bypass the liver preventing initial metabolism.
5. Excretion – The process by which drugs and metabolites are eliminated from the body. The kidneys are the main organ of drug excretion. Excretion is accomplished by glomerular filtration, tubular secretion and partial reabsorption. The availability of a drug for filtration depends on its concentration in unbound form in the plasma. Free, unbound drugs and water-soluble metabolites are filtered through the glomeruli. Protein-bound substances do not pass through this structure. After filtration, lipid-soluble compounds are not excreted and are reabsorbed by the tubular nephron and reenter the systemic circulation. Drug reabsorption is affected by a urine pH of 4.6-8.2.
6. Drug Concentration – Drug administered in high concentrations tend to be more rapidly absorbed than smaller doses. In certain situations, a larger loading dose of a drug may be administered. The temporary overloading doses are loading doses which are intended to rapidly reach receptor sites. Once the active drug level is reached, smaller doses of the drug can be administered.
7. Half-Life – The time required to reduce a drug to one half the amount of unchanged drug at the time equilibrium is established. The rate of metabolism and excretion effect drug half-life. The half life of each drug is different and does not change the dose of the drug. Drugs with a short half life will be administered more frequently than a drug with a long half life.
8. Therapeutic Index – A quantitative measure of the relative safety of a drug. It represents a ratio between the effective dose and lethal dose. The closer the ratio is to 1, the greater the lethal effect.
9. First-order Kinetics – The rate of drug elimination is dependent on the concentration of the drug in the plasma. The concept is mostly used to gauge the speed at which the drug is broken down by the body. Following administration of a drug, it may be eliminated from the body only after reacting with tissue components which are present in high concentrations and which are not used up to any degree during the drug's stay in the body. A majority of drugs are processed by the body and eliminated through first order kinetics.

References

Katzung, B., Master, S., & Trevor, T. (2009) Basic and Clinical Pharmacology, 11th edition.
 General principles of pharmacokinetics. Retrieved 7/30/2011. www.pharmacology2000.com

and 3-nights of hotel expenses will be covered by FANNP.

All interested candidates are encouraged to contact

FANNP via email at:
newsletter@fannp.org

Or by US mail at: Gen Cline,
 FANNP, P.O. Box 14572, St.

Petersburg, Florida 33733-4572

Or leave a message at 1-800-74 FANNP





Leslie Parker, PhD, NNP-BC

Although the Florida State Senate and House of Representatives are not in session during the summer months, several important national issues potentially impacting neonatal nurse practitioners are currently receiving considerable attention.

The Institute of Medicine (IOM), the most influential source of policy reports, recently published *The Future of Nursing: Leading Change, Advancing Health* in conjunction with the Robert Wood foundation*. This document provides recommendations for both nurse practitioners and the healthcare system as a whole. In particular, it provides evidence-based recommendation to remove scope of practice barriers for NPs and all advanced practice registered nurses in order to improve health care delivery. These recommendations provide much needed support for the NP profession and validates the importance of our profession in the health care system.

Surgeon General Regina Benjamin released the Surgeon General's Call to Action to Support Breastfeeding in 2011 which outlines steps to remove obstacles faced by breastfeeding mothers. Several positive legislative changes have recently occurred to support this call to action. The Affordable Care Act includes guidelines, developed by the IOM, requiring insurance companies to cover breastfeeding support, supplies, and counseling. In addition, the Fair Labor Standards Act was amended to require employers provide reasonable a break time and a private, clean place (not a restroom) for working mothers

to express milk. The Surgeon General's Call to Action also supports her newly released National Prevention and Health Promotion Strategy which stresses health prevention rather than a focus on sickness and disease. Since it is well known that breast feeding helps prevent many chronic conditions in both the mother and infant, increasing the percentage of women who breastfeed can make a significant contribution to preventive health care.

The National Association of Neonatal Nurses (NANN) advocacy web page (www.nann.org) provides updates on NANN's initiatives in the health care policy arena. In addition, The National Association of Neonatal Nurse Practitioners (NANNP) (a division of NANN) represents our profession at the national level through their participation in organizations involved with NP educational guidelines, NP certification and our response to the IOM recommendations. You can find information regarding NANNP in the NANN newsletter which can be found at www.nann.org/pubs/content/nannnews.html

Two national legislative initiatives have recently been introduced and if passed will improve the advanced practice nurse's ability to function at their full scope of practice. The first is the Home Health Planning Act of 2011. This act would make all APNs eligible to order home health services under Medicare thereby increasing provision of optimal care to patients. The Medicaid Advanced Practice Nurses and Physician Assistants Access Act of 2011 if passed would recognize nurse practitioners and certified nurse-midwives as primary care case

managers under Medicaid, include APNs under Medicaid fee-for-service plans, and include APNs as providers under Medicaid managed care organizations. Since APNs have been shown to provide quality care to underserved populations, decrease hospital readmissions and promote preventive care practices, it is anticipated these bills will improve the quality of care provided to Medicare patients. These bills also support the IOM's recommendations to increase APNs scope of practice.

These are exciting times for nurse practitioners. The new IOM recommendations provide the foundation for nurse practitioners to function at a level consistent with their education. Consider becoming involved in your state and national nursing association to provide support for current and future legislation that impact our profession.

** The Future of Nursing: Leading Change, Advancing Health Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine (2011; Institute of Medicine, National Academy of Sciences)*

Bring It On Answers

(Questions on page 8)

1. Answer is B; Shunting of blood through the foramen ovale preferentially directs blood with the highest oxygen content to the coronary arteries and brain.

2. Answer is C; The laboratory values demonstrate a hypernatremic infant with normal serum potassium, blood urea nitrogen, and creatinine. The most common causes of hypernatremia are 1). Dehydration usually caused by too little free water, 2). Injudicious use of sodium containing solution. The infant is receiving only 80ml/kg/day of fluids. Additionally, prematurity, respiratory distress syndrome, and hyperbilirubinemia increase insensible water loss.

3. Answer is A; Serum electrolytes, calcium, glucose, blood gas, EEG, CT scan of brain, blood culture and LP are essential components of the workup for seizures. Answers B & C include studies that may be helpful, but are missing essential studies.

CLASSIFIEDS

Linkous & Associates, LLC 800.738.NNPs (6677)

Info@LinkousRecruiting.com

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Linkous & Associates specializes in the nationwide recruitment and placement of Neonatal Nurse Practitioners. For additional information and to view all of our current job opportunities please visit www.linkous.com.

Nationwide NNP Recruitment

ENSEARCH is widely regarded as the nation's preferred NNP recruitment firm, offering both Direct Hire as well as Locum Tenens staffing options. Call us to let us explain to you why you should be working with ENSEARCH rather than any other recruitment firm. (888) 667-5627 (NNP JOBS); www.ensearch.com.

Neonatal Nurse Practitioner Tallahassee Memorial HealthCare

This newly created position is seeking a self-starter to work directly with Registered Nurses, Neonatal Nurse Practitioners, Neonatologists, and Respiratory Therapists to provide safe, quality care. The 32-bed NICU is part of the Florida Neurological Network led by Shands Hospital in Gainesville. For additional information on this opportunity, please contact George Bruno at 850-431-5134 or george.bruno@tmh.org

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

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

- 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

FANNP Grants Available

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. Deadline is October 1, 2011.

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

– Terri Marin, MSN, NNP-BC

2011 Educational Offerings

11th National Neonatal Nurses Conference

September 7-10, 2011
Marriot Wardman Park Hotel
Washington, DC
The Academy of Neonatal Nursing
www.neonatalnetwork.com

NANN 27th Annual Educational Conference Exploring the Science and Practicing the Art of Neonatal Care

September 14-17, 2011
Orlando, Florida
www.nann.org/meetings/current/index.html

4th Annual DNP Conference Policy & Professional Growth

September 28-30, 2011
The Westin New Orleans Canal Place
New Orleans, LA
www.doctorsofnursingpractice.org/

The 22nd FANNP Neonatal Nurse Practitioners Symposium: Clinical Update and Review

October 11-15, 2011
Clearwater, Florida
www.fannp.org

The Fetus and the Newborn: State of the Art Care

November 9-12, 2011
Paris Las Vegas Hotel
Las Vegas, Nevada
www.contemporaryforums.com

Miami Neonatology 2011 35th International Conference

October 27-29, 2011
Fontainebleau Hilton Hotel
Miami Beach, Florida
mmunozbustamante@med.miami.edu

Developmental Interventions in Neonatal Care

November 13-16, 2011
Paris Las Vegas Hotel
Las Vegas, Nevada
www.contemporaryforums.com

Hot Topics in Neonatology

December 4-6, 2011
Omni Shoreham Hotel,
Washington, DC
www.hottopics.org

2011 Annual Vermont Oxford Meeting & 12th Quality Conference

Omni Shoreham Hotel,
December 3 & 4, 2011
Washington, DC
www.vtoxford.org



Bring it On...

Practice Questions to Prepare for the NNP Certification Exam



1. In fetal circulation, blood entering the right atrium from the inferior vena cava is shunted across the foramen ovale to the left atrium:

- A. To maintain pulmonary vascular resistance.
- B. To provide the highest oxygenated blood to the coronary, carotid, and subclavian arteries.
- C. To oxygenate the lower extremities.

2. A two day old, 30 week gestational age neonate with respiratory distress syndrome, sepsis, and hyperbilirubinemia is receiving 80ml/kg/day of fluids and is on gentamicin therapy. At 48 hours of age, the neonate has lost 15% of birth weight and is anuric. Laboratory values are:

Serum sodium	150 mEq/L
Serum potassium	6 mEq/L
Blood urea nitrogen	19 mg/dl
Creatinine	0.8mg/dl

The likely cause of the anuria is:

- A. Intrinsic acute renal failure.
- B. Renal compromise due to antibiotic therapy.
- C. Underperfusion of normal kidneys.

3. A 3500 gram term male infant is treated for suspected GBS sepsis. At three days of age he is started on feedings and reaches full feeds by 5 days of age. At nine days of age he has a generalized seizure lasting several minutes. What labs and diagnostic studies would you order:

- A. Serum electrolytes, calcium, glucose, blood gas, EEG, CT scan of brain, blood culture and LP.
- B. Blood culture, urine drug screen, neurology consult, and glucose.
- C. EEG, CT scan of the brain, blood gas, serum electrolytes, urine drug screen, serum amino and organic acids.

Answers on page 6

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