

FANNP NEWS



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The Publication of the Florida Association of Neonatal Nurse Practitioners



Legislative News

MID-TERM ELECTIONS

Democrats and Republicans have sprinted to the finish line in a bid to win numerous hard-fought congressional races. The GOP held a substantial edge. Behind the scenes, Democratic operatives are trying to convince big donors that their money hasn't gone to waste, and they are urging Hillary Clinton to announce her candidacy for president quickly to avoid a lengthy and damaging post-election hangover. Look for updates in the next issue...

Current Issues in Florida: **Florida Association of Nurse Practitioner (FLANP) Policy Statement and Platform**

Platform:

- Full prescriptive authority with DEA credentialing for Advanced Practice Registered Nurses (APRN)
- Designate Florida APRNs as separately capable autonomous licensed independent health professionals
- Change the legal professional name for NPs, CNMs, CRNAs, and CNSs to APRNs (consistent with the national standard) [As per the National Council of State Boards of Nursing (NCSBN) consensus

"LEGISLATIVE" continues on page 3



University of Florida students and friends at the Beach Party.

FANNP Conference Wrap-Up

We had another very successful conference this October and so much fun celebrating our 25th year! I can hardly believe it! There were over 300 attendees, many repeat attendees, a large number of new practitioners or soon to be practitioners, wonderful Track A speakers, and a great review Track B. I want to extend a sincere THANK YOU to those who volunteered to fill in with little notice for speakers that had personal emergencies! Your live notes and the recorded material you received via email for download will make for a solid study base for certification!

Please be reminded that instead of the recorded CD with both updated written materials and audio recordings

being mailed to you via USPS, you should have received an email with instructions for downloading the recordings. You can download the materials directly on to the FANNP flash drive you received at the conference!

The Planning Committee has already begun working on next year's program. We have discussed some potential exciting speakers in addition to the tried-and-true review Track

B speakers. We welcome any suggestions or ideas, so bring them on! I'll be keeping you posted on the progress through our newsletters.

Thanks!

Marylee Kraus, MSN, NNP-BC



Speakers Dr. Jacqui Hoffman and Dr. Tami Wallace

Letter from the President

Hello FANNP members!

I hope you had the opportunity to attend the 2014 FANNP National Neonatal Nurse Practitioner Symposium held October 14-18th at the beautiful Sheraton Sand Key Resort in Clearwater, Florida! Both novice NNPs and graduating NNP students were provided quality lectures offering an overview of information to help them prepare for the NCC certification exam. More advanced NNPs were provided informative



and exciting lectures including dysmorphology, oxygen toxicity and ventilator modalities. Our general session included topics such as evidenced based medicine and

the cognitive & behavioral effects of premature birth. In addition to advancing their knowledge, participants were able to engage with other professionals, interact with numerous excellent exhibitors and have fun at our pool-side cocktail party and our Silver Anniversary beach party. I would especially like to thank those FANNP members who attended our annual business meeting. It is critically important that our members are aware of the state of the organization as well as our future goals and opportunities. Not only did attendees of the business meeting have the opportunity to learn more about our organization, but they also enjoyed

a delicious brunch and the opportunity to win prizes – what could be better! If you attend future FANNP conferences, please make plans to also attend the business meeting. The conference committee is already preparing for next year's conference and is lining up expert presenters to share their knowledge and expertise. Please mark your calendars for our 2015 conference to be held October 13-17th, 2015, once again at the Sheraton Sand Key Resort in Clearwater, Florida.

Nurse Practitioner Week was observed November 9-15th, and I would like to thank each of you for providing quality care to the most vulnerable of patients. It is individuals like yourself who have the knowledge, ability, and compassion to care for critically ill infants and their families, and I only wish there were more weeks designated in the year to honor you. I hope you received your luggage tag as a token of FANNP's appreciation and I suggest you place in on your luggage when you attend next year's conference.

FANNP provides scholarships to assist you to advance your education and research grants to promote development and completion of neonatal research. For those looking for assistance in your educational endeavors, please consider applying for an FANNP scholarship. Applications are due in September and specific application criteria can be found on the FANNP website. If you are planning a research project, please consider applying for one of our research

grants. This is a wonderful opportunity to obtain funding to assist you in completing your research endeavor. Applications are accepted on a rolling basis and the application process can also be found on the FANNP website.

I wish each of you a happy holiday season and a successful and fulfilling New Year.

Please do not hesitate to contact me for suggestions, questions, comments or concerns.

*Leslie Parker, PhD, NNP-BC
President, FANNP*

Bylaw Changes

Hello FANNP Members,

At our annual business meeting on Thursday, October 16, 2014, a two-thirds majority vote approved the changes to the FANNP bylaws.

The changes will condense the President-elect's term from six years to four years to be delineated as follows: one year as President-elect, two years as President, and one year as Immediate Past President.

The number of members on the Board of Directors (BOD) will be reduced from nine to eight.

The Immediate Past President and President-elect will alternate years of participation on the BOD.

The President shall not vote on matters except to break a tied vote (a tied vote could potentially result in the event that a BOD member abstains from voting or due to a vacancy on the BOD).

The 2014 revised bylaws may be viewed on the FANNP website. FANNP officers and BOD elections will be held in 2016. The call for candidates will be posted on the website. Please consider one of these rewarding positions!

*Respectfully submitted,
Diana Morgan-Fuchs, NNP-BC*

THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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Legislative from page 1

model]

- Authorize APRNs to sign involuntary petitions for commitment (Baker Act –BA-52) forms
- Authorize APRNs to determine maximum medical improvement (MMI) and permanent impairment rating (PIR) for workers' compensation claims
- Authorize APRNs to prescribe home health care
- Authorize APRNs to prescribe physical/occupational therapy
- Empanelment of APRNs to all third party payers (all public and private entities) for full scope of practice services
- Authorize APRNs to be primary care providers (PCPs) under all third party payer plans
- Authorize APRNs to sign death certificates
- Authorize APRNs to sign fetal demise and birth certificates
- Authorize APRNs to order all diagnostic and laboratory tests
- Define APRNs as licensed health professionals to sign all designated health forms
- Designate APRNs as Medicaid PCPs
- Specifically designate APRNs to autonomously and independently act as directors for Florida Health Care Homes (AKA Medical Homes)
- Place all control of Florida APRNs, RNs, and LPNs solely under the auspices and control of the Florida Board of Nursing and remove all aspects of professional nursing practice regulation from any other authority agency of government [As per the NCSBN consensus model]
- Change third party payer (insurance company) reimbursement to "any willing provider" status
- Adopt the NCSBN consensus model for APRN regulation

Florida Nurse Practitioner Network (FNPN) Legislative Update:

During the last legislative session it

was exciting to see the Work Force House Bill moved through the House and passed. Although this was definitely a win for us, 28 House legislators voted AGAINST our bill. I want to know why! I would hope all of you would want to know why too. A face to face chat to debate the issues is always fun and exciting.

I know you are busy, but our professional career depends on your involvement. We have the "Talking Points", "The NP Fact Sheets", "voting info about the legislator" and you have your passion and stories to tell them.

The cities where Legislators voted against our House bill are as follows:

- Ft. Walton Beach
- Ponte Vedra Beach
- Keystone Heights/Palatka
- Alachua
- Daytona Beach
- Maitland/Longwood
- Lady Lake
- Orlando
- Cocoa
- Palm Bay
- Vero Beach
- Tampa
- Sarasota
- Boca Raton
- Port St. Lucie
- West Palm Beach
- Lantana
- Deerfield Beach
- Lauderdale Lakes
- Miami Gardens
- Miami Beach
- Miami

If you reside in one of the fore mentioned cities and can get involved, please contact your legislative chair with FLNPN, Dr. Jean Aertker, DrAertker@gmail.com, and let her know in which House and Senate district you are located. You can find this information on your voter registration card or on the www.MyFlorida.com website (see legislative page).

As voters, we are in a position to support the candidate of our choice by promoting their campaign not only on election day, but also by participating and promoting the candidate's campaign promises. As Floridian APRNs, we have

not been able to practice to the fullest extent of our scope and education because of political restrictions imposed upon us in the House and Senate. The PAC committees of FNPN will be traveling throughout the state to raise money and participate in fund raising efforts to build OUR VOICE in the Florida political arena. We will also support the candidates that support our issues by providing monetary contributions to their campaigns. We need your help! Money is Power!! A brilliant legislative session is expected and we are closer than ever to reaching our goals. We have a lobbyist working with us and we are well informed and networked in Tallahassee. However, we all need to come together! Get out there and vote, make a small contribution to a campaign, or speak with your legislators. An easy way to get involved is to become a member of the FNPN PAC Committee.

If each person in our membership donated \$10, and asked 5 more people to donate \$10, we would be on our way to political success! FNPN has a membership of 4,300 ARNPs in Florida. This is a solid group that represents all of you in Florida.

To contribute to FNPN PAC copy and paste this link: <https://fnpn.enpnetwork.com/page/41-legislative-pac->

A Look Ahead to 2015...

2015 Legislative Session Dates

Committee weeks:

- January 5
- January 20 (Begins on Tuesday because the state observes Martin Luther King Day)
- February 2
- February 9
- February 16

The 60-day regular session begins March 3, 2015

REMINDERS:

New CE Requirements for RNs in Florida:

RNs are required to complete 24 hours of appropriate continuing education (CE) during each renewal

"LEGISLATIVE" continues on page 6

EDUCATIONAL OFFERINGS

NEO - The Conference for Neonatology
Continuous Quality Improvement
February 19-22, 2015
Hilton Bonnet Creek
Orlando, FL
www.neoconference.com

Academy of Neonatal Nursing
12th National Advanced Practice Neonatal Nurses Conference
March 11-14, 2015
Sheraton Chicago Hotel & Towers
Chicago, IL
www.academyonline.org

The 26th FANNP Neonatal Nurse Practitioners Symposium: Clinical Update and Review
October 13-17, 2015
Sheraton Sand Key Resort

National Association of Neonatal Nurses 30th Annual Education Conference
October 22-25, 2015
Phoenix Convention Center
Phoenix, AZ
www.nann.org

The Vermont Oxford Network Annual Quality Congress and Newborn Intensive Collaboration for Quality Symposium
October 1-4, 2015
Sheraton Chicago Hotel & Towers
Chicago, IL
www.vtoxford.org



FANNP National Neonatal Nurse Practitioner Symposium: Clinical Update and Review, 2015

POSTER & PODIUM PRESENTATION CALL FOR SUBMISSIONS

FANNP is seeking abstracts for posters and podium presentations for the annual FANNP National Neonatal Nurse Practitioner Symposium on October 13th-17th, 2015. The planning committee invites submissions from members as well as non-members. Participation is open to health professionals whose specialty has a focus on the Neonatal Population (this includes but is not limited to NNPs, RNs, Clinical Nurse Specialists, & Neonatologists). We invite colleagues to share their expertise in one of the following categories:

- Original Research
- Innovations in Practice or Education
- Patient Safety
- Quality Improvement and Benchmarking Initiatives
- Case Studies

PODIUM & POSTER PRESENTATION PEER REVIEW PROCESS

A panel of experts will choose the four best-developed abstracts for a podium presentation. These will be selected on the basis of overall quality, originality and appropriateness to NNP practice. Preference will be given to research with complete data available. Podium presentations are 10 minutes with 3 minutes for questions. *Podium presenters will receive a \$75 honorarium. All other conference expenses are the responsibility of the podium or poster presenter.

POSTER PRESENTATION

Abstracts not chosen for podium presentation will be considered for poster presentation. Detailed instructions for the poster presentation will be provided to the primary author at the time of the notification of abstract acceptance.

SUBMISSION REQUIREMENTS

Abstracts must be submitted electronically. Abstracts should be no longer than 500 words, in 12-point font, with up to 2 additional bibliography pages. The content should be presented in the form of a structured abstract:

- | | |
|------------|-----------------------------|
| ■ Purpose | ■ Results |
| ■ Subjects | ■ Limitations |
| ■ Design | ■ Implications for Practice |
| ■ Methods | |

A signed conflict of interest statement & CV (required for CE credits) must be submitted with the abstract. See the attached checklist for complete details. Abstracts that do not follow the submission guidelines will not be reviewed. Abstracts previously presented in other arenas are acceptable for submission.

NOTE: Include the submission checklist with the abstract.

SUBMISSION DEADLINE: June 1st, 2015

NOTIFICATION OF ACCEPTANCE: July 1st, 2015

CONFERENCE EXPENSES: All presenters chosen for the podium and poster presentation are responsible for conference registration fees, travel and all other expenses. Podium presenters will receive a \$75 honorarium.

Neonatal Thyroid

Part 2

A. Thyroid Disorders

1. Congenital Hypothyroidism

- Thyroid function is decreased or absent at birth
- Greater incidence in females (2:1)
- Increased incidence associated with Trisomy 21
- Clinical findings at birth (may also be absent):
 - Post term
 - LGA
 - Large fontanel
- Clinical findings after 1st week of life:
 - Hypotonia
 - Hypothermia
 - Jaundice
 - Poor feeding
- Clinical findings at 6 weeks of life:
 - Puffy eyelids
 - Large tongue
 - Hoarse cry
- Diagnostics include an Infant Metabolic Screen (IMS) between 48 hours to 4 days of life
 - Low T4 with TSH greater than 40 mU/L may indicate congenital hypothyroidism
 - Obtain a free T4 and thyroxine-binding globulin (TBG)
 - Thyroid scan is the most accurate diagnostic tool
- Treatment includes Endocrinology consultation and Levothyroxine (Synthroid) therapy
- Prognosis depends upon early initiation of therapy and diligent follow-up

2. Neonatal Thyrotoxicosis

- Excessive thyroid hormone inducing a hypermetabolic state
- Rare (less than 0.3% of pregnancies)
- Risk factors include maternal Graves Disease or Hashimoto Thyroiditis
- Early clinical findings:
 - Fetal tachycardia
 - Late gestation
- Clinical findings following birth:
 - Irritability

- Tachycardia
- Hypertension
- Tremors
- Arrhythmia

- Thrombocytopenia (low platelets)
- Diagnostics include obtaining a thyroid panel including T4, free T4, T3, TSH (which will be low)
- Treatment is self-limited and therapy depends upon severity of the disease. Pharmacological treatment may include Lugol solution, Propylthiouracil (PTU) and Methimazole
- Prognosis is self-limited and the disease may disappear by 2-4 months. There is an increased mortality risk if the disease is not recognized and treated properly.

3. Euthyroid Sick Syndrome

- Transient imbalance of thyroid function not related to thyroid illness
- Most cases reported are seen in preterm neonates, especially with respiratory distress syndrome
- Confirmatory labs may be reported as follows:
 - Low T3
 - Low to normal T4
 - Normal TSH
- Thyroid function returns to normal as infant's clinical status improves

4. Transient Hypothyroxinemia of Prematurity

- Low thyroid levels with normal TSH
- There is some degree of hypothyroxinemia in preterm infants
- Results from a poor response of the immature hypothalamic-pituitary axis to the loss of maternal thyroid hormone
- Confirmatory labs may be reported as:
 - Normal TSH
 - Low T4
 - Low free T4
- Treating preterm newborns under 30 weeks gestation with thyroxine to improve neurological outcome has been unsuccessful. Variable reports exist for newborns greater than 30 weeks gestation.

References:

Feingold, S. B., Brown, R. S. (2010). Neonatal Thyroid function. *NeoReviews*, 11(11), e640-e646

Gomella, T., [Cunningham](#), M., & Eyal, F. (2009). *Neonatology: Management, Procedures, On-Call Problems, Diseases, and Drugs*. Sixth Edition. McGraw Hill Medical: USA.

Polin, R., Spitzer, A.R. (2013). *Fetal and Neonatal Secrets*. Third Edition. Hanley & Belfus, Inc.: Philadelphia.

Rose, S.E. (2012). *The Hypothyroid or Hyperthyroid Maternal-Infant Pair*. (Power-Point slides) Retrieved from www.Pediatrxt.com/learning_center

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period, including two hours relating to prevention of medical errors. In addition to these 24 hours of general CE, each RN must complete two hours of domestic violence CE every third renewal for a total of 26 hours. For initial licensure, RNs must complete one hour of HIV/AIDS (one time requirement) and a two hour course relating to prevention of medical errors.

Beginning with the biennium ending in 2015, each licensee shall complete a two-hour course on the laws and rules that govern the practice of nursing in Florida. This will be part of the total 24 hours that are required each biennium.

Changes to ARNP license renewal process in Florida:

There have been changes to the license renewal process and continuing education process with your next renewal. You **MUST** have your CEUs populated in CE Broker in order to complete your renewal. If you have not met the proper CEU requirements, the system will indicate the delinquency using a screen stating that you are deficient and are unable to renew your license. Visit CEatRenewal.com to check your CEU documentation and make sure that you have all CEUs recorded that you have completed. Some completed CEUs may not be listed and you will need to manually input them. You are not required to purchase CE Broker and can gain access through the basic service. You are responsible for making sure you have the required CEUs to renew. Remember

to send your protocols to the Board of Nursing (BON) when you renew your license or have a change to your protocol.

Florida Statute 464.012 states the following:

“An advanced registered nurse practitioner shall perform those functions authorized in this section within the framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols.”

*Respectfully submitted,
Ally Kayton, RN, MSN, APRN-BC*

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.

Six scholarships were awarded in 2014 to Melissa Coble, DNP from East Carolina University, Maiana Pereira de Cortada, MSN from University of Florida, Tiffany Gwartney, MSN, DNPS from Vanderbilt University, Jodi Kurtz, MSN from University of South Alabama, Shonquatta Parson, MSN from University of Alabama at Birmingham, and Amy Trujillo, MSN from University of Florida.

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

Are You or Is Someone You Know Eligible for a 2015 FANNP Scholarship?

FANNP members who attend an educational program leading to a degree related to the health care field between September 15, 2014 and September 15, 2015 are eligible for a 2015 scholarship.



Karen Theobald (right) with 2014 scholarship recipients.

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.
 - 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.

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.
- The application period for the 2015 scholarship is September 15, 2014 to September 15, 2015. (i.e. To be eligible for a 2015 scholarship you must have attended classes sometime between September 15, 2014 and September 15, 2015.)
- 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, 2015.

For questions, more information or to obtain an application please contact FANNP via email at: scholarships@fannp.org.



APPLY FOR FANNP
Scholarships

CLASSIFIEDS

Linkous & Associates, LLC
800.738.NNPs (6677)

Info@LinkousRecruiting.com
www.LinkousRecruiting.com

As a family-owned and operated specialty service for the neonatal health care industry, Linkous & Associates has specialized in the recruitment and placement of NNPs nationwide since 1991.

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.

2015 Classified Advertising in the FANNP Newsletter

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, December, March, June, and September issues

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 the PayPal link 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 is as Follows

- March, 2015-ads must be received by February 13, 2015, and paid in full
- June, 2015-ads must be received by May 8, 2015, and paid in full
- September, 2015-ads must be received by August 14, 2015, and paid in full
- December 2015-ads must be received by November 13, 2015, and paid in full

FANNP BOD

BRING IT ON ANSWERS

from page 8

1. Answer is A;

The most common intraocular neoplasm in childhood is retinoblastoma, occurring in approximately 1 in 20,000 live births. The most common presenting symptom is leukocoria. The tumor is highly malignant and can spread to the bone marrow, central nervous system (CNS), or other organs. Patients who are untreated rarely survive.

2. Answer is A;

At 28 weeks gestation, the globe is only 10 to 14 mm in diameter and the hyaloid vascular systems are often present to some degree. Vitreous haze is often present, interfering

with visualization of the fundus. Pupillary constriction to light is not seen until a mean of 30 weeks gestation. However, this lack of response should be considered abnormal until at least 32 weeks gestation.

3. Answer is C;

TTN is thought to be caused by delayed clearance of fetal lung fluid. TTN is most common in full-term infants born by Cesarean section or having experienced some perinatal hypoxic stress. Either event can result in increased protein concentration in lung fluid, preventing the transfer of fluid into pulmonary circulation.

THANK YOU, 2015 CONFERENCE SPONSORS!

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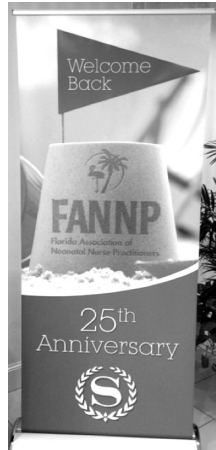
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Practice Questions to Prepare for the NNP Certification Exam

1. Which of the following is true about retinoblastoma?
 - A. It is the most common intraocular neoplasm in childhood
 - B. The most common presenting symptom is retinal hemorrhage
 - C. The tumor is usually benign
2. In a premature infant, pupillary constriction is seen at:
 - A. A mean of 30 weeks postconceptual age
 - B. A mean of 35 weeks postconceptual age
 - C. A mean of 28 weeks postconceptual age
3. Transient Tachypnea of the Newborn (TTN) is thought to be caused by:
 - A. Surfactant deficiency
 - B. Aspiration
 - C. Delayed clearance of fetal lung fluid

Answers on page 7

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