

FANNP NEWS



INSIDE: POCKET NOTEBOOK • LEGISLATIVE NEWS • EDUCATIONAL OFFERINGS • SPIRIT AWARD WINNER • BRING IT ON • LETTER FROM THE PRESIDENT • BRAG BOARD • CONFERENCE UPDATE • WELCOME NEW NEWSLETTER EDITORS

The Publication of the Florida Association of Neonatal Nurse Practitioners



Ally Kayton, MSN, APRN, NNP-BC

I have exciting news about a policy initiative on behalf of neonates to share. Senate Bill 2041 (S. 2041), “The Promoting Lifesaving New Therapies for Neonates Act”, was introduced to the floor of the U.S. Senate by Senators Bob Casey (D-PA) and Bill Cassidy (R-LA). Representing the National Association of Neonatal Nurses/the National Association of Neonatal Nurse Practitioners (NANN/NANNP), Dr. Wakako Eklund and the International Neonatal Consortium (INC) are working closely with Christina Bucci-Rechtweg, MD, Global Head, of Maternal Health and Pediatric Regulatory Policy at Novartis Pharmaceuticals Corporation to draft a letter of NANN’s support for this bill.

The INC is part of the Critical Path Institute (C-Path), which is a nonprofit, public-private partnership with the Food and Drug Administration (FDA), created under the auspices of the FDA’s Critical Path Initiative (CPI) program in 2005. C-Path’s aim is to accelerate the drug development pathway and reduce the costs of medical product development through the creation of standards for new data, measurement, and methods that aid in the scientific evaluation of the efficacy and safety of new therapies. S. 2041 represents a proactive initiative to encourage and reward innovative research and development for neonates.

The bill would provide a one-year, transferrable exclusivity extension to manufacturers who develop an innovative medication specifically designed for the neonatal population. The additional one-year exclusivity rights could either be sold or applied to any other approved product in the sponsor’s portfolio. S. 2041, in support of this incentive, could propel new, science-based therapy development to target unmet

“LEGISLATIVE” continues on page 3



FANNP Conference Update

We had another great conference featuring a great review track, many interesting updates involving our daily practice, and some insights as to what is up and coming for the future in caring for our little ones! The poolside FANNP Welcome Reception was fantastic where everyone had a chance to meet new friends and renew past relationships. The 70s themed Beach Party was a lot of fun, celebrating and commemorating the 50th anniversary of the nurse practitioner role. The Poster Session was bigger and better than ever. I was so proud to see all of the diligent work that my peers have been completing! I hope those of you who attended the conference enjoyed it as much as I did. To those of you who didn’t attend the conference, I hope to see you next year! Save the date: October 18th -22nd, 2016!!

Marylee Kraus, MSN, NNP-BC

Letter from the President

Hello FANNP members,

It is difficult to believe this will be my final newsletter and that my term as FANNP president is nearly over. In January 2016, FANNP will be transitioning to a new president. Diana Morgan-Fuchs will begin her term as FANNP president, and I am confident she will spend the next two years working diligently to move FANNP to the next level as an organization dedicated to NNP education, supporting NNPs in their professional development



and representing our profession at the state and national level. It has been my honor to provide leadership to this wonderful organization for the past two years. Although, I pass the baton to the very capable hands of Diana, I will miss being an integral part of FANNP. I will remain on the board as past-president and will continue to be active in the organization. FANNP will be undergoing additional transitions in leadership. Anecia Carter will move into the position of secretary, replacing Ashley Darcy-Mahoney who did a great job during her reign as secretary. I know Anecia will do a wonderful job and we are excited to have her fill such an important role. Another important change is the addition of Gayla Kaye and Christa Smith as co-editors of our newsletter. They are replacing Tiffany Gwartney who as anyone who has read our newsletter knows,

has done a fabulous job as editor. I would like to profusely thank Tiffany and Ashley for all their hard work and would like to welcome our new leadership!! Just a point of interest, none of these individuals live in the state of Florida and are still intimately involved with the organization. This is a wonderful example of how NNPs who are not Florida residents can be an integral part of FANNP. Elections will be held in 2016. Please consider running for office, you are welcome to email me for more information (parkela@ufl.edu).

Many of you attended our annual conference October 13-17th, 2015 at the beautiful Sheraton Sand Key Resort in Clearwater Florida, and I would like to thank you for your support. I personally believe it was one of our best conferences to date, and I certainly hope those of you who attended agree with me. I thought the speakers were stellar and successfully increased the knowledge base of our "seasoned" NNPs, as well as provided an extensive review for those new to the profession. As evident from our Facebook page, it looked like everyone had a great time at the poolside cocktail party and beach party (I know I did!). Moreover, the poster session highlighted the exemplary work our members have accomplished over the last year, and was more highly attended than ever before. We are already working on the 2016 conference, which will be held October 18-22nd.

It has been a tremendous privilege and a joy to serve as your president this last two years, and I thank everyone for

their support. I would especially like to thank my wonderful Board of Directors and Conference Committee for their unwavering support even during the darkest of days. Thank you ladies from the bottom of my heart.

I look forward to seeing everyone in October!

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

Leslie Parker, PhD, NNP-BC
President, FANNP

SPIRIT AWARD WINNER

Meet Sheryl Montrowl, the recipient of the Kim Nolan Spirit Award for 2015!

Sheryl has been a committed FANNP member for over 15 years. She has demonstrated clinical excellence, professionalism and leadership throughout her 27-year career as a neonatal nurse practitioner. Sheryl has strongly supported the philosophy and mission of FANNP through her dedicated volunteer work that often exceeds her appointed leadership position. It is without a doubt that she has been a major reason FANNP has continued to grow beyond our expectations.



As an expert clinician, Sheryl has greatly influenced the neonatology profession, successfully educated numerous students, and positively affected the lives of thousands of preterm infants and their families.

Sheryl's compassion for promoting wellness extends beyond the bedside and reaches far into the community. She is extremely involved in church activities, including children's program development, fund-raising efforts and participation on several committees to further religious outreach to community members. Sheryl recently has dedicated her time to babysitting her grandchildren

THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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NEWSLETTER EDITOR

Tiffany Gwartney

so that her children may fulfill their career obligations. Her enthusiasm to positively influence not only her own children's lives but others as well is depicted through these activities. These few words cannot adequately describe how powerful her beneficent role modeling and mentorship to future generations has been.

Congratulations Sheryl!

*Respectfully submitted,
Paula Timoney, DNP, NNP-BC*

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medical needs in the neonatal population, and guide therapeutic development designed to address the unique physiologic needs of neonates. There is strong bipartisan support within both the U.S. Senate Committee on Health, Education, Labor and Pensions (HELP), and the broader Senate chamber. The goal will be to have the bill included as part of the Senate's Innovation for Healthier Americans initiative (companion to the House 21st Century Cures effort).

NANN CONFERENCE UPDATE

NANN's Health Policy and Advocacy Committee (HPAC) met on October 23rd, 2015, to discuss the implementation of two initiatives this year. A PowerPoint presentation will soon be available on the NANN website for those interested in advocacy. The presentation will contain information including links to find specific members of Congress, as well as Senators. Links to the American Association of Nurse Practitioners (AANP) and other advocacy associations in which NANN is aligned will also be available. In support of items including Title VIII, Veterans Administration (VA) access to care, and full scope of practice, Virtual Lobby Days is being planned for sometime in March, 2016. I will keep all of you posted on these initiatives so we can participate!

FLORIDA UPDATE

This year, "committee weeks" began in October. Committee weeks occur to

allow various legislative committees and subcommittees to discuss any business related to their committee, prior to the official start of the Florida legislative session in January. The following bills have been filed in preparation for the upcoming Florida legislative session:

- **HB 423: Drug Prescription by Advanced Registered Nurse Practitioners & Physician Assistants** filed – General bill filed by Rep Pigman (Drug Prescription by Advanced Registered Nurse Practitioners & Physician Assistants)
- **S. 152: Ordering of Medications -** Senator Denise Grimsley filed a bill to allow APRNs to order DEA medications in hospital settings. It was heard in the Health Policy committee and passed unanimously. It will now go to two more committees before reaching the floor.
- **S. 0210: DEA prescribing bill filed -** Senator Denise Grimsley has filed S. 0210 to allow NPs and PAs to obtain and use a DEA license in Florida. The bill has been referred to the Health Policy, Banking and Insurance, and Rules Committees.
- **Modernizing Practice Environment -** Many legislators continue to work to modernize health care laws for NPs in Florida. Representative Oliva will chair the Select Committee on Affordable Health Care Access. We anticipate a very good year for ARNPs in Florida. There have been incredible changes in the attitudes and ideas of legislators over the past few years due to our collective efforts. The Florida Coalition of Advanced Practice Nurses (FLCAPN) continues to meet quarterly. The FLCAPN is a group of statewide APN groups who have organized to unite as one voice for improving state laws. A significant amount of power can be leveraged if all 17,000 APNs in Florida form a united front to make these necessary changes. FANNP will be part of this effort in the upcoming year.

FEDERAL UPDATE

President Obama Addresses Prescription Drug Abuse and Heroin Epidemic

On October 21st, President Obama

held an event in Charleston, WV, to announce efforts to address prescription drug abuse and heroin use. The American Association of Nurse Practitioners' (AANP) state representative for West Virginia, Elizabeth Baldwin, represented AANP at the event when President Obama announced the Administration's goals to both increase training and access to treatment for prescription drug abuse and heroin use. AANP has, and will continue to work with both the White House and Congress in these efforts moving forward. As Congress continues its important work on this topic, it is important that NPs are contacting their members of Congress and asking them to support the Recovery Enhancement for Addiction Treatment Act "TREAT Act" (H.R. 2536/S. 1455). The TREAT Act will give NPs the authority to provide life-saving medication-assisted therapies such as buprenorphine (suboxone) for patients battling heroin and other opioid addiction. It is critical that members of Congress hear from their constituents regarding the importance of patients having access to medication-assisted therapies when battling opioid abuse.

VICTORIES!

- S. 799: Protecting Our Infants Act - On September 8th, 2015, Katherine Clarks' (D-MA-05) legislation to help newborns suffering from opioid exposure passed unanimously in the U.S. House.
- The Protecting Our Infants Act of 2015 (H.R. 1462) is the first federal legislation to help newborns suffering from opiate exposure.

MARCH OF DIMES LEGISLATIVE INITIATIVES

The following March of Dimes' federal priorities for the 114th Congress (2015-2016), are:

- Renewal of the Children's Health Insurance Program (CHIP)
- Promotion of funding for key federal maternal and child health initiatives

Programs important to the March of Dimes include:

- Center for Disease Control and Prevention's (CDC) National Center for Birth Defects and Developmental

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Disabilities (NCBDDD) and Safe Motherhood efforts

- Child health research at the National Institutes of Health's (NIH) National Institute for Child Health and Human Development
- The Health Resources and Services Administration's (HRSA) Title V Maternal and Child Health Block Grant and newborn screening programs

The March of Dimes also sent a letter to the FDA on September 30th, 2015, urging them to require both graphic warning labels and child-resistant packaging for liquid nicotine and other tobacco products, and to ensure that warnings sufficiently express the dangers of exposure to women who are or could become pregnant, as a means to protect these vulnerable populations. This would include novelty tobacco products (often addressed as "other tobacco products" or OTPs) such as dissolvables, which are flavored, smoke-free tobacco products that appear much like candy, and dissolve in the user's mouth.

The 21st Century Cures Act is a bipartisan bill, passed in the House on July 10th, 2015, that would reform the current standards and appropriations for biomedical research, provide \$1.75 billion annually for the NIH, and \$110 million for the FDA. This funding would end after five years. Support for this funding would come from budget offsets. Along with an increase in NIH and FDA funding, the bill would reduce regulations on access to medical research and expedite the testing processes of new drugs. The bill was referred to the House Committee on Energy and Commerce (E&C), which released a detailed summary and a discussion document. Committee Chair, Rep. Fred Upton (R-MI6), sponsored the bill. It passed by a vote of 344 to 77 and received bipartisan support with 170 Republicans and 174 Democrats voting in favor of the bill. It has moved on to the Senate.

Below is a template for all of us to use to write our Senators to encourage them to support S. 2041:

*** To find the mailing address, phone number, and/or e-mail address for your Senators, use the following Senate web-site for the most up-to-date information: <http://www.senate.gov/senators/contact/>

Regarding S. 2041: "Promoting Life-Saving New Therapies for Neonates Act of 2015"

Dear Senator _____,

Annually, over 200,000 newborns require admission to a neonatal intensive care unit (NICU) for treatment of prematurity in the United States. Despite highly successful federal pediatric policies, very few medication labels include prescribing information for neonates (infants up to 28 days of age). As a result, the majority of medications prescribed for these sick babies lack rigorous scientific studies, and are used off-label. In fact, in the last 20 years, only two medications have been developed specifically to address neonatal diseases.

I believe that current pediatric policies should be supplemented to stimulate neonatal medication development. I believe that Congress should grant authority to the FDA to issue a separate incentive to companies who develop new therapies that are developed specifically to address diseases of the neonate.

I applaud Senator Casey in introducing S. 2041: "Promoting Life-Saving New Therapies for Neonates Act of 2015". This bill offers neonatologists the opportunity to treat sick babies with medications that have been developed specifically for use in the neonatal population. The bill also has the potential to lead to the availability of new life-saving treatments for these very vulnerable babies.

As your constituent, I encourage you to join Senator Casey as a co-sponsor to this important bill. Thank you for your time!

Sincerely,

YOUR NAME
YOUR STREET ADDRESS
CITY, STATE ZIP CODE
U.S.A.

FANNP Welcomes Christa Smith and Gayla Kaye-Steed as Our New Newsletter Editors!

I am pleased to welcome Christa Smith and Gayla Kaye-Steed as our new FANNP newsletter co-editors. As I pass the baton into the qualified hands of Christa and Gayla, I am confident that they have the intelligence, dedication, and creativity to take the newsletter to

a new level. During the last four years I have had the honor of serving as the FANNP newsletter editor. Throughout my years of involvement with FANNP, I have been consistently amazed by the professionalism and dedication of the board of directors (BOD), and the passion, intelligence, caring, and level of engagement of the entire FANNP membership. I would like to thank the FANNP BOD and the FANNP membership for the opportunity to have served as the newsletter editor, which has enhanced my professional development. I have enjoyed working with this group of esteemed professionals and wish the organization continued growth and success.

Christa Smith worked as a NCU nurse in Memphis, TN for 11 years prior to obtaining her MSN from University of Tennessee Health Sciences Center in 2005. She currently works for Pediatrix Medical Group in Memphis, where she has been actively involved in the Breast Milk Initiative, helping to develop protocols for all human milk use in babies less than 32 weeks gestation. Christa also participates in a Nursing Foundations educational program for neonatal nurses with her NNP colleagues. Christa first attended FANNP as a NNP student in 2005.

Gayla worked as a NICU nurse at Regional Medical Center for 10 years prior to obtaining her MSN in 2005, also from University of Tennessee Health Sciences Center. Gayla was Vice President of her class, and graduated with high honors. She currently works for Pediatrix Medical Group in Memphis, TN with Christa and has just begun a continuous quality improvement study examining the effects of delayed cord clamping. Gayla also teaches Nursing Foundations classes to the nurses on her unit. She has enjoyed the FANNP conference annually since 2005.

Welcome Christa and Gayla! I wish you and the entire dedicated FANNP newsletter team continued success in 2016!

*Respectfully Submitted,
Tiffany Gwartney, DNP, ARNP, NNP-BC*

POCKET NOTEBOOK

Diane McNerney DNP, NNP-BC

DiGeorge Syndrome

Definition

DiGeorge syndrome (DGS), also known as 22q11 deletion syndrome, is caused by a defect on the long arm of chromosome 22.

Etiology

Each person has two copies of chromosome 22, one inherited from each parent. In DGS, there is a missing section (microdeletion) on one copy of chromosome 22, near the center of the chromosome. This microdeletion occurs at band 22q11, an area inclusive of an estimated 30-40 genes.

Risk Factors

A microdeletion on chromosome 22q11 typically occurs as a random event in the sperm of the father or the egg of the mother, or it may occur early during fetal development. It is rare for the deletion to be inherited from a parent who also has a deletion on chromosome 22.

Epidemiology

The estimated incidence of DGS ranges from 1 per 2000 to 1 per 4000 of the world population. Although DGS is a congenital condition, the age at diagnosis largely depends on its severity and on the types of birth defects it causes. Patients with more serious cardiac defects or hypocalcemia are typically diagnosed in the neonatal period. Immunodeficiency related to abnormal development or absence of the thymus and subsequent T-cell deficiency results in recurrent infections that typically present in patients older than three to six months.

Associated Birth Defects

- Heart defects: These commonly include ventricular septal defect, truncus arteriosus, and tetralogy of Fallot.
- Hypoparathyroidism: Parathyroid glands normally secrete parathyroid hormone (PTH). DGS is associated with hypoplastic or aplastic parathyroid glands, which results in decreased PTH production with subsequent hypocalcemia and elevated serum phosphorus levels.
- Thymus gland dysfunction: T-cells mature in the thymus gland, which help combat infection. Children with DGS may have a small (hypoplastic) or a missing (aplastic) thymus, resulting in poor immune function and frequent, severe infections.
- Cleft palate: Many newborns with DGS have a cleft palate, with or without a cleft lip. They may also have less visible abnormalities of the palate, which may make it difficult to swallow or produce certain sounds in speech.
- Facial Abnormalities: Classic facial features associated with DGS, may include low-set ears, wide-set and/or hooded eyes, a relatively long face, broad nasal bridge, retrognathia or micrognathia, narrow palpebral fissures, and a short or flattened philtrum.
- Learning and behavioral problems: Children with DGS may exhibit learning, social, developmental, or behavioral problems due to complications with the development and function of the brain. Delays in speech development, as well as learning difficulties, are common.
- Autoimmune disorders: Poor immune function in childhood may result in an increased risk of autoimmune disorders in adulthood, such as rheumatoid arthritis or Graves' disease.
- Mental health problems: Many children with DGS develop attention-deficit/hyperactivity disorder (ADHD) or autism spectrum disorder. There is also an increased risk of depression, anxiety disorders, schizophrenia, and other mental health disorders.
- Other problems: Other medical conditions may be associated with DGS, including hearing impairment, poor vision, poor kidney function, and relatively short stature.

References:

- Bawle, E., & Jyonouchi, H. (2015). DeGeorge Syndrome. <http://emedicine.medscape.com/article/886526-overview>
- Cheung, E., George, S., & Costain, G. (2014). Prevalence of hypocalcaemia and its associated features in 22q11-2 deletion syndrome. *Clinical Endocrinology*, 81(2), 190-196.
- Noel, A., Pelluard, F., & Delezoide, A. (2014). Fetal phenotype associated with the 22q11 deletion. *American Journal of Medical Genetics*, 164A(11), 2724-2731.

FANNP National Neonatal Nurse Practitioner Symposium: Clinical Update and Review, 2016

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 18-22, 2016. 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, 2016

NOTIFICATION OF ACCEPTANCE: July 1st, 2016

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.

EDUCATIONAL OFFERINGS 2016

NEO–The Conference for Neonatology Continuous Quality Improvement February 25-28, 2016

Hilton Bonnet Creek
Orlando, FL
www.neoconference.com

Academy of Neonatal Nursing 13th National Advanced Practice Neonatal Nurses Conference April 21-24, 2016

Sheraton Hotel and Marina
San Diego, CA
www.academyonline.org

Council of International Neonatal Nurses, 9th Council of International Neonatal Nurses August 14-17, 2016

The Westin Bayshore
Vancouver, Canada
www.COINN2016.neonatalcann.ca

Academy of Neonatal Nursing 16th National Neonatal Nurses Conference September 7-10, 2016

Gaylord Opryland Hotel
Nashville, TN
www.academyonline.org



The 26th FANNP Neonatal Nurse Practitioners Symposium: Clinical Update and Review

October 18-22, 2016
Sheraton Sand Key Resort
Clearwater Beach, FL
www.fannp.org

National Association of Neonatal Nurses 32nd Annual Education Conference October 26-29, 2016

Renaissance Palm Springs and Palm Springs
Convention Center
Palm Springs, CA
www.nann.org

The Vermont Oxford Network Annual Quality Congress and Newborn Intensive Collaboration for Quality Symposium

October 6-9, 2016
Sheraton Chicago Hotel & Towers
Chicago, IL
www.vtoxford.org



Brag Board

FANNP is very fortunate to be associated with and supported by a multitude of talented and professional Practitioners who continually grow and develop themselves. The purpose of the "Brag Board" is to call attention to achievements such as acceptance by a professional organization for poster presentations, completing an MSN, DNP or PhD program, passing the NCC exam, acceptance to be published in a professional publication, or even survival of one's dissertation defense. The FANNP would like to recognize the following individuals for their recent accomplishments:

Tiffany Gwartney, DNP, NNP-BC, graduated from Vanderbilt University with her DNP degree in August, 2015. She has secured a position at USF as a full time Assistant Professor in the College of Nursing. Tiffany attends the FANNP conference annually and finds it to be a rich network of healthcare professionals.

Congratulations and strong work to Dr. Tiffany Gwartney, and all of our recent graduates!! Do YOU have an exciting professional accomplishment you would like to share with us? If so, please email Newsletter@FANNP.org with submissions. Thank you!

Scholarship Funds Available!

FANNP members who attend an educational program leading to a degree related to the health care field between September 15, 2015 and September 15, 2016 are eligible for a 2016 scholarship.

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

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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 through 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

- Ad information and full payment must be received by the 2nd Friday in February to be included in the March newsletter
- Ad information and full payment must be received by the 2nd Friday in May to be included in the June newsletter
- Ad information and full payment must be received by the 2nd Friday in August to be included in the September newsletter
- Ad information and full payment must be received by the 2nd Friday in November to be included in the December newsletter

FANNP BOD

BRING IT ON ANSWERS

from page 8

1. Answer is B;

Beckwith-Wiedemann syndrome is a condition that generally includes macroglossia, omphalocele and hyperplastic visceromegaly. Hypoglycemia is common, seen in more than 50% of cases. There is islet cell hyperplasia, hyperinsulinism, and low FFAs. Plasma growth hormone levels, however, are normal.

2. Answer is A;

The x-ray described is consistent with and classic for duodenal atresia. Infants with duodenal atresia have a high risk of co-existing anomalies and syndromes such as congenital heart disease, tracheoesophageal fistula, renal abnormalities and trisomy 21.

3. Answer is B;

Facial nerve palsy involves agenesis of the depressor anguli oris muscle and with prominent asymmetry of the face when crying occurs. There can be a thinning of the lateral portion of lower lip, wrinkling of the forehead, eye closure and symmetric nasolabial folds. Bilateral paralysis is rare and ptosis of the eyelid is more common to Horner's syndrome. If the cause of the facial nerve palsy is due to birth trauma, 90% of the neonates can expect recovery within the first month of life.

The FANNP would like to thank our sponsors for their support during the 2015 conference. Your generosity is appreciated! Happy Holidays!

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Bring it On...

Practice Questions to Prepare for the NNP Certification Exam

1. Baby S was born at 25 weeks EGA with a birth weight of 915 grams. He was placed in an incubator with 70% relative humidity. Which of the following rates of fluid administration would you choose initially for this infant?
 - A. 40-60 mL/kg/day
 - B. 80-100 mL/kg/day
 - C. 140-160 mL/kg/day
2. A full term infant has three to four times greater risk of heat loss when compared to an adult because:
 - A. The infant has greater surface-to-body ratio
 - B. The infant has a limited ability to sweat
 - C. The thermoregulatory ability of the infant is immature
3. Which of the following is felt to be associated with hypothermia in an infant with sepsis?
 - A. Immature response of the infant's immune system
 - B. Immaturity of the hypothalamus for thermoregulatory function
 - C. Shock and vasodilation with loss of homeothermic reactions

Answers on page 7

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