

# FANNP NEWS



**HIGHLIGHTED: FEEDING INFANTS DURING TRANSFUSIONS OF PACKED RED BLOOD CELLS: TIME FOR A CHANGE?**

**PLUS: POCKET NOTEBOOK • LEGISLATIVE UPDATE • EDUCATIONAL OFFERINGS • BRING IT ON • LETTER FROM THE PRESIDENT • NEW BRAG BOARD • KIM NOLAN SPIRIT AWARD APPLICATIONS • CALL FOR POSTER AND PODIUM SUBMISSIONS**

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The Publication of the Florida Association of Neonatal Nurse Practitioners



## FANNP 2012 Conference Update

Well the time is passing quickly and the Planning Committee has been working very hard to put together another great program for you! The brochure should be out soon and keep your eye on the web site, [fannp.org](http://fannp.org) for more information and registration details. We are welcoming Dr.'s Reese Clark, Michael Fitzgerald, Eric Reynolds, Michael Weiss, and Jim Moore with interesting topics and of course the usual great line-up for the review course. We are also looking forward to "reliving" (or just living for some of you!) the 80's for our Wednesday night party on the beach! Come with your favorite 80's themed attire! Don't forget the networking at the poolside and our Roundtable that hits on current issues. Hope to see you all there!

*Mary Kraus, MSN, NNP-BC  
Planning Committee Chair*



## Letter from the President

Happy Belated **NURSES WEEK!** I hope everyone celebrated all your hard work and personal achievements in a memorable style! It is an undeniable fact that nurses form the foundation to optimal health care, and Nurse Practitioners take this foundation to a higher level. All of you make an enormous difference in so many lives...applaud your accomplishments with pride!



I can't believe it is almost summertime! With so many activities like graduations, vacations, cookouts, etc, we are drawn closer to our family and friends. What a wonderful time of the year! Summertime also brings us one season closer to our Annual FANNP Symposium, which as promised, is going to be bigger

and better than ever before. Your conference Planning Committee has been relentless in their efforts to acquire amazing speakers, recruit fabulous exhibitor support and organize crazy, fun activities! One of my annual duties as a Committee Member is to develop a slideshow highlighting past conferences. While creating this year's video, I was overwhelmed by the huge smile on each face captured in every photo. You can almost hear the laughter! What a warm feeling to see the enjoyment, fun and delight in our conference attendees, speakers and exhibitors. This video will be shown during the welcoming portion on the first day of

the conference, so make your plans to be there...especially if you think you will be one of the stars ☺.

In the words of Ralph Waldo Emerson, "Do not go where the path may lead, go instead where there is no path and leave a trail." I encourage each of you to follow your dreams, harness your motivation and fulfill your goals, regardless of how big or small. The satisfaction of attaining your ambitions will inspire you to pursue further aspirations. As NNPs, we conquer major hurdles on a daily basis--all of which make us stronger and more driven to effectively manage subsequent challenges. I am tremendously grateful and so proud of each and every one of you for making FANNP one of the strongest and highly educated Nurse Practitioner organizations in the country.

See you in October!!!

*Terri Marin, PhD, NNP-BC*

*President, FANNP*

## Poster & Podium Presentation Call for Submissions

FANNP is seeking abstracts for posters and podium presentations for the annual FANNP's National Neonatal Nurse Practitioner Symposium on October 16 – 20, 2012. The planning committee invites submissions by members and non-members and 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

### SUBMISSION DEADLINE:

**July 15, 2012**

### NOTIFICATION OF ACCEPTANCE:

**August 1, 2012**

Podium presenters will receive a \$75 honorarium.

Please visit [www.FANNP.org](http://www.FANNP.org) for full submission guidelines and details.

Student Submissions welcome!

### THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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An emerging trend among neonatal caregivers is to withhold enteral feedings while transfusing packed red blood cells in an effort to decrease the incidence of necrotizing enterocolitis (NEC). This article seeks to examine available data to determine if the practice of withholding feedings during and after blood transfusions should be incorporated as a standard of care. NEC is a formidable disease, which can be devastating to low-birth weight and very low birth weight infants. Reducing the incidence of NEC would result in improved patient outcomes. A review of recent literature was conducted to answer the question regarding infants that weigh 1500 grams or are less than 32 weeks corrected gestational age (CGA): When receiving a transfusion of packed red blood cells (PRBCs), does cessation of enteral feedings during and after the transfusion decrease the incidence of necrotizing enterocolitis?

### Literature review

A search was performed using the databases Google Scholar, Cochrane Database, and CINAHL Plus. Search words and phrases included blood transfusions, necrotizing enterocolitis, enteral feedings AND necrotizing enterocolitis, blood transfusions AND enteral feedings, low birth weight, mesenteric blood flow, and transfusion-related necrotizing enterocolitis. Search criteria were limited to the past 5 years. The articles included preterm, very low birth weight, or extremely low birth weight infants, as this was the population examined. Five research articles were found that met the criteria for this review (Appendix). One study examined the effects of withholding

## Feeding Infants During Transfusions of Packed Red Blood Cells: Time for a Change?

*Melanie W. Ellis, RNC, NNP (Student)*

feedings during PRBC transfusion. All of the studies reviewed included the transfusion of PRBCs.

### Background

NEC is a multifaceted, devastating disease process that prolongs hospitalization and contributes to increased rates of infant mortality and morbidity. NEC affects approximately 6 -10% of infants born less than 1500 grams, with growth-restricted and extremely premature infants at higher risk for the disease (Martin, Fanaroff, & Walsh, 2011). Enteral feedings are a known risk factor for NEC, with 90-95% of infants who develop NEC having been fed (Martin, Fanaroff, & Walsh, 2011). Activation of the cytokine cascade, decreased epidermal growth factor, and alterations in gastrointestinal tract colonization are other factors likely to contribute to NEC (Thompson, & Bizzarro, 2008). Although the exact etiology of NEC is not completely understood, evidence suggests that certain processes are integral in the development of the disease.

An association between NEC and PRBC transfusion is recognized, with decreased nitric oxide in stored red blood cells and an exaggerated inflammatory response of the immature intestinal mucosa as possible causes (Paul et al., 2011). According to El-Dib, Narrang, Lee, Massaro, and Aly

(2011), transfusions increase blood viscosity, leading to bowel ischemia, which disrupts intestinal vascular tone and alters endothelial-relaxing mediators such as nitric oxide. A change in the balance between nitric oxide (a dilator molecule) and endothelin (a constrictor molecule) has been shown to play a significant role in the development of NEC (Martin, Fanaroff, & Walsh, 2011). The resistance of the superior mesenteric artery to blood flow has also been proposed as a contributing factor to the disease entity (Nankervis, Giannone, & Reber, 2008).

### Examination of Evidence

A literature review including five articles was conducted. The majority of the studies focused on the incidence of NEC and PRBC transfusion. A study by Mally, et al. (2006), sought to determine an association between PRBC transfusion and NEC by cohorting infants with NEC into two categories: a transfusion-associated group and a non-transfusion-associated group. Interestingly, all infants in the transfusion-associated group were stable, non-ventilated, gaining weight, and receiving full volume enteral feedings of either breast milk or preemie formula prior to the onset of NEC. The infants were electively transfused if they were clinically symptomatic or for a serum hematocrit of 30% or less. There were no intrauterine growth-restricted infants included in either cohort. The transfusion-associated group had higher incidence of pneumatosis, NEC, and death (Mally, et al., 2006).

In a retrospective review, Valieva, Strandjord, Maycock, and Juul (2009) also found evidence to support the claim that PRBC transfusions are associated with increased incidence of

## FEEDING INFANTS

Continued from page 3

NEC. Notably, NEC was not found in the non-transfusion-associated group. A large study by Paul, et al. (2011), was not able to establish a direct correlation between PRBC transfusion and NEC, but did reveal an association between the two factors. The authors suggest that decreased nitric oxide content in the transfused PRBCs, and an intense intestinal immune response are possible explanations of their findings. According to Nankervis, Giannone, and Reber (2008), nitric oxide is the primary vasodilator stimulus in the newborn intestine, and its production can be altered by a variety of chemical and mechanical stimuli.

The superior and inferior mesenteric arteries supply the intestine with oxygenated blood. Vascular resistance and blood flow are inversely related. Hence, the lower the vascular resistance, the greater the blood flow. High vascular resistance in the superior mesenteric artery (SMA) on the first day of life is predictive of the development of NEC (Nankervis, Giannone, & Reber, 2008). Using ultrasound technology, Krimmel, Baker, and Yanowitz (2009) examined mesenteric artery blood flow velocity (MBFV) in response to feeding in premature infants, postulating that the usual rise in MBFV after feeding would not be altered by a transfusion of PRBCs. The authors found no change in MBFV during feedings, suggesting feeding during transfusions may be safe. However, the authors note that the entire cohort of infants did not exhibit increased intestinal blood flow in the immediate post prandial, post transfusion state, concluding that this response immediately after transfusion

may make infants more susceptible to NEC secondary to hypo-perfusion (Krimmel, Baker, & Yanowitz, 2011).

El-Dib, Narang, Massaro, and Aly (2011) conducted a two-phase study to determine if a protocol change to withholding feedings during PRBC transfusion would decrease the incidence of transfusion-associated NEC. The study compared the incidence of transfusion-associated NEC in infants who were fed during transfusion, with that of infants whose feedings were held during transfusions. The authors concluded that a strict protocol of withholding feedings during transfusion was associated with a reduction in the incidence of NEC.

### Conclusions

Although the exact mechanism of injury leading to NEC is not fully understood, evidence strongly suggests that continuing enteral feedings during PRBC transfusion increases the incidence of the disease. However, the hypothesis of withholding enteral feeds during PRBC transfusion beckons further exploration as a preventative treatment strategy against the development of NEC. Conducting long-term studies involving large, multi-center trials would provide further data on mortality and morbidity outcomes. Also, evidence-based guidelines regarding the withholding of enteral feeds during PRBC transfusion would promote the development of a new standard of care. Identifying high-risk infants and implementing evidence-based practice are the best strategies in the prevention of NEC.

### References

El-Dib, M., Narang, E.L., Massaro, A.N., & Aly, H. (2011). Red blood cell transfusion,

feeding and necrotizing enterocolitis in preterm infants. *Journal of Perinatology*, 31, 183-187. doi: 10.1038/jp.2010.157

Krimmel, G.A., Baker, R., & Yanowitz, T.D. (2009). Blood transfusion alters the superior mesenteric artery blood flow velocity response to feeding in premature infants. *American Journal of Perinatology*, 26, 99-106. doi: 10.1055/s-0028-1090595

Mally, P., Golombek, S.G., Mishra, R., Nigam, S., Mohandas, K., Depalhma, H., & LaGamma, E.F. (2006). Association of necrotizing enterocolitis with elective packed red blood cell transfusions in stable, growing, premature neonates. *American Journal of Perinatology*, 23, 451-458. doi: 10.1055/s-2006-951300

Martin, R.J., Fanaroff, A.A., & Walsh, M.C. (2011). *Neonatal-Perinatal Medicine-Diseases of the Fetus and Infant*, 9th ed. St. Louis, Missouri: Elsevier Mosby.

Nankervis, C.A., Giannone, P.J., & Reber, K.M. (2008). The neonatal intestinal vasculature: contributing factors to necrotizing enterocolitis. *Seminars in Perinatology*. doi: 10.1053/j.semperi.2008.01.003

Neu, J. & Walker, W.A. (2011). Necrotizing enterocolitis. *The New England Journal of Medicine*, 364, 255-264.

Paul, D.A., Mackley, A., Novitsky, A., Zhao, Y., Brooks, A. & Locke, R.G. (2011). Increased odds of necrotizing enterocolitis after transfusion of red blood cells in premature infants. *Pediatrics*, 127, 635-641. doi:10.1542/peds.2010-3178

Thompson, A. & Bizzarro, M. (2008). Necrotizing enterocolitis in newborns: pathogenesis, prevention, and management. *Drugs*, 68, 1227-1238. Retrieved from EBSCOhost on September 12, 2011.

Valieva, O.A., Strandjord, T.P., Maycock, D.E., & Juul, S.E. (2009). Effects of transfusions in extremely low birth weight infants: a retrospective study. *Journal of Pediatrics*, 155, 331-337. doi: 10.1016/j.peds.2009.02.026

## 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

## FANNP 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:

■ On May 14th, 2012, **Dr. Terri Marin** received her PhD degree from Emory University with Summa Cum Laude honors. Her dissertation, “Mesenteric Perfusion Pattern Changes as the Result of Packed Red Blood Cell Transfusions in Preterm Infants” was also presented at the 2011 FANNP Conference. Dr. Marin has recently received a full time appointment as Research

Assistant Professor at the Nell Hodgson Woodruff School of Nursing, at Emory University, and joint appointment with the School of Medicine at Emory for NNP practice.

■ In December 2011, **Traci Powell**, MSN, NNP-BC, graduated from University of Florida’s School of Nursing with her MSN degree. She successfully passed the NCC exam in February, 2012. She is currently being interviewed by several Central Florida hospitals and is looking forward to utilizing her many years of nursing experience in nursing education in beginning her career as an NNP.

Congratulations and strong work to all of our June graduates, Dr. Terri Marin and Traci Powell, MSN, NNP-BC, for their exciting accomplishments! Do YOU have an exciting professional accomplishment you would like to share with us? If so, please email **TiffanyGwartney@gmail.com** with submissions. Thank you!

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  
2003 Madge Buus-Frank

2004 Leslie Parker  
2005 Kim Irvine  
2006 Karen Theobald  
2007 Ruth Bartelson  
2008 Cheryl Robinson  
2009 Gail Harris  
2011 Mary lee Kraus

**NOMINATIONS DUE BY JULY 15, 2012. Download an application at [fanpp.org](http://fanpp.org)**

## FANNP Scholarship Funds Available!

FANNP was founded to support the educational advancement of Neonatal Nurse Practitioners and remains committed to promoting education for NNPs.

Each year on December 31st, at least 10% of the available monies in the FANNP general operating budget are put in a scholarship fund.

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

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

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

during the application period.

- Preference will be given to those working towards a degree in neonatal health care.
- The application period for the 2012 scholarship is September 15, 2011 to September 15, 2012. (i.e. To be eligible for a 2012 scholarship you must have attended classes sometime between September 15, 2011 and September 15, 2012.)
- An applicant may receive a maximum of two scholarship awards for each degree sought.

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

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

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

## Are You, or is Someone You Know, Eligible for a 2012 FANNP Scholarship?

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

### *FANNP Scholarship Eligibility Criteria:*

1. Scholarship applicants must be FANNP members.
  - All members, student members and associate members are eligible.
  - Priority for scholarship award will be given to members, followed by student members and then associate members.
  - 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





## POCKET NOTEBOOK

*Diane McNerney DNP, NNP-BC*

# Basics of ECMO

*Part 3 of a 3 Part Series\**

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

## 2. Pulmonary System Management

- ECMO is used temporarily while awaiting pulmonary recovery

## 3. Cardiovascular System Management

- Systemic perfusion and intravascular volume should be maintained
- Volume status can be assessed clinically by urine output, physical signs of perfusion and by measuring the central venous pressure and the mean arterial blood pressure
- Cardiac output can be enhanced with inotropic agents
- Echocardiography should be performed to exclude any major congenital heart anomaly that may require immediate intervention other than ECMO

## 4. Mechanical Complications

- Clots in the circuit
- Mediastinal bleeding from damage to the internal jugular vein or dissection of aorta
- Failure of the entire circuit, including the oxygen source and oxygen blenders, may occur, as well as failure of circuit-monitoring equipment

## 5. Medical Complications

- Pericardial tamponade (from blood or air)
- Tension pneumothorax or hemothorax
- Respiratory failure
- Myocardial ischemia
- Electrolyte imbalance
- Massive hemorrhage (especially intracranial hemorrhage)
- Drug effects
- Overwhelming sepsis

## 6. Weaning ECMO

- Patient demonstrates adequate gas exchange
- Reasonable ventilatory settings
- Patient tolerates a pump flow of 10-20 mL/kg/min with the minimum of 200 mL/min
- Variable weaning times are followed in patients on ECMO

## 7. Mortality and Morbidity Associated with ECMO

- Mortality rate of 50% in newborns with diagnosis of congenital diaphragmatic hernia (CDH) and total anomalous pulmonary venous returns (TAPVR)
- Approximately 50% of reported deaths are due to severe bleeding complications
- High mortality rate in infants with a birth weight less than 2000 grams

### References:

Bulas D, Glass P. (2006). Neonatal ECMO: Neuroimaging and neurodevelopmental outcome. *Seminars in Perinatology*; 29(1):58-65.

Vidmar, I., Primozic, J., Kalan, G., and Grosek, S. (2008). Extracorporeal membranous oxygenation (ECMO) in neonates and children experiences of a multidisciplinary paediatric intensive care unit. Retrieved on 11/5/2011 [www.signavitae.com](http://www.signavitae.com)

*\*Although originally thought to be a 4 part series, we were able to condense the Basics of ECMO into 3 articles. We hope you have enjoyed the review and will find this information valuable to your daily practice.*

## Calling for Research Proposals...Grants From FANNP Available

The FANNP has research grant money available to qualified members! The objective of the grant program is to encourage Neonatal Nurse Practitioners to develop and carry out research projects in the area of neonatal care. These grants will help defray research expenses. Research in the role of the advanced neonatal nurse practitioner is encouraged.

Each year FANNP sets aside funds for the support of research projects. Award amount will vary based on number of applications received each year. Each applicant will be awarded one grant per project, and must be the principal investigator. Novice researchers as well as those with extensive research experience



are encouraged to apply. There is no deadline for grant submission; we accept applications year round and you will be notified via mail of reward amount. Grant recipients will be announced at our annual Business Meeting held during our Annual Symposium each

year in October.

FANNP research grant applications can be obtained by contacting the FANNP through the website at [conference@fannp.org](mailto:conference@fannp.org)

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

Save the date!

**23rd Annual Neonatal Nurse Practitioner Symposium: Clinical Update and Review**

*"The only review course for NNP's, by NNP's"*

**October 16-20, 2012 • Clearwater Beach, FL**



## 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 for over 20 years. LinkousRecruiting.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

- September, 2012 – ads must be received by August 17, 2012, and paid in full
- December, 2012-ads must be received by November, 11, 2012, and paid in full



## EDUCATIONAL OFFERINGS

### Perinatal Dilemmas Nurse Practitioner CE Conference

July 15-18, 2012  
Jackson Hole, WY  
[www.contemporaryforums.com](http://www.contemporaryforums.com)

### 2012 Annual Vermont Oxford Meeting & Quality Conference

October 13-14, 2012  
Chicago, Illinois  
Sheraton Chicago Hotel & Towers  
[www.vtoxford.org](http://www.vtoxford.org)

### The 23<sup>rd</sup> FANNP Neonatal Nurse Practitioners Symposium: Clinical Update and Review

October 16-20, 2012  
Sheraton Sand Key Resort  
Clearwater Beach, Florida

### Developmental Interventions in Neonatal Care

Orlando, Florida  
November 7-10, 2012  
[www.contemporaryforums.com](http://www.contemporaryforums.com)

### Hot Topics in Neonatology

December 3-4, 2012  
Omni Shoreham Hotel,  
Washington, DC  
[www.hottopics.org](http://www.hottopics.org)



## Reminder from the NCC

Just a reminder: All applicants who graduated in 2010 or later must take the NCC NP certification exam within 3 years of their graduation date as an entry into practice credential. The NCC Board of Directors recently adopted this policy to encourage NPs to take their certification examination soon after graduation. For those who graduated from 2005 to 2009, the last year they can take the exam without having to return to school is 2013. Those who fail to meet these filing requirements will have to return to school for a post-masters or DNP degree that meets NCC requirements in order to qualify. This also applies to those who graduated prior to 2005.

*Respectfully Submitted,  
Jacqui Hoffman, DNP, ARNP, NNP-BC*

## Bring it On Answers

See questions on page 12

**1. Answer is B.** Patients with Turner's Syndrome have cortical gonadal agenesis. Their phenotype is female internal and external genitalia with no ovum (infertile). Patients have normal intelligence, web neck, short stature, edema and are at increased risk for coarctation of the aorta.

**2. Answer is A.** The most common adverse effect of PGE1 infusion is apnea. Ventilatory status must be monitored during the initial phases of PGE1 administration. Other effects include flush, fever, hypotension, decreased heart rate, and seizure-like activity.

**3. Answer is B.** Infants of diabetic mothers have an increased incidence of left ventricular outflow obstruction, septal hypertrophy, ventricular septal defect, and aortic stenosis.

Dear ANA Advocate,

Do you ever wish you had more power to affect change? When combined with others who share the same concerns, one voice becomes immensely powerful!

The American Nurses Association has just announced a way for individuals to make their voices heard using a very popular social medium. It's called *ANA's eAdvocacy Center for Facebook*. As the Health Care Reform bill approaches its second year, you can install the Facebook app and keep all your friends informed regarding the actions you take to promote fair nursing and healthcare legislation issues.

Log into your Facebook account. Use the search bar to find "American Nurses Association" under the **Apps** (not Places or Pages). You can utilize the eAdvocacy app to sign a petition or send a letter to your lawmaker. Join today!





*Diana Morgan-Fuchs, ARNP, NNP-BCS*

The Florida Association of Neonatal Nurse Practitioners (FANNP) would like to acknowledge National Nurses Week by recognizing its members. Each and every one of you contributes significantly to the care of neonates and their families in multiple capacities. The FANNP would like to thank all of its members for their efforts and countless hours of commitment.

The American Nurses Association (ANA) celebrated the two-year anniversary of the “Patient Protection and Affordable Care Act” (ACA). The main focus of the law is to provide additional patient protection from insurers who may deny coverage due to pre-existing conditions. The law allows children ages 0-26 years to remain on their parents’ health insurance, as well as provides affordable health insurance for millions of Americans. At the end of March, despite the law’s active status, the Supreme Court heard oral arguments regarding the law being unconstitutional. The ANA participated in the oral arguments and submitted an amicus brief supporting the law. The ANA’s Chief Executive Officer, Maria Weston, PhD, RN, conducted interviews at a local radio station within close proximity of The Supreme Court, to discuss the ANA’s support of the ACA. The Supreme Court is expected to announce its decision in June.

One may question the importance of the ANA’s involvement in support

of the ACA. On behalf of the ANA, a three-part email series was initiated by AJ Pearlman of the Office of Intergovernmental and External Affairs by the U.S. Department of Health and Human Services. The email messages discussed the significance of the anniversary, and the impact the ACA has on the field of nursing. One such email offered the question:

How has the health care law invested in nurses?

The new health care law strengthens prevention and wellness efforts around the country and expands investments in primary care programs in which nurses play a vital role:

- Currently, 16,000 nurses work at community health centers providing primary and preventive care – including oral and behavioral health care – to about 20 million patients at more than 8,500 sites. Since the Obama Administration’s efforts to expand the health center program began in 2009, health centers have added about 3,000 nursing positions, including 800 in advanced practice.
- The National Health Service Corps (NHSC) places primary care providers in underserved urban and rural areas for at least two years in exchange for scholarships and for paying down their student loans. The health care law allocated \$1.5 billion over five years to grow the NHSC. The number of nurse practitioners in the NHSC has more than doubled to 1,750 since 2009. New in 2012, the State Loan Repayment

Program has expanded State-run programs to include registered nurses.

- Since 2009, the Nursing Education Loan Repayment Program budget has more than doubled. Under this program, RNs and Nurse Practitioners who work for two years in a facility with a critical nursing shortage can get 60 percent of their school debt paid.

- Under the Graduate Nurse Education Demonstration, a new Affordable Care Act initiative, CMS will provide up to \$200 million over four years to cover the costs of clinical training for advanced practice registered nurses to hospitals working with nursing schools (May 1, 2012, personal communication).

The ANA has begun an initiative called “The ANA’s eAdvocacy Center” to allow each and every nurse to be heard. The ANA’s eAdvocacy Center uses social mediums such as Facebook and Twitter to encourage Nurses and Nurse Practitioners to get involved in supporting nursing on a legislative level. Utilizing the ANA’s eAdvocacy Center Facebook App, provides Nurses with opportunity to sign petitions, send letters to their lawmakers, and share information with their Facebook friends by sharing Action Alerts. The ANA recognizes that together nurses have an immense power and can extend much needed support to The ANA’s legislative efforts. The ANA’s eAdvocacy Center App can be downloaded onto one’s Facebook page. For information and instructions visit the ANA website at [www.nursingworld.org](http://www.nursingworld.org). Sign up now and become an active participant in legislation that will shape the future of nursing.

Congruently, the 2012 ANA Lobby Day is quickly approaching. Log onto The ANA’s website, Facebook or Twitter to see firsthand how your voice can make a difference.

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*Bring it On...*

## **Practice Questions to Prepare for the NNP Certification Exam**

1. Turner's Syndrome (46XO) is associated with ambiguous genitalia and:
  - A. Virilization with normal uterus and ovaries.
  - B. Female external phenotype with dysgenesis of the ovaries.
  - C. Female external phenotype with abdominal testes.
2. What are the adverse effects of prostaglandin E1?
  - A. Apnea, flush, fever, hypotension, decreased heart rate, seizure-like activity.
  - B. Apnea, bradycardia, glucose instability, hypothermia, rhythm disturbances.
  - C. Seizures, respiratory failure, renal failure, decreased platelet aggregation.
3. Maternal diabetes is associated with which of the following congenital heart anomalies?
  - A. Congenital heart block, ventricular septal defect, and pulmonic stenosis.
  - B. Left ventricular outflow obstruction, septal hypertrophy, ventricular septal defect, aortic stenosis.
  - C. Ventricular septal defect, tetralogy of Fallot, myocarditis, patent ductus arteriosus.

*Answers on page 10*

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