

# FANNP NEWS



INSIDE: POCKET NOTEBOOK • LEGISLATIVE UPDATE • EDUCATIONAL OFFERINGS • BRING IT ON • LETTER FROM THE PRESIDENT • CONFERENCE UPDATE • SCHOLARSHIPS, POSTER AND PODIUM PRESENTATIONS

The Publication of the Florida Association of Neonatal Nurse Practitioners



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

This year marks the 50th year of the nurse practitioner (NP) degree program. Keep an eye on the American Association of Nurse Practitioners (AANP) website as they are gearing up to mark this milestone with a dynamic and engaging integrated public relations and public awareness campaign, leveraging national cable television, market-specific television spots on top shows, radio spots in select markets, on-the-ground events, and more. The campaign will reinforce NP's 50 years of leading the charge, and focus on building awareness among health care consumers and policymakers at the local, state and national levels.

The Florida Legislature began its 60-day annual regular session on March 3rd, 2015. It concludes (adjournment sine die) on May 1st, 2015. Currently, over 502 bills have been filed (1/22/15), and there are more to come. In the tradition of our legislative call-to-action to go to Tallahassee at the start of the new session, the Florida Nurse Practitioner Network (FNPN) is encouraging everyone to participate in Florida Nurse's Association (FNA) "Advocacy Days 2015", which are scheduled for March 24-25th in Tallahassee!

## 2015 Florida Hot Topics:

**Controlled Substance:** House Bill (HB) 281 "Prescriptive Medication" by Rep. Cary Pigman ( R-Sebring) is new bill content. This bill authorizes licensed physician's assistants (PA) and ARNPs acting under the direction of a supervisory physician to order medication & controlled substances for administration in hospital settings. The Senate version of the bill has not been filed yet.

**Full Practice Authority (FPA):** **BILL FILED February 2, 2015!** Our "train bill" that included FPA last year showed strong momentum. We will work harder this year to see new legislation filed to address ARNP full practice authority.

**Tele-Health:** There are numerous opinions on telemedicine. This bill is more physician-driven, excluding other professionals such as PAs and ARNPs. There is a need for telemedicine in Florida, especially in rural and underserved areas. Centers for Medicare and Medicaid Services (CMS) is making small steps that will allow for reimbursement.

## Tracked Senate Bills (SB):

**SB 476** (2015) Florida Mental Health Act, <http://www.flsenate.gov/Session/Bill/2015/0476>  
SENATE - Referred to Health Policy; Children, Families, and Elder Affairs; Rules

**SB 478** (2015) Telemedicine Services <http://www.flsenate.gov/Session/Bill/2015/0478>  
SENATE - Referred to Health Policy; Appropriations Subcommittee on Health and Human Services; Appropriations

## FANNP 2015 Conference Update

The Conference Planning Committee is working diligently to put together another fantastic conference for you. The 2015 conference is planned for the week of October 13th-17th at the beautiful Sheraton resort on Sand Key Beach! As always, we are scanning the horizon for the most current information and research to offer for Track A, and bringing many popular speakers for Track B. Again, there will be multiple opportunities provided for seeing old friends, meeting new friends, networking professionally, and simply having fun! Our Poster Session has become very popular, so if you or someone you know would like to display your hard work, please go to our website, [www.FANNP.org](http://www.FANNP.org) and submit your application for poster presentation! We hope to see you all there!



## Letter from the President

Hello FANNP members!

As I begin my second term as FANNP's president, I would like to share my thoughts regarding how we as neonatal nurse practitioners can make a difference in our profession and in the lives of our patients. Every one of us strives to provide quality care to infants and families in the NICU, but I would like you to ask yourself, is this enough? Is fulfilling our clinical duties enough to move the profession of nursing forward



and is fulfilling these duties enough to actually provide optimal care to our patient population? I suggest that 2015 is the year you consider expanding your professional role.

The Institute of Medicine (IOM) issued a strong statement regarding the importance of nursing in the future of health care and it is therefore time for all of us to step up and make ourselves heard. If we choose to sit back and let this unique opportunity slip us by, we may never have another chance for nursing to increase its influence on health care in this country. Nurses constitute one of the largest work forces in the country but unfortunately have no voice in health care change. This is largely due to nurses not being involved in the legislative process. Pick this year to become involved. At the very least, consider becoming a

member of your state or national nursing organization. For more information regarding legislative news, please see the legislative column in the FANNP newsletter.

The statement from the IOM cites the importance of nurses obtaining higher levels of education. Perhaps this is the year to consider obtaining a PhD or a DNP or if you have a certificate preparation, perhaps this is the time to advance your education. If you have a NNP certificate degree, many institutions will consider your experience level when developing your curriculum plan. If you are planning to further your education, consider applying for a FANNP scholarship to ease the financial burden (you can find the application on our website). Even if you aren't considering advancing your education, consider promoting the education of an upcoming NNP by agreeing to serve as a preceptor. NNPs willing to precept students are a rare commodity and this shortage impacts our ability to increase our workforce. Qualified and enthusiastic individuals are sorely needed to provide mentorship to the next generation of NNPs. Remember the sacrifice and commitment your own preceptor invested in your education and consider repaying this debt by precepting your own student. You can also increase the visibility of neonatal nurses and increase your knowledge base by becoming a member of a professional organization such as

the National Association of Neonatal Nurses, the Academy of Neonatal Nurses and the Florida Association of Neonatal Nurse Practitioners and by attending their educational conferences.

You can also consider contributing to both your professional growth and the future well-being of your patients by conducting either research or quality improvement projects. Many if not most of our current practices lack evidence to support their use and it is essential that we as neonatal nurses and NNPs become involved in identifying the best practices to provide quality care to our most vulnerable patients. FANNP also offers small research grants to assist you in expanding our knowledge regarding neonatal care (please see our website for application guidelines). If your plans include research or quality improvement projects, I encourage you to present a poster of your results at the FANNP conference or another neonatal conference. We also offer the opportunity to publish in our quarterly newsletter. We have an editorial board to assist you in this process which may be helpful to novice writers.

It is not too early to start planning for our upcoming conference – FANNP's National Neonatal Nurse Practitioner Symposium: Clinical Update and Review on October 13-17th, 2015 at the beautiful Sheraton Sand Key Resort in Clearwater, Florida. We are currently lining up nationally known speakers for both the review and advanced track. We are confident all NNPs from novice to expert can advance their knowledge at our annual conference. At the same time there will be networking opportunities, wonderful food, fun and of course plenty of sunshine.

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

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

### THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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## Legislative from page 1

### SB 514 (2015) Baker Act

<http://www.flsenate.gov/Session/Bill/2015/0514>

SENATE - Referred to Children, Families, and Elder Affairs; Appropriations Subcommittee on Health and Human Services; Fiscal Policy

### SB 532 (2015) Ordering of Medication

<http://www.flsenate.gov/Session/Bill/2015/0532>

SENATE - Referred to Health Policy; Appropriations Subcommittee on Health and Human Services; Appropriations

### Florida Election Recap:

Incumbent Republican Gov. Scott defeated Democratic challenger and former Gov. Charlie Crist in one of the state's nastiest gubernatorial races. Scott earned 48.2 percent of the vote, while Crist received a little over 47 percent.

A constitutional amendment that would have allowed physicians to prescribe medical marijuana for a host of conditions failed to earn the 60 percent vote needed for passage.

Republican candidates for the Florida House won the seats of six vulnerable Democrats, helping them earn the two-thirds seats needed for a "supermajority." This allows Republicans to easily override any vetoes by the governor and leaves Democrats without the ability to slow down or stop floor votes.

### What does this mean for nurses?

Pro-nurse officials such as the Agency for Health Care Administration (AHCA) Secretary Liz Dudek, who has spoken twice at FNA's Lobby Days (soon to be renamed Advocacy Days), will remain in office. In general, lawmakers respect nurses, recognize the need to for workforce expansion, want to protect patients and promote public safety. The outcome of the 2014 elections are less about Democrats and Republicans, and more about who supports the agenda of organized medicine over the interests of the nursing profession. As of August, the Florida Medical Association's (FMA) political action committee had raised more than \$2 million, largely to support physician-friendly candidates and get them elected.

Through candidate interviews and voting records, your lobbying team keeps close tabs on which candidates support our issues and which do not. Overall, we've seen tremendous support on our issues from Republican leaders in the House and key members of the Senate.

Our champions include two Republicans

from Sebring; Rep. Cary Pigman, who was re-elected in the August primary without opposition, and Sen. Denise Grimsley, whose seat was not up for re-election this year. These legislators sponsored bills during the 2014 session that would have removed some of the practice barriers facing nurse practitioners.

Representatives Richard Corcoran and Matt Hudson, avid supporters of nursing issues, have been selected for key roles in House leadership by incoming House Speaker Steve Crisafulli. Rep. Corcoran will serve as chair of the powerful House Appropriations Committee, and Rep. Hudson has been nominated Speaker Pro-Tempore, second in command in the House.

In the Senate, President-elect Andy Gardiner has appointed Sen. Bill Galvano as Senate Majority Leader. Sen. Galvano was the sponsor of 2013 legislation that would have required all doctorate-prepared nurse practitioners to stipulate, while rendering patient care, that they are NOT a medical doctor. He also supported an amendment that would have limited telehealth services to physicians only.

Democrats in the Florida Legislature typically fight for state employees and labor union issues, which are important, albeit convoluted issues for FNA. The key Senators who rejected a proposal for state employee pension reform in 2013 and 2014 were Republicans. The pension reform issue is likely to return next year.

### Election Highlights:

Six incumbent House Democrats (Clelland, Castor Dentel, Stewart, Saunders, Danish, and Zimmerman) lost their seats to Republican challengers. This was a huge disappointment to the party but not surprising given that it was a midterm election, and Republicans are taking advantage of President Obama's diminished approval ratings.

Two incumbent House Democrats (Rep. Dwight Dudley and Rep. Jose Javier Rodriguez) defeated Republican challengers in close races.

In the Senate, incumbent Sen. Maria Sachs defeated Republican challenger Ellyn Bogdanoff. It was the only Senate race that was highly contested.

Although 20 of the 40 Senate seats were up for election this year, there were only two contested races involving incumbent Senators (Maria Sachs and Jeff Brandes). Both won re-election, meaning that the Senate remains as it was. Currently, there are 26 Republicans and fourteen Democrats.

Voter turnout was unusually high for a midterm election in the smaller, more rural

counties. Voter turnout was lowest in Miami-Dade County. Observers say that low voter turnout may have cost Crist the election.

Pam Bondi was re-elected as attorney general, defeating Democrat George Sheldon.

### National News

#### TOP FIVE TAKEAWAYS

- Senate Republicans gained seven new seats which means the Republicans now control the Senate. Republican Mitch McConnell of Kentucky is the Majority Leader who will help set the Senate agenda.
- Whether you were rejoicing about the Republican wins or devastated about the GOP-controlled House and Senate, we can agree on one thing; the next two years will likely bring more gridlock. Often with divided government, competing agendas make it very difficult to legislate around difficult, complex issues.
- American Nurses Association Political Action Committee (ANA-PAC) endorsed 71 bipartisan congressional candidates. Eighty-five percent of the endorsed candidates won their elections. Endorsement decisions were based upon candidate interviews, communications with ANA's constituent and state nurses associations, campaign information, voting records and polling results.
- AANP is pleased that a number of champions for nursing issues will be returning for the 114th Congress. Congresswoman and nurse, Lois Capps (D-CA), Greg Walden (R-OR), Jan Schakowsky (D-IL), David Joyce (R-OH), Senator Jeff Merkley (D-OR), and Senator Susan Collins (R-ME), among others!
- Thirty-six gubernatorial races had significant outcomes for party agendas. This will potentially impact Medicaid expansion in states such as Texas, Florida, Tennessee, Georgia and infrastructure spending in Florida, Georgia, Michigan, and Pennsylvania.

### WASHINGTON, D.C.

The Roundtable on Critical Care Policy applauded Senators Tammy Baldwin (D-WI) and Rob Portman (R-OH) who introduced bipartisan legislation to bolster federal resources and drive improvements for the U.S. critical care delivery system. The introduction in the Senate of the Critical Care Assessment and Improvement Act of 2014 comes as our nation's intensive care units (ICUs) and critical care infrastructure are being cast into the spotlight by the concerns over Ebola and other threats that could burden adult, pediatric and neonatal ICUs across the nation.

"LEGISLATIVE" continues on page 6



## EDUCATIONAL OFFERINGS

### Contemporary Forums Neonatal Pharmacology Conference

May 14-16, 2015

Hilton Scottsdale Resort & Villas  
Scottsdale, AZ  
www.contemporaryforums.com

### Nationwide Children's 2015 Neonatal/Perinatal Conference

May 20-22, 2015

Embassy Suites  
Dublin, OH  
www.nationwidechildrens.org

### Academy of Neonatal Nursing 15<sup>th</sup> National Neonatal Nurses Conference

September 17-19, 2015

Walt Disney World Swan & Dolphin Resort  
Orlando, FL  
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

30<sup>th</sup> 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 13<sup>th</sup>-17<sup>th</sup>, 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 1<sup>st</sup>, 2015**

**NOTIFICATION OF ACCEPTANCE: July 1<sup>st</sup>, 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.

## POCKET NOTEBOOK

*Diane Mc Nerney DNP, NNP-BC*

### Passive Cooling at a Non-Tertiary Birthing Center

- 1. Definition** - Hypoxic ischemic encephalopathy (HIE) is an acute or sub-acute injury of the neonatal brain in which the brain does not receive enough oxygen. HIE occurs in one to six per 1000 live term births. Twenty-five percent of infants with HIE will sustain childhood disabilities.
- 2. Pathophysiology** - HIE can be fatal; brain cells can begin dying after four minutes without oxygen. The final neuronal damage depends on duration and severity of the initial insult combined with the effects of reperfusion injury, which triggers apoptosis. Multi-organ involvement includes cranial nerves, kidney, lungs, liver, heart, intestines, and hematological system.
- 3. Clinical Course** - 30-60 minutes after the hypoxic ischemic encephalopathy (HIE) insult, there is a period of reperfusion where cellular energy metabolism is restored. This is followed by a latent phase where a secondary inflammatory reaction is initiated. Cerebral cooling needs to be started as early as possible in this latent phase, before the onset of secondary deterioration, leading to neuronal death. Abnormal neurologic examination in the first few hours after birth is the single most useful indicator that a brain insult has occurred.
- 4. Risk factors** - Placental abruption, uterine rupture, amniotic fluid embolism, tight nuchal cord, cord prolapse, maternal hemorrhage, trauma or cardio-respiratory arrest, severe and sustained fetal bradycardia.
- 5. Treatment** - Cerebral cooling needs to be started as early as possible in this latent phase, before the onset of secondary deterioration, leading to delayed neuronal death after 3 days. Thermal cooling helps protect the baby's brain by slowing the metabolism.
- 6. Inclusion criteria** - Infants > 35 weeks, birth weight >1800 gm, < 6 hours post birth, history of birth asphyxia and depression, Apgar < 5 at 10 minutes, continuous need for endotracheal or mask ventilation, umbilical cord pH < 7.0 with a base deficit > 16 mEq/L, moderate to severe signs of encephalopathy by Sarnat staging of HIE.
- 7. Prepare for transport with passive cooling** - Support vital organs, turn radiant warmer off, maintain target rectal temperature 33-34 degrees Celsius or 91.3-93.2 degrees Fahrenheit, avoid severe hypothermia, obtain rectal temperatures every 15 minutes, restrict IV fluids to 40-60 ml/kg/hour unless hypotensive, place UAC and UVC, maintain HR >100 and mean arterial pressure >45 (supports cerebral perfusion), avoid hypoglycemia, treat seizures, Obtain laboratory studies including a CBC and blood culture.
- 8. Physical exam** - Utilize Sarnat Staging to assess HIE

	Grade I Mild	Grade II Moderate	Grade III Severe
Alertness	Hyper-alert	Lethargy	Coma
Muscle Tone	Normal or increased	Hypotonic	Flaccid
Seizures	None	Frequent	Uncommon
Pupils	Dilated, reactive	Small, reactive	Varied, fixed
Respiration	Regular	Periodic	Apneic
Duration	< 24 hours	2-14 days	Weeks
Outcome	Unaffected	25% develop cerebral palsy	Disability or death likely

**9. Transport** - Cooling available on many neonatal transport teams.

**10. Follow up** - Neonates with a history of HIE are followed by their state neonatal neurological network.

#### References:

- Filippi, L., Bailey, J.E., & Cummings, J., (2014). Hypoxemia and neonatal encephalopathy. *Pediatrics*, 133(6), 1146-50. Florida Neonatal Neurologic Network. Retrieved September 6, 2014 from: [www.hopefn3.org](http://www.hopefn3.org)
- Marret, S., Jadas, V., Kieffer, A., (2014). Hypoxic-ischemia and encephalopathy in at-term newborn. *Archives in Pediatric and Adolescent Medicine*, 21(9),1026-34.
- Schierholz, E., (2014). Therapeutic hypothermia on transport: Providing safe and effective cooling therapy as the link between birth hospital. *Advances in Neonatal Care*, 14(5), S24-31.

## Legislative from page 3

Each year, over five million Americans are admitted into medical, surgical, pediatric, and neonatal ICUs, with the majority of these ICUs already operating at or near capacity every day. The care provided in the ICU, NICU and PICU is highly specialized and complex due to the extreme severity of injury or illness of the patients, often involving multiple disease processes in different organ systems simultaneously. Moreover, providers of critical care require highly specialized training because the care delivered in the ICU is technology-intensive, and outcomes often have life or death consequences.

“Lack of coordination on a national critical care strategy may jeopardize the nation’s ability to effectively and efficiently care for the growing elderly population or the seriously ill,” Senator Portman stated. “I’m pleased to introduce this commonsense legislation that will help ensure our health system is ready to treat those patients who are in need of extraordinary care.”

“This bill recognizes the unique challenges to critically ill patients and their providers. It also sets the stage for policymakers to engage federal stakeholders in a collaborative effort to better support and organize critical care research, facilitate the development of new treatments to improve outcomes for critically ill patients, and address dangerous shortages of trained critical care personnel,” said Dr. Jeffrey Grossman, the Roundtable’s Chairman Emeritus of the Board of Directors and Senior Associate Dean for Clinical Affairs, University of Wisconsin School of Medicine and Public Health. “This legislation would address many of the concerns about today’s critical care system, and would ultimately enhance the delivery of high-quality, cost-effective care to these patients,” Dr. Grossman concluded.

Among its provisions, the bill calls for an evaluation and assessment of the current critical care medical delivery system, including workforce capacity and resources; the establishment of a Critical Care Working Group at the National Institutes of Health to identify gaps in critical care research and strengthen partnerships to expand cross-cutting collaborative research; and the authorization of the development of a demonstration program to improve the quality and efficiency of care provided to critically ill patients.

The legislation was introduced for the first time in the Senate and serves as companion legislation to HR 2651, introduced in the House of Representatives by Representatives

Erik Paulsen (R-MN) and Jim Matheson (D-UT).

Joining the Roundtable as supporters of this legislation in a letter sent to Senators Baldwin and Portman were: American Association for the Surgery of Trauma; American College of Clinical Pharmacy; Case Management Society of America (CMSA); Children’s Hospital of Wisconsin; Cincinnati Children’s Hospital Medical Center; Eastern Idaho Regional Medical Center; Healthcare Leadership Council; Ikaria, Inc.; Institute of Social Medicine & Community Health; The Leapfrog Group; The Ohio State University Wexner Medical Center; R. Adams Cowley Shock Trauma Center, University of Maryland Medical Center; Trauma Center Association of America; University of Pittsburgh Medical Center (UPMC) Center for Health Security; and University of Wisconsin School of Medicine and Public Health.

### Newborn Screening Saves Lives Reauthorization Act!

The President has signed the Newborn Screening Saves Lives Reauthorization Act into law! The March of Dimes achieved a tremendous victory and were a huge voice for babies to get the healthiest start in life possible.

#### Of Concern:

The House of Representatives voted to pass the Save American Workers Act of 2015, HR 30 on January 8, 2015. ANA opposes this legislation, which would change the current definition of full-time work under the Affordable Care Act (ACA), raising it to 40 hours per week from the current definition of 30 hours. The ANA sent a letter to the House of Representative opposing this bill because the legislation would negatively impact individuals with jobs in which full-time employment involves less than 40 hours per week. This would include the 1.69 million RNs and APRNs who are employed by general medical and surgical hospitals, other specialty hospitals, psychiatric and substance abuse hospitals. Typically, RNs that work in a hospital setting work three day shifts, for a work week of 36 hours. If enacted, employers subject to the mandate would no longer be required to offer health insurance benefits to those working the regularly scheduled 36 hour work week. The Senate has not scheduled consideration of this bill and is unlikely to vote before the end of the month. The President made a statement that he will veto the bill. I will continue to monitor this issue closely.

## 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.

#### *FANNP Scholarship Eligibility Criteria:*

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

on length of membership and service to FANNP.

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](mailto:scholarships@fannp.org).



## CLASSIFIEDS

**Linkous & Associates, LLC**  
800.738.NNPs (6677)

**Info@LinkousRecruiting.com**  
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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](http://www.ensearch.com).

## 2015-2016 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

## BRING IT ON ANSWERS

from page 8

Answer is **C**;

Tobacco use during pregnancy causes intrauterine growth retardation which initially presents with decreased glycogen stores in the liver, which is most evident with abdominal circumference measurements.

Answer is **A**;

Dobutamine is indicated for short-term support for neonates with shock and hypotension. Do not administer dobutamine or other vasopressors via UAC. Dobutamine increases myocardial

contractility and oxygen consumption. Side effects include hypotension (if hypovolemic), arrhythmia, tachycardia, hypertension and dyspnea.

Answer is **C**;

Components of surfactant: 64% phosphatidylcholine, 11% protein, 8% cholesterol, 8% phosphatidylglycerol, 5% phosphatidylethanolamine, 2% sphingomyelin, 2% others.

### 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

- 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
- March, 2016-ads must be received by February 13, 2016, and paid in full.

**FANNP BOD**



## *Bring it On...*

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



1. A pregnant woman is smoking 2 packs per day of tobacco. Which fetal ultrasound measurement will help detect the most likely abnormality in this fetus?
  - A. Biparietal diameter
  - B. Femur length
  - C. Abdominal circumference
2. A neonate in septic shock is given dobutamine. The nurse practitioner should recognize that:
  - A. An increase in myocardial oxygen consumption is likely
  - B. Bradycardia is a common side effect
  - C. Dobutamine should be administered via UAC or other central line
3. Which component makes up the greatest proportion of surfactant?
  - A. Protein
  - B. Sphingomyelin
  - C. Phosphatidylcholine

Answers on page 7

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