

FANNP NEWS



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The Publication of the Florida Association of Neonatal Nurse Practitioners



LEGISLATIVE UPDATE

by Ally Kayton, MSN, APRN, NNP-BC

On December 7, 2016, Congress passed the 21st Century Cures Act and on December 13, 2016 President Obama signed the Cures Act into Law. The President, while signing the bill paid tribute to both the bipartisanship and to his vice president who lost his son to brain cancer at the young age of 46. The President stated, “We are bringing to reality the possibility of new breakthroughs to some of the greatest healthcare challenges of our time. It is wonderful to see how well Democrats and Republicans in the closing days of Congress came together around a common cause. And I think it indicates the power of this issue and how deeply it touches every family across America.”

The 21st Cures Act is one that will bring about medical breakthroughs for some of our biggest health challenges. No matter where you live someone you know has been touched by cancer, the opioid epidemic or other devastating illness. The Cures Act makes significant investments in innovative technologies and research that could find a cure for diseases like Alzheimer’s, end cancer as we know it and provide treatment for those suffering from addiction. The 94 to 5 Senate vote followed a 392

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Umbilical Cord Blood: An Underutilized Commodity

Megan Glemza, University of Florida, DNP

Umbilical cord blood is a valuable yet underutilized commodity. A movement in healthcare that focuses on the incorporation of quality improvement and cost effective care places the clinician in a unique situation to evaluate and utilize resources efficiently (Carroll, 2015). Efforts to reduce the need for transfusion in extremely low birth weight and very low birth weight infants is a priority in the neonatal setting. The amount of blood draws ordered in this vulnerable population can lead to an iatrogenic anemia in a neonate with an otherwise small blood volume. Minimizing blood draws is a critical component in avoiding iatrogenic blood loss. The use of fetal blood that is often discarded can help decrease early phlebotomy losses on admission to the Neonatal Intensive Care Unit (NICU).

The goal of utilizing umbilical cord blood for admission labs is to avoid direct sampling from the neonate, initially. The fetoplacental circuit receives oxygen and nutrients through the trophoblastic membrane, a semi-permeable membrane that separates maternal and fetal circulation (Carroll, 2015). Typically, immediately following placental delivery, fetal blood is obtained from the umbilical vein, which is identical to the blood in the neonate. The blood obtained from the umbilical vein is placed in a sterile container and sent to the hospital’s laboratory (Baer, Lambert, Carroll, Gerdey, & Christensen, 2013).

In some facilities, this valuable blood is not utilized and is otherwise discarded. There can be an estimated 75 to 100ml/kg of total blood volume at birth in neonates (Carroll, Nankervis, Iams, & Kelleher, 2012). In the premature population, where they are more vulnerable

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Letter from the President

Hello FANNP members!

2017 starts our newsletter off with great news and information. We're pleased to congratulate our FANNP Grant recipient, Ashlee Vance, on her award and accomplishments. Ashlee's work will be posted in a future newsletter. We continue to have many opportunities for those seeking grant funding or scholarship assistance, and we always welcome submissions of scholarship abstracts. Please utilize these funds as they are there for you, our



FANNP members. Go to our website and review the scholarship/grant criteria and process.

The New Year also brings new opportunities for Florida NNPs.

We now have controlled substance privileges with the passing of HB 423. There are some restrictions; however, this is a huge step forward for our scope of practice as Nurse Practitioners and our patients. Please refer to the Florida Board of Nursing for additional education requirements that will now be mandated for Florida licensure renewals. FANNP will also try and keep you updated of changes with postings in our quarterly newsletter.

Finally, 2017 has already

proven to be a year of change and controversy for all. As NNPs, we will be experiencing change at both professional and personal levels with respect to health care reform. The passing of HB 423 proves that when united, WE can make a difference and have a huge impact. With that said, please remember the Nightingale Pledge, to be non-judgmental, non-biased and provide care with respect for others. Our ability to put patients first is the reason that the nursing profession continues to be the number one trusted profession. We can make a difference every day by being pillars in the community, hospital, and in our units. In a very tumultuous world with lots of uncertainty, I encourage us all to continue to show kindness and respect despite our differences. We are a community of practitioners that represent stability, honor, and pride in not only our own accomplishments, but in the lives of those we provide care for.

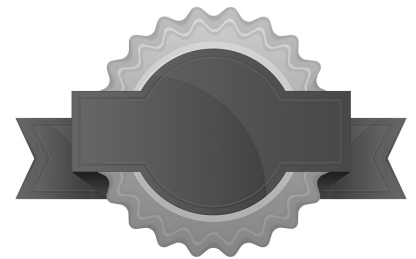
We at the FANNP organization will continue to strive to provide our members and readers the same degree of professionalism and non-biased reporting. Our goal is to simply present the issues that affect you via our FANNP Newsletter, Twitter, and Facebook page; we recognize that our job is to share changes in health care and their impacts on practice, and your job is to formulate your opinions about

such issues.

Continue to be proud of your profession, and I am honored to serve as your president for the remainder of my 2017 term.

Sincerely,

*Diana Morgan-Fuchs, NNP-BC
President, FANNP*



The Kim Nolan Spirit Award... In memory and honor of Kim Nolan

Do you know a special NNP? The Kim Nolan Spirit Award is given annually to a NNP who exemplifies Kim's exuberance and "can-do" attitude in service to profession, community, and/or family. Nominate someone today at award@fannp.org! Nominations are due July 1, 2017.

THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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to iatrogenic blood loss, neonates can experience up to 10% loss of blood volume with their first initial labs. This results in lower hemoglobin levels and increased risk for transfusion exposure (Baer et. al, 2013).

Endorsed approaches to preserve blood and to limit the amount of packed red blood cell transfusions are already in place for low birthweight infants. These approaches include, the implementation of delayed cord clamping/milking, early erythropoietin therapy, transfusion guidelines, and limiting the exposure to phlebotomy losses (Baer et. al, 2013). Taking advantage of utilizing the umbilical cord blood for admission labs is yet another approach to minimizing phlebotomy losses (Baer et. al, 2013). Baer and colleagues researched the feasibility of utilizing umbilical cord blood for admission labs (2013). They describe the practice and proper technique of lab draw from the umbilical vein by trained staff. An established, protocol driven procedure assisted several, trained staff members with proper technique and supplies to draw fetal blood from a cord segment. Even after desired delayed cord clamping, sufficient blood remains in the umbilical vein. In an effort to reduce early transfusion rate and maintaining a high blood volume, the authors conclude the method and feasibility of the procedure of umbilical cord blood utilization was successful with the added benefit of less vasopressor use seen in the first few days of life in very low birth weight infants (Baer, et. al, 2013).

Obtaining labs on NICU admission are diagnostic necessities. Carroll and colleagues performed a cross sectional study to evaluate

the accuracy of a common neonatal admission lab, complete blood count (CBC) with differential, comparing results from an umbilical cord blood sample and the blood sample directly collected from the infant (Carroll, Nankervis, Iams, and Kelleher, 2012). The white blood cell count, platelet count, bands & neutrophils, and hemoglobin were compared between cord blood samples and admission blood samples of 174 infants less than 35 weeks gestation. The authors summarized there were no significant statistical or clinical difference between the umbilical cord blood CBC with differential and the admission CBC with differential, declaring umbilical cord blood an acceptable replacement source yielding quick results. However, limitations of the study included clotted cord blood and inability to obtain the sampling from a cord segment (Carroll et. al, 2012).

Concerns have been raised regarding the rate of contamination of blood culture results from umbilical cord segments or placental fetal vessels (Carroll, 2015). Despite the advantages of the utilization of umbilical cord blood, there has been cases of documented cord blood contamination. In a study conducted by Polin and

colleagues (1981), a sample of 200 umbilical blood cultures revealed six positive cultures with only one considered to be clinically significant (Polin, Know, Baumgart, Campman, Mennuti, & Polin, 1981). Later studies focused on the collection technique as essential to ensure meaningful results (Meena, Charles, Ali, Ramakrishnan, Gosh, & Kunigal, 2015). The neonate, as well as the placenta, is delivered through a nonsterile environment. The importance of technique of a blood culture sample applies equally to either cord blood or neonatal samples. Variations of technique and volume of blood can alter reliable results. Carroll, 2015, recommends the use of povidone-iodine and alcohol swabs cleaning the base of the cord insertion, following the cord up 8 to 10cm and allowing for adequate dry time prior to aspiration of blood. Furthermore, utilizing umbilical cord blood for the inoculation of blood culture bottle allows for a specimen with more volume.

Blood type and coombs is frequently determined from umbilical cord blood in many facilities, which is endorsed by the American Academy of Pediatrics Subcommittee for hyperbilirubinemia. Concerns arise from utilizing umbilical cord blood typing for neonatal blood transfusion due to the possibility of contamination of maternal cells. According to Carroll & Christensen (2015), umbilical cord blood is an appropriate source for blood type and antibody screen testing. The authors suggest using caution when collecting these umbilical samples due to the possibility of operator error if the needle is inserted through the fetal vessel, accidentally aspirating maternal cells.

Obstetric acceptance can pose as a barrier when asked to approach the umbilical vein



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blood sampling differently for the purpose of an uncontaminated blood culture. Potentially, a “cord blood bundle” can assist the obstetric team in a successful collection of cord blood (Carroll, 2015). Further studies are needed to evaluate the lapse of time between the delivery of the placenta and the collection of the umbilical cord blood to avoid clotting of the blood. A posed barrier to the use of umbilical cord blood is the request of cord blood banking or donation from the parents.

Utilizing cord blood for initial lab work saves the neonate from the exposure of a lab draw, a painful experience, and loss of circulating volume. Research has shown that cord blood laboratory tests such as, a complete blood count, blood cultures, blood type, antibody screen, and newborn metabolic screens are consistent and reliable with direct neonatal blood draw results (Carroll & Christensen, 2015). The utilization of umbilical cord blood for admission laboratory diagnostics is a promising practice in improving neonatal outcomes, with specific focus on reduction of iatrogenic anemia and improving the admission process due to timely lab results with quicker initiation of therapeutic intervention (Carroll, 2015). The valuable resource of umbilical cord blood is yet another way to improve patient outcomes and effectively promote resource utilization.

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to 26 House vote. The bill provides for \$4.8 billion in new funding for the National Institute of Health; of that, \$1.8 billion is reserved for the “cancer moonshot” launched by Vice President Biden to accelerate research in that field. Another \$1.6 billion is earmarked for brain diseases including Alzheimer’s. Also included are \$500 million in new funding for the Food and Drug Administration and \$1 billion in grants to help states deal with opioid abuse. Sen. Lamar Alexander (R – Tenn.), chairman of the Health, Education, Labor and Pensions Committee, called this bill a “Christmas Miracle that will help every American family”. The bill had some very vocal critics such as Senator Bernie Sanders (I-Vt.) and Elizabeth Warren (D-Mass.) who said this bill changes the drug approval processes and gives big pharma too many concessions. Public Citizen, a progressive activist group, also opposed the bill. However, the bill had huge support from many Democrats. Rep. Diana DeGette (D-Colo.) and Sen. Pat Murray (D-Wash.) helped with key provisions to boost funding of research. The following are the 5 ways the Cures Act invests in President Obama’s priorities in Science and Health:

- Finally funds the fight against the opioid epidemic to provide the resources and treatment people need
- Supports the Vice President’s Cancer Moonshot to transform cancer research and accelerate discoveries
- Invests in the President’s signature BRAIN Research Initiative to tackle diseases like Alzheimer’s
- Provides needed resources to expand the President’s Precision Medicine Initiative to find cures and better tailor treatment
- Includes important, bipartisan mental health policies that address

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Answers to Bring It On:

1. C - This thermo-neutral state is one in which body temperature is maintained within a normal range with the minimization of calorie expenditure and oxygen consumption.
2. A - The first step in the scientific process is to develop a research question. Researchers generally proceed from the selection of broad areas of interest to the development of specific questions that are amenable to empirical inquiry.
3. B - Tachypnea, a rate above 60 breaths per minute after the first hour of life, is the first symptom of respiratory (and often other) diseases. As a compensatory mechanism, tachypnea attempts to maintain alveolar ventilation and gaseous exchange. As a de-compensatory mechanism, tachypnea increases oxygen demand, energy output, and the “work” of breathing.

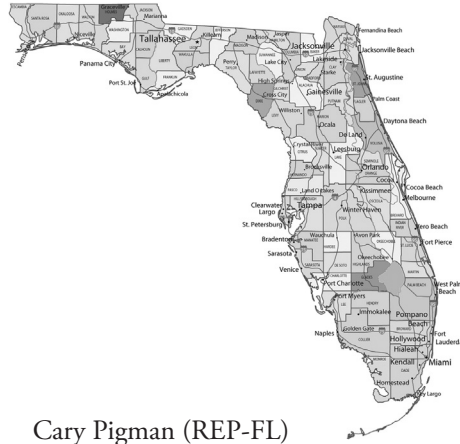
suicide prevention, serious mental illness, and more

The bill was signed at the South Court Auditorium of the White House. Vice President Biden joined by former West Virginia Senator David Grubb added their emotional feel to the signing. Biden discussed the death of his son and Senator Grubb discussed the death of his daughter, a recovering heroin addict who after knee surgery was prescribed 50 OxyContin despite her medical history of drug addiction.

President Obama led the crowd in a standing ovation for the vice president and stated it was a “bittersweet day”. The signing of this bill was likely the president’s last public signing ceremony.

Florida Legislation Florida Pre-files 2017

- **Bill Number:** FL (R) HB 129- Rep. Rene Plasencia (REP-FL)
- **Title:** Advanced Registered Nurse Practitioners
- **Abstract:** Revises definition of term “medical director” to include certain advanced registered nurse practitioners (APRNs); authorizes APRNs to sign, certify, stamp, verify, or endorse document that requires endorsement of physician.
- **Bill Number:** FL (R) HB 477- Rep. Jim Boyd (REP-FL)
- **Title:** Controlled Substances
- **Abstract:** Provides that distribution of product containing heroin or fentanyl that results in death is manslaughter; adds certain synthetic opioid substitute compounds to list of Schedule I controlled substances; prohibits possession of more than 10 grams of specified substances; creates offenses of trafficking in fentanyl & trafficking in synthetic drugs; provides specified minimum terms of imprisonment & fines based on quantity involved in offense; re-enacts provisions.
- **Bill Number:** FL (R) HB 543- Rep.



- Cary Pigman (REP-FL)
- **Title:** Regulation of Nursing
- **Abstract:** Removes obsolete qualification to satisfy certain certification requirements for advanced registered nurse practitioner; requires certain continuing education courses to be approved by Board of Nursing; removes requirement that certain nursing program graduates complete specific preparatory course; provides requirements related to probationary status of nursing education programs.
- **Bill Number:** FL (R) SB 96- Sen. W. Greg Steube (REP-FL)
- **Title:** Eligibility for Appointment as a Medical or Clinic Director
- **Abstract:** Eligibility for Appointment as a Medical or Clinic Director; revising the definition of the term “medical director”, etc.
- **Bill Number:** FL (R) SB 228- Sen. Jeff Brandes (REP-FL)
- **Title:** Physician Orders for Life-sustaining Treatment
- **Abstract:** Physician Orders for Life-sustaining Treatment; Establishing the Physician Orders for Life-Sustaining Treatment (POLST) Program within the Department of Health; providing limited immunity for legal representatives and specified health care providers acting in good faith in reliance on POLST forms; authorizing emergency medical transportation providers to withhold or withdraw cardiopulmonary resuscitation or other medical interventions if presented with

POLST forms that contain an order not to resuscitate, etc.

- **Bill Number:** FL (R) SB 328- Sen. Denise Grimsley (REP-FL)
- **Title:** Regulation of Nursing
- **Abstract:** Regulation of Nursing; Removing an obsolete qualification no longer sufficient to satisfy certain certification requirements; requiring certain continuing education courses to be approved by the Board of Nursing; removing a requirement that certain nursing program graduates complete a specific preparatory course; if accredited and non-accredited nursing education programs must disclose probationary status, etc.
- **Bill Number:** FL (R) SB 394- Sen. W. Greg Steube (REP-FL)
- **Title:** Advanced Registered Nurse Practitioners
- **Abstract:** Advanced Registered Nurse Practitioners; if certified registered nurse anesthetists, to the extent authorized by a protocol established in collaboration with the medical staff of a facility in which the anesthetic service is performed, may determine, in collaboration with the responsible physician, the appropriate type of anesthesia, etc.
- **Bill Number:** FL (R) SB 634- Sen. Daphne Campbell (DEM-FL)
- **Title:** Involuntary Examinations Under the Baker Act
- **Abstract:** Involuntary Examinations Under the Baker Act; Authorizing physician assistants and advanced registered nurse practitioners to execute a certificate under certain conditions stating that he or she has examined a person and finds the person appears to meet the criteria for involuntary examination, etc.
- **Bill Number:** FL (R) SB 658- Sen. Kevin Rader (DEM-FL)
- **Title:** Special Risk Class of the Florida Retirement System

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- **Abstract:** Special Risk Class of the Florida Retirement System; Adding 911 public safety telecommunicators to the class; requiring such members to have their retirement benefits calculated in accordance with provisions for Regular Class members; specifying the required employer retirement contribution rates for the new membership subclass of 911 public safety telecommunicators, etc.

Federal Legislation

On February 7th, 2017, Congressman David Joyce (R-OH) introduced the Title VIII Nursing Workforce Reauthorization Act of 2017. He was joined by a bipartisan group of colleagues, including Reps. Tulsi Gabbard (D-HI), Doris Matsui (D-CA), Rodney Davis (R-IL), Suzanne Bonamici (D-OR), Patrick Meehan (R-PA), and Kathy Castor (D-FL).

The legislation would reauthorize and improve nurse workforce programs under Title VIII, which supports nurses practicing in rural and medically underserved communities. It also targets advanced nursing education, diversity grants, National Nurse Service Corp, nurse faculty loan forgiveness, and geriatric education. ANA was instrumental in the introduction of this legislation, and will continue to push for legislation that bolsters nursing education across all levels.

Encourage your Members of Congress to Support NPs Certifying Home Health Orders

Ask your Members of Congress to support legislation to make it possible for NPs to provide necessary services for their Medicare patients by allowing them to certify that patients under their care are eligible for home health care services. Passage of this legislation will reduce Medicare spending by eliminating duplicative services while also improving the quality and timeliness of care for the

beneficiaries who require home health services.

Encourage your Members of Congress to Support Improved Medicare Patient Access to Needed Diabetic Shoes

Ask your Members of Congress to introduce legislation that would authorize nurse practitioners (NPs) to certify their patient's need for therapeutic shoes. Passage of legislation addressing this issue will make it possible for NPs to provide this service, when necessary, for their Medicare patients. It will reduce Medicare spending by eliminating duplicative services while also improving the quality and timeliness of care for diabetic beneficiaries who need therapeutic shoes.

Encourage Members of Congress to Support Legislation to Allow NP Patients to be Counted in ACOs

The Affordable Care Act recognizes nurse practitioners as professionals eligible to participate in Accountable Care Organizations (ACOs). Under the Medicare Shared Savings Program, the statute prevents Medicare beneficiaries who receive their primary care services from NPs from being assigned to ACOs in the program. This restriction makes it impossible for NP practices to independently join or establish their own ACOs. If ACOs are to develop as practice models that improve patient access, quality and cost effectiveness, the exclusion of nurse practitioner's patients must be eliminated.

Conference Update



Hello Everyone! I hope your Holiday season was fun and everyone is well! I know the time seems to be going faster and faster! Your favorite Conference Planning Committee has already started planning this year's symposium, to be held October 17-21, 2017. As always, we have taken suggestions for speakers and topics from you, and have been searching for the best of the best! I want you to know, we really do take your suggestions and reviews seriously for our future conferences and events, so remember to add them to your evaluations. You are also welcome to communicate these suggestions via the FANNP website. We are working hard and looking forward to another great conference! Don't forget to join all of our networking events (Welcome Reception, Beach Party, and Poster Sessions) at the conference as well. If you or anyone you know has been working on a project for our tiny patients, please look into presenting for us and showing off your hard work!

Looking forward to seeing you all in October!

Thanks,

Mary Kraus, MSN, NNP-BC
FANNP Conference Chair

Florida Association of Neonatal Nurse Practitioners

BBN Foundation (Breaking Bad News)

by Diana Morgan-Fuchs, NNP-BC

Have you ever had a critical conversation with a family and thought, “I wish I could start over,” or, “I wish I didn’t say this or that?” More than likely we all have said that at some point, and we all have room to improve on our delivery of bad news. There are actually opportunities for NNPs to get involved in this program, to learn and help your fellow NNPs, Residents, Fellows and Neonatologist to be better communicators when it comes to the delivery of bad news. Dr. Orsini, a Neonatologist, is one of the founders of the BBN Foundation and he recently lectured at the FANNP conference on this topic. I have personally been at the bedside with Dr. Orsini and now understand the details of how this program can make any healthcare provider a better communicator by recognizing key components.

The mission of BBN is “improving healthcare through better communication.” It is a program to help healthcare providers communicate difficult information in a compassionate and effective manner. Communication skills are often difficult to master, and few MDs, NNPs, and PAs are formally trained on how to communicate to patients and their families. The BBN model is based on the educational theory of experiential learning, which is formed by the premise that one must experience something before it can truly be understood. The BBN Model consists of 3 important parts:

1. Participation in improvisational role-playing sessions with professional actors who portray patients or family members.
2. Role-playing sessions are watched remotely by BBN certified instructors.
3. Immediately following the role-playing sessions, participants are given the opportunity to review their videotaped sessions with BBN instructors. It is during this part that the all-important self-review and self-reflection occurs. BBN instructors make comments and suggestions.

How can you get involved with BBN?

www.BBNFoundation.org

Facebook: BBN Foundation

Twitter: @BBN Foundation

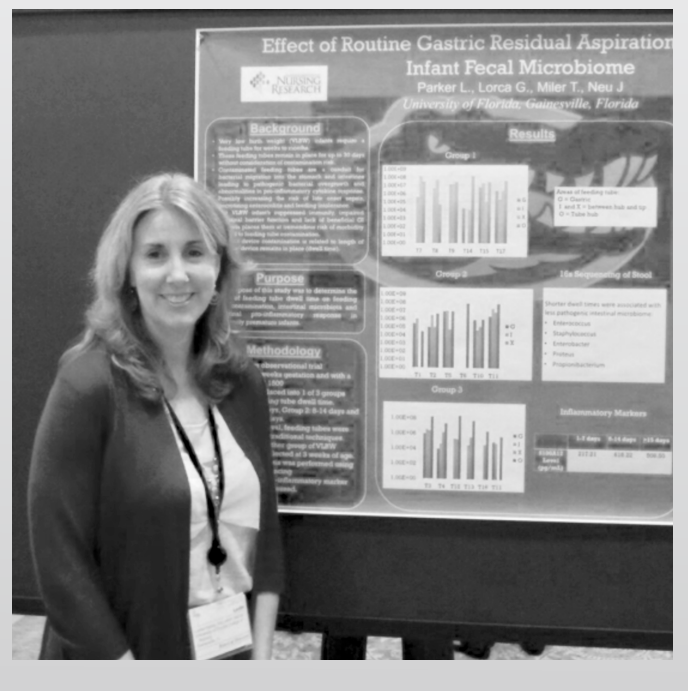
Classes offered at hospitals in New Jersey, Florida, Virginia, Texas, and North Carolina. Check the Calendar of Events for classes near you or email the foundation.



Brag Board

Dr. Leslie Parker was 1 of the 60 selected accomplished alumni recognized during the 60th Anniversary of the College of Nursing at the University of Florida (Gainesville). Dr. Parker is a clinical associate professor in the University of Florida College of Nursing. She has practiced as a NNP in the Shands NICU since 1990. Dr. Parker also has NIH-funded research, involving the nutritional support of the premature infant with an emphasis on breastfeeding infants in the NICU. She is currently funded by the National Institute for Nursing Research to study the risks and benefits of routine gastric residual aspiration and evaluation in very premature infants, as well as optimal timing of initiation of milk expression following the delivery of the very premature infant. She has been featured in many publications highlighting her research and expertise in neonatal nursing and nutrition of the premature infant.

Congratulations on this recognition Dr. Parker!



Food For Thought: The Apgar Score

The Apgar score describes the condition of the newborn infant immediately after birth and, when properly applied, is a tool for standardized assessment. It also provides a mechanism to record fetal-to-neonatal transition. Apgar scores do not predict individual mortality or adverse neurologic outcome. However, based on population studies, Apgar scores of less than 5 at 5 and 10 minutes clearly confer an increased relative risk of cerebral palsy, and the degree of abnormality correlates with the risk of cerebral palsy. Most infants with low Apgar scores, however, will not develop cerebral palsy.

The Apgar score is affected by many factors, including gestational age, maternal medications, resuscitation, and cardiorespiratory and neurologic conditions. If the Apgar score at 5 minutes is 7 or greater, it is unlikely that peripartum hypoxia–ischemia caused neonatal encephalopathy. If the Apgar score is less than 7 at 5 minutes, the Neonatal Resuscitation Program guidelines state that the assessment should be repeated every 5 minutes for up to 20 minutes. However, an Apgar score assigned during resuscitation is not equivalent to a score assigned to a spontaneously breathing infant. There is no accepted standard for reporting an Apgar score in infants undergoing resuscitation after birth because many of the elements contributing to the score are altered by resuscitation. The concept of an assisted score that accounts for resuscitative interventions has been suggested, but the predictive reliability has not been studied. To correctly describe such infants and provide accurate documentation and data collection, an expanded Apgar score reporting form is encouraged (Fig

Apgar Score				Gestational age _____ weeks					
Sign	0	1	2	1 minute	5 minute	10 minute	15 minute	20 minute	
Color	Blue or Pale	Acrocyanotic	Completely Pink						
Heart rate	Absent	<100 minute	>100 minute						
Reflex irritability	No Response	Grimace	Cry or Active Withdrawal						
Muscle tone	Limp	Some Flexion	Active Motion						
Respiration	Absent	Weak Cry; Hypoventilation	Good, Crying						
Total									
Comments:				Resuscitation					
				Minutes	1	5	10	15	20
				Oxygen					
				PPV/NCPAP					
				ETT					
				Chest Compressions					
Epinephrine									

Fig. 1

1). This expanded Apgar score may also prove useful in the setting of delayed cord clamping, in which the time of birth, the time of cord clamping, and the time of initiation of resuscitation can all be recorded in the comments box.

Recommendations:

1. The Apgar score does not predict individual neonatal mortality or neurologic outcome and should not be used for that purpose.
2. It is inappropriate to use the Apgar score alone to establish the diagnosis of asphyxia. The term asphyxia, which describes a process of varying severity and duration rather than an end point, should not be applied to birth events unless specific evidence of markedly impaired intrapartum or immediate postnatal gas exchange can be documented.
3. When a newborn infant has an Apgar score of 5 or less at 5 minutes, umbilical arterial blood gas samples from a clamped section of the umbilical

cord should be obtained. Submitting the placenta for pathologic examination may be valuable.

4. Perinatal health care professionals should be consistent in assigning an Apgar score during resuscitation; therefore, the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists encourage use of an expanded Apgar score reporting form that accounts for concurrent resuscitative interventions.

References:

American Academy of Pediatrics Policy Statement. Pediatrics. (2015). The apgar score. (vol. 146).



Aniridia in the Newborn

1. Definition

- Congenital partial or complete hypoplasia of the iris.

2. Epidemiology

- Rare, occurs in approximately 1 in 96,000 live births.
- Occurs equally in males and females.

3. Genetics

- Caused by mutation in the PAX6 Gene on chromosome 11.
- Three phenotypes are recognized:
 1. Isolated aniridia without systemic involvement (85% cases).
 2. Miller Syndrome -Marked by the WAGR Complex (Wilms Tumor, Aniridia, Genitourinary anomalies, and Retardation).
 3. Gillespie Syndrome- partial aniridia, cerebellar ataxia, and mental retardation.

4. Diagnosis

- Most cases diagnosed at birth with an obvious iris/pupillary abnormality.
- May be diagnosed in infancy with nystagmus secondary to foveal hypoplasia.
- Photophobia may be present.

5. Treatment

- Dependent on best-corrected visual acuity (BCVA), degree of iris hypoplasia, and presence of foveal and optic nerve hypoplasia.
- Evaluation for corneal involvement, cataract, and glaucoma.
- Optical lens correction for refractive disorders.
- Use of tinted lens for photophobia.
- Medical and/or surgical correction for glaucoma and cataract.

6. Prognosis

- Most individuals retain useful vision with appropriate ophthalmologic management.
- Later onset ocular abnormalities include cataract, glaucoma and corneal opacification and vascularization.

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You Might Be Eligible For A 2017 FANNP Scholarship Check It Out!

Please take advantage of this opportunity!
FANNP would like to distribute scholarship money to qualified candidates.

Scholarship Application 2017 Eligibility Guidelines

1. Applicants must be FANNP members.
 - a. All members, student members and associate members are eligible.
 - b. Priority for scholar award will be given to members, followed by student members and then associate members.
 - c. Priority for scholarship award will be based on length of membership and service to FANNP.
2. Applicants must be a licensed RN, ARNP, NNP or equivalent.
 - a. Preference will be given to currently licensed certificate NNPs working towards an advanced NNP degree.
3. Applicants must attend an educational program leading to a degree related to the health care field during the application period.
 - a. The application period for the 2017 scholarship is September 15, 2016 to September 15, 2017 (i.e. to be eligible for a 2017 scholarship you must have attended classes sometime between September 15, 2016 and September 15, 2017).
 - b. An applicant may receive a maximum of two scholarship awards for each degree sought.
4. Applicants will provide a short article, case study, practice pointer, evidenced-based practice update, or literature review to be published in the FANNP Newsletter.


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, a percentage of monies from 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.

To obtain a scholarship application contact FANNP via email scholarships@fannp.org. COMPLETED applications must be postmarked by September 15th each year.





Research Grant Recipient

*Ashlee Vance,
MA, RN, RNC-NIC*

Our first FANNP Research grant recipient of 2017 is Ashlee Vance, a PhD student at Duke University for her study titled “Trajectory of Parenting Confidence Among Parents of Infants with Complex Chronic Conditions”. Ashlee is conducting a mixed methods investigation to examine the development of Parenting Confidence (PC) over time in those caring for infants with complex chronic conditions (I-CCC). This is a longitudinal study to collect data at various time points following discharge of infants from the NICU. She will examine how contextual factors such as provider influenced care, family functioning, and infant caregiving complexity influence attainment of parenting confidence. Congratulations Ashlee!! We look forward to reading your study findings in the near future!

FANNP Newsletter Submission Calendar

Edition	Article Submission Deadline	Publish Date
March 2017	02/10/17	03/10/17
June 2017	05/12/17	06/09/17
September 2017	08/11/17	09/08/17
December 2017	11/10/17	12/08/17

Newsletter Editor will send article submission reminders at approximately one and two weeks prior to submission deadline via email.

EDUCATIONAL OFFERINGS

Academy Of Neonatal Nursing 14th National Advanced Practice Neonatal Nurses Conference

April 19-22, 2017

Hilton Hawaiian Village
Waikiki Beach, Oahu
www.academyonline.org

Academy of Neonatal Nursing 17th National Neonatal Nurses Conference

September 13-16, 2017

Westgate Resorts
Las Vegas, NV
www.academyonline.org

National Association of Neonatal Nurses (NANN)

33rd Annual Educational Conference

October 11-14, 2017

Omni Hotel Rhode Island Convention
Center
Providence, RI
www.nann.org

The 28th FANNP Neonatal Nurse Practitioners Symposium: Clinical Update and Review

October 17-21, 2017

Sheraton Sand Key Resort
Clearwater Beach, FL
www.fannp.org



Hot Topics in Neonatology

December 10-13, 2017

Marriot Marquis
Washington, DC
www.hottopicsonneonatology.org

CLASSIFIEDS

Linkous & Associates, LLC Neonatal Nurse Practitioner Recruitment Specialists

LinkousRecruiting.com
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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 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

POSTER & PODIUM PRESENTATION CALL FOR SUBMISSIONS

**SUBMISSION DEADLINE:
June 15, 2017**

FANNP is seeking abstracts for posters and podium presentations for the annual FANNP's National Neonatal Nurse Practitioner Symposium on October 17th-21st, 2017. 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

**MORE INFORMATION IS
AVAILABLE NOW AT FANNP.ORG**

Bring it On...



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

1. A thermo-neutral state is defined as:
 - A. A normal temperature range.
 - B. An infant whose temperature is maintained through a heated and humidified incubator.
 - C. Body temperature that is maintained with the lowest expenditure of energy and oxygen consumption.

2. The first step in the research process is to:
 - A. Identify the problem.
 - B. Review the literature.
 - C. Select a research design.

3. Tachypnea functions as a compensatory mechanism by attempting to:
 - A. Decrease the resistance of the narrow airways.
 - B. Maintain alveolar ventilation and gas exchange.
 - C. Stabilize alveoli by increasing trans-pulmonary pressure.

Answers on page 4

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