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The Publication of the Florida Association of Neonatal Nurse Practitioners

## LEGISLATIVE UPDATE

### Election Results and the Shape of the New Congress

Election Day was Tuesday, November 8th. In addition to the President, the entire House of Representatives and a third of the Senate were on the ballot. Republicans will retain control of both the Senate and House in the 115th Congress. The Senate will be comprised of 51 Republicans, 46 Democrats, and 2 Independents. There is still one senatorial race in Louisiana that will be determined in a runoff on December 10th. The House will be comprised of 238 Republicans and 193 Democrats, with 4 races yet to be called at the time of this writing (2 in California and 2 in Louisiana). The 115th Congress will convene in early January, and Donald Trump will be sworn in as the 45th President on January 20, 2017.

Donald Trump has completed his landmark quest and will become the nation's 45th President after a contentious and often divisive campaign. In addition, the Republican Party has retained control of both houses of Congress. This outcome marks a significant reversal from just a few weeks ago when a Hillary Clinton presidency was highly probable and even a Democratic party sweep of Congress was possible.

"LEGISLATIVE" continues on page 7



*Kim Nolan Spirit Award Recipient, Mary Beth Bodin, with FANNP Board Member, Jacqui Hoffman*

### Meet the 2016 Kim Nolan Spirit Award Recipient!

Mary Beth Bodin, DNP, APRN, NNP-BC has been an NNP for over 20 years. She has represented neonatal nursing on numerous national and state organizations. She is a well-respected educator, clinician, and author. Dr. Bodin demonstrates excellence in her educational endeavors by participating on the NANN/P Task Force on the development of the Competencies and Orientation Tool Kit for Neonatal Nurse Practitioners, as well as the development of Position Statement, Educational Preparation for Nursing Practice Roles in the NICU. She has spoken at the FANNP Annual NNP Symposium for several years. Currently, Dr. Bodin is the Chair of the FANNP Research Committee and is reviewer of abstracts submitted for the poster and podium

"AWARD" continues on page 4

# FANNP'S 2016 NATIONAL NEONATAL NURSE PRACTITIONER SYMPOSIUM



*FANNP would like to thank our sponsors for their support during this year's conference. Your generosity is appreciated! Happy Holidays!*

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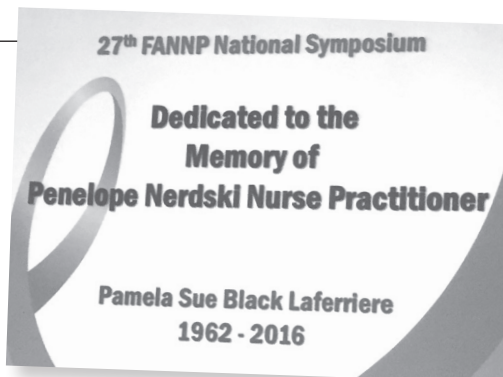
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# FANNP'S 2016 NATIONAL NEONATAL NURSE PRACTITIONER SYMPOSIUM

## Conference Update



The 27th National Neonatal Nurse Practitioner Symposium Clinical Update and Review was a great success! We had another group of very interesting speakers for the A Track as well as some new presenters in our B Track, all well received! It was fun renewing old friendships and forming new ones, as always. Our Halloween Party was great fun and the Poster Session was, again, very interesting. As usual, the weather cooperated and the beach was beautiful! The recorded version of the conference is now available, and you should have received an email with instructions to access it online. If you have any questions in this regard, please notify FANNP at [kt@fannp.org](mailto:kt@fannp.org).

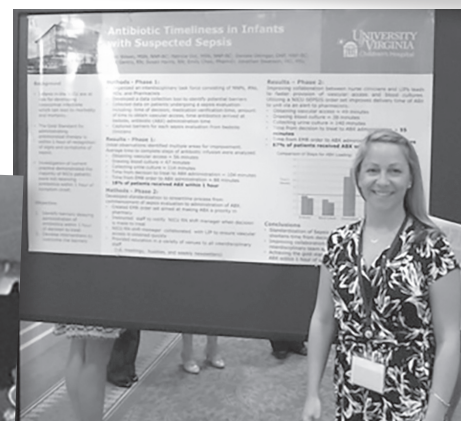
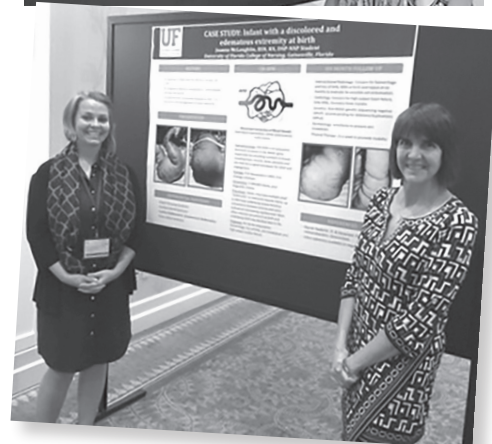
The Planning Committee has already begun working on ideas for the 28th Conference. Please forward any speaker suggestions to us by early January as we make every attempt to lock the speakers in at that time. Remember, this is your conference, make it work for you!

Thanks,

Mary Kraus, MSN, NNP-BC

FANNP Conference Chair

Florida Association of Neonatal Nurse Practitioners



## Letter from the President

Hello FANNP members,

The 27th annual FANNP symposium was a success once again. There were so many great lectures in both tracks. One of the highlights was the Poster presentation, which was diverse and intriguing. The presentations enlightened us to research and findings that will absolutely impact our practice in the tiniest babies. The Pumpkin-decorating contest revealed the more creative side of our NNP participants and everyone enjoyed the pumpkin patch display. It goes without



saying that it is the hard work and dedication of the conference planning committee that makes this conference exceptional year after year. Thank

you to each and every committee member.

The FANNP Board of Director elections have been decided and they will begin their service in January 2017. I would like to extend a warm welcome to our newest members to the Board. To those returning members, I would like to say thank you for your continued dedication and endless support. I am honored to say that I will continue as your President for another year in 2017 and in 2018 President-Elect, Tiffany Gwartney will begin her 2-year term.

The holiday season will soon be upon

us and that usually means busy times in the NICU's and in your personal lives. The unit's hectic schedules bring many challenges and time away from our loved ones. In the hustle and bustle, take a moment to stop and think of how many lives you touch each day. How blessed are these families to have your kindness, knowledge, and support in their lives at such an unfortunate time. Let that warm your soul and make you remember why we became nurses...to help nurture those that need help.

Happy Holidays and may the New Year bring health to you and your loved ones,

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

### AWARD from page 1

presentations.

Mary Beth has mentored many students and new NNPs in the International Leadership Program as well as the UAB NNP Program. Her mentees speak fondly of her caring and compassionate approach. Although quiet by nature, Dr. Bodin eloquently contributes to discussion at the FANNP meetings in a very open, positive manner.

Mary Beth is also an active volunteer in her community. She demonstrates a "can-do" attitude in her daily life as a nurse, NNP, and grandmother. There is no task too big for Dr. Bodin!

CONGRATULATIONS Dr. Bodin!



## Brag Board

On November 26th, Karen Theobald, MS, ARNP, NNP-BC, better known as "KT", retired from Johns Hopkins All Children's Hospital (JHACH) after 28 years of service.

In 1989, KT completed the NNP Certificate program at All Children's Hospital (ACH), and graduated with her MS from Stony Brook University in 1999. Prior to her service at JHACH, KT worked in Chapel Hill, where she led the transport team. She then applied her transport skill set as she led the transport team at ACH. KT is a rich resource regarding information systems and was instrumental in all of the NICU order sets created at ACH. The sheer volume of patients KT has cared for over the years is innumerable. The daughter of a longtime educator, KT has a natural gift for teaching and has oriented & mentored countless nurses, NNP students, NNPs, and medical residents. Aside from being an integral member of the backbone of the JHACH NICU, KT has spent numerous hours in service to her community among the homeless, HIV-afflicted and hospice populations.

We are blessed to have KT as an incredible resource on the FANNP Conference Committee! Congratulations on your retirement, KT! And thank you for your many years of wisdom, skill, kindness and generosity!

### THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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Paula Timoney

### NEWS FLASH

Get the latest news and updates from FANNP on the FANNP.org web banner. Also, don't forget to join us on Facebook and follow us on Twitter @FANNPorg!



## CASE STUDY: An infant with an edematous and discolored lower extremity

Joanna McLaughlin, University of Florida, DNP

*A privacy release form was collected and on file at the privacy office at UF Health at Shands for permission to share pictures/information of this patient.*

### Presentation

The patient was born at an outside hospital at 40 weeks gestation via spontaneous vaginal delivery to a 16 year old G1P0. The pregnancy and delivery were reportedly without complication, including an unremarkable prenatal ultrasound. The infant was transferred to a tertiary care NICU on the first day of life for further management of lower extremity enlargement and edema. The admission examination revealed a lower left extremity with purple discoloration beginning at the toes and extending up and over the buttocks and labia bilaterally. There were also several torturous superficial large branching varicosities on the skin of the left lower extremity and extending up the buttock. The left lower extremity appeared significantly larger than the right, and pulses were difficult to palpate yet verified with doppler. A small macule was also apparent on the right leg. Radiological evaluation for cardiomegaly, and bone hypertrophy were negative. Head and abdominal ultrasounds did not identify aneurysmal malformations. However, magnetic resonance angiography with time-resolved angiography and interleaved stochastic trajectories (TWIST) imaging revealed an extensive capillary venous malformation of the left leg, steal phenomenon from the left iliac artery, vascular diversion from the right leg, hypertrophy of the vasculature and



soft tissues of the left leg, and hypertensive veins that were at risk for hemorrhage. Due to the potential for high output cardiac failure, skin breakdown, and compromise of the left leg, the infant was transferred to a pediatric vascular center of excellence for consultation with a pediatric vascular surgeon.

### Pathophysiology

Capillary malformation- arteriovenous malformation (CM-AVM) is an autosomal dominant disorder first discovered in 2003. It occurs in 1:100,000 infants, although the true etiology is unknown due to poor diagnostic criteria and under recognition (Bayrak-Toydemir, & Stevenson, 2011). Affected individuals may have multiple small "birthmark" appearing capillary malformations and up to 30% of affected individuals may have more serious underlying AVMs. The genetic mutation occurs in the RASA1 gene, responsible for encoding an RAS protein in tissues including brain, muscle, bone, placenta and skin that are a signal transducer for vascular endothelial growth factor (VEGF) and subsequent angiogenesis. Phenotypes vary from mild pink macular stains, to severe fistulous connections between arteries and veins without an intervening capillary bed. Most often, multiple macules are present at birth and an underlying



AVM may develop later in life.

### Diagnosis

Diagnosis of CM-AVM is made from positive clinical findings and genetic testing of the RASA1 gene. If an AVM is suspected, extensive radiological evaluation of the head, abdomen, bones, and soft tissues should occur to evaluate for fistulas in other areas of the body and to rule out other RASA1 mutations, such as Parkes-Weber syndrome. A provider may consider performing a Doppler ultrasound over macules to evaluate the presence of an underlying AVM. If a vascular lesion is suspected, an MRA should be performed by interventional radiology to determine the need for treatment. Families may consider genetic testing and medical evaluation; an AVM has been found in at least 1 member of all the families with this mutation.

### Treatment

Infants with multiple capillary hyperpigmentations may require lifelong dermatological follow up to monitor for the development of an underlying AVM. If an underlying AVM is present, the patient requires embolization or surgery to prevent consequences including cardiac failure, skin breakdown, hemorrhage, and tissue necrosis. In this case study, the vascular center determined that due to normal heart function, a coil embolization could be deferred until the patient became unstable. Currently, the patient is undergoing periodic angiograms at 6 and 12 months of age to determine the need for intervention. Meticulous skin care is performed by the family with guidance from dermatology including



"CASE STUDY" continues on page 9

# Please Welcome Your Newly Elected Board of Directors

2016 was an election year and the first term of the newly appointed by-laws regarding the President's term. The change was implemented to decrease the presidency term from a 6-year commitment to a 4-year commitment. The Officer Transition Plan was developed and approved which resulted in the following changes:

- Term of President-Elect and Past President is one year in length instead of two.
- The President-Elect will succeed to the office of President one year after the election, with the President succeeding to Past President.
- In alternating years, there will be either a President-Elect or a Past President.
- There will be 8 members on the Board of Directors (BOD). The President will only vote in the event of a tie vote, or if a position on the BOD is vacant.

We are pleased to announce the following Board of Directors who will take office January 1, 2017:

## **Tiffany Gwartney, DNP, NNP-BC** **President Elect**

Tiffany is a full time assistant professor, part time neonatal nurse practitioner (NNP), and researcher. Dr. Gwartney graduated with her Master of Science in Nursing (MSN) degree from Vanderbilt University School of Nursing in 2010 and her Doctorate of Nursing Practice (DNP), also from



Vanderbilt University School of Nursing in 2015. Her research interests include education, neonatal diabetes, role transition for novice NNPs, simulation and the management of high-risk newborns in the delivery room. Her doctoral scholarly project was titled "Designing a Cyclical Continuing Education Program with Simulated Neonatal Resuscitation Skills Practice for Neonatal Nurse Practitioners". Dr. Gwartney is working towards implementing and publishing her scholarly work in hopes that other neonatal intensive care units (NICU) will adopt similar practices for regular resuscitation skill practice programs. In 2014, Dr. Gwartney was invited to present her poster regarding neonatal diabetes at the Academy of Neonatal Nursing (ANN) and Florida Association of Neonatal Nurse Practitioner conferences. Dr. Gwartney recently returned from Vancouver, BC, Canada where she presented her doctoral project at the 2016 Council of International Neonatal Nurses (COINN) conference as a podium speaker.

She is a member of Sigma Theta Tau (Iota Chapter) and is actively involved in several neonatal professional organizations: FANNP, COINN, ANN, National Association of Neonatal Nurses (NANN), American Academy of Pediatrics (AAP), and the National League of Nurses (NLN).

Tiffany enjoys traveling for pleasure, but has also found herself working triage in a children's clinic located in the remote village of Zapote, Guatemala, as well as teaching NICU RNs in Shanghai, China. Her enthusiasm for teaching continues to be evident in her roles as an active NRP instructor.

## **Sheryl Montrowl, MSN, NNP-BC** **Treasurer**

Sheryl has served as treasurer since 2008 and is willing to continue in her position for the upcoming election cycle. She has been instrumental in offering guidance to keep the organization fiscally fit during these tough economic times. FANNP is thankful for her past and future time as a dedicated Board Member. Sheryl received both her BSN and MSN from the University of Florida and is currently employed as an NNP in the NICU at UF Health Shands in Gainesville.



## **Anecia Carter ARNP, NNP-BC** **Secretary**

I have been practicing as a Neonatal Nurse Practitioner for 14 years in a level

3 NICU. I am a STABLE instructor, preceptor, research participant and previously I was an instructor for Baccalaureate Nursing students at DeSales University.

For two summers I was the medical providers for PALS Camp, a week away camp for children with Down's Syndrome. I am also a clinical director for Special Olympics. I have earned a second nurse practitioner degree as a FNP in which I work in a pediatric office for the past ten years. My greatest joy is when I have the unique opportunity to evaluate my NICU graduates at my pediatric practice.

I have been a loyal member of FANNP since 2003 and have attended each conference since. I am fortunate to have the experience to attend as a NNP graduate and then to attend as a certified NNP. Although I live in Pennsylvania, I enjoy being actively involved in FANNP as this organization has provided the NNP profession on a national basis- support and guidance to its members through conference activities. I feel my involvement on the Board of Directors given my experience as a NNP, and a long-time member of FANNP has enriched FANNP philosophy and further their mission. As a dedicated and loyal member to FANNP I feel motivated by the organization and members to volunteer my time to continue to sustain the growth and proprietary on a national level.



## **Members At Large**

### **Cori Raiken MSN, NNP-BC**

Hi friends! My name is Cori Raiken, and I am a Neonatal Nurse Practitioner at Winnie Palmer Hospital for Women and Babies in Orlando, FL. I've been a FANNP member since 2010. I obtained my BSN from Columbia University, and my MSN from



the University of Florida. Outside of work, I'm a huge Florida Gator and Tampa Bay Rays fan, I enjoy fishing / boating with my family, and I'm looking forward to becoming a first-time aunt in November!

### Harry Vannus MSN, NNP-BC

Hello my name is Harry Vannus, I earned my Diploma of Nursing from St. Boniface General Hospital School of Nursing in Winnipeg, Canada in 1991. I have



worked in Winnipeg, Texas, Kentucky, Alabama, Michigan and Ohio. I completed my Bachelors of Science in Nursing in 2003 at Capital University, and my Masters of Science in 2006 at The Ohio State University. After becoming Board Certified, I worked at Nationwide Children's Hospital in the bronchopulmonary dysplasia (BPD) unit for two and a half years before returning to Miami Valley Hospital NICU to continue in the NNP role. Miami Valley Hospital's NICU is a level 3 nursery with 60 beds.

My relationship with FANNP began in 2005 when as a NNP student I attended the review section of the annual conference. After a few years absence I have attended the conference religiously. The conference is a highlight that I look forward to every year, it is a time of relaxation, regeneration and review. The FANNP conference and organization are leading the progression and promotion of the Neonatal Nurse Practitioner as a profession.

### Jacqueline "Jacqui" Hoffman, DNP, NNP-BC

Jacqui joined FANNP as a NNP student. She was so inspired by not only the FANNP Board but also the members who offered a wealth of knowledge, that she wanted to give back to the organization and became the conference chair of the annual conference soon after graduating. She has remained on the conference planning committee and looks forward to assuring



quality content for the seasoned NNP as well as the student NNP studying for their certification exam.

She has served as President-Elect, President, and Past President and most recently as a Member-At-Large. She was part of the original Council for the National Association of Neonatal Nurse Practitioners (NANNP). She has collaborated with other NNPs and NNP Faculty and is a chapter author for a book to be published this Fall, Neonatal Advanced Practice Nursing: A Case-Based Learning Approach; all royalties from this book are being donated back to NANNP, especially for the establishment of scholarship(s) for NNP students.

She has been an NNP since 2001 and is currently working with the Tampa Bay Pediatric Medical Group. She completed her DNP in 2010 at the University of Alabama, Birmingham (UAB). She was the NNP Program Coordinator and Clinical Faculty at UAB for 5 years and for the past 5 years has been Adjunct Clinical Assistant Professor and the DNP-NNP Track Coordinator in the College of Nursing at the University of Florida, Gainesville.

### Paula M. Timoney, DNP, ARNP, NNP-BC

Paula has extensive experience in neonatal nurse practitioner education and practice. She is currently a Clinical Associate Professor in the Advanced Practice Graduate Nursing Program and Director of the NNP Program



at Stony Brook University in Long Island, New York. Paula has been faculty in the Stony Brook NNP Program since 1997.

Paula represented the Southeast region on the NANNP Council for four years. She served as the Co-chair of the 2014 Task Force to revise the NANN Education Standards and Curriculum Guidelines for NNP Programs; she was the co-author of the 2012 NNP Workforce Survey Report. Paula also served on the NANN Nominations Committee and the NANN Conference Planning Committee.

Paula was a founding member of the Florida Association of NNPs in 1989. She has served FANNP in many capacities,

including Vice President, President, Newsletter Editor, and Conference Planning Committee Member. In 2014, Paula was honored with the Kim Nolan Spirit Award from FANNP.

Most recently, Paula is an FANNP representative on the Florida Coalition of Advanced Practice Nurses. She is currently an at-large member on the FANNP Board of Directors and is a reviewer of articles submitted by scholarship applicants.

## LEGISLATIVE from page 1

While this outcome is certainly a shock to many, it is important to remember that the result isn't a surprise to the plurality of American voters that spoke their collective will at the ballot boxes on November 8th. The strength of a democracy is not in whether we like the outcome, but rather in how we accept the result as the voice and will of our republic.

### Lame Duck Session

As a result of the lame duck session, AANP will continue to work to move our priorities forward in the final days of the 114th Congress. One of the first actions taken by the House of Representatives upon their return to Washington DC was passing H.R. 2713, Title VIII Nursing Workforce Reauthorization Act of 2015. This bill would reauthorize Title VIII funding through Fiscal Year 2020 and was championed by Congresswoman Louis Gohmert (D-CA) and Congressman David Joyce (R-OH). We thank all of you who sent letters to your members of Congress through the AANP Advocacy Center in support of this legislation. The bill now goes to the Senate. Another priority for Congress in the lame duck session will be to pass a spending bill to fund the government until the new Congress convenes. Current funding expires December 9th.

While many things are promised on the campaign trail, all newly elected Presidents enter with a constrained ability to enact their agenda unilaterally. As a result, immediate and sweeping political changes are a process, which give markets and the American public time to digest and react. Although often derided by partisans, the

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## LEGISLATIVE from page 7

inability of a President to swiftly change policies is a strength of our political system, not a weakness.

Although some may feel like we took many steps forward over the past eight years only to take double those steps backward in this election, if you stop and look at the outcome of the election's democratic process as a whole, you can see reasons for hope:

- 4 states (Arkansas, Florida, Montana, and North Dakota) voted to legalize or expand medical marijuana.
- At least 3 states (California, Massachusetts, and Nevada) have legalized recreational marijuana use.
- 4 states (Arizona, Colorado, Maine, and Washington) voted to increase the minimum wage to at least \$12/hour, some also guaranteed paid sick leave.
- 5 states (California, Colorado, Maine, Missouri, and South Dakota) approved campaign reform measures encouraging transparency, openness, and accuracy.
- 2 states (California and Oklahoma) passed sensible criminal justice reform that focuses on rehabilitation instead of retribution.
- 2 states (California and Nevada) approved common-sense gun control reform.
- 3 women of color were elected to the Senate; the first female combat veteran, the first Latina, and the first Indian-American and biracial Senator.
- Oregon elected the first openly bisexual woman to a Governorship.
- The first Somali-American woman was elected to a state legislature.

### Florida Election Results

Republican Marco Rubio has beaten Patrick Murphy, a Democrat, for the Florida Senate Seat. It is likely we may see Rubio run for the Presidency in 2020.

All Florida House seats have been decided. Five switched hands, with three going to Democrats and two going to Republicans. Republicans have held 14 seats, while Democrats have held 8. Every House seat is up for election every two years.

In addition to the election coverage, Governor Scott signed HB 423 giving controlled substance prescribing authority

to ARNPs. The new law states they cannot write those prescriptions until January 1, 2017. Furthermore, ARNPs will be restricted to prescribing only those medications listed on a drug formulary. The Board of Nursing (BON) is required under HB 423 to assemble a committee of three physicians and three nurse practitioners, and a pharmacist to develop the formulary. The three NPs are Doreen Cessarino, DNP, FNP-BC, BC-ADM, FANNP; Vicky Stone-Gale, DNP, FNP-C, MSN; and Jim Quinlan, DNP, ARNP. Once the committee makes its recommendations – an action that was made by October 31, 2016 – the BON will initiate a process to put the drug formulary under its departmental rules. ARNPs who prescribe controlled substances prior to January 1, 2017 are subject to disciplinary action. To learn more, visit the BON website page dedicated to this subject at [www.floridanursing.gov](http://www.floridanursing.gov)

### Florida Legislative Session

In preparation for the 2017 Regular Legislative Session, please be advised that the schedule for interim committee meetings of the Florida House of Representatives are as follows:

- Monday, Jan. 9 – Friday, Jan. 13
- Monday, Jan. 23 – Friday, Jan. 27
- Monday, Feb. 6 – Friday, Feb. 10
- Monday, Feb. 13 – Friday, Feb. 17
- Monday, Feb. 20 – Friday, Feb. 24.

The Regular Session will convene on Tuesday, March 7, 2017.

### Controlled Substances Update

**\*UPDATE\*** - For clarification purposes, ARNPs will be unable to designate themselves as prescribers on their practitioner profile through our secure "Online Services" website until the system is updated on **January 2, 2017**. Please note that ARNPs will need to have first secured their DEA registration number **prior** to registering as a prescriber on the profile.

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**\*Effective January 1, 2017**

In accordance with section 456.44(2), Florida Statutes, an allopathic physician licensed under Chapter 458, an osteopathic physician licensed under Chapter 459, a podiatric physician licensed under Chapter 461, a dentist licensed under Chapter 466,

a physician assistant licensed under Chapter 458 or Chapter 459, or an advanced registered nurse practitioner certified under part I of Chapter 464 who prescribes any controlled substance listed as Schedule II, Schedule III, or Schedule IV narcotics as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must designate himself or herself as a controlled substance prescribing practitioner on the practitioner profile.

To designate oneself as a controlled substance prescribing practitioner as provided in section 456.44, Florida Statutes:

Visit our secure "Online Services" website at: <http://www.flhealthsource.gov/mqa-services>

If you have not created an account in our new Online Services Portal, click "No" and follow the instructions provided to complete your one-time account registration.

If you have already created an account, click "Yes" and log in using your MQA Online Services user ID and password. This is the same user ID and password used to renew your license online.

Under the "Manage My License" section, select "Controlled Substance Prescribing" and follow the instructions to indicate you are a prescriber of controlled substances for the treatment of chronic nonmalignant pain.

Note: The online system can assist you if you do not remember your login ID or password. If you are unable to login please call 850-488-0595 and a representative will assist you.

"Chronic nonmalignant pain" is defined as pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.

**Please Note: The above directions are in addition to acquiring a DEA registration number from the Drug Enforcement Administration first. To apply for a registration number or for registration support, please visit the DEA Office of Diversion Control website at: <http://www.deadiversion.usdoj.gov/index.html>**



## POCKET NOTEBOOK

*Diane McNerney DNP, NNP-BC*

### Neonatal Osteomyelitis and Septic Arthritis

#### 1. Definition

- Osteomyelitis- rare infection of bone and/or bone marrow.
- Septic arthritis- rare infection of a joint.
- Osteomyelitis and Septic Arthritis co-exist in up to 76% of cases.

#### 2. Risk Factors and Etiology

- Preterm infants more common than term.
- Mostly iatrogenic with direct inoculation of bacteria via procedures like heel stick or venipuncture.
- *S. aureus* (including MRSA) most common bacterial pathogen.
- GBS and gram-negative organisms also common pathogens.

#### 3. Pathogenesis

- Hematogenous infection, most frequently affecting long bones.
- Abscesses may rupture into the joint.
- Bone marrow compartment seldom involved.
- Complete destruction of joints rare, but serious growth disturbances may occur.

#### 4. Clinical Signs and Symptoms

- Local swelling or erythema
- Temperature instability
- Feeding intolerance
- Irritability and/or reduced movement

#### 5. Lab Findings and Diagnostic Imaging

- Leukocyte counts and erythrocyte sedimentation rates in first days may be reassuring.
- C-reactive protein (CRP) is useful as acute phase reactant.
- CRP and sedimentation rates useful to monitor therapy response or identify complications.
- Radiography-important to note that destructive bone changes do not appear for 7-10 days.
- Ultrasound, CT, and MRI.

#### 6. Treatment

- Successful treatment dependent on fast and true diagnosis.
- Antibiotic therapy to include coverage against *S. aureus*, GBS, and gram-negative bacteria.
- Treatment duration dependent on extent of infection, clinical response, and presence of underlying risk factors
- Surgery may be necessary to drain abscesses.

#### 7. Prognosis

- May lead to permanent joint disabilities.
- Disturbances in bone growth secondary to damage to cartilaginous growth plate.
- Arthritis, decreased range of motion, and pathologic fractures.

#### References

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- McPherson, D.M. (2002). Osteomyelitis in the neonate. Neonatal Network: Feb; 21(1):9-22.

## CASE STUDY from page 5

the application of emollients to prevent skin breakdown Cardiology is following the infant every three months to evaluate heart function. Physical therapy visits the home twice a week to promote the reach of developmental milestones in light of muscular hypertrophy. Pictures of leg improvement without intervention are included, courtesy of the family.

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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](mailto:scholarships@fannp.org).** COMPLETED applications must be postmarked by September 15th each year.



*Pictured are Karen Theobald (Scholarship Chair), Megan Glemza, Joanna McLaughlin, and Jennifer Powell*

### FANNP was pleased to award scholarships to the following recipients at this year's conference:

April Felton, Estero, FL, University of South Alabama (DNP)

Megan Glemza, Brooksville, FL, University of Florida (DNP)

Jennifer Humphries, Brandon, MS, University of Alabama at Birmingham (DNP)

Joanna McLaughlin, Lake City, FL, University of Florida (DNP)

Jennifer Powell, Gainesville, FL, University of Florida (DNP)

## BRING IT ON from page 12

### Answers:

1. **B-**The main factors involved in the regulation of sodium reabsorption are the oncotic and hydrostatic pressure in the peritubular capillaries and the action of the hormone aldosterone, which increases the absorption of sodium in exchange with potassium or hydrogen.
2. **A-**Cystic fibrosis is an example of an autosomal recessive dysfunction.
3. **A-**The most common cause of excess fetal androgen is an enzymatic deficiency in the cortisol pathway leading to excessive ACTH stimulation, adrenal hyperplasia, and excessive production of adrenal androgens and testosterone. Virilization is most commonly caused by absence of the 21-hydroxylase enzyme. Relative or absolute aldosterone deficiency is usually present producing salt loss and subsequent shock.

### 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

### Neo Conference

February 23-26, 2017  
Hilton Bonnet Creek  
Orlando, FL  
[www.neoconference.com](http://www.neoconference.com)

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

April 19-22, 2017  
Hilton Hawaiian Village  
Waikiki Beach, Oahu  
[www.academyonline.org](http://www.academyonline.org)

### Academy of Neonatal Nursing 17th National Neonatal Nurses Conference

September 13-16, 2017  
Westgate Resorts  
Las Vegas, NV  
[www.academyonline.org](http://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](http://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](http://www.fannp.org)



### Hot Topics in Neonatology

December 10-13, 2017  
Marriot Marquis  
Washington, DC  
[www.hottopicinneonatology.org](http://www.hottopicinneonatology.org)



## CLASSIFIEDS

### Linkous & Associates, LLC Neonatal Nurse Practitioner Recruitment Specialists

[LinkousRecruiting.com](http://LinkousRecruiting.com)  
800.738.NNPs (6677)

Since 1991, we've worked to exceed the expectations of both the candidate and the client, while making the search process seemingly effortless. There are some great NNP positions available nationwide. Let us help you find the opportunity you've been searching for.



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**[www.ensearch.com](http://www.ensearch.com)**

 <http://www.facebook.com/ensearch>

## Classified Advertising in the FANNP Newsletter

### Acceptance of Advertising

- Classified ads only
- Link on website for direct submission
- All advertisements are subject to review and approval by the Editor

### Ad Options

- May run ad in one newsletter or all year- 4 total newsletters, December, March, June, and September issues

### Cost

- \$50.00/ad each newsletter or \$150.00 for all 4 newsletters. No cash discounts.
- Payment must be received in full prior to the scheduled close date for the quarterly issue.
- Payments can be made through the PayPal

link on the FANNP website

### Format

- The classified ad section of the newsletter: will be limited to 1 page only with approximately 30 ads per page
- Ads will be processed on a first come first serve basis

### Closing Dates for Space and Advertising Materials is as Follows

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

## 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](http://FANNP.ORG)**

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Bring it On...



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

1. Which of the following statements about sodium regulation is accurate?
  - A. Sodium is filtered by the tubules and collecting ducts of the kidney.
  - B. Oncotic and hydrostatic pressure in the peri-tubular capillaries regulate sodium.
  - C. Sodium cannot be absorbed without chloride.
  
2. Cystic fibrosis is an example of:
  - A. An autosomal recessive dysfunction.
  - B. An autosomal dominant dysfunction.
  - C. An X-linked dysfunction.
  
3. A common cause of virilization in a female neonate is:
  - A. Congenital adrenal hyperplasia
  - B. Maternal estrogen therapy
  - C. True hermaphroditism

*Answers on page 10*

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