

# FANNP NEWS



**INSIDE:** CALL FOR NOMINATIONS • LETTER FROM THE PRESIDENT  
• DELIRIUM IN THE NICU • POCKET NOTEBOOK: GALACTOSEMIA  
• BRAG BOARD • LEGISLATIVE UPDATE • POST-HEMORRHAGIC  
HYDROCEPHALUS IN THE VLBW INFANT • CONFERENCE UPDATE •  
EDUCATIONAL OPPORTUNITIES • BRING IT ON AND MORE...

The Publication of the Florida Association of Neonatal Nurse Practitioners

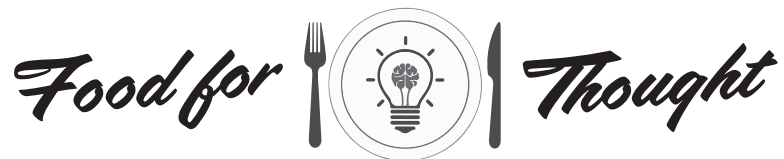


Happy summer everyone! I hope everyone is doing well and feeling the warm sun! The Conference Planning Committee has been hard at work getting things ready for our 33rd National Neonatal Nurse Practitioner Symposium, Clinical Conference and Review, which is set for October 11-15, 2022, at the Sheraton Sand Key in beautiful Clearwater Beach, FL.

FANNP leadership is planning a learning opportunity with multiple options for attendance:

- Limited on-site attendance.
- Virtual content for those unable to travel or wishing to stream from wherever you may be!
- Offering both the Advanced Track and Review Track
- After conference “On-Demand” Library to view sessions for review or CEU credits.

SEE “Conference” on page 5



## Delirium in the NICU

*Submitted by Christa Smith, MSN, NNP-BC*

Delirium is an acute, fluctuating disturbance in attention and awareness that develops during a short period of time and in association with a serious medical illness. Delirium can often be traced to one or more contributing factors, such as a severe or chronic illness, changes in metabolic balance, medication, infection, surgery, or alcohol or drug intoxication or withdrawal.

Delirium is prevalent in adult intensive care settings, and increasingly recognized as a common syndrome in the critically ill pediatric population with occurrence rates as high as >25% in the PICU. However, it has, until more recently, been rarely considered in the NICU. Delirium is associated with significant morbidity and mortality when left untreated; it is additionally associated with a prolonged length of stay, and adverse long-term outcomes. Further research is needed to investigate the prevalence and risk factors for developing delirium in the NICU and to explore possible treatment options. Initial treatment should focus on identification of delirium and reversal of the cause, with pharmacologic management reserved for patients with symptoms that do not resolve or that significantly impact medical care.

From the New England Journal of Medicine, “In two recent reports, investigators describe four critically ill neonates receiving care in a NICU. They had fluctuating agitation, motor restlessness, and unresponsiveness to increasing doses of analgesic and sedative medications (including morphine and benzodiazepines). All were hyperactive with poor attention spans, inconsolable crying, and inability to orient to a parent’s face or voice. The infants had significant congenital cardiac disease, and three were born prematurely. In these cases, environmental interventions (e.g., reducing sleep disruption and increasing presence of familiar objects or people) were not successful. In each case, a diagnosis of delirium prompted discontinuing benzodiazepine and/or weaning morphine. If delirium persisted, an atypical antipsychotic medication (risperidone or quetiapine) was prescribed and achieved resolution of delirium.”

Another recent cohort of 147 infants were screened using the Cornell Assessment of Pediatric Delirium tool, which has been validated in neonatal and infant

SEE “Delirium” on page 3

# Letter from the President

Hello FANNP members! I am so happy that summer has arrived. For my family, this means longer days outside and more time to enjoy with my dad. He lives on a lake, and my 2 teenagers know that as soon as school ends, we are headed his way! This is a bittersweet season, as my mother passed away in April. Family time together has a new meaning for us this summer.

We at FANNP want to say “Congratulations” to all our MSN graduates and future colleagues! As you prepare to take your certification exam, we hope that you review the fantastic content presented by our speakers. The FANNP Symposium offers on demand recordings from our 2021 conference, and these lectures remain available for purchase. Once you pass your boards – please share on social media and tag us in your post! You can find us on Facebook (Florida Association of Neonatal

Nurse Practitioners (FANNP), Instagram (@fannporg), or Twitter (@FANNPorg).

Registration for the 2022 conference is available now. The brochure and all confer-



*Colleen Reilly Moss*

ence information can be found on the website at [fannp.org](http://fannp.org). From the home page, click the ‘2022 Info and Registration’ button to download the schedule, and find links for

hotel reservations and online registration.

We will continue to offer our hybrid meeting with on-site, livestreaming and on-demand options for our 33rd National Neonatal Nurse Practitioner Symposium: Clinical Update and Review. There are limited spots for in-person attendance. Please register soon so that you can join us at the beach!

Nominations for the Kim Nolan Spirit award are due July 15th. Click on the “Spirit Award” link at the bottom of our FANNP webpage for more information.

Another important date to remember – the deadline for submitting an abstract for poster presentation is July 1, 2022. Our poster session is a great way to network with your colleagues at the Symposium! Check our website and additional details in this newsletter. Please share your hard work and expertise with us.

Did you know we have funds dedicated to supporting our nurse scholars? FANNP offers scholarships for members pursuing master’s or Doctorate degrees. FANNP scholarships supported my educational advancement when I worked full-time in the NICU and attended school. Scholarships are awarded yearly at the FANNP symposium, and these monies can be used for tuition, books, or any expenses incurred while in school. In addition to scholarships, FANNP accepts applications for grant funds throughout the year. You can find out about these opportunities and additional information on our website. FANNP is committed to supporting neonatal nurses and nurse practitioners as they achieve their professional goals. Mentors – please encourage a student you know to apply!

Finally, I would like to remind you that this is an election year. The deadline to submit your name for consideration is July 15th. Both in- and out-of-state members are encouraged to apply. Many of our meetings are virtual, and we welcome new faces to join our fantastic team. Additional information and requirements for each position are found on the website beneath the “Info for Members” tab at the bottom of the page.

Have a great summer, and I look forward to seeing you in October!

*Colleen Moss, DNP, APRN,  
NNP-BC  
President, FANNP*

## THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

### BOARD OF DIRECTORS

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## DELIRIUM

continued from pg 1

populations for identification of delirium. 22.4% screened positive for delirium and was most commonly found in infants on invasive mechanical ventilation or with underlying neurologic disorders.

Delirium in the NICU is an area of neonatology that has much opportunity for discovery. Further data from large cohorts of NICU patients routinely screened for delirium, and treated as indicated, are needed.

### References:

Groves A, Traube C, Silver G. Detection and Management of Delirium in the Neonatal Unit: A Case Series. *Pediatrics*. 2016 Mar;137(3):e20153369. doi: 10.1542/peds.2015-3369. Epub 2016 Feb 2. PMID: 26908706.

Liviskie C, McPherson C. Delirium in the NICU: Risk or Reality? *Neonatal Network*. 2021 Mar 1;40(2):103-112. doi: 10.1891/0730-0832/11-T-727. PMID: 33731377.

Siegel, E., Groves, A., Silver, G., Hojsak, J., Lim, A., and Traube, C. (2021, November). Delirium in the NICU: a point prevalence study. *American Academy of Pediatrics*. <https://publications.aap.org/hospitalpediatrics/article-abstract/11/11/e321/181220/Delirium-in-the-NICU-A-Point-Prevalence-Study?redirectedFrom=fulltext>

*Food for Thought is a quarterly addition to the FANNP Newsletter, where we discuss trending topics of importance in the Neonatal Intensive Care setting. We would love to hear what you and your colleagues are discussing currently in your workplace, and greatly value your input. Please feel free to send any "trending topics" that you would like to hear more about to newsletter@fannp.org. In the ever-changing world of neonatology, remaining cognizant of current practices is of vital importance to furthering our education as providers!*



### Become Involved with FANNP

Interested in writing? Want to add to your current CV and really stand out from the crowd? Maybe you just want to be a part of the amazing organization that is FANNP?! NOW is your chance to become involved!

I am searching for someone interested in writing a (very brief) column for the FANNP Quarterly Newsletter. Food for Thought is a quarterly addition to the newsletter, where we discuss trending topics of importance in the Neonatal Intensive Care setting. You get to pick the "trending topics" that you would like to share with your colleagues! If this sounds interesting to you, please email me at newsletter@fannp.org.

*Kind regards,  
Christa Smith, MSN, NNP-BC  
Newsletter Editor, FANNP*

## CALL FOR NOMINATIONS: FANNP Wants You!

This is an election year and positions are open for the FANNP Board of Directors (BOD)! The term of office is January 1, 2023 through December 31, 2024. All positions are a two-year commitment except for President-Elect. Responsibilities include attendance at BOD meetings, participation at the sponsored FANNP Symposium, and participation on established committees.

Available positions:

**President-Elect\***: Acts as President in their absence as designated, Chairs the Bylaws Committee, progresses to presidency upon completion of one-year term, and continues as Past-President following completion of two-year presidency term (four-year commitment).

**Secretary\***: Records minutes of all meetings, gives notice of all meetings, keeps bylaws and membership records, sends email blasts and Chairs the Communication Committee.

**Treasurer\***: Has charge and full knowledge of all Association funds, renders statement of financial condition of the Association for all meetings, and Chairs the Finance Committee.

**Member-At-Large\* (4)**: Serves on committees as assigned.

\*Please see website for a complete description of position.

To be eligible to run for a position, one must be a current member who has served on the BOD or an FANNP committee. To be eligible to run for a position as a Member-At-Large, one must be a current member with an interest in continuing the mission of FANNP. Student members and associate members are ineligible to run for office.

Please consider running for a position! We need your assistance to continue the important work of the FANNP!

Nominations are due by July 15, 2022. Send them to nominations@fannp.org. Ballots will be emailed to active members for voting by October 1, 2022. The voting window will be announced in the Fall edition of the FANNP newsletter. The voting window will close on Tuesday of the conference. The newly elected candidates will be announced at the FANNP Symposium Annual Member Brunch.

*Thank you,  
Gayla Kaye-Steed, MSN, NNP-BC  
Past-President, Nominations Committee  
Chair*

# Brag



# Board

FANNP would like to congratulate all new graduates! You did it, you rocked it, you EARNED it! Please keep us updated on your future accomplishments...we know there will be many!



Congratulations to Alisha Isbell, daughter of **Jennifer Humphries, DNP, CRNP, NNP**.

She graduated with her BSN from the University of Alabama on May 5th. She will be working in the ER and plans to return to graduate school. Below is a picture of Jennifer and Alisha at her nursing pinning ceremony.



Congratulations to **Ashlee Vance**, FANNP Grant Recipient who was the winner of the 2022 Advances in Neonatal Care Research Award for her research titled, "Patterns of Parenting Confidence Among Infants With Medical Complexity: A Mixed-Methods Analysis".

From this research, "There is a paucity of literature regarding confidence in parents of medically complex infants. Patterns of Parenting Confidence Among Infants with Medical Complexity adds nursing knowledge regarding confidence patterns and the role nurses can play in encouraging parent confidence. The methods section is well defined, and the discussion section offers recommendations for healthcare providers and researchers (based off the results) to assist parents develop confidence to ultimately improve outcomes."

Way to go, Dr. Vance!



**Terri Marin**, PhD, NNP-BC, FAAN, FAANP was a 2022 Keynote Speaker for the Gold Neonatal Online Conference in May. Dr. Marin's

presentation, "Physiologic Biomarkers to Detect Subclinical Acute Kidney Injury in Premature Infants", kicked off the Sixth Annual Neonatal Conference. Congratulations from all of us at FANNP, Terri!

Congratulations also to **Colleen Reilly Moss** for her publication in the May/June edition (volume 41, issue 3) of Neonatal Network. The article



is titled "Fluid and Electrolyte Management in the Neonate: Sodium and Chloride." Part 2 will be published in the July/August edition, "Fluid and Electrolyte

Management in the Neonate: Potassium and Phosphorus." Congratulations Dr. Moss!!

*Do you have a colleague, mentor, or student that you'd like to recognize for the Brag Board section of the newsletter? Or maybe you're the one doing some amazing work in the neonatal realm! Brag about it! Please email [newsletter@fannp.org](mailto:newsletter@fannp.org) to share these accomplishments.*

FANNP's 32nd NATIONAL  
NEONATAL NURSE  
PRACTITIONER SYMPOSIUM:  
CLINICAL UPDATE AND REVIEW

## On-Demand Library

FANNP invites you to "attend" the 2021 Annual Conference through the On-Demand Library.

You can view conference sessions and earn CEU credits at your convenience, in your comfy clothes.

You will have the opportunity to:

- Review current concepts, trends, and management practices appropriate for the care of the high-risk neonate.
- Access on-line handouts for download.
- Study and review for certification exams
- Earn up to 49 CEU credits

Registration for 2021 On-Demand Library is available until Aug. 15, 2022.

Audio-visual presentations and handouts available until Sept. 15, 2022.

To download the brochure or to register, visit our website [www.FANNP.org](http://www.FANNP.org)



**FANNP 2022 Conference  
Brochure and Registration  
are available now at  
[FANNP.org](http://FANNP.org)**

# Poster Presentation: Post-Hemorrhagic Hydrocephalus in the VLBW Infant Presented at the 2021 FANNP Conference

By Whitney Beal, RNC-NIC, BSN and Meredith McSwain, RNC-NIC, BSN

## POST-HEMORRHAGIC HYDROCEPHALUS IN THE VLBW INFANT

Whitney Beal, RNC-NIC, BSN and Meredith McSwain, RNC-NIC, BSN



Purpose	Case Presentation	Discussion
<ul style="list-style-type: none"> <li>The aim of this case study is to investigate current conservative management of post-hemorrhagic hydrocephalus in VLBW infants.</li> </ul>	<p><b>Maternal Prenatal and Intrapartum History</b></p> <ul style="list-style-type: none"> <li>33-year-old G2 P1, hx of infertility, conceived via in vitro fertilization (IVF)</li> <li>Pregnancy Medications: Betamethasone x 2, MgSO<sub>4</sub>, PNW, Vitamin D, ASA</li> <li>Stat c-section on 12/8/20 due to cervical dilation and footling breech presentation</li> </ul> <p><b>Infant Delivery &amp; DOL 0-14 Hospital Course</b></p> <ul style="list-style-type: none"> <li>Caucasian male infant of 25 5/7 weeks gestation, birthweight of 0.920 kg (AGA)</li> <li>Resuscitation with oxygen, oral suctioning, PPV &amp; endotracheal tube ventilation</li> <li>Curosurf x 2; Nitric Oxide 12/8-12/12; Mechanical ventilation 12/8-12/15</li> </ul>	<ul style="list-style-type: none"> <li>Hydrocephalus is the most common neurosurgical disorder in children worldwide</li> <li>Prematurity predisposes infants to IVH, affecting approximately 20-30% of infants born prior to 29 weeks gestational age</li> <li>In the United States hydrocephalus accounts for 0.6% of all pediatric hospital admissions, 1.8% of all hospital stays, and 3.1% of all hospital charges annually</li> <li>High-grade IVH (grade III) progresses to PHH in 25 to 75% of cases, with 15% needing CSF diversion treatment</li> <li>Multiple temporizing neurosurgical procedures exist, including:               <ul style="list-style-type: none"> <li>Lumbar punctures</li> <li>External ventricular drainage</li> <li>Insertion of a ventricular access device</li> <li>Ventriculosubgaleal shunt</li> </ul> </li> <li>VP shunt insertion is the final phase of treatment, used to redirect CSF into the peritoneal cavity</li> <li>VP shunts have a short survival time of approximately 73 months for children under the age of 2</li> <li>Shunt infection is a serious complication that can occur shortly after surgery (&gt; 70% occurring within 1 month and 90% occurring within 6 months)</li> </ul>
<p><b>Background</b></p> <ul style="list-style-type: none"> <li>Intraventricular hemorrhage (IVH) is defined as blood leakage into the ventricular space</li> <li>IVH is a detrimental neurologic event for preterm and very-low birth weight infants (&lt;1,500 grams)</li> <li>The pathogenesis of IVH involves the vascular fragility of the germinal matrix, inability to regulate cerebral blood flow, and high fibrinolytic activity</li> <li>Over 50% of IVH cases occur on day of life 1 and 90% by day 7, as confirmed by cranial ultrasound (CUS)</li> <li>In 35%-50% of cases with severe IVH subsequent development of posthemorrhagic hydrocephalus (PHH) occurs</li> <li>PHH is defined as progressive ventriculomegaly caused by disturbances in CSF flow or absorption post IVH</li> <li>In infants with PHH, 20% require surgical intervention</li> </ul>	<p><b>Hospital Course</b></p> <p><b>Day of Life 0-7</b></p> <ul style="list-style-type: none"> <li>Infant on HFJV, iNO, with high FiO<sub>2</sub> requirements</li> <li>DOL 7: CUS showed Grade 3 IVH (right) and Grade 1 (left)</li> </ul> <p><b>Day of Life 14 to 22</b></p> <ul style="list-style-type: none"> <li>CUS showed progression to PHH</li> <li>Repeat CUS on DOL 22: increased hydrocephalus, bilateral IVH</li> </ul> <p><b>Day of Life 29 to 35</b></p> <ul style="list-style-type: none"> <li>Three LP performed over a week-long period, per neurosurgery</li> <li>No significant change in degree of severe hydrocephalus</li> </ul> <p><b>Day of Life 36 to 43</b></p> <ul style="list-style-type: none"> <li>Infant transferred for mild area of patchy echogenicity, suggestive of developing periventricular leukomalacia (PVL)</li> <li>VAD placed on DOL 38, Infant returned on DOL 43</li> </ul> <p><b>Day of Life 44 to 58: Ventricular reservoir taps (7 total)</b></p> <ul style="list-style-type: none"> <li>Improved ventricle size, but continuous rebound enlargement</li> <li>Neurosurgery placed VAD with VP shunt (DOL 58)</li> </ul> <p><b>Day of Life 63 to 121: Increasing hydrocephalus left ventricle</b></p> <ul style="list-style-type: none"> <li>Neuroendoscopic fenestration of septum pellucidum to drain left CSF into existing VP shunt (DOL 115)</li> <li>Discharged home on DOL 121</li> </ul>	<p><b>Implications to Practice</b></p> <ul style="list-style-type: none"> <li>Antenatal steroid therapy is the most effective intervention in prevention of IVH.</li> <li>The goal of treatment is to prevent permanent brain injury, which can be accomplished via the reduction of ventriculomegaly and removal of blood products.</li> <li>Delaying placement of VP shunts until clinically necessary may be ideal for long-term outcomes.</li> </ul>



\*Abstracts for poster and podium presentations are submitted to the FANNP Planning Committee by FANNP members seeking to share their expertise on a topic pertinent to neonatology. This poster was submitted to FANNP for use with the author's permission.

## CONFERENCE

continued from pg 1

Whether you are on-site or streaming, you will be able to access the on-demand feature after the conference is over to access the content you didn't attend during the live event, with the possibility

of almost double the CEU's! A real bargain! The conference schedules, speakers, and registration are available now at FANNP.org. Log on to download the 2022 Conference Brochure. Stay tuned as we continue to develop the

conference you are accustomed to! Looking forward to "seeing" everyone in person or online soon!

Mary Kraus, MSN, NNP-BC  
FANNP Conference Chair



*Submitted by Ally Kayton, MSN, APRN, NNP-BC and Paula Timoney, DNP, APRN, NNP-BC*

## Federal Bills

**The Maternal and Child Health Stillbirth Prevention Act of 2022** was introduced in Congress on March 9, 2022 by Congresswoman Alma Adams (D-North Carolina), Congresswoman Ashley Hinson (R-Iowa), Senator Jeff Merkley (D-Oregon) and Senator Bill Cassidy (R-Louisiana). Healthy Birth Day, Inc., the nonprofit organization that created the Count the Kicks stillbirth prevention campaign, is proud to be the primary stakeholder of this important stillbirth prevention legislation.

The House and Senate companion legislation would add stillbirth and stillbirth prevention to Title V of the Social Security Act — something that has been lacking since the introduction of Title V back in 1935. Healthy Birth Day, Inc. helped initiate the legislation after discovering the omission of stillbirth from the most important piece of maternal health legislation in our country.

## National Task Force Guidelines

The National Task Force on Quality Nurse Practitioner Education (NTF), a coalition of 19 national nursing or-

ganizations, has developed a new set of standards designed to ensure quality in graduate programs that prepare nurse practitioners (NPs). The new criteria, titled 2022 Standards for Quality Nurse Practitioner Education (6th edition), will be used by nursing colleges and universities nationwide to update curriculum and clinical experiences to better prepare graduates for contemporary NP practice.

Since 1997 the NTF, which is co-facilitated by the American Association of Colleges of Nursing, and the National Organization of Nurse Practitioner Faculties (NONPF), has focused on sustaining high-quality NP education through periodic review and modifications of program standards and criteria. The consensus-based 2022 Standards for Quality Nurse Practitioner Education (6th edition) outline criteria to facilitate program quality and ongoing quality improvement through quality assessment, maintenance, and planning. With input from hundreds of individuals and organizations collected over a two-year period, this document delineates national standards for the development and assessment of NP programs. In brief:

- **Standard One** focuses on the institutional mission/philosophy/values and governance needed to advance NP program excellence.
- **Standard Two** focuses on the

resources - fiscal, human, student support services, learning, and physical resources - required for a quality program.

- **Standard Three** focuses on the curriculum necessary to prepare students for the NP role, including meeting national standards and outlining the depth and breadth of requisite knowledge and skills for student success.
- **Standard Four** focuses on the systematic evaluation process for ongoing quality improvement through assessment of program outcomes, resources, curriculum, faculty, and students.
- The new standards are degree neutral and apply to all types of NP programs. 18 organizations thus far have endorsed the 2022 standards, including the National Association of Neonatal Nurse Practitioners, the American Association of Nurse Practitioners, and National Certification Corporation.

This final version of the NTF Guidelines was published in April 2022. National Task Force guidelines have increased the clinical hours to 750 hours. This consists of 750 direct, hands-on, clinical hours; simulation does not count. Faculty: student ratios 1:8 in clinical courses; 1:24 in program.

\*Of note, anyone who graduated in 2020 - 2022 should take the NCC exam prior to Dec 31, 2022.

### References:

H.R. 7011- Maternal and child health stillbirth prevention act of 2022. (2022, March 9). Congress.gov.<https://www.congress.gov/bill/117th-congress/house-bill/7011/text?r=2&s=1>

National nursing organizations endorse new quality standards for nurse practitioner programs. (2022, April 7). American Association of Colleges of Nursing. <https://www.aacnnursing.org/News-Information/Press-Releases/View/ArticleId/25186/National-Nursing-Organizations-Endorse-New-Quality-Standards-for-Nurse-Practitioner-Programs>

## Pocket Notebook

Submitted by Sekinah Ajiboye, NNP-BC

### Galactosemia

**Definition:** Elevated blood levels of galactose due to deficiency of the enzyme galactose-1-phosphate uridylyltransferase which is encoded by the GALT gene (Los & Ford, 2021). Lactose is a disaccharide made up of glucose and galactose, and is the primary sugar source in breast-milk and most infant formulas. In infants with galactosemia, the toxic metabolites that build up are galactose-1-phosphate and galactitol (Los & Ford, 2021). It is primarily diagnosed through newborn screens.

**Signs and symptoms:**

Hepatomegaly, cirrhosis, jaundice, renal failure, feeding intolerance, vomiting, hypoglycemia, seizure, lethargy, intellectual impairment, and cataracts (Los & Ford, 2021).

**Assessment:**

- Monitor for signs of dehydration
- Assess neurologic status
- Assess for presence of bleeding and coagulopathy
- Assess for transaminitis

**Management:**

- IV fluids to ensure adequate hydration
- Frequent blood glucose checks due to increased risk of hypoglycemia
- Feed with soy based formula
  - In certain forms of galactosemia, a hypoallergenic formula might be indicated due to the presence of small amounts of bound galactose in soy formulas
- Treatment for hyperbilirubinemia as indicated
- Treat coagulopathy if present (Vitamin K, FFP)
- Sepsis rule out due to increased risk of E-coli bacteremia with galactosemia
- Empiric antibiotics pending blood culture results

**Images:**

- Abdominal ultrasound to assess the liver
- Head ultrasound if coagulopathic and concerned for intracranial hemorrhage

**Labs:**

Galactose 1 phosphate level, Urine galactitol, liver function enzymes, PT/INR, PTT, Fibrinogen, Bilirubin levels (Conjugated and unconjugated), blood cultures, CBC, CMP

**Consults:**

- Endocrine and Genetics
- Gastroenterology
- Infectious Disease
- Ophthalmology

**Long-term outcomes:**

- Mortality is up to 75%
- Long term morbidity includes: developmental delays, speech difficulties, low bone density, tremors, and ovarian insufficiency in girls (Los & Ford, 2021).

*Reference*

Los, E., & Ford, G.A. (2020). Galactose 1 Phosphate Uridyltransferase Deficiency (Galactosemia). PubMed; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK441957>

## EDUCATIONAL OFFERINGS 2022

Check with individual conferences for changes in dates, cancellations, or virtual status

**2022 Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) Convention**  
**June 25-29, 2022**

Gaylord Rockies Resort and Convention Center  
Aurora, CO  
<https://www.awhonconvention.org>

**Academy of Neonatal Nursing Fall Conference**  
**22nd National Neonatal Nurses Conference**

**September 7-10, 2022**  
Renaissance Palm Springs  
Palm Springs, CA  
[www.academyonline.org](http://www.academyonline.org)

**Vermont Oxford Network (VON) Annual Quality Congress**  
**September 8-11, 2022**

Chicago, IL  
[www.public.vtoxford.org/annual-quality-congress/](http://www.public.vtoxford.org/annual-quality-congress/)

**NANN 38th Annual Conference**  
**September 14-17, 2022**

Paris Hotel and Casino  
Las Vegas, NV  
[www.nann.org](http://www.nann.org)

**The 33rd FANNP Neonatal Nurse Practitioners Symposium: Clinical Update and Review**

**October 11-15, 2022**  
Sheraton Sand Key  
Clearwater Beach, FL  
[www.fannp.org](http://www.fannp.org)



**The Inaugural Alliance of Global Neonatal Nursing Convention**  
**October 17-21, 2022**

Waikiki, Oahu, Hawaii  
<https://alignnconvention.com>

**Neonatal Pharmacology Conference MUSC**

**November 9-11, 2022**  
Francis Marion Hotel  
Charleston, SC  
[www.medicine.musc.edu/education/cme](http://www.medicine.musc.edu/education/cme)

**Hot Topics in Neonatology**  
**December 4-7, 2022**

[www.hottopicsinneonatology.org](http://www.hottopicsinneonatology.org)



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

Each year FANNP sets aside funds for the support of research projects. Applications for funding are reviewed by the Research Committee. The Research Committee makes recommendations to the Board of Directors on proposals received. Members of the Research Committee are appointed by the Board of Directors. The grant application period is rolling—there is no deadline for grant submission. Grants will be awarded within six weeks following submission, based on the Research committee and BOD decision.

Please visit [www.fannp.org](http://www.fannp.org) for more details.

## Are YOU looking for a way to be involved with FANNP?

FANNP is seeking an organized, enthusiastic and creative individual to assist the current newsletter editor as co-editor. All FANNP Members and NNP students are eligible to inquire! If interested in further details, please contact Christa Smith at [newsletter@FANNP.org](mailto:newsletter@FANNP.org).

### Description:

- Correspond with FANNP board members and scholarship award winners to obtain various components of the newsletter
- Implement minor spelling, grammatical and APA format editing to components of the newsletter as needed
- Correspond with the printer to organize the newsletter
- Communicate with advertisers regarding newsletter ad placement and renewal
- Maintain advertising index for paid and/or expiring ads
- Compose year-end newsletter report regarding highlights and present at the annual business meeting
- Communicate with printer to maintain current FANNP website links and information
- Attend FANNP board member meetings
- Maintain newsletter archives on flash drive

### Eligibility Requirements:

- Must be a member of FANNP
- Must have a basic understanding of APA formatting, Microsoft Word, and grammar/spelling skills
- Must possess excellent communication skills

### Compensation:

- FANNP annual conference attendance – FREE!
- Two nights of conference hotel fees (as available per FANNP) – FREE!
- Networking with industry professionals



FANNP's National Neonatal Nurse Practitioner Symposium: Clinical Update and Review, 2022

## POSTER & PODIUM PRESENTATION CALL FOR SUBMISSIONS

**SUBMISSION DEADLINE:**  
July 1, 2022

FANNP is seeking abstracts for posters and podium presentations for the annual FANNP's National Neonatal Nurse Practitioner Symposium October 11-15, 2022. 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).

Those accepted will have the opportunity to participate in a Podium and Poster Presentation Workshop. The workshop discusses the necessary elements for abstract development, the process for virtual poster development, how to prepare a virtual poster Power-Point presentation and how to create an effective podium presentation. Consider sharing your knowledge and experience with others. Additionally, a Poster Presentation looks great on your resume and can make you shine brighter at your next performance review.

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**

# REMINDER

## FANNP Scholarships Available



Are you pursuing a degree in neonatal health care?

Help your budget and don't leave education money on the table. FANNP provides scholarships of \$1000 - \$2000 to nurses and NNPs continuing their education in neonatal health care.

Scholarship monies can be used for tuition, books or any expenses incurred while in school.

Applications for the 2022 FANNP Scholarships will be accepted until September 15, 2022. Scholarships will

be awarded at the Annual FANNP Business Meeting in October.

Educators, preceptors, and mentors encourage students to become a FANNP members and apply for scholarships.

Please see the scholarship eligibility guidelines in the newsletter or on the FANNP website and contact [scholarships@fannp.org](mailto:scholarships@fannp.org) for an application.



## FANNP Scholarship Application 2022 Eligibility Guidelines

1. Applicants must be FANNP members.
  - a. All voting members, student members and associate members are eligible.
  - b. Priority for scholarship awards will be given to voting members, followed by student members and then associate members.
  - c. Priority for scholarship awards 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 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 **2022 Scholarship** is September 15, 2021 to September 15, 2022 (i.e. to be eligible for a **2022 Scholarship** you must have attended classes sometime between September 15, 2021 and September 15, 2022).
  - 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 Dates to Remember

FANNP Grant.....	Ongoing
Poster Presentation Abstracts.....	July 1
Kim Nolan Spirit Award.....	July 15
Call for Nominations.....	July 15
FANNP Scholarship.....	Sep. 15
Conference On-Demand Library.....	Sept. 15
National Neonatal Nurses Week*... Sept. 12-18, 2022	
FANNP Neonatal Nurse Practitioner Oct. 11-15, 2022 Symposium: Clinical Update and Review*	
Nurse Practitioner Week*.....	Nov. 7-13, 2022

*\*Dates change annually*

## Newsletter Submission Calendar

Edition	Month	Article Submission Deadline	Publish Date
Winter 2021		11/06/21	12/04/21
Spring 2022		02/05/22	03/12/22
Summer 2022		05/07/22	06/11/22
Fall 2022		08/06/22	09/10/22

*In addition to the core components of the newsletter, we would love to hear what you have to say! Please send in anything you would like to see added to the newsletter, whether it is an interesting article, a hot topic in the neonatal world, or even a shout out regarding a fellow FANNP member who is doing awesome things! We want to hear from you! Please submit following the above guidelines to [newsletter@fannp.org](mailto:newsletter@fannp.org).*

## FANNP Online

Get the latest news and updates from FANNP, including valuable conference information at [www.fannp.org](http://www.fannp.org).

Also, remember to join us on Facebook and follow us on Twitter and Instagram @FANNPorg. There is so much valuable information here for your practice as an NNP! Be sure to tag us on social media and let us know when you PASS YOUR BOARDS!!



## The Kim Nolan Spirit Award... In Memory and Honor of Kim Nolan



*Kim Nolan*

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. This award is a very prestigious honor! To read more about Kim visit [www.fannp.org](http://www.fannp.org). The deadline for nominations is July 15, 2022. The winner is announced each year at the FANNP Annual Conference.

## Bring it On Answers

(Questions on page 12)


1. A- The fetal heart rate can be measured in one of three ways. Non-invasive methods include ultrasonic and surface electrode from the maternal abdomen. The most accurate (yet invasive) method of monitoring is placement of a small electrode into presenting fetal part. Placement requires rupture of fetal membranes. The tocodynamometer measures uterine activity.
2. C- The autonomic nervous system of a healthy, awake term fetus constantly varies the heart rate from beat to beat between about 5-25 BPM. Reduced beat to beat variability may result from depression of the fetal nervous system due to fetal immaturity, hypoxia, fetal sleep, or maternal medications such as narcotics, sedatives, beta blockers and Magnesium sulfate.
3. A- Congenital malformations occur two to four-fold higher in pregestational diabetes. Hyperglycemia during organogenesis (5-8 weeks) correlates directly with frequency of anomalies. Congenital anomalies in order of prevalence include congenital heart disease, CNS defects, urogenital defects, limb defects, orofacial clefts, and rarely yet highly associated with DM, sacral agenesis/caudal dysplasia. Most prevalent cardiac defects include TOF, transposition, septal defects, and anomalous pulmonary venous return. CNS defects include anencephaly, spina bifida, encephalocele, hydrocephaly, and anotia/microtia.

### References:

1. Dukhovney, S. and Wilkins-Haug, L. (2017). Fetal Assessment and Prenatal Diagnosis. In E.C. Eichenwald, A.R. Hansen, C.R. Martin, & A.R. Stark (Eds.), Cloherty and stark's manual of neonatal care (8th ed.) (p. 11). Philadelphia, PA: Walters Kluwer.
2. Gorman, T. (2017). Neonatal Effects of Maternal Diabetes. In E.C. Eichenwald, A.R. Hansen, C.R. Martin, & A.R. Stark (Eds.), Cloherty and stark's manual of neonatal care (8th ed.) (pp. 912-3). Philadelphia, PA: Walters Kluwer.

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Sobi, Inc. is an international biopharmaceutical company dedicated to rare diseases, with a focus in immunology, hemophilia, inflammatory, genetic, and metabolic diseases. Respiratory syncytial virus (RSV) is a leading cause of hospitalization in infants aged <1 year. High-risk populations include infants and children who are born prematurely and those with chronic lung disease or congenital heart disease. RSV hospitalizations in preterm infants have been increasing since 2014 and often result in ICU admission and the need for mechanical ventilation.



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Explore how you can be part of something amazing. Apply online at [childrensMN.org/careers](http://childrensMN.org/careers).

Questions? Contact Patricia Washington at [patricia.washington@childrensMN.org](mailto:patricia.washington@childrensMN.org) or 952-992-5325.

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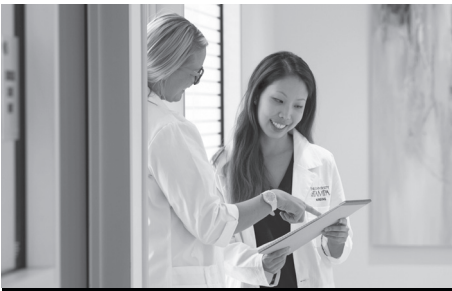
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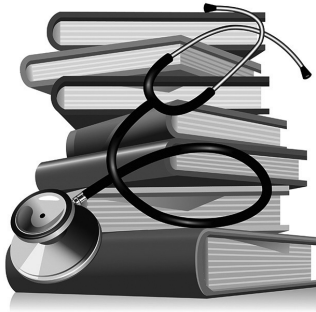
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or call (813) 258-7409.**

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*Bring it on...*



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

1. Fetal heart rate can be monitored by:
  - A. Surface electrode monitoring from the maternal abdomen
  - B. Fetal scalp monitoring with intact membranes
  - C. Tocodynamometer strapped to maternal abdomen
  
2. Reduced beat-to-beat variability may result from:
  - A. Congenital heart block
  - B. Maternal fever
  - C. Maternal narcotics
  
3. What are the most common fetal structural defects associated with maternal diabetes?
  - A. Hypertrophic cardiomyopathy, neural tube defects, and renal agenesis
  - B. Hypoglycemia and polyhydramnios
  - C. Hyperglycemia and ketoacidosis

Answers on page 10

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