

FANNP NEWS



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The Publication of the Florida Association of Neonatal Nurse Practitioners



Conference Update

Hi Everyone! It's your friendly Conference Program Coordinator reporting on our upcoming FANNP Neonatal Nurse Practitioner Symposium: Clinical Update and Review. This year marks our 30th ANNIVERSARY!!!! Conference dates are October 15-19, 2019 in beautiful Clearwater Beach, Florida.



We have a great line up this year in both the Advanced and Review Tracks, and your Conference Committee has been hard at work putting everything in place. FANNP is very excited about our line-up this year! We have two informative General Sessions, as well as topics relating to HIE, PDA Management, and even a Legal

SEE "CONFERENCE" on page 8

Acute Kidney Injury in the Neonate: Case-Based Learning

Submitted by Nicole M. Harvey, BSN, RNC-NIC

Background: Acute Kidney Injury (AKI) describes an abrupt decline in normal kidney function, or glomerular filtration, with paired retention of creatinine and nitrogenous wastes. AKI is a common problem among hospitalized neonates; approximately 24-70% of all neonates admitted to a NICU experience some degree of AKI. Risk factors include hypoxemic events, necrotizing enterocolitis, sepsis, and use of nephrotoxic medications. Three types of AKI are reported and include; pre-renal, intrinsic, and post renal. Early identification of symptomatology (elevated creatinine and decreased urinary output), paired with appropriate treatment and an accurate diagnosis, is essential to reduce the risk for long-term renal injury. Infants diagnosed with an AKI incur a four-fold higher mortality risk than those without AKI.

Purpose: To review the current diagnostic, treatment and management strategies which establish or optimize renal function using case-based learning (vignettes).

Methods: A comprehensive literature search was conducted using Medline, CINAHL, PubMed, Google Scholar, and ProQuest electronic databases.

Publication dates were limited to between 2013 and 2018. Keywords included neonatal, acute, kidney injury, renal impairment, management, incidence, treatment, and cause.

Results: Pre-renal AKI account for approximately 80% of kidney injury seen in the NICU. The most common risk factors for pre-renal AKI are sepsis, septic shock, dehydration, respiratory distress syndrome, hypoxic events, and nephrotoxic medications. Intrinsic kidney injuries are the result of structural damage. Risk factors for intrinsic kidney injury include acute tubular necrosis, congenital anomalies and/or vascular lesions. Post-renal AKI is the result of obstructive injury. Risk factors include posterior urethral valves (males), urethral strictures/stenosis, neurogenic bladder, and ureteroceles. In light of elevated creatinine and decreased urinary output, advanced practice nurses must recognize the need for ultrasonography, as well as analysis of serum and urinary chemistries, urine osmolarity and a urinalysis. Normal renal structure (normal or increased echogenicity) rules out post-renal damage.

SEE "KIDNEY" on page 4

Letter from the President

Hello FANNP Members!

I hope you are all well, feeling refreshed from Summer vacation, and looking forward to learning opportunities this Fall at the 30th National Neonatal Nurse Practitioner Symposium: Clinical Update and Review! The conference Planning Committee has been working diligently to create an extraordinary conference this year as we celebrate our 30th anniversary. We have 400 confirmed registrations for the Symposium this year.



The 1980s-themed Beach Party, 7 pm Wednesday evening, has over 130 registrants. Each year, attendees reflect upon the Beach Party with comments of the memories they made relaxing, dancing, enjoying music, eating, reconnecting with friends, and making new connections. The Annual Business Meeting on Thursday is one of my favorite events of the week. Not just because of the omelet bar, but because it is an opportunity to hear about the innerworkings of the organization, including how we are making an

impact on our profession, while discovering more about opportunities to get involved with FANNP. The brunch is free for members (\$20 for non-members), and the door prizes get better each year! The Poster Session event on Thursday evening is shaping up to be a great time of networking and learning. Attendance for the Poster Session has already reached 170 people, and the posters submitted have been incredible. The poster content, cocktails and

hors d'oeuvres promise to make this a memorable event. The Planning Committee has also secured some incredible, nationally known speakers that will impact your clinical practice immensely. We hope you are joining us October 15-19!

Lastly, I'd like to remind you about some ways that FANNP is here to support you in your professional endeavors. Each year, September 15th is the deadline to apply for an FANNP scholarship. If you attended a program any time between now and September 15, 2020 and now, be sure

to apply for a scholarship. Unlike many other scholarships, the funds provided by FANNP can be used for tuition, textbooks, supplies, or any other school-related expenses. Also, applications for grant funds are accepted any time throughout the year. Additional information about these opportunities can be found on our website. Please feel free to contact me personally with any questions at president@FANNP.org. See you in October!

*Tiffany Gwartney, DNP, ARNP, NNP-BC
President, FANNP*



Kim Nolan

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

Announcement of the 2019 recipient of the Kim Nolan Spirit Award will be made at the opening of the FANNP Annual Neonatal Nurse Practitioner Symposium Clinical Update and Review. Thanks to those that nominated someone for this prestigious honor!

THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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Brag Board

FANNP Grants Awarded!

Congratulations to **Dr. Terri Marin** on being awarded a Grant from FANNP for a Pilot Study, which will examine the microbiome of pre-term infants at 32 weeks' gestation during the first two weeks of life. The outcome of this pilot investigation will provide novel insight into understanding the pathogenic mechanisms of the gut-kidney microbiome axis in premature infants and what factors may perpetuate Acute Kidney Injury (AKI) onset. Dr. Marin's interdisciplinary team for the project includes Dr. Bryan Williams (CON), Dr. Jatinder Bhatia (CHOG) and Dr. Wenbo Zhi (MCG).



Terri Marin

Congratulations to **Ms. Colleen Reilly Moss**, DNPc, APRN, NNP-BC, on being awarded a Grant from FANNP to study "Mentoring New Graduate Nurse Practitioners in the Neonatal Intensive Care Unit". The outcome of this project will help to validate a known Toolkit for Mentors. Her work will add greatly to the literature on mentoring and is a benchmark initiative for incentivizing the time and dedication of mentors.



Colleen Reilly 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 to share these accomplishments.



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 for more details.



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Therefore, next steps involve calculation of the fractional excretion of sodium (FENa). FENa <2.5% is suggestive of pre-renal failure and a fluid challenge is indicated, whereas FENa >2.5% suggests intrinsic damage. In these situations, fluids should be restricted to insensible losses plus urinary output; other therapies include inotropic agents, diuretics, and electrolyte supplements. Infants with confirmed post-renal failure may require bladder evacuation and prophylaxis for urinary tract infections. Outpatient urology follow up is recommended.

Limitations: This project is a compilation and review of current literature. While there is a paucity of new and experimental treatments with this patient population, much of the current literature focuses on emerging methods for early detection thus allowing for early treatment of AKI.

Implications for Practice: Beginning with accurate intake and output measurement from the bedside nurse, early detection and identification of kidney injury is the greatest indicator of long-term kidney function. Most early diagnostic serum, urine and imaging tests can be completed with minimal side effects to the neonate. Emerging research suggests treatments including peritoneal dialysis or theophylline administration can preserve long term kidney function.

References

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*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 abstract was submitted to FANNP for use with the author's permission.

EDUCATIONAL OFFERINGS

NANN 35th Annual Conference

October 9-12, 2019
The Westin Savannah Harbor
Savannah, GA
www.nann.org

The 30th FANNP Neonatal Nurse Practitioners Symposium: Clinical Update and Review

October 15-19, 2019
Sheraton Sand Key Resort
Clearwater Beach, FL
www.fannp.org



MUSC Neonatal Pharmacology Conference

November 13-15, 2019
Francis Drake Hotel
Charleston, SC
www.education.musc.edu

33rd International Conference on Neonatology and Perinatology

November 18-19, 2019
London, UK
www.neonatology.insightconferences.com

Hot Topics Neonatology Conference

December 8-11, 2019
Gaylord National
National Harbor, MD
www.hottopicsonneonatology.org

Neo Conference

February 19-21, 2020
Manchester Grand Hyatt
San Diego, CA
www.neoconference.com





LEGISLATIVE UPDATE

Submitted by Ally Kayton, MSN, APRN, NNP-BC

Florida NP Bill Fails to Clear Senate

The Florida Senate indefinitely postponed and withdrew from consideration House Bill 821 and companion bill Senate Bill 972. The legislation, as passed by the House of Representatives, would have recognized advanced practice registered nurse (APRN) signatures on forms related to patient care and would have retired the supervisory protocol requirement for select APRNs who meet specific requirements, including 2,000 hours in practice under a protocol agreement.

Practice Information and Resources for Florida NPs

Florida remains under “restricted practice” along with 11 other US states- State law restricts patient access to nurse practitioner (NP) care. NPs are limited to functioning under protocols with physicians for at least one element of NP practice.

Regulatory Agency- NP practice is regulated by the Board of Nursing.

Licensure Requirements- Requirements include an RN license, a graduate degree in an NP role and national certification.

Continuing Education (CE)- NPs may submit 30 contact hours per two-year licensure cycle or meet CE requirements as needed for national certification.

Malpractice Insurance- Florida NPs may either hold malpractice insurance for \$100,000 per claim and \$300,000 in aggregate or submit a letter of irrevocable credit in the same amount.

Medical Staff Membership- Medical staff composition is determined by a facility’s governing board.

Supervisory Agreement Ratio- One physician may supervise between one and five total practice sites. Ration determined by practice setting.

Signature Recognition on Items of Patient Care:

- **Physical Therapy:** NPs are authorized to refer to physical therapy.
- **Parking Permits:** NPs are authorized to provide proof of disability for parking permits.
- **DNR:** NPs are not presently authorized to sign Do Not Resuscitate orders.
- **Death Certificates:** Florida NPs are not currently authorized to sign death certificates.

Federal Legislation

At the time of this printing, and after passing a two-year budget agreement, Representatives and Senators will have just returned to Washington, DC from an August Work Period. As always, it is important to engage your members of Congress on issues of importance to nurse practitioners (NPs). It is also important to continue to use the AANP Advocacy Center to send letters to your members of Congress urging them to cosponsor legislation that will remove federal barriers, including bills to:

- Authorize NPs to Order and Supervise Cardiac and Pulmonary Rehabilitation Starting in 2020.
- Authorize NPs to Certify Their Patients’ Eligibility for Home Health Services.
- Support Improved Medicare Patient Access to Needed Diabetic Shoes.
- Authorize NP Patient Inclusion in Shared Savings ACOs.

AANP State Priorities

The American Association of Nurse Practitioners (AANP) pursues goals that lead to improved health. We believe that the expertise of the nurse practitioner (NP) should guide health care policy, and that by removing barriers between NPs and their patients, our nation can achieve better health and improved access at a lower cost.

AANP’s 2019 State Policy Priorities reflects these goals and our values. Our priorities are shaped by clinical experience and informed by evidence. AANP actively partners with our members and other stakeholders to make these priorities a reality.

LEGISLATIVE from page 5

Modernize State Licensure Laws

One of the most important challenges facing patients and states is the accessibility of health care providers—especially providers who serve in primary care and across the continuum of care. A solution to this challenge is direct access to NP-provided health care. Nearly half of the states, the District of Columbia and two U.S. territories currently provide patients with this level of access. In these states, NPs are authorized to evaluate patients, diagnose, order and interpret diagnostic tests and initiate and manage treatments—including prescribing medications—under the exclusive licensure authority of the state board of nursing. This licensure model is supported by decades of evidence and recommended by the National Council of State Boards of Nursing, the National Academy of Medicine (formerly the IOM) and other leading health policy experts. Unfortunately, in the remaining states, outdated licensure laws impede access to care and contribute to increased health care costs. AANP is committed to working with states to update their licensure laws and provide patients with direct access to NPs.

Streamline Care Delivery with NP Signature Recognition

NPs treat more than a billion patients every year. Yet, in some states inefficiencies occur when NPs are unable to “treat the paperwork” that reflects the care they have provided. This disconnect between the existing authority of an NP to provide treatment and the recognition of an NP’s signature on a form verifying that care creates delays and increases health care costs. Signature recognition for NPs is particularly important for patients and caregivers who require documentation for disabled parking placards, verification of immunizations, sports participation clearance, employment physicals, advanced directives and forms pertaining to the daily provision of health care, including admission to health care facilities. AANP calls on policymakers to update policies to recognize the signature of NPs on forms for care that are within the NP scope of practice and to use provider-inclusive/provider-neutral language to prevent creating new challenges.

Flexible, Sustainable Reimbursement and Care Delivery Models

NPs are the fastest growing members of the primary care provider workforce and are the provider of choice for millions of Americans. Protecting a patient’s right to choose an NP

as their health care provider and to have that care covered under their insurance plan is a key priority for AANP. This includes supporting the enactment and enforcement of insurance laws for direct credentialing and reimbursement of NPs, ensuring that reimbursement rates promote sustainable practices and including NPs in network directories. As states experiment with and deploy new models of care delivery and reimbursement, policy decisions must include NPs as primary care providers and leaders of Accountable Care Organizations, Patient-Centered Medical Homes and other coordinated care initiatives. Additionally, full and open participation for NPs in value-based payment models, telehealth and facility governance will be critical as the health care system shifts to promoting integrative, coordinated care. AANP further calls for policies that ensure fair, competitive and level playing fields that support patient choice in providers, network adequacy, meaningful reporting measures and sustainability.

Build and Support Public Health

Our patients and communities face multiple public health challenges that threaten their health and weigh on the health care system and overall economy. AANP continues to pursue evidence-based policy and practice solutions on a host of public health issues, including access to safe pain care, substance use disorder treatment, immunizations, concussion care, cancer prevention and advancing preventative services and population health.

References:

Florida: Information and resources for Florida NPs. (2019). Retrieved from <https://www.aanp.org/advocacy/florida>





NCC Certification Maintenance

Submitted by Ally Kayton, MSN, APRN, NNP-BC

Continuing Competency Initiative of the National Certification Corporation (NCC) is underway. If you are an NNP-BC and need to meet your certification maintenance requirements through the NCC, this reference will assist you.

Remember, no CNE earned can be applied toward NCC certification maintenance until specialty assessment has been completed for your current maintenance cycle and you have a plan that outlines your CE needs.

If you are a neonatal nurse practitioner, there are five core competency areas:

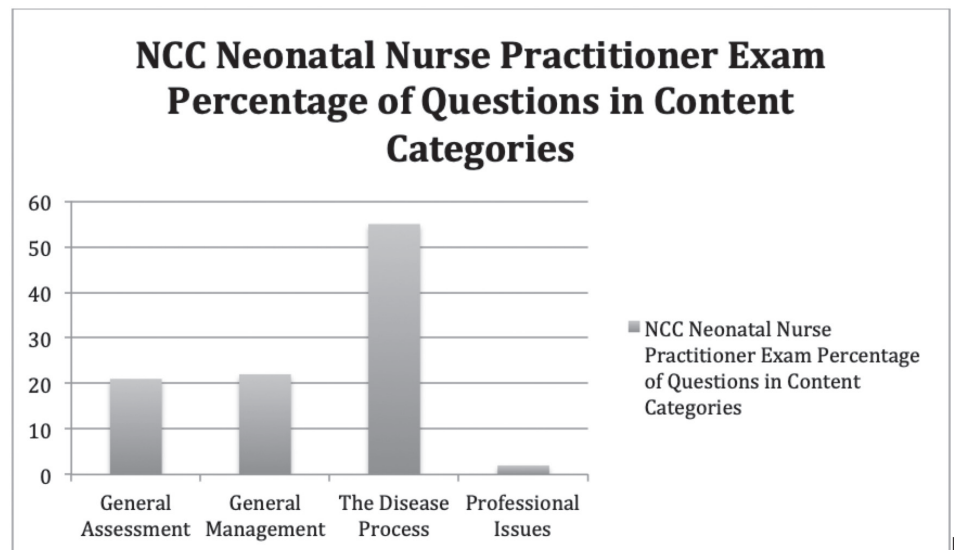
1. Physical Assessment (Code 1)
 - Maternal Factors Affecting the Newborn
 - Physical Examination
 - Diagnostic Procedures and Laboratory Evaluation
 - Gestational Age Assessment
2. Physiology and Pathophysiology (Code 2)
 - All Body Systems
 - Genetics
 - Intrauterine Drug Exposure
3. General Management (Code 3)
 - Developmental Care
 - Fluids and Electrolytes
 - Nutrition
 - Thermoregulation
 - Resuscitation
 - Family Integration
4. Pharmacology (Code 4)
 - Drug Therapies
 - Pharmacokinetic Principles

5. Professional Practice (Code 5)
 - Patient Safety
 - Ethical Principles and Theories
 - Legal Issues Affecting Neonatal Intensive Care Nursing
 - Professional Practice Standards
 - Research

Reference:

Is my CE acceptable?- Specialty codes. (2019). Retrieved from <https://www.nccwebsite.org/maintain-your-certification/is-my-ce-acceptable/specialty/7>

**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 work place, 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!



The above chart shows the percentage distribution of questions on the Neonatal Nurse Practitioner exam across the major content categories covered on the examination. The major focus of the examination is on The Disease Process and the General Management. Less emphasis is on general assessment and the professional issues category has the lowest percentage of content covered on the exam.

References:

NCC 2019 candidate guide: Neonatal nurse practitioner. (2019). Retrieved from https://www.nccwebsite.org/content/documents/cms/nnp-candidate_guide.pdf

CONFERENCE from page 1

Workshop. Additionally, the Review Track will be packed with information on Neonatal Systems Reviews as well as Test Taking Tips and Strategies to help you PASS your NCC Boards!

We will be having celebrations to mark this great 30-year legacy, including our Beach Party celebrating the history of FANNP with the theme “What were you wearing in 1989??” Should be much fun! Also join us for the Welcome Reception, Poster Session and Cocktail Party, and FANNP Business Brunch. Hope to see you there!

*Mary Kraus, MSN, NNP-BC
FANNP Conference Chair*

FANNP Beach Party

*FANNP is Celebrating 30 Years!
...Helping NNPs Shine Since 1989!*

LET's CELEBRATE 80s style at this year's FANNP Beach Party!!! It's hard to believe, but FANNP has been around for 3 decades! Come dressed in your own 80's style... remember the fashion of the bold neon colors, spandex, high-waisted jeans, parachute pants, converse shoes, and banana clips to tame the memorable but haunting “big hair”? Whether or not you choose to dress the part, there will be delicious food, great entertainment for dancing, and plenty of laugh-out-loud fun! Plan on spending time with classmates, reuniting with old friends, getting to know new ones, or having a night out with your family. A great time is sure to be had by all, and the view of the sunset beach side is absolutely spectacular. Register now to confirm your ticket! See you there...it is sure to be totally awesome!!!

1989

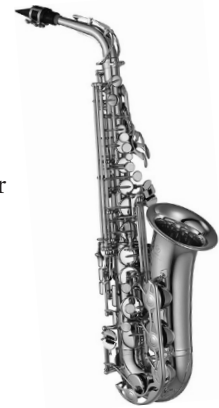
Conference Highlights

- Welcome Reception Tuesday 6:30-7:30 pm Poolside
- 30th Anniversary Beach Party Wednesday 7:00-10:00 pm Beach
- Annual Business Brunch Thursday 10:30 am-12:00 pm
- Poster Session & Cocktails Thursday 6:30-8:00 pm



There's plenty of “break time” at the conference to explore Clearwater Beach and surrounding areas for fun festivals and attractions! Here is a list to get you started...grab some new friends and get out there!

- Clearwater Jazz Holiday October 17-20
- Clearwater Chalk Art Festival October 18-20
- John's Pass Seafood Festival October 18-20
- Shine St. Pete Mural Festival October 19-20
- Clearwater Marine Aquarium (home of Winter from the movie Dolphin Tale)
- Pier 60
- Boat Tours and Sunset Excursions
- Busch Gardens in Tampa
- Dali Museum in St. Petersburg



Update: 2019 Conference Registration is Full

The FANNP Conference Leadership Team capped registration for the 2019 conference. The decision was made to keep the conference at a size to provide an optimal networking and learning environment for those attending.

A wait list was established for those unable to register, this list is also full.

If you were unable to attend the 2019 conference FANNP hopes you will consider planning to attend a future conference. The next conferences are planned for October 13-17, 2020 and October 12-16, 2021.

POCKET NOTEBOOK

Diane McNerney DNP, NNP-BC

Follow-up Care of High Risk Newborn

1. Objectives

- Provide available medical care after discharge
- Identify the primary care provider for follow-up care
- Coordinate timely post discharge follow-up
- Coordinate follow-up for medically related problem

2. Identify High Risk Newborn

- The preterm infant and late preterm newborn
- The infant with special health care needs
- Infants at risk because of family issues
- Infants with anticipated early death

3. Follow-up Care

- Discharge plan developed by the neonatology team and communicated to the primary care provider (PCP) team prior to discharge
- On-going evaluation of high risk newborn requires the involvement of professionals from various medical, rehabilitative, psychological, and social-service subspecialties

4. Pediatric Specialty Services Follow-up

Pulmonary specialists	Neurology
Gastroenterologist, dietician	GI/GU
Infectious disease	Pediatric surgery
Hematologist	Orthopedics
Endocrinology	Social-Social Worker
Genetics	

5. Discharge Follow-up Appointments

- Prior to discharge, the NICU team is responsible for coordinating initial visits to specialists that will be involved in care after discharge.
- A primary care provider (PCP) should have been identified prior to discharge of the newborn.
- All initial follow-up appointments and discharge update to specialists are made by neonatology team prior to discharge.
- PCP follows ongoing specialty care.

References

- Laugier, O., Garcia, P., Boucékine, M & et al (2017). Influence of Socioeconomic Context on the Rehospitalization Rates of Infants Born Preterm/*Journal of Pediatrics*; Nov; 190:174-179.e1. doi: 10.1016/j.jpeds.2017.08.001. PMID: 28893384
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FANNP Dates to Remember

<i>Event/Item</i>	<i>Date/Deadline of Event/Item</i>
FANNP Grant.....	Ongoing
Poster Presentation Abstracts	July 15
Kim Nolan Spirit Award.....	July 1
FANNP Scholarship	Sept. 15
National Neonatal Nurses Day.....	Sept. 15
Annual National Neonatal Nurse Practitioner Symposium: Clinical Update and Review*.....	Oct. 15-19, 2019
Nurse Practitioner Week*	Nov. 10-16, 2019

**Dates change annually*



FANNP Awards Scholarships at the 30th FANNP Annual Conference

Scholarships are awarded annually at the FANNP Symposium. The scholarship recipients give back and provide a short article, case study, practice pointer, evidenced-based practice update or literature review which is published in the FANNP Newsletter for the membership to read.

FANNP as an organization is proud to be able to award scholarships to nurses and NNPs continuing their educational pursuits in the field of neonatal health care. Scholarship monies can be used for tuition, books or any expenses incurred while in school. All FANNP members pursuing a degree in neonatal health care are encouraged to apply.

If you are interested in applying for a 2020 scholarship, please see the eligibility guidelines in the newsletter and contact scholarships@fannp.org for an application.

FANNP Newsletter Submission Calendar

Edition	Article Submission Deadline	Publish Date
Spring 2020	02/08/20	03/09/20
Summer 2020	05/10/20	06/08/20
Fall 2020	08/09/20	09/07/20
Winter 2019	11/08/19	12/07/19

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.

Interested in helping with the editing of the newsletter?? Please email the above link!*

BRING IT ON ANSWERS Questions on page 12

Answers:

1. B- Tachypnea functions as a compensatory mechanism by attempting to improve gas exchange and maintain ventilation at the alveolar level. Tachypnea is a compensatory mechanism for hypercarbia, hypoxemia, or acidosis (both metabolic and respiratory), making it a common but nonspecific finding in a large variety of respiratory, cardiovascular, metabolic, or systemic diseases.

2. C- Maternal fever is the most common cause of fetal tachycardia. Fetal tachycardia is considered significant (any range >160-180bpm) in the presence of maternal pyrexia as chorioamnionitis is suspected.

3. A- Bilateral chest wall excursion is the best indicator of adequate bag and mask ventilation.



Stay informed and keep us posted! Get the latest news and updates from FANNP, including valuable conference information at www.fannp.org.

In addition, don't forget to join us on Facebook and follow us on Twitter and Instagram @FANNPorg and be sure to let us know when you PASS YOUR BOARDS!!



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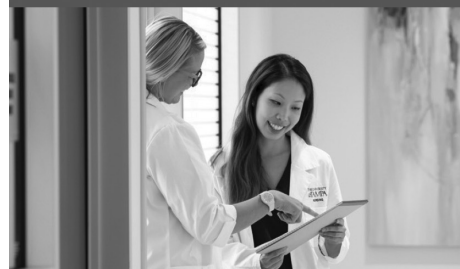
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THE UNIVERSITY OF TAMPA

New Online DNP Program

The University of Tampa's new Doctor of Nursing Practice is designed for APRNs living in Florida. This convenient, online program can be completed in six semesters. With a focus on real-world relevancy, the DNP prepares students for advanced clinical, administrative and academic roles.



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Bring it On...



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

1. 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 transpulmonary pressure
2. A fetal monitoring strip indicates a baseline heart rate of 180. The most common cause of this heart rate pattern is:
 - A. Maternal analgesia
 - B. Fetal prematurity
 - C. Maternal Fever
3. Adequacy of bag and mask ventilation can best be assessed by:
 - A. Bilateral chest wall excursion
 - B. Improvement of peripheral color
 - C. Increasing heart rate

Answers on page 10

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