

FANNP NEWS



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The Publication of the Florida Association of Neonatal Nurse Practitioners

Florida Legislative Session Update

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

**Well Florida APRN's, WE
DID IT! WE DID IT! WE
DID IT!**

ARNP and PA

Prescribing of Controlled Substances: PASSED! After nearly 25 years, legislation to expand scope of practice for Advanced Registered Nurse Practitioners (ARNP) and Physician Assistants (PA) passed the Legislature.

House Bill 423, presented by Rep. Cary Pigman and Sen. Denise Grimsley, authorizes ARNPs and (PAs) to prescribe controlled substances within the framework of a supervisory protocol with a physician. There are specific restrictions provided that limit the prescribing of schedule II drugs to a 7-day supply, prohibit the prescribing of psychiatric/mental health controlled substances to children under the age of 18 with the exception of ARNPs who are certified in psychiatry as defined in statute, prohibit prescribing in a pain clinic, and requires a formulary of controlled substances that may not be prescribed by ARNPs and PAs. The bill also includes a provision naming the section of the revised statute pertaining to ARNP practice as the Barbara Lumpkin Prescribing Act. "Barbara Lumpkin, who has been a steadfast advocate for the nursing profession for more than 40 years, has worked to advance the scope of practice for Nurse Practitioners...since legislation was first filed in 1993. Barbara is truly a living legend." - Senator Denise Grimsley, MBA, RN, Senate bill sponsor. Passage of this legislation has been an FNA priority – allowing ARNP and PA professionals to practice to the full extent of their education,



FANNP's 26th Annual Conference Update

Greetings Everyone! As usual the Conference Planning Committee is busy behind the scenes putting together another great conference; dates are October 18-22, 2016 at the beautiful Sheraton Sand Key Resort on Clearwater Beach. Many of the past favorites will be back for the Review Track B along with a few new faces, and as usual our Track A planners have outdone themselves to bring you the latest and greatest information to help us care for our precious little ones. We have a great Keynote Speaker, Molly McCarthy, Chief Nursing Strategist for Microsoft who will talk to us about Technology in Nursing.

We will have our usual opportunities to connect with friends, meet new ones, network, and, oh yes, have FUN! We will have a Welcome Reception on Tuesday evening, the Beach Party on Wednesday evening, and the Poster Session on Thursday evening.

Brochures will be out soon, keep watch on the website, FANNP.org. Hope to see you all there!

Marylee Kraus

Letter from the President

Hello fellow FANNP members and Congratulations!!!

As many of you know, Florida HB 423 was passed giving Florida Nurse Practitioners the privilege to order controlled substances! Of course, there are several important details to this bill, which have been discussed in the Legislative Update section of this newsletter. This is a significant achievement and stepping stone for the future of Florida's Nurse Practitioners,



and should be appreciated as such. Individual members cannot accomplish nearly the magnitude of change that a body of like-minded people

can, and this is where organizations like FANNP and FLANP become so important. Once members join into organizations, they can unite and support one another, as well as other organizations that lend themselves to providing NPs a voice at the state and national levels. I would like to give exceptional recognition to Ally Kayton, who plays a significant role in keeping the FANNP Board and members aware of the many ways that we can make a difference. Through your passion and support, we pave the future for NPs by contacting State

Representatives, referencing specifics of our requests, and support the lobbyists working on our behalf.

Summer, summer, summertime!!! This newsletter will be reaching you just in time to remind you to complete early registration for the FANNP conference October 18-22, 2016! The conference will be here before you know it, so while resting and relaxing in that hot summer sun, be sure to surf the internet to www.FANNP.org! The theme for this year's Beach Party is Halloween; so start dreaming up a creative costume and pumpkin carving idea.

Finally, I'd like to remind you of the call for nominations. The final day for interested parties to submit their names for consideration is July 15, 2016. FANNP is an organization with a stellar reputation and unlimited opportunities to make a difference in the lives of NNPs nationwide. Our members live both within and outside of Florida, meetings are conducted utilizing modern technology, and we want YOU to be a part of our team! Please visit our website at www.FANNP.org for details and requirements, and see what opportunities await you. Please don't hesitate to email me with any questions at dfuchs@cflrr.com.

*Have a great summer,
Diana Morgan-Fuchs, NNP-BC
President, FANNP*



Brag Board

Allyson Kayton, MSN, APRN, NNP-BC and Paula Timoney, DNP, ARNP, NNP-BC, along with the support of all of FANNP, have worked tirelessly and with perseverance in helping to bring about meaningful change in the prescribing laws of Florida. Florida is now the final state to authorize NP controlled substance authority. It is through organizations such as FANNP, AANP, and many others that real change occurs. From attending coalition meetings to keeping NPs aware of this campaign, and so much more, both Ally and Paula have worked with dedication and a passion for neonatology! As Ally stated, "This is definitely a team effort!" Thanks for all that you do!

We also want to give a huge thank you to FANNP's previous newsletter editor, Tiffany Gwartney, DNP, NNP-BC. Tiffany has been a wonderful asset to FANNP, editing and coordinating articles most relevant to NNPs, organizing material from FANNP board members, working with the printer to ensure the newsletter is concise as well as compelling, and coordinating with advertisers. The newsletter is a useful source of practice information for NNPs, as well as a platform for the promotion of the FANNP Annual Conference and Review. Thank you, Tiffany, for your hard work and dedication to this organization!

THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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

Do you know a special NNP? The Kim Nolan Spirit Award is given annually to a NNP who exemplifies Kim's exuberance and "can-do" attitude in service to profession, community, and/or family. Nominate someone today at award@fannp.org!
Nominations due August 1, 2016.

LEGISLATIVE from page 1

training, and certification. FHA-supported legislation related to mental health and telemedicine also passed. Pending approval by the Governor, this legislation becomes effective January 1, 2017.

"The work to pass this legislation has been a long, but joyous, journey. Now our nurse practitioners and physician assistants have the authority to meet the needs of their patients – and that's the most important thing."

- Barbara Lumpkin, RN

So what does all this mean??? Well, beginning January 1, 2017, Physician Assistants (PAs) and Advanced Registered Nurse Practitioners (ARNPs) can prescribe controlled substances listed in Schedule II, Schedule III or Schedule IV as defined in s. 893.03

Florida Statutes. An ARNP may only prescribe or dispense controlled substance as defined by 893.03 Florida Statutes if the ARNP graduated from a program with a master's or doctoral degree in clinical nursing specialty area with training in specialized practitioner skills. However, all ARNPs and PAs are required to complete at least three (3) hours of continuing education on the safe and effective prescribing of controlled substances. The bill further addresses Schedule II prescribing privileges for both ARNPs and PAs.

OTHER STATE LEGISLATION

Nurse Staffing Ratio Mandates HB 187: FAILED. Presented by Rep. Barbara Watson and Senate Bill 1658 by Sen. Oscar Braynon, this legislation would have imposed prescriptive hospital patient care staffing requirements related to minimum registered nurse-to-patient staffing ratio requirements. It also included provisions to prohibit mandatory overtime and prohibit interference with nurses' right to organize or bargain collectively. The bills were never taken up in committee and failed to pass. FHA opposed this legislation.

Ordering of Medications by ARNPs and PAs: PASSED House Bill 1241 presented by Rep. Rene Plasencia and Sen. Denise Grimsley authorizes ARNPs and PAs, working within the framework of a physician protocol, to order controlled substance medications for administration to patients who are in a hospital, ambulatory surgical center or nursing home. Pending approval by the Governor, this legislation becomes effective July 1, 2016. FHA supported this legislation.

Health Coverage for Services Related to Down Syndrome: PASSED In the final hours of the Legislative Session, House Bill 221 presented by Rep. Carlos Trujillo and Sen. Rene Garcia was amended to include a provision that requires insurance plans to cover services, such as speech and physical therapy, for people with Down Syndrome. Pending approval by the Governor, this legislation becomes effective July 1, 2016.

Nursing Licensure Compact HB 7087: PASSED This bill authorizes Florida to enter into a multi-state agreement that allows registered nurses to practice in any other state that is part of the agreement (compact). This is a similar concept to driver's licenses that are issued in one state, but recognized as authorizing licenses to drive in another state. This compact will be effective after sufficient number of states approve the same laws.

Infectious Disease Elimination Pilot Program SB 242: PASSED Under the provisions of this bill, a pilot program aimed at reducing harm associated with intravenous drug abuse will be set up in Miami-Dade County. Using only private funds, the University of Miami will establish a needle exchange program to reduce transmission of HIV/AIDS and Hepatitis.

Medicaid Managed Care SB 629/HB 856: FAILED Accepting federally allocated funds to provide coverage for low-income Floridians would shift much of the cost of services away from state taxpayers and assure access to services for all working low-income Floridians.

IMPACT: Passing this bill would have closed the coverage gap.

FEDERAL NEWS

AANP Applauds President Obama's Recognition of the Vital Role Nurse Practitioners Play in Addressing Our Nation's Opioid Epidemic:

WASHINGTON (February 3, 2016) -- President Obama announced \$1.1 billion in new funding to address America's prescription opioid abuse and heroin use epidemic. The proposal includes a Department of Health and Human Services (HHS) pilot project for nurse practitioners to prescribe buprenorphine for opioid use disorder treatment, where allowed by state law. The proposed budget item includes funding to expand patient access to substance abuse treatment, increase the availability of medication-assisted treatment for opioid use disorders, and improve access to the overdose-reversal drug Naloxone.

American Association of Nurse Practitioners (AANP) President Cindy Cooke, DNP, FNP-C, FAANP, issued the following statement in response to President Obama's proposal:

"Opioid abuse in America has become a national epidemic. AANP applauds the White House's efforts to help expand patient access to substance abuse treatment. As partners in health to millions of Americans, nurse practitioners play a vital role in ensuring patient health and safety and we stand ready to address this health crisis."

Post Grad Act HR 4223: The Post Grad Act (H.R. 4223) would amend the Higher Education Act of 1965 to reinstate subsidized Federal Direct Stafford Loans to graduate and professional students beginning on July 1, 2016. Representative Judy Chu (D-CA) along with 12 co-sponsors introduced the legislation on December 10, 2015. The legislation currently has 24 additional co-sponsors. AACN supported this legislation on May 3, 2016.

Florida CEU Requirements

Continuing Education (CE/CEU) Requirements

A nurse who is certified by a health care specialty program accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification is exempt from continuing education requirements.

All courses can be live or home study.

REQUIRED SUBJECT AREA	REQUIRED NUMBER OF HOURS	IMPORTANT INFORMATION
General Hours	20	Must be approved by a state or national organization empowered to accredit nursing continuing education.
Medical Error	2	Must be board approved. Approved courses are listed at cebroker.com
Florida Laws and Rules	2	Must be board approved. Approved courses are listed at cebroker.com. The biennium in which the Florida Laws and Rules course is due your general hours will total 20 (licensees expiring in 2014 are not required to complete the Florida laws and rules until their 2016 renewal).
Domestic Violence	2	Must be board approved. Approved courses are listed at cebroker.com. Domestic Violence is required every third biennium and the hours are in addition to the 24 hours required for renewal.
HIV/AIDS	1	Must be board approved. Approved courses are listed at cebroker.com. HIV/AIDS is a one-time requirement prior to the first renewal.

ARNPs are now exempt from continuing education requirements for licensure renewal if they are certified by a health care specialty program accredited by the National Commission of Certifying Agencies (NCCA) or the Accrediting Bureau of Specialty Nursing Certification (ABSNC) and report the continuing education exemption to CE Broker. A nurse who is certified by a health care specialty program accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification is exempt from all continuing education requirements, to include the mandatory continuing education courses. This exemption is specific for the purposes of licensure renewal and does not exempt nurses from continuing education requirements necessary to maintain certification.

This is for both RNs and ARNPs - Note: The new 2 CE requirement for the Recognizing Impairment in the Workplace course becomes effective August 1, 2017, then every other biennium thereafter.

First Biennium Renewal: RNs initially licensed by examination during the current biennium are exempt from the general CEU requirements for the first renewal. Those licensees must complete 2 hours of Medical Error, 2 hours in Florida laws and rules, 2 hours of Recognizing Impairment in the Workplace and 1 hour of HIV/AIDS.

RNs initially licensed by endorsement during the current biennium and took the exam in another state within the biennium are exempt from general CEU hours. Those licensees must complete 2 hours of Medical Error, 2 hours in Florida laws and rules, 2 hours of Recognizing Impairment in the Workplace and 1 hour of HIV/AIDS.

EDUCATIONAL OFFERINGS

Council of International Neonatal Nurses

9th Council of International Neonatal Nurses

August 14 – 17, 2016

The Westin Bayshore, Vancouver, Canada
www.COINN2016.neonatalcann.ca

Academy of Neonatal Nursing

16th National Neonatal Nurses Conference

September 7 – 10, 2016

Gaylord Opryland Hotel, Nashville, TN
www.academyonline.org

Contemporary Forums

The Fetus and Newborn 32nd Annual Conference

September 28 – October 1, 2016

Hilton New Orleans Riverside Hotel
 New Orleans, LA
www.contemporaryforums.com

The Vermont Oxford Network

Annual Quality Congress and Newborn Intensive Collaboration for Quality Symposium

October 6 – 9, 2016

Sheraton Chicago Hotel & Towers
 Chicago, IL
www.vtoxford.org

FANNP's 26th National Neonatal Nurse Practitioner Symposium: Clinical Update and Review

October 18 – 22, 2016

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



National Association of Neonatal Nurses 32nd Annual Education Conference

October 26 – 29, 2016

Renaissance Palm Springs and Palm Springs Convention Center
 Palm Springs, CA
www.nann.org

Hot Topics in Neonatology

December 4 – 7, 2016

Marriott Marquis Washington, DC
www.hottopicsinneonatology.org



POCKET NOTEBOOK

Diane McNerney DNP, NNP-BC

Congenital Melanocytic Nevi

Background - Congenital melanocytic nevi (pigmented nevi) are present at birth and result from a proliferation of melanocytes in the dermis, epidermis, or both between 5 and 24 weeks gestation. Some nevi may not be present at birth yet develop during the first 2 years of life and are histologically identical to congenital nevi.

Identification -

- The most common type is a solitary plaque growing in proportion to that of the child.
- A second type is composed of many lesions, at least one being large (large or giant nevus) and surrounded by many others (satellite nevi) and sometimes involving the central nervous system. CNS involvement is classified as neurocutaneous melanosis (rare).
- Brown or black macules, which may or may not be hairy and may occur anywhere on the body (trunk is most common site).
- Most nevi are small (less than 1.5 cm) in size, but may be medium, or large/giant (>20 cm).

Risk Factors - Congenital melanocytic nevi (CMN) are one of several known risk factors for melanoma. Melanoma remains an uncommon malignancy in pre-pubertal children; however, the risk increases in the adolescent population. There is a higher risk of developing melanoma with giant or multiple nevus. A hairy nevus over the spine may indicate spina bifida or meningocele.

Pathophysiology - Mutations in congenital melanocytic nevi may represent early events in melanoma development. Multifactorial inheritance including a combination of genes from both parents, in addition to unknown environmental factors, cause the condition. CMN may occur in either sex and all races and ethnicity.

Diagnostics -

- Biopsy - Confirms a benign or malignant lesion
- Evaluation by dermoscopy - lesion is evaluated in terms of color and structure
- Imaging Studies - MRI of the central nervous system is a useful diagnostic tool where there is high suspicion for neurocutaneous melanosis. The presence of a large congenital melanocytic nevus in an infant should prompt MRI testing before age 4 months if it is in a posterior midline location or is associated with multiple satellite nevi.

Management -

- Depends on size and location of the lesion, age of the patient, the effect on cosmetic appearance, and the potential for malignant transformation.
- Surgical removal using excision or laser of CMN may be performed to improve the cosmetic appearance or to reduce the potential of malignant transformation. Barriers to removal may include the size of the lesion and its proximity to vital structures.
- Consultations - Dermatology should be consulted. Neurologic follow up may also be warranted. The risk of developing neurocutaneous melanosis correlates best with the number of satellite nevi. Even in the absence of malignancy, neurocutaneous melanosis may cause problems such as obstructive hydrocephalus.

Prognosis - The prognosis for patients with small or medium-sized CMN is good. Despite the increased risk for melanoma in patients with giant nevus, most patients never develop melanoma. Therefore, prognosis remains good in these patients, especially if the lesions are examined regularly for any abnormal change. Prognosis in cases of symptomatic neurocutaneous melanosis is poor.

Patient Education - Patients with CMN need to be educated on the importance of protection from excessive ultraviolet light exposure. Close, continual follow-up with dermatology is of utmost importance.

References:

Raj,G.,(2014). Congenital melanocytic nevi. <http://www.dermnetnz.org/lesions/congenital-naevus.html>

Schwartz,R. (2015). Congenital Nevi. <http://emedicine.medscape.com/article/1118659-overview>

Verklan, M. Terese and Walden, Marlene. Core Curriculum for Neonatal Intensive Care Nursing. New York: El Sevier, 2015.



Breaking News...

Check out our new Web Banner at www.fannp.org for the latest information and updates from FANNP!

BRING IT ON ANSWERS

from page 8

1. B: A beneficial warming and stable skin and core temperatures have been demonstrated in both appropriate-for-gestational age (AGA) and small-for-gestational age (SGA) infants when held skin-to-skin. Mothers demonstrate thermal synchrony with the infants so their body temperatures increase and decrease to maintain the infants' thermal neutrality.

2. A: Vitamin D is essential for normal metabolism of calcium and phosphorus.

3. A: Zone 3, 3 hours, stage 2. Zones (1, 2, or 3) are classified areas of the retina with distances relevant to the optic nerve and macula (zone 1 is closest). The extent (or clock hours), measures the area of involvement around the retina.

Staging (1-4) indicates the progression of the disease.
 Stage 1- Demarcation line
 Stage 2- Development of a ridge
 Stage 3- Ridge with external fibro-vascular proliferation (mild, moderate, or severe).
 Stage 4- Retinal detachment



FANNP Scholarship Funds Available!

FANNP was founded to support the educational advancement of Neonatal Nurse Practitioners and remains committed to promoting education for NNPs.

Each year on December 31st, at least 10% of the available monies in the FANNP general operating budget are put in a scholarship fund.

FANNP is proud to be able to award scholarships to nurses and NNPs continuing their educational pursuits in the field of neonatal health care.

Two scholarships were awarded in 2015 to Joanna McLaughlin and Megan Glemza who are attending the DNP program at The University of Florida.

FANNP would like to be able to award more scholarships in 2016, but we can only award scholarships if we receive applications.

Are you, or is someone you know, eligible for a 2016 FANNP scholarship?

FANNP members who attend an educational program leading to a degree related to the health care field between September 15, 2015 and September 15, 2016 are eligible for a 2016 scholarship.

FANNP Scholarship Eligibility Criteria:
 1. Scholarship applicants must be FANNP members.

- All members, student members and associate members are eligible.
- Priority for scholarship award will be given to members, followed by student members and then associate members.
- Priority for scholarship award will be based on length of membership and service to FANNP.

2. Scholarship applicants must be a licensed RN, ARNP, NNP or equivalent.
- Preference will be given to currently licensed certificate NNPs working towards a NNP degree.

3. Scholarship applicants must attend an educational program leading to a degree related to the health care field during the application period.

- Preference will be given to those working towards a degree in neonatal health care.
- The application period for the 2016 scholarship is September 15, 2015 to September 15, 2016. (i.e. To be eligible for a 2016 scholarship you must have attended classes sometime between September 15, 2015 and September 15, 2016.)
- An applicant may receive a maximum of two scholarship awards for each degree sought.

Applicants are asked to include a 3-5 page submission for publication in the FANNP newsletter as part of the application process. The submission can be an original article, a paper you submitted for coursework, a case study, best practice clinical update or a literature review.

The completed scholarship application packet must be postmarked by September 15, 2016.

For questions, more information or to obtain an application please contact FANNP via email at: scholarships@fannp.org.



CALL FOR NOMINATIONS FANNP Wants You!

This is an election year and positions are open for the Board of Directors for FANNP! The term of office is January 1, 2017 through December 31, 2019. All positions are a two-year commitment except for President-Elect. Responsibilities include attendance at Board of Director Meetings, participation at FANNP sponsored Symposium, and participation on established committees.

The Officer positions are:

President Elect: Fills in as President in their absence as designated, Chair of Bylaws Committee, succeeds to Presidency upon completion of term, and continues as Past-President following completion of Presidency term (4 yr commitment).

Secretary: Keep minutes of all meetings, gives notice of all meetings, keeps bylaws and membership records, responsible for email blasts and Chair of Communication Committee.

Treasurer: Have charge and full knowledge of all Association funds, render statement of financial condition of the Association for all meetings, and Chairs the Finance Committee.

Additional Board of Director Positions:

At-Large Members (4): Serves on committees as assigned.

**Please see website for a complete description of these positions.*

To be eligible to run as an Officer, you must be a current member who has served on the Board of Directors or any FANNP committee. To be eligible to run for an At-Large Member position, you must be a current member with an interest in

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Join us for the 32nd annual The Fetus & Newborn: Improving Outcomes in Perinatal and Neonatal Care conference in exciting New Orleans September

28-October 1, 2016! Bring your questions and puzzling cases -- our stellar faculty and your fellow clinicians will provide answers, guidance and new perspectives. Perinatal/neonatal medicine is truly a combination of art and science as we work towards best possible outcomes for these fragile patients and their families. A preconference on Neonatal Pharmacology and new this year, submit an abstract for a poster session in the exhibit hall. Visit our website at ContemporaryForums.com for conference details, submit an abstract and to register!

continuing the mission of FANNP.

Please consider running for one of these positions! We need your help to carry on!

Nominations are due by July 15, 2016. Send them to nominations@fannp.org. Ballots will be emailed to active members for voting by October 1, 2016. The newly elected candidates will

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 though 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 be included in the December newsletter

FANNP BOD

be announced at the NNP Symposium Annual Member Brunch.

Thank you,

*Leslie Parker, PhD, NNP-BC
Past President, Chair: Nominations Committee*

Bring it On...



Practice Questions to Prepare for the NNP Certification Exam

1. An alternative and effective method of maintaining thermal stability for the preterm infant is kangaroo (skin-to-skin) care. Which of the following explains the effect?
 - A. The mother radiates heat to the infant.
 - B. The mother will increase and decrease her skin temperature to keep her infant's temperature within normal limits.
 - C. Warm blankets surround and insulate the dyad, preventing evaporative heat loss.
2. What is the essential function of vitamin D?
 - A. Metabolism of calcium and phosphorus.
 - B. Maintaining the integrity of the red blood cell membrane.
 - C. Synthesis of the parathyroid hormone.
3. A 27 week gestation infant is at 6 weeks of age and is noted on ophthalmology exam to have the following findings: a clearly defined rolled ridge of scar tissue involving one-quarter of the circumference of the retina of the left eye, located anteriorly and to the most temporal side of the eye. There are no abnormal new blood vessels or fibrous scar tissue. This infant's retinopathy of prematurity of the left eye would be classified as:
 - A. Zone 3, 3 hours, stage 2.
 - B. Zone 2, 3 hours, stage 2.
 - C. Zone 3, 3 hours, stage 1.

Answers on page 6

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