

# FANNP NEWS



**HIGHLIGHTED: THE SUBSTANCE ABUSE EPIDEMIC**

**PLUS: POCKET NOTEBOOK • EDUCATIONAL OFFERINGS • BRING IT ON  
LETTER FROM THE PRESIDENT • BRAG BOARD • LEGISLATIVE UPDATE**

The Publication of the Florida Association of Neonatal Nurse Practitioners

## CALL FOR NOMINATIONS Your 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, 2014 through December 31, 2015. 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:** Responsibilities include filling in as designated for the President in their absence, chairing the Bylaws Committee, functioning as successor to the President upon completion of the Presidential term, and continuing as Past-President following completion of the Presidential term (6 year commitment).

**Secretary:** Records minutes of all meetings, provides notices for all meetings, maintains bylaws and membership records, sends mass emails and functions as Chair of Communication Committee.

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

Additional Board of Director Positions:

**At-Large Members (4):** Serve on committees as assigned. *\*Please see website for a complete description of At-Large Member 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 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, 2013, send them to [nominations@fannp.org](mailto:nominations@fannp.org). Ballots will be emailed to active members for voting by October 1, 2013. The newly elected candidates will be announced at the 24th NNP Symposium Annual Member Brunch.

*Thank you,  
Ruth Bartelson, ARNP, NNP-BC  
Past President, Chair: Nominations Committee*



## Conference Update

Hi Everyone! The Planning Committee is working hard to give you another great conference this October! We have received your suggestions for speakers, topics, and ideas and are working on what we think will be another not-to-miss conference. We are always looking for ways to move forward, keeping current with what is on the horizon and what you would like in a conference. You will see a few changes in our format along with a lot of our tried-and-true favorites. The "Save the Date" cards will be sent soon. In the meantime, please verify that your address and email information is current with your membership. The dates for this year are October 15-19 at the Sheraton Sand Key Resort so mark your calendars! Hope to see you there!

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

**Save the date! FANNP's 24th Neonatal Nurse Practitioners  
Symposium: Clinical Update and Review  
October 15-19, 2013**

*Sheraton Sand Key Resort, Clearwater Beach, Florida*

## Letter from the President

Hello FANNP members!

I hope this newsletter finds everyone happy, healthy and prosperous in 2013! FANNP has numerous opportunities for each of you, so please take time to read each announcement



within this newsletter. We have nominations for our Board of Director positions coming up, and this is a great opportunity to become actively involved. In addition, we have several committees that you can Chair or become a Member such as Communications, Legislation, Research, Scholarship and Conference Planning. We also have funds available for scholarship and research funding.

I strongly encourage you to consider utilizing your talents, interest and knowledge to become engaged at any level or to take advantage of funding resources as a member of FANNP.

Our country is facing imminent change in Healthcare provisions. With these changes on the near horizon, it is more important than ever that we, as Nurse Practitioners, remain educated and aware of how proposed changes may affect or enhance our practice. Several bills are being contemplated at State and National levels, and the outcome of legislative changes may directly or indirectly affect our profession. Our legislative committee is dedicated to raising awareness and educating our members regarding issues of importance—from scope of practice, healthcare delivery and reimbursement issues, so that we can remain steadfast as a unified voice to support NP practice across the country.

Moving forward in FANNP, our Board of Directors and Conference Planning Committee have been diligently planning our 24<sup>th</sup> Annual National Symposium October 15-19, 2013 at the Sheraton Sand Key Resort in beautiful Clearwater, Florida! Thanks to Conference Chair, Mary Kraus and Co-Chair Jacqui Hoffman for their extraordinary organization and planning skills! Now is the time to **SAVE THE DATE** and make your

plans to attend. As always, check our website often for updates at [www.fannp.org](http://www.fannp.org) or the FANNP Facebook page.

Thanks again for all you do to make our FANNP organization unique, successful, and superb. Our sustainability is based on your dedication and loyalty while continually reinforcing excellence among the NNP profession.

*Respectfully submitted,  
Terri Marin, PhD, NNP-BC  
President, FANNP*

### 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.

Three scholarships were awarded in 2012 to Leigh Ann Cates from Sugar Land, Texas, Joanne Scott from University of Alabama at Birmingham and Jodi Kurtz.

FANNP would like to be able to award more scholarships in 2012, but we can only award scholarships if we receive applications.

FANNP members who attend an educational program leading to a degree related to the health care field between September 15, 2012 and September 15, 2013 are eligible for a 2013 scholarship. The completed scholarship application packet must be postmarked by September 15, 2013.

For questions, more information or to obtain an application please contact FANNP via email at: [scholarships@fannp.org](mailto:scholarships@fannp.org). See eligibility requirements on our website, [fannp.org](http://fannp.org).

#### THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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# The Substance Abuse Epidemic

*Jodi M. Kurtz, RN, BSN*

## Introduction

Substance abuse is frequently scrutinized and overlooked as a national health care issue. People often believe that substance abuse can be resolved by mere cessation of habitual behaviors or by changing ones social activities. Substance abuse and addiction is defined as a chronic brain disease that results in compulsive drug seeking behavior and ingestion. Following professional treatment, substance abuse behaviors often relapse despite consequences for the individual and their loved ones ("Drug facts understanding," 2011). The substances widely abused currently are illicit drugs like heroin, cocaine, and methamphetamines as well as prescription drugs such as xanax, roxanol, methadone and oxycontin. Prescription drug use has recently had an overwhelming increase in incidence. Statistics published in 2009 revealed that there was a range of 149 to 272 million people worldwide between the ages of 15-64 that used illicit drugs at least once within the previous year. Additionally, approximately half of those individuals were noted to be using illicit drugs at least once during the previous month. Despite these statistics, national trends reflect a steady decline in the number of heroin and cocaine users, and a steady incline of synthetic and prescription drug use (United Nations Office on Drugs and Crime [UNODC], 2011). The purpose of this paper is to investigate the federal legislative response to the increase in substance abuse and addiction, as well as review individual and community-based treatment options.

## Social Factors

Some illicit drugs have a high dependency rate that is independent of usage frequency. A study performed by the Centers for Disease Control and Prevention (CDC) revealed that in 2009, 8.7% of the United States' population, ages 12 and older, utilized an illicit drug during the previous month ("Illegal Drug Use," 2011). Following the results of the fore mentioned statistical analysis, further studies were implemented revealing that 23.5 million people required treatment for illicit drug or alcohol use in 2009. Reportedly, 2.6 million of those individuals received treatment at a specialty facility ("DrugFact," 2011). One can extrapolate that the increase in incidence without adequate treatment availability contributes significantly to the epidemic of substance abuse. Another potential contributing factor may be the lack of legislation with regard to pain management clinics. Undeniably, pain causes a disruption to ones daily activities. However, without tight federal sanctions on pain clinic protocols, physicians lack a system of check and balances to assure appropriate treatment recommendations.

Lack of legislation of pain clinics is potentially feeding the epidemic of prescription drug misuse, thereby increasing incidences of addiction rates, monopolization of health care resources and deaths related to drug overdose (Zgierska, Miller, & Rabago, 2012). In 2010, pharmacies dispensed a 478 million prescriptions for controlled substances (Kerlikowske, 2012). Prescription drug abuse is creating an increase in societal detriments as well as a major financial strain upon the U.S. population.

## Economic Factors

The American people are greatly impacted by the financial burden associated with substance abuse and addiction. The National Drug Intelligence Center (NDIC) estimates that in 2007, the direct and indirect costs associated with substance abuse, including crime, health, and productivity, were approximately \$193 billion. Astonishingly, the annual costs associated with the substance abuse epidemic are greater than that of chronic diseases such as diabetes, obesity and smoking. Heart disease was the only chronic disease that had higher associated costs than substance abuse and addiction (U.S. Department of Justice National Drug Intelligence Center [NDIC], 2011). There is currently limited data and research with regard to the individual and societal cost of substance abuse treatment. A study in 2002 estimated that the U.S. spent \$21 billion on substance abuse treatment. Approximately 77% of this funding came from public resources, including federal, state, and local governments (French, Popovici, & Tapsell, 2008). Additional research comparing the cost of treatment and the cost and consequences of non-treatment is needed.

## Ethical Factors

Physicians treating patients are required by the American Medical Association (AMA) to uphold the cardinal bioethical principles of beneficence and nonmaleficence. Beneficence is defined as the responsibility to promote good, by acting in the patient's best interest. Nonmaleficence, the obligation to do no harm to patients, may be violated, when a doctor prescribes an opioid medication ("American College of Physicians," 1998). While prescribing pain medications may alleviate ones affliction, doing so without excluding addiction as a differential diagnosis may be interpreted as nonmaleficence. Independence with regard to treatment options may lead to addiction, violating the beneficence principle. Substance abuse and addiction can cause great strife among health care providers as they attempt to mitigate their ethical principles in caring for patients that may not have the initiative or resources to care for themselves.

## Political and Legal Factors

Substance abuse strains every facet of society, including the federal government. The epidemic of substance abuse cannot be resolved using local resources alone. Under the direction of President Obama, the bi-partisan administration created the

"SUBSTANCE ABUSE" continues on page 4

## SUBSTANCE ABUSE from page 3

National Drug Control Strategy. This strategy, published in 2010, aims to reduce illicit substance abuse and consequence of its existence. Evidence-based strategy identifies prevention, treatment, and recovery as key elements for reducing societal strain associated with substance abuse. In the last three years, the federal government has spent \$20.9 billion on drug control. Furthermore, the federal government has allocated \$10.1 billion for substance abuse prevention and treatment programs during the 2012 fiscal year ("2012 National Drug," 2012). Additionally, state legislatures are implementing Prescription Drug Monitoring Programs (PDMP). PDMPs are defined as electronic databases, which collect information on substances prescribed and dispensed within the state. Advantages of utilizing PDMPs include supporting medically legitimate access to controlled substances, identifying and preventing substance abuse, identification of and intervention for individuals addicted to prescription drugs, and public education regarding drug use and abuse trends. As of October 16, 2011, functional PDMPs exist in 37 states. Eleven states and one U.S. territory have legislation enacted to institute a PDMP, but are not fully operational at this time ("State Prescription," 2011). PDMPs are a great starting point in the efforts to controlling prescription drug abuse within the United States.

### Conclusion

Substance abuse and addiction are critical problems challenging the personal, social, political, and economic facets of our society. If not properly managed and prevented, substance abuse and addiction could continue to monopolize and eventually overtake our nations resources. Federal legislators are currently making attempts to address this issue, however, further guidance and support are necessary to accomplish this considerable task.

### References

- 2012 National drug control strategy. (2012). Retrieved June 16, 2012, from [www.whitehouse.gov/ondcp/2012-national-drug-control-strategy](http://www.whitehouse.gov/ondcp/2012-national-drug-control-strategy)
- American college of physician-Ethics manual. (1998). Retrieved June 16, 2012, from [www.ama-assn.org/ama/pub/physician-resources/medical-ethics-group/ethics-resource-center/educational-resources/federation-repository-ethics-documents-online/american-college-physicians.page](http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics-group/ethics-resource-center/educational-resources/federation-repository-ethics-documents-online/american-college-physicians.page)
- Drug facts: Understanding drug abuse and addiction. (2011). Retrieved from [www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction](http://www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction)
- DrugFacts: Treatment statistics. (2011). Retrieved from [www.drugabuse.gov/publications/drugfacts/treatment-statistics](http://www.drugabuse.gov/publications/drugfacts/treatment-statistics)
- French, M. T., Popovici, I., & Tapsell, L. (2008, February 21). The economic cost of substance abuse treatment: Updated estimates and cost bands for program assessment and reimbursement. *Journal of Substance Abuse Treatment*, 35, 462-469. doi:10.1016/j.jsat.2007.12.008
- Illegal drug use. (2011). Retrieved from [www.cdc.gov/nchs/fastats/druguse.htm](http://www.cdc.gov/nchs/fastats/druguse.htm)
- Kerlikowske, G. (2012, May 19). Prescription drug abuse: The national perspective. *National Association of Boards of Pharmacy*, 1-21. Retrieved from [www.nabp.net/meetings/assets/ONDCKerlikowske.pdf](http://www.nabp.net/meetings/assets/ONDCKerlikowske.pdf)

## FANNP BRAG BOARD



FANNP is very fortunate to be associated with and supported by a multitude of talented and professional Practitioners who continually grow and develop themselves. The purpose of the "Brag Board" is to call attention to achievements such as acceptance by a professional organization for poster presentations, completing an MSN, DNP or PhD program, passing the NCC exam, acceptance to be published in a professional publication, or even survival of one's dissertation defense. The FANNP would like to recognize the following individuals for their recent accomplishments:

**Dr. Terri Marin, PhD, NNP-BC**, was published this year in *Advances in Neonatal Care* for her work with regard to "Transfusion-Related Necrotizing Enterocolitis: A Conceptual Framework", as well as in *Transfusion* for her article titled, "Red Blood Cell Transfusion Related Necrotizing Enterocolitis in Preterm Infants: a Near Infrared Spectroscopy Investigation". Dr. Marin has also been selected for podium presentations at the NANN Research Summit in Scottsdale, Arizona and The Nursing Research Symposium at Emory University this April, for her abstract titled "Mesenteric Perfusion Pattern Changes as the Result of Packed Red Blood Cell Transfusion in Preterm Infants".

**Patrice Rogers, MSN, NNP-BC**, graduated from the University of Florida's School of Nursing with her MSN degree in August 2012. She passed her certification exam on February 6, 2013. She is actively seeking for an NNP position in the Central Florida area, and is looking forward to applying her years of experience and knowledge as a NICU Nurse and ECMO Specialist to her career as an NNP.

Congratulations and strong work to all of our recent graduates, those who have passed their certification exams and Patrice Rogers, MSN, NNP-BC. Congratulations to those who have been published recently and Dr. Terri Marin, PhD, NNP-BC! Do YOU have an exciting professional accomplishment you would like to share with us? If so, please email [TiffanyGwartney@gmail.com](mailto:TiffanyGwartney@gmail.com) with submissions. Thank you!

- State prescription drug monitoring programs. (2011). Retrieved June 16, 2012, from [www.deadiversion.usdoj.gov/faq/rx\\_monitor.htm](http://www.deadiversion.usdoj.gov/faq/rx_monitor.htm)
- U.S. Department of Justice National Drug Intelligence Center. (2011). The economic impact of illicit drug use on American society. Retrieved from [www.justice.gov/ndic/pubs44/44731/44731p.pdf](http://www.justice.gov/ndic/pubs44/44731/44731p.pdf)
- United Nations Office on Drugs and Crime. (2011). World drug report 2011. Retrieved from [www.unodc.org/documents/data-and-analysis/WDR2011-ExSum.pdf](http://www.unodc.org/documents/data-and-analysis/WDR2011-ExSum.pdf)
- Zgierska, A., Miller, M., & Rabago, D. (2012, April 4). Patient satisfaction, prescription drug abuse, and potential unintended consequences. *The Journal of the American Medical Association*, 307, 1377-1378. doi:10.1001/jama.2012.419

## Blood Abnormalities – Part 1

### ABO Incompatibility & Anemia

#### ABO Incompatibility

1. **Definition:** ABO Hemolytic Disease of the Newborn (HDN) begins in utero and is most commonly found in infants with A and B blood types, born to mothers with O positive blood. Maternal IgG antibodies with specificity for the ABO blood group system pass through the placenta to the fetal circulation where they can cause hemolysis of fetal red blood cells, which can lead to mild hemolytic anemia and reticulocytosis. Unlike Rh disease, about half of the cases of ABO HDN occur in firstborn offspring, and ABO HDN does not become more severe with future pregnancies.
2. **Incidence:** ABO incompatibility is present in about 15% of pregnancies, and the incidence of positive Coombs occurs in only 3-4%.
3. **Pathophysiology:** When maternal iso-antibodies cross the placenta, an immune reaction occurs with the A and B antigens on the fetal erythrocytes, producing micro-spherocytes. The result is extravascular hemolysis of the end-stage spherocyte. The continued hemolysis is compensated by reticulocytosis and shortening of the cell cycle.
4. **Risk Factors:**
  - Birth order is not considered a risk factor.
  - An A<sub>1</sub> antigen found in the infant has the greatest risk of symptomatic disease.
  - Elevated iso-hemagglutinins: Maternal intestinal parasitism and tetanus toxoid or pneumococcal vaccines during the 3rd trimester or at birth may stimulate iso-antibodies.
5. **Clinical Presentation:**
  - Hyperbilirubinemia onset within first 24 hours
  - Anemia
6. **Diagnosis via obtaining:**
  - Maternal and infant blood types and Rh factor
  - Reticulocyte count
  - Direct Coombs test
  - Blood smear- micro-spherocytosis
  - Bilirubin level
  - Additional laboratory studies
    - Indirect Coombs (more sensitive than a direct Coombs)
    - Maternal IgG titer
7. **Management:**
  - Antepartum treatment is typically not indicated
  - Postpartum newborn treatment:
    - General measures include adequate hydration, rule out sepsis, drug exposure and metabolic disturbances
    - Initiate phototherapy
    - Consider exchange transfusion
    - Consider intravenous immunoglobulin (IVIG) to decrease hemolysis by coating red blood cells
8. **Prognosis:** Early diagnosis and appropriate management may thwart severe hemolytic anemia and secondary hyperbilirubinemia.

#### References

- Murray, N.A., Roberts, A.G., (2007). ABO incompatibility and hemolytic disease of the newborn. Archives of Diseases in Childhood: Fetal & Neonatal; March; 92(2): F83-F88.
- Wagel.S., Rosenkrantz, T., (2011). Hemolytic disease of the newborn. Retrieved on-line 2/6/2013. [emedicine.medscape.com](http://emedicine.medscape.com)



## Legislative Update

The year 2013 should prove to be a year filled with legislative challenges for the Nurse Practitioner of all disciplines. These challenges will more than likely come in the form of a House or Senate Bill. The bill process is a very detailed and tedious journey that all bills must undergo. One such bill is the House Bill (HB) 1267 in the State of Florida which provides Nurse Practitioner prescriptive authority. This particular bill continues to be a struggle despite support from State and National organizations. The most recent legislative interest impacting the Nurse practitioner is the submission of the Senate Bill (SB) 612, a bill to restrict the use of “title”.

To appreciate the legislative process lets first review the basics. The American Nurses Association (ANA) website has organized a detailed description of the bill process. The following are highlights from the website (retrieved 2/01/13):

### Bill Basics: The Legislative Process:

**Anyone may draft a bill; however, only members of Congress can introduce legislation, and by doing so become the sponsor(s). There are four basic types of legislation: bills, joint resolutions, concurrent resolutions, and simple resolutions. The official legislative process begins when a bill or resolution is numbered (H.R. signifies a House bill and S. a Senate bill), referred to a committee, and printed by the Government Printing Office.**

- Step 1. Referral to Committee
- Step 2. Committee Action
- Step 3. Subcommittee Review
- Step 4. Mark Up
- Step 5. Committee Action to Report A Bill
- Step 6. Publication of a Written Report
- Step 7. Scheduling Floor Action
- Step 8. Debate
- Step 9. Voting

### Step 10. Referral to Other Chamber

### Step 11. Conference Committee

### Action

### Step 12. Final Actions

### Step 13. Overriding a Veto

**The process can vary from bill to bill depending on the issue at hand.**

The House Bill 1267 is on the agenda for the 2013 session. The Florida Nurses Association (FNA) 2012-2013 platform is to protect and enhance the ability of the Nurse Practitioner to practice to the fullest extent of their education and experience. FNA will be lobbying for the HB 1267 to pass so that Nurse Practitioners in the State of Florida will be authorized to prescribe controlled substance. The Florida State House of Representatives will convene on March 5, 2013 for the 2013 general session. Currently Florida and Alabama have legend drug authority. According to Georgetown University’s School of Nursing & Health Science’s, the States of Alaska, California, Illinois, Indiana, Kansas, Kentucky, Maine, Mississippi, Montana, Nevada, New Jersey, New Mexico, Oregon, Pennsylvania, Rhode Island, Tennessee, Virginia, Washington, and Wyoming allow Nurse Practitioner prescriptive authority for drugs in the schedule II, III, or IV categories. The States with schedule III-IV prescriptive authority are Arkansas, Georgia, Louisiana, Michigan, Missouri, Ohio, Oklahoma, South Carolina, Texas and West Virginia.

The largest legislative challenge in 2013 will effect Nurse Practitioners with PhD or DNP degrees. The role of the Nurse Practitioner and the requirements for extensive education has opened a new chapter in the history book of nursing. According to The American Association of Colleges of Nursing (AACN), in a 2005 report titled Advancing the Nation’s Health Needs: NIH Research Training Programs, the National Academy of Sciences called for nursing to develop a non-research clinical doctorate to prepare expert practitioners who can also serve as clinical faculty. The AACN’s work to advance the DNP has been consistent with this call to action. The title of Doctor is common to many disciplines and health professions. There are many Nurse Practitioners that have attained a doctoral degree and should be commended for their drive and passion.

This brings us to the current bill of discussion, which is the Senate Bill (SB) 612. The SB 612 has been submitted by the American Medical Association (AMA) to restrict the use of “title”. The AMA’s intent is to restrict the use of the title “Doctor” or the abbreviation “Dr” without additionally disclosing that one is not a Medical Doctor or an Osteopathic Physician, citing such an infraction as a felony of the third degree. The American Association of Nurse Practitioners’ brief on the AMA “Truth in Advertising” campaign details the complete bill. The Vice President of State Government Affairs for American Association of Nurse Practitioners (AANP), has corresponded that this is one of the most aggressive, penalizing bills that the AANP has evaluated to date. The important reminder regarding this bill is to stay informed via periodically reviewing the legislation section on websites of your state nursing board, the ANA, and the AANP.

– Diana Morgan-Fuchs, ARNP, NNP-BCS

## Bring It ON...

### Answers (questions on page 8)

- 1. Answer is B;** The rooting and sucking reflexes in preterm infants are perfunctory but become vigorous by 34 weeks. The Moro reflex, first present in fragmentary form at 24 weeks, is well developed by 28 weeks, although it fatigues easily and lacks a complete adduction phase. The complete Moro reflex is not present until 38 weeks gestation. The palmer reflex is evident just in the fingers, and by 32 weeks, the palm and fingers participate.
- 2. Answer is B;** Stridor is the most common symptom of tracheo-esophageal compression secondary to anomalous vascular development.
- 3. Answer is A;** Alcohol may interfere with fetal metabolism and endocrine function. Amino acid transport across the placenta is decreased by alcohol. Animal and human studies of the brain have showed decreased brain weight, with suppression of cell division and abnormal morphology of the brain. The severity and frequency of these effects are related to dosage, pattern of alcohol consumption, time of gestation and individual susceptibility. Brain weight as well as birth weight also may be decreased due to interference with amino acids, not carbohydrate or fat interference.

## CLASSIFIEDS

**Linkous & Associates, LLC**  
800.738.NNPs (6677)  
Info@LinkousRecruiting.com  
www.LinkousRecruiting.com

As a family-owned and operated specialty service for the neonatal health care industry, Linkous & Associates has specialized in the recruitment and placement of NNPs nationwide for over 20 years. LinkousRecruiting.com.

### Nationwide NNP Recruitment

ENSEARCH is widely regarded as the nation's preferred NNP recruitment firm, offering both Direct Hire as well as Locum Tenens staffing options. Call us to let us explain to you why you should be working with ENSEARCH rather than any other recruitment firm. (888) 667-5627 (NNP JOBS); www.ensearch.com.

**Immediate opening to join an established Pediatrix Medical Group of 10 Neonatal Nurse Practitioners** and 11 Neonatologists. Various 12-, 16- and 24-hr shifts at 10-bed Level II, 10-bed Level II/III and 64-bed Level III NICUs in Clearwater/Safety Harbor/Tampa areas. No transport responsibility. Experienced NNPs as well as new graduates with strong level III and delivery room background will be considered. Please send inquiries to Dr. Foster at [Cherie\\_Foster@Pediatrix.com](mailto:Cherie_Foster@Pediatrix.com).

### Growing South Florida Team Seeks NNPs

Our congenial team of Neonatal specialists is looking for NCC Certified NNPs with Level III experience or new graduates. Work with quality-minded clinicians in some of the finest NICUs in the U.S. Excellent compensation, sign-on bonus, full benefits, professional growth opportunities, and ongoing education and training. Our safe community boasts many excellent neighborhoods, nice homes, great shopping, fine dining and NO SNOW! Call or email Mike Hathaway today! 954-858-1011 or [Michael.Hathaway@shcr.com](mailto:Michael.Hathaway@shcr.com).  
www.shcr.com



## 2013 Classified Advertising in the FANNP Newsletter

### Acceptance of Advertising

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

### Ad Options

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

### Cost

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

### Format

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

### Closing Dates for Space and Advertising Materials

- June, 2013-ads must be received by May 10, 2013, and paid in full
- September, 2013-ads must be received by August 9, 2013, and paid in full
- December 2013-ads must be received by November 8, 2013, and paid in full

– FANNP BOD

## EDUCATIONAL OFFERINGS

**Emory Regional Perinatal Center  
Emory University School of  
Medicine  
Neonatology 2013 Conference**  
March 21-22, 2013  
Emory Conference Center  
Atlanta, GA  
<http://www.pediatrics.emory.edu/divisions/neonatology/savethedate.html>

**Texas Association of Neonatal  
Nurse Practitioners  
2013 Annual TXANNP  
Conference**  
April 4-6, 2013  
Worthington Renaissance Hotel  
Fort Worth, Texas  
[www.txannp.org](http://www.txannp.org)

**Academy of Neonatal Nursing  
10<sup>th</sup> Anniversary Advanced  
Practice Neonatal Nurses  
Conference**  
April 3-6, 2013  
Hyatt Regency  
San Francisco, California  
[www.academyonline.org](http://www.academyonline.org)

**Contemporary Forums  
Neonatal Pharmacology**  
June 6-8, 2013  
Hyatt Regency La Jolla  
San Diego, CA  
[www.ContemporaryForums.com](http://www.ContemporaryForums.com)

**National Association of  
Neonatal Nurses  
29<sup>th</sup> Annual Educational  
Conference**  
October 2-5, 2013  
Nashville Renaissance Hotel  
Nashville, TN  
[www.NANN.org](http://www.NANN.org)

**FANNP's 24th National Neonatal  
Nurse Practitioners Symposium:  
Clinical Update and Review**  
October 15-19, 2013  
Sheraton Sand Key Resort  
Clearwater Beach, Florida  
[www.fannp.org](http://www.fannp.org)





*Bring it On...*

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

1. At 28 weeks gestation, which of the following reflexes are present?
  - A. A vigorous sucking and rooting reflex
  - B. A well developed Moro reflex that fatigues easily and lacks complete adduction
  - C. A grasp reflex in which the fingers and palm participate
  
2. A 2-day old full term infant has inspiratory and expiratory stridor. A contrast swallow shows indentation in the esophagus in the mediastinal area. The most likely cause of the infant's stridor is:
  - A. Mediastinal teratoma
  - B. Double aortic arch malformation
  - C. Pulmonary sequestration
  
3. Maternal alcohol consumption during pregnancy can alter fetal embryonic organization by interfering with the placental transport of:
  - A. Amino acids
  - B. Carbohydrates
  - C. Fats

*Answers on page 6*

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