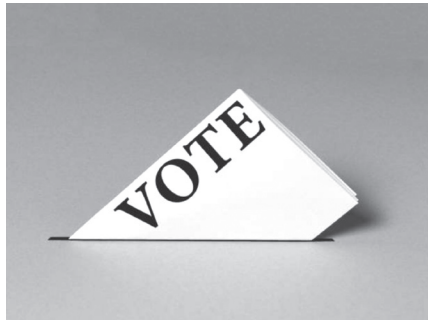


# FANNP NEWS



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MORE...

The Publication of the Florida Association of Neonatal Nurse Practitioners



## Please welcome your newly elected Board of Directors!

2018 was an election year for FANNP:

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

We are pleased to announce the following Board of Directors who will take office January 1, 2019:

### President-Elect

#### Gayla Kaye-Steed, MSN, NNP-BC

Gayla has been a FANNP member for 13 years, and her loyal dedication to our organization is profound. She attends our conference every year, and volunteered to assume the newsletter

SEE "BOARD" on page 3

## Neonatal Hypocalcemia in the Infant of a Diabetic Mother

Colleen R. Moss

University of Tennessee Chattanooga, DNP Program

### Abstract

Neonatal hypocalcemia (NHC) is one of the most common disorders of calcium metabolism in infants admitted to the NICU. Presentation can range from asymptomatic to generalized seizures or tetany. In this case study, an infant with NHC is presented along with an overview of the pathophysiology, prevalence, diagnosis, and management of NHC for NNPs and other neonatal care providers.

Neonatal hypocalcemia (NHC) is a potentially life-threatening condition and a common complication in infants of diabetic mothers (IDMs). For term and preterm infants greater than 1500 grams, NHC is defined as a serum calcium less than 7 mg/dL or an ionized calcium less than 4.4 mg/dL (Abrams, 2018). During the second and third trimesters, maternal hyperglycemia due to type I or type II diabetes can cause fetal hyperglycemia, hyperinsulinemia, hypocalcemia, polycythemia, hyperbilirubinemia, myocardial hypertrophy, delayed lung maturation, and large-for-gestates status (Sugawara et al., 2016). Although infants with NHC may be asymptomatic, others present with laryngeal stridor, tremors, seizures, or tetany in the neonatal period

(Hieronimus et al., 2006). In some cases, consultation with a pediatric endocrinologist is indicated. The purpose of this article is to review a case of NHC and provide an overview of the pathophysiology, prevalence, diagnosis, and management for NNPs and other neonatal care providers.

### Case Study

BP was a 3620-gram female infant born at 36 3/7 weeks to a 20-year-old G1 mother. The pregnancy was complicated by morbid obesity, bipolar/depression, unmedicated pregnancy-induced hypertension and insulin-dependent diabetes (the mother's hemoglobin A1C was 8.3% during her first trimester). Maternal serologies were significant for positive Group B streptococcus, which was adequately treated during labor. Labor was induced at a community hospital due to worsening preeclampsia; betamethasone course was complete, and artificial rupture of membranes occurred 24 hours prior to delivery. The mother required an insulin infusion during labor due to hyperglycemia. BP was born via spontaneous vaginal delivery that was complicated by shoulder dystocia (less than one minute) and nuchal cord. Initial management included drying, stimulation, and blow-by oxygen.

SEE "HYPOCALCEMIA" on page 6

## Letter from the President

Hello FANNP Members!

I hope this newsletter finds you well and enjoying the holiday season. At FANNP, we have so much for which to be thankful! As the Board of Director's and Conference Planning Committee are recovering from planning and hosting an incredible Symposium, I would be remiss in not taking this opportunity to sincerely thank our members for their attendance and support. Undoubtedly, there were a lot of new attendees as a result of your recruitment efforts. As you may know, we experienced record attendance, with over 400 attendees at the Symposium this year. Approximately 45% of the attendees were FANNP members and many attended the annual business meeting brunch during the Symposium.

Did you know that FANNP has open board meetings? If you enjoyed the annual business meeting and/or are interested in learning more about the innerworkings of FANNP, please plan to attend one of our online board meetings, which occur approximately two to three times throughout the year online via Zoom. Our next meeting is



scheduled for January 9, 2019 at 1400. Our board meetings are also a great opportunity for students to log clinical hours for leadership and/or professional development! We will be posting the web/call-in information on the FANNP website soon (see About Us-->Info for Members pages). If you would like to refresh your memory regarding other membership details and benefits, you can find that on the website, as well as in this newsletter edition under Food for Thought.

I am hopeful that you found the Symposium meaningful and valuable to your practice. As we encourage you to share

some of the information you learned at the conference with your colleagues, please consider and/or continue to educate your colleagues about FANNP. Once I read my copy of the newsletter, I share it among my colleagues as a recruitment and education tool. Also, while not all of my students are interested in neonatology, the ones that are (or the ones I recruit into it) are met with information regarding FANNP scholarship and research/quality improvement grant opportunities. You are our best recruiters! Help us

continue to achieve our mission and provide the connections that will allow us to further the work of NNPs!

Speaking of recruiting and getting involved, we are blessed to have added a few new faces to our committees! Colleen Moss and Blair DeRossett have joined the Conference Planning and Social Media Committees, respectively. We are thrilled to have them join our talented committees. We also announced our newest Board of Directors' and Members-at-Large at the annual business meeting. Respectively, in January 2019, Gayla Kaye-Steed, Sheryl Montrowl, and Anecia Carter will assume and/or continue in the roles of President-Elect, Treasurer and Secretary. Jacqui Hoffman, Leslie Parker, Paula Timoney and Harry Vannus were elected as our new Members-at-Large. We welcome and congratulate all of these individuals; I look forward to working with you all!

Lastly, if you were unable to attend or plan to return to our annual Symposium, please consider planning ahead. In 2019, FANNP will celebrate its 30-year legacy of sharpening the NNP workforce. This will be an epic celebration that you will not want to miss! Begin planning your poster and podium presentation applications, time off requests, and travel plans now as we will undoubtedly have another incredible turnout. Mark it in your Hello Kitty or G.I. Joe calendar! Plan to join us for our 30th Annual National Neonatal Nurse Practitioner Symposium: Clinical Update and Review on October 15-19, 2019, at the Sheraton Sand Key Resort in beautiful Clearwater, Florida! Hope your holidays were happy from FANNP!

*Sincerely,*  
Tiffany Gwartney, DNP, APRN, NNP-BC  
President, FANNP  
President@FANNP.org

### THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

#### BOARD OF DIRECTORS

Tiffany Gwartney  
*President*

Gayla Kaye-Steed  
*President Elect*

Anecia Carter  
*Secretary*

Sheryl Montrowl  
*Treasurer*

#### MEMBERS AT LARGE

Jacqui Hoffman  
Leslie Parker  
Paula Timoney  
Harry Vannus

#### NEWSLETTER EDITOR

Christa Smith

#### SOCIAL MEDIA CHAIR

Blair DeRossett



## FANNP Nominations Information

*Submitted by Diana Morgan-Fuchs, NNP-BC, FANNP Past-President*

Hello FANNP members! I would like to take the time to explain the FANNP Board Member (BOD) nominations process. We recently had our 2018 vote for the upcoming 2019 FANNP BOD. The “call for nominations” is posted in the newsletter, FANNP Facebook page, as well as on the website. The criteria for being a BOD is that you must be a FANNP member, active or retired, and have served on an FANNP committee.

There are many ways to be involved with a FANNP committee. There is research, scholarship, conference planning, working the conference, poster presentation, legislation, and newsletter. If you have an interest, contact any of the FANNP officers and we can assist with getting you involved.

If interested in running for a FANNP Board position, all you have to do is email the nominations committee. You will need to send a brief biography and if you are nominating someone, the same applies. You don't have to live in Florida to be a part of the BOD; currently we have BOD members from Georgia, Florida, Ohio, Pennsylvania, and Tennessee. We do most of our meetings via conference call or live stream.

I encourage the FANNP members to think about getting more involved in this excellent organization that is here for you, the NNP. Also remember as a FANNP member it is your opportunity and right to vote for your BOD so watch for the newsletter regarding the “Call for Nominations” 2021 (voting in 2020) and make your vote count. You can read the BOD job descriptions, criteria, and term obligations on the website, [www.FANNP.org](http://www.FANNP.org).

Thanks for your time and to those that recently participated in the voting process, my sincere appreciation.

## BOARD from page 1

co-editor position 3 years ago. While in this position, Gayla recognized the need to expand FANNP's visibility and member outreach through social-media networks. With the Board of Director's ardent support, Gayla became our first Social Media Chair. Through this campaign, Gayla has increased our social-media presence by over 60% (~300members), and this growth continues daily. During the conference, she spearheaded our Twitter postings, increasing recognition of speaker engagements, participant experience, and vendor involvement.

Gayla's passion for FANNP growth, sustainability, and national presence is evident. She has a proven record of strong leadership, as she has served as Chair for numerous NICU special projects at Methodist Hospitals in Memphis, TN, was Student Body Vice-President at the University of Tennessee Memphis, and Student Body President for St. Joseph School of Nursing.

Gayla also maintains active membership in NANN, ANN, ANA, and TNA organizations. Her attributes are consistent with FANNP's mission to facilitate strong clinical collaboration fostering advanced practice education and increasing public awareness of the NNP role.

### Secretary Anecia Carter, MSN, NNP-BC

Anecia has been a loyal FANNP member since 2003. She joined the Conference Planning Committee in 2013 and in 2015 became FANNP's secretary. Anecia has been practicing as a neonatal nurse practitioner since 2003. She



also has a second nurse practitioner degree as a Family Nurse Practitioner, and has worked in a pediatric office since 2005.

Anecia volunteers as a medical provider for Camp Pals (a camp for children with Down's syndrome). Although she lives in Pennsylvania, Anecia enjoys being actively involved in FANNP.

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

Sheryl has served as treasurer for FANNP since 2008. She states, “I have enjoyed my time on the board and have met so many wonderful people. I work hard to help FANNP remain fiscally fit and to help provide a first rate conference at an economical price.”

Sheryl received both her BSN and MSN from the University of Florida and is currently employed as an NNP in the NICU at UF Health Shands in Gainesville.

### Members-At-Large Jacqueline “Jacqui” Hoffman, DNP, ARNP, NNP-BC

Jacqui has been a member of FANNP since she was a NNP student. She was so inspired by not only the FANNP Board but also the members who offered a wealth of knowledge, that she wanted to give back to the organization and became actively involved and has served in numerous positions most recently as a Member-At-Large and previously as President-Elect, President, and Past President.

Jacqui was part of the original Council for the National Association of Neonatal Nurse Practitioners (NANNP). She has presented on numerous neonatal topics, locally, as well as the





## BOARD from page 3

state and national level. She was a chapter author for "Identifying factors in neonatal transition" in the book, *Neonatal Advanced Practice Nursing: A Case-Based Learning Approach*. She is currently working on another book chapter project on the "Cardiovascular system" in *Fetal and Neonatal Physiology for the Advanced Practice Nurse*, as the lead author collaborating with Nicole Bowen and Dr. Amy Jnah.

Jacqui has been an NNP since 2001 and maintains an active clinical practice with the Tampa Bay Pediatrix Medical Group covering three NICUs ranging from Level II to Level IIIb, in addition to Level I newborn care. She completed her DNP in 2010 at the University of Alabama, Birmingham (UAB). She remains active faculty, previously the Clinical faculty and NNP Program Coordinator at UAB, Adjunct Clinical Assistant Professor and NNP Track Coordinator at University of Florida - Gainesville and last January became Assistant Professor at Rush University DNP-NNP program in Chicago. Her roles both clinically and in the academic university setting allow her to understand the educational needs of both areas as she continues to serve as the Co-Chair for the Annual FANNP symposium.

### Leslie Parker, DNP, ARNP, NNP-BC

Leslie has a dual position at the College of Nursing and the College of Medicine at the University of Florida where she is an associate professor. She has been a neonatal nurse practitioner since 1990 and continues to practice as a NNP in the NICU at UF



Health. She was the tract coordinator of the neonatal nurse practitioner program from 1992-2011. She has been funded by the National Institutes of Health for her

team's work regarding neonatal nutrition including the risks and benefits of gastric residual evaluation, reducing feeding tube contamination and optimizing consumption of breast milk for preterm infants.

Leslie has been involved in FANNP for over 15 years and has served on the Board of Directors and was President from 2014-2016. Her vision of this wonderful organization is to not only meet the educational needs of neonatal nurse practitioners across the country but to provide a voice for NNPs regarding legislative, education, and practice issues at both the state and national level.

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

Dr. Timoney has extensive experience in neonatal nurse practitioner education and practice. She is currently a Clinical Associate Professor in the Graduate Program for Advanced Practice Nursing at Stony Brook University in Long Island, NY. She has been the Director of the NNP Program since 2012, and most recently assumed the role of Director for the Master's in Nursing Leadership Program at Stony Brook. Prior to 2012, Dr. Timoney was the Director of Advanced Practice Providers at All Children's Hospital in St. Petersburg, FL, in addition to teaching part-time at Stony Brook since 1997. Paula was a "certificate grad" NNP who returned for and received her Master's in Nursing from the University of Florida. She earned a Doctor of Nursing Practice (DNP) degree from Case Western Reserve University with a focus on Leadership.

Dr. Timoney is a founding member of the Florida Association of NNPs in 1989. She has served FANNP in many capacities, including Vice President, President, Newsletter Editor, and Conference Planning Committee Member. She has been an at-large member on the FANNP Board of Directors. Dr. Timoney also represents FANNP on the Florida Coalition of Advanced Practice Nurses (FCAPN). In



addition, she represented NNPs on the NANNP Council from 2010-2013. She was the co-chair of the 2014 Task Force to revise the NANN Education Standards and Curriculum Guidelines for NNP Programs, the co-author of the 2012 NNP Workforce Survey Report, and on the NANN Nominations and Conference Planning Committees.

Dr. Timoney's philosophy of teaching, practice, and research is based on mentorship with the overarching goal of developing competent clinicians who can identify and evaluate the best evidence to inform their practice. With that goal in mind, Dr. Timoney states that she "would like to continue to serve on the FANNP Board of Directors and mentor new NNP leaders."

### Harry Vannus, MSN, NNP-BC

Harry earned his Diploma of Nursing from St. Boniface General Hospital School of Nursing in Winnipeg, Canada in 1991 and has worked in level 3 NICU's since that date. He worked in Winnipeg until 1993 when he embarked on an adventure as a traveling nurse in Texas, Kentucky, Alabama and Michigan before settling at Miami Valley Hospital in 1998. Harry continued his education at Capital University where he completed his Bachelors of Science in Nursing degree in 2003, and his Masters of Science degree in 2006.



After becoming a Board Certified Neonatal Nurse Practitioner, Harry worked at Nationwide Children's Hospital in the bronchopulmonary

dysplasia (BPD) unit for two and a half years before returning to Miami Valley Hospital's NICU.

Harry has been an active member of FANNP, and has served as Member-At-Large since January 2017. His clinical interests are BPD and chronic care of the newborn. He also enjoys educating the interns and nursing staff in the NICU.

He and his wife Mary have two children, who keep them busy with baseball, soccer, and basketball throughout the year. Harry and his family spend many hours traveling around the county visiting family and friends.

Thank you for voting and congratulations to our newly elected 2019-20 FANNP Board of Directors! Your hard work for this amazing organization is greatly appreciated!



## FANNP Awards Educational Scholarships

Spread the word... FANNP has over 20,000 dollars available to award as scholarships to nurses and NNPs continuing their educational pursuits in the field of neonatal health care.

FANNP as an organization remains committed to the educational advancement of our members and supports the growth of the profession through the development of new NNPs. At the end of the year a percentage of the money in the FANNP general operating budget is placed in the scholarship fund and scholarships are awarded annually at the Neonatal Nurse Practitioners Symposium: Clinical Update and Review.

The scholarship applicants give back to FANNP, providing a short article, case study, practice pointer, evidenced-based practice update, or literature review to be published in the FANNP Newsletter for members to read.

A big thank you to the 2018 Scholarship Committee members: Paula

Timoney, Terri Marin, Michele Beaulieu, Sheryl Montrowl, and Anecia Carter for their time reviewing applications and newsletter article submissions.

Scholarship monies can be used for tuition, books or any expenses incurred while in school. If you are or know a student, encourage them to apply, the money is there to benefit FANNP members.

The scholarship awards were announced at the Annual FANNP Business Meeting held during the 29<sup>th</sup> National NNP Symposium. The recipients for this year are:

**Colleen Moss** from Franklin Tennessee is currently a DNP student at the University of Tennessee, Chattanooga. She has 15 years of NNP experience, is a highly recruited speaker on neonatal care and her expertise is used in the review for neonatal on-line CE courses, articles and textbooks. Colleen's goal is to become a graduate nursing educator. Her DNP project explores the mentoring needs of new NNP graduates.

**Trena Horn** is currently at the University of Connecticut. She is a certified Lactation Consultant and STABLE instructor with over 15 years experience in neonatal care. In her application she used a quote "A comfort zone is a beautiful place, but nothing ever grows there." And stated, "We must perform regular reflections in our personal and professional lives to continue to grow and be a positive influence on those around us." She is from Cape Coral Florida.

**Lisa Schuller** is an NNP at the St. Louis Children's Hospital. As part of the leadership team, her focus has been to improve quality and safety through communication. She is the education coordinator responsible for orientation for new staff, on-going clinical education and staff development. Lisa



is currently in the DNP program at the University of Missouri, Columbia.

**Jennifer Burris** is enrolled at the University of Mississippi in the NNP program. She has been a high school biology teacher and has nearly 10 years of experience as a neonatal nurse. One of her primary responsibilities has been to attend high-risk deliveries. She serves as a leader for the TEARS program providing care in times of loss. Her references indicate she is a leader, remains cool under stress, is empathetic, compassionate, inquisitive and eager to learn and share her knowledge.

**Rebecca Koerner** is from Altamonte Springs, Florida. She has been a neonatal nurse, mentoring new nurses and is now a research assistant. She is currently enrolled at the University of South Florida with the goal of receiving a PhD and becoming a published nurse researcher and educator to impact the lives of infants and caregivers.

If you are interested in applying for a 2019 scholarship, please see the eligibility guidelines in the newsletter or on the FANNP website and contact [scholarships@fannp.org](mailto:scholarships@fannp.org) for an application. Applications will be available in January 2019.

## HYPOCALCEMIA from page 1

Apgar scores were 4, 6, and 8 at one, five, and 10 minutes, respectively. BP developed grunting shortly after birth and was admitted to NICU for respiratory distress, possible sepsis, and large for gestational age (LGA).

On admission to the NICU, peripheral access was obtained along with a sepsis evaluation and a blood culture. Intravenous infusions of 10% dextrose at 70 ml/kg/day and empiric antibiotics were started. BP was placed on bubble CPAP at 5 cm H<sub>2</sub>O pressure. A chest film revealed fluid in the fissure and overall hazy appearance with nine ribs expanded. Initial venous blood gas at one hour of life was as follows: pH 7.20, pCO<sub>2</sub> 35, pO<sub>2</sub> 69, HCO<sub>3</sub> 13.6, base deficit -14. A normal saline bolus was given at one hour of life due to poor perfusion with elevated base deficit. Bubble CPAP decreased to 4 cm H<sub>2</sub>O pressure at 8 hours of life after improved work of breathing was noted; BP was weaned to room air at approximately 36 hours of life.

Throughout the above respiratory and sepsis evaluations, BP's glucose remained low. The first two blood glucoses were <30 mg/dL, requiring two D10 boluses; an umbilical venous catheter (UVC) was placed due to need for increasing dextrose administration. During the first 18 hours of life, she received a total of four D10 boluses and one glucose gel dose. BP's glucose issues were resolved by 48 hours of life. However, at 19 hours of life, a routine metabolic panel screening revealed BP's initial serum calcium was 6.6 mg/dL. Additional calcium was added to supplemental fluids in the central line, but the repeat serum calcium value on Day of Life (DOL) 2 was 6.5 mg/dL with ionized calcium 2.2 mg/dL. On physical exam, BP was asymptomatic and had no signs of tetany, tremors, or seizures; she had no cardiac arrhythmias or laryngeal paralysis. Therefore, BP received one dose of IV calcium gluconate at 180 mg/kg/dose; she subsequently weaned off supplemental intravenous fluids and tolerated ad lib feedings by DOL 2. A follow up ionized calcium on DOL

Table 1: Endocrinology Laboratory Values (DOL 3) for BP

Diagnostic Test	Patient Value	Normal Newborn Range
Calcium, total	7.6 mg/dL (low)	8 – 10.5 mg/dL
Calcium, ionized	3.4 mg/dL (low)	4.4 – 5.6 mg/dL
Parathyroid hormone	67.4 pg/mL (low)*	14 – 72 pg/mL
Vitamin D 25-hydroxy	7.4 ng/mL (low)	30 – 100 ng/mL
Vitamin D 1,25-hydroxy	154.0 pg/mL (elevated)	19.9 – 79.3 pg/mL
Phosphorus	12.5 mg/dL (elevated)	4.2 – 8.5 mg/dL
Magnesium	2 mg/dL (normal)	1.8 – 2.4 mg/dL

Note. \* = critically low value in conjunction with hypocalcemia.

3 remained low at 2.3 mg/dL with an initial elevated phosphorus level of 12.5 mg/dL; therefore, BP's feedings were changed to Enfamil Premium due to the low phosphorus content in the formula, to limit phosphorus intake. As a result, on DOL 3, the NNP consulted with the pediatric endocrine service at a local level IV Children's Hospital. Table 1 provides a summary of BP's laboratory values.

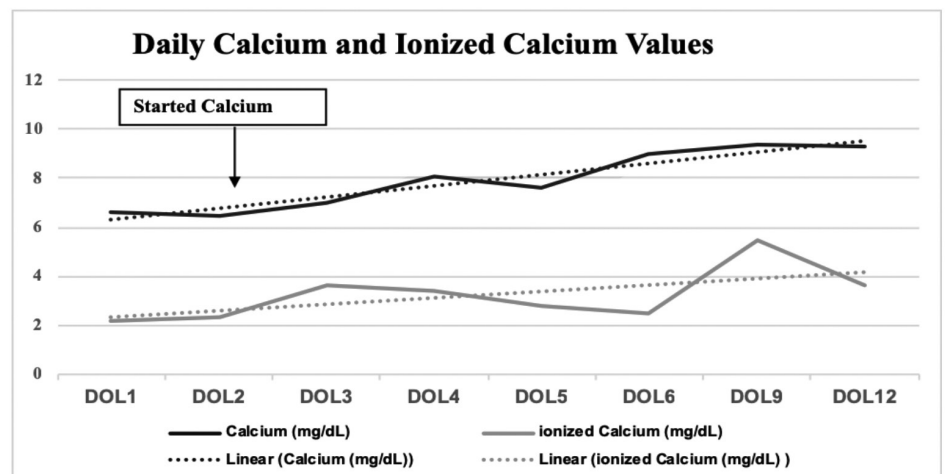
BP's FISH analysis for DiGeorge Syndrome was sent in conjunction with the above laboratory values; however, this test was negative. Based on the above laboratory values, the endocrinologist diagnosed BP with transient NHC due to stunned parathyroid glands and recommended administration of oral calcium gluconate 800 mg/kg/day, divided every 6 hours, along with Vitamin D 1000 IU daily. BP's repeat serum calcium on DOL 5 and 6 showed improvement in serum calcium with persistently low ionized calcium. Figure 1 provides a summary of BP's calcium

and ionized calcium values during her hospitalization.

Subsequently by DOL 9, BP maintained a low-normal serum calcium with her medication regimen and every two-to-three-hour feedings of Enfamil Premium. BP went home on DOL 12 with her discharge medications of oral calcium gluconate (reduced to 400 mg/kg/day divided every 6 hours) along with Vitamin D 800 IU. An endocrinology appointment was scheduled for the week following discharge.

### Pathophysiology, Prevalence, Diagnosis, and Management

Abnormal serum calcium values in the newborn usually represent a delayed maturation of the parathyroid glands. Four parathyroid glands are located in the body; two on the upper and two on the lower dorsal surface of the thyroid gland (Moore, Persaud, & Torchia, 2016). During the last trimester of pregnancy, calcium is actively transferred across the





placenta to the fetus; however, parathyroid hormone (PTH) and calcitonin do not cross (Jain et al., 2010). The diagnosis of hypocalcemia occurs when the serum level is below 7 mg/dL (1.75 mmol/L) in preterm and 8 mg/dL (1.95 mmol/L) in term infants (Ditzenberger, 2018). During the first two days of life, calcium levels decline due to the loss of transplacentally acquired calcium. Serum calcium levels usually rise over the next five to ten days of life as the parathyroid gland function improves (Steffensrud, 2000). PTH increases serum calcium by mobilizing calcium from the bone and intestines and reducing renal excretion of calcium; PTH is stimulated when calcium and magnesium levels are low (Abrams, 2018). In IDMs, however, infants experience hypoparathyroidism with hypocalcemia due to hypomagnesemia in utero (Jain et al., 2010).

The review of the literature indicates that during the first three days of life, NHC can occur in up to 50% of IDMs and hypomagnesemia can occur in up to 40% of IDMs (Ditzenberger, 2018; Hay, 2012; Barnes-Powell, 2007). Early-onset NHC occurs during the first four days of life, and late-onset NHC is diagnosed between five and 10 days of life. The incidence of late-onset NHC is less than one percent of life births and is associated with hypoparathyroidism; moderate-to-severe late-onset is more common in male and Hispanic infants (Thomas, Smith, White, & Adhikari, 2012).

It is necessary to check phosphorus and magnesium levels along with serum calcium values when hypoparathyroidism is suspected because the hallmark findings are hypocalcemia and hyperphosphatemia with normal renal function (Steffensrud, 2000). In the presence of hypomagnesemia, the parathyroid hormone levels are low; hypocalcemia persists until the magnesium level normalizes (Steffensrud, 2000). Differential diagnosis included transient hypoparathyroidism, transient parathyroid hormone resistance, DiGeorge Syndrome, maternal vitamin D deficiency, malabsorption, hypomagnesemia, and metabolic disorders. Calcium gluconate

and Vitamin D are indicated to treat NHC. Rocaltrol (Calcitriol) is a synthetic form of Vitamin D<sub>3</sub> that may be added as an adjunct medication in infants with NHC who do not respond to oral calcium gluconate with Vitamin D supplementation.

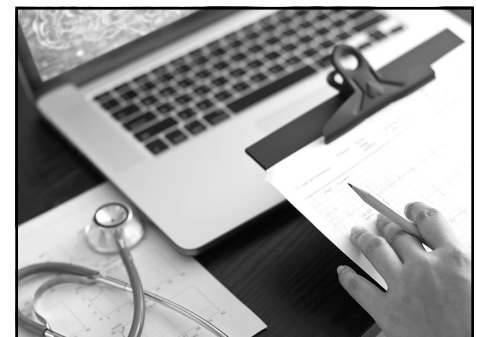
### Summary

This case study provided an overview of an infant with a moderate-to-severe form of NHC. Implications for practice include obtaining a thorough prenatal history and closely following calcium/phosphorus levels of IDMs. Early detection of hypocalcemia is critical, as it can be severe, frequent, and lead to seizures, tetany, and/or cardiac arrhythmias. Prompt consultation with a pediatric endocrinologist is necessary in caring for infants with symptomatic calcium disorders.

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

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

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

# Conference Update

Hi All! We sure had a great time at the 29th FANNP National Update and Review! We broke a few records...the largest registration yet at 408, with the majority of those registrants attending the Review Track. I'm hoping this means we can expect an influx of new NNPs that are greatly needed. I'm sure the attendees noticed the difference, as we had to get creative with seating to accommodate the much larger Review Track. This was a new challenge for us, and we learned a few things to make it even better in the future.

We had wonderful weather and all enjoyed the networking poolside and our ever-popular Beach Party with a Masquerade theme. As always, there were many new speakers in the A track, with very interesting, state-of-the-art information. Our review track speakers were also top notch, and we hope you feel more prepared for NCC boards! Additionally, the poster presentations were phenomenal! Great work, everyone!

Stay tuned for information for the 2019 conference as this is a big one.....our 30th Anniversary!! I look forward to planning a few "surprises" to help us celebrate. The dates are October 15-19, 2019 so mark your calendars now and plan to come join the celebration!

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







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



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## Perinatal Consult Counseling Parents before High Risk Delivery

1. **Perinatal consults** – Perinatal consults allow families with complicating problems that may affect their unborn child to meet the neonatal team, gain knowledge about what to expect for their newborn in the NICU, and participate in the development of a plan of care.
2. **Frequently ordered maternal consults include:**
  - Prematurity
  - Maternal substance abuse
  - Fetal distress
  - Congenital anomalies
  - Maternal health issues complicating pregnancy
3. **Review of maternal records**
  - Speak with the staff caring for the mother regarding current status include fetal well being
  - Review maternal records before speaking with family
  - Maintain HIPPA
  - Review reports from any consulting specialists
  - Identify mother's main language and level of comprehension
4. **Addressing the family**
  - Make every effort to communicate effectively using easily understood medical terms
  - Reinforce the expertise of the obstetrical and neonatal team in managing the current problems
  - Explain what care is anticipated if baby is delivered at present gestational age
  - Inform family if need for transfer to a higher level of care unit is indicated
  - Discuss expectations for survival and, when indicated, degree of lifesaving measures the family requests
  - Explain the Neonatal Golden Hour and how it improves long-term outcomes in viable preterm births
  - Explain thermal cooling for at-risk hypoxic newborns over 36 week's gestation
  - Explain care of drug exposed newborn and potential extended length of stay, while assessing withdrawal
  - Anticipated outcomes are better assessed after delivery of the baby
  - Provide family with confidence that the neonatal team will provide expert care for their baby
5. **Conclusion**
  - Establish a positive relationship with the family; they may have an extended stay in the neonatal care unit
  - Let family and staff know the neonatology team is available for any further questions or concerns

### *References*

Gomella, T., Cunningham, M., Eyal, F, (2009). Neonatology: Management, Procedures, On-Call Problems, Diseases, and Drugs, Sixth Edition. McGraw Hill Medical/USA.

American Pregnancy Association, (2017). Understanding a high risk pregnancy. Promoting pregnancy wellness. Retrieved 2018 from <http://americanpregnancy.org/pregnancy-complications/high-risk-pregnancy/>



## WINTER LEGISLATIVE UPDATE

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

### The Mid-Term Elections

The mid-term elections are over. I do not know about all of you, but I am exhausted. Americans went to the polls in record numbers. The Democratic Party now controls the House of Representatives for the first time in eight years, while Republicans expanded their majority in the Senate. In Florida, the Senate race between incumbent Senator Bill Nelson and Republican Governor Rick Scott was too close to call because the margin between the two was less than 0.5 percent. Florida law then mandated an automatic machine recount. There were concerns of voter fraud; it should be noted there was no evidence of fraud, but there was clear incompetence and a lack of transparency. Ultimately, Rick Scott won the vote. Florida also has a new Governor, Ron DeSantis beat newcomer, Andrew Gillum.

Just a quick history lesson about the midterms: 1) they determine which party will control each chamber of Congress for the next two years. Members of the U.S. House of Representatives serve two-year terms. All 435 members get elected every midterm and presidential election year. The number of representatives a state has depends on its population. Senators serve six-year terms. One-third gets elected during each midterm, and each presidential election year. There are 100 U.S. senators, two from each state.

### Florida APRN Name Change

The Florida Board of Nursing Long Range Planning meeting was held in Orlando on Friday, June 8, 2018 and was attended by Dr. Vicky Stone-Gale and Dr. Jean Aertker. At this meeting there was a lengthy discussion regarding the new changes taking place as the Board of Nursing (BON) prepares to transition our current ARNP title to the APRN (Advanced Practice Registered Nurse) title. All Clinical Nurse Specialists (CNS) will now become APRNs as the new law took effect October 1, 2018. Here is a brief synopsis of what you can expect moving forward

to prepare for the title change:

1. The new RN and APRN licenses were scheduled to go out by end of October 2018. Therefore, you should have received your new license at this time.
2. Your current APRN license number will remain the same and so will the RN license. Each license will have the same number. If you choose to let your RN license go, then you will function as an RN and APRN under the APRN. If you choose to keep it for the Multistate Compact, that is your choice (many educators working on-line programs may need this, as well as if you move out of state to a compact state). You may want to consider keeping your RN license because if you are disciplined as an APRN and can no longer function in that capacity, you would still have an RN license depending on the discipline, of course. You do save \$50 on the RN license if you choose to keep it.
3. If you are currently practicing, then you can have both licenses but any new APRN applicants after 10/1/2018 will only be able to apply for the APRN license or RN--both won't be inclusive. Fees will be the same for the RN and APRN license but will be reduced for the APRN only license.
4. The application for APRN is being redone along with every other document at the BON and on the website. This is a tedious task and they are diligently working on it with extra staff assigned to get it completed, although the legislature has given them until October 1, 2020 to complete everything.
5. CNSs will need a protocol and it will be up to the physician on what they can and cannot do, just like APRN's. If they work in either a hospital setting or office, they will need a protocol with a physician to perform APRN functions and prescribe. The previous CNS rules and regulations will become defunct as of September 30, 2018. They will function under everything related to APRNs. CNSs will need to follow the same guidelines to apply for a DEA number and must maintain the same CEUs required for licensure.
6. If a CNS is already licensed in Florida and did not have Advanced Health Assessment, Physiology, and Pharmacology, they are grandfathered in with the hope that their supervising physician would not allow them to prescribe or perform outside of their scope of practice.
7. The Board is planning to do a mass announcement of the changes to all in Florida and will be doing so via mail, social media, conferences, etc. They have assured us that everyone will be aware of the changes as they move forward.
8. There was a question raised about physicians wanting to know the difference now between a CNS and APRN and the answer is NOTHING. They are one and the same under this new model.
9. All CNSs are required to carry malpractice insurance in their new APRN role. This coverage is the same as an APRN.
10. The BON will provide ample time for the new title to

"LEGISLATION" continues on page 12





## Brag Board

I wanted to take a moment to “brag” on the amazing work of our 2018 Conference Planning Committee for putting in such hard work to give us all one of the most brilliant conferences to date! From the planning that went into having much larger numbers (yay!) to the selection of speakers and management of exhibitors, as well as beach party set-up, and the day-to-day running of the conference....you all rock! Thank you for putting in your time and energy to help make this conference the best out there for both experienced and student/novice NNPs!

### FANNP Conference Planning Committee:

Mary Lee Kraus	Diana Morgan-Fuchs
Jacqui Hoffman	Karen Theobald
Michelle Beaulieu	Terri Marin
Harry Vannus	Leslie Parker
Ruth Bartelson	Paula Timoney
Cori Raiken	Diane McNerney
Mary Beth Bodin	Sheryl Montrowl

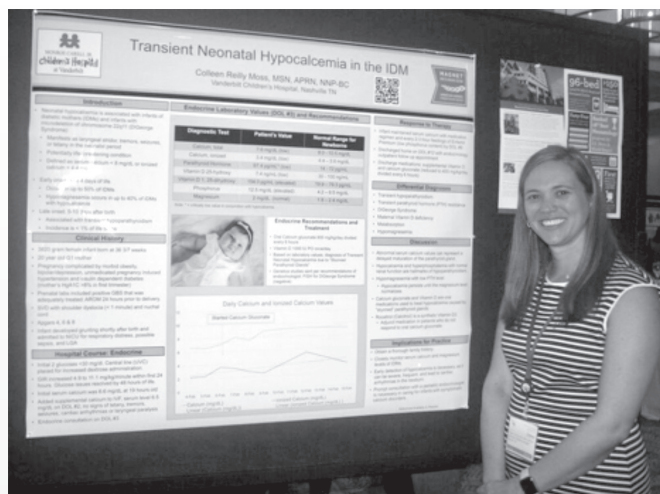
In addition, join us in congratulating Blair DeRossett, MSN, NNP-BC as she takes over the office of Social Media Chair. Blair has been a member of FANNP for three years. She is currently practicing with Pediatrix Medical Group at Piedmont Healthcare in Atlanta, Georgia. She has already taken the reigns of her new position with great enthusiasm! Look for her posts on Facebook, Twitter, and Instagram. Congratulations, Blair!

Congratulations also go out to Colleen Moss, MSN, NNP-BC for her recruitment to the FANNP Conference Planning Committee. Colleen obtained her MSN at Vanderbilt University, and is currently a DNP student at the University of Tennessee Chattanooga. She has been an active member of FANNP, participating as both a speaker and poster presenter,



Blair pictured (left to right) with Terri Cavaliere and Terri Marin

and this year was awarded a FANNP Scholarship towards continuation of her DNP degree. Congratulations, Colleen!



Colleen with her Poster Presentation

## LEGISLATIVE UPDATE from page 11

be updated at your workplace for signage, cards, lab coats, prescription pads, letterhead, etc. (the bill states “to be implemented by 2020”) but the target is October 1, 2018. It is suggested that you work to have these changes in place as soon as possible, specifically on prescribing documents such as in the EMR and your prescription pads. Your patients know who you are and will not even really notice the title change, but you do want to be compliant with the new law. It is each licensee’s responsibility to ensure they discuss these changes with their employer.

11. The BON does not regulate your scope of practice—only the laws that govern your license in the Nurse Practice Act. <sup>1</sup>

### A Moment of Remembrance

Since the last newsletter there have been many sad events that cannot be forgotten. There were bombs sent via the US postal service addressed to many high-level officials including past presidents and the news media. We witnessed the worst killing of Jewish people on American soil at the Tree of Life Synagogue, and the loss of life in the California fires, as well as the Thousand Oaks shooting. These are times that we cannot forget to show kindness to all and to keep the families of these victims in your thoughts through this upcoming holiday season.

From my family to yours, I wish everyone a a prosperous New Year!

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

#### References:

1. Retrieved from <https://sfcapn.enpnetwork.com/nurse-practitioner-news/177851-important-news-regarding-title-change-from-arnp-to-aprn-effective-october-1>

# MEET CAROLYN KELLY

## 2018 Kim Nolan Spirit Award Recipient

Carolyn Kelly, NNP at Johns Hopkins All Children's Hospital in St. Petersburg, FL, is this year's recipient of the Kim Nolan Spirit Award. Known for leadership and clinical expertise within her practice, Carolyn has over 25 years of experience in neonatal nursing care.

The following excerpt is from her nomination letter:

"Within the space of a morning Carolyn can be observed working with charge nurses to help balance acuity, assignments and admissions between teams; helping a nurse feed a baby, change a tracheostomy or clean a wound during a patient assessment; teaching an NNP student or resident physician to put in a line; meeting with and reassuring an anxious parent; all while caring for a full patient load, orienting a new NNP and answering questions from, nurses, nutritionists, neonatologists, social workers, surgeons, respiratory therapists and her team mates.

Everything she does is with a caring attitude. The babies and especially their families come first in everything she does. She will come in early or stay late to meet with families, she patiently explains plans and answers questions. Carolyn reassures, but remains realistic and objective in her communications. Through education she empowers caregivers to become experts.

When she speaks, people listen. As a leader Carolyn is quiet but effective. She leads with a whisper by doing and by example. She is both a leader and a team member, she will be by your side when you need help. Carolyn has become a clinical and subject matter expert in the area of neonatal GI care. She has helped to develop and acts as the coordinator for a Neonatal and Pediatric Intestinal Failure Care Team.

The ripple effect of Carolyn's teaching continues to expand as the students she taught become preceptors or move on to other institutions. And, just as important as her official preceptor role, Carolyn teaches in everything she does with nurses, parents, respiratory therapists, resident physicians, fellows, and NNPs.

In addition to the warmth of her heart, Carolyn infuses the day with humor and fun. Her team room and mobile computer are joyfully decorated for each holiday. While working, she can be heard cracking a joke or belting out one of the latest country, rap, or pop hits.



Carolyn's big heart can be seen in her home life as well. She and her husband are the unofficial camp counselors for the neighborhood. They check on the elderly couple across the street and invite them to dinner. They dog sit, babysit, and housesit. If you need a ride, she and her husband are there. She is "Aunt or Miss Carolyn" to a 21 year old blind previous micro-preemie, picking him up from school or taking him to baseball games and concerts."

Overall, Carolyn is very giving of herself, her time and her knowledge. Carolyn embodies the characteristics that made Kim so special to so many people in her career & community, which makes Carolyn the perfect recipient of the 2018 Kim Nolan Spirit Award.

### CONGRATULATIONS CAROLYN!

*Recipient nominated by Karen Theobald*

*Article submitted by Paula Timoney*

## 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. To read more about Kim, and to nominate someone today, visit [award@fannp.org](mailto:award@fannp.org)!

Recipients of the Kim Nolan Spirit Award receive the following:

- Complimentary conference registration and accommodations (1 year) for the NNP Symposium in October;
- One year waiver of FANNP dues;
- Recognition in the newsletter and on the website;
- Certificate suitable for framing;
- Lladro porcelain figurine, "Angel with child"
- Beautiful bouquet of flowers

**Nominations due July 1, 2019.**

## Scholarship Application 2019 Eligibility Guidelines

1. Applicants must be FANNP members.
  - a. All voting members, student members and associate members are eligible.
  - b. Priority for scholarship awards will be given to voting members, followed by student members and then associate members.
  - c. Priority for scholarship awards will be based on length of membership and service to FANNP.
2. Applicants must be a licensed RN, ARNP, NNP or equivalent.
  - a. Preference will be given to currently licensed NNPs working towards an advanced NNP degree.
3. Applicants must attend an educational program leading to a degree related to the health care field during the application period.
  - a. The application period for the 2019 scholarship is September 15, 2018 to September 15, 2019 (i.e. to be eligible for a 2018 scholarship you must have attended classes sometime between September 15, 2018 and September 15, 2019).
  - b. An applicant may receive a maximum of two scholarship awards for each degree sought.
4. Applicants will provide a short article, case study, practice pointer, evidenced-based practice update or literature review to be published in the FANNP Newsletter.

**To obtain a scholarship application contact FANNP via email [scholarships@fannp.org](mailto:scholarships@fannp.org) COMPLETED applications must be postmarked by September 15 each year.**

## BRING IT ON ANSWERS Questions on page 16

1. B- Holoprosencephaly is characterized by cleft lip and/or palate, hypoplastic nose, and ocular hypotelorism. Other findings can include microcephaly, midface hypoplasia, ocular coloboma, and single maxillary central incisor. Severe cases present with cyclopia, synophthalmia, severe microcephaly, and a proboscis (tube-like nasal appendage with single nostril).
2. B- Trauma can cause chylothorax by rupture or laceration of the thoracic duct. It may occur as a post-op complication after surgery involving the neck and thorax. Lymph collects extrapleurally in the mediastinum after a thoracic duct disruption, forms a chyloma, which causes the mediastinal pleura to rupture and chyle gains access to the pleural space. Chyle is a fluid composed mainly of fat, cholesterol, electrolytes, proteins, glucose, and lymphocytes.
3. A- Scalded skin syndrome, also known as bullous impetigo and Ritter's Disease is an inflammatory skin disorder caused by the phage strain of Staphylococcus aureus. It may present following an upper respiratory tract infection or otitis media.



**FANNP's National Neonatal Nurse Practitioner Symposium: Clinical Update and Review, 2019**

## POSTER & PODIUM PRESENTATION CALL FOR SUBMISSIONS

**SUBMISSION DEADLINE: June 15, 2019**

FANNP is seeking abstracts for posters and podium presentations for the annual FANNP's National Neonatal Nurse Practitioner Symposium on October 15th-19th, 2019. The planning committee invites submissions by members and non-members and participation is open to health professionals whose specialty has a focus on the Neonatal Population (this includes but is not limited to NNPs, RNs, Clinical Nurse Specialists, & Neonatologists). We invite colleagues to share their expertise in one of the following categories:

- Original Research
- Innovations in Practice or Education
- Patient Safety
- Quality Improvement and Benchmarking Initiatives
- Case Studies

**MORE INFORMATION IS AVAILABLE NOW AT [FANNP.ORG](http://FANNP.ORG)**

### FANNP Newsletter Submission Calendar

Edition	Article Submission Deadline	Publish Date
Spring 2019	02/08/19	03/09/19
Summer 2019	05/10/19	06/08/19
Fall 2019	08/09/19	09/07/19
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](mailto:newsletter@fannp.org).  
\*\*Interested in helping with the editing of the newsletter?? Please email the above link!\*\*\*



## EDUCATIONAL OFFERINGS

### Neo Conference

February 21-23, 2019  
Hyatt Regency Orlando  
Orlando, FL  
www.neoconference.com

### The 32nd Annual Gravens Conference on the Environment of Care for High Risk Newborns

March 6-9, 2019  
Sheraton Sand Key Resort  
Clearwater Beach, FL  
www.cme.hsc.usf.edu

### Spring 2019 National Advanced Practice Neonatal Nurses Conference

May 30-June 1, 2019  
Hyatt Regency Indian Wells  
Greater Palm Springs, CA  
www.academyonline.org

### 2019 Council of International Neonatal Nurses Conference

May 5-8, 2019  
Skycity Convention Center  
Auckland, New Zealand  
www.coinn2019.com

### 18th Annual World Congress on Neonatology

June 14-15, 2019  
Montreal, Quebec, Canada  
www.neonatal.conferenceseries.com

### Fall 2019 National Advanced Practice Neonatal Nurses Conference

September 12-14, 2019  
Caribe Royale  
Orlando, FL  
www.academyonline.org

### 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



Stay informed and keep us posted! Get the latest news and updates from FANNP, including valuable conference information at [www.fannp.org](http://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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## FANNP Dates to Remember

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

\*Dates change annually

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Bring it On...



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

1. Holoprosencephaly is characterized by which physical findings?
  - A. Severe microcephaly, overlapping sutures
  - B. Cleft lip, hypoplastic nose, ocular hypotelorism
  - C. Midface hypoplasia, short limbs, small thorax
  
2. The intake of which of the following nutrients following chest surgery may lead to the development of fluid in the intrapleural space?
  - A. Protein
  - B. Fat
  - C. Carbohydrates
  
3. Scalded skin syndrome is primarily the result of:
  - A. Staphylococcus Aureus infection
  - B. Betadine use
  - C. Teratogenic insult

Answers on page 14

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