



In This Issue



Golden Hour of Care for Very-Low-Birth-Weight Infants

In the News: NANN and NANNP's Advocacy for CMS Changes Regarding Respiratory Care Orders in Hospitals

In the News: Endocrine Disruptors and Neonates

NANNP Embraces Competencies for Neonatal Nurse Practitioners

Report on the 14th Annual NICU Leadership Forum

NANN's Annual Conference

New NANN Board and NANNP Council Members Elected

Board Update

Faces of Neonatal Nursing Photo Contest

Silent Auction to Benefit March of Dimes

Chapter News

Product Spotlight

Quick Links



[NANN Web site](#)

[Products](#)

[Meetings](#)

[NANNP Web site](#)

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NANN's Annual Conference

Golden Hour of Care for Very-Low-Birth-Weight Infants

Robin Bissinger, PhD APRN NNP-BC



The incidence of preterm birth in the United States has continued to increase since the early 1990s (Martin et al., 2009). The percentage of infants born with very low birth weight (VLBW) (less than 1,500 grams) has also increased during this period. Advances in neonatal care have allowed for improved survival of the most premature infants, but mortality and morbidity for VLBW infants remains high (Fanaroff et al., 1995; Martin et al.; Stoll et al., 2004). Morbidity and mortality remain higher for VLBW infants than for any other group of infants because of their innate vulnerability and exposure to risk factors in their environment. These vulnerabilities may be highest in the first hours of life when adaptation is critical and timing of care affects survival. Delivery room (DR) management that focuses on adaptation of these infants, as well as early interventions that improve long-term outcomes, may emphasize the

importance of this Golden Hour of care for improving outcomes in this extremely vulnerable population.

For VLBW infants, events occurring immediately after birth may be comparable to the "Golden Hour" referred to throughout the trauma literature (Sasada, Williamson, & Gabbott, 1994). In trauma cases, the term *Golden Hour* refers to the time between first encounter and admission to the emergency department. Neonatal healthcare providers are now asking, "Is there a Golden Hour of care for VLBW infants that begins with the first encounter at delivery and ends with admission to the neonatal intensive care unit (NICU)?"

The neonatal Golden Hour initiative was based on the systematic evaluation of the environmental needs and the timing of the care of the VLBW infant in the first hours of life. It moved beyond looking at changing one clinical outcome and instead looked at a process for providing care that was based on multiple evidence-based practice initiatives, or bundles, that could improve short- and long-term outcomes.

The Golden Hour bundle is a systematic evaluation of the scientific knowledge for each aspect of care for VLBW infants during resuscitation and stabilization. The Golden Hour bundle incorporates processes of neonatal resuscitation based on the Neonatal Resuscitation Program (NRP) guidelines and expands on these guidelines to ensure that the unique needs of the VLBW infant are addressed (American Academy of Pediatrics & American Heart Association, 2006). The Golden Hour bundle addresses unique strategies and evidence during the first minutes to hours after birth, highlighting four cornerstones of care: thermoregulation, cardiovascular stability, respiratory support, and nutritional requirements in the DR, during stabilization, and upon admission to the NICU. This article deals with just one aspect of the Golden Hour, thermoregulation. (For more information on the neonatal Golden Hour initiative, see the forthcoming October 2010 issue of *Advances in Neonatal Care*.)

Temperature control is essential to survival, and studies since the 1950s show that hypothermic infants are at increased risk for significant morbidities (Geary, Caskey, Fonseca, & Malloy, 2008). In VLBW infants, heat is lost rapidly at birth because of the cold external environment and innate immaturity. Despite ongoing work to reduce cold stress in VLBW infants in the DR, Vermont Oxford Network (2010) data demonstrate that almost one-third of VLBW infants have admission temperatures less than 36 degrees C. VLBW infants are unable to respond to thermal stress because of a diminished capacity to shiver or alter their body position due to their relatively immature skeletal muscles, lack of adequate brown-fat stores to fully use nonshivering thermogenesis, epidermal immaturity, and lack of keratin, leading to high transepidermal water loss.

Hypothermia occurring during the adaptation to extrauterine life presents increased demands for oxygen during a period when oxygen delivery may be compromised. Hypoxic infants use anaerobic metabolism, resulting in metabolic acidosis and pulmonary vasoconstriction, which ultimately leads to decreased cardiac output and shock. In addition, in VLBW infants increased glucose needs may be coupled with inadequate stores and a lack of dextrose delivery due to delays in intravenous access. The enormous water loss in these infants can lead to dehydration, electrolyte imbalance, weight loss, and thermal instability (Lorenz, Kleinman, Kotagal, & Reller, 1982). The mortality rates of low-birth-weight neonates can be reduced if healthcare providers take the necessary steps required to reduce heat loss and maintain temperature.

Prior to birth, healthcare providers must have strict guidelines for environmental temperature and humidity. Surfaces that come in contact with the infant or are close by, including the towel



Registration is now open for NANN's 26th Annual Educational Conference, *the* national conference for neonatal nurses. Scheduled for September 19-22 in Las Vegas, NV, this year's conference promises a whole host of educational and networking opportunities, and you can also earn up to 25 contact hours.

Early registration (with a **savings of \$100**) runs through August 20. In addition, you won't want to miss a chance to win a \$50 American Express gift card through the *Hit the Jackpot with NANN* promotion.

[Register today!](#)

New NANN Board and NANNP Council Members Elected

The NANN and NANNP elections concluded on June 30, and we are pleased to announce the names of the four board members and three council members elected for the 2010-2012 term, which will begin following the annual conference in Las Vegas, September 19-22, 2010. For full profiles of the new board and council members, [click here](#).

NANN Board of Directors

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NANNP Council

District 1: Terri Cavaliere, DNP RN NNP-BC

District 2: Lee Shirland, MS APRN NNP-BC

District 4: Bridget Cross, MSN RN NNP-BC

NANN thanks all members who ran for leadership positions as well as the members of the NANN and NANNP Nominations Committees, who identified a slate of such strong candidates. We look forward to an excellent year with a talented, expert group of leaders!

Board Update

Lori Armstrong, MSN RN, NANN President



Many of NANN's board discussions fall into the

used to catch and dry the infant, must be prewarmed. Strategies for drying must ensure that the two or three cell layers of the poorly supported epidermis are not removed. It is essential for caregivers to understand that radiant heaters (often the sole source of thermal care in the DR) cannot achieve a positive energy balance to warm the premature infant immediately after birth and that the use of occlusive wraps in the DR for infants less than 29 weeks' gestation significantly improves admission temperatures (Knobel, Wimmer, & Holbert, 2005; McCall, Alderdice, Halliday, Jenkins, & Vohra, 2005; Vohra, Frent, Campbell, Abbott, & Whyte, 1999; Vohra, Roberts, Zhang, Janes, & Schmidt, 2004; Watkinson, 2006). The wrap serves as a shield for the infant, forming a barrier that keeps higher ambient air humidity around the infant. Healthcare providers must learn techniques for effectively wrapping the infant so that unwrapping is unnecessary, even for procedures such as placement of umbilical lines. Healthcare providers must understand that 50% of a VLBW infant's total heat loss is through the head and that hats have a minimal effect in reducing heat loss and do not prevent evaporative heat loss (Belghazi et al., 2006; McCall et al.). Placing the wrap under the hat may decrease thermal losses. It is essential that one team member have a lead role in thermal care of the VLBW infant at birth and that thermal care be incorporated into ongoing neonatal resuscitation.

For VLBW infants, healthcare decisions made in the first hours of life may determine subsequent decades of survivor-experienced morbidity. Recent comparative effectiveness research suggests that we can improve care by decreasing practice variability and reducing the use of harmful therapies. Neonatal healthcare providers must implement evidence-based practices and use all available research and current NRP guidelines to address the needs of vulnerable infants even before they are born. The Golden Hour bundle provides a framework for this process.

References

American Heart Association & American Academy of Pediatrics. (2006). *Textbook of neonatal resuscitation* (5th ed.). Elk Grove Village, IL: Authors.

Belghazi, K., Tourneux, P., Elabbassi, E., Ghyselen, L., Delanaud, S., & Libert, J. (2006). Effect of posture on the thermal efficiency of a plastic bag wrapping in a neonate: Assessment using a thermal "sweating" mannequin. *Medical Physics*, *33*, 637-644

Fanaroff, A. A., Wright, L. L., Stevenson, D. K., Shankaran, S., Donovan, E. F., Ehrenkranz, R. A., et al. (1995). Very-low-birth-weight outcomes of the National Institute of Child Health and Human Development Neonatal Research Network, May 1991 through December 1992. *American Journal of Obstetrics and Gynecology*, *173*(5), 1423-1431.

Geary, C., Caskey, M., Fonseca, R., & Malloy, M. (2008). Decreased incidence of bronchopulmonary dysplasia after early management changes, including surfactant and nasal continuous positive airway pressure treatment at delivery, lowered oxygen saturation goals, and early amino acid administration: A historical cohort study. *Pediatrics*, *121*, 89-96.

Knobel, R. B., Wimmer, J. E., & Holbert, D. (2005). Heat loss prevention for preterm infants in the delivery room. *Journal of Perinatology*, *25*, 304-308.

Lorenz, J. M., Kleinman, L. I., Kotagal, U. R., & Reller, M. D. (1982). Water balance in very low-birth-weight infants: Relationship to water and sodium intake and effect on outcome. *Journal of Pediatrics*, *101*(3), 423-432.

Martin, J. A., Hamilton, B. E., Sutton, P. D., Ventura, S. J., Menacker, F., Kirmeyer, S., et al. (2009). Births: Final data for 2006. *National Vital Statistics Reports*, *57*(7). Hyattsville, MD: National Center for Health Statistics. Retrieved July 9, 2010, from www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf.

McCall, E., Alderdice, F., Halliday, H., Jenkins, J., & Vohra, S. (2005). Interventions to prevent hypothermia at birth in preterm and/or low birth weight babies. *Cochrane Database Systematic Review*, *1*, CD004210.

Sasada, M., Williamson, K., & Gabbott, D. (1994). The golden hour and pre-hospital trauma care. *Injury*, *25*, 1-4.

Stoll, B. J., Hansen, N. I., Adams-Chapman, I., Fanaroff, A. A., Hintz, S. R., Vohr, B., et al. (2004). Neurodevelopmental and growth impairment among extremely low-birth-weight infants with neonatal infection. *Journal of the American Medical Association*, *292*(19), 2357-2365.

Vermont Oxford Network (2010). Nightingale Database. Retrieved June 30, 2010, from <https://nightingale.vtoxford.org/>.

Vohra, S., Frent, G., Campbell, V., Abbott, M., & Whyte, R. (1999). Effect of polyethylene occlusive skin wrapping on heat loss in very low birth weight infants at delivery: A randomized trial. *Journal of Pediatrics*, *134*, 547-551.

Vohra, S., Roberts, R. S., Zhang, B., Janes, M., & Schmidt, B. (2004). Heat Loss Prevention (HeLP) in the delivery room: A randomized controlled trial of polyethylene occlusive skin wrapping in very preterm infants. *Journal of Pediatrics*, *145*(6), 750-753.

Watkinson, M. (2006). Temperature control of premature infants in the delivery room. *Clinics in Perinatology*, *33*, 43-53.

areas of our four strategic goals: membership engagement, education, advocacy, and research and translation. At the June board meeting, education dominated the discussion, with plans for a variety of new products on the agenda. Some of these products are highlighted in this issue of *NANN E-News*. Watch the NANN Web site for new releases--they will be coming throughout the remainder of 2010!

In the area of advocacy, two new policies that will help guide the work of the Health Policy and Advocacy Committee were approved. Members often tell us that they would like to be involved in advocacy, if they only knew more about the issues and the ways to take action. The newly created volunteer position of state liaison to the Health Policy and Advocacy Committee will help NANN collect those issues and bring them to the membership. The board approved a policy that specifies the purpose, goals, and responsibilities of the state liaison's position and defines what activities liaisons may engage in on behalf of NANN and the committee. Another activity of the committee is to distribute calls to action to members about issues that are important to neonatal nurses. The policy defines the responsibilities of the committee on calls to action and establishes the circumstances when a call to action requires approval by the NANN Board of Directors. If you would like to send information to the Health Policy and Advocacy Committee or are interested in getting involved in its activities, send an e-mail to NANNAdvocacy@nann.org.

As part of the discussion of membership engagement, the board affirmed a plan to participate in the November meeting of the National Student Nurses' Association (NSNA). We in NANN are excited to collaborate with the 50,000 members of this dynamic organization. Along with the recent decrease in the NANN student membership rate from \$85 to \$50, our representation at the upcoming meeting supports NANN's objective to recruit and mentor student members. (Look for board member Donna Ryan's report on the April 2010 convention of the NSNA in the forthcoming summer 2010 issue of *NANN Central*.)

The board also approved the recipient of the Distinguished Service Award. We are looking forward to recognizing all our awardees at our 26th annual conference in Las Vegas, September 19-22, 2010. See you there!

Please direct any questions to me at President@nann.org.



Faces of Neonatal Nursing Photo Contest

Neonatal nursing has many faces: dedicated nursing professionals in the NICU, in transport, in home care, in academic settings, within local communities, on Capitol Hill; the faces of neonates from days to years old, growing and prospering; the faces of mothers, fathers, grandparents, and siblings. Celebrate neonatal nursing by participating in NANN's Faces of Neonatal Nursing photo contest! Capture a moment in a photograph and submit it with a narrative; multiple entries are permitted.

Photo submissions and narratives will be displayed in September at NANN's 26th Annual Educational Conference, where attendees will determine the winning photo by ballot vote. The submitter of the winning entry will receive a complimentary registration to NANN's 2011 annual conference, and the photo will be

Robin Bissinger is director of graduate education, associate professor, and NNP program director at the Medical University of South Carolina, Charleston, SC, and is the president of the National Certification Corporation. She is the guest editor of the October 2010 issue of Advances in Neonatal Care on the Golden Hour and was also recently elected to represent NANN and NANNP in the American Nurses Association Congress for Nursing Education and Practice.

In the News: NANN and NANNP's Advocacy for CMS Changes Regarding Respiratory Care Orders in Hospitals

Debra A. Sansoucie, EdD APRN NNP-BC



In January 2010, the Joint Commission published a clarification regarding respiratory care orders in hospitals: hospitals that seek to be deemed by the Joint Commission as meeting Medicare and Medicaid certification requirements must meet a requirement by the Centers for Medicare and Medicaid Services (CMS) that all respiratory care services be provided only on, or in accordance with, the order of a doctor of medicine or osteopathy. Orders written by nonphysician practitioners must be cosigned by the responsible physician.

In response to this clarification, representatives of NANN and NANNP wrote to the directors of CMS expressing our concern that although this rule allows for advanced practice registered nurses (APRNs) in all specialties to write respiratory care orders, it also mandates that the "responsible doctor of medicine or osteopathy must co-sign the order." For APRNs in 15 states that still require a physician "supervision or collaboration" relationship, this requirement significantly impedes patients' prompt access to risk-appropriate care. For the neonatal nurse practitioners (NNPs) practicing in those states, this ruling causes significant duplication of workflow and unnecessary redundancy.

Because NNPs caring for critically ill infants in the NICU can write hundreds of respiratory orders a day, depending on the size of the unit and the acuity level of the patients, we requested that CMS reevaluate the original intent of this policy and amend the language so that APRNs could provide comprehensive care to their patients without unnecessary barriers.

In April, we learned that, following several public requests for clarification, CMS had proposed changes to Medicare conditions of participation for hospitals relating to who may order respiratory care services. Specifically, CMS is proposing to revise the existing requirements to allow these practitioners, in addition to physicians as currently allowed, to order these respiratory care services as long as such privileges are authorized by the medical staff and are in accordance with both the hospital's policies and procedures and individual state laws. (See the Fiscal Year 2011 Hospital Inpatient Prospective Payment System [Proposed Rule Home Page](#).)

In early June, NANNP was informed that our letter has been directed to the attention of Scott Armstrong in the Office of Clinical Standards and Quality at CMS, to be considered as a public comment on this proposed rule. All comments on this proposed provision for respiratory care therapy services will be addressed under the 2011 final rule.

NANN and NANNP, along with our colleagues at the American Academy of Nurse Practitioners, have been working actively on this issue since it came to our attention, and our actions have had, and will continue to have, a positive influence.

Debra A. Sansoucie is clinical associate professor and director of the Neonatal Nurse Practitioner Program at the Stony Brook University School of Nursing, Stony Brook, NY. She is also the chair of the NANNP Council.

In the News: Endocrine Disruptors and Neonates

On December 3, 2009, the Endocrine Disruption Prevention Act of 2009 (HR 4190, S 2828) was introduced in Congress. The bill would authorize an ambitious research program in endocrine disruption at the National Institute of Environmental Health Sciences. Health concerns related to endocrine-disrupting chemicals (EDCs) matter to those who work with neonates because of their possible effect on neonatal development, particularly the development of male reproductive organs. Two EDCs of particular concern for infants are bisphenol A, found in baby bottles and infant incubators, and phthalates, found in many flexible plastic products such as intravenous tubing and in shampoos and lotions.

Because this issue affects our neonatal patients, NANN's Health Policy and Advocacy Committee has been monitoring developments and seeking to educate members about the proposed legislation. A call for action has been posted on NANN's Web site, and members are encouraged to contact their elected officials in Washington and express their views about the Endocrine Disruption Prevention Act. At the Endocrine Disruption Exchange Web site (www.endocrinedisruption.com), you can learn more and find help in contacting your congressional representatives. Look for an article on EDCs by Laura Stokowski, cochair of NANN's Health Policy and Advocacy Committee, in the summer 2010 issue of *NANN Central*.

NANNP Embraces Competencies for

considered for use on the cover of an issue of *Advances in Neonatal Care*. All photos and narratives must be submitted in electronic format to mnovak@connect2amc.com by August 6, 2010. For contest rules and judging criteria, please visit the Meetings page at www.nann.org.

Silent Auction to Benefit March of Dimes

A silent auction will take place in the exhibit hall at NANN's 26th Annual Educational Conference, September 19-22, 2010, in Las Vegas, NV. We ask you, as a friend of the March of Dimes, to help raise money for research and programs that bring comfort and care to babies born prematurely or sick. The following items are examples of appropriate entries for the silent auction:

- gift baskets
- autographed sports memorabilia
- funding for a travel grant to NANN 's conference
- housewares
- garden accessories
- gift certificates for national chain restaurants or stores
- medical equipment.

The ground rules are as follows:

1. The item must be able to be easily displayed on a table.
2. Any gift basket with loose items or valuables must be wrapped in clear plastic wrapping. (Please note: The silent auction site will not be supervised.)
3. All entries must be able to be boxed and shipped to the recipient's home.
4. All entries must include a card with the name of the donating organization.
5. Gift baskets, or any other wrapped items, should include a list of the contents.

Use your imagination to come up with a silent auction item that will invite everyone to place a bid. For more information about the silent auction, please visit the Meetings page at www.nann.org. NANN and the March of Dimes thank you for your support of premature babies.

Chapter News

The Central California Association of Neonatal Nursing (CCANN) held its first annual conference on June 12, 2010. The 63 members in attendance heard presentations by four educational speakers, and four vendors sponsored the event. Kajori Thusu discussed the effects of hypoxic ischemic encephalopathy and the hypothermic treatment that will soon be implemented in the NICU of Children's Hospital Central California. Renee Kinman spoke on the significance of maternal hypovitaminosis D and its effects on the neonate. Pauline Kliever spoke about the importance of not only achieving personal accomplishments in one's nursing career but leaving lasting positive impressions on others. Finally, Susan Winter discussed the history of metabolic disorders and the contemporary way to screen and treat these devastating problems. Seven continuing education credits were offered for the conference, including two credits awarded by Mead Johnson.

CCANN members were excited to attend a local

Neonatal Nurse Practitioners

Carole Kenner, PhD RNC-NIC NNP FAAN, chair of NANNP's Task Force on Neonatal Nurse Practitioner Competencies

For the last decade health professionals and the public have constantly been reminded that patient safety is an overarching concern in health care. The issue of continued competency of health professionals became the foundation for promoting public safety. In this historic time of healthcare reform, the need for strategies to ensure safety and promote optimal health outcomes has called professional organizations into action.

The National Association of Neonatal Nurses (NANN) has responded admirably. The National Association of Neonatal Nurse Practitioners (NANNP), the nurse practitioners' arm of NANN, updated its *Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs* in 2009. Building on this seminal work, NANNP commissioned a task force to develop a tool kit to assist neonatal nurse practitioners (NNPs) to assess their own practice, identify individual learning needs, and pursue appropriate learning opportunities. The goal of maintaining competence by the methods described in the *Competencies and Orientation Tool Kit for Neonatal Nurse Practitioners*, to be published by NANN in September 2010, is to assure the public that the NNP possesses the knowledge, skill, and clinical judgment necessary for safe, effective care.

This tool kit, developed through consensus building and use of the graduate medical education competency format, covers the NNP's skills--from novice to expert practitioner--using competencies as the basis for measurement or performance evaluations. The document begins with the NNP's orientation, using multiple assessment tools such as focused observation, case logs, portfolios, and 360-degree global evaluations. The domains and core competencies are aligned with those in the *Education Standards* and the work of the LACE (licensure, accreditation, certification, and education) group, which is supported by the National Organization of Nurse Practitioner Faculties and the National Council of State Boards of Nursing. The seven domains are management of patient health and illness status, the nurse practitioner-patient relationship, the teaching-coaching function, professional role, managing and negotiating healthcare delivery systems, monitoring and ensuring the quality of healthcare practice, and culturally sensitive care. The document showcases implementation strategies for obtaining competency within these domains through guidelines for preceptors, professional portfolios, and staff development activities. The appendixes provide easy-to-use forms that will be available on flash drive so that institutions can integrate the materials into existing performance evaluation or staff orientation programs.

The core purpose of this cutting-edge document is to identify the core competencies that underpin the NNP's role in practice, to provide a consistent process for evaluating NNPs' competence, and to promote continued professional practice. Assessment will be done by a combination of 360-degree performance evaluations within the work setting and a portfolio evaluation; both methods can be adapted to any existing performance evaluation or continued competency system. This tool kit bridges the gap between academic programs and clinical institutions; it truly reflects a partnership model.

So come on board, join the competency movement, and use an evidence-based competency tool kit developed for NNP professionals by nationally known experts in healthcare education and practice. It is easy to use and adaptable, so why wait? Be a leader, not a follower. Watch for news about the publication of the *Competencies and Orientation Tool Kit for Neonatal Nurse Practitioners*, coming in September!

Report on the 14th Annual NICU Leadership Forum

Sharon L. Fitzpatrick, BSN RNC; Elizabeth Hawn, BSN RNC-NIC NE-BC; Nancy Schult, BA RNC-NIC; Laurie Young, MSN/MBA RN

The NICU Leadership Forum was developed to provide inspiration, practical solutions, and networking opportunities for NICU nursing leaders throughout the country. NANN is one of many sponsors of the forum, which is open to managers and directors from all Level II and Level III NICUs across the country. The 2010 meeting, "Striving for Excellence," was held in Marco Island, FL. We attended this year with the help of a NANN scholarship, for which we are truly grateful.

The conference included didactic presentations, small breakout sessions on particular topics, panel discussions, and highly interactive discussions on topics concerning cutting-edge technology, quality improvement, safety, leadership, and management, and the meeting is structured in a way that promotes networking among the attendees. The NICU Leadership Forum has also developed an e-mail discussion group and mailing list so that managers and directors have an opportunity for ongoing discussion, information sharing, and networking throughout the year. These have been extremely valuable tools for attendees.

We found sessions on many topics relevant to the healthcare climate of our respective institutions. One of the most enlightening sessions, "How to Practice Accountability So That Excellence Happens," was presented by Eileen Dohmann, MBA BSN RN NEA-BC, vice president of nursing at Mary Washington Hospital in Fredericksburg, VA. Dohmann spoke about maintaining accountability in nursing and getting people to do what they say they will do. In an accountability culture, she said, learning and results are expected and valued, and results are generated by a disciplined method. The tools for accountability, we learned, are using accountability language, calling for the results you want, hearing the "yes" or the "no," stopping and resetting the work to be done and the mindset of the group doing the work, tapping the forward energy of what *can* be done (avoiding a focus on what *can't* be done), and "flipping the negative energy."

conference with some of the brightest, most knowledgeable clinicians in their area, and members thoroughly enjoyed the event. The knowledge they gained will assist them in their clinical practice and enhance their ability to engage neonatal problems from a different perspective. They hope to broaden the audience and involve more neonatal nurses at future conferences. (Item submitted by CCANN member Adam Hensley, RN)

This conference provides useful information about many practical challenges faced by NICU leaders, and the opportunity for networking and obtaining support from other leaders is invaluable. Participants are reminded that leaders often share the same daily struggles and joys. Having the opportunity to discuss solutions with other leaders and hear about other ways to look at situations has allowed us to grow as leaders.

The NICU Leadership Forum provides incredible camaraderie and practical information for leading NICUs today and in the future. We thank NANN for making it possible for us to attend and encourage others to take advantage of this opportunity for professional growth.

Sharon L. Fitzpatrick is a nurse manager in the special care nursery at Winchester Hospital, Winchester, MA. Elizabeth Hawn is director of maternal child services at Martin Memorial Health System, Stuart, FL. Nancy Schult is a patient care manager in the NICU at Children's Hospitals and Clinics of Minnesota. Laurie Young is a nurse manager at Regions Hospital, Saint Paul, MN.

Product Spotlight

Resource Guide for the Use of High-Frequency Jet and Oscillatory Ventilation in the NICU



Hang it on the ventilator or keep it in your office! The tool will help you quickly manage the ventilator settings and offers a guide for both respiratory and blood-gas abnormalities. It also provides guidelines for starting patients on high-frequency ventilation and weaning them off. To purchase or obtain more information on this product, visit the [NANN Online Store](#).
New NANN & NANNP Products Coming Soon!

- *Neonatal Nursing Transport Standards: Guideline for Practice*, 3rd Edition
- *Developmental Care of Newborns and Infants*, 2nd edition
- Developmental Care CNE Learning Modules
- *Understanding Clinical Research*
- *Competencies and Orientation Tool Kit for Neonatal Nurse Practitioners*

...and more! Check the [NANN Web site](#) this summer for updates.

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