



**National
Association of
Neonatal
Nurses**

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Board Update

Lori Armstrong



The NANN Board of Directors normally holds a 2-day face-to-face board meeting in February or March each year. These

meetings often include strategic planning and a comprehensive review of the association's projects and initiatives.

This year, the board held a virtual meeting instead, saving money on

Welcome to the March issue of *NANN E-News*, the e-newsletter that offers news about neonatal nursing and updates about the association.

Please send ideas for articles to Lauren Heimall, Editor of *NANN E-News*, care of the [NANN national office](#).

Case Study: Spondyloepiphyseal Dysplasia

Kiersten LeBar, MSN CPNP-AC



Baby Boy K was born at 37-5/7 weeks' gestation to a 34-year-old G2P2, A+ mother who was noted to be GBS+ from a UTI and had otherwise unremarkable prenatal lab studies. The 20-week fetal ultrasound identified proximal and distal limb shortening, bowed femurs, and bilateral club feet.

The infant was delivered via SVD with Apgar scores of 7 and 8 at 1 and 5 minutes, respectively. Birth weight was 2.53 kg, and the infant was IUGR. Physical examination revealed the following conditions:

- anterior fontanel soft and flat with mobile sutures
- ears normally placed but with bilateral ear pitting
- palate intact
- bilateral breath sounds coarse to auscultation
- thoracic cavity noted to be small in size
- grade III/VI systolic ejection murmur
- abdomen distended but soft
- 3-vessel umbilical cord
- both proximal and distal limb shortening with bilateral club foot; feet and hands of normal size
- slight hypotonia but notable gag reflex and sucking reflex
- spine normal in appearance

The infant was admitted to the intensive care nursery for further evaluation of skeletal dysplasia.

Question 1: What is spondyloepiphyseal dysplasia?

Question 2. On admission to the ICU the infant was noted to have nasal flaring and retractions. Pulse oximetry revealed an oxygen saturation of 30% with NCPAP of 7 and 100% FiO₂. The infant was subsequently intubated and placed on SIMV. A 10-point differential was noted in pre- and postductal oxygen saturations via pulse oximetry. The infant was given sedation and placed on 20 ppm of inspired nitric oxide. To further improve oxygenation, the infant was placed on oscillatory ventilation. What are potential reasons for this patient's respiratory requirements?

Question 3. What diagnostic studies are indicated for this patient?

- A. Echocardiogram
- B. Skeletal survey
- C. Electroencephalogram
- D. Genetics labs

Answers

Answer 1: Spondyloepiphyseal dysplasia (SED) is a rare form of skeletal dysplasia resulting from an abnormality with Type II collagen, leading to abnormalities of the epiphyses and spine. SED may also be referred to as short-trunk dwarfism (Zsuzsoka, Alison, & Graham, 2006). First identified in 1966, this form of dwarfism has a reported incidence of 1 per 100,000 (Gorlin, Cohen, & Henekam, 2001). SED is caused by a spontaneous dominant mutation. Two variations of the disorder are known, SED congenital and SED tarda, differing only in the pattern of inheritance and age of onset.

Clinical features include barrel-shaped chest, flat facies, cleft palate, club foot, anomalies of

travel and lodging. This arrangement required some extra planning, but all board members agreed that the format worked well and could be used again. (We did miss the networking that comes with meeting in person but definitely did not miss the snow and cold of Chicago in the winter!)

During the meeting, the board reviewed all NANN products and publications, making decisions about the viability and future of each. We also discussed ideas for new products and set some of those in motion. An in-depth discussion of membership programs and new strategies for recruiting and retaining members was held, and, again, new ideas emerged.

Last, we discussed the structure of NANN chapters, the ways that the national office works with them, and the benefits of the partnership for both NANN and the chapters.

Much is in the works, so watch for many exciting new programs and publications from NANN in 2010!

Lari Armstrong

Call for Volunteers



NANN needs volunteers to sit on the Awards Selection Committee and the Scholarship Review Committee.

Awards Selection Committee

Purpose: This committee reviews and scores NANN awards applications.

Responsibilities: Work will take place in June and July, and communication with the committee will be via conference call and e-mail.

Qualifications: Staff nurses, advanced practice nurses, and chapter officers are invited to apply.

Read more information about the awards that NANN offers on the [NANN Web site](#).

Scholarship Review Committee

Purpose: This committee reviews and rates applications for the Lundbeck, Inc. Neonatal Nursing Career Path Scholarship.

Responsibilities: The application deadline is May 3, and reviews take place during May and June. The committee meets via conference call to finalize the list of scholarship recipients. All committee correspondence is performed via conference call and e-mail.

Qualifications: Background in education is desirable but not required. Both advanced practice and staff nurses are invited to apply.

Read more information about the Neonatal Nursing Career Path

the vertebrae, epiphysis, and decreased muscle tone (Zsuzsoka et al., 2006). Hearing loss is associated with SED, perhaps resulting from the underlying disorder with type II collagen (Dahiya, Cleveland, & Megerian, 2000). Slight motor delay has been reported; however, children with SED have an expected normal mental development. Children with SED have a final height of 84-128 cm (Gorlin et al., 2001).

Answer 2: Pulmonary failure in these children has been reported related to the small thorax leading to decreased intrathoracic volume, abnormal chest wall compliance, horizontal rib alignment causing decreased tidal volume, tracheomalacia, and cervical spine instability (Zsuzsoka et al., 2006). Persistent pulmonary hypertension of the newborn has been reported in children with SED (Zsuzsoka et al.).

Answer 3: A, B, and D.

Diagnostic studies included a skeletal survey with lateral views of the spine, echocardiogram, and testing for collagen type II A1. A pediatric genetic consult, pediatric cardiology consult, and pediatric orthopedic consult were obtained.

The skeletal survey revealed the following bone findings: flattening of the vertebral bodies, slight shortening of the bilateral humeri and femurs, absence of the pubic bone, and absence of the epiphyses in the knees. The diagnosis of SED was made on the basis of these findings and the clinical picture.

A serum specimen was sent in order to look for mutations in the collagen type II A1 gene.

Conclusion

The patient was in the NICU for a total of 28 days. On DOL 3 the nitric oxide was weaned off, and the infant was extubated to NCAP on DOL 4. The remainder of the infant's course was for slow PO feeding and weaning from nasal cannula. The infant was discharged home with parents on ad-lib demand oral feeds. Because of the diagnosis of SED, the infant had an extensive plan of multidisciplinary outpatient follow-up.

Children with SED need the care of a multidisciplinary team. Long-term complications associated with this disorder are delayed motor development, cervical spine instability, recurrent otitis media, myopia and retinal detachment, premature arthritis, and lumbosacral lordosis (Zsuzsoka et al., 2006).

In this case the infant had follow-up scheduled with pediatric orthopedics for casting of club foot and follow-up for any additional needs throughout the lifespan. Pediatric ophthalmology will follow the infant to evaluate for retinal detachment and myopia. Audiology will follow this patient for possible hearing deficits.

References

Dahiya, R., Cleveland, S., & Megerian, C. A. (2000). Spondyloepiphyseal dysplasia congenital associated with conductive hearing loss. *Ear, Nose and Throat Journal*, 79(3), 178-182.

Gorlin, R. J., Cohen, M. M., & Henekam, R. C. M. (2001). *Syndromes of the head and neck* (4th ed., pp. 266-267). New York: Oxford University Press.

Zsuzsoka, K., Alison, K., & Graham, R. (2006). Treatment of pulmonary hypertension with sildenafil in a neonate with spondyloepiphyseal dysplasia congenital. *Journal of Maternal-Fetal and Neonatal Medicine*, 19(9), 579-582.

Kiersten LeBar is a nurse practitioner in the NICU at the Children's Hospital of Philadelphia, Philadelphia, PA.

LACE Work Group

Suzanne Staebler, MSN RN NNP-BC



In 2008, the APRN Joint Dialogue Group presented the *Consensus Model for APRN Regulation* (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008), which outlines four essential elements of APRN regulation: licensure, accreditation, certification, and education (LACE).

On January 12, 2010, the LACE work group of representatives from the 40-plus organizations (certifying bodies, educational institutions, nursing organizations, and licensing and regulating bodies) that have endorsed the model met in Atlanta to give an update on their implementation of the model. NANN and NANNP are involved in this seminal work.

Model rules and regulations are available for implementation by state boards of nursing, and about 15 states have already begun the process of making the legislative changes necessary for implementation.

The LACE group is currently finalizing some frequently asked questions that endorsing organizations and state boards can post on their Web sites. NANN will be posting these on its Web site as soon as they are available, along with information regarding the organization's plans for implementing the model within neonatal nursing. A task force within LACE is also evaluating the feasibility and cost of developing a LACE Web site. The site would contain up-to-date information regarding implementation progress in all four areas of the model.

These items are of special interest to NANN and NANNP members:

Core competencies and educational program requirements for clinical nurse specialists (CNSs) do not exist (unlike those for nurse practitioner programs set by the National Organization of Nurse Practitioner Faculties and the Task Force on Quality Nurse Practitioner Education). The National Association of Clinical Nurse Specialists expects to have CNS core competencies in place by the end of March 2010; then work on program requirements will proceed.

Scholarship on the [NANN Web site](#).

If you are interested in either of these opportunities, please send your CV and statement of interest to [Marcia Cebula](#) at the NANN national office by **April 9, 2010**.

Congratulations to Leadership Forum Scholarship Recipients



For the second year in a row, NANN offered scholarships to nurse managers or directors to attend the NICU Leadership

Forum. This year, four nurses are receiving \$250 to attend the April 11-14 meeting on Marco Island, FL.

Congratulations to recipients Elizabeth Hawn, BSN RNC; Sharon Fitzpatrick, BSN RNC; Nancy Schult, BA RNC CLC; and Laurie Young, MSN MBA RN CCM.

The NICU Leadership Forum combines didactic presentations, interactive discussions, and small breakout sessions on cutting-edge topics to help provide inspiration and practical solutions to nurses as they navigate through daily challenges in their work.

Nominations Accepted Until March 30!

There are just days left to [submit your nominations](#) now for NANN and NANNP leadership positions. NANN nominations



are being accepted for Secretary-Treasurer, Director-at-Large, SIG Director-at-Large, and Staff Nurse Director-at-Large. NANNP nominations are being accepted for Council Members in Districts 1, 2, and 4.

Electing the best leaders for the association is the foundation that allows us to fulfill our purpose: to support the professional needs of neonatal nurses throughout their careers. It starts with your nomination.

Chapter News

The **Central California chapter** (CCANN) held its first holiday gala at the Piccadilly Inn in Fresno, CA, on December 9, 2009. The event included the chapter's one-year birthday celebration, networking, and a vendor exhibition, as well as a special presentation, "Journey to

The inclusion of physiology, pathophysiology, and pharmacology in the requirements of APRN programs was an important point of discussion. The participation of NANN and NANNP at the table was crucial during the debate on using the language "across the lifespan" versus "population-specific." NANN and NANNP are the only organizations to represent the neonatal population.

What can NANN and NANNP members do?

LACE needs some grassroots involvement to help push legislative changes for standardizing regulations at the state level. Contact your advanced practice liaison to your state board of nursing to determine where your state is in the process of implementation.

Educate yourself about the model--download the [Consensus Model for APRN Regulation](#) from the National Council of State Boards of Nursing's Web site.

Please contact the [NANN office](#) with questions or concerns, or contact [Suzanne Staebler](#), NANN's liaison to the LACE work group.

Reference

APRN Consensus Work Group & National Council of State Boards of Nursing APRN Advisory Committee. (2008). *APRN Joint Dialogue Group Report. Consensus model for APRN regulation: Licensure, accreditation, certification, and education*. Chicago, IL: National Council of State Boards of Nursing. Retrieved March 9, 2010, from https://www.ncsbn.org/7_23_08_Consensus_APRN_Final.pdf.

Suzanne Staebler is an APN clinical specialist at Texas Health Presbyterian in Plano, TX.

Correction to Car Seat Safety Article

from January NANN E-News

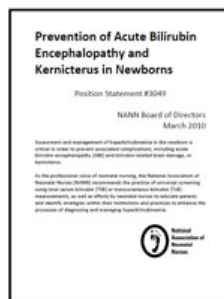


"A Safe Ride Home: Discharging Premature Patients in Approved Car Seats," in the January 2010 issue of *NANN E-News*, contained an error. For the Car Seat Challenge Test, the AAP Policy Guidelines recommend observing the neonate in the car seat for a minimum of 90-120 minutes or the duration of travel from hospital to home, whichever is longer (*not* 30 minutes, as stated in the article).

Reference

Bull, M. J., Engle, W. A., Committee on Injury, Violence, and Poison Prevention, & Committee on Fetus and Newborn. (2009). Safe transportation of preterm and low birth weight infants at hospital discharge. *Pediatrics*, 123, 1424-1429 (doi:10.1542/peds.2009-0559).

New Position Statement on Acute Bilirubin Encephalopathy



Assessment and management of hyperbilirubinemia in the newborn is critical in order to prevent acute bilirubin encephalopathy and bilirubin-related brain damage, or kernicterus.

In its latest position statement, "Prevention of Acute Bilirubin Encephalopathy and Kernicterus in Newborns," NANN recommends the practice of universal screening using total serum bilirubin or transcutaneous bilirubin measurements, as well as efforts by neonatal nurses to educate parents and identify strategies within their institutions and practices to enhance the processes of diagnosing and managing hyperbilirubinemia. Read the new statement on [NANN's Web site](#).

Thanks to NANN member Ann Schwoebel, MSN RNC CRNP CNS, for her work on this important statement.

In the News: National League for Nursing Survey Results



Since the 1950s, the National League for Nursing (NLN) has conducted annual surveys of more than a thousand U.S. nursing programs. The surveys gather key statistics on admissions, enrollments, graduations, student demographics, and numbers of faculty. Results of the 2009 survey, which drew on data from 2007-2008 and was released in February 2010, paint a picture of the obstacles facing the world of nursing education.

Findings include a slowdown in the number of new RN programs as well as a decrease in admissions to prelicensure nursing programs, despite a high demand for admission. Approximately 39% of qualified applicants were denied admission to prelicensure programs in 2008, and more than 23% of all types of nursing programs received more qualified applicants than could be accepted.

Faculty shortages, as well as a lack of clinical settings for students, are contributing to the inability of nursing programs to expand. Less than 10% of U.S. nursing programs report unfilled vacancies for admission of new students; these are due primarily to a lack of qualified applicants.

Nepal," by Leslie Williams, BSN, and Jennifer Norgaard, CNS, of Children's Hospital of Central California in Madera. The event was well attended and allowed participants the opportunity to learn, network with their colleagues, and become acquainted with new products that could improve the care given to patients. Music from the Monkey Wrench band jazzed up the evening, and a good time was had by all.

Members of the **Delaware Valley chapter** (DVANN) embrace the spirit of giving and community service throughout the holiday season and all year long. In December, members prepared and delivered holiday food gift bags to children and families at the Missionaries of Charity in Norristown, PA. Members also made a generous monetary donation to the United Nations Children's Fund (UNICEF) to support emergency relief efforts in Haiti. DVANN strives to support families in the local community and in the world.

Call to Action: Create an Office of the National Nurse



On February 4, Representative Earl Blumenauer (D-OR) introduced into the U.S. House of Representatives HR 4601, a bill to amend the Public Health Service Act to establish the Office of the National Nurse.

The goal is to elevate and enhance the office of the Public Health Service Chief Nurse in order to bring more visibility to the critical role that nursing occupies in promoting, protecting, and advancing the nation's health.

Nurses across the United States are needed to support this bill and encourage its passage by asking their own congressional representatives to cosponsor the bill. The steps are simple: just go to www.nationalnurse.org and click on "Take Action." You will be guided through the process of finding your representative and will be able to review sample letters and phone messages.

For more information, go to NANN's Advocacy Web page and click on "National Nurse" in the green Call to Action box.



These survey results and more are available on the [NLN Web site](#).

In the News: NCC's Continuing Competency Initiative

Robin Bissinger, PhD APRN NNP-BC



Ever since the publication of the Institute of Medicine's landmark report, *To Err Is Human* (1999), regulators, consumer advocacy groups, employers, and credentialing bodies have been scrutinizing the competence of healthcare providers. One critical question has been whether existing methods of ensuring competence are adequate to guarantee that providers possess the knowledge and clinical expertise commensurate with the care they are currently giving.

Although most professional certification organizations require a certification maintenance or recertification program for their certificants, how is it determined what each individual needs in order to update her or his knowledge and skills? Leaving that determination to the individual does not always identify the practitioners who need specific direction to ensure their continuing competence, and thus the quality of care delivered to patients is compromised.

The National Certification Corporation (NCC) has recently announced its new continuing competency initiative: the Professional Development Certification Maintenance Program. Focused on providing tools to all NCC-certified nurses and nurse practitioners (including low-risk neonatal nurses, neonatal intensive care nurses, and neonatal nurse practitioners [NNPs]), to assess their continuing education (CE) needs through a specialty assessment evaluation, the program will be implemented in two stages.

Stage 1 will require all NCC-certified nurses to take a 125-question specialty assessment evaluation at the NCC Web site that will provide feedback on their knowledge competencies for a certification specialty. Pass/fail rankings will not be given; the test is intended only to give feedback and to familiarize the nurse with the assessments that will be integral to the certification maintenance process in 2014. The evaluation will be available 24/7 on the NCC Web site from June 2010 through December 2013. It is recommended that providers take the specialty assessment for Stage 1 as soon as possible.

In Stage 2, which begins in 2014, the results of the specialty assessment will determine the amount and nature of the CE that each individual needs to maintain certification. The major benefit of the continuing competency initiative is that certified nurses and NPs will need to address CE needs only in the areas in which it has been demonstrated that they have knowledge gaps. In most cases, CE requirements will decrease.

The program brings a new accountability to the system--not only to the individual but to the whole maintenance process--and increases the stature of NCC certification for all who hold that certification. Download the [continuing competency brochure](#) for full details.

Reference

Institute of Medicine. (1999). *To err is human: Building a safer health system*. Washington, DC: National Academies Press.

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 newly elected president of the NCC.

In the News: The NNP and Requirements for Continuing Competence

Lee Shirland, MS NNP-BC



Those seeking health care are entitled to receive that care from competent providers who give safe care. The Joint Commission requires the institutions that they accredit to provide proof that licensed providers are qualified to carry out the contracted services.

How is such proof provided? How do individual providers prove that they are competent when they enter practice? What documentation is necessary to prove their continuing competence throughout their career? How often and to whom should this documentation be provided and reviewed to ensure ongoing competence? These questions have been debated by several national organizations--professional associations, consumer advocacy groups, credentialing bodies, regulatory institutions, and healthcare employers--over the past few years. State boards of nursing have implemented licensure standards. Some national advanced practice nursing organizations have suggested that advanced practice nurses take a certification examination every 3 years as a measure of continued competence. Other organizations have taken the lead and set standards for maintaining

competency in their specialty.

The National Association of Neonatal Nurse Practitioners (NANNP) is among the leading national organizations that have been working to set standards for continuing competence for its members. After long hours of hard work by a task force and the NANNP Council, NANNP published its *Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs* in December 2009. Its *Competencies and Orientation Tool Kit for Neonatal Nurse Practitioners* will be published in late spring 2010. Together, the *Education Standards* and the tool kit delineate the domains of practice for the NNP in all practice settings and provide tools for documenting continued competencies in all the domains. NANNP's standards for maintaining competence will be provided to state boards of nursing, which can then decide if and how they will document, ensure, and monitor compliance.

NANNP, a division of NANN, is a strong voice and advocate for the NNP. Solidifying these standards and competencies is just one of the major tasks undertaken by NANNP to benefit members and further the organization's commitment to providing optimal care to neonates and their families.

Lee Shirland is co-coordinator for the Neonatal Advanced Practice Service at Cape Fear Valley Health Care System, Fayetteville, NC.

Lundbeck Scholarship Applications Due May 3



The Lundbeck, Inc. Neonatal Nursing Career Path Scholarship supports and encourages the training and education of clinical neonatal nurses seeking to become neonatal nurse practitioners. Two scholarships are awarded annually to qualified applicants. Applications must be received at the NANN office **no later than May 3, 2010**. Download the application from the [NANN Web site](#).

Las Vegas, Baby!

Early registration opens mid-April.



NANN's Annual Conference September 19-22, 2010

Keep your eye on the mail. Conference brochures for NANN's 2010 Annual Meeting will be on their way in April. You will also see incentives to register early. Don't miss out!

And make your hotel arrangements now to get the best rates! Visit [NANN's Conference Web page](#) for more information.