President

Jill Kilanowski

How quickly does our warm and sunny fall weather turn into a blustery winter day seen in the likes of Winnie the Pooh stories. These recent weather days remind us that preparation is needed to get ready for the unexpected. With the arrival of the holiday season when families are busy with preparations, the influx of guests into our homes, and deviations from schedules, we need to be mindful of protecting the safety of our clients, our children, our families, and even our pets. Anticipatory guidance is not only on protecting the young from inclement weather, but chatting about grandparents’ luggage and purses that may be placed in easily accessible locations, the arrival of plants that may be toxic to children and pets, and the need for families to reflect on the true meanings of the seasons and avoid over-scheduling of the family calendar.

As pediatric nurse practitioners we are mindful of the safety of our practice and are attentive to the new Schedule II continuing education requirements that will be announced in November. The complete requirements will not be announced until then, so be warned of attending programs prior to that date that may lack all required elements. To support our membership, our spring 2013 conference will offer all necessary programming for requirements for the new Schedule II legislation. This will be held in centrally located Columbus, March 22-23.

In addition to meeting new licensing requirements and in response to the professional development needs of our membership, we have invited Jill Gilliland from Melnic Consulting Group, Colorado to address our membership. The Melnic Consulting Group is a national search firm specializing in pediatric healthcare recruiting and is well-regarded in the industry by clients and candidates. They have extensive experience in the identification of a candidate’s special medical skills and talents and are able to match them to the opportunity and culture that will result in a successful employment placement. The Melnic Consulting Group specializes in pediatrics at children’s hospitals and clinics, with a focus on advanced practice nurses such as pediatric nurse practitioners, clinical nurse specialists, and pediatric nursing leadership positions. The majority of their work has been in primary care, hematology, oncology, critical care, surgical and other specialty and ambulatory units such as PICU, CICU, and PAC. This programming is the first of its kind we have offered and aims to address current PNP’s and PNP students interest about seeking employment and professional development. Ms. Gilliland will speak about writing and updating our resumes, how and where to search for employment, what to expect on an interview, negotiating, salaries, benefits and fringes. This session will be held on Saturday morning to enable PNP students to attend, as well as those with standard week schedules. Please join us for a most informative conference on new licensing requirements and an update on employment opportunities. In summary, as PNP’s we inform our clients about safety, but as professionals we also need to be thoughtful of our employment safety. Best wishes for the holiday season.
President Elect
Linda Kerr

Several of the Board members and I will be looking into offering lab coats and sweatshirts and poloshirts with our “PNPs and Health Futures Logo”. Be sure to stay tuned to add articles to your daily or professional closet!!! If you have any suggestions or special requests, let me know at kerrli@hotmail.com

Even though I am no longer with the newsletter, I will continue to be the contact with our webmaster who keeps our website www.ohio-napnap.org up to date and looking professional. It provides even more to our membership and interested advanced practice nurses. The most current newsletter is always there. Upcoming special dates are highlighted, links to other organizations, and legislative news are available. We also have a chat room and a message Board. If you leave a message, it is answered by a Board member in a very timely manner. Instructions to access these are on the website. Please email me if you have comments or suggestions for ways to make things more available to our membership. HOW ABOUT BRINGING AN APN FRIEND TO THE NEXT CONFERENCE?? I am open to ideas --- kerrli@hotmail.com

Ohio NAPNAP’s motto:

Stay current, stay involved through these easy steps with Ohio NAPNAP:

1. Check the Ohio NAPNAP website frequently
2. Relay health policy/legislation questions through the Ohio NAPNAP web page
3. Become a member of the Ohio NAPNAP's listserv and receive up to date/immediate action alerts.
FROM National ......

NAPNAP Responds to Hurricane Victims

Nov 01, 2012

NAPNAP was deeply saddened to learn of the disaster caused by Hurricane Sandy on the East Coast and surrounding states. Our deepest sympathies are with the victims and children and families affected by this major catastrophe.

Some individuals have contacted our organization to see how they can help. The best way to help is to contribute to the American Red Cross at www.redcross.org. The Federal Emergency Management Agency (FEMA) has created a web page for those in need of assistance. Additional resources for those affected in the Tri state areas are also available.

NAPNAP has disaster resources available, including guidelines for talking to children about disasters

Thank you,  
NAPNAP National Office

Registration is open for the National NAPNAP Conference

2012-2013

34th Annual Conference on Pediatric Health Care: Scoring Big For Children's Health
April 17-20 2013
Hilton Orlando, Orlando, FL

http://www.napnap.org/Events/AnnualConference.aspx
Concussion Bill Another COHCA Victory: APN Practice Protected

COHCA (Council for Ohio Health Care Advocacy) has negotiated compromise language to protect Advanced Practice Nurse practice.

COHCA negotiated compromise language with Senators Scott Oelslager and Peggy Lehner, the Ohio State Medical Association, Akron Children’s Hospital, Cleveland Clinic and other interested parties, in an effort to amend legislation introduced to address the growing problem of concussions among Ohio’s young athletes.

Thousands of young athletes participate in organized sports activities every day in Ohio. According to the U.S. Centers for Disease Control and Prevention, hospital emergency departments treat an estimated 135,000 sports and recreation related traumatic brain injuries, including concussions, among children ages 5 to 18 every year.

HB 143 would promote concussion awareness and allow athletes to return to play only after being examined and cleared by a licensed health care professional.

Currently pending in the Senate Health, Human Services and Aging Committee, the bill would require a student exhibiting signs, symptoms, or behaviors consistent with having sustained a concussion or head injury while practicing for or competing in an athletic event, to be removed from practice or the competition by the coach. Once the student is removed from the game or practice, he or she may not return to play until an assessment is completed by a licensed health care provider. The student must then be cleared to return by a physician or other health care provider.

The problem with the bill and language as it was proposed was that the qualified health care provider may either be a physician or other licensed health care provider acting in consultation with, or pursuant to the referral of a physician or under the supervision of a physician. While this language would have allowed most health care professionals, including physician assistants, to practice as they do today, because APNs collaborate rather than work in consultation with or under the supervision of a physician, the new language would have required the APN to alter his or her practice. Under the proposed language, the APN would have been required to refer all concussed patients to the physician or to seek a consultation for all of these patients.
At the request of COHCA this language will be amended with the term “collaboration” so that the APN may continue to serve students athlete patients who may have suffered the effects of a concussion as they would today, providing a comprehensive evaluation and assessment of the patient and then, if appropriate, granting a clearance to return to play.

HB 143 is expected to pass during lame duck session in November and December. COHCA appreciates the cooperation of physician and hospital representatives as well as Ohio NAPNAP working together to spearhead this language change. For more information related to COHCA, a transdisciplinary organization made up of nurses, pharmacists, physician assistants, physicians and other health care professionals go to www.cohcaonline.org.

Home Health Care Planning Improvement Act of 2011

As APN’s are aware, the inability to sign for homecare orders for patients can be a major barrier to efficient care and timely patient discharge. In January of 2011 a bill was introduced to the senate to expand payment to Medicare beneficiaries by nurse practitioners, clinical nurse specialists working in collaboration with a physician, a certified nurse midwife and a physician assistant under a physician’s supervision. This bill, Senate Bill 227, currently has 17 co-sponsors, including Senator Sherrod Brown.

A related bill was introduced to the house in June 2011. This bill, House Bill 2267, has 120 co-sponsors, but only four of which are from Ohio. Rep. Bill Johnson, Rep. Patrick Tiberi and Rep. Steven LaTourette have signed on to co-sponsor this bill since it’s introduction.

APN’s need to begin urging legislators to co-sponsor this bill so that it can pass during the lame duck session this year. Please write letters of support to the 14 representatives in our state that have not taken a position on this bill. Send your letters to Senator Rob Portman asking for co-sponsorship as well.

This bill will not only affect APN’s caring for medicare patients, but is expected to trickle down to private insurers as well as Medicaid allowing patient care to be safer and more effective.

NIWI Applications are due NOVEMBER 15, 2012!

As Michelle Wilson and I have both expressed in prior newsletters, the Nurse in Washington Internship (NIWI) experience is one that is empowering and eye opening. It is my hope that all APN’s at some time in his or her career can have the opportunity to visit Washington, D.C. and talk to legislators about health care issues. The NIWI program will take place in Washington, D.C. March 17-19, 2013.
The deadline is fast approaching for NAPNAP funding, which is granted to six NAPNAP members. The funding covers the cost of registration, hotel and part if not all travel expenses.

To apply for scholarship and for more information, visit this address:

http://www.napnap.org/aboutUs/AwardsOpportunities/NurseInWashingtonProgram.aspx

Membership

Peg DiMarco

The membership for Ohio NAPNAP is holding steady. The areas of membership include member, fellow, retired, student, new graduate, and DNP student. Member is an active member who is able to vote, hold office, and serve on committees. They also must be a PNP, SNP, FNP, NNP, or CNS. A fellow is a member who has PNCB or ANCC certification. Students are registered nurses who are currently enrolled in a graduate program. Doctoral students are currently enrolled in a doctoral program. Active members that are in their first year following their completion of the NP or CNS programs are new graduates. A retiree is a member from a PNP or CNS employment and are over the age of 62 years. As of September 2012, We have 405 members in Ohio NAPNAP. Peg

Program Advisor

Jill Smith

Our Spring 2013 Conference will again be in Columbus Ohio and will be our Pharmacological Conference. The Board of Ohio NAPNAP will be hosting the event and plan to include the six hours of continuing education needed for Schedule II prescriptive authority as well as our Ohio Law requirement. Since all nurses with prescriptive authority will need the Schedule II education to renew their license in July, this is a very important conference. On Saturday, the final 2-3 hours will be addressing professional development and will be presented by the Melnic Group.

The conference will be at the Embassy Suites 2700 Corporate Exchange Dr, Columbus, OH. Reservations are to be made directly with the hotel and there will be a deadline on the registration form.

Fall 2013 will be in Dayton Ohio and will be hosted by Teresa Thorpe and her committee.
The Ohio NAPNAP conferences have been providing continuing education for the last 40 years. We would like to provide conferences that meet your education needs. If you have a topic or have heard a speaker that has been inspiring to you, please notify Jill or a Board Member. We want the conferences to continue, but we need your support in the form of attendance, speakers and participation in planning.

For any questions or to help with our conferences, please contact me at jillpnp@yahoo.com or jsmith2@chmca.org

**Clinical Practice**

As many of you may or may not know in September 2011, the American Academy of Pediatrics (AAP), published an updated Urinary Tract Infection: Clinical Practice Guideline for the Diagnosis and Management of the Initial UTI in Febrile Infants and Children 2-24 months. The changes noted in the most recent revision were the criteria for the diagnosis of UTI and recommendations for imaging.

The revision to the clinical practice guideline came from an AAP subcommittee in which they reviewed the studies over the past 10 years on UTIs in young children and then developed and evidence based practice guideline for the diagnosis and management in children 2-24 months of age. Neonates were excluded due to the special considerations one must make in this age group. The subcommittee also found that there was insufficient data to determine the evidence to be applied to children over the age of 24 months.

UTI is considered to be an infection that affects a part of the urinary tract system. It can be considered in the lower tract (cystitis) or the upper tract (pyelonephritis). The overall prevalence of UTIs in febrile infants with no source is 5% based on the AAP’s subcommittee review (2011). The subcommittee noted the following regarding causes and risk factors. The most common causes for UTI are bowel flora, typically gram negative rods and Escherichia Coli is the most common in pediatric patients. Lactobacillus, Coagulase negative staph and Corynebacterium are not considered relevant. Risk factors for UTIs include, gender, race, age, temperature and number of days with fever. When one looks at gender as a risk factor, girls versus boys, the prevalence of UTI among febrile female infants is more than twice that of the febrile infant boy. Other risk factors for girls includes: white race, less than 12 months of age, temperature of >39º Celsius, fever > 2 day and absence of another source of infection. (AAP, subcommittee, 2011). The subcommittee (2011) found though uncircumcised boys the rate is 4-20 times higher than circumcised boys. Other risk factors include: non-black race, temperature >39ºCelsius, fever for > 24 hours and absence of another source of infection in uncircumcised males. AAP subcommittee(2011) recommended the following steps for testing. In a febrile, ill appearing infant with no source of infection a urine specimen should be obtained per catheterization or suprapubic (SPA)
aspiration before antibiotics are administered. In a febrile infant with low likelihood of UTI based on risk factors and appearance it is acceptable to schedule clinical follow up and not obtain a urine specimen. In a febrile infant who is not in a low risk group based on risk factors it is recommended to obtain urine through catheterization or SPA. The other option is obtain urine through the most convenient means and to perform a urinalysis. If the UA suggests a UTI then a urine specimen should be obtained through catheterization or SPA and cultured. If the UA is negative for leukocyte esterase and nitrites then it is acceptable to monitor the clinical course. The AAP guideline (2011) state that a diagnosis of a true UTI is made based on the presence of both UA results that suggest an infection (pyuria and/or bacteriuria) and the presence of at least 50,000 colonies per mL of a single uropathogenic organism in a sample that was collected appropriately, either by bladder catheterization or SPA. The AAP subcommittee guideline further discusses the urinalysis and it is recommended one should read this article to further understand the use of the urinalysis when diagnosing UTIs.

The new guidelines greatest benefits helps a clinician with accurate diagnosis of UTI which can then prevent the spread of infection, renal scarring as well as the over diagnosis and over treatment of UTIs. The hope is the treating asymptomatic bacteriuria and contaminated specimens can be reduced or avoided. The guideline simply states that a “positive” culture alone will be recognized as asymptomatic bacteriuria and not a *true* UTI. (AAP subcommittee, 2011).

The AAP guideline (2011) does not give a firm recommendation on treatment but does point out that the choice of treatment should be based on local bacterial susceptibility patterns. The choice should also be adjusted according to the sensitivity testing of the uropathogen that is isolated from the culture that is obtained. The guideline also noted there was no scientific evidence in 7, 10 or 14 days of therapy as to which is better.

There is a lack of consensus around optimal imaging strategies. The AAP subcommittee (2011) recommending the following related to renal and bladder ultrasonography:

- Children younger than 2 years of age with a first febrile UTI
- Children of any age with recurrent febrile UTIs
- Children of any age with a UTI who have a family history of renal or urologic disease, poor growth, or hypertension
- Children who do not respond as expected to appropriate antibiotic therapy

Voiding Cystourethrogram, VCUG, to evaluate children with UTI history is being questioned. Current VCUG recommendation by the AAP subcommittee is as follows:

- Children of any age with 2 or more febrile UTIs

- Children of any age with a first febrile UTI who have family hx, poor growth, HTN.

The changes in the current guideline related to the VCUG are as follows:

- The 2011 AAP clinical practice guidelines no longer recommends routine VCUG for infants and young children 2-24 months of age after the first febrile UTI.

- The recommendation is to postpone the VCUG until the second febrile UTI unless there are atypical or complex clinical circumstances or the RBUS reveals hydronephrosis, scarring or other findings that suggest high grade VCUG
• If VCUG finds VUR grade III or higher: antibiotic prophylaxis is recommended.

It is recommended that Advance Practice Nurses (APN) follow are practicing under the new clinical practice guideline published while working along with their collaborating physicians by staying up to date on the latest information about clinical practice guidelines like this one. There will be more to come in upcoming issue related to practice. Send suggestions for other practice updates to Michelle.Widecan@cchmc.org.

References


Nominations

Karen Martin

Start thinking about whether you or someone you know would be interested in being more involved with Ohio Napnap. Board members would love to share their roles and experiences to help make up minds and to mentor. Elections are less than two years away; please start thinking soon. For questions, comments, or concerns: kmartin@achp.biz

Ohio NAPNAP Listserve

Angela Enix

If you any questions or concerns about the Listserve please contact me at my email. address hoerstinga@childrensdayton.org
**Ohio Napnap News**

**November 2012 Newsletter**

---

**Newsletter**

Heather Schober

The newsletter is available quarterly on the website. Any concerns or questions please email me at heatherschober@hotmail.com or hls2@uakron.edu. Hope everyone has a safe and happy holiday season.

---

**Ethics Advisor**

Linda A. Strong

Email me if you have questions or suggestions for articles. lastrong@cox.net

---

**Michelle Wilson**

Recruitment

The recruitment committee has completed composing a database of Ohio PNP program directors and is now trying to compile a database of APN directors in the state to further our efforts at outreach and membership. If you are an APN director at your institution, please contact me, Michelle Wilson at mwilson2@chmca.org so that we may include you in our outreach efforts and establish a means of communicating information, conference brochures, and membership updates.

Ohio NAPNAP sponsored a booth at the 2nd Annual APN/PA Pharmacology & Law Update Conference at Akron Children’s on September 28, 2012. Thanks to Stephanie Marszal PNP and Holly Ross PNP who manned the booth in between their conference sessions as well as Jill Smith PNP who helped organize this effort!
Ohio NAPNAP Board Roster 2012-2013

President: Jill Kilanowski
5783 Rushwood Drive
Dublin, OH 43017
E-mail Address: Jill.kilanowski@gmail.com

President-Elect: Linda Kerr
307 Medina St.
Lodi, Oh 44254
E-mail Address: kerrli@hotmail.com

Past President: Michelle Widecan
4017 Grove Ave
Cincinnati, OH 45227
E-mail Address: Michelle.Widecan@cchmc.org

Secretary: Jessica Co
2508 Palmetto Ct.
Florence, Ky 41042
E-mail Address: Jessica.Co@cchmc.org

Treasurer: Gail Hornor
4753 Britton Farms Dr.
Hillard, OH 43026
E-mail Address: gail.hornor@nationwidechildrens.org

Health Policy/Legislative: Mandi Cafasso
4115 Durhams Crossing
Cincinnati, OH 45245
E-mail Address: Mandi.Cafasso@cchmc.org

Membership: Marguerite DiMarco
196 West River Rd
Valley City, OH 44280
E-mail address: Mxd50@case.edu
Program Advisor: Jill Smith
1285 Anderson Road
Cuyahoga Falls, OH 44221
E-mail address: jilipnp@yahoo.com

*Stephanie Marszal*  sljamar@aol.com
*Sharon Juszli*  fnsjuszli@ameritech.net

Clinical Practice: Michelle Widecan
4017 Grove Ave
Cincinnati, OH 45227
E-mail Address: Michelle.Widecan@cchmc.org

Bylaws: Mary Flood
6240 Wild Oak Dr.
North Olmstead, OH 44070
E-mail address: mflood51@gmail.com

Nominations: Karen M. Martin
17055 Old SR 65
Columbus Grove, OH 45830
E-mail address: kmartin@achp.biz

Awards: Stephanie Smith
9775 Germ-Midd Pike
Germantown, Ohio 45327
Email address: smithsj@childrensdayton.org

*Angela Hoersting* hoerstinga@childrensdayton.org

Listserv: Angela Hoersting
700 E. Schantz Ave.
Dayton, OH 45419
E-mail address: hoerstinga@childrensdayton.org

Prof. Education: Barb Schaffner
5433 Bayside Ridge Court
Galena, Ohio 43021
E-mail Address: bschaffner@otterbein.edu
Ohio Napnap News  
November 2012 Newsletter

Bookkeeper: Mary Gagliano  
P.O. Box 634  
Zoar, OH 44697  
E-mail address: gagliame@aol.com

Newsletter: Heather Schober  
402 Windham Court  
Broadview Heights, OH 44147  
Email address: hls2@uakron.edu

Special Committees:

Bike Helmet: Teresa Thorpe  
1671 N. Laddie Ct  
Beavercreek, OH 45432  
E-mail address: teresathorpe@yahoo.com

Ethics: Linda Strong  
8830 Cranberry Ridge  
Broadview Heights, OH 44147  
E-mail address: lastrong@cox.net

Recruitment: Michelle Wilson  
1464 Carriage Hill Drive  
Hudson, OH 44236  
E-mail address: mwilson2@chmca.org

Mary Flood mflood51@gmail.com  
Marilyn Boerio mboerio@cinci.rr.com

Historian: Open
Fundraising: Open

Student Rep: Vanessa Votypka
1300 West 9th Street, #845
Cleveland, OH 4411
E-mail address: vxv12@case.edu