The changes they are a’ comin! This line from a song that I no longer remember the rest of the lyrics or the title always reminds me that we live in a rapidly changing world. Since my last newsletter message, several changes have occurred at the chapter level as well as the national level of NAPNAP.

The unification of the local chapters and national has occurred (One United Voice). Since May 1, 2009, members are required to belong to National NAPNAP in order to be a member of a local or state chapter. Besides providing a stronger voice at the national level for health care issues and reform, this structure provides the individual member with a considerable amount of benefits. These benefits include local chapter membership, discounted registration to NAPNAP’s Annual Conference, access to PNPSOURCE (NAPNAP’s online learning center, and social networking through NAPNAP’s online community. A complete list of benefits and services are listed at the national website www.napnap.org

For Ohio NAPNAP, this change assists us with membership record-keeping and provides services as needed for website development, assistance with legal and professional issues, and marketing services for the attraction and retention of members.

It has also given us the incentive to revise our chapter bylaws. These changes were sent over the listserv and have been posted on the website since June. At our business meeting at the fall conference, membership voted to approve the revised bylaws. I would like to thank Agnes Tytko for her dedication in revising these for our chapter. The bylaws are have been forwarded to NAPNAP for approval.

As of this newsletter, Linda Kerr is now our newsletter/Website chairperson. Linda is a longtime member of Ohio NAPNAP. Her enthusiasm and understanding of our organization will assist all of us through this time of transition. In addition, the board has pledged to keep members better informed of professional issues, upcoming educational offerings, and other pertinent materials in a more timely fashion.

In closing, I would like to thank the Wright State University PNP students for their efforts in raising monies for the KySS program. Through the walkathon and silent auction, Ohio NAPNAP was able to raise monies for this program. They were an enthusiastic and creative group to work with and I look forward to them graduating and joining our ranks as PNPs.
Ohio Napnap News
November 2009 Newsletter

(President’s message...cont’d)

With the approaching holidays we are reminded of all of the blessings that have been showered upon us. I would like to thank all of you for the support that you have given to Ohio NAPNAP this year, and wish you all many more blessings. Thank you for all you do for children and their families. HAPPY HOLIDAYS!
Please feel free to contact me teresathorpe@yahoo.com with any questions, concerns, or comments.

As president of Ohio NAPNAP, I am charged with being the principal executive officer for our state association. In this capacity, I communicate with National NAPNAP, our executive board, and the association membership on a variety of issues and concerns. I am also charged by the Executive Board to implement any policy established at the state level. I preside at all meetings; appoint all committees and chairpersons as detailed in the bylaws; serve as an ex-officio member of all standing committees; and perform all duties incident to the office of President. One of the perks if my office is to attend the annual NAPNAP conference and to participate in the activities and educational offerings designated for Chapter Presidents and President Elects.

President Elect
Michelle Widecans

During my term as President-elect, I am becoming familiar with the duties of the President. I will assume the office of President at the conclusion of the Teresa’s term of office. I have been involved with several conferences for Ohio NAPNAP in the past. I look forward to being your leader. Please contact me for questions or concerns.

Secretary
Stephanie Marszal

I started on the NAPNAP board as newsletter coordinator and filled the secretary position when the person needed to step down for personal reasons. Then I was elected secretary. I have enjoyed my several positions on the board and have learned a great deal and developed friendships that I may not have made if not for being on the Board.
Termination of the Provider-Patient Relationship

Terminating a patient, discharging a patient, patient firing, or terminating the provider-patient relationship are all terms that we use to define the "end" of a provider-patient relationship. Even though done infrequently, the termination of the provider-patient relationship may sometimes be necessary. Given the fact that this is considered a difficult situation most of the time, we must carefully consider the manner in which a patient is discharged from our care. There are legal and ethical issues that need to be considered in order to avoid patient claims of abandonment and negligence. Pediatric nurse practitioners face a more difficult situation when making a decision to discharge a patient because it is usually the parents that we are dealing with who are acting in the "best interest" of their children. It is usually the parents that are "discharged" causing us concern over the future care of the child. For purposes of this article I have used "patient" to indicate both child/parent(s).

Historically, provider-patient relationships involved patient dependence on the provider's professional authority. It was widely believed that patients would benefit from the provider's paternalistic actions and patient's preference or autonomy was usually overridden. However, this all changed during the second half of the 20th century when the provider-patient relationship evolved into a shared decision making, giving the patient more responsibility and autonomy.
When considering patient discharge, the ethical principles of beneficence, nonmaleficence and veracity are most often used in the decision making process. Beneficence is our duty to promote good and act in the best interest of the patient and health of society. Nonmaleficence, the duty to do no harm to patients, tells us that the benefits of medical treatment must outweigh the potential harm to the patient. Truth telling or veracity is grounded in respect for persons and the concept of autonomy. In order for the relationship to exist, the concept of autonomy is vital.

There are a variety of reasons patients are terminated from practices. The most common reasons cited for terminating a patient include: noncompliance, obnoxious or abusive behavior to staff or provider, failure to keep appointments, uncooperative, desires conflict with practice philosophy and for not paying bills. It is recommended that the provider and patient attempt to work out the problem, maintaining good interpersonal skills with an understanding of the patient’s values and expectations. If it comes down to the fact that the patient and provider cannot reach an agreement, it is time to consider releasing the patient from our practice.

Termination of the provider-patient relationship occurs after there has been a pattern of negative or unacceptable behavior that is unchanged after discussion. Literature stresses the importance of discussion prior to termination to be sure the patient and the provider have made an attempt to correct the situation. It is also of importance to have a written policy of termination in your practice setting to ensure consistency.

Below are the American Medical Association (AMA) guidelines recommended for terminating patients from a practice:

1. Discuss face to face, if possible, problem with patient, document each encounter in the medical records.
2. If appropriate, discuss the problem with the patient’s insurance company.
3. If no resolution, provide a brief, clear explanation for discharge of patient from the practice.
4. Provide a clear written notice that patient is discharged from the practice. This can be done in person or by certified mail, with a return receipt requested. A copy needs to be retained in the medical records.
5. Provide resources and/or recommendations for locating another provider.
6. Offer to transfer records once obtaining written consent from parent/patient and do not charge the patient for this service.
7. Clearly delineate how long continued care will be provided (usually 30 days). Provide reassurance of emergency care during this time period. In the event of an emergency, the provider must provide treatment until the patient’s condition stabilizes.
8. Be sure to inform the office staff about the patient discharge.
9. If the patient is seen again by another provider in the practice, a new provider-patient relationship is established.

**A provider cannot end a relationship with a patient for the following legal reasons: age, race, sex, religion or medical conditions, such as AIDS, who are entitled to protection under the American with Disability Act.**

When a patient is terminated, the provider needs to avoid actions that would indicate abandonment or negligence. Patient abandonment is defined as the "unilateral withdrawal by a provider from a patient's care without first formally transferring that care to another qualified provider who is acceptable to the patient."

Legally, abandonment can be viewed as a breach of contract or a type of negligence. Considering negligence, abandonment requires that first, there is an established provider-patient relationship (duty) in which the patient reasonably expected that care would be provided; secondly, the provider negligently failed to carry out the obligation (breach of duty); and that an injury was caused by the abandonment. According to the AMA's Council on Ethical and Judicial Affairs, as long as further treatment is medically indicated, a provider may not discontinue treatment without giving the patient reasonable notice and sufficient opportunity to make alternative arrangements for care.

At some point, any one of us may be faced with the decision to discharge a patient from our practice. The reason for discharge should be compelling and attempts should be made to reconcile the provider-patient relationship. Unfortunately, sometimes this is not possible. In these cases, it is important for us to follow proper procedure with documentation of all the steps taken in the process.

References:

Policy Chair
Barbara Schaffner

**Upcoming Event:** National NAPNAP is sponsoring their annual “Fly-In” to Washington DC, March 15-16, 2010. A great time to meet your legislators and influence their voting on health care legislation!!

**Legislative activity in Ohio that affects Health Care and/or Nurse Practitioners**

**HB 206** Schedule II bill
Voted out of House Health Committee to the House floor for a vote. Senate Bill related to schedule II is being developed.

**SB 86** Immunity to physicians for emergency medical services
Amendment and testimony put forward by Ohio Nurses’ Association (ONA) to include APN’s in the same civil immunity for providing emergency services, first-aid treatment or other emergency professional care in compliance with the federal Emergency Medical Treatment and Active Labor Act or as a result of a disaster. Immunity is provided under the Good Samaritan law; however the Good Samaritan law does not apply to paid volunteers.

**SB 80** Testimonial privilege to accountants which would be similar to attorney privilege
Passed out of Judiciary Committee to include physicians, trying to amend to include language to include APNs.

**SB 89** Change in requirements for APNs moving to Ohio getting Prescriptive Authority
Passed full Ohio Senate and has been assigned to House Health Committee. An APN who has prescribed in another state for at least one year would NOT be required to repeat their APN training; still would require appropriate documentation to the Ohio Board of Nursing (OBN).

SB 89 is sponsored by State Senator Sue Morano, the only RN in the Ohio Legislator - Thank you Senator Morano!!!
HB 198 Establish Physician led Patient Centered Medical Home pilot projects (PCMH)

Nursing organization asking sponsors of HB 198 to amend the bill to include advanced practice nurse who practice in primary care as leaders of medical home demonstration projects in addition to physicians. In national legislation related to medical home an Independent Congressional agency advising the US Congress on matters related to Medicare, the Institute of Medicine (IOM) and the American College of Physicians recommended inclusion of APNs in national legislation!!

You can find National NAPNAP’s position statement on Pediatric Health Care/Medical Home in the Journal of Pediatric Health Care, volume 23, #9, pages 23A-24A.

I am a Certified pediatric nurse practitioner who is Chair of the Department of Nursing at Otterbein College in Westerville, Ohio. I maintain a part-time clinical practice at Pediatric Physicians, Inc in Hilliard, Ohio. My experience includes teaching in both the undergraduate and graduate courses including PNP clinical courses, research, theory, and advanced pharmacology. I have served Ohio NAPNAP as both Chair of Clinical Practice Committee and now the Policy Committee. I am a member of the Legislative Committee for the Ohio Association of Advanced Practice Nurses (OAAPN); also serving as a member of the OAAPN Executive Board as the Ohio NAPNAP liaison. I have had the privilege of attending the Nurses’ in Washington Internship (NIWI) and the NAPNAP Fly-In Day in Washington DC as a National NAPNAP scholarship winner.

Historian Emily Boone

My name is Emily Boone and I am the current Historian for the Ohio NAPNAP board. I have been in this position since 2006. If you have any historical items/information concerning Ohio NAPNAP that you think should be archived you can forward those items/information to me. You can contact me at boonee8@yahoo.com.
Ohio Napnap News  
November 2009 Newsletter

Clinical Practice  
Jill Kilanowski

Are Boys Next for the HPV Vaccine?

Pediatric nurse practitioners may soon be giving the Human Papillomavirus (HPV) vaccine to boys if Merck is successful in its application to the Food and Drug Administration.

In a Phase III study with men ages 16 to 26, data showed that the HPV vaccine prevented 90% of external genital lesions caused by types 6, 11, 16 and 18 (Contraceptive Technology, 2009; JNCI, 2009). Research has shown that some kinds of HPV cause penile or anal cancer, as well as oral cancers in men. Adolescents who engage in anal intercourse are at risk for HPV and the use of condoms may still leave sexually active males open to acquiring HPV, as susceptible areas (base of penis and scrotum) are left unprotected. It is known that HPV is the most common sexually transmitted infection in the United States affecting both genders. Merck hopes to have its Gardasil vaccine approved for use in boys and men ages 9 to 26 to prevent genital warts and precancerous growths. The advent and widespread adoption of such a vaccine could potentially reduce the incidence of HPV and affect the transmission of the disease and rates of cancer (Grose, 2009).

To note, a new HPV vaccine by GlaxoSmithKline has completed Phase III studies on their vaccine called Cervarix. Cervarix has already been approved in 67 countries.


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I am an assistant professor and CTSA KL2 Scholar at Case Western Reserve University. My program of research examines the rates of overweight and nutrition in the children of Latino migrant farmworkers. I have served as membership chair for Ohio NAPNAP for several years and now serve as clinical practice chair. In this role I am asked to submit a brief to our newsletter that addresses and informs on a current topic in clinical pediatrics.

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Education Chair  
Jill Smith

Thank you to Judy, Marcia and Kathy for planning an outstanding Spring Conference in Columbus. The speakers were informative and the setting very accommodating. Thanks ladies for a job well done!
Fall Conference 2009 was held in Dayton and planned by our NAPNAP president, Teresa Thorpe. While attendance was low, the speakers were outstanding and incredibly interactive. Thanks to the vendors who supported our conference with tables and displays. Thanks to Teresa, and all those involved with the KYSS walk.

**Spring 2010:** March 19-20, 2010 in Canton, Ohio. Details will be coming via the webpage and future newsletters.

**FALL 2010:** NEEDS A COMMITTEE AND LOCATION! THIS IS YOUR CHANCE TO HAVE THE CONFERENCE YOU HAVE ALWAYS WISHED FOR! PLAN IT TO MEET YOUR NEEDS AND DESIRES. Contact Jill at jillpnp@yahoo.com if interested.

**FACT OR FICTION ????:** The Ohio NAPNAP conferences are a major fundraiser for our organization?

**FICTION:** Currently we are just about breaking even with our conferences. In the recent past we have made a couple hundred dollars on the conferences, but occasionally we have lost money as well. We are trying to keep the price of our conferences competitive, but also affordable. As the support from our vendors dwindles, we need to have participants be precise with their registration. At this past conference, we had 60 participants register for the dinner at $24.00 a plate and only 38 people attended. Ohio NAPNAP had to assume the financial expense of the extra 20 dinners. This dinner expense for food came to $1440.00. While we did have financial support from a pharmaceutical company, this was an expensive waste of food and money. Please make sure of your plans when you register and help us to contain costs. (The Spring 2009 conference expenses for the hotel, food and last minute photocopies come to $7607.00.)

**FACT OR FICTION ????:** A large number of Ohio NAPNAP conference participants register for the conference after the deadline.

**FACT:** The conference registration announcement is mailed approximately 6-8 weeks prior to our conference. Many participants put the registration form away and because of our busy lives remember to register about 1-2 weeks prior to the event. This has become a significant problem in the past three conferences. We need to submit our count to the hotel 7-10 days prior to the event. This past conference we had registrations come in by fax the day before, and had participants arrive Friday morning to find employers had also missed the deadline. This is a problem for the
hotel who must set up extra tables, the planning committee who feels badly that there are not enough materials and for the participants who becomes upset that they cannot participate in meals and do not have handouts. This last conference had a very slow registration and the listserv was used twice to remind people to register. After the count was submitted to the hotel we had an additional 15 people register or show up. Please try to be prompt with your registrations to allow us to be accommodating and prepared. The evaluations of this conference addressed that people were upset that we were not prepared. It is our hope that this enlightens you as to how thing can happen and that the planning committee of the last conference did a wonderful job along with the hotel to make additional handouts and provide extra seats to accommodate the participants. Please register early!

The Education Chair (formerly Program Advisor) coordinates the conferences offered by Ohio NAPNAP twice a year. This includes maintaining Ohio NAPNAP’s ability to provide CEU certificates for their conferences, submitting the National report and maintaining records of conference attendance and certificates for four years. The Education Chair assists all willing volunteers in planning conferences and accepts constructive suggestions for all future conferences. Feel free to email me with any questions or comments. jillpn@yahoo.com

ByLaws Chair

By-laws are the rules that govern an organization. Because we are a part of the National Association of Pediatric Nurse Practitioners we are obligated to follow their rules. We know that rules change over time, depending on the needs and goals of the organization. Anytime a change in By-laws is recommended, the change must be voted on by the members of the organization. Members receive notice of proposed changes before they are made, as well as the rationale for the changes, and then are requested to submit their vote. As By-laws Chairperson I make sure that any changes made by National are reflected in our By-laws. If we make any changes to our By-laws in Ohio NAPNAP, the same process of member notification and voting is required. Any changes that we make in our By-laws must also be approved by National. I keep the By-laws updated and available to all members. Periodically a committee reviews the By-laws so that our Chapter is functioning under the appropriated rules for our organization. Also included with our By-laws is an explanation of duties for each Chairperson. It reflects all standing committees, special committees and identifies who is a voting member of each committee. This is a wonderful way to really learn about your organization.
Membership Chair

Emily Hendrickson

I am responsible for keeping track of re-newing members and new members. Currently I am working on combining the old membership system with the new national One United Voice Program. After the first two months of the new program, the renewal numbers look like they are on the rise. It will be hard to tell how membership has changed until one year of the new program is in place, which will be July 2010. As of spring 2009, Ohio NAPNAP had approximately 200 members. For questions or comments, emilyehendrickson@gmail.com.

Peg DiMarco

Professional Education

Nomination Chair

The University of Akron will be offering a Child and Adolescent Pharmacology course Spring semester 2004. It is offered for college credit or CEU. Individual classes (3 CEU) or 36-45 contact hours can be taken for PNPs in need of a Pharmacology class for CTP. The course is offered on Sat. 1/17/04, 2/28/04, 3/13/04 and some Tues. evenings from 8:00-10:00pm. Contact Peg DiMarco for questions.

I have been fielding many questions and concerns about the DNP status. I suggest reading the following article in the Journal of Pediatric Health Care May/June 2008 entitled Doctorate of Nursing Practice: Blueprint for Excellence by Arlene M. Sperhac, PhD, CPNP, FAAN,& Patricia Clinton, PhD, CPNP, FAANP. Please read this article in its entirety for its information. I have included several excerpts following:
---Currently, advanced practice nurses (APNs), including nurse practitioners (NPs), clinical nurse specialists, nurse midwives, and nurse anesthetists, are prepared in master’s degree programs that often carry a credit load equivalent to doctoral degrees in the other health professions. The DNP, also called the practice or clinical doctorate, would provide nurses with a professional doctorate analogous to the MD for physicians, PharmD for pharmacists, or the AuD for audiologists. The practice doctorate in nursing would convey a level of competence and accountability that the public, legislators, and other stakeholders understand, and it would provide additional content on use of evidence-based materials, health care systems, and management and the leadership skills needed to coordinate care across settings. The DNP curriculum includes content that addresses competencies in areas such as health care systems, policy, and technology, thus providing the skills needed to forge new alliances as suggested in the Pew Report.

--- The program of study for the DNP degree centers on leadership, knowledge, and refining skills in the areas of scholarly practice, practice improvement, innovation, and testing of care delivery models, and on clinical expertise for advanced nursing education. This new degree option will provide nurse practitioners with skills to complement the well-established clinical knowledge and skills acquired in current advanced practice programs. The DNP credential will establish title parity with other health professionals with whom NPs collaborate in providing health care.

--- Many pediatric nurse practitioners (PNPs) are concerned about what actions they should take when considering their future career goals. There is no simple answer that would apply to everyone. Each PNP must examine and assess where he or she is in relation to clinical experience, leadership experience, knowledge base, and career trajectory. Thus, PNPs with fewer than 10 years until retirement may decide that further formal education is not something they would want to pursue. On the other hand, fairly new graduates who anticipate working for the next 20 to 30 years may want to return for the DNP to better position themselves in a future job market.

With my NOMINATION CHAIR cap, I am searching for Ohio NAPNAP members who want to become a more active person in the organization. We will be electing President-Elect, Treasurer, and Secretary in the Spring. If you or anyone you know are interested or have questions about the commitment, PLEASE CALL OR EMAIL ME. This organization can be only as good as the commitment of its members.

dimarco@uakron.edu

Professional Education Chair keeps the membership abreast of the changes in professional education. Recerts, Pharm courses, DNP are a few examples. I am an Associate Professor, Pediatric Nurse Practitioner at the College of Nursing University of Akron. I am involved with many organizations Ohio and national NAPNAP are but a few. I am a mom and grandmom.
Ohio Napnap News
November 2009 Newsletter

Public Relations  Abigail Riedel
Wright State University School of Nursing Students Organize KySS Walk

The Wright State University School of Nursing Pediatric Nurse Practitioner students organized a KySS walk-a-thon on October 17, 2009. In addition to the walk, participants had the opportunity to have their blood pressure taken and feast on snacks provided by Panera bread. The two mile walk was held on the campus of Wright State University. The students also organized a silent auction to raise funds for the Ohio Chapter of NAPNAP --- KySS initiative. The walk and silent auction was held during the Ohio Chapter’s fall conference. Eight students organized the events as their child advocacy project under the direction of Theresa Thorpe, Ohio NAPNAP chapter president, Dr. Donna Curry, Director of the School of Nursing’s Child and Adolescent Health Program, and Lynne Kelley, Program instructor. Committees, such as registration, site and security, and publicity ensured the success of the event which raised $1,034.00. Report and pictures submitted by JAMEY HEPNER (jameyhepner@yahoo.com)
Awards Chair / Listserve  
Angela Enix

Welcome to the Ohio NAPNAP Listserve! The listserve was created to communicate with members regarding upcoming events (conferences, CE offerings, health policy updates, newsletters, membership renewal, etc.). The Email communications will always have “Ohio NAPNAP” in the subject line for identification purposes. Your Email address will not be shared with any other individuals or groups.

All members will now be included in the listserve. This change was necessary due to the new combined membership process with National NAPNAP and because the Ohio NAPNAP newsletter is now totally electronic. If you wish to be removed from the listserve or have changed your Email address, simply contact Angela Enix at: enixa@childrensdayton.org. Otherwise, sit back and wait for future Ohio NAPNAP communications to come to you.

Chapter Awards Presentation Fall 2009

The Child Advocate Award goes to Jill Killanowski. Jill is a PNP and serves on the Ohio NAPNAP board. Jill was nominated for her work with children and families of migrant carnival workers. We recognized Jill’s tireless efforts conducting research, educating caregivers and legislators, and for providing excellent clinical care to this underserved population of children and their families. Jill was nominated by Mary Ann Rosencrans, who recognized her as a “Child Advocate Role Model” to PNP’s and the community. A plaque was presented to Jill at the fall conference in Dayton.
The PNP Student Award goes to Jennifer Johntony. Jenn was nominated by Peg Dimarco, who recognized her for her leadership, scholarship, and professionalism as a PNP student. Jenn is now working as a PNP in the Pediatric Cardiology Department at The Rainbow Babies and Children’s Hospital. A plaque was presented to Jenn at the fall meeting and she will receive a one-year membership to Ohio NAPNAP.

The PNP of the Year Award goes to Sharon Juszli. Sharon was nominated for her dedication as a PNP and the contribution she has made to children in her community. Sharon was nominated by Jill Smith, who recognized her long history of providing excellent patient care. We applaud Sharon for organizing the bicycle helmet safety program in the Stow parade and working to change helmet regulations in her community. We also recognize her dedicated service as a past Ohio NAPNAP board member and as a preceptor of many PNP students. As the recipient of this award Sharon will receive a one-year membership to National and Ohio NAPNAP.

A special Lifetime Achievement Award was presented to Judy Gibeaut. We recognized Judy’s lifetime of work as a pediatric nurse practitioner, her work as a missionary, her past service to the Ohio NAPNAP Board (including serving as president), and for her tireless work on behalf of APNs at the Statehouse. She has also served as a member of the legislative committee of OAAPN as a Statehouse Liaison.
We recognized Mary Ann Rosencrans as the first recipient of the Mental Health Scholarship. This is a one-thousand dollar tuition scholarship awarded to a PNP who has taken an active role in the care of children and adolescents with emotional or behavioral health problems, and wishes to attend a mental health education program. Mary Ann attended “The Safe and Effective Use of Psychiatric Medications in Children and Adolescents: A Mini-Fellowship for Primary Care Clinicians”. The program is offered by The Reach Institute. As the recipient of the award, Mary Ann will also write a mental health related article for the Ohio NAPNAP Newsletter.

Mary Gagliano

Hello fellow NAPNAP members. I serve on the board as bookkeeper for our Ohio Chapter. This is an appointed position. It is my responsibility to manage the income and expenses of the organization and to deposit all monies in the name of the chapter to Fifth Third Bank. This information is provided to and reviewed by the board at each board meeting. I account for and record all financial transactions by the chapter, prepare and render an annual report to the chapter and to the National Association and authorize an annual audit of the financial records. I have been a member of the Ohio Chapter for over twenty years. I work in a practice of seven Pediatricians and two practitioners. I have enjoyed the opportunity to be part of the board and would encourage you to consider serving.
Are you interested????

Ohio NAPNAP
KySS Scholarship Application

The applicant must be a member of Ohio NAPNAP. Consideration will be given to those PNPs who have taken an active role in the care of children and adolescents with emotional or behavioral health problems. The PNP applying for this scholarship must be willing to write an article for the Ohio NAPNAP Newsletter. If granted the scholarship the applicant will be given $1000 towards the program fees. If the applicant presents at one of Ohio NAPNAP’s Statewide Programs the applicant will receive an additional $100.

The applicant must provide information about the program and write a narrative explaining how the information will be used to make a difference for children and adolescents with emotional and behavioral health problems.

The application should be submitted to the Awards Committee for consideration. The scholarship will be granted with the approval of the Ohio NAPNAP Board of Directors.

The applicant must be a current, active member of Ohio and National NAPNAP, and currently practicing as a PNP.

Date of submission: ____________________
Applicant name: ________________________________________________________
Address: ________________________________________________________________
City: __________________________State:_______________________Zip:_________
Telephone: (Home) _______________________ (Work) ________________________
Email: ________________________________________________________________
Employer: _____________________________________________________________

Program/Course Title (Include any program/course description, including anticipated cost/expenses):  _______________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Please attach a brief narrative description of how the program will be used to impact the care of children diagnosed with behavioral, emotional, or mental health problems.

How will this program benefit children & adolescents with behavioral/emotional problems?

Must submit by January 20th to: Angela Enix 700 E. Schantz Ave. Dayton, Ohio 45419
May also send via email to: enixa@childrensdayton.org
Newsletter / Website Chair            Linda Kerr

“She’s Back!!!” I could not stay away--- I started with the board years ago as the newsletter chair and now am excited to return in that position. Coincidentally I was late with that first November newsletter also!! The newsletters will be posted approximately the 15th of November, February, May, and August on our website. Members will be notified by the listserve at this time and directed to the website--- ohio-napnap.org. I will try to keep information interesting. This newsletter is quite lengthy due to lots of information, not having a newsletter for a while, and a review of your Board and what they do.

This newsletter is meant to reintroduce the Board and also tell you what they do for Ohio NAPNAP. As you may see, many of these women have been working for Ohio NAPNAP for many years. THANKS AND APPRECIATION TO ALL OF THEM for their time and efforts in our behalf!!!

All members should feel free to send me comments or suggestions for the newsletters. The website is also going to be UNDER CONSTRUCTION soon--- we want to add new things and spice it up. Hopefully you will be voting online for our new officers!! Please let me know of ideas and suggestions at kerrli@hotmail.com. Have Happy Restful Holidays!!!!

FYI—WHAT DO YOU THINK ????

_Tylenol May Weaken Effectiveness of Kid’s Vaccines_

Thursday, October 15 (HealthDay News)—Fever after a vaccination is a normal and essential part of building an immune response, and giving children acetaminophen—best known in the U.S. as Tylenol – after a shot could dampen that response, a new study finds. With some vaccines, transient fever means that a child’s immune system is processing the immunization, providing them with the best protection, explained Dr. Robert T. Chen, a blood safety specialist at the U.S. Centers for Disease Control and Prevention. Therefore, “unless your doctor specifically recommends it, do not administer fever-reducing medicines at the same time as vaccination to prevent your child from developing a fever,” said Chen, who wrote an editorial accompanying a report in the October 17 issue of _The Lancet._
“It is still okay to use antipyretics (acetaminophen or ibuprofen) to treat a fever, but just not recommended to prevent a fever,” he added. “High fevers can be serious, especially in infants. It is important to work with your doctor to provide the best care for your child.”

For the study, a research team, led by Dr. Roman Prymula from the University of Defence in Hradec Kralova, Czech Republic, did two studies, one when children received their first vaccination and another when they received their booster shot. The vaccinations were routine for protection against pneumococcal disease, Haemophilus influenzae type b (HIB), diphtheria, tetanus, whooping cough, hepatitis B, polio, and rotavirus. The 459 infants in the studies were randomly assigned to get acetaminophen every six to eight hours for 24 hours after vaccination or no acetaminophen. Prymula’s team found that fewer infants who received acetaminophen had a fever, but these babies also had significantly fewer antibodies against pneumococcal disease, Haemophilus influenzae type b, diphtheria and tetanus toxoids, and for one of the whooping cough antibodies compared with infants who did not get acetaminophen. They believe the pain reliever’s anti-inflammatory activity might trigger “interference” to healthy immune system antibody responses, explaining the weakened immunization.

“Unless there are specific reasons for controlling fever, for example, in a child with the history of febrile seizure, Tylenol and other fever reducers should not be routinely given along with immunizations,” Chen said. Infectious disease expert Dr. Marc Siegel, an associate professor of medicine at New York University School of Medicine in New York City, said that the conclusion that Tylenol not only suppresses fever, but also decreases immune response is plausible. “After all, what is an immune response? It’s an inflammatory response.” Siegel agrees that acetaminophen should not routinely be given to prevent fever after vaccination. “But, if the kid is sick, treat the sickness. If the kid is very sick, I would get the fever down,” he said.

SOURCES: Robert T. Chen MD  Blood Safety Specialist, U.S. Centers for Disease Control and Prevention, Atlanta; Mact Siegel M.D. Associate Professor of Medicine, New York University School of Medicine, New York City; October 17, 2009 The Lancet

WILL THIS CHANGE ANYTHING IN YOUR PRACTICE????

MERRY CHRISTMAS AND HAPPY NEW YEAR
FROM THE OHIO NAPNAP BOARD