



# CANNP News

Carolinas Association of Neonatal Nurse Practitioners



## President's Message: Lee Shirland

January 23rd was a day to celebrate mentors in North Carolina. Governor Easley set this day aside to honor mentors in our state. Was there a mentor in your life or career that guided you, helped you and perhaps is the reason you are successful?

The dictionary defines a mentor as "a wise and trusted counselor or teacher, an influential senior sponsor or supporter, a trusted counselor or guide, a person who gives another person help and advice over a period of time and often also teaches them how to do their job, one who influences learning minds, a master teacher." Doesn't it sound impressive to be a mentor? The description is one of an esteemed colleague, one who loves to teach and is dedicated to helping new and senior colleagues succeed, a trusted friend, confidant, and expert. Does this description fit anyone on your team, perhaps you? Is this how you would like to be described by other NNP's? Would those who interact with you every day, nurses, students, respiratory therapist, secretaries, physicians, pharmacists, laboratory or x-ray technicians and NNP colleagues describe you as a mentor? Do your communications, relationships with team members and participation in activities that promote the ideals and professional goals of your NNP team reflect that of a mentor?

NNP's work in very stressful situa-

tions daily. It may be tempting to take frustrations out on team members. It may also be tempting to feel that after working 40 plus hours a week at a stressful job that there is no time or energy left for mentoring. Perhaps you don't realize that a comment was offensive or that an action stifled someone's growth.

Being a mentor is an art and it is a professional responsibility for all advanced practice nurses. I have not yet met a nurse or practitioner who was born a RN or NNP. Someone in our path was responsible for guiding us, setting an example of the professional we aspire or aspired to become. Are you displaying the characteristics of a mentor each and every clinical day? Is there something you could improve on to be a more effective mentor? Mentoring results in double the reward. You obtain satisfaction from the professional growth of others and in the process find that you have grown professionally and developed into an expert in one or more areas of practice.

This newsletter contains the nomination forms for the Peer Recognition Award. Please consider nominating a colleague who has been a mentor to you or others on your team. What a wonderful way to say thank you for a job well done.

Carolinas Association of  
Neonatal Nurse  
Practitioners

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### Special points of interest:

- © 2008 Conference
- © PEER Recognition Award
- © Officer Reports
- © Educational Feature

### Inside this issue:

2008 Conference Highlights	2
Peer & Scholarship Award	3
Officer Reports	4
Proposed Bylaw Changes	5
Board of Nursing Updates	5
Practice Site Updates	6
Educational Feature	7-8

# Conference Highlights 2008

The 2008 conference will be held on April 23rd through 25th at the Asheville Renaissance Hotel in Asheville, NC. The conference is titled "Loving Hearts Helping Little Ones Start Life's Journey." Please see the side column for the conference agenda. This is going to be a great conference—there are some wonderful speakers and topics!

Members of the conference planning committee are:

Theresa Adams, RNC, MCN, CNNP  
Elizabeth Hussey, MCSN, CNNP  
Ann Maney, CNNP  
Teri McDonald, CNNP  
Diane Jones, MSN, CNNP  
Dawne Egendorf, CNNP  
Pat Stillwell, BSN  
Ginny Raviotta, RNC, MN

The committee has worked hard to ensure a wonderful conference. Join us in Asheville for a great conference, a chance to network with colleagues from North and South Carolina, continuing education credits and perhaps some shopping or sight seeing.

Brochures have been mailed. If you have not received one, please call Theresa Adams at 828-775-4474. Also, please note that discount tickets for Biltmore are available when registering.

## **\*Reminder\***

Please bring a door prize from your NNP team.



## 2008 Carolinas Association of Neonatal Nurse Practitioners Conference April 23-25, 2008 Asheville, NC Agenda

### Wed. April 23

6-7 pm Registration  
7-8:30 pm Small is the NEW BIG  
Terry Johnson, ARNP, RNC, MN

### Thurs. April 24

7-7:45 a.m. Registration/Continental Breakfast  
7:45-8:00 am Welcome/Announcements  
8:00-9:00 am Fetal Determinants of Future Health  
Carol C. Coulson, MD  
9:00-10:00 am How Healthy are Our Children?  
Susan R. Mims, MD  
10-10:30 am Break/Exhibits  
10:30-11:30 am Immuno-nutrients: Potentially Doing so Much  
With So Little  
Terry Johnson, ARNP, RNC, MN  
11:30-3:30 pm Lunch/Explore Asheville  
3:30-4:30 pm Oxidative Stress  
Terry Johnson, ARNP, RNC, MN  
4:30-5:30 pm Hitting the Mark  
Terry Johnson, ARNP, RNC, MN  
5:30-6:00 pm Break/Exhibits  
6:00-7:00 pm Diet, Growth and Neurodevelopment in the VLBW Infant  
David H. Adamkin, MD

### Fri. April 25

7-7:45 am Continental Breakfast/ Registration  
7:45-8:00 am Welcome/Announcements  
8:00-9:00 am Post-Discharge Nutrition Enhancement Strategies  
David H. Adamkin, MD  
9:00-10 am Protecting the Premature Lung  
Richard L. Auten, MD  
10:00-10:30 am Break/Exhibits  
10:30-11:30 am Palliative Care and Perinatal Hospice: When Saying  
Good-Bye Comes Too Soon  
Marie Langlois, LPC  
Debbie Alton, MPH  
11:30-1:00 pm Lunch/CANNP Business Meeting  
1:00-2:00 pm Updates in Genetics  
William P. Allen, MD  
2:00-2:30 pm NC/SC Legislative Updates  
2:30-3:30 pm Period of Purple Crying  
Cynthia J. Brown, MD

[www.cannp.org](http://www.cannp.org)

## Peer Recognition Award

It is time for the annual CANNP Peer Recognition Award. The award nomination forms can be found on-line at the CANNP website: [cannp.org](http://cannp.org). Please consider nominating a well deserving colleague for this meaningful award. Can you think of a better way to say "Well done, Great Job, I'm glad you are on our team, I admire you, you are my role model or thanks for being a great mentor"?

Recipients of this award have been pleased that colleagues took the time to recognize them for their contribution to the team.

All too often we hear complaints or we are the ones voicing complaints about the lack of recognition for our

commitment to our profession and our length of service to an organization.

Here is your chance to change this and honor a member of your team.

Please consider each team member, their dedication to your unit and infants, efforts to improve or maintain personal education and education for other team members, involvement in unit projects or committees and personal commitment to the continued development of the advanced practice role.

Applications should be mailed to:

Alisa Starbuck  
1289 Black Mountain Road  
Pilot Mountain, NC 27041

Applications must be postmarked by

March 15, 2008.



The award will be announced and presented during the business meeting at the annual conference on April 25th.

## CANNP Scholarship and Grant Application

### CANNP Scholarship

The purpose of this award is to recognize an individual who has returned to school to enhance their role as an NNP and provide them with a scholarship award for financial assistance. CANNP is seeking applications from NNPs functioning within our organization who are currently in an educational program seeking an undergraduate or graduate degree.

The award recipient will receive a \$500.00 monetary award. The award presentation will be made on April 25 at the business meeting held during the conference.

Applications and additional information can be found on the CANNP website. Completed applications should be mailed with current curriculum vitae to: Alisa Starbuck (see address above). Applications must be postmarked by March 15, 2008.

### CANNP Grant Application

The purpose of this award is to assist CANNP members who are involved in clinical research with funding for their project. The grant is for \$1000.00. NNPs must be CANNP members for at least two years.

Applications are due by May of each year and award notification takes place by August 1st.

The CANNP Grant Application can also be found at the CANNP website. Completed applications can be mailed to Alisa Starbuck (see address in previous column).

For questions about either of these awards, please check the web site for additional information and/or email Alisa Starbuck at [astarbuc@wfubmc.edu](mailto:astarbuc@wfubmc.edu) or Lee Shirland at [eshirland@capefearvalley.com](mailto:eshirland@capefearvalley.com).

# Officer Reports

## 2008 Election Results

Elections were held for the Board of Directors in the Fall of 2007. Election results are as follows:

President: Lee Shirland  
Vice President: Alisa Starbuck  
Secretary: Pam Player  
Treasurer: Annette Kibler  
Member-at-Large: Judy Philbrook

We have one outgoing Board Member, our past Vice President, Carolyn Jones. CANNP wishes to thank Carolyn for her dedication, time and service.

## Treasurer's Report:

Annette Kibler

The CANNP balance was \$22,726.99 as of 12/31/07.

2007 conference:  
Expenses: \$13,885.23  
Deposits (registrations, vendor fees): \$24,512.50.  
Net profit: \$10,627.27.

## Member-at-Large:

Judy Philbrook

CANNP had 76 members in 2007!

Please mail practice site updates to me by May 31, 2008 for the next newsletter. I would also love to see members volunteer to write an article for this newsletter!

## Secretary's Report:

Pam Player

The CANNP board members and three of the Asheville Conference Planning members met on 1/24/08 in Charlotte. The conference planning members shared information about the conference preparation, and plans were finalized. The conference brochure will be mailed early in February. The board and planning committee hope to see many of you at the conference. Lee Shirland has arranged for NANN to post details of the Asheville Conference on their website.

The CANNP board members discussed plans for obtaining an update on the CANNP IRS tax-exempt status. The board also discussed CANNP membership numbers, and plans to review future conference dates to prevent conflicts with national conferences dates.

Minutes from the last annual business meeting will be displayed outside of the conference room at the 2008 Conference.

**It is time to renew your membership.** A membership application form is enclosed in this newsletter or you may obtain one from our website. Please note that you may renew for either one or two years!

Applications must be received by or at the annual conference. Applications will be considered late after the conference and a \$5.00 late fee will be assessed to members who have not renewed their membership by this deadline.

Please encourage all members of your team to join or rejoin and be active in this worthwhile organization.

The address for renewals and correspondence is:

CANNP  
c/o Alisa Starbuck  
1289 Black Mountain Road  
Pilot Mtn, NC 27041

The website address is:

[cannp.org](http://cannp.org)



**CANNP would like to express thanks to Cape Fear Valley Medical Center for assuming the costs of printing and publishing this newsletter.**

# Proposed Bylaw Changes

The CANNP Board reviewed the Bylaws at their Sept. 13th meeting and propose the changes listed below. Please review the changes and be prepared to vote on them at the annual business meeting. A complete copy of the bylaws is available on the website and will be posted at the conference.

- 1) Page 3; Article IV: Officers; Section 1. President  
Add the following as a):  
Have served as a member of the current EXECUTIVE COMMITTEE.
- 2) Page 5; Executive Director

Delete c. "Assume the duties of the Secretary, Member-at-Large, or Treasurer if said officer resigns with less than six months left in the term and is so requested by the president.

- 3) Page 5; Vacancies; c:  
Delete "Executive Director" and add "another EXECUTIVE COMMITTEE Member" into the following:  
In the event of a vacancy in the office of Secretary, Treasurer or Member-at-Large with less than six months to complete the

term, the Executive Director will assume the responsibilities of the office.

- 4) Page 8; Article VIII Committees:  
Section 1. Standing Committees:  
iv) Change from "Nominations Committee - consists of the Member-at-Large acting as chairperson and two volunteers from the ASSOCIATION, one from North Carolina and one from South Carolina" to "one volunteer from the ASSOCIATION" and delete "one from North Carolina and one from South Carolina."

## Board of Nursing Updates

### North Carolina Update

Liz Lawrence, RNC, NNP

Last fall we all should have received letters from the BON enlightening us about the initiation of joint NCBON and NCMB NP Review Boards beginning in 2008. NP's will have 24 hour notice prior to the site visit. Below is a brief synopsis of what information the Review Boards will be looking for at each practice site chosen for review. The forms are standardized and available at <http://www.ncbon.org/content.aspx?id=1332>

- 1) Dated and signed agreement for each back-up supervising physician
- 2) Copy of your NP license, RN license, RNC certification

- 3) Documentation of meetings with your primary supervising physician depending on your NP status
- 4) Proof of 100 contact hours every 2 years
- 5) Drugs and devices that are prescribed are listed in the collaborative practice agreement plus proof of a current DEA number if you prescribe controlled substances.
- 6) The collaborative practice agreement is available for review.
- 7) Quality Improvement Process in place and documentation signed.
- 8) Name badge reflects NP status

- 9) Records of the above in place for the past 5 years.

Another reminder posted on the NCBON website is that NP renewal will now start being on-line versus paper renewal. You can still request a paper renewal if needed. Several other forms are pending and will switch to on line as well in the near future.

### South Carolina Update

Maggie Johnson, RN, BSN

An update was not available from our SC representative. If you have questions, Maggie's email address is [JohnsonM@LLR.SC.GOV](mailto:JohnsonM@LLR.SC.GOV). Please feel free to contact her.

# Practice Site Updates

## Cape Fear Valley Medical Center

Greeting from Cape Fear Valley! Here is what is new with us:

Denice Gardner passed her NCC Certification Test!! We are so excited for her—congratulations, Denice! She also just found out that an article she has been working on titled "Evidence-Based Guidelines for Suctioning the Intubated Neonate and Infant" has been accepted by Neonatal Network!

Lee Shirland is spending her spare time planning her daughter Cheryl's wedding. Cheryl will be married on May 3rd in Charlotte. Lee also has a new puppy—Madison, a Yorkshire Terrier.

Judy Philbrook's oldest daughter, Amy, will graduate high school this year and has been accepted at UNC-Chapel Hill. She plans to major in political science. Judy's son, Zachary, keeps asking when Miss Lee is going away for the weekend so that he can babysit her dogs again!

Susan Nalls' son, Cameron, graduates from high school this year.

Wendy Brock, a former staff nurse, joined the NAPS group last month. Wendy is in the NNP program at MUSC. Wendy received her BS in Nursing from Brigham Young University in 1990. She came to our NICU in Oct. 2006 after staying home to raise her 5 children for a few years. She quickly learned that this is what she wants to do and is a welcome addition to our group!

Cindy Russell's son, Christopher, is a freshman at Campbell University. He is studying sports management. Cindy also has a new puppy, Coco, who is a miniature dachshund.

On a sad note, Vickie Poston's mother died last Sept. after a short battle with brain cancer.

## Charlotte Medical Center

We are currently looking for PRN positions. Rosemarie Timmons is pregnant with a baby boy—Caleb.

## Womack

After a sluggish fall with low census days, BAM! A baby boom has hit us and we are back to busy again. Our fertility specialist is keeping us hopping with twins and the occasional triplets predicted for the future. Never a dull moment at WAMC.

Denise Darden had a great time at the well attended Neonatal Pharmacology Conference in Charleston, SC in November. All topics were very relevant to our practice and very enlightening. Thanks to the committee that put this together. It was most impressive to have two neonatologists present information concerning "Medication Safety in the NICU" as a late day interactive exercise. I am involved with the UNC-CH SON Foundation, and let our dean, Linda Cronenwett, know that her research and national leadership in Patient Safety Education is definitely paying off. Kudos to Dr. Southgate and Dr. Suresh for helping to make safety a priority.

Andrea Biondi is on a subcommittee as a co-coordinator putting together a mock trial for the last day of the FAANP conference this year in October. The FAANP (Andrea specifically) is working with Campbell Law School Mock Trial Student Team to put together a presentation that will be as life like as possible mimicking a real case where an NNP is on trial for malpractice. There is a judge and jury and the student play the defense etc. Andrea is also teaching in the undergraduate and graduate pediatrics programs at UNC.

Liz Lawrence escorted her 3<sup>rd</sup> child, Natalie, off to college at Savannah College of Art and Design last fall and is enjoying the peacefulness of only having 1 child left at home (the Jakester, a junior in HS). Her oldest son David, just completed his second short tour of

Iraq and is back Stateside safely. Her older daughter Katie, was hired at BB & T in Wilson just before Christmas. With her husband Tom, they broke ground this month on their carriage house (barn with living quarters above it) on their 33 acre horse farm in development near Lumber Bridge, NC. "It's all about the horse, now, says Liz." Liz also enjoyed attending the Neonatal Pharmacology Conference in Charleston with Denise last November.

Paula Roach attended Hot Topics this year and saw some old friends. Her professional goals for this year include finishing Breastmilk/formula mixing room in our NICU, initiating O2 sat limitations/O2 usage in NICU and our NICU become a member of the Vermont Oxford Database.

On a personal note, Paula hopes to attend Vanderbilt University to complete her MSN but will also be sending her second daughter to college in the fall. Her life is not dull though with a third daughter a Sophomore in high school and learning to drive, plus the twins playing soccer and finishing up the 3rd grade. Paula is planning to take a few trips with her husband out West this spring with a family trip to Atlantis (Bahamas) this summer.

## MUSC

We have 16 practitioners. Our newest, Lauree Pearson, is a MUSC grad and is waiting for her license to be able to do patient care orientation. Rona Cushman has left us to do Neonatal Outreach here. Kelly Roscoe (now Romero) will be leaving us in July when her Ped Surgery doctor husband leaves for a fellowship. New moms Stephanie Horecky and Ashley Klumb have cut hours as motherhood is also a demanding job. We are currently interviewing for NNP positions and hope we can keep our numbers up.

# Educational Feature

## A Change in Practice - Nurse Driven Early Transition to Cue Based Oral Feeding in Premature Infants

Linda Ernst, RNC NNP

The advancement from gavage to oral feedings in premature infants may be improved by attention to feeding cues and an evaluation of the infant's readiness to feed by the infant's caregivers. Prior to the initiation of a cue based feeding protocol, convalescent infants in the NICU units at MUSC had oral feedings advanced on a rigid 3 hour schedule. At a minimum, this protocol mandated 8 days to progress from first feed to full PO feeds. Awake and hungry infants were "held off" until the next scheduled feed, and sleeping infants were awakened and forced to nipple feed without regard to alertness or state.

A change in practice was instituted in March 2006 which based the advancement of oral feeds on the bedside nurse's observation of an individual infant's hunger cues. The infant now controls the volume, frequency, and pace of feedings on her/his own schedule. The change in practice was modeled after a similar program used by NNPs at Rush Hospital in Chicago. Infants in our cue based feeding program began effective PO feeding earlier, achieved full volume ad lib PO feeds sooner, and are ready for discharge between several days to a week earlier. Infants are given longer periods of uninterrupted sleep and intake is evaluated on a 12 and 24 hour basis. This practice has improved care and outcomes in our premature infants, and has put the feeding decisions in the hands of the feeding experts: the bedside nurses.

### The Change

The need for change became apparent during the summer and fall of 2005. At

that time we had several former preterm infants who came close to G-Tube placement because of seeming inability to successfully PO feed. We were asking them to take as much as 75 cc every 3 hours before they could be discharged. It became apparent to all of their nurses that it was, at best, unrealistic and, at worst, a prescription for failure to force this feeding schedule on some of our "old timers" - often big infants with BPD. These babies ultimately escaped the knife when we realized that by altering our feeding regimen and sharpening our sensitivities to their feeding and sleeping patterns that they would feed better and go home.

During a prejudice shattering trip to Rush Hospital in Chicago to attend Dr. Paula Meier's "Lacto-Engineering" program, I had occasion to witness 2 NNPs using a very successful cue based feeding regimen with convalescent preterm and term infants. These infants achieved full feeds earlier and their nurses determined the progression of feeds based on the infant's success.

This concept was brought to MUSC and implemented in the Level II nursery with assistance of my fellow NNP, Annette Kibler RNC NNP and a core group of nurses. This change in practice was not instituted in a formal research format, but a retrospective review of previous and current practice convinced those caring for the convalescent babies that cue based feeds were infant friendly, lead to feeding success at an earlier time, and in the long run did not compromise weight gain.

Additionally, after a review of discharge data, it was clear that earlier discharge did not result in significant readmissions for failure to thrive. There are increasing reports in the neonatal literature of other successful cue based feeding programs used throughout the country, so perhaps it is truly an idea whose time has come.

There were surprisingly few difficulties associated with the change in practice. The nurses overcame anxiety about a full assignment of babies all crying at once to feed, and enjoyed assuming the rightful position of feeding experts who decided when a baby was ready to nipple and how often this could happen. It did take some convincing to have them feed the infants before doing vital signs and changing diapers to maximize the energy available. The neonatologists were generally open minded once they saw how successful the babies were and how well they gained weight once the infant determined his/her schedule and volume of feeds. The parents nearly always supported infant oriented decision making even though feeding schedules were less predictable.

### The Protocol

At 31+ weeks, the infant who has achieved cardio-respiratory stability, tolerance of full or close to full volume enteral feeds, has intact suck and gag reflexes, and shows favorable feeding cues (e.g. mouthing, rooting, arousal at feeding times) is given the first nipple feed. When the infant is successful with 2 bottle feeds and the nurse recommends advancement, the infant

## Educational Feature (continued)

regimen. A minimum of 50 cc/kg of volume is ordered for each 12 hour shift, if the infant does not achieve this volume, the remaining amount is gaved. The ad lib on demand schedule then begins again. Most nurses will not let a very small baby sleep longer than 4-5 hours, but will let the bigger babies go 5-6 hours if their intake has been good. The gavage tube is taken out when the baby demonstrates a full day of intake greater than 120 cc/kg/day.

### Results

The retrospective review of NNP flow sheets of 144 babies before and after cue based feedings were initiated has shown some very satisfying results with a few surprises. The change was particularly striking in the babies born at 29-31 week GA (see table below). In this group, nearly 8 days were cut off of the time from first feed to ad lib, and their GA at discharge was a week less. Although their feeding patterns were better, their continued requirement for Caffeine for apnea of prematurity did not change. The

babies required home apnea monitoring. In the older babies, similar although less dramatic, results were found. Of interest, in the >34 week GA group, 23 of 25 babies evaluated never required gavage.

### Summary

Our experience initiating a cue based feeding program in convalescent infants at MUSC has demonstrated that infants who are allowed to feed according to their own schedule begin feeding earlier, achieve full volume ad lib feedings sooner and are discharged earlier. This better nursing practice allows nurses to evaluate feeding readiness in premature infants and increase PO feedings based on infant needs.

### References:

Crosson, D and Pickler, R. An integrated review of the literature on demand feedings for preterm infants. *Advances in Neonatal Care* 2004; 4: 216-224.

Kirk, AT, Alder, SC, and King, JD. Cue-based oral feeding clinical pathway results in earlier attainment of full oral feeding in premature infants. *Journal of Perinatology* 2007; 27: 572-578.

McCain, GC. An evidence-based guideline for introducing oral feeding to healthy preterm infants. *Neonatal Network* 2003; 22: 45-50. *Neonatal Network* 2007; 26: 77-83.

Pickler, R and Reyna, B. A descriptive study of bottle feeding opportunities in preterm infants. *Advances in Neonatal Care* 2003; 3: 139-146.

Shaker, CS, and Werner, AM. An evidenced based approach to nipple feeding in a level III NICU: nurse autonomy, developmental care, and teamwork. *Neonatal Network* 2007; 26: 77-83.

### Results Before and After Cue Based Feedings in Babies 29-31 weeks at birth (44 total)

	Before	After
Gestational Age	30.5 weeks	30.4 weeks
Birth Weight	1359 grams	1383 grams
Time from 1st feed to all PO ad lib on demand	20.6 days	12.4 days
Time from 1 <sup>st</sup> PO to discharge	22.9 days	16 days
Gestational age at discharge	35.2 weeks	33.9 weeks
Home monitor	3 of 14 discharged	22 of 30 discharged

### Editor's note:

Linda Ernst is a NNP at Medical University of South Carolina. Thanks to the MUSC team for sharing the results of their cue based oral feeding protocol.

**Carolinas Association of  
Neonatal Nurse Practitioners**

6474 Summerchase Drive  
Fayetteville, North Carolina 28311