

32ND ANNUAL EDUCATIONAL CONFERENCE PROGRAM GUIDE



**National
Association of
Neonatal
Nurses**

OCTOBER 26–29, 2016
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MAKING THE MOST OF YOUR NANN ANNUAL EDUCATIONAL CONFERENCE EXPERIENCE

- Use this program book to navigate the hotel, educational sessions, and exhibit hall.
- Note the time and location for the keynote presentations—you will not want to miss these.
- Meet someone new at each of your sessions—this is an opportunity to network with your colleagues.
- We hope you enjoy the meeting! Should you need anything or have any questions while you are here, please visit the Registration and Information Desk for assistance.



**National
Association of
Neonatal
Nurses**

Mission Statement

The National Association of Neonatal Nurses (NANN) is *the* professional voice that shapes neonatal nursing through excellence in practice, education, research, and professional development.

Join the #NANN2016 conversation:



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A MESSAGE FROM NANN'S PRESIDENT

Welcome to NANN's 32nd Annual Educational Conference! There's so much in store for you this year. The Annual Educational Conference Program Planning Committee and NANN staff have teamed up to offer a fresh, innovative program with expanded learning and networking opportunities. Important, timely, and relevant topics on professional, clinical, and advocacy issues will be presented to meet the needs of neonatal nurses at all career stages. Learn from the most respected neonatal leaders and return to your work settings with critical information you can use to make a difference.

Neonatal content you need. This year, we are thrilled to partner with Vermont Oxford Network (VON) to offer an engaging and interactive preconference on neonatal abstinence syndrome (NAS). Together, NANN and VON take on the compelling clinical challenges of NAS by promoting improved quality, safety, and value of care for this vulnerable population of infants and families. A late-breaking session from the March of Dimes shares essential information on family-centered care. Enhanced educational programming features the cutting-edge work of the NANN Research Summit Grant recipients and special presentations, including Positioning the Neonate, provided in partnership with Proctor & Gamble. Saturday's closing session offers poignant advice as our Parents Panel shares personal and compelling stories about the emotional experience of going home from the NICU.

Fun ways to connect. There's so much to enjoy beyond educational content. Experience new and engaging activities in the Exhibit Hall. Take in the excitement of the Welcome Reception with entertainment, fun, and games, and let your creative side show by contributing to our interactive mural. Grow your professional network by reconnecting with colleagues and forging new friendships. Socialize with your peers at NANN After Dark on Wednesday night or at the downtown Palm Springs VillageFest on Thursday evening. Share your conference experiences all week on NANN's various social media pages.

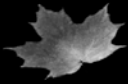
All things NANN. We can't wait to meet you at the reconfigured member center, NANN HQ, home to all things NANN in the Exhibit Hall! Connect with NANN leaders, volunteers, staff, and the co-editors of *Advances in Neonatal Care*. Check out NANN resources, renew your membership, and purchase products for yourself and your unit. Relax while you recharge your mobile device in our networking area. I'm looking forward to seeing all our NANN fans there!

NANN Annual Business Meeting. Attend NANN's Annual Business Meeting at its new time on Friday at 3:30 pm to learn about NANN's many initiatives and activities, meet the NANN Board of Directors, and learn about the latest association news. We need your participation and input to ensure NANN continues to meet member needs. Come and share your voice.

On behalf of the NANN Board of Directors, I would like to acknowledge the dedication and hard work of the Program Planning Committee led by Chair Heather Goodall and the Research Committee in developing this year's outstanding program. I hope you take full advantage of the many exceptional conference offerings as you learn, connect, and recharge in beautiful Palm Springs!



Jean
Regina Grazel, MSN RN BC APN-C
NANN President



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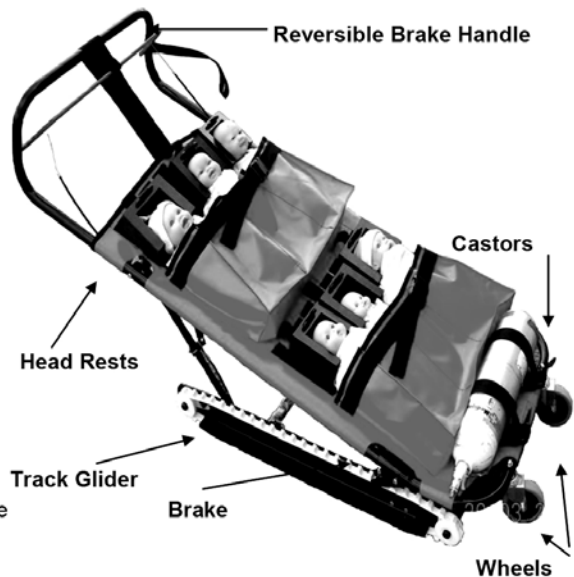
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A MESSAGE FROM NANN'S PROGRAM PLANNING COMMITTEE CHAIR

Welcome to NANN's 32nd Annual Educational Conference. The Program Planning Committee and I are excited that you chose to join us this year in the fun hotspot of Palm Springs! Get ready for a great conference experience. We have tried really hard to fill the next few days with a variation of topics that will appeal to a wide audience of learners, whether you are a novice or expert, staff nurse or formal leader in your workplace.

Dr. Lorraine Dickey, our opening session speaker, brings a unique perspective to caring for neonatal patients. Not only is she an expert in the field of neonatology, she also brings a palliative care knowledge base to the field that is very unique. She is the associate medical director of neonatology at St. Luke's Hospital-Allentown. In her keynote address, Dr. Dickey will share her expertise and enthusiasm for supporting the bedside staff to be the best caregivers they can be.

Dr. Madge Buus-Frank will discuss the neonatal abstinence collaborative that helped to educate, develop, and improve quality and safety programs for the healthcare teams engaged in providing care to that unique population of neonatal patients. She is the executive vice-president and director of quality improvement and education for the Vermont Oxford Network (VON). Her vast experience and knowledge to be shared during this general session is much anticipated.

The closing session is a unique opportunity for conference attendees to engage in the conversation about discharge preparation. Jennifer Degl, Natalie Gordon, and Kara Wahlin, parents of NICU babies, have graciously offered to share their stories about how great things went for them and what could have been improved. This closing session is sure to be a fantastic end to this incredible educational event.

Just added to our conference offering is a session sponsored by March of Dimes with guest speaker Lori Gunther, who will present "Shorter Stays in the NICU: Impact and Implications for Care." This session is a chance to discuss the patients that only stay for a few days in the NICU.

Other highlights I want to make you aware of: a few of the amazing researchers that presented at the Research Summit in April will be engaging with conference attendees in the Exhibit Hall this year; the speed networking session is back and I hope to see even more of you there to connect with friends as well as getting a chance to make new ones. Lastly, we will have plenty of time to share our experiences with one another during the special interest group (SIG) breakfast and the author-attended poster sessions.

You will not want to miss any of the interprofessional or concurrent sessions this year. The Program Planning Committee is hopeful that you will find some pearls of wisdom and practical applications to your work setting. To help you decide which sessions are best for you, each session is labeled to identify the level of content that will be covered. Don't be afraid to attend things you may not have chosen at first!

Please say hello if you see me during conference. I would love to chat with you! If you are a first-time attendee, the Program Planning Committee and I would like to extend a big, warm welcome to you. We hope that you will take the opportunity to experience all that NANN's Annual Educational Conference has to offer.

Over the next few days, take this chance to engage with your colleagues and share the great things that you are doing in your NICU to improve care for our tiniest patients and their families. After all, isn't that what being here is all about? Be the professional voice that shapes neonatal nursing!



We hope you have a blast at this conference!

Heather D. Goodall, MSN BSN RNC-NIC IBCLC
Program Planning Committee Chair



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ABOUT THE 32ND ANNUAL EDUCATIONAL CONFERENCE

Purpose and Conference Objectives

NANN is the premier organization that shapes neonatal nursing through excellence in practice, education, research, and professional development. The purpose of this conference is to offer comprehensive educational and networking opportunities for neonatal nurses, advanced practitioners, and other neonatal professionals.

The content is driven by educational and professional development needs as determined by membership input and the Education Provider and Program Planning committees. Sessions represent state-of-the-art advances in neonatal care, leadership, advocacy, and research.

By participating in this conference, you will be better able to

- identify the role of the neonatal nurse as a leader and change agent for the profession
- advocate for patients and families
- implement evidence-based practice recommendations in clinical care
- establish practices that support patient safety
- develop professional networks.

Who Should Attend

This conference is developed for neonatal nurses and interprofessional providers across the spectrum of neonatal care, including

- staff nurses
- advanced practice registered nurses (APRNs)
- nurse educators
- nurse managers
- nurse researchers
- registered dietitians
- pharmacists
- student nurses/student APRNs
- therapists (occupational, physical, respiratory, and speech)
- other neonatal providers.

Continuing Education Credit

The National Association of Neonatal Nurses is accredited as a provider of continuing nursing education (CNE) by the American Nurses Credentialing Center's Commission on Accreditation.

The National Association of Neonatal Nurses is accredited as a provider of CNE by the California Board of Registered Nursing (CEP 8659).

The National Association of Neonatal Nurses designates this activity for a maximum of 24 CNE contact hours. CNE sessions are denoted as **CNE**. Attendees also can earn up to 6 contact hours for reviewing 36 posters. Partial credit will be given for reviewing posters. Six poster reviews are equivalent to 1 contact hour.

Pharmacology hours: Sessions that address the use of pharmacologic agents in neonatal care will be denoted as **P**. Certificates will reflect total contact hours earned as well as time spent on pharmacology. A maximum of 6.35 pharmacology hours may be earned by attending this conference.

Successful completion: Participants must be registered for the conference and attend the session(s). Each participant will receive a username and password for completion of the evaluation form for NANN's 32nd Annual Educational Conference; participants must complete an online evaluation form for each session they attend to receive contact hours. There are no prerequisites unless indicated otherwise.

ABOUT THE 32ND ANNUAL EDUCATIONAL CONFERENCE

Disclosure

It is the policy of NANN that the planners and faculty disclose the existence of any financial relationship or other relationship they or their spouse/partner may have with the manufacturer(s) of any commercial product(s) or services relating to the topics presented in the educational activity. It is the responsibility of the Program Planning Committee to review potential conflicts of interest as submitted in the disclosure form and resolve such conflicts. Resolving the conflict ensures that the content of the activity is aligned with the interests of the public. Learners also will be informed when no financial relationships exist.

NANN requires disclosure of the intent to discuss unlabeled uses of a commercial product or investigational use of a product not yet approved for this purpose.

Acknowledgment

NANN gratefully acknowledges the following organizations for an educational grant:

Abbott Nutrition

Ikaria, A Mallinckrodt Company

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Disclaimer and Statement of Non-Endorsement

The material presented in this conference represents the opinion of the speakers and not necessarily the views of NANN.

Note: All presentations are subject to change.



National
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SAVE THE DATE

**NANN 33RD ANNUAL
EDUCATIONAL CONFERENCE**

**OCTOBER 11–14, 2017
PROVIDENCE, RI**

**OMNI HOTEL
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NCC CERTIFICATION MAINTENANCE

Are you an RNC-NIC or NNP-BC seeking certification maintenance?

If so, you already know that the Continuing Competency Initiative of the National Certification Corporation (NCC) is under way. If you are an RNC-NIC or NNP-BC and need to meet your certification maintenance requirements through the NCC, this reference will assist you.

This information is intended to help you quantify certification maintenance requirements that you obtain through NANN's educational programming and elsewhere. The best, most current information about the requirements, services, and process, including a complete instructional brochure, can be found at www.nccwebsite.org.

Stage 2 has begun. Hours of continuing nursing education (CNE) in your certification specialty are obtained through accredited providers such as NANN. NANN can assist you in meeting these requirements. Complete the NCC Specialty Assessment online to receive a report on growth areas by competency. It is free and confidential, and it provides immediate feedback. Please remember that it is not a pass/fail test. This assessment will help you focus on your greatest educational needs and maintain your certification.

If you are a **neonatal intensive care nurse**, there are four core competency areas:

- General Assessment (Code 1)
- Physiology and Pathophysiology (Code 2)
- Pharmacology (Code 3)
- Professional Practice (Code 4)

If you are a **neonatal nurse practitioner**, there are five core competency areas:

- Physical Assessment (Code 1)
- Physiology and Pathophysiology (Code 2)
- General Management (Code 3)
- Pharmacology (Code 4)
- Professional Practice (Code 5)

If you are a **low risk neonatal nurse**, there are five core competency areas:

- Mother/Fetus (Code 1)
- Physical Assessment, Thermoregulation and Normal Management (Code 2)
- Neonatal Complications (Code 3)
- Pharmacology (Code 4)
- Professional Practice (Code 5)

NANN's conference sessions are now labeled by competency or code. In addition, the NCC website offers a description and keywords for each competency area that you can compare to the content delivered.

Neonatal Intensive Care Nurse **RN**

General Assessment (Code 1)

- Physical and Gestational Age Assessment
- Maternal Factors Affecting Neonatal Outcomes
- Risk Assessment
- Thermoregulation
- Fluids and Electrolytes
- Nutrition and Feeding
- Oxygenation and Acid Homeostasis
- Developmental Care

Physiology and Pathophysiology (Code 2)

- All Body Systems
- Genetics
- Discharge Planning and Follow-Up
- Grieving Process and Family Integration

Pharmacology (Code 3)

- Drug Therapies
- Pharmacologic Principles

Professional Practice (Code 4)

- Professional Practice
- Patient Safety
- Ethical Principles and Theories
- Legal Issues Affecting Neonatal Intensive Care Nursing
- Professional Practice Standards
- Research

Universal Hours (Code 9)

- Resuscitation and Stabilization
- Mother and Fetus (includes NRP, STABLE, etc.)
- HIV Infection

Neonatal Nurse Practitioner **NNP**

Physical Assessment (Code 1)

- Maternal Factors Affecting the Newborn
- Physical Examination
- Diagnostic Procedures & Laboratory Evaluation
- Gestational Age Assessment

Physiology and Pathophysiology (Code 2)

- All Body Systems
- Genetics
- Intrauterine Drug Exposure

General Management (Code 3)

- Developmental Care
- Fluids and Electrolytes
- Nutrition and Thermoregulation
- Resuscitation
- Family Integration

Pharmacology (Code 4)

- Drug Therapies
- Pharmacokinetic Principles

Professional Practice (Code 5)

- Patient Safety
- Ethical Principles and Theories
- Legal Issues Affecting Neonatal Intensive Care Nursing
- Professional Practice Standards
- Research

Universal Hours (Code 9)

- Resuscitation and Stabilization of Mother and Fetus (includes ACLS, NPR, STABLE)
- AIDS and HIV Infection Evaluation Tracking Form

Low Risk Neonatal Nursing **LRN** **LRN 3**

Mother/Fetus (Code 1)

- Mother/Fetus
- Maternal Complications Affecting the Newborn

Physical Assessment, Thermoregulation and Normal Management (Code 2)

- Physical Assessment
- Thermoregulation
- Neonatal Nutrition
- Normal Management

Neonatal Complications (Code 3)

- Management of Complications

Pharmacology (Code 4)

- Pharmacokinetics
- Drug Therapies
- Pain Management

Professional Practice (Code 5)

- Patient Safety
- Ethical Principles and Theories
- Legal Issues Affecting Newborn Nursing
- Informed Consent
- Professional Practice Standards
- Research

To receive your CNE, you will be asked to fill out an electronic evaluation form. When you are ready to complete your evaluation, please follow the steps on page 12.

1. EVALUATION

Visit the NANN website, www.nann.org/conference, and click on the link to the 2016 Annual Educational Conference evaluation system. Log in using the information on the ticket attached to your conference badge.

2. LEARNING OBJECTIVES

Evaluate each session according to the session's learning objectives. Learning objectives for the general sessions, concurrent sessions, interprofessional sessions, paper presentations, and poster presentations can be found in this book. Please keep these objectives in mind as you evaluate each session. The electronic evaluation form also will list the learning objectives for each session.

Rating scale: 5 = strongly agree; 1 = strongly disagree

3. SPEAKERS

Evaluate each speaker. Please keep these criteria in mind when recording your comments:

The speaker

- was an effective presenter
- demonstrated expertise in the content area
- used teaching methods that facilitated learning
- delivered a balanced presentation free from commercial bias.

Rating scale: 5 = strongly agree; 1 = strongly disagree

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Greenville, NC

Daniele Ottinger, DNP NNP-BC

Charlottesville, VA

Thank you to the Research Committee for reviewing and selecting this year's paper and poster presentations.

Tamara Meeker, MSN CRNP NNP-BC

Philadelphia, PA

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Rachel Wiener, BSN RNC

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KEYNOTE SPEAKERS

Thursday, October 27

8-9:45 am



Opening General Session I (GS1) Let's Be Married to the Process, Not the Outcome

Lorraine Dickey, MD MBA FAAP

Dr. Dickey graduated from the United States Air Force Academy in 1983 as a member of the fourth class to include women. She received a full scholarship to the University of Nebraska Medical Center College of Medicine and completed her residency in pediatrics and fellowship in perinatal-neonatal medicine while on active duty with the U.S. Air Force. Dr. Dickey's neonatology practice spans 20 years, including serving as the chief of the Division of Neonatology and the medical director of the NICU at The Children's Hospital at Lehigh Valley Hospital in Allentown, PA, for 8 years. In 2013, she stepped away from neonatology to undertake a fellowship in hospice and palliative medicine. Though interrupted by treatment for cancer, Dr. Dickey still completed the fellowship in June 2015. She went on to become the regional medical director for pediatric palliative care at Miller Children's Hospital in Long Beach, CA, and associate medical director at Trinity Kids Care/Providence Health and Services in Torrance, CA. This year Dr. Dickey returned to primary neonatology as the associate medical director of neonatology at St. Luke's Hospital-Allentown with OnSite Neonatal Partners to integrate palliative care into the practice of neonatology. She holds an MBA in health care management, is certified in pediatric bioethics, and is a certified trainer of pediatric education in palliative and end of life curriculum. Her clinical and research interests include the application of interdisciplinary pediatric palliative care to neonates, their parents, their family, and neonatal clinicians of all disciplines. Dr. Dickey has been actively involved in teaching the principles and philosophy of family-centered care and narrative medicine education and research since 2004. She has presented her findings in publications and presentations in the United States and internationally.

Friday, October 28

10-11 am



General Session II (GS2) Improving Outcomes for Substance-Exposed Infants and Families: Lessons from 200+ VON Teams

Madge E. Buus-Frank, DNP APRN-BC FAAN, executive vice-president director of quality improvement and education, Vermont Oxford Network; faculty, Geisel School of Medicine at Dartmouth, University of Vermont

Dr. Buus-Frank, is a board-certified neonatal nurse practitioner and serves as the executive vice president and director of quality improvement and education for Vermont Oxford Network. Dr. Buus-Frank has been actively engaged in improving neonatal care for more than 3 decades, practicing at The Children's Hospital at Dartmouth. She is an internationally recognized educator and consultant. Prior to her role at VON, she collaborated on the design, development, and execution of innovative educational and clinical solutions for newborn intensive care units and health systems nationally and internationally. She was the founding editor-in-chief for *Advances in Neonatal Care: The Official Journal of the National Association of Neonatal Nurses*, a peer-reviewed publication dedicated to advancing the art and science of neonatal care, serving for 5 years in this capacity. She has been inducted as a fellow of the American Academy of Nursing (FAAN) for her pioneering work in the field of neonatal care. Dr. Buus-Frank has a strong interest in improving the quality, safety, and value of newborn care and serves as the faculty leader for VON quality-improvement collaboratives. Most recently Dr. Buus-Frank led a 3-year Vermont Oxford Network internet-based quality improvement collaborative (iNICQ) focused on improving the quality, safety, and value of care for this vulnerable population. This program reached more than 220 centers from around the world who engaged deeply in implementing evidence-based practices. Additionally, she worked with experts from around the world to produce a Virtual Video Visit to a Center of Excellence in Vancouver British Columbia, and led the development of a Universal Training Program for Neonatal Abstinence Syndrome (<https://public.vtoxford.org/quality-education/inicq-2015-nas-universal-training/>), which has recently been endorsed by NANN.

Saturday, October 29

11 am–Noon

Closing General Session

(GS3) Neonatal Parents Panel: Going Home: Emotional Times

Moderator: Heather Goodall, MSN RNC-NIC IBCLC

Parents: Jennifer Degl, author, high school science teacher, and writer for *Huffington Post Parents*, Putnam County, NY; Natalie Gordon, program facilitator for *NICU Helping Hands*, Fort Worth, TX; Kara Wahlin, marriage and family therapist and founder of *NICU Healing*, Coachella Valley, CA

Discharge from a NICU stay can be exciting, yet scary and uncertain. Three parents from different areas of the nation are excited to share and discuss their stories. Different discharge experiences from the parent point of view will be presented including what was and wasn't helpful at discharge. Positive elements of communication, teaching, and support will be included. Identification of opportunities for improvement also will be presented.



Jennifer Degl is the mother of four, including a 23-week micro preemie, the author of *From Hope to Joy: A Memoir of a Mother's Determination and Her Micro Preemie's Struggle to Beat the Odds*, and a writer for *Huffington Post Parents* and *The Mighty*. She teaches high school science, is a collector of rocks and rare gems, and likes to think of herself as an amateur astronomer. Her daughter Joy was born at 23 weeks gestation in 2012. She weighed just 1 lb and 4 oz (575 grams) and was not even as long as a ruler. Due to modern medicine and prayers, Joy is doing great today. As a seasoned public speaker based out of New York, Jennifer is eager to share her experiences as a preemie parent with those in need of support. Information on Jennifer's book and her journey with prematurity can be found at www.micropreemie.net.



Natalie Gordon is program facilitator for *NICU Helping Hands*, a nonprofit organization based in Fort Worth, TX that develops hospital- and community-based programs that provide education and support for families with babies in the neonatal intensive care unit (NICU), during their transition from hospital to home and in the event of an infant loss. Intimately familiar with the challenges that parents experience while in the NICU, Natalie is committed to providing to families support that she herself did not receive when her twins unexpectedly arrived at 24 weeks gestation. Since August 2013, she has worked directly with families during their stay in both antepartum and the NICU at Baylor All Saints Medical Center in Fort Worth, TX. Natalie has been married to her husband for 14 years and is the mother of Alexis, age 13, and Lola and Landry who were born in 2009 at just 24 weeks gestation. Lola and Landry are now 6 and in kindergarten!



Kara Wahlin is a licensed marriage and family therapist who practices in the Coachella Valley in Southern California. Kara is trained in art therapy and postmodernism, and incorporates those modalities into her therapeutic practice. Kara went into spontaneous preterm labor with her fraternal twin boys William and Elliott. She gave birth at 26 weeks of pregnancy. They were immediately transferred to the NICU and put on life support. After a brief "honeymoon," William's health quickly deteriorated. He passed away when he was 1 week old. Elliott faced his own challenges in the NICU: jaundice, breathing assistance, PDA ligation, blood transfusions, anemia of prematurity, reflux, bradycardia and apnea spells, and difficulty coordinating the suck/swallow/breathe reflex. He spent 88 days in the NICU, and came home just shy of his actual due date. Kara found that there were several therapeutic tools that were useful in helping her to function at an optimal level, as well as to feel closer to both Elliott and William in moving forward, albeit sometimes painfully, in her life. She developed *NICU Healing*, which provides parents with a set of tools for coping and thriving with a new set of challenges put to them by having a medically complex or premature baby that were developed by a therapist who went through a similar experience.

AWARD WINNERS

NANN and NANNP recognizes and congratulates the following 2016 award winners:

Lifetime Achievement Award



Diane Spatz, PhD RN-BC FAAN



Frances Strodbeck, PhD RN
NNP-BC FAAN



Distinguished Service Award

Cheryl Carlson, PhD APRN
NNP-BC



Neonatal Nurse Practitioner Excellence Award

Susan Reinarz, DNP RN NNP-BC



Navigator Award

Amelia Bieda, PhD MSN PNP-BC
NNP-BC



Research Abstract Award

Danilyn M. Angeles, PhD RN



Robyn Main Excellence in Clinical Practice Award

Rebecca South, BSN RNC-NIC



Clinical Abstract Award

Kelsey Bristow, BSN

Small Grant Award—Research Based



Melinda Colleen
Brand, PhD
APRN NNP-BC



Britt Frisk Pados,
PhD RN NNP-BC

Small Grant Award—Evidence Based



Milena Frazer, RN

Chapter of the Year Award



State of Michigan Chapter

Chapter Communications Award



Delaware Valley Chapter

Chapter Advocacy Award

Chapter Educational Offerings Award

Chapter Membership Recruitment and Retention Award

Chapter Community Service Award

Chapter Fundraising Efforts Award



Central California Chapter



COMMITTEE AND FACULTY DISCLOSURES

Program Planning Committee

These individuals have no relevant relationships to disclose:

Bobby Bellflower
Sara Dubin
Heather Goodall
Kathy Glombowski
Katie Gallagher
Kim Guglielmo
Lori Matich
Dedra Teel
Lori Williams

These individuals disclosed a relevant relationship with the institution listed:

Research Committee

These individuals have no relevant relationships to disclose:

Shakira Henderson
Tamara Meeker
Denis Maguire
Katherine Newnam
Daniele Ottinger
Ann Phalen
Rachel Wiener

These individuals disclosed a relevant relationship with the institution listed:

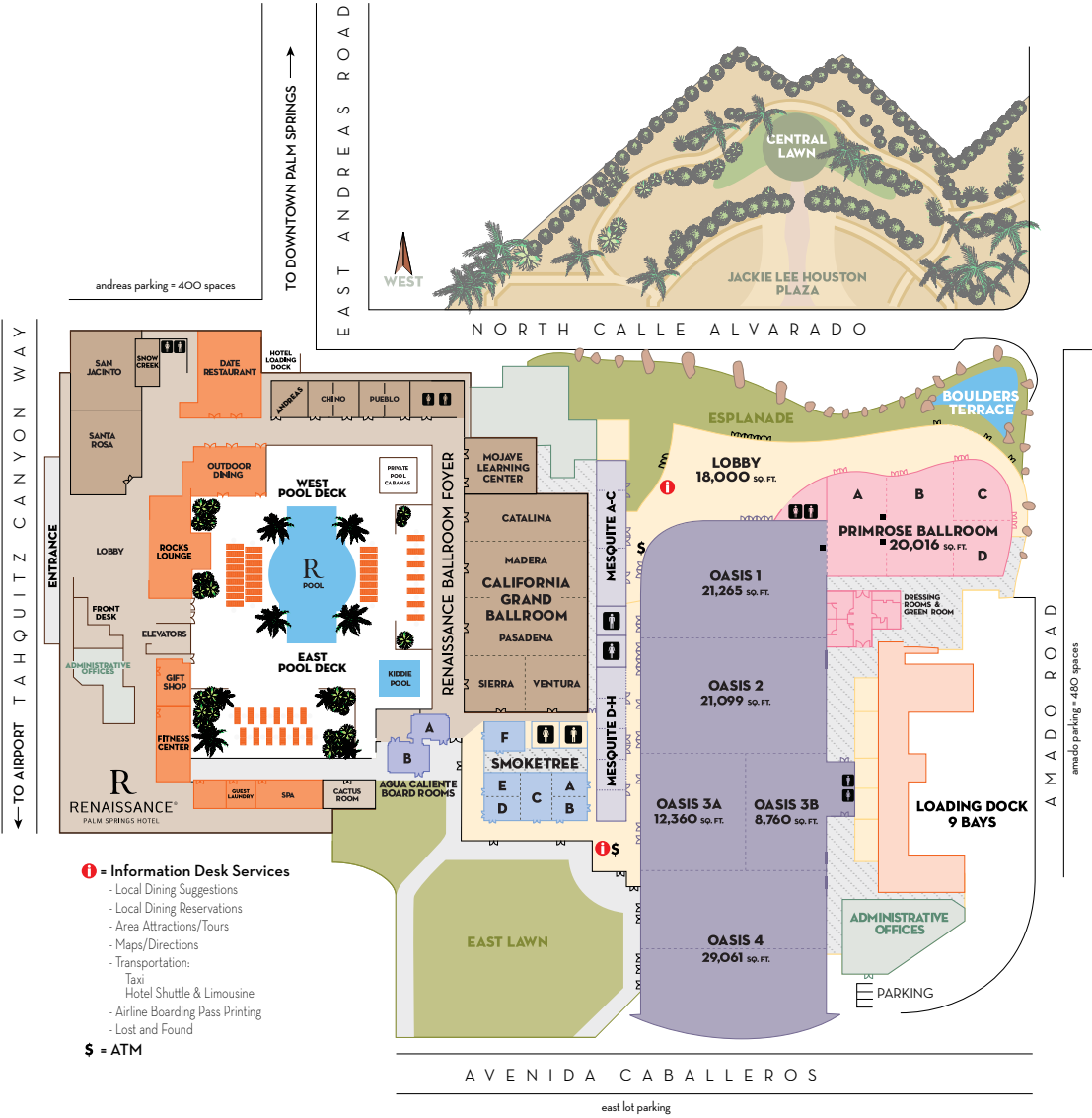
Elizabeth Sharpe, consultant, Argon Medical
Roxanne Stahl, educational grant awardee, United Healthcare

Faculty

A full list of faculty disclosures is available at www.nann.org/education/annualmeeting/faculty-disclosures.

HOTEL FLOOR PLAN

CONFERENCE
INFORMATION



SCHEDULE AT A GLANCE

Tuesday, October 25

3-7 pm

Registration, Information Desk, and Nursing Mothers' Room Open

Wednesday, October 26

7 am-7 pm

Registration, Information Desk, and Nursing Mothers' Room Open

11 am-12:30 pm

NANNP Luncheon & Business Meeting 🍎

Preregistration is required.

12:30-4:30 pm

NANNP Leadership Summit

1-5:30 pm

Neonatal Abstinence Syndrome Preconference

Presented by Vermont Oxford Network

1-4 pm

Poster Setup

2:30-3:30 pm

Chapter Networking

3:30-4:30 pm

Speed Networking

4:30-7 pm

Welcome Reception in Exhibit Hall

5-6:30 pm

Educational & Research Summit Presentations in Exhibit Hall

7:30-9:30 pm

NANN After Dark Celebration

Thursday, October 27

6:30 am-4:30 pm

Registration, Information Desk, and Nursing Mothers' Room Open

8-9:45 am

Opening General Session

9:45-10:15 am

Break 🍎

10:15 am-12:15 pm

Interprofessional Education Sessions

12:15-2:45 pm

Lunch in Exhibit Hall 🍎

12:30-2:30 pm

Educational & Research Summit Presentations in Exhibit Hall 🍎

1-2 pm

Chapter Leadership Lunch

1-2 pm

Author-Attended Poster Viewing

2:45-3:45 pm

Concurrent Sessions

3:45-4 pm

Break 🍎

4-5 pm

Concurrent Sessions

5:30-6:45 pm

Corporate Satellite Symposium with Drinks and Hors D'oeuvres 🍎

6-10 pm

Palm Springs VillageFest

🍎 = Refreshments served

Friday, October 28

7 am–4 pm
Registration, Information Desk, and Nursing Mothers' Room Open

7–7:45 am
Late-Breaking Sunrise General Session

8–10 am
Breakfast in Exhibit Hall 🍎

8:30–10 am
Educational & Research Summit Presentations in Exhibit Hall

9–10 am
Author-Attended Poster Viewing

10–11 am
General Session II

11–11:15 am
Break 🍎

11:15 am–12:15 pm
Concurrent Sessions

12:15–2:15 pm
Lunch (Picnic with a View) 🍎

12:30–2 pm
Special Interest Group Networking Lunch (*Advanced Practice, Management, NNP Faculty*)

12:45–2 pm
Health Policy and Advocacy Forum on Perinatal Depression

1–2 pm
Special Interest Group Networking Lunch (*Education, Research, Staff Nurse, Surgical Neonate, Discharge Transitioning*)

1–2 pm
Roundtable Forum for New NNPs

2:15–3:15 pm
Concurrent Sessions

3:15–3:30 pm
Break 🍎

3:30–4:15 pm
Business Meeting

4:15–4:30 pm
Break

4:30–6 pm
Paper Sessions 1: Innovation and Education
Paper Sessions 2: Patient and Family Experience
Paper Sessions 3: Difficult-to-Manage Clinical Cases
Small Grant Recipient Presentations

6–6:30 pm
Poster Removal

Saturday, October 29

6:30–11:30 am
Registration, Information Desk, and Nursing Mothers' Room Open

7–8:30 am
Corporate Satellite Symposium Breakfast 🍎

8:30–9:30 am
Concurrent Sessions

9:30–9:45 am
Break 🍎

9:45–10:45 am
Concurrent Sessions

10:45–11 am
Break

11 am–Noon
Closing General Session

Please check the Schedule of Events for current room assignments.

🍎 = Refreshments served

SCHEDULE OF EVENTS

Tuesday, October 25

3-7 pm

Registration Open

Room: Convention Center Lobby

Information Desk Open

Room: Madera Foyer

Nursing Mothers' Room Open

Room: Mesquite D

Wednesday, October 26

7 am-7 pm

Registration Open

Room: Convention Center Lobby

Information Desk Open

Room: Madera Foyer

Nursing Mothers' Room Open

Room: Mesquite D

11 am-12:30 pm

NANNP Luncheon & Business Meeting (for NANNP Members Only)

Room: Catalina

Supported in part by Mallinckrodt Pharmaceuticals

12:30-4:30 pm

NANNP Leadership Summit **1.0 RN 4 NNP 5 LRN 5**

Learning Objectives

1. Identify national solutions to issues unique to neonatal APRNs.
2. Discuss practical ways to improve neonatal advanced practice nursing through effective testing, NNP programs, performance improvement, and nurturing the novice NNP.

Supported in part by *Pediatrix*, a division of *MEDNAX*.

Concurrent Session I: Faculty Track

Room: Catalina

Writing Effective Test Questions

Catherine Witt, PhD NNP-BC

The Finding of the NCC Survey on NNP Education Programs

Suzanne L. Staebler, DNP APRN NNP-BC FAANP

Concurrent Session II: Clinical Track

Room: Madera

Leveling the Evidence: A Practical Approach to Performance Improvement

Lee Shirland, MS NNP-BC

Walking the Minefields as a New NNP (Panel)

Taryn M. Edwards, MSN CRNP NNP-BC

Lori Dippold, MSN RNC NNP-BC

Jennifer Fitzgerald, DNP NNP-BC

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1–5:30 pm

NAS Preconference (PRCON): Just Say Yes to Improvement! 4.5 RN 2 NNP 2 LRN 3 P 2.25

Room: Pasadena/Sierra/Ventura

*Presented by Vermont Oxford Network
Madge Buus-Frank, DNP APRN-BC FAAN
Lenora Marcellus, MN RN BSN
Bonny Whalen, MD
Stephen Patrick, MD MPH MS*

Every 25 minutes an opioid-exposed infant is born at risk for neonatal abstinence syndrome (NAS). Many neonatal intensive care units, step-down units, and newborn nurseries are struggling to care for this medically fragile and socially complex population.

NANN is thrilled to partner with Vermont Oxford Network (VON), a nonprofit voluntary collaboration of healthcare professionals working together as an interdisciplinary community to change the landscape of neonatal care. Together, NANN and VON take on the compelling clinical challenges of NAS and promote improved quality, safety, and value of care for this vulnerable population of infants and families. Participants will enjoy engaging discussions, short lectures, and hands-on exercises. Most importantly, they'll head home with the materials and skills needed to positively impact the care of substance-exposed infants and families in their own care settings.

This workshop is focused on evidence-based practices to improve outcomes for infants and families affected by NAS.

Noon

Registration/Consultation Envelopes—Bring Us Your Challenges!

12:30 pm

Welcome/Workshop Launch and Working Plan for the Day

12:40 pm

The Rapidly Evolving National Landscape—NAS and the Opioid Epidemic

1 pm

Questions/Answers/Dialogue

1:10 pm

**Attitudes Impact Outcomes
Attitudes Self-Reflection
Virtual Video Visit—Vignette 1
Attitudes and Video Debriefing and Applied Learning Exercises**

1:40 pm

NAS and Addiction Science Mythbusters

2 pm

Debriefing: Lessons Learned

2:15 pm

Break

2:30 pm

**Introduction to the VON Potentially Better Practices
A Primer on Trauma-Informed Care
Virtual Video Visit—Vignette 2
Table-Top Exercise/Video Debriefing**

3:15 pm

**Micro-Level Clinical Care Challenges/Controversies
Consultation Envelopes—Bring Us Your Challenges!
Standardizing Nonpharmacologic Care—Hugs Before Drugs!
Scoring/Assessment
Human Milk/Breastfeeding**

4 pm

Stretch Break

4:05 pm

**Macro-Level Quality Improvement Stories/Data—Exploring Novel Models of Care
Consultation Envelopes—Exploring Solutions!
Dartmouth—Adopting the Couplet Care Advantage
Betty H. Cameron—3 Years of Improvement: Return on Investment
Her Way—Lessons Learned**

5 pm

**Take-Home Lessons/Tools/Strategies
VON NAS Toolkit/Micro-Lessons/Virtual Video Visit
The Power of the Model for Improvement
Virtual Video Visit Closing—In Their Own Words: Stories of Hope and Recovery**

5:30 pm

Adjourn

SCHEDULE OF EVENTS

Learning Objectives

1. Discuss three current trends relevant to the opioid epidemic that impact the incidence of NAS.
2. Identify the importance of simple and effective measures, such as nonpharmacologic care, that can be standardized and applied prospectively to prevent, manage, and de-escalate NAS symptoms.
3. Reflect upon how caregiver attitudes may impact outcomes.
4. Define trauma-informed care and identify key principles for providing care that is appropriate for women who have been subjected to various levels of trauma.
5. Evaluate the eight “potentially better practices” adopted from VON and prioritize the top two opportunities to improve care in your local setting.
6. Review the existing evidence for and against the use of NAS scoring systems and discuss common perils and pitfalls related to scoring.
7. Discuss the low rates of human milk exposure in NAS infants and identify key opportunities to standardize care and improve outcomes.
8. Identify three key lessons and strategies from the local improvement stories that have clear relevance to your local context.
9. Identify three innovative sites and models of care for substance-exposed infants and families.
10. Analyze how using the Model for Improvement and systems science can help you achieve discrete and measurable improvement in this medically complex and socially fragile population.

1–4 pm

Poster Setup

Room: Convention Center Lobby

2:30–3:30 pm

Chapter Networking

Room: Primrose A

3:30–4:30 pm

Speed Networking

Room: Primrose A

4:30–7 pm

Welcome Reception in Exhibit Hall

Room: Oasis 1–3

5–6:30 pm

Educational & Research Summit Presentations in Exhibit Hall

Room: Oasis 1–3

7:30–9:30 pm

NANN After Dark Celebration

Room: Renaissance Lobby Bar and Patio (Rocks Lounge)

Thursday, October 27

6:30 am–4:30 pm

Registration Open

Room: Convention Center Lobby

Information Desk Open

Room: Madera Foyer

Nursing Mothers’ Room Open

Room: Mesquite D

KEY

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8–9:45 am

Opening General Session

Let's Be Married to the Process, Not the Outcome (GS1) 1.0 RN 4 NNP 5 LRN 5

Room: Primrose Ballroom

Lorraine Dickey, MD MBA FAAP

Patient- and family-centered care (PFCC) must include patients, families, and healthcare staff. Dr. Dickey will share her passion for PFCC and her experience as a patient and physician. PFCC is Dr. Dickey's platform and paradigm of leadership. Her presentation will demonstrate how the outcome generally takes care of itself when the focus is placed on the process of the care experience for everyone involved.

Learning Objectives

1. Participants will gain an understanding that a different paradigm of delivering health CARE in the NICU environment exists...one that may allow us to provide excellent healthcare, feel better about our job performance, and allow us to live with our experiences regardless of the technical outcome. This paradigm centers on committing to the process of attending to the daily care/relationships between staff members and patients, their parents and families as well as with other staff members rather than committing to any specific technical outcome.
2. Participants will know: 1) technical care is assumed by patients yet the feeling of being cared for is not, and 2) the four cornerstones of patient-and family-centered care.
3. Participants will gain an ability to immediate enhance their ability to deliver the health care they want to provide in the NICU by paying close attention to their words, language and the principles of patient- and family-centered care.

9:45–10:15 am

Break in Exhibit Hall

Room: Oasis 1-3

10:15 am–12:15 pm

Interprofessional Education Sessions

Nutrition: Donor Milk (701) 2.0 RN 1 NNP 3 LRN 2

Room: Catalina

Target: Foundational, Evidence-Based Practice

Summer Kelly, BSN RN IBCLC

Lisa A. Brock, BSN RN IBCLC RLC

Learning Objectives

1. Compare/contrast the various sources from which a mother may acquire donor milk.
2. List current regulatory requirements that may impact donor milk handling practices.
3. Describe the process for managing donor milk not acquired from a milk bank.
4. Describe how to promote optimal nutrition for cultures/religions that do not endorse the use of donor human milk.

Comprehensive Palliative Care in the NICU (702) 2.0 RN 2 NNP 3 LRN 3

Room: Madera

Target: Evidence-Based Practice

Esther Chon, PhD EdM

Lorraine Dickey, MD MBA FAAP

Annie R. Petteys, APRN MSN FNP-BC

Learning Objectives

1. Gain an understanding that comprehensive palliative care is for anyone at any age at any stage of serious illness including premature and term babies, their parents, and their families.
2. Know that by aligning parent/family Goals of Care with the medical team's Goals of Care we can create health care experiences that patients, families, and staff members can live with regardless of the outcome.
3. Increase the effectiveness and efficiency of everyday important conversations with parents and families (and each other) in the NICU by ensuring non-verbal, tone, and verbal components of their language intersect with Maslow's Hierarchy of Needs

SCHEDULE OF EVENTS

4. Understand the implications of Bruce Perry's Brain Model (personal neurobiology of emotions and mental states) often dictate how we function in stressful and critical times when interacting with our NICU parents, families, and each other.
5. Take away one method of self-care that can be immediately incorporated in the participant's NICU practice in order to enhance professional and personal resiliency when dealing with challenging situations in the workplace.

Long-Term Cardiac Care of the Neonate (703) **2.0 RN 2 NNP 2 LRN N/A P .25**

Target: Advanced

Room: Pasadena

Brittney Cover Hatch, MSN CPNP-AC

Dupree Hatch, MD MPH

Angie Shaffer, MSN CPNP-PC/AC

Learning Objectives

1. Identify interventions in the stabilization of the pre-operative management of the infant with critical congenital heart disease.
2. Recognize the three stages of single ventricle palliation.
3. Describe the typical post-operative course after neonatal heart surgery.
4. Describe the goals of care and effective interventions to move the patient safely and effectively to discharge.
5. Discuss the long term follow up needs of the neonate after heart surgery.

12:15–2:45 pm

Lunch in Exhibit Hall

Room: Oasis 1-3

12:30–2:30 pm

Educational & Research Summit Presentations in Exhibit Hall

Room: Oasis 1-3

1–2 pm

Chapter Leadership Lunch

Room: Sierra/Ventura

Author-Attended Poster Viewing

Room: Convention Center Lobby

2:45–3:45 pm

Concurrent Sessions

Developmental Interventions to Promote Successful Feeding (101) **1.0 RN 1 NNP 3 LRN 2**

Target: Evidence-Based Practice

Room: Catalina

Kristy Fuller, OTR/L

Learning Objectives

1. Communicate supportive prefeeding and feeding readiness strategies that provide a foundation for optimal oral feeding performance for all babies in the NICU.
2. Describe strategies to support unit practice with emphasis on qualitative versus quantitative feeding performance.
3. Utilize videos to discuss interventions that support safe, pleasurable, and successful feeding interactions.

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Respiratory: Modes of Ventilation (102) 1.0 RN 4 NNP 5 LRN N/A P.10

Room: Madera

Katherine Newnam, PhD RN NNP-BC CPNP

Learning Objectives

1. Review the most prevalent types of respiratory modalities utilized to treat respiratory distress syndrome (RDS) in the neonate.
2. Outline current practice recommendations based on reviewed scientific evidence.
3. Describe decision making strategies when selecting invasive and non-invasive respiratory modalities utilizing a case approach.
4. Discuss pharmacological adjuncts to respiratory management of the neonate.
5. Discuss short and long term outcomes which have been improved through current modes of respiratory management including decreased length of stay, improved neurodevelopmental scores and reduced bronchopulmonary dysplasia.

NAPNAP Presentation: Long-Term Follow-up Care of the Premature and Late Premature Infant (103) 1.0 RN 1 NNP 3 LRN 2 P.25

Room: Pasadena

Donna Hallas, PhD PNP-BC CPNP PMHS FAANP

Learning Objectives

1. Identify the evidence-based practice guidelines and the best available evidence for long-term follow-up care for premature and late preterm infants.
2. Describe anticipatory guidance for parents concerning the long-term follow-up management of premature and late preterm infants.
3. Apply principles of advanced practice for the long-term care and follow-up for premature and late preterm infants.

3:45-4 pm

Break

4-5 pm

Concurrent Sessions

Necrotizing Enterocolitis (NEC): History, Pathophysiology, and Current Recommendations (201) 1.0 RN 2 NNP 2 LRN 3

Room: Catalina

Bobby Bellflower, NNP-BC

Learning Objectives

1. Discuss the history and pathophysiology of NEC.
2. Identify predisposing factors for NEC.
3. Discuss prevention and treatment of NEC.

Seven Neuroprotective Core Measures of Family-Centered Developmental Care: A Model for Implementing Developmental Care in the NICU (202) 1.0 RN 1 NNP 3 LRN 2

Target: Foundational, Evidence-Based Practice

Room: Madera

Sandy Mitchell, RN

Learning Objectives

1. List seven neuroprotective core measures of FCDC in the model described.
2. List three elements of adult learning theory that apply to NICU staff education.
3. Describe three benefits of involving NICU staff in development and implementation of a FCDC program in their own unit.

SCHEDULE OF EVENTS

Civility, Respect, and How We Treat Each Other: Building an Effective Interdisciplinary Team as a Means to Improve Communication, Staff Satisfaction, and Patient Experience (203) **1.0** **RN 1**

NNP 4 **LRN 5**

Target: Advanced

Room: Pasadena

Lori Chudnofsky, MN BSN RNC-NIC

Jeannine Acantikdo Wolinsky

Learning Objectives

1. Identify three compelling reasons for addressing uncivil behavior in health care.
2. List two effective interventions when confronted with uncivil behavior.
3. Identify impact emotional intelligence on behavior and teamwork.

5:30–6:45 pm

Corporate Satellite Symposium with Drinks and Hors D’oeuvres

The Huggies® Nursing Advisory Council (HNAC) Presents: Every Change Matters: A New Look at Diapering for Healthy Skin and Development **1.0**

Room: Primrose Ballroom

Media Esser, NNP-BC APNP, neonatal nurse practitioner

Kelli Kelley, founder and executive director, Hand to Hold

Sue Ludwig, OTR/L, founder and president, National Association of Neonatal Therapists

The act of changing an infant’s diaper currently is seen as a repetitive, routine task. However, viewed through the lens of developmental care, diapering presents an extraordinary opportunity to create a strong connection with infants through regular and attentive interactions that can foster neurodevelopment and growth. Based on a review of current literature, this symposium will include a discussion of comprehensive diapering care for premature infants, a profoundly vulnerable and susceptible population who can benefit from a more holistic approach to diapering. Three presenters will address how this relates to skin care, physical development, sensory elements and bonding. *This presentation has been approved for 1 contact hour of Nursing Continuing Education by CA BRN CEP #15146.*

Learning Objectives

1. Discuss two or more ways diapering can impact both the physiological and psychological state of an infant and/or parent.
2. List the five focus areas of developmental diapering care.
3. Provide at least one example of how developmental diapering care can be relayed to parents and/or healthcare professionals in the hospital setting.
4. List at least one characteristic of neonatal skin that places this population at risk for diaper dermatitis.

Supported by The Huggies® Nursing Advisory Council.

6–10 pm

Palm Springs VillageFest

Friday, October 28

7 am–4 pm

Registration Open

Room: Convention Center Lobby

Information Desk Open

Room: Madera Foyer

Nursing Mothers’ Room Open

Room: Mesquite D

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7-7:45 am

Late-Breaking Sunrise General Session

The Human Touch—The Healing Forces of Attention, Instinct, and Love

Room: Primrose Ballroom

Kelley French, Author of Juniper: The Girl Who was Born Too Soon
Supported by Draeger, Inc.

8-10 am

Breakfast in Exhibit Hall

Room: Oasis 1-3

8:30-10 am

Educational and Research Summit Presentations in Exhibit Hall

Room: Oasis 1-3

9-10 am

Author-Attended Poster Viewing

Room: Convention Center Lobby

10-11 am

General Session II

Improving Outcomes for Substance-Exposed Infants and Families: Lessons from 200-plus VON Teams **1.0 RN 4 NNP 5 LRN 5**

Room: Primrose Ballroom

Madge Buus-Frank, DNP APRN-BC FAAN

An opioid-exposed infant is born every 25 minutes in the United States; these infants are at high risk to develop neonatal abstinence syndrome (NAS). As the opioid epidemic accelerates, many neonatal intensive care units (NICUs), step-down units, and newborn nurseries are struggling to care for this medically fragile and socially complex population. This session will highlight the novel approach of the Vermont Oxford Network (VON) multicenter quality improvement collaborative (iNICQ) that engaged 200 teams from 42 states and three countries in improving NAS care. Learn how these centers used the model for improvement to test eight potentially better practices; achieved rapid-cycle adoption of key components of the AAP Guidelines and decreased length of pharmacologic treatment, length of stay, and associated hospital costs; and created more compassionate and caring environments along the way.

Learning Objectives

1. Analyze recent data demonstrating a six-fold increase in NAS and the associated national price tag of \$1.5 billion.
2. Evaluate how the VON iNICQ 2013-2016, a structured quality-improvement intervention aimed at rapid-cycle implementation of the AAP Guidelines, improved the need for pharmacologic treatment and length of stay.
3. Review eight potentially better practices relevant for NAS.
4. Identify three innovative new practices or models of care employed by VON NAS teams.

11-11:15 am

Break

11:15 am-12:15 pm

Concurrent Sessions

Are They Mad or Are They Sad? Universal Depression and Anxiety Screening for Families in the NICU (401) **1.0 RN 1 NNP 3 LRN 2**

Room: Catalina

Nancy Forsyth, MSN RN CNNP

Learning Objectives

1. State three reasons why the NICU family is at risk for anxiety, PPD, and PTSD.
2. Identify two potential outcomes for the child and family with untreated parental depression.
3. Verbalize an understanding of best practice for the emotional health of the family in the NICU.

SCHEDULE OF EVENTS

I Want a New Drug: What Is Known About the Use of Narcotics and Sedatives in the Neonate (402) **1.0 RN 3 NNP 4 LRN 4 P 1.0**

Target: Foundational

Room: Madera

Tamara J. Wallace, DNP NNP-BC RN

Narcotics and sedatives are frequently given in the neonatal intensive care unit (NICU) but are known to have significant side effects and potential consequences. This presentation will review the use, complications, and consequences in term and preterm infants.

Learning Objective

1. Discuss the use and consequences of narcotics and sedatives in the NICU.

The Use of Oro-Pharyngeal Therapy with Mother's Own Milk (OPT-MOM) to Protect Extremely Premature Infants Against Infectious Morbidities: Biological Plausibility and Review of Current Evidence (403) **1.0 RN 2 NNP 2**

Target: Evidence-Based Practice

Room: Pasadena

Nancy A. Rodriguez, PhD NNP APN-CNP

Learning Objectives

1. Describe the biomechanisms through which OPT-MOM may protect ELBW infants against NEC.
2. Provide a review of current evidence to support this intervention in the NICU.

March of Dimes Presents: Shorter Stays in the NICU: Impact and Implications for Care

Target: Foundational

Room: Sierra/Ventura

Laura Miller, manager of NICU initiatives, March of Dimes

This session provides insight into the emotional and discharge experience of the short-stay family, particularly those with late-preterm birth infants. It includes discussion of health problems common in late preterm infants, as well as frequent emotional reactions from families experiencing a late preterm birth or shorter NICU stay. Guidance and recommendations are given on how to be best support these families emotionally and in preparation for taking care of their child at home.

CE provided by March of Dimes.

12:15-2:15 pm

Picnic with a View

Room: Convention Center Lobby and Terrace

12:30-2 pm

Special Interest Group (SIG) Networking Lunch **1.0 RN 4 NNP 5 LRN 5**

Room: Pasadena

Advanced Practice (S01)

Management (S03)

NNP Faculty (S04)

Learning Objectives

1. Describe priority issues for your area of interest.
2. Discuss possible creative solutions to these problems.

12:45-2 pm

Health Policy and Advocacy Forum on Perinatal Depression **1.0 RN 4 NNP 5 LRN 5**

Room: Madera

Cynthia M. Acree, DNP MEd APRN CNS NNP-BC

Thomasine Farrell, BSN RNC

Julie Sundermeier, DNP APRN NNP-BC

Learning Objectives

1. Understand the issue of perinatal depression.
2. Discuss the impact of perinatal depression on parents (parent speaker Kara Wahlin).
3. Learn how healthcare providers can advocate for change on a federal and local level.

1–2 pm

Special Interest Group (SIG) Networking Lunch 1.0 RN 4 NNP 5 LRN 5

Room: Convention Center Lobby and Terrace

Education (S02)

Research (S05)

Staff Nurse (S06)

Surgical Neonate (S07)

Discharge Transitioning (S08)

Learning Objectives

1. Describe priority issues for your area of interest.
2. Discuss possible creative solutions to these problems.

1–2 pm

Roundtable Forum for New NNPs (NNPR) 1.0 NNP 5

Room: Sierra/Ventura

Learning Objectives

1. Examine competency statements as they apply to the clinical practice and professional role development of the new NNP.
2. Define a role for the mentor and discuss examples of mentoring opportunities between new and experienced NNPs that would help the new NNP experience a sense of integration and continuing development.
3. Discuss the challenges and opportunities of transitioning to the advanced practice role.

2:15–3:15 pm

Concurrent Sessions

The Burden of Late-Onset Sepsis: Infection Prevention and Antibiotic Stewardship (501) 1.0

RN 2 NNP 2 LRN 3

Target: Evidence-Based Practice

Room: Catalina

Sandra Sundquist-Beauman, MSN RNC-NIC CCRN

Learning Objectives

1. Discuss risk factors for and reported rates of late-onset sepsis.
2. Identify sources for various bundle recommendations, including CLABSI, VAP, and others, such as feeding tube-related infections.
3. Discuss incidence and prevention of multidrug-resistant organisms in the NICU.
4. Identify recommended measures to improve antibiotic stewardship and expected outcomes for a successful program.

Obesity and Overweight: Effects of Increased BMI and the Overweight Microbiome on Breastfeeding and Breastmilk Production (502) 1.0 RN 1 NNP 3 LRN 2

Target: Advanced, Evidence-Based Practice

Room: Madera

Lori J. Wood, CNS RNC

Learning Objectives

1. Discuss the changes to the milk microbiome caused by maternal overweight and obesity.
2. Describe the physiologic changes to prolactin levels that alter milk production and lactogenesis II in moms with high body mass index
3. Identify possible strategies to overcome suboptimal milk production in the overweight mom while supporting her efforts and encouraging pumping efforts.

Speaking Up: Health Policy and Advocacy Session (503) 1.0 RN 4 NNP 5 LRN 5

Target: Foundational

Room: Pasadena

Cindi Acree, DNP APRN NED NNP-BC

Learning Objectives

1. Describe the importance of optimal communication in providing safe and reliable care.
2. Discuss barriers to optimal communication that nurses are experiencing.
3. Create a plan to build advocacy skills for the bedside, boardroom, and in Washington, DC.

SCHEDULE OF EVENTS

The NeuroNICU Trend: People, Practices, and Possibilities (504) 1.0 RN 2 NNP 2

Target: Advanced

Room: Sierra/Ventura

Kathi Salley Randall, MSN RN CNS NNP-BC

Shannon Tinkler, BSN RN RNC-NIC

Learning Objectives

1. List at least two neonatal populations vulnerable to brain injury and describe at least three bedside neuroprotective strategies that would be appropriate for each group.
2. Outline the four pillars of Neuro-NICU focused care and provide at least two examples of care practices or interventions that fall within each pillar.

3:15-3:30 pm

Break

3:30-4:15 pm

Business Meeting (for NANN members only)

Room: Primrose Ballroom

4:15-4:30 pm

Break

4:30-6 pm

PS1: Paper Sessions

Innovation and Education

Room: Catalina

Comparative Effect of Repeated Doses of Oral Glucose vs. Sucrose for Procedural Pain on Urine Markers of Oxidative Stress in Preterm Neonates (301) 1.5 RN 2 NNP 2 LRN 3

Danilyn M. Angeles, PhD RN

Learning Objectives

1. Compare the biochemical effects of repeated use of 24% oral sucrose with 30% oral glucose for procedural pain.
2. Examine the biochemical effects of oral sucrose in premature neonates.

Delayed Cord Clamping (DCC) in the Premature Newborn (302) 1.5 RN 1 NNP 1 LRN 1

Karen Frank

Learning Objectives

1. Define DCC.
2. Explain why DCC benefits the premature newborn.
3. Analyze the steps that should be considered when developing a DCC guideline.

Use of Simulation to Facilitate Role Transition for Graduating NNP Students (303) 1.5 NNP 5

Sandra L. Bellini, DNP APRN NNP-BC

Learning Objectives

1. Discuss the salient points of the educational outcomes literature supporting the use of simulation in advanced practice education.
2. Describe the rationale for creating level programs of simulation.
3. Identify teaching strategies to facilitate role transition in graduating NNP students.

PS2: Paper Sessions

Patient and Family Experience

Room: Madera

KEY

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P = May be recognized for pharmacology credit by your state nursing board

Innovative Family-Centered Care Bundle: One Hospital's Journey of Working with Family and Staff to Significantly Improve Communication and Patient Experience in the NICU (304) 1.5

RN 4 NNP 5 LRN 5

Lori D. Chudnofsky, MN BSN RNC-NIC

Andrew Beckstrom, MD

Celina Aferir

Learning Objectives

1. List three salient reasons to improve the patient and family experience in the NICU.
2. Describe relationship between interdisciplinary teamwork, staff engagement, and improved patient outcomes.

NICU Parents and Mindfulness-Based Neurodevelopmental Care: Impact on Stress, Bonding, and LOS—A Randomized Trial (305) 1.5 RN 1 NNP 3 LRN 2

Annie R. Petteys, MSN APRN FNP-BC

Learning Objectives

1. Describe benefits of mindfulness practice in historical disease research and the benefits of neurodevelopmental care in premature infants.
2. Identify the impact of NICU parent involvement in mindfulness-based neurodevelopmental care on infant LOS and parent stress seen in this research study.

Writing a Nursing Family Education Electronic Template: “What Does It Encompass?” (306)

1.5 RN 4 NNP 5 LRN 5

Kimberly S. Davis, BSN RN

Learning Objectives

1. Recognize the need to convert family educational resources and nursing documentation of family education into the EHR to meet meaningful use.
2. Identify inconsistencies in family education per nursing script, resources, and documentation (paper or electronic).
3. Describe the development of the Family Education Nursing electronic template that correlates nursing scripts, family resources, and nursing documentation.

PS3: Paper Sessions

Difficult-to-Manage Clinical Cases

Room: Pasadena

Spotlight on Rare Diseases: Caring for Infants with OEIS (307) 1.5 RN 2 NNP 2 LRN 3

Whitney Brock, DNP CNS NNP-BC RNC

Learning Objectives

1. Define the characteristic anomalies seen in infants with OEIS syndrome.
2. Discuss important medical and nursing interventions for infants with OEIS syndrome before and after staged surgical repairs.

Elements of Surgical Nursing: Management of Classic Bladder Exstrophy (308) 1.5 RN 2 NNP 2

LRN 3

Tamara Meeker, MSN NNP-BC CRNP

Learning Objectives

1. Recognize classic bladder exstrophy (CBE) as a complex defect along the exstrophy-epispadias complex.
2. Identify what differentiates CBE from cloacal exstrophy and omphalocele, exstrophy of the cloaca, imperforate anus, spinal defect (OEIS) defect.
3. Define two different surgical approaches to repair CBE.
4. List optimal management guidelines with regard to preoperative bladder care, postoperative wound care, pain management, traction management, and tube/drain management.
5. Recognize the importance of the bedside nurse's role in the multidisciplinary management of this complex defect.

SCHEDULE OF EVENTS

Skin-to-Skin Contact as a Palliative Care Measure: Mothers' Perceptions (309) **1.5** **RN 2** **NNP 2** **LRN 3**

Haifa Abou Samra, PhD RNC

Learning Objectives

1. Discuss challenges to providing palliative care to preterm infants at end of life.
2. Compare and contrast mothers' perceptions of kangaroo care as a palliative care measure at end of life.
3. Identify one practice and one research implications based on study findings.

4:30–6 pm

2016 Small Grant Recipient Presentations

Room: Sierra/Ventura

A Mixed-Methods Feasibility Study to Identify Stem Cells in Mothers' Breastmilk for Premature Infants (310) **1.5** **RN 4** **NNP 5** **LRN 5**

Target: Evidence-Based Practice

Carrie-Ellen Briere, RN

Learning Objectives

1. Identify the importance of breastmilk stem cells.
2. Identify the feasibility of breastmilk collection for breastmilk stem cell research.

Oxytocin Trajectories in Extremely Premature Infants and Associations with the Neonatal Intensive Care Unit (NICU) Environment (311) **1.5** **RN 2** **NNP 2** **LRN 3**

Target: Evidence-Based Practice

Ashley M. Weber, MS RN

Learning Objectives

1. Identify the hormonal functions of oxytocin and its relationship to infant brain development.
2. Identify trends in the developmental trajectories of oxytocin and relationships with the NICU environment.

Cerebral and Splanchnic Oxygenation in Premature Neonates and Concomitant with Nasogastric Feedings (312) **1.5** **RN 4** **NNP 5** **LRN 5**

Target: Evidence-Based Practice

Ann G. Phalen, PhD CRNP NNP-BC

Learning Objectives

1. At the conclusion of this presentation, the audience will be able to describe the cerebral and splanchnic oxygenation patterns of transitional premature neonates during gavage feedings.
2. At the conclusion of this presentation, the audience will be able to identify if certain variables such as postmenstrual age, hemoglobin levels, infant position during the feeding and apnea/bradycardia episodes during the feeding affect cerebral and/or splanchnic oxygenation.
3. At the conclusion of this presentation, the audience will be able to describe some barriers and lessons learned in performing a prospective observational study in a Level III NICU

6–6:30 pm

Poster Removal

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P = May be recognized for pharmacology credit by your state nursing board

Saturday October 29

6:30–11:30 am

Registration Open

Room: Convention Center Lobby

Information Desk Open

Room: Madera Foyer

Nursing Mothers' Room Open

Room: Mesquite D

7–8:30 am

Corporate Satellite Symposia Breakfast

Room: Primrose Ballroom

Prolacta Bioscience, Inc. Presents: Compelling Evidence for Nursing Advocates for an Exclusive Human Milk Diet (EHMD) in the NICU

Terry S. Johnson, MN APN NNP-BC CLEC ASPPS, CE, director, Education & Professional Development, Prolacta Bioscience, City of Industry, CA

Olivia Mayer RD CSP IBCLC, clinical dietitian IV, NICU specialist, Lucile Packard Children's Hospital, Stanford University, Palo Alto, California

Sergio G. Golombek, MD MPH FAAP, professor of Pediatrics and Clinical Public Health at New York Medical College, attending neonatologist, Maria Fareri Children's Hospital at Westchester Medical Center, Valhalla, New York, USA

Emily Million, RN, Prolacta Bioscience, City of Industry, CA, and premie parent

During this symposium, each faculty will present 15-20 minute clinical studies that are broadening our understanding of the beneficial short- and long-term outcomes associated with an exclusive human milk diet. The following titles will be presented as follows:

- Immunological benefits of human milk—the role of human milk in neonatal immune system development.
- Preterm nutrition—recommendations for optimal human milk-based human milk fortification.
- Clinical and economic outcomes for the use of an EHMD for ≤ 1250 g birthweight infants.
- Dual perspective on the importance of human milk nutrition in the NICU and the importance of parent advocacy and empowerment.

Learning Objectives

1. List the immunological benefits of human milk and the role it plays in the development of the neonatal immune system.
2. Compare and contrast exclusive human milk-based nutrition vs. alternative nutritional options for VLBW premature infants.
3. Recognize the advantages of an exclusive human milk-based nutrition for VLBW infants in the NICU, including improved outcomes and cost savings.
4. State the importance of parent empowerment and advocacy for human milk nutrition in the NICU. Supported by Prolacta Bioscience, Inc.

8:30–9:30 am

Concurrent Sessions

Skin Care in the NICU (601) 1.0 RN 2 NNP 2 LRN 3

Target: Foundational

Room: Catalina

Carolyn Lund, MS RN FAAN

Learning Objectives

1. Discuss controversies related to bathing the newborn including chlorhexidine gluconate bathing in NICU patients.
2. Describe problems, challenges and new technologies related to medical adhesives in the NICU.
3. Identify devices in NICU that are at risk for development of pressure ulcers.
4. Discuss rising incidence of diaper dermatitis reported by many NICUs, and strategies to standardize prevention and treatment.

SCHEDULE OF EVENTS

Neonatal Resuscitation Program, 7th Edition: What's New (602) 1.0 RN 2 NNP 3 LRN 3

Target: Foundational, Evidence-Based Practice

Room: Madera

Linda D. McCarney, MSN APRN NNP-BC

Learning Objectives

1. Describe the recently revised neonatal resuscitation treatment recommendations.
2. Explain the changes in the Neonatal Resuscitation Program curriculum for the 7th edition.

Identification of Risk Factors in the Maternal History: The Key to Anticipating Potential Complications During Neonatal Transition (603) 1.0 RN 1 NNP 3 LRN 1

Target: Foundational

Room: Pasadena

Sandra L. Bellini, DNP APRN NNP-BC

Learning Objectives

1. List four commonly encountered maternal risk factors that result in complications of pregnancy.
2. Describe the alterations in maternal, fetal, and neonatal physiology associated with selected pregnancy complications.
3. Discuss strategies for appropriate preparation of delivery room personnel in select cases.

9:30–9:45 am

Break

9:45–10:45 am

Concurrent Sessions

Exclusive Breastmilk Feeding in the NICU. It Takes a Village! (801) 1.0 RN 1 NNP 3 LRN 2

Target: Foundational

Room: Catalina

Jody King

Learning Objectives

1. Discuss strategies to improve the use of exclusive breastmilk feeding in the NICU.
2. Identify methods that have increased staff buy-in and support for breastmilk feeding.
3. Describe communication strategies that have increased families' knowledge of the value of breastmilk feeding as well as their participation in the provision of breastmilk for their hospitalized newborns.

Psycho-Social Emergency: The Unexpected Diagnosis of Complex Genetic Conditions in the Prenatal and Newborn Period (802) 1.0 RN 2 NNP 2 LRN 3

Target: Advanced

Room: Madera

Jenny Solano, APRN MS RNC

Learning Objectives

1. Differentiate physical signs that often present with various congenital anomalies seen in the NICU setting, including trisomy 13 and 18, 22q11.2 deletion, and VACTERL and CHARGE associations.
2. Identify stages of the grieving process that are applicable to families' acceptance of a child with genetic anomalies requiring intensive care.
3. Relate the importance of open communication with obstetric colleagues to become engaged and proactive in the care of the mother-child dyad during pregnancy and through the neonatal period.
4. Compare laboratory investigations in the diagnostic process of genetic disorders incorporating multiple specialties.

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Top 10 Things an ELBW Will Tell You (803) 1.0 RN 2 NNP 2 P.25

Target: Advanced, Evidence-Based Practice

Room: Pasadena

Mindy Morris

Learning Objectives

1. Describe one evidence-based nutritional intervention to prevent postnatal growth restriction in the extremely low birth weight (ELBW) infant.
2. Identify two neuroprotective practice strategies to implement in the care of the ELBW infant.

10:45-11 am

Break

11 am-Noon

Closing General Session: Parents Panel

Going Home: Emotional Times (GS3) 1.0 RN 1 NNP 3 LRN 2

Room: Primrose Ballroom

Heather Goodall, MSN RNC-NIC IBCLC (Moderator)

Jennifer Degl (Panelist)

Natalie Gordon (Panelist)

Kara Wahlin, MFT (Panelist)

Discharge from a neonatal intensive care unit (NICU) stay can be exciting, yet scary and uncertain. Three parents are excited to share and discuss their stories, including what was and wasn't helpful at discharge. Positive elements of communication, teaching, and support will be highlighted. Identification of opportunities for improvement will also be presented.

Learning Objectives

1. Describe the nursing role for support of parents at discharge.
2. Identify communication issues between NICU healthcare providers and parents.



POSTER PRESENTATIONS

Clinical Practice (1000–1013)

(1000) Case Study-Pneumothorax vs Abdominal Free Air: Case Study Reviewing Radiographic Image of a Complex Congenital Diaphragmatic Hernia Patient

Jennifer A. Houck, BSN RN; Deanna Romain, RNC

1. Discuss the interpretation of radiologic image.
2. Discuss the importance of nursing input in regard to complex diagnosis.

(1001) Safe Sleep Practices: Extending Resources Beyond Hospital Doors to Foster the Growth of a New Community Culture

Christina I. Lopez, MS

1. Identify current nursing behaviors and parent education offered today.
2. Identify tools and strengths in creating partnerships with community resources.

(1002) Admission Labs from Umbilical Cord Blood in Very Low Birth Weight Infants

Samantha Manassero

1. Describe the process of implementing an evidence-based practice change.
2. Examine evidence-based literature on the practice of umbilical cord blood laboratory testing and compare results.

(1003) An Innovate Method of Re-Feeding Ileostomy Effluent

Christa Mu

1. Identify challenges associated with the care of stoma effluent refeeding.
2. Demonstrate techniques to improve the care and maintenance of stoma effluent refeeding and skin care.

(1004) Being Safely Discharged Home from the NICU

Loren Neiswender, MSN BSN RN; Jeannette Loriezo, RN

1. Identify the importance of standardized discharge processes from the neonatal intensive care unit
2. Analyze discharge practices in your own hospital settings and identify potential process changes.

(1005) Empowering Nurses to Care for Infants with Osteogenesis Imperfecta

Roma V. Seat, BSN RN RNC

1. Explain and demonstrate strategies for providing developmentally supportive bedside care for infants with OI.
2. Explain medical and pharmacological treatment options to optimize the quality of life for infants with OI.
3. Demonstrate how to empower parents to care for their infants with OI.

(1006) Implementation of the Bridled NG/NJ in the NICU: A Practice Change

Heidi J. Riegel; Jennifer S. Kilzer, MSN NNP-BC RN

1. Describe how to introduce a bridled NG/NJ tube into the NICU and implement practice change.
2. Define the benefits and possible limitations of the bridled NG/NJ for home use in infants.
3. Explain the procedure of how to place the bridled NG/NJ.

(1007) Implementation of Education to Increase Successful Peripherally Inserted Central Catheter (PICC) Attempts at the Bedside with Less Attempts, Decreased Time of Placement, and Interventional Radiology (IR) Utilization

Rachael Edjou

1. Identify the benefits of utilizing ultrasound for PICC placement at the bedside.
2. Identify the value of tracking outcomes after PICC placement in the NICU.
3. Discuss the disadvantages of PICC placement by interventional radiology.

(1008) Innovative Gastrostomy Tube Family Education and Documentation

Tana O'Keefe, RN

1. Provide consistent teach-back education for families on how to care for an infant with a gastrostomy tube.
2. Provide a format for nurses to document clear and concise gastrostomy tube education taught to parents.

3. Help nurses and providers easily track discharge education that is completed or lacking. This will facilitate discharge to home.

(1009) Methemoglobin Sampling in Patients Receiving Inhaled Nitric Oxide

Jennifer Green

1. Learn methemoglobin sampling practices.
2. Define methemoglobinemia.

(1010) NICU High-Risk Skin Care: Tracheostomies, G-Tubes, and ECMO...Oh My!

Courtney Macdowell, BSN RN

1. Recognize the skin as the body's largest organ with the ability to protect the neonate against physical, chemical, and biologic agents.
2. Distinguish properties of neonatal skin that place it at high-risk for tissue injury.
3. Define three surgical interventions placing neonatal skin at risk and associated type(s) of tissue injury.
4. Practice evidence-based prevention measures to protect neonatal skin from injury following tracheostomy or gastrostomy tube placement or during ECMO therapy.

(1011) Potential Influence of Care Activities on the Preterm Infant Microbiome

Ashlee Vance, MA RN RNC

1. Explain common nursing care activities that occurred after the completion of a diaper change prior to potential glove change and hand hygiene.
2. Identify occurrences of care activities after diaper completion or diaper change and without glove protection in order to understand potential implications for the infant microbiome.

(1012) Single Patient Rooms versus Open Concept Units: Perks and Pitfalls Providing Care

Pamela S. Spivey, MSN RN CCNS

1. Describe the evolution of NICU design, specifically open bay versus single-family room NICU.
2. Discuss the healthcare outcomes of critically ill infants experiencing the single family room design as well as outcomes associated with staff and family satisfaction within each type of unit design.
3. Differentiate the benefits and potential disadvantages associated with open bay and single family room NICUs.

(1013) Sweet Success! Using Active Leptospermum Honey to Heal the Wounds of a 23-Week Infant

Alyssa Jelinek, BSN RNC

1. Understand the indication for use of active leptospermum honey for extensive wound healing in ELBW infants.
2. Discuss benefits of using active leptospermum honey for wound healing.

Development Care and Family-Centered Care (1014-1019)

(1014) BESTbeads: An Innovative Tool to Increase Breastfeeding Duration and Support Group Participation

Natalie Johnson

1. Explain the BESTbeads project and benefits to the participants.
2. Describe the potential for project expansion and impact on future breastfeeding support.

(1015) Closing the Distance: Utilization of Technology to Improve Family Visitation in NICU During Times of Restriction

Helen L. Nation, MSN APRN NNP-BC RN

1. Show improvement in parent satisfaction through implementation of technology for realtime visitation.
2. Explain basic steps in starting a program that utilizes technology for family interaction.

(1016) Family-Centered Care: Using Whiteboards in the NICU to Increase Communication and Improve Satisfaction

Jesse H. Kerr, BSN RNC

1. Identify why family communication whiteboards should be used in the NICU.
2. Explain how to effectively use a structured family communication whiteboard.
3. List two ways to encourage parental involvement in the use of the family communication whiteboard.

POSTER PRESENTATIONS

(1017) Grief in Spite of Miracles: Extremely Preterm Birth as a Barrier to Parent-Child Attachment

Helen Madaus, BSN RNC

1. Identify reasons for parental grief in extremely preterm birth and the barriers they present for parent-child attachment.
2. Recognize that lack of parent-child attachment can cause negative long-term developmental effects on infants and their families.

(1018) Seven Neuroprotective Core Measures of Family-Centered Developmental Care: Results of Interventions to Increase Developmental Care Knowledge and Practices in the NICU

Sandy Mitchell, RN

1. List seven neuroprotective core measures of family-centered developmental care.
2. Describe two ways NICU staff can empower parents to be partners in their infant's care.

(1019) Touch, Touch Baby: Overcoming Barriers to Intentional Touch in the NICU

Kelsey Bristow

1. Discuss perceived barriers to intentional touch in the NICU and how they are overcome.
2. Examine ways in which multidisciplinary teams work together to promote intentional touch and developmental care in the NICU.

NICU Evidence-Based Practice and Quality Improvement Projects (1020–1035)

(1020) Impact of Root Cause Analysis Completed by NICU Staff Nurse and the Effects on CLABSI Reduction

Sarah Poley

1. Explain how nurses completing RCAs impacts and improves care.
2. Discuss how utilizing RCAs can identify probable causes of CLABSI. With this knowledge discuss how to prevent further infections from identified cause.

(1021) A Robust Program to Monitor Compliance with Delayed Cord Clamping

Barbara A. Dean, BSN RN

1. Describe the benefits of delayed cord clamping in premature infants.
2. Discuss how monitoring compliance and providing target education can improve the success rate of a rapid performance-improvement initiative.

(1022) An Evidence-Based Practice [EBP] to Reduce Noise in the NICU

Diane M. Mead, RNC

1. Identify one or more evidence-based interventions that effectively reduce noise and improve behavioral and physical states.
2. Describe specific results of implementing quiet time in the NICU.

(1023) Assessment of the High Risk Neonate Skin to Skin in the Delivery Room

Dana Gopal, BSN RNC

1. Identify high risk infants who will benefit from STS assessment in the delivery room.
2. Identify mothers and infants who are candidates for STS in the OR following a C/S.

(1024) Bundling the VAPs for Our Tiniest Bundles of Joy

Stephanie L. Eidson, BSN RN

1. Understand the need for a VAP Prevention Bundle in the care of ventilated infants.
2. Discuss strategies for interprofessional collaboration.
3. Identify the interventions used to reduce the occurrence of VAP in the NICU.

(1025) Development of a Clinical Practice Guideline for Feeding the Very Low Birth Weight Infant (VLBW)

Jaime M. Rennecker, BSN RNC

1. Identify the importance of a feeding protocol in VLBW infants.
2. Describe the importance of early nutrition in VLBW infants.

(1026) Improving Pain Experiences Now and in the Future

Ja-Yee A. Chu, BSN RN; Sandy Mitchell, RN

1. Indicate three barriers to the use of sucrose during painful procedures.
2. State painful procedures in which sucrose can be effectively utilized.

(1027) Improving the Golden Hour of Thermoregulation in our Low Birthweight (LBW) Population

Milena Frazer, RNC

1. Discuss strategies to prevent hypothermia in the delivery room in LBW patients.
2. Evaluate the efficacy of increased nursing education in preventing hypothermia.

(1028) NPASS, NIPS, and the Nurse's Assessment

Emily Clark

1. Understand a pain assessment by using the NPASS scale.
2. Demonstrate increased knowledge of pain and agitation signs in the neonate.

(1029) Parental Video Education for Spina Bifida in the Neonatal Intensive Care Unit and at Discharge

Lori Howell

1. Describe the advantages of various educational modalities for parents of a child with SB and other birth defects in the NICU.
2. Discuss the importance of standardizing and preparing parents for their child with SB and other birth defects.

(1030) Reduction In Catheter-Associated Bloodstream Infection After Infection Control Measures in a Level 3 Neonatal Intensive Care Unit

Delena Allen

1. Explain the process of assessing the culture of safety within the NICU.
2. Identify barriers that exist with frontline staff to ensure compliance of evidence based standards.

(1031) Standardization of Infant Bathing and the Impact to Central Line Infection Rates in the NICU

Sheila Kaseman, BSN RN

1. Describe a standardized bathing protocol in the NICU population including a chlorhexidine bathing protocol based on current evidence.
2. Examine the impact of compliance with a standardized bathing protocol and the impact to CLABSI rates in the NICU.

(1032) State of the Science: Patient Safety in the NICU

Amy R. Koehn, PHD NNP-BC

1. Consider what is currently known about delivery of safe care in the NICU.
2. Recognize the potential of implementing other facilities successful changes into attendees' own units.
3. Identify the areas of neonatal care that require further study in order to further promote patient safety.

(1033) The Effects of Noise in the NICU

Melanie Dyszel, BSN RN

1. Educate staff on the effects of noise on preterm infants.
2. Implement improvement process recommendations.

(1034) Thermoregulation the Hot and Cold of It

Ben Blue

1. Determine whether the education intervention impacts nurses' scores.
2. Identify the top consequences of cold stress for an infant as identified in the presentation.

(1035) Transition Newborn Discharge Education to Video-Based Training

Toni J. Galyan, BSN RN

1. Provide effective education in light of time constraints and increased patient workload.
2. Use flexible methods and hours for delivery of education.

POSTER PRESENTATIONS

3. Deliver education in a format that is optimally retained.
4. Apply education in an alternate language that encompasses 40% of our patient population.

NICU Research (1036–1039)

(1036) Helping Babies Breathe: Empowerment and Education in Traditional Birth Attendants in Rural Kenya

Pamela Harris-Haman, RNC CRNP

1. Discuss the importance of Helping Babies Breathe training for traditional birth attendants.
2. Identify factors related to empowerment.

(1037) Nursing and Partnerships in Clinical Research: eNEC Bedside Tool Validation Strengthened by Developing a Relationship with Nutritional Science Researchers

Christine M. Wetzel, MSN RN IBCLC

1. Identify infant risk factors that contribute to feeding intolerance.
2. Gain ideas on how to develop partnerships with research experts.

(1038) Randomized Clinical Trial of High Dose Oral Sucrose to Decrease Pain Associated with Peripheral Intravenous Catheter Insertion in Preterm and Term Newborns

Kim Cooley; Samina Damani, RN

1. Articulate whether 24% oral sucrose was found to significantly decrease pain associated with PIV insertion.
2. Articulate the clinical implications related to this study's results.
3. Articulate the procedures 24% sucrose has been shown to decrease procedural pain.

(1039) Systemic Effects of the Retinopathy of Prematurity Exam in the Premature Neonate

Danilyn M. Angeles, PhD RN; John Tan, BS

1. Examine the effects of the retinopathy of prematurity examination on heart rate, oxygen saturation, abdominal tissue oxygen saturation, and biochemical markers of hypoxia and oxidative stress.
2. Examine the relationship between procedural pain and hypoxia in premature neonates.

Professional Development and Educational Topics (1040–1051)

(1040) 'The International Neonatal Consortium': A New Global Collaborative Approach Addressing Neonatal Needs: 'How National Association of Neonatal Nurses Is Engaged in a Global Effort to Bring a Brighter Future to Neonates'

Wakako M. Eklund, DNP APRN NNP-BC

1. Identify the background issues/gaps surrounding neonatal therapies.
2. Identify the role of nursing in the global neonatal initiative and how NANN is making contribution.
3. Identify the importance of multi-professional collaboration in order to continuously improve the neonatal outcomes.

(1041) Collaboration Between NICU and a Free-Standing Emergency Room to Improve Proficiency with Neonatal IV Insertion and Lab Draws

Ann W. Will, BSN RNC

1. Discuss benefits of a speciality area partnering with a satellite emergency facility to provide outreach education.
2. Demonstrate beneficial teaching methods geared toward the adult learner to improve proficiency in neonatal IV insertion and lab draws.

(1042) Implementing a Unit Specific Ethics Committee in the Neonatal Intensive Care Unit

Angel Lampkin-Kwabena

1. Explain the basic steps of implementing a unit-based ethics committee in the neonatal intensive care unit.
2. Recognize the importance of neonatal nurses having knowledge of ethical issues encountered in daily practice.

(1043) Improving Medication Education for Caregivers

Katrina Adkins, RN BSN

1. Explain the “teach back” method of patient-caregiver education.
2. Define health literacy.
3. Apply the “teach back” method in specific patient-caregiver education scenarios.

(1045) Lean Hospital: Managing for Daily Improvement in the Neonatal Intensive Care Unit (NICU)

Brandi Parker

1. Understand the Lean principles as they apply to the NICU.
2. Apply the Lean principles to managing for daily improvement (MDI) board and daily huddles in the NICU.

(1046) Maintaining Neonatal Nurse Practitioners’ Procedural Competencies: A Descriptive Study of Current Practices

Kimberly Clipp

1. Identify current methods for maintaining procedural competencies used by NNPs.
2. Assess how each practice differs in how they maintain procedural competencies and discuss options for standardization of the process.

(1047) Maximizing the Learning Experience During Simulation for the Hospital Clinician

Evelyn K. Stephenson, NNP

1. Describe the importance of specific goals and objectives in simulation.
2. Verbalize the usefulness of the pre-brief.
3. Discuss the composition of a well-developed scenario.
4. Describe the principles of learner-centered debriefing.

(1048) Novice to Expert: Strategies for Closing the Knowledge Gap for New Graduate Nurses

Dorothy Mathiesen

1. Explore three interactive education modalities for the nurse educator in educating the new graduate nurse.
2. Discuss tools for understanding educational outcomes of the new graduate nurse.

(1049) Optimizing Experience: A Standardization of the Orientation and Clinical Education for New Hire Neonatal Nurse Practitioners

Helen L. Nation, MSN APRN NNP-BC RN

1. Identify a method for improving consistency in education during the orientation process for the new graduate/new hire neonatal nurse practitioner.
2. Provide resources to assist with onboarding the new graduate/new hire neonatal nurse practitioner in a level IIIB regional teaching facility.

(1050) Transforming the Landscape of Newborn Screening Education: The Role of Neonatal Nurses

Jaclyn Seisman; Natasha Bonhomme, BA

1. Recognize the evolving newborn screening system and the need for new approaches to newborn screening education.
2. Examine best practices in newborn screening education for nurses.

(1051) Unnatural Instincts: When Mothers Harm

Kisha A. Fausett, RN

1. Explain a case study of a neonate impacted by factitious disorder during pregnancy.
2. Discuss the management strategies of a neonate with fulminating sepsis secondary to amnionitis.
3. Explore future opportunities for prenatal mental health screening, and legislation.

PALM SPRINGS HAS WHAT YOU'RE LOOKING FOR.

Now that you're here at NANN's 32nd Annual Educational Conference in beautiful Palm Springs, don't miss the great things happening right outside your door!



Dining: Enjoy many different cuisines in signature cafes and exciting new restaurants. No matter the type, the options will not disappoint even the most discerning foodie! And if al fresco is your thing, you're in the right place to enjoy dinner under the starry desert skies.



Shopping: The Downtown and Uptown Design Districts offer endless shopping. And on Thursday evening, visit the **VillageFest Street Festival**, just a quick walk from conference headquarters. Find live entertainment and over 200 booths showcasing handcrafted items. After Saturday's Closing General Session, stop by the seasonal Certified Farmers Market.



Adventure: Tour the city through the skies in a hot air balloon or biplane, or in a desert ATV excursion. Take an architectural tour or visit an art museum (Palm Springs Art Museum has free admission on Thursday night!), or check out one of Palm Springs' finest golf courses. If you're hoping for some pampering, numerous spas and salons offer your favorite services.

For more information on the endless offerings in city of Palm Springs, please visit www.visitpalm Springs.com.

Will you walk for babies with us?

Your pledge makes a difference in the lives of babies in need. Donate according to your walking goals for conference:

10,000 steps = \$10

25,000 steps = \$25

50,000 steps = \$50

Receive a fun button at conference to signify your pledge level and be entered to win great—and healthy—prizes! Prize entry is based on your pledge and steps will not be tracked.

Make your pledge at the NANN Registration Desk or the March of Dimes booth in the Exhibit Hall today!



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march  of dimes®

WHAT'S NEW AT NANN'S CONFERENCE? A Whole Lot!

The 32nd Annual Educational Conference has more in store than ever before! Don't miss

- late-breaking sessions on hot topics
- our first-ever Parents Panel general session
- the Neonatal Abstinence Syndrome Preconference
- an Exhibit Hall Welcome Reception with entertainment, games, and complimentary attendee headshots
- networking with the NANN Board of Directors, NANNP Council, and presenters
- Positioning the Neonate Forum in the Learning Center
- Research Summit grant recipient presentations
- fun, healthy opportunities to donate to March of Dimes.

Join us at NANN After Dark! Our conference celebration, a night of music and dancing on the pool deck, follows the Welcome Reception on Wednesday night.

Palm Springs is the place to be! After conference hours, enjoy the endless food, fun, and cultural opportunities in beautiful Palm Springs. Head out to the Villagefest Street Festival, splurge on a delicious dinner or delectable date shake, or take an open air desert tour. There's no better way to spend time with your neonatal nursing friends.



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Join the #NANN2016 conversation.



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NANN thanks these companies for their support of the 32nd Annual Educational Conference:

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Bronze Level



In support of other initiatives during 2016,
NANN acknowledges these companies:



NANNP Business Luncheon



Research Institute Grant and Research Summit



Attendee Scholarship Grant, Research Grant,
Research Summit, and Research Summit Presenters

These companies presented satellite symposia during NANN's 32nd
Annual Educational Conference:

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Prolacta

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NANN thanks participants of our Industry Relations Council:

Premier



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EXHIBITS

EXHIBIT HALL EVENTS

Visit the NANN Exhibit Hall to participate in exciting new opportunities: industry presentations in the Learning Center (see page 51 for complete schedule), Passport Program with prizes, expanded NANN HQ booth, networking, and engagement.

Passport Program

Win exciting prizes in the Exhibit Hall! Visit the following booths to get your passport card stamped by the booth representative:

| Exhibitor | Booth |
|------------------------|--------------|
| Accriva Diagnostics | 112 |
| Atom Medical USA | 510 |
| BARD Medical | 346 |
| Clinical Innovations | 301 |
| ENSEARCH | 310 |
| NeoMed, Inc | 335 |
| OneStaff Medical | 251 |
| ONY, Inc. | 114 |
| Small Beginnings, Inc. | 120 |
| UVA Medical Center | 215 |

Participants who complete the Passport Program and pledge \$50 to the March of Dimes Walk for Babies will be entered in our grand prize drawing. Must be present Friday between 8-10 am to win.

EXHIBIT HALL, NANN HQ, AND LEARNING CENTER SCHEDULES

Exhibit Hall and NANN HQ Schedule

Wednesday, October 26

4:30-7 pm

Welcome Reception in Exhibit Hall

Thursday, October 27

12:15-2:45 pm

Exhibits Open with Lunch and Prize Drawings

Friday, October 28

8-10 am

Exhibits Open with Breakfast and Prize Drawings

Learning Center Schedule

Visit the Learning Center in the front of the Exhibit Hall (Booth #104) to learn about some great educational content on current topics and and hear some of the best new presenters from the 2016

NANN Research Summit.

Wednesday, October 26

5 pm

Positioning the Neonate

Elizabeth Drake, MN NNP RNC-NIC CNS

Supported by Pampers

6 pm

Newborn Capillary Blood Collection: It's More than Just Sticking the Heel

Supported by Accriva Diagnostics

Thursday, October 27

12:30 pm

Positioning the Neonate

Elizabeth Drake, MN NNP RNC-NIC CNS

Supported by Pampers

1:30 pm

Bilingualism and Executive Function in Preterm Infants

*Presented by Ashley Darcy Mahoney**

2 pm

Secondary Analysis of the Unintended Consequences of the EHR in Neonatal Nurses

*Presented by Katherine Dudding**

Friday, October 28

8:30 am

"It's Like Going Home to Emptiness": Becoming a Mother and Providing Mother's Milk in the NICU, A Latina Mother's Perspective

*Presented by Joy Henderson**

9 am

NICU Discharges: Parental and Nursing Perception of Readiness and Confidence

*Presented by Jenny Quinn**

9:30 am

NAS in the Community Hospital: Education Leads to Quality Improvement and Culture Change

*Presented by Jeanne Franza**

** presentations made possible by funding from Mead Johnson.*

EXHIBIT HALL FLOOR PLAN

| | |
|-----------------------------------|--|
| * Engagement Center | |
| 261 | |

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|-----|-----|
| 365 | 266 |
| 363 | 264 |
| 361 | 262 |

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| 465 | MUSC University |
| 463 | University of Mississippi |
| 461 | 364 |
| 362 | |

| | |
|----------------------------------------|--|
| * Food & Network | |
| 560 | |

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|------------------------------------|--------------------------------|
| West Coast University | National University |
| 257 | 158 |
| Charabian College of Nursing | Azusa Pacific University |
| 255 | 156 |

| | |
|--------------------------------|------------------------------|
| UT Arlington | 258 |
| Emerald Health Institute | Walla Walla University |
| 355 | 256 |

| | |
|------------------------|--------------------------------------------------------|
| SM Healthcare | The University of Alabama at Birmingham |
| 457 | 358 |
| 80 Second Eyefit | The University of North Carolina |
| 455 | 356 |

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|----------------------|---------------------|
| Grand State UN | 458 |
| Westmed | RightBio Metrics |
| 555 | 456 |

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| 558 | Shagbitt Steak-Skin Shrimp |
| 556 | |

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|---------------------------------------|-----|
| Children's Hospital Los Angeles | 151 |
| 149 | |
| Astra Zeneca | 147 |

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|-----------------------------------------------|-----|
| Onestaff Medical | 152 |
| Vanderbilt University Medical Center | 150 |
| Baby's First | 148 |
| 247test | 146 |
| CamFusion | 146 |
| 245 | 146 |

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|--------------------------------------------|----------------|
| MFS Medical | 252 |
| EVACU B | 351 |
| FOUNDRIED Regional Medical Center | 250 |
| 349 | 250 |
| LectaMed Inc. | 248 |
| Masimo | 248 |
| 345 | U.W. Health |
| 246 | |

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|--------------------------------------------|----------------------------------------|
| Pacific Search Partners | March of Dimes |
| 451 | 350 |
| The State University of Kansas | Children's Hospital of Kansas |
| 449 | 348 |
| Nationwide Children's Hospital | Bard Medical |
| 447 | 346 |
| 445 | 346 |

| | |
|-----------------------------------------------|----------------------------------|
| Desert Regional Medical Center | 452 |
| Neo Medical Inc | 451 |
| FirstBy Healthcare | American Heart Association |
| 549 | 450 |
| University of California, San Francisco | M Health |
| 547 | 448 |
| Lifeline Neuroscience Inc. | ICU Medical, Inc. |
| 545 | 446 |

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| * Food and Beverage | |
| 546 | |

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|---------------------------------------------------------|----------------------------------------------|
| D. Baker's Medical by Hand-Craft Company | 142 |
| 239 | Fisher & Paykel Healthcare, Inc. |
| 237 | 138 |
| 235 | 136 |

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| MAOD Diagnostic | 341 |
| 339 | 240 |
| Neo Med, Inc. | 335 |
| 238 | 238 |
| 236 | 236 |

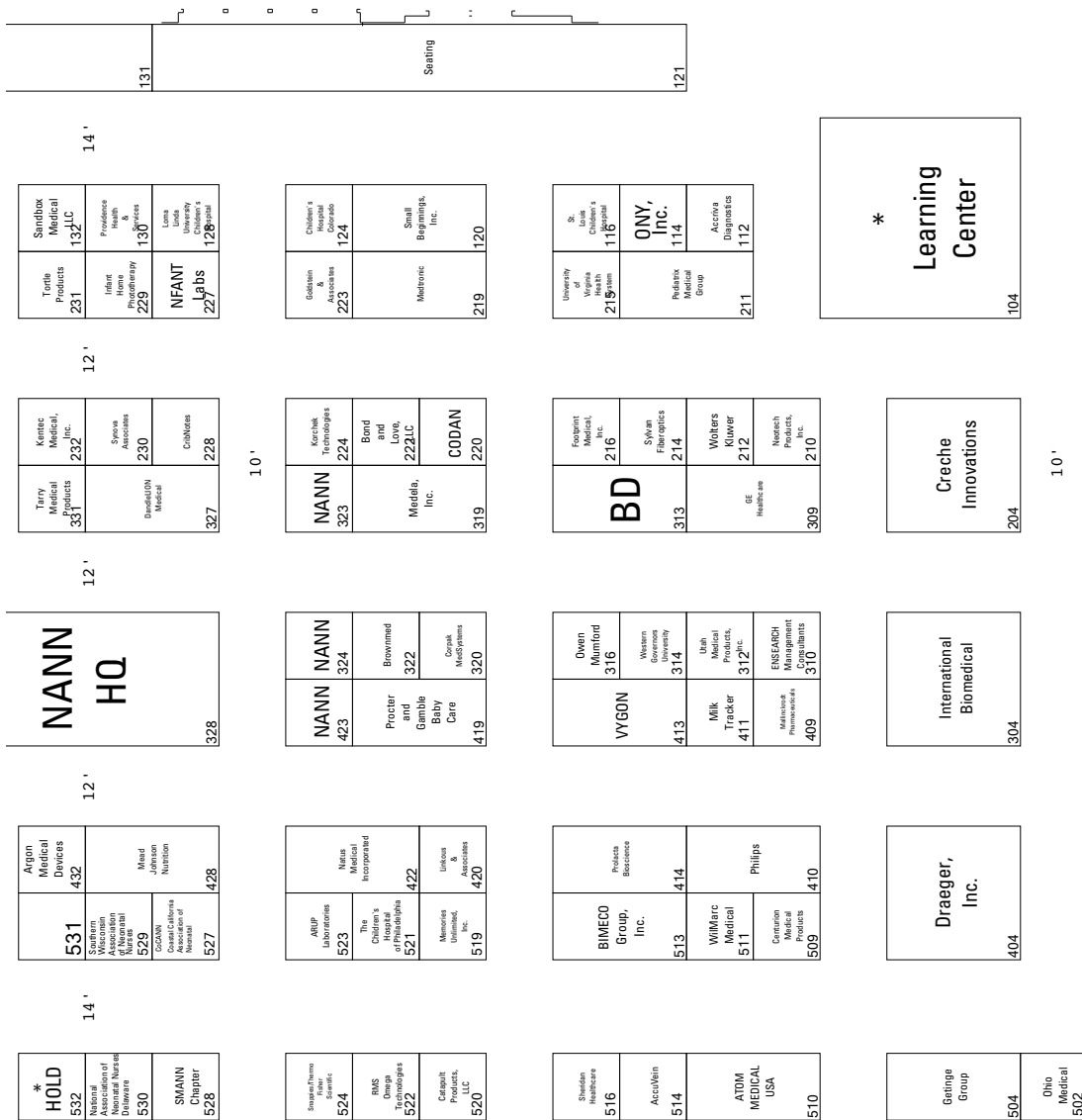
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| * Networking Area | |
| 336 | |

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| Orto Trading | 442 |
| 539 | 440 |
| 537 | 436 |
| 535 | 436 |

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| 542 | StanGarden |
| 540 | Cognition University of Maryland |
| 538 | Lynch Children's Hospital |
| 536 | BioSight Laboratories, LLC |

→

EXHIBIT HALL FLOOR PLAN



ENTRANCE

SLIBHXE

Presented in partnership with Pampers...

Live Symposium: Positioning the Neonate for Best Outcomes

Elizabeth Drake, MN NNP RNC-NIC CNS; CHOC Children's at Mission Hospital

NANN is pleased to offer a symposium on **Positioning the Neonate for Best Outcomes** during its Annual Educational Conference. This highly interactive symposium, sponsored by Proctor & Gamble's Pampers division is designed to review the importance of normal intrauterine positioning and consider the unique positioning needs of the neonate. Elizabeth Drake, MN NNP RNC-NIC CNS, will share goals of supportive positioning and positioning practices for neonates and lead hands-on demonstrations of positioning best practices with the opportunity for attendees to practice these techniques as well.

Learning Objectives

- Discuss the importance of the intrauterine physical environment on the development of muscles, joints, tissue for bone growth, and self-regulation and how it lays the foundation for directing positioning practices for infants in the NICU.
- Describe the elements that create the foundation for coordinated movement and the development of posture, movement, and tone (Functional Maturation).
- Describe positioning morbidities and functional limitations of the infant in the neonatal intensive care unit.
- Explain the goal and elements of proper neurodevelopmental positioning.

Presented twice at NANN's 32nd Annual Educational Conference in the Learning Center

Wednesday, October 26, 5:30–6:30 pm (refreshments served)

Thursday, October 27, 12:30–1:30 pm (limited lunch seating)

Preregistration is not required and seating will be limited. Arrive early to save your spot!



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Continue your learning with our CNENow! module, *Positioning the Neonate for Best Outcomes*. Earn free CNE and, upon completion, be able to

- identify best practices in neonatal care and their impact on outcomes for patients and their families
- describe nursing care strategies for various conditions and diagnoses seen in the neonatal setting
- integrate new strategies into your own clinical setting.

All symposium attendees take home a laminated positioning monogram

EXHIBITORS BY BOOTH NUMBER

| Booth | Exhibitor | Booth | Exhibitor |
|-------|------------------------------------------------------|-------|----------------------------------------------------|
| 112 | Accriva Diagnostics | 250 | Community Regional Medical Center |
| 114 | ONY, Inc. | 251 | Onestaff Medical |
| 116 | St. Louis Children's Hospital | 252 | MPS Medical |
| 120 | Small Beginnings, Inc. | 255 | Chamberlain College of Nursing |
| 124 | Children's Hospital Colorado | 256 | Walden University |
| 128 | Loma Linda University Children's Hospital | 257 | West Coast University |
| 130 | Providence Health & Services | 258 | UT Arlington |
| 132 | Sandbox Medical LLC | 300 | USDTL |
| 136 | Infant Hearing Screening Specialist | 301 | Clinical Innovations |
| 138 | Fisher & Paykel Healthcare, Inc. | 302 | Nurtured by Design |
| 142 | CHOC Children's-Children's Hospital of Orange County | 304 | International Biomedical |
| 146 | Early Arrival Inc. | 309 | GE Healthcare |
| 147 | Astra Zeneca | 310 | ENSEARCH Management Consultants |
| 151 | Children's Hospital Los Angeles | 312 | Utah Medical Products, Inc. |
| 156 | Azusa Pacific University School of Nursing | 313 | BD |
| 158 | National University | 314 | Western Governors University |
| 200 | The Gideons International | 316 | Owen Mumford |
| 201 | Allied Powers LLC | 319 | Medela, Inc. |
| 202 | Mom365 | 320 | Corpak MedSystems |
| 204 | Creche Innovations | 322 | Brownmed |
| 210 | Neotech Products, Inc. | 327 | DandleLION Medical |
| 211 | Pediatrix Medical Group | 331 | Tarry Medical Products |
| 212 | Wolters Kluwer | 335 | Neo Med, Inc. |
| 214 | Sylvan Fiberoptics | 336 | Networking Area |
| 215 | University of Virginia Health System | 339 | Hearing Screening Associates (HSA) |
| 216 | Footprint Medical, Inc. | 341 | MAICO Diagnostic |
| 219 | Medtronic | 345 | Masimo |
| 220 | CODAN | 346 | Bard Medical |
| 222 | Bond and Love, LLC | 348 | Children's Mercy Kansas City |
| 223 | Goldstein & Associates | 349 | FUTUREMED |
| 224 | Korчек Technologies | 350 | March of Dimes |
| 227 | NFANT Labs | 351 | EVACU B |
| 228 | CribNotes | 355 | Emerald Health Services |
| 229 | Infant Home Phototherapy | 356 | Duke University School of Nursing |
| 230 | Synova Associates | 358 | Baylor University Louise Herrington School of Nurs |
| 231 | Turtle Products | 364 | NICU University |
| 232 | Kentec Medical, Inc. | 401 | Recordati Rare Diseases |
| 235 | GaleMed Xiamen Co., LTD | 404 | Draeger |
| 236 | Chiesi USA, Inc. | 409 | Mallinckrodt Pharmaceuticals |
| 237 | Cook Children's Health Care System | 410 | Philips |
| 238 | Lansinoh | 411 | Milk Tracker |
| 239 | Dr. Brown's Medical by Handi-Craft Company | 413 | VYGON |
| 240 | Audiology Systems | 414 | Prolacta Bioscience |
| 242 | Calmoseptine, Inc. | 419 | Procter and Gamble Baby Care |
| 245 | CareFusion | 420 | Linkous & Associates |
| 246 | U.W. Health | 422 | Natus Medical Incorporated |
| 247 | Baby's First Test | 428 | Mead Johnson Nutrition |
| 248 | LactaMed Inc. | 432 | Argon Medical Devices |
| 249 | Vanderbilt University School of Nursing | 436 | Kimberly-Clark Huggies |
| | | 440 | Baby Box Company, Inc |
| | | 442 | Otto Trading Inc. |
| | | 445 | Silentia, Inc. |

EXHIBITORS BY BOOTH NUMBER

| Booth | Exhibitor | Booth | Exhibitor |
|-------|----------------------------------------------|-------|----------------------------------------------------|
| 446 | ICU Medical, Inc. | 524 | Snappies/Thermo Fisher Scientific |
| 447 | Nationwide Children's Hospital | 527 | CoCANN - Coastal California Association of Neonata |
| 448 | M Health | | tion of Neonata |
| 449 | The Ohio State University College of Nursing | 528 | SMANN Chapter |
| 450 | American Heart Association | 529 | Southern Wisconsin Association of Neonatal Nurses |
| 451 | Pacific Search Partners | 530 | National Association of Neonatal Nurses Delaware V |
| 452 | Desert Regional Medical Center | 535 | Timeless Medical Systems |
| 455 | 60 Second Eyelift | 536 | Boehringer Laboratories, LLC |
| 456 | RightBio Metrics | 537 | Resolve Through Sharing - Gundersen Health System |
| 457 | SSM Healthcare | | |
| 463 | University of Tennessee | 538 | Lucile Packard Children's Hospital |
| 502 | Ohio Medical | 539 | Children's Hospital Los Angeles |
| 504 | Getinge Group | 540 | Creighton University College of Nursing |
| 509 | Centurion Meidcal Products | | |
| 510 | ATOM MEDICAL USA | 542 | StaffGarden |
| 511 | WilMarc Medical | 545 | Lifelines Neurodiagnostic Systems, Inc. |
| 513 | BIMECO Group, Inc. | 547 | Univesity of California, San Francisco |
| 514 | AccuVein | 549 | FirstDay Healthcare |
| 516 | Sheridan Healthcare | 551 | Neo Medical, Inc |
| 519 | Memories Unlimited, Inc. | 555 | Westmed |
| 520 | Catapult Products, LLC | 556 | Sleepbelt: Skin-to-Skin Support |
| 521 | The Children's Hospital of Philadelphia | 557 | CleanSlate UV |
| 522 | RMS Omega Technologies | | |
| 523 | ARUP Laboratories | | |

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Our NICU is expanding and we need experienced Neonatal NPs, NICU and Pediatric RNs to join our collaborative, interdisciplinary team that proudly delivers patient- and family-centered care at the UW Health academic health system. Be part of this exciting growth!

Contact Karmin Enge, nurse recruiter, at kenge@uwhealth.org or (800) 443-6164. You can also visit uwhealthkids.org/careers to learn more.

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Raise standards, together.

For infants and families affected by the opioid epidemic.

After completion of our highly successful iNICQ Universal Training focused on Neonatal Abstinence Syndrome (NAS), VON is now continuing the quest to improve care for substance-exposed infants and families, through the launch of two new resources.

NAS UNIVERSAL TRAINING PROGRAM

Providing high-reliability neonatal care requires developing standardized clinical processes and universal training programs. VON's Universal Training Program is presented by 35 world-class NAS experts and is available online 24/7. These resources include:

- 18 Micro-Lessons relevant to every care team member, with CME/CNE.
- A VON NAS Quality Improvement Toolkit.
- A 5-chapter *Virtual Video Visit and Facilitators Guide*, highlighting a center of excellence in NAS care and their trauma-informed approach.
- Sample policies, procedures, guidelines and family educational tools essential for NAS Care.
- Over 100 NAS-related quality improvement stories, and data—showing real-world examples of measurable improvement in length of stay, length of treatment and cost.

"Our paper, published in Pediatrics in 2016, reported that participating VON iNICQ centers reduced hospital length of stay by 2 days. If scaled nationally we estimate potential savings in hospital charges of \$170 million dollars."

NAS STATEWIDE IMPLEMENTATION PACKAGE

The NAS Universal Training Program is now available to Statewide Perinatal Quality Improvement Collaboratives, health systems, and health centers, enabling these organizations to dramatically improve their patient outcomes on a system-wide basis, while reducing both the length of stay and the number of infants who are discharged on medication for NAS.

States and/or health systems may also elect to employ VON Day Quality Audits to measure ongoing improvement.

FEATURED FACULTY

See additional faculty members and bios on-line at vtxford.org



Mark Hudak
Wolfson Children's Hospital



Stephen W. Patrick
Vanderbilt University



Robert Schumacher
University of Michigan

LEVELS OF SUBSCRIPTION

NEW Statewide Perinatal Quality Improvement Collaboratives Subscription

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**Discounts extended to NANN members acknowledging the ongoing collaboration of VON and NANN in support of high-quality education and care.*



National Association of Neonatal Nurses

Register at www.vtxford.org

For more information contact Pam Ford, pford@vtxford.org
802-865-4814 x204

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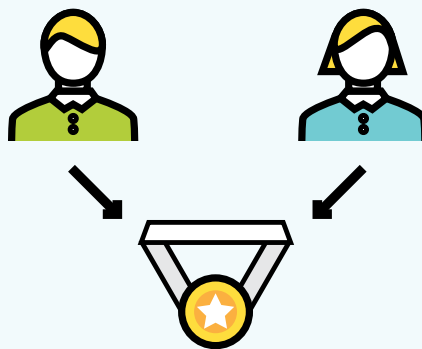
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1. American Academy of Pediatrics. Breastfeeding and the Use of Human Milk. Section on Breastfeeding. [originally published online February 27, 2012]. Pediatrics. DOI: 10.1542/peds.2011-3552

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References: 1. Agency for Healthcare Research and Quality. National Guideline Clearinghouse website. <http://www.guideline.gov/search/search.aspx?term=hyperoxia>. Accessed August 18, 2015. 2. Kulkarni AC, Kuppusamy P, Parinandi N. Oxygen, the lead actor in the pathophysiologic drama: enactment of the trinity of normoxia, hypoxia, and hyperoxia in disease and therapy. *Antioxid Redox Signal*. 2007;9(10):1717-1730.

INOMax[®] (nitric oxide gas)

Brief Summary of Prescribing Information

INDICATIONS AND USAGE

Treatment of Hypoxic Respiratory Failure

INOMax[®] is indicated to improve oxygenation and reduce the need for extracorporeal membrane oxygenation in term and near-term (>34 weeks) neonates with hypoxic respiratory failure associated with clinical or echocardiographic evidence of pulmonary hypertension in conjunction with ventilator support and other appropriate agents.

CONTRAINDICATIONS

INOMax is contraindicated in neonates dependent on right-to-left shunting of blood.

WARNINGS AND PRECAUTIONS

Rebound Pulmonary Hypertension Syndrome following Abrupt Discontinuation

Wean from INOMax. Abrupt discontinuation of INOMax may lead to worsening oxygenation and increasing pulmonary artery pressure, i.e., Rebound Pulmonary Hypertension Syndrome. Signs and symptoms of Rebound Pulmonary Hypertension Syndrome include hypoxemia, systemic hypotension, bradycardia, and decreased cardiac output. If Rebound Pulmonary Hypertension occurs, reinstate INOMax therapy immediately.

Hypoxemia from Methemoglobinemia

Nitric oxide combines with hemoglobin to form methemoglobin, which does not transport oxygen. Methemoglobin levels increase with the dose of INOMax; it can take 8 hours or more before steady-state methemoglobin levels are attained. Monitor methemoglobin and adjust the dose of INOMax to optimize oxygenation.

If methemoglobin levels do not resolve with decrease in dose or discontinuation of INOMax, additional therapy may be warranted to treat methemoglobinemia.

Airway Injury from Nitrogen Dioxide

Nitrogen dioxide (NO₂) forms in gas mixtures containing NO and O₂. Nitrogen dioxide may cause airway inflammation and damage to lung tissues.

If there is an unexpected change in NO₂ concentration, or if the NO₂ concentration reaches 3 ppm when measured in the breathing circuit, then the delivery system should be assessed in accordance with the Nitric Oxide Delivery System O&M Manual troubleshooting section, and the NO₂ analyzer should be recalibrated. The dose of INOMax and/or FiO₂ should be adjusted as appropriate.

Worsening Heart Failure

Patients with left ventricular dysfunction treated with INOMax may experience pulmonary edema, increased pulmonary capillary wedge pressure, worsening of left ventricular dysfunction, systemic hypotension, bradycardia and cardiac arrest. Discontinue INOMax while providing symptomatic care.

ADVERSE REACTIONS

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. The adverse reaction information from the clinical studies does, however, provide a basis for identifying the adverse events that appear to be related to drug use and for approximating rates.

Controlled studies have included 325 patients on INOMax doses of 5 to 80 ppm and 251 patients on placebo. Total mortality in the pooled trials was 11% on placebo and 9% on INOMax, a result adequate to exclude INOMax mortality being more than 40% worse than placebo.

In both the NINOS and CINRGI studies, the duration of hospitalization was similar in INOMax and placebo-treated groups.

From all controlled studies, at least 6 months of follow-up is available for 278 patients who received INOMax and 212 patients who received placebo. Among these patients, there was no evidence of an adverse effect of treatment on the need for rehospitalization, special medical services, pulmonary disease, or neurological sequelae.

In the NINOS study, treatment groups were similar with respect to the incidence and severity of intracranial hemorrhage, Grade IV hemorrhage, periventricular leukomalacia, cerebral infarction, seizures requiring anticonvulsant therapy, pulmonary hemorrhage, or gastrointestinal hemorrhage.

In CINRGI, the only adverse reaction (>2% higher incidence on INOMax than on placebo) was hypotension (14% vs. 11%).

Based upon post-marketing experience, accidental exposure to nitric oxide for inhalation in hospital staff has been associated with chest discomfort, dizziness, dry throat, dyspnea, and headache.

DRUG INTERACTIONS

Nitric Oxide Donor Agents

Nitric oxide donor agents such as prilocaine, sodium nitroprusside and nitroglycerine may increase the risk of developing methemoglobinemia.

OVERDOSAGE

Overdosage with INOMax is manifest by elevations in methemoglobin and pulmonary toxicities associated with inspired NO₂. Elevated NO₂ may cause acute lung injury. Elevations in methemoglobin reduce the oxygen delivery capacity of the circulation. In clinical studies, NO₂ levels >3 ppm or methemoglobin levels >7% were treated by reducing the dose of, or discontinuing, INOMax.

Methemoglobinemia that does not resolve after reduction or discontinuation of therapy can be treated with intravenous vitamin C, intravenous methylene blue, or blood transfusion, based upon the clinical situation.

INOMAX[®] is a registered trademark of INO Therapeutics LLC, a Mallinckrodt Pharmaceuticals company.

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Chief, Division of Neonatology
Women and Children's
Hospital of Buffalo



Ashley Darcy Mahoney, PhD, NNP-BC
Neonatal Nurse Practitioner,
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Emory University School of Nursing

Indication

INOMAX is indicated to improve oxygenation and reduce the need for extracorporeal membrane oxygenation in term and near-term (>34 weeks gestation) neonates with hypoxic respiratory failure associated with clinical or echocardiographic evidence of pulmonary hypertension in conjunction with ventilatory support and other appropriate agents.

Important Safety Information

- INOMAX is contraindicated in the treatment of neonates dependent on right-to-left shunting of blood.
- Abrupt discontinuation of INOMAX may lead to increasing pulmonary artery pressure and worsening oxygenation.
- Methemoglobinemia and NO₂ levels are dose dependent. Nitric oxide donor compounds may have an additive effect with INOMAX on the risk of developing methemoglobinemia. Nitrogen dioxide may cause airway inflammation and damage to lung tissues.
- In patients with pre-existing left ventricular dysfunction, INOMAX may increase pulmonary capillary wedge pressure leading to pulmonary edema.
- Monitor for PaO₂, inspired NO₂, and methemoglobin during INOMAX administration.
- INOMAX must be administered using a calibrated INOMax DS_{IR}[®] Nitric Oxide Delivery System operated by trained personnel. Only validated ventilator systems should be used in conjunction with INOMAX.

Please see Brief Summary of Prescribing Information on adjacent page.

