

# SCANNNEWS



Spring/Summer 2008

## *President's Message*

We've seen fire and we've seen rain! Now Spring is finally here and the rain has transformed our brown landscapes. Spring equinox on March 20<sup>th</sup> started another cycle of longer daylight hours. Be sure to take time for renewal and refreshment in the coming spring months as we continue with our busy careers and lives.

We are looking forward to a great year!!

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## INSIDE THIS ISSUE

- 1 [President's Message | Carolyn Shaputnic](#)
- 2 [Family Teams Leadership Council | Donna Schweitzer](#)
- 3 [Calendar of Events | UCSD Updates Janet Hebert & Michele Carson](#)
- 4 [UCSD Updates | Janet Hebert & Michele Carson](#)
- 5 [Sharp Mary Birch Hospital for Women Updates | Lorraine Lombardo](#)
- 6 [Community & Social Activities | Karen Dougherty](#)  
[RSV Update | Connie Kaplan](#)

The March of Dimes for Babies is coming up and many of us plan to participate in the walk. SCANN is also partnering with March of Dimes Family Teams Council. SCANN has always been supportive of MOD as part of our ongoing community service work by participating in Walk America March for Babies and the speakers' bureau. The Family Team Council will be a wonderful partnership. Families can often spend weeks or months in the newborn intensive care unit and have the support of all the various hospital team members, as well as from other parents. When they finally get to go home with their babies, they can feel both excited and apprehensive about being on their own. Parents and their babies may still be a little fragile, feel isolated and still need some help. The Family Team Council will provide a bridge of continued support and community for these families. Donna Schweitzer is the MOD volunteer coordinator and contact person. She is working on brochures for all the hospitals that can be handed out to parents. Also, see the NICU Family

Support Program and Share Your Story on the MOD website.

The January and March meetings were very well attended. I can't think of a better way to earn a continuing education unit, have the good company of our fellow nurses and enjoy a good meal. Megan Lewis, our MedImmune representative, will continue to provide wonderful meals and venues for our bi-monthly meetings. Thank Megan! Finding adequate accommodations can be tough, but Megan always comes through. Please be sure to RSVP so we can accommodate all who want to attend.

We have started planning the November conference at a new venue and have some great speakers lined up. The conference will be held at the beautiful California Center for the Arts in Escondido Monday, November 3, 2008. So save the date!

#### **Palomar NICU expansion update:**

The expected date of the NICU expansion is April! The NICU at Palomar Medical Center in Escondido has finalized the plans and schedule for the long overdue expansion from 6 to 12 beds.

This will accommodate the increasing OB volume, the Perinatology Program and increasing NICU admissions from outlying hospitals.

Look forward to seeing you at the upcoming meeting May meeting.

Carolyn Shaputnic, RNC, MPH  
Palomar Pomerado Health

#### **Family Teams Leadership Council**

I chair the Family Teams Leadership Council here in San Diego, which is a volunteer position for the March of Dimes. I am also the mom of a former 26 weeker, Ryley, who is now 7 ½ years old and is amazing! Right now, the work of the Council is directed towards the two March for Babies events coming up this month. We are coordinating and will be running the Family Teams tent at both events. Our purpose is to reach out to other mission-affected families-those touched by either prematurity, infant mortality or birth defects. Most of our council is made up of moms of preemies. Our "bigger picture" goal is to create a peer community of support for parents of babies who spend time in the NICU. This relationship can begin while families are still in the NICU – if those families are up for it – or upon discharge. We have found that there is usually support while a family is in the NICU, but once discharged, these families feel isolated and alone, confused, etc. unfortunately, prematurity's effects don't end with your discharge. As peers who have been there, we feel we can provide a support system. We would do this by having scrapbooking nights, informal gatherings, picnics, etc....It is an evolving process.

Donna Schweitzer  
San Diego Family Leadership Chair  
March of Dimes Volunteer  
[www.marchforbabies.org/schweitzersd](http://www.marchforbabies.org/schweitzersd)

## Calendar of Events

### SCANN Mtgs

May 12, 2008

July 14, 2008

September 8, 2008

(locations TBA)

### SCANN Conference

November 3, 2008

California Center for the Arts,  
Escondido

### 5th National Advanced Practice Neonatal Nurses Conference

Hyatt Regency, Miami, Florida, April  
24-26, 2008

Visit: [www.academyonline.org](http://www.academyonline.org)

### 8th National Neonatal Nurses Meeting

Marriott Wardman Park, Washington,  
DC, October 8-12, 2008

Visit: [www.academyonline.org](http://www.academyonline.org)

### 11th Annual Neonatal Advanced Practice Nursing Forum 2008

Omni Shoreham Hotel, Washington,  
DC, June 4-6, 2008

### National Conference of Neonatal Nursing

Las Vegas Hilton, Las Vegas, Nevada,  
April 1-5, 2008

Visit: [www.contemporaryforums.com](http://www.contemporaryforums.com)

### ACNN 3rd Annual Conference “Neonatal Care, Nurturing Generation Z”

Holiday Inn, Surfer’s Paradise,  
Queensland, Australia, April 20, 2008

Visit: [www.acnn.org.au/conferences.php](http://www.acnn.org.au/conferences.php)

### 2008 AWHONN Annual Convention “Many Voices, One Mission”

Los Angeles, California, June 21-25,  
2008

Visit: [www.awhonn.org](http://www.awhonn.org)

### 24th Annual Educational Conference “Navigating Neonatal Care: A Safe Passage Home”

Ft. Lauderdale, Florida, September 24-  
27, 2008

Visit: [www.nann.org](http://www.nann.org)

### National Teaching Institute and Critical Care Exposition “Reclaiming Our Priorities”

Chicago, Illinois, May 3-8, 2008 (2 days  
are CCRN review and next day is paper  
& pencil test)

Visit: [www.aacn.org/NTI/nti07.nsf/vwdoc/NTI2008](http://www.aacn.org/NTI/nti07.nsf/vwdoc/NTI2008)



### UCSD Updates

In February, we geared up for the Supporting Premature Infant Nutrition (SPIN) program developed by Dr. Jae Kim and Dr. Lisa Stellwagon. Education seminars were held throughout the month of February covering this important program. The UCSD Perinatal Symposium took place on March 4<sup>th</sup> & 5<sup>th</sup>. This symposium included information on managing hypertension in pregnancy, placenta accrete and the impact of obesity during the reproductive years.

In March we opened the fourth floor section of our unit once the remodeling was completed. This remodel increased our capacity to 49 licensed beds. We will also be involved with Labor and

Delivery remodel that is happening later this year.

In other news, we are currently participating in 15 research projects in ISCC. These studies look at many aspects of neonatal care including Indomethacin/Ibuprofen with respect to PDA treatment; patient satisfaction with respect to MD communication with families; milk analysis; breast milk pumping volumes; vitamin D; umbilical line placement; EKG recording in the delivery room; and new equipment testing. The research team at UCSD is made up of many members, including the Principal Investigator (an attending/fellow), Wade Rich (research coordinator for all studies), Alison Wolf (nurse) and Renee Bridge (nurse). Depending on the study, respiratory therapists, pharmacists and dieticians may also be involved.

Two of these studies involve the ISCC staff on a daily basis. These studies are the SUPPORT (Surfactant Positive Airway Pressure and Pulse Oximetry Trial) study and the Prolacta Bioscience Trial. The SUPPORT study is a trial of the best way to treat respiratory distress in extremely low birth weight infants – this study is a NICHD Neonatal Research Network Trial. The purpose of the SUPPORT study is to further investigate treatment with CPAP and analyze what are appropriate levels of oxygen saturations in premature infants. The Prolacta Bioscience trial is a randomized study of human milk-based nutrition versus bovine-based nutrition for very low birth weight preterm infants. The purpose is to find out more about human milk feeding and supplementation. Daily information is obtained with regard to intake, feeding

tolerance, weight gain and growth. Patients are in the study for 90 days or until they are taking 50% of feedings by nipple/breast.

Janet Hebert, RN  
UCSD

At the March 10<sup>th</sup> SCANN meeting, Dr. Neil Finer, Director of Division of Neonatology at UCSD Medical Center, presented a seminar entitled “Resuscitation of the VLBW Infant: Video Review As a Continuous Quality Improvement Tool”. This seminar included the following key points: how well practitioners followed the current NRP guidelines, how to improve future resuscitations from watching the videos, how to improve the environment in the resuscitation room and what studies came out of the video reviews. From the video assessments and research data Dr. Finer made four main recommendations. First, for the VLBW infant, the starting FiO<sub>2</sub> should be between 30% and 40% oxygen.

Second, a Pedi-Cap should always be used as an initial analysis of the ET tube placement (noting a color change is an accurate evaluation of ET tube placement). After the addition of a Pedi-Cap, the doctor or nurse practitioner should palpate the tip of the ET tube at the suprasternal notch. Dr. Finer made the point that using a Pedi-Cap for bagging patients that have circulation should tell you if you have adequate airway and gas exchange as well. His comments on leadership were supportive of having a team leader in the delivery room that is situationally aware of what is going on through the feedback of the team members to the leader.

Third, a Pulse Oximeter should be placed immediately on the infant to provide a heart rate as well as SpO2 – an increasing heart rate is the primary sign of effective ventilation during resuscitation.

Fourth, if an infant demonstrates adequate respiratory effort at the resuscitation, but low oxygen saturation, the practitioner in charge should consider administration of CPAP. Dr. Finer summed up his talk with a brief look at how increased experience level of a health care provider correlated with increases in the success rate of intubation in infants. He also stated that there is an overall need for increased leadership in the delivery room.

Michele Carson, RN  
UCSD

### **Sharp Updates**

SCANN member and Sharp Mary Birch Hospital for Women NICU Nurse Manager Kim Failla was presented with the President's Award at the California State University Student Research Symposium. Her project is titled "Nurse Managers' Leadership Styles and Nurse Job Satisfaction". The symposium held on February 29<sup>th</sup> and March 1<sup>st</sup> had more than 300 students who presented their original scholarly work in a public forum. The President's Award was given to 10 participants. The symposium's goal was to foster student scholarship and professional development. A well deserved congratulations to Kim!!

Congratulations to new SCANN member Diora McKelvey RN BSN who was awarded the CARE Award from Azusa Pacific University School of Nursing and KYYX 96.5 FM. Diora was nominated for the award by a Sharp Mary Birch NICU family for the caring and compassionate care she provided for their premature son. The family was present when Diora was awarded the beautiful plaque and a \$250 spa gift certificate. The family recounted the fear they felt the first time they were able to hold their new baby and how Diora told them, "You just need to be concerned about loving and enjoying your baby and I'll worry about all of the lines and tubes". Diora has recently been promoted to an Advanced Clinician in the NICU at Sharp Mary Birch Hospital for Women.

Lorraine Lombardo RNC, BSN  
Sharp Mary Birch Hospital for Women



## **Community Service**

Don't forget that the March for Babies is April 19<sup>th</sup> and 26<sup>th</sup>. April 19<sup>th</sup> is at Carlsbad and April 26<sup>th</sup> is at Balboa Park. You can sign up to be a SCANN walker at the march of Dimes website or just show up and turn in your envelope stating that you are walking for SCANN. You may contact me at 760.739.8292 or email [kbird57@aol.com](mailto:kbird57@aol.com) for more information.

## **Social Activities**

SCANN members plan to attend the Lake Elsinor Storm game on Saturday July 26<sup>th</sup>. If you plan to attend the game please contact Karen Dougherty at 760.739.8292 or email [kbird57@aol.com](mailto:kbird57@aol.com). There will be more information about the game at the May SCANN meeting

A day at the beach is also being planned, probably in August.

Karen Dougherty, RN  
Palomar Pomerado Health

## **RSV**

On Monday January 14<sup>th</sup> SCANN hosted a very exciting meeting and speaker. Dr. Henry Wojtczak of Balboa Naval Hospital spoke to the group about RSV. The meeting was well attended with over 50 SCANN members present. The food sponsored by MedImmune was as usual great!

RSV remains the leading cause of infant hospitalizations in California. RSV is transmitted by droplets, large particles

and fomites. Over 50% of medical personnel are infected with RSV when RSV is prevalent in the community. Nosocomial infection remains an enormous problem. Antibody response is not sufficient to prevent subsequent RSV re-infection.

The timing of immunoprophylaxis is important in preventing and decreasing the severity of the RSV infection. Protective levels should be achieved prior to exposure. This is done by planning with historical onset and tracking when previous years of RSV outbreaks have started and continuing until the last case is reported. The present years dosing would start before the date of the previous year's first case and continue until cases have fallen off sufficiently.

There are many factors that increase the risk of acquiring RSV infection: maternal education grade 12 or less, day care attendance under one year of age, school age siblings, lack of breast feeding, two or more individuals sharing a bedroom, multiple births, passive smoke exposure and birth within six months before the onset of the RSV season. The risk factors for severe RSV disease are: infants younger than 6 weeks, premature infants (<36 wks gestation), complicated congenital heart disease (esp. pulmonary hypertension), chronic lung disease of prematurity, cystic fibrosis, American Indian/Alaskan Native children and multiple congenital anomalies.

There are ways to prevent and decrease RSV. These are frequent hand washing, isolation from contacts with a cold or illness, avoiding second-hand smoke, day care, crowds during RSV season,

avoidance of elective surgery during RSV season, cohorting of hospitalized patients with RSV away from others, restrict workers with upper respiratory infection from contact with high risk patients and passive immunoprophylaxis.

There are many risk factors, ways to prevent and spread RSV and yet it seems to be a seasonal virus to contend with. Caring for the high risk population of premature infants demands the utmost caution.

Connie Kaplan, RN