



## Eastern Massachusetts Chapter

Volume 13, Number 3 ★ April 2003

### President's Message

Cathy Sizer, President EMNAPNAP

**G**reetings!

It is finally Spring after what was an especially cold and snowy winter for New England. I really enjoy hearing the birds chirping every morning, now, even if they start their songs at 4 am! Spring also marks the end of another RSV and respiratory flu season. Are any of you as anxious to begin sports and camp physicals as much as I am?

Sadly, the war with Iraq has begun and already there are American casualties. I empathize with every American whose family has been touched by this conflict. When my oldest daughter Keri chose naval flight school after graduating from college I could only hope she would never have to experience flying with bombs in any war. So far her ship, the Enterprise, is not battle ready, leaving her stateside for a few more months. She will be deployed but hopefully after this war is over. Now we as pediatric nurse practitioners will be called upon again to help parents explain this fighting to their children and allay their fears. To that end, check out the national NAPNAP website. There you will find a link to a revised handout for parents from Bernadette Melynck founder of the KYSS campaign.

As you know, we adopted the Bridge Over Troubled Waters group. Thank you all for your generous contributions of socks, small gifts, sandwiches, time on the van, and for signing up for the Walk for Hunger van May 5, 2003. We will continue to help this worthwhile project through next year. Tony Silva, the medical director, is very pleased with our contributions. Keep up the good work.

We have planned another chapter meeting for May 14, 2003 at Newton Wellesley Hospital. We want to make that night a celebration and I will give my report from the national conference. Please bring a student with you. To further entice you, anyone who brings a new member (paid of course) will be eligible for a drawing for tuition for our fall conference! Don't forget to bring your ideas for future continuing education programs.

### : Researchers : seeking : subjects

• Carol Glod, RN, PhD and Arlene Lynch, FNP are conducting research on depressed adolescents at Northeastern University and McLean Hospital.

• There are 2 studies:

- 1. A placebo-controlled trial of bupropion vs. citalopram
- 2. Magnetic Resonance Imaging (MRI) before and after antidepressant treatment

• To qualify participants must be: 12-19 years of age with depression, medication-free, physically healthy, and with no history of seizures or eating disorders.

• A free diagnostic evaluation is included in the study. Eligible subjects can earn up to \$200 for their participation. For more info: call Dr. Glod 617-855-3325 or send email to [DrGlod@aol.com](mailto:DrGlod@aol.com)

### Check Out Our Website <http://www.emnapnap.org>

*EMNAPNAP is in the process of initiating a Listserv for use by all its members. Listserv access by members will help to increase communication among all NP members in our chapter. This will serve as a membership forum for discussion, announcements of general interest, and job information, etc. Be sure that we have your current email address on file with us if you wish to participate. More updates to follow. —Nanci Haze*

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# WOT

## Hot topics . . .

# The Yellow Peril: The Resurgence of Kernicterus

—Veronica Kane, MSN, CPNP

Kernicterus is the neuro-toxic complication of jaundice, a skin-yellowing condition that affects 60 percent of newborns. Both conditions relate to the level of the substance bilirubin, which is a byproduct of red blood cell degeneration. For most infants, the bilirubin level peaks by day 5 and then ebbs harmlessly over several days. A small percentage of infants experience levels of bilirubin elevated high enough to be toxic to the brain.

Since 1990, reported cases of kernicterus have begun to increase. In light of the overwhelming consequences of kernicterus, a new level of vigilance is necessary. Sue Sheridan, parent of a child with kernicterus and co-founder of PICK (parents of infants and children with kernicterus), presented this topic at the EMNAPNAP Spring Symposium this year, alerting all present to the dangers of complacency with jaundice.

The Centers for Disease Control and Prevention (CDC) describes kernicterus as a form of brain damage that causes athetoid cerebral palsy and hearing loss. Other associated problems include visual disturbances, dental defects, and sometimes mental retardation. The most devastating aspect about kernicterus is that it is totally preventable.

Excessive amounts of bilirubin accumulate in newborn's tissues. Yellow-pigment is noted in the eyes and skin with small increases of total bilirubin, being more visible throughout more of the body as levels rise. Though mild cases of hyperbilirubinemia are common in infancy, untreated, unmonitored jaundice increases the risk of kernicterus developing. The effect of kernicterus on neonatal brain tissue has lifelong sequelae.

Bilirubin levels rise as red blood cells break down in the body. Rh erythroblastosis fetalis and ABO hemolytic disease were the common precipitants of kernicterus prior to the 1950's. A decline in kernicterus came as a result of treatments such as exchange transfusions and then phototherapy, which provided effective reduction in rising serum bilirubin.

No reported cases of kernicterus appeared in medical literature from 1960 through the 1970's, though a resurgence of reported

- cases has risen since the early 1990's. Today, shorter hospital stays
- may play a contributing role in delayed diagnosis of kernicterus.
- When longer hospital stays were the norm, there was a greater
- likelihood that peaking levels of bilirubin were monitored by
- hospital staff. Now that the infant is discharged within 24-48 hours
- of delivery, the 4-5 day peak of bilirubin occurs at home. Jaundice
- management is now an outpatient, primary care problem.

- The American Academy of Pediatrics (1994, 1999) recommends
- that all hospitalized, jaundiced infants should have an assessment
- of the total bilirubin level before discharge from the nursery. If
- jaundice is evident in the first twenty-four hours, a repeat
- measurement of bilirubin should be assessed within twenty-four
- hours, according to Dr. Maisels, chair of the AAP subcommittee on
- Neonatal Hyperbilirubinemia.

- Close attention to jaundice is essential after discharge. All infants
- discharged less than 48 hours after birth should be examined by a
- primary care provider within 2 days. Those infants discharged less
- than 24 hours after birth need to be assessed within 24 hours of
- discharge. Infants of any age who exhibit significant jaundice also
- should have either serum or transcutaneous total bilirubin assessed
- in primary care.

- “All bilirubin levels must be interpreted according to the infant's
- age in hours, not days” (Bhutani, VK, et al, (1999) *Pediatrics*, 103:
- 6-14). Treatment with phototherapy is usually effective in reversing
- the accumulation of bilirubin and may be accomplished either
- outpatient, or inpatient, as indicated. The cost of the test is
- negligible, pennies to dollars, compared to the millions of dollars that
- must be spent for the lifetime of supportive services the child with
- kernicterus will need.

- Breast feeding has been on the rise during the past 15 years, the
- same time frame as the resurgence of kernicterus. While no direct
- association has been proven between kernicterus and breast
- feeding, breast fed infants often experience jaundice. It is essential
- to differentiate between “breast feeding jaundice” and potentially
- harmful bilirubin levels that could result in the debilitation of
- kernicterus.

(continued on next page)

# Continued:

## The Resurgence of Kernicterus

Careful telephone triage, hypervigilance to parental concerns about newborn behaviors and feeding difficulties are fundamental elements of preventive primary care pediatric care. Early follow-up from hospital discharge either in the office or the family's home can identify infants at risk for hyperbilirubinemia. Laboratory assessment and therapeutic interventions can be implemented before the tragic effects of kernicterus become a lifelong reality for an infant. Table 1 lists the major risk factors for hyperbilirubinemia in full-term infants and comes from the CDC (2001). Table 2 summarizes the warning signs of kernicterus.

**Table 1:**

### Major Risk Factors for Hyperbilirubinemia (CDC, 2001)

- J:** jaundice within the first 24 hours after birth
- A:** a sibling who was jaundiced as neonate
- U:** unrecognized hemolysis (ABO, Rh incompatibility)
- N:** nonoptimal sucking, nursing
- D:** deficiency in G6PD
- I:** infection
- C:** cephalhematomas/bruising
- E:** East Asian or Mediterranean descent

**Table 2:**

### Warning Signs of Kernicterus

- very yellow or orange skin tones
- increased sleepiness (hard to awaken)
- decreased level of alertness
- high-pitched cry
- poor suck or nursing
- weakness, limpness, or floppiness
- arching of the infant's body



## References

- National Organization for Rare Disorders  
• <http://www.rarediseases.org>
- National Center on Birth Defects and Developmental Disabilities  
• <http://www.cdc.gov/ncbddd/dd/kernicterus>
- Joint Commission on Accreditation of Healthcare Organizations  
• [http://www.jcaho.org/about+us/news+letters/sentinel+event+alert/sea\\_18.htm](http://www.jcaho.org/about+us/news+letters/sentinel+event+alert/sea_18.htm)
- American Academy of Pediatrics Practice Guidelines  
• <http://www.aap.org/policy/hyperb.htm>
- Centers for Disease Control and Prevention: MMWR  
• <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5023a4.htm>
- Parents of Infants and Children with Kernicterus  
• <http://www.pickonline.org>
- Bhutani, V. K., Johnson, L., and Sivieri, E. M. (1999). Predictive Ability of a Predischarge Hour-specific Serum Bilirubin for Subsequent Significant Hyperbilirubinemia in Healthy Term and Near-term Newborns. *PEDIATRICS*, 103(1), 6-14.

# National Monthly Observances

by Veronica Kane

## April

### National Child Abuse Prevention Month

[www.calib.com/nccanch](http://www.calib.com/nccanch)

<http://www.nln.org/testprods/selfstudyce.htm>  
NLN site for CE on Child Abuse

### 1 - 30, National Autism Awareness Month

[www.autism-society.org](http://www.autism-society.org)

### 13 - 19, National Infants Immunization Week

[www.cdc.gov/nip](http://www.cdc.gov/nip)

### 26 - 27, 2003 WalkAmerica

March of Dimes Birth Defects Foundation  
[walkamerica@modimes.org](mailto:walkamerica@modimes.org)  
[www.walkamerica.org](http://www.walkamerica.org)

## May

### 1 - 31, Asthma and Allergy Awareness Month

[info@aafa.org](mailto:info@aafa.org)  
[www.aafa.org](http://www.aafa.org)

### 1 - 31, National Melanoma/Skin Cancer Detection and Prevention Month

[www.aad.org](http://www.aad.org)  
Heighten your patient education focus on the use of sun block, protective clothing, and dangers of sunburn in pediatrics. Adolescents can develop melanoma, so be sure to do a thorough skin assessment.

### 1 - 31, National Sight-Saving Month: Ultraviolet Awareness

Prevent Blindness America  
[info@preventblindness.org](mailto:info@preventblindness.org)  
[www.preventblindness.org](http://www.preventblindness.org)  
Remind patients to wear sunglasses and try to avoid direct sunlight.

### 1 - 31, National Physical Fitness and Sports Month

[PCPFS@OSOPHS.DHHS.GOV](mailto:PCPFS@OSOPHS.DHHS.GOV)  
[www.fitness.gov/getmovingamerica.html](http://www.fitness.gov/getmovingamerica.html)  
This is a good month to focus anticipatory guidance on ways to decrease the amount of time spent at the computer or television, and encourage outdoor activities.

### 4 - 10, Children's Mental Health Week

Federation of Families for Children's Mental Health  
[ffcmh@ffcmh.org](mailto:ffcmh@ffcmh.org)  
[www.ffcmh.org](http://www.ffcmh.org)

## June

### Dairy Month: Got Milk?

### 22 - 28, Helen Keller Deaf-Blind Awareness Week

Helen Keller National Center for Deaf-Blind Youth and Adults  
[HKncpr@aol.com](mailto:HKncpr@aol.com)  
[www.helenkeller.org](http://www.helenkeller.org)  
<http://www.aslinfo.com/deafculture.cfm>  
American Sign Language site, interesting trivia too

## August

### 1 - 31, Children's Eye Health and Safety Month

Prevent Blindness America  
[info@preventblindness.org](mailto:info@preventblindness.org)  
[www.preventblindness.org](http://www.preventblindness.org)



# THE WAR IN IRAQ

*KYSS has produced a brief handout to provide PNPs with some guidance for helping children and teens cope with War and Terrorism.*

<http://www.napnap.org/htdocs/pdf/kysswar.pdf>

Other agencies also have information for helping children and teens understand or cope with war and terrorism.

Girl Scouts:

<http://www.ptgirlscouts.org/talking2kids.shtml>

National Association of School Psychologists:

<http://www.nasponline.org/NEAT/unsettlingtimes.html>



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## What's All the Fuss about Iraq?

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• More general information about the political events of the War in Iraq are appropriate for children. "Social Studies for Kids" site has information appropriate for children.

• <http://www.socialstudiesforkids.com/articles/currentevents/thefussaboutiraq1.htm>

• General links on Iraq

• <http://www.socialstudiesforkids.com/subjects/iraq.htm>

• General links on Saddam Hussein

• <http://www.socialstudiesforkids.com/subjects/saddamhussein.htm>

• The Common People of Iraq

• <http://www.socialstudiesforkids.com/articles/currentevents/commonpeopleofiraq.htm>

• The Persian Gulf War

• <http://www.socialstudiesforkids.com/articles/worldhistory/thegulfwar1.htm>

# Notes from National

Check out the national website for a link to the “Open Letter to the Community of Health Professionals from NAPNAP” written to the AAP recently.

Apparently the AAP acknowledged NAPNAP as a “valuable contributor” to a policy about independent practice and prescriptive authority for nurse practitioners. Mary Margaret Gottesman, our president, described in detail NAPNAP’s disappointment in the “profound differences in our perspectives on the scope of practice of Pediatric nurse practitioners.”

<http://www.napnap.org/advocacy/openlettertoAAP>

You can also send your questions and comments to: [info@napnap.org](mailto:info@napnap.org). The policy statement can be accessed in the February issue of Pediatrics.



## Camp nurses needed

Looking for ways to combine a summer outdoors with an income? You might consider camp nursing. Most camps, both day and residential, struggle with finding qualified RNs to provide health care for campers. Most camps prefer to hire a nurse for the full season, but shorter periods are usually negotiable. The perks usually include free camp tuition for the employee’s children. So if you are looking for a change this summer, look into being the camp nurse somewhere.

<http://www.gscsm.org/cpresidenthub.html>

<http://www.campjobs.com/>

<http://www.coolworks.com/camp-jobs/>

<http://www.ptgirlscouts.org>

## Calendar of Events

**14 May** 6:45 EMNAPNAP Chapter Meeting: Newton Wellesley Hosp.; End of Year Report and Celebration:  
Great opportunity to bring an NP student or colleague

6:00 EMANPNAP Board Meeting

**22 May** 8th Annual Massachusetts Immunizations Skills Building Conference. MA Department of Public Health Immunization Program, Marlborough, MA 617-983-6800

**16-19 June** Mother and Infant: Perinatal Influences on Health Place: Renaissance Hotel, Montreal, Canada.  
<http://www.motherinfant.ca>

**10 October** KIDS’ 2003 Tenth Annual Pediatric Nursing Conference: Celebrate Pediatric Nursing Hilton/Akron (Ohio) Fairlawn Hotel  
Keynote by: Elaine Graf, RN, PhD, PNP; sponsored by Children’s Hospital Medical Center of Akron, Ohio. Abstracts were due February 28, 2003  
For further information, call 330-543-8564 or email [tborodkin@chmca.org](mailto:tborodkin@chmca.org)



# Post-Symposium Kudos

—Ann Hession, Program Chairperson

Thank you to all who attended the Spring Symposium. It was a great success. This was a joint conference with Children's Hospital. The topics included: childhood depression, what's new in contraception, talking about sexuality in pediatrics, kernicterus, and chest pain in children and adolescents. Post-conference feedback was very positive!

I would like to especially thank Ellen O'Donnell, Joyce Lochiatto, Bev Rothfeld, Amy Lynch, Peter Keenan, Veronica Kane and Rose Mary Gallante for all the help with finding speakers, sponsors and for helping with all the work that goes into putting on a conference. We were very fortunate to have several generous sponsors this year. Aventis provided a wonderful breakfast.

**Note:**  
**We occasionally lend out our membership list. The board discusses each use as it comes up. Some of you may not be aware that this is done.**

- Berlex, Braintree Labs, Dermik, Merck,
- Natus, Ortho and Pfizer all provided us
- with unrestricted educational grants.
- Drug companies are very interested in
- reaching out to nurse practitioners
- these days. Thank you for visiting their
- display tables at the conference.
- 
- Our caterer Linda Billings did a fantastic
- job with the food for a very reasonable
- price. It was a great day to learn,
- network and catch up with old friends.
- I look forward to seeing you all at the
- May 14th chapter celebration at
- Newton Wellesley.
- 
- **Kudos to Ann Hession and her committee**
- **for an excellent Symposium.**
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**EMNAPNAP Board's central telephone number is:**  
**781-893-5405,**

**press 3 to leave a voice mail message for**  
**any board member and it will be forwarded to her.**

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**INIAFINIAF**

*See you at the Meeting  
May 14, 2003 at 6:30 pm*

*at Newton Wellesley Hospital  
Bring a Student!!*