



Association of Missouri Nurse Practitioners

August 2018 - Volume 3 Issue 4

## AMNP NEWSLETTER

Join us for the next  
Annual AMNP  
Conference in  
Kansas City, MO

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| LEARN |  
| NETWORK |  
| ENGAGE |

# 4th Annual Show Me Conference

**EARN**  
**7.0 CE Credits**  
(3.0 Pharmacology)

**CAREER FAIR**  
**NP Recruiters**  
**On**  
**Site**

## TRACKS INCLUDE

Pharmacology  
Population Health  
Dermatology  
Psychiatry

## AUGUST 3RD

Preconference  
3 CE's Offered

## AUGUST 4TH

Conference  
7 CE's Offered

**MARRIOTT KC**  
**775 BRASILIA AVE**  
**KANSAS CITY, MO**



REGISTRATION IS NOW OPEN!  
Register @ [www.missourinp.org](http://www.missourinp.org)





# AMNP 4TH ANNUAL SHOW ME STATE ANNUAL CONFERENCE

## Conference Information

When: Saturday, August 4, 2018 at  
7:00am CT - 5:00pm CT

### Topics:

Renal Pharmacology  
Population Health and the Role of the NP  
Political Action and Legislative Update  
Dermatology: Medical and Cosmetic  
Aesthetics  
Management of Migraine  
Psychiatric Presentation  
Pharmacology of Osteoporosis

## Pre-Conference Workshops

When: Friday, August 3, 2018 at  
6:00pm CT - 9:00pm CT

### Topics:

Aesthetics Live Injection Demonstration  
EKG Interpretation  
Intro to Radiology for the Primary Care  
Provider

Register on our website  
[Click Here](#)



# AMNP NEWSLETTER

# PRESIDENT MESSAGE

*Lila Pennington, DNP, APRN,  
FNP/GNP-BC, AMNP President*

I hope you are all having a great summer. The Association of Missouri Nurse Practitioners has been busy working for you. You know from reports of our Vice President and Advocacy Chair, JoAnn Franklin, that we were busy during the legislative session on your behalf. We have also been getting ready for our 4th Annual Pre-Conference and Conference in Kansas City on Aug. 3 and 4. I hope to see many of you there. In addition, we will have elected a new slate of excellent Board members who will take office January 1, 2019.

As the only statewide professional association specifically dedicated to nurse practitioners and clinical nurse specialists, we have been working to implement recommendations from members who took our survey earlier this year. These recommendations are to make our organization more responsive to your needs. I encourage you to join us if you are not already a member or have allowed your membership to expire. If you are a member, please invite your colleagues to join us in our efforts to improve the practice

environment for advanced practice registered nurses (APRNs) in the state of Missouri and to promote professional development of APRNs, specifically NPs and CNSs.

Finally, we want to expand our newsletter to better meet your needs and interests. One way to do this is to expand our articles on subjects of interest to you, our members. I invite all members to consider submitting short articles for our newsletter. For those of you who have not published or who are intimidated by the idea, this would be a great nonthreatening opportunity to begin. To encourage more of you to contribute to our newsletter, I propose a short column for each issue on Evidence-Based Practice. We know from research that NPs not only provide high quality care, but also can improve patient outcomes. This column will be an easy opportunity to contribute information and resources for the improvement of patient care. Please consider contributing in this way. For the remainder of this year, submit any contributions to this column or the newsletter in general to Aleisha Breen at [aleisha78@gmail.com](mailto:aleisha78@gmail.com)

# VICE PRESIDENT MESSAGE



*JoAnn Franklin,  
APRN, FAANP,  
AMNP Vice  
President and  
Advocacy Chair*

The excitement is growing as new officers and representatives take their respective places in AMNP. It is good to have a turn over and fresh thoughts from new involvement. One of my main goals is to improve APRN practice in Missouri and I believe that is doable. I would love to link all practicing APRNs in Missouri through our website and be able to have connection. Just think how effective we would be to connect the 10,434 APRNs that currently practice in Missouri. That number is huge and if each one would join us for \$120 per year, we would have \$1,252,080 to use to influence legislation. No matter how you look at it, the money spent in campaigns is what drives legislation. I challenge each of you to invite four APRNs to join and ask them to ask four APRNs to join so if everyone

does that, maybe the day will come when we are powerful and invested. Full practice Authority it is only going to come by getting all of us involved. I am willing to do what it takes to move us to that point. Another goal I have is to have all local APRN groups to join AMNP as group members. I think that it is the responsibility of all groups to participate in spending money on lobbying. All APRNs will benefit and in my opinion should contribute to that cause. This year we move practice in small ways that will help some APRNs. Increasing a collaborators number of those collaborating to six will help rural health access. Increasing mileage in Rules not statues to 75 is a baby step and provides better rural health access. Changes to laws that defined psychiatric APRNs to allow billing improves psychiatric care in our 114/114 counties that lack psychiatric providers. We all need to be active in contacting our legislators. The more involvement the more they listen.

Please invite four APRNs to join  
AMNP

So we can be effective in  
representing all Missouri APRNS!!



# EVIDENCE-BASED PRACTICE



*Lila Pennington, DNP, APRN,  
FNP/GNP-BC, AMNP President*

I am starting this column first with a description of what evidence-based practice is and is not. Evidence-based practice is the effort to improve patient care by using the best current research-based evidence available.

This includes using recent research and current evidence-based guidelines. Evidence-based practice is not cookbook medicine as some have called it. It does not replace your professional judgment, nor does it replace tailoring care to the individual needs of a particular patient. It does provide resources to assist you in providing the best care.

Such guidelines are available on-line from government Web sites such as the CDC, the Agency for Healthcare Quality and Research, and the National Institutes of Health; sites from various professional organizations; and guidelines from

large health systems. Unfortunately, funding for excellent site, the National Guideline Clearing House ended last month. Information on the status and updates of this important site can be found at <https://www.ahrq.gov/gam/index.html>

There are two sites that I want to bring to your attention today. These sites will assist you in choosing the best tests and avoid unnecessary testing. Unnecessary use of laboratory and radiology tests do not improve patient care but do increase the cost of health care. One site is the Choosing Wisely Site:

<http://www.choosingwisely.org/>

Another excellent site is the American College of Radiology AppropriatenessCriteria site:

<https://www.acr.org/Clinical-Resources/ACR-Appropriateness-Criteria>

# CDC RECOMMENDS SHINGRIX

*Tammy Bartholomew, DNP, Southeast District Representative*

Are you aware of the CDC recommendations for Shingrix?

Shingrix is the new shingles vaccination. The CDC is now recommending Shingrix instead of Zostavax.

Recommendations for administration of Shingrix are two doses separated by 2-6 months.

Healthy adults ages 50 and greater are the population that should be immunized.

Shingrix is NOT a live vaccination, so it can be used in a wider range of patient population.

Shingrix has been shown to be >90% effective at protecting against shingles and post herpetic neuralgia when both doses are administered.

In adults 50 to 69 years old who received two doses, Shingrix was 97% effective in preventing shingles and 91% effective in preventing post herpetic neuralgia.

In adults 70 years and older who received two doses, Shingrix was 91% effective in preventing shingles and 89% effective in preventing post herpetic neuralgia.

At least 85% coverage has been shown even 4 years after the initial vaccination series.

Patients should receive Shingrix even if they have had shingles, already had Zostavax, or if chicken pox status is unknown.

Patients should wait 8 weeks if he/she



**SHINGRIX**  
PREVENT SHINGLES

has recently had Zostavax before getting Shingrix vaccinations.

There is no maximum age for the vaccination as risk of shingles and post herpetic neuralgia increase with age.

Patients that should not receive Shingrix are those that are allergic to Shingrix, pregnant or breastfeeding, currently have shingles, or have tested negative for immunity to varicella zoster.

If a patient has a minor illness with temperature <101.3F, he/she may receive the vaccination. If a patient has a moderate-severe illness or if temperature is >101.3F, wait until he/she is well before receiving the immunization.

Side effects in studies last 2-3 days and included, a sore arm with mild-moderate pain, redness and

swelling at injection site, feeling tired, muscle pain, headache, shivering, fever, stomach pain, or nausea.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, rapid heartbeat, dizziness, and weakness.

<https://www.cdc.gov/vaccines/vpd/shingles/public/shingrix/index.html>

# AMNP BENEFITS



*Beth Dalton, FNP, AMNP Membership Chair*

Access to AMNP discussion group provides a means to communicate legislative activity that is concerning nurse practitioners and advanced practice nurses. We will share clinical information and educational programs, as well as communicate on practice issues.

- Access to AMNP email list.
  - Continuous updates on medical and legislative information that affects you and your practice.
  - Access to members-only information.
  - AMNP Lobbyist working for you to improve the issues that affect you in the state of Missouri.
  - Job Board that you can send in an email for a posting of position or desired work.
  - Continuing Education (CE) courses will be made available throughout the state at a discounted price for members.
- AMNP is accredited by the American

Association of Nurse Practitioners as an approved provider of nurse practitioner continuing education.

- The ability to join committees and boards on local, state, and national levels.
- The right to vote on AMNP surveys that will guide our organization.
- Discount of \$10 off AANP membership
- Discount off national conference.
- Access to a Provider Directory
- Access to a Preceptor Directory
- Promoting APRN practice through social media and advocacy
- Networking

Students \$60, Licensed Practitioners \$120, rolling year.

There is easy online enrollment, and ability to choose to auto renew so you don't accidentally let your membership expire.



# CALENDAR

## AMNP BOARD MEMBERS

President: Lila Pennington

Vice President & Advocacy Chairperson: Joanne Franklin

Treasurer: Julie Long

Professional Development Chair: Tracy Clark

Membership Chair: Beth Dalton

Secretary/Webmaster: Aleisha Breen

Regional Representatives:

Central: Scott Barnes

Kansas City: Karin Riepe

Northeast: Kathy Haycraft

Northwest: Patti Waddell

St. Louis: Margaret Benz

Southeast: Tammy Bartholomew

Southwest: Janice Jones

### AUGUST 3RD

AMNP 4th Annual Show  
Me Pre-Conference

Kansas City, MO

### AUGUST 4TH

AMNP 4th Annual Show  
Me Conference

Kansas City, MO

### AUGUST 23RD

Kansas City Area Meet & Greet  
- McCormick & Schmick's  
Seafood & Steaks

Kansas City, MO

### SEPTEMBER 22ND

Things I Wish I'd Learned  
in NP School Intensive!

North Kansas City, MO



**Association of Missouri Nurse Practitioners**

WEBSITE

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

PHONE

573-690-0507

ADDRESS

AMNP

8103 Deer Haven Road  
Wardsville, MO 65101