CHAPTER NEWS

AAP (Utah Chapter) and NAPNAP

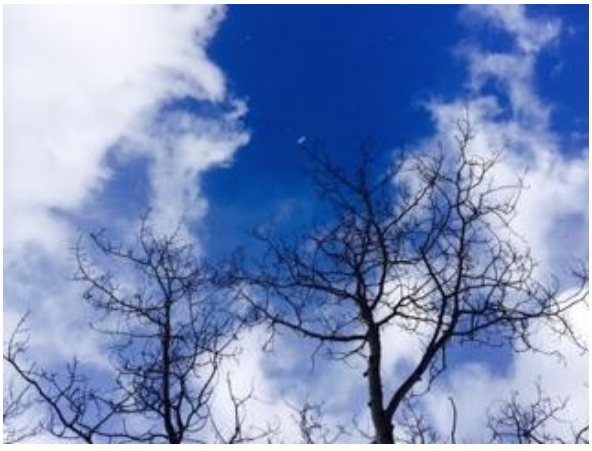
Did you know that as member of Utah NAPNAP we have been offered an affiliate membership in the Utah Chapter of The American Academy of Pediatrics (AAP)?

Benefits of membership include:

- Free attendance at outreach CME courses featuring expert faculty presenting topics that impact child health.
- Reduced registration at annual *Common Problems in Pediatrics Conference* and Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ) learning collaboratives.
- Opportunities for payer advocacy, community-oriented research, and practice management education.
- Receive legislative alerts, Utah Chapter newsletter, and other timely communications.
- Network with all Utah Chapter members, exchange ideas and solutions

They have also opened a board liaison position; this is currently held by Paula Petersen and in the past has been held by Lisa Runyon and Barbara Faust. This has been a great resource for pediatric nurse practitioner to partner with another body to make difference in child health care. As a board member Paula attends meetings regarding the legislative session November through March, and gathers information during the legislative session in February and March which she shares with each of us as members of NAPNAP. Affiliate Membership dues are $75 annually.

AAP membership website: http://www.aaputah.org/aapMembers.html



UPCOMING EVENTS & ANNOUNCEMENTS

National NAPNAP Conference

Dates: March 11-14, 2014
Location: Boston, MA
Registration is open:
http://www.napnap.org/Events/AnnualConference.aspx

PNP Night Out

Date: TBA (Spring 2014)
Location: TBA
A night to mingle and connect with friends and colleagues, more information is coming.

Board Positions

A few chapter Board positions will be opening this next year. We will be holding elections this spring/ early summer. If you are interested in serving on the chapter board please contact our nominations chair Nancy Brown n.c.brown@comcast.net

Web Site

Have you checked out our chapter website: https://utahnapnap.enpnetwork.com/ ?

We have been posting announcements, newsletters, and chapter information on this site. You will be seeing emails come from the ENP Network; this is the company managing our website. If you have not had a chance to sign up or you have not received an invitation please let us know.

PRESIDENT'S CORNER

Happy New Year! I had two experiences recently that I want to share with you. I was speaking with a physician who commented that the nurse practitioners on their service were "the smartest ladies in the hospital". Another physician also commented several days later on the competency of the nurse practitioners on their service. In both of these instances, it was clear that these physicians respect the NPs they work with and the knowledge and skills that they have. I'm grateful to be a part of a group of amazing NPs in our chapter who are dedicated to improving the health and well-being of our patients and their families. I hope that we will all continue to become as knowledgeable and skilled as we can so that we will be able to provide great patient care and also continue to distinguish ourselves as outstanding healthcare professionals.

As we approach the end of the year for NAPNAP, please consider serving as a member of the chapter board. We will have some positions opening on the board that will need to be filled. The new term begins on July 1, 2014. Serving on the board is a good opportunity to develop professionally, contribute to our profession, and to network with other members of our profession.

We will also be having our "NP Night Out" later this spring. This will be our first time holding this event. Please watch for details on our website at https://utahnapnap.enpnetwork.com/ . Thank you for all that you do.

Sincerely,
Marquelle Wilkinson

LEGISLATIVE NEWS

The Utah Legislative Session is underway. This started on Monday, February 3 and runs for the next 6 weeks.

Stay tuned for results from the sessions and news from Paula Petersen, our legislative chair. We will continue to post announcements and ways we can get involved on our web page.

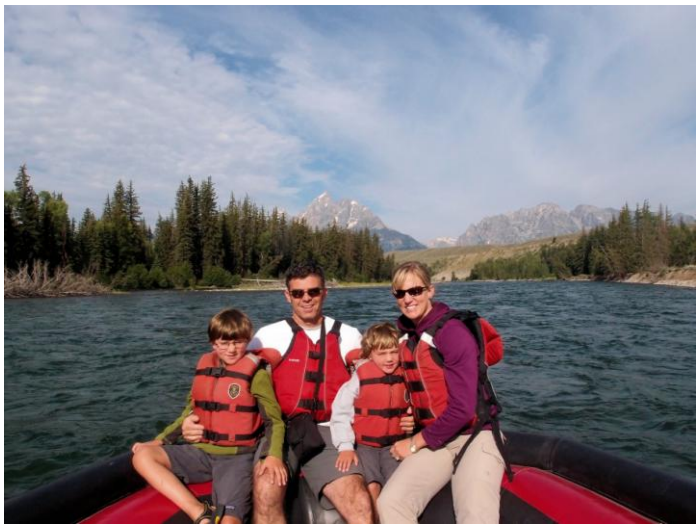
Upcoming Changes in CHIP and Medicaid for Utah Children:

During the next three months, approximately two-thirds of the children currently enrolled in the Children's Health Insurance Program (CHIP) will be transitioned to Medicaid coverage. Over 20,000 Utah children will be changing coverage by March 31, 2014. Most of the eligible kids along the Wasatch Front will be enrolled into one of the four Medicaid Health Plans (Health Choice Utah, Healthy U, Molina Healthcare of Utah, and Select Health Community Care). Kids in rural areas will have standard Medicaid coverage.

Please see the web page for more information

MEMBER SPOTLIGHT

Heidi K. White, MSN, CPNP



Heidi has been working for 10 years as one of two pediatric nurse practitioners specializing in pediatric urology at Primary Children's Hospital. Her practice focuses on children with vesicoureteral reflux, urinary continence issues, and recurrent urinary tract infections. For the past 2 years Heidi has also been working at the Center for Global Surgery as the Telemedicine Coordinator. Heidi has a passion for children and international health. Her work in pediatric urology and with the Center for Global Surgery has allowed her to be actively involved pursuing her passions.

Heidi was born in Jackson, WY. She has lived in Seattle, Laramie, WY, and Salt Lake City. She received a B.S. in Biology and Chemistry from Seattle Pacific University, and a B.S. in Nursing and a M.S. in Nursing (Pediatric Nurse Practitioner) from the University of Utah.

Did you know that Heidi was the Multi-year Wyoming State 100m dash champion?!

Heidi and her "awesome husband" Rob have been married for 11 years, & they have 2 of the "coolest sons:" Caleb (8) Aiden (5)!

She enjoys all things outdoors- hiking, skiing, camping, as well as cooking, reading, and gardening.

Some of her favorites:
Television show- NCIS & Castle
Movie- Chariots of Fire
Books- Bible, all things mystery

PRACTICE PEARLS

Pediatric Urology Pearls for Primary Care Providers

AnnMarie Hannon MSN, CPNP

Pediatric Urology consists of conditions related to the genitalia and urinary tract of children and fall into either medical or surgical categories for management. The primary care provider will encounter some, if not all, of these conditions at some point in their practice due to the relative common incidence. Some may be surprised as these conditions are oft forgotten, and they are not the subject of polite conversation. This article is an overview of the more common diagnoses and a review of management or need for referral.

Congenital conditions of the penis are recognized early and include hypospadias, chordee, torsion, and webbed penis. Many of these will require surgical correction, but this is typically deferred until the infant is at least 6 months of age. Depending of the severity of the abnormality, repair will requires a staged approach.

Hypospadias occurs when the urethra opens below the tip of the penis. This is seen in 1:125 boys in Utah. These can be mild to severe. A mild hypospadias may only require a single operation for repair. More severe defects such as coronal margin, shaft, or peno scrotal may require two stages or more. Often the surgeon will use the foreskin to recreate the urethra to bring the opening to the tip. Therefore, leaving the baby uncircumcised is preferred. This is true for other disorders of the penis which are often associated with hypospadias. Chordee is a downward curvature of the penis. Torsion is a twist or rotation of the penile shaft. Webbed penis is dorsally webbed with the scrotum.

***Pearls for referral**:*

Repair will be done when the baby is 6 to 18 months of age, but earlier referral is acceptable as this often alleviates parental anxiety and allows for more flexibility in scheduling

Abnormalities of the testes such as undescended testicles, hydroceles, and hernias again are typically recognized early - during a baby's well child exams. Resolution of undescended testicles and hydroceles during the first year of life may occur. Referral is appropriate to determine the need for surgical correction.

Retractile testes are not undescended, but it will be very difficult to convince a parent of if they cannot be seen at some point. They do not require referral.

Undescended testes have depressed fertility and an increased risk of testicular tumor. There is an incidence of 3 to 4% of newborn boys. 2/3 will descend during the first year of life, few after 1 year of age and should be brought down into the scrotum with an orchiopexy by age 2 for best results. Orchiopexy, however, probably does not eliminate the tumor risk but it does improve detection.

Hydroceles and hernias can be confusing as they both appear in the groin.

Hernias affect 2% of all children with a 9:1 male to female ratio. 75% are asymptomatic. They are diagnosed by a mass extending toward the scrotum/groin and require prompt surgical repair.

Hydroceles are found in 10% of all newborn boys and most resolve during the first year of life. Hydroceles are diagnosed by a scrotal mass extending toward the internal inguinal ring. This is fluctuant, fluid filled, and transilluminates. Surgery is indicated for symptoms, size and appearance and is performed after the first year of life.

Pearls for referral:

*Examine with warm hands!

*Transilluminate but when in doubt, refer.

Urinary tract infections, reflux and enuresis account for many of the pediatric urologic conditions, and they generally require medical management - less often surgery. These are often followed by the nurse practitioners in our practice and can be followed by the primary care provider.

Urinary tract infections are common but they are associated with anatomic abnormalities in approximately 30% of all children who have them and a higher percentage in boys. Because presentation is often non-specific in infants and young children, and because reliable urine samples cannot be obtained without invasive methods, diagnosis and treatment are often delayed. The most recent AAP guidelines strongly recommend that a reliable urine sample be obtained for culture if initiation of antimicrobial therapy is indicated. A definitive diagnosis helps prevent renal scarring if left untreated, and overtreatment and unnecessary imaging if not accurately diagnosed. The overall prevalence of UTI in febrile infants is approximately 5% but more than twice in girls than boys with the exception of uncircumcised infant boys whose rate is 4 to 20 times higher than circumcised boys.

***Pearls for practice and referral**:*

*Evaluate infants thoroughly and carefully.

*VCUGs and ultrasounds are used to detect reflux and other anatomic abnormalities with AAP recommendations to obtain a renal bladder ultrasound after the first febrile UTI and a VCUG after the second, or if there is scarring, hydronephrosis, or other abnormalities seen on the US.

*Many infants and children with reflux will outgrow it. Surgery is recommended for those who have high grade reflux and/or significant issues with infection as the elimination of reflux has still been shown to decrease the frequency and/or the severity of infection.

*Remember that older children are often prone to urinary tract infections due to toileting behaviors such as constipation or over holding (commonly seen in toilet training).

Daytime incontinence and nocturnal enuresis remain two very common diagnoses in pediatric urology. Without UTIs or other genitourinary defects, these issues often resolve with time and behavior strategies. Urgency in children is most often due to poor bladder awareness and voiding more frequently corrects this. When muscle over activity has developed, anticholinergics are useful. Bedwetting does resolve with time but can be very stressful to the developing child. Many can learn to awaken to moisture sensors and others will benefit from medications which allow them to enjoy normal social functions.

BOARD MEMBERS

- **President**: Marquelle Wilkinson
- **President-Elect**: Sarah Zobell
- **Secretary**: Carol Bolinger
- **Treasurer**: Rob Nicholes.
- **Conference Chair**: Lisa Runyon
- **Continuing Education**: Barbara Faust
- **Legislative Chair**: Paula Peterson
- **Membership Chair**: Nancy Brown
- **Nominations Chair**: Nancy Brown
- **Communications**

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Email: snow_skiis@hotmail.com