

+ Utah NAPNAP Newsletter



Check us out on our website:
<https://utahnapnap.enpnetwork.com/>

Winter/Spring 2016

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+ Chapter News

Winter CE Dinner Recap: *Oral Contraceptive Use in the Adolescent*

Tiffany Riley did an amazing job discussing oral contraceptive use in adolescent patients on February 24 at The Cheesecake Factory! She presented great information on what to consider when choosing an oral contraceptive pill for a patient when there are so many different pills.

Preceptors Needed!

We are trying to compile a list of providers who are willing to precept NP students. Please consider contributing to the education and experience of those who will carry on our mission, vision and work as Nurse Practitioners. If you are interested, please send your contact information to Sarah Zobell at sarah.zobell@gmail.com

Partnering with Utah AAP

Utah AAP offers an affiliate membership for \$75

Info link: <https://utahnapnap.enpnetwork.com/page/9581-utah-chapter-aap>

Click to access Application:

[http://www.aaputah.org/Utah AAP Chapter Affiliate Member Application.pdf](http://www.aaputah.org/Utah_AAP_Chapter_Affiliate_Member_Application.pdf)

Upcoming & Recent Events

Save the date!

“Spring Meet-&-Greet”

Get to know your fellow NAPNAP members on May 5, 2016

(time and location to be determined)

20th Annual

Utah NAPNAP Conference

September 29-30, 2016

37th Annual National NAPNAP Conference in Atlanta Georgia

Our treasurer, Sarah Homer, attended the National NAPNAP Conference in March, here's a recap!

What do you do for NAPNAP as treasurer?

My role as NAPNAP treasurer is to manage the organizations funds so that we can provide CME opportunities, an excellent conference and other events for our members.

When I worked at Children's Hospital Boston, I had a nurse manager who encouraged me to treat nursing not just a job, but a career. I can't just punch in and out, get my paycheck and "call it a day." I need to make a difference in my profession. I feel like being on the NAPNAP board has helped me to do this.

What made you want to become a NP?

I have twins who were born at 35 weeks. We spent a lot of time at the pediatricians office and one of the providers we saw was a Pediatric Nurse Practitioner. She spent a lot of time educating me and guiding me through my children's healthcare challenges. I hope that I am able to educate parents and families as a nurse practitioner as she did for me.

What was your favorite topic from the conference and why?

There were so many excellent classes and lectures. I had two favorites. First there was a great talk about antibiotic choice for treating UTIs, which is a hot topic in our office right now. A nurse practitioner in Colorado, led a study looking at giving cefalexin (Keflex) vs cefdinir (Omnicef). They found that UTI causing bacteria was less resistant to cefalexin, it was more cost effective and we already know that it is a narrow spectrum antibiotic. I loved that she saw an issue that needed to be addressed and led a research project. Another talk was about the importance of sleep for children and teens. A large portion of her presentation was about the AAP statement on late start times in junior highs and high schools.

Is there a particular part of the trip that you'd like to share?

I spent a couple of hours at the Center for Disease Control and wandered around the museum. We have made so many advances in infectious disease, immunization and education about communicable diseases. It made me wonder if I should have been an epidemiologist.

Did you meet anyone interesting?

I met nurse practitioners from all over the country and found that we are very fortunate in Utah. Our Nurse Practice Act is very forward thinking and generous compared to other states. It made me grateful that I work in Utah and motivated me to be more involved in nurse practitioner issues in Utah.

Share one fun fact about yourself!

I recently have found that I have a passion for Tabata Spin Classes- 20 second sprints alternated with 10 seconds of rest through the entire class. However, I am looking for a workout buddy who will carry me to my car after class.



Clinical Corner

Sleep Hygiene Tips from the Pediatric Primary Care Jungle

He's never been a good sleeper!" "She just doesn't sleep unless she's in our bed." "My teen is always tired."

Comments such as these are frequent and familiar in the pediatric primary care office. Sleep problems can be a source of frustration for parents and providers alike. The following suggestions are easy to recommend and (fairly) easy to implement.

No matter the age, **CONSISTENCY** is key to healthy sleep habits. Bedtimes and wake times that are the same every day are important for sleep and wake cycle regulation. This is also true of bedtime routines, which should include low-stimulation activities that help a child prepare for bed. Suggestions for bedtime routines include a light snack, bath or shower (the rise and fall of body temperature during and after this activity helps to induce sleep), teeth brushing and a quiet activity, such as reading. Infants and toddlers should be put to bed while drowsy, as opposed to being completely asleep. Allowing children to fall asleep in places other than their own bed (think parent bed here) will promote more of the same and can be a rather difficult habit to break. Many parents allow their children to watch TV or a tablet (or phone, video game, etc.) as a way to relax before bed. We can help educate these parents by explaining screen exposure suppresses natural melatonin production, which can disrupt the sleep and wake cycles. Melatonin suppression affects not only the initial time to sleep induction, but can also keep a child from good, deep sleep later in the night. For younger children and school age children, a good way to limit screen time before bed is to simply create (and consistently implement!) a rule of no screens after a set time the parents can agree on. I emphasize parent agreement, as this can be a common source of argument and resulting inconsistency in the problem we are trying to correct. In pre-teens and teens, limiting phone (social media) use while in bed is a major challenge. Every parent has heard the "but I use my phone for an alarm clock!" excuse.

An effective solution is to create (and consistently

implement!) a rule where the child must keep his or her phone in the kitchen or other common area after a pre-determined time every night. Inexpensive clock radio alarms can be purchased as a solution to the phone use for an alarm clock issue. Some children can be "clock-watchers", in which case, the alarm clock should be turned away (or buying one with a feature that allows the screen to be turned off) from the child. Bedrooms should be cool, dark and quiet (this means no screens).

Dr. Phelan, author of *1-2-3 Magic: Effective Discipline for Children 2-12*, suggests a Basic Bedtime Method, which involves deciding on a consistent bedtime, setting a timer 30 minutes before and explaining to the child he or she must do all the things we do to get ready for bed (some practice will be required to get the routine down!). The child should report to the parent after everything is done; and any time leftover can be used for "special time" between the child and parent. Of course 3 and 4 year olds will need help, but this can be a very effective way to establish healthy bedtime routines AND spend some quality time with your child. It's a win-win!!

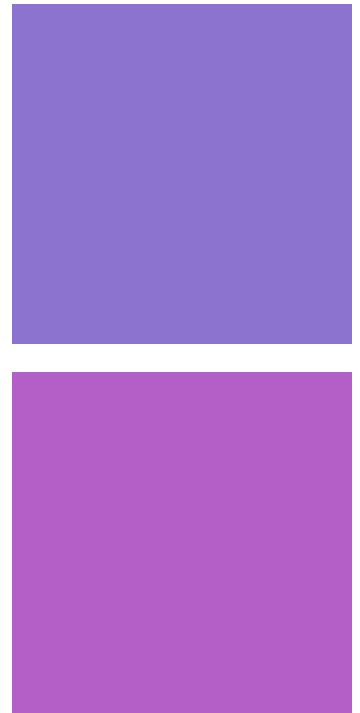
Of course, there are situations where a child simply will not stay in his or her bed after the established bedtime. The main point to drive home here is that the longer a child is allowed to stay up, and the farther he gets away from his bedroom, the more reward (reinforcement) he gets for his behavior. Dr. Phelan suggests "cutting the child off at the pass" (AKA bedroom door) by sitting outside the child's room in a chair and guiding the child back to bed each time he or she gets out of bed. Initially, this can be daunting (and exhausting!), but the payoff in healthy sleep habits is well worth the few nights of up and down. The important thing here is to stay calm, do not talk, and above all else, do not get angry (which can wake the entire household).

The above suggestions are just a few tips to guide our practice and help our patients and their families. For further information, please refer to the following links and the reference list.

<http://www.seattlechildrens.org/pdf/PE1066.pdf>

<http://childmind.org/article/encouraging-good-sleep-habits/>

<https://www.nationaljewish.org/healthinfo/pediatric/psychosocial/behavioral-sleep-disorders/sleep-hygiene/>



+ Legislative News

The General Session meets every year January-March. The 2016 General Session has just concluded, and one bill that was passed, that is particularly important to pediatrics, is House Bill 221.

This bill serves to require vaccine education on the parents' behalf before a parent can except their child from receiving a vaccine. Parents will have to take an online course, developed by the Utah Department of Health, regarding communicable diseases and the latest vaccine risks/benefits to ensure parents fully understand the risks of not vaccinating their child.

Under the current law, parents only need to turn in exemptions once; however, under HB 221 parents will be required to renew yearly by retaking the course.

If you'd like more information on Utah Legislature, visit: <http://le.utah.gov/>

For more information specifically on HB221 visit:
<http://le.utah.gov/~2016/bills/static/HB0221.html>

