Texas Bound
ACNN Conference 2013

While the lazy days of summer have just arrived, it’s hard to think about upcoming events in the fall. However, as you soak up the sun, or embark on your next travel adventure, keep the ACNN Conference 2013 to be held in Austin, Texas on your radar.

The conference will feature the work of your colleagues, and the talks and posters to be presented are highlighted in this edition of ACNN Currents. Contemplate attending the conference and learning, networking, and perhaps becoming active in ACNN.

Enjoy the summer days and stay safe and hope to see you in Texas in the Fall!
Hello ACNN Members!

This is an exciting time of year for our membership; many of you have submitted wonderful abstracts for the annual meeting, which is just around the corner, you are volunteering for leadership positions in our organization and our collegiality with the Child Neurology Society is at a new high.

As some of you may know, ACNN’s contract with Blue Chip Management Company has run its course, and we are now negotiating with the Child Neurology Society to help with our membership management. As in the past CNS has provided assistance and guidance to ACNN as we continue to grow and evolve as an organization that promotes nursing in the care of children, and their families, with neurological disorders.

We would also like to thank the people at Blue Chip who provided much needed assistance moving ACNN from an entirely member managed association to the next level of functioning.

We hope that everyone has a safe and restful summer.

Ruth
ACNN 2013 Conference Agenda
October 29 - November 1, 2013

Tuesday October 29, 2013
7:00pm-9:00 pm  ACNN Welcome Reception (Nurses only)

Wednesday October 30, 2013
7:00 am - 8:00 am  Registration and Continental Breakfast
8:00 am - 8:15 am  Welcome and Introduction
8:15 am - 9:00 am  Janet Brucker Keynote Address: TBA
9:00 am - 10:00 am  Duchenne Muscular Dystrophy: Early Diagnosis and Care
                      Kathi Kinnet, MSN, CNP
10:00 am - 10:15 am  Break
10:15 am - 10:45 am  Myasthenia Gravis: OMG X 3
                      Jennifer Boyd RN, MHSc, CNN(C)
10:45 am - 11:30 am  Stroke in Children: Now you see it, now you don’t
                      Ivanna Yau RN, MN, NP-Peds, CNN (C)
11:30 am - 12:00 pm  Awards and Annual Business Meeting
12:00 pm - 1:00 pm  Lunch and Networking Opportunity
1:00 pm - 1:45 pm  Innovative Practice Award Presentation
                      Seizure Safety School- Simple but Significant
                      Chelsey Stillman
1:45 pm - 2:45 pm  Sexual Maturation in Special Needs Female Populations: A “right” of passage
                      Jane Lane RN, BSN
2:45 pm – 3:00 pm  Break
3:00 pm - 3:30 pm  B6 or Not to B6
                      W. Byron Cook MN, PNP
3:30 pm - 4:00 pm  Reflex Epilepsy
                      Marian J. Kolodgie MSN, CPNP
4:00 pm - 4:15 pm  Wrap up
Thursday October 31, 2013

12:00 pm – 1:00 pm  Lunch

Ketogenic Diet Therapy Pilot Survey Abstract
Julie M. Sprague-McRae MS, RN, PPCNP-BC

1:00 pm – 2:00 pm  Is Intranasal or Buccal Midazolam as Effective as Rectal Diazepam in the Treatment of Active Convulsive Seizures in the Pediatric Setting Outside the Hospital?
Ann Morgan MS, RN, CPNP, CPN and Vicki Netzke-Doyle MSN, RN, CPN

4:30 pm  5k Run/walk fundraiser for ACNN/CNF Nursing Research Grant

Friday November 2, 2012

12:00 pm – 12:30 pm  Lunch-SIG
Topics to be announced

12:30 pm – 1:00 pm  A Randomized Controlled Trial of the Acceptability, Feasibility, and Preliminary Effects of Cognitive Behavioral Skills Building Intervention in Adolescents with Chronic Daily Headaches
Carolyn Hickman, PhD, RN, CPNP

1:00 pm – 1:30 pm  Improving Headaches Self-management Skills Using Medical Media in Children and Adolescents Age 8-18
Ruth Rosenblum DNP, RN, PNP-BCons
Establishing a Multidisciplinary Pediatric Sports Concussion Clinic

Sue Yudovin RN, MN, CPNP

Is Melatonin an Effective Treatment for Sleep in Children with Attention Deficit Hyperactivity Disorder?

Vicki Netzke-Doyle, MSN, RN, CPN

B6 or Not to B6

W. Byron Cook, MN, PNP

Standardization of Neurology Nursing Practice: Establishment of a Special Interest Group

Audrey H. Scully, BSN, RN, CPN

Role of APRNs in the Diverse Field of Pediatric Neurology

Kristen Padulsky, RN, MS, CPNP
Sharon Stevenson, DNP, APN, PNP-BC, has accepted the APRN director position at Arkansas Children's Hospital. Sharon has over 30 years of nursing experience from inpatient, outpatient and community healthcare settings and is currently an ACH ANP for Department of Pediatric Neurology. Additionally, she has served in various education and leadership roles and serves on several state and national professional nursing committees advocating for pediatric and advanced practice nursing. She has received multiple awards in recognition of her achievements throughout her career including the 2012 Arkansas Nurses Association (ArNA) Advanced Practice Nurse of the Year award.

In this role, Sharon will work in collaboration with physicians and Patient Care Services to enhance patient care service delivery and outcomes affected by advanced nursing practice, promote ongoing performance improvement and achievement of clinical objectives while leading the APNs providing patient care at ACH. Sharon began her new role on May 6, 2013.

Patty Miner, DHSc, RN, PNP has initiated a "Lunch and Learn Program: Special topics in Child Neurology Nursing" with CEUs for child neurology nurses at Rockford Health System in Rockford, IL. Initially, the presentations were developed for nurses in the outpatient pediatric neurology department because they were new to the department and wanted to learn about child neurology topics and nursing responsibilities; however, the program has evolved into a continuing education program for pediatric nurses throughout the Health System that will begin this summer. The sessions occur monthly, either live or by internet presentation/participation. Each lunchtime presentation includes a different topic such as Tourette's Syndrome, Childhood Epilepsy, or Autistic Spectrum Disorders. The last ten minutes is open for questions/answers and discussion. Patty is encouraging the child neurology nurses to plan case study presentations and take shared ownership in the program.
Clinical Practice Committee Report
Ketogenic Diet and Safety Education

The Ketogenic diet survey results will be presented at the Fall meeting in Austin, TX by Julie Sprague-McRae. As you know this important project was launched at the 2012 meeting in Huntington Beach. The Subcommittee worked furiously to make the concept a reality in an incredibly short time frame.

Julie and Ruth have (finally) published an article. This article explores QSEN (Quality and Safety Education for Nurses) through a school nurse, post-concussion lens.


Looking forward to seeing everyone in Austin!

Ruth Rosenblum

ACNN Member Accomplishments
Publications


Keeping Connected
Upcoming Meetings

Colloquium on Drug Resistant Epilepsy 2013
Aug 16 - 18, 2013
Bangalore, India

World Federation of Neuroscience Nurses, Quadriennal Congress 2013
Sept 13 - 17, 2013
Gifu, Japan

12th Asian Oceanian Congress on Child Neurology 2013
Sept 14 - 18, 2013
Riyadh, Saudi Arabia

European Paediatric Neurology Society Congress 2013
Sept 25 - 28, 2013
Brussels, Belgium

American Academy for Cerebral Palsy and Developmental Medicine 67th Annual Conference
Oct 16 - 19, 2013
Milwaukee, United States

2013 Child Neurology Society Annual Meeting
Oct 30 - Nov 2, 2013
Austin, TX

American Epilepsy Society Annual Meeting, 2013
Dec 6 - Dec 10, 2013
Washington, DC
Complex Febrile Seizures: A Practical Guide to Evaluation and Treatment

A Patel MD and J Vidaurre MD


Abstract

Febrile seizures are the most common type of childhood seizures, affecting 2-5% of children. A complex febrile seizure is one with focal onset, one that occurs more than once during a febrile illness, or one that lasts more than 10-15 minutes. Confusion still exists on the proper evaluation of a child presenting with a complex febrile seizure. There are ongoing research attempts to determine the link between complex febrile seizures and epilepsy. Further clarification and understanding of this disorder would be of great benefit to primary care providers and child neurologist.

Conclusion

Patients with complex febrile seizures should be identified separately from patients with simple febrile seizures. In regards to the evaluation of these patients, one should consider performing EEG if more than 1 complex feature is present. An EEG scan should be obtained in a patient presenting with a complex febrile seizure with an abnormal neurological developmental status because the greatest risk of epilepsy exists in this population. Emergent imaging is not necessary for patients with complex febrile seizures. If a patient present with focal complex febrile seizures and/or febrile status epilepticus, one should consider performing brain MRI to evaluate for a structural abnormality as an explanation for the seizures. Performing a lumbar puncture is often unnecessary for patients with complex febrile seizures unless the patient is older than 12 months of age or other signs of CNS infection exist or in patient who have not returned to a baseline mental status. One can consider recommending a lumbar puncture when giving telephone advice to an inexperienced clinician who is evaluating the patient. In regards to treatment, acute emergency rescue therapy should be administered for children with prolonged febrile seizures. Parents can be trained during the first visit to the medical provider or emergency department. In addition, patients with identified epileptic syndromes that include seizures with febrile illness as in Dravet syndrome would require the use of a daily chronic antiepileptic treatment.
Article of Interest
Pediatric Stroke

Long Term Outcomes of Pediatric Ischemic Stroke in Adulthood

J. Elbers, MD, G. deVeber, MD, A Pontigon, MBA, M Moharir MD

Journal of Child Neurology April 15, 2013 accessed on line.

Abstract: This population-based study assesses the long-term impact of childhood stroke on function and independence in young adults. We undertook a cross-sectional outcome study of patients with arterial ischemic stroke and cerebral sinovenous thrombosis, beyond 18 years of age. 26 patients were studied (21 arterial stroke, 5 cerebral sinovenous thrombosis with 16 females.) Mean age at assessment was 21.5 years. And mean follow up time was 10.8 years. According to the Modified Rankin Scale, final outcomes were 37% normal, 42% mild, 8% moderate, and 15% severe deficits. Risk factors for abnormal functional outcome included arterial ischemic stroke, presence of arteriopathy, and 1-year poststroke Pediatric Stroke Outcome measure score > or = 2 (P < .05). Most (77-84%) were independent in driving, relationships, and employment. Functional status at 1 year poststroke strongly predicts long-term outcome. Mental illness in one-quarter of young adults surviving childhood stroke represents an important direction for research.
As members of ACNN, it is important for us to communicate with one another. This is one of the benefits of membership. Let us know about your practice, innovation, an interesting case study, a mentor who has influenced you, your research, your publications, presentations, or a clinical practice change. Please send all submissions to maria_zak@sickkids.ca. The submission deadline for the Fall edition of ACNN Currents is October 4, 2013.