National Association of Pediatric Nurse Practitioners℠
WISCONSIN

WAPNAP ANNUAL NEWSLETTER 2021
Bonnie Ohm, MS, RN, APNP, Editor

President's Message
Stacy Boden, CPNP-PC, APNP

Greetings fellow colleagues,

This past year our WI NAPNAP chapter officers and board members have been working hard volunteering their time, ideas, talents, and energy to our chapter. They have all been doing a wonderful job and I am very appreciative of their commitment and dedication to our chapter!

Just this month we have a new communications chair position, and Molly Wirtz has join our chapter board. Her responsibilities in this roll will be to send out monthly email updates, meeting minutes, and CME opportunities for our chapter, and participate in monthly board meetings throughout the year.

Our current officers and board members include:

Stacy Boden, President
Denise Kilway, Vice President
Traci Snedden, Secretary
Crystal Bales, Treasurer
Renee Wenzlaff, Membership Chair
Allison Grady, Legislative Chair
Rhonda Werner, Education Outreach for WNA APRN Conference
Molly Wirtz, Communications Chair
Betsy Roth-Wojcicki, Past President
Bonnie Ohm- Newsletter and member at large

NEW THIS YEAR…… **Pediatric APRN Scholarship!!**

DEADLINE DATE: **October 15, 2021**

PURPOSE: To provide financial assistance to a registered nurse in Wisconsin who demonstrates a desire to become an APRN in the state of Wisconsin. The candidate must be pursuing a graduate degree with preparation as an Advance Practice Registered Nurse (APRN) pursing a clinical focus with an interest in infants, children, and families.

AWARD: 1 scholarship is awarded annually at a maximum of $1,500.

To fill out an application go to our chapter's Facebook site, or if you have any questions please contact the NAPNAP – WI Chapter President (Stacy Boden – stacy.boden@gmail.com) or Vice President (Denise Kilway – (dkilway@mcw.edu)

APN of the Year Award

We all have had an APN colleague(s) in our lives who have been excellent preceptors, providers, and/or patient care advocates and are someone we look up to. Therefore, we recognized and awarded two APN's Lori Williams and Amanda Kotowski for providing excellent service to children and families locally, regionally, and nationally, and who have contributed to nursing, pediatrics, and health care profession at a local, state, and national level as an APN.

Our current chapter goals are:

Support and promote WI APRN legislation:

Ali Grady attended the WNA's Nurses Day of (Virtual) Action in March 2020. Topics discussed included: how to contact legislators and write an effective message, role of social media in bringing attention to the work of the WNA/ANA and topics of nursing, how to tell an effective story so that others will want to engage, and legislative priorities for WNA which is heavily focused at this time on funding for nursing school faculty.

Our chapter supports the Wisconsin Nurse Association's Advocacy Fund, which raises money through individual and corporate contributions to support our government affairs legislature education efforts and lobbying contracts. A strong Advocacy Fund is vital to Wisconsin Nurses Association's overall advocacy goals. WNA needs your support to help achieve its legislative priorities – priorities that affect you, your practice, and your patients. Please contribute today so we can advance nursing now and influence tomorrow!

- What is their goal? To raise $5,000 for WNA's work to advocate for you and all nurses in Wisconsin
- What is their deadline? Friday, April 16
- Why is this date important? We have two members of the NP Forum Board of Directors that have pledged to contribute $1,000 each to WNA's advocacy work if the goal of $5,000 can be reached by the 2021 APRN Pharmacology Conference. Friday, April 16th is the second day of the conference. WNA asks for your help to reach (and hopefully surpass) this goal.

https://www.wisconsinnurses.org/help-wna-advocate-for-you/

For questions, please contact megan@wisconsinnurses.org.

Support and provide Graduate APN student Scholarships

Our chapter awards 2 students one NAPNAP membership fee funding award each year (valued at $195/each). Last year we received two applications for the student scholarship, Kristina Mingus and Rosie Marie. Both were excellent candidates and received a free 1-year student NAPNAP and WI chapter membership.

We know how important it is to belong to these organizations and we are happy to fund these individuals' goals to become a student member because it will help to achieve their goals as a future APN. The membership will keep the student informed on state and national legislative issues affecting our practices, will keep them connected with colleagues and hopefully also increase their participation in the organization. *If interested, please email any board member for an application.*

Support and promote Pediatric APNs in practice via providing opportunities for continuing education

Our chapter had 1 CEU virtual event virtually "Updates in the Diagnosis and Treatment of Pediatric Influenza: The Role of Antivirals in the 2020-2021 Season" on November 4, 2020 (Free) for APN'S, PA'S, and physicians that was successful. Also, we co-sponsored/supported WNA APRN conference on April 15, 2021, virtually and held our business meeting where we were able to socialize with one another.

The WNA WI APRN pharmacology conference was held virtually on April 15-16, 2021. Several peds topics were included: neonatal seizures, Multi-system Inflammatory

Disease, acne treatment, thyroid disorders, treatment of headaches, birth control options, and hypertension.

Supporting chapter members in Research and EBP via yearly grants

We didn't receive any applications for the research grant or evidence-based practice grand due to COVID due to financial restrictions placed on employees by their organizations; however, we will be offering the grants again this upcoming year.

Supporting National NAPNAP initiatives and SIG groups

Our chapter donates to the silent auction each year to raise money at the annual NAPNAP conference. This year's NAPNAP 43rd National Conference is in Dallas, TX on March 21, 2022 - March 24, 2022. We also encourage you as chapter members to join NAPNAP's SIGs, which bring you together with like-minded members to share ideas and resources on a particular child health topic.

At present our chapter membership is at 139 members.
As of May, our local chapter bank account had $9,673.83

I am always open to hear from you, so please feel free to contact me at any time because this is your chapter, and I am always open to new ideas and events. We are always looking for new volunteers, in this upcoming year please consider getting involved!

Best Regards,
Stacy Boden, CPNP-PC, APNP
NAPNAP – WI Chapter President
(stacy.boden@gmail.com)
Google Drive Link: https://drive.google.com/drive/folders/1g7pC1t3V8ZdPQIDBhC-huPU9Wn0_fbuX?usp=sharing
WI chapter Website updated – see link below: https://community.napnap.org/wisconsinchapter/home
Join our Facebook page: https://www.facebook.com/groups/1666030003710911

EDUCATIONAL OPPORTUNITIES

National Association of Pediatric Nurse Practitioners℠

NAPNAP invites our community of experts in pediatrics and advocates for children to a very special in-person event at the luxurious Rosen Shingle Creek resort in Orlando, Fla. on **Oct. 2-4, 2021**. Our **Reconnect & Rediscover: A Convening of Pediatric Experts and Advocates** is your opportunity to reconnect with colleagues and friends in a serene environment while rediscovering what you love about being an advanced practice nurse in pediatric health care. The focus is on mindfulness and self-care as you set your sights on personal and professional goals. https://www.napnap.org/reconnect-rediscover

Trauma and Resiliency, October 14, 2021, online, ce.uwec.edu

Understand Trauma and its Impact

As health and human services continue to evolve, it is critical to understand the impact of traumatic experiences on a person's world view and adaptive behaviors. Using stories that intersect and highlight what research has shown to be true, you will experience a highly engaging and experiential exploration of the impact of trauma. In addition, you will receive post-workshop pre-recorded materials, so you can gain a deeper understanding and appreciation of the variety of experiences that can be termed – "traumatic" and how those experiences often manifest differently in each person.

Specific learning objectives that are explored include:

1. Describe the effects of trauma on a person's worldview, brain development, adaptive behaviors, and triggers.
2. Discuss trauma types: historical, identity (gender, racial, orientation, and other), community, interpersonal and family.
3. Analyze the impacts of traumatic stress on a person's cognition and affect.
4. Recognize effective healing interventions, client education skills, and approaches.

Nurse Advocacy, Social Justice, and Health Equity: A Call to Action, Presented by Ernest j. Grant, PHD, RN, FAAN, October 20, 7-8:15 p.m. The 2021 Littlefield Leadership Lecture, online event. Register at: nursing.wisc.edu/littlefield-lectures

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Leber's Congenital Amaurosis (LCA)

'Leber's Congenital Amaurosis' (LCA) is a devastating disease of the retina in which an infant is born with total or near-total bilateral blindness. The world-wide prevalence of LCA ranges from 1/30,000 to 1/81,000 infants, and accounts for ~5% of all inherited retinal diseases. First described by Theodor Leber in 1869, visible changes in the retina include disruption of the pigment layer underlying the retina (retinal pigment epithelium) resulting in 'bone spicules', or 'pigment clumping' and loss of the ability of rod and cone photoreceptors to convert light (photons) into an electrical signal that forms the basis for 'vision' in the brain. Conversion of light into a bioelectric signal depends on a complex process referred to as the 'visual cycle'. This process involves the regeneration of visual pigment following exposure to light. It begins with absorption of a photon by an 'opsin' molecule in the outer segment of the photoreceptor and subsequent conversion of the associated vitamin A ester 11-cis retinal retinol to its all-transform. This reaction is like springing open a safety pin – changing the shape of the molecule from folded to straight. This, in turn, initiates a series of reactions resulting in electrical changes of the membranes in the outer segments of the photoreceptors. Once the

safety pin has 'sprung' it needs to be 're-clasped' in order to once again become light-sensitive. After transport to the RPE, RPE65 is essential for re-arming the visually sensitive molecule back to its 11-cis form. Not surprisingly, loss of RPE65 function results in an inability to convert light into an electrical signal and total blindness. LCA is considered an infantile form of non-syndromic 'retinitis pigmentosa', a group of degenerative inherited retinal diseases typically with onset in later childhood or early adulthood resulting from mutations in a larger number of genes. The RPE65 mutation is one of 18 different genes now known to result in LCA.

One test used to confirm LCA in infancy is the electroretinogram (ERG). In this test, a bright light is flashed on the retina while the electrical signal (ERG) from the retina is measured using a special contact lens or skin electrodes near the eye. The ERG test is useful for distinguishing LCA from other types of inherited retinal dystrophies, including achromatopsia (selective loss of cone function) and congenital stationary night blindness (loss of ability of photoreceptors to transmit electrical signals to the second-order neuron, the bipolar cell). The results from the ERG are used along with genetic testing for planning appropriate support and therapy during childhood and adulthood.

Until recently, inherited retinal diseases like LCA were untreatable, and management consisted of low-vision aids, e.g., caning, guide-dogs, Braille. In 2001, after many safety studies in mice, scientists reversed blindness in a line of Briard dogs with the same RPE65 mutation found in human LCA. One dog, 'Lancelot', appeared before the U.S. Congress to urge additional funding for gene therapies! In this form of gene therapy, a patient receives an injection underneath the retina of a viral vector, modified to replace the defective RPE65 gene with a working copy. There are currently 10 clinical trials using adeno-associated viral vector AAV2 to infect retinal cells and replace the defective RPE65 gene with a working copy in LCA patients. Early results are encouraging but await further Phase III trials. Similar gene therapy trials are under way to treat multiple forms of retinitis pigmentosa, including an X-linked form, Usher's disease (blindness and deafness), Chorideremia, and X-linked juvenile retinoschisis.

The eye is an ideal platform for gene therapy approaches to permanently cure monogenic disease: only a small volume of viral genome needs to be injected sub-retinally in close proximity to the defective tissue. The viral vector within the subretinal bleb is contained by the blood-retinal barrier without spreading to other organs. Retinal cells do not reproduce after birth ensuring the long-term expression of the transgene. Of note, it is estimated that the cost of a single sub-retinal injection of the AAV vector may be close to 1 million dollars. Insurance companies have indicated this is a favorable cost-benefit compared with a lifetime of blindness.

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Jayme Frank, MS, RN, APNP

After 40 years as an RN and 21 years as a pediatric nurse practitioner Jayme Frank retired in 2020. In 1999, Jayme became the first PNP in pediatric cardiology at UW/American Family Children's Hospital in Madison. Over the years she saw the cardiology department grow from one PNP and three physicians to five PNPs and thirteen physicians! Interestingly she experienced more autonomy at the start of her PNP career than in recent years where she needed to advocate for her independent practice. Jayme continued to educate her colleagues as to her role and how she could be an asset to the cardiovascular team. Over the years she had to create and redefine her role.

As an independent and collaborative practitioner, Jayme has treated patients from infancy to adulthood, building long-term relationships with both children and their families. They have shared both struggles and successes while navigating life with a chronic health condition. Through it all, Jayme described her PNP career as rewarding and challenging.

Jayme precepted many PNP/DNP students throughout the years and appreciated their view on patient care. PNP/DNP students often brought a generalist perspective to specialty health care.

As a retiree, Jayme is not slowing up. She enjoys sewing and quilting, yoga, travel, and caring for elderly parent/in-laws. Jayme sews wall hangings, as well as bed and baby quilts with her quilting group, "Stitches & Bitches." Yoga and walking keep her fit! In addition to visiting her daughters in North Carolina and Florida, she has participated in two health service trips through Rotary. One was to provide fluoride treatments to children in Peru, and the second to Ghana where she assisted local women in sewing feminine hygiene products for young girls, allowing them to stay in school. Lastly, Jayme is navigating the care and placement of elderly parents and in-laws.

Since nurses can't seem to relax—Jayme plans to work part-time doing cardiac research!

Jayme, congratulations on your fantastic career and best of luck in your retirement!

Interviewed by Bonnie Ohm, MS, RN, APNP

"Wilderness is healing, a therapy for the soul." Nicholas Kristof

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A Brief Introduction to Pediatric Headaches

The evaluation and management of headache is a common referral to any Pediatric Neurology practice. The most common types seen are migraine and tension-type headaches. Migraine headaches are episodic and involve throbbing pain on one side of the head. The pain is worse with activity and has associated nausea, vomiting, and abdominal pain. Children can also experience sensitivity to light and sound, often asking to rest in a dark, quiet room. Tension-type headaches involve a pressure and tightness in the head and neck. The mild to moderate pain involves the entire head with little variability. Children otherwise feel well and can usually participate in school and other activities with some modifications.

Headaches can occur in any child but are more common in girls after they reach puberty, older teens, and children who have a family history of headache or migraine. They are often triggered by common illnesses such as colds and flus, emotional factors such as stress and anxiety, and certain foods and beverages. The majority of children have benign headaches, few have more serious conditions. It is however, important to always screen for these. When evaluating a child, always ask the following questions and obtain neuroimaging if any are positive:

- Do the headaches wake the child from sleep?
- Has there been a change in the child's personality since the headaches began?
- Was the onset of headache following an injury?
- Are there persistent symptoms, such as vomiting or visual changes?
- Is there any associate fever and neck pain or stiffness?

Medications used to treat headache are divided into two categories – preventative and abortive. Preventative medications are those that are given daily to prevent headaches from occurring. These agents can be very effective however often take 6-8 weeks at the target dose to achieve effectiveness. Agents used for prevention are from a variety of medication classes including vitamins/supplements, blood pressure medications, antihistamines, and mood/behavior medications. When selecting a preventative medication, evaluating co-morbidities can be helpful. Abortive medications are those given at the time of headache to treat the pain and any associated symptoms. They can be over the counter agents or prescription medications. In any case, these agents are most effective when given at the earliest sign of symptoms. There use also needs to be limited to no more than 2 doses in a 24-hour period twice weekly as overuse of these agents can actually result in worsening of headaches, a phenomenon known as medication overuse headache or rebound headache.

With a number of treatment options available, it is often easiest to start with a simple, nature approach using vitamins, over the counter agents, and lifestyle modifications. The mainstay of this is the lifestyle modification, the "SMART" Approach.

- S - Sleep - It is important that a child get enough sleep, recommend at least 9-10 hours. Always go to bed and wake up at regular times each day and keep this schedule on both

weekdays and weekends. Avoid sleeping excessively on the weekends or too little on the weekdays.

- M - Meals and Hydration - Swings in blood sugar and dehydration can be triggers for headaches. A child should be eating regular meals three times each day. These meals should include protein, fruit, vegetables, and carbohydrate. Avoid foods high in sugar. In addition to eating regularly, a child should be drinking plenty of water throughout the day, at least eight 8 oz glasses. It can be beneficial to add a salty snack (such as pretzels or salted popcorn) in the afternoon to help hold the extra water volume.
- A - Activity - A child should participate in moderate exercise for at least 30 minutes three to five times each week. This will help reduce stress, which may be contributing to headaches, in addition to keeping them physically fit.
- R - Relaxation - Stress may lead to an increase in headaches. Relaxation and stress management may help reduce headaches. Guided Imagery, Belly Breathing, and Step-by-Step Muscle Relaxation are techniques that may help. Referral to a Health Psychologist or counselor is often helpful.
- T - Triggers - It may be helpful to become aware of triggers to headaches. Known triggers include caffeine, nitrates/nitrites, artificial sweeteners, and foods containing MSG. Avoid these if possible.

If a preventative option is needed, magnesium 250 mg up to twice daily or riboflavin 200 mg twice daily can be started. Acetaminophen, ibuprofen, or additional magnesium can be used to treat acute pain with ondansetron and diphenhydramine to help with associated symptoms. This simple approach is highly effective and works well for many. If ineffective, referral to a Headache Specialist is a reasonably next step.

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Sally Zirbel-Donisch, MS, RN, CPNP

Madison Metropolitan School District health services leader Sally Zirbel-Donisch retired last June after 30 years of service to children in MMSD. Sally is a pediatric nurse practitioner and a well-known community leader in childhood health in Dane county. Pediatrics has always been Sally's focus since becoming a nurse. After getting her nursing degree 40 years ago, she worked at the University of Minnesota Neonatal ICU, and a pediatric unit at St. Mary's in Madison for 5 years while going back to school to get her Masters and PNP from University of Wisconsin. She then worked at Marshfield Clinic for

over three years and at University of Wisconsin Pediatric Clinics until she felt the pull to be in community nursing working with kids and families. She started in the Madison school system working half time at an elementary school and half time being the East side Lead nurse supporting other nurses and schools. Leadership has been part of her journey since then and she has excelled at it. She ended her career as Assistant Director of Health Services the last 8 years after overseeing the health of about 27,000 children attending Madison schools. She worked with principals to oversee the health office staff in each school which included 38 nurses and 42 nurse assistants along with 8 special needs nurses working with medically fragile children. Sally shared that leading health services has been the most meaningful time in her career. Those who have worked with her know she is kind, caring, and a great listener. Sally also has quiet persistent strength.

Sally would be the first to say she did not do this without wonderful team members, community members, and of course the families. Being a child advocate has always been part of her focus and passion. She is a proclaimed family person and has made moves in her younger years to be near her own family. That is what brought her to Madison, her parents moved here to retire, and she followed. Her two children are adults carrying on that same idea with one being the Medicaid Administrator for an HMO and the other one a licensed clinical psychologist with a PHD in Child and Family Studies.

Sally is known for her tireless work ethic. She promoted strong evidence-based practice and is well read and up to date on current practices. She listened to her staff and monitored data that identified trends, patterns, and unmet needs. Some of these were children who needed dental care, children who were uninsured with no primary care home, children missing a lot of schools due to asthma, noticing how many children with mental health needs were accessing health offices and working with other support staff such as psychologists, social workers, and counselors to create systems of support to name a few. Sally helped establish and coordinated the Dane County Neighborhood Child Health Coalition for 8 years to address some of these issues. This was a broad community partnership with medical providers and clinics along with many other community members to connect children with health care. This morphed into each school being assigned a local clinic that would do some primary care for uninsured children. This also happened with local dentists. Sally received a Dane County Public Health Award in 2004-2005 for this work. Finding a gap in service or unmet need and figuring out how to collaborate with community partners to solve it is Sally's strength. Looking for financial support through grants or other support to accomplish these goals has also been part of her work. She states she likes school-based practice as it brings family, community, and the clinical aspect together. She also said that you get the full picture of a child in school setting including the social determinants of health.

She has been involved in the equity work being done at MMSD and of course recently doing major shifting to help all her staff to be key points of contact with Covid 19. Working in a pandemic has been one of her most challenging events, as it required new protocols, partnerships, and figuring out how health office staff would support

children with health and online learning. Contact tracing and shifting nursing staff to Madison Community Recreation sites in schools, which were open to support kids with on-site daycare, were part of last year's Covid 19 response.

I was able to ask Sally some questions for this article. Regarding leadership in community nursing, she hopes people will be visionary, have written goals and be able to explain them well, update and improve regularly, and reevaluate where you are and what you are doing to see if something needs to change or find out if you are still on the right path. Be open to consultation. Be kind and lead with a carrot but have a stick nearby. I asked how retired nurse practitioners could support a community nurse leader. Her reply was "If you can mentor a new nurse in a community setting do it." Check in with those who replace you and see how they are doing. Sally hopes everyone will be a supporter of schools and school health!

Interviewed by Carolyn Chadderdon, RN, MS, PNP
Retired MMSD School Nurse

Nostalgic Health Care:
Finding Value in Getting Back to the Basics

A large portion of today's society, young and old, are desperately looking for a change in the overall approach to health care. This desire is not limited to patients alone. In the same sense, many health care providers are in search of more practice autonomy. Interestingly, much of what they all commonly seek is nostalgic of health care days of the past.

As an independent Pediatric Nurse Practitioner (PNP) at The Doctor's Office (TDO), with locations in Darien, Janesville and Brookfield, WI, I have been able to experience working in outpatient clinics that value providing affordable quality medicine and personalized care. TDO is a group of independent providers offering a variety of services including immediate and primary care, women's and children's health, physical therapy, chiropractic care, massage therapy along with nutrition and counseling services. A true representation of integrative health and collaborative care at its best.

As a fee-for-service medical care facility, TDO does not accept insurance. Payment is made in full via cash, debit or credit at time of service. With this approach, overhead costs are kept low allowing practitioners to provide personalized care as they choose with the primary goal being to serve the patient and their family. The initial client base serviced primarily those with high deductibles or no insurance. It has since expanded to encompass those who may carry insurance but support the model and approach to providing quality, cost-effective and patient-centered care.

Today opaque pricing is common practice in the health care industry. TDO can provide the community health care at a fraction of the cost. Known for its reasonable rates and upfront pricing, in most circumstances, patients will pay close to 50% the cost for health care at TDO. Specific fees or range of costs for different visit types, common labs and imaging are openly displayed on the website. Providers advocate for their patients and seek out low cost options for additional imaging, testing or referrals as necessary.

Not only does TDO provide low cost care without sacrificing the quality, patients can typically secure same or next day appointments with short wait times, minimal paperwork and focused, in-depth visits. Something that is nearly unheard of in today's large health systems. There is no use of an Electronic Medical Record (EMR) and minimal to no outside marketing to, also, help keep costs low. TDO relies heavily on "word of mouth" as advertising and has built three sustainable practices with this approach based primarily on patient referrals.

Patients are noticing the difference in care provided at TDO. With multiple 5-star reviews across all three clinics, two patient reviews describe services at TDO best . . . "Embracing the simple while keeping it modern" and "Exactly how a doctor visit should be".

The Covid-19 crisis has provided a small glimpse of the breakdown in monopolistic-driven healthcare. The recent community call for change has been palpable. Practitioners at TDO have responded by continuing to provide respectful, safe, non-discriminatory care throughout the pandemic to help meet patient needs. Although TDO cannot single-handedly change the current state of affairs in health care, it does provide a viable option for those looking to get "back to the basics".

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Cultivating Wellbeing: Finding your Sit Spot

The news media, and our bodies, broadcast the ongoing challenge and toll of caring for others during the interwoven pandemics of COVID-19, racial injustice, and climate change. Our work is essential, as is our commitment to honing self-awareness regarding our own needs for care and rejuvenation. As health care providers, we understand the key connections between self-care and caring for others. And, we likely know how life-giving and life-affirming time spent outdoors can be for our body, mind and spirit; and research backs us up (see here). Autumn in Wisconsin invites us to tap into the healing gifts of the natural world.

One self-care practice is choosing and returning to a “sit spot”, a place that feels safe where the elements of nature can be taken in with the five senses and observed. Consider where your home and/or workplace is situated, and close-by places or spaces that might offer opportunities for finding that sit spot. The practice involves returning to that same spot frequently, or even daily, for a short *setting-in* where the body is still, and the attention is resting on the natural world.

A sit spot is not about having an amazing location or complete privacy; it’s about cultivating your own presence and awareness wherever you choose. Even a seat in front of a window that opens to a natural element in the world will support the practice. “Lose your mind, come into your senses”, even for 5 to 10 minutes a day, is an opportunity to honor your whole self in the midst of the big and taxing work we are called to do.

We have the right and perhaps even the obligation to take care of ourselves in this and other ways, as best we can. There is evidence that visiting the same sit spot over time not only calms and regulates our nervous system, but also strengthens our feeling of connection with the earth and with others. This sense of connection is a powerful predictor of overall wellbeing.

These resources, Complete Guide to Using a Sit Spot in Nature, and Adventure in Place: Sit Spots, What They Are and Why They Are Important, offer more details. And this resource explores the use of this practice with children and youth. May they be of benefit to you if you choose to try it out!

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What you need to know about PFAS to help your patients

Imagine you live in an area of Wisconsin that has been found to have water contaminated with PFAS. This is reality for residents of French Island, Marinette, Rhinelander, and Madison. Likely, more communities will face this. So, if a parent comes to your office, you need to be prepared to answer the question "What do I do if my water is contaminated with PFAS? Are there other ways that I can decrease my child's exposure to PFAS?"

Perfluoroalkyl and polyfluoroalkyl substances (PFAS), a group of man-made chemicals, are an emerging public health threat. PFAS are found in food packaging, cookware, outdoor gear, stain-resistant furniture/carpeting, and aqueous fire fighting foam (AFFF). The strong C-F bond that provides water proof and stain resistant properties is also problematic. PFAS are highly persistent in the environment and bio-accumulate, remaining in the body for long periods of time. 95% of us have PFAS in our blood. There is no way to remove them from the human body.

They are toxic at extremely low levels and are measured in parts per trillion (ppt) To visualize the concept, one part per trillion (ppt) is equivalent to a drop of ink in an Olympic swimming pool.

Currently, the EPA issued a "health advisory" of 70 ppt for two of the most common PFAS (PFOA and PFOS). A health advisory carries no mandate or regulation for testing. Municipalities that have discovered contamination have chosen to test.

Toxicological and epidemiological studies have identified a broad range of adverse health outcomes associated with exposure to PFAS including:

- hypercholesterolemia
- ulcerative colitis
- thyroid toxicity
- testicular cancer
- kidney cancer
- preeclampsia and hypertension in pregnancy
- decreased response to vaccines in children

Major pathways of exposure include 1) contaminated water, 2) contaminated food 3) hand to mouth activities (esp. babies) after touching surfaces treated with stain resistant material and 4) occupational exposure.

Elevated levels in drinking water have been found in municipal and private wells that are close to airports/military bases. This is because the fire fighting foam leaches into the soil and then into the water.

Food sources include packaging (the slick interior of pizza boxes, the wrappers used at fast food restaurants and the lining on microwave popcorn bags), cooking pans (non-stick) and the food itself (fish from contaminated waterways). Food grown in contaminated soil can have elevated levels too.

Children, infants and the developing fetus are at a far greater health risk because they drink more water in proportion to their body weight, their brains and organs are growing rapidly, their immune system is still developing and they have a longer life to accumulate the toxicant. PFAS cross the placenta and are found in breastmilk and cord blood.

"What can I do to advise parents to decrease their child's exposure to PFAS?"
Since drinking water is a primary source of exposure, consider filtering your water. Reverse osmosis and two-stage filters remove 94% of the PFAS. Carbon filters, which should be replaced regularly, remove about 75%. In Marinette, WI, the contamination is so severe that many are on bottled water. Avoid "stain proof" products and fast foods that use the wrappers with PFAS.

Assess their exposure by asking a history. If your patient lives in an area with known contamination, blood tests may be indicated. It is important to be sure that the lab is certified to test for PFAS.

The real solution is to get these "forever" chemicals out of the environment. McDonald's has committed to remove PFAS from their food containers by 2025. Many carpet manufacturers have removed them.

"Should I throw out my Teflon pans?" One chemist told me that PFAS does not get into the food because it is a stable polymer. Another one was more cautious and said if your Teflon pan is scratched or damaged or if you cook at high heat, it can be a problem. The real danger in Teflon is in its production and the exposure of workers. (Watch the movie "Dark Waters") So don't buy any more Teflon products. Opt for ceramic or stainless steel.

Stay informed about your community – and advocate for policies that protect children.

I invite you attend our annual environmental health conference held in Feb/March. We bring national experts on a number of environmental issues related to health. (virtual again this year) Better yet, join our organization Wisconsin Environmental Health Network.

www.wehnonline.org

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Membership Report: Children's Hospital is hosting a virtual conference October 20th. There will be membership information posted. If anyone is aware of someone having interest in membership for NAPNAP please have them contact wenzlaff@msoe.edu

Member Highlight

Renee Wenzlaff: currently obtaining her post certification for Primary Mental Health Nurse Practitioner through MSOE University. Graduation is May 2022. She recently completed her infant, child, and adolescent coursework this summer. Renee currently practices as a NP at a clinic in Waukesha providing care across the lifespan to families of the Waukesha school district, county, and city workers. When working at the clinic, she is given priority to the pediatric clients. Sport physicals were the majority of visits for the month of August.

Dr. Renee Wenzlaff, DNP
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MSOE School of Nursing
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NAPNAP Membership Chair

Thank you to the following newsletter contributors and retirees: Stacy Boden, Erika Bourdeaux, Carolyn Chadderdon, Jayme Frank, Meghan Furstenberg-Knauff, Beth Neary, Sara Parrell, Jim Ver Hoeve, Renee Wenzlaff, and Sally Zirbel-Donisch.