### Human Trafficking: Identifying and Treating Victims in Pediatric Surgical Settings. GS

**Jessica Peck, DNP, APRN, CPNP-PC, CNE, CNL, FAANP, FAAN, Baylor University Friendswood, TX**

This presentation will explore core competencies for pediatric nursing professionals in the surgical setting who may encounter potential victims of child trafficking. Learners will be equipped with evidence-based knowledge to implement a clinical protocol in their organizational setting to ensure best current practices, moving the nurse on a continuum from an individual response level to a trauma-informed, evidence-based, child-centered, comprehensive care approach. Learners will be given the most up-to-date statistics, research, and initiatives currently ongoing in the fight against human trafficking. Instruction will be given on developing nurse-led diverse interprofessional teams to maximize impact on health outcomes.

1. Describe the role of the healthcare provider in prevention, identification, referral, treatment, aftercare, and advocacy for trafficking victims.
2. Analyze best practices for response to victims in the clinical environment.
3. Discover elements of a trafficking policy and/or protocol for healthcare organizations.

### The Specialty of Pediatric Intestinal Failure Management. GS

**Samuel Alaish, MD, Johns Hopkins University School of Medicine, Baltimore, MD**

The majority of pediatric intestinal failure patients carry a diagnosis of short bowel syndrome, and all of these patients were at one time or another cared for by general pediatric surgeons and their advanced practice nursing colleagues. Etiologies include necrotizing enterocolitis, gastroschisis, midgut volvulus, intestinal
atresia and Hirschsprung disease. The adoption of multidisciplinary intestinal rehabilitation programs for pediatric intestinal failure patients has specialized the care for these vulnerable patients and resulted in marked improvements in outcomes over the past 15 years. This talk will review what establishing an intestinal rehabilitation program entails, briefly discuss the current parenteral nutrition and medical management strategies, and the role of bowel lengthening procedures. Lastly, current research and potential future therapies will be highlighted.

1. To review the impact of pediatric intestinal rehabilitation programs
2. To discuss the current management of pediatric short bowel syndrome
3. To highlight some current research and potential future therapies for short bowel syndrome

<table>
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<tr>
<th>9:30 AM – 10:00 AM</th>
<th><strong>A Retrospective Review of Colorectal Patients Adopted Internationally.</strong> GS</th>
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<tr>
<td></td>
<td><em>Amy Krause, BSN, RN, CPN, Children’s Colorado Hospital, Aurora, CO,</em></td>
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<td><em>Tiffany Edmond, BSN, RN, CPN</em></td>
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<td><em>Julie Schletker, MSN, NP</em></td>
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<td><em>Jennifer Hall, MD</em></td>
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The purpose of this presentation is to: 1) Describe the process of evaluating internationally adopted patients with a history of ARM, SB, and fecal incontinence that present with limited medical records. 2) Identify the criteria for surgical repair or reoperation of ARM, or SB in patients adopted internationally. 3) Review the data regarding patients internationally adopted including age at adoption, type of colorectal diagnosis, associated malformations, need for reoperation and bowel management status.

1. Describe process for evaluating patients adopted internationally with a history of ARM, SB or fecal incontinence who present with limited medical records.
2. Identify studies required to evaluate prognosis and functional outcomes in patients adopted internationally with a history of ARM.
3. Identify the criteria for surgical reoperation in patients adopted internationally with a history of ARM.

| 10:15 AM – 10:45 AM | **Reducing Safety Incidents When Transferring ICU Patients to and From the OR: Seems Easy Right?** GS |
Clinician hand-off is critical in improving communication and preventing significant patient safety events. In 2010, the Joint Commission established Hand-off Communication as a National Patient Safety Goal. In Mid-2018 to prevent adverse events, we formed a cross-functional process improvement team. This team included Nurses from our NICU, PICU, OR, and PACU, along with Intensivists, Surgeons, and Anesthesiologists. Our goal was to reduce the number of adverse events without increasing OR turnover time or causing any other OR delays. After 5 months of weekly meetings we successfully addressed some serious concerns regarding the transfer of pediatric patients to and from the Children’s Surgery Center by standardizing ICU workflows. An unintended side effect was staff working with others that they rarely work with. They became knowledgeable of what others do, their barriers, and the complexity of each other’s roles and responsibilities.

1. Attendees will be able to state the four (4) elements of structured problem solving and identification of opportunities for improvement.
2. Attendees will be able to state the importance of clinician hand-off in preventing significant patient safety events.
3. Attendees will be able to state the importance of pre-intervention and post-intervention process measures to evaluate the effectiveness of their improvements made.

Incivility and bullying in the health care setting results in the loss of human capital and impairs patient/family/population health outcomes. Directly affected health care providers and bystanders may experience high levels of stress and anxiety and leave the workforce prematurely, model the behaviors themselves with colleagues and customers, and close down communication that affects care. The problem crosses all health care boundaries. Participants will be equipped with strategies and tools for building cultures of respect in their organizations.
1. Describe the effects of incivility and bullying on patient outcomes, human capital, and productivity in healthcare.
2. Reflect on personal contributions to building and sustaining a culture of respect.
3. Understand where to find tools and how to use them to build and sustain cultures of civility and respect in healthcare.

11:15 AM – 11:30 AM  
**Decreasing the Theory-Practice Gap in Wound and Ostomy Nursing Care Through Tactile Teaching Methods.**  
*PD*

*Pamela Abraham, BSN, RN, CWOCN, Children’s Hospital Colorado, Aurora, CO*  
*Karin Price, BSN, RN, CPN, CWON*

Providing adequate instruction and teaching for wound and ostomy care during a yearly educational skills day was provided in efforts to decrease the theory-practice gap for acute care nurses. During a two-hour segment of an educational/skills day for inpatient nurses, creative tactile teaching methods were used to review basic wound and ostomy clinical skills. Apples and potatoes were modified to mimic wound or ostomy related issues commonly encountered in the clinical setting. This approach allowed the nurses to carry out practical skills on physical models following the review of evidence-based wound and ostomy care principles. The audience reported an increase in both competence and confidence in wound and ostomy nursing care following this hands-on educational opportunity.

1. Learner will be able to define the theory-practice gap in nursing practice.
2. Learner will be able to provide an example of a tactile teaching method in wound/ostomy care.
3. Learner will be able to state one positive outcome for practicing nursing skills away from direct patient care.

11:30 AM – 12:00 PM  
**Nursing Strike: Nursing Empowerment versus Nursing Duty? A Deep Look into the Concept.**  
*GS*

*Anita Catlin, PhD, FNP, CNL, FAAN, Kaiser Permanente Vallejo, Pope Valley, CA*

In 2018 a nursing strike occurred in California. Although unionized nurses were directed to participate in a work stoppage, many expressed a lack of clarity in what a strike or sympathy strike was. Review of the literature found no seminal article to define the term nursing strike, or lend direction to nurse’s decision making. Thus, the
A researcher undertook a concept analysis study. The Hybrid Method of Concept Analysis was used. Recommendations for practice related to strikes, sympathy strikes, and strike prevention are presented.

1. Attendee will be able to delineate the definition of nursing strike.
2. Attendee will be able to define the requirements for a strike to occur.
3. Attendee will be able to analyze the consequences of a strike.

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<th>12:00 PM – 1:30 PM</th>
<th>CONCURRENT SESSIONS</th>
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**12:00 PM – 12:20 PM**

**Pediatric Surgery Advanced Practice Providers Advancing Weekend Discharges. PD**

Teresa Gonzalez, PNP-AC/PC, Phoenix Children's Hospital, Phoenix, AZ,
Paul Kang, MPH
Kristina Y. Keilson, PA-C
Erin Garvey, MD,
Justin Lee, MD

Increasing resident work hour restrictions and hospital efforts to expedite discharges are challenging on weekends with limited resources. Our institution expanded advanced practice provider (APP) coverage on weekends for additional clinical support. The purpose of this study was to examine the impact of weekend APP coverage by comparing time to discharge between resident-led discharges (RDC) versus APP-led discharges (ADC).

1. Understand the impact restricted resident hours has on providing coverage for an inpatient pediatric surgical population.
2. Compare the differences in patient outcomes for discharges lead by a resident team versus an APP team.
3. Describe the impact on time to discharge after implementation of consistent APP weekend coverage for an inpatient pediatric surgical service.
Same Day Discharge after Pectus Excavatum Repair: Program Development and Patient Outcomes. PD

Karen Rodriguez, RN, MN, CPNP-PC/AC, Kaiser Permanente, Burbank, CA
Luke Rettig, MD

Pectus Excavatum (PE) is a major chest wall deformity treated traditionally with the Thoracoscopic Nuss Procedure. In 2017 we initiated utilization of intra thoracic Cryoice during PE repairs. Utilization of Cryoice lead to significant decrease in hospital stay and patient pain scores, in addition to decreased costs and increased patient satisfaction. In 2019 we partnered with our anesthesia colleagues to implement early recovery after surgery (ERAS) concepts with our pectus patient population. With the addition of injections of intra thoracic bupivacaine and other ERAS practices we implemented our same day pectus discharge program.

1. Learner will gain a new understanding of surgical treatment for patients undergoing repair for Pectus Excavatum.
2. Participant will identify importance of preoperative preparation for patients undergoing Pectus Excavatum repair utilizing a Same Day Discharge Pathway.
3. Learner will be able to apply learning to their own practice and improve the care and outcomes for patients undergoing Pectus Excavatum repair.

Objectively Measuring Inpatient Advanced Practice Productivity. GS

Katherine Curci, PhD, CRNP, CNM, Penn State Hershey Medical Center, Hershey, PA

Although Advanced Practice Providers (APP) contribute a great deal to the care of patients while they are hospitalized their contribution is rarely captured. The purpose of this project was to develop objective metrics that reflect APP contribution to the care of inpatients. Working with a data analyst from Penn State Health and a data analyst from the vendor of the electronic medical record (EMR) the EMR was explored as a potential source of productivity data. Time and document measures were identified. Using these data a measure reflecting the volume of work completed by an APP in a prescribed period of time was identified.

1. Identify key metrics in electronic medical record that reflect touch points in patient care.
2. Understand how these metrics reflect value.
3. Understand how to empower APP leaders and individual APP to use this information to demonstrate contributions to patient care.

1:00 PM – 1:15 PM **Embracing Telemedicine in Pediatric Surgery. PD**

*Robyn Huey Lao, DNP, CPNP-AC, UC Davis Medical Center, Sacramento, CA*

Implementation of telemedicine modalities, guidelines for billing and practice, and targeted patient populations will be discussed to encourage adoption of telemedicine into pediatric surgery practices.

1. Provide an overview of the modalities of telemedicine and implementation.
2. Review legislative guidelines for telemedicine and billing concerns.
3. Describe the benefits and challenges of RN and NP telemedicine visits and targeted pediatric surgery population.

1:15 PM – 1:30 PM **The Role of Advance Practice Providers in Surgical Residents’ Education and Emergent Themes of Interpersonal Relationships. PD**

*Alissa Bergstresser, MSN, CRNP, Penn State Health Children’s Hospital, Hershey, PA*

*Collette McGruder, MSN, CRNP*

*Kathryn Martin, MD*

To date, there is little research on APPs as educators for general surgical residents. Pre-intervention data suggests that interventions can be implemented to improve the relational coordination between APPs and residents. Preliminary data from this study shows that clear communication is key to making these relationships more productive and improve teamwork and patient care.

1. Identify the role of APPs in general surgery resident education.
2. Identify how to best integrate APPs into general surgery resident education.
3. Identify ways to help team dynamics between APPs and general surgery residents.

12:00 PM – 1:30 PM **CONCURRENT SESSIONS**
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<th>Session Title</th>
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| 12:00 PM – 12:30 PM | **Same-day Discharge after Laparoscopic Gastrostomy Placement: A Preoperative Plan for Success.**  
Amy Pierce, APRN, PPCNP-BC, Children’s Mercy Hospital Kansas City, Overland Park, KS | This presentation will describe the modifications our center made to our practice to successfully accomplish our ability to send patients home on postop day 0 after a laparoscopic gastrostomy.  
1. Describe the appropriate patient candidates for same-day discharge after a laparoscopic gastrostomy.  
2. Identify three or more modifications to the pre- and post-operative practices of patient care and nursing practice that aid in the ability for same-day discharge.  
3. Describe contraindications to sending a patient home as a same-day discharge after a laparoscopic gastrostomy. |
| 12:30 PM – 12:45 PM | **Nurses’ inputs to Develop a Program to Prevent Anxiety in Adolescents in the Perioperative Period Adapted to the Portuguese Health Care Context.**  
Marcia Pestana-Santos, Pediatric Nurse Specialist, Instituto Ciências Biomedicas de Abel Salazar; Centro Hospitalar e Universitario de Coimbra, Coimbra, Portugal  
Margarida Reis Santos, RN, PhD  
Lurdes Lomba, RN, PhD | This presentation will describe surgical nurse’s experiences caring for adolescent patients having surgery. Nursing staff suggestions to develop a preoperative program to address adolescent anxiety will be discussed.  
1. Identify the experiences and suggestions of nurses working with adolescents in perioperative services for the development of an anxiety prevention program.  
2. Understand nursing challenge when caring for adolescents in perioperative services.  
3. To identify the cultural differences in adolescent's perioperative nursing care in Portuguese context. |
Coronavirus Pandemic to use as a Catalyst for Improved Patient and Family Experience. PD

Carly Campbell MSN, RN, CCRN Nemours Children’s Hospital, Orlando FL
Laura Manti, BSN, RN
Danielle Ragan, RN

When a pandemic complicated things this year, the surgical services department at Nemours Children’s Hospital used this as a catalyst to improve the patient and family experience. The team recognized every point of contact with the patient and family prior to arrival for surgery and implemented changes that would empower and prepare them for what to expect not only for their surgery, but for the ever-changing recommendations of the Centers for Disease Control. What started with qualitative data transformed into a robust partnership between the hospital and families.

1. Examine effective communication methods which facilitate enhancing the patient and family experience.
2. Discuss important components in the development and implementation of a successful communication strategy to enhance patient and family experience.
3. Identify methods to measure the effectiveness of the patient and family experience communication strategy.

Nasogastric Tube Securement: Comparison of Two Methods -- A Randomized Control Trial in Pediatrics. PD

Debra Quackenbush, MS, RN, CPN, CRRN, Children’s Hospital Colorado, Aurora, CO
Ashley Banks, BSN, RN
Heidi McNeely, MSN, RN, PCNS-BC

The purpose of the study was to compare accidental dislodgment rates of nasal gastric tubes secured with standard methods or a commercially available bridle in pediatric patients. Additional aims included obtaining information on ease of use of a commercially available bridle, patient/parent & staff feedback on satisfaction with securement methods, and cost considerations.

1. Review the outcomes of a randomized control study comparing two methods of nasal gastric tube securement.
2. Describe care giver perception of two different methods of nasal gastric tube securement.
3. Discuss nursing considerations around feeding tube securement in pediatric patients.
1:15 PM – 1:30 PM **Gemba Walking through the Pandemic to Increase SSI Bundle Compliance. PD**

*Kathryn Farrell, MSN, RN, CNOR, CPN, Nemours Children’s Hospital, Orlando, FL*

Through “Gemba walks” and asking the “five why’s,” barriers and questions surfaced. Moreover, Gemba walks identified questions with the day-of-surgery 2% CHG wipe inclusion criteria. Once addressed, the actual CHG wipe compliance increased from 49% in August to 82% in September.

1. Describe the process of Gemba walks.
2. Identify a local process which would benefit from Gemba walks and asking the five why’s.
3. Discuss how continuous improvement methodology can be applied to your unique environment.

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1:30 PM – 2:00 PM **Colorectal Surgery in a Resource-Limited Setting: Indications and Outcomes from Mwanza, Tanzania (2015-2018). GS**

*Patricia Kern, BSN, RNII, CPN, CCRC, Cincinnati Children’s Medical Center, Cincinnati, OH, Meera Kotagal, MD, MPH*  
*Beth A. Rymeski, DO*  
*Vihar Koteca, MBBS*  
*Alicia Massenga, MBBS*  
*Monica Holder, RN*  
*Jason S. Frischer, MD*  
*Caroline Lupemba, RN*  
*Janeth Komba, BSN, RN*

This discussion will focus on conducting a bowel management program in an impoverished, foreign, remote area that lacks resources and infrastructure. Challenges include time restraints, culture and language barriers, lack of supplies, lack of hospital and clinic space, insufficient hospital equipment, and families traveling from long distances. Global outreach programs have increasingly emerged over the past several years, many focus on the surgery itself but fail to consider the pre and post-operative care needs of Global Nursing Outreach. It is our goal to overcome challenges and barriers if providing nursing care in the remote community.
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<td>2:00 PM – 2:30 PM</td>
<td><strong>Obtaining Funding for your Project or Research. GS</strong></td>
<td>Anita Catlin, PhD, FNP, CNL, FAAN, Kaiser Permanente Vallejo, Pope Valley, CA</td>
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<td>Many nurses are unaware of potential sources of funding. Additionally, nurses are often unaware of the ethical requirements of receiving and spending the funds. At the end of this session, attendees will have enhanced knowledge of funding sources for their work.</td>
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<td>1. Develop awareness of ethical consideration of applying for and managing funding/grants for your work.</td>
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<td>2. Review grant resources available to the staff nurse, nurse practitioner, and academic for projects or research.</td>
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<td>3. Be ready to apply knowledge of how to obtain funding at end of session.</td>
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<td>2:30 PM – 2:45 PM</td>
<td><strong>Catheter-Associated Thrombosis in Pediatrics: Review of Evidence. PD</strong></td>
<td>Marketa Rejtar, DNP CPNP-AC/PC, Boston Children’s Hospital &amp; Northeastern University, Boston, MA</td>
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<td>Brittany Owen, RN, BSN</td>
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<td>Deep venous thrombosis (DVT) or venous thromboembolism (VTE) is a growing public health problem. In pediatrics, such threat is quite real for patients with certain risk factors and in specific subpopulations. Catheter-associated thrombosis (CAT) is a worrisome link between presence of indwelling central venous catheter (CVC) and increased morbidity and mortality. It is important to appraise available research evidence regarding the incidence of CAT, associated risk factors, and any studied preventive interventions prior to proceeding with a study of CAT in a specific pediatric subpopulation. The true incidence of CAT in the pediatric population is unknown and variable but more evidence is emerging.</td>
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<td>1. To review available research evidence on the issue of pediatric catheter-associated thrombosis.</td>
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<td>2. To describe factors associated with increased risk for development of catheter-associated thrombosis in pediatrics.</td>
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<td>3. To identify potential preventative strategies to decrease risk of catheter-associated thrombosis in pediatric patients.</td>
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POSTERS

Changing the Culture in the Pediatric ASU, One Stick at a Time
Haley Holcman, RN, BSN, CCRN, CPN, AE-C, Northwell, Forest Hills, NY
Carol Creeron BSN, CPN
Melissa Duffy, NP, RN
1. Identify ways in which Registered Nurses can change unit culture.
2. Discuss the benefits of placing PIV's in patients 12 years of age and older.
3. Recognize barriers that may be faced when implementing new initiatives.

Hirschsprung-Associated Enterocolitis
Erin Shann, RN, Nationwide Children's Hospital, Columbus, OH
1. Understand the pathophysiology of Hirschsprung disease.
2. Understand the presentation of enterocolitis.
3. Understand the proper preventative measures and treatment for enterocolitis.

Sutureless Closure of Gastroschisis
Andrew McCarthy, RN, MSN, CPNP, University Surgical Associates, Londonderry, NH
Hillary Lorenzo, RN, MSN, CPNP, CCRN
Britta Renzulli, MPAS, PA-C
1. Discuss methods of gastroschisis closure.
2. Review wound care of sutureless closure.
3. Describe complications of sutureless closure.

Optimizing Lung Function in Reversible Obstructive found in Preoperative Pulmonary Function Tests in Adolescent Idiopathic Scoliosis Patients.
Karen Capusan, MSN, RN, CPNP-PC, Northwell Health, Lake Success, NY
Talia Fenster, MSN, RN, CPNP-PC
1. Discuss the effects of idiopathic scoliosis on pulmonary compromise.
2. Learn the basics of spirometry.
3. Discuss the best pre-operative management of obstructive lung disease in patients with idiopathic scoliosis who had obstruction on spirometry.

Evaluating Surgical Cases Eligible for an Outpatient Surgery Center
Janelle Sherman, MSN, RN, CPN, Geisinger Medical Center, Danville, PA
1. Review all outpatient procedures completed in 2018.
2. Identify procedures which could be completed at the outpatient surgery center.
3. Understand the disqualifying criteria for a procedure at the outpatient surgery center.

Empowering Bedside and Outpatient Clinical Nurses
Nanita Lin-Sulit, DNP, CPNP, Sidra Medicine,
Jaime Chewerenko, BSN
Noriza Que, BSN
1. Describe the process in creating and initiation of the GT and GJT experts as nursing champions.
2. Provide an opportunity for attendees to view the standardized practice in the care of GT and GJT.
3. Provide statistics on the quality outcome of service provided by the nursing champions on GT and GJT care.

**Educating Parents to Safely Dispose Unused Narcotics**
*Julie Barbanel-Yuni, BSN, MSN, RN-C, Cohen Children’s Medical Center of Northwell Health, New Hyde Park, NY*
1. Explain the way in which leftover prescription narcotic medications can be safely disposed.
2. Identify possible knowledge deficits on the part of parents and families of children discharged with prescription narcotics.
3. Evaluate the success of current practice of sending patients home on prescription pain medications.

**Global Nursing Outreach**
*Patricia Kern, BSN, RNII, CPN, CCRC, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH*
*Monica Holder, BSN, RN, CPN*
*Caroline Lupemba, RN*
*Janeth Komba, BSN, RN*
1. Share how we provided education with the colorectal patient in an underserved community.
2. Empower attendees to take initiative and be creative when teaching any population.
3. Improve child health and transforming delivery of care through fully integrated, globally recognized education and innovation.

**Implementation of the Safe Environment for Every Kid Model in Pediatric Surgery Patients**
*Molly McComiskey, BSN, RN, University of Maryland Medical Center, Bel Air, MD*
1. By the end of this presentation, the learner will be able to differentiate child abuse from child maltreatment.
2. Describe and understand the impact of child maltreatment on mental physical and emotional health, and how it affects an individual later in life.
3. Identify the risk factors for child maltreatment.

**Children’s Hospital Early Warning Score in a Pediatric Progressive Care Unit**
*Amanda Dorton, RN, BSN, University of Maryland Medical Center, Columbia, MD*
1. The learner will understand the application of the CHEWS screening tool and its response algorithm.
2. Discuss the effect of CHEWS on outcome data including rapid responses, arrests, and PICU transfers.
3. Discuss consequences of inadequate screening of complex pediatric patients.
**Parental Experience with ZOOM for Pediatric Intensive Care Unit Multidisciplinary Bedside Rounds**

Annie Grace, BSN, RN, CPN, University of Maryland, School of Nursing, Baltimore, MD
Shari Simone, DNP, CRNP, FCCM, FAANP
Adrian Holloway, MD

1. The learner will understand why having parents join multidisciplinary rounds is important to the child’s care.
2. The learner will understand why implementing Zoom is a vital way to increase parental engagement in the PICU.
3. The learner will understand that when parents join multidisciplinary rounds, it increases communication between the child’s parents and the medical providers.

**Megacystis-Microcolon-Intestinal Hypoperistalsis Syndrome (MMIHS). A case presentation**

Carmen Duque, MSN, APRN, PPCNP-BC
Nicklaus Children’s Hospital, Miami, FL
Juan Calisto, MD
Raquel Pasarón, DNP, APRN, FNP-BC

1. Participants will be able to identify clinical characteristics of MMIHS.
2. Participants will recognize key elements in diagnosing MMIHS prenatally and postnatally.
3. Participants will be able to describe treatment and management of MMIHS.

**Development of a Bracing Protocol for Pectus Carinatum**

Lisa Sagnella, APRN, Yale New Haven Children’s Hospital, New Haven, CT
Alefteria Manchisi, APRN
Isabel Torres-Maldonado APRN

1. To evaluate the effectiveness of satisfaction that bracing has on physical appearance.
2. To evaluate the effect bracing has on patients psychologically.
3. To determine the average length of time, per day, patients were able to tolerate bracing.

**Virtual Reality in Pediatric Pain Control During Procedures with Needles Use: Integrative Review**

Marcia Pestana-Santos, Centro Hospitalar e Universitario de Coimbra; Instituto Ciencias Biomedicas de Abel Salazar, Coimbra, Portugal
Daniela Santos, RN, BSc
Jessica Pinto, RN, BSc
Sara Nunes RN, BSc
Lurdes Lomba, RN, PhD

1. To know the benefits and limitations of VR in procedures with the use of needles in children.
2. To identify the limitations of virtual reality for pain control in procedures using needles in pediatrics.
3. To discuss the use of VR for pain control during needle use in pediatrics.
Implementation of a Standardized Gastrostomy Tube Bundle for Infants in the Neonatal Intensive Care Unit.

Lauren Keffer, BSN, RN  University of Maryland Medical Center, Pikesville, MD

1. To introduce a standardized gastrostomy tube discharge Bundle for effectively educating caregivers prior to discharge.
2. To familiarize learners with quality neonatal gastrostomy tube care and its ability to decrease unanticipated complications.
3. At the conclusion of this presentation learners will recall strategies for increasing RN and caregiver knowledge, skills and attitudes towards gastrostomy tubes.