

2017 POSTER AWARD WINNERS AND PRESENTATION ABSTRACTS

NAPNAP 2017 ANNUAL CONFERENCE POSTER AWARD WINNERS AND PRESENTATION ABSTRACTS

Implementation of New Tools in the Evaluation and Management of Newborns at Risk for Sepsis

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Background: The Centers for Disease Control (CDC) and Prevention released revised recommendations for the prevention of perinatal Group B Streptococcal disease in 2010. This guideline addressed the management of infants with risk factors for sepsis including maternal Group B streptococcal (GBS) carriage, prolonged rupture of maternal membranes and maternal chorioamnionitis. For many years our institution has managed asymptomatic infants with sepsis risk per the CDC guidelines in the Maternity Care Center. This included laboratory evaluation and intravenous antibiotic administration when indicated. However, in many institutions a sepsis evaluation requires admission to the intensive care nursery and therefore separation of mother and baby. Adherence to the 2010 CDC guidelines has led to early antibiotic exposure for many asymptomatic newborns. Newer evidence suggests we can spare many well-appearing infants with sepsis risk factors exposure to antibiotics by assessing their individual risk for sepsis based on objective perinatal parameters.

Details of Innovation: The Kaiser Permanente Neonatal Early-Onset Sepsis calculator was designed to be used on every infant to determine their risk of developing sepsis. Beginning in April 2016, we initiated use of the tool for infants known to be at risk for sepsis based on a maternal diagnosis of chorioamnionitis. Clinical judgment along with the Early-Onset Sepsis Calculator is now being used to determine the necessary management of infants born to mothers with chorioamnionitis. The calculator assesses the infant's risk using factors such as gestational age, highest maternal temperature, GBS

status and if/when antibiotics were given to the mother while in labor. Once the perinatal information is entered into the tool, (<https://neonatalesepsiscalculator.kaiserpermanente.org/>), the infant's risk is calculated. The risk is further stratified into categories based on the infant's clinical appearance (well appearing, equivocal or clinical illness) and recommendations for evaluation and treatment of the infant vary based on the category consistent with the infant's exam findings.

Outcome: After initiation of the Kaiser Neonatal Early-Onset Sepsis Calculator in March 2016, the antibiotic administration rate in the newborn nursery at our institution decreased from an average of 7.5% of newborns per month receiving antibiotics to an average of 2.6% of newborns per month receiving antibiotics. To date, there have been no readmissions at our facility for sepsis in infants born to mothers with chorioamnionitis.

Implications: By using the Kaiser Neonatal Early-Onset Sepsis Calculator we were able to dramatically decrease the number of infants who received a sepsis work up and prophylactic antibiotics due to a maternal diagnosis of chorioamnionitis. Widespread adaption of this tool in combination with appropriate clinical assessment has the potential to significantly decrease antibiotic exposure in newborns, decrease unnecessary painful procedures, decrease health care associated costs and promote breastfeeding by decreasing unnecessary separation of mother and infant.



Go-Wish Pediatrics: Pilot Study of a Conversation Tool in Pediatric Palliative Care

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Purpose: The twofold purpose of this embedded mixed method pilot study is to explore the use of an advance care planning conversation tool with parents



caring for children suffering from a life-threatening illness and to examine the parent experience of a child's illness while caring for a child receiving pediatric palliative care.

Background: Difficult conversations and decisions are an unfortunate reality for parents caring for children facing life threatening conditions. Confusing, inadequate, and inconsistent communication by health care providers makes advance care planning difficult in pediatrics.

Research Aims: 1. Describe parents' experience of having a child in pediatric palliative care as measured by the Parent Experience of Childhood Illness (PECI) tool. 2. Explore relationships among the parents' experience (PECI) and pediatric disease demographics. 3. Identify the effect of Go-Wish Pediatrics on parents' experience of having a child in pediatric palliative care. 4. Describe parents' experience of using Go-Wish Pediatrics.

Design: An embedded mixed methods design was utilized to evaluate the effectiveness of an advance care planning conversation tool, Go-Wish Pediatrics, on the emotional resources and distress experienced by parents caring for children in palliative care. For this pilot study, a mailed invitation to participate was sent to 134 parents of children currently enrolled in palliative care which yielded a total of ten participants. The inter-

vention was adapted from The Go-Wish Game developed by Dr. Elizabeth Menkin and the Coda Alliance for use in the geriatric population.

Findings: The Go-Wish Pediatrics intervention resulted in no change in pre-post comparison of guilt and worry, unresolved sorrow and anger, long term uncertainty, and emotional resources. For the qualitative portion of the study, data was collected using semi-structured interviews and analyzed using a thematic analysis. The three emerging themes of the parents' perception of the Go-Wish Pediatrics intervention included operationalizing thoughts into action, empowered to join the conversation, and a lighthouse in the fog. The mixed methods analysis utilized comments from the participant interviews to explore a deeper explanation of how parents experienced the parental distress and emotional resources subcategories.

Clinical Implications: Parents identified that the Go-Wish Pediatrics intervention was beneficial in helping initiate conversations related to topics that are often difficult to approach. The intervention also served a communication bridge to support communication between spouses or significant others as well as with the healthcare team.
