#### NURSES FOR CHILDREN AND YOUNG PEOPLE OF AOTEAROA





#### INSIDE THIS ISSUE:

Editorial	I
Writing for publica- tion	I
Message from the Chair	2
Respiratory Illness –	3
2014 NCYPA Com- mittee Members	3
Regional round-up: Respiratory Illness	4-5
Influenza Key Messages	6
NPCHN Journal access	7
Education and Professional Development	8-12

#### VOLUME 3 ISSUEI

CYPress

## Editorial

#### Tēnā koutou Katoa!

Welcome to CYPress 2014! The year is racing along and as the new editor this newsletter is long overdue. Winter is well and truly upon us therefore the focus for this edition is "Respiratory Illness", looking at the management of these illness and the challenges they bring.

Throughout the country there have been various documents circulated and shared to assist nurses with a consistent approach to the management such as the Bronchiolitis Care Pathway and Nasal High Flow Humidified Oxygen using F&P AIRVO (Paed) Protocol from Tauranga, Nursing Care Plan: The Child with Bronchiolit-

is and Asthma from Northland District Health Board and the Opitflow High Flow Nasal Cannula Oxygen Therapy Guidelines from Canterbury DHB. It has been fantastic to see the open channels of communication and the sharing of information across the country.

Of the many annual Influenza vaccination programs up and running across the country here at Capital & Coast District Health Board to date between the 37 champions have managed to vaccinate over 3034 staff. When the season is finished it will be interesting to see how other DHB's across New Zealand compare.

Nurses for Children and Young People Aotearoa now has it's own Facebook page, check it out for up to date information about what is happening in New Zealand around child health and to communicate with others who have a passion for Children and Young Persons Health in Aotearoa.

So, what will the theme be next time? What would you like to hear more about? What areas of care are you exploring, updating or discussing in your place of work, DHB, or Area? Please email and let me know!

Enjoy the read and feedback is always welcome.

Leaha North

Leaha.north@ccdhb.org.nz

### Writing for Publication

Are you thinking about publishing your project, research or conference presentation?
What about writing for your own journal, the Neonatal Paediatric and Child Health Nursing journal (NPCHN)?
As an organisation NCYPA are now official partners of this journal and it is important that our New Zealand voice is heard through the journal.
Perhaps you are involved in some kind of project or evaluation, or you are undertaking some higher education, or perhaps you have just made a conference presentation and would like to expand your work into a publishable format?
We strongly encourage you to submit your work for publication, consider publishing your work in NPCHN. Ruth Crawford, RN, M.Phil (Nursing), PhD candidate, represents NCYPA as Associate Editor in NPCHN.
She is happy to help writers nurses who have work they want to publish. She has kindly offered to read draft manuscripts and make suggestions.
You can contact Ruth by email: ruth.crawford@paradise.net.nz

# Message from our Chair



Chairwoman — Becky Conway

As I write, images of bonny Prince George have been splashed across the news media of the world. What a joy to see a healthy, chubby well-loved infant with smiling parents engaged in a Plunket playgroup.

The new NCYPA 2014 committee met in Wellington in February and will meet again by WebEx videoconference early in May. Planning for the NCYPA conference is under way. The conference theme is "Be the Change": an alternately empowering and challenging message for all of us as nurses in Child Health. The conference will take place at the Ko Awatea centre at Middlemore hospital on November 7<sup>th</sup>. Sarah Little, Director of Nursing at Starship Children's Hospital will be the keynote speaker, and will also sit on a discussion panel of directors of nursing from Child Health departments form other centres at the conference. Watch out for more conference information including a call for abstracts on our website and Facebook page soon.

The Nursing Consortium have met and discussed the New Zealand Child Health Nursing Knowledge and Skills Framework document. They congratulated us on the standard of work that has gone into the document, and recommended some small amendments. Rachel Wilson will finalise this work and once completed will move on with our College application. Once again, I cannot thank Rachel enough for her dedication to this project.

This month I have been thinking about leadership. It is easy to think that leaders are other people who know more than us, or who really want to be in charge or who crave attention. As nursing professionals we are all leaders. For those of us who work directly with children and families our leadership takes on the form of teaching our clients, of role modelling excellent practice; as educators, again we lead by role modelling, by managing information and empowering and enabling other nurses; as managers we lead by supporting and motivating staff, and communicating high expectations of nursing practice. Wherever you work, you are a leader, and collaboration across all levels of an organisation is a key to the success of your leadership.

As winter approaches our leadership is crucial for reducing the effects of respiratory illnesses in children. Our attention to Ministry of Health and DHB targets for immunisation and smoking cessation has a direct influence on respiratory illness. You can exercise leadership by influencing the offering smoking cessation packs, checking immunisation status, being aware of the effect of poor housing on respiratory wellness, and by using excellent assessment and intervention skills. These are all important activities which will help alleviate suffering and increase health.

Enjoy this edition of CYPress. If you haven't looked at it yet, access the latest edition of *Neonatal, Child and Paediatric Nursing* journal (NPCHN) online via the NCYPA website. It has some fascinating articles, including one on sucrose and lollipops for reducing immunisation pain in toddlers and young children, and another on paediatric nurses knowledge and attitude to oral care. Remember to expect an invoice of \$20 for this journal soon.

Becky

## **Respiratory Illness — A Literature Search:**

Barben, J., et al. (2008). **"Management of acute bronchiolitis: can evidence based guidelines alter clinical practice?"** <u>Thorax</u> **63**(12): 1103-1109.

Szefler, S. J. (2014). "Advances in pediatric asthma in 2013: coordinating asthma care." Journal of Allergy & Clinical Immunology 133(3): 654-661.

Robinson, P. D. and P. Van Asperen (2013). "Update in paediatric asthma management: where is evidence challenging current practice?" Journal of Paediatrics & Child Health 49 (5): 346-352.

Lukrafka, J. L., et al. (2012). "Chest physiotherapy in paediatric patients hospitalised with community-acquired pneumonia: a randomised clinical trial." <u>Archives of Disease in Childhood</u> **97**(11): 967-971.

Bekmezian, A., et al. (2011). "Pediatric emergency departments are more likely than general emergency departments to treat asthma exacerbation with systemic corticosteroids." Journal of Asthma 48(1): 69-74.

Fouzas, S., et al. (2011). "Pulse oximetry in pediatric practice." Pediatrics 128(4): 740-752.

Paul, S. P., et al. (2011). "Treating lower respiratory tract ailments in children and infants." <u>Emergency Nurse</u> 19(8): 21-25.

Borland, M. L., et al. (2008). "Croup management in Australia and New Zealand: a PREDICT study of physician practice and clinical practice guidelines." <u>Pediatric Emergency Care</u> 24(7): 452-456. Deis, J. N., et al. (2008). "Noninvasive respiratory support." <u>Pediatric Emergency Care</u> 24(5): 331-338; quiz 339.

De Brasi, D., et al. (2010). "Therapeutic approach to bronchiolitis: why pediatricians continue to overprescribe drugs?" <u>Italian Journal of Pediatrics</u> 36: 67.

Westra, S. J. and G. Choy (2009). "What imaging should we perform for the diagnosis and management of pulmonary infections?" <u>Pediatric Radiology</u> 39 Suppl 2: \$178-183.

## **NCYPA Committee Members**

Next committee	-	Chairperson	Becky Conway	Christchurch
meeting:		Secretary	Linda Jackson	Auckland
7th August 2014		Treasurer	Lydia Snell	Whakatane
		Vice-Chair	Cate Fraser-Irwin	Auckland
		Committee Member	Amberley Thomson	Dunedin
I		Committee Member	Sharon Payne	Hawke's Bay
I		Committee Member	Leaha North	Wellington
I		Committee Member	Cate Fleckney	Auckland
		Professional Nursing Advisor	Kate Weston	Auckland

# **Regional Round-up: Respiratory**

#### High Flow Nasal Cannula O2 for Infants and Children.

In the Paediatric high Dependency Unit at **Christchurch Hospital** we have been using high flow nasal cannula O2 (HFNCO2) for infants and children with respiratory distress over the past year. For infants and children under 12.5kgs we are using the Fisher & Paykel Optiflow junior<sup>TM</sup> system and for larger children the Fisher & Paykel Optiflow RT202<sup>TM</sup> circuits and Optiflow<sup>TM</sup> small and medium prongs. Anecdotally the therapy has been very well tolerated and successful for infants and children with a variety of respiratory illnesses such as bronchiolitis, asthma and pneumonia. With winter rapidly approaching it will be interesting to see how this therapy affects the number of infants with bronchiolitis whom we treat with CPAP. It would also be interesting to hear other units/wards experience.

#### Victoria Cullens

**Clinical Nurse Specialist** 



#### Charge Nurse Manager Tricia Martin from Wellington Children's Hospital recently attended the Fisher and Paykel Senior Nurses Clinical Meeting Held in Auckland.

I attended a Fisher and Paykel Senior Nurses Clinical Meeting on I<sup>st</sup> May in Auckland. Fisher and Paykel are the creators of Optiflow (high flow oxygen therapy), and it was a great opportunity to learn more about the benefits of, and theory behind, humidified oxygen, and also to network with other senior nurses around the country and talk about their experiences with high flow (some use airvo machines and some use the MR50 water heaters and oxygen/air blender systems like us).

The highlight for me was the factory tour – seeing high flow nasal prongs being assembled mostly by hand is both impressive and humbling. It was also great to have the opportunity to feed back to the actual designers about how we are finding the equipment – they really want to make something that works for us.

I left the day feeling like we are already on the right track with our high flow therapy, but I have made some valuable contacts and I'm also keen to look at humidified oxygen therapy for our low flow oxygen patient group. Fisher and Paykel have said they will look at hosting another of these senior nurse meetings in the near future, and I highly recommend it if the opportunity arises.

Regards,

#### **Tricia Martin**

Charge Nurse Manager

Tricia.Martin@ccdhb.org.nz

ASTANA NEW ZEALAND THE LUNG ASSOCIATION

My name is Adie Riddell; I'm a registered nurse with over thirty years of nursing experience.

My current position is 'Asthma Nurse Educator' with the 'Wellington Asthma' service -a 'not for profit' respiratory education service. It is part of a larger organisation 'Asthma New Zealand-the Lung Association'. Most regions will have a service similar to the one we offer in the Wellington region. Our primary objective is to improve awareness and self management for people / families with asthma and other respiratory conditions through effective professional health care.

Asthma affects around one in six people at a cost of around \$825 million each year. Most of this is incurred indirectly through poorly controlled asthma resulting in parents taking time off work, the child being absent from school or worst case scenario –premature death. It has been estimated that the cost of 'uncontrolled' asthma can be as much as 100 times greater than the cost for clients who are well controlled.

Together with my colleague Alice our objective is to empower families/individuals with asthma to take control and manage their condition by teaching them to take/make the necessary steps for good home management. Ultimately our goal is to reduce hospital admissions/readmissions, keep children in education systems and reduce the time parents are absent from the workforce.

Anyone can access our education service. We encourage self referrals or for families to refer whanau, or friends. General practitioners, practice nurses and hospital health professional and community health professionals are our main referrers.

We make contact with the family/ client and organise the first of three home visits. It is proven that our face to face consultations reduce repeat hospitalisation. Clients receive an initial one hour long consultation with time to practice techniques shown. Follow ups are scheduled later for further information and advice. Our service is supported with written information which is left with the family, and other appropriate devices designed to make medication taking easier.

Our parent company Asthma NZ-The Lung Association is very proactive in looking at the barriers that impact on medication uptake and in supporting 'new' strategies for minimising these. They have recently introduced two very useful devices – the 'Asthma Minder' – a device that combines taking your preventer with brushing your teeth twice a day, and the 'Asthma App' for cell phones providing an online system that reminds you to take your asthma medication daily and helps monitor symptoms. These are both proving invaluable in engaging with our young asthmatic clients and helping them form routines with taking preventer medication twice a day.

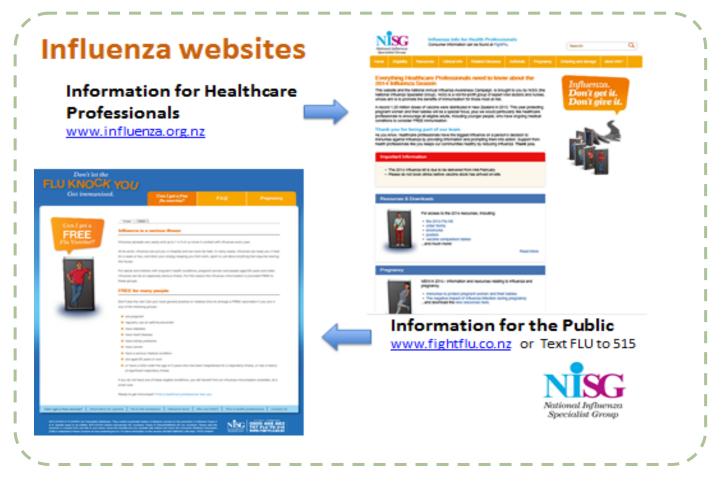
We also offer asthma education sessions in the pre school, primary and secondary school systems. These are tailored to the specific audience which may include one on one with students, or staff or/and parents or group sessions. This program helps to support children with asthma to attend school and feel safe that any flare ups will be managed appropriately.

The benefits for our service are huge with the goal being that individual's can self manage their asthma and medications, and reduce the amount of hospital admissions attributed to asthma.

#### References

I. Holt S, Beasley R. The burden of Asthma in New Zealand 2002. Wellington: Asthma and Respiratory Foundation of New Zealand

# Influenza Key Messages



#### Influenza vaccine on the NIR

The Ministry has enabled the influenza vaccine given in general practice to be recorded on the NIR. In the future this information will be a useful measure of influenza vaccine coverage. Individuals will need to be informed about the NIR, agree to their information being collected, and can choose to opt off the NIR (by completing and returning the NIR 2 to the DHB NIR administrator as is done with childhood opt off). A new NIR leaflet has been developed for adults (HE2423) and can be ordered now from your local authorised health education resource provider.

PMS providers have upgraded their programmes to record influenza vaccine on the NIR and all practices should install the latest PMS updates if they have not already done so. When a vaccinator is sending the influenza vaccine information to the NIR, please ensure the provider is noted as the 'GP' and the nurse is the 'vaccinator' as this will reduce the error messages some practices are receiving.

At this stage influenza vaccines given in pharmacies and occupational health settings will not be sent to the NIR as these providers are not currently electronically linked to the NIR. It is expected in the future that all influenza vaccine providers will send this information to the NIR. Pharmacies and Occupational Health providers are expected to notify an individual's general practice that they have received an influenza vaccine so that the individual's medical records can be updated.

## Your Journal - the NPCHN Journal!

The latest NPCHN Journal (March 2014: Vol.17, No.1) is now available for viewing/ downloading. To access the journal online:

Start at the NZNO homepage, at the top click on groups and then sections and on the left of the screen click on children and young people and finally on the left click on NPCHN Journal to get to the screen shot below. You need to know your NZNO login and password to access the journal. If you have forgotten these, you can call the membership support line on 0800 28 38 48 to reset them.

In this area: CYP About us	Neonatal, Paediatric and Child Health Nursing (NPCHN) Journal
CYP Latest news	
CYP Committee	Neonatal, Paediatric and Child Health Nursing Orrea, Jonna or Actuation County of County & Young Print's Numery
CYP Conferences	Alexensian Coultar or Narvaria Nanari, Nanari, Nanari Coultar Acteoroa 🏰 MCCHTRI 💿 📃 🔞 🗿 🚥
CYP Contact us	Member-only access to the Journal
CYP Forums & Seminars	You must be a current member of the Nurses for Children & Young People Actearoa (NZN
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	The NPCHN Journal PO Box 1856 Altkenvale Queensland 4814 AUSTRALIA
	Submissions
	The editorial committee welcomes quality papers from potential authors. See the NPCHN Journal website for further information.

## Introducing a Journal Levy For Membership

As we are soon to heading into the new era of becoming a college, this year we are introducing a journal levy for all NCYPA members of \$20 per annum. Members will soon receive an email or letter on the different ways that they can pay this.

The levy will help set-off the cost of the **Neonatal, Paediatric and Child Health Nursing Journal** (NPCHN) in which we are partners with three other Australasian Paediatric and neonatal nursing orgainisations. You can navigate to the journal via the NZNO/NCYPA website. You need to know your NZNO login and password to access the journal. If you have forgotten these, you can call the membership support line on 0800 28 38 48 to reset them.

#### Neonatal, Paediatric and Child Health Nursing

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**Professional Development Opportunities : Conferences, Meetings, Education** 

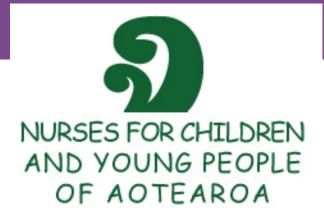




#### INTERNATIONAL SOCIETY FOR PEDIATRIC WOUND CARE



# Be the Change NCYPA Conference



7 November 2014

Call for Abstracts

**Celebrating and Leading Change** 

Nurse's contribution to improving the wellbeing of vulnerable children and young people

Submission deadline: 31<sup>st</sup> July 2014

Submit via email to: Webmasterncypa@gmail.com

Venue: Ko Awatea, Middlemore Hospital



PAGE 10

2.

### NCYPA Call for Abstracts

The organising committee of the 2014 NCYPA Conference welcome abstracts for oral and poster presentations.

We are seeking abstracts from across the spectrum of child and youth health research, practice and innovation.

### Closing Date: 31st July 2013 at 5pm

#### **Oral Presentation:**

Presenters will be allocated a maximum of 30 minutes: 25 minutes presentation, 5 minutes discussion.

PowerPoint is the preferred medium for presentations. Other presentation facilities will be available by arrangement.

#### **Poster Presentation:**

Poster presentations will be on display for the entire conference. Posters should AO portrait (1189mm high x 841mm wide). The poster panels will be Velcro receptive and measure 2.3m high by 1.2m wide.

#### **Please note:**

All presenters are required to register for the conference

#### **Submission Regulations**

Your abstract must contain the following:

#### 1. **Title**

Written in upper case and bold

#### 2. Authors/Presenters

Written in sentence case

Show first and last name only

Title, degrees and awards should not be included

The name of the presenter should be indicated in bold and by an asterisk.

#### 3. Institution, City, Country of all Authors/Presenters

Written in sentence case and italics Authors from outside New Zealand are requested to include country.

#### 4. Body of Abstract

Upper and lower case

Tables and figures are permitted

Scientific papers should include the following headings, in bold:

Background:	The study's objectives (unless given in the title).
Methods:	A brief statement of the methods used, if pertinent.
Results:	A summary of the results.
<b>Conclusion</b> :	Reached and significance – it is not satisfactory to state,
	"results will be discussed" or "data will be presented".

Abbreviations may be used but must be spelt out in full at the first mention followed by the abbreviation in parentheses.

Spacing: Block paragraphs with double spacing between each paragraph. Referencing: Harvard or APA referencing may be used.

Acknowledgement of supporting institutions may be made at the end of the abstract.

#### Submitting your abstract

- All abstracts must be submitted using the abstract template provided. This is a Microsoft Word file which is designed to ensure that your abstract is prepared in the right way for publication.
- Please save this template to your PC hard drive and use it to prepare your abstract. Your completed abstract form can be submitted by following the instructions provided online.

Please complete one form for each abstract submitted.

Please use Arial font in size 10 point, single spaced with left justified margins. The abstract should be written in English and be no longer than 300 words text (excluding title, authors and affiliations, keywords and references).

#### **The Submission Process**

Email your abstract as an attachment to our secretary: Linda Jackson at <u>web-</u><u>masterncypa@gmail.com</u>

Linda will confirm she has received your abstract within 2 days of you emailing it. If you do not receive confirmation please contact Linda again by email <u>linda-jax1967@gmail.com</u> or on tel. 0211215167 and leave a message with your name and contact telephone number.

Many thanks

#### ACCOMPANYING INFORMATION

**Details of the presenting author:** 

Last name, first name, department, institution, address, tel, fax, email **Your preferred presentation format:** 

Oral, poster

Standard audiovisual equipment will be available: data projector, PC laptop and sound system (if required) and will be running PowerPoint, lectern and microphone. Please note that OHP and slide projectors will not be provided.