FDA Recommendations for Transdermal Patches during an MRI

By Adam Soares, Pharm. D.

A note from Margaret Fitzgerald:
I extend my thanks to Dr. Soares for granting permission to reprint this helpful table he developed.

Recently, the Food and Drug Administration (FDA) issued a Public Health Advisory expressing concern about patients wearing transdermal patches while undergoing magnetic resonance imaging (MRI) procedures. This concern stems from reports of patients experiencing skin burns in the area surrounding and beneath the patch during imaging and from information regarding this risk missing from the product labeling of certain transdermal patches. The following table describes the characteristics of various transdermal patches, to help determine the safety of use during MRI procedures. However, whenever the components of a transdermal patch are unknown, it is better to err on the safe side and consult the prescribing clinician regarding removal of the patch.

(Continued on page 3)

FHEA Offer of the Month
10% off Expert Exam: Practical Orthopedics-Shoulder

Upcoming Cruises
2 Days in Rome and
10-Day Mediterranean Cruise
Holland America’s Noordam
Begins: October 6, 2009
(Details on page 6)

Upcoming NP Certification Exam Review Courses
09/02/2009 North Andover, MA
09/11/2009 Oak Brook, IL
09/16/2009 New York, NY
09/18/2009 Atlanta, GA
09/25/2009 Philadelphia, PA
(Also Acute Care)
09/30/2009 London, ON*
09/30/2009 Toronto, ON*
10/02/2009 Orlando, FL
11/06/2009 Kansas City, MO
11/12/2009 Dallas, TX
12/02/2009 Sacramento, CA
12/04/2009 Huntsville, AL
12/09/2009 Gainesville, FL
(Also Acute Care)
01/05/2010 North Andover, MA
01/05/2010 Chicago, IL
01/08/2010 Baltimore, MD
01/12/2010 Atlanta, GA
01/15/2010 Oakland, CA
02/02/2010 Manhattan, NY
02/27/2010 Minneapolis, MN
03/12/2010 Charlotte, NC
03/26/2010 San Diego, CA
03/28/2010 Philadelphia, PA

*Canadian version. Please note-Only enrollments from Canadians will be accepted.
Pacifier Use and Breastfeeding Duration
By Marie L. Bosco, BSN, RNC, IBCLC

The use of pacifiers with breastfeeding infants is a subject of controversy. While there is research to support that the use of pacifiers leads to early cessation of breastfeeding, there is also compelling research that reveals possible benefits of early pacifier use. One important issue is related to Sudden Infant Death Syndrome (SIDS). The American Academy of Pediatrics (AAP) set forth guidelines for breastfeeding infants and the use of pacifiers in 2005. The guidelines state that pacifier use should be initiated at nap and night time when the infant is one month of age and once breastfeeding has been well established. This, in conjunction with the other SIDS recommendations, will lead to a reduced risk of an occurrence. This is an important issue for breastfeeding mothers and health care professionals alike. The unanimous goal is to promote the health of newborns, and long-term breastfeeding is an in method to achieve this goal.

An additional concern surrounding the use of pacifiers was highlighted in an article in The Journal of Pediatrics in May 2009. The article evaluated whether pacifier recommendation reduced the prevalence or duration of breastfeeding. A randomized, controlled trial including 1021 highly motivated mothers whose newborns regained their birth weight by 15 days old were assigned to offer the pacifier. The primary goal was to assess exclusive breastfeeding at 3 months old. Secondary goals were to access the prevalence of exclusive and sustained breastfeeding. The research revealed that at 3 months old 85.5% of infants in the pacifier group were exclusively breastfeeding, and 86.2% in the non-pacifier group were exclusively breastfeeding. This supports that pacifier use in healthy newborns that are gaining weight at 15 days old does not affect exclusivity at 3 months old.

The recommendation to use pacifiers to reduce the risk of SIDS in this group appears safe and beneficial. This study is limited by factors because mothers are highly motivated therefore more likely to succeed, infants are healthy and gaining weight appropriately, and support for breastfeeding is inadvertently provided through follow up for the study itself. These factors promote breastfeeding exclusivity and duration in an environment that may have not succeeded without the study. However, this information provides compelling information regarding breastfeeding and pacifier use. Plausibly, the next step in this research process will be to research breastfeeding dyads that have increased risk for both cessation of breastfeeding and SIDS.

References:
**A Comment from Dr. Margaret A. Fitzgerald**  
**DNP, FNP-BC, NP-C, FAANP, CSP**

*From time to time, postings for Nurse Practitioner residencies come my way. Here is the latest one from a program in a community health center in central Massachusetts.*

The Family Health Center of Worcester (MA) is excited to announce that they are now accepting applications for an NP Resident to start in the Fall of 2009. This is a salaried position and a great opportunity to further build your NP skills working with complex family practice patients in a community health setting.

(FDA Recommendations: continued from page 1)

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**References**


Dr. Adam Soares is the Clinical Pharmacology Manager at Lawrence General Hospital, a division of Cardinal Healthcare.
During the Civil War, nurses played a vital role in medical efforts. Often referred to as the “angels of the battlefield,” Civil War nurses’ duties ranged from bandaging wounds, to bathing soldiers, to assisting with surgeries. Though some had schooling in medicine the majority of nurses who volunteered were trained on site by senior nursing staff. The following is a fictionalized account of what one of these Civil War nurses might have experienced in her everyday life.

The smell of lilac water did little to cover the pungent smell of blood; the metallic, fervent scent clung to Abigail’s skin, and her hair. It made a home inside her nostrils constantly reminding her of the suffering taking place all around her. Abigail, who had just started her position as a nurse at the Union Hotel Hospital in Washington D.C. two weeks prior, walked beside Nurse Johnston, an older woman who spoke tersely, but cared for her patients with a kind hand. They began walking through the large hotel ballroom which had been converted into a makeshift hospital ward. White fly nets hung above each of the union army soldier’s beds hovering like fishing nets waiting to be cast. Thin tendrils of light seeped in through the broken, boarded windows of the hospital ward.

Before arriving at her post in the hospital Abigail had lived at home with her mother and father who had become deeply involved to the anti-slavery movement. Her father helped found the Free Church in their home town of Andover, Massachusetts. Though Abigail found the work her father was doing to be important, her position as a woman in the church kept her from engaging in the efforts to the extent she desired. Her mother, who saw Abigail’s passion, suggested that she join the war efforts as a nurse. Abigail, who had no formal training in medicine, had had apprehensions about enlisting from the start. Though she wanted to assist the union army she felt anxious about seeing the brutalities of war in such close proximity. How could she, a young woman who had little experience with the world outside of Northern Massachusetts, be expected to travel so far from home to care for men who were sick and dying? In the end, her desire to play an active role in the war efforts had outweighed her apprehensions and Abigail made the decision to become a nurse and make the long trip to Washington.

The Battle of Fredericksburg had drawn to a close three weeks before Abigail had arrived at her post. But the hospital was still lined from wall to wall with union soldiers- their wounds and faces told the story of the four day slaughter. Usually Abigail spent her days bathing patients which caused her such severe embarrassment that she was convinced any other duty would be an improvement. But on this particular day Nurse Johnston told Abigail to shadow her as she made her rounds. For the most part Abigail and Nurse Johnston were greeted with cordiality. One man thought Abigail was his mother, and just as she was about to insist otherwise Nurse Johnston ushered her toward him and told Abigail to “hold her son’s hand.” The soldier drifted off to sleep, his face blistered red from lying injured in the sun for nearly three days before being brought to the hospital. He had been shot in the shoulder and stomach and would likely not last through the night. And as he breathed in slowly Abigail was sure every breath would be his last. The thought that she would be the only one there to witness the man’s death terrified her, and she held his hand limply in her own as if simply touching the man might hasten his demise. When Nurse Johnston finally told Abigail that they should move on to the next bed she dropped the man’s hand thankfully.

They paused next to a soldier who was suffering from dysentery. Nurse Johnston touched his hand and fed him water slowly. “You must learn to tend to the men with a light hand,” Nurse Johnston said. “For many of them, yours is the last face they shall see. Sometimes you are their mother, sometimes their wife or sister. Contrary to what you may have been told, our job involves more than simply bandaging wounds.” Nurse Johnston looked at Abigail despairingly. The old woman was not cruel, but her exasperated manner made Abigail nervous.

“You must often help ready them for their final confessions,” Nurse Johnston said.

Abigail answered obediently, “Yes ma’am.”

Soon, afternoon had waned and dusk settled in. As the two women paused briefly beside a window Abigail peeked through the boards and watched the sun disappear into the horizon. She watched as Nurse Johnston ran her fingers over the surface of her grey hair, which she kept wrapped tightly in a bun.

(Continued on page 7)
Six Day Clinical Pharmacology for NPs and Advanced Practice Clinicians

Presented by:
Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP and Sally K. Miller, PhD, ACNP-BC, ANP-BC, FNP-BC, GNP-BC, CNE, FAANP

Presented live in Los Angeles, CA
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This course focuses on the alteration in normal physiology and the associated pathophysiological processes of common disorders in order to provide an understanding of human illness in adults. Case studies will be utilized to illustrate understanding of human illness in adults. Case studies are utilized to illustrate the signs and symptoms that result from the pathophysiological processes. The instructor has taught this curriculum at the university level for a number of years. She is a former dean, past president of the National Organization of Nurse Practitioner Faculties and a university curriculum consultant.

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After they gave the soldier a dose of chloroform Abigail watched as the surgeon made two incisions above and below the laceration then pulled back a flap of skin revealing a mass the surgeon was operating on. Abigail felt nauseous when she saw the soldier remembering the amputation surgery which had been performed on him only two days ago. During the surgery Abigail stood beside Nurse Johnston who was assisting the surgeon. The man had severe burns which had deformed his face damaged his eyes beyond repair. Looking at the man’s face Abigail had felt as if she wasn’t looking at a man at all, but a piece of cured meat. The most severe injury that plagued the man, however, was on his left leg which had a deep laceration across the lower thigh. The leg, which had become infected with gangrene, needed to be amputated.

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“You say I can speak to you about anything,” Thomas said finally.

“Yes, of course,” Abigail moved forward in her seat expectantly.

“Do not presume anything, young lady. I can speak to you about things as readily as I can speak to a child. You know nothing of war.”

Abigail felt a sudden hostility toward Thomas. She tried to look past his resentment, but she had become increasingly angered by his assumptions and resignation. Abigail felt compelled to give up on Thomas.

“Are you still there?” he asked, his voice softening.

“I am,” Abigail said.

“Why?”

“Because, sir,” she affirmed, “I would like to help you.”

Again there was silence, and no sooner had Abigail been ready to give up and tend to more deserving men Thomas began speaking.

“You say you would like to help me, but you have no tools to do so. You may be kind, but you are naïve. You could never help me.”

“You may believe what you wish, sir.”

“I do not speak these words to harm you,” Thomas said, his voice hushed in apology for his callousness. “I simply know that you cannot help me—no one can. I have become a loathsome thing. I thought I knew what type of man I was before I enlisted. I studied war extensively at home; I knew the acts of brutality men were capable of. I thought I could do these things as well, for my country. But I discovered that there are things inside me— things I did not know were there. I thought I was courageous before I had to face my fear head on. When gunfire lit up the evening sky I would run toward it, but all I wanted to do was hide like a coward.” Thomas paused briefly then continued, “I hide sometimes. And when I saw the bodies of men around me fall one by one I wanted to fall beside them and wait out the stream of musket fire.”

Abigail thought about the brutal things Thomas must have seen and done and she realized he was right. She would not be able to comprehend his actions. She could not even assist a doctor in a surgery without fainting. She thought about what he had said about being courageous and knew this was a trait that she most certainly did not possess. She was timid. She was the butt of the other nurses’ jokes. She was seen as weak which was probably true. When she listened to men screaming in pain, she wanted to run away from them not put out her hand to comfort them. When she sat next to a dying man, she prayed to God to let the soldier pass on someone else’s shift. She feared being around death, and time and again she asked herself why she had enlisted as a nurse. Before she had arrived at the hospital she deluded herself into thinking that she too was courageous, but just like Thomas her assumptions about her own strengths had been false.

“I am still here, Thomas,” Abigail said attempting to mask the defeat in her voice. “You need not apologize any more, do you understand? And if you wish, we do not need to speak of your family or anything else. We can just sit here, together and say nothing if that is what you want.”

And then for a long time there was silence. The scent of lilacs and disease wafted past Abigail, but instead of holding her breath against the stink, as she had become accustomed to when the stench was too great, she breathed in resisting the urge to gag.

“I have not been a good man here,” Thomas said. “I have been violent and cruel. I don’t want to go back to my family like this. I don’t want my son to see me this way. He is only a boy. I want him to remember me as the man I was when I left. When I die, I want him to remember me as valiant.”

That last word echoed in Abigail’s ears and when she looked at Thomas she saw that he looked anything but valiant. They sat in silence for a long time. And bit by bit the ward quieted as night moved in. Soon, Nurse Johnston appeared at Thomas’s bedside and put her hand on Abigail’s shoulder.

“Come along child,” she said. “You should get some rest.”

But Abigail did not move. And even when the lights were dimmed and the men around her began snoring she stayed in her chair beside Thomas. At dawn Thomas’s breathing became strained and even though his eyes were hidden behind the sheath of fabric he turned to face Abigail. He told her to leave him, but she did not move. Instead she reached out her hand and placed it on top of his until he exhaled one last time. And she kept it there until the warmth started to drain from his skin.

References:

Note: Emily Paquin is the author of this short story and is currently pursuing a Master of Fine Art’s degree in writing at Emerson College in Boston, Massachusetts. She is also the editor of FHEA News. She became interested in the history of nursing while taking an archival research class last spring and felt compelled to write a story which showcased the historical significance of nurses during the Civil War.

Customer Comment

Dear Dr. Fitzgerald,

I wanted to let you know that I have passed my National FNP Certification. I attended your conference in Minneapolis, Minnesota this past February. I would like to express my gratitude for helping me to be successful in passing this test. The information from your course was extremely relevant and helped to bring focus and direction to my studying. I will highly recommend your program to other Nurse Practitioner students.

Again thank you.
Kelly A Hancock
This Month’s Featured Faculty Member
Linda S. Blasen,
MS, ACNP-BC, FNP-BC

Linda S. Blasen has presented workshops in collaboration with other Fitzgerald Health associates on the topics of Suturing and Wound Management, Common Office Procedures, Common Dermatologic Procedures, and a web-based program on Radiology of the Spine. She provides various acute care lecture topics, x-ray interpretation sessions, and skills workshops and has presented at numerous regional and national NP conferences, including the Northern Advanced Practice Nurses Network Conference (NAPNN), and the National Conference for Nurse Practitioners and Acute Care Clinicians (NCNP-ACC).

Ms. Blasen is certified as an Acute Care Nurse Practitioner and Family Nurse Practitioner. She currently practices as an Advanced Registered Nurse Practitioner with Emergency Physician Specialists at Doctors Hospital in Sarasota, FL. Ms. Blasen also serves as a USF Disaster Response Team Volunteer.

Ms. Blasen is the Acute Care Program Director and an Instructor at the University of South Florida, College of Nursing. In addition, she serves on the Faculty Council, the Continuing Education Committee, the Curriculum Committee for MS and DNP and the Primary Care Committee at the University of South Florida, College of Nursing. In both the spring and fall of 2006 Ms. Blasen received recognition by the USF College of Nursing with the Spirit of Nursing Award. Ms. Blasen has also served as a Consultant and Speaker for GlaxoSmithKline.

Click here for more information on Linda Blasen and other Fitzgerald Health Education Associates speakers.

Upcoming Conferences Featuring FHEA Speakers

<table>
<thead>
<tr>
<th>August 14\textsuperscript{th}, 2009</th>
<th>October 6\textsuperscript{th}, 2009</th>
<th>October 23\textsuperscript{rd}, 2009</th>
</tr>
</thead>
</table>
| 33rd Annual Snowbird Continuing Education Conference  
  Lodge at Snowbird, Snowbird, UT | American Journal of Nursing Conference:  
  Advancing Excellence in Nursing Practice  
  Hyatt Regency McCormick Place, Chicago, IL  
  Topic:  
  Heart Disease in Women-2009 Update | Oklahoma Nurse Practitioner Conference  
  The Reed Center  
  Midwest City, OK  
  Topic:  
  Drug Update: What’s Hot, What’s Not?  
  Pediatric Pharmacology Update for Primary Care |
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  PhD, ACNP-BC, ANP-BC, FNP-BC, GNP-BC, CNE, FAANP | **FHEA Speaker:**  
  Kismet D. Rasmusson  
  MS, FNP-BC |

| **FHEA Speaker:**  
  Monica N. Tombasco  
  MS, MSNA, FNP-BC, CRNA | **FHEA Speaker:**  
  **FHEA Speaker:**  
  Monica N. Tombasco  
  MS, MSNA, FNP-BC, CRNA | **FHEA Speaker:**  
  Monica N. Tombasco  
  MS, MSNA, FNP-BC, CRNA |
## Margaret A. Fitzgerald’s Upcoming Speaking Engagements

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Details</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/02/09</td>
<td>MinuteClinic Dinner Program Tournament Players Club 11444 Tournament Players Parkway Blaine, MN 55449</td>
<td>- Antimicrobial Update: The Latest Guidelines in the Treatment of Respiratory Tract Infections</td>
</tr>
<tr>
<td>09/10/09</td>
<td>Nursing Management Congress 2009 Hilton Chicago Chicago, IL</td>
<td>- DNP: Changing the Academic Face of Nursing</td>
</tr>
<tr>
<td>09/11/09</td>
<td>Texas Nurse Practitioners 21st Annual Conference The Woodlands Marriott Hotel and Convention Center</td>
<td>- Managing Bacterial Respiratory Tract Infections (RTIs): Staying a Step Ahead of Common Respiratory Pathogens</td>
</tr>
</tbody>
</table>
| 09/18/09   | United Advanced Practice Registered Nurses of Georgia NP Conference Macon, GA     | - Challenging Case Studies in Laboratory Diagnosis: A Focus on Anemia
- Type 2 Diabetes Mellitus, Metabolic Syndrome
- Dealing with the Challenging Patient |
- Take a Breath: Advances in the Treatment of Asthma and COPD |
| 09/30/09   | NP Certification Exam Review and Advanced Practice Update London, Ontario Canada* Shuttleworth Auditorium Room DO-104 268 Grosvenor St at Richmond London, ON N6A 4V2 | - Cardiovascular Disease, Hypertension, Cardiac Murmurs
- Asthma, COPD, Pneumonia, Eye, Ear, Nose and Throat Disorders

*(Canadian version. Please note-Only enrollments from Canadians will be accepted)*

| 09/30/09   | NP Certification Exam Review and Advanced Practice Update Toronto, Ontario Canada* RN Association Ontario (RNAO) 158 Pearl Street Toronto, ON M5H 1L3 | - Cardiovascular Disease, Hypertension, Cardiac Murmurs
- Asthma, COPD, Pneumonia, Eye, Ear, Nose and Throat Disorders

*(Canadian version. Please note-Only enrollments from Canadians will be accepted)*

- Now What? Puzzling Diagnostic Case Studies in Primary Care Practice |