Retail Clinics: Millions of visits, more than 1000 clinics
By Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP

Eight years ago, the first retail clinic opened in a Minneapolis grocery store. In a short time, the growth in this sector of healthcare has been explosive with more than 1000 clinics open and operating. Retail clinics have enjoyed great success, in part due to the positive feedback by consumers, who rate the care provided by the nurse practitioner (NP) and physician assistant (PA) staff as excellent. In addition, this healthcare innovation allows people to obtain healthcare services when and where they want them. Here are a few questions and answers about retail health clinics.

What are the numbers on retail clinic growth?
Consider these numbers from some of the retail health clinic’s industry leaders. CVS’s MinuteClinic (formerly QuickMedx) has more than 520 clinics with most located in CVS retail outlets. This organization has the largest number of retail clinics, recording more than 2 million patient visits, and is the nation’s leading employer of nurse practitioners. Plans are in the works for an additional 250 clinics to open in the near future. Take Care Health Centers, featured in 200 Walgreens stores nationwide, announced in June that they had treated more than 500,000 patients. Walgreens opened their first clinic in 2004 and intends to reach 400 Take Care locations by end of 2008. Retail giant Wal-mart opened its first three co-branded clinics and plans to unveil 400 in-store offices by 2010. Little Clinic opened its first outlets in 2005. With approximately 75 clinics, Little Clinic has plans for significant expansion. The retail store chain Target has opened 25 clinics with plans to expand their reach beyond Minnesota and Maryland, the locations of the current sites.

(Continued on page 3)
Breastfeeding is an Effective Analgesic
by Marie L Bosco, BSN, RNC, IBCLC

When compared to sucrose water, providing breastfeeding during a painful procedure provides more effective infant analgesia. An Italian study compared infant pain scores during a heel stick procedure using either sucrose water or breastfeeding to control pain. In this randomized controlled study, 101 term infants undergoing heel lance were either breastfed or fed 1ml of a 25% sucrose solution with a syringe. Pain was monitored using the Premature Infant Pain Profile (PPIP), heart rate increase, oxygen saturation decrease, and crying behavior. Infants who were breastfed during this procedure had a five point difference in terms of their PPIP score (scale range: 0-18) with the average being about three points (minimal pain response). The heart rate increase and the oxygen saturation decrease were significantly lower in the breastfed group compared to the sucrose group. The result ultimately reflected that breastfeeding provides superior analgesia for heel lance in term infants.

The reason for this difference between the use of sucrose water and breastfeeding is not fully explained. Pain relief by sweet solutions is known to be due to an endogenous opioid release. Pain relief through breastfeeding is likely attributed to, skin-to-skin contact, holding, or tactile stimulation through drinking, and orogustatory stimulation. Further research in this area should produce evidence to prove which attributes of breastfeeding are most beneficial to pain relief.

In any case, the use of breastfeeding during minor painful procedures proves to reduce pain effectively in the newborn. Breastfeeding is a natural nurturing activity that provides analgesia amongst the numerous other benefits already proven through research.

References:

Need a Speaker?
If you are interested in having Margaret or one of our other talented associates speak at your school, local, regional or national conference, please e-mail services@fhea.com for more information. Conference administrative services are also available.
Customer Comment

Hi Dr. Fitzgerald,

I took the review class in June in NYC. I also took the pharmacology class you gave at LaSalle in Philadelphia last summer with Sally Miller. Good news! I passed the exam with a respectable margin. Thanks!

Besides providing a preparation for the exam, you prepared me for a strong start as a Novice NP. I start at the Hospital of the University of Pennsylvania ED in September.

I wish you continued success!

Thanks again,

Kaia Christiansen
(Retail Clinics: Continued from page 3)

*What is the influence of retail health on NP practice?*

This growth has created an unprecedented demand for NP, and to a lesser degree PA, services. I believe that, as our numbers grow, retail health will continue to provide a viable practice option with great potential for NP and PA leadership roles.

**References**


**Certification Question and Answer**

*With Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP,CSP*

**Question** - I am studying for the NP certification examination and found a sample question without an answer. Here is the question:

“In order to determine the presence of postural hypotension, blood pressure should be taken in which of the following positions?”

A. Sitting to standing  
B. Supine to sitting  
C. Supine to standing  
D. Standing to supine

From my clinical experience as a RN, I thought I knew the answer- supine to standing. However, I have found two references stating this can be done by sitting to standing, or supine to standing. What answer would you pick?

**Answer** - Changing position from supine to standing works the best in the outpatient setting. In acute care, you might need to do simply supine to sitting, and symptoms and/or significant blood pressure drop will be evoked with considerable volume depletion. Remember, the outpatient area is the practice setting for the adult and family NP examinations.

See this link for further information. [http://www.merck.com/mmpe/sec07/ch069/ch069d.html](http://www.merck.com/mmpe/sec07/ch069/ch069d.html)
# Margaret Fitzgerald’s Upcoming Speaking Engagements

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<td>Pacific Northwest 31st Annual National Conference, Advanced Practice in Primary &amp; Acute Care, Seattle, WA</td>
<td>- Keynote: Hot Topics in NP Practice: Opportunities and Pitfalls</td>
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<td>Michigan Council of Nurse Practitioners- Central Chapter 5th Annual Fall Conference, Central Chapter, Mt. Pleasant, MI</td>
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<td>FHEA Comprehensive Clinical Pharmacology Course (6 Days), Newton, MA</td>
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<td>Oklahoma Nurse Practitioners Conference 14th Annual Reed Center Midwest City, OK</td>
<td>- HPV, CA-MRSA, Avian Flu, Pertussis and More: Preventing and treating emerging infectious disease threats - Hot Topics in Drug therapy: New products, new uses and new warnings</td>
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<td>Hackensack University Medical Center Annual APN Conference, Hackensack, NJ</td>
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<td>- Worst Case Scenario: Uncommon outcomes in common diseases - Special Considerations in Geriatric Prescribing: Issues of safety and efficacy</td>
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