Fitzgerald Health Education Associates is pleased to announce the publication of the third edition of Dr. Fitzgerald’s book, *The Nurse Practitioner Certification Examination and Practice Preparation*. Based on the second edition which was an AJN Book of the Year award winner, the third edition features even more questions and content.

From the Chapter: Eye, Ear, Nose, and Throat Problems

Giant cell or temporal arteritis is an autoimmune vasculitis that is most common in patients 50 to 85 years old; average age at onset is 70 years. A systemic disease affecting medium-sized and large-sized vessels, giant cell arteritis also causes inflammation of the temporal artery. Extracranial branches of the carotid artery are often involved; this often results in a tender or nodular, pulseless vessel, usually the temporal artery, accompanied by a severe unilateral headache. The temporal artery is occasionally normal, however. Giant cell arteritis and polymyalgia rheumatica are thought to represent two parts of a spectrum of disease and are often found together.

In an older adult, these clinical syndromes are often accompanied by respiratory tract symptoms (cough, sore throat, hoarseness) or mental status changes, rather than by the classically reported findings of headache, jaw claudication, and acute reduction or change in vision. The headache that is usually part of the presentation is occasionally reported as being located in the frontal, vertex, or occipital area, rather than in the temporal area.

(Continued on page 3)
Polycystic Ovarian Syndrome and Breastfeeding

By Marie L. Bosco, BSN, RNC, IBCLC

Polycystic ovarian syndrome (PCOS) is an endocrine disorder that affects up to 15% of women. The diagnosis is based on a combination of symptoms which may include irregular or late onset of menstrual cycle, fertility issues, excessive body or facial hair, acne, weight problems, and insufficient glandular tissue in the breast. The ovaries often have cysts visible on pelvic imaging; hence the name of the condition. However, the presence of cysts is not required to make the diagnosis. The breasts of women with PCOS often have a characteristic appearance and are widely separated with conical shape. The low volume of glandular tissue can signify a lack of ductile support for breastmilk production. Hormonal imbalances such as elevated androgens, low prolactin levels and insulin resistance that are noted with PCOS can negatively impact lactation. Androgen hormones can interfere with prolactin reaching its receptor sites, which can lead to milk production problems. Hypothyroidism can also be associated with PCOS. Thyroid stimulating hormones should be monitored and thyroid-replacement therapy should be maintained. Insulin resistance may affect both breast growth and milk synthesis. Women with PCOS often produce milk normally and breastfeed without difficulty; however, when milk supply is a problem, the diagnosis of PCOS should be considered.

When PCOS is suspected as the cause of problems with milk supply, clinical evaluation and management are important to maintaining the breastfeeding relationship. There are a number of interventions which can be helpful including domperidone or metoclopramide which can be prescribed to boost prolactin levels. Concomitant hypothyroidism can be treated with levothyroxine, titrated to maintain normal thyroid stimulating hormones and free T4 levels. These therapies often act as galactagogues, and increase milk supply. Insulin resistance can be treated with metformin, therefore supporting milk production. Metformin has a poor oral bioavailability with an estimated infant dose of 0.28% which is undetected in infant plasma (Hale, 2008). Women with breastfeeding difficulties secondary to PCOS need close monitoring of milk volumes. Continued support is also needed as mothers continue to breastfeed. In the event that a full milk supply cannot be maintained, mothers can supplement their breastmilk and maintain the breastfeeding relationship by using a supplemental nursing system. Supplemental nursing systems are devices which hold extra milk and have small bores and flexible tubes that can reach to the end of the nipple. While PCOS itself is not a contraindication with breastfeeding, it may lead to obstacles. Breastfeeding women with PCOS can benefit from additional emotional and clinical support.

References:


Dear Fitzgerald Health Education,

I passed the ANCC FNP exam! I only studied with FHEA products. I did not look at anything else (i.e. school books, notes, or other exam prep books). I heard Dr. Fitzgerald in my head repeatedly during the exam. Please tell her thanks for the great products!

Jason McMahan, RN, MSN, FNP-BC
US Army Civilian
Landstuhl, Germany

From the Chapter: Endocrine Disorders

Highly sensitive and specific, the measurement of thyroid stimulating hormone (TSH) is the most helpful thyroid test, particularly when diagnosing the condition in the outpatient setting. TSH is produced by the anterior pituitary gland, with secretion stimulated by thyrotropin-releasing hormone through a negative feedback loop in response to amount of circulating thyroid hormone (T4). Because only a small fraction of T4 circulates free, with 99.7% bound to T4-binding globulin or other plasma proteins, the unbound portion of T4, or free T4, is metabolically active. The measurement of free T4 is the most helpful test to confirm an abnormal TSH level. Approximately 40% of T4 is converted in periphery to triiodothyronine (T3). Compared with T4, T3 is likely four times more metabolically active; T4 is often referred to as a prodrug for T3.

From the Chapter: Chest Disorders

Inhaled corticosteroids (ICS) use is also recommended in children with asthma as the preferred anti-inflammatory agent; the potential but small risk of delayed growth with their use is well balanced by the effectiveness of these medications. Use of mast cell stabilizers, although quite safe, is limited by the need for consistent use for many weeks before clinical effectiveness is seen. The clinical effects of an ICS is usually seen within the first 1 to 2 weeks of use; approximately 10% to 15% of the dose of ICS delivered via metered dose inhaler (MDI) is systemically absorbed. Primary care providers are often poorly informed as to the relative potency of a given ICS and prescribe too low a dose for the asthma severity; this is a major issue that potentially limits the effectiveness of ICS (Author’s note- There is a table on the comparative potency of the inhaled corticosteroids included in the book).

“The measurement of thyroid stimulating hormone (TSH) is the most helpful thyroid test, particularly when diagnosing the condition in the outpatient setting.”

From the Chapter: Chest Disorders

Certain patient characteristics increase the likelihood of death from pneumonia and should alert the NP to consider hospitalization and aggressive therapy. These include age older than 65 years and severe electrolyte or hematological disorder, such as serum sodium concentration of less than 130 mEq/L, hematocrit less than 30%, or absolute neutrophil count of less than 1000/mm³. The presence of a co-morbid disease, such as impaired renal function, diabetes mellitus, heart failure, immunosuppression, and airway dysfunction, poses increased risk, as do abnormalities in vital signs, such as fever, tachycardia, tachypnea, and hypotension. The pathogen responsible for pneumonia also needs to be considered because pneumonia death risk is increased when S. aureus, often seen in postinfluenza pneumonia, or gram-negative rods such as Klebsiella pneumoniae, found frequently in pneumonia in alcohol abusers, cause infection. Risks for CAP by Pseudomonas aeruginosa include structural lung disease, long-term corticosteroid therapy (prednisone use of ≥10 mg/day, or its equivalent) and broad-spectrum antibiotic therapy in the previous month, and malnutrition.

(Continued on page 6)
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.

For more information about the National Health Service Corps visit the links below:

Student/Resident Experiences and Rotations in Community Health (SEARCH): http://www.nhsc.hrsa.gov/search/massachusetts.pdf

Loan repayment:
http://www.nhsc.hrsa.gov/loanrepayment/

Student scholarships:
http://www.nhsc.hrsa.gov/scholarship/

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Five Day Comprehensive Gerontological Update
June 14–18, 2010
Fitzgerald Health Education Associates
85 Flagship Drive
North Andover, MA

Earn 35 Contact Hours!

Presented by: Terry Mahan Buttaro, MS, ANP-BC, GNP-BC

FHEA’s Comprehensive Gerontological Update is specifically designed to help meet the eligibility requirements for previously licensed Adult, Family, and Acute Care Nurse Practitioners who treat older adults to use alternative eligibility criteria to qualify to sit for ANCC’s Gerontological Nurse Practitioner certification exam. For details visit http://www.nursecredentialing.org

Topics Covered:

- Aging Demographics
- Health Assessment
- Clinical Management of Acute and Chronic Illnesses: Skin, Cardiac, Respiratory, Gastrointestinal, Genitourinary, Gynecologic, Musculoskeletal (common arthritis problems), Neurologic, Endocrine/Metabolic, Immunologic, Multisystem Disorders, Psycho-Social
- Pharmacologic Issues in Older Adults (including Polypharmacy)
- Ethics
- Geriatric Syndromes: Constipation, Dementia/Delirium, Anxiety/Depression, Falls, Failure to Thrive, Functional Loss, Incontinence, Sensory Loss, Sleep Disorders, Pain Management
- Palliative Care
- Advanced Directives
- Elder Abuse/Neglect
- The Nurse Practitioner/Patient/Family Relationship
- Professional Role and Policy
- Research Utilization

Click here for more information about this course

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National Health Service Corps

The National Health Service Corps (NHSC) pays for a variety of educational expenses for healthcare providers including books, clinical supplies, laboratory expenses, uniforms, and travel expenses for one clinical rotation. A monthly living stipend is also awarded to recipients. The NHSC Loan Repayment Program provides $50,000 to primary care clinicians. Upon completion of their academic program, recipients are required to complete 2 years of service at an approved site in a Health Professional Shortage Area. Recipients complete at least 40 hours of clinical care per week. The specific focus of the clinical care varies based on the recipient’s profession. There are currently over 9,000 NHSC job opportunities across the United States. Approximately half of NHSC clinicians complete their service at federally supported health centers. The recipient’s salary is required to be at least the equivalent of a federal civil service position.
Retail Health Clinics: What Consumers Really Want from Them
by Emily Paquin, BFA

In this fast-paced society time is money, and retail health clinics are making full use of that fact. By providing quality care in a convenient setting, these clinics bring healthcare into the everyday lives of their consumers. There are a number of retail health clinics available to consumers including, MinuteClinic, TakeCare, Little Clinic, and others. These locations are staffed by nurse practitioners and provide high quality care with tremendous consumer satisfaction. By limiting the wait time for care, these clinics attract both initial and repeat patients. But what exactly do consumers want from retail health clinics, and will they choose these clinics over a traditional primary care office?

In a recent study, “Physician Office vs Retail Clinic: Patient Preferences in Care Seeking for Minor Illnesses,” Arif Ahmed, BDS, PhD, MSPH and Jack E. Fincham examined this question. The pair conducted a statewide random-digit-dial survey of households in Georgia. Adult residents were asked to perform discrete choice experiments to evaluate whether they would prefer to seek care from a primary care office or a retail health clinic. Respondents were asked to evaluate both healthcare settings in terms of price, appointment wait time, care setting-clinician combination, and acute illness. In the end there were two factors which respondent’s considered to be the most important in choosing retail health clinics over a primary care office; the first reason was appointment wait time and the second was cost. This study is not the first to identify time and savings as key factors in the appeal of retail clinics; however, it is the first study to tabulate and perform calculations about the relative importance and value associated with these attributes of the retail clinic experience.

The full study is available on the Annals of Family Medicine website at: http://www.annfammed.org/cgi/content/full/8/2/117

Educational Cruises and Travel
Update on Events for 2010 and 2011
By Marc W. Comstock, CEO
Fitzgerald Health Education Associates, Inc.

Maui Spring Seminar

Sheraton Maui Resort and Spa,
Lahaina, HI

Ka'anapali Beach—

Dozens of happy NPs from 20 states and provinces gathered at The Sheraton Maui Resort & Spa over the last two days for Dr. Margaret Fitzgerald’s Pharmacology Update. The hotel provided an outstanding backdrop for this resort format seminar over two days. Each day ended at 1:00 p.m. giving all a chance to enjoy splendid Hawaii weather—warm with balmy trade winds. Several attendees already reserved for next year’s seminar here on Ka’anapali Beach.

Dr. Margaret Fitzgerald (bottom left) and students from the Ka‘anapali, Maui, Hawaii pharmacology update course.

Upcoming Course Locations

Sheraton Maui Resort and Spa,
Lahaina, HI
March 15-16, 2011
8:00 a.m. to 1:00 p.m.

Due to the overwhelming success of the Pharmacology Update in Maui last month, FHEA is offering the 2011 version of this seminar on Maui’s Ka’anapali beach at the Sheraton Maui Resort & Spa. Be sure to book your air and hotel reservations early as this is a very busy season in Hawaii.

This photo from Ka’anapali beach was taken during the 2010 conference week. Breaching whales are a frequent sight along the beach front.

Click here for more information
New Products

Advanced Health Assessment of Women
Clinical Skills and Procedures, 2nd Edition

This manual-style reference presents the clinical skills needed to assess health and provide care to women of all ages, with systematic reviews of all aspects of female mental and bodily health. The authors and contributors comprehensively cover female reproduction, anatomy, and physiology as examined at the cellular level. Also discussed are developmental, psychological, and sociocultural dimensions of women.

Key topics discussed:
● Health assessment: physical examinations, assessment of pregnant women, and assessment and clinical evaluation of obesity in women
● Female Reproduction: anatomy, physiology, and the reproductive cycle
● Contraceptive devices: the diaphragm, intrauterine contraception, and contraceptive implants
● Assessment of women at risk: domestic violence, STIs, and sexual assault, and more

(Nurse Practitioner Certification Examination and Practice Preparation Book: Continued from page 3)

From the Chapter: Abdominal disorders

1. Altering the gut pain threshold in irritable bowel syndrome (IBS) is a possible therapeutic outcome with the use of:
   A. loperamide (Imodium).
   B. dicyclomine (Bentyl).
   C. bismuth subsalicylate (Pepto-Bismol).
   D. amitriptyline (Elavil).

2. Tenesmus is defined as which of the following?
   A. rectal burning with defecation
   B. a sensation of incomplete bowel emptying that is distressing and sometimes painful
   C. weight loss that accompanies many bowel diseases
   D. appearance of frank blood in the stool

3. An example of a medication with prokinetic activity is:
   A. dicyclomine (Bentyl).
   B. metoclopramide (Reglan).
   C. loperamide (Imodium).
   D. psyllium (Metamucil).

4. Diagnostic testing in IBS often reveals:
   A. evidence of underlying inflammation.
   B. anemia of chronic disease.
   C. normal results on most testing.
   D. mucosal thickening on abdominal radiologic imaging.

5. The clinical indication for the use of lubiprostone (Amitiza) is for:
   A. the treatment of constipation that is not amenable to standard therapies.
   B. intervention in intractable diarrhea.
   C. control of intestinal inflammation.
   D. the relief of intestinal spasms.


Clinical Coach for Nurse Practitioners

From classroom to practice—your own clinical coach by your side! Here’s the perfect go-to guide for making decisions in clinical settings! Experienced practitioners coach you as you analyze 30 of the most common patient complaints and rule out each differential until you reach the correct diagnosis.

Key topics discussed:
● Decision-making guidelines for the most common complaints seen in clinical practice.
● Charts and guidelines pertaining to the lab—x-rays - EKG, skin/wound care, and pediatric medications.
● Screening tools.
● Tables and charts for pediatric drug information by weight including antibiotics—cough and cold products, Tylenol and ibuprofen.
● Information on nursing home, home health, and hospice patient management.
● Practical advice on issues such as legal consideration—licensure, billing and coding, payers and more.

Click here for more information about this product
### Six Day Advanced Pathophysiology for NPs and Advanced Practice Clinicians

**Chicago Area, IL**  
**August 23–28, 2010**

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

**Earn 45 Contact Hours!**

- Presented by highly acclaimed clinician-educators who currently maintain clinical practice, thus bringing clinical relevance to the classroom in addition to their knowledge and teaching skills in pathophysiology.
- FHEA instructors consistently rank at the top of speaker ratings at national conferences.
- Both the course material and testing material are kept up-to-date on subject matter. The electronic components of this program are updated as needed to reflect the current state of practice.
- Test items are professionally developed and are subject to rigorous validity and reliability review.
- Meets the needs of a geographically dispersed student population using on-line lectures with full audio-visual content.
- On-line version allows students to proceed at their own pace and earn contact hours as they complete each module.

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**Click here for more information about this course**
The American Academy of Nurse Practitioners State Award for Excellence

Founded in 1985, the American Academy of Nurse Practitioners (AANP) was the first national organization to unify NPs from all clinical specialties. The organization is designed to advance NP practice, education, and research and has helped promote the roles of NPs as leaders in the healthcare community. There are more than 135,000 NPs who practice in the United States and the AANP represents and recognizes the efforts of these clinicians. One of the ways that the AANP honors the contribution of its members is by granting prestigious awards that recognize the outstanding work being done by NPs in the healthcare industry. The 2010 AANP Nurse Practitioner State Award for Excellence is granted on a state by state basis and is given annually to nurse practitioners who excel in their area of clinical practice. Founded in 1991, this award honors the contributions that the recipient has made to their community and recognizes the high-quality, personalized healthcare service that NPs provide across the United State. The award entitles the recipient to complimentary registration for the 2010 AANP conference and a one year membership to AANP. On June 23, 2010 winners will be recognized at the AANP 25th National Conference at the Phoenix Convention Center.

The Massachusetts State Award for Excellence was awarded to Margaret Fitzgerald DNP, FNP-BC, NP-C, FAANP, CSP, president of Fitzgerald Health Education Associates, Inc.

For more information visit: http://www.aanp.org

Who We Are…

Fitzgerald Health Education Associates, Inc. is an NP-owned company dedicated to helping nurse practitioners and advanced practice nurses achieve certification through review courses and to help healthcare providers maintain professional competence by providing live continuing education seminars, web and computer based learning courses, audio/video learning modules and books. The Fitzgerald Nurse Practitioner Certification Exam Review and Advanced Practice Update Course has helped more than 50,000 NPs nationwide achieve certification and improve their clinical assessment skills since its inception in 1988.

Clinical Update

May 13, 2010
Marriott Burlington
Burlington, MA

Earn Controlled Substance Prescribing Contact Hours!

New Program!

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

Earn 6 Contact Hours

4.5 contact hours are pharmacology related (3 contact hours are specific to Controlled Substance Prescribing)

Topics:
Evaluation of Dizziness, Syncope and Vertigo (1.5 Contact Hours)
This session offers a systematic approach to the patient complaining of 'dizziness'. Vertigo, ataxia, and near-syncope are all clinical occurrences typically referred to as 'dizziness' by the patient. Appropriate classification of 'dizziness' and the evaluation of common differentials for vertigo, ataxia, and near-syncope are presented.
Sally K. Miller, PhD, ACNP-BC, ANP-BC, FNP-BC, GNP-BC, CNE, FAANP

Controlled Substances: A Focus on Prescribing (3 RX Contact Hours)
The purpose of this program is to provide prescribers of controlled substances with core knowledge to facilitate the most effective and safe prescribing of scheduled drugs (opioids, benzodiazepines, weight loss medications, stimulants, anabolic steroids, others). Following an introduction to the Controlled Substance Act, each of the five schedules will be presented with an analysis of the pharmacodynamics by therapeutic category and a discussion of clinical application and utility.
Sally K. Miller, PhD, ACNP-BC, ANP-BC, FNP-BC, GNP-BC, CNE, FAANP

Drug Update: New Products, New Uses, New Warnings (1.5 RX Contact Hours)
What is the latest in drug therapy? What are the latest new uses and cautions for use of established medications? What products have recently gone generic? Learn the answers to these and other questions in this informative session.
Margaret Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP

Click here for more information about this course
**Notice of System Maintenance for Testing & Learning Site**

Routine maintenance is scheduled for April 17th, 2010. FHEA is committed to providing our customers maximum uptime, reliability, and security for our On-line Testing and Learning Site. Regular system maintenance is critical to achieving this goal. System maintenance is normally performed the third Saturday of each month.

**Customer Comment**

Dear Dr. Fitzgerald,

I just wanted to let you know that I passed the ANCC FNP Board Certification. I achieved this 9 years after becoming an ARNP (I never took the exam before), practicing 5 years in a GI practice, and not practicing the past 4 years while working on my PhD and teaching in a College of Nursing. I owe a lot of my success to your study-guide book and recorded NP exam prep program. Thank you Dr. Fitzgerald for making me more confident in my practice!

Jonathan W. Decker, PhD, FNP-BC

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- Set up electronic “alarm clocks” to receive automatic e-mail reminders for all upcoming license and certification renewal dates.
- Print contact hour summaries by category and source to help complete certification and license renewal paperwork.

Go to [www.npexpert.com](http://www.npexpert.com) to register.
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 the following cities:

Oakbrook, IL, July 12-17, 2010
Atlanta, GA, October 27-November 1, 2010

Topics covered in this course:

- National legal and practice issues
- Principles of safe prescribing: Pharmacokinetics, pharmacodynamics, pharmacogenomics, drug interactions
- Prescribing in special populations: Pregnancy, lactation, children, older adults
- Hormonal contraception and post menopausal hormone therapy
- Pharmacologic management in type 1 and type 2 DM: Oral agents, insulin and non-insulin preparations
- Principles of antimicrobial therapy: Intervention in bacterial infection
- Drugs that affect the respiratory system: Beta2 agonists, methylxanthines, anticholinergics, mast cell stabilizers, inhaled and systemic corticosteroids, leukotriene modifiers, over-the-counter cough and cold medications
- Evaluation and intervention in common thyroid disorders
- Assessment and intervention in common anemias
- Drugs that affect the cardiovascular systems: Antihypertensives, antianginals, dysrhythmics, medications used in the management of heart failure
- Pharmacologic treatment of lipid abnormalities and drugs that affect clotting
- Drugs that affect the GI system: H2 receptor antagonists, proton pump inhibitors, antacids, prokinetics, antiarrheals, including over-the-counter medications
- Management of viral, fungal and protozoal infection
- Management of pain; opioids, NSAIDs and others including over-the-counter medications
- Management of eye, ear, and skin disorders

For more information visit: www.fhea.biz

This course addresses the growing need for a thorough course in the principles of pharmacotherapeutics. Prescribing has become a major part of the role of advanced practice nurses while at the same time, prescribing has become more complex and polypharmacy is more prevalent with the possibility of adverse interactions. Thus, a course of this caliber is critical to the preparation of advanced practice nurses.

The course is taught in an intensive format by two of the nation’s most respected NP educators. The instructors have taught this curriculum at several universities most recently at Pennsylvania State, Lasalle, and Samford Universities. In addition, recorded lectures of this course form the basis for other university NP pharmacology courses. The material constitutes the equivalent of a three credit university course in pharmacology.

Pharmacology contact hours: 45.0**
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Note 1: Registrations received or postmarked between two months and two weeks prior to the start of the course qualify for this rate.
Note 2: Registrations received or postmarked more than two months prior to the start date of the course qualify for this rate.

Upon receipt of your enrollment and full payment, you will receive a confirmation of registration and directions to the course. A fee of $50.00 will be charged for cancellation. No refunds will be granted within two weeks of the starting date. All cancellations and changes must be received in writing.

* Contact hours differ from the live course. See www.fhea.biz for details.

**Because states’ requirements vary, it is important that you contact your Board for details regarding educational requirements for prescriptive authority.

Can’t attend a live course?
This program is also available on-line*
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<td>May 5, 2010</td>
<td>Nurse Practitioner Certification Exam Review and Advanced Practice Update Hilton Lisle/Naperville 3003 Corporate West Dr. Lisle, IL</td>
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<td>May 11, 2010</td>
<td>Nurse Practitioner Certification Exam Review and Advanced Practice Update Marriott Burlington 1 Mall Road, Routes 128 &amp; 3A Burlington, MA</td>
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<td>The National Conference for Nurse Practitioners Hyatt Regency Chicago Chicago, IL</td>
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<td>American Academy of Nurse Practitioners 25th National Conference Phoenix Convention Center 150 North 5th St. Phoenix, AZ</td>
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