### General Session

**The Role of the Nurse Practitioner: A 50 year History - What is Our Future?**

*Carmel McComiskey, DNP, PPCNP-BC, CPNP-AC, FAANP, FAAN*

#### Session Description:
This presentation describes the 50 year history of the PNP role, its pioneers, the evolution of the role and the legislative importance of full practice authority. The second part of the discussion focuses on the importance of mentoring in the context of legacy. The purpose of the presentation is to engage the audience in a contextual journey that will result in their commitment to the future of the role.

#### Objectives:
At the completion of this discussion, the audience will:
1. Understand the history of the Pediatric Nurse Practitioner role
2. Understand the historical significance to the context and evolution of the role.
3. Incorporate the values of advocacy, legacy, and mentoring into the future of our profession.

### General Session

**Evolution of the Diagnosis and Treatment of Congenital Diaphragmatic Hernia - Future Possibilities**

*Jody A. Farrell, MSN, PNP*

#### Session Description:
Treatment of Congenital Diaphragmatic Hernia (CDH) remains an unsolved problem. With the advent of ultrasound, CDH can be diagnosed during pregnancy and the fetus monitored during gestation. Although an anatomic defect, the resultant pulmonary hypoplasia remains the determination of morbidity and mortality and lung function cannot be determined in-utero. The advances in technology (high frequency ventilation, oscillation, ECMO and EXIT to ECMO, gentle ventilation, permissive hypercapnia, nitric oxide, pulmonary vasodilators) have provided better treatments and improved survival rates, but are not a cure. For over 30 years, research has focused on prenatal treatment of CDH. The techniques have evolved from an open fetal
surgical repair, to open fetal tracheal occlusion (plug, clip), and currently to temporary fetoscopic tracheal occlusion (balloon). An international research effort is beginning to determine feasibility of patient selection based on severity and comparison of outcomes in both what are deemed to be the “severe” and “moderate” CDH groups. Ultrasound may give of picture of CDH severity, but there may be other factors to consider. Future emphasis on precision medicine aimed at understanding, and ultimately curing, a host of fetal and congenital diseases may be possible. Currently available treatments focus on the last step in a complex disease process, but we can undoubtedly improve patient outcomes if the underlying cause is more precisely understood, and is diagnosed and treated earlier. A more sophisticated understanding of the genetic and environmental contributions to this disease and the mechanisms would lead to earlier diagnosis and treatment, and possibly improved patient outcomes.

**Objectives:**
1) Provide education of prenatal determination of severity of CDH.
2) Provide an overview of the evolution of techniques in the prenatal treatment for CDH.
3) Explore the future possibilities of precision medicine in the understanding and treatment of CDH.

**APSNA / NAPNAP Joint Session**  
*Abdominal Pain in the Adolescent Female – Gynecologic Concerns*
Brenda Cassidy, DNP, MSN, CPNP-PC  
Raquel Pasarón, DNP, ARNP, FNP-BC

**Session Description:**
Chronic abdominal complaints are a frequent concern or complaint of adolescents and young adults. One definition is three or more separate episodes of pain that occur over a 3 - month period. In most cases of recurrent abdominal pain in adolescents, no specific organic problem is found. The prevalence is as high as 5-10% or more of all adolescents. The differential diagnosis of chronic abdominal pain in adolescents has significant overlap with causes in adults, although there are special considerations unique to adolescents such as outflow tract obstruction. It is important for all providers who care for adolescents in primary care, specialty, or emergency settings to be familiar with both gynecologic and nongynecologic causes of chronic abdominal pain so as to optimize patient improvement and minimize medical, surgical, and fertility risks arising from inaccurate or inappropriate diagnosis or treatment modalities. Evaluate in the adolescent poses several additional challenges to providers, including parent-child-provider reluctance to do a gynecologic history or examination and issues with patient-provider confidentiality, as the parent or guardian is generally involved in the visit and medical decision-making.

**Objectives:**
1) By the end of this presentation, the participant will be able to explain the common causes of gynecologic reasons for abdominal pain in the adolescent female.

2) By the end of this presentation, the participant will be able to identify several differential diagnoses of gynecologic reasons for abdominal pain in the adolescent female.

3) By the end of this presentation, the participant will be restate common diagnostic findings of gynecologic causes of abdominal pain in the adolescent female.

### Round Table Presentations

<table>
<thead>
<tr>
<th>Round Table #1</th>
<th>Gastroesophageal Reflux</th>
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<tbody>
<tr>
<td>Amy Lowery Carroll, MSN, RN, CPNP-AC, CPEN</td>
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<td>Trudy L. Marks, RN, CPN</td>
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<td>Ellen O’Donnell, MSN, RN, CPNP-PC</td>
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<td>Lisa Iamiceli, MSN, RN, CPNP, CNS</td>
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<td>Michelle B. Goreth, MSN, RN-BC, CPNP-AC, CCRN-P, CTRN, CPEN, TCRN</td>
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**Session Description:**
Gastroesophageal Reflux (GERD) is a very common diagnoses that many children have that is usually managed medically but may require surgical intervention. It is relevant to have proper medical management prior to surgical procedures that may or may not interfere with change in symptoms due to surgery. The participant will be able to discuss current medical and surgical treatment plans for the patient with GERD. The Round Table with cover the following points for discussion: 1. Normal A&P 2. GERD workup 3. Medical Management 4. Intraoperative - Fundoplication 5. Post-op care.

**Objectives:**
1) Identify signs and symptoms to facilitate a referral for a GERD workup based on knowledge of normal anatomy and physiology.
2) Discuss medical management of GERD and when to consider surgical options.
3) Discuss surgery and post-op care after a Nissen Fundoplication.

### Round Table #2

**Pilonidal Disease**

| Kelly Finkbeiner, RN, MSN, CPNP-PC/AC |
| Jessica Pech, MSN, APN, CPNP-PC |
| Carrie M. Wilson, MSN, RN, CPNP, WCC |
| Kristine Rogers, MSN, ARNP, CWON |
| Hajar Delshad, MS, PA-C |

**Session Description:**
Pilonidal disease is made up of a variety of presentations of anomaly of the gluteal cleft. The disease state ranges from a state of benign skin pits to a complex presentation of recurrent infected cyst with subcutaneous cavity
Treatment of pilonidal disease should be approached with consideration for disease severity and optimized patient outcomes. Pilonidal disease occurs in female and male patients with typical initial presentation as an adolescent with onset of puberty. Recurrent disease is common. We will discuss the management of primary pilonidal disease, treatment of recurrent pilonidal disease and describe the preoperative and postoperative care of the patient with pilonidal disease. The purpose of this round table is to provide educational content to the novice, intermediate and expert learner on the topic of pilonidal disease and its surgical treatment including review of anatomy, preoperative management, intraoperative management, and immediate and long term postoperative patient care.

**Objectives:**
1) Describe management of primary pilonidal disease.
2) Describe treatment of recurrent pilonidal disease.
3) Describe preoperative and postoperative care of the patient with pilonidal disease.

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**Round Table #3**

**Short Gut**

Mary Ellen Connolly, DNP, CPNP
Emily J. Byrne, BS, ADN, RN, CNOR, CSSM
Neil F. Ead, MSN, CPNP, CNSC
Amy W. Lamm, MSN, RN, CPNP-PC/AC

**Session Description:**
The short gut round table discussion will focus on normal intestinal anatomy of the pediatric patient and potential outcomes of alterations in anatomy as seen in children with short gut. Purpose is to familiarize the pediatric surgery nurse on key concepts and nursing/surgical interventions related to pediatric short gut. Alterations in nutrient absorption as related to anatomy will be discussed.

**Objectives:**
1) Describe pediatric intestinal anatomy and function patient.
2) Describe potential alterations in nutrient absorption related to surgical interventions in short gut.
3) Identification of key interventions for management of potential abnormalities related to anatomy.