



**Mississippi Association
of Nurse Practitioners**

ADVANCING *Practice*

Happy Holidays

A Quarterly Publication, Winter 2024, Vol. 3, Issue 4

Our Board

Membership Options

Annual Membership \$300
 Monthly Membership (12-payments) \$25
 NP Student Annual Membership \$100
 Retired NP Annual (65 +, not in practice) \$150
 Affiliate membership (Non-NP supporter) \$300
**Our low membership dues have
 NOT increased since 2014!**

Membership dues go directly to promoting the NP profession. We encourage you to participate actively in your professional specialty organization. We need your help to move your profession forward. Collectively, we can make a difference while protecting the progress we make in Mississippi's healthcare.



NOTICE: This digital publication is presented by MANP, a non-profit association. Advertisements are not necessarily endorsed by the MANP. MANP reserves the right to accept or reject any advertisements for this publication that do not align with the mission and vision of the association. All rights reserved. All materials contained within this document are protected and may not be reproduced, distributed, or published without the prior, expressed written permission of the author(s) and MANP. Requests may be sent to msanp@msanp.org. The statements, views, and opinions are solely those of the authors and persons quoted. Article submissions by the author(s) are printed at the request of the author. The author claims responsibility for the information submitted. Every effort is made to ensure the information published is factual and complete; however, MANP disclaims all responsibility for any errors or any injuries to persons or properties resulting from the use of information or advertisements contained in this publication. Errors are sometimes made and total accuracy in all details cannot be guaranteed. Please notify MANP if any discrepancies or inaccuracies are noted. Retractions may be printed in the next publication.

Advertising information
 Please contact msanp@msanp.org for advertising options.
 Phone: 601.407.3226

Executive Director

Tina Highfill, DNP, FNP-BC, CCM, CRHCP, LNC

Executive Board

President

Carolyn Coleman, MHP, DNP, FNP-BC, PMHNP-BC

Vice President

Wanda Stroupe, DNP, FNP-BC

Treasurer

Robert Ware, DNP, MHA, CEN, ACNP-AG, FNP-BC

Secretary

Toni Marchionna, DNP, NP-C

Directors

Kent Hawkins, MSN, FNP-BC

Paula Miller, MSN, FNP-BC

Lisa D. Morgan, DNP, FNP-BC, PMHNP-BC

Kymerly Ross, DNP, FNP-BC, PMHNP-BC

Damon Spears, MSN, NP-C

Flora Green, MSN, AGPCNP-BC

PAC

Flora Green, MSN, AGPCNP-BC, Chair

Anita Greer, DNP, FNP-BC, PMHNP-BC, Treas.

MANP Lobbyist

Ten One Strategies

- John Morgan Hughes
- LaDarion Ammons, JD
- Kelly Cress

Tina Highfill, MANP

Contact Us

MS Association of Nurse Practitioners

1888 Main St., Suite C312

Madison, MS 39110

Ph- 601-407-3226 Fax- 601-510-7833

Email: msanp@msanp.org

Credit Lead images for this publication: Canva.com



Contents

Mississippi Board Of Nursing Administrative Code Committee Meeting Update

Ridgeland, MS, November 14, 2024

The Mississippi Board of Nursing's Administrative Code Committee met on November 14, 2024. The center of discussions continued to concern nurse practitioner prescribing, obesity regulations, and the compounding of GLP1/GIP dual receptor co-agonists. Recently the Mississippi State Board of Medical Licensure (MSBML) made changes in Physician and PA regulations circling compounded prescribing and off-label use of GLP1/GIP agents. The MSBML changes DID NOT affect regulations for Nurse Practitioners who fall under the purview of the Board of Nursing.

A motion was made and seconded to pursue a waiver process for Nurse Practitioners to apply for a waiver to prescribe compounded medically necessary weight loss medications similar to the guidelines established by the MSBML. The details and final regulations will have to go through the Board's internal administrative process before becoming final or executed by the Board. Therefore, the waiver process will take some time for the Board to fully implement. This also appears to be on a case-by-case basis and the Nurse Practitioner would be required to present their case before the Board to request the waiver. **Current regulations are still in place at this time. Next Board meeting will be on 12/6/2025 at 11:05 am.**

Information regarding the MSBML's guidelines can be found in the July 17, 2024, minutes at https://www.msaml.ms.gov/sites/default/files/Board%20Minutes/2024/July_2024%20Board%20Meeting%20Minutes.pdf

MS Association of Nurse Practitioners is a non-profit 501 (C)6 professional organization founded in 2014. MANP's mission is to serve as the professional association for Nurse Practitioners of MS. This organization works diligently providing advocacy, education, and networking to nurse practitioners throughout the state. Our Board is comprised of volunteer nurse practitioners elected by the organization's members. We recognize the importance of NPs in the provision of healthcare, the need for enhanced visibility, and legislative influence at local, state, and federal levels. We provide you with the highest continuing educational opportunities. Our members participate in key NP decision-making roles across the state. Mississippi Association of Nurse Practitioners is *your* specialty association devoted entirely to Nurse Practitioners. Join us today and make a difference in Mississippi.

(Click to Jump to Page)

Building Bridges: The Essential Role of Nurse Practitioners in Collaborative Vascular Care

Danon Garrido, MD



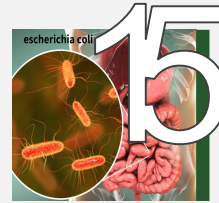
License Renewal



MANP Election Results



Benalgn Member Perks



E. coli Matt Gatlin, PhD, FNP, COI Nicholas Conger, MD



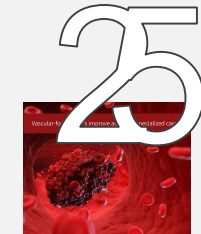
New On-Demand Classroom



Celebrating NP Week



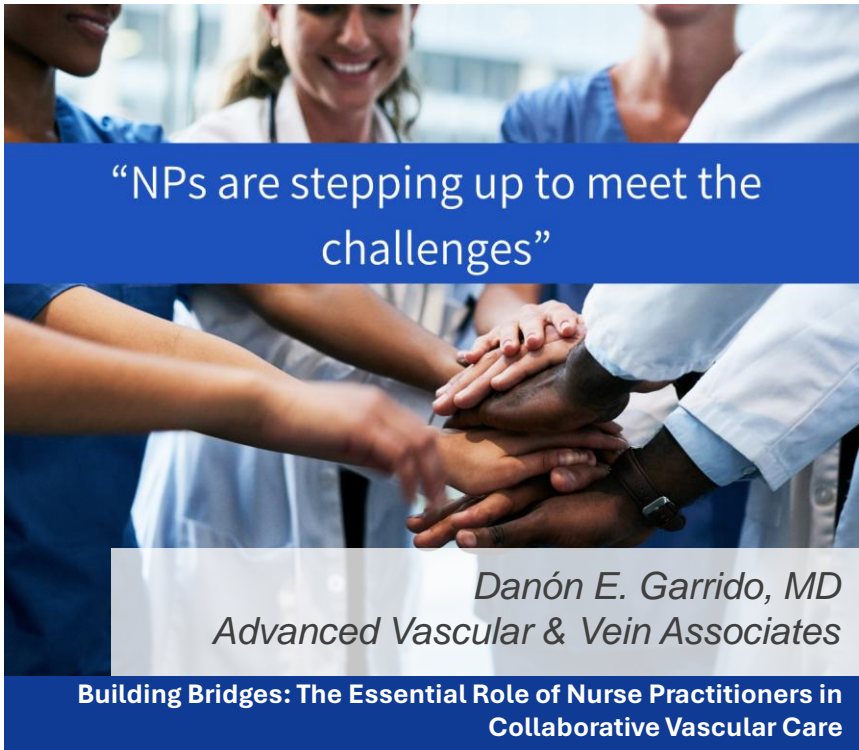
FDA Labeling Update



Vascular NP Carli Crapps, MSN, FNP-BC

<https://www.msnp.org/home>





“NPs are stepping up to meet the challenges”

Danón E. Garrido, MD
Advanced Vascular & Vein Associates

Building Bridges: The Essential Role of Nurse Practitioners in Collaborative Vascular Care

As we close another successful year, I want to take a moment to express my heartfelt gratitude to the *Mississippi Association of Nurse Practitioners* for allowing us to contribute to this magazine. It has been an honor to share insights and collaborate with a community dedicated to advancing our profession and improving patient outcomes. We look forward to many more opportunities to work together in the years to come.

Reflecting on the year, I've been thinking deeply about the importance

of professional relationships in delivering exceptional care. These connections between nurse practitioners (NPs), physicians, or healthcare systems are the foundation of better outcomes for our patients. In this final edition, I'd like to take a step back from technical discussions of vascular surgery to highlight the broader impact of NPs in our communities. Specifically, I want to focus on how we keep patients healthy and outside the hospital through strong care coordination, communication, and collaboration, ultimately benefiting patients and the entire healthcare system.

Preventing Hospitalizations: A Shared Responsibility

One of the most pressing challenges in healthcare today is managing chronic conditions that minimize hospitalizations. Patients with vascular diseases—many of whom have complex medical histories involving diabetes, hypertension, or peripheral artery disease—face a heightened risk of preventable hospital stays. Every avoided hospitalization not only protects a patient's quality of life but also reduces strain on healthcare resources, a win for both individuals and the system as a whole.

NPs are uniquely positioned to lead these efforts. Through education, communication, and continuity of care, we empower patients to manage their conditions effectively at home. By ensuring they understand treatment plans, medications, and lifestyle changes needed to stay healthy, NPs help break the cycle of recurrent admissions. Moreover, this work often involves collaboration with other providers, ensuring every aspect of a patient's care is addressed. It's not just about managing disease; it's about enabling wellness.

Strengthening Systems Through Collaboration

Keeping patients out of the hospital isn't just about avoiding complications—it's about creating a care system that prioritizes patients at every level. In my experience, nurse practitioners excel at fostering the professional

relationships necessary to achieve this goal. Whether working alongside vascular surgeons, wound care specialists, or primary care providers, NPs often serve as the bridge between disciplines, ensuring that care is seamless and proactive.

Consider the example of a vascular surgery NP managing a patient with a chronic non-healing wound. By coordinating care between wound care providers and vascular specialists, the NP ensures timely interventions to prevent infection or amputation. This proactive approach not only reduces the likelihood of emergency room visits or hospital stays but also gives patients confidence in their care team's unified commitment to their health.

The impact of these efforts extends beyond individual patients. By reducing preventable hospitalizations, NPs contribute to a more efficient healthcare system, alleviate financial burdens on families, and free up capacity for hospitals to focus on acute and emergent cases. These contributions underscore the value of NPs as essential players in a collaborative healthcare ecosystem.

Meeting the Challenge of a Growing Crisis

Vascular disease is a silent epidemic. In Mississippi and across the country, rising rates of diabetes, obesity, and hypertension have placed an unprecedented burden on healthcare systems. Access to specialized care is a significant challenge, especially in rural

communities where patients face long wait times and travel distances to reach specialists. These barriers often lead to delayed diagnoses and preventable complications, such as amputations and life-threatening infections.

This growing crisis demands innovative solutions, and NPs are stepping up to meet the challenge. With their ability to assess, diagnose, and manage complex conditions, NPs bring expertise and accessibility to patients who might otherwise fall through the cracks. Through outreach clinics, telemedicine, and follow-up care, NPs extend vital services to underserved populations, reducing disparities and improving outcomes.

The Broader Impact of Nurse Practitioners

As healthcare providers, we often measure success through clinical outcomes like healing wounds, restoring circulation, or stabilizing chronic conditions. But the broader impact of NPs goes beyond technical care. Acting as advocates, educators, and communicators, NPs transform how patients engage with their health.

For instance, consider a patient who learns to manage diabetes effectively because their NP explained the care plan in simple, relatable terms. Or a rural patient who avoids a major health crisis because their NP connected them with the right specialist through telemedicine. These moments demonstrate the power of NPs to not just treat disease but empower patients to live healthier, more independent lives.

This empowerment creates a ripple effect. Patients who are well-informed and supported are more likely to adhere to their care plans, experience fewer complications, and manage their health proactively. This reduces costs for the healthcare system and improves overall

community health, reinforcing the essential role of NPs in the broader care continuum.

Advancing the Role of NPs in Vascular Care

Despite their significant contributions, NPs often face barriers that limit their ability to practice independently. Expanding NP autonomy through legislative and policy changes is essential to addressing the growing demand for vascular care. By empowering NPs to operate at the top of their scope, we can unlock their full potential to transform patient outcomes.

Nowhere is this more critical than in underserved communities. With the freedom to establish clinics, provide independent assessments, and initiate treatment plans, NPs can bring lifesaving care to patients who might otherwise go without. This approach not only enhances access but ensures patients receive consistent, high-quality care.

Looking Ahead

As we move into a new year, I am reminded of the vital role nurse practitioners play in creating a healthcare system that is compassionate, efficient, and patient-centered. Our ability to collaborate across disciplines, engage with our communities, and empower our patients makes us indispensable in the fight to improve health outcomes and reduce hospitalizations.

In the year ahead, I encourage all of us to continue building bridges—between patients and providers, between disciplines, and between care settings. Together, we can ensure that our patients receive the care they need to thrive while strengthening the healthcare system for everyone.

Thank you for the opportunity to reflect on these important themes. Here's to another year of collaboration, growth, and making a difference in the lives of our patients.



Photo Credit: submitted by author

Danón E. Garrido, MD

Dr. Danón E. Garrido, a board-certified vascular and endovascular surgeon, is renowned for his treatment of Peripheral Arterial Disease (PAD), carotid disease, aneurysmal conditions, and vein disorders at Advanced Vascular & Vein Associates in Central Mississippi. His approach prioritizes minimally invasive techniques, including same-day lower extremity angioplasty, to ensure immediate access to treatment and swift patient recovery. Dr. Garrido's commitment to advanced vascular care makes him a key asset to the regional medical community. Dr. Garrido will be a guest speaker at the MS Association of Nurse Practitioners' 2025 Annual Conference and Membership Meeting on July 14-16 in Gulf Shores, AL.





The deadline is December 31, 2024
Must renew both RN and APRN licenses

Nurse Practitioners must renew both RN and APRN licenses with the Mississippi Board of Nursing (MBON) through their Nurse Gateway Portal before the deadline of December 31, 2024. You will not receive reminder notices via regular mail. Email notifications have been disseminated to the emails on file with the Board since September. According to a recent article published by the MBON, failure to receive a renewal notification will not relieve you from the responsibility of renewing your license by the expiration date. You are strongly urged to renew now and do not wait until the deadline.

RN renewals are \$100.00 plus the APRN renew of \$100.00. Some may be required to renew their DEA Controlled Substance Prescriptive Authority with the MBON which is \$100.00. The CSPA fee is separate from any fees you were required to pay the DEA for renewal of the DEA Registration and number.

If you hold an RN compact license from another state, it will need to be renewed or in good standing before you renew the MS APRN license. You will be required to upload the RN compact license from your home state.

If you are not working and wish to renew as inactive, you will be given an opportunity at the beginning of the application process to choose “Renew as Active” or “Renew as Inactive.” The Inactive fee is \$25.00. For those adding or changing practice sites, it is included with the application fee. However, if you modify the practice site(s) before you renew or after you renew, you will be subject to the additional \$25.00 site and physician fees.

All APRNs renewing their APRN portion of the license are required to have 5 hours of continuing education received between 01/01/2023 up to the date of renewal uploaded in CE Broker along with a copy of your national certification certificate from the certification board such as AANP or ANCC uploaded in CE Broker as well.

You are not required to have a paid account with CE Broker and are only required to have

the FREE version. You will never be required to pay for the basic CE Broker account. The free version will not track transcripts or maintain all CEs for other Boards. For individuals holding a MS Association of Nurse Practitioner (MANP) events, we will automatically upload the controlled substance hours for you. When all of your documents are complete, you will see a green check mark and “Complete” on your account with CE Broker. Be sure you upload the national certification for this renewal term, even if it was uploaded 2 years ago and is still showing on your list of uploads. Because the national certification is good for 4-5 years, depending on the board certificate, you have to upload it each renewal cycle with the MBON. Also, when utilizing the CE Broker site, be certain you have the APRN License toggled at the top right and not the RN license. For some APRNs, the numbers are the same and for anyone licensed after 2015 or coming from another state, the licenses may be different numbers. Keep in mind, the CE Broker account will allow you to upload documents to the RN license, but this will not show on the MBON audit for the APRN license.

2025

Executive Board



President
Wanda Stroupe
DNP, FNP-BC
Ripley, MS



Vice President
Kent Hawkins
DNPc, MSN, FNP-BC
Nesbit, MS



Executive Director
Tina Highfill,
DNP, FNP-BC, CRHCP, CCM, LNC
Madison, MS



Treasurer
Robert Ware
DNP, MHA, CEN, ACNPC-AG, FNP-BC
Flora, MS



Secretary
Toni Marchionna
DNP, NP-C
Ridgeland, MS

Board Directors



North Director 1
Jodi Stubbs
DNP, FNP-BC, ACNP-BC
Ashland, MS



Central Director 2
Carolyn Coleman
DNP, DNP-BC, PMHNP-BC, MHP
Terry, MS



South Director 3
Lisa D. Morgan
DNP, FNP-BC, PMHNP-BC
Hattiesburg, MS



North Director 4
Paula Miller
MSN, FNP-BC, PMHNP-BC
Hernando, MS



Central Director 5
Flora Green
MSN, AGPCNP-BC
Bolton, MS



South Director 6
Damon Spears
MSN, FNP-C
Magnolia, MS

Election Results

The election results were finalized on October 31, and all newly elected directors will assume their new positions on January 1, 2025.

Dr. Wanda Stroupe of Ripley will accept the President position. She is CEO and Founder of the Family Care Clinic of Ripley and has been an active MANP member since 2015. Dr. Stoup previously served as a Board Director and most recently as Vice President. She has served as the leader for the Tupelo area MANP monthly meetings.

Other directors who were unopposed in the election were awarded seats by acclamation. Kent Hawkins of Nesbit will accept the Vice President position. He is the sole provider at Highland Hills Medical Associates in Senatobia. He has been an active member since 2016 and is the Northwest MS Area Leader for monthly meetings.

Dr. Toni Marchionna of Ridgeland will maintain the Secretary position. She is currently working at MS Baptist Medical Center as a hospitalist in the Neurology Department. She has been an active MANP member since 2015 and is the Central MS Area Leader for monthly meetings.

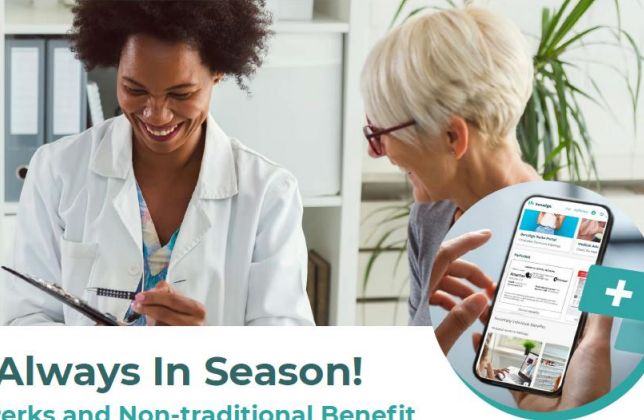
Dr. Jodi Stubbs, a resident of Ashland, was elected to one of the two director positions for North MS. Dr. Stubbs was one of the inaugural MANP members joining in 2014. she has been active on multiple committees including PAC, Education, Membership Recruitment, and Conference Planning. Dr. Stubbs works as a hospitalist for Baptist.

Dr. Carolyn Coleman of Terry, MS, will complete her term as President in December and will accept her newly elected Central MS Board Director position. Dr. Coleman is a Nursing Professor at USM. Dr. Coleman was one of the Inaugural Members, joining MANP in 2014.

Dr. Lisa Morgan of Hattiesburg will retain her director position in the South region. She is the Director of the NP Program at USM. Dr. Morgan has been a member since 2016 and heads the Central MS Area monthly meetings.

Nomination for the 2026 election will open at the MANP July 14-16, 2025, Annual Conference & Membership Meeting with the elections to follow in October of 2025. The positions available will be three director positions, one for each area, North, Central, and South.

Member Perks



Savings is Always In Season!
 Complimentary Perks and Non-traditional Benefit App for all MANP Members at NO COST courtesy of MANP.

What's Included?

- Benalign Perks Program
- MyPocket Storage
- Non-traditional Benefits
 - Individual Insured Options
 - Individual Non-insured Options

Mississippi Association of Nurse Practitioners (MANP) Members are looking for new ways to save. Access the Benalign App for consumer perks and non-traditional benefits!

- Market-leading program
- No cost to MANP Members
- Scan the QR Code to register & gain access



MARKET-LEADING PERKS & BENEFIT APP IS OFFERED AT \$0 COST TO MANP MEMBERS

For an overview of how the program works and experience a brief demo of the Benalign Hub App:

[View Overview Video](#)

Click to watch!

Association Member?
 Access Benalign Today!
 Register to get your code for FREE access!

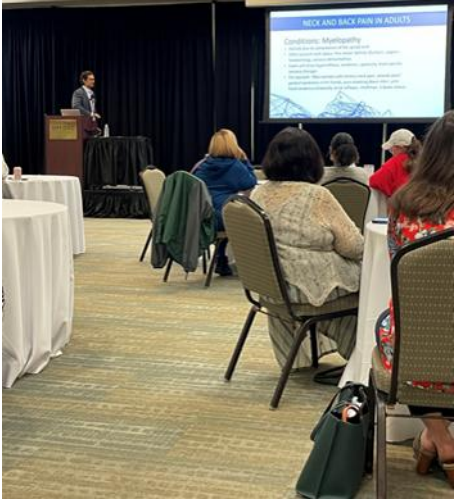
Register Today!
 Scan the QR Code to Register and Gain Access:



www.benalign.com

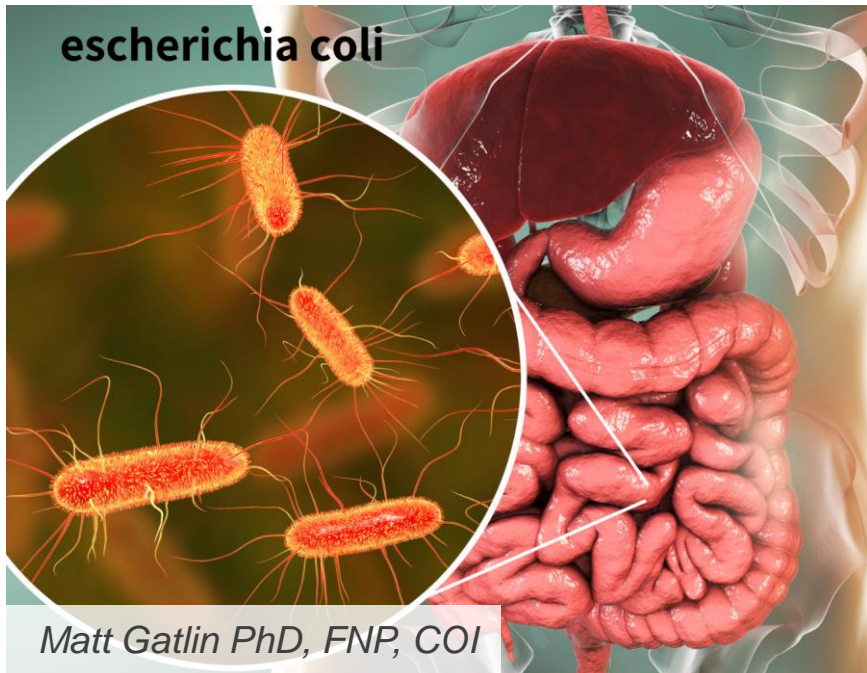
VO26264

APRN Fall Prescribing Update Conference Oxford Conference Center October 5, 2024



Conference Speakers for this event were Dr. April Miller, PharmD, with MS Public Health Institute; Dr. Joaquin Hidalgo, MD, University of Mississippi Medical Center's Department of Neurosurgery; and Dr. James Glisson, MD, PharmD, with Relias Healthcare.

escherichia coli



Matt Gatlin PhD, FNP, COI

Nicholas Conger, MD

Pathogenic Escherichia coli

Escherichia coli is a diverse group of bacteria ubiquitous in the intestinal tracts of humans and animals, with most strains being harmless commensals. ETEC, EPEC, EHEC, EIEC, EAES, and DAEC are the common pathogenic strains. However, certain variants, specifically Enterohemorrhagic E. coli (EHEC) and Enterotoxigenic E. coli (ETEC), can significantly threaten human health, making them a troubling duo in the realm of infectious diseases.

EHEC, exemplified by the infamous O157 strain, is known for causing severe foodborne illnesses. It is also transmitted via contact with contaminated surfaces, person-to-person, or infected animals, such as at petting zoos. This strain produces Shiga Toxins (STEC), which can lead to potentially life-threatening conditions such as hemorrhagic colitis and hemolytic uremic syndrome (HUS). Incubation is 3 to 10 days but typically around three days, with the contagious period lasting up to several weeks

ETEC is known to cause traveler's diarrhea, characterized by severe watery diarrhea. It is primarily transmitted through the consumption of contaminated food and water. Presence is common in areas with poor sanitation or insufficient hygiene practices. It can be transmitted through the fecal-oral route, particularly in places with inadequate sanitation. Symptoms typically appear 1-3 days after ingesting contaminated food or water lasting 3-4 days; however, shedding can continue for a few weeks after symptoms resolve and are considered infectious as long as the bacteria is present in the stool.

Diagnosing EHEC and ETEC infections involves clinical assessment and laboratory testing. Patients with EHEC typically present with severe abdominal cramps, bloody diarrhea, and vomiting, while ETEC symptoms include watery diarrhea, abdominal cramps, nausea, and sometimes fever. Laboratory diagnosis relies on stool samples, with EHEC often identified through culture and detection of Shiga toxins using enzyme-linked immunosorbent assay (ELISA) or polymerase chain reaction (PCR), and ETEC detection involving the identification of heat-labile and heat-stable enterotoxins through PCR or immunoassays.

Treatment for EHEC and ETEC varies significantly due to differences in pathogenic mechanisms and disease severity. Antibiotics are generally not recommended for EHEC infections as they may increase toxin release and worsen symptoms. Instead, supportive care is crucial. Ensuring hydration and monitoring for signs of HUS, such as reduced urine output marked by hemolytic anemia, thrombocytopenia, acute kidney injury, and swelling, is essential. Antidiarrheal medication should be avoided so as not to deter elimination via stool shedding.

ETEC treatment is largely supportive care focusing on rehydration with efforts to avoid antibiotics. However, in severe and at-risk cases, antibiotics like ciprofloxacin or azithromycin may be prescribed in brief durations ranging from three to five days. Antidiarrheals can be used to reduce symptoms with caution and should be avoided if fever or bloody diarrhea is present.

EHEC and ETEC infections cause significant gastrointestinal distress, potentially leading to long-term changes in gut motility, sensitivity, and microbiota composition, contributing to the development of IBS. Irritable Bowel Syndrome (IBS) can

develop following infections caused by Enterohemorrhagic E. coli (EHEC) and Enterotoxigenic E. coli (ETEC). This condition, known as post-infectious IBS (PI-IBS), manifests as a functional gastrointestinal disorder characterized by chronic abdominal pain, bloating, and altered bowel habits, such as diarrhea, constipation, or a combination of both. The onset of IBS symptoms can occur weeks to months after the initial infection and can persist for several months or even years.

Management of IBS following EHEC and ETEC infections focuses on symptom relief and improving daily function. Dietary modifications, such as a low-FODMAP diet, can help reduce symptoms in some individuals. Medications, including antispasmodics, laxatives, and antidiarrheals, may be used to manage specific symptoms. Probiotics may offer additional benefits by restoring gut microbiota balance.

Preventive measures are essential, with a key practice being proper hand hygiene. Food safety is also crucial. Ensure cooking meat, avoid unpasteurized dairy products, and properly wash fruits and vegetables to remove contaminants. Water safety is another crucial aspect, particularly in areas with questionable water

quality. Drinking and cooking with only treated or boiled water can prevent the ingestion of ETEC and other waterborne pathogens. Lastly, avoiding cross-contamination in the kitchen is imperative. Properly cleaning kitchen surfaces and utensils helps prevent the transfer of bacteria.

Overall, awareness of transmission routes and the duration of contagiousness is critical in managing and preventing the spread of EHEC and ETEC infections. Proper diagnosis, treatment, and implementation of preventive measures can promote positive outcomes and significantly reduce the risk of infection.

References

Bendary, M. M., Abd El-Maksoud, A. I., & Gharieb, R. M. (2022). E. coli: A comprehensive review on its pathogenicity, virulence factors, and treatment approaches. *Journal of Infection and Public Health*, 15, 566-579.

Braz, V. S., Melchior, K., & Moreira, L. O. (2020). Escherichia coli: Clinical and Laboratory Aspects in Human Infections. *Microorganisms*, 8, 29.

Cleary, T. G. (2004). The Shiga Toxin-Producing Escherichia coli. *Pediatrics*, 113, 251-256.

Fegan, N., & Phillips, D. (2014). Enterohemorrhagic Escherichia coli. In *Foodborne Pathogens: Hazards, Risk Analysis and Control* (pp. 257-281). Woodhead Publishing.

Jelacic, S., Damrow, T., Chen, G. S., Jelacic, J., Bielaszewska, M., Ciol, M., ... & Tarr, P. I. (2003). Shiga toxin-producing Escherichia coli in Montana: bacterial genotype and clinical profiles. *The Journal of Infectious Diseases*, 188, 719-729.

Sousa, C. P. (2006). Escherichia coli as a specialized bacterial pathogen. *Revista de Biologia e Ciências da Terra*, 6, 4-22.



Photo Credit; submitted by author

Matt Gatlin PhD, FNP, COI

Dr. Matt Gatlin has been involved in various areas of healthcare for 27 years and is a Family Nurse Practitioner working at Memorial Hospital Gulfport. His current practice and research interests are Infectious Diseases and nursing education. He is also a graduate-level nursing instructor and serves as a peer reviewer for The Nurse Practitioner, a Wolters Kluwer publication. He is an active member of MS Association of Nurse Practitioners and a frequent author for Advancing Practice publications.

Tarr, P. I., Gordon, C. A., & Chandler, W. L. (2019). Shiga-toxin-producing Escherichia coli and haemolytic uraemic syndrome. *The Lancet*, 365, 1073-1086.

World Health Organization (WHO). (2021). Diarrhoeal disease. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease>

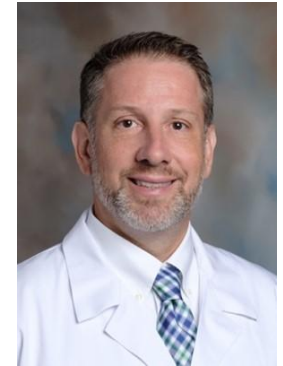


Photo Credit; submitted by author

Nicholas G. Conger, MD

Dr. Nicholas Conger is Board-certified in internal medicine and infectious disease. Born in Oklahoma City and raised in Edmond, OK, he moved to Texas to attend the University of Dallas. He earned his Medical Doctorate at the University of Texas at Houston. He completed his residency and internship in Internal Medicine; and fellowship in infectious diseases at Wilford Hall Medical Center, San Antonio, TX. Dr. Conger served in the United States Air Force for 21 years and has over 25 years of practice experience. He is the Chief of Infectious Disease at Memorial Hospital and the Medical Director of Gulf Coast Consultants, Infectious Diseases.



REVIVEmd

We equip healthcare providers with the training, tools, and support needed to build a profitable HRT practice with immediate revenue and minimal investment.

WHAT WE OFFER:

- Easy setup with online training, plus Mississippi based in-person training at one of our Starkville or Oxford clinics - no costly travel needed.
- Start with zero upfront costs including inventory if already HRT trained.
- Ongoing provider support and customer service.

READY TO GET STARTED?
SCAN TO ADVANCE YOUR
PRACTICE NOW:



revivemd.net

Oxford (662) 801-5795 | Starkville (662) 617-7885

MANP On-Demand Classroom

Now available for on-demand CE activities
More courses are coming soon.
Use your MANP login when prompted.



Home | Upcoming Events | Classroom | Updates | Membership | Board Members | MANP PAC | MS NP Magazine | NP Spotlight | CE Broker Info | Malpractice Insurance | Medical Cannabis | Jobs | Preceptor Info | Speakers | Photos

DO SOMETHING TODAY THAT
YOUR FUTURE SELF WILL THANK
YOU FOR.

Join us today & make your voice heard.

*Our actions and decisions today will shape
the way we will be living in the future.*



Welcome to our Site!

Governor Tate Reeves recognized the countless contributions Nurse Practitioners (NPs) have made over the past half-century and will continue to make on behalf of the health and well-being of citizens of our state by signing the Nurse Practitioner Week Proclamation on October 17th. The Proclamation declares the critical role of Nurse Practitioners as trusted healthcare providers for patients throughout the State of Mississippi. Nurse Practitioners are vital members of the healthcare teams that work to expand healthcare services while emphasizing health promotion, disease prevention, health education, counseling, and improving health outcomes for all. Nurse Practitioners are highly skilled practitioners with advanced education and clinical training. Nurse Practitioners play a pivotal role in the health and welfare of communities throughout the state. The confidence that patients have in NP-delivered healthcare is evidenced by the more than 1 billion visits made annually to NPs across the nation. More than five decades of research demonstrate the high quality of care provided by NPs. Increased utilization of NPs can promote public health through a more accessible, efficient, cost-effective, and high-quality healthcare system. Join us and over 7800 Nurse Practitioners in Mississippi as we celebrate **Nurse Practitioner Week November 10-16.**

Search our Articles... Search

Member Login

Quick Links

On-Demand Classroom

Join MANP

Donations

Follow us on Facebook!

Board of Nursing

AANA American Association of Nurse Practitioners

American Nurses Credentialing Center

MS Legislature

License Search

Contact Us

Upcoming Events

Check it out here

Mississippi NP Week Proclaimed

Jackson, MS

Governor Tate Reeves recognized the countless contributions Nurse Practitioners (NPs) have made over the past half-century and will continue to make on behalf of the health and well-being of citizens of our state by signing the Nurse Practitioner Week Proclamation on October 17th. The Proclamation declares the critical role of Nurse Practitioners as trusted healthcare providers for patients throughout the State of Mississippi. Nurse Practitioners are vital members of the healthcare teams that work to expand healthcare services while emphasizing health promotion, disease prevention, health education, counseling, and improving health outcomes for all.

Nurse Practitioners are highly skilled practitioners with advanced education and clinical training. Nurse Practitioners play a pivotal role in the health and welfare of communities throughout the state. The confidence that patients have in NP-delivered healthcare is evidenced by the more than 1 billion visits made annually to NPs across the nation. More than five decades of research demonstrate the high quality of care provided by NPs. Increased utilization of NPs can promote public health through a more accessible, efficient, cost-effective, and high-quality healthcare system.

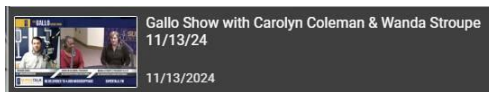
The week of November 10-16, Mississippi celebrated over 7800 Nurse Practitioners statewide and over 385,000 nationally.



Proclamation Signing 2024

Pictured L-R: Tina Highfill, Executive Director MANP, Carolyn Coleman, President, MANP, Toni Marchionna, Secretary, MANP, Governor Tate Reeves, Shonda Phelon, AANP State Liaison, Wanda Stroupe, President-Elect, MANP, Johnnie Sue Wijewardane, Vice President of Professional Practice, AANP, Back: Kent Hawkins, Board Director, MANP. (Photo courtesy of the Governor's Office).

Richard Cross with SuperTalk's Gallo Show interviews Dr. Carolyn Coleman and Dr. Wanda Stroupe



Ridgeland, MS

MS Association of Nurse Practitioners was featured on SuperTalk's Gallo Show for Nurse Practitioner Week. If you missed the Gallo Show on November 13, 2024, in the 8:20am segment, you can watch here <https://www.supertalk.fm/shows/the-gallo-radio-show/> Select the Gallo: On Demand, then Playlist on the right. Select Gallo Show with Carolyn Coleman and Wanda Stroupe 11/13/2024.

George Washington University School of Nursing, Widener University School of Nursing, and the University of Memphis Loewenberg College of Nursing are now recruiting for the NP transition program (online) to help new NPs with a transition to practice. This is a rolling research recruitment until the desired number of participants is secured.

The program will begin the week of January 6, 2025, with an 8-week duration. The participant time requirement is approximately 1.5-2 hours/week, one Zoom meeting per week, and there is no participant cost. If the participant cannot participate due to the schedule conflict attempts will be made to include them in the next cohort. Please direct all questions to afaraz@gwu.edu

IRB: NCR 245985 | Date Approved: 8/29/24

A web-based community of practice program to support novice nurse practitioners role transition

We'd like you to participate in our program!

<https://redcap.link/hjq6n8rl>

Primary Investigator: Asefeh Faraz Covelli PhD, APRN, FNP-BC, FAANP, afaraz@gwu.edu

Location

Program is delivered online using Zoom

Are you Eligible?

- At least 18 years old
- Working as a NP for less than 12 months

We're looking for early career NPs. This study seeks to expand postgraduate support for novice NPs using a web-based community of practice program.

School of Nursing
THE GEORGE WASHINGTON UNIVERSITY

MANP
MISSISSIPPI ASSOCIATION
of NURSE PRACTITIONERS

National Nurse Practitioner Week
NOVEMBER 10-16, 2024



New FDA Labeling for GLP-1 RA

Effective 10/02/2024

Understanding unapproved versions of GLP1-RA drugs

“FDA is aware that some patients and health care professionals may look to unapproved versions of GLP-1 (glucagon-like peptide-1 (GLP-1) receptor agonists) drugs, including Semaglutide and tirzepatide, as an option for weight loss. This can be risky for patients, as unapproved versions do not undergo FDA’s review for safety, effectiveness, and quality before they are marketed.”

Concerns with compounded versions of these drugs

“A compounded drug might be appropriate if a patient’s medical need cannot be met by an FDA-approved drug, or the FDA-approved drug is not commercially available. However, compounded drugs are not FDA

approved. This means the agency does not review compounded drugs for safety, effectiveness or quality before they are marketed.”

“The agency has identified some areas of concern for compounded GLP-1 drugs. FDA is working with its state regulatory partners and will continue to communicate with compounders regarding these concerns.” (FDA, 2024).

Additional information may be found at:

https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/fdas-concerns-unapproved-glp-1-drugs-used-weight-loss?utm_content=buffer774e&utm_medium=social&utm_source=linkedin.com&utm_campaign=buffer

November 5, 2024 FDA Updates GLP-1 (Product Class) Label With Pulmonary Aspiration Warning

“The US Food and Drug Administration (FDA) updated the labels for all glucagon-like peptide 1 receptor agonists (GLP-1 RA) with a warning about pulmonary aspiration during general anesthesia or deep sedation. The affected drugs are Semaglutide (Ozempic, Rybelsus, Wegovy); liraglutide (Saxenda, Victoza); and the dual glucose-dependent insulinotropic polypeptide (GIP)/GLP-1 tirzepatide (Mounjaro, Zepbound).”

The new warning and labeling information

“There have been rare post marketing reports of pulmonary aspiration in patients receiving GLP-1 receptor agonists undergoing elective surgeries or procedures requiring general anesthesia or deep sedation who had residual gastric contents despite reported adherence to preoperative fasting recommendations. Available data are insufficient to inform recommendations to mitigate the

risk of pulmonary aspiration during general anesthesia or deep sedation in patients taking [these drugs], including whether modifying preoperative fasting recommendations or temporarily discontinuing [them] could reduce the incidence of retained gastric contents. Instruct patients to inform healthcare providers prior to any planned surgeries or procedures if they are taking [a GLP-1 RA].”

The warning was added to the Adverse Reactions section of the label, and to the post-marketing experience section.

“Pulmonary aspiration has occurred in patients receiving GLP-1 receptor agonists undergoing elective surgeries or procedures requiring general anesthesia or deep sedation.”

The Patient Counseling section of the label has additional information

Providers are advised to “Inform patients that [the drug] may cause their stomach to empty more slowly which may lead to complications with anesthesia or deep sedation during planned surgeries or procedures.” Also, providers are advised to “instruct patients to inform healthcare providers prior to any planned surgeries or procedures if they are taking [a GLP-1 RA].”

Reference

Larkin, M., FDA Updates GLP-1 Label With Pulmonary Aspiration Warning - Medscape - November 06, 2024.

Vascular-focused NPs improve access to specialized care



Carli Crapps, MSN, FNP-BC

Why I Chose Vascular Surgery and Would Choose to Be a Vascular Surgery NP Again

As a nurse practitioner specializing in vascular surgery, I often reflect on the path that led me to this career. My journey began in the Surgical Intensive Care Unit (SICU), where I spent several years caring for critically ill patients. It was in this demanding environment that I gained a deep appreciation for the complexity of the human vascular system and the profound impact of vascular surgical care. Today, as a vascular surgery nurse practitioner (NP), I can confidently say I would choose this specialty again without hesitation.

From SICU to Vascular Surgery NP: A Natural Evolution

During my time in the SICU, I frequently cared for patients suffering from the consequences of advanced vascular disease—severe infections, amputations, and life-threatening complications from peripheral artery disease or aneurysmal disease. Witnessing the resilience of these patients and the life-changing surgical interventions they underwent left a lasting impression on me.

The decision to become a vascular surgery NP felt like a natural progression. It allowed me to transition from providing critical

bedside care to play a more proactive role in managing vascular conditions, collaborating with surgeons, and guiding patients through their treatment journeys. I found myself drawn to the opportunity to make a broader, long-term impact on patients' lives.

The Unique Rewards of Being a Vascular Surgery NP

As a vascular surgery NP, my role is multifaceted—evaluating patients, assisting in preoperative planning, managing postoperative care, and educating patients about the lifestyle changes needed to prevent disease progression. This variety keeps me intellectually engaged while providing opportunities to grow and continuously learn.

One of the most fulfilling aspects of this role is witnessing the immediate and tangible impact of successful interventions. Whether it's helping a patient regain mobility after bypass surgery or seeing a diabetic foot ulcer begin to heal following revascularization, these moments reaffirm why I chose this specialty. It's a privilege to be part of a field where the results of teamwork and dedication are so profound.

Addressing the Underserved Vascular Patient Population

Vascular patients represent one of the most underserved populations in healthcare. Across our state, there are very few nurse practitioners dedicated specifically to vascular surgery, creating a significant gap in access to

specialized care. Many patients face long waits for consultations, challenges traveling to specialists, and limited local resources for managing chronic vascular conditions. This lack of access often results in preventable complications, including limb loss, chronic wounds, and life-threatening conditions like ruptured aneurysms.

As a vascular surgery NP, I've seen firsthand the barriers these patients face. The demand for vascular care is growing rapidly due to rising rates of diabetes, obesity, and other risk factors, yet there are simply not enough providers to meet the need. An independent NP with a focus on vascular surgery can make an incredible difference in bridging this gap.

NPs in vascular surgery bring a unique skill set to patient care, combining clinical expertise with patient education and continuity of care. In areas where access to vascular surgeons is limited, NPs can serve as the first line for diagnosing and triaging patients, preventing delays that could lead to devastating outcomes. We can assess, diagnose, and manage a range of conditions, while also providing crucial pre- and post-operative care.

Independent vascular surgery NPs are also uniquely positioned to address challenges in rural and underserved communities. By establishing outreach clinics, offering telemedicine services, or even simply providing regular

follow-ups, NPs can expand access to care for patients who might otherwise go without treatment. The ability to address issues such as chronic wounds or manage post-surgical recovery close to home makes a significant impact on patients' quality of life.

Having more vascular-focused NPs in our state would not only improve access to specialized care but also alleviate the burden on overextended vascular surgeons. This collaborative model allows surgeons to focus on complex cases while NPs manage routine follow-ups and medical care, ensuring patients receive the timely, effective treatment they deserve.

Why I Would Choose This Career Again

Looking back, I know I made the right choice in becoming a vascular surgery NP. This field offers a unique combination of intellectual challenge, technical precision, and emotional fulfillment. The collaborative nature of vascular surgery, where NPs work closely with surgeons and other specialists, fosters a strong sense of teamwork that is both motivating and rewarding. Vascular surgery is also a dynamic and ever-evolving specialty. Advances in endovascular techniques, new approaches to wound care, and

innovative therapies mean there is always something new to learn. This constant progression keeps me engaged and continually striving to provide the best care possible.

Conclusion

Becoming a vascular surgery NP was one of the best decisions of my professional life. This specialty combines the challenges of managing complex medical conditions with the satisfaction of making tangible improvements in patients' lives. If I had to do it all over again, I wouldn't hesitate for a moment.

The vascular system is central to every function in the human body, and caring for it is both a privilege and a responsibility. To those considering this path, I encourage you to take the leap. You'll find, as I have, that it's a career worth choosing again and again.

[Advanced Vascular & Vein Associates Patient Referral Form](#)

4436 Mangum Drive, Flowood, MS 39232 601-586-7070 (Office) 601-586-7071 (Fax)



Photo Credit; submitted by author

Carli Crapps, FNP-BC

Carli Crapps is a board-certified nurse practitioner specializing in vascular surgical care. She is the co-founder of Advance Vascular and Vein Associates located in Flowood, MS. Advanced Vascular and Vein Associates is the only outpatient-based vascular center in central Mississippi. Carli is dedicated to providing comprehensive compassionate care to patients.

Carli earned her RN degree from the University of Mississippi Medical Center in 2010. In 2014, Carli earned her MSN in the Family Nurse Practitioner track at the University of Mississippi Medical Center. With a deep commitment to advancing vascular health in her community, she combines expertise and innovation to deliver exceptional patient outcomes.

2025

HAPPY NEW YEAR

New year.
New chapter.
New Opportunities.



2025



Join us for MANP Capitol Day on Thursday, January 23, 2025, from 1:30 PM to 4:00 PM at the State Capitol Building, located at 400 High Street, Jackson, MS 39201. It is free to attend.

This event is a fantastic opportunity to engage with legislators, learn about the latest policy developments affecting Nurse Practitioners, and network with peers in the sector. Whether you're a Nurse Practitioner, advocate, or supporter, your presence can make a significant impact.

Remember to wear your white coat to show support. Don't miss this chance to voice your concerns and contribute to meaningful discussions. We look forward to seeing you there!

RSVP for this event so we have a headcount for Capitol Security.

<https://manp.memberclicks.net/capitolday2025-0123>

SAVE THE DATE

MANP CAPITOL DAY

- Join us to promote the Nurse Practitioner role. Your voice is essential in moving MS forward and improving access to care.
- Let's get Mississippi off the bottom. Meet with key policy makers that can improve MS's healthcare.
- Wear your white coat to show support



State Capitol Building
First Floor
400 High Street,
Jackson, Mississippi 39201



THURSDAY
23 JANUARY
1:30PM-4:00PM

<https://www.msanp.org>

PH 601-407-3226

DO SOMETHING TODAY THAT
YOUR FUTURE SELF WILL THANK
YOU FOR.

Join us today & make your voice heard.

*Our actions and decisions today will shape
the way we will be living in the future.*



We need your feedback!

Family Nurse Practitioner Masters Degree
with Emergency Nurse Practitioner
Specialty Program Needs Assessment



https://usmforms.formstack.com/forms/fnp_with_emergency_nurse_practitioner_specialty_program_needs_assessment

Scan the QR Code or visit the link to complete the assessment!

Your responses will help us to design a program that meets
the needs of aspiring and current healthcare professionals in
the Gulf Coast region.

MEMBER SINCE 1952 OF
**NURSING
& HEALTH
PROFESSIONS**

MS Association of Nurse Practitioners' key initiatives
include

- We advocate for NPs with policymakers, and other healthcare entities both in the state and nationally
- Full Practice Authority allows NPs to practice to the fullest extent of their education and training *without* expanding their respective scopes of practice
- Increase access to care for patients across Mississippi
- NP orders for durable medical equipment and devices
- NP signature recognition on legal documents and eliminating co-signatures by physicians
- NP Income tax incentives & exemptions for underserved practice areas & NP owned businesses
- NP reimbursements and inclusion in insurance networks
- Recognize NPs as primary care providers (PCP)
- Increased faculty salaries

© Copyright, Contact MS Association of Nurse Practitioners, 1888 Main St, Suite C312,
Madison, MS 39110 email: msanp@msanp.org