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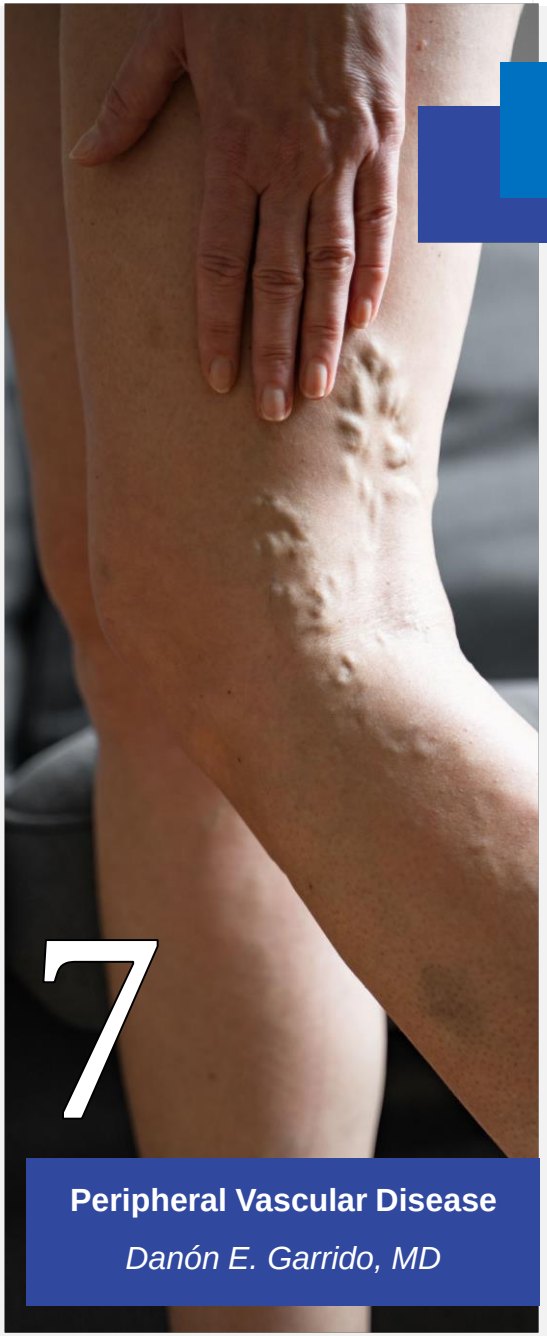
MS Association of Nurse Practitioners is a non-profit 501 (C)6 professional organization founded in 2014. MANP's mission is to serve as the professional association for Nurse Practitioners of MS. This organization works diligently providing advocacy, education, and networking to nurse practitioners throughout 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.



7

Peripheral Vascular Disease

Danón E. Garrido, MD

Contents

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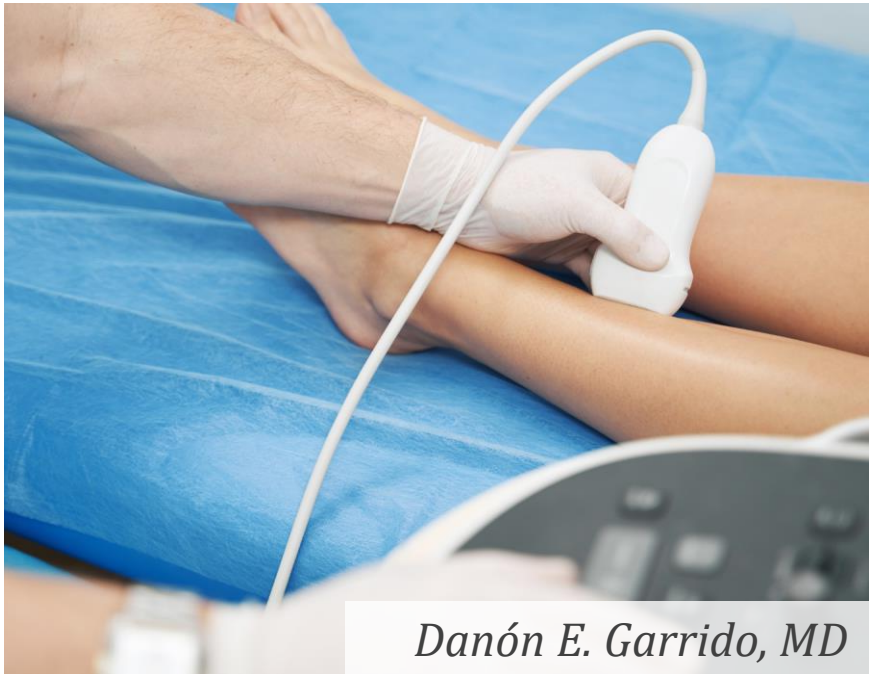

Danón E. Garrido, MD

Advancements in Peripheral Vascular Disease Management: A Nurse Practitioner's Guide

Introduction

Peripheral Vascular Disease (PVD) is a prevalent condition with significant healthcare implications. As frontline providers, nurse practitioners (NPs) play a critical role in managing PVD, from diagnosis to treatment and patient education. This article emphasizes advancements in PVD management, particularly the use of the Ankle-Brachial Index (ABI) and angiographic procedures in clinical settings.

Understanding Peripheral Vascular Disease (PVD) and Peripheral Arterial Disease (PAD)

Peripheral Vascular Disease (PVD) encompasses disorders affecting blood vessels outside the heart and brain and is often used interchangeably with Peripheral Arterial Disease (PAD). PAD is more specific, typically affecting the leg arteries, leading to reduced blood flow and symptoms like leg pain, discomfort, or fatigue, particularly when walking.

Key risk factors for both PVD and PAD include aging, smoking, diabetes, and hypertension, each contributing to the disease's progression in different ways.

The pathophysiology of PVD, often due to atherosclerosis, involves plaque build-up in the arteries, causing them to narrow and harden. This reduction in blood flow can lead to symptoms like claudication - leg pain during exercise, and, in severe cases, critical limb ischemia, which includes chronic pain, ulcers, or even gangrene. The prevalence of PVD and PAD is significant globally, especially among older populations and those with high rates of diabetes and cardiovascular risk factors.

For nurse practitioners (NPs), recognizing the early symptoms of PVD and PAD is crucial. As often the first point of contact, NPs play a vital role in initial assessment, diagnosis, and guiding patients toward effective lifestyle modifications and medical management. Early intervention by NPs can substantially change the disease's trajectory, reducing the risk of severe complications such as limb loss, strokes, heart attacks, and aneurysmal disease. Diagnosis of PVD has evolved significantly, transitioning from basic examinations to more advanced, precise methods.

Ankle-Brachial Index (ABI): A First-Line Physiological Test

The ABI, a simple yet effective non-invasive test, compares blood pressure in the ankle with that in the arm. It serves as an excellent tool, offering quick and valuable insights into vascular health. The test's simplicity and effectiveness make it an ideal choice in clinical settings, allowing for immediate assessment and early detection of PVD. Its application is particularly beneficial in routine check-ups, where early signs of PVD can be identified and addressed promptly.

Advanced Non-Invasive Diagnostic Tools

Beyond ABI, technologies like Duplex Ultrasound, Magnetic Resonance Angiography (MRA), and Computerized Tomographic Angiography (CTA) have enhanced the diagnostic accuracy for PVD. These tools provide detailed images of blood vessels, aiding in the diagnosis of more complex cases.

Angiography in Clinical Practice: A Shift Towards Efficiency

Angiography, traditionally limited to hospitals, is now feasible in clinical settings due to technological advances. This development enhances the role of nurse practitioners (NPs), allowing them to actively participate in both diagnostic and therapeutic aspects of patient care. In-clinic angiography combines diagnosis and immediate intervention, streamlining the treatment process and reducing the need for multiple hospital visits.

The Advantage of In-Clinic Angiography

In-clinic angiography offers a significant advantage over traditional imaging like CT and MRI by enabling immediate treatment interventions. This approach is not only more efficient

(continued page 9)

but also reduces patient risks associated with multiple procedures. For example, angiographic diagnosis of arterial blockages can be immediately followed by angioplasty or stenting within the same session.

Integrating angiography into clinics streamlines patient care, offering a more efficient and less burdensome treatment pathway. This shift empowers NPs with a more comprehensive role in patient management, from pre-procedure preparation to post-procedure care. In-clinic angiography represents a significant step forward in patient-centered care, prioritizing efficiency and improved outcomes in vascular disease management.

Current Treatment Modalities

Treatment for PVD typically involves lifestyle changes, medication, and sometimes surgical intervention. The recent advancements in minimally invasive procedures, like angioplasty and stent placement, have improved patient outcomes, offering less traumatic alternatives to traditional open surgeries.

The Role of Nurse Practitioners in PVD Management

NPs are integral in the management of PVD. Their roles encompass educating patients on lifestyle modifications, monitoring treatment regimens, interpreting ABI results, and making referrals for advanced diagnostics and treatments. Their involvement in patient education on risk factors and prevention strategies is crucial in managing and mitigating the impact of PVD.

Collaboration with Vascular Surgeons for Comprehensive PVD Management

Effective management of PVD often requires a collaborative approach between NPs and vascular surgeons. NPs should maintain open lines of communication with vascular surgery clinics to facilitate timely referrals and coordinate care. This collaboration ensures that patients receive comprehensive care, from initial screening and diagnosis to surgical intervention and post-operative management. Educating patients about the referral process and what to expect during surgical consultations can also alleviate anxiety and enhance their understanding of the treatment journey.

Referral to Vascular Surgery: Recognizing the Indicators

Indicators for referral include persistent symptoms despite optimal medical management, critical limb ischemia characterized by severe pain, non-healing ulcers/leg wounds, or gangrene, and findings suggestive of severe arterial blockages or aneurysms during diagnostic evaluations. Additionally, patients presenting with symptoms of acute limb ischemia, characterized by sudden loss of limb function, require urgent surgical consultation.

The Referral Process: From Screening to Surgery

For effective referral, NPs should conduct thorough screenings for PVD, especially in high-risk patients, including those with diabetes, smokers, or those with a history of cardiovascular diseases. Screening involves evaluating symptoms, physical examinations, and utilizing diagnostic tools like the Ankle-Brachial Index (ABI) or in-clinic angiography.

Challenges and Opportunities

PVD management faces challenges such as patient non-compliance and limited access to specialized care. These challenges present opportunities for NPs to innovate in patient education, advocacy, and care coordination, enhancing outcomes for PVD patients.

Conclusion

The management of PVD is a dynamic and evolving field, with NPs playing a critical role. Emphasizing the importance of the Ankle-Brachial Index and angiographic procedures in clinical settings, this article aims to provide NPs with updated knowledge essential for the effective management of PVD.

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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.

Matt Gatlin PhD, FNP, COI
Nicholas G. Conger, MD

Syphilis: An increasing threat

Syphilis is a reportable sexually transmitted infectious (STI) disease caused by the bacterium Treponema pallidum. It is contagious in the primary and secondary stages, but latent syphilis is not sexually transmitted. In the US, the rates of reported primary and secondary syphilis have significantly increased from 2015 to 2020, with a 235% increase in women and a 53% increase in men. Mississippi has experienced a dramatic increase in congenital syphilis cases, with the number of babies born with syphilis rising by over 900%.

The predominant method of transmission is through broken skin or mucous membrane contact, usually in the genitals or mouth, with an incubation period of 14 to 21 days. Given its broad range of symptomology, primary syphilis is often challenging to detect in the early stages. Screening should be performed in high-risk groups such as gay/bisexual men, individuals with multiple sexual partners or sex workers, HIV-positive individuals, and pregnant women.

Symptoms usually present with a chancre and associated lymph node enlargement, which generally resolves within 3 to 6 weeks. Despite chancre resolution, the Treponema pallidum bacteria persist in the body. Within 4 to 8 weeks after initial exposure, the presentation of additional symptoms signals secondary syphilis. During the secondary stage, symptoms are broad and include patchy hair loss, weight loss, sore throat, fatigue, and a non-pruritic rash in the mouth, genitalia, rectum, and on the palms and soles of the feet.

Primary and secondary syphilis usually resolve without treatment, marking the start of the latent stage, which is divided into early (less than one year after seroconversion) and late stage (greater than one year with no clinical symptoms). During this period, there are no visible signs or symptoms, and treatment is aimed at preventing medical complications and congenital syphilis. However, rare cases of tertiary syphilis can occur within one to three decades following the initial infection, with symptoms being the deadliest and most pronounced, ranging from neurosyphilis, ocular syphilis, Syphilitic myelopathy, Syphilitic meningitis, and Otosyphilis.

Diagnosis involves symptomology and treponemal serologic tests and should not be based on a single test result. Syphilis testing should occur in individuals with symptoms as well as asymptomatic individuals who are at high risk.

Non-treponemal tests, also called screening tests (RPR and VDRL), do not detect antibodies specific to syphilis. Screening tests are reported with titers and are helpful in gauging treatment response and reinfection. Treponemal tests, also called confirmatory tests (FTA, TP-PA and EIA), detect antibodies specific to syphilis and remain reactive for life once infected.

Penicillin G, administered parenterally, is the preferred drug for treating all stages of syphilis. Use caution with Bicillin selection.

Bicillin L-A 2.4 million units as a single IM dose is the appropriate choice, not Bicillin C-R, for primary, secondary, or early latent syphilis. CDC recommends Bicillin L-A 2.4 million units IM at weekly intervals for three weeks for late latent syphilis or latent syphilis of unknown duration.

Treatment during pregnancy should be given according to the stage of infection.

Accordingly, pregnant women with syphilis who have a penicillin allergy should undergo desensitization and receive therapy with penicillin. For individuals, including pregnant women, with a penicillin allergy, penicillin desensitization should be attempted. However, treatment options, including doxycycline, ceftriaxone, and azithromycin, are available through resistance is emerging, especially in the macrolide class.

Of importance to Mississippi, the incidence rate of syphilis has seen a significant increase in recent years, resulting with the state having the second highest rate in the country. These statistics highlight the need for increased provider awareness and public health interventions.

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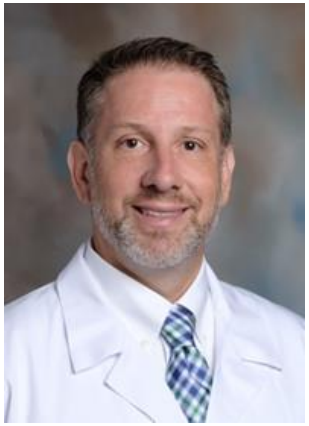
Matt Gatlin PhD, FNP, COI

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 interest is Infectious Disease and nursing education. He is also a graduate-level instructor of nursing and serves as a peer reviewer for The Nurse Practitioner.



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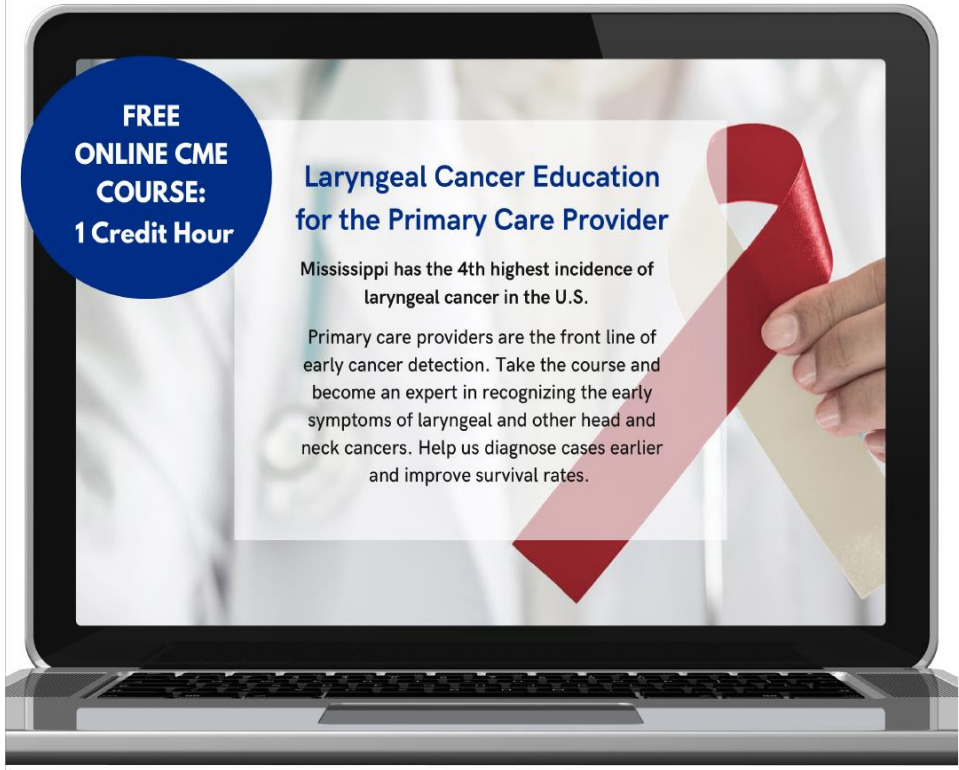
Nicholas G. Conger, MD

Dr. Nicholas Conger 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 Chief of Infectious Disease at Memorial Hospital and the Medical Director of Gulf Coast Consultants, Infectious Diseases.

Conferences



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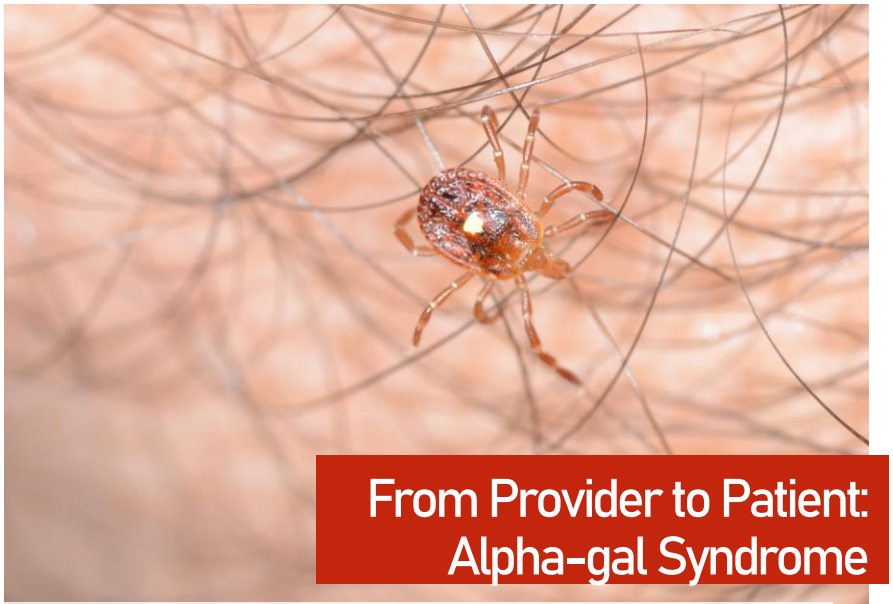
Kent Hawkins, MSN, FNP-C

2024 recipient of the AANP Advocate State Award for Excellence for MS was awarded to Kent Hawkins, MSN, FNP-BC of Nesbit in recognition of his contribution as an advocate on behalf of nurse practitioners (NPs) and their patients. Kent will be formally recognized by the American Association of Nurse Practitioners at the AANP National Conference in June. Kent is a Board Director for MS Association of Nurse Practitioners (MANP) and a family nurse practitioner at Highland Hills Medical Center in Senatobia, MS. Kent is also the Area 1 Leader for MANP and networks with Pharma representatives to host educational programs in north MS.

James Hawley, DNP, NP-C

2024 recipient of the AANP NP State Award for Excellence for MS was awarded to James Hawley, DNP, NP-C of Centreville, MS. The AANP State Award for Excellence was established in 1993 and is given to an NP in each state who demonstrates excellence in clinical care. Awards are distributed to the recipients throughout the year, with recipients honored during the annual AANP national conference. James started his medical career as a combat medic at the age of 19 and now 20 years later, serves as a rural health nurse practitioner at Field Health Systems. James is also MANP Area 10 Leader for MANP and networks with Pharma representatives to host educational programs in southwest Mississippi.



From Provider to Patient: Alpha-gal Syndrome

Kenneth "Kent" Hawkins, MSN, FNP-BC

In 2012, after two visits to an emergency room with anaphylaxis due to an unknown cause, I was later diagnosed with Alpha-Gal Syndrome (AGS) by my allergist. Across the Southeastern United States, there is a novel health concern that is rapidly spreading known AGS. Alpha-Gal Syndrome is a life-threatening allergic condition defined as an allergy to galactose-alpha-1,3-glacatose, a sugar molecule found in all mammalian (red) meat except for great apes, whales, and humans (Centers for Disease Control and Prevention [CDC] 2024; Council of State and Territorial Epidemiologists [CSTE]). While cases of AGS are rapidly rising, healthcare providers must be aware of the signs and symptoms of AGS, how to diagnose, and educate the consumer.

Over the last twelve years, the Centers for Disease Control and Prevention (CDC) has documented more than 110,000 new cases of AGS and believes that close to 15,000 new cases of AGS are diagnosed each year. Cases of AGS are not nationally notifiable to the CDC, so it is not known how many cases of AGS actually exist in the United States.

Alpha-Gal Syndrome appears after a person is bitten by the Lone Star tick. Unfortunately, time is not a factor; therefore, symptoms may occur at any time following the bite. Some cases do not become evident for years after the bite. At the current time, the Lone Star tick is the only insect that has been identified as the cause; however, studies are currently underway to possibly identify other ticks that carry this risk. The Lone Star tick can easily be identified, as it has a large, white, circular spot in the insect's thorax. Not every person bitten by a Lone Star tick develops AGS, but the risks are high. Once the tick bites a human, a small amount of saliva is injected under the skin to loosen the skin and thin the blood in local capillary beds to allow the tick to feed. If this tick has bitten a mammal such as a dog, cow, pig, lamb, rabbit, venison, etc. The affected mammal then carries the alpha-gal sugar molecule in the saliva that is then transferred to the human host. After the transfer, the host's immune system identifies the alpha-gal molecule as foreign and starts creating antibodies to the invading molecule. Despite the immune system's rapid response, the host will not begin to show symptoms of their new syndrome for some time. Despite multiple studies, no definitive timeline has been established between the time of the bite and when symptoms first appear.

During the initial phase of AGS, symptoms are vague and scarce, due to the minimal amounts of the alpha-gal molecule found in affected meats. Initial symptoms of alpha-gal include pruritis of the skin, total body rash, fatigue, and gastrointestinal discomfort such as abdominal pain, cramping, and diarrhea that can appear 2-6 hours after ingestion (CDC, 2024). If the patient continues to consume mammalian meat, or AGS has not been identified, symptoms will begin to escalate. Later symptoms can include pruritic wheals on the skin, joint pain, edema, and anaphylaxis. One of the most difficult aspects of identifying and diagnosing AGS is the fact that reactions do not start immediately after ingestion as seen with peanut or other food allergies. Once the meat is ingested, the reaction is not initiated until after the meal is digested at the molecular level, which can typically take anywhere from four to twelve hours post-ingestion. Due to its delayed reaction response time, many patients and healthcare providers have difficulty adding AGS as a differential diagnosis.

The typical AGS patient may present with generalized symptoms such as rash, abdominal discomfort, diarrhea, myalgia, joint pain, itching, or anaphylaxis despite avoiding foods or topical items considered the causative agent, such as soaps, shampoos, lotions, etc. While the difficulty lies in differentiating these symptoms from numerous other syndromes, AGS can be easily identified with simple skin or serology testing. The main diagnostic test for AGS is a blood test looking for immunoglobulin-E antibodies specific to alpha-gal (alpha-gal sIgE). Tests for alpha-gal sIgE antibodies are available at several large commercial laboratories and may be available at certain academic institutions. LOINC Code: 73837-7 Galactose-alpha-1,3-galactose (Alpha-Gal) IgE Ab [Units/volume] in Serum. Skin tests documenting reactions to certain allergens (such as pork or beef) may also be used to diagnose AGSCDC, 2022; NCEZID, 2022; DVBD, 2022).

If AGS is suspected, the healthcare provider should consider drawing the Galactose-Alpha-1,3-Galactose (Alpha-Gal) IgE laboratory analysis. This test can not only identify the AGS antibody but can also identify the mammal to which the patient has developed the allergy. However, if the patient is positive for the AGS antibody, then it should be considered that all mammalian meat will cause a reaction. If mammalian meat is not excluded from the diet, the risk of developing anaphylaxis greatly increases.

Once AGS has been diagnosed, it is crucial to educate the patient on both the syndrome and dietary restrictions. Simply advising patients to avoid mammalian meat is insufficient. The patient should also be educated to avoid any non-mammalian foods that have been prepared with mammalian meats, mammalian-based products such as gelatin, bone and beef broths, dairy, lard, and even certain medications and vaccines (CDC, 2024). Other non-food products are gelatin, glycerin, magnesium stearate, bovine extract (CDC, 2024). Medications that are produced in capsule form should be avoided due to the gelatin found in the capsule itself. If medications are prescribed for the AGS patient, it is the healthcare provider's duty to ensure the proper form of either a liquid or tablet is prescribed. Other medical items that should be avoided are Heparin (Heparin Porcine), certain antivenoms, and beef or pork valves that are implanted post-valve replacement. Patient education is essential concerning substances or materials they should avoid receiving. Despite the dietary exclusions, patients with AGS can consume any vegetable, fruits, grains, and non-mammalian meats such as seafood, poultry, amphibians, reptiles, and plant-based meat substitutes. While AGS may seem difficult for the patient to manage, with provider education and moderate dietary changes, AGS patients can maintain a satisfied dietary lifestyle. While it may be difficult to avoid "meats or meat byproducts" in the southern diet, the majority, if not all, of symptoms related to AGS resolve after a few weeks of continued abstinence. Despite studies and growing cases of AGS, providers fail to recognize the presentations. On the other hand, providers knowledgeable of AGS may evaluate and diagnose several patients monthly.

During education, simplify advice to patients to only eat meats that once had fins, feathers, and scales. While simplistic in nature, it is an easy way to remember what can and cannot be consumed. It is also beneficial to advise patients to start daily antihistamine therapy to assist with cross-contamination issues and the presence of dairy in many recipes we consume in this area. Another educational aspect is to notify your patient that avoiding mammalian meats can resolve symptoms but re-introducing them into their diet can cause an exacerbation of symptoms which could result in severe anaphylaxis. Patients who successfully avoid these products should notice a marked decrease or resolution of symptoms.

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Resource

Alpha-gal Syndrome Report form may be found at https://www.cdc.gov/ticks/alpha-gal/pdfs/328065-A_NCEZID_FRM_Alpha_gal_CRF_508_2.pdf

Photo Credit; submitted by author

Kent Hawkins, MSN, FNP-BC

Kent has been a RN for 15 years and is a 2017 FNP graduate from the University of Memphis-Lowenberg College of Nursing in Memphis, TN. Kent is currently practicing with Highland Hills Medical Center in his hometown of Senatobia. Kent serves as a Board Director of the MS Association of Nurse Practitioners. He also serves as MANP Area 1 Leader for the MANP/Pharma dinner meetings in north MS since 2017. Kent is the 2024 recipient of the AANP Advocate State Award for Excellence for MS. He serves as a preceptor for NP students in North MS and previous adjunct faculty for Northwest MS Community College School of Nursing. He was recently awarded 2023 Young Alumni Professional Achievement Award by Northwest Community College for his outstanding accomplishments.

MS Association of Nurse Practitioners Partner with Amazon

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

Legislators in Mississippi have been extremely busy since the start of the legislative session in January. Nearly three thousand bills have been drafted and introduced into both the House and the Senate. Each bill introduced is assigned a number and gets referred to various committees in of the appropriate chamber for consideration. If a bill is not taken up for consideration by the deadline, the bill dies in committee.

In this session there are multiple bills concerning nurse practitioners and advanced practice registered nurses (APRN). House Bill 821 was sponsored by Rep. Donnie Scoggin (Jones County) and cosigned by new Rep. Kimberly Remak of Desoto County. This bill has been referred to Public Health and Human Services in the House. If passed, HB821 would eliminate the collaborative agreement currently required for practice after a proposed 3600 practice hours. It also deletes and revises certain definitions in the Nurse Practice Law regarding APRN.

House Bill 1490 was sponsored by Rep. Becky Currie (Copiah, Lawerence, Lincoln) has been referred to Public Health and Human Services in the House. This bill would eliminate the collaborative practice agreement after 10,000 clinical practice hours of direct, onsite supervision of a physician. Currently, MS does not require “direct, onsite supervision” as a collaborative state.

Meanwhile in the Senate side, SB2079, authored by Senator Kevin Blackwell of DeSoto County, would eliminate the collaborative agreement after 6240 practice hours, restructure the board member positions of the MS Board of Nursing to place a CRNA permanently on the Board. This bill has been referred to the Senate Public Health and Welfare Committee.

Senate Bill 2377, another bill authored by Senator Kevin Blackwell of DeSoto County, mirrors HB821. This bill would eliminate the collaborative agreement after 3600 hours.

MS Association of Nurse Practitioners lobbyists have been exceptionally involved in meeting with key legislators in hopes of moving legislation this year. Tuesday, March 5th is the deadline for committees to report general bills and constitutional amendments originating in own house.

MS Association of Nurse Practitioners Partners with Amazon and GS Strategy Group

MANP sponsored opinion research conducted by GS Strategy Group from January 29-February 4, 2024, through a partnership with national leader Amazon. The survey polled a sample size of 600 prospective Mississippi voters to understand their opinions on policies that would improve access to care in the state.

We know Mississippians are worried about accessing healthcare services and our legislation can help alleviate these concerns and improve access to quality healthcare across the state. Full practice authority for APRNs is a meaningful and accessible solution to the staffing shortages we are facing and a solution that is overwhelmingly supported by voters. We urge members of the House or Senate to pass legislation that will eliminate the collaborative agreement and improve access to care in Mississippi.

The data from this survey underscores what we already know – APRNs are highly trained and well-respected medical professionals who have garnered the trust of their patients across Mississippi. Despite this training and the desire of patients to access care from them, APRNs are still being forced to deal with administrative hurdles that hinder their ability to directly provide care to patients. By ensuring Full Practice Authority in Mississippi, APRNs will be able to expand access to care and reduce patient costs.

The survey conducted by GS Strategy Group, the poll of 600 likely Mississippi voters found that the majority support expanding the authority of trained professionals like APRNs. This is NOT an expansion of the scope of practice for the Nurse Practitioners but would allow them to practice to the fullest extent.

Let's Talk Participation in Professional Trade Organizations

Participation by organizational members as well as non-members is required to make positive changes for the profession as a whole. While organizations agree that not everyone has the same goal or vision on every matter, progressive change is necessary to meet the growing demands of healthcare. Nurse Practitioners need to be involved in political and non-political activities that impact the profession. Sometimes, professionals don't see an immediate need to become involved until they find their situation has negatively changed and significantly impacted their ability to work or provide for their family. Then it becomes essential or even emergent. Progression takes time, hard work, and concerted efforts on a multitude of levels to come to fruition.

One might ask how can I participate? One might say "I don't have the time to get involved. I work long hours, and have children who have homework, after-school activities, and other family commitments." These are all very valid points. It is true. Everybody is at different professional stages.

Participation comes in many different forms. Participation is similar to selecting from the menu or selecting from the buffet. You look at the options available then select what best suits your career and personal life. The buffet of participation is very similar with multiple options available. When time is a factor, maybe you select from the menu delivered to your door for expedience.

You might use DoorDash or another delivery service when you don't have the time to spare. Membership dues, like delivery services, allow members to support through dues and donations rather than time. Organizations use dues to provide educational opportunities, hire lobbyists to represent legislative interests, and monitor bills that will positively or negatively impact professional practice. Donations and dues allow an organization that has a political action committee or PAC to support or oppose candidates that align with our mission. When donating time is not a feasible option, participation through membership and attending continuing education events are a great alternative. Approximately one-third of membership dues are earmarked for legislative efforts. Participation as a speaker or a learner is another great way to be active and support your profession.

Additionally, you can participate politically by educating your legislators about the service you provide in the healthcare arena. Invite your local Senator or Representative to learn more about your work. They need to see firsthand the importance of the care you provide to their constituents. Offer suggestions to improve Mississippi healthcare. Another option for participation is by sending a brief email to your legislator. Emails can be written very quickly and are the perfect selections for the busy professional. Make it specific to your needs. Do not use form letters or mass emails as this negatively impacts efforts. Ask for their support or opposition on particular pieces of legislation that may impact the profession.

Finally, please offer professional services as a preceptor for NP students. Remember some of the challenges of getting quality clinical rotations as a student and how valuable that learning experience can be. Preceptorship is critical to advance the profession and ensure that quality practitioners are entering the workforce.

There are multiple ways to support the Nurse Practitioner profession. This editorial just highlights a few options. No participation effort on your part is too small. Collectively, we can make positive changes and advancements in the profession while upholding progressive changes made previously.

Photo Credit: submitted by author

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Warnings, Updates, & Recalls

Counterfeit "Xanax" or "Benzo-Dope" in the South.

Bromazolam is an emerging synthetic triazolobenzodiazepine touted as a designer Xanax. This street drug has shown a significant increase in the US since 2019. Three recent cases in Chicago, IL of young adults reportedly ingested what they believed to be alprazolam from the street. US Department of Health and Human Services Centers for Disease Control and Prevention warns that "clinicians, responders, and health officials should also consider Bromazolam in

Cases of patients requiring treatment for seizures, myocardial injury, or hyperthermia after illicit drug use, as occurred in these case reports." Bromazolam intoxication should be suspected in patients when naloxone is ineffective. In these cases, the poison center should be contacted for additional guidance.

Reference send-out laboratories do not routinely test for Bromazolam as a part of testing and in most cases will not show up on in-office testing for Benzodiazepines. Two examples

Recommendations for Clinicians

- Become familiar with the signs and symptoms of new benzodiazepine use (e.g. sedation, drowsiness, slurred speech, motor incoordination), with and without opioids.
- Be mindful that recreational drugs have limited quality control, containing undeclared substances that impact expected clinical effects or findings.
- Counsel about the potential harms of benzodiazepine products (e.g., counterfeit tablets, pressed "Xanax" bars).

CFSRE / NPS Discovery: Bromazolam: New Drug Monograph (2022).

of send-out labs with a wide variety of testing are NMS and Quest Diagnostics. “Bromazolam has been identified in more than 190 toxicology samples tested at the Center for Forensic Science Research and Education (CFSRE), displaying an increase in positivity from 1% in Q1 2021 to 13% in Q2 2022. More significantly, co-detections with fentanyl have increased in recent months to more than 75% for Bromazolam-positive samples” (CFSRE, June 2022).

Additional symptoms are similar to benzo-class drugs and include seizure, myocardial injury, hyperthermia, loss of coordination, excessive drowsiness, dizziness, blurred vision, slurred speech, muscle relaxation, respiratory depression, and death. According to NMS labs, Feb. 2021 to May 2022, 13 cases have been reported in MS, and the highest cases of 27 cases in TN, and 23 cases in Texas.

Among the southern Chicago patients in the most recent study February 1, 2023, mentioned previously in this article, Patient A, 25 year old male, was hypertensive, tachycardic, was positive for myocardia injury with peak troponin at 154 ng/L, experienced moderate aphasia, positive Rhabdomyolysis, multiple seizures, hyperthermia, and a UDS positive for BZD.

Patient B 25 year old male, positive for myocardia injury with peak troponin at 239 ng/L, hearing loss, lacked Rhabdomyolysis, had multiple seizures, hyperthermia, and a UDS positive for AMP, BZD, and THC.

Patient C, 20 year old female, was mildly hypertensive and tachycardic. She was positive for myocardial injury with peak troponin at 430 ng/L, suffered refractory status epilepticus, multiple seizures, and had a UDS positive for BZD.

According to MMWR (2024), 88%-100% of the samples tested also contained fentanyl or other opioids; however, Bromazolam can be life-threatening when consumed alone.

REFERENCES

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'Fake Xanax' Tied to Seizures, Coma; Naloxone Ineffective - Medscape - January 09, 2024.

Measles Cases: CDC Clinician Alert

The Centers for Disease Control and Prevention (CDC) was notified of 23 confirmed U.S. cases of measles since December 1, 2023, including seven direct importations of measles by international travelers and two outbreaks with more than five cases each. Most of these cases were among unvaccinated children and adolescents in Pennsylvania, New Jersey, Delaware, and the Washington, D.C. areas.

Infected individuals are contagious from 4 days before the rash through 4 days after the rash resolves. In most cases, there is a febrile rash illness and symptoms consistent with measles (e.g., cough, coryza, or conjunctivitis). Individuals who have recently traveled abroad, especially to countries with ongoing measles outbreaks, are at higher risk. “COVID-19 has increased the risk of measles outbreaks.” (CDC, 2024).

According to the CDC, over 61 million doses of measles-containing vaccine were postponed or missed from 2020 to 2022 due to COVID-19 related delays in supplementary immunization activities. This increases the risk of bigger outbreaks around the world, including the United States.

Reference

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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.

MANP
MISSISSIPPI ASSOCIATION OF NURSE PRACTITIONERS

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