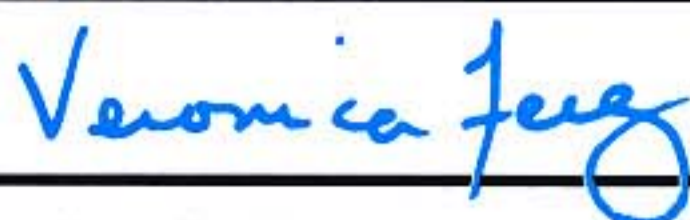


From the Editor



Veronica D. Feeg, PhD, RN, FAAN

Pediatric Nursing Nurse Practitioner Focus Group Report

Anita Catlin
Richard Harbin
Veronica D. Feeg

On September 13, 2002, *Pediatric Nursing* hosted a focus group for nurse practitioners at the 18th Annual *Pediatric Nursing* Conference in Arlington, VA. The purpose of the group was to interact with practicing nurse practitioners and nurse practitioner faculty to gain input about the features they might desire in a pediatric nursing journal. Participants were asked about topics of interest, what would be helpful in clinical practice, and items that would make the journal more user friendly to the advanced practice nurse.

General Comments

Focus group participants commented on the strengths of the journal and offered several useful recommendations. They reported that the journal columns were often very helpful and typically included advance practice topics that related to their clinical practice. They noted that the column contents were not listed on the journal's cover and thus are often overlooked. They recommended that all articles be listed on the front cover along with the CE articles, or otherwise noted that the content "inside" was beneficial for advance practice clinicians.

To facilitate ease of writing and finding research, participants suggested that the journal use a special symbol in the references when one article in the journal references another article published in another issue. The group suggested that articles of interest to nurse practitioners could have a special call-out box or notation for quick recognition. Also, the group felt that single Continuing Education articles might be more appropriate and a quicker "read" than the journal's current practice involving a series of three articles. Readers could thus select which article or articles they wanted to utilize for continuing education.

Participants expressed interest in reading short research abstracts of material from other journals. They agreed that case presentations were extremely valuable and an increase in this feature would be appropriate. Case-driven articles could also lead off academic discussions on topics. Shorter articles with an accompanying clinical snapshot were seen as desirable.

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Nurse Practitioner Focus Group Participants

Moderator	Veronica D. Feeg, PhD, RN, FAAN Editor, <i>Pediatric Nursing</i>
Session Co-Chair	Richard Harbin, MSN, Med, RN, CPNP Associate Editor, <i>Pediatric Nursing</i> Nurse Practitioner Melbourne, FL
Session Co-Chair	Anita J. Catlin, DNSc, FNP Section Editor, <i>Pediatric Nursing</i> Instructor Napa Valley College Napa, CA
NP Participant	Melissa Silva, MS, RNCS, PNP Advanced Practice Specialist Department of Hematology/Oncology Children's National Medical Center
NP Participant	Elizabeth Hawkins-Welsh, DNSc, CPNP Director, PNP Program The Catholic University of America
NP Participant	Margie Farrar-Simpson, MSN, RN-C, PNP Inova Pediatric Center Inova Fairfax Hospital for Children
NP Participant	Kathleen Gaffney, PhD, RN, FNP Faculty and Nurse Practitioner George Mason University
NP Participant	Adele Young, PhD, RN, FNP Faculty and Nurse Practitioner FNP Program George Mason University
NP Participant	Jeannine Winsness, MS, RN, PNP Nurse Practitioner, President and CEO Exceptional Children Wayne, PA
NP Participant	Sandra Nattina, MSN, ARNP-BC, ANP Adult Nurse Practitioner Family Practice Greenbelt, MD

Journal Philosophy Statement

Pediatric Nursing presents information that is both theoretically grounded and clinically relevant to educate the novice, enrich the generalist, and advance the pediatric specialist toward providing professional care of the highest quality.

PRESCRIBING INFORMATION

EPIPEN® 0.3 mg EPINEPHRINE AUTO-INJECTOR: Delivers a single 0.3 mg intramuscular dose of epinephrine from epinephrine injection, USP, 1:1000 (0.3 mL). Auto-injector for Intramuscular Injection of Epinephrine. For the Emergency Treatment of Allergic Reactions (Anaphylaxis).

EPIPEN® JR 0.15 mg EPINEPHRINE AUTO-INJECTOR: Delivers a single 0.15 mg intramuscular dose of epinephrine from epinephrine injection, USP, 1:2000 (0.3 mL). Auto-injector for Intramuscular Injection of Epinephrine. For the Emergency Treatment of Allergic Reactions (Anaphylaxis).

IMPORTANT INFORMATION

- **DO NOT REMOVE ACTIVATION CAP UNTIL READY FOR USE.**
- **A SINGLE DOSE OF 0.3 ML OF SOLUTION IS DISPENSED. THE MAJORITY OF THE DRUG PRODUCT, 1.7 ML, REMAINS IN THE AUTO-INJECTOR AFTER ACTIVATION AND CANNOT BE USED.**
- **THE UNIT CONTAINS NO LATEX.**

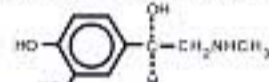
DESCRIPTION: The EpiPen® and EpiPen® Jr auto-injectors contain 2 mL epinephrine injection for emergency intramuscular use. Each EpiPen® auto-injector delivers a single dose of 0.3 mg epinephrine from epinephrine injection, USP, 1:1000 (0.3 mL) in a sterile solution.

Each EpiPen® Jr auto-injector delivers a single dose of 0.15 mg epinephrine from epinephrine injection, USP, 1:2000 (0.3 mL) in a sterile solution.

For stability purposes, approximately 1.7 mL remains in the auto-injector after activation and cannot be used.

Each 0.3 mL in EpiPen® contains 0.3 mg epinephrine, 1.8 mg sodium chloride, 0.5 mg sodium metabisulfite, hydrochloric acid to adjust pH, and Water for Injection. The pH range is 2.2-5.0. Each 0.3 mL in EpiPen® Jr contains 0.15 mg epinephrine, 1.8 mg sodium chloride, 0.5 mg sodium metabisulfite, hydrochloric acid to adjust pH, and Water for Injection. The pH range is 2.2-5.0.

Epinephrine is a sympathomimetic catecholamine. Chemically, epinephrine is B-(3, 4-dihydroxyphenyl)-a-methylaminoethanol, with the following structure:



It deteriorates rapidly on exposure to air or light, turning pink from oxidation to adrenochrome and brown from the formation of melanin. Epinephrine solutions which show evidence of discoloration should be replaced.

CLINICAL PHARMACOLOGY: Epinephrine is a sympathomimetic drug, acting on both alpha and beta receptors. It is the drug of choice for the emergency treatment of severe allergic reactions (Type I) to insect stings or bites, foods, drugs, and other allergens. It can also be used in the treatment of idiopathic or exercise-induced anaphylaxis. Epinephrine when given subcutaneously or intramuscularly has a rapid onset and short duration of action. The strong vasoconstrictor action of epinephrine through its effect on alpha adrenergic receptors acts quickly to counter vasodilation and increased vascular permeability which can lead to loss of intravascular fluid volume and hypotension during anaphylactic reactions. Epinephrine through its action on beta receptors on bronchial smooth muscle causes bronchial smooth muscle relaxation which alleviates wheezing and dyspnea. Epinephrine also alleviates pruritus, urticaria, and angioedema and may be effective in relieving gastrointestinal and genitourinary symptoms associated with anaphylaxis.

INDICATIONS AND USAGE: Epinephrine is indicated in the emergency treatment of allergic reactions (anaphylaxis) to insect stings or bites, foods, drugs and other allergens as well as idiopathic or exercise-induced anaphylaxis. The EpiPen® and EpiPen® Jr auto-injectors are intended for immediate self-administration by a person with a history of an anaphylactic reaction. Such reactions may occur within minutes after exposure and consist of flushing, apprehension, syncope, tachycardia, thready or unobtainable pulse associated with a fall in blood pressure, convulsions, vomiting, diarrhea and abdominal cramps, involuntary voiding, wheezing, dyspnea due to laryngeal spasm, pruritus, rashes, urticaria or angioedema. The EpiPen® and EpiPen® Jr are designed as emergency supportive therapy only and are not a replacement or substitute for immediate medical or hospital care.

CONTRAINDICATIONS: There are no absolute contraindications to the use of epinephrine in a life-threatening situation.

WARNINGS: Epinephrine is light sensitive and should be stored in the tube provided. Store at room temperature (15°-30°C/59°-86°F). Do not refrigerate. Before using, check to make sure the solution in the auto-injector is not discolored. Replace the auto-injector if the solution is discolored or contains a precipitate. Avoid possible inadvertent intravascular administration. EpiPen® and EpiPen® Jr should **only** be injected into the anterolateral aspect of the thigh. **DO NOT INJECT INTO BUTTOCK.**

Large doses or accidental intravenous injection of epinephrine may result in cerebral hemorrhage due to sharp rise in blood pressure. **DO NOT INJECT INTRAVENOUSLY.** Rapidly acting vasodilators can counteract the marked pressor effects of epinephrine.

Epinephrine is the preferred treatment for serious allergic or other emergency situations even though this product contains sodium metabisulfite, a sulfite that may in other products cause allergic-type reactions including anaphylactic symptoms or life-threatening or less severe asthmatic episodes in certain susceptible persons. The alternatives to using epinephrine in a life-threatening situation may not be satisfactory. The presence of a sulfite in this product should not deter administration of the drug for treatment of serious allergic or other emergency situations.

Accidental injection into the hands or feet may result in loss of blood flow to the affected area and should be avoided. If there is an accidental injection into these areas, advise the patient to go immediately to the nearest emergency room for treatment. EpiPen® and EpiPen® Jr should **only** be injected into the anterolateral aspect of the thigh.

PRECAUTIONS: Epinephrine is essential for the treatment of anaphylaxis. Patients with a history of severe allergic reactions (anaphylaxis) to insect stings or bites, foods, drugs, and other allergens as well as idiopathic and exercise-induced anaphylaxis should be carefully instructed about the circumstances under which this life-saving medication should be used. It must be clearly determined that the patient is at risk of future anaphylaxis, since the following risks may be associated with epinephrine administration [see Dosage and Administration].

Epinephrine is ordinarily administered with extreme caution to patients who have heart disease. Use of epinephrine with drugs that may sensitize the heart to arrhythmias, e.g., digitalis, mercurial diuretics, or quinidine, ordinarily is not recommended. Anginal pain may be induced by epinephrine in patients with coronary insufficiency.

The effects of epinephrine may be potentiated by tricyclic antidepressants and monoamine oxidase inhibitors.

Some patients may be at greater risk of developing adverse reactions after epinephrine administration. These include: hyperthyroid individuals, individuals with cardiovascular disease, hypertension, or diabetes, elderly individuals, pregnant women, pediatric patients under 30 kg (66 lbs.) body weight using EpiPen®, and pediatric patients under 15 kg (33 lbs.) body weight using EpiPen® Jr.

Despite these concerns, epinephrine is essential for the treatment of anaphylaxis. Therefore, patients with these conditions, and/or any other person who might be in a position to administer EpiPen® or EpiPen® Jr to a patient experiencing anaphylaxis should be carefully instructed in regard to the circumstances under which this life-saving medication should be used.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY

Studies of epinephrine in animals to evaluate the carcinogenic and mutagenic potential or the effect on fertility have not been conducted. This should not prevent the use of this life-saving medication under the conditions noted under INDICATIONS AND USAGE and as indicated under PRECAUTIONS above.

USAGE IN PREGNANCY: Pregnancy Category C: Epinephrine has been shown to be teratogenic in rats when given in doses about 25 times the human dose. There are no adequate and well-controlled studies in pregnant women. Epinephrine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

PEDIATRIC USE: Epinephrine may be given safely to pediatric patients at a dosage appropriate to body weight (see Dosage and Administration).

ADVERSE REACTIONS: Side effects of epinephrine may include palpitations, tachycardia, sweating, nausea and vomiting, respiratory difficulty, pallor, dizziness, weakness, tremor, headache, apprehension, nervousness and anxiety.

Cardiac arrhythmias may follow administration of epinephrine.

OVERDOSAGE: Overdosage or inadvertent intravascular injection of epinephrine may cause cerebral hemorrhage resulting from a sharp rise in blood pressure. Fatalities may also result from pulmonary edema because of peripheral vascular constriction together with cardiac stimulation.

DOSE AND ADMINISTRATION: A physician who prescribes EpiPen® or EpiPen® Jr should take appropriate steps to insure that the patient (or parent) understands the indications and use of this device thoroughly. The physician should review with the patient or any other person who might be in a position to administer EpiPen® or EpiPen® Jr to a patient experiencing anaphylaxis, in detail, the patient instructions and operation of the EpiPen® or EpiPen® Jr auto-injector. Inject the delivered dose of the EpiPen® auto-injector (0.3 mL epinephrine injection, USP, 1:1000) or the EpiPen® Jr auto-injector (0.3 mL epinephrine injection, USP, 1:2000) intramuscularly into the anterolateral aspect of the thigh, through clothing if necessary. See detailed Directions for Use on the accompanying Patient Instructions.

Usual epinephrine adult dose for allergic emergencies is 0.3 mg. For pediatric use, the appropriate dosage may be 0.15 or 0.30 mg depending upon the body weight of the patient. A dosage of 0.01 mg/kg body weight is recommended. EpiPen® Jr which provides a dosage of 0.15 mg, may be more appropriate for patients weighing less than 30 kg. However, the prescribing physician has the option of prescribing more or less than these amounts, based on careful assessment of each individual patient and recognizing the life-threatening nature of the reactions for which this drug is being prescribed. The physician should consider using other forms of injectable epinephrine if doses lower than 0.15 mg are felt to be necessary.

Each EpiPen® or EpiPen® Jr contains a single dose of epinephrine. With severe persistent anaphylaxis, repeat injections with an additional EpiPen® may be necessary.

Parenteral drug products should be periodically inspected visually by the patient for particulate matter or discoloration and should be replaced if these are present.

HOW SUPPLIED: EpiPen® auto-injectors (epinephrine injection, USP, 1:1000, 0.3 mL) are available in individual cartons, NDC 49502-500-01, and as EpiPen® 2-Pak™, a pack that contains two EpiPen® auto-injectors (epinephrine injections, USP, 1:1000, 0.3 mL) and one EpiPen® trainer device, NDC 49502-500-02.

EpiPen® Jr auto-injectors (epinephrine injection, USP, 1:2000, 0.3 mL) are available in individual cartons, NDC 49502-501-01, and as EpiPen® Jr 2-Pak™, a pack that contains two EpiPen® Jr auto-injectors (epinephrine injections, USP, 1:2000, 0.3 mL) and one EpiPen® trainer device, NDC 49502-501-02.

Store in a dark place at room temperature (15°-30°C/59°-86°F). Do not refrigerate. Contains no latex.

Rx only.



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12/00 03-500-01

Editorial

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Specific Topics or Content

Several topical areas were suggested by the focus group that would be of practical use. Nurse practitioners felt that it was important to include information on billing codes with every clinical article. Case studies should include suggestions on diagnoses and appropriate coding to maximize reimbursement. They even suggested that coding issues and details could be the focus of a separate column in every issue if an appropriate section editor could be found. Also, participants all agreed that patient education foldouts in English and Spanish would be a significant addition to journal content. These foldouts should be written at a sixth grade level or less, and include space for individual notations and individualized education.

The group had several recommendations for possible new columns and articles in the journal. A pharmacology column was seen as very desirable addition to journal content. One of the pharmacy column's features would be to notify readers when the FDA approves an adult drug for pediatric use. Additional ideas for potential columns included growth and development, safety and environmental issues, mental health, a review of screening tools, and cultural issues. Law and ethics were also considered important topics. Items of interest in this area included triage, caring for children who come in with siblings, parental consent, electronic chart confidentiality, and the new HIPAA regulations. In these times, participants recommended articles related to growing up with domestic violence, children in poverty and diseases specific to newly arrived children.

Participants noted the value of the journal's annual immunization report and recommended that this annual issue be clearly listed on the cover. Participants discussed several topics of interest that they would welcome in a pediatric journal. These topics included telephone triage, risk management, smallpox, West Nile disease, malaria, new treatments for eczema, dealing with change and overcoming resistance to change. Individual topics of interest also mentioned included seborrhea dermatitis, oral thrush, GERD, Type 2 diabetes in children, obesity and the new growth charts, acne, enuresis, and when to recommend physical therapy.

In conclusion, participants were generally happy with our journal but felt that it could be made more user friendly by redesigning the cover to alert nurse practitioners to topics of interest inside the pages! They were surprised to find a large number of substantive articles that could be informative to their practice, and perhaps, all advanced practice nurses. The editorial team has discussed all of these recommendations to develop our plans for future editions. Look for the new cover in January/February 2003! Its new binding and cover changes will be only part of the changes we hope to unfold in the coming months – many of them based on recommendations from our nurse practitioner colleagues and pediatric nursing readers like you! We extend our special note of appreciation to the participants of the focus group for their insightful comments. If you have any suggestions, please fax us a "note" to let us know what you think! (FAX: 856-256-2345)