MIAMI CHILDREN'S HOSPITAL®
We're here for the children

PURSUIT OF EXCELLENCE

PUBLISHED FOR THE NURSING STAFF OF MIAMI CHILDREN'S HOSPITAL

Volume 9 • Issue 2

2008 MCH Nurse of the Year

Emily Zubira, RN, BSN
CICU

2008 MCH Nurse Unit Winners

Janice Serrano, RN, BSN
Rookie of the Year

Teresa Sanchez
LPN of the Year (Now RN)

Pat Thorpe, RN, BSN
Leader of the Year

Joanne Nieves, MSN, ARNP
Research Winner

Alison Scheflow, RN, BSN, CCRN
Evidence Based Practice Winner
Research Winner

Reyna Amador
Support Staff of the Year

Rochelle Gabas, RN, BSN
2 E

Monica Brown, RN, MSN, CPN
2 NE

Vivian Gimon, RN, CPN
3 E

Adam Fader, RN, BSN
3 NE

Tracee Smith, RN, BSN
3N

Claudia Alfonso, RN
3S

Monica Hawkins, RN, BSN
After Hours

Irene Bowers, RN
Ambulatory

David Pastor, RN, BSN, CPN
ER/Rapid Care

Lisa Morgan, RN, MSN
Float/SR

Alicia Lue, RN
IV Team

Viviana Gonzalez, RN, BSN
NICU

Enio Ortega, RN, BSN
OR

Maria Ojeda, RN
PACU

Sandra Wiley, RN, BSN
PICU

Nova Franklin-Bremmer, RN
Psych

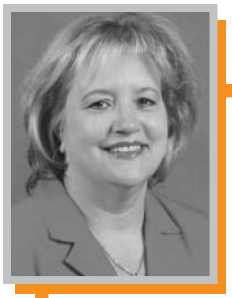
Charity Zayas, RN
Quality/UR

Margot Sarratea, RN, CPN
MRI/Radiology

Carmen Rodriguez, RN, BSN, CPN
South Dade

Jane Salvaggio, MSN, ARNP
Nursing Support Dept.

DeDe Lichtman, RN, BSN
PCC



From the Desk of Jackie Gonzalez

Dear Nursing Team:

I cannot fully express how proud I am of this nursing staff. I received the news along with many of you in the auditorium that MCH received its first redesignation as an ANCC Magnet facility. The process was rigorous and the standards continue to be set higher, but you all demonstrated very clearly to the appraisers why MCH is truly a "magnet" destination for nurses to practice. What we did not find out that day, but received in our written report, is that we had no deficiencies! Not only that, but we received 10 citations for exemplary practice in the following areas:

- **Force 2 - Organizational Structure** -"embraces everyone to do a good job…"
- **Force 3 - Management Style** - "continually strives to keep nurses engaged and stimulated in their nursing practice by setting high quality standards."
- **Force 4 - Personnel Policies & Programs** - "direct care nurses are extremely involved in recruitment and retention activities"
- **Force 5 - Professional Models of Care** - "strong examples of innovations by the direct care nurses…Family centered care model including bedside report…NICU breast feeding room…ED quiet room."
- **Force 6 - Quality of Care** - "demonstrates its commitment to safety for the patients, families and staff…
- **Force 8 - Consultation & Resources** - "…professionalism of the nurses reaches out much farther than the walls of the [hospital]. Their impact on pediatric nurse is felt by many throughout the nation as well as worldwide."
- **Force 10 - Community & the Health Care Organization** - "hosts over six camps throughout the year for special needs and chronically ill children and the families which facilitates camaraderie, support and resources."
- **Force 11 - Nurses as Teachers** - "The organizatio n's innovative, creative and effective academic practicum program is an exemplar."
- **Force 12 - Image of Nursing** - "brought pride and recognition of nursing to all parts of the organization…"

How incredibly positive and strongly written this was about all of you! I know you are as proud of your practice as I am and most importantly, the children and their families deserve our best and nothing less, which you give every day.

On another note, while I know September and December seem far away at the moment---please watch for the Pediatric Conference and a special December celebration event! We have a lot to celebrate.

Have a wonderful summer and enjoy your family and friends as you spend the time with them! Thank you for all you do for the nursing profession and for MCH.

Jackie Gonzalez, ARNP, MSN, CNAA, BC, FAAN
Senior Vice President / Chief Nursing Officer

Congratulations on Renewed 'Magnet' Designation

By Debbie Hill Rodriguez

The nurses at Miami Children's Hospital have done it again! The American Nurses Credentialing Center's (ANCC) Magnet Recognition Program® for excellence in nursing services has once again designated Miami Children's as a Magnet hospital.

According to the ANCC, the leading nursing credentialing organization in the United States, Magnet designation is widely accepted as the gold standard of patient care. Only 3 percent of hospitals nationwide have achieved Magnet designation. Miami Children's Hospital first achieved Magnet recognition in 2004.

"The nursing staff at Miami Children's has a long-standing tradition of leadership, clinical excellence, collaboration and concern for our patients and their safety. Our nurses are the heart and spirit of this hospital and Magnet recognition is a genuine reflection of their concern for the well being of the children entrusted to our care," said Jackie Gonzalez, MSN, ARNP, Senior Vice President and Chief Nursing Officer.

The Magnet Recognition Program recognizes excellence and professionalism in nursing. Applicants undergo an extensive evaluation, and members who are awarded Magnet status must continue to maintain rigorous standards as part of their four-year designation.

To reapply for and receive Magnet status for an additional four years is confirmation of the hospital's resolve to deliver the highest level of care in nursing today. Research shows that Magnet hospitals are more effective at attracting and keeping quality nurses.

Celebrating Nurses Week

By Bing Wood, ARNP, MSN
Chair, Recognition Council

Miami Children's Hospital committee of 35 staff members worked hard for eight months to plan an elaborate program of Activities for the staff to enjoy during the May 4-10 Nurses Week celebration.

The special event also provided an opportunity to recognize staffers whose contributions to the nursing profession have made an impact in Miami Children's Hospital. More than 200 nominations were received, and after reviewing all nominations, the committee chose the following winners for the year:

2008 MCH Nurse of the Year
Emily Zubira, RN, BSN
CICU

2008 MCH Nurse Unit Winners
Rochelle Gabas, RN - 2 E
Monica Brown, RN - 2 NE
Vivian Gimon, RN - 3 E
Adam Fader, RN - 3 NE
Tracee Smith, RN - 3N
Claudia Alfonso, RN - 3S
Monica Hawkins, RN - After Hours
Irene Bowers, RN - Ambulatory
David Pastor, RN - ER/Rapid Care
Lisa Morgan, RN - Float/SR
Alicia Lue, RN - IV Team
Viviana Gonzalez, RN - NICU
Enio Ortega, RN - OR
Maria Ojeda, RN - PICU
Nova Franklin-Bremmer, RN - Psych
Charity Zayas, RN - Quality/UR
Margot Sarratea, RN - MRI/Radiology
Carmen Rodriguez, RN - South Dade
Jane Salvaggio, MSN, ARNP - Nursing Support Dept.
Diane Lichtman, RN - PCC
Janice Serrano, RN - Rookie of the Year
Teresa Sanchez - LPN of the Year (Now RN)
Pat Thorpe, RN - Leader of the Year
Joanne Nieves, MSN, ARNP - Research Winner
Alison Scheflow, RN, BSN, CCRN - Evidence Based Practice Winner, Research Winner
Reyna Amador - Support Staff of the Year

• MCH Nurse of the year award was presented to Emily Zubiria, staff RN from Cardiac ICU. This individual consistently displays dedication to excellence in an area of expertise beyond the scope of any job or specific endeavor through commitment to the profession of nursing and a sense of community service. She serves as an inspiration to others in an effort to improve the quality of health-care and discover new ways to assist those in need and displays

continued on page 12

MCH nurses on the field at the May 3 Florida Marlins baseball game in honor of Nurses Week. From top to bottom are Johny Mok, our 2007 Nurse of the Year; Lillian Bell, 3NE manager; and Vicki Rosenfeld 3East manager.

DAISY Award Winners

April Winner for 2008
Vivian Gimon, RN
3 East

May Winner for 2008
Arsenio Latorre
PICU

June Winner for 2008
Rico Trespico
2 East

July Winner for 2008
Christina Forcine
PICU

Child Passenger Safety Week

By Candace Pineda, RN, BSN, CPN

With the excitement of school begining again, comes the increased morning and afternoon traffic, as well as the increase risk for injury and death among children riding unrestrained in vehicles. According to Safe Kids Worldwide:

"Riding unrestrained is the single greatest risk factor for death and injury among child motor vehicle occupants. Among children ages 14 and under killed in motor vehicle crashes as occupants in 2002, 50 percent were not using safety restraints at the time of the collision.

Misuse is common. An estimated 85 percent of children who are placed in child safety seats and booster seats are improperly restrained.

Misuse includes, but is not limited to, using an inappropriate seat for a child's age and size, placing an infant under 1 year or under 20 pounds in a forward-facing seat, not securing the seat tightly in the vehicle and not securing the child correctly in the seat.

The back seat is safest. It is estimated that children ages 12 and under are up to 36 percent less likely to die in a crash if they are in a rear seat of a passenger vehicle. "

Florida laws support child passenger safety with the recent passing of the HB 619-Child Restraint Requirements. This new law changes the age requirement of children from 5 to 7 years of age or younger who must use crash-tested, federally approved child restraint device that is appropriate for height & weight of child. It also adds child booster seat as option for children aged 4 through 7.

To increase injury prevention and awareness for parents and families, SafeKids Worldwide has designated a week in September as Child Passenger Safety Week. This years events will be held September 21-27, 2008. SafeKids Miami-Dade County, together with MCH's Trauma Services department, will be holding car seat inspections on the following dates and times:

9/19/2008 from 1:00 p.m. to 3:00 p.m.
Toy R Us
8789 SW 117 Ave., Miami FL, 33183

9/20/2008 from 11:00 a.m. to 3:00 p.m.
Potamkin Chevrolet
16600 NW 57 Ave., Hialeah FL, 33014

9/27/2008 from 11:00 a.m. to 3:00 p.m.
Miami Children's Hospital
3100 SW 62nd Ave., Miami, FL 33155

During the events, Child Passenger Safety Technicians will check the car seats for defects, recalls, installation, and fit. For more information or for any questions on child passenger safety or injury prevention, please contact the Trauma Services Department at (305)663-6800.

Join the Squeaky Clean Team

Squeaky Clean is a program to promote hand washing and hand sanitizing among staff and visitors to optimize patient care and well-being. It is designed to address a National Patient Safety Goal. Here's how it works:

MCH caregivers and staff are reminded to model hand hygiene by washing hands or using hand sanitizer whenever entering a patient's room, exam room or other care area. When approaching a patient, caregivers/staff members should say, "I am cleaning my hands for your safety. Please remind others to do the same." This role modeling will encourage families and visitors to practice hand hygiene as well.

The program empowers our inpatient children. When a patient sees a caregiver or other staff member practicing hand hygiene, the patient can award the employee a ticket from the Squeaky Clean booklet given to each child after admission.

Employees turn in award tickets to their manager or supervisor. Prizes will be presented to employees who achieve specific "Squeaky Clean" goals. Thanks for being part of the Squeaky Clean Team!

Correction

In our last issue, the wrong author was noted for one of the articles. "Did you Know? A Solution to Enhance the Knowledge of Nurses" was written by Alison Scheflow, RN, MS, CCRN. We apologize for the error.

Pat Dean – Epilepsy Foundation's Volunteer of the Year

Pat Dean, MSN, ARNP, MCH clinical nurse specialist and board president of the Epilepsy Foundation of Florida was recognized as Volunteer Leader of the Year at the foundation's fourth annual Leadership Conference in September. The award is given to an individual who has made an outstanding contribution to the epilepsy field through volunteer time or fundraising. Pat has made many contributions, and is an integral part of epilepsy sessions at camp and knows firsthand the life-changing impact Camp Boggy Creek has on the children who attend. "Pat is one of the most energetic, passionate and committed supporters we have," said June Clark, Camp Boggy Creek Executive Director. "She is well-deserving of this award. Kudos, Pat!"

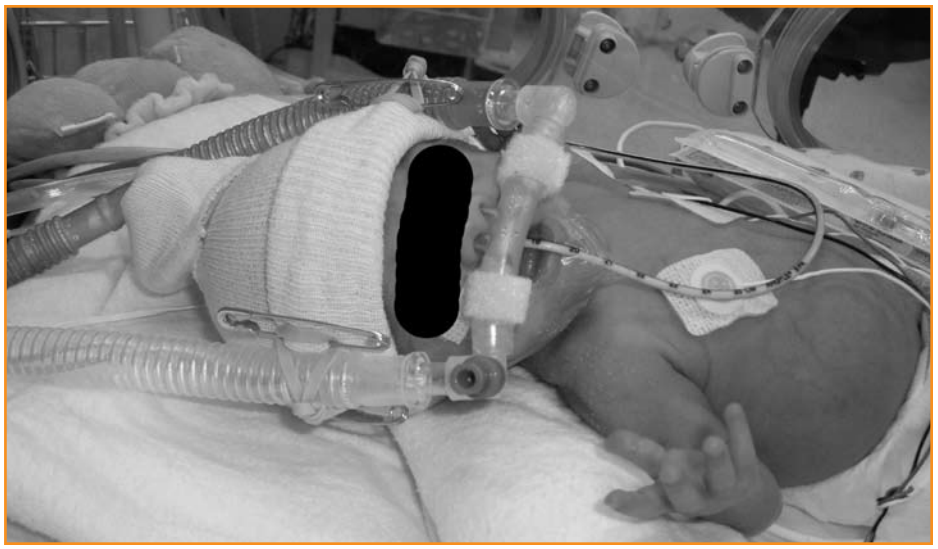
What's Bubbling in the NICU?

By Joy Ortiz, RN

Anyone floating to NICU these days or just "passing through " may find something new and interesting. Containers of bubbling water are now placed next to some of our smallest babies following clinical information from the Morgan Stanley Children's Hospital of New York (MSCHNY).

Prior to this, the main type of ventilatory assistance offered to our babies included INCA nasal CPAP, conventional mechanical ventilation and high frequency oscillation. However, recently the neonatologists in the NICU were introduced to a new type of bubble CPAP, gentle enough for even the most extreme premature infants. At MSCHNY, preferential CPAP has been associated with lower incidence of chronic lung disease in premature infants than in units that prefer modalities primarily utilizing endotracheal intubation.

The bubble CPAP device may be used on many infants with differing diagnoses, including respiratory distress syndrome,



transient tachypnea of the newborn, PDA, pulmonary edema and apnea of prematurity, among others. Additional uses by all infants for respiratory support after mechanical ventilation have also been shown effective in the recovery period.

Benefits include increase in transpulmonary pressure and functional residual capacity. The bubble CPAP device has been shown to prevent alveolar collapse, decrease intrapulmonary shunt and increase lung compliance. It conserves surfactant in the newborn and decreases the work of breathing. It also prevents pharyngeal wall collapse and stabilizes the chest wall, splinting the diaphragm and stimulating lung growth. Due to the gentle rhythmic bubbling action, the bubble CPAP device has a high frequency ventilation (HFV) effect.

To begin bubble CPAP, the physician indicates to the nurse that bubble CPAP is needed for that patient. Orders are written for bubble CPAP with a particular pressure setting specified as cmH_2O, usually 5 to 7 cm H_2O. The nurse notifies the respiratory therapist, who commences set up at the bedside. After oxygen tubing is connected to a flow meter and blender, the tubing is connected to a heated humidifier. The humidifier is turned on and a second corrugated tube is placed into a water-filled outlet container, usually 5 to 7 cm below the water surface, depending on the cm of H_2O CPAP pressure the infant requires. As air flows through the water into the tubing, it creates a gentle bubbling sensation for the infant. The nurse verifies the CPAP is working by observing for continued bubbling in the outlet bottle.

Bubble CPAP is one more way the NICU is committed to bringing the very best care to the tiniest children.

Cancer Survivors Day Picnic

By Sarah Taylor, RN, BSN, CPON
Nurse Manager, Hematology/Oncology

On June 1, Miami Children's Hospital joined other institutions around the nation to celebrate National Cancer Survivors Day. Nearly 200 patients and their families enjoyed food, carnival style games, face painting and the opportunity to throw pies at one of their doctors (Dr. Khatib).

Participating cancer survivors ranged from 15 years to 1 month old. It was a great opportunity for our nursing staff and patients to interact in a fun and pain-free environment. It is always refreshing and re-energizing for the nurses to see that we can make a difference, especially in the lives of patients and their families facing the diagnosis of cancer.

Changes by the Florida Board of Nursing

By Linda Brunson
Director, CE Broker

The Florida Board of Nursing has made several changes that affect CNA in-service renewal requirements. Half of the CNAs were required to renew for a 3-year certification period. The Florida Board of Nursing renewal fee was $80 instead of the normal $55 for two years. This was done to split up the 140,000 CNAs into two CNA renewal periods. Starting December 2009, all CNAs will not renew on the same date.

The in-service renewal requirement (64B9-15.001 F.A.C.) for this one three-year certification period is:

- 12 in-service hours each calendar year
- Each of the seven required topics must be fulfilled within the three-year certification period

Following this one-time three-year certification period, the CNA in-service will align with his/her Florida Board of Nursing certification period.

CNAs with the three-year certification period will have four transcripts in CE Broker – one for each of the three calendar year 12-hour requirements and one for the renewal required topics.

To view CNA renewal requirements on the Florida Department of Health website, please go to http://www.doh.state.fl.us/Mqa/cna/cna_ceu.html.
If you have any questions, please call 1-877-434-6323 (877-i-find-CE).

Be Prepared: Hurricane Season is Here

Hurricane season is here. Don't be caught off guard. Whether you serve on the Alpha or Bravo shift, you should have a hurricane plan and supplies in place so that you are ready in the event of a storm.

To ensure that you are prepared, the Federal Emergency Management Agency (FEMA) has recommended that you have a family preparedness plan in place which will sustain your family for three days.

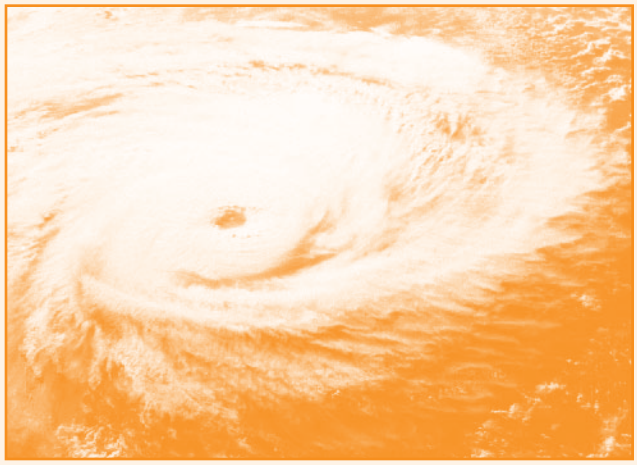
Here are some guidelines from the National Oceanic and Atmospheric Administration (NOAA):

Family Disaster Plan

- Discuss the type of hazards that could affect your family. Know your home's vulnerability to storm surge, flooding and wind.
- Locate a safe room or the safest areas in your home for each hurricane hazard. In certain circumstances the safest areas may not be your home but within your community.
- Determine escape routes from your home and places to meet. These should be measured in tens of miles rather than hundreds of miles.
- Have an out-of-state friend as a family contact, so all your family members have a single point of contact.
- Make a plan now for what to do with your pets if you need to evacuate.
- Post emergency telephone numbers by your phones and make sure your children know how and when to call 911.
- Check your insurance coverage - flood damage is not usually covered by homeowners insurance.
- Stock non-perishable emergency supplies and a Disaster Supply Kit (see next column).
- Use a NOAA weather radio. Remember to replace its battery every 6 months, as you do with your smoke detectors.
- Take First Aid, CPR and disaster preparedness classes.

Disaster Supply Kit

- Water -at least 1 gallon daily per person for 3 to 7 days
- Food - at least enough for 3 to 7 days
  - non-perishable packaged or canned food / juices
  - foods for infants or the elderly
  - snack foods
  - non-electric can opener
  - cooking tools / fuel
  - paper plates / plastic utensils
- Blankets / Pillows, etc.
- Clothing - seasonal / rain gear/ sturdy shoes
- First Aid Kit / Medicines / Prescription Drugs
- Special Items - for babies and the elderly
- Toiletries / Hygiene items / Moisture wipes
- Flashlight / Batteries
- Radio - Battery operated and NOAA weather radio
- Telephones - Fully charged cell phone with extra battery and a traditional (not cordless) telephone set
- Cash (with some small bills) and Credit Cards - Banks and ATMs may not be available for extended periods
- Keys
- Toys, Books and Games
- Important documents - in a waterproof container or watertight resealable plastic bag
  - insurance, medical records, bank account numbers, Social Security card, etc.
  - Tools - keep a set with you during the storm
  - Vehicle fuel tanks filled
  - Pet care items
    - proper identification / immunization records / medications
    - ample supply of food and water
    - a carrier or cage
    - muzzle and leash



MCH Hurricane Updates

During and after the approach of a hurricane, MCH employees should check the hospital's Hurricane Hotline and/or Portal for updates on shift changes and other important details. The hotline number is 305-667-1957. The MCH Portal can be accessed from www.mch.com, by clicking on the physician and employee login link at the bottom of the home page. Your standard login identification and password will gain you access.

Miami-Dade County Office of Emergency Management Contact Information:

- www.miamidade.gov/eoc will provide you with the following:
  - Evacuation zones
  - Flood zones
  - Law enforcement & fire department contact phone numbers
  - Government Services
  - Animal Shelters
  - Registration for electrically dependant & oxygen dependant community patients

Critical Thinking: What Would You Do?

By Linda Nylander-Housholder, MSN, ARNP, CCRN

You are called to your patient's room by her mom. When you arrive, you note a 4-year-old girl with a tracheotomy who is agitated, cyanotic and has intercostal, as well as supra and substernal retractions. Breath sounds are decreased bilaterally and air entry is poor. Heart rate 200, BP 110/78, R 67. She weighs 15 Kg and has no known allergies.

What should you do?

- ABCs- position open airway, give 100% 02 to trach if no improvement then suction, bag with 100% 02, prepare to change trach (Were there 2 trachs with guides bedside 1 same size, 1 smaller)
- Place on monitors, EKG and 02 sat
- Obtain IV access – send blood gas

If trach fell out and stoma was constricted so you were unable to replace trach, what would you do now?

- ABCs prepare to BVM with 100 % 02 while covering stoma
- Place small tube in ostomy and attempt to slide trach over tubing
- Ready for intubation
- Call anesthesia

Did you think airway and common cause of airway distress in trached patients is mucus plugging?

Did you remember to preoxygenate and to oxygenate during suctioning procedure?

Did you think how and when to attempt trach change-out?

Did you think of possible complications of changing out trach, such as bleeding, pneumonia, malplacement, or perforation of trach?

Did you remember what to do if you could not reinsert trach, and to cover stoma if you had to BVM the patient to prevent air leak via stoma?

MCH Nurses Experience NTI

By Ingrid Gonzalez, RN, MSN, CPN and Carla Leblanc, RN, MSN, CPN

During the first week of May, Miami Children's nurses had an opportunity to experience AACN's National Teaching Institute and Critical Care Exposition (NTI) in Chicago. Nurses from both PICU and CICU attended this prestigious conference, which attracted an estimated 9,000 acute and critical care nurses from around the nation. This conference provided a wide variety of resources to target all types of learners. There were many pre-conference activities, such as review courses, sitting for exams in your specialty (CCRN, CCNS, PCCN and ACNPC) or sub-specialty certifications. There was also a self-study pavilion with about 60 computers that offered online modules for CE credits. There were also networking opportunities to assist participants in accessing comprehensive resources designed to optimize their patient care outcomes.

There were many vendor exhibitions that awarded nurses with gifts such as pens if they wanted to learn about the products. Also, nurses were awarded CE credits for 30-minute sessions reviewing clinical trials. The vast exhibition center was the length of three football fields.

At mid-week, the exposition center and the poster sessions were revealed to participants. The poster sessions were divided into two categories: research and creative solutions. One of our MCH nurses, Alison Scheflow, presented her creative solution poster presentation, titled "Did You Know?" and there were many more innovative ideas presented by other institutions.

After attending many different conferences, NTI was one of the most well organized venues by far. From the registration process to the shuttle service from hotels to the convention center, there was never a delay. In addition, our nurses were able to document their contact hours online prior to leaving the conference. This is definitely an event that all critical care nurses should experience at least once in their professional careers.

New Changes to Central Line Heparin Flush Dosing

By Lourdes Fernandez, RN, MSN and Carla Leblanc, RN, MSN, CPN

A task force at Miami Children's Hospital recently reviewed our current practices on heparin use in relation to central venous access devices. The safety practices of heparin were a topic of discussion at the Medication Safety Committee, where the idea of a task force was originally formulated. Pharmacy and nursing collaborated to review literature and other hospital practices in order to maximize patient outcomes and decrease the risk of overdosing patients with heparin.

The first step taken to decrease the amount of heparin usage was to remove heparin from the override list in Pyxis. It now requires a physician order for withdrawal from Pyxis. Heparin was also added to the inventory list that is checked by charge nurses each shift.

Heparin flush dosing changes were made to the various central lines used at MCH. Most venous access devices will now require 10 units/ml instead of the 100/ml dose that was previously in use.

These changes were formally approved by the Pharmacy and Therapeutics Committee and Medical Executive Council in April, 2008. A clinical practice alert was created by the Clinical Practice Committee and in-services were done on each unit.

To monitor the effectiveness of this change, data on TPA usage prior to and after the heparin dosing changes will be reviewed. This will help determine if the dosing changes impacted the patency of the venous access devices. Studies have shown that the best practice for flushing central lines is to instill normal saline (instead of heparin) vigorously using a 10 ml syringe, a practice that we hope to eventually implement. Please review the Central Line and PICC Line policy for specific information on the new guidelines.

Catheter and Port priming volumes

Tunneled Central Venous Catheters (BARD)		
Single Lumen	**Priming volume**	
2.7 French	0.15 mL	
4.2 French	0.3 mL	
6.6 French	0.7 mL	
9.6 French	1.8 mL	
Double Lumen	**small**	**large**
7 French	0.6 mL	0.8 mL
9 French	0.6 mL	1.3 mL
10 French	1.3 mL	1.3 mL
12 French	1.8 mL	1.8 mL
Non-tunneled Short Term Central Venous Catheters (COOK Catheters)		
Single Lumen		
2.5 French	0.05 mL	
3 French	0.1 mL	
4 French	0.1 mL	
Double Lumen	**small**	**large**
4 French	0.1 mL	0.2 mL
5 French	0.2 mL	0.2 mL
Triple Lumen		
5 French	0.2 mL	0.3 mL
7 French	0.3 mL	0.5 mL
PICCs (BARD) Per-Q-Cath®		
Single Lumen		
2 French = 23 Gauge	0.15 mL	
3 French = 20 Gauge	0.26 mL	
4 French = 20 Gauge	0.32 mL	
5 French = 18 Gauge	0.42 mL	
Double Lumen	**small**	**large**
4 French = 24/21 Gauge	0.17 mL	0.17 mL
5 French = 20/20 Gauge	0.29 mL	0.29 mL
Ports (BARD)		
Single		
Low profile 6.6 French	0.8 mL	
X-Port ISP 6 French	1.2 mL	
Regular 6.6 French	1.2 mL	
Regular 8 French	1.8 mL	
Double	**small**	**large**
10 French X-Port duo	1.39 mL	1.39 mL
10 French MRI	1.8 mL	1.8 mL
7 French: Slim port dual	0.57 mL	0.64 mL

References:
Bard Access Systems, Inc: www.bardaccess.com
Stanford School of Medicine:
http://anc.stanford.edu/portals/forms/catheter_primring_volumes.pdf

Venous Access Devices (VAD's)

TYPE	DEFINITION	HEPARINIZATION (Only after Normal Saline Flush)	DRESSING CHANGE	DRAWING BLOOD
Tunneled Catheter "Broviac" or "Hickman".	Silastic catheter tunneled under skin with Dacron cuff	Concentration: 10 units/ml Volume: length of the line When: after medications or daily if no medications or fluids **	Every 7 days and PRN	Yes - MD order. Waste 2 ml blood. Flush after with 6 - 10 ml Normal Saline.
Non-tunneled "Cook".	Silastic or polyurethane catheter inserted percutaneously & sutured in.	Concentration: 10 units/ml Volume: length of the line When: after medications or daily if no medications or fluids **	Every 7 days and PRN	Yes-MD order. Waste 2ml blood. Flush after with 6 - 10 ml Normal Saline.
Multi-Lumen catheter.	Silastic or polyurethane catheter inserted percutaneously & sutured in.	Concentration: 10 units/ml Volume: length of the line per lumen When: after medications or daily if no medications or fluid **	Every 7 days and PRN	Same as above... Designate one lumen for blood drawing and label it - - not the TPN lumen.
Implantable access devices.	A metal reservoir attached to a silastic catheter and implanted under the skin with a silicone septum.	Concentration: 10 units/ml Volume: 3 ml (30 units) When: after medications or daily if port accessed and not used. ** To DEACCESS for discharge Concentration: 100 units/ml Volume: 3ml (300 units)	Every 7 days with needle change and PRN	Yes - MD order. Waste 5 ml of blood. Flush after with 10 ml Normal Saline.
PICC	Small lumen silastic catheter inserted into peripheral vein and threaded to central location.	Concentration: 10 units/ml Prime Volume: 1 ml for 2.8, 3.0 & 4.0 French PICCs When: after medications or daily if no medications or fluids ** Neonatal PICCs (1.9 French): Continuous infusion of a heparinzed (0.5 units/ml) solution at 2ml/hr. Do NOT heparin/lock.	Every 10 days and PRN. Only to be done by IV Team or RN with competency checklist completed.	No – only if line sepsis is suspected, blood culture from line to be drawn by IV team or RN with competency checklist completed.
Quinton /Phresis catheter (Does NOT include Hemocaths used in Outpatient dialysis)	Silastic or polyurethane catheter with two lumens inserted into a large vein.	Concentration: 100 units/ ml Volume: length of the line When: after use and/or daily NOTE: MUST DRAW HEPARIN off before accessing line.	Every 7 days and PRN	ICU RNs ONLY Yes – MD order Waste 5 ml of blood. Flush after with 6-10 ml Normal Saline.

** **Note** for patients with multiple medications, infuse normal saline at KVO in between medications if necessary to minimize heparin usage.

Heparin Flush chart -2008 FINAL.doc

Join a Professional Organization in the NICU

By Debra S. Langer, RN, BSN, CLNC, BS

Want to avoid that last minute rush for CEUs before your RN license expires? (And earn APEX points as well?) Become a member of a professional organization!

We in the NICU have SEFANN – the South East Florida Association of Neonatal Nurses. In order to become a member of SEFANN, there is a $15 membership fee and one must first become a member of NANN, the National Association of Neonatal Nurses. I know, I know, $99 is a chunk of change but, guess what...that is 27 cents a day! Where else can you have dinner with friends (we all have at least one commonality), listen to an area professional speak on a topic that you might be able to incorporate into your nursing practice, and earn a CEU? All for about 27 cents a day!

SEFANN meets on the fourth Tuesday of every other month. That's 6 CEUs earned per year, just for attending all the meetings (one CEU each). Attend the two-day SEFANN conference and you earn 15 CEUs. Attend the NANN conference and that is approximately 21.5+ CEUs more! Now you need only worry about completing those requirements that the state mandates.

And think of the other benefits. From NANN you receive: Advances in Neonatal Care: Official Journal of the National Association of Neonatal Nurses, NANN Central, a news poster, discounted admission to the NANN conference, access to the NANN website, an opportunity to belong to a Specialty Interest Group (SIG), which is a group of neonatal nurses who share a specific interest and you are eligible to join your state/regional chapter.

SEFANN is our regional chapter. We have members from Miami-Dade and Broward Counties, with past members living in Ft. Myers and even the state of Tennessee, still checking in to learn what we are up to. And so interesting for us to learn what they are up to!

That's what I like about SEFANN. The networking! I remember when we had questions about breastmilk storage in the NICU. At our meeting, I took a poll of the nurses from the area hospitals and learned how they were handling the matter. It was that easy.

SEFANN is also all about community involvement. Our members volunteer to help the March of Dimes launch their events and we are a corporate sponsor at the March for Babies event (formerly known as Walkathon). Each holiday season we donate toys to an organization helping underprivileged children in the South Florida area. How happy we are to see the "loot" we collect and realize that we have helped to put the smiles on many small faces.

SEFANN also offers three scholarships ($300 each) to active members to use for participation in either our local conference or for the national conference.

Now does this not sound like a great thing to do for yourself as a professional individual? And each nursing discipline has an organization similar to this. Find yours and join today!

Use of Metered–Dose Inhalers (MDIs) in the Emergency Department

By Debbie Salani, ARNP, MSN, Connie Chan, PharmD, and Javier Hernandez, RRT

The Emergency Department recently embarked on a clinical practice change based on the evidence available when caring for children with asthma. In collaboration with the medical/nursing staff, pharmacy and pulmonology department, the usage of MDIs was introduced in the Emergency Department.

Inhaled brochodilators are one of the most frequently prescribed medications for children hospitalized with respiratory conditions. For many years, the most common treatment for patients with asthma and bronchiolitis were aerosol treatment with various bronchodilators. However, there is a large body of literature that indicates that the metered dose inhalers with valved holding chambers have been shown to be equivalent to small volume nebulizers for the delivery of bronchodilators in children.

In the past, it was assumed that young children would be unable to use the MDIs because they could not coordinate the inhaler and these devices would not be effective in their treatment. However, now that we have valved holding chambers available in a variety of sizes, children with asthma can effectively be treated using MDIs.

Currently, the Emergency Department is using the MDIs with children with respiratory conditions who are 3 years of age or greater. There are two aerochamber sizes being utilized: medium for ages 3 -12 and large for patients older than 12 years.

The MDIs/aerochambers are packaged together. Upon discharge, the ED staff will label the medication with the child's name and the dosage and send the family home with the inhaler package. This has been a great satisfier for patients and families.

The New Aquatic Facility at Miami Children's Hospital Dan Marino Center

By Charina M. Desaulniers, PT, DPT
Rehab Supervisor and Doctor of Physical Therapy, Miami Children's Hospital Dan Marino Center

Aquatic therapy became a part of the rehab services at the MCH-Dan Marino Center in 2005. The program started in a small rented private community pool. Aquatic therapy consists of therapeutic exercise and varied hands-on strategies that is performed in the water. It is used as a medium to treat children on a one on one basis and is designed specifically to the child's individual needs. Aquatic therapy utilizes the properties of water coupled with traditional therapy techniques to provide comprehensive intervention. It may compliment existing occupational therapy and physical therapy services or be provided as the sole means of therapy.

Aquatic therapy uses the physical properties of water to assist in movements and function, alleviates pain and enhances exercise and functional performance. The buoyancy of water also offers assistance for these patients to be able to move voluntarily with ease and control without the fear of falling on the ground. The viscosity of water offers an excellent source of resistance that can be easily integrated into exercise program. This resistance allows for muscle strengthening without the need of weights. Using resistance combined with the water's buoyancy allows muscle strengthening with decreased joint stress that can not be experienced on land.

Aquatic therapy also uses hydrostatic pressure to reduce swelling and improve joint position awareness. The hydrostatic pressure generates forces perpendicular to the body's surface, hence provides joint positional awareness to the patient. As a result, patient proprioception is improved. This is vital for patients who suffered from a stroke or brain injury, joint sprains, as well as for patients with sensory deficit. The hydrostatic pressure also assists in decreasing joint and soft tissue swelling that results after injury or with arthritic disorders. In addition, the warmth (92-94º F) of the water assists in relaxing muscles and vasodilates vessels, increasing blood flow to injured areas. Patients with muscle spasms, pain, and fear of falling and open space find this aspect of aquatic therapy especially therapeutic.

Why Aquatic Therapy?
- The pool is a fun, social environment.
- Less gravitational effects making balance and coordination activities attainable
- Facilitates the stretching of muscles
- Better respiration
- Provides resistance to strengthen muscles
- Increases body awareness
- Reduces pain
- Improves circulation
- Provides all around sensory input, which facilitates the learning of skills.

Who can benefit from Aquatic Therapy?
- Cerebral palsy
- Down syndrome
- Muscular dystrophy
- Juvenile arthritis
- Ortho post-operative patients
- Sports injury
- Pain management
- Perceptual difficulties
- Sensory integration dysfunction
- Fibromyalgia
- Other neurological disorders

Swimming and Safety Instructions
In addition to the therapy services in the water setting, the aquatic facility will be utilized for swim and safety instructions for children with special need as well as for the typical population. It will be also used to perform hands-on training for swim/safety instruction certification for children with disabilities.

Current Services Offered in Aquatic Setting:
- Occupational therapy
- Physical therapy
- Swimming and safety instructions for special needs children and other children
- Sports injury/ortho aquatic therapy

Future Aquatic Programs:
- Hands-on training for swim instruction certification for children with special need
- Aquatics "Mommy and Me"
- Aquatic fitness and wellness program
- Adaptive recreational exercise program
- Pain management aquatics
- Advanced Aquaxercise



Quit Smoking with Chantix

By David Aguero RN, OR, and Agustin Peralta RN, OR

Now that Miami Children's Hospital has chosen to go "smoke free," Chantix may be an option to help you quit smoking. First, let us explain why quitting smoking is so difficult for most individuals: Smokers tend to be habitual by nature. For some smoking makes you feel good; for others it is a hard habit to break.

When inhaling cigarette smoke, you are medicating yourself with a very powerful drug called nicotine. Nicotine enters the bloodstream and almost immediately travels to the brain. Once in the brain, nicotine triggers a dopamine release for a very small amount of time. This dopamine release gives the smoker a deep sense of pleasure, similar to what we feel when we eat a
delicious apple, if you like apples. The smoker then is trapped, like a hamster on the wheel, because nicotine is highly addictive. This is where Chantix can help.

Chantix is a prescription drug that targets the same nicotine receptors that keep smokers hooked. By taking Chantix, you block the nicotine receptors and therefore you should not have the urge to smoke. Only a doctor can decide how long you may take this medication, and there are some side effects like nausea, headaches and insomnia.

Quitting smoking is a very personal decision. Once you decide to quit, share your desire with everyone around you. Set a target date (you must take Chantix for one week before your target date) and stop smoking. You should plan to exercise, stay away from other smokers and try to change your previous routine. If you slip and have a cigarette, don't worry – just try again. Keep candy or gum available to help curb the desire for the cigarette. This is also a good time to reduce any habits like coffee or alcohol drinking if you associate them with smoking.

By staying away from smoking, you will decrease your chances of developing lung cancer, asthma, emphysema and heart disease. Your food will taste better, your sense of smell will improve, and think of the money you will save! Even with the help of Chantix, it probably will not be easy, but this medication will increase the likelihood of success. Remember that even if it takes years to completely kick the habit, it is never late for a chance to live a healthier life.

continued from page 3

Celebrating Nurses Week

compassion and caring on a daily basis.

RN, LPN, Tech, and Care Assistant. Winners include overall RN, RN Rookie; LPN; Support staff; Leader; Research winner and Evidenced based winner. (See attached 2008 MCH nursing excellence winners.)

Daisy excellence monthly winners from December 2007 to May 2008 were also honored.

The Nurses Week opening ceremony kicked off with the welcome from Jackie Gonzalez, CNO, and an inspirational talk from Dr. Narendra Kini, CEO, followed by award presentations. The staff on the weekend enjoyed pizza and dessert. Massage and make-up day was part of the activities. The dinner talent show was also a hit. The staff truly was entertained by the talents showcased by the following nursing areas:

- 3NE staff sang to the tune of "making the difference."
- Same-day surgery "wowed" us on a magic show
- PICU "high school musical" presentation was videotaped as some of the staff members were attending a conference
- ED had the audience participation on the "let's salsa"
- 3E presented a hilarious clip on "detecting breath"
- 3S sung the favorite "Brady–brainy bunch"
- Nursing leadership did the "American Idol" script
- Karaoke song was well delivered by Carol Ann Hoehn, RN from CICU.

For the cultural event, 11 countries were represented. Staffers dressed up to represent their country, brought art, specific medical herbs, food and music. The last day of the event was a luncheon coordinated by the Magnet Committee. Presenters shared their experience on the conference they attended and presented internationally.

The overall event was a blast. All nursing staff received a sport duffle bag to commemorate Nurses Week 2008.

Transcultural Caring: A Call to Nursing

By Monica H Brown, MSN, RN, CPN

Tulsa, Oklahoma is home to a large population of Native Americans from the Cherokee Nation. In the 1830s, gold was discovered in Georgia and as a result, the European settlers began to covet the Cherokee homelands. This led to a period of Indian removals to make way for more white settlement. In 1838, thousands of Cherokee men, women and children were rounded up and marched 1,000 miles to Indian Territory, known today as the State of Oklahoma. Thousands died in the internment camps, on the trail, and after arrival (due to the effects of the journey). This forced march is now referred to in history as "The Trail of Tears."

John Lowe, PhD, RN, FAAN, Assistant Professor, Florida Atlantic University (FAU), Christine E Lynn College of Nursing, and one of only 13 Native American nurses to have earned a PhD, has been instrumental in securing an agreement between the Cherokee Nation and FAU whereby RN-BSN students gain their community nursing/trans-cultural experience by providing health teaching to schools and family-oriented camps for one to two weeks every semester. This is voluntary on the part of the students who have the option of remaining in state and gaining their experience in the traditional manner in local clinics with a preceptor.

I was privileged to have been a part of this experience under the tutelage of Dr Lowe and to have helped to coordinate and lead two large groups of students on two separate occasions. It was truly a humbling experience as my expectations of the students were surpassed by their contributions and commitment to the tasks at hand.

Various health topics were covered with a focus on those issues that were especially troubling to the people of the Cherokee nation, such as diabetes, substance abuse (crystal-meth, alcohol, tobacco), teen pregnancy, sexually transmitted diseases and HIV/AIDS. The nurses also covered such topics as MRSA infections, health and safety for the K-5th graders and provided them with information about their backgrounds. Each cultural group presented something about their homelands and customs, which the students enjoyed immensely.

Nursing as a profession and nursing education were also stressed as there is a greater than 50 percent shortage of nurses on the Cherokee nation. Here, I was able to espouse the virtues of pediatric nursing since children represent the future of their culture and nation. Many of the middle and high school students were surprised to learn that there is a hospital devoted exclusively to the health care needs of children, and that family participation is expected and encouraged. Several of the male students confessed to harboring the thought that "men in nursing was taboo" until our male colleagues spoke with them about the benefits (never being unemployed, autonomy, monetary benefits, flashy cars).

The students at the schools we visited were open to discussion of all age-appropriate topics and displayed an amazing and healthy sense of curiosity about the world outside their environment. They were mostly well informed, which resulted in some interesting discussions with the nurses who worked diligently to ensure that all presentations were age appropriate and culturally sensitive.

Much like camp nursing, the time spent was mentally and physically exhausting but very rewarding. My only stipulation to our students was that they leave their South Florida manners and expectations here in South Florida and to enjoy the experience. Although most of my groups have since graduated or are in the process of graduating, several have expressed a desire to return to Oklahoma and the Cherokee Nation. At the time of this writing, plans are underway for them to participate in independent studies for the next two semesters.

Updates from the Professional Development Council

By Mary E. Ernst, ARNP, MSN, CNA, BC
Director, Cardiac Care Center

A new mailbox has been set up for staff to give comments, feedback and suggestions on the APEX Professional Ladder. To access the email simply go to outlook and type in APEX on the email listing. All comments will be reviewed by the Professional Development Council. Changes to the ladder will be made on a biannual basis with consideration given to incoming suggestions.

The Council also wanted to make the RN staff aware that funds are available to assist with attendance at educational conferences in the area of their expertise, pending approval of their directors. The RN must apply for Frida Hill Beck Foundation funds in advance of the conference.

The Frida Hill Application Form has been put on the MCH portal for your convenience. To access the form, go to the MCH portal, click on the "Forms" tab at the top of the screen, then click on "Nursing." Frida Hill Beck Application is the first item listed. The criteria and expectations for receiving funding are listed on the form. For any questions regarding this process or the APEX mailbox, please contact Mary E. Ernst at x1727.

Screening and Treating Sexually Transmitted Infections

By Lorena M Siqueira MD, MSPH, FAAP, FSAM
Director of Adolescent Medicine

Infections that are transmitted by consensual or nonconsensual genital contact are termed sexually transmitted infections (STIs) and are recognized as a major public health problem. Occasionally they are referred to as reproductive tract infections (RTIs). There are more than 30 different sexually transmissible bacteria, viruses and parasites.

Several STIs, in particular human immunodeficiency virus (HIV) and syphilis, can also be transmitted from mother to child during pregnancy and childbirth, and through blood products and tissue transfer. Genital human papillomavirus (HPV) is the most common STI in the United States and perhaps, the most common STI among sexually active youth. The Centers for Disease Control and Prevention (CDC) has reported that by 50 years of age at least 80 percent of women will have acquired genital HPV infection (the cause of genital warts and cervical cancer).

The World Health Organization reports that nearly a million people acquire a STI, including HIV, every day. More than 15 million STIs occur annually in the United States, nearly four million among teens and over six million among young adults ages 20 to 24. Surveys show that nearly two-thirds of U.S. high school students have engaged in sexual intercourse by the time they graduate and 20 percent of twelfth graders have had four or more sexual partners. The Centers for Disease Control and Prevention estimates that one in four young women between the ages of 14 and 19 years in the US has a STI. Moreover, rates of curable STIs in the United States are the highest in the developed world. For instance, the gonorrhea rate among U.S. teens is 74 times higher than the rate among teens in either the Netherlands or France, 10 times higher than in Canada, and seven times higher than in England and Wales.

STIs deserve attention not only because of their high prevalence but also because they frequently go undetected and untreated, and can result in serious reproductive morbidity and mortality. The results of infection include acute symptoms, chronic infection, and serious delayed consequences such as infertility, ectopic pregnancy, cervical cancer, and the untimely deaths of infants and adults. The presence in a person of STIs such as syphilis, chancroid ulcers or genital herpes simplex virus infection greatly increases the risk of acquiring or transmitting HIV.

Some populations of youth face higher than average risk: African-American youth, young women, abused youth, homeless youth, young men who have sex with men (YMSM), and gay, lesbian, bisexual, and transgender (GLBT) youth. There may be under-reporting of STIs in white youth who use private practitioners rather than public health or hospital based clinics. Teenagers and young adults are likely to be at greater risk for STIs than are older adults because they are more likely to have multiple partners, to have unprotected sex and to have high-risk partners. They may have poorer access to information and greater difficulty in accessing services than adults have. Adolescent females may also be at somewhat higher risk of STDs than adolescent males because of biologic factors and because they are typically in relationships with partners two or more years older than themselves. Older partners are more likely to be infected than partners who are their own age. In addition, the age and power differences may lessen the young woman's ability to initiate or insist on condom use.

As mentioned, some sexually transmitted infections often exist without symptoms and thus can only be diagnosed with routine preventive care. For example, up to 70 percent of women and a significant proportion of men with gonococcal and/or chlamydial infections may experience no symptoms at all. Both symptomatic and asymptomatic infections can lead to the development of serious complications, as outlined above. In addition, they can have more than one STI at a time.

Routine preventive visits are less likely to occur with adolescents. In addition to being asymptomatic, lacking knowledge and access to care, their fear and embarrassment of physical examination and concerns about confidentiality are likely to limit their willingness to go for care. We need a combination of responses. Sex education classes for youth need to be comprehensive and not restricted to abstinence-only education. Studies show that abstinence-only education does not delay the age of sexual initiation. Studies also show that sex education and condom distribution does not increase sexual activity. What we do know is that comprehensive sex-education delays initiation of sexual intercourse, reduces frequency of sex, reduces frequency of unprotected sex and the number of sexual partners.

Technological advances in diagnostics, treatment, vaccines, and barrier methods hold the promise for improved prevention, care and surveillance methods for STIs. There is a new generation of tests that use easy to collect specimens and cheap rapid diagnostic methods including point of care rapid testing. For example asymptomatic adolescents may be screened with a urine test or a vaginal swab for chlamydia and gonorrhea. Screening for HIV can be ac

Tips for Urine Collection for Gonorrhea and Chlamydia

- The specimen should be collected at least one hour after the last void
- Do not clean the perineum with antiseptic wipes
- Collect the first 10 ccs only in a specimen cup
- The remainder of the void should be discarded in the toilet



complished in 20 minutes with a swab of the gums. Single dose treatments at lower cost are more available. Finally preventive vaccines hold great promise. Vaccines against Hepatitis B and HPV are currently available, while effective vaccines against herpes simplex virus (HSV) and HIV are being worked on.

The current recommendations for sexually active adolescents include universal, annual screening for Chlamydia Trachomatis, Neisseria Gonorrhea and HIV. More frequent screening is recommended for high-risk patients. Screening for Trichomonas Vaginalis, syphilis and Hepatitis B are based on personal risk factors and epidemiology. There is no recommendation for routine screening for HSV. Screening for HPV has been changed. Currently routine PAP smears are recommended to be done three years after the onset of sexual activity or age 21years, whichever comes first, with annual screening thereafter.

Our role as health care providers should include the promotion of safer sexual behavior; early health-care-seeking behavior and a comprehensive approach to case management that encompasses: early identification of the sexually transmitted infections; appropriate antimicrobial treatment; education and counseling on ways to avoid or reduce risk of infection with sexually transmitted pathogens, including HIV; promotion of the correct and consistent use of condoms and finally, partner notification and treatment. Recurrent infections are more often a result of re-infection from an untreated partner than failure of initial therapy.

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NURSING NEWS

CERTIFICATIONS

NICU nurses who successfully passed the RNC exam, (neonatal certified nurses):

Sherry Lanthier, RNC
Janet Madill, RNC
Karis Fahrer, RNC

Kristina Miranda RN, BSN, CCRN successfully passed the national critical care exam.

ANNOUNCEMENTS

Save the Date" for the **MCH Pediatric Nursing Conference**, "Achieving Nursing Excellence." It will be held September 4-5 at The Biltmore Hotel and is free for MCH nurses. Please register in MCHEX.

A **Mental Health Seminar**, will be held Sept. 16, 9am -1pm in Conference Room B in the Auditorium. (Repeated with same topics 3pm - 4pm). Topics will include:

- Substance Abuse in Teens, Psychiatry Case Scenarios, Anxiety Disorders, Cognitive Behavior Therapy.
- The Affects of Stress at Home & at Work, Cognitive Behavioral Therapy, Substance Abuse in Teens, and Psychiatry Case Presentations

PROMOTIONS

Josephine Villanueva, RN, MBA, was promoted to nurse manager for the Doral Urgent Care Center

NEW HIRES

Emergency Department:
Monique Abay, RN
Jessica Alfonso, RN
Amy Chu, GN
Odalys Correra, LPN
Darlene Diaz, LPN
Natalie Francoeur, LPN
Issel Gende, RN
Meredith Kulwin, GN
Erica Pardo, GN
Dania Puentes, RN
Carolyn Ramirez, GN
Christian Serrano, GN
Lisa Smith, RN
Yolanda Soto, LPN

Doral Urgent Care Center:
Erica Colston, LPN
Mike Penna, RN
Pam Zapatel, EMT

NICU:
Debra Gardner RN
Jennifer Lopez, Extern
Vanessa Miranda RN
Suzanne Stewart RN

2 North:
Maria Romeo RN

Lifeflight:
Liosdan Diaz, EMT
Nelson Gonzalez, EMT
Bryan Smith, EMT

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"I'm beginning to think that 'Bring Your Spouse to Work Day' may not have been such a good idea..."

Food For The Soul

Food for the Soul is a regular feature of the Pursuit of Excellence newsletter. MCH nurses share favorite recipes such as this one provided by Robyn Antonelli, 3NE.

HEALTHY SPICE CAKE

Ingredients:

(Healthy) Crunch Topped Apple Spice Cake:

- 1/3 cup boiling water
- 2 medium unpeeled cooking apples, chopped (2cups)
- 1 1/4 cups packed brown sugar
- 1 cup flour
- 1 cup whole wheat flour
- 3/4 cup EggBeaters/ or 5 Egg Whites
- 1/3 cup vegetable oil
- 1 1/4 tsp baking soda
- 1 tsp ground cinnamon
- 1 tsp vanilla
- 1/2 tsp ground cloves
- 1/4 tsp salt

Nut topping:

- 1/3 cup finely chopped nuts
- 2 tbsp brown sugar

Directions:

- Heat oven to 350º. Spray rectangular pan, 13x9x2in with cooking spray. Dust with flour.
- Pour boiling water over chopped apples in a large bowl.
- Add remaining ingredients, except nut topping.
- Beat with electric mixer on low speed 1 minute. Beat on medium for 2 minutes. Pour into pan.
- Sprinkle nut topping over batter. Bake 40-45 minutes or until toothpick into center comes out clean

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