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Meg Hannan

A distant relation of Virginia Apgar, the anesthesiologist who developed the Apgar Score for assessing the health of newborn babies, Hughes (BSN '09) was practically born to work in neonatal care, though she didn't always see it that way. During her junior year at Pitt, Hughes (whose maiden name is Apgar) signed up for a summer internship in obstetrics after her junior year. Having never changed a diaper or even worked as a babysitter, she was intimidated.

“I thought, ‘Oh no, these little babies are so fragile—if I touch them, I'll break them!’” she recalls. But she found that her work environment was so satisfying that she couldn't wait to walk in every day to see the infant patients. “I learned that they were very resilient and a lot of fun to work with,” she says. “They can't talk to you, but they have a million different facial expressions. Their body language tells you when they're happy or feeling miserable.”

Though she does not actually assign Apgar Scores—that's the domain of nurses who work in labor and delivery—Hughes does work daily with infants, a task she finds both challenging and rewarding. “The hard thing in our population is that when babies are born, they have such a small reserve. They can't tell you, ‘I'm starting to get a headache; I don't feel good.’ You have to pay close attention to their vital signs, lab trends, and behavior,” she says.

Because nurses on the neonatal unit are so integral to the babies' day-to-day care, they have become more involved in committees evaluating the unit's protocols and best practices. The goal is to determine whether policy changes will result in better patient outcomes.

“We are preparing for the future,” says Hughes. “Through research, we better understand how our care impacts the quality of life these babies will experience in their childhood. Babies are surviving at an earlier age, and we are adjusting our care to minimize the severity of their chronic diseases.” One example is giving higher-calorie formula sooner to boost an infant's nutrition.

For Meg Hannan (MSN '01, PhD '07), pediatric care has grown more complex in conjunction with advancements in technology and expertise. “Children are surviving illnesses where they didn't before,” explains Hannan, a pediatric nurse practitioner at the Children's Home of Pittsburgh and Lemieux Family Center, a transitional hospital for infants and children. “So there is more chronic disease because there is a lot more technology. There have been so many advances in the

Susanne Hughes had never changed a diaper or worked as a babysitter before, but she was hooked the moment she started caring for infants in the neonatal intensive care unit at Magee-Womens Hospital of UPMC.

Education Proves Crucial to Pediatric Nursing

One of the most satisfying moments in Susanne Hughes' workday happens when a patient leaves.

As a professional staff nurse in the neonatal intensive care unit at Magee-Womens Hospital of UPMC in Pittsburgh, Hughes works on the front lines of care for the tiniest—and often most vulnerable—population in pediatrics. She is part of a team

of nurses who provide intravenous fluids and medication for babies who are too young or too sick at birth to accompany their parents home from the hospital, who assist with lifesaving technical procedures, and who provide skilled basic care.

So when the infants finally grow robust enough to leave, Hughes can't help but feel a sense of accomplishment. “It's a wonderful feeling when you see a baby who's been in the unit for 2½ months get carried out in their car seat by their parents,” she says.

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Hannan, who also serves as an assistant professor in the Department of Health Promotion and Development, says that education is integral to the job of the pediatric nurse, perhaps doubly so because both the child and the caregiver need information. And getting everyone on the same page is often a complicated task, especially if parents can't agree on the best course of action.

“I've had that, when you have the mother and father disagree,” Hannan says. “You try to figure out what their thought processes are and see if there is some kind of common ground they can come to. And you hope all those psychology and sociology classes pay off down the line.”

Pediatric nurses also need to negotiate a potential minefield when parents do not want them to divulge information to the child, who is the patient, or, conversely, when adolescent patients disclose information that they don't want to share with their parents.

“It's a real challenge, and you do face that in pediatrics,” says Hannan.

To help nurses navigate those situations, Children's Hospital of Pittsburgh of UPMC asks its legal department to conduct grand rounds with nurses, and similar conferences discussing ethics also are held.

Education is becoming more crucial for pediatric nurses, particularly in light of changes resulting from health care reform, says Hannan. Nurses who earn advanced degrees now have more opportunities in diagnosis and treatment across multiple settings: acute care, outpatient care, specialty care, and primary care.

“Nurse practitioners are always in a position to promote health care for children,” says Hannan.



The Unsung Heroes of Pediatric Care

Bridgetta Devlin worked for 18 years as a pediatric nurse practitioner, mostly in a hospital emergency room and in primary care. So she was surprised when she discovered that she would need to complete 15 additional credits beyond her master's degree to be certified as a school nurse in Pennsylvania.

She wasn't on the job very long before she understood why: Health screenings, immunizations, curriculum development, and behavioral health are all typical tasks in her workday, which is packed from beginning to end.

“I thought I understood what went on in schools until I worked in schools,” says Devlin (BSN '82, MSN '85). She earned her School Nurse Certificate from Pitt in 2004 and has worked in the Pittsburgh Public Schools for seven years. Now, whenever Devlin mentors nursing students, she always gets the same reaction: “I can't believe how busy you are,” they say.

School nurses often serve as the unsung heroes of pediatric health care. They work alongside the same children every day, literally sharing their lives and watching them grow up. And along the way, the school nurse is there for cuts and bruises and crises large and small.

“I am not only a nurse practitioner, I'm the surrogate mom for the day,” says Virginia Allison (BSN '82, MSN '87), who has worked for 23 years as a nurse in the Pittsburgh Public Schools. “When parents drop their child off, they are totally trusting that the well-being of their child will be respected.”

In the primary care settings where she once worked, Devlin might see her patients every six months to a year. In schools, she is more directly involved, helping obese students to learn weight management and better nutrition habits. She also assists diabetic students who require insulin, keeps tabs on children with seizure disorders, and teaches students about the epidemiology of sexually transmitted diseases. And she also is involved in the curriculum, mentoring students who express an interest in health sciences careers.

On one memorable day, someone from the Allegheny County Health Department called a student on her cell phone to notify her that she had been identified as a sexual partner of someone with a sexually

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transmitted disease. “She had no idea what to do. She came into my office sobbing,” says Devlin, who was able to offer counseling.

In fact, the school nurse often is a child's first point of reference for a psychological problem. Allison worked at an elementary school where a girl came in frequently to talk about her father, who had been murdered. And Devlin, whose school offers therapeutic services to students, notes that “oftentimes, the school nurse is the person who has the most mental health experience in the building.”

Every morning, before leaving for school, Allison prays that she'll make the right decisions. Sometimes she sees as many teachers as she does children. They might need allergy shots or help with illnesses or even have chest pains. “We deal with some serious things in the school setting. You don't know what the day's going to hold for you,” Allison says. “Every day I go into work, I know that I make a difference in the lives of the children I serve.”

In the Pittsburgh Public Schools, school nurses are required to be nurse practitioners. The role of the advanced practice nurse is valuable because of the challenging cases seen in the school setting. Allison has seen increasingly complicated cases in the student population since she first started. As a new nurse, she might have been in a school in which 5–10 percent of the student population had asthma. Today, that number has soared to 20–25 percent. Diabetes and peanut allergies have dramatically increased, as has the percentage of children taking Ritalin or similar medications.

“If you're in school nursing because you want nice cushy hours, you're not the person for the job,” says Allison. “I consider what I do to be a calling.”