

## Summer Safety from an ED APP

Cassandra Newell CPNP, MSN, RN shares summer safety tips.



Featured Speaker:

**Cassandra Newell, CPNP, MSN, RN**

Cassandra Newell is a pediatric nurse practitioner. She received her master's degree in nursing from Yale University School of Nursing in 2005. After graduation she worked in general pediatrics at the University of Kansas before moving to the Emergency Department (ED) at Children's Mercy Kansas City (CM-KC) Adele Hall Campus, where she has worked for the last 11 years. Cassandra currently serves as Secretary for the National Association of Pediatric Nurse Practitioner's (NAPNAP) Pediatric Emergency Care Special Interest Group and recently recorded a special series of episodes airing this summer for their podcast, TeamPeds Talks. Since 2019, she has volunteered as an Advocate for the Alliance for Children in Trafficking giving peer-peer education presentations to health care providers. Cassandra serves as Secretary for the Greater Kansas City local Chapter of NAPNAP. She is a member on several committees at CM-KC, one of which is the Advanced Practice Council. Cassandra started the first virtual APP Book Club and serves as team leader for the APP Community Outreach and Recognition task forces. She has been a team member on two Quality Improvement Projects at CM with development of evidence-based guidelines for bronchiolitis for the ED/UC and an antibiotic stewardship project for management of Acute Otitis Media. Cassandra recently completed a retrospective research study on over the counter medication prescribing in the Pediatric Emergency Department.

Transcription:

Tricia Williams: Hi, guys. Welcome to the Advanced Practice Perspectives. I'm Tricia Williams.

Tobie O'Brien: And I'm Toby O'Brien. This is a podcast created by advanced practice providers for advanced practice providers. We will be highlighting our amazing APPs here at Children's Mercy and do some education along the way.

Tricia Williams: We are so glad that you're joining us today. So sit back, tune in and let's get started.

Tobie O'Brien: Today, we are very fortunate to have Cassandra Newell joining us. She is a pediatric nurse practitioner from Children's Mercy Kansas City Emergency Department. Thank you so much for joining us today, Cassandra.

Cassandra Newell: Thank you for inviting me. I'm very excited to be here.

Tricia Williams: We are so excited to have you on today, Cassandra. Please tell our listeners and us a little bit about yourself.

Cassandra Newell: So I was born here in Kansas. However, during my middle school years, my family actually moved to Georgia. My father was transferred for his job, so I finished up middle school and high school there in Georgia and then moved on to college. I actually studied chemistry. I was in college at a little college called Agnes Scott in Decatur, Georgia. And while I was there, I volunteered at a place called My House and then eventually went on staff and became a personal care assistant during my years there.

So just a little bit about My House, it was founded by a social worker who worked at Grady Memorial Hospital, which has been the inner city hospital in Atlanta. Her name is Donna Carson. When she was working there as a social worker, she had noticed that a lot of babies were kind of being held there. They call them boarder babies. So basically, it was the babies who don't have a home to go to. And instead they're being cared, they're in the hospital setting. And even though they're medically stable to come home, they just didn't have a place to go. And many of them were neglected, abused or born from moms who use drugs.

So while volunteering there and working, helping take care of these kiddos, that experience really just opened my eyes and heart to a whole new world that I had never even known before. So during the time that I was there, which probably ages me a little bit, that was the time when Oprah had her television show and she had this award called the Angel Award and My House received it. And it was a financial donation and they also received like diapers for a year and baby formula and all kinds of amazing things. And so that was where I really found and discovered my passion for caring for children and just got influence of the power really of those community.

So at that point, I was finishing up my last year there and decided that I wanted to go into nursing. So I applied for a program at Yale School of Nursing, and it's specifically a program for students like me who have a bachelor's degree in something other than nursing, but wanted to become a nurse and obtain a master's degree.

So my first year there, I obtained a nursing certificate. And then I took the NCLEX exam to get my RN. And then the last two years is where I completed my master's in nursing. And then upon graduation there, I traveled back home to Kansas, because I had family here. But I didn't have any really nursing contacts because I didn't go to nursing school there. So I joined the National Association of Pediatric Nurse Practitioner at the local chapter of Greater Kansas City chapter. And that's where I met Catherine Black, who is the president at that time and she is also a pediatric nurse practitioner, who was working at Children's Mercy West. And she really became a wonderful mentor to me, which was really helpful for both a new PNP and then just also heading back home to Kansas.

So I started my career as a pediatric nurse practitioner in primary care at KU Pediatrics. And I was there for four years and that's actually where I met my husband, Brandon, through a physician colleague at KU. And during that time, I volunteered on the board for NAPNAP's Greater Kansas City chapter, and just was really involved and got to know a lot of pediatric nurse practitioners in the community, which was really helpful for me.

And then in 2009, I became a PNP in the emergency department at Children's Mercy. And so I've been there ever since. And since then, I now have three children, Hayden, who's 10, and Connor, seven, and Annie, who's three.

Tobie O'Brien: That is a really cool story, Cassandra. I hadn't heard of My House, I love your story of how you got to Children's Mercy. So we are so glad that you're here. And I didn't know you'd been in the emergency department since 2009, so you've been here a long time.

. Well, tell us a little bit more about the emergency department and your role in the emergency department.

Cassandra Newell: we are pretty independent nurse practitioners. We see patients basically on the ledge, so to speak of what we call it back in the day when we had paper charts and they would put the clipboards up there. But now with it being electronic, we just sign up for the next patient to be seen. So it can range an acuity and complaint. We see a little bit about everything.

We need to know a lot about different specialties. We don't see traumas or anything like that, but we currently have 27 emergency department advanced practice providers, six of them are primarily at Children's Mercy Kansas, and the rest are at Adele Hall and we provide 24-hour covered PED.

Tricia Williams: Now, the nurse practitioners and physician assistants that work in the emergency department, are those separate from those that work in the urgent care?

Cassandra Newell: So we used to be together like a department, I guess, you could say to speak. But then, they had split us up. So now, the urgent care is actually under ambulatory. So it used to be where we could kind of moonlight, I guess you could say. Some would have like an FTE in the ED and some would maybe have a little bit of urgent care. But now, over the last, gosh, I can't even remember, two or three years, they've split us up.

Tricia Williams: So the 27 that you said are strictly emergency department? Wow. That's a lot.

Cassandra Newell: Correct. Yeah. It didn't include any urgent care. Yeah.

Tricia Williams: There's a lot. Now I know that at Children's Mercy Kansas City, they split our emergency department up in colors, correct? Like red, orange, yellow, green, based on acuity. And so what's the highest acuity level that you guys work in?

Cassandra Newell: Yeah, so we can see up to orange. And usually, if we do see an orange patient, of course the orange needs to be seen by a provider with 15 minutes, could it be like a difficulty, you know, a breather, that kind of thing where there needs to be some immediate kind of more intervention. A lot of times, they'll come through and be like, "We've got a diff breather we're putting in room 16," or whatever. So usually, one of us, whoever's available and the providers will definitely get up and go in there and start assessing and kind of seeing what's going on. And we will involve emergency room attending, as well if we need to or just let them know, "Hey, we're going in to go see that patient." And they either come with us or come after us when we're done and kind of give them a heads up of what's going on. But we don't see any of the trauma, the red acuity patients.

Tricia Williams: But there's still that good collaborative practice with our attendings, which I love. That's fantastic.

Cassandra Newell: Yeah. I mean, I lean on them a lot because, you know, they have all of that knowledge and experience and so I feel like I'm always learning. I feel like every shift there's always something new that I didn't think about or that I encountered or, you know, just having that nice collaborative discussion is so helpful.

Tricia Williams: I would agree. Definitely.

Tobie O'Brien: I bet it never really gets old. I mean, you're always seeing something new, learning something new. Do you just love that sort of energy of something always new coming through the door? Or why do you love the emergency department and have stayed there so long?

Cassandra Newell: Yeah, I do like the variety for sure. And it's kind of nice because we do our kind of seasonal. So when you get tired of RSV and flu, it's like, "Okay, we're moving into spring," so we can start seeing something new and something different or moving into summer and be like, "Okay, we're going to see a lot more ortho and rashes" and we like that kind of variety of just seeing something new and especially with the seasons all this year has been completely different, but, yeah, that variety is really fun. And I think a lot of us like to be able to kind of help the family, the patient, and then they're on their way and hope they're feeling better and doing well. And then we move on to the next one. So definitely, it's nice to have that variety.

Tricia Williams: I feel like we all have our seasons, like Tobie and I work in ENT, like it's nasal fraction season it's summer. I mean, it's very cyclic, all right. And it's really interesting we can tell what season it is by the patients that we see.

Tobie O'Brien: True.

Cassandra Newell: Yes. And it's kind of refreshing just to kind of, you know, see something different.

Tricia Williams: Yeah, absolutely. So I'd really like to kind of switch gears here a little bit and talk about your interest in our National Association of Pediatric Nurse Practitioners. I know that you have some big involvement in that, and I would love for you to kind of shed some light for our listeners about what your involvement is and how you came to be involved in NAPNAP.

Cassandra Newell: Yeah. So, like I said, in my background, I started just as a new grad getting involved in the local Greater Kansas City NAPNAP, which was fantastic and allowed me to meet other nurse practitioners. And there's a lot of continuing education as well, which is wonderful.

I was on the board, volunteered for several positions. And then, most recently I decided to kind of step it up a little bit and kind of change gears. So I applied to be secretary for the Pediatric Emergency Care Special Interest Group. And I kind of got into the special interest group when I applied to attend an education at one of NAPNAP's national conferences, and it was the Alliance For Children in Trafficking, that they have started to become an advocate to help educate healthcare providers on labor and sex trafficking. So that was through the NAPNAP's Partners For Vulnerable Youth. And they were giving away, like if you wrote like an essay why you wanted to attend because I think it was like \$50 to \$100 to attend. And so I just wrote a little essay about it and the SIG accepted and paid for me to attend that education.

And so I felt like I wanted to give back to that. So I applied to be a secretary when I saw that there was an opening on their leadership. So I did that last year and really not knowing very many people, but somehow I got accepted, which was really cool. And so it's a two-year term and one of the initiatives, that co-chair and chair wanted to start with a podcast, like this one.

Fortunately, the National Association of Pediatric Nurse Practitioners podcast, TeamPeds Talks, was started by precedent Dr. Jessica Peck. And so NAPNAP said, "Hey, why don't you guys just kind of tag along and we can do a special series?" And so we were like, "That sounds great." so our series is going to come out this summer and it's called FocusED with a capital E-D because it's the pediatric emergency care. And each one of us, me, myself and the chair and the co-chair, we took a topic that we felt like was pertinent to emergency kind of urgent care-focused that would be helpful for advanced practice providers.

So my topic is human trafficking and interviewed four friends for episodes for that. And actually, two of the episodes, I interviewed Heidi Olson, who's our senior nurse here at Children's Mercy and she's also the manager for SANE, and Rachel Whitfield, who's a nurse practitioner in the teen clinic and I talked to them on two different episodes. One episode, we talked about how they started the human trafficking work group at our hospital. And the other episode, I recorded with them was we just went through case studies, like, I always think it's really helpful for advanced practice providers to kind of listen to more practical education. So that's coming in during this summer.

Tobie O'Brien: I can't wait. Really, last week I spent quite a bit of my time. I'm listening to podcasts, doing laundry and stuff. Whenever I'm not at work, I'm listening to the TeamPeds podcasts and it's so good. I mean, I really recommend people listen to it. You will get so much information. It's so good what they're doing, especially with like the mental health in teen and the ACEs and everything that they've been talking about lately. So I cannot wait to listen to yours. So I'm so glad that you did that. Did you have fun doing it and recording it?

Cassandra Newell: Yeah, I did. It was something totally new that I've never done before. But it was really fun. It was funny because I felt like at the beginning I was brand new. By the fourth episode, I was like now I started to kind of feel more comfortable. And felt like I could definitely continue from there. But no, it was really fun to have those conversations. So happy that you guys started your podcast because I love listening to what other people are up to, how they came about and what's going on. And then, like you said, just the education as well and mental health is such a huge issue. And we're seeing so much of that. We've never seen like that in the emergency department right now. So, I really am glad that they are doing that series as well.

Tricia Williams: So everybody go out there and in conjunction with listening to our podcast, the Advanced Practice Perspectives, listen to TeamPed's Talk podcast. It'll be very enlightening and educational.

Tobie O'Brien: True.

Cassandra Newell: And it's nice how they can overlap, too.

Tricia Williams: Right.

Cassandra Newell: You can have representation from Children's Mercy there and on yours as well.

Tricia Williams: Sure, here. Yeah, it's great. So, Cassandra, I know that our listeners are probably jumping at the bits to listen to some summer safety tips. I think it's very important for all specialties and all advanced practice providers to be able to help our families with safety tips, regardless of where you work. If you work in dermatology, in the emergency department, inpatient, safety for our children all around is very important. So would you be able to provide our listeners with some summer safety tips?

Cassandra Newell: Yeah. So I am going to try to cover some today. There's more information though that I think is great on the American Academy of Pediatrics website as well, and a lot of what I'm going to talk about will kind of reference their information as well. But I do want to encourage listeners to definitely listen to their previous episode with Stephanie Kronberg, because I think she did a great job on summer sun safety because we see kids who come into the ED with sunburn. So, for that kind of plan of care, we recommend hydration, pain relief with ibuprofen and Vaseline. But I really encourage your listeners to listen to that episode.

So definitely one thing that really bugs children are insect bites, just really recommending that kids use insect repellent to help avoid that. Children over two months of age can use up to 30% DEETs, which is what's found in the insect repellent, but definitely make sure that you don't use it in combination with sunscreen because you can get overexposure.

One spray of 30% DEET insect repellent can last for an average of five hours after that one application. And something that's really important for boys, because we see this a lot in emergency department, is you want to make sure that they spray the bottoms of their shorts and around their waistbands to help avoid getting insect bites on their penis, because there's a term we use called summer penile syndrome and it can cause really impressive edema of the penis and itching. And we see this a lot in the emergency department. Usually, the boys and their fathers come in, the fathers are very anxious and really want to know what's going on. I know that insect repellent doesn't help protect against the oak mite bite, if families weren't sure about that.

Ticks are also a problem in the summer. So just some tips to help prevent that tick exposure is to wear a hat, long sleeve shirts and pants, and you really want to tuck the clothing into the pants and that pant cuffs like into the socks. And if you are outside, especially like hiking or those wooded areas, really wanting to make sure you do a thorough check for ticks when you're coming in from outside on your kiddos.

Lyme disease is pretty rare here in Kansas and Missouri, but you can get other reactions from tick bites too, so just be cautious of that. And if your child does have a tick on their skin, there are several different tick removal devices that you can get now over-the-counter. Just typically recommend removing that tick. You want to remove just behind the head and kind of tug gentle, but firm until it lets go. If you tug too quickly, it can cause the head and the jaw to break off into the skin, so you just want to be careful with that.

Another thing just about like insect bites and those kinds of things are just kind of cautioning children about not disturbing wasp nest or bee hive to help. And if they do get a sting, recommend, you know, like a cold compress, some Benadryl by mouth, oral Benadryl or some pain relief.

Another thing that we see throughout the year that you can see a little bit more during the summer are dog bites. So just important to kind of teach children about never surprise or scare a dog, and never approach a dog when it's asleep or especially when it's not facing you.

Tricia Williams: Yeah. Dog bites are bad.

Cassandra Newell: Yeah.

Tobie O'Brien: They're scary and it just stinks because it really changes the relationship for the future with dogs. But it is so important to talk about with the kids, as far as you said, not approaching them from behind or when they don't know that they're coming. So those are some great tips.

Cassandra Newell: Yeah. And I think especially now, I don't know, with kind of the pandemic and COVID a lot more people are getting dogs during that time. So I just think that's just a reminder for kids because they're soft and cuddly and they wanted to pet them. So it's just that good education.

Another thing that we see a lot are trampoline and injuries.

Tricia Williams: I'm sure.

Cassandra Newell: Yeah, so trampolines, they sound like they're a lot of fun, but they are really unsafe. The more common injuries that we see for trampolines are those when there's more than one person who's using it, and children who are younger than six are at greatest risk for injury. Common injuries we see are fractures, concussions, head and neck injuries, can get sprains and strains and bruises and scrapes and cuts as well. And the American Academy of Pediatrics actually doesn't recommend home trampolines.

Tobie O'Brien: Wow. I didn't know that.

Cassandra Newell: Yeah. And they said, if you do have one at home, you know, you remember that the children need adult supervision and there should only be one jumper on the trampoline at a time. They don't recommend somersaults and to really make sure that you are checking that equipment and making sure there's adequate padding and it's protective.

Tricia Williams: I know that there's probably a ton more summer safety tips out there. So, listeners, please check out the American Academy of Pediatrics and then their summer safety guidelines if you would like some more information. But those were some very good, helpful tips, Cassandra. We really appreciate your expertise in that field.

Cassandra Newell: You're welcome. Yeah, there's definitely a lot on there. Some really good ones on lawnmower-related injuries and ATVs. We see that a lot too and bicycles and water safety and fireworks safety as well.

Tobie O'Brien: Oh, all so important to talk about, for

Tricia Williams: yeah, The lawnmower is what gets me the most. It's like your kid does not need to ride on your lap when you're mowing the lawn. Don't do that.

Cassandra Newell: Yes. I'm so glad you brought that up because that is something. I attended a NAPNAP conference, they had a really nice lecture on just like agricultural vehicles and that kind of thing. And they're just talking about how you're trying to really break that kind of tradition that generations that kind of brought on about having their child ride with them on the tractor or, you know, that kind of thing. They're really are trying to work to kind of provide more safety tips for that because, you know, the American Academy of Pediatrics recommends that at least the child needs to be 12 years of age or older to operate walk-behind mower and, 16 years of age to operate a riding lawn mower.

Tricia Williams: We would really like to thank you so much for joining us today.

And as you may know, we like to end each of our episodes with kind of the same question and it's kind of a reflective question. So if you could go back to your new nurse practitioner self, so picture yourself like a year out of practice and you could give yourself one piece of advice. So old self to new self, I should say old, I don't know how old you are, but seasoned nurse practitioner to novice nurse practitioner, what piece of advice would you give yourself?

Cassandra Newell: Yeah. I think this is a great question. I'm so glad that you guys asked this because it is great to kind of reflect and look back. I would say be brave. Don't be afraid to try new things. If you have ideas, I think that you shouldn't be afraid to develop and explore them. You know, ideas only grow if you feed them.

And I think it's important to surround yourself with people who support you and cheer you on and encourage you. Supportive mentors are definitely invaluable. And just know that you're not alone. There are friends and colleagues out there who are great sounding boards to help discuss your ideas and plans and you never know how a professional support system can definitely impact your life, your profession, and thus, it can really help impact the children and families that you serve. And so I feel like that's probably the advice that I would give myself.

Tobie O'Brien: Great advice. I love that. Well, I've definitely enjoyed hearing you talk about your journey so far, and I really appreciate all the information that you have shared with us today. We could talk with you for much longer.

Tricia Williams: Listeners, thanks so much for tuning in today. If you have a topic that you would like to hear about, or you're interested in being a guest on our podcast, please feel free to send us an email at [tdobrien@cmh.edu](mailto:tdobrien@cmh.edu) (<mailto:tdobrien@cmh.edu>) or ( [\(<mailto:twilliams@cmh.edu>\). Once again, thanks so much for listening to the Advanced Practice Perspectives podcast.](mailto:<script type='text/javascript'><!-- var prefix = 'ma' + 'il' + 'to'; var path = 'hr' + 'ef' + '='; var addy77231 = 'twilliams' + '@'; addy77231 = addy77231 + 'cmh' + '.' + 'edu'; document.write('<a ' + path + '\)

