



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

Nurse Leader



In the Spotlight

Janyce Dyer,
PhD, CRNP, CS

Education:

- Post-Doctoral Certificate-Family Nurse Practitioner: University of Wisconsin-Oshkosh
- PhD-Nursing: The Catholic University of America-Washington, DC
- MS-Psychiatric Nursing: Rutgers University, New Brunswick, NJ
- BSN-Nursing: Richard Stockton State College, Pomona, NJ
- ASN-Nursing: Valencia Community College, Orlando, FL

Career/Teaching Highlights:

- 1992-2000: University of Pittsburgh-Assistant Professor & Director of the Psychiatric-Primary Care Nurse Practitioner Program
- 2000-2003: Barry University-Professor & Associate Dean for Graduate Programs
- 2004-2007: Florida International University-Research Professor
- 2007-2008: University of Alabama-Professor
- 2008-Miami Children's Hospital-Director of Nursing Research/Evidence Based Practice

continued on page 3

PURSUIT OF EXCELLENCE

PUBLISHED FOR THE NURSING STAFF OF MIAMI CHILDREN'S HOSPITAL

Volume 10 • Issue 1 • Spring 2009

Critical Thinking: What Would you Do?

By Linda Nylander-Housholder, MSN, ARNP, CCRN



A five month-old infant, 8 kg, is admitted to your floor with the following history: He had previously been healthy, but today after he had been fed, his mother found him seizing in his crib. According to ALS team, his generalized seizure, had lasted 36 minutes before arrival at the hospital.

Your assessment shows an infant lying in the crib with tonic-clonic movements of all extremities, a saturated diaper and noisy respirations. His vital signs are HR 175, R R52, temp 100.5 ax, BP right thigh 92/63, capillary refill 3 seconds, mottled extremities cool to touch, coarse breath sounds bilaterally, abdomen soft, no signs of trauma. The infant has not received any medicines and there is no family history of seizures. On further questioning, the mother said that she has been diluting formula for last 5 days to make it last longer.

What should you do?

- ABCs:** position to open the airway, give 100% O₂ blow by or face mask if no improvement provide BVM ventilation watching for chest rise and improvement in of vital signs
- Ensure safety:** remove objects that child might bang against, position on side if possible
- Place on **monitors** (EKG, O₂ sat)
- Start IV**, if no IV access place an IO and draw STAT labs (Glucose, blood gas, Electrolytes, Ca, Mg, PO₄, CBC, blood culture)
- Administer **antiepileptic medications IV** (Ativan 0.1 mg/kg, Phenytoin 10 mg/kg or Phenobarbital 10-20 mg/kg) or if no access rectally (Valium 0.5 mg/kg) -**Bolus IV fluids** (NS 20 cc/kg)
- Re-assess**

Post seizure medications infant becomes floppy, O₂ saturation drops to 88, respirations decrease to 10, Pulse 188.

What should you do now? Why?

- ABCs:** position to open airway, BVM with 100% O₂, watch for chest rise and improvement in vital signs
- Notify MD** - (respiratory emergency)
- Prepare for intubation**

The MD orders RSI, why?

What do you need to get ready for the procedure?

Would you call a code?

Why were those labs drawn?

From the history did you recognize a potential cause for the seizures?

Did you recognize acute airway distress and decreased level of consciousness - requiring emergency airway management?

continued on page 3

In this issue

Future Nurses Clubs find Support at MCH

OR Nurses Make a Difference with the EMMI Program

Advancing Awareness that Mother's Milk is Best

Cardiac Surgery Mortality and Morbidity

Back Safety

Let's Talk Pain

Members Sought for Advance Practice Council

Infection Control Corner - Respiratory Illnesses - "The Crud"



From the Desk of Jackie Gonzalez

Dear Nursing Team:

Have I told you lately how much I appreciate you? If not, let me waste no further time. Miami Children's Hospital nurses make me proud each and every day. I challenge anyone to find a more caring and concerned group of caregivers, or a team more committed to patient/family directed care, collaboration and evidence-based practice. It's a tremendous pleasure to lead such a fine group of professionals.

I am always delighted when Nurse's Week rolls round. It's a time for us all to appreciate the fine teamwork that is displayed each and every day and to appreciate each other as well. It's not just because we are a Magnet facility... in fact, it is because of who you are and what you do that we are that Magnet facility. It's the special relationships that you develop with the children and families we serve that raise our image to great heights.

As our organization strives collectively to enhance our service culture, I know you will continue to step up and take leadership roles. You reach out in the simplest, but most precious little ways to delight our customers on a regular basis through some of their most crucial times in their lives. You are the faces they remember long after they've left the hospital. A mom recently told me, "The nurses were there for me when my family was afraid to be and did not understand. The nurses were my angels, they held my hand, they dried my tears and they were there for me during the darkest hours of my life." Thank you for all you do to make the MCH care experience a warm and caring one for children and their families. Thank you for continuing to represent the MCH Way and for being the champions for children that you are in personalizing the care experience!

On this special Nurse's Week occasion, please know that I take pride in all that you do and urge you to take a moment in your busy day to recognize each other and to acknowledge that yours is a job well done.

Sincerely,

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



Nurse Leader



In the Spotlight

**Janyce Dyer,
PhD, CRNP, CS**

Awards:

- 2006: Health Foundation of South Florida Faculty Development Award for Community Service

Recent Publications 2007 and 2008:

- **Dyer, J.G.**, & McGuinness, T.M. (2008). Update on early intervention in schizophrenia [Youth in Mind]. *Journal of Psychosocial Nursing*, 46.
- **Dyer, J.G.**, & McGuinness, T.M. (2008). Reducing HIV risk among those with serious mental illness. *Journal of Psychosocial Nursing and Mental Health Services*, 46(4), 26-35.
- McGuinness, T.M., & **Dyer, J.G.** (2007). Catchers in the Rye: Treatment foster parents as a system of care. *Journal of Child and Adolescent Psychiatric Nursing*, 20(3), 154-161.
- Devieux, J.G., Malow, R.M., Lerner, B., **Dyer, J.G.**, Martinez, L., Lucenko, B., & Kalichman, S. (2007). Triple jeopardy for HIV: Substance using seriously mentally ill adults. *Journal of Prevention & Intervention in the Community*, 33(1-2), 5-18.

Recent Presentations 2006-2007:

- **Dyer, J.G.** (2007, November). Two worlds to blend: Psychiatric mental health needs in HIV/AIDS Care and HIV/AIDS needs in psychiatric mental health services. Poster [Abstract] *Conference Program of the 20th Annual Conference of the Association of Nurses in AIDS Care (Reflecting on Our Past, Envisioning Our Future...)*, 53. (Orlando, FL)
- McGuinness, T.M., **Dyer, J.G.**, & Schneider, K. (2007, July). Adoptive families create environments of resilience for children adopted from the former Soviet Union. *Abstract Book of the 18th International Sigma Theta Tau Nursing Research Conference on Evidence-Based Practice (Collaboration: A Transformational Roadmap to Discovery)*, 62, (Vienna, Austria)
- **Dyer, J. G.**, & McGuinness, T.M. (2006, October). Determinants of HIV risk among persons with serious mental illness:

Implications for prevention [Abstract]. *Conference Program of the 19th Annual Conference of the Association of Nurses in AIDS Care (Scaling the Heights of HIV/AIDS Nursing)*, 69. (Las Vegas, NV)

- **Dyer, J. G.**, Patsdaughter, C. A., & Pasaron, R. (2006, August). Who's helping who? Ethical issues and professional standards when graduate students and faculty members collaborate in research and publication [Abstract]. *Abstract Book of the 25th Annual International Academy of Nursing Editors (INANE) Conference (Going Global)*, 22-23. (London, England)
- Patsdaughter, C. A., **Dyer, J. G.**, & Pasaron, R. (2006, August). Toward global scholarship: Common problems and potential strategies to develop writing skills for authors for whom English is a second language [Abstract]. *Abstract Book of the 25th Annual International Academy of Nursing Editors (INANE) Conference (Going Global)*, 36-37. (London, England)

Professional Service:

- Collateral Reviewer: International Research Committee (Grants), Sigma Theta Tau International Honor Society in Nursing.
- Program Reviewer: National League for Nursing Centers for Excellence in Nursing Education.
- Member: Association of Nurses in AIDS Care (ANAC) Research Committee
- Editorial Board Member: *Journal of Psychosocial Nursing and Mental Health Services*
- Editorial Board Member; Manuscript Reviewer: *Journal of HIV/AIDS and Social Service*
- Manuscript Reviewer: *Journal of Nurses in AIDS Care*
- Manuscript Reviewer: *Online Journal of Rural Nursing and Health Care*

Community Service:

- Board Member-Development Committee, Schott Communities, Cooper City, FL

Hobbies/Family:

- Traveling
- Photography
- Fun with canines

Critical Thinking

Did you remember the what and why of RSI ---RSI is rapid sequence intubation and that the goal is to prevent aspiration?

Did you remember what is needed for intubation (ET, laryngoscope & blades, stylet, O₂, ventilation bag and mask, suction and large bore suction catheter i.e. yankauer, intubation medications (Fentanyl, versed, Norcuron--always give paralytic [Norcuron] last), stethoscope, tape to secure ET, O₂ sat, CXR?

Did you call the code? Yes, respiratory support with BVM constitutes a respiratory code.

Did you consider respiratory depression as potential side effect of Benzodiazepines?

Did you recognize the history of diluted formulas is a classic presentation of hyponatremic [low sodium] seizures?

Did you recognize these labs are part of diagnostic work up for the most common seizure presentations?

Did you consider other causes to rule out for this presentation, i.e hyponatremia [Na], hypoglycemia [glucose], sepsis (CBC, culture), trauma (X-rays, CT scan), ingestions (tox screen), hypoxia (ABG, O₂ sat), brain tumor (CT, MRI)?

Remember to check those labs results and get a good history.



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



Future Nurses Clubs find Support at MCH

By Elizabeth Padilla, RN

When you were in high school, did you ever attend the Future Nurses Club (FNC) meetings? Did your school even have the FNC? For many nurses, the answer to this question is no. However, thanks to staff at MCH, this is changing in some schools in Miami-Dade. In 2006-2007, Felix Varela High School had an MCH-sponsored FNC that participated in a community project collecting baseball caps and sunscreen bottles and later packaged them in gift bags, along with inspirational and uplifting cards. The bags were donated to 3NE for their lupus patients. These students also attended a field trip designed just for them at the end of April 2007 so they could tour the hospital and its different units and see what MCH nursing is all about. The hospital supplied this club with a staff nurse to attend their meetings to help coordinate speakers and their agenda, along with FNC T-shirts (which they all wore for their

yearbook picture) as well as copies of the “Cherry Ames” series.

School year 2007-2008 saw Miami High School students not only attend our hospital twice a week, but they also participated in an FNC. One of the topics discussed was psychosocial issues in children with an oncology diagnosis among others. These students would meet in the Nursing Conference Room and they too were given “Cherry Ames” books.

For the school year 2008-2009, MCH continues to support the FNC. St. Brendan High is now receiving the support of the hospital, and currently four nurses are mentoring the students at this school. This club has over 25 students, they have elected officers, dues are paid at each meeting and several community projects are in the works. On December 12th, the students visited all patients on 3NE, 3S and 3N and distributed age-appropriate toys for all the patients. These students

advertised their community service project in their school and collected over 70 toys. For their next community project the students would like to collect medical supplies for the clinic at Camillus House. These students are looking forward to their field trip to the hospital where a specially designed program will allow them to tour and see MCH nurses in action.

Stay tuned to future newsletters to see how you can begin an FNC at your neighboring high school and to track the progress and activities of St. Brendan High’s FNC.

A special thanks to the nurses participating with the students at St. Brendan High: Sophia Morales, ARNP, MSN; Annie Trujillo, RN, BSN; and Aileen Sanchez, RN, BSN. And a special thank you to Bing Wood, ARNP, MSN, for her support and encouragement of the FNC throughout the years.

OR Nurses Make a Difference with the EMMI Program

By Daisy Mora A.R.N.P
Manager, Same Day Surgery

EMMI®: A web-based education program on parents/guardians understanding and comfort level of their child’s surgical procedure

The purpose of this project is to help educate parents about some of the medical procedures that their child will need through a web-based patient education program. There are factors that may decrease a parent’s comprehension of their child’s procedure, such as the complexity of the procedure, communication between physician and parent and educational level. Due to these issues, a new innovative program has been implemented in our facility. This web-based system allows parents to view certain medical procedures in the convenience of their home or workplace.

It helps families learn about some of the most common pediatric procedures, what to expect, and the risks and benefits in the perioperative setting.

The program guides the parent through medical consents, pros and cons of having the procedure, what to expect during the procedure, and the recovery phase. It is an animated, interactive education program found to be highly effective at improving the informed consent for pediatric patients. During a routine pre-op call to parents, they were asked to view a program on the internet that explains what a parent

can expect before, during, and after the procedure. After viewing the program, they were asked to fill out an optional simple survey. We have found that the various programs helped parents prepare for surgery and their understanding was improved. Parents found the program to be user friendly, and they liked the fact that they can view the program multiple times, that it is bilingual and can be seen with or without their child.



Advancing Awareness that Mother's Milk is Best

By Rosa Bazzani RN BSN, IBCLC.

I am pleased to serve as a Lactation Consultant Specialist at Miami Children's Hospital. As a registered nurse and internationally certified lactation consultant (IBCLC), my daily mission is to see that every baby admitted to the NICU at MCH gets the optimal chance of receiving his or her mother's milk.

I make sure that mom starts a pumping routine right away, to collect and store her milk for her baby. This is extremely important, especially in the case of premature infants. The sooner a mom starts pumping after her delivery, the better the chances are that she will have a good milk supply.

An NICU nurses' role is very important in facilitating moms with the equipment and instructions they need to start pumping as soon as possible. We need to make sure our mom's have access to a breast pump at the hospital and at home. I provide private consultations with mothers that might have a history of breast surgery, hormonal problems, and insufficient milk supply.

Since stress and emotional issues can play an important role in affecting milk supply, we provide mothers, on admission, with complete breast-feeding information to help them make a decision to provide breast milk for their baby and to answer any questions or concerns.

Working together with the neonatologists and residents is also important, especially with regard to babies that are experiencing poor weight gain and are at higher risk for infections and other complications. I work very closely with nurses, physicians, nutritionists, and social workers. This is how evidence-based research allows us to implement evidence-based practices.

Providing mother's milk to a premature or sick infant protects the baby from an increased risk of developing NEC (necrotizing enterocolitis). Breast milk coats, primes and protects the gut. It also provides immunity to the baby from many illnesses and offers essential nutrients for brain development. In addition, kangaroo care, or 'skin to skin,' gives mother and baby an opportunity to bond, stabilize the baby's heart rate, temperature and breathing and also increases the mother's milk production.

As a lactation specialist, I also sees mothers whose babies are admitted at MCH for any kind of surgery. I assist with breast milk collection, storage and feeding. At MCH it's important that every baby has the best chance to be able to receive his or her mother's milk during hospital stay, as well as starting or continuing to breastfeed on discharge. This way, we are providing the best preventive medicine and start in life for every baby. Moms are provided with outpatient lactation resources so they will be able to call or follow up if they need to.

One of my main goals at MCH is to increase the number of babies receiving breast milk, educating and providing support to moms, dads and family, as well as nurses and other staff. I am presently working on mentoring new lactation consultants on training. We are needed everywhere!! This is just a small portion of what I do on a day-to-day basis as a lactation specialist at Miami Children's Hospital. I thank you for all your support for breastfeeding moms! Let's make MCH a breastfeeding friendly hospital.

You can reach Rosa at (305) 666-6511 Ext. 3364, or via pager, (305)286-3189. She can also be reached by email at rosa.bazzani@mch.com.

Cardiac Surgery Mortality and Morbidity

By David Aguero, OR, RN

Since 1995, Miami Children's Hospital's cardiac surgery program has offered a excellent outcomes to the children of Florida, the United States and abroad. The cardiac program is led by Drs. Redmond Burke and Robert Hannan, in collaboration with MCH cardiac anesthesiologists, cardiologists, CICU staff, cardiac interventionists and echocardiographers. The program provides surgical treatment to 300 patients per year with an operative mortality rate of 2%, which contrasts favorably with the average rate of 5% nationwide. The lower mortality has resulted in 1,890 additional years of life in the first 20 years of the program. Tracheostomy and G tube placements have decreased from 2.7% to 0.2%. This has resulted in an overall 1,575 additional years without the need for a tracheostomy or G tube placement for our patients within the first 20 years of their lives.

The Cardiopulmonary Support Program contributes to the success of the CV surgery program. This program provided support for 23 patients in 2005, 17 in 2006, 25 in 2007, and 18 cases in 2008. The hospital survival discharge rate for program participants was 53% for the year in 2006, 60% for 2007, and 33% for 2008 after CPS. The total patient support days were 70 for 2006, 63 days for 2006, and 39 days for 2008. All these values are directly influenced by the severity of the surgical case, age, weight, and syndromes of the patients.

References

Dr. Hannan, Cardiac Surgeon
Jorge Ojito, CT perfusionist



Back Safety

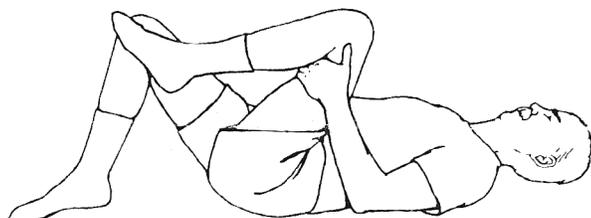
By Jackie Whyte, RN, CPN

According to the Bureau of Labor Statistics (1998), the number one occupation with the most musculoskeletal disorders is nursing, followed by truck drivers and laborers. After suffering my second on-the-job back injury, I was forced to embark on two months of intensive physical therapy rehabilitation. My therapist, Vince Ulacia, worked with me for three weeks. There were days when I hated him. My back hurt so badly, I could not even walk to my car. But, in the end, I am eternally grateful to him and to his staff as my back is now stronger than it has been in years. I have learned how to maintain my back and hopefully, prevent any further injury with a few exercises that I perform diligently in the morning and at night after work.

1. SINGLE KNEE-TO-CHEST STRETCH

With hand behind one knee, pull knee into chest until a comfortable stretch is felt in lower back and buttocks. Keep back relaxed and hold for twenty seconds. Then repeat with other knee. Repeat three times.

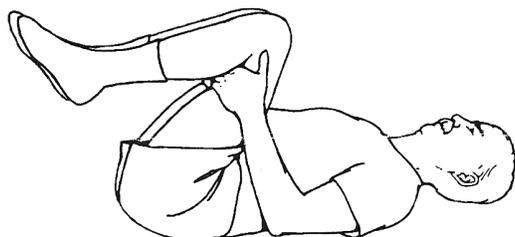
Single Knee-to-Chest Stretch



2. DOUBLE KNEE-TO-CHEST STRETCH

With hands behind knees, pull both knees in to chest until a comfortable stretch is felt in lower back and buttocks. Keep back relaxed and hold for twenty seconds. Then repeat with other knee. Repeat three times.

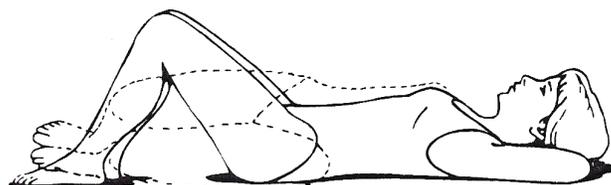
Double Knee-to-Chest Stretch



3. LOWER TRUNK ROTATION STRETCH

Keeping back flat and feet together, rotate knees to one side. Hold three to five seconds. Repeat thirty times each side.

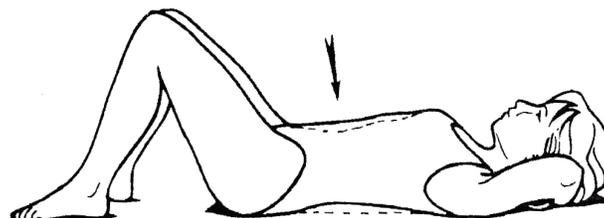
Lower Trunk Rotation Stretch



4. PELVIC TILT

Flatten back by tightening stomach muscles and buttocks. Hold for three to five seconds and repeat thirty times.

Pelvic Tilt





Let's Talk Pain

By Cindy Garlesky

Lets Talk Pain will be a regularly featured quarterly submission by the MCH Pain Team

It is well documented that a “gap” exists between clinical knowledge of pain and management of pain. When children present in pain, the focus of the care is given to the management of their medical or surgical issues. Most families and health care providers tend to focus on the disease or injury and not on the management of symptoms, of which pain is included. If healthcare providers don't cknowledge the child's pain, the family may believe that their child's pain is not a concern and does not need to be addressed. The acknowledgement of pain is integral to a nurse's role in the management of pain during the care of children and their families. The “gap” can be seen many places. Check your “gap” analysis:

1. Do you obtain additional orders when your patient's pain is uncontrolled?
2. Do you administer “as needed” doses only when the patient asks?
3. Do you notify Child Life of an upcoming procedure to facilitate preparation or distraction?
4. Do you assess for over-sedation in the patient you administered an IV opiate to?
5. Do you use sucrose and non-nutritive sucking for infants experiencing procedural pain?
6. Do you assess your patient's level of understanding of the self-report pain scale prior to using it?
7. Do you use (or encourage the use) of the J-Tip prior to IV starts, blood draws, PICCs, LPs etc?
8. Do you always provide the patient and family with information regarding pain and the interventions available to reduce the pain experience?
9. Do you document the non-pharmacological interventions that you utilize to minimize pain and relieve anxiety?
10. Do you find yourself holding back on pain medications because you think the patient doesn't need them?

As nursing professionals, the first thing that we can do to reduce the ‘gap’ is to evaluate our individual knowledge base and understanding of pain. What is your “gap” analysis? Do you need to increase your pain knowledge base? Here are a few opportunities you can take to reduce the ‘gap’ and increase your power over pain.

- Complete the CHEX pain modules
- Interact with your unit representative from the Pain Care Workgroup
- Have a question regarding pain? Email me at cindy.garlesky@mch.com for answers.
- Attend in-services (posting will be in each unit)
- Surf the net to check out the following websites for free pediatric pain education:
 - www.ampainsoc.org/advocacy/pediatric.htm
 - www.pediatriceducation.org
 - www.ama-cmeonline.com/pain_mgmt/printversion/ama_painmgmt_m6.pdf
 - www.pedsref.org
 - www.ampainsoc.org/pub/bulletin/mar04/pall1.htm
 - whocancerpain.bcg.wisc.edu/?q=node/23
 - childpain.org/ppl/index.html
 - www.mediccast.com/blog/2008/09/15/pediatric-pain-assessment-tips-for-emts-and-paramedics
 - www.manageIVpain.com <<http://www.manageivpain.com/>>
 - www.painEDU.org <<http://www.painedu.org/>>
 - www.pain-topics.org <<http://www.pain-topics.org/>>

Members Sought for Advance Practice Council

To all advance practice nurses (ARNPs, CNSs, CSs, CRNAs) we are seeking members for the Advance Practice Nursing Council (APNC). The APNC meets from noon to 1:30 p.m. the second Monday of every month in the nursing conference room.

The purpose of the APNC is to present topical issues, provide a forum to promote a collegiate environment and to provide representation on issues that affect you. If you are not able to attend the next meeting and seek more information please contact us at: Raquel.Pasaron@mch.com.



DAISY Award Celebration



January '09: *Abel Guerrero, RN - ED*

February '09: *Yarelis Alicea, RN, Tania A. Martinez, RN and Zonia M. Comas, RN - ED*
(Team Collaboration-special award)



N U R S I N G N E W S

CERTIFICATIONS

The following nurses passed the Neonatal CCRN exam:

1. Flor Tena
2. Gail O'Donnell
3. Sandra Frank (Life Flight)
4. Monica Mudyano
5. Nancy Bernal
6. Joy Ortiz
7. Renee Bascoy

ANNOUNCEMENTS

Amy Thompson passed the CPN exam

Jackie Perez, 3 South nurse, just completed her Masters!



Pursuit of Excellence is produced quarterly by and for the nursing staff of Miami Children's Hospital in collaboration with the Marketing department

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

Marcia Díaz de Villegas
 Director of Marketing and Public Relations

Marketing Editor:
Rachel Perry

Nursing editors:
Joy Ortiz, RN, CCRN
Monica Brown, RN, MSN, CPN

Editorial Staff:
Members of the Professional Development Council

Contributing Writers:
The nursing staff of Miami Children's Hospital

Layout: **Roberto Perez**

Photography:
Edgar Estrada,
Steven Llanes,
Juan Carlos Rabionet

Infection Control Corner

Respiratory Illnesses – “The Crud”

By *Cathy Viar, RN CIC*
Infection Control

Have you noticed yourself or fellow workers with fever, severe headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, or muscle aches?

It could be influenza. Hopefully all healthcare workers have gotten their flu shots this year, but remember that it is only effective against three strains of the hundreds out there. MCH has seen a big jump in the number of positive tests for influenza in late February, up to 80 per week. Remember, we see pertussis, influenza, and RSV all year long, not just in the winter months.

The spread of influenza and other respiratory illness is through touching something with virus on it and then touching the eyes, mouth, or nose. So how can you prevent getting these illnesses?

1. Get your flu shot as it will give some protections against most strains
2. Wash your hands, wash your hands, wash your hands! Use either good old soap and water or the alcohol hand gel so easily available.

3. Wipe down the patient's environment with germicidal wipes (Cavicide or Asepti-wipes)
4. Wipe down keyboards at the beginning of your shift with alcohol wipes or the germicidal wipes.
5. If working within arms length of a coughing, hacking patient, wear a mask with windshield. I know it is a hassle but better than a week of erythromycin for your pertussis exposure or contracting influenza and missing work.

How do you prevent spread of your illness to your patients and co-workers? Stay home when you are sick! If you are running a fever, you should not be at work, period. If you have a mild respiratory illness or allergic cough, learn to cough or sneeze into your sleeve.

Remember, we are all part of the big team at Miami Children's Hospital and rely on each other to keep things going. So let's all stay healthy.

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 by Judy Mason, NICU RN.

ORANGE PECAN OVEN FRENCH TOAST

Ingredients:

2 T Butter	1 T grated orange zest
4 eggs	½ t vanilla
1 cup orange juice	¼ t nutmeg
½ cup milk	1 loaf French bread
¼ cup sugar	(cut into 1 inch slices)

topping: ¼ cup butter softened
 ½ cup firmly packed brown sugar
 1 TBSP light corn syrup (optional)
 ¾ cup chopped pecans

Directions:

- The night before:**
- 1) melt butter in 9x13 inch baking dish
 - 2) lace bread slices in baking dish
 - 3) Combine eggs, juice, milk, sugar, orange zest, vanilla and nutmeg
 - 4) pour over bread
 - 5) combine topping ingredients except for nuts
 - 6) spread topping over bread and sprinkle with nuts
 - 7) Cover and refrigerate overnight

The next morning: 1) preheat oven to 350 degrees
 2) bake 40 minutes or until golden brown.

Serve warm. Makes 6 servings. Enjoy!



“Fashion police, Ma’am. We need to speak with you about those scrubs...”