

Editorial Board	iii
Contributors	v
Preface: Applying Words and Concepts to Transform Nursing Practice Linda J. Keilman	xxv
Introduction: A Celebration of Words Linda J. Keilman	xxix

Adult/Gerontology

Recognizing, Diagnosing, and Treating Posttraumatic Stress Disorder in Older Adults

Deborah A. Kernohan, Linda J. Keilman, and
Tamatha (Tammy) Arms

Posttraumatic stress disorder (PTSD) is a mental health condition that is triggered by a disaster or traumatic event the individual has experienced or witnessed. Symptoms may include depression, anxiety, insomnia, nightmares, regularly reliving or thinking about the distressing memories or event, and severe emotional distress. These symptoms and others can affect daily life, work-life balance, relationships, and quality of life. Older adults are at higher risk for PTSD and have gone undiagnosed for months or years. Knowing how to recognize and screen for PTSD is important for primary care providers such as advanced practice registered nurses.

A historical perspective	2
Older adults and posttraumatic stress disorder	3
Recognizing posttraumatic stress disorder	4
Case study	6
Resilience factors	8
Impact of coronavirus disease 2019 on the development of posttraumatic stress disorder	8

Comorbidity posttraumatic stress disorder and dementia	9
Advanced practice registered nurse role	9
Treatment	10
Implications for practice	11
Clinics care points	11
Disclosure	12

The Impact of Food Insecurity on Chronic Disease Management in Older Adults

Vallon Williams, Pamela J. LaBorde, and Jyrisa Robinson

Food insecurity among the older adult population not only centers on finances to purchase food. Food insecurity is impacted by the functional status of the individual to access food, to afford medical care in addition to food, and to have the needed social support to assist with access to food and decrease social isolation often caused by the lack of social support. Food insecurity in the aging population seriously impacts health conditions associated with increased disease burden.

Case presentation	15
Introduction	16
Food security	16
Food insecurity	16
Associated factors	17
Mobility-related conditions and disabilities	17
Economic factors	17
Food insecurity and chronic disease	18
Food insecurities and cardiovascular disease	18
Food insecurity and diabetes	19
Food insecurities and depression	19
Health care assessments	20
Interventions	22
Advanced practice registered nurse role	22
Summary	23
Clinics care points	23
Disclosure	23

Immunosenescence and Infectious Disease Risk Among Aging Adults: Management Strategies for FNP's to Identify Those at Greatest Risk

Deanna Gray-Miceli, Kathy Gray, Matthew R. Sorenson, and Barbara J. Holtzclaw

Age-related immune changes increase the risk for viral infections such as coronavirus disease-2019, its mutant variants, and common influenza outbreaks in long-term care settings. Utilization of evidenced-based nursing

interventions such as cohorting practices and implications for testing and screening aims to reduce risk of infection and improve quality of life. Incorporating an infection control manager will add leadership in maintaining currency of information and case tracking.

Introduction	28
Pathophysiology	28
Innate and adaptive immune systems	28
Conceptual framework	30
History	30
Family and adult nurse practitioners	31
Assessment: testing and screening	32
Clinical management: maintaining a screening and testing plan: staffing	32
Management: isolation and cohorting	35
Summary	37
Clinics care points: immunosenescence	38
Clinics care points: implications for leadership	38
Disclosure	39

Mild Cognitive Impairment in Older Adults

Melodee Harris, Janet Rooker, and Linda J. Keilman

Mild cognitive impairment (MCI) is more prevalent than dementia. The global population of older adults is growing and therefore the prevalence of MCI will continue to grow. MCI is *not* dementia. Cognition in persons diagnosed with MCI may progress to dementia, stay the same, or revert to normal cognition. More research is needed to prevent the progression of MCI to dementia.

Introduction	41
Definition	42
Risk factors	42
Prevalence	44
Pathophysiology	44
Symptoms	44
Screening	44
Differential diagnoses	46
Diagnosis	46
Workup	47
Treatment	47
Supplements and medications	47
Nonpharmacological interventions	50
Coronavirus disease-2019	51
Transition to dementia	51
Summary	51
Clinics care points	52
Disclosure	52

Heart Failure in Older Adults

Margaret T. Bowers

There is an increasing prevalence of heart failure in older adults. Early recognition and intervention are important to enhance the quality of life and moderate heart failure symptoms. Universal definitions of heart failure provide a framework to tailor therapies that include new medications. Addressing goals of care should guide therapeutic treatments that may include pharmacologic agents, devices, referral for advanced therapies as well as lifestyle changes.

Introduction	55
Pathophysiology	55
Definitions and classifications	56
History	57
Assessment	58
Diagnosis	59
Management	59
Medications	59
Polypharmacy	60
Devices	61
Advanced therapies	61
Goals of care	62
Discussion	62
Implication for advanced practice nurses	63
Summary	63
Clinics care points	64
Disclosure	64

A Life Course Approach to Understanding Urinary Incontinence in Later Life

Thanchanok Wongvibul

Urinary incontinence (UI) is a highly prevalent condition that affects individuals at any stage of life, especially in older adults. The presence of UI can seriously affect the overall quality of life, leading to feelings of shame, embarrassment, as well as stigmatization. To prevent or delay the progression of this condition, it is very important to understand the risk factors that contribute to the development of UI across the life span. A better understanding of UI will help indicate the development of interventions to reduce UI.

Introduction	67
Background and significance	67
A life course approach to continence care	68

Bladder health and urinary incontinence across the life span	68
Associated factors of urinary incontinence across the life span	70
Potentially modifiable factors	71
Management principles of urinary incontinence	71
Summary	72
Clinics care points	72
Implication for advanced practice registered nurses	73

The Three-Generation Pedigree: Elucidating Family Disease Patterns to Guide Genetic Screening, Testing, and Referral

Laura Hays

A family history pedigree, a three-generation pedigree of a person's biological relatives with attached pertinent health information, is a standard tool used to more readily recognize patients who may benefit from genetics services. The depiction of both relationships and disorder traits advantage the pedigree over a simple genealogy for identifying patterns of disease expression and risk of disease inheritance.

Introduction	77
Definition/Description	78
Phenotype versus genotype	80
Modes of inheritance	81
Older adults: when is it "normal"?	81
Population and extended pedigrees versus three-generation pedigrees	82
Precision medicine	83
History	84
Issue management	85
Enhanced data input	86
Discussion	86
Limitations	87
Summary	88
Clinics care points	89
Disclosure	89

Peripheral Arterial Disease in Primary Care

Kara Elena Schrader, Kristin Castine, and Pallav Deka

Peripheral artery disease is the stenosis of the peripheral arteries due to atherosclerosis that reduces perfusion to the extremities. The risk is increased in older adults aged 65 and older. Complications include claudication, nonhealing ulcers, gangrene, critical limb ischemia, and amputation. PAD is underrecognized, with diagnosis occurring late in the condition. Patients have an elevated risk for atherosclerotic cardiovascular disease and

require evidence-based management strategies to reduce risk. Strategies include the management of associated conditions such as smoking, diabetes, hypertension, and hyperlipemia. It is essential for nurse practitioners to identify risk factors and symptoms to institute early guideline-directed medical treatment.

Introduction	94
Background and significance	94
Racial disparities	94
Quality of life	95
Health care cost	95
The American Heart Association pad national action plan	95
Pathophysiology	95
Risks factors	96
Assessment	96
Diagnosis	98
Classification	100
Management in primary care	100
Lifestyle changes	101
Nutrition	102
Pharmacology	103
Chronic disease management	103
Referral	104
Management summary	104
Implications for nurse practitioner practice	104
Summary	104
Clinics care points	104
Disclosure	104

Women’s Health

Assessment and Management of Pelvic Organ Prolapse for the Rural Primary Care Provider

Lisa S. Pair and William E. Somerall

Pelvic organ prolapse is a common condition occurring in more than 50% of female patients. Patients may be asymptomatic or have complaints of pelvic pressure, pelvic fullness, or bulging around the vaginal opening. They may also have urinary, bowel, or sexual function complaints including urinary incontinence or voiding or bowel dysfunction. Educating rural primary care providers in the assessment, diagnosis, and nonsurgical management of pelvic organ prolapse including lifestyle modifications, pelvic floor muscle training, and the use of a vaginal support device can provide access to care for rural patients and increase their quality of life.

Introduction	107
Pelvic organ prolapse	108
Transgender surgery and pelvic organ prolapse	108
Risk factors for pelvic floor prolapse	110
History	111
Physical examination	111
Summary of initial management from primary care provider	117
Clinics care points	117
Disclosure	117

Care for Women with Past Trauma Using Trauma-Informed Care

Patricia M. Speck, LaQuadria S. Robinson, Karmie Johnson, and Lauren Mays

Violence against women is prevalent in all societies. Healthcare providers have the opportunity to care compassionately by implementing person-centered trauma-informed care practices, furthering safety and trustworthiness by using methods that encourage transparency, mutuality, and collaboration during all aspects of healthcare. The article promotes interventions for recognition of the person with traumatic experiences, assisting healthcare providers in the delivery of trauma-informed care, suggesting interventions to address person-centered cultural, historical, and gender issues. Using trauma-informed person-centered approaches, authors propose intervention tools to assist the healthcare provider in recognition and intervention, promoting self-efficacy and confidence in persons overcoming their complex personal traumas.

Introduction	119
Introduction to trauma-informed care	119
Vulnerable populations: women	125
Vulnerable populations: healthcare providers	125
Mental health and recovery	125
Provider interventions	128
Discussion	128
Summary	133
Clinics care points	133
Disclosure	133

Care for Women with past Trauma: The Physiology of Stress and Trauma

Patricia M. Speck, LaQuadria S. Robinson, Karmie Johnson, and Lauren Mays

When traumas are continuous or toxic, the body increases the hormonal response, and the sensory perception is that

environments are unsafe and unpredictable. In these situations, increasing anxiety and fear are the overarching demonstrative emotions. The initial trauma responses release hormones to preserve life. The sensory memory is activated and the next time the senses detect a similar stimulus, the hormones release again. When the environment is toxic, there is continuous release of hormones that manifest in early organ system failure and muted memories. This article discusses the physiologic response to trauma, explaining formative causes of disease and inheritance.

Introduction	137
Trauma and stress	138
Trauma and biology	140
Discussion	145
Summary	145
Clinics care points	146
Disclosure	147

Cannabis Use in Pregnancy and Postpartum: Understanding the Complicated History and Current Recommendations to Facilitate Client-Centered Discussions

Elizabeth Muñoz, Ellen Solis, and Stephanie Mitchell

Cannabis use in pregnancy can lead to poor pregnancy outcomes and negatively affect the health of the pregnant person and fetus. Its use is also highly stigmatized and can even lead to legal ramifications for the pregnant person in some states. Health care professionals need to be ready to answer questions from clients regarding cannabis use in pregnancy and be able to do so in a bias-informed and evidence-based manner using client-centered language. This article examines the history of cannabis use and explores care considerations if a client is using the substance in pregnancy.

History of cannabis	152
Components of the plant	152
Medicinal timeline	153
Common medicinal uses of cannabis	153
Legality of cannabis	154
The dangers of unregulated cannabis	155
Fentanyl	155
Considerations from US history and policy	156
Policies surrounding pregnancy	156
Cannabis use in pregnancy and postpartum	157

Nausea and vomiting	157
Sleep	159
Mood disorders	159
Evidence review	160
Limitations to the evidence	160
Considerations for care	161
Scripting for health care professionals to have bias-informed discussions	161
Counseling on legal consequences	165
Summary	165
Clinics care points	166
Disclosure	166

Gaps in Social Determinants of Health History Taking, Clinical Documentation, and Billing/Coding Errors During Women’s Health Patient Encounters

Melissa LeBrun, Kim Brannagan, and Antiqua N. Smart

Defining social determinants of health (SDOH) and identifying key areas in which they influence health is pertinent in health care and health-care education. The objectives of this article are to define SDOH and identify key areas in which they affect health, discuss SDOH as they relate to issues faced primarily by women, common screening tools used to assess SDOH, clinical documentation pearls for health assessment, including areas specific to preventative care for women, and SDOH Z-codes used for billing purposes. Common SDOH documentation errors are also addressed along with solutions to reduce them.

Introduction	169
Social determinants of health defined	170
Social determinants and health equity in Women’s health	172
Screening tools for assessing social determinants of health	173
Common documentation pearls for social determinants of health and coding in Women’s health	174
Clinical documentation components for Women’s health and social determinants of health screening	175
Insufficient documentation	177
Preventative medicine service coding for Women’s health	178
Billing and coding social determinants of health	178
Common clinical documentation errors related to social determinants of health	179
Solutions to reduce social determinants of health clinical documentation errors	180
Summary	180
Clinics care points	181
Disclosure	181

Sexual Dysfunction in Biologic Females for Family Practice Providers: Assessment, Diagnosis, and Treatment

Christina M. Wilson

Sexual health is an important part of many individuals' lives, and when there are problems with sexual function, it can disrupt or have a significant impact in their life. Sexual dysfunction typically occurs in one of the areas of the sexual response cycle (desire, arousal, orgasm) or is related to a lack of lubrication and/or pain. Sexual dysfunction affects a substantial proportion of both premenopausal and postmenopausal women. Both nonpharmacologic and pharmacologic options are available to help treat sexual dysfunction but are commonly used in conjunction with one another depending on the diagnosis.

Introduction	183
Approach to care	184
Assessment	184
Diagnosis	187
Treatment Options	188
Summary	189
Clinics care points	189
Declaration of Interests	190

Pediatrics

The Importance of Sleep for Normal Growth and Development

Ann Sheehan

Sleep is a period of intense brain growth and restoration. Quality sleep is an important part of physiologic, emotional, and cognitive development. Individual variability in sleep need is influenced by behavioral, medical, environmental, and cultural factors. This article provided an overview of the development of the sleep-wake cycle, how achievement of developmental milestones can affect the sleep-wake cycle, and the elements for creating a bedtime routine that support quality and quantity of sleep throughout childhood and adolescence. The consequences of poor sleep results in

chronic health conditions, mood dysregulation, school failure, obesity, and an increase in risk taking behaviors.

Introduction	193
Sleep basics	194
Circadian rhythm process	194
Homeostasis process	194
Ultradian rhythm process	195
Sleep and development	195
Newborns (0 to 2 months)	196
Infants (2 to 12 months)	196
Toddlers (12 to 36 months)	197
Preschool (3 to 5 years)	197
School age (6 to 12 years)	198
Adolescents (12 to 18 years)	199
Healthy sleep promotion	199
Cultural and family practices	200
Sleep hygiene	201
Consequences of poor sleep quality and quantity	202
Advance practice registered nurse implications for advanced practice registered nurses	202
Summary	204
Clinics care points	204
Disclosure	204

Fever of Unknown Origin in Pediatrics

Emily Davis and Teresa Whited

Fever of unknown origin (FUO) is defined as fever lasting at least 3 weeks without an apparent source after 1 week of investigation. The cause of FUO includes infectious, autoimmune, malignancy, neurologic, genetic, pharmacologic, and iatrogenic. Workup for FUO includes a comprehensive history from the patient, a thorough physical examination, and discontinuance of any nonessential medications. Initial laboratory and radiology workup include a complete blood count with differential, blood culture, C-reactive protein, erythrocytation rate, procalcitonin, liver enzymes, renal function tests, lactate dehydrogenase, urinalysis, urine culture, and chest radiograph.

Pathophysiology	207
Evaluation	208
Neonates (8–21 Days)	210
Infants 1 to 3 Months old	211
Infants and toddlers 3 Months to 3 Years of age	212
Children aged older than 3 Years	212
Implications for advanced practice registered nurses	214

Clinics care points	214
Disclosures	214

Pediatric Asthma for the Primary Care Provider

Sarah Ann Keil Heinonen, Amanda C. Filippelli, and Nancy Banasiak

Asthma, one of the most common pediatric chronic diseases, disproportionately affects children living in low-income households. Characterized by airway hyperresponsiveness, inflammation, and obstruction, asthma causes symptoms including wheezing, coughing, chest tightness, and shortness of breath. Asthma control remains a primary goal through guidelines, education, appropriate medication, specialist referrals, asthma action plans, and access to health care providers. Poorly controlled asthma remains the leading cause of absenteeism from school and work and an economic burden despite medical advances. This review article provides an overview of pediatric asthma, diagnosis, and the most current guideline-based management for the primary care provider.

Introduction	217
Pathophysiology	218
Diagnosis	218
Differential diagnoses	220
Asthma classifications	220
Asthma management	220
Single maintenance and reliever therapy	224
Exacerbations	224
Severe cases	224
When to refer	225
Summary	225
Implications for advanced practice providers	226
Clinics care points	226
Disclosure	226

The Weight of Body Image

Elizabeth R. Silvers and Kimberly J. Erlich

Prevalence of eating disorders (EDs) in the adolescent and young adult (AYA) population has increased since the start of the COVID-19 pandemic, which correlates with increased engagement with social media and negative body image in AYAs. In addition, increased severity of EDs at presentation is evidenced by higher rates of hospitalization since the start of the pandemic,

underscoring the need for health-care providers to obtain further training in managing EDs and appropriately referring to higher levels of care when indicated.

Introduction and relevance to primary care	229
Impact of the COVID-19 pandemic on eating disorders in adolescents and young adults	230
Pathophysiology: relationship of body image to eating disorders	230
History	232
Screening	233
Assessment	233
Diagnosis	233
Management	234
Discussion	236
Implication for advanced practice nurses	237
Clinics care points	237
Disclosure	237

Emerging Mental Health Issues in Children and Adolescents Secondary to the Coronavirus Disease-2019 Pandemic

Kellie Bishop and Teresa Whited

This article examines and compares the incidence and prevalence of mental health issues, including depression, anxiety, and suicide, among adolescents before and during the coronavirus disease-2019 pandemic. It discusses contributing factors, clinical presentation, screening tools, treatment options, and implications for advance practice nurses. This article prepares the advance practice nurse to promote mental wellness and identify, screen for, and appropriately manage emerging mental health issues in this vulnerable population.

Background	242
Significance	242
Discussion	242
Coronavirus disease-2019	242
Depression	243
Anxiety	243
Suicide	245
Summary	251
Clinics care points	252
Disclosure	252

Attention-Deficit/Hyperactivity Disorder Update 2022: New Medications Are Here!

Erin O'Connor Prange

Over the last 5 years, there has been an explosion of new attention-deficit/hyperactivity disorder (ADHD) medications US Food and Drug Administration approved and available for clinical use on the market. Trying to discern what is the same, different, and best for a specific patient can prove challenging. To ease this burden, this article will review the pharmacokinetics of stimulants and non-stimulants and highlight the benefits of these newly available medications. In addition, the article will discuss the most common side effects and describe options to manage these potential concerns. It is not the intention of this article to review the diagnostic criteria for an ADHD diagnosis.

Medication overview	256
Choosing stimulant versus non-stimulant medication	257
Choosing methylphenidate versus amphetamines in a stimulant naive patients	258
Changing stimulant medication	260
Managing side effects	260
Summary	264
Clinics care points	265
Disclosures	265

Primary Care Management of Autonomic Dysfunction

June Bryant

Autonomic dysfunction (AD) in the primary care setting can often be masked by other conditions or met with provider bias due to subjectivity of symptoms. Without specific diagnostic test markers, underdiagnosis or misdiagnosis is common in those conditions that fall under the umbrella of dysautonomia. This article gives a broad overview of the common types of AD presenting in the primary care setting, how advanced practice nurses should recognize, diagnose, and manage these types of AD, as well as when and what patients should be referred to a specialist.

Introduction	267
Pathophysiology	269
History	269
Assessment	271
Important elements of history taking	271
History of present illness	272
Past medical history	272
Trigger identification	272
Diagnosis	273

Valsalva maneuver	273
Tilt table testing	273
Orthostatic intolerance testing	274
Management	274
Nonpharmacological	274
Pharmacologic	277
Referral	279
Special population considerations	279
Long-COVID	279
Pediatrics	279
Summary	279
Clinics care points	280
Disclosure	280

When It Is Not Just Attention-Deficit Hyperactivity Disorder: Coexisting Depression and Anxiety in Pediatric Primary Care

Valerie C. Martinez

Attention-deficit hyperactivity disorder (ADHD) often exists along with other psychiatric disorders, such as depression and anxiety, but these conditions may be misdiagnosed or undertreated due to often overlapping symptomatology. Because of significant systemic and structural barriers to accessing specialized mental health care, pediatric primary care providers (PCPs) must possess a comprehensive understanding of ADHD and coexisting depression and/or anxiety to effectively diagnose and treat their patient's symptoms. The purpose of this article is to review the prevalence of ADHD with coexisting depression and anxiety and outline assessment, diagnostic, and management considerations for PCPs when it is not just ADHD that requires clinical decision-making.

Introduction	283
Prevalence	284
Clinical practice guidelines	284
Assessment	285
History	285
Screening and diagnostic assessment tools	285
Physical examination	287
Diagnosis	288
Management	288
Psychoeducation	288
Nonpharmacologic treatment approaches	290
Pharmacologic treatment approaches	293
Suicide risk	294

Referral to mental health specialists	294
Follow-up monitoring	294
Implications for clinical practice	295
Summary	295
Clinics care points	295
Disclosure	296