

NON-PROFIT ORG
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PERMIT #1232

Advanced Practice Nurse Symposium

Saturday, March 14, 2009

Alliance Business Center
3200 Burnet Ave
Cincinnati OH 45229



University Hospital
234 Goodman Street
Room 7310, ML 0723
Cincinnati, OH 45219-2316
Attn: Lynn Ahr, Administration

Who Should Attend?

- Advanced Practice Nurses
- Nurse Practitioners
- Clinical Nurse Specialists
- Nurse Anesthetists
- Nurse Midwives
- Inpatient and outpatient RN's and LPN's
- Educators
- Managers, Researchers
- Other interested health care professionals

Approved Advanced Pharmacology contact hours for most sessions. Approval pending for CRNA hours. Continuing education contact hours for nurses are approved by the Ohio Board of Nursing through the OBN Approver Unit at the University of Cincinnati College of Nursing, Continuing Education Program, (OBN-011-93). Contact hours are valid in most states.

SPACE IS LIMITED! REGISTER TODAY!

Call For Posters

Send Abstracts to Lynn Ahr at:

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Cincinnati, OH 45219-2316
Attn: Lynn Ahr, Administration

Sponsored by:

- Sleep Management, Inc.
- Merck
- Vitas
- Schering-Plough
- Eli Lilly and Company
- Drake Center
- Vitas
- Ethicon
- St.Jude
- Schering-Plough
- Hospira, Baxter

Overall objectives of the symposium:

- Advance the knowledge base for health care practitioners on the pharmacology of various chronic illnesses, including depression, chronic pain and dyslipidemia
- Identify and discuss appropriate management strategies for smoking cessation, cancer emergencies and device therapy for heart failure
- Describe the overall incidence, prevalence and outcomes of sleep apnea
- Examine recent APN malpractice cases and the outcomes
- Provide up to date knowledge about pain management technology

Symposium Schedule

AM Session

- 7:30 Registration & Breakfast**
- 7:55 Introductory Comments**
Mavis Bechtle, RN, MSN, FACHE
- 8:00 New Pain Technology**
Muhammad Munir, MD
- 9:00 Dodging Legal Minefields in Advanced Practice Nursing**
Latonia Denise Wright, RN, BSN, JD
- 10:00 Break/Vendors**
- 10:15 Ohio Automated RX Reporting System (OARRS): “Using OARRS to Evaluate Patients with Pain”**
Danna Droz, RPh, JD
- 11:15 Lunch - During presentation below: Using Precedex in the Hospitalized Patient**
Mary Sanford, ARNP, ACNP-C, CCRN, MSN

PM Session

- 12:15 Breakout Sessions**
 - #1 Gastric Banding for the morbidly obese patient**
Elliot Fegelman, MD, FA.C.S.
 - #2 The Providers Role in the Treatment of Oncological Emergencies**
Tracy Ruegg, MS, RN, CNP, AOCN
 - #3 Tobacco Cessation Counseling, A protocol for Health Care Practitioners**
Jane Preumer, PharmD, BCOB, FASHP, TTS
- 1:15 Breakout Sessions**
 - #4 Anesthesia for the Bariatric Patient**
Wanda Wilson, PhD, CRNA
 - #5 Targeting early remission in the treatment of major depressive disorder (MDD)**
Pacita Aurea David, MD
 - #6 Unruffle your Energy Field: Clinical Aspects of Therapeutic Touch**
Kathy Spiering, RN, MSN, CNNP
- 2:15 Break/Vendors**
- 2:30 Breakout Sessions**
 - #7 The Low Down on Lipids.**
Linda Baas, NP, PhD
 - #8 Device Therapy for Heart Failure**
Russ Hoffman, CNS
 - #9 Sleep Apnea 101**
Bruce Corser, MD
- 3:30-4:00 How Can You Laugh at That?**
Terry Foster, RN, MSN, CCNS, CCRN, CEN
- 4:00 Close Out, Certificate and Prizes**

Registration and Payment

1. Complete Registration Form

2. Make Check to:

University Hospital, PPO-APN

3. Mail Form & Check to:

University Hospital
234 Goodman Street
Room 7310, ML 0723
Cincinnati, OH 45219-2316
Attn: Lynn Ahr, Administration

OR

Fax Registration Form with Check or Credit Card Payment information to:
Attn: Lynn Ahr-513-584-0961

Costs

AM only + Lunch.....	\$20.00
<i>Student fee</i>	<i>\$10.00</i>
PM only + Lunch.....	\$20.00
<i>Student fee</i>	<i>\$10.00</i>
Full Day	\$30.00
<i>Student fee</i>	<i>\$20.00</i>

Questions?

Cathy Jenkins at 513-584-0306

Accommodations:

Marriot Kingsgate Conference Hotel
At University of Cincinnati
151 Goodman Drive,
Cincinnati, OH 45219
(513) 487-3800

Registration

Name: _____

Address: _____

Home Phone: _____

E-mail: _____

License #: _____

Date: _____

Check #: _____

\$ _____

Credit Card:

Visa MasterCard

Credit Card #: _____

Expiration Date: _____

Name of Card Holder: _____

Signature of Card Holder: _____
