



# Best Practices in Critical Care

June 1, 2012

Registration 8:00 am • Program 8:30 am - 4:30 pm

Southern Regional AHEC • Barabara Wright LRC  
1601 Owen Drive • Fayetteville, NC 28304

## Who Should Attend

All nurses or nurse practitioners.

## Description

This program will offer best practices on how to handle some of the situations that critical care nurses face.

## Objectives

1. Discuss the process of organ donation and how the nurse is involved;
2. Describe the current prevention guidelines for preventing the spread of c-diff;
3. Explain the treatment protocols for c-diff;
4. Review the role of intraosseous access in clinical practice;
5. Identify the critical clinical assessments required for management of stroke patients; and
6. Discuss capnography in the critical care setting.

## Registration Fee

Phone, fax or mail: \$100.00

Online: \$90.00

For group discounts or retired nurse and student nurse rates, contact the registrar at 678-7226. The handouts for this workshop will be provided online only. Full access instructions will be included in the registration confirmation via email.

## Agenda

8:00 am	Registration
8:30 am	Organ Donation
10:00 am	Break
10:15 am	C-diff
12:00 pm	Lunch (provided)
1:00 pm	Intraosseous Access
2:00 pm	Break
2:10 pm	Stroke
3:30 pm	Capnography
4:30 pm	Adjourn

## Faculty

**Ginger T. Delario, PhD, MT(ASCP), CPTC, CTOP II**  
Clinical Education Coordinator  
Carolina Donor Services

**Joy Martin, RN, MSN**  
Stroke Coordinator  
First Health Moore Regional

**Charlene Carriker, BSN, RN, CIC**  
Infection Preventionist Manager  
Duke Hand Hygiene Compliance Program  
Duke Infection Prevention and Epidemiology  
Duke University Health System

**Erik J. Usher, RN, BS, CEN, CPEN, EMT-P, CFRN**  
Clinical Manager  
Vidacare

**Bonnie N. Entwistle, RN, BSN**  
Clinical Applications Specialist  
Oridion Capnography, Inc.

## Credit

CNE: 6.5 contact hours will be awarded to participants who attend 100% of this educational activity. Southern Regional AHEC is approved as a provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Disclosure of any faculty conflicts of interest will be announced at the beginning of the activity.

## Contact

Sherry Eubanks, BSN, RN  
Southern Regional AHEC  
(910) 678-7246  
Sherry.Eubanks@sr-ahec.org

## Substitutes/Refunds/Transfers

If you register for a program and are not able to attend, you may:

- Send a substitute in your place;
- Cancel 48 business hours before the program and obtain a refund for 70% of the registration fee; or
- Cancel 48 business hours before the program and receive a voucher for 100% of the registration fee for use at one future nursing Southern Regional AHEC program.

Cancellations less than 48 business hours before the program are non-refundable. If you register for a program you don't attend and don't pay, you will be billed for the full amount of the program registration fee.

## Our Promise to You

Southern Regional AHEC strives to offer the highest quality educational programming. If, for any reason, any of these programs do not meet your needs, please let us know. We value your feedback and will resolve the issue to your satisfaction.

## Americans With Disabilities Act

No individual with a disability is excluded, segregated or otherwise treated differently from any other individual. If you need any of the auxiliary aids or services identified in the Americans With Disabilities Act of 1990 in order to attend this program, please call 910-678-7240.

## Registration Form

*This form may be duplicated.*

Phone: 910-678-7226 Fax: 910-323-0674

Online: <http://ahconnect.com/registration/srahec>

By mail: SR-AHEC, Attention Registrar  
1601 Owen Drive • Fayetteville, NC 28304

Best Practices in Critical Care  
CASCE # 35693/ NU120601

Name \_\_\_\_\_

Last 4 of SSN \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home County \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

- Please do not send me e-mail announcements of upcoming SR-AHEC programs.

Job Title \_\_\_\_\_

Specialty Area \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Who is Paying?  I am  My Organization

Supervisor Signature \_\_\_\_\_

Supervisor Phone # \_\_\_\_\_

Mastercard/Visa # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

### Payment Policy (Requires Initialing)

Southern Regional AHEC requires full payment for all programs prior to the program date. If an organization is paying, a supervisor's written verification of approval or a copy of a purchase order must be presented with the registration form.

\_\_\_\_\_ I have read and understand this statement. (initial)

### Inclement Weather Policy

In case of inclement weather, please call our operations line at 910-678-7289.



View program handouts online from your laptop.



In affiliation with Duke University Medical Center  
Part of the NC AHEC Program

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