



American Society of PeriAnesthesia Nurses

Winter/Spring 2010 Seminar Series

Hosted by

Tennessee Society of PeriAnesthesia Nurses

Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum

Presented by: Lois Schick MN MBA RN CPAN CAPA

Date: Saturday, February 6, 2010

Registration: 7:30 A.M.
(Continental Breakfast is provided)

Program Time: 8:00 A.M. – 4:55 P.M.
(Lunch is on your own)

Location: Baptist West Hospital
10820 Parkside Drive
Knoxville, TN 37934

Topics Include:

► Innovative Approaches to Cardiovascular Issues . . . ► A is for Airway, B is for Breathing, C is for Challenges . . . ► Can You Keep Up? Old Drugs, New Uses; New Drugs, Old Uses . . . ► What do the ASPAN Standards say About . . . ► Best Practices: What We Know Now!

Target Audience:

Ambulatory and perianesthesia nurses, procedural nurses, and nurses interested in enhancing their knowledge base in perianesthesia care.

Purpose/Goal:

To provide nurses practicing in the ambulatory and perianesthesia setting with current evidence based information related to the care of patients undergoing operative interventional and diagnostic procedures.

Overall Program Objectives:

1. Review complex cardiac techniques and their implications for perianesthesia nurses
2. Review complex respiratory disorders and their implications for perianesthesia nurses

7.25 Contact Hours

The Registration Form is on the back of this page, please photocopy and pass along to other interested colleagues.

American Society of PeriAnesthesia Nurses (ASPAN) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC-COA).

Accreditation does not imply that ASPAN or ANCC approves or endorses any product included in the activity. Provider numbers: Alabama #ABNP0074, California #CEP5197, Florida #50-114.

ASPAN the Leader in Perianesthesia Education

Complexities & Challenges of Perianesthesia Nursing

Saturday, February 6, 2010

Directions: www.mercy.com or www.tspanonline.org

The Baptist Hospital West campus is located in the Turkey Creek Development beside the Wal-Mart Supercenter. From I-40, you take the Lovell Road exit, to Parkside Drive and turn right. The campus is a quarter mile to your left.

Parking Information: Free parking on site

Disclosure Statement:

All faculty at nursing continuing education activities are required to disclose to the audience (1) any significant financial relationship with the manufacturer(s) of any commercial products, goods or services and (2) any unlabeled/unapproved uses of drugs or devices discussed at their presentations. Such disclosures will be made in writing in the course presentation materials

FOR MORE INFORMATION OR TO RETURN FORM

Shari Breeden, RN, CPN, CAPA

Phone: 865-776-3726 e-mail: ShariBreeden@aol.com

Return Form To:

Kay W. Fecher, BSN, RN
7004 Stone Mill Road
Knoxville, TN 37919

Fee Schedule

- ASPAN/TSPAN Member Fee:..... \$75.00
- Non-ASPAN Member Fee:.....\$100.00
- CPAN/CAPA Certification Discount.....\$10.00
- Four Registrations together discount.....\$10.00
- Student fee: (unlicensed).....\$ 25.00
- Registration At the Door No Discount.....\$150.00

Total fee enclosed _____

Cancellation Policy

- Full refund upon receipt of written notice of cancellation, postmarked 30 days or more preceding seminar date; 20% administrative fee for any cancellation postmarked 29 or less days preceding seminar date to 48 hours prior at which time there is no refund. Refund will be determined by the postmarked date notice is received. **Substitutions are encouraged.**
- ASPAN reserves the right to substitute speakers if necessary.
- ASPAN and/or Host reserves the right to cancel a seminar due to insufficient enrollment or any unforeseen circumstances. All fees will be fully refunded.

Registration by January 25, 2010

Register Early – space is limited!

Registration Form: Complexities and Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum, Saturday, February 6, 2010, Knoxville, TN

Please print or type. Use a separate form for each registrant. Duplicate as needed.

Name: _____ ASPAN/TSPAN Member # _____

Address: _____ CPAN/CAPA Certification # _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Fax: _____

E-mail: _____

If method of payment is check, please make check payable to TSPAN (drawn on U.S. Bank in U.S. funds)