

About the Presenter

Sue Masoorli, RN

A nationally recognized expert in Infusion Therapy and Vascular Access Devices. She is the founder of Perivascular Nurse Consultants, Inc., a Philadelphia infusion education company

GrayCat Education Foundation

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- Effectively promote healthy lifestyles,
- Facilitate recovery from illness or injury,
- Promote adherence to treatment, and
- Improve physical, emotional and cognitive functioning.

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1500 Village West Dr # 58
Austin, TX 78733

**IV Therapy:
Management, Complications
& Legal Consequences**

**6.0 contact hours Tuition
\$99.00**

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IV Therapy

Management, Complications & Legal Consequences

6.0 Contact Hours

San Antonio, Texas

Thursday, January 29, 2009

8:30 am to 3:30 pm

La Quinta Inn Medical Center
4431 Horizon Hill Blvd

Austin, Texas

Friday, January 30, 2009

8:30 am to 3:30 pm

The University of Texas at Austin
Thompson Conference Center

SW corner Dean Keeton & Red River

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Continuing Education for
the Healthcare Professional

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IV Therapy: Management, Complications & Legal Consequences

Agenda & Outline

- 8:30** Introduction
- 8:45** Peripheral IV Devices
Catheter / Needles / Midlines
- 9:00** **Inappropriate Infusions**
Vesicant Infusion
pH and Osmolarity
- 10:00** Break
- 10:15** **Complications**
Infiltration Extravasation
Nursing Assessment & Interventions
- 11:15** **Legal Issues**
Documentation Requirements
Standard of Care
Malpractice Insurance
- 11:45** Lunch on Your Own
- 12:30** **Central Venous Catheters**
Triple Lumen & Tunneled Catheters
Implanted Ports, PICC Lines
- 1:00** **Clinical Management**
Tip Verification, Dressing Change
Flushing Protocol, Bloods Draws
Cap Change, Catheter Removal
- 1:45** Break
- 2:00** **Complications / Interventions**
Catheter Malposition
Jugular, Right Atrium
Catheter Malfunction
Fibrin Sheath, Blood Return Issues
Catheter Sepsis
Medicare 2009 Regulations
Symptoms & Prevention
- 3:00** **Documentation**
Unacceptable Formats
Required Information
- 3:30** Conclusion

Program description

Over 90% of patients will have some type of IV device and receive various IV therapies. The number is increasing each year as are the number of nursing malpractice cases. This program will provide instruction on the clinical management of peripheral and central venous catheters including PICC lines. Nursing interventions to prevent and/or minimize catheter related complications including infiltration, extravasation, catheter malfunction and catheter malposition will be presented. Catheter related sepsis and the 2009 Medicare Regulations will be incorporated into the program. Documentation that meets clinical and legal requirements, including INS standards, CDC Guidelines and FDA Regulation will be discussed.

Objectives

On completion of the program the participant will be able to:

- list the different types of vascular access devices
- identify the nursing management for each catheter type
- explain the nursing interventions for IV complications
- recognize the legal importance of documentation

Accreditation 6.0 Contact hours

"Perivascular Nurse Consultants, Inc. is an approved provider of continuing nursing education by the PA State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation (#010-3-N-06)".

Visit : www.graycatfoundation.org

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We offer discounted rates to healthcare facilities interested in hosting seminars for their staff. Contact us to discuss 512-263-0322.

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Pre-Register Now

Online: <http://www.graycatfoundation.org>

Fax: Fax the form below to 512-263-7265 with credit card information and signature

Mail: Complete and mail the form below with payment (Must be received by Jan 28th)

Registration Form:	# attending	Price
<input type="checkbox"/> San Antonio January 29, 2009	_____	\$99.00
<input type="checkbox"/> Austin January 30, 2009	_____	\$99.00
	Total:	_____

\$115 at the door if space remains. Group pre-registration rate is \$94.00 per person. To qualify, 3 or more must submit together. Sign up and pay online or complete copies of this form for each registrant. Phone to make arrangements

Name _____

Address _____

E-mail Address _____

Phone _____

Method of Payment

- Check (Rec'd by January 28 Payable to GrayCat Education Foundation)
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Credit Card # _____ Exp. date _____

Cardholder's Name _____ 3-4 digit code _____

Cardholder address (if different from above) _____

Signature _____