

PRESENTED BY



WOUND CARE
EDUCATION INSTITUTE

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WEDNESDAY

FEBRUARY 11

2009



SESSIONS - OUTLINE AND OBJECTIVES

SESSION THREE

OUTLINE

- Venous Ulcerations
- Arterial Ulcerations
- Neuropathic Ulcerations
- Venous Compression

OBJECTIVES

1. Differentiate arterial, neuropathic, and venous ulcers in terms of causative factors, pathophysiology, appearance, and principles of management
2. Select appropriate compression therapy options based upon lower extremity assessment.

SESSION FOUR

OUTLINE

- Bacterial Bioburden
- Wound Debridement
- Chronic Wound Complications
- Risk Prevention
- Adjunctive Therapies
- Tissue Loads

OBJECTIVES

1. Discuss characteristics and treatment interventions associated with bacteria levels in wounds.
2. Select wound debridement options based upon wound characteristics.
3. Identify interventions to implement based upon current standards of care for high risk patients and patients with chronic complications.

WOUND CARE SEMINAR

Lower Extremity Wounds & Standard of Care Interventions

SESSION SPEAKERS

Donna Sardina RN, MHA, WCC
Nancy Morgan RN, BSN, MBA, ET, CWCN, WCC

Nancy and Donna are the founders of the Wound Care Education Institute. Experts in wound care education, they travel all over the U.S. and internationally, to deliver quality wound programs, from the basics of skin and wound care to advanced preparation courses or national wound care certification exams.

Upon completion Nurses will receive 4 contact hours. "Provider approved by the California Board of Registered Nurses, Provider Number 14094, for 4 contact hours".

DATE & TIME

Wednesday, February 11, 2009

8:30 am – Registration

9:00 am – 4 pm – Seminar Session

LOCATION

Radisson Hotel – Dublin

6680 Regional Street

Dublin, California 94568

Hotel Reservations Call:

(925) 828-7750

REGISTRATION

Early Bird Fee: \$35.00 per person

(Must be postmarked by February 4, 2009)

Regular Fee: \$60.00 per person

Registration Deadline: February 6

**RESERVE YOUR SEAT
TODAY!**

SPACE IS LIMITED

All Sessions to include Continental Breakfast & Lunch

Please submit individual registration form for each attendee.

COMPLETE AND RETURN WITH PAYMENT TODAY.

ATTENDEE NAME (Please Print) _____

LICENSE TYPE (Check One):

RN LVN APN PT PTA Other _____

PROFESSIONAL LICENSE NUMBER _____

(Registration will not be completed if license number is not include)

EMAIL ADDRESS _____

FACILITY _____

FACILITY ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE NUMBER () _____ - _____

REGISTRATION: Make check payable to **APS, Inc.** and attach to registration form.

MAIL TO: Wound Care Seminars
17128 Colima Road, Suite 414, Hacienda Heights, CA 91745

QUESTIONS? Call or email us at (800) 725-8885, seminars@ancillaryproviderservices.com

No Refunds. Registrations are transferable.



17128 COLIMA ROAD, SUITE 414, HACIENDA HEIGHTS, CA 91745

REGISTER TODAY!

Wound Care Seminar

Wednesday
February 11, 2009

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ATTENTION:

Director of Nursing, Staff Developer
and Treatment Nurse