Identification & Management of Crisis
High-Risk Populations
Impending Onset: Recognizing the Red Flags
Critical Thinking: During a Crisis
Accurate Interpretation of Vital Signs & Oxygenation
Fluid & Electrolyte Disturbances
Neurological Emergencies
Neuro Assessment: Critical Indicators
Stroke Emergencies: TIA vs. Ischemic vs. Hemorrhagic
Symptoms & Recognition
Management: Emergent vs. Non-emergent
Early Signs of Increased Intracranial Pressure
Gastrointestinal Emergencies
Abdominal Assessment: Critical Clues
Abdominal Pain: What does it really mean?
Acute Abdomen
Ileus/Small Bowel Obstruction
Gastrointestinal Bleed
Acute Pancreatitis
Cardiac Emergencies
Action for, “I’m having chest pain!”
Acute Coronary Syndromes
Angina vs. Myocardial Infarction
Recognition & Management
6 Fail-Proof Steps to Rhythm Interpretation
The Dynamics of Shock
Hypovolemic
Septic
Cardiogenic
Shock
Systemic Inflammatory Response Syndrome
SIRS Criteria
Presentation & Management
Respiratory Emergencies
ABG Interpretation in 3 Easy Steps
Atelectasis
Pneumonia
Pulmonary Embolism
Respiratory Failure
Chest Tube Management
Post-Op Complications & Emergencies
Uncontrolled Pain
Compartment Syndrome
Confusion/Delirium
Recognizing Infection
Acute Kidney Injury
Now on to Documenting the Emergency... How Well Would Your Documentation Hold up in Court?
Common Pitfalls in Documentation
What your Words Really Mean in Court
Strategies for Writing legally defensible Notes
Case Studies: The Good, The Bad, The Ugly
How to Document High Risk Situations
Patient Refusals
Nurse-APRN Notification
Chain of Command
Change in Patient Condition
Assessment Findings
Discharge Instructions
Documentation Methods
Electronic vs. Traditional (paper)
Clarifying the Myths of Charting by Exception
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Clarifying the Myths of Charting by Exception

Objectives
1. Evaluate common bedside emergencies.
2. Identify patient populations who are at risk for bedside emergencies.
3. Discuss how to integrate assessment data, labs and other diagnostic findings into the plan of care with a life-threatening emergency.
5. Describe presentation and assessment findings for specific cardiac, gastrointestinal and neurological emergencies.
6. Review volume and pressure concepts as they relate to intracranial pressure.
7. Explain a strategic approach in evaluating abdominal pain for the most accurate assessment.
8. Contrast the difference between hypovolemic shock, septic shock and cardiogenic shock in both assessment and treatment priorities.

Objectives
1. Recognize the most common causes of arterial blood gas abnormalities.
2. Describe critical interventions for the patient in respiratory distress.
3. Discuss chest tube management.
4. State common causes of death in the post-operative patient.
5. Examine legal implications of bedside emergencies.
6. Investigate appropriate documentation for high-risk situations.
7. Summarize how documentation is used to determine guilt or innocence in a lawsuit.

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MANAGING BEDSIDE EMERGENCIES
Tools to Sharpen Your Crisis Management Strategies
6 Fail-Proof Steps to Rhythm Interpretation
ABG Analysis Made Easy
Critical Actions for “I’m Having Chest Pain!”

MANAGING BEDSIDE EMERGENCIES
Abdominal Pain: What is it REALLY Telling You?
Prevention, Presentation and Action for the Most Common Nursing Emergencies

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Clinical Nursing Assessment Skills Packet Guide
By Lynne Zarbo, RN, BSN, CORN, CHSE, NCCLS
This clinically focused pocket guide provides essential access to essential information on medical, cardiac, and pulmonary assessment. It’s filled with compact, in-depth content!

Med-Surg Packet Guide
By Crist Zarbo, RN, BSN, CORN, CHSE, NCCLS
Full-color pocket guide packed with essential information to help you improve your skills in patient assessment and prevention – right at your fingertips.

Laboratory Tests Made Easy: A Plain English Approach, Second Edition
By Mikel Rothenberg, MD & Sean G. Smith, BSN, CCRN
This best-selling reference book provides both the “need to know” information, as well as the more advanced information you need to build a solid base of knowledge.

Guilty or Innocent?: Patient Survey for Nurses Through Proper Nursing Documentation
By Rosalee Lobo, IONIC, RN, MSN, CHSE
Through fictional and non-fictional stories, Rosalie Lobo reveals proper nursing documentation. By putting together an effective system you will decrease your chances of being found guilty in the eyes of a jury.

Patient Emergency
By Dr. Kim S. Olds, MD
This all-inclusive guide provides you with the advice you need to identify and manage your next patient emergency!

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You have a daunting challenge of recognizing subtle changes in a patient’s condition that can lead to a medical emergency. Do you know what to do for the older woman who suddenly doesn’t know her name or the joint replacement patient who suddenly complains of chest pain? These are scary situations, but you don’t have to panic. Attend this seminar to sharpen your skills in identification and management for a wide variety of bedside nursing emergencies.

Cardiovascular, Neurological, Respiratory, Post-operative Emergencies, Gastrointestinal, Shock, Sepsis and More! Export speaker, Pam Collins, MSN, CMSRN, RN-BC, will help you get the best tools and strategies for early identification and management of emergencies such as Stroke, Heart Attack, GI bleed, ARDS and Shock. Leave this program more prepared than ever to identify and manage your next patient emergency!

Speaker
Pam Collins, MSN, CMSRN, RN-BC has more than 30 years of extensive nursing experience which includes work as a staff and charge nurse for medical-surgical and pediatric units, nurse manager, nursing administration and nursing faculty. Pam currently works as an Independent Education and Medical Legal Consultant, and maintains her skills by working as a Clinical Nurse Specialist for Medical-Surgical Nursing in Charlotte, NC. She maintains dual certification in medical-surgical nursing through the Academy for Medical Surgical Nurses and the American Nurses Credentialing Center. Pam also consults with Schools of Nursing for the purpose of enhancing NCLCE success rates with an emphasis on medical-surgical nursing.

Additionally, Pam has extensive experience with the legal aspects of nursing practice and documentation including providing litigation support in medical malpractice. She speaks nationally on clinical and legal issues for the healthcare professional with a passion to evident through her energy, presentation style and ability to engage the audience. She was previously awarded the Outstanding Educator of the Year Award by the South Carolina Area Health Education Consortium.

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6:00–8:00 AM Registration/Morning coffee & tea
9:00–10:30 AM Lecture sessions (Program 1)
10:30–11:00 AM Lecture sessions (Program 2)
11:00–12:00 PM Lunch (on your own)
12:00–2:00 PM Lecture sessions (Program 1)
2:00–3:30 PM Lecture sessions (Program 2)
3:30–4:00 PM Break
4:00–6:00 PM Program sessions (Program 1)
6:00–7:00 PM Program sessions (Program 2)
7:00–8:00 PM Closing session (Program 1)
7:00–8:00 PM Closing session (Program 2)
7:30–9:00 PM Social event

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