

5th Annual Pediatric Hematology/Oncology Nursing Symposium

Saturday, March 27, 2010

Galt House East
140 N. Fourth Street
Louisville, KY

Presented by:

Louisville Chapter of the Association of Pediatric Hematology/Oncology Nurses (APHON)

Sponsored by:

Children's Hospital Foundation
Kosair Children's Hospital
Fuzzy's Charity for Kids

Target Audience:

Pediatric hematology and oncology nurses and other healthcare professionals

Course Description:

This course is designed to update nurses and other healthcare professionals on information and issues related to pediatric hematology/oncology.

Objectives:

1. List common complications of sickle cell disease in the pediatric patient. (Raj)
2. Recall two treatment options and associated side effects for pediatric sickle cell patients. (Raj)
3. Identify two endocrine long-term side-effects for the pediatric oncology patient receiving cranial radiation. (Wintergurst)
4. Discuss one risk factor and treatment for osteoporosis development in the pediatric oncology patient. (Wintergurst)
5. Define professional boundaries, boundary crossing and boundary violation, using the continuum of professional behavior model (NCSBN) for some guiding principles. (Queenan)
6. Recognize a variety of boundary violations symptoms and their remedies. (Queenan)
7. State three psychosocial needs that art therapy is able to address in the pediatric oncology setting (Johnson)
8. Name at least four therapeutic benefits of using art therapy with pediatric oncology patients and their families. (Johnson)
9. State three benefits of massage therapy for their patients and family members. (Brooksbank)
10. Recognize the modalities of techniques used for critical care patients to assure the patient's safety. (Brooksbank)

Speakers:

Ashok Raj, MD
Kupper Wintergurst, MD
Shannon Queenan, MPS, NACCC
Devon Brooksbank, MT
Emily Johnson, MA, LPCA
Cindy Williams, MT-BC

Schedule:

- 7:30 a.m. Registration and breakfast**
- 8:00 a.m. Welcome**
Darla York, RN, BSN, CPON
President, Louisville APHON Chapter
- 8:15 a.m. Sickle Cell Disease**
Ashok Raj, M.D.
- 9:15 a.m. Break**
- 9:30 a.m. Endocrine Issues in the Pediatric Oncology Patient**
Kupper Wintergurst, M.D.
- 10:30 a.m. Professional Boundaries**
Shannon Queenan, MPS, NACCC
- 12:00 noon Lunch Break (Sponsored by Children's Hospital Foundation)**
- 1:00 p.m. Art Therapy and its Application with Pediatric Oncology Patients**
Emily Johnson, MA, LPCA
- 2:00 p.m. Music Therapy and its Application for Oncology Patients**
Cindy Williams, MT-BC
- 3:00 p.m. Massage Therapy for Pediatric Oncology Patients**
Devon Brooksbank, MT
- 4:00 p.m. Questions and Answer Session**
Evaluations
Darla York, RN, BSN, CPON

Nursing Education

Provider: Kosair Children’s Hospital

Expiration date: December 31, 2011 # 4-0008-12-11-206

Approved by Kentucky Board of Nursing (KBN) for **6.5** (six and one half) contact hours. KBN approval of an individual nursing continuing education program does not constitute endorsement of program content. Participants must attend the entire program and complete the evaluation. No partial credit may be given. Participants must provide license number and Employee ID or Social Security number. For questions related to CEUs, call **Debora Williams, R.N., BSN**, at (502) **629-7359** or e-mail her at debbie.williams@nortonhealthcare.org.

Oncology Nursing Education

The Oncology Nursing Certification Corp. requires continuing education credits be used for certification renewal or to meet eligibility criteria for initial certification and be provided by accredited approvers/providers of nursing continuing education. For a list of acceptable approvers/providers of nursing continuing education, visit www.oncc.org/renewal/ce.shtml.

Fees

\$25 for Norton Healthcare employees, associates and students

\$80 for all others

(includes breakfast and lunch)

Refunds will be given with at least two weeks’ notice. There is a \$10 processing fee for cancellations.

Registration

Deadline: March 13, 2010

Name: _____

Mailing address: _____

City: _____ State/ZIP: _____

Physician Nurse Social worker Pastoral care worker

Other professional: _____

License #: _____ State: _____

SS# (or AHSN# for Norton Healthcare employees): _____

Phone: (_____) _____

E-mail: _____

Make checks payable to Louisville Chapter of APHON

Mail checks and registration forms to:

Kosair Children’s Hospital N-38

Attn. Debora Williams

P.O. Box 35070

Louisville, KY 40232

Hotel room rates are available:
Call **(800) THE-GALT**, (502) **589-5200** for reservations.