

1st Annual

This CNE activity is jointly provided by

Seniors Blue Book

collaboratively with

Acappella In Home Care

End of Life Care – 2017 Challenges:

Highlighting Best Practices of Palliative & Hospice Care

March 31, 2017 | 7:15am - 4:15pm

at

The Tradition – Lovers Lane Assisted Living & Memory Care

5855 Milton St, Dallas 75206 | Valet Parking

Agenda

7:15 – 8:00	Registration and Chef prepared breakfast
8:15 – 8:30	Welcome
8:30 - 9:30	Distinguishing Palliative Care and Hospice – they’re not the same Jane Nunnelee, PhD, RN-BC, GNP, CDP
9:30 – 10:30	Current Regulations in Medicare with Ethical Practice Considerations Cynthia Douglas, MSN, RN
10:30 – 10:45	Break
10:45 – 11:45	Depression and Grief through the End-of-Life David Crumpacker, MD
11:45 – 12:15	Chef prepared lunch
12:15 – 1:15	Are We Kinder to Animals? 3 reasons why veterinarians will change the face of end-of-life-care Erica Fry, DVM
1:15 – 1:45	To Feed or Not to Feed: That is the Question Jane Nunnelee, PhD, RN-BC, GNP, CDP
1:45 – 2:45	Handling Difficult Family Behaviors: What’s a nurse to do Iftexhar Amin, PhD
2:45 – 3:00	Break
3:00 – 4:00	Recognizing Delirium and Agitation at End-of-Life Jane Nunnelee, PhD, RN-BC, GNP, CDP
4:00 – 4:15	Evaluations, Receive Certificate of Attendance, Wrap-up

The activity has been submitted to the Texas Nurses Association for approval to award contact hours. Texas Nurses Associations – Approver is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission Accreditation.

For more information call: 214-866-0085 | Seating is Limited

Register by 3/15/17 \$100 _____
Register 3/16/17 - 3/30/17 \$150 _____
Register after 3/30/17 \$175 _____

No refunds for cancellations or non-attendance

Mail check to: **Acappella In Home Care**,
7920 Beltline Rd, Ste 380, Dallas, TX 75254
or email to: RSVP@AcappellaInHomecare.com
or fax to: 972-382-9901

Name: _____ LVN/RN/BSN/MSN/NP/PhD/_____

Address: _____
street city state zip

Email: _____ Phone: _____

Check enclosed _____ or Credit Card #: _____ exp _____ CV _____

Name on card: _____ Amount authorized: \$ _____

Billing Address: _____ Signature _____
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