EASTERN REGION

Wound Assessment and Palliative Wound Management Seminar

- Learn How to Assess & Document Wounds Like an Expert
- Develop goals of Palliative Wound Management
- Review of various topical products and interventions specific for the palliative wound patient
- Learn about some of the wounds encountered in Palliative care such as Kennedy Terminal Ulcer, Marjolin, Kaposi Sarcoma, Fungating Wounds, Pressure Ulcers, and Fistulas

Date and Location:
Tuesday September 24, 2013
8:00 am - 3:00 pm Wound conference
4:00 pm - 6:30 pm WCC and regional affiliate meeting

Peters Place
1199 Washington Pike
Bridgeville, PA 15017
Phone: (412) 221-5000
Directions: [Click here]

Seminar Sponsors:
National Alliance of Wound Care and Ostomy

Exhibitors:
Some of the best manufacturers, distributors, and service providers in the wound care industry will be joining us at the seminar. These industry leaders will be sharing the newest information and demonstrating state-of-the-art advances in their products.

Speakers:
Nancy Morgan
RN, BSN, MBA, WOC, WCC, DWC, OMS
Nancy is an RN and certified in wound care. She combines her expertise of wound care instruction and wound management program development with her business management and marketing knowledge. Nancy is a nursing entrepreneur, who is an experienced and recognized international presenter. Her motivational teaching style has inspired health care professionals across the nation. It was Nancy's entrepreneurial spirit that led her to co-create the Wound Care Education Institute (WCEI).

Gail Hebert
RN, BSN, MS, CWCN, WCC, DWC, OMS
Gail has been a registered nurse for 35 years, and has practiced in the area of wound care for the over 20 years. She holds a BS and MS degrees in nursing, and is certified in wound care through the NAWC and the WOCN (Wound, Ostomy, and Continence Nursing Society). A former DON in LTC and current holder of a LTC Administrator’s license in Virginia, she has practiced in a variety of settings, including community education and hospice.
**Objectives:**
Upon completion of this program, the participant will be able to:

- Describe the elements of a wound assessment
- Identify pressure ulcers utilizing 2007 NPUAP Staging Guidelines
- Identify tissue types commonly found in wounds
- Discuss goals of palliative care vs. hospice care
- Identify types of wounds encountered in the Palliative Patient population
- Discuss interventions for palliative wound care

**Contact Hours:**
Upon completion Nurses will receive 5.0 contact hours." Provider approved by the California Board of Registered Nursing, Provider Number 14094, for 5.0 contact hours".

**Registration:**
$70/per person
Parking free
Registration time:
7:30 - 8:00 am on day of seminar
Registration includes:
Admission to program, Handouts, Lunch, Vendor Product/Service Showcase, Continuing Education Credits

Space is very limited - you must register now to ensure you get a seat. NO REFUNDS.

**Additional Attendees** (If using the same credit card)

**How to Register:**
Online: [www.wcei.net](http://www.wcei.net)
Email: Info@wcei.net
Fax: 877-649-6021
Mail: WCEI 25828 Pastoral Drive Plainfield, IL 60585

Questions? Phone: 877-462-9234

**Registration Form**

Name (please print)
_____________________________________

Address
_____________________________________
City
_____________________________________

State Zip Email (mandatory to receive CEUs)
_____________________________________
_____________________________________

(License Type) __RN  __LPN  __APN  __PT  __PTA  __Other

Professional License Number
____________________________________

Phone Number
____________________________________

Current Employer or Facility
Check Primary Place of Employment:

- Hospital
- LTC
- Consultant
- Outpatient
- Education
- Admin
- Sales
- Other

**Credit Card Payment Information**

Visa       MC     Amex

Name (as it appears on card)
____________________________________

Card Number

____________________________________
Expiration Date

*Security Code

Signature (I authorize WCEI to charge my credit card)
____________________________________

Billing Address

____________________________________
City
____________________________________
State
____________________________________
Zip

*Security code is a 3 digit number found on signature strip on back of card following a series of other numbers. Note: American Express has 4 digits.

**Questions?** Phone: 877-462-9234