

Annual Convention & Industrial Exhibition
Las Vegas

INS 2012

April 28 – May 3 ♦ Rio All-Suite Hotel & Casino

Evolving Our Legacy



Convention Program





INS 2012

A Can't-Miss Experience!

- **Brand new track sessions – featuring Home Infusion and International topics**
- **New exhibiting companies you have never seen at an INS event before**
- **A record number of Poster Presentations have been submitted this year – and you get to be the judge!**
- **Two Exhibitor Theaters, Simulation Labs, networking lounge – there's an Exhibit Hall experience for everyone**
- **Remarkable entertainment at this year's Opening Session and Celebration of Excellence**
- **Get the most out of your Annual Convention experience and sign up for INS' new Meeting Mentor Program**

But wait, there's more...

Visit the Annual Convention Web site for additions to this year's schedule.

Don't forget to "Like" the INS Facebook page and follow us on Twitter for updates.

Be on the lookout for the first-ever INS 2012 Annual Convention mobile application!



The Annual Convention & Industrial Exhibition is the combination of two meetings:

Spring National Academy of Infusion Therapy

Saturday, April 28 – Sunday, April 29

- Educational sessions focus on advanced topics in infusion therapy and offer 2 CRNI® recertification units per hour (up to a maximum of 20)
- Access to Monday's Industrial Exhibition, which includes the exhibits, educational poster viewing and judging, Exhibitor Theaters, and Simulation Labs



Convention Location

Rio All-Suite Hotel & Casino
3700 W Flamingo Rd.
Las Vegas, NV 89103

Continuing Education

The Infusion Nurses Society exists to promote excellence in infusion nursing through continuing nursing education programs. INS achieves its mission by providing educational opportunities for advanced knowledge and expertise through professional development and resource networking.

INS promotes and improves the quality of infusion care by keeping infusion nurses, clinicians, and allied health care professionals abreast of new practice and technologic advances. INS' educational programs are designed specifically for the specialty practice of infusion therapy. The INS Annual Convention and Industrial Exhibition consists of presentations that address the nine core areas of infusion therapy. Each session in this program is denoted with a symbol to identify which of the nine core areas of infusion therapy the session pertains to.

Note: Presentations are subject to change without notice. Updated session offerings can be found on the Annual Convention Web site (www.ins1.org).

Accreditations



The Infusion Nurses Society is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation (COA).

INS is accredited as a provider of continuing nursing education by the California Board of Registered Nursing, Provider #CEP 14209.

Accreditation status does not imply endorsement by INS or ANCC of any commercial products discussed or displayed in conjunction with this activity.



The 2012 Annual Convention and Industrial Exhibition is approved by the Infusion Nurses Certification Corporation (INCC) for CRNI® recertification units.

Annual Meeting

Monday, April 30 – Thursday, May 3

- Educational sessions focus on a wide variety of topics in infusion therapy, including Home Infusion and International Tracks, and offer 1 CRNI® recertification unit per hour (up to a maximum of 20)
- Access to the Industrial Exhibition, which includes the exhibits, educational poster viewing and judging, Exhibitor Theaters, and Simulation Labs
- Additional networking opportunities at evening social events

Overall Program Goal

The overall program goal is to provide infusion nurses and other health care professionals with evidence-based education and information to implement best practice and improve patient outcomes.

Overall Program Objectives

After attending the continuing nursing education programs, attendees will be able to:

1. Identify best practices in infusion therapy.
2. Describe the application of best practices to provide consistency of infusion care across all practice settings.

Target Audience

The continuing nursing education programs are directed toward all health care professionals including CRNI®s, infusion nurses, clinicians, pharmacists, nurses practicing in all care settings, and nurses practicing in the specialty areas of pediatrics, geriatrics, infection prevention, oncology, and management.

Contact Hours and CRNI® Recertification Units

RN®s: All education sessions qualify for continuing nursing education credit. Participants earn 0.8 contact hours of continuing nursing education credit for each session attended.

CRNI®s: All education sessions qualify for CRNI® recertification units. CRNI®s earn one or two recertification units for each session attended. Participants who attend all educational sessions can earn up to 20 recertification units at the Spring National Academy, and 20 recertification units at the Annual Meeting. All 40 recertification units required to recertify the CRNI® credential are available to CRNI®s attending both meetings. Contact INCC at (800) 434-4622 or visit www.incc1.org for more information on CRNI® recertification.

Contact hours and CRNI® recertification units are NOT provided for Poster Presentations or the Industrial Exhibition, including Exhibitor Theaters and Simulation Labs.

10:00 – 11:00 AM

First-time Attendee Orientation

NOON – 1:00 PM

TC Exploring Vascular Access Device Obstacles and Complications

QI Patient Assessment for Appropriate Vascular Access Device Placement

1:00 – 2:00 PM

A/B Multiple Endocrine Neoplasia Syndromes

PH New Therapies for the Management of Lupus

2:30 – 3:30 PM

PED Standardizing Practice for Pediatric Diabetic Ketoacidosis

PN Enteral Versus Parenteral Nutrition for Acute Pancreatitis

3:30 – 4:30 PM

FE Improving Patient Outcomes in the Management of Acute Alcohol Withdrawal

A/B Disseminated Intravascular Coagulation as an Effect of the Oncologic Process

4:30 – 5:30 PM

IP Best Practice for Blood Culture Collection

TC Assessment and Management of Unusual Central Vascular Access Device Complications

8:00 – 9:00 AM

QI Management of Central Vascular Access Device Complications in the Home Setting

QI Infusion Teams: Improved Outcomes, Decreased Cost

9:00 – 10:00 AM

PED Kawasaki Syndrome

PN Macro and Micronutrient Needs in Wound Healing

10:30 – 11:30 AM

TT Management of Collateral Damage in Massive Transfusion

PH Enzyme Replacement Therapy for Lysosomal Storage Diseases

12:30 – 1:30 PM

FE Ultrafiltration for the Treatment of Heart Failure

TT Care and Management of Patients with Sickle Cell Disease

1:30 – 2:30 PM

IP Recommendations to Combat Antimicrobial Resistance

TC Defining and Obtaining Optimal Tip Location

Maximum number of credits available:

**Saturday 4.0 Contact Hours
10 CRNI® Recertification Units**

**Sunday 4.0 Contact Hours
10 CRNI® Recertification Units**

8:00 – 9:00 AM

QI Opening Session: Year in Review

9:00 – 10:00 AM

QI Keynote Address

10:00 AM – 2:00 PM

Industrial Exhibition

2:00 – 3:00 PM

TC What Nurses Don't Know About Smart Pump Technology

IP The Correlation Between Biofilm, Thrombus, and Infection in Vascular Access Devices

QI International Track: Infusion Therapy Practices in Latin America

3:00 – 4:00 PM

FE Fluid Status Vulnerability in Older Adults

PN Exploring Life Experience and Coping in Patients Receiving Home Parenteral Nutrition

TC International Track: Effecting Health Care Change in Developing Countries

4:00 – 5:00 PM

A/B The Role of the Nurse Navigator

PED Exploring the Evidence for Pediatric Vascular Access Device Dwell Times

QI International Track: Establishing International Infusion Benchmarks

A/B Antineoplastic/Biologic Therapy	PN Parenteral Nutrition	QI Quality Improvement
FE Fluid & Electrolyte Balance	PED Pediatrics	TC Technology & Clinical Applications
IP Infection Prevention	PH Pharmacology	TT Transfusion Therapy

8:00 – 9:00 AM

QI The Infusion Nurse’s Responsibility for Patient Safety in Power Injection

PH Therapeutic Monitoring of Patients Receiving Aminoglycosides

9:00 – 10:00 AM

PH Indications and Uses of Ketamine Infusions

TT Chronic Diseases Affected by Iron: Anemia to Hemochromatosis

10:00 AM – 2:00 PM

Industrial Exhibition

2:00 – 3:00 PM

TT Clotting Factor Replacement for Hemophilia

A/B Trends in the Treatment of Chemotherapy-Induced Nausea and Vomiting

TC Best Practices for Peripheral Vascular Access Device Insertion and Maintenance

Abstract Presentations

3:00 – 4:00 PM

FE Principles for the Selection of Intravenous Fluid Replacement

IP Beyond the Central Line Maintenance Bundle

IP The Prevalence of Short Peripheral Catheter-Related Bloodstream Infections

Abstract Presentations

4:00 – 5:00 PM

QI Incivility in Health Care

PED Pitfalls in Central Vascular Access Device Occlusion Management in the Pediatric Population

TC Advanced Concepts for Ultrasound-Guided Vascular Access Device Placement

Abstract Presentations

8:00 – 9:00 AM

PH Strategies for Lesser-Known Irritants and Vesicants

QI Improving Patient Outcomes Through Quality Initiatives

TC Home Infusion Track: Transitions of Care Across the Health Care Continuum

9:00 – 10:00 AM

TT AABB Update of Recent Research Findings in the Delivery of Blood Products

QI Competency Assessment to Improve Outcomes

TC Home Infusion Track: Home Infusion Therapy: Evidence and Implications

10:00 AM – 2:00 PM

Industrial Exhibition

2:00 – 3:00 PM

PED Emerging Therapies in Pediatric Pain Management

IP Old Microbes—New Prevalence

PH Home Infusion Track: The Role of the Pharmacist in Home Infusion Therapy

3:00 – 4:00 PM

PN Ethical Issues of Parenteral Nutrition in End-of-Life Care

A/B Assessing and Managing Oncologic Emergencies

PH Home Infusion Track: Management of Inotropic Therapy in the Home

4:00 – 5:00 PM

A/B Safe Handling of Chemotherapeutic Agents in the Treatment of Nonmalignant Disease

TC Impacting Infusion Therapy Through Value Analysis

QI Home Infusion Track: Challenges of Home Infusion Reimbursement

8:00 – 9:00 AM

Presidential Address and Gavel Ceremony

9:00 – 10:00 AM

QI Preparing for a Legal Deposition

TC Risk Assessment for Catheter Exchange

10:00 – 11:00 AM

PED Assessment and Administration Protocols for Pediatric Conscious Sedation

PN Optimizing Nutrition in the Critically Ill Patient

11:00 AM – NOON

FE Case Studies Exploring Fluid and Electrolyte Imbalance

PN Management of the Patient Receiving Parenteral Nutrition in the Home Care Setting

1:00 – 2:00 PM

FE Hypotensive Fluid Resuscitation

PH Treatment Options for Osteoporosis

2:00 – 3:00 PM

IP Infection Prevention Strategies for Home Infusion Therapy

TT Blood Conservation Techniques

Maximum number of credits available:

Monday	4.0 Contact Hours 5 CRNI® Recertification Units
Tuesday	4.0 Contact Hours 5 CRNI® Recertification Units
Wednesday	4.0 Contact Hours 5 CRNI® Recertification Units
Thursday	4.0 Contact Hours 5 CRNI® Recertification Units

2012 Spring National Academy of Infusion Therapy

Laurie Bailey, MS, CGC	Cincinnati Children's Hospital
Alicia Baros, PhD, RN	Biloxi Regional Medical Center/Gulf Oaks
Lisa Barrett, BSN, RN, CRNI®	CORAM Specialty Infusion Services
Deborah Boger, MSN, RN, CPNP	Children's Medical Center Dallas
Pamela Clark, BSN, RN, CRNI®	Omnicare, Inc.
Robert Dawson, BSN, MSA, RN, CRNI®, CPUJ, VA-BC	PICC Academy
Stephanie Haley-Andrews, BA, BSN, RN, NREMT-B	Children's Hospital Colorado
Donna Hardwick, RN	NIH/NIAMS
William Jarvis, MD	Jason and Jarvis Associates, LLC
Deborah Johnson, MS, RN, CWOCN	University of Wisconsin Hospital and Clinics
Carol Manchester, MSN, ACNS, BC-ADM, CDE	University of Minnesota Medical Center, Fairview
Suzan Miller-Hoover, DNP, RN, CCNS, CCRN	Rady Children's Hospital
Theresa Murphy, BS, RN, CRN, CRNI®, VA-BC	John T. Mather Memorial Hospital
Mark Rupp, MD	University of Nebraska Medical Center
Gail Egan Sansivero, MS, ANP	Community Care Physicians
Charles Smith, MD	MetroHealth Medical Center
Marian Soat, MSN, RN, CCNS, CCRN	Cleveland Clinic
Kathryn Tagnesi, BSN, MA, NEA-BC	Winchester Medical Center
Christopher Tormey, MD	Yale University School of Medicine
Lorelle Wuerz, BS, MSN, RN, VA-BC	New York Presbyterian Hospital

2012 Annual Meeting

Susan Boyer, MEd, RN, FAHCEP	Vermont Nurses In Partnership
Lynn G. Brown, BS, BSN, MA, MS, RN, CRNI®, FACHE	OMMA Healthcare, LLC
Victoria Miller Cage, MS, RN, FNP, CNS, CCTC	Banner Good Samaritan Medical Center
Brenda Caillouet, BSN, MPH, CRNI®, VA-BC	Brenda L. Caillouet, LLC
Gaston Cartagena, PharmD	3M
Cecilia Cortina, MSN/Ed, CRNI®, VA-BC	The Valley Hospital/Bergen Community College
Regina Cunningham, PhD, RN, AOCN®	University of Pennsylvania Health System
Mary Beth Davis, BSN	University of Iowa Children's Hospital
Mark DeLegge, MD	Medical University of South Carolina
Robert Dracker, MD, MHA, MBA, CPI	Summerwood Pediatrics & Infusacare Medical Services
Michelle Farber, RN, CIC	Mercy Hospital
Robert Ferdinand, BSN, RN, CRNI®	Spaulding Rehabilitation Hospital – Boston
Anne Marie Frey, BSN, RN, CRNI®, VA-BC	The Children's Hospital of Philadelphia
Cynthia Gaston, PharmD	UW Health

Lisa Gorski, MS, HHCNS-BC, CRNI®, FAAN	Wheaton Franciscan Home Health & Hospice
Linda R. Greene, RN, MPS, CIC	Rochester General Hospital
Rebekah Hanson, PharmD, BCPS	CVS Caremark Specialty Pharmacy
Linda Kelly, MSN, ANP, BC	Saint Joseph's Hospital of Atlanta
Irena Kenneley, PhD, APRN-BC, CIC	Case Western Reserve University
Kathryn King, BSN, RN, VA-BC	University of North Carolina Hospitals
Donna Kloth, RN, CRNI®, CNSC	Thrive RX
Debbie Kovacevich, MPH, RN	University of Michigan - HomeMed
Mary Lawanson-Nichols, MSN, RN, NP, CNS, CCRN	Santa Monica - UCLA Medical Center and Orthopaedic Hospital
Fernando Lopez, MD	Duke University
Kari Love, MS, RN	Jennie Edmundson Hospital
Marilyn Manco-Johnson, MD, BS	University of Colorado
Ryan McGowan, BSE	US Food and Drug Administration
Denise Menonna-Quinn, MSN, RN-BC, AOCNS®	Hackensack University Medical Center
Yvette Miller, MD	American Red Cross
Michael Moritz, MD	Children's Hospital of Pittsburgh of UPMC
Mary Beth Newman, MSN, RN-BC, CMAC, CCP, CCM	Case Management Society of America
Shelley Nielsen, BSN, MS, RN, OCN®, CHES	Poudre Valley Health System
Linda Payne	Reimbursement Concepts
Suzanne Purvis, MSN, RN, GCNS-BC	University of Wisconsin Hospital and Clinics
Issam Raad, MD	Department of Infectious Diseases, MD Anderson
Lois Rajcan, MSN, RN, CRNI®	Chester County Hospital
Catherine Ryan, MS, MN, RN, ACNS-BC	Walter Reed National Military Medical Center
Mary Ryan, BS, MPH, RN, CPHRM	CNA Insurance
Nasia Safdar, MD, PhD	University of Wisconsin
Sandra Schwaner, MSN, RN, ACNP-BC	University of Virginia
Jack Shearer, CRNA	St. Jude Children's Research Hospital
Sheila Smyth-Giambanco, MA, RN, ACNS-BC	Molloy College
John Stover, MSN, FNP-BC	Duke University Medical Center
Janis Strickland, BSN, RN, CRNI®	SMGSI, an SSM Hospital
Kim Talac, MSN, ACNS-BC, RN, OCN®	Medical Center of Lewisville
Rita Wunderlich, PhD, RN, CNE	Saint Louis University

National Academy of Infusion Therapy

10:00 – 11:00 AM

First-time Attendee Orientation

Join INS staff and Board of Directors for a fun and interactive workshop that will show you how to make the most of your Annual Convention experience. Learn about the must-attend sessions, the evening social events, the Rio All-Suite Hotel & Casino, and how to navigate the Industrial Exhibition to find the products and services that will make your job easier. This session is also a great way to network with other infusion therapy professionals from across the country and around the globe. During this event, we will also kick off our brand-new Meeting Mentor Program. To participate, or learn more, turn to page 24 for details.

Please note: Contact hours and CRNI® recertification units are not offered for this session.

NOON – 1:00 PM

Exploring Vascular Access Device Obstacles and Complications

Lorelle Wuerz, BS, MSN, RN, VA-BC

SC: 001 CH: 0.8 CRNI® **Recert. Units: 2**

The complexity of care and the comorbidities of patients support the literature reporting 90% of hospitalized patients receive IV therapy. Central line placement provides access for IV therapy, but vascular obstacles and complications challenge all inserting and planning care for the patient. This session will explore vascular obstacles, postinsertion complications, complication management, and possible recommendation for plan of care.



Patient Assessment for Appropriate Vascular Access Device Placement

Theresa Murphy, BS, RN, CRN, CRNI®, VA-BC

SC: 002 CH: 0.8 CRNI® **Recert. Units: 2**

Patients present with comorbidities and complicated vascular access history. Patient assessment for line necessity and vascular access is critical for infection control, preservation of vasculature, patient satisfaction, cost-control, and avoidance of treatment delays. This session will review the patient characteristics and morbidities that can make vascular access device (VAD) placement difficult, and will discuss early vascular assessment and line necessity.



1:00 – 2:00 PM

Multiple Endocrine Neoplasia Syndromes

Pamela Clark, BSN, RN, CRNI®

SC: 003 CH: 0.8 CRNI® **Recert. Units: 2**

Multiple endocrine neoplasia (MEN) is a term used to describe a group of hereditary carcinoma syndromes. Patients with one of these autosomal-dominant gene aberrations exhibit various endocrine carcinomas, as well as other anatomical abnormalities. Unfortunately, familial endocrine carcinoma patients are too often unrecognized by primary care providers, resulting in delayed diagnosis and treatment, which has profound consequences. This presentation will introduce the various MEN syndromes and the infusion nurse's role in the care of these individuals and their families.



New Therapies for the Management of Lupus

Donna Hardwick, RN

SC: 004 CH: 0.8 CRNI® **Recert. Units: 2**

Systemic lupus erythematosus (SLE) is a chronic autoimmune inflammatory process that can affect every organ in the body. Lupus is characterized by flare-ups of symptoms that range from mild to life threatening. Treatment over the past 50 years has focused on treatment of acute symptoms. This presentation will discuss the pathophysiology of lupus, symptom management, and new treatment modalities.



2:00 – 2:30 PM BREAK

2:30 – 3:30 PM

Standardizing Practice for Pediatric Diabetic Ketoacidosis

Stephanie Haley-Andrews, BA, BSN, RN, NREMT-B

SC: 005 CH: 0.8 CRNI® **Recert. Units: 2**

Efficacious treatment of pediatric diabetic ketoacidosis (DKA) is thwarted in the absence of a standardized practice that incorporates emergency assessment, the initiation of supportive interventions, and fastidious monitoring of evolving clinical and biochemical status. Nurses must be fully competent in managing the hallmarks of this disorder, hyperglycemia, and acidosis, while striving to prevent cerebral edema. This presentation will describe the benefits of standardizing practice for treatment of pediatric DKA and discuss the variations in therapeutic management.



2:30 – 3:30 PM

Enteral Versus Parenteral Nutrition for Acute Pancreatitis

Carol Manchester, MSN, ACNS, BC-ADM, CDE

SC: 006 CH: 0.8 CRNI® **Recert. Units: 2**



The standard of care for acute pancreatitis is bowel rest until the condition resolves, usually on its own, in an average of 5-7 days. Parenteral nutrition (PN) is warranted only in cases in which the resolution of pancreatic enzymes is excessively prolonged or when pancreatitis is accompanied by an overt hypermetabolic state, increased energy needs, proteolysis, and glucose production. In a malnourished individual, however, therapy must be tailored to meet these special needs. Considerations for enteral versus parenteral therapy are assessed individually. This presentation will discuss the pathophysiology of pancreatitis and nutritional administration considerations.

3:30 – 4:30 PM

Improving Patient Outcomes in the Management of Acute Alcohol Withdrawal

Alicia Baros, PhD, RN

SC: 007 CH: 0.8 CRNI® **Recert. Units: 2**



Substance dependency has received increased concern and attention in the United States in the last few years. Reports from the Centers for Disease Control and Prevention (CDC) indicate a substantial increase in alcohol use over the last decade in most age-groups. Abrupt cessation of alcohol consumption after long-term, heavy use can produce serious and unpleasant effects. These symptoms can include seizures, delirium tremens, psychiatric disturbances, and cardiovascular effects, to name a few. This presentation will discuss treatment options for acute alcohol withdrawal, describe complications that may occur during treatment, and provide information to obtain positive patient outcomes.

Disseminated Intravascular Coagulation as an Effect of the Oncologic Process

Christopher Tormey, MD

SC: 008 CH: 0.8 CRNI® **Recert. Units: 2**



Disseminated intravascular coagulation (DIC) is a complex clotting disorder that occurs in a variety of conditions. It is characterized by a syndrome of intravascular bleeding and thrombosis that can result in mortality rates as high as 65%. Oncology patients are at high risk of developing DIC, as infection and sepsis are often precursors to this devastating illness. In addition, cell kill from chemotherapy can release a procoagulant substance that initiates the clotting cascade. This presentation will address the etiology of DIC and discuss emergency management as it applies to the oncologic process.

4:30 – 5:30 PM

Best Practice for Blood Culture Collection

Mark Rupp, MD

SC: 009 CH: 0.8 CRNI® **Recert. Units: 2**



Every year in the United States, approximately 78,000 central line-associated bloodstream infections (CLABSIs) occur, resulting in an increase in morbidity and mortality while using precious resources. Diagnosis is confirmed via blood culture, which is frequently collected from the indwelling central vascular access device (CVAD). Contaminated cultures result in delayed or inappropriate treatment and increased cost. This presentation will discuss the efficacy, based on research, of obtaining blood cultures from a CVAD and adopting a process to reduce or eliminate contaminated cultures.

Assessment and Management of Unusual Central Vascular Access Device Complications

Gail Egan Sansivero, MS, ANP

SC: 010 CH: 0.8 CRNI® **Recert. Units: 2**



Central vascular access device (CVAD) complications can delay patient therapies, impact nursing productivity, and lead to physical and emotional distress for patients. Many infusion nurses are well versed in handling complications and can readily provide appropriate strategies to restore catheter function or replace dysfunctional devices. There are, however, unusual complications that can arise that are more difficult to assess and manage. Thoracic outlet syndrome, excessive lymph drainage, and excessive bleeding are examples of unusual complications that can affect device insertion and maintenance. This presentation will explore these unusual complications and discuss management strategies.

8:00 – 9:00 AM

Management of Central Vascular Access Device Complications in the Home Setting

Lisa Barrett, BSN, RN, CRNI®

SC: 012 CH: 0.8 CRNI® **Recert. Units: 2**



One of the fastest-growing segments of health care delivery is the home care industry. Patients are discharged from acute and long-term care facilities into the home with increasingly complex health needs, including the maintenance of a central vascular access device (CVAD). This adds a level of complexity to an already challenging clinical picture, with longer catheter dwell times and high-risk medications, and creates the potential for dangerous complications such as central line bloodstream infection, catheter occlusion, infiltration/extravasation, catheter migration, air embolism, hemorrhage, and deep vein thrombosis. This presentation will review complications that may occur in the patient with a CVAD in the home setting, their potential causes, clinical presentation, and management strategies for the home care nurse.

Infusion Teams: Improved Outcomes, Decreased Cost

Kathryn Tagnesi, BSN, MA, NEA-BC

SC: 013 CH: 0.8 CRNI® **Recert. Units: 2**



Infusion teams have come under considerable scrutiny as health care organizations trim budgets. The decision to keep a team in place or expand a current team may be based on the evidence of improved patient outcomes and decreased cost to the patient and the hospital. Infusion nurses need to be prepared to present outcomes data that confirm their vital role in the care of the patient receiving infusion therapy. This presentation will identify measurable outcomes to substantiate the need for an infusion team and a financial blueprint to justify the specialized care they deliver.

9:00 – 10:00 AM

Kawasaki Syndrome

Suzan Miller-Hoover, DNP, RN, CCNS, CCRN

SC: 014 CH: 0.8 CRNI® **Recert. Units: 2**



Kawasaki syndrome (KS), also known as Kawasaki disease, is an acute febrile illness of unknown etiology that primarily affects children younger than 5 years of age. KS is characterized by fever, rash, swelling of the hands and feet, irritation and redness of the whites of the eyes, swollen lymph

glands in the neck, and irritation and inflammation of the mouth, lips, and throat. Serious complications of KS include coronary artery dilatations and aneurysms, and KS is a leading cause of acquired heart disease in the United States. In 2005, approximately 5,000 hospitalizations for KS were estimated among children younger than 18 years of age in the United States, and of those, 3,277 (77%) were for children under 5 years of age. This presentation will discuss the incidence, prevalence, diagnosis, and treatment of Kawasaki syndrome.

Macro and Micronutrient Needs in Wound Healing

Deborah Johnson, MS, RN, CWOCN

SC: 015 CH: 0.8 CRNI® **Recert. Units: 2**



Literature suggests specific nutritional interventions have significantly beneficial effects on wound healing. Successful translation into the clinical arena is rare. A review of normal metabolism relating to wound healing in normoglycemic and diabetic individuals is presented. Most of the research supporting the use of specialized nutritional support continues in clinical investigation. This presentation will discuss normal metabolism relating to wound healing in normoglycemic and diabetic individuals and the interventions recommended to facilitate wound healing.

10:00 – 10:30 AM BREAK

10:30 – 11:30 AM

Management of Collateral Damage in Massive Transfusion

Charles Smith, MD

SC: 016 CH: 0.8 CRNI® **Recert. Units: 2**



Massive transfusion, defined as the replacement of more than 50% of a patient's blood volume in 12-24 hours, is a life-saving treatment for patients who have experienced large blood loss in surgical, trauma, and obstetric settings. However, rapid administration of large volumes of stored blood products has also been associated with an increased mortality rate. This is due to a lethal triad of potential complications: acidosis, hypothermia, and coagulopathy. Related complications include electrolyte imbalances, citrate toxicity, transfusion-associated acute lung injury (TRALI), and transfusion-transmitted diseases. This presentation will review management of the collateral damage related to the complications from massive transfusion.

10:30 – 11:30 AM

Enzyme Replacement Therapy for Lysosomal Storage Diseases

Laurie Bailey, MS, CGC

SC: 017 CH: 0.8 CRNI® **Recert. Units: 2**



Lysosomal storage diseases (LSDs) are a group of rare, genetically inherited disorders characterized by a deficiency of enzymes that normally eliminate unwanted substances from the cells of the body. Accumulation of these substances can lead to inefficient functioning and damage of the body's cells, causing serious health problems. Enzyme replacement therapy (ERT) refers to the infusion of a specific enzyme produced by genetically engineered cells. These enzymes remove the harmful substances and can stop or slow the symptoms of disorders including metachromatic leukodystrophy (MLD), globoid cell leukodystrophy (GCL) or Krabbe's disease, and Gaucher disease (GD). This presentation will review the pathophysiology of LSDs, as well as their treatment and management using innovative enzyme replacement therapy.

11:30 AM – 12:30 PM **LUNCH BREAK**

11:30 AM – 12:30 PM

Chapter Presidents' Luncheon (Invitation Only)

Chapter presidents are invited to attend this information session to discuss chapter management strategies, resources for chapters, tips on maximizing the relationship between the national office and your chapter, and communication ideas for chapter growth. An INS national office representative and Board of Directors members will be on hand to answer questions.

Please note: Contact hours and CRNI® recertification units are not offered for this session.

12:30 – 1:30 PM

Ultrafiltration for the Treatment of Heart Failure

Marian Soat, MSN, RN, CCNS, CCRN

SC: 018 CH: 0.8 CRNI® **Recert. Units: 2**



Ultrafiltration is designed to remove excess water and sodium in heart failure (HF) patients suffering from fluid overload that is refractory to diuretics. The American College of Cardiology (ACC) and the American Heart Association's (AHA) *ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult* states: "The use of such mechanical methods of fluid removal can produce meaningful clinical benefits in patients with diuretic-resistant

HF and may restore responsiveness to conventional doses of loop diuretics." This presentation will discuss the pathophysiology and treatment of heart failure, including the indications for the use of ultrafiltration.

Care and Management of Patients with Sickle Cell Disease

Deborah Boger, MSN, RN, CPNP

SC: 019 CH: 0.8 CRNI® **Recert. Units: 2**



Sickle cell disease (SCD) affects 70,000 to 100,000 individuals in the United States. Practitioners face multiple challenges for treatment and management of this disease, which includes a group of inherited red blood cell disorders. Effective nursing care for patients with SCD requires that nurses understand the pathophysiology of the disease, recognize those who present in sickle cell crisis, and possess the ability to aggressively manage acute complications. This presentation will discuss the management of care for transfusion-dependent patients, iron overload, and acute pain therapy interventions. Emerging treatment therapies will also be discussed.

1:30 – 2:30 PM

Recommendations to Combat Antimicrobial Resistance

William Jarvis, MD

SC: 020 CH: 0.8 CRNI® **Recert. Units: 2**



Antimicrobial resistance is one of the greatest threats to human health worldwide. Antibiotics are becoming less effective, and infections are becoming extremely resistant to existing antibiotics. The Infectious Diseases Society of America (IDSA) has developed a plan to combat antibiotic-resistant superbugs. This presentation will discuss the IDSA policy recommendations and identify strategies to combat this health care crisis.

Defining and Obtaining Optimal Tip Location

Robert Dawson, BSN, MSA, RN, CRNI®, CPUI, VA-BC

SC: 021 CH: 0.8 CRNI® **Recert. Units: 2**



Optimal central vascular access device (CVAD) terminal tip location is the subject of an ongoing controversy among infusion professionals. Many infusion therapies require central placement related to the osmolarity and pH of the infusate. The current *Infusion Nursing Standards of Practice* indicates tip placement is to be within the superior vena cava near its junction with the right atrium or the inferior vena cava above the level of the diaphragm if inserted via the femoral vein. This presentation will explore recent studies and discuss various methods for defining and obtaining tip location.

Monday, April 30
10:00 AM – 2:00 PM
Tuesday, May 1
10:00 AM – 2:00 PM
Wednesday, May 2
10:00 AM – 2:00 PM



industrial exhibition

The Industrial Exhibition provides you with the rare opportunity to speak one-on-one with leading infusion suppliers about your day-to-day challenges and learn how the latest infusion technology and products can help you improve patient care. With exhibits, Exhibitor Theater sessions, hands-on Simulation Labs, and educational Poster Presentations, the Industrial Exhibition has grown to become an extension of your overall learning experience at the Annual Convention.



Annual Meeting

8:00 – 9:00 AM

Opening Session: Year in Review

SC: 023 CH: 0.8 CRNI® Recert. Units: 1



The president and the Board of Directors of INS and the CEO of INS and INCC take a look back at the past year's growth, progress, and innovations. This presentation will review the accomplishments for the previous year and the goals that INS has for the upcoming year.

9:00 – 10:00 AM

Keynote Address:

From the Streets to the Stove: The Power of Potential

SC: 024 CH: 0.8 CRNI® Recert. Units: 1



Jeff Henderson

After growing up on the rough streets of Central L.A., Jeff Henderson spent nearly ten years in prison for a drug conviction. With persistence and determination, he was able to achieve his dreams, eventually becoming the first African American executive chef at Caesars Palace and the Bellagio in Las Vegas. Henderson's story of redemption and perseverance will not only motivate you to dream but also encourage you to reach your full potential.

10:00 AM – 2:00 PM **INDUSTRIAL EXHIBITION**

2:00 – 3:00 PM

What Nurses Don't Know About Smart Pump Technology

Ryan McGowan, BSE

SC: 025 CH: 0.8 CRNI® Recert. Units: 1



The prevalence of grave medical errors associated with intravenous medication administration is staggering. It is estimated that 90 percent of hospitalized patients require intravenous infusions, most of which are delivered by an infusion pump. Errors in intravenous medication administration have great potential for inflicting patient harm. It is imperative that nurses understand their professional accountability related to intravenous medication administration as well as the benefits and limitations of smart pump technology. This presentation will discuss the benefits of using smart pump technology and the risks of taking shortcuts. Legal implications for nurses when employing smart pumps will also be addressed.

The Correlation Between Biofilm, Thrombus, and Infection in Vascular Access Devices

Issam Raad, MD

SC: 026 CH: 0.8 CRNI® Recert. Units: 1



Biofilm formation on the catheter of vascular access devices (VADs) directly relates to an increase in bloodstream infections. Microbial colonization forms in the blood-rich environment on the lumens of the VADs. Early assessment and treatment of thrombus formation leads to catheter preservation and decreases the potential for infection. Standardization of care results in proper maintenance of VADs. This presentation will discuss the correlation between biofilm, thrombus formation, and infection, with the strategies to standardize care for assessment and maintenance of VADs.

International Track

Infusion Therapy Practices in Latin America

Gaston Cartagena, PharmD

SC: 027 CH: 0.8 CRNI® Recert. Units: 1



Much like North America, Latin America is a cultural melting pot consisting of ethnic influences from around the world. It is made up of 21 countries with over 500 million people. The delivery of health care, including infusion therapy, faces many of the same challenges experienced in North America. This presentation will describe the most relevant aspects of the Latin American culture and its impact on the delivery of health care. Strategies to assist in implementing and sustaining infusion therapy practice improvement will also be discussed.

3:00 – 4:00 PM

Fluid Status Vulnerability in Older Adults

Suzanne Purvois, MSN, RN, GCNS-BC

SC: 028 CH: 0.8 CRNI® Recert. Units: 1



Dehydration, the most common fluid and electrolyte disturbance in older adults, can increase mortality by 50% when not assessed and treated promptly. Fluid balance in the older adult is affected by numerous age-related alterations that set this patient population apart from others. Infusion nurses play an integral role when providing care for the older adult by understanding the unique vulnerability for fluid and electrolyte disturbances, by recognizing subtle changes in patient condition that are a precursor to fluid imbalance, and by providing timely therapeutic interventions. This presentation will describe the physiologic changes of the aging process that affect this delicate balance, identify common variances in laboratory values, and discuss strategies for managing fluid and electrolyte balance when providing nursing care for older adults.

3:00 – 4:00 PM

Exploring Life Experience and Coping in Patients Receiving Home Parenteral Nutrition

Lois Rajcan, MSN, RN, CRNI®

SC: 029 CH: 0.8 CRNI® **Recert. Units: 1**



Parenteral nutrition (PN) is commonly used for a variety of patients, including those suffering from chronic illness. Electrolyte imbalance, body image changes, mentation changes, and depression are just some of the concerns important to this population. This session will discuss the effects that long-term parenteral nutrition associated with chronic illness has on the whole person.

International Track

Effecting Health Care Change in Developing Countries

Lynn G. Brown, BS, BSN, MA, MS, RN, CRNI®, FACHE

SC: 030 CH: 0.8 CRNI® **Recert. Units: 1**



Nurses working in the US nursing and health care fields often have no idea of the issues and challenges faced in the international health care market, especially in developing countries. Cultural, logistical, and developmental issues have been occurring in three rapidly growing markets: the African continent, the Middle East, and China.

This presentation will identify the critical issues faced in developing a US/Western-standard health care facility in developing countries and how the infusion nurse can help raise the standard of care.

4:00 – 5:00 PM

The Role of the Nurse Navigator

Shelley Nielsen, BSN, MS, RN, OCN®, CHES

SC: 031 CH: 0.8 CRNI® **Recert. Units: 1**



A diagnosis of cancer is usually life-changing for the patient. Undergoing various treatments and interfacing with health care professionals from multiple specialties can be overwhelming. The nurse navigator is a nursing subspecialty developed to alleviate some of this burden and to ensure coordination of services for the best outcomes. This presentation will discuss the various roles of the nurse navigator and how the infusion nurse can collaborate with the nurse navigator to provide specialized care for the patient.

Exploring the Evidence for Pediatric Vascular Access Device Dwell Times

Anne Marie Frey, BSN, RN, CRNI®, VA-BC

SC: 032 CH: 0.8 CRNI® **Recert. Units: 1**



In an effort to reduce the incidence of catheter-related bloodstream infection (CRBSI), organizations such as the Centers for Disease Control and Prevention (CDC), Institute for Healthcare Improvement (IHI), and the National Association of Children's Hospitals and Related Institutions (NACHRI) recommend daily assessment of the need for continued central vascular access devices (CVADs) as part of the bundle of care. Prompt removal of the CVAD is advised when the device is no longer necessary. Research has indicated extended dwell times increase the incidence of CRBSI, but there is a lack of collated information on maximum dwell times for CVADs in children who may require intermediate to long-term infusion therapy. This presentation will explore current evidence-based information and its application to CVAD selection and dwell times for the pediatric patient.

International Track

Establishing International Infusion Benchmarks

Michelle Farber, RN, CIC

SC: 033 CH: 0.8 CRNI® **Recert. Units: 1**



In the United States, infusion practice is guided by standards from government agencies, medical societies, and institutes. Although similar organizations exist in some countries, infusion standards and practice guidelines vary widely from one country to another. As infusion therapy continues to evolve there is a need for health care professionals from across the globe to coordinate efforts and compare data in order to establish infusion practice benchmarks that improve patient outcomes. This presentation will discuss the research, practice, and patient outcomes that are occurring internationally concerning infusion care.



gardner foundation incc reception

Monday, April 30 • 6:00 - 7:30 PM

The Gardner Foundation/INCC Reception recognizes the achievements of infusion nurses who have demonstrated extraordinary service in the field of infusion therapy. During the reception, we will announce the recipients of the Gardner Foundation scholarships, as well as the winner of the prestigious CRNI® of the Year award. Light hors d'oeuvres and cocktails will be served. Business casual dress is suggested.

social events

celebration of excellence

Tuesday, May 1 • 7:30 - 10:30 PM

During the Celebration of Excellence, we will take time to honor INS President Jeanette Adams, PhD, ACNS, BC, CRNI®, as well as the winners of the INS Member of the Year and Chapter President of the Year awards. We will also recognize the winners of the Abstract and Poster Presentations. The evening will feature a cocktail hour, dinner, music, and dancing. Business dress/cocktail attire is suggested.



8:00 – 9:00 AM

The Infusion Nurse's Responsibility for Patient Safety in Power Injection

Sandra Schwamer, MSN, RN, ACNP-BC

SC: 035 CH: 0.8 CRNI® Recert. Units: 1



Ninety percent of patients admitted to health care facilities receive a diagnostic procedure in radiology. Contrast media is required in many of these procedures, and it is frequently administered with power injection. With the emergence of multiple vascular access devices (VADs) for power injection, the infusion nurse must advocate for the best VAD for the patient's course of care and manage the care through the life of the VAD. This session will discuss the importance of assessing the proper VAD for the patient's course of treatment and describe the implications of using a power-injectable VAD to achieve the best diagnostic outcomes and prevent untoward results.

Therapeutic Monitoring of Patients Receiving Aminoglycosides

Cynthia Gaston, PharmD

SC: 036 CH: 0.8 CRNI® Recert. Units: 1



Aminoglycosides are useful primarily in infections involving aerobic, gram-negative bacteria diagnoses and some mycobacteria. Dosing is based on a patient's ideal or adjusted body weight and renal function. Careful selection of empiric dosing regimens and serum-level monitoring when warranted are needed to ensure the safety and efficacy of these drugs. This presentation will discuss the mechanism of action, therapeutic drug levels, and monitoring needed to safely treat patients receiving aminoglycosides in various health care settings.

9:00 – 10:00 AM

Indications and Uses of Ketamine Infusions

Catherine Ryan, MS, MN, RN, ACNS-BC

SC: 037 CH: 0.8 CRNI® Recert. Units: 1



Ketamine infusions have been reported to be safe and efficacious for the management of refractory complex regional pain syndromes (CRPS) in both the inpatient and outpatient settings. This therapeutic intervention can be especially helpful when large doses of narcotics (opioids) are necessary to control pain. Ketamine is also used to relieve pain and other symptoms for palliative and end-of-life care. This presentation will discuss the indications and uses of ketamine for the management of refractory pain, palliative, and end-of-life care.

Chronic Diseases Affected by Iron: Anemia to Hemochromatosis

Robert Dracker, MD, MHA, MBA, CPI

SC: 038 CH: 0.8 CRNI® Recert. Units: 1



Iron disorders are conditions in which there is too little or too much iron for normal body functions. Individuals with iron disorders frequently have vague symptoms that may include fatigue, joint pain, shortness of breath, irregular heartbeat, and depression. Iron deficiency is the most common nutritional deficiency and is the leading cause of anemia in the world. Hereditary hemochromatosis (HHC) is an inherited disorder of abnormal iron metabolism in which individuals absorb too much dietary iron. This session will discuss the causes of iron deficiency and iron overload as well as the available treatment options.

10:00 AM – 2:00 PM INDUSTRIAL EXHIBITION

NOON – 2:00 PM

Chapters Officers' Roundtable Luncheon (Invitation Only)

Chapter officers are invited to attend this informative roundtable session to discuss management strategies, resources, tips on maximizing the relationship between the national office and your chapter, and communication ideas for growth.

Please note: Contact hours and CRNI® recertification units are not offered for this session.

2:00 – 3:00 PM

Clotting Factor Replacement for Hemophilia

Marilyn Manco-Johnson, MD, BS

SC: 039 CH: 0.8 CRNI® Recert. Units: 1



Hemophilia is a group of genetic blood disorders in which clotting factor VIII or factor IX is deficient. These deficiencies result in an insufficient generation of thrombin complex through the intrinsic pathway of the coagulation cascade, leaving the patient at risk for bleeding. Treatment options involving replacement therapy have increased the life span and quality of life for the patient with hemophilia. This presentation will compare coagulation factor administration and surgical prophylaxis for bleeding episodes and describe precautions involved in caring for the hemophilia patient.

2:00 – 3:00 PM

Trends in the Treatment of Chemotherapy-Induced Nausea and Vomiting

Regina Cunningham, PhD, RN, AOCN®

SC: 040 CH: 0.8 CRNI® **Recert. Units: 1**



Chemotherapy-induced nausea and vomiting (CINV) is one of the most concerning side effects of cancer treatment. Poorly controlled CINV can have a negative impact on treatment compliance and quality of life. Advances in the knowledge of the pathophysiology of CINV and the identification of risk factors have greatly improved control of CINV. This presentation will discuss the current understanding and management of CINV and promising new antiemetic therapies.

Best Practices for Peripheral Vascular Access Device Insertion and Maintenance

Kathryn King, BSN, RN, VA-BC

SC: 041 CH: 0.8 CRNI® **Recert. Units: 1**



Peripheral vascular access devices (VADs) have been the mainstay for many infusion therapies since the early 1900s. In recent years, focus has been placed on peripherally inserted central catheters (PICCs) to reduce infusion complications. However, recent studies show that PICC infection rates may approach those of temporary central venous access devices. A new focus needs to be placed on peripheral VAD insertion, care, and maintenance as peripheral access is being considered to meet therapy needs. This presentation will discuss the implications for peripheral infusion therapy, offer case studies for determining device selection, and review care and maintenance protocols based on standards of practice.

Abstract Presentations

SC: 042 CH: 0.8 CRNI® **Recert. Units: 1**

Abstracts present research or clinical innovations related to the specialty of infusion nursing. The abstracts being presented during this hour were submitted to INS and selected by blind review. These presentations will be judged, and the winner in each category will be announced at the Celebration of Excellence.

3:00 – 4:00 PM

Principles for the Selection of Intravenous Fluid Replacement

Rita Wunderlich, PhD, RN, CNE

SC: 043 CH: 0.8 CRNI® **Recert. Units: 1**



Achieving and maintaining a balanced fluid status in the hospitalized patient is the goal of intravenous (IV) fluid replacement. The fluid and electrolyte status of the patient, in addition to therapeutic goals, will drive the selection of the most appropriate IV solution. This presentation will identify sodium and water abnormalities and the effects on fluid balance, as well as discuss principles used to achieve and maintain optimal fluid status in the hospitalized patient.

Beyond the Central Line Maintenance Bundle

Linda R. Greene, RN, MPS, CIC

SC: 044 CH: 0.8 CRNI® **Recert. Units: 1**



Obtaining and sustaining reduction of central line-associated bloodstream infection (CLABSI) remains elusive in many institutions despite increased awareness and practice of evidence-based preventive strategies, publication of successful hospital CLABSI elimination programs, and elimination of reimbursement for treating CLABSIs. The key to achieving and sustaining reduction is to combine adaptive cultural changes. This provides an opportunity for a renewed focus on all practices affecting central line care. This presentation will discuss components of the central line insertion and maintenance bundle to reduce CLABSIs and sustain reduced CLABSI rates.

The Prevalence of Short Peripheral Catheter-Related Bloodstream Infections

Nasia Safdar, MD, PhD

SC: 045 CH: 0.8 CRNI® **Recert. Units: 1**



Short peripheral catheters are the most common vascular access device (VAD) used for patient care. To date, the majority of catheter-related bloodstream infections (CR-BSIs) have been attributed to central vascular catheters, but research is showing increasing evidence that there may be a staggering number of short peripheral CR-BSIs that have not been identified. This presentation will discuss the etiology and tracking methods for short peripheral CR-BSIs and the interventions needed to reduce these potential deadly infections.

Abstract Presentations

SC: 046 CH: 0.8 CRNI® **Recert. Units: 1**

4:00 – 5:00 PM

Incivility in Health Care

Sheila Smyth-Giambanco, MA, RN, ACNS-BC

SC: 047 CH: 0.8 CRNI® **Recert. Units: 1**



Not reporting a mistake prevents the system from making changes to avoid errors or mitigate their effects. One factor influencing the reporting is the interrelationship between health care workers and the fear of hostility or bullying from coworkers. Development of laws to protect whistle-blowers aids in the reporting of errors to improve patient safety. The “fair and just culture” concept advocates approaches to medical error reporting, emphasizing learning and accountability over blame and punishment. This presentation will identify strategies for a safe working environment and the process for reporting medical errors.

Pitfalls in Central Vascular Access Device Occlusion Management in the Pediatric Population

Mary Beth Davis, BSN

SC: 048 CH: 0.8 CRNI® **Recert. Units: 1**



Maintaining patency of a central vascular access device (CVAD) is paramount in delivering optimal medical treatment to the pediatric patient. Small-gauge catheters and age-specific behavioral characteristics can pose challenges to maintaining catheter patency. Controversy surrounds decision making in treating pediatric CVAD occlusion with fibrinolytics. This presentation will discuss the etiology of CVAD occlusion and will compare and contrast weight-based fibrinolytic dosing with catheter fill volume dosing for treatment.

Advanced Concepts for Ultrasound-Guided Vascular Access Device Placement

Fernando Lopez, MD

SC: 049 CH: 0.8 CRNI® **Recert. Units: 1**



The use of ultrasound guidance has revolutionized vascular access and improved venipuncture success rates for a variety of patient populations. Infusion nurses are rapidly becoming expert at placing peripherally inserted central catheters (PICCs) and peripheral IVs using ultrasound guidance. But serious complications associated with extravasation can occur when proper equipment and training are unavailable or underused. Recognition of proper flow, bone, soft tissue, lymphatic, and nerve tissue are paramount when performing these procedures. This presentation will explore advanced concepts in ultrasonography and discuss proper equipment use to improve peripheral IV insertion success rates and prevent complications when using this device.

Abstract Presentations

SC: 050 CH: 0.8 CRNI® **Recert. Units: 1**



Don't forget to join us for the Celebration of Excellence!

8:00 – 9:00 AM

Strategies for Lesser-Known Irritants and Vesicants

Cecilia Cortina, MSN/Ed, CRNI®, VA-BC

SC: 052 CH: 0.8 CRNI® **Recert. Units: 1**



Infusion nurses monitor patients for appropriate vascular access according to the length of therapy and type of treatment. Extravasation of vesicants or irritants can cause blistering and tissue necrosis if leaked into the tissue. With the continual expansion and constantly changing pharmacology of IV medications, the infusion nurse must be aware of the pH and osmolarity of medications in order to assess the patient and promote positive patient outcomes. This session will focus on the lesser-known vesicants and will describe strategies for identification, delivery, and management of lesser-known vesicants.

Improving Patient Outcomes Through Quality Initiatives

Robert Ferdinand, BSN, RN, CRNI®

SC: 053 CH: 0.8 CRNI® **Recert. Units: 1**



Health care facilities and organizations measure patient outcomes through data collection. Analysis and synthesis of the data aid in the development of policies to improve patient outcomes. Methods, tools, and processes are required to implement changes essential to affect and maintain patient outcomes. This presentation will describe the methods to collect, analyze, and report data collection, with tools and processes to implement changes essential to affect patient outcomes.

Home Infusion Track

Transitions of Care Across the Health Care Continuum

Mary Beth Newman, MSN, RN-BC, CMAC, CCP, CCM

SC: 054 CH: 0.8 CRNI® **Recert. Units: 1**



As health care professionals, we strive every day to provide patients with safe, effective, beneficial care in each practice setting. It is when patients transition between settings that problems are most likely to occur, due to a complex health care system with no clearly defined responsibilities to facilitate effective communication. The National Transitions of Care Coalition (NTOCC) was formed in 2006 to bring together thought leaders, patient advocates, and health care providers to improve care coordination and communication when patients are transferred from one level of care to another. The transitions in care include patients moving within the hospital, and being discharged to home, assisted living, or a skilled nursing

facility. This presentation will discuss NTOCC initiatives, responsibilities for effective patient transitions, and tools to reduce transitional problems to improve patient safety.

9:00 – 10:00 AM

AABB Update of Recent Research Findings in the Delivery of Blood Products

Yvette Miller, MD

SC: 055 CH: 0.8 CRNI® **Recert. Units: 1**



According to the AABB, 40,000 units of blood are required each day in US hospitals and health care facilities. Transfusion of all types of blood products is an important therapy delivered by infusion nurses. Emerging issues and changes in blood and blood-product protocols can impact the delivery of therapy and affect patient outcomes. This presentation will discuss research, address changes to established protocols, and identify effects on patient outcomes in the delivery of care.

Competency Assessment to Improve Outcomes

Susan Boyer, MEd, RN, FAHCEP

SC: 056 CH: 0.8 CRNI® **Recert. Units: 1**



Competency assessment in infusion therapy is more than just another checklist of tasks to complete. It is foundational to the promotion of a culture of patient safety and the achievement of positive outcomes. However, development of a competency assessment process that effectively measures safe practice across the spectrum of nursing experience levels and clinical settings can be a significant challenge for the nurse manager and/or educator. This session will identify the critical aspects of a dynamic competency system and will review tools designed to measure initial and ongoing core competencies and to build employee and management accountability.

Home Infusion Track

Home Infusion Therapy: Evidence and Implications

Lisa Gorski, MS, HHCNS-BC, CRNI®, FAAN

SC: 057 CH: 0.8 CRNI® **Recert. Units: 1**



The Joint Commission recently identified home care as the best setting for health care. What is the evidence supporting the effectiveness of home infusion therapy? In this presentation, research evidence examining safety, infusion-related complications, and patient satisfaction will be explored. Implications for care and future research will be addressed.

10:00 AM – 2:00 PM INDUSTRIAL EXHIBITION

2:00 – 3:00 PM

Emerging Therapies in Pediatric Pain Management

TBD

SC: 058 CH: 0.8 CRNI® Recert. Units: 1



The American Academy of Pediatrics and the American Pain Society have issued a joint recommendation that pain be recognized and treated appropriately in children. Pediatric patients are difficult to assess for pain levels and adequate pain management. It is imperative that all children receive compassionate and effective pain treatment. This presentation will describe the appropriate strategies and tools for pain assessment, as well as identify treatment modalities for pain management in the pediatric patient.

Old Microbes—New Prevalence

Kari Love, MS, RN

SC: 059 CH: 0.8 CRNI® Recert. Units: 1



The recurrence of latent infectious diseases and the emergence of new mutations of more commonly known infections cause definite challenges in all aspects of health care. Health care professionals must adapt rapidly to societal and environmental changes that usher in virulent and potentially life-threatening bacteria. This presentation will discuss incidence and unique treatment modalities for dengue fever, pertussis, and coccidioidomycosis.

Home Infusion Track

The Role of the Pharmacist in Home Infusion Therapy

Rebekah Hanson, PharmD, BCPS

SC: 060 CH: 0.8 CRNI® Recert. Units: 1



Pharmacists play an integral role in supporting safe and effective care for patients receiving infusion therapy in the home environment. Home infusion nurses partner with pharmacists who go beyond verification of dosage, indication, route, and method of administration. As a team, they work to ensure safety and efficacy of treatment through continuous patient assessment, ongoing prescriber involvement, and regular evaluation of therapeutic results. This presentation will discuss the role of the pharmacist in home infusion therapy and the benefits to the patient and health care team.

3:00 – 4:00 PM

Ethical Issues of Parenteral Nutrition in End-of-Life Care

Donna Kloth, RN, CRNI®, CNSC

SC: 061 CH: 0.8 CRNI® Recert. Units: 1



Controversy continues over the issue of parenteral nutrition (PN) therapy as part of end-of-life care. There is a lack of evidence supporting the benefits of therapy, whereas literature reporting adverse outcomes for end-of-life care is more abundant. Family members' care and concerns for a loved one's comfort, dehydration, and malnutrition influence care providers' decisions for PN. This presentation will discuss the risks, benefits, and ethical issues involved in the decision to provide PN as part of end-of-life care.

Assessing and Managing Oncologic Emergencies

Kim Talac, MSN, ACNS-BC, RN, OCN®

SC: 062 CH: 0.8 CRNI® Recert. Units: 1



Prompt recognition and timely intervention of treatment-induced oncologic complications are essential in decreasing functional loss and limiting the development of life-threatening emergencies. Nurses perform a critical role in identifying those who are most at risk for oncologic emergencies, recognizing the clinical presentation of complications, and employing therapeutic interventions. This presentation will discuss the nurse's role in identifying those who are at risk for oncologic crisis and will list the causative pathophysiologic processes that may precede oncologic emergencies.

Home Infusion Track

Management of Inotropic Therapy in the Home

Linda Kelly, MSN, ANP, BC

SC: 063 CH: 0.8 CRNI® Recert. Units: 1



Management of the patient in the home with inotropic therapy requires collaboration and planning with a multidisciplinary team, the patient, and family members. Patients with chronic congestive heart failure or patients awaiting a transplant require focused cardiac care, symptom management, and therapy to support comfort. The successful transition from hospital to home includes history, pharmacologic, and home assessment for the proper management of these patients receiving inotropic therapy in the home. This presentation will discuss the assessment, planning, and collaboration required for the pharmacologic and management of the patient at home with inotropic therapy.

4:00 – 5:00 PM

Safe Handling of Chemotherapeutic Agents in the Treatment of Nonmalignant Disease

Denise Menonna-Quinn, MSN, RN-BC, AOCNS®

SC: 064 CH: 0.8 CRNI® **Recert. Units: 1**



Intravenous chemotherapy, given at lower doses than those used for cancer treatment, is an effective means of treatment for certain nonmalignant diseases. Despite the dose, these drugs must be handled in the same manner as when administered for cancer treatment, as outlined in the National Institute for Occupational Safety and Health *Guidelines for Personal Protective Equipment for Health Care Workers Who Work with Hazardous Drugs*. This presentation will discuss the importance of the safe handling and administration of intravenous chemotherapy drugs when used for treating nonmalignant diseases.

Impacting Infusion Therapy Through Value Analysis

Janis Strickland, BSN, RN, CRNI®

SC: 065 CH: 0.8 CRNI® **Recert. Units: 1**



Multiple new medical devices are marketed every year, many of them impacting infusion therapy practice. Proper evaluation of the device and the research evidence is imperative while weighing acquisition and outcomes cost. Infusion nurses should be leaders in the value analysis, product evaluation, and conversion process, ensuring improved outcomes for their patients. This presentation will define the role of the infusion nurse in the process of value analysis and explain its impact on infusion practice.

Home Infusion Track Challenges of Home Infusion Reimbursement

Linda Payne

SC: 066 CH: 0.8 CRNI® **Recert. Units: 1**



Infusion reimbursement provides challenges and coverage issues in today's health care system. The complexities of the services, equipment, and medication contribute to billing and reimbursement challenges between home infusion providers and payers. Successful organizations strategize and disseminate the challenges and processes to understand home infusion reimbursement. This session will discuss the health care system, billing, and reimbursement challenges between home infusion provider and payer and will recommend effective strategies to disseminate information to staff and patients.



“I loved all the education and information provided! It helps me be the best I can be, both to patients and coworkers.”

8:00 – 9:00 AM



Presidential Address and Gavel Ceremony

Join INS for the installment of the 2012-2013 INS Board of Directors. During this ceremony, you'll meet the new INS leadership and hear from the newly elected INS president about the goals and objectives for the coming year.

Please note: Contact hours and CRNI® recertification units are not offered for this session.

9:00 – 10:00 AM

Preparing for a Legal Deposition

Mary Ryan, BS, MPH, RN, CPHRM

SC: 068 CH: 0.8 CRNI® Recert. Units: 1



Nurses are subpoenaed as deposition witnesses with increasing frequency, often in relation to civil cases in personal injury, medical malpractice, and nursing negligence. Attorneys use the deposition to discover relevant facts in a case prior to court proceedings. Since the vast majority of civil cases are settled out of court, the deposition process may be the most important aspect of litigation. Whether the infusion nurse is a party in a lawsuit, an employee of a defendant facility, or a witness, the deposition experience can be frightening without the proper preparation. This session will review sources of litigation in infusion therapy, describe the deposition process, and demonstrate effective techniques for preparation for and response to a deposition.

Risk Assessment for Catheter Exchange

Brenda Caillouet, BSN, MPH, CRNI®, VA-BC

SC: 069 CH: 0.8 CRNI® Recert. Units: 1



Catheter exchange can become necessary for a variety of vascular access device (VAD) dysfunctions, including catheter malposition or rupture. Infusion nurses often collaborate with the medical team to formulate the safest VAD plan of care for complex patients and, therefore, require more than baseline knowledge for best practices regarding catheter salvage. This session will provide information on the implications, risks, and benefits of catheter exchange.

10:00 – 11:00 AM

Assessment and Administration Protocols for Pediatric Conscious Sedation

Jack Shearer, CRNA

SC: 070 CH: 0.8 CRNI® Recert. Units: 1



Pain during procedures is a difficult part of the health care experience for pediatric patients and their families. Conscious sedation in the pediatric population is used in order to provide comfort, ease anxiety, and allow safe completion of a procedure. Due to the special characteristics of a pediatric patient, protocols specifically designed for their needs are required for safe and effective sedation processes. An infusion nurse is involved in pediatric sedation from pre-sedation evaluation, including careful venous-access selection, through administration of sedation medications and appropriate monitoring of the post-sedation recovery process. This presentation will review the components of a systematic approach to pediatric sedation and will describe the pharmacology of sedation medications, their interactions, and reversal agents necessary to manage potential complications.

Optimizing Nutrition in the Critically Ill Patient

Mark DeLegge, MD

SC: 071 CH: 0.8 CRNI® Recert. Units: 1



The complexities of critical illness present significant nutritional challenges. Current trends in this patient population focus on improved outcomes through optimization of the metabolic response, prevention of cellular injury, and modulation of inflammatory responses. Administration of parenteral nutrition (PN) can have significant complications, such as hyperglycemia, electrolyte imbalances, and gut atrophy. However, the enteral route may not be tolerated, creating the need for innovative strategies to enhance the physiologic effects of nutrition and prevent negative outcomes in the critically ill patient. This presentation will review the nutritional requirements of the critically ill patient and identify the risks and benefits of enteral versus PN in this population.

11:00 AM - NOON

Case Studies Exploring Fluid and Electrolyte Imbalance

Michael Moritz, MD

SC: 072 CH: 0.8 CRNI® Recert. Units: 1



Fluid and electrolyte balance is an essential component of nursing practice, affecting patients in all settings and age ranges. Yet retention of this complex body of knowledge can be challenging. Case presentation is an effective instructional tool to bring complex clinical situations, such as fluid and electrolytes, to life. This session will review case presentations in fluid imbalance and alterations in sodium; calcium; potassium; and magnesium balance, highlighting potential causes; implications; and treatments in a variety of clinical settings.

Management of the Patient Receiving Parenteral Nutrition in the Home Care Setting

Debbie Kovacevich, MPH, RN

SC: 073 CH: 0.8 CRNI® Recert. Units: 1



Nutrition support in the home is an extension of support provided to hospitalized patients. This support provides successful management of patients with diseases in the home, which otherwise could result in repeated extended hospitalization. Nutrition support in the home saves health care dollars and improves outcomes. The successful outcomes for these patients require careful assessment, planning, monitoring, and follow-up. This presentation will discuss the management of patients receiving parenteral nutrition (PN), transitioning from hospital to home care.

NOON – 1:00 PM BREAK

1:00 – 2:00 PM

Hypotensive Fluid Resuscitation

Victoria Miller Cage, MS, RN, FNP, CNS, CCTC

SC: 074 CH: 0.8 CRNI® Recert. Units: 1



Hypovolemic shock is secondary to inadequate preload, the result of excessive or ongoing blood loss, or inadequate blood supply. Cardiogenic shock is the result of decreased stroke volume, and when treated with fluids, leads to pulmonary edema and decreased oxygenation. Septic shock is due to infection and involves organ failure and hypoperfusion. The patient with acute hypotension requires assessment and treatment for the underlying treatment. This presentation will discuss the assessment, differential diagnoses, and treatment of three types of shock causing hypotension.

Treatment Options for Osteoporosis

Mary Lawanson-Nichols, MSN, RN, NP, CNS, CCRN

SC: 075 CH: 0.8 CRNI® Recert. Units: 1



Osteoporosis is the most common type of bone disease, affecting both genders and all races. It is estimated that one in every five American women over the age of 50 have the disease, and of those, half will suffer a fractured hip, wrist, or vertebra. Subsequent care and treatment resulting from these fractures can be expensive. This presentation will discuss the pathogenesis, diagnosis, prevention, and treatment of osteoporosis.

2:00 – 3:00 PM

Infection Prevention Strategies for Home Infusion Therapy

Irena Kenneley, PhD, APRN-BC, CIC

SC: 076 CH: 0.8 CRNI® Recert. Units: 1



The prevalence of multidrug resistance and transmission-based precautions has resulted in changes in the management of patients receiving home infusion therapy. Policy revisions focus on infection prevention strategies, including terminal cleaning of equipment and the separation of clean and dirty areas. Education of patients and their families requires collaboration and planning to implement successful strategies for preventing the spread and transmission of organisms. This presentation will identify policy revision, infection prevention strategies, planning, and collaboration, along with teaching strategies and tools to decrease contamination and transmission of infectious organisms in the home care setting.

Blood Conservation Techniques

John Stover, MSN, FNP-BC

SC: 077 CH: 0.8 CRNI® Recert. Units: 1



Blood conservation has become an increasingly important topic for infusion nursing as patients become more reticent to receiving blood transfusions for fear of blood-borne pathogens and transmission of viruses. Patients may also decline blood transfusion based on their religious beliefs. Many institutions have instituted blood conservation programs and perform what they refer to as bloodless medicine. Techniques for conserving blood can include presurgery medications, intraoperative blood salvage, management of blood pressure and temperature during surgery, and microsampling techniques. This presentation will discuss the indications for blood conservation, as well as the various techniques for conservation from a multidisciplinary perspective.

General Information

Convention Location

The 2012 Annual Convention and Industrial Exhibition will be held all under one roof at the **Rio All-Suite Hotel & Casino** in Las Vegas, NV. The Rio is just off the Vegas Strip, behind Caesars Palace, and is approximately 10 minutes from the McCarran International Airport (LAS).

Rio All-Suite Hotel & Casino
3700 W Flamingo Rd.
Las Vegas, NV 89103



Meeting Mentor Program

For first-time attendees, the INS Annual Convention can be an overwhelming experience.

This year, INS is pleased to offer a meeting mentor program where we assign first-timers and new members to a mentor who can help them navigate the event and assist them in connecting with others in the infusion specialty to expand their networks. Mentors and their protégés will meet face-to-face at Saturday's First-time Attendee Orientation to help everyone enjoy the overall Annual Convention experience from the very beginning.

If you would like to volunteer to be a mentor, or would like to request a mentor, please check the appropriate box on your registration form.

Employer Support/Financial Assistance

Understanding the current economic climate, INS has a number of ways to help you save money on your registration fees and gain support from your employer to attend the Annual Convention, including a proposal letter that you can present to your employer that highlights many of the benefits that you and your employer will receive by participating in this year's event. Visit the Annual Convention Web site (www.ins1.org) for additional details.

AdvaMed Code, PhRMA Code, and State Regulations

Many exhibitors at the INS Annual Convention and Industrial Exhibition abide by the AdvaMed Code of Ethics on Interactions with Health Care Professionals or the PhRMA Code on Interactions with Healthcare Professionals and can no longer provide giveaways that are not educational in nature. In addition, to comply with individual state laws, exhibitors can no longer provide refreshments to health care professionals from Maine, Massachusetts, Vermont, Minnesota, and the District of Columbia in their booths or at their sponsored events. We appreciate your understanding and support.



Disclosure of National Provider Identifier (NPI #)

Due to new federal health care reform laws in effect, exhibitors and sponsors are now required to file an annual report to the federal government disclosing items of value (such as educational giveaways, refreshments, etc.) given to health care professionals. This report must include the business address of the recipient and, if the recipient is a physician, the specialty and National Provider Identifier (NPI) of the covered recipient.

If you already have an NPI number, please include this on your registration form. For more information, visit the Regulations & Guidance section at www.cms.gov.

Hotel Reservations

INS has secured discounted room rates at the **Rio All-Suite Hotel & Casino** exclusively for registered attendees of the 2012 Annual Convention. Rates are **\$189 plus tax, per night for single/double occupancy**; please add \$30 plus tax per person, per night for each additional guest, up to a maximum of 4 guests per room.

To receive the INS discounted rate, reservations must be made directly with the Rio All-Suite Hotel & Casino by calling (888) 746-6955 and requesting the Infusion Nurses Society Attendee rate (**ATTENDEE GROUP CODE: SRINF12**). Reservations may also be made online; visit the Annual Convention Web site for additional details.

NOTE: A credit card is required to guarantee each reservation, and a deposit of one night's room and tax will be charged to the card when the reservation is made.

The reservation deadline for the INS group rate is Monday, April 2, 2012, but rooms may sell out before the deadline, so don't delay! Group rates and availability are subject to change after the reservation deadline.

DID YOU KNOW?

INS negotiates with our convention hotels to offer the best rates available at these hotels during our event dates, and in turn, is responsible for our group occupying a minimum number of hotel rooms in the INS Room Block during our event. If this minimum is not met, INS is required to pay for any unsold rooms until our minimum is achieved.

By making your reservations within the INS Room Block, you help us keep overall meeting expenses lower and project hotel room demand for future events, while enjoying the added benefits of staying at the same hotel as our evening social events and networking with other attendees.

The Certified Registered Nurse Infusion (CRNI®) credential is the ONLY nationally recognized and accredited certification for infusion nurses. The dual accreditations plus a 25-year proven track record assure patients, employers, and peers that the CRNI® credential is a credible and reliable method of validating a nurse's infusion therapy experience.



Exam

RNs with at least 1,600 hours of infusion therapy experience are eligible to apply for the CRNI® exam. Internationally qualified nurses should visit www.incc1.org for eligibility requirements.

Exam Administration

March
September

Early-Bird Deadline*

December 10
June 10

Final Application Deadline

January 10
July 10

Visit www.incc1.org for details and applications.

* Save \$50 – Be an Early Bird!

Recertification

Recertification by exam or continuing education (CE) is required every three years. To recertify by CE, 40 CRNI® recert units are required, with at least 30 from national INS meetings. A minimum of 40 units are available to attendees of BOTH the INS Spring National Academy and Annual Meeting.

Up to 10 recert units are available from a number of other approved educational activities, including some at no charge through INS' Knowledge Center at www.ins1.org.

Recertify by exam during the September exam administration in your final year of certification.

“Having obtained my CRNI®...my confidence has grown, my time is used more wisely, and my patients definitely benefit from my increased knowledge and skill level.”

Meriam Rucker, BSN, RN, CRNI®
Memorial Regional Medical Center
Mechanicsville, VA

INCC's CRNI® certification program is accredited by



Three Easy Ways to Register

- Register online using our secure online form.
- Fax your completed registration form with payment to INS at (781) 440-9409.
- Mail your completed registration form and payment to: **Infusion Nurses Society, 315 Norwood Park South, Norwood, MA 02062.** Please make checks payable to: **Infusion Nurses Society.**

Registration Discounts

INS is pleased to offer the following registration discounts:

INS Member Discount

INS members who register at the INS Member rate must keep their membership active through May 2012 or nonmember rates will apply.

First-time Members

If you are a first-time member joining INS, you can save on your first-year membership fee by attending the INS Annual Convention & Industrial Exhibition. Simply check the appropriate box on the registration form. Lapsed members renewing their membership are not eligible for this discount. INS memberships are nonrefundable and nontransferable.

Retired Members' Discount

INS members who have retired from nursing should contact Membership Services at (800) 694-0298 for information on a special registration fee discount.

Group Discount

Any organization registering five INS members for BOTH meetings (the Spring National Academy AND Annual Meeting) will have the opportunity to register a sixth member for FREE. This discount applies only to Advanced Registrations. **All applications must be sent together with a single payment in order to qualify.** If a member of the group cancels, the group is no longer eligible for this discount, and the complimentary registration is forfeited.

Advanced and Regular Registration Discounts

Save by registering early! Advanced or Regular Registration discounts are available to those whose registration is received by INS by midnight ET on the deadlines published on the registration form. Registrations received after each discount date will be processed at the next pricing tier.

Guests

Each attendee has the opportunity to register one guest for a fee of \$100. Guests are allowed to attend social events; however, they are NOT allowed to attend educational sessions. **INS members, CRNI®s, and exhibitors are not allowed to attend as guests.**

Infants/Children

Infants and children under the age of 18 are not permitted in the educational sessions or Industrial Exhibition at any time.

Exhibit Personnel

Exhibit personnel who wish to attend educational sessions **must** also register for the convention.

Exhibit Hall-Only Passes

INS does not offer an Exhibit Hall-only option for this convention.

Confirmation

You will receive a confirmation e-mail and a letter by mail once your registration is processed by INS. Incomplete forms will not be processed, and registration will not be confirmed until paid in full. The confirmation will indicate the meeting(s) for which you are registered and is your receipt. If you do not receive a confirmation letter within 14 days, please call INS Membership Services at (800) 694-0298.

Cancellation and Refund Policy

All registration cancellations must be made in writing to INS and will be refunded only if received by **March 30, 2012.** All refund requests are subject to a \$50 cancellation fee. No refunds or credits will be issued for any reason after March 30, 2012. No exceptions will be made. "No-shows" forfeit all registration fees paid and are not eligible for any refunds or credits. Cancellations of hotel reservations cannot be made through INS.

Transfers/Substitutions

If you register for the Spring National Academy, Annual Meeting, or the entire Annual Convention and are unable to attend, you may transfer your registration to a colleague. A \$50 transfer fee will apply.

Adding on to an Existing Registration

If you register for the Spring National Academy only or Annual Meeting only and decide at a later date to attend the entire six-day convention, you will be charged at the current rate (Advanced, Regular, or On-Site) for the meeting you are adding. **The discount for registering for both programs is applicable only when registering for both meetings in one transaction.**

Tax Deduction

You may be able to deduct the cost of the Annual Convention & Industrial Exhibition and related expenses from your federal income taxes. Please consult your tax advisor for details.

No Solicitation Policy ("Suitcasing")

Suitcasing is defined as any activity designed to solicit or sell products or services to delegates attending a convention without the proper authorization by show management or in ways that violate the rules of the event. Any attendee who is observed to be soliciting business in the aisles or other public spaces, in another company's booth, or in violation of any portion of this policy, is subject to removal from the event, and any and all registration fees paid will be forfeited. Additional penalties may also apply.



Evolving Our Legacy
2012 INS Annual Convention & Industrial Exhibition
April 28-May 3, 2012 • Las Vegas, NV
Rio All-Suite Hotel & Casino



Mailing Instructions: Forward completed registration form (one per applicant) with full payment to:
 Infusion Nurses Society, 315 Norwood Park South, Norwood, MA 02062

If you are paying by credit card, you may fax to (781) 440-9409. This form is also available online at www.ins1.org.

Registration Information

All meeting correspondence will be sent to the address/e-mail address indicated below.

Are you a first-time attendee? Yes No Would you like a Meeting Mentor? Yes No

Would you like to volunteer to be a Meeting Mentor? Yes No

First Name _____

Last Name _____

Business (if mailing to business address) _____

Street _____ Home Business

City _____ State _____ Zip _____

Province _____ Country _____ Postal Code _____

Phone _____ Home Business

Fax _____ E-mail _____

INS Membership No. _____ National Provider Identifier No. _____

Badge Information

Nickname for badge _____

Last Name _____

Credentials: RN CRNI® LPN/LVN
 OCN® RPh MD Other _____

Business _____

Business City _____

Business State _____

Emergency Contact Information

Name _____

Telephone _____

Registration Fees

	INS Member	1st-time Member Joining*	Nonmember
Advanced (Received by 3/15/12)	National Academy Only (Sat. & Sun.) <input type="checkbox"/> \$365	<input type="checkbox"/> \$440	<input type="checkbox"/> \$515
	Annual Meeting Only (Mon. - Thurs.) <input type="checkbox"/> \$375	<input type="checkbox"/> \$450	<input type="checkbox"/> \$525
	Both Meetings (Sat. - Thurs.) <input type="checkbox"/> \$650	<input type="checkbox"/> \$725	<input type="checkbox"/> \$800
Daily: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	<input type="checkbox"/> \$150/Day	<input type="checkbox"/> N/A	<input type="checkbox"/> \$200/Day
Regular (Received by 4/15/12)	National Academy Only (Sat. & Sun.) <input type="checkbox"/> \$415	<input type="checkbox"/> \$490	<input type="checkbox"/> \$565
	Annual Meeting Only (Mon. - Thurs.) <input type="checkbox"/> \$425	<input type="checkbox"/> \$500	<input type="checkbox"/> \$575
	Both Meetings (Sat. - Thurs.) <input type="checkbox"/> \$750	<input type="checkbox"/> \$825	<input type="checkbox"/> \$900
Daily: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	<input type="checkbox"/> \$200/Day	<input type="checkbox"/> N/A	<input type="checkbox"/> \$250/Day
On-Site (Received after 4/15/12)	National Academy Only (Sat. & Sun.) <input type="checkbox"/> \$465	<input type="checkbox"/> \$540	<input type="checkbox"/> \$615
	Annual Meeting Only (Mon. - Thurs.) <input type="checkbox"/> \$475	<input type="checkbox"/> \$550	<input type="checkbox"/> \$625
	Both Meetings (Sat. - Thurs.) <input type="checkbox"/> \$800	<input type="checkbox"/> \$875	<input type="checkbox"/> \$950
Daily: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	<input type="checkbox"/> \$250/Day	<input type="checkbox"/> N/A	<input type="checkbox"/> \$300/Day
Guest Fee (one only; social events only)	<input type="checkbox"/> \$100.00		
Guest Name _____	City, State _____		
Membership Renewal <input type="checkbox"/> \$90 One-year	<input type="checkbox"/> \$170 Two-year	<input type="checkbox"/> \$240 Three-year	

TOTAL ENCLOSED: \$ _____

*Includes one-year INS membership—not applicable for lapsed members rejoining. INS memberships are nonrefundable and nontransferable.
Registrations must be received by INS by midnight ET on discount deadline to be eligible for that rate.

Payment

Check or Money Order (DO NOT SEND CASH). Please make check or money order payable to **Infusion Nurses Society**.

Credit Card Information: VISA MC AMEX Credit Card # _____ Exp. Date _____

Cardholder name _____ Cardholder signature _____

Registration and attendance at INS meetings and events constitutes an agreement by the registrant for Infusion Nurses Society's use and distribution (both now and in the future) of the registrant's or attendee's image or voice in photographs, videotapes, electronic reproductions, or audiotapes of such meetings and events.



315 Norwood Park South
Norwood, MA 02062
www.ins1.org

Non-Profit
Organization
U.S. Postage
PAID
Permit No. 375
Nashua, NH



Register by March 15
and SAVE!



Don't forget to reserve your hotel room
at the Rio All-Suite Hotel & Casino –
INS 2012 is all under one roof!

