

NATIONAL ACADEMY OF INFUSION THERAPY



One-Day Program

Infusion Therapy: It's Complicated

November 2

Program supported by a continuing nursing education grant from

B | BRAUN
SHARING EXPERTISE



Saddle Up—INS Is Headed to Dallas!

Mosey on down to Dallas, Texas, from November 2 to 4, and join INS for the 2012 Fall National Academy of Infusion Therapy and One-Day Program. The three days of comprehensive educational programs will help you keep up with the latest in infusion techniques and technology while you network with other infusion therapy professionals from all over the country.

“Infusion Therapy: It’s Complicated,” is the theme for Friday’s program, which is supported by B.Braun/Aesculap Academy. You’ll attend sessions covering everything from risk-benefit analysis of central vascular access devices to improving outcomes through patient safety initiatives. Saturday and Sunday’s educational sessions include, among others, “Safeguarding Patients from Medical Errors,” “Recognition and Treatment of Severe Sepsis in the Pediatric and Adult Populations,” and “Biologics as an Adjunct in Cancer Treatment.” You’ll also have two opportunities to visit the Industrial Exhibition over the weekend.

When sessions are over for the day, enjoy the best of Texas! Dallas has something for everyone—great restaurants, shopping, music, museums, sports, and lots more. So round up your colleagues and get ready to ride! Register for the fall meeting today, and save!



Photo courtesy of the Dallas Convention and Visitors Bureau

Conference Location

The 2012 INS Fall National Academy of Infusion Therapy and One-Day Program are being held at:

Intercontinental Dallas
15201 Dallas Parkway
Addison, TX 75001

Follow INS on Facebook and Twitter!

Be the first to hear about the latest updates on the 2012 INS Fall National Academy of Infusion Therapy! “Like” INS on Facebook and “follow” INS on Twitter at www.twitter.com/ins1org.



Session Handouts

Approximately 2-3 weeks prior to the conference, session handouts will be available on the National Academy Web site, accessible from www.ins1.org. Handouts will not be available at the meeting, and there are limited facilities available for printing the handouts on-site.

After the Fall National Academy, recordings of the sessions, synched to the PowerPoint presentations, will be made available to all attendees, compliments of B.Braun/Aesculap Academy.

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Please note: Presentations are subject to change without notice. Updated session offerings and handouts can be found on the National Academy Web site.

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 Fall National Academy of Infusion Therapy and One-Day Program consist 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. Please refer to the legend below.

| | |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
|  Antineoplastic/ Biologic Therapy |  Parenteral Nutrition |
|  Quality Improvement |  Fluid & Electrolyte Balance |
|  Pediatrics |  Technology & Clinical Applications |
|  Infection Prevention |  Pharmacology |
|  Transfusion Therapy | |

Overall Program Goal

The overall program goal is to provide programs that educate and inspire infusion nurses and allied health care professionals to achieve excellence in the administration and care of the patient receiving infusion therapy.

Overall Program Objectives

After attending this continuing nursing education program, attendees should be able to:

1. Identify technologies that contribute to best infusion practice and improve patient care.
2. Discuss advances throughout the nine core areas of infusion nursing practice.

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

RNs: 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: Thirty recertification units are available to CRNI®s who attend both meetings; 10 units are offered at the One-Day Program, and 20 are available at the Fall National Academy. For additional recertification information, please contact INCC at (800) 434-4622 or visit www.incc1.org.

Contact hours and CRNI® recertification units are NOT provided for the Industrial Exhibition, including Exhibitor Theater sessions.

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 Fall National Academy of Infusion Therapy and One-Day Program are approved by the Infusion Nurses Certification Corporation (INCC) for CRNI® recertification units.



Infusion Therapy: It's Complicated

Infusion therapy itself, without complications, is complicated. Infusion nurses are required to assess, access, monitor, and maintain a variety of complex infusion devices and therapies in various practice settings. As infusion therapy continues to evolve and become more complex, it is essential that the infusion nurse maintain a level of knowledge that is current and evidence based. From risk-benefit analysis of central vascular access devices to complications leading to sentinel events, this One-Day program will provide the infusion nurse with information that will optimize patient safety and improve patient outcomes through evidence-based practice recommendations.

8:00 – 9:00 AM

Registration and Continental Breakfast



9:00 – 10:00 AM

Peripheral Infusion Complications Leading to Sentinel Events

Pam Ohls, MSN, RN

SC: 101 CH: 0.8 CRNI® Recert. Units: 2

QI

Peripheral infusion therapy complications can lead to serious sequelae resulting in disability or death. Research has indicated that infection and significant morbidity have been associated with peripheral infusion therapy complications such as phlebitis, infiltration, or extravasation. This session will define the sentinel events associated with peripheral infusion therapy and discuss the strategies that can be used to minimize the occurrence of these events.

At the conclusion of the presentation, the participant will be able to:

1. List the sentinel events associated with peripheral infusion therapy.
2. Define specific strategies to minimize the occurrence of sentinel events associated with peripheral infusion therapy.

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10:00–11:00 AM

Risk-Benefit Analysis of Central Vascular Access Devices

Julie Painter, MSN, OCN®, ANP

SC: 102 CH: 0.8 CRNI® Recert. Units: 2



Choosing the appropriate central vascular access device (CVAD) is essential to the successful administration of infusion therapy. With so many devices available, the choice has become more complicated. Which device is most appropriate for the mastectomy patient or the patient with a pacemaker? A risk-benefit analysis will assist the health care team in the choice of a CVAD to obtain the best possible patient outcomes. This session will discuss the process of risk-benefit analysis in the selection of a CVAD for the infusion therapy patient.

At the conclusion of the presentation, the participant will be able to:

1. List the steps in the process of risk-benefit analysis.
2. Describe risk-benefit analysis as it applies to various central vascular access devices.

11:00–Noon

Mitigating Pediatric Central Vascular Access Device Complications

Carol Rosenberg, ND, RN

SC: 103 CH: 0.8 CRNI® Recert. Units: 2



Infusion therapy in the pediatric population requires highly specialized, sophisticated technology as well as diligent monitoring to ensure the best outcomes. Complications including central vascular access device occlusion, migration, and infection may lead to premature device removal. This session will discuss complications associated with central vascular access device (CVAD) use in the pediatric population and the strategies that can be used to minimize the occurrence of these complications.

At the conclusion of the presentation, the participant will be able to:

1. List CVAD complications in pediatric patients.
2. Identify strategies that can be used to mitigate CVAD complications in the pediatric patient.

Noon–1:30 PM

Lunch Break

There will be a number of options available for you to grab a quick lunch with your colleagues. The One-Day Program will resume promptly at 1:30 PM.



1:30–2:30 PM

Legal Ramifications for Documentation

Marcy Jack, Esq, BSN, CPHRM

SC: 104 CH: 0.8 CRNI® Recert. Units: 2

Q1

The quality of infusion therapy is evaluated by the quality of the nursing documentation. Accurate and complete documentation is considered a professional standard of nursing practice. Documentation that is incomplete or not consistent with organizational policy, state regulations, or state boards of nursing can be used to support an allegation of negligent care. This session will discuss the legal ramifications of inaccurate or incomplete documentation of infusion therapy and strategies the infusion nurse can use to avoid potential legal consequences.

At the conclusion of the presentation, the participant will be able to:

1. Identify components necessary to ensure complete and accurate documentation of infusion therapy.
2. List strategies that can be used by the infusion nurse to avoid legal consequences associated with documentation.

2:30–3:30 PM

Improving Outcomes Through Patient Safety Initiatives

Patricia Patrician, PhD, RN, FAAN

SC: 105 CH: 0.8 CRNI® Recert. Units: 2

Q1

Medication errors contribute to nearly 20 percent of all medical injuries. Infusion errors involving the administration of high-risk medications have the greatest potential to result in patient harm. The Agency for Healthcare Research and Quality (AHRQ) focuses on development of quality measures to increase patient safety and provide improved patient outcomes. This session will discuss the initiatives of AHRQ and implementation strategies of these initiatives for the infusion nurse.

At the conclusion of the presentation, the participant will be able to:

1. List the initiatives of AHRQ in relation to infusion therapy.
2. Name strategies to improve outcomes for the patients receiving infusion therapy.



3:30–5:30 PM

Industrial Exhibition and Networking Reception

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. Visit the National Academy pages of the INS Web site at www.ins1.org and click on the **Virtual Industrial Exhibition** link, view a real-time list of exhibitors, and plan your exhibit hall route in advance!



8:00–9:00 AM

Extravasation Management of Nonchemotherapeutic Agents

Sarah Martin, PharmD, MBA

SC: 202 CH: 0.8 CRNI® Recert. Units: 2



Medications classified as vesicant can cause blistering and tissue necrosis if inadvertently leaked into the tissues. Extravasation of a vesicant is painful, costly, causes delays in treatment, and can result in chronic disability. Although frequently associated with oncological chemotherapy, vesicant medications exist in many classes of intravenous medications. Infusion nurses are responsible for administering these medications as well as consulting with the primary care giver to determine the most appropriate process to achieve optimal outcomes. This session will identify strategies to ascertain nonchemotherapeutic vesicant use throughout the care continuum, prevention, and treatment of vesicant-specific extravasations.

At the conclusion of the presentation, the participant will be able to:

1. Identify strategies to ascertain nonchemotherapeutic vesicants used throughout the care continuum.
2. Describe vesicant-specific extravasation prevention and management strategies for the infusion nurse.

Peripherally Inserted Central Catheter Options When Bedside Placement Fails

Michael Miller, MD

SC: 203 CH: 0.8 CRNI® Recert. Units: 2



Chronic disease states often require numerous vascular access procedures that can damage blood vessels and cause stenosis. Bedside peripherally inserted central catheter (PICC) placement may fail in such cases, and interventional radiology can be a valuable resource for direct visualization of stenosis and use of specialized equipment to assess vessel patency and to provide maneuverability. Revascularization procedures can be attempted prior to translumbar catheter placement, which is used as a last resort when the upper torso vessels have become unusable. This presentation will discuss the alternative procedures when bedside PICC placement fails and the techniques and equipment used to perform these procedures.

At the conclusion of the presentation, the participant will be able to:

1. Discuss alternative procedures used when bedside PICC placement fails.
2. Identify the techniques and equipment used in revascularization and vascular catheter placement.

9:00–10:00 AM

Advances in the Treatment of Multiple Sclerosis

Mary Filipi, PhD, FNP-C

SC: 204 CH: 0.8 CRNI® Recert. Units: 2



While a cure for multiple sclerosis (MS) remains unachieved, management of this debilitating disease is the focus of intense study around the world. In MS, a demyelination of nerve fibers hinders impulses to and from the brain and spinal cord. As a result, debilitating symptoms such as numbness, limb weakness, and vision alterations occur. Researchers are making new discoveries about the nature of MS and developing new treatment options, combining therapies with different mechanisms of action to halt the progression of MS and preserve quality of life. This presentation will review the pathophysiology and clinical assessment related to MS and will discuss current and emerging therapies used to optimize quality of life for the MS patient.

At the conclusion of the presentation, the participant will be able to:

1. Describe the pathophysiology and identify clinical assessment of symptomatology associated with MS.
2. Describe current and emerging therapies for the management of MS.

9:00–10:00 AM

Multidrug-Resistant Organisms

Pamela Isaacs, MHA, BSN, RN, CIC

SC: 205 CH: 0.8 CRNI® Recert. Units: 2

QI

The severity and extent of disease caused by multidrug-resistant organisms (MDROs) has affected the delivery of health care. The focus of the health care community identifies the resistant organism, methods of treatment, and develops appropriate environmental safeguards against the spread of the organism. Research focuses on the development of medications to maximize clinical effectiveness and minimize further resistance. This presentation will discuss multidrug-resistant organisms, current and new medications, and strategies to prevent the transmission of MDROs.

At the conclusion of the presentation, the participant will be able to:

1. Discuss and identify the history and development of MDROs.
2. Discuss current and new therapies, along with the strategies to prevent the transmission of MDROs.

10:00–11:00 AM

Using Simulation to Improve CLABSI Prevention in Pediatrics

Karla Abela, RN, CPN

SC: 206 CH: 0.8 CRNI® Recert. Units: 2

PED

Central vascular access device (CVAD) infection in the pediatric population can have serious consequences that result in delayed treatments, delayed growth and development, and impairment in family dynamics. Providing education to patients and families for prevention of central line-associated bloodstream infection (CLABSI) is challenging and difficult to evaluate. This presentation will demonstrate the effectiveness of using simulation for education in CLABSI prevention programs.

At the conclusion of the presentation, the participant will be able to:

1. Discuss pediatric CLABSI prevalence and the impact on patients and families.
2. Identify benefits of simulation in pediatric CLABSI education.

Metabolic Effects of Cyclical Parenteral Nutrition

Deborah Pfister, MS, RD, CNSC

SC: 207 CH: 0.8 CRNI® Recert. Units: 2

PN

Acute and chronic disease states affect the body's adaptation to the infusion of parenteral nutrition (PN). PN requires monitoring to prevent potential complications related to the high concentrations of dextrose, micronutrients, amino acids solution, and electrolytes. The practice of administering PN on a cyclical schedule assists home infusion patients with compliance and promotes a sense of normality. This presentation will describe potential metabolic effects of cyclical PN and strategies to prevent potential complications.

At the conclusion of the presentation, the participant will be able to:

1. Describe potential metabolic effects of cyclical parenteral nutrition.
2. Discuss strategies to monitor and prevent potential complications.

11:00 AM – 2:00 PM



Industrial Exhibition

Don't miss your final opportunity to learn more about the newest medications on the market and see the latest innovations in infusion technology. Meet with more than 40 exhibitors and see how their products can help you improve patient care, reduce infections, and reduce costs.

2:00–3:00 PM

Granulocyte Transfusions

Theresa Sullivan, MS, RN, CNS

SC: 208 CH: 0.8 CRNI® Recert. Units: 2

TT

The transfusion of granulocytes is an effective means of treatment for patients experiencing severe neutropenia resulting from aggressive chemotherapy and bone marrow or hematopoietic stem cell transplantation. Literature suggests there may also be benefit for patients with multidrug-resistant bacterial or fungal infections experiencing neutropenia. Granulocytes require special methods of harvest, preparation, storage, and administration. With a half-life of only 6-7 hours, granulocytes must be collected and given on the same day. This presentation will discuss granulocyte collection, processing, storage, and transfusion, as well as donor selection, qualification, and methods of granulocyte stimulation.

At the conclusion of the presentation, the participant will be able to:

1. List the criteria required for granulocyte transfusion.
2. Discuss the granulocyte collection process.

Management of Acute Myeloid Leukemia in Older Adults

S. Gayle Marble, BSN, RN, OCN®

SC: 209 CH: 0.8 CRNI® Recert. Units: 2

A/B

Acute myeloid leukemia (AML) in older adult patients represents a biologically and clinically distinct disease from AML in younger patients. Comorbidities such as kidney, heart, and lung disease increase the risk of treatment-related complications. AML in the older adult tends to be more resistant to standard treatments. While the goal of treatment is complete remission, supportive care may be the best option for the older adult patient with “high-risk” disease accompanied by comorbid conditions. This presentation will discuss the etiology of AML in the older adult and explore the risks versus benefits of current treatment regimes.

At the conclusion of the presentation, the participant will be able to:

1. Identify factors that define AML in the older adult.
2. Describe therapies to treat AML and maintain quality of life.

3:00–4:00 PM

Effective Glycemic Control Outside of the Critical Care Unit

Christopher Newton, MD

SC: 210 CH: 0.8 CRNI® Recert. Units: 2

FE

While glycemic control in critical care has been the subject of intense research and protocol development, blood sugar regulation in the noncritically ill or acute care patient is now receiving more in-depth investigation. Effective glycemic control is a critical component of acute care. Hyperglycemia is prevalent in acute care patients and is associated with higher morbidity and mortality, increased medical costs and length of stay, and a higher rate of significant complications. National consensus guidelines support strategies for a multidisciplinary approach to glycemic control that focuses on insulin therapy and treatment-driven protocols. These protocols are evolving, with development of glucose targets designed to prevent adverse outcomes. This presentation will review the incidence of hyperglycemia in acute care and also insulin protocol development that promotes positive patient outcomes.

At the conclusion of the presentation, the participant will be able to:

1. Describe acute care populations that are at high risk for hyperglycemia.
2. Identify essential components to glycemic control in the acute care setting.

3:00–4:00 PM

Pharmacologics for the Treatment of Hepatitis B and Hepatitis C

Frances Hinshaw Phillips, PhD, RN, ACNS, BC

SC: 211 CH: 0.8 CRNI® Recert. Units: 2

PH

Hepatitis is an infection caused by viruses affecting the liver. Hepatitis B virus (HBV) is the most common serious liver infection in the world, and it is transmitted through infected blood and body fluids. Although there is still no cure for HBV, there are seven approved drugs for its treatment in adults and many new drugs in development. Hepatitis C virus (HCV) is the most common chronic bloodborne infection in the United States, affecting 3.2 million persons. With the advent of new drugs for HCV, many patients who previously failed treatment will be eligible for retreatment, and potentially achieve aviremia. This presentation will discuss the prevalence and current treatment options available for HBV and HCV.

At the conclusion of the presentation, the participant will be able to:

1. Discuss the prevalence and pathogenesis of HBV and HCV.
2. List options for prevention and treatment.

4:00–5:00 PM

Safeguarding Patients from Medical Errors

Kathleen Cummings, RN

SC: 212 CH: 0.8 CRNI® Recert. Units: 2

QI

Medical errors can result in patient harm, disability, or even death and can prolong hospital stays and raise health care costs. According to the recently published Institute of Medicine Report (IOM), 45,000–98,000 Americans die each year due to medical errors. Infusion nurses can effect change and safeguard patients against harm. This presentation explores causality of medical errors, types of errors, and methods for limiting errors that impact outcomes.

At the conclusion of the presentation, the participant will be able to:

1. Explore the causality of medical errors.
2. List the types of errors and methods for limiting errors.

Prevention of Central Line Bloodstream Infections in Outpatient Procedural Areas

Alice Gub, MD, MPH

SC: 213 CH: 0.8 CRNI® Recert. Units: 2

IP

As health care delivery continues to migrate from the inpatient setting into a variety of outpatient and community-based settings, a natural progression of this trend is the increased use of central lines in alternative settings. This trend carries an increased risk of central line bloodstream infection (CLABSI). Because of the increased risk of CLABSI, it is imperative that outpatient procedural areas have an effective plan for their prevention, including standards of care for central lines specific to the clinical area, optimization of the home environment, screening and/or potential pretreatment for multidrug-resistance organism (MDRO) exposure, and a process-improvement program that is responsive to a rapidly evolving field.

At the conclusion of the presentation, the participant will be able to:

1. Identify patients at risk for the development of CLABSI in outpatient procedural areas.
2. Describe essential aspects of CLABSI prevention in these areas.

8:00–9:00 AM

Apheresis in the Treatment of Solid Organ Transplant Patients

Brenda Muth, MS, RN, ACNP

SC: 215 CH: 0.8 CRNI® Recert. Units: 2

TT

Apheresis is an effective treatment for patients with a solid organ transplant who experience a high risk of antibody-mediated rejection threatening the viability of the transplanted organ. Apheresis is an extracorporeal therapy that separates and extracts specific blood components and returns the remaining constituents to circulation. This process is accomplished with a variety of vascular access devices, specialized apheresis equipment, and qualified nurses. This presentation will explore apheresis and its benefit in treating solid organ transplant patients and will discuss the role of the infusion nurse in providing apheresis therapy.

At the conclusion of the presentation, the participant will be able to:

1. Describe apheresis and the benefits for solid organ transplant patients.
2. Describe the role of the infusion nurse in providing apheresis therapy.

Literature Review to Improve Infusion Practice

Regina Nailon, PhD, RN

SC: 216 CH: 0.8 CRNI® Recert. Units: 2

QI

A literature review can seem to be a daunting task. However, this effort may become an increasingly important skill with the current focus on evidence-based practice and incorporating research into improved outcomes. Searching for and synthesizing elements of research increase the infusion nurse's ability to develop interventions based on best evidence. The process also promotes compliance with standards while promoting professional growth. This session will describe how to define topics for exploration, retrieve comprehensive literature, analyze the findings, and write a synthesis.

At the conclusion of the presentation, the participant will be able to:

1. Describe how to define topics for exploration and retrieve comprehensive literature.
2. Analyze the findings of a literature review and write a synthesis.



9:00–10:00 AM

Recognition and Treatment of Severe Sepsis in the Pediatric and Adult Populations

Tom Ahrens, PhD, RN, FAAN

SC: 217 CH: 0.8 CRNI® Recert. Units: 2

PED

The patient presenting with severe sepsis is at a critical juncture in the sepsis continuum when the effective use of early goal-directed therapy can preserve organ function and reduce mortality. Adoption of severe sepsis protocols designed to provide early recognition and aggressive resuscitation of the adult has grown since they were initially published by the American College of Critical Care Medicine and the Surviving Sepsis Campaign in 2001. But, there remains a need for more consistent use of these processes to promote effective treatment of sepsis in the pediatric population. This presentation will review the pathophysiology of the sepsis continuum and provide a comparison of early goal-directed therapy for severe sepsis in the pediatric and adult populations.

At the conclusion of the presentation, the participant will be able to:

1. Describe the pathophysiologic changes within the sepsis continuum.
2. Identify essential elements of early goal-directed therapy in severe sepsis management in the pediatric and adult populations.

Alternate Lock Solutions in Patients Receiving Parenteral Nutrition

Deborah A. Andris, MSN, APNP

SC: 218 CH: 0.8 CRNI® Recert. Units: 2

PN

Patients receiving parenteral nutrition (PN) via a central venous access device (CVAD) are at greater risk of catheter-associated bloodstream infection (CABSI) related in part to the high glucose concentration of the infusate. CVAD preservation in the presence of infection is important for patients with limited vascular access. Alternative catheter lock solutions may prove useful in decreasing risk for infection in this population. This presentation will discuss alternative catheter lock solutions and their potential usefulness in patients receiving long-term PN.

At the conclusion of the presentation, the participant will be able to:

1. Discuss alternative catheter lock solutions for CVADs.
2. List potential usefulness in patients receiving long-term PN.

10:00–10:30 AM **BREAK**



Fluid and Electrolyte Alterations and Liver Failure

Heidi Monroe, MS, RN, CNS, CCTN

SC: 219 CH: 0.8 CRNI® Recert. Units: 2

FE

Liver failure is a life-threatening condition that may occur suddenly or over the course of many years. Irreversible damage to the liver may result from the ingestion of toxic amounts of drugs or alcohol, or due to disease or infection. The patient with liver failure is at increased risk of alteration in fluid and electrolyte balance in part due to nausea, vomiting, and ascites. Management of fluid and electrolyte alteration is essential to positive outcomes. This presentation will discuss the pathophysiology of liver failure as well as the treatment options available to manage fluid and electrolyte alterations in the patient experiencing liver failure.

At the conclusion of the presentation, the participant will be able to:

1. Explain the pathophysiology of liver failure.
2. Describe fluid and electrolyte alterations observed in the patient experiencing liver failure and the appropriate treatment options.

Biologics as an Adjunct in Cancer Treatment

Anthony Szetela, PharmD, BCOP

SC: 220 CH: 0.8 CRNI® Recert. Units: 2

A/B

The integration of biologic agents into clinical infusion practice has opened up new horizons in the field of cancer care. Biological therapy uses the body's immune system to fight cancer. Advances in immunology and biology have been shown to improve outcomes in patients with cancer. This presentation will discuss the effect of biologics on the immune system and the role of biologics as an adjunct to treat patients with cancer.

At the conclusion of the presentation, the participant will be able to:

1. Discuss the pathophysiology of the immune system in relation to specific cancers.
2. Discuss the outcomes of biologics as adjunct therapy for cancer patients.



11:30 AM–12:30 PM

Reducing Contrast Extravasation

Linda McDonald, MSN, RN, CRN

SC: 221 CH: 0.8 CRNI® Recert. Units: 2

TC

Contrast media is administered in a unique fashion making this vesicant prime for extravasation, which may be devastating for the patient. Treatment may include surgical intervention, which may result in permanent damage. Infusion nurses are often called on to initiate vascular access for contrast delivery and for consultation when there is an extravasation. This presentation will discuss how contrast delivery differs from other medication delivery processes and how to reduce and eliminate the extravasation potential inherent to contrast administration.

At the conclusion of the presentation, the participant will be able to:

1. Discuss how contrast delivery is different from most other medications and how this impacts extravasation.
2. List three actions to reduce extravasation potential during contrast delivery.

How Research Becomes Evidence-Based Practice

Cheryl Dumont, PhD, RN, CRNI®

SC: 222 CH: 0.8 CRNI® Recert. Units: 2

QI

The Institute of Medicine defined evidence-based practice (EBP) as “the integration of best research evidence with clinical expertise and patient values.” As infusion nurses, we need to understand the pertinent research, translate it into practice, and measure the outcomes. This presentation will identify the relationship between research and EBP and discuss how to improve best practice through the integration of strong research evidence.

At the conclusion of the presentation, the participant will be able to:

1. Describe the relationship between research and EBP.
2. Discuss how the infusion nurse can identify and integrate best practice based on research.



Registration Information

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**.

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.

Registration Discounts

INS is pleased to offer the following registration discounts:

Early-Bird, Advanced, and Regular Registration Discounts

Save up to \$240 off On-Site rates by registering early! Early-Bird, 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 deadline will be processed at the next pricing tier.

INS Member Discount

INS members who register at the INS Member rate must keep their membership active through November 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 One-Day Program and/or INS Fall National Academy of Infusion Therapy. 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.

Cancellation and Refund Policy

All registration cancellations must be made in writing to INS and will be refunded only if received by **October 5, 2012**. All refund requests are subject to a \$50 cancellation fee. No refunds or credits will be issued for any reason after **October 5, 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 One-Day Program and/or the National Academy and are unable to attend, you may transfer your registration to a colleague. A \$30 transfer fee will apply.

Exhibit Personnel

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

Infants/Children

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

Photography and Video Recording Policy

Photography and video recording of any kind is strictly prohibited during all educational sessions and in the Industrial Exhibition, except for the official INS National Academy photographer.

Exhibit Hall-Only/Guest Passes

INS does not offer an exhibit hall-only or guest pass option for this conference.

AdvaMed Code, PhRMA Code, and State Regulations

Many exhibitors at the INS Fall National Academy of Infusion Therapy 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 attendees from Maine, Massachusetts, Vermont, Minnesota, and the District of Columbia in their booths or at their sponsored events. We appreciate your understanding and support.

Employer Support/Financial Assistance

Understanding that budgets are tight, INS has a number of ways to help you save money on your registration fees and gain support from your employer to attend the Fall National Academy:

- Register early to take advantage of registration discounts.
- Enjoy membership discounts by becoming an active member of INS.
- Download a proposal letter from the National Academy Web site to present to your employer that highlights many of the benefits that you and your employer will receive by participating in this year's event.

Hotel and Travel Information

INS has secured discounted room rates at the Intercontinental Dallas exclusively for registered attendees:

Intercontinental Dallas

15201 Dallas Parkway

Addison, TX 75001

Single/Double Occupancy: \$159+ tax/night

Reservations may be made online on the Hotel and Travel pages of the National Academy Web site at www.ins1.org or by calling (877) 317-5786 and using the Group Reservations Code **NAI**. Please do not call the hotel directly; you may not receive our discounted rate. A credit card is required when making your hotel reservation, and you will be charged one night's room and tax to guarantee the reservation.

The reservation deadline for the INS group rate is Friday, October 5, 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.





**2012 INS National Academy of Infusion Therapy
and One-Day Program
November 2 – 4, 2012
Intercontinental Dallas
Addison, TX**



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.

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 |
|---------------------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Early Bird (Received by 8/25/12) | One-Day Program only (Friday) | <input type="checkbox"/> \$155 | <input type="checkbox"/> \$230 | <input type="checkbox"/> \$255 |
| | NAIT only (Saturday & Sunday) | <input type="checkbox"/> \$315 | <input type="checkbox"/> \$390 | <input type="checkbox"/> \$445 |
| | Both (Friday – Sunday) | <input type="checkbox"/> \$460 | <input type="checkbox"/> \$535 | <input type="checkbox"/> \$690 |
| Advanced (Received by 10/5/12) | One-Day Program only (Friday) | <input type="checkbox"/> \$205 | <input type="checkbox"/> \$280 | <input type="checkbox"/> \$305 |
| | NAIT only (Saturday & Sunday) | <input type="checkbox"/> \$355 | <input type="checkbox"/> \$430 | <input type="checkbox"/> \$485 |
| | Both (Friday – Sunday) | <input type="checkbox"/> \$550 | <input type="checkbox"/> \$625 | <input type="checkbox"/> \$780 |
| Regular (Received by 10/25/12) | One-Day Program only (Friday) | <input type="checkbox"/> \$255 | <input type="checkbox"/> \$330 | <input type="checkbox"/> \$355 |
| | NAIT only (Saturday & Sunday) | <input type="checkbox"/> \$405 | <input type="checkbox"/> \$480 | <input type="checkbox"/> \$535 |
| | Both (Friday – Sunday) | <input type="checkbox"/> \$650 | <input type="checkbox"/> \$725 | <input type="checkbox"/> \$880 |
| On-Site (Received after 10/25/12) | One-Day Program only (Friday) | <input type="checkbox"/> \$305 | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$405 |
| | NAIT only (Saturday & Sunday) | <input type="checkbox"/> \$455 | <input type="checkbox"/> \$530 | <input type="checkbox"/> \$585 |
| | Both (Friday – Sunday) | <input type="checkbox"/> \$700 | <input type="checkbox"/> \$775 | <input type="checkbox"/> \$930 |

Membership Renewal \$90 One-year \$170 Two-year \$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.



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5 Reasons to Register for the Fall National Academy

- ★ Take advantage of advanced-level education designed for the experienced Infusion nurse.
- ★ A cost-effective way to recertify—earn 30 CRNI® recertification units in just three days!
- ★ The One-Day Program, *Infusion Therapy: It's Complicated*, will allow nurses to maintain a level of knowledge that is current and evidence based.
- ★ Dallas is an easily accessible location, right in the center of the United States.
- ★ Eighty-nine percent of attendees would recommend the Fall National Academy of Infusion Therapy to a colleague!

Register Today! Discounts are available!