CONTINUING EDUCATION

6.0 Nursing Continuing Professional Development Target Audience: Emergency Room Nurse

This activity has been submitted to the Midwest Multistate Division for approval to award contact hours. The Midwest Multistate Division is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. For more information regarding nursing continuing professional development hours, please call Heather Claussen at 402-844-7334.

Requirements to receive continuing education hours:

- Sign the Verification of Attendance Form at the registration desk
- · Attend the entire event
- · Complete and submit an evaluation form
- Actively participate in activity

CONFERENCE DAY TIPS

- Please dress in layers as room temperatures may fluctuate.
- In consideration of all participants and speakers, please limit talking during sessions.



NORTHEAST.EDU/ONEILL-HEALTH

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Register Early!



20 O'NEILL HEALTH CONFERENCE

TUESDAY, JUNE 25, 2024

O'Neill Community Center 501 S. 4th Street O'Neill, Nebraska

PRESENTED BY:



NORTHEAST.EDU/ONEILL-HEALTH

CONFERENCE AGENDA

7:45-8:30 am	Registration and Breakfast
8:30-8:35 am	Welcome and Announcements
8:35-9:35 am	Getting to the Heart of the Matter Deb Von Seggern, NRP, EMSI
9:35-9:40 am	Break
9:40-10:55 pm	Do You Have the Write Stuff? Scott Crawford, AAS, NRP, EMSI
10:55-11:10	Break
11:10-12:10 pm	Pour Some Sugar On It Deb Von Seggern, NRP, EMSI
12:10-1:00 pm	Lunch
1:00-2:00 pm	Looking Beyond Deb Von Seggern, NRP, EMSI
2:00-2:15 pm	Break
2:15-3:45 pm	What's Your Narrative? Ike Rayford, BS
3:45-4:00 pm	Evaluations

LEARNING OUTCOME

Participants of the O'Neill Health Conference 2024 will self-report an increased knowledge about cardiac emergencies, human trafficking, diabetic emergencies, and healthcare provider biases with patients.

Facility is handicapped accessible.

ABOUT THE SESSIONS

GETTING INTO THE HEART OF THE MATTER

- Signs associated with Return of Spontaneous Circulation (ROSC)
- Effectively managing hemodynamic instability
- Process of induced hypothermia
- Causes of cardiac arrest and treatment choices based on the cause

DO YOU HAVE THE WRITE STUFF?

- Case scenario dramatization involving paramedic, nurse and patient
- Discussion of patient care report of scenario
- Mock trial discussing documentation
- Documentation methods, key points, and peer reviewed research

POUR SOME SUGAR ON IT

- The role of glucose and insulin
- Symptoms commonly associated with hypo/hyperglycemia
- Commonly prescribed medications used to treat diabetes
- Management of hyperglycemia
- Compare functions of different insulin pumps

LOOKING BEYOND...

- Appropriate actions of healthcare professionals in the presence of at-risk patients
- Circumstances that may indicate abuse
 - Domestic abuse Human trafficking Non-accidental trauma
- Appropriate actions of healthcare professionals in the presence of abused patients

WHAT'S YOUR NARRATIVE

- Look for awareness of assumptions related to partial information and/or stereotypes
- Challenge healthcare professionals to identify implicit bias each may hold and develop strategies to combat implicit bias
- Strategies to address implicit bias of team members

Northeast does not discriminate based upon any status protected by law or college policy. Please go to northeast.edu/nondiscrimination for details.

70 Health Conference

Expiration Date

Register by June 21

\$85.00 CRN# 70390

To complete your registration, we require all information on this form be provided.

Name Legal First Legal Last Legal Full Middle Previous Last Name (s) Home Address City/State/Zip Work Phone Home Phone Cell Phone E-mail Address Birthdate___/__/_Gender M_ F Graduation Year High School Name Have you taken a class from Northeast before? • Yes • No METHOD OF PAYMENT: OCheck/Money Order enclosed. OVisa OMasterCard ODiscover Make check/money order payable to Northeast Community College. (Payment by phone is also accepted by calling (402) 336-3590). For payment questions call (402) 844-7009. Credit/Debit Card Number

Mail completed registration form and payment to:

Cardholder Signature _____

V-Code Required (3 digits on back of card)

O'Neill Extended Campus PO Box 269 • O'Neill, NE 68763-0269 Fax to (402) 336-1103 • Phone: (402) 336-3590 or (800) 421-6322