

High Risk Perinatal & Neonatal Nursing Care

Presented by: The UCSF Benioff Children's Hospital Outreach Program
Wednesday, May 31st, 2017, 8:15 a.m. to 3:00 p.m..
Hosted by: Natividad Medical Center
1441 Constitution BLVD. Salinas, CA 93906
SEA Room



Course Topics:

Using Optimality as a Framework for Perinatal Care

Valerie Huwe RNC-OB, MSN, CNS

Neonatal Pain

Tanya Kamka RNC-NIC, MSN

Perinatal Core Measures

Valerie Huwe RNC-OB, MSN, CNS

Objectives:

Upon completion of this program the participant will be able to:

- Examine how cultural influences including technology and the media shape women's attitudes about labor and birth
- Incorporate optimality measures as a metric to improve birth outcomes for women and infants
- Examine the neurobiology of neonatal pain
- Integrate measures to identify and manage neonatal pain
- Cite the five perinatal core measures endorsed by The Joint Commission
- Review evidence based nursing interventions that enhance quality and provide safety for hospitalized women and infants

Fees:

Natividad Staff: no charge

CHOMP Staff: \$25

Outreach Affiliates: \$45

General Registration: \$85

Participants will receive: electronic syllabus, 6 continuing education contact hours, continental breakfast, and lunch

Provider approved by the California Board of Registered Nursing, Provider number CEP 12981, for 6 contact hours

REGISTRATION FORM ON NEXT PAGE

High Risk Perinatal & Neonatal Nursing Care

Presented by: The UCSF Benioff Children's Hospital Outreach Program
Wednesday, May 31st, 2017, 8:15 a.m. to 3:00 p.m..
Hosted by: Natividad Medical Center
1441 Constitution BLVD. Salinas, CA 93906
SEA Room



Register by EMAIL or FAX.

Registration deadline: Wednesday, May 24th, 2017. No refunds after this date.

FAX completed registration form below to UCSF outreach office: 415-353-1503
Secure FAX line. After faxing, call to confirm fax receipt: 415-353-1574.

EMAIL registration as an attachment to: bchsfoutreach@ucsf.edu

Name (print): _____

Address: _____

Employer: _____

Phone: _____

Email: _____

RN License #: _____

Credit Card Type: _____ #: _____

Exp. Date: _____ CVV Code (3 digits # on the back): _____

Food Restrictions: _____

PLEASE NOTE: UCSF has gone GREEN!

We will email you copies of the syllabus prior to the course so please print your email address clearly. Thank you!

Check out our website at bchsfoutreach.ucsf.edu!!

Outreach affiliates can register for access to policies, procedures, presentations and more!