High Risk Neonatal Nursing Care

Presented by: UCSF Benioff Children's Hospital, Outreach Program
Wednesday, May 3, 2017 8:15 a.m. to 3:00 p.m.
Hosted by: San Francisco General Hospital
1001 Potrero Avenue San Francisco, CA 94110 in Solarium, Bldg 40, 5th Floor

Course Topics:

- **Sepsis and Neonatal Lab Work Interpretation**
  Tanya Kamka MSN, RNC-NIC
- **Skills Lab for Neonatal Procedures**
  Tanya Kamka MSN, RNC-NIC & Samantha Wynn, BSN
- **Recognition of the Compromised Newborn**
  Samantha Wynn, BSN

Objectives:

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

- Identify risk factors for early-onset neonatal sepsis
- Discuss the management of the neonatal with risk for early-onset neonatal sepsis
- Perform hands on skills to practice and use equipment for high-risk, low volume procedures
- Recognize early signs of neonatal distress and discuss interventions for compromised newborns

Fees:

Zuckerberg San Francisco General Hospital staff: No charge
Outreach Affiliates: $25.00
General Registration: $45.00

Location: Solarium Conference Room in Building 40, 5th floor at Zuckerberg San Francisco General Hospital - 1001 Potrero Avenue, San Francisco, CA 94110

Participants will receive: electronic handouts and continuing education contact hours

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

Registration form on page 2

UCSF Benioff Children's Hospital
San Francisco

High Risk Neonatal Nursing Care

Presented by: UCSF Benioff Children's Hospital, Outreach Program
Wednesday, May 3, 2017 8:15 a.m. to 3:00 p.m.
Hosted by: San Francisco General Hospital
1001 Potrero Avenue San Francisco, CA 94110 in Solarium, Bldg 40, 5th Floor

Register by EMAIL or FAX

Registration deadline: 4/26/17. 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 to: **bchsfoutreach@ucsf.edu**

Name (print): _____

Address: _____

_____

Employer: _____

Phone: _____

Email: _____

RN License #: _____

Credit Card Type: _____ **#:** _____

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

Dietary 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!

UCSF Benioff Children's Hospital
San Francisco