

AUDIENCE

This conference is designed for family practice physicians, physician assistants, nurse practitioners, nurses, respiratory therapists and other health care professionals who care for patients with pulmonary diseases and respiratory problems.

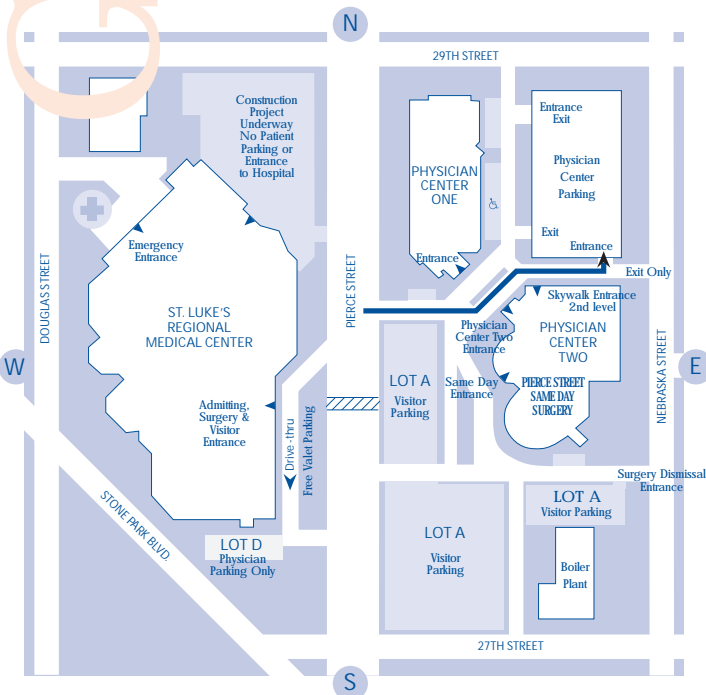
PURPOSE

This conference will provide information on conditions and diseases affecting the respiratory system and healthcare management.

CONFERENCE LOCATION

St. Luke's Institute for Health Education Auditorium (Main Hospital, Lower Level), 2720 Stone Park Blvd., Sioux City, IA.

Please dress in layers. Personal preferences vary and room temperatures may fluctuate.



OBJECTIVES

At the conclusion of this program participants should be able to:

- Understand how to prepare for the infant and pediatric airway emergency.
- Be able to recognize the most likely location for airway obstruction and the best methods for maintaining gas exchange until definitive treatment can be achieved.
- Describe one aspect each about the past, present and future of Respiratory Care and Health Care in general.
- Describe the importance and professionalism of Health Care Clinicians.
- Understand the physiology of Dynamic Hyperinflation and how it contributes to dyspnea experienced by patients with COPD.
- Review use of inhaler therapy for COPD.
- Discuss non-invasive lung reduction and other new treatments for dyspnea caused by COPD.
- Differentiate acute & subacute from chronic cough.
- Review the most common causes as well as uncommon causes of chronic cough.
- Discuss the treatment strategies for each of the causes for chronic cough.
- Describe a mass casualty scenario that can produce many respiratory casualties.
- Describe the appropriate self-protection measures and patient treatment strategies employed when treating patients in a mass casualty scenario.
- Describe how allocations of scarce medical responses may be allotted during a mass casualty event.
- Discuss diagnosis and treatment of fungal infections.
- Review diagnosis and treatment of pulmonary embolism.
- Recount diagnosis and treatment of lung cancer.
- Improve skills in diagnosis of HIV related opportunistic infections.

CONFERENCE ETIQUETTE

Participants are asked to turn off cell phones and beepers when attending sessions, or change them to a silent signal if necessary. Please step outside the room when responding to a page or call. Children and infants are not permitted in the educational sessions. Out of respect for all participants please keep personal conversations to a minimum.



Institute for Health Education
2720 Stone Park Blvd.
Sioux City, Iowa 51104

Tri-state

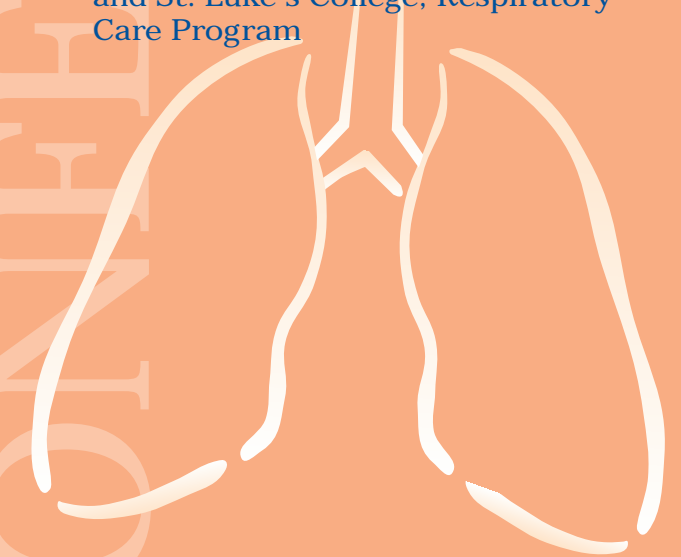
PULMONARY CARE CONFERENCE 2010

Friday, February 26, 2010

8:30 a.m.- 4:15 p.m.

Sponsored by:

St. Luke's Regional Medical Center
Institute for Health Education
and St. Luke's College, Respiratory
Care Program



ST. LUKE'S
IOWA HEALTH SYSTEM

AGENDA

- 8:00 am Registration, Final Sign-In, Continental Breakfast
- 8:25 am Welcome/Announcements
- 8:30 am Pediatric Airway Emergencies
*Edward J. Truemper, MS, MD, FAAP
Children's Hospital & Medical Center, Omaha, NE*
- 9:30 am Break
- 9:45 am Heroes: A Tribute to Health Care Workers
*Douglas B. Hornick, MD
University of Iowa Hospitals and Clinics, Iowa City, IA*
- 10:45 am Break
- 11:00 am COPD Management: Basic Concepts and Promising New Treatments
*Douglas Hornick, MD
University of Iowa Hospitals and Clinics, Iowa City, IA*
- 12:00 am Lunch
- 12:45 pm 100 Day Cough: Diagnosis and Management
*Douglas Hornick, MD
University of Iowa Hospitals and Clinics, Iowa City, IA*
- 1:45 pm Break
- 2:00 pm Managing Pulmonary Casualties During a Mass Casualty Event
*Edward Bottei, MD, FCCP
Iowa State Poison Center, Sioux City, IA*
- 3:00 pm Break
- 3:15 pm Where is Dr. House When You Need Him: Interesting Cases from Siouxland
*Thor Swanson, M. Div., Th. M, MD
Family Practice and Siouxland Medical Education Foundation, Sioux City, IA*
- 4:15 pm Conclusion, Evaluation, Awarding of Certificate

CONTINUING EDUCATION CREDIT

No partial credit will be granted.

- FAMILY PRACTICE PHYSICIANS:** Application for CME credit has been filed with the American Academy of Family Physician Credit. Determination of credit is pending.
- NURSING:** Nurses will be granted 7.2 contact hours/.72CEU (continuing education units) by St. Luke's Regional Medical Center an Iowa Board of Nursing approved provider. Iowa Provider #40.
- RESPIRATORY:** Application has been made to the American Association of Respiratory Care (AARC) for 6.00 hours continuing education contact hours for respiratory therapists.
- OTHERS:** 6.00 hours It is the licensees' responsibility to determine if the continuing education programs they attend meet the requirements of their professional licensure board.

FACULTY

- Edward J. Truemper, MS, MD, FAAP Pediatric Intensivist at Children's Hospital & Medical Center Omaha, Nebraska
- Dana Oakes, BA, RRT- NPS Published author and President of Health Educator Publications, Inc, Orono, Maine
- Douglas B Hornick, MD Professor & Director of Clinical Services: Division of Pulmonary, Critical Care & Occupational Medicine: University of Iowa Carver College of Medicine
- Edward Bottei, MD, FCCP State of Iowa Toxicologist, Iowa State Poison Center – Sioux City, Iowa. Medical Director of the Respiratory Care Program, St Luke's College, Sioux City, Iowa.
- Thor D. Swanson, M. Div., Th. M., MD Medical Director, Siouxland Medical Education Foundation's Family Practice Residency Program and a family practice physician at the Family Practice Center, Sioux City, IA.

REGISTRATION INFORMATION

Fee: \$85- Non-affiliates (\$95 after Feb. 19, 2010)
\$42.50 - SLHS Empl/Affil (\$52.50 after Feb. 19, 2010)

Pre-register by February 19. Registration fee includes lunch, breaks, instruction, course materials and recording of continuing education credit. Registration is complete when form and fee have been received by the Institute for Health Education, St. Luke's Regional Medical Center. A full refund will be made, if cancellation is received by Wednesday, February 19, 2010. No refunds after February 19. A full refund will be made if the St. Luke's cancels the conference.

ADA: We encourage participation by all individuals. Advance notification of special needs will help us better serve you. Please notify us of your requests (i.e. vegetarian meal, mobility) at least two weeks in advance of the program.

Please submit your registration form and payment by one of the following methods:



Mail registration and payment to:
St. Luke's College
St. Luke's Regional Medical Center
2720 Stone Park Blvd.
Sioux City, IA 51104



Fax registration and credit card payment to:
(712) 233-8017



In person: St. Luke's College
2616 Pierce Street
Sioux City, Iowa



Online: www.stlukes.org
Click: Upcoming Events, Click: Find,
Scroll to: "Continuing Professional Education"

For further assistance, contact the Institute for Health Education at (712) 279-3273 or 1-800-352-4660, ext. 3273.

Tri-state Pulmonary Care Conference

Friday, February 26, 2010 #10-002

- \$85 - Non-affiliates \$95 - After Feb. 19
- \$42.50 - SLHS empl./affil. \$52.50 - After Feb. 19

Please select credit requested:

- Family Practice Physicians: pending Other: 6.00 hours (All licensees are responsible to determine if the continuing education program meets the requirements of their professional licensure board)
- Nursing: 7.2 contact hrs / 0.72 CEU
- Respiratory Care: 6.00 CRCE hours pending

PLEASE PRINT

Name _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____
Work phone _____
Soc. Sec # _____ (requested for record keeping)
Profession _____
Prof. Lic # _____ State _____
Employer _____

Payment Enclosed: \$ _____ (make checks payable to St. Luke's)

Credit Card Information: I authorize use of my credit card to pay for the conference fee marked above:

- Check one: MasterCard Visa
- Discover American Express

Acct. # _____ Exp. Date _____

Cardholder Name (Print) _____
Signature _____

Billing Information

Any participant requesting that their registration fee be billed will be charged a \$10 processing fee. Please list billing address:

Name of Organization _____
To the attention of _____
Address _____
City/State/ZIP _____
Phone (_____) _____

Approved for JE _____ Manager/Director
Cost Center # _____ - _____

Office Use Only Date Rec'd. _____ Fee \$ _____
 Cash Check J.E. CC