36th Annual School Health Conference

Saturday, Aug. 2, 2014
CONERENCE OBJECTIVES:

- Define children and youth with special needs (CYSHCN).
- Describe the patient-centered medical home model, including the role of school nursing.
- Examine strategies for school nurses to utilize when talking with parents hesitant to immunize their children.
- Discuss current issues in the management of pediatric neurologic conditions.
- Review commonly used medications for pediatric/adolescent mental health conditions.
- Recognize signs of potential self-harm in children and teens.
- Identify key assessment aspects of managing abdominal pain in children and teens.
- Discuss the complexities of providing care to children/teens with a tracheostomy and/or ventilator in the school setting.
- Apply hands-on experience with current pediatric technology and processes to school health practice.
- Identify practice-enhancing resources available to school nurses.

TARGET AUDIENCE:

School nurses, health aides and other health professionals dedicated to providing care for children in the school setting.

CONFERENCE FEES:

$35 for registration by July 18, 2014
$40 for registration July 19 to 29, 2014

Cancellation: Registration fee, less $10 charge, is refundable if cancellation is received after July 27, 2014. Call (816) 701-5297 to cancel.

REGISTRATION:

Registration and payment using MasterCard, VISA, American Express or Discover cards can be completed online at www.childrensmercy.org/EducationPrograms

OR

Mail-in registration forms are available on the website and payment may be mailed to:
Angie Knackstedt, BSN, RN-BC
Children’s Mercy Hospital – Bioethics Center
2401 Gillham Road, Kansas City, MO 64108

(Checks payable to Children’s Mercy Hospital)

SPECIAL ACCOMMODATIONS:

If you have special needs, as described by the Americans with Disabilities Act, please contact the conference coordinator at (816) 701-5297 at least two weeks in advance. All reasonable efforts will be made to accommodate your needs.

FOR MORE INFORMATION:

Call Angie Knackstedt, BSN, RN-BC at (816) 701-5297 or email her at aknacksted@cmh.edu
PROGRAM AGENDA
Saturday, Aug. 2, 2014
8 a.m. to 4 p.m.
Children’s Mercy Kansas City

7:45 – 8:15 a.m.  Registration - Continental Breakfast
8:15 – 8:30 a.m.  Welcome / Introductions
8:30 – 9:30 a.m.  Pediatric and Adolescent Mental Health Update
                   Robert Batterson, MD / Shayla Sullivan, MD
9:30 – 10:30 a.m. Vaccine Hesitancy: Strategies for School Nurses
                   Dennis Cooley, MD
10:30 – 11 a.m.  Break – General Exhibits
11 a.m. – Noon  Pediatric Neurology Update: Headaches, Seizures and More
                   Jennifer Bickel, MD
                   Noon  Pick up Lunch
12:15 – 1:30 p.m. Lunch and Interactive / General Exhibits
                   • Ostomy Care
                   • Gastrostomy Care
                   • Tracheostomy Care
                   • Diabetes Care
                   • Asthma Care
1:30 – 2:30 p.m.  Interdisciplinary Care for Children and Youth with Complex Medical Needs
                   Ingrid Larson, MSN, MBA, RN, APRN, CPNP
2:30 – 3:15 p.m.  Complex Care: Trachs and Ventilators in the School Setting
3:15 – 4 p.m.     Abdominal Pain in Kids – What’s a School Nurse to Do?
                   Kathe Menown, RN, CPNP / Jennifer Schurman, PhD, ABPP, BCB

CEU STATEMENT
This program has been awarded 6 contact hours.

Children’s Mercy Hospitals and Clinics is an approved provider of continuing nursing education by the Missouri Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
36TH ANNUAL SCHOOL HEALTH CONFERENCE REGISTRATION FORM

Saturday, Aug. 2, 2014
Children’s Mercy Hospital – Auditorium
Kansas City, Mo

To register online go to:
www.childrensmercy.org/EducationPrograms

or

Checks should be made payable to Children’s Mercy Hospital.
Please return this form with your check to:
Angie Knackstedt, BSN, RN-BC
Bioethics Center
2401 Gillham Road
Kansas City, Mo 64108

Registration Deadline – July 29, 2014
Registration Fee: $35 (by July 18, 2014) or $40 (July 19-29, 2014)

Name:_______________________________________________________
Credentials / Title:_______________________________________________
Address:_____________________________________________________
City_ State_ Zip_ _ _
Phone:__________________________ ___________________________
Home_/_Cell_ Work
Email_Address:________________________________________________
School:_ ______________________________________________________
School_District:________________________________________________

Children’s Mercy
KANSAS CITY