

November 18, 2014

9:00 AM - 12:00 PM (Eastern Time)

## Wound Prevention and Documentation

Wounds continue to be a problem with an estimated 1% -1.5% of the population suffering from problem wounds. 1.7 million people develop pressure ulcers each year. The total cost of treating pressure ulcers in the U.S.A is approximately \$8.5 billion. The average cost of pressure ulcer treatment per ulcer is \$5,000-\$60,000. LTC regulation compliance and possible facility liability make wound prevention a number one necessity.

### ***During this seminar we will:***

- Briefly review the skin and underlying structures
- Review the principles of wound healing
- Learn the complications of healing
- Review the principles of wound management
- Understand the part inflammation and infection control play in wound management
- Briefly review Lower Extremity Wounds
- Learn wound assessment and necessary documentation
- Learn Pressure ulcer prevention and treatment

*This seminar will not cover wound treatment techniques. This seminar is meant to give the attendee a basic knowledge of the standard of care practice for long-term care wound prevention, assessment and documentation.*

**Faculty** Kathy Johnson, RN, WCC, Vice President Clinical & Regulatory Services **LeadingAge Indiana**

### ***Seminar Details***

**Fee:** \$55 Members / \$28 Samaritan Alliance Members/ \$75 Non-Members

This seminar will take place at the LeadingAge Indiana Office on the Campus of Hoosier Village Retirement Community. All registrants will receive a confirmation email. If no email is provided, you will not receive confirmation. Administrators will earn 3 CEUs for participating in this program. (98000057A)

**Reminders** Seating is limited, so to secure your registration, fax this form to 317-733-2385. Then, send check payable to LeadingAge Indiana, to P.O. Box 68829, Indianapolis, IN 46268. Registrations may be canceled 48 hours in advance. After that time, no refunds will be permitted. However, substitutions are welcome. No-shows will be billed.

### ***Registration November 18, 2014- Wound Prevention and Documentation***

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Payment**  \_\_\_\_\_ X \$ (\$55/\$28/\$75) = \_\_\_\_\_

Check to LeadingAge Indiana - or -  Credit Card {  VISA  MC  AMEX }

Card # \_\_\_\_\_ Exp: \_\_\_\_\_ Signature: \_\_\_\_\_

**Credit Card Billing Address:**  Same as Company -- or --  Printed Below

### ***Questions***