

Health Assessment of the Geriatric Patient

Monday, November 23, 2009

A conference aimed at nurses primarily in acute care settings. Strategies and specific assessment considerations for older adults will be discussed, and participants will be provided with resources to incorporate this information into daily practice.

This conference is being offered at the following site:

Auditorium E
Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756

Co-Sponsored by:

- The Competency for Geriatric Nursing in Rural New England Project
- Northern New England Geriatric Education Center at Dartmouth Medical School
- The Dartmouth Centers for Health and Aging

Health Assessment Program Goals:

- Discuss age-related changes and their influence on the health status of older adults.
- Describe a comprehensive geriatric health history.
- Describe a comprehensive geriatric physical assessment.

Registration Deadline:

Monday, November 16, 2009

For more information,
please contact:
Janice.Montgomery@hitchcock.org
(603) 653-0862

Conference Faculty:

Suzanne Beyea, RN, PhD, FAAN

Associate Director: Dartmouth Centers for Health and Aging
Director: "The Competency for Geriatric Nursing in Rural New England Project"

Justin Montgomery, RN-BC, BSN

Associate Project Director: "The Competency for Geriatric Nursing in Rural New England Project"

Agenda for *Health Assessment of the Geriatric Patient*:

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|-------------------|--|
| 7:30 -- 8:00 am | <i>Registration and Welcome</i> |
| 8:00 -- 8:15 am | <i>Why Geriatric Nursing?</i> |
| 8:15 -- 9:15 am | <i>Health History Essentials</i> |
| 9:15 -- 9:30 am | Break |
| 9:30 -- 11:45 am | <i>Age-related Changes and Physical Assessments: Review of Systems</i> |
| 11:45 -- 12:15 pm | Lunch |
| 12:15 -- 12:45 pm | <i>Atypical Clinical Presentation of Older Adults</i> |
| 12:45 -- 2:00 pm | <i>Case Studies</i> |
| 2:00 -- 2:15 pm | Wrap-up and Evaluations |

Registration Deadline:

Monday, November 16, 2009; space is limited, so register early!

Date/Time: Monday, November 23, 2009, 7:30 AM (registration) to 2:15 PM (evaluations)

Location: Dartmouth-Hitchcock Medical Center, Auditorium E

Registration Fee: \$15.00 Please make checks payable to: MHMH Education Fund

Registration Mailing Address: Dartmouth Centers for Health and Aging
Attn: Janice Montgomery
One Medical Center Drive
Lebanon, NH 03756

Refunds: No refunds, substitutions may be made.

Registration Form (please detach and return with payment):

Name: _____

Degree or Credential: _____

Job Title: _____

Organization: _____

Work Address: _____

City, State, Zip: _____

Daytime Phone number: _____

Email Address: _____

Payment (check one): Payment of \$15 enclosed (Make check payable to MHMH Education Fund)

Credit Card Payment MC Visa Other Card

Credit Card Number: _____ Expiration Date: _____