

**Registration Form:** *(Please Print Clearly or Type)*

Event Name Post-Acute Care of the Bariatric Surgery Patient  
Wayne Memorial Hospital  
Location \_\_\_\_\_  
Date(s) 01/29/2014 Time: 9:00 AM - 12:00 PM  
*(If 2 sessions, please specify the session you wish to attend)*  
Registration Must receive by 01/22/2014  
Fee None Program Number NS41034

<b>Mail Registration to:</b> Attention: Registrations Eastern AHEC PO Box 7224 Greenville, NC 27835-7224 (252) 744-5229 (fax) (252) 744-5220 (phone)	<b>Agency Employees:</b> Please send all registrations forms and inquiries to your Staff Development Department
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Last 4 Digits of Your SS Number XXX-XX-□□□□  
The Last 4 of your SSN is not required; any four digit number will work. If you provide different ID numbers for registration, we may not be able to provide an accurate CE record.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Credentials/ Degree \_\_\_\_\_

Mail goes to  Office or  Home

**Workplace:** *(required, if applicable)*

Employer Name \_\_\_\_\_  
Department \_\_\_\_\_  
Position/Specialty \_\_\_\_\_  
Street/PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Home:** *(optional)*

Street/PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

***Post-Acute Care of the  
Bariatric Surgery Patient***

*At  
Wayne Memorial Hospital  
January 29, 2014  
9:00 AM - 12:00 PM*

**Jarahnee Burger MSN, RN, CNE**  
East Carolina University

Provided by  
Eastern AHEC  
Department of Nursing Education



**Title: Post-Acute Care of the Bariatric Surgery Patient**

**LOCATION: Wayne Memorial Hospital**

**DATE: 01/29/2014**

**TIME: 9:00 AM -12:00 PM**

**REGISTRATION REQUIRED BY: 01/22/2014**

**PURPOSE:** This program will enable participants to examine important considerations in the post-acute care of bariatric patients.

**OBJECTIVES:**

- DESCRIBE postoperative assessments of the bariatric patient
- DISCUSS nutritional needs for bariatric surgery patients
- DESCRIBE pharmacological considerations for bariatric surgery patients
- IDENTIFY signs and symptoms of post-operative complications
- DISCUSS the importance of patient and family involvement

**TARGET AUDIENCE:** Nurses, Dietary, Radiologic Technologists

**CREDIT**

CNE 2.75 Contact Hours    NCBPTE 3.0 EAHEC 2.75 Contact Hours

Eastern AHEC Department of Nursing Education is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Category A CE credit is pending approval by the ASRT

**North Carolina Respiratory Care Board (NCRCB):** Application has been made to the NCRCB for 2.75 Category 1 credit hours from the NC Respiratory Care Board to be awarded at the conclusion of this program.

**Physical Therapy Continuing Competence:** AHEC is an approved provider for the NC Board of Physical Therapy Examiners. Certificates reflecting **3.0 contact hours** of education will be awarded at completion of the program

**Attendance at the entire program and completion of the evaluation is required before credit will be awarded. Verification of participation will be noted by signature or check on the Activity Roster.**

**Disclosure Statements**

Unless otherwise stated there are no; conflicts of interest associated with this program, or influencing financial relationships of planners, presenters, faculty, authors or content reviewers to the content of this program.

**REGISTRATION**

No registration fee, but participants must register in advance.

**Agency Employees** - Please send all registrations forms and inquiries to your Staff Development Department.

**Non-Agency Employees** Send registration forms and inquiries directly to:

Eastern AHEC

Attn: Registrations (252) 744-5229 (fax)

PO Box 7224, (252) 744-5220 (phone)

Greenville, NC 27835

Participants are responsible for parking fees, if applicable. Acceptance is based on space available.

**HANDOUTS**

**Agency Employees** - A link to the handouts will be emailed to the Staff Development Department, where copies can be made or the links may be forwarded to the employee participants.

**Non-Agency Employees** - Approximately one week before the program you will receive an email with information regarding access to the handouts. Please be sure to put your current email address on the registration form.

**Accommodations:** Individuals requesting accommodations under the American Disabilities Act (ADA) should contact the Nursing Education Department at Eastern AHEC (252) 744-5220.

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<http://www.eahec.ecu.edu/calendar.cfm>



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