Advanced wound management

This workshop aims to support and provide the advanced level knowledge and skills required by clinicians who work across all health care sectors to manage complex wounds resulting in better health outcomes for patients. The sessions over the two days will look at evidence-based practice, wound pain management, nutrition and alternative therapies to manage wounds. This workshop is designed for registered nurses who already have an essential knowledge of wound care principles.

Key learning outcomes
On completion participants will be better able to:

- describe the strategies to manage aspects of burn wound care
- assess individuals ‘at risk’ of developing pressure injury
- describe types of debridement most commonly used in clinical practice
- initiate investigations and seek further interprofessional collaboration to manage complex wounds
- assess pain intensity related to wounds and determine strategies to manage different types of wound pain
- list the vitamins and minerals that play an important role in the wound healing process
- identify the psychosocial impact of oncology and palliating wounds on the individual and family
- explain factors that impact on the outcome of neuroischemic/ischemic foot ulcers
- discuss a number of alternative therapies in wound management and describe the indication and advantage for each approach.

Who should attend: Registered nurses

CPD hours: 14

Date: 28-29 May 2015

Location:
Australian College of Nursing
14 Railway Parade, Burwood NSW

Fees:
RN member: $327.00 RN non-member: $385.00
All prices inclusive of GST

For more information, please contact:
Student Services, Australian College of Nursing
w www.acn.edu.au
t 1800 265 534
e studentservices@acn.edu.au
Are you a:  □ RN  □ EN  □ Other health care professional (please specify) .......................................................... 

COURSE DETAILS
Course name ........................................................................................................................................................................................................
Course dates ........................................................................................................................................................................................................

APPLICANT’S DETAILS
Title (Miss, Ms, Mrs, Mr, etc) ................................... Surname ..................................................................................................................................
Given name ........................................................................................................... Date of birth .............................................................
Address ................................................................................................................................................................................................................
........................................................................................................................................................................................................ Postcode ........................................
Home telephone .......................................................... Mobile no. ..........................................................
Email ..........................................................................................................................................................................................................
Are you of Aboriginal or Torres Strait Island descent?  □ Yes  □ No  If yes, please specify ..........................................................
Where did you hear about the course?  □ Friend / colleague  □ Website  □ Conference / expos  □ Handbook  □ Email / flyer
□ Advertisement, specify .................................................................  □ Other ..........................................................................

EMPLOYMENT DETAILS
Staff position .......................................................... Ward/Unit ..........................................................................................
Place of employment .................................................. Local Health District .............................................................
Work telephone .......................................................... Speciality .......................................................... 
Is your place of employment  □ Private  □ Public  □ Other ..........................................................

NSW HEALTH SUPPORTED COURSES (NSW Health employees)
Enrolment is subject to availability.
Can this applicant be released from your hospital or facility to attend this course?  □ Yes  □ No
Nursing Unit Manager (name) .................................... Nursing Unit Manager (signature) ..........................................................
Work telephone .......................................................... Mobile telephone ..........................................................
Are you being financially supported by your employer to attend the course(s)? Wages paid while attending:  □ Yes  □ No 

IMPORTANT NOTICE – ALL COURSE FEES ARE PAYABLE IN FULL ON APPLICATION

AUSTRALIAN COLLEGE OF NURSING MEMBERSHIP
Are you a member of:  □ ACN  Course fees* Member $ .................. Non-member $ ................
*Please refer to ACN Continuing Professional Development handbook or website: www.acn.edu.au

PAYMENT DETAILS
☐ Please find enclosed my cheque/money order for the sum of $ ................ made payable to Australian College of Nursing.
☐ Please debit my:  □ Mastercard  □ Visa  Amount $ ................
Card No ________________________________ ________________________________ Expiry date ......................
Cardholder’s name ................................................................................................ Cardholder’s signature ..........................

PLEASE POST OR FAX YOUR COMPLETED ENROLMENT FORM TO:
Student Services, Australian College of Nursing, Locked Bag 3030, Burwood NSW 1805
Telephone (02) 9745 7500 • Facsimile (02) 9745 7501

ACN reserves the right to refuse enrolment to any course or program and to cancel or suspend any program at any time or for any reason as determined by ACN.