

# Palliative Care Nursing

## 17 March 2010

Registration Commences 7.45 am  
8.00 am - 4.15 pm  
Charles LaTrobe Theatre  
The Royal Melbourne Hospital  
Grattan St  
Parkville, VIC, 3052

### About the Course

Palliative Care Nursing provides specialist care for patients with advanced, life-limiting illness, where cure may no longer be possible. This course will address aspects of the Palliative Care Nursing approach, which focuses on physical, emotional and spiritual needs, and aims to achieve the best quality of life for these patients.

### Topics include

- Introduction to Palliative Care in different settings
- Pain management and other symptom management
- Palliative Care and non-malignant disease
- Care of the dying patient
- Ethical considerations in Palliative Care
- Bereavement issues and spiritual care
- Communicating with patients and families

### To Register

Please complete the registration section below.

Registrations close:  
**Friday 26 February, 2010**

### Course fees

External Applicants: \$170.00  
Melbourne Health Employees: \$ 70.00  
Lunch and refreshments provided.

**For more information about the clinical content of this course, contact:**

### Kassandra Russell

Clinical Nurse Educator  
Ph: 03 9342 7000 pager: 27528  
Email: kassandra.russell@mh.org.au

**For registration and payment queries, contact:  
Short Course Administration**

Ph: 03 9342 4981  
Fax: 03 9342 4970  
Email: shortcourse@mh.org.au

Conditions: Please make cheques/money orders payable to: 'Nursing Education Services, RMH'. The fee is not refundable and must be paid prior to course commencement. The Royal Melbourne Hospital reserve the right to cancel any course should attendee numbers be insufficient. A full refund will be given, should a course be cancelled. SEND REGISTRATION TO: Nursing Education Services, The Royal Melbourne Hospital, c/o Post Office, Parkville, VIC, 3050. telephone: 03 9342 4981 fax: 03 9342 4970 or email: shortcourse@mh.org.au. \*Please note: All correspondence regarding confirmations and course details will ONLY be communicated by email. Please ensure the email address provided is one that is checked regularly. It is the participants' responsibility to ensure the registration form is sent to Nursing Education Services

### Registration Form - Please PRINT clearly.

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

Tel (BH): \_\_\_\_\_

Email address\*: \_\_\_\_\_

Current employer: \_\_\_\_\_

Ward/Unit: \_\_\_\_\_

Melbourne Health employee: YES / NO (please circle)

Nurse Unit Manager/Manager Approval (required for Melbourne Health employees only)

Course participation approved by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2010

### Payment Method

Cheque Money Order Mastercard Visa Other

Amount: (please circle) \$70.00 \$170.00

Credit card number: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Expiry date: \_\_\_\_ / \_\_\_\_ (mm/yyyy)

**CASH IS NOT  
ACCEPTED**

# PALLIATIVE CARE NURSING 2010