

NHS Foundation Trust

Adult Tracheostomy Care - 'all you need to know'

Monday 18 March 2019

Event ID: 696

Venue: The Royal Marsden Education and Conference Centre, Stewart's Grove, London, SW3 6JJ

Audience: Aimed at healthcare practitioners (Nurses and AHPs) caring for adult patients with tracheostomy and

working in the acute and community care settings or those with an interest in, or new to tracheostomy

care.

Aim: The aim of the study day is to facilitate and enhance nurses and allied health professionals' knowledge

and skills to care for adult patients with a tracheostomy. The programme consists of lectures,

participation, practical sessions and emergency scenarios.

Cost: £100 'Early Bird Rate' until 31st August 2018 £120 per delegate thereafter

Provisional Programme

08.00 - 09.00 Registration and Coffee

09.00 - 09.10 Welcome, introduction and overview

09.10 - 09.40 Indications for the placement of a tracheostomy benefits and possible complications post tracheostomy, types of tracheostomy tube and

tracheostomy passport

09.40 - 10.30 Anatomy and physiology

Tracheostomy insertion techniques (surgical/percutaneous)

10.30 - 11.20 Improving Tracheostomy Care: Local and National initiatives

11.20 - 11.40 Coffee Break

11.40-12.00 Ward preparation for the patient and emergency equipment

for nursing a patient with a tracheostomy

12.00 - 12.30 CCU/ventilated patients with a tracheostomy

12.30-13.00 Suctioning and humidification and Weaning and decannulation

13.00 - 13.50 Lunch

13.50 - 14.20 Swallowing and communication

14.20 - 14.40 Discharge considerations for managing the patient in the community

14.40 - 15.00 Emergency situations and resuscitation with 'emergency scenarios'

and case studies

15.00 - 15.20 Coffee break

15.20 - 16.40 Practical sessions

16.40 - 17.00 Question & answer session, evaluation and close



Adult Tracheostomy Care— 'All you need to Know'

£100— Early Bird Rate until 31st August 2018

£120— Full Rate thereafter

Event ID: 696 Date: 18/03/2019

ONLINE BOOKING NOW AVAILABLE

Please visit: www.royalmarsden.nhs.uk/studydays

ALTERNATIVELY FILL OUT YOUR DETAILS BELOW

Please complete details **CLEARLY** in **BLOCK CAPITALS** as this information is used to prepare event materials.

BOOKING CONDITIONS

Name of Cardholder:

In order to be registered for the event, full payment of the registration fee must be made with your application, unless an organisation is paying on your behalf. All bookings will be confirmed by email, unless otherwise requested. Please contact us if you have not received confirmation within 5-7 days of submitting your booking.

A 50% fee will be charged for cancellations made within 4-6 weeks of the event. For cancellations made within one month of the event, full payment will be due irrespective of whether the delegate attends the event or not.

PAYMENT BY CREDIT CARD OR CHEQUE

I enclose the sum of £100/120.00 by cheque made payable to: 'The Royal Marsden NHS Foundation Trust' or by credit / debit card (Visa / Mastercard / Switch only)

Credit Card / Switch Card No:
Expires: [_]_]_] Valid: [_]_]_]
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PAYMENT BY INVOICE

If your employer has **agreed** to pay your fees and an invoice needs to be sent, it is **essential** that you give full details below of the contact name, department and full postal address. If any information is missing, **your application will not be processed**.

If your application form needs to be approved by your finance/personnel department, please ensure that it is processed and forwarded to us quickly. It is your own responsibility to ensure that your application is approved by your employer and forwarded to this office. We regret that we cannot do this for you.

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Contact name of whom the	invoice sh	nould be addressed to:	
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GENERAL			
Special dietary/other requi	rements:		
HOW DID YOU HEAR A	ABOUT T	THE EVENT?	
Direct mailing	[]	Email	[]
Royal Marsden Website	[]	Recommendation	[]
Other website	[]	Journal/Magazine	[]
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Other			

APPLICANT'S DECLARATION:

Data Protection Act 1998: I agree to The Royal Marsden NHS Foundation Trust processing personal data contained on this form, or other data which may be obtained from me or other people or organisations whilst I am applying for this event. I agree to the processing of such data for any purpose connected with my attendance at The Royal Marsden NHS Trust events, or my health and safety whilst on Trust premises or for any other legitimate purpose. I agree to the terms and conditions above and confirm that payment for this event is enclosed/will be made in full before I attend.

Event packs will include a delegates list (including name, job title and organization) If you wish your details to be removed, please contact the conferenceteam@rmh.nhs.uk

Please tick if you do not agree to your contact details being used to advise you of forthcoming events which may be of interest

By post [] By email []

Date: _____

Please return this form to the Conference Office, Education and Conference Centre, The Royal Marsden NHS Foundation Trust, Stewarts Grove, London, SW3 6JJ

The Royal Marsden NHS Foundation Trust, Stewarts Grove, London, SW3 6JJ Email: conferenceteam@rmh.nhs.uk or fax 020 7808 2334

OR Visit: www.royalmarsden.nhs.uk/studydays for online booking and further

information.

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