

Outline

- Life-Threatening Causes of AMS: Prepare to Intervene**
- Airway problems leading to hypoxia and CNS symptoms
 - Gross assessment of disability: GCS or AVPU
 - Rapid head to toe assessment
 - Look for rapidly fixable causes
 - History and physical... Asking the right questions
 - Diagnostic work-up
 - Coma and altered level of consciousness: Brain stem and cerebral hemispheres
 - Predictive model for the risk of delirium in hospitalized older patients
 - Intensive care delirium scanning checklist
 - Confusion Assessment Method
 - AACN Practice Alert
 - Break down: Delirium, dementia and psychosis

- Common Conditions Causing Delirium**
- Medications – Adverse effects and interactions
 - Central acting agents
 - Sedative hypnotics
 - Anticonvulsants
 - Analgesics
 - GI agents
 - Antinauseants
 - Antibiotics
 - Psychotropic meds
 - Cardiac meds
 - OTC meds
 - Steroids
 - Medications – withdrawal syndromes
 - UTI
 - Pneumonia
 - Electrolyte disorders
 - Endocrine crisis: Hyper/hypothyroid, adrenal, diabetic, Wilson’s disease
 - Korsakoff syndrome
 - Transient global amnesia
 - Pain agitation

- 10 Life-Threatening Conditions Causing Delirium**
- Hypoxia
 - Hypoglycemia
 - Encephalopathy: Hypertensive and Wernicke’s
 - Drug overdose
 - Acute neuro: Meningitis, SAH and seizures
 - CNS trauma
 - Sepsis

Objectives

1. Recognize the “red flags” indicating potentially fatal outcomes.
2. Explain interventions to rapidly reverse the causes of AMS.
3. Differentiate between delirium, dementia and psychosis.
4. Identify the underlying causes of AMS.
5. Select between new tools for assessment and evaluation.
6. List the best diagnostic options to differentiate among possible causes.
7. Develop a treatment plan for the most common causes of AMS.
8. Analyze practice guidelines for prevention and management of pain, agitation and delirium.

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- Delirium: Don’t Forget These Possibilities:**
- The patient with delirium related to structural changes
 - Subdural hematoma
 - Brain tumor
 - Normal pressure hydrocephalus
 - Stroke
 - Infectious disease and SEPSIS: The ticking time bomb
 - Not to be missed: Meningitis, encephalitis
- Psychosis: Into Madness**
- Major depressive disorder
 - PHQ-9 screening instrument
 - Post-partum depression
 - Bipolar
 - Schizophrenia
 - Schizoaffective
 - Delusions, illusions, hallucinations
 - Positive and negative clinical manifestations
 - Pharmacology and other treatments
 - Personality Disorders
 - Schizotypal Disorder
 - A case of global amnesia

- Dementia: The Work-Up**
- History
 - Mini mental
 - Sweet 16 Cognitive assessment tool
 - Radiological diagnostic work-up
 - Delirium plus dementia
 - Alzheimer work-up
 - Lewy body
 - Chronic traumatic encephalopathy
- Interventions for the Common Problems**
- Memory loss and confusion
 - Reduced concentration
 - Hallucinations
 - Agitation
 - Sleep disturbance
 - Inability to carry out ADLs

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Connecting the Dots of Delirium, Dementia and Psychosis



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ALTERED MENTAL STATUS

Connecting the Dots of Delirium, Dementia and Psychosis

Featuring Neuro Critical Care Expert
Joyce Campbell, MSN, SCRNP, CCRN, FNP-C



- Diagnostic challenges: Potential for involvement of one or more body systems
- Take away life-saving interventions to prevent or treat delirium
- Head to toe and diagnostic work-up to identify cause
- Find out the latest EBP for treating dementia
- Be alert for common diseases and drugs causing AMS
- What about the mentally ill patient with delirium?

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ALTERED MENTAL STATUS

Attention Health Care Professionals!! You play a vital role in identifying and assisting with resolution of problems affecting patients with altered mental status. The patient that you treat for altered mental status may be the life you save.

Delirium... Dementia... Psychosis

When facing a patient with altered mental status, no doubt you have caught yourself saying, “What is going on?” It is time to STOP, LISTEN, LOOK and ACT. This seminar dissects altered mental status (AMS), to identify the problem and lead the way to problem resolution. The study of AMS is like taking a combination med-surg and neuropsychiatric course, as one must look at all body systems when evaluating potential causes of AMS.

Every day, patients present with altered mental status in a variety of settings....ED, ICU, med/surg, geriatric, psych units, rehab, long-term care. The list goes on! Connecting the dots and identifying the problem may be life saving for the patient. You will leave with new assessment tools and strategies to alter the course for your patient experiencing an altered mental status condition.

Speaker

Joyce Campbell, MSN, SCRN, CCRN, FNP-C, has over 30 years of neuroscience and critical care nursing experience. Joyce currently works as a stroke educator for Erlanger Health System, a Comprehensive Stroke Center, treating over 2300 stroke patients annually. Joyce also continues to provide clinical instruction to students who rotate through neurosurgical intensive care, stroke, surgical, shock trauma and psychiatric units. In 2011, Joyce was honored to be the recipient of the Erlanger Chair of Excellence award.

Joyce serves on the board for Chattanooga Area Brain Injury Association (CABIA) where she is a major contributor to fundraising and education. She is a published author and continues to support her specialty nursing organizations, as a member of the American Association of Critical Care Nurses, the American Association of Neuroscience Nurses and the Chattanooga Association of Nurses for Advanced Practice, where she has served as a past president.

Joyce is an enthusiastic presenter with a passion for neuroscience and psychiatric nursing. Having presented seminars throughout the US, she is known for her ability to deliver engaging presentations, stories that drive home important messages, and the ability to draw from a wealth of real-life clinical experiences. You will come away energized, motivated and much better prepared to provide optimum care for the patients for whom you provide care.

Speaker Disclosures:

Financial: Joyce Campbell has an employment relationship with Erlanger Southeast Regional Stroke Center. She receives a speaking honorarium from PESI, Inc.

Non-financial: Joyce Campbell is a member of the educational committee for the Chattanooga Association of Nurses in Advanced Practice.

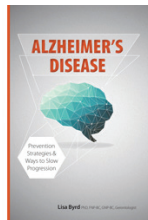
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Target Audience: Nurses, Nurse Practitioners, Clinical Nurse Specialists, Physician Assistants, Case Managers, Social Workers

Have a seminar idea? A manuscript to publish?

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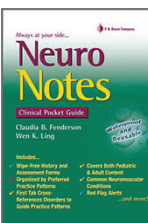


Alzheimer's Disease

Prevention Strategies & Ways to Slow Progression

By Lisa Byrd, PhD, FNP-BC, GNP-BC, Gerontologist

Filled with strategies, activities and approaches, cognitive interventions, exercise plans, diet solutions, ways to promote social engagement and medication treatments. Case studies and personal experiences highlight this must have resource for anyone working with Alzheimer's, dementia and delirium patients. (2014)



Neuro Notes:

Clinical Pocket Guide

By Claudia Fenderson, PT, ED.D., PCS and Wen Ling, PT, PH.D.

Whatever the practice setting-acute care, rehabilitation, outpatient, extended care, or in a school-turn to this handy pocket guide to the neurological examination. A spiral binding, thumb tabs and nearly 240 illustrations insure you can find just what you're looking for. Waterproof, reusable pages let you record clinical data and then wipe the pages clean with alcohol. (2014)

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(Times Listed in Eastern)

7:30 Registration/Morning Coffee & Tea

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11:50-1:00 Lunch (*on your own*)

4:00 Program ends

10 – 15 minute mid-morning and mid-afternoon breaks

For locations and maps, go to www.pesihealthcare.com, find your event, and click on the seminar title.

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LIVE SEMINAR & WEBCAST CONTINUING EDUCATION CREDIT INFORMATION

Credits listed below are for full attendance at the live event only. Certificates of Completion are distributed at the conclusion of the live seminar for those who register prior to the event date and attend the full day. A letter of attendance will be issued to participants who register at the event, arrive late, or leave early. For those who registered day of (walk-ins), and are in full attendance, a certificate of completion for full CE credit will be sent within 30 days following the event. For those in partial attendance (arrived late or left early), an adjusted certificate of completion reflecting partial credit will be issued within 30 days (if your board allows). Please see "live seminar schedule" for full attendance start and end times. NOTE: Boards do not allow credit for breaks or lunch.

If your profession is not listed, please contact your licensing board to determine your continuing education requirements and check for reciprocal approval. For other credit inquiries not specified below, or questions on home study credit availability, please contact cepesi@pesi.com or 800-844-8260 before the event.

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professions standards.

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NURSES/NURSE PRACTITIONER/CLINICAL NURSE SPECIALISTS: PESI, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Nurses in full attendance will earn 6.3 contact hours. PARTIAL CONTACT HOURS WILL BE AWARDED FOR PARTIAL ATTENDANCE.

NURSE PRACTITIONERS: This program offers 180 instructional minutes of pharmacology content which is designed to qualify for 3.0 contact hours toward your pharmacology requirement to receive credit. It is your responsibility to submit your certificate of successful completion and a copy of the seminar brochure to your licensing board.

PHYSICIAN ASSISTANTS: "This program is not yet approved for CME credit. Conference organizers plan to request 6.25 hours of AAPA Category 1 CME credit from the Physician Assistant Review Panel. Total number of approved credits yet to be determined."

SOCIAL WORKERS: PESI, Inc. Provider #:1062, is approved as a provider for social work continuing education by the Association of Social Work Boards (ASWB), www.aswb.org through the Approved Continuing Education (ACE) Program. PESI, Inc. maintains responsibility for the program. ASWB Approval Period: January 27, 2017 - January 27, 2020. Social workers should contact their regulatory board to determine course approval for continuing education credits. Social workers participating in this course will receive 6.25 (Clinical) continuing education clock hours for this intermediate course. A certificate of attendance will be awarded at the end of the program to social workers who complete the program evaluation.

OTHER PROFESSIONS: This activity qualifies for 380 minutes of instructional content as required by many national, state and local licensing boards and professional organizations. Save your course outline and certificate of completion, and contact your own board or organization for specific requirements.



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ALTERED MENTAL STATUS: CONNECTING THE DOTS OF DELIRIUM, DEMENTIA AND PSYCHOSIS

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Tuition Options:

\$30 Tuition: If you are interested in being our registration coordinator for the day, go to: www.pesihealthcare.com/coord for availability and job description, or call our Customer Service Dept. at 800-844-8260. Groups of 10 or more: Call 800-844-8260 for discounts.

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Advance registration by phone required.

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Advance registration required.

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- ☐ per person for 2 or more preregistering together —OR—
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Distributed at seminar—FREE SHIPPING!

☐ **\$19.95*** *Alzheimer's Disease* book

☐ **\$35.95*** *Neuro Notes: Clinical Pocket Guide*

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WEBCAST WITH DOWNLOADABLE SEMINAR MANUAL

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Altered Mental Status: Connecting the Dots of Delirium, Dementia and Psychosis

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___ Seminar on CD* (audio) \$169.99 (RNA077450)

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