

# Medication Appropriateness, Safety & Management



HOSPICE & PALLIATIVE CARE  
ASSOCIATION OF ARKANSAS

*All 4 Webinars Will Take Place on Wednesdays, 2:00-3:00pm CST*

## Earn Nurse Contact Hours and Therapy Contact Hours!

Medication management can be overwhelming for your patients living with a serious illness. This webinar series will provide an opportunity to learn more about medication regimens frequently used for patients receiving palliative care or hospice care services. Regardless of your practice setting or patient population served, it is important to weigh the risks and benefits of medication regimens as your patients' progress through an illness trajectory. Please join us to discuss appropriate medication use and symptom management for patients facing a serious illness. Learn at your pace right from your office!  
**Recordings will be available until June 30, 2019.**

### **Part 1: Medication Appropriateness September 19, 2018**

This program will review practical tips for ensuring your patients' medication regimens are optimal for their needs. We will review medication selection, identifying nonessential medications, and how to safely discontinue medications for seriously ill patients. This program will also address formulary medication selection for seriously ill patients with commonly occurring symptoms.

### **Part 2: Medication Safety December 5, 2018**

This program will briefly review and build on medication appropriateness. It will review the importance of having a formal reconciliation process for your organization to reduce patient risks, especially during transitions of care. Additionally, common survey deficiencies involving aspects of drug profiles will be identified and patient cases will be used to highlight nonessential medications and unsafe medication use at end-of-life.

### **Part 3: Pain & Symptom Management January 30, 2019**

This program will review pain assessment and hospice quality measures surrounding pain management at end-of-life. Additionally, we will differentiate nociceptive and neuropathic pain and identify appropriate therapies based on clinician assessments. We will review formulary analgesic selection and safe opioid regimen initiation, rotation and titration.

### **Part 4: Methadone Use at End- of-Life March 20, 2019**

Methadone can be a challenging analgesic to work with, but it's worth the extra effort! This webinar will provide the audience with basic information regarding methadone use for your patients with advanced pain management needs. This presentation will discuss the appropriate use of methadone in the hospice population. Patient case examples will be used to demonstrate dosing and monitoring strategies.

**Presenter: Ellen Fulp, PharmD, BCGP, AvaCare, Inc.** Dr. Fulp earned her Bachelor's Degree in Pharmaceutical Science and her Doctor of Pharmacy Degree from the University of North Carolina at Chapel Hill. She has over seven years of experience practicing pharmacy in the community setting, in rural North Carolina encompassing traditional dispensing and physician support, including renal and geriatric dosing for pain medications, anxiolytics and antibiotic therapy. Since 2013, she has been on staff at AvaCare, Inc., providing comprehensive medication reviews and clinical consults to hospice and palliative care nurses from hospice locations across the nation. Doctor Fulp routinely provides consult regarding appropriate symptom management, regulatory issues and medication appropriateness at end of life.



**WEBINAR REGISTRATION**  
**MEDICATION APPROPRIATENESS, SAFETY & MANAGEMENT**

**Wednesdays from 2:00 – 3:00 p.m. CST**

**September 19, 2018 | December 5, 2018 | January 30, 2019 | March 20, 2019**

**REGISTRATION INSTRUCTIONS:**

**Convenience:** Enjoy the convenience and cost-efficiency of a webinar – watch the speaker’s slide presentation on the internet while listening by telephone or through your computer’s microphone and speakers (VoIP). There is no limit to the number of attendees from your agency who may participate at your site using one phone line and a computer with internet access.

**Confirmation:** Prior to the webinar, a GoToWebinar link will be e-mailed to you. You will need to register through this link to attend the webinar. You will be sent a confirmation which will include a join link to access the webinar, a dial-in number and an access code to listen in via telephone. You will also be sent any pertinent handouts if available.

**Registration Fee:** Registration fees are based on one phone/webinar connection; multiple site participation for your agency will require a separate registration fee for each connection. Please note: if your agency has sent in 1 registration but 3 people from your agency register through the GTW link, your agency will be invoiced for the 2 additional registrations. Following each webinar, you will receive a recording via link and it will be available until June 30, 2019.

**Please complete the following information and mail, email or fax with payment to:**

**HPCAA, 411 S. Victory Street, Ste 205, Little Rock, AR 72201 / [executivedirector@hpcaa.org](mailto:executivedirector@hpcaa.org) / Fax 501.375.1375**

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FEE PER SITE/PHONE CONNECTION:** Registration fees are for one (1) phone connection. For additional sites, please copy this registration form and send in with proper payment amount. Indicate if you will be calling into the live webinar or purchasing the audio recording (fee is the same). The live webinar includes the opportunity to ask questions of the presenter. Contact hours may be earned for listening to the audio recording up to 6 months following the live webinar. If you desire to purchase both the live webinar and the audio recording, pay the registration fee and an additional \$30.

HPCAA Members		Non-Members	
Part 1 - \$130		Part 1 - \$230	
Part 2 - \$130		Part 2 - \$230	
Part 3 - \$130		Part 3 - \$230	
Part 4 - \$130		Part 4 - \$230	

**TOTAL AMOUNT:** \_\_\_\_\_

**Payment Information:**       Credit Card       Check

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_