



QRC: 3432

Price

One Day : \$462 inc. GST

Two Days: \$715 inc. GST

Date

12 - 13 Nov 2018

Venue

Rydges Sydney Central

28 Albion Street , Surry Hills, NW,

2010

CPD Hours

11 Hours | 0 Mins

The Clotting Conference - Sydney 2018

2 Day Conference for Nurses

Need for Program

Thousands of people each year develop pathological clots although there is extensive literature on the causative factors and prophylaxis. This problem remains a cause for concern as the impact on the individual, health services, economy and community is huge. The cornerstone to prevention and better management of clotting disorders is to ensure that all nurse have accessible current information which can be readily applied in practice. There is a timely need for content relating to clotting disorders so as to ensure harm to patients is prevented.

Purpose of Program

The purpose of this conference is to provide nurses with education relating to specific clotting disorders in order to assist in the prevention of disability and premature death.

Learning Outcomes

At the conclusion of this program it is expected that the participants will be able to:

- People in your care will receive correct evidence-based information about the prevention of DVT/PE
- A person in your care, who manifests signs and symptoms of clot pathology will be rapidly assessed and appropriate treatment initiated
- Apply your knowledge of anticoagulants medicines across the continuum of treatment to achieve optimum outcomes
- Clearly relate nursing practice to your new knowledge and correlate this to improved patient outcomes

Program Schedule

Day One

8:30AM Registration for Day One

9:00

Welcome and Introduction to Conference

9:05

Joanne Reading

The Clotting Cascade Made Easy - Understanding Coagulation

Coagulation is a very complex process that under normal circumstances results in the blood clotting. But, how does this happen and why is it so important? This opening interactive session will help you to understand the series of events that are fundamental to the body's ability to clot. It includes:

- How does the blood clot?
- What do the all the different factors do?
- How does this relate to the actions of common anticoagulant agents?

10:00

Joanne Reading

Recognising a Clot - Nursing Signs and Symptoms

A blood clot is a serious, potentially life-threatening clinical condition that must be immediately recognised and assessed if patient outcomes are to be satisfactory. Although there is a widespread awareness of the risk that blood clots may develop, this may not actually translate to being familiar with their exact signs and symptoms. This session will go back to basics to help you understand how to perform a detailed assessment for DVT and PE so that you can recognise them when they develop. It includes:

- What physical signs may indicate a DVT or PE?
- Diagnosing deadly clots - ultrasounds, CTPA and VQ scans - what are we looking for and why?
- What pathology changes may indicate a clot?
- What changes in clinical observations should make you immediately suspicious of a PE?
- What comes after assessment? A look at common interventions

10:45 Morning Tea

11:15

Kylie Tastula

Ischaemic Stroke - Catastrophic Clotting?

An ischaemic stroke occurs as a result of a blood clot or obstruction to the flow of blood to the vessels that supply the brain. It is estimated that ischaemic stroke accounts for 80% of all cases of stroke, which is much more than haemorrhagic stroke. Due to the huge potential for disability and death as a result of a stroke, and the impact that early recognition plays to improve outcomes, this

session is dedicated to improving your understanding of:

- Ischaemic stroke – what is happening in the brain?
- Common presentations – who are most at risk?
- Recognising stroke FAST – what are the other signs and symptoms?
- What makes a difference to recovery?

12:15

Margaret Jordan

The Risk of Non-Reversible Anticoagulation and Injuries in the Community

Non-vitamin K oral anticoagulant (NOAC) medications, such as apixaban, rivaroxaban and dabigatran, are known to be effective agents in certain circumstances. However, unlike warfarin, other anticoagulants, which are considered to be more easily reversible, at present, reversing the actions of these newer agents is less straightforward. Does this place people in the community at a higher risk of injury? This session looks at:

- What are the indications for apixaban, rivaroxaban, and dabigatran?
- What range of bleeding events and their severity result from these agents?
- What signs and symptoms should patients and clinicians be monitoring for?
- What options for reversing exist?
- When would reversal of these agents be considered?
- How do these compare with other agents e.g. warfarin?
- How can we reduce the risk of bleeding in patients on NOACs?

1:15PM Lunch and Networking

2:15

TBA

Is Two Better than Three? Dual Versus Triple Antithrombotic Therapy Following PCI

Some patients with atrial fibrillation will undergo percutaneous coronary intervention (PCI). Post-procedure, is dual or triple antithrombotic therapy more effective? This session will cover:

- What types of antithrombotic therapies are recommended?
- Dual vs triple – what are the pros and cons?
- What are the clinical takeaways?

3:15 Afternoon Tea

3:45

TBA

Platelet Rich Plasma Injections in Arthritis

The most identifiable function of platelets is their involvement in coagulation. However, due to other properties, a range of other uses continue to be identified. Platelet-rich plasma (PRP) injections represent one example. It's thought that platelets may support the repair of damaged cartilage, tendons, ligaments, and muscles. This session will review the evidence for PRP injections in the

management of arthritis. It includes:

- What are PRP injections?
- Do they stimulate “natural healing”?
- What evidence underpins their use in the management of arthritis?
- What will the current trial investigating their use be looking at?

4:30 Close of Day One of Conference

Day Two

9:00AM Commencement of Day Two

9:00

David Collins

Central Venous Access Devices - Preventing Thrombosis, Occlusion, and Other Complications

Central Venous Access Devices (CVADS) are essential for management of many complex health conditions and their use in the community is becoming more common. The type of CVAD, their placement, and management are essential to reduce the risk of complications, such as thrombosis, as well as to promote device longevity. This session reviews the key considerations for the management of CVADs including the prevention of thrombosis and occlusion and includes:

- A review of devices
- Catheter selection – choosing appropriate devices
- Complications – during and following insertion with a focus on preventing thrombosis and occlusion
- Management principles – blood sampling, flushing, medication/fluid administration, and dressing and line changes
- Common troubleshooting tips

9:45

David Collins

The Science of Stem Cells

Stem cell science represents an area of medicine that is promising and may be revolutionary in terms of its outcomes. However, despite much interest and attention, a number of unproven and unregulated therapies exist even though there is a lack of evidence. Whilst their curing properties may be revealed in the future, at present stem cells isolated from bone marrow and transplanted in the context of certain haematological malignancies remain one of the few recognised uses of stem cells. As such, this session will reveal:

- What is a stem cell?
- What are the current recognised stem cell therapies?
- How are stem cells isolated from bone marrow?
- Which haematological malignancies may benefit from bone marrow transplant?
- What are the non-malignant disease indications for transplant?
- What are the nursing considerations of a person pre- and post-bone marrow transplant?

10:45 Morning Tea

11:15

Joanne Reading

Cutting out the Confusion - Gold Standards for VTE Prevention

For any hospitalised patient, the risk of VTE is elevated. Nurses are at the forefront of VTE prevention throughout the patient's journey. This session will provide an evidence-based update on the rationales and the correct use for the prevention of VTE. It includes:

- Risk factors for developing clots and how to assess
- Application in practice of NHMRC - NICS Clinical Practice Guidelines for the Prevention of Venous Thromboembolism
- Practice guidelines for mechanical VTE prophylaxis: e.g. antiembolism stockings and sequential compression devices
- Correct use of compression stockings

12:15

Joanne Reading

"HIT Back Post-Operatively" - Recognising Heparin-Induced Thrombocytopenia

Heparin is the most commonly used anticoagulant used in a hospital setting when treating and preventing thromboembolic disorders. While it often works in the patient's favour, it can also go wrong. This session looks at:

- Why use heparin postoperatively?
- Who is susceptible to HIT?
- HIT-ing the mark - how do we manage HIT?

1:15PM Lunch and Networking

2:15

TBA

Variceal Bleeding and Advanced Liver Disease

It is an inevitable and worrying reality for many people with liver dysfunction that advanced liver disease (cirrhosis of the liver) can develop. Oesophageal or gastric varices are a complication associated with advanced liver disease. Not every person with varices will bleed. However, it can be frightening to experience as bleeding may be compounded by poor clotting function. This session reviews:

- What causes varices to develop?
- What are the signs and symptoms of varices?
- How is primary prophylaxis achieved and why is this essential?
- What are the current treatments for active variceal bleeding?

3:00 Afternoon Tea

3:30

TBA

“Saving Christmas” - The Life-Changing Breakthrough for Haemophilia B Patients

Christmas disease is a genetic disorder that impacts an individual's ability to produce clotting factor IX. This session will further explore what “Christmas disease” is and how revolutionary changes are occurring. It includes:

- What is “Christmas disease” and how does it affect someone?
- What is the factor IX Padua gene therapy trial?
- What is the underlining pathophysiology of haemophilia and the gene therapy?
- What does this mean for the future treatment of haemophilia B?

4:30 Close of Conference and Evaluations

Presenters

David Collins

David Collins commenced his career in nursing in the UK, working in many different areas before settling into haematology and bone marrow transplantation. He holds postgraduate diplomas in haematology and infectious diseases and a postgraduate certificate in apheresis nursing, clinical education, and palliative care. David has held numerous senior positions covering different aspects of haematology, both in the UK and Australia, and is currently working as a Nurse Practitioner in BMT. He has a passion for the education of patients, carers, and nursing staff, and has been a guest presenter at several nursing conferences. He is a past president of the Haematology Society of Australia and New Zealand Nurses Group. David's interest lies in improving the patient journey, and he focuses his practice to achieve the best outcome for his patients.

To Be Determined

Margaret Jordan

Margaret Jordan is a clinical pharmacist with experience in hospital practice and primary care, medicines information, research and programs development. Margaret has been involved in the development and delivery of educational programs to GPs, hospital resident medical officers, pharmacists and general practice and hospital nurses. Margaret has coordinated a district-wide Medication Advisory Committee for the local RACFs and undertook her research into the management of warfarin in the aged care setting.

Joanne Reading

Joanne Reading is a clinical educator within the 42 bed ICU at the Royal Melbourne Hospital, which also services critically ill patients from the Peter MacCallum Cancer Centre and the Royal Women's Hospital. Joanne holds a critical care graduate certificate and a master of health science with a focus on education. She is also the author of her own nursing education website called “Blogging for your Noggin”. With a special interest in all things cardiac and respiratory. Joanne is passionate about ensuring that education not only fosters critical thinking but is entertaining in the process!

Kylie Tastula

Kylie Tastula has worked within the field of neurosciences for the last 15 years, both within Australia and internationally. She has worked in neurosciences intensive care units, general trauma intensive care, and the ward environment and has completed a master's degree in clinical practice, majoring in neurosciences. Kylie is currently the neurosciences CNC at Royal Prince Alfred Hospital, a role that has a focus on the quick assessment of neuroscience patients with an emphasis on acute stroke patients.

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