



Basic Fetal Monitoring Workshop
Nursing Clinical Education Center, 4 West General Hospital,
University of Iowa Hospitals and Clinics, Iowa City, IA
Intended Audience: Licensed Nurses
Nursing Credits (Optional): 6.5 contact hours or 0.65 CEUs

2008 CLASS DATES:

Thursday, February 7, 2008

Thursday, May 15, 2008 (New Date)

Thursday, September 4, 2008

Thursday, November 6, 2008

SCHEDULE

8:45 a.m.	Registration
9:00	Introduction
9:10	Fetal and maternal monitoring equipment
9:30	Baseline characteristics
10:00	Break
10:20	Baseline characteristics (continued)
11:30	Periodic/episodic changes
12:00 p.m.	Lunch (on your own)
1:00	Periodic/episodic changes (continued)
2:00	Pattern recognition
2:30	Break
2:45	Antepartum testing
3:00	Documentation dilemmas
4:00	Evaluation and closing

** Room location subject to change.*

Linda M. Myers, RN, MSN; Advanced Practice Nurse, Labor & Delivery,
Children's and Women's Services, Department of Nursing, University of Iowa
Hospitals & Clinics

Visit our web site <http://www.uihealthcare.com/depts/nursing/index.html> and click on
"Continuing Education" under "Nursing Clinical Education Center". Download program information and
registration forms or request program brochures.

PURPOSE

This workshop is designed to provide basic information for obstetrical nurses on the use of fetal monitoring in the care of patients. Discussion will include methods of fetal monitoring, recognition of changes and interventions to assist in the management of patients. Documentation issues and methods of antepartum testing will be included.

OBJECTIVES

1. Discuss external and internal methods of monitoring fetal heart rate and uterine activity.
2. Identify characteristics of fetal heart rate baseline and periodic & episodic changes.
3. Identify reassuring and non-reassuring fetal heart rate patterns and the interventions needed to manage these patterns.
4. Review fetal heart rate patterns & uterine activity and discuss appropriate assessments and interventions.
5. Discuss documentation of electronic fetal monitoring.
6. Describe methods of antepartum testing for the evaluation of fetal well being.

Registration:

Return the completed registration form and applicable fees 3 weeks prior to the workshop. Confirmation will not be mailed. Maps, housing information, and receipt will be provided upon request.

Workshop Fee: \$75 (includes workshop materials and breaks). A \$20 non-refundable late fee will be assessed for all registrations postmarked after the deadline. Late registrations will be accepted if space allows; CALL to confirm any registration mailed after the three-week deadline.

Optional Nursing Credits: CEU credits are available for an additional fee of **\$10**.

6.5 contact hours or 0.65 CEUs will be granted by UI Hospitals and Clinics Department of Nursing (IBN Approved Provider #34). Participants must attend the entire program to receive full credit.

General Information

Registration: Return the completed registration form and applicable fees **three** weeks prior to the workshop. **CONFIRMATION WILL NOT BE MAILED.** Maps, housing information and receipts will be provided upon request.

Late registrations will be accepted if space allows; CALL to confirm any registration mailed after the three-week deadline. A \$20 nonrefundable late fee will be assessed for all registrations postmarked after the deadline. Due to fluctuations in room temperature, we recommend you dress accordingly for your personal comfort.

The Nursing Clinical Education Center is located on 4 West, General Hospital (elevator B to 4th floor, west at compass on floor). Maps of the Hospital and Iowa City area can be obtained on the web at

<http://www.uihealthcare.com/infofor/patients/howtogethere.html>.

PARKING: Parking is available in Hospital Parking Ramps #1, #2 or #3. The fee for parking in the Hospital ramps is \$14.00 if over seven hours. Reduced parking passes (\$6.40 for 8 hours) will be available for purchase at registration on the day of the program. Checks or exact change is required to purchase parking passes. Rates are subject to change. *Participants should enter the Hospital through the main entrance and inquire at the Information Desk for directions to the classroom.*

Make check payable to: UI Hospitals and Clinics

MAIL TO: Karen K. Marek, Program Associate,
UI Hospitals and Clinics Department of Nursing,
200 Hawkins Drive, Iowa City, IA 52242-1009

REFUNDS: Full refund (less \$20 late fee) if notified 3 days prior to the program. Substitutions are permitted at any time.

The UI Hospitals and Clinics Department of Nursing's continuing education programs are developed under the supervision of Lou Ann Montgomery, PhD, RN, BC; Associate Director, Nursing Education. Questions concerning continuing education programs may be directed to the Nursing Education Center at 319-356-4304.

Individuals with disabilities are encouraged to attend all University of Iowa-sponsored events. If you are a person with a disability who requires an accommodation in order to participate in this program, please contact the Department of Nursing in advance at (319)356-4304.

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information contact the Office of Equal Opportunity and Diversity, (319) 335-0705.

Basic Fetal Monitoring Workshop

2008 Class Offerings

Registration Form (may be duplicated)

Personal Identifier: _____ (Please Print)

Birth Month/Day M M D D Last 4 digits of SSN

Name: _____

Home Address: _____

City/State/Zip Code

Home Phone Number: _____

Nursing License Number: _____

Employer: _____

Employer Address: _____

City/State/Zip Code

Work Phone Number: _____

Position Title: _____

E-mail Address: _____

Please check the appropriate boxes:

<u>Session</u>	<u>Deadline</u>
<input type="checkbox"/> Thurs., Feb. 7, 2008	01/17/08
<input type="checkbox"/> Thurs., May 15, 2008	04/24/08
<input type="checkbox"/> Thurs., Sept. 4, 2008	08/14/08
<input type="checkbox"/> Thurs., Nov. 6, 2008	10/16/08

Fees

<input type="checkbox"/> Session Fee	\$75
<input type="checkbox"/> Late Fee (postmarked after deadline)	20
<input type="checkbox"/> CEU Credit (optional)	10

Total Enclosed \$ _____

CEU Credits - Optional

- 0.65 CEUs requested
- No credit requested
- Send Map Send housing information
- Send Receipt

Make Check Payable To: UI Hospitals & Clinics
Mail to: Karen Marek, Program Associate
UI Hospitals and Clinics
Department of Nursing
200 Hawkins Drive
Iowa City, IA 52242-1009