

Attention: Nursing Facility Administrators, Directors of Nursing, and Staff!

OANH Regional Education Program Series presents...

MANAGING DIFFICULT BEHAVIORS

Medication and Non-medication for Long Term Care Residents



► Program Information

► TWO locations in Ohio for your convenience!

Featured Speakers:

Elizabeth Anne Slater, MSN, RN
Nursing Consultant, Omnicare Pharmacies
(Speaker at 2005 OANH Annual Convention)

Michael Slater, RN
Coordinator of Crisis Stabilization Unit

Important Information You Need to Know!

An overview of cognitive disorders will be presented, and you will:

- Learn about a variety of behavioral disturbances commonly seen in dementia
- Learn WHY people act differently
- Discuss pharmacological treatments for behavioral problems in dementia
- Identify strategies for dealing with difficult behaviors of dementia patients
- Learn non-pharmacological treatments of long-term care nursing home residents
- Review geriatric depression and treatment

Cost: \$79 member/\$109 nonmember

January 20, 2006

Radisson Hotel
7007 North High Street
Worthington, OH

January 27, 2006

Holiday Inn I-275 North
3855 Hauck Road
Cincinnati, OH 45241

Both sessions 10 a.m. to 3 p.m.

Sponsored by
Abbott Laboratories

This program has been approved for four (4) hours of continuing education credit for nursing home administrators. Nurses please note that any continuing education that has been approved by BENHA can be accepted by the Ohio Board of Nursing.

REGISTRATION FORM—REGISTER NOW!

Fax registration form to: 614.461.0434. Mail to: OANH, Two Miranova Pl., Suite 210, Columbus, OH 43215.

Register on-line at www.oanh.org. No refunds will be given one week prior to the session date.

For additional information, please call 614.461.1922 or 614.436.7417.

Name _____ Title _____

Facility _____

Address _____

City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Session attending: January 20 (Columbus) January 27 (Cincinnati)

Method of Payment Check Credit Card (Lunch is included)

Credit Card No. _____ Exp. Date _____

Billing Address _____ City/State/Zip _____

Signature _____ CVV _____