



Target Audience

The **Diabetes and Pump Education Program for School Nurses** is a full-day program designed by the pediatric staff at the Joslin Diabetes Center under the direction of Lori Laffel, MD, MPH, Chief of the Pediatric, Adolescent, and Young Adult Section.

This program will provide school nurses with a greater understanding of diabetes management using insulin pumps in school-age children and adolescents with diabetes.

Learning Objectives

Upon completion of this program, the participant will be able to:

- Identify reasons for pump therapy
- Discuss factors that predict successful pump therapy
- Review the calculation of insulin doses
- Review different pumps available for use by students with diabetes and receive hands-on instruction in the use of each pump

Contact Hours

This program meets the requirements of the Massachusetts Board of Registration in Nursing for 7.1 continuing education contact hours. (*Updated 9.30.2009*)

Contact hour certificates will be provided at the end of the program.



LEARN UP-TO-DATE
INFORMATION ABOUT DIABETES
MANAGEMENT USING
INSULIN PUMPS

at the

~ 2009 ~

Diabetes and Pump Education Program for School Nurses

**Saturday
November 7, 2009**

**Joslin Diabetes Center
Boston, MA**

7:30 AM to 4:00 PM

Planning Committee

Lori Laffel, MD, MPH
Debbie Butler, MSW, LICSW, CDE
Laurie Higgins, MS, RD, LDN, CDE
Deb Holtorf, MSN, MPH, PNP, BC-ADM
Joyce Keady, MSN, RN, PNP
Kerry Milaszewski, BSN, RN, CDE
Cindy Pasquarello, BSN, RN, CDE
Lisa Volkening, MA

*Joslin Diabetes Center
Boston, MA*



Joslin Diabetes Center

Sponsored by:



Joslin Diabetes Center



Date & Location

Saturday, November 7, 2009
Joslin Diabetes Center
Boston, MA

Registration Information

Individuals: \$125 per person

Groups:* \$95 per person for school groups of 3 or more

*If registering as a group, please write the other group members' names on your registration form to ensure that you receive the group rate.

□ School purchase orders are welcome.

□ Registration fee includes breakfast, lunch, and program materials.

□ Program space is limited and is available on a first come, first served basis. Early registration is recommended.

□ Registration forms must be received by Thursday, November 5.

□ On-site registration is not permitted without prior authorization.

For more information, contact:

Alana Telian
Joslin Diabetes Center
617-732-2699 x4530
alana.telian@joslin.harvard.edu

Schedule

7:30-8:20 AM	Registration & Breakfast
8:20-8:30 AM	Welcome
8:30-9:15 AM	Introduction to Pump Therapy <ul style="list-style-type: none"> • What is pump therapy? • Pros and cons of pump therapy <i>Cindy Pasquarello, BSN, RN, CDE</i> <i>Elizabeth Foster, BSN, RN</i>
9:15-9:45 AM	Realities of Pump Therapy in Youth <i>Lori Laffel, MD, MPH</i>
9:45-10:15 AM	Break, Networking, & Vendors
10:15-10:45 AM	Carbohydrate Counting & Insulin Dose Calculations with the Pump <i>Laurie Higgins, MS, RD, LDN, CDE</i>
10:45-11:15 AM	Troubleshooting for the Pump <ul style="list-style-type: none"> • Hypoglycemia, hyperglycemia, and other practical issues <i>Joyce Keady, MSN, RN, PNP</i>
11:15-11:45 AM	Other Diabetes Technology: Continuous Glucose Monitoring <i>Kerry Milaszewski, BSN, RN, CDE</i>
11:45-12:30 PM	Lunch, Networking, & Vendors
12:30-1:00 PM	Pump Readiness <i>Debbie Butler, MSW, LICSW, CDE</i>
1:00-1:45 PM	Breakout Sessions with Pump Companies and Joslin Staff <ul style="list-style-type: none"> • <i>Hands-On Experience with Pumps</i> <ul style="list-style-type: none"> • Animas • Insulet (OmniPod) • Medtronic • <i>Case Studies with Joslin Educators</i>
1:45-2:30 PM	
2:30-3:15 PM	
3:15-4:00 PM	
4:00 PM	Program Evaluation & Contact Hour Certificates

Registration Form: Diabetes and Pump Education Program for School Nurses

Please print.

First name: _____ Last name: _____

School district: _____ School/Institution: _____

Address: Home _____ City: _____ State: _____ Zip: _____
 School _____

Phone: _____ E-mail: _____

Have you attended any previous Joslin school nurse programs? Yes No

Individual (\$125 per person)

Group (\$95 per person, school groups of 3 or more)

Please list other group members: _____

Form of payment:

Check enclosed: \$ _____

School purchase order enclosed: \$ _____
Make checks payable to Joslin Diabetes Center.

Mail registration and payment to:

Joslin Diabetes Center
Diabetes & Pump Education Program for School Nurses
c/o Alana Telian, Room 362
One Joslin Place
Boston, MA 02215

Please let us know if you have any special dietary needs.