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http://www.lhsc.on.ca/Health_Professionals/CCTC/courses/challengesincc/



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"Challenges in Critical Care"



London Health Sciences Centre—CCTC
D2-559 Victoria Hospital
800 Commissioners Road E.
London, ON, N6A 5W9
Attention: Krista Shea

Dawna Van Boxmeer
Kendrah Krouskos
Gayle Fulton
Susan Layland
Ashley Petrie

Krista Shea
Co-chairperson

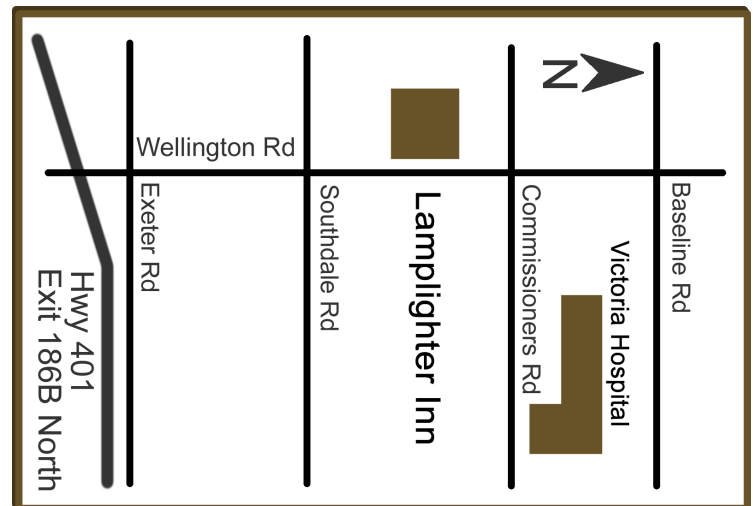
PLANNING COMMITTEE

Jodi Bamier
Co-chairperson

Susan Smith
Pamela Gladysz
Michelle Stephens
Michelle Steven
Cindy Brown

Tel: (519) 681-7151
Reservations: 1-800-528-1234

Best Western
Lampighter Inn
Free Parking



London Health Sciences Centre

27th
Annual

Challenges in Critical Care

Friday June 1, 2012



27th Annual Challenges in Critical Care

Management of Aortic Dissection in the Endovascular Era

Dr. Jeremy Harris

Vascular Surgeon and Assistant Professor of Surgery,
Western University

Critical Care in Obstetrics: Common Case Scenarios

Dr. Erin Lovett

OB/GYN Consultant, London Health Sciences Centre,
Assistant Professor, Western University

Organ & Tissue Donation, the Past, Present & Future

Barbara van Rassel RN BScN

Organ and Tissue Donation Coordinator
Trillium Gift of Life Network

The 3 R's of Transfusion Reactions (Recognition, Resolution and Reporting)

Kathleen Eckert, MLT, ART

Transfusion Safety Officer, London Health Sciences Centre



London Health Sciences Centre

Friday June 1, 2012 - Lamplighter London, ON

Trauma!

Dr. Ana Igric

MD, BSc, Pgy4, General Surgery/Critical Care

Healthy Living for the Caregiver

Susan Rosato RN

Fitness Pilot Project Lead, Certified Personal Trainer,
London Health Sciences Centre

Donation After Cardiac Death

Dr. R. Hernandez Alejandro

Assistant Professor of Surgery, UWO; Liver Transplant &
HPB Surgery, London Health Sciences Centre

REGISTRATION

Registration Fee Includes: Refreshment Break & Buffet Lunch

- \$130.00 until May 25, 2012
 \$75.00 Student Rate (Full time students only)
Cancellation Fee: \$50.00 after May 25, 2012

Please make cheques payable to: "Education Fund CCTC"

Home Address: _____

Postal Code: _____

Telephone (home): _____

(work): _____

Email Address: _____

Please print your name clearly as you would like it to appear on your name tag.

Name: _____

Hospital: _____

Credentials: _____

Area of Work: _____