Course Description:
This course is designed for Registered Nurses and Registered Practical Nurses who work with children and adolescents who have disabilities and/or chronic illnesses. Nurses who work in acute care, rehabilitation, schools, home and community settings will be presented with up to date information on rehabilitation nursing care of children and adolescents. Your knowledge of current rehabilitation nursing interventions for children with various disabilities will be enhanced.

Who Should Attend:
Registered Nurses and Registered Practical Nurses, who work with children and adolescents with disabilities or chronic illness or nurses that work in adult rehab setting and want to gain a better understanding of pediatric rehabilitation nursing. Small class size will contribute to a positive learning experience. Minimum registration required to run the course.

Course Objectives:
Upon completion of this course participants will be able to:
- Describe the major pathophysiological states occurring with prolonged illness and disability.
- Identify nursing interventions for rehabilitation clients and families, within an interdisciplinary model of care, that will meet individual needs and promote positive client outcomes.
- Enhance interprofessional collaboration and communication skills.
- Function as a key participant in the discharge planning process.

SCHEDULE (Topics and Times may change)

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<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
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<tr>
<td>0830-0900 Welcome and Introduction</td>
<td>0830-0915 Epilepsy</td>
<td>0830-0930 Neuro A &amp; P – The Spinal Cord</td>
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<tr>
<td>0900-0930 Pediatric Rehabilitation Nursing</td>
<td>0915 - 1145 Interprofessional Relationships within a Rehabilitation Framework</td>
<td>0930-1030 Spinal Cord Injury &amp; Spina Bifida</td>
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<td>0930-1030 Autism</td>
<td>1145-1230 Lunch</td>
<td>1030-1100 Coffee Break</td>
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<td>1030-1100 Coffee Break</td>
<td>1230-1330 Skin Integrity</td>
<td>1100-1145 Neurogenic Bowel and Bladder</td>
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<td>1100-1230 Neuro Anatomy &amp; Physiology – The Brain</td>
<td>1330-1415 Cerebral Palsy</td>
<td>1145-1230 Neuromuscular Diseases</td>
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<td>1230-1315 Lunch</td>
<td>1415-1430 Tea Break</td>
<td>1230-1330 Lunch</td>
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<tr>
<td>1315-1530 Rehabilitation after Acquired Brain Injury</td>
<td>1430-1530 Orthopedic Conditions</td>
<td>1330-1500 Arthritis &amp; Collagen Diseases</td>
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<td>1530-1630 Congenital Heart Defects</td>
<td>1530-1630 Pain Management</td>
<td>1500-1515 Tea Break</td>
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<td>1515-1615 Discharge Planning</td>
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<td>1615-1630 Evaluation and wrap-up</td>
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Location of Course: Bloorview Kids Rehab
150 Kilgour Rd. Toronto, ON M4G 1R8

For more information about this course and dates please contact Kim Krog at 416-425-6220 ext. 6306 or by email kkrog@bloorview.ca
Bloorview Kids Rehab is dedicated to enabling children and youth with disabilities and special needs to achieve their personal best. Bloorview Kids Rehab is a fully accredited Academic Health Sciences Centre.
REGISTRATION FORM

Pediatric Rehab Course
March 24 to March 26, 2008  OR  September 22 to September 24, 2008

Name: ____________________________________________________________

Address: _______________________________________________________________________________

City: _______________________  Province / State: ________________________________

Country: _______________________________    Postal Code: ________________________________

Phone Number: _________________________        Fax Number: ______________________________

E-Mail: _______________________________________________________________________________

Name of Centre or Other Affiliation: _____________________________________________________

Profession: ___________________________________________________________________________

REGISTRATION FEES
MARCH EARLY BIRD (Received by March 10, 2008)  REGISTRATION (Received after March 10, 2008
or Sept. 10, 2008)
SEPT EARLY BIRD (Received by Sept 10, 2008)  Full Registration $485.00

Full Registration $525.00

Total Cost: ________________________

METHOD OF PAYMENT

Cheque [ ]  Money Order [ ]  VISA [ ]  MasterCard [ ]  American Express [ ]

Name on Credit Card (please print): _____________________________________________

Card Number: ___________________________  Expiry Date: ___________________________

Authorized Signature: _____________________________________________________________

Please make cheque payable to Bloorview Kids Rehab.
Money will be refunded until March 20 or Sept. 18, 2008. After March 20 or Sept 18, 2008 there will be a
$75.00 administration fee.

Please indicate if you have any dietary needs.        Yes [ ]  No [ ]
If yes, please briefly explain: ________________________________

* PLEASE NOTE: VERY LIMITED PARKING ONSITE

Mail or Fax this form to:
Stephanie Maybee
Bloorview Kids Rehab
150 Kilgour Rd.    Toronto, Ontario    M4G 1R8
Phone: 416-424-3851  or  Fax: 416-425-6591
Toll Free: 1-800-363-2440 Ext. 3851
E-mail: smaybee@bloorview.ca