Learning Outcome:
Participants will be able to identify current standards of Medical Surgical nursing practice and apply them to selected patient conditions.

Program Objectives:
Upon completion of this workshop, participants will be able to:

- Discuss the clinical manifestations of selected conditions in each of the eight major categories of a critical care patient in the test plan.
- Identify the nursing assessment parameters and interventions used in critical care clinical practice to assist in providing care for the patient with clinical manifestations of selected conditions in the cardiovascular system.
- Discuss acid base balance and nursing management of selected conditions related to acid base disorders.
- Identify the nursing assessment parameters and interventions used in critical care clinical practice to assist in providing care for the patient with clinical manifestations of selected conditions in the respiratory system.
- Identify the nursing assessment parameters and interventions used in critical care clinical practice to assist in providing care for the patient with clinical manifestations of selected conditions in the neurological system.
- Identify the nursing assessment parameters and interventions used in critical care clinical practice to assist in providing care for the patient with clinical manifestations of selected conditions related to spinal cord injuries.
- Identify the nursing assessment parameters and interventions used in critical care clinical practice to assist in providing care for the patient with clinical manifestations of selected conditions related to acid base disorders.
- Recognize the indications for and management of MODS (multi system organ dysfunction syndrome).
- Identify the nursing assessment parameters and interventions used in critical care clinical practice to assist in providing care for the patient with clinical manifestations of selected coagulation disorders.
- Identify the nursing assessment parameters and interventions used in critical care clinical practice to assist in providing care for the patient with clinical manifestations of selected immunological disorders.
- Identify the nursing assessment parameters and interventions used in critical care clinical practice to assist in providing care for the patient with clinical manifestations of selected gastrointestinal disorders.
- Recognize the indications for and management of MODS (multi system organ dysfunction syndrome).
- Identify the nursing assessment parameters and interventions used in critical care clinical practice to assist in providing care for the patient with clinical manifestations of selected conditions related to gastrointestinal disorders.

~ Continued on Back ~

Faculty: Harmon Mercer, PhD, RN, CCRN

Harmon Mercer, PhD, RN, CCRN has over 20 years of experience in critical care. Mr. Mercer also has over 10 years’ experience as an educator in nursing in a healthcare facility for practicing nurses, and serving as Clinical Adjunct for nursing students. Mr. Mercer is a board certified CCRN.

Registration Information

<table>
<thead>
<tr>
<th>Where:</th>
<th>Zoom Online Meeting</th>
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</thead>
<tbody>
<tr>
<td>When:</td>
<td>April 19 &amp; 20, 2021</td>
</tr>
<tr>
<td></td>
<td>9:30 a.m. – 4:30 p.m.</td>
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<tr>
<td>(Reg.</td>
<td>9:15 a.m. – 9:30 a.m.)</td>
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<tr>
<td>Fee:</td>
<td>FREE - NYSNA member</td>
</tr>
<tr>
<td></td>
<td>$350 non-member</td>
</tr>
<tr>
<td>Registration deadline:</td>
<td>April 12</td>
</tr>
</tbody>
</table>

To register, go to https://www.tfaforms.com/4889580, or contact Meeting and Convention Planning at (212) 785 – 0157 ext. 277, or fill out the form ON BACK, detach and return via:
Fax: (212) 785 – 0429
Mail: NYSNA Attn. MCP, 131 West 33rd St., 4th Fl., NY, NY 10001
# NYSNA WORKSHOP
Critical Care Nursing Certification Review

**April 19 & 20, 2021**
Zoom Online Meeting

**Registration deadline April 12**

To register go to [https://www.tfaforms.com/4889580](https://www.tfaforms.com/4889580), or call (212) 785-0157 ext. 277, or fill out and fax to (212) 785-0429.

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E-mail address _______________________________

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Shift ________ Unit ________  □ RN  □ LPN

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**Registration / Payment Information**

**Total Cost:** N/A member; $350 non-member

- [ ] Check (payable to NYSNA)
- [x] Visa  [ ] America Express  [ ] MasterCard
- [ ] Discover

Card Number ____________________________

Expires ___________________ *CVV# __________

Name _________________________________

Signature ______________________________

Date _________________________________

*CVV is a 3-digit number printed in the signature area on the back of VISA, MasterCard and Discover credit/debit cards; it is a 4-digit number printed on the FRONT of American Express credit cards (above the card number, on the left or right).

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**IMPORTANT:** In order to receive CHs/CEUs, all participants are required to attend the entire workshop, complete all in-session program assignments, complete an evaluation form, complete and return a post-program SurveyMonkey® questionnaire and/or complete and return a post-program checklist, where applicable. **You will need a personal computer and internet access to attend.**

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**The New York State Nurses Association is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.**

This program has been awarded **12.0 CHs** through the New York State Nurses Association Accredited Provider Unit.

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**The New York State Nurses Association is accredited by the International Association for Continuing Education and Training “IACET” and is authorized to issue the IACET CEU.**

The New York State Nurses Association is authorized by IACET to offer **1.2 CEUs** for this program.

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**Declaration of Vested Interest: None**

NYSNA wishes to disclose that no commercial support or sponsorship was received.

NYSNA Program Planners and Presenters declare that they have no conflict of interest in this program.

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**Space in this workshop is limited. Registrations will be accepted on a first-come, first-serve basis. NYSNA reserves the right to cancel this workshop if a sufficient number of participants are not registered, in which case the entire registration fee will be refunded.**

A confirmation e-mail will be sent to you upon receipt of your payment/registration form.