

Discounts for three or more!



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# Central Line Care and Maintenance 1

<http://www.piccresource.com>

FLYER, ISSUE 2

DATE: OCTOBER 1, 2011

## FORMAT:

ONLINE SELF STUDY PROGRAM  
(FOR INDIVIDUALS AND GROUPS)  
ONCE REGISTERED: ACCESS IS  
AVAILABLE 24/7 TO THE REGISTRANT  
FOR 6 WEEKS (42 DAYS).

DVD ROM OR INTRANET FORMAT  
THIS OPTION IS IDEAL FOR FACILITIES  
THAT HAVE AN ONGOING TRAINING  
NEED FOR LARGER NUMBERS OF STAFF.  
UPDATES, SUPPORT, AND LIMITED  
LICENSING INCLUDED. CONTACT US FOR  
PRICING AND DETAILS.

## Online/ Independent Study Class Overview:

- \* Indications for Central Line placement
- \* Features common to all Central Lines
- \* Differences in care of types of Central Lines
- \* Identification, Prevention, and Management of Central Line Complications
- \* Detailed procedure recommendations based on Infusion Nursing Society Standards and other national organization evidence-based practice criteria (Center for Disease Control, Joint Commission National Patient Safety Goals, Association of Vascular Access, Institute for Healthcare Improvement, and more)
- \* Central Line Common Care Procedures
- \* PICC Line Care Procedures
- \* PICC Line Removal
- \* Care of Tunneled and Non-tunneled Central Lines
- \* Care of PortAcaths and PasPorts
- \* Interactive learning games to enhance content retention
- \* Learner paced timing
- \* Virtual lab practicum: videos of procedures and detailed procedure handouts provided that include steps in formats that are easily adopted into policy and procedures, and clinical competencies.
- \* Course accepted nationally
- \* Certificate awarded: 4 contact hours applied for through ANCC accredited approver\*\*
- \* Post Test- required 75% score 3 attempts allowed.

## Is This Online Program For You? It May Be If You Meet The Following...

*You are busy and learn well in a self-paced independent learning environment, and you can complete a 6 hour class within a 3 week time period.*

*You are a health care professional and central line care and maintenance procedures are legally allowed as a part of your job by your employer and your profession's governing board.*

*You will be clinically supervised and evaluated for competency in procedures following the class by experienced personnel according to your employer's policies prior to independently performing the procedures.*

**Price - Individuals: \$99.00 per participant**  
**Registrations and payment can be done online, by phone, or by fax.**  
**To register and/or pay online go to:**  
<http://www.piccresource.com/cart>  
**Phone: (888) 459-4913**  
**Fax: (914) 885-1711**  
**Company Mailing address:**  
**PICC Resource Associates, LLC**  
**4 Research Drive, Suite 402**  
**Shelton, CT 06484**  
**Email:**  
**customer\_support@piccresource.com**

\*\*This continuing nursing education activity was approved by ANA-MAINE, an accredited approver by the American Nurses Credentialing Center's COA.

## Central Line Care & Maintenance I

(There is no commercial support or conflict of interest for this activity.)

**Target audience:** Nurses and other health care professionals who may perform central line care and maintenance procedures as part of their job.

**Overall goal of the activity:** To instruction the participant in the principles and skills needed to perform central line care and maintenance procedures.

### Activity Goals and Objectives-

Upon successful completion of this activity the attendee will be able to:

- 1: Describe 2 indications for a central line catheter placement.
- 2: Describe 2 features common to all central line catheters.
- 3: Describe 2 ways totally implanted ports differ from other central line catheters.
- 4: Describe 3 potential complications associated with central line catheters.
- 5: List at least 4 steps involved in central line catheter care and maintenance procedures.
- 6: Pass the program post test with a score of 75% or better.

To register and pay online, follow the instructions on page 1. Our info for mail in or fax follows below.

Registrant Name: \_\_\_\_\_

Registrant Address: \_\_\_\_\_

\_\_\_\_\_

Fax of credit card- Enter card Type: \_\_\_\_\_

Card#: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Does the billing name & address match registrant? If not enter billing name and address here: \_\_\_\_\_

\_\_\_\_\_

Checks payable to: PICC Resource Associates, LLC

Mailing address: 4 Research Drive, Suite 402  
Shelton, CT 06484

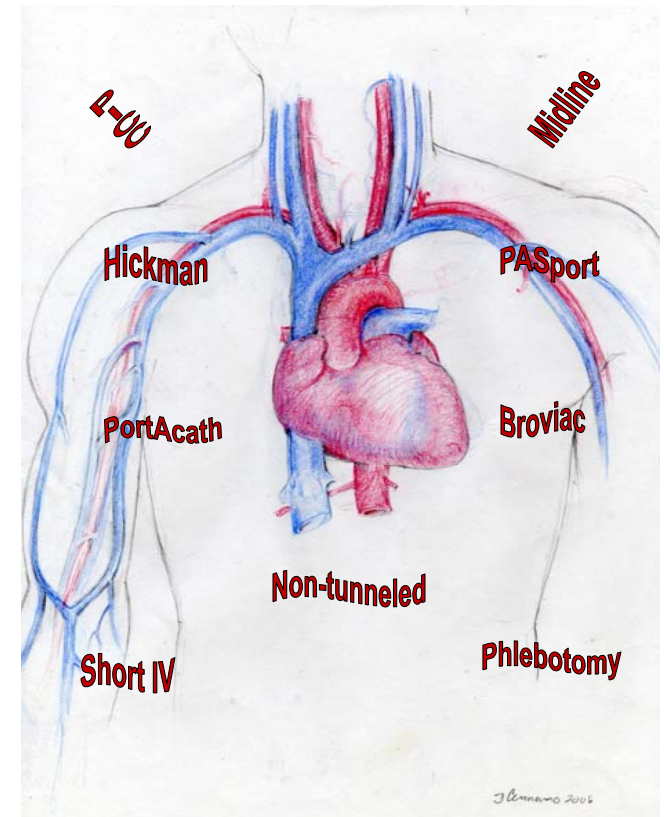
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Program Update