

## The Loddon Mallee Regional Palliative Care Consultancy Service

presents

# PHARMACOLOGY IN PALLIATIVE CARE Master-Class

### Target Audience:

- GP's
- Specialist Palliative Care
- RN's
- Clinical Coordinators
- All care settings

### Topics include:

- Pharmacology – Review of Principles and Concepts
- Pain Management – Opioids and adjunct treatment
- Delirium and Nausea Management
- Indications & Contraindications – Assessment is Vital
- Safe Prescribing Practices – Resources

DATE	TIME	LOCATION
<b>Tuesday 10 February 2015</b>	<b>9.30am-3pm Registrations commence at: 9.00am</b>	<b>The Foundry Hotel 'Zinc Room' 2 Old High Street Bendigo</b>

**REGISTRATIONS CLOSE: Monday, 2 February 2015**

Parking is available at The Foundry Hotel – free on and off street parking

Map and Agenda for the day will be forwarded with Confirmation of Registration

If you have any further questions regarding the study day please call (03) 5454 6262 or  
email [lmrpccs@bendigohealth.org.au](mailto:lmrpccs@bendigohealth.org.au)

## PHARMACOLOGY IN PALLIATIVE CARE

### Master-Class

Tuesday, 10 February 2015

### Registration:

Complete and email to: [lmrpccs@bendigohealth.org.au](mailto:lmrpccs@bendigohealth.org.au)

OR

Print and fax to: 5454 6336

OR

Mail to: Bendigo Health, LMRPCCS, PO Box 126, Bendigo, 3552

Payment is required with Registration:

**\$80 inclusive of GST - includes morning tea, lunch and all handouts.**

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**REGISTRATIONS CLOSE: Monday, 2 February 2015**

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

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone number: H: \_\_\_\_\_ W: \_\_\_\_\_ M: \_\_\_\_\_

Workplace – Name and Location *ie Bendigo Health/Stella Anderson Nursing Home*: \_\_\_\_\_

Workplace sector: Acute  Sub-Acute  Aged Care  Community  Other

Role: EN  EN ME  GP  PCA  RN  Other  \_\_\_\_\_

Email address (PLEASE PRINT CLEARLY): \_\_\_\_\_

Yes, I would like to receive future updates/training related to Palliative Care via email

Dietary Requirements: \_\_\_\_\_

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### My Payment is by (please select one):

Chq  Money Order - Please make payable to: **Bendigo Health – LMRPCCS**

Direct Deposit \* BSB: **633000** Account No: **133257501** Reference: **LMRP:SURNAME** *ie LMRP:SMITH*

\*For direct deposit, please state Date payment was made: ..... / ..... / .....

Credit card (complete details below)

Name on Card: .....

VISA  MasterCard Credit card No: ..... / ..... / ..... Expiry: ..... / .....

Signature: \_\_\_\_\_

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**This document is your Tax Invoice once payment is made**

ABN: 26 875 445 912