The American Society for Pain Management Nursing® (ASPMN®) is pleased to announce its 23rd National Conference, Oct. 9-12, 2013, at the JW Marriott® Indianapolis in Indianapolis, Ind.

**23rd National Conference Attendee Goals Are To:**
- Discuss clinical options for the treatment of patients who require pain management nursing care.
- Analyze clinical, research, sociocultural and legal developments in the field of pain management.
- Advocate for the provision of comprehensive, evidence-based, quality care of individuals and their families experiencing issues related to chronic pain conditions.
- Network with nurses and other health care professionals who focus on pain management in their practice.

**The National Conference Will Include:**
- Nationally recognized speakers and leaders in the field of pain management
- Pre-conference educational opportunities for additional learning
- Innovative educational sessions
- Incorporation of technology and human touch in pain management practice
- Networking opportunities
- Potential to gain new peers and partners

Ronald McDonald House of Indiana

Every year, approximately 1,400 families stay at the Ronald McDonald House of Indiana while their children receive life-saving treatment at Indianapolis-area hospitals, primarily Riley Hospital for Children.

These families watch their children battle cancer, heart disease and other frightening conditions. The emotional, physical and financial stress can be overwhelming. Their children will spend days, weeks, possibly months at a time in the hospital. The Ronald McDonald House alleviates some of this stress by providing low-to-no-cost lodging and support where these families can be near their hospitalized children.

ASPMN is providing the opportunity for attendees to donate supplies and funds to the Ronald McDonald House of Indiana at the 23rd National Conference. Please see the list of supplies and suggestions below on what to donate.

Loving Care Packages are a wonderfully thoughtful way to provide comfort and support to families who are unable to leave their child’s bedside. Family members caring for an ill child are often weary, sleep deprived and left with little energy. The Loving Care Package offers an extra boost of compassion and strength for families when they need it the most.

Loving care packages include the following items:
- Bottled water
- Healthy snack bars
- Individual bagged nuts, trail mix, etc.
- Individual beef jerky and beef sticks
- Wrapped hard candy
- 100% juice boxes
- Journal with pen
- Small hand lotion
- Lip balm
- Quality tissue

The Ronald McDonald House also accepts “pop tabs”

You may make monetary donations on-site at the ASPMN National Conference.

Knitted items (scarves, mittens, hats, etc.) are welcome!

All of the supplies, knitted items and funds will be collected throughout the conference and donated to the Ronald McDonald House on Saturday, October 12.
CONTINUING EDUCATION

ASPMN® awards contact hours for participants who attend the National Conference. ASPMN® will obtain credits for nurses and advanced practice nurses (including pharmacology credit, if applicable). We will request 20.5 contact hours for this conference (this includes CE for pre-conference workshops).

This activity has been submitted to the Ohio Nurses Association (OBN-001-91) for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Please call Christie Ross at 913-895-4776 for more information about contact hours.

TARGET AUDIENCE

The target audience for the 23rd National Conference includes registered nurses and advanced practice nurses practicing in pain management, as well as nursing faculty and nursing students with an interest in pain management.

COMMERCIAL SUPPORT

No commercial support has been received for this program.

LEARNING OBJECTIVES

Please contact Christie Ross at 913-895-4776 to receive a complete list of learning objectives for each session.

CANCELLATIONS & TRANSFERS

Cancellations and transfers must be requested in writing and postmarked or faxed by Sept. 16, 2013. Refunds will be issued following the National Conference. A $50 administrative fee will be assessed. If you transfer your registration to another person, please include a completed registration form from that person with your written request. Requests for cancellation postmarked or faxed after Sept. 16, 2013, are not refundable.
**Featured Speakers**

**KEYNOTE SPEAKER**

**Melanie Simpson, PhD, RN-BC, OCN, CHPN**

Melanie Simpson is the Team Coordinator for the Pain Management Resource Team at The University of Kansas Hospital. It is a nurse-run, inpatient, pain management consult service. In this position, she consults on all types of pain management issues including acute, post-operative and persistent/chronic pain syndromes. She has worked in pain management full-time for more than 17 years, starting as Nurse Coordinator for Cancer Pain Management and moving to inpatient to begin the Pain Management Resource Team in 2001.

Dr. Simpson has bachelor’s degrees in both Nursing and Human Relations, a master’s degree in Health Services with a focus in Community Health and a doctoral degree in Health Administration. She is nationally certified in Pain Management, Oncology and Hospice and Palliative Nursing. Dr. Simpson is the recipient of the 2012 National Magnet Nurse of the Year Award for Exemplary Professional Practice. She is very active in the American Society for Pain Management Nursing both locally and nationally and is a frequent speaker to health care professionals on all aspects of pain management.

**JEAN GUVÉYAN LECTURER**

**Keela A. Herr, PhD, RN, AGSF, FAAN**

Keela A. Herr is Professor and Associate Dean for Faculty in the College of Nursing at the University of Iowa. Over the past 25 years, Dr. Herr has been engaged in a program of research, scholarly and professional activities focused on the problem of pain in older adults, with emphases in assessment strategies, improving practices through translation research and end-of-life care. Dr. Herr is the Co-Director of the Iowa John A. Hartford Center of Geriatric Nursing Excellence. Most recent funding includes PI on recently completed NCI R01 on “Facilitating Evidence-based Pain Management Practices in Older Adults with Cancer Pain in Hospices” and co-PI of NINR T32 training grant focused on Pain and Associated Symptoms.

Dr. Herr presents nationally and internationally on strategies for improving assessment and management of pain in elders and has published extensively on the topic of elder pain. She served on the 1998, 2002 and 2009 American Geriatric Society persistent pain guideline expert panels. She provided national professional leadership in service on the Board of Directors for the American Geriatrics Society, the American Society for Pain Management Nursing (ASPMN®) and the American Pain Society (APS). Dr. Herr consults with national and federal groups regarding effective pain care for older persons, including the National Institute on Aging, the National Institute of Health Pain Consortium and the FDA and is leading a national effort to provide best practice tools and resources to improve pain care for older adults in long-term care settings (www.GeriatricPain.org).

Dr. Herr has received numerous awards for her contributions to geriatrics and pain care for older adults. She was honored with the Nurse Exemplar Award from ASPMN® (2003) in recognition of her outstanding contributions to the field of pain management nursing, was recipient of the Elizabeth Narcissian Award for Outstanding Educational Achievements in professional education in the field of pain by the APS (2005), received the award for Nurse Excellence in Pain Management of the Older Adult from ASPMN® (2006), the Distinguished Contribution to Research in the Midwest Award from the Midwest Nursing Research Society (2009), the John A. Hartford Foundation/MNRS Award for Leadership in Geriatric Nursing Research (2011) and the Lifetime Achievement Award from the National Gerontological Nurses Association (2012). She is a Robert Woods Johnson Executive Nurse Fellow alumni and Fellow in the American Academy of Nursing and the American Geriatric Society.
Schedule of Events

WEDNESDAY, OCT. 9, 2013

7:00 a.m. – 8:00 a.m.    CONTINENTAL BREAKFAST

8:00 a.m. – 5:00 p.m.    PRE-CONFERENCE WORKSHOPS

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<tr>
<th>TIME / LEVEL</th>
<th>PRESENTATION / SPEAKER</th>
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<tr>
<td>8:00 a.m. – 5:00 p.m. Advanced</td>
<td><strong>Workshop 1: ASPMN® Pain Management Certification Preparation Course™</strong>&lt;br&gt;This course will cover basic physiology of pain, assessment of pain, pharmacologic, non-pharmacologic and interventional management of pain across the lifespan. The information in this course follows the exam content outline created by the Content Expert Panel for ANCC and was compiled by members of the ASPMN®.&lt;br&gt;&lt;strong&gt;Speakers:&lt;/strong&gt; Mary Milano Carter, MSN, APRN-BC, RN-BC, North American Partners in Pain Management, Glen Head, N.Y.; Maureen F. Cooney, DNP, FNP, RN-BC, Westchester Medical Center, Valhalla, N.Y.; Carol Curtiss, MSN, RN-BC, Curtiss Consulting, Greenfield, Mass.; Renee Manworren, PhD, RN-BC, CNS, Connecticut Children’s Medical Center, Hartford, Conn.</td>
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<td>8:00 a.m. – 5:00 p.m. Advanced</td>
<td><strong>Workshop 2: Advanced Pharmacology</strong>&lt;br&gt;Pain management nursing has advanced its practice by leaps and bounds. We no longer assume that pain management is simple, algorithmic nor anecdotal. We now advance into evidence-based practice that is based on neurophysiological research. In order to continue to bring pain management nursing into the 21st century, we must think in terms of pain pathway and multi-modal approaches to pain. This workshop is focused for the seasoned nurse in pain management who is thinking about the depth of a person’s individualized pain and how best to treat the etiology of the pain rather than placing a mask over it.&lt;br&gt;&lt;strong&gt;Speakers:&lt;/strong&gt; Barbara St. Marie, PhD, ANP, GNP, RN-BC, Fairview Ridges Hospital, Burnsville, Minn.; Linda Vanni, MSN, RN, ACNS-BC, NP, St. John Hospital, Huntington Woods, Mich.</td>
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<td>8:00 a.m. – 5:00 p.m. Basic</td>
<td><strong>Workshop 3: Coping Skills Training Workshop</strong>&lt;br&gt;Coping Skills Training (CST) is a psychotherapeutic approach that aims to solve problems concerning dysfunctional emotions, behaviors and cognitions through a goal-oriented, systematic procedure. Often patients need to take an active role in their care in order to best manage symptoms associated with chronic pain. CST offers patients this opportunity. In this workshop participants will be introduced to a combination of cognitive and behavioral therapeutic interventions with the goal of applying the skills to practice. Rationale for each skill, demonstration, role playing and skills feedback will be the teaching/learning strategies for this course.&lt;br&gt;&lt;strong&gt;Speakers:&lt;/strong&gt; Patricia Bruckenthal, APRN-BC, PhD, Stony Brook University School of Nursing, Stony Brook, N.Y.; Stacey Viteritti, RN-BC, ANP, St. Charles Hospital, Port Jefferson, N.Y.</td>
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<td>8:00 a.m. – 5:00 p.m. Basic</td>
<td><strong>Workshop 4: Managing Pain in the Arthritis Patient</strong>&lt;br&gt;This pre-conference workshop will focus on rheumatologic conditions as they relate to chronic pain. This broad overview will provide an introduction to the variety of rheumatologic conditions that can be seen with chronic musculoskeletal pain. It is critical to understand that many of these conditions may be associated with chronic pain, and treatment should be guided by careful assessment and appropriate treatment of disease activity as well as supportive measures that should be considered to optimize independent and quality of life. Through case studies, a review of key elements that distinguish each of these conditions will be discussed.&lt;br&gt;&lt;strong&gt;Speakers:&lt;/strong&gt; Christine Stamatos, RN, MS, ANP-C, Long Island Regional Arthritis and Osteoporosis Care, North Babylon, N.Y. Sponsored by Horizon Pharma</td>
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### Workshop 5: Steering Hospital-Based Pain Management Outcomes: Pain as a Nurse Sensitive Quality Indicator

Despite advances in health care, clinicians have not been able to improve consistent outcomes for the common report of pain in the acute care hospital setting. This panel will focus on how nurses in leadership positions, including advanced practice nurses, nurse managers and Pain Resource Nurses (PRNs), use Quality Pain Indicators to identify areas for improvement for pain in the acute care setting and develop and implement process measures that improve pain outcomes. These leaders are the change agents for how pain is systematically assessed and managed by the entire health care team. This half-day workshop will provide various processes designed to improve outcomes in pain management in the hospital-based setting.

**Speakers:** Lynne Brophy, MSN, RN, AOCN, Bethesda North Hospital, Cincinnati, Ohio; Tracy Trail Mahan, MSN, RN-BC, Kaiser Permanente, Santa Clara, Calif.; Janane Elias Hanna, MSN, RN, AOCNS American University of Beirut Medical Center, Beirut LB; Nancy Eksterowicz, MSN, RN-BC, University of Virginia Health System, Charlottesville, Va.

### Workshop 6: Pain 101: The Nurse’s Role in Pain Management

This half-day workshop provides an overview of pain, the impact of pain, and the role the nurse plays in pain management. Nursing leadership will provide a review of pain assessment tools, the American Pain Society pain management guidelines, and evidence-based practice. This pre-conference workshop is especially recommended for “first time attendees” at ASPMN. By attending this pre-conference workshop, the nurse who is beginning a focus in pain management will then be able to participate more fully in the actual Annual Conference.

**Speakers:** Lora L. McGuire, MS, RN, Provena St. Joseph Medical Center, Joliet, Ill.

### Workshop 7: Taking the Pain Out of Research

This pre-conference workshop is designed by the ASPMN Research Committee to assist members who are interested in developing a research proposal for pain management nursing or who are currently working on a research or evidence-based project related to pain. During the workshop, participants will learn about essential elements of the research process and identify research mentors and sources of funding. ASPMN guidelines for a research proposal will be presented and discussed as a guide for the development of a research project. Anyone who is interested in research, but has limited experience, is welcome to attend this pain-free, interactive workshop!

**Speakers:** Ann Quinlan-Colwell, PhD, RN-BC, PAAPM, New Hanover Regional Medical Center, Wilmington, N.C.; Susan O’Conner-Von, PhD, RN, University of Minnesota, Minneapolis, Minn.

### Workshop 8: Total Pain – Dame Cicely Saunders’ Holistic Approach to Pain Management at End of Life

Cicely Saunders founded London’s St. Christopher’s Hospice in 1967 and is considered the founder of the modern hospice movement. She recognized that pain is often the most distressing symptom a dying patient experiences. She also recognized that the pain experienced was more than the physical pain of cancer or a disease process. The presenters will examine aspects that make up the “Total Pain” experience while considering an interdisciplinary approach to pain at end of life. Adult and pediatric case studies will be presented.

**Speakers:** Marsha Farrell, BSN, RN-BC, CHPN, Hospice Family Care, Huntsville, Ala.; Amy Corey Haskamp, MSN, RN, PCNS-BC, CPON, Riley Hematology-Oncology, Indiana University Health, Carmel, Ind.

### Workshop 9: Pain Resource Nurse Program – Implementation & Sustainability

This half-day workshop provides discussion, guidance and best practices used in the development, implementation and evaluation of a robust Pain Resource Nurse program. Join us in an interactive opportunity to share insight and to gain knowledge of strategies on how to engage nurses to become accountable role models and change agents in the management of pain.

**Speakers:** Claudette Jacobs, DNP, RN-BC, Howard County General Hospital, Columbia, Md.; Carol Curtiss, MSN, RN-BC, Curtiss Consulting, Greenfield, Mass.; Debra B. Gordon RN-BC, MS, DNP, ACNS-BC, FAAN, University of Washington, Seattle, Wash.

### Workshop 10: Management of Controlled Substances in Chronic Pain: A Safety, Risk & Medication Monitoring Boot-Camp

Chronic pain affects at least 116 million Americans. Access to pain care remains inadequate. Managing chronic pain has become increasingly challenging with the current epidemic of prescription drug abuse and related regulatory and legal changes. This workshop will provide a framework, tools and resources to integrate into practice to promote the safe use of controlled substances and risk mitigation. Through a “Universal Precautions” approach to medication management, a review of pain medication metabolism, pharmacogenetics and The MINDS assessment tool for differential assessment, participants will complete a series of case studies in medication monitoring focusing on patient-centered care and advocacy.

**Speakers:** Kathleen City, MA, BSN; Armadeo J. Pesce, PhD, DABCC; Joy Griffin, BS, RN; Debra Mattelliano, PhD, ANP, FNP, BC; Maria Chianta, PharmD

Sponsored by Millennium Laboratories
THURSDAY, OCT. 10, 2013

7:30 a.m. – 8:30 a.m.  CONTINENTAL BREAKFAST

8:45 a.m. – 9:15 a.m.  Welcome & Opening Remarks
Joyce S. Willens, PhD, RN-BC, Assistant Professor, Villanova University, Villanova, Pa., ASPMN® 2012-2013 President

9:15 a.m. – 10:15 a.m.  Opening Keynote Address – Quality: The Race without a Finish Line
Melanie Simpson, PhD, RN-BC, OCN, CHPN, Pain Management Resource Team, University of Kansas Hospital, Kansas City, Kan.

Satisfaction in pain management correlates with overall satisfaction with the health care experience. Ongoing quality improvement and assurance programs focusing on change and innovation in the management of pain can only enhance patient outcomes and satisfaction. The presenter will define these terms and discuss evidence-based practice for managing pain. Opportunities will be identified to continue racing toward the winner’s circle of quality pain management.

10:15 a.m. – 11:00 a.m.  BREAK IN THE EXHIBIT HALL/POSTER ABSTRACT VIEWING/SILENT AUCTION

11:00 a.m. – 12:00 p.m.  Business Meeting  All attendees invited

12:00 p.m. – 1:30 p.m.  NON-CE LUNCH SYMPOSIUM: Courtesy of Millennium Laboratories
Personalizing Medication Management with Pharmacogenetic Testing (PGT)
Maria Chianta, PharmD
Are you sometimes confronted with patients who have difficult-to-manage pain or greater than expected side effects from pain medications? An individual’s genetic differences may impact the metabolism, efficacy and side effect profile of medications.

Millennium PGT is a pharmacogenetic test that assesses an individual’s unique ability to metabolize medications. Millennium PGT may help explain unexpected UDT results, why people respond differently to the same medications, require different doses, or predict response of various medication choices when considering opioid trials. This PGT test provides additional information to help health care professionals find an effective medication plan for each patient. Join Millennium Laboratories for a case-based education program to learn more about the clinical value of PGT.

1:45 p.m. – 2:45 p.m.  Quality Indicators for Post-Operative Pain Management
Renee Manworren, PhD, RN-BC, CNS, Connecticut Children’s Medical Center, Hartford, Conn.; Joanne G. Samuels, PhD, RN, CNL, University of New Hampshire, Durham, N.H.; Debra B. Gordon RN-BC, MS, DNP, ACNS-BC, FAAN, University of Washington, Seattle, Wash.

Choosing, collecting and interpreting meaningful data for post-operative pain management research and quality improvement efforts can be challenging. Three experienced researchers will present their work and facilitate a discussion of post-operative outcome measures. Specifically, appropriateness of pain value index, pain intensity, opioid requirements, opioid side effects, patient satisfaction and pain process audits will be debated. Regulatory requirements (TJC, NDNQI, HCAPS), electronic medical record challenges and global efforts to improve pain management (Pain OUT, PROMIS) will also be discussed.

2:45 p.m. – 3:45 p.m.  Jean Guveyan Lecture: Quality Pain Care for All Older Adults: Progress & Future Directions
Keela A. Herr, PhD, RN, AGSF, FAAN, University of Iowa College of Nursing, Iowa City, Iowa

The challenge and impact of pain in older adults was first recognized in the late 1980s as a problem needing solution. Twenty-five years have passed with many contributions to improving assessment and management of pain in this population. The Jean Guveyan lecturer will address progress in advancing knowledge and practice and discuss current activities and future directions for achieving quality pain care for all older adults.

3:45 p.m. – 4:30 p.m.  Poster Session

3:45 p.m. – 4:30 p.m.  BREAK IN THE EXHIBIT HALL/POSTER ABSTRACT VIEWING/SILENT AUCTION

4:30 p.m. – 5:30 p.m.  Chronic Regional Pain Syndrome: Two Dramatic Case Studies with Resolution of Symptoms Using Intrathecal Ziconotide
Anne J. Sapienza-Crawford, RN, MSN, CNP, Cleveland Clinic, Cleveland, Ohio; Additional Speakers TBD

Chronic Regional Pain Syndrome (CRPS) is complex and often difficult to diagnose and understand. The pain and suffering goes beyond the individual and significantly impacts the entire family. The presenters will discuss the diagnosis, treatment and impact the disease had on two patients with CRPS. Both patients achieved resolution of their symptoms with the use of ziconotide. The presentation demonstrates the need for an interdisciplinary treatment approach and a great need for family and medical team support.

5:30 p.m. – 6:15 p.m.  Certification Reception  All Certified Pain Management Nurses invited

6:30 p.m. – 8:30 p.m.  RECEPTION IN THE EXHIBIT HALL
### FRIDAY, OCT. 11, 2013

7:30 a.m. – 8:30 a.m. **CONTINENTAL BREAKFAST**

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<td><strong>8:45 a.m. – 9:45 a.m.</strong></td>
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<td>Basic</td>
<td>1A. Capnography: Standard of Practice for Medical &amp; Surgical Patients Receiving Opioids  &lt;br&gt;The presenter will describe rationale for making capnography monitoring a nursing standard of practice for the first 24 hours after initiation, escalation and/or change in opioid therapy on both medical and surgical units at a major cancer center.</td>
<td>Robert L. Massey, PhD, RN, NEA-BC, The University of Texas MD Anderson Cancer Center, Houston, Texas</td>
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<td>Advanced</td>
<td>1B. Pain Management Nursing Grand Rounds: Case Studies by Nurses, for Nurses  &lt;br&gt;In the acute care setting, complex pain management challenges arise in all clinical specialties. The presenters will describe the development of a quarterly series of nursing Grand Rounds that focuses specifically on the most challenging pain management case studies, providing a forum for discussion and learning. Grand Rounds discussions focus on application of basic through advanced pain management principles and review of the hospital’s standards of practice for pain management. A sample case study will be presented.</td>
<td>Susan E. White, MSN, RN-BC, CNS, CHPN, Santa Barbara Cottage Hospital, Santa Barbara, Calif.; Jennifer L. Granger, BSN, RN, Cottage Health System, Santa Barbara, Calif.; Jane N. Cook, BSN, CMSRN, Cottage Health System, Santa Barbara, Calif.</td>
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<td>Advanced</td>
<td>1C. Documentation and Outcome Measurement of Assessment and Recommendations of a Pain Advisory Team (PAT) Using a Customized Note in the EMR  &lt;br&gt;To provide accurate and timely information regarding assessment of pain and recommendations, use of an electronic medical record provides information across disciplines. Customized initial and follow up notes were developed in an electronic medical record (EPIC) for a Pain Advisory Team which is accessible across disciplines. The development of these specialized notes allows for data mining and outcome measurement for the Pain Advisory Team.</td>
<td>Vicki Holmes, MSN, APRN, CNN, CNS, Good Samaritan Hospital, Cincinnati, Ohio; Thomas Imhoff, Pharm D, Good Samaritan Hospital, Cincinnati, Ohio</td>
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<td>Basic</td>
<td>1D. The Use of Innovative Educational Strategies to Increase Knowledge &amp; Change Attitudes Regarding Children’s Pain  &lt;br&gt;In this session, the presenters will share results of research using the Pediatric Nurses’ Knowledge and Attitude Survey (PNKAS) in a pre-post survey format, to design and implement innovative educational strategies to address gaps in pediatric nurses’ knowledge and attitudes toward managing children’s pain. They will describe the knowledge-attitude themes identified at baseline and educational strategies using simulation and unfolding case study methodology to address both knowledge deficits and attitudinal barriers to providing optimal pain management. The presenters will discuss the success of these strategies and provide examples which could be implemented in other settings.</td>
<td>Marti Michel, MSN, RN, PCNS-BC, CPNP, Riley Hospital for Children, Indiana University Health, Indianapolis, Ind.; Kathy Haughan, MSN, RN, NE-BC, Riley Hospital for Children, Indiana University Health, Indianapolis, Ind.</td>
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<td>Basic</td>
<td>1E. Abdominal Pain – Is It All Created Equal?  &lt;br&gt;This presentation will focus on an infrequently identified, diagnosed or treated etiology of abdominal pain. Abdominal wall pain syndrome (AWPS) is diagnosed not through in-depth diagnostic testing that is often painful and prolonged, but through good history-taking and clinical assessment. Simple tips for diagnosis and treatment will be discussed.</td>
<td>Cindy A. Garlesky, MSN, ARNP, CEN, RN-BC, Miami Children’s Hospital, Miami, Fla.</td>
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<td>Research</td>
<td>1F. Piloting a New Paradigm to Analyze the Effects of Pharmacological Modalities &amp; Practice Patterns on Post-Operative Pain Severity  &lt;br&gt;<em>2011 Grant Recipient –</em> In this presentation the results of the first randomized controlled trial of the Pain Resource Nurse (PRN) program, a well-established and known pain education program, will be presented. In this study the effectiveness of the PRN program on staff (e.g. knowledge and attitudes and pain assessment and documentation) and patient (e.g. pain severity) outcomes were tested.</td>
<td>Joanne G. Samuels, PhD, RN, CNL, University of New Hampshire, Durham, N.H.</td>
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9:45 a.m. – 10:45 a.m. **BREAK IN THE EXHIBIT HALL/POSTER ABSTRACT VIEWING/SILENT AUCTION**
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<td><strong>10:45 – 11:45 a.m.</strong></td>
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<tr>
<td>Basic</td>
<td><strong>2A. Improving Patient Safety: Using the Pasero Opioid Sedation Scale</strong></td>
<td>Ann Quinlan-Colwell, PhD, RN-BC, New Hanover Regional Medical Center, Wilmington, N.C.</td>
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<td>The presenter will describe how one medical center used the Pasero Opioid Sedation Scale (POSS) as a tool to improve patient safety. The journey included investigation of tools to assess sedation; comparison of those available; proposal to use the POSS; education of nurses; incorporation of the POSS into two electronic medical records; audits to monitor use of the POSS and subsequent feedback from staff nurses. The reasons for selecting the POSS, challenges and successes will be recounted.</td>
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<td>Advanced</td>
<td><strong>2B. Better Pain Management through the Use of a Nurse-Pharmacist Pain Advisory Team: Is It Possible &amp; Measurable?</strong></td>
<td>Lynne L. Brophy, RN, MSN, AOCN, CNS, TriHealth-Bethesda North Hospital, Cincinnati, Ohio; Thomas Imhoff, PharmD, TriHealth-Good Samaritan Hospital, Cincinnati, Ohio</td>
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<td>This presentation will chronicle the development and progress of a nurse-pharmacist run pain advisory team in a multiple hospital system. Effects of this program on patients’ pain level, pain relief level, patient satisfaction, nursing satisfaction and provider satisfaction will be discussed. Future directions for the program will be discussed.</td>
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<td>Basic</td>
<td><strong>2C. Pain Management Redesign Utilizing Failure Mode Effects Analysis to Improve HCAHPS Performance &amp; Care Delivery</strong></td>
<td>Michelle Freitag, BSN, RN, CPHQ, Rush Oak Park Hospital, Oak Park, Ill.; Jennifer A. Bak, MSN, RN, CCRN, Rush Oak Park Hospital, Oak Park, Ill.; Megan Bauler, BSN, RN, Rush Oak Park Hospital, Oak Park, Ill.; Elizabeth M. Hale, BSN, RN, Rush Oak Park Hospital, Oak Park, Ill.</td>
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<td>The presenters will describe a multi-disciplinary team approach to collaboratively evaluate current pain management process and identify areas for improvement through use of a Failure Modes Effects Analysis and point-prevalence study. Results led to development of a pilot study on an adult medical-surgical unit involving hourly rounds, a new multi-modal pain assessment tool and non-pharmacologic interventions. The pilot study improved pilot unit HCAHPS Pain scores and standardized staff assessment of pain. Pilot findings resulted in hospital-wide implementation of key components.</td>
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<td>Advanced</td>
<td><strong>2D. Patient Prescription Drug Misuse &amp; Abuse &amp; Medication Monitoring in Clinical Practice</strong></td>
<td>George S. Behonick, PhD, DABFT, Manager, Forensic Business Unit, AIT Labs, Indianapolis, Ind.</td>
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<td>Prescription drug misuse and abuse pose a formidable challenge to clinical practitioners. Integrated strategies exist to mitigate this risk. Medication monitoring through urine and/or blood testing is an objective assessment tool available to health care providers that complements other patient monitoring tools.</td>
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<td>Basic</td>
<td><strong>2E. Creating a Pediatric Chronic Pain Service: When the Impossible Becomes a Reality</strong></td>
<td>Lucinda Brown, RN, MSN, CNS, Dayton Children’s Hospital, Dayton, Ohio</td>
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<td>The presenter will discuss the development of a pediatric, interdisciplinary chronic pain service which offers multimodal management to children and adolescents within an acute care pediatric referral center. As the numbers of pediatric chronic pain patients are increasing, the goal of this service is to utilize existing resources in a team approach to assist patients to function with chronic pain so that the patient’s life goals can be achieved. In an environment of limited resources, creating a new service may be challenging at best. Creative approaches to creating this type of service will be reviewed.</td>
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<td>Research</td>
<td><strong>2F. Help-Seeking Behavior for Chronic Pain: A Study Underpinned by the Theory of Planned Behavior</strong></td>
<td>Nicola Cornally, PhD, MSc, BSc (Hons), DipN, RGN, University College Cork, Cork, Ireland; Geraldine McCarthy, PhD, MSN, MEd, DipN, RGN, RNT, University of College Cork, Cork, Ireland</td>
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<td>Many people with chronic pain do not seek help from a health care professional or have sought help initially but fail to return and begin the process of ‘doctor shopping’. This session presents findings from a large study (n=292) which sought to determine why some people are more likely than others to seek help and develop an instrument to measure such factors. Factors for discussion include demographic, clinical and social-cognitive. It is essential that we understand the variables influencing a person’s decision to seek help, to promote positive engagement, to prevent suffering and reduce the risk of negative disengagement.</td>
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12:00 p.m. – 1:30 p.m. **GROUP LUNCHEON**
### LEVEL

| Advanced | Basic |

| **3A. Getting Pre-Operative Traction to Improve Post-Operative Satisfaction Outcomes for Chronic Pain Patients**<br> The presenter will identify initial strategies to improve pain care and outcomes in surgical patients with pre-existing chronic pain. The complexity of issues influencing nurse sensitive quality indicators related to pain in this patient population requires a “pit-crew mentality” to ensure that each phase of care is evaluated and implemented. The pain care clinical nurse specialist is in a unique position to coordinate an effective process by developing tools to identify which patients are vulnerable. Once baseline outcome data is identified (LOS and patient pain satisfaction), data can be used to influence institutional changes. Tools used to screen will be shared. | **3B-4B. Achieving Competency in Managing Opioid Therapy**<br> The FDA has mandated that the pharmaceutical industry support educational efforts directed to prescribers, and they have developed a list of competencies that all opioid prescribers should achieve – the FDA Blueprint. CO*RE is the Collaborative for REMS Education, a group of 10 national organizations and several "in cooperation with" organizations working together for the past three years to develop a comprehensive educational program that addresses this new FDA requirement for a "risk evaluation and mitigation strategy (REMS)" for opioid therapy. Content elements: prescribing, patient selection, risk assessment, long-term pain management, dose initiation, modification, monitoring and patient counseling guidance. Participants who are APN prescribers will be considered completers for the REMS education. **Session continues through 4:30 p.m.**<br> Presented by the Nurse Practitioner Healthcare Foundation, a member of the Collaborative on REMS Education (CO*RE), 10 interdisciplinary organizations working together to improve pain management and prevent adverse outcomes. **RPC Commercial Support Disclosure Statement:** This educational activity is supported by an independent educational grant from the ER/LA Opioid Analgesic REMS Program Companies (RPC). Please see www.er-la-opioidREMS.com for a listing of member companies. This activity is intended to be fully compliant with the ER/LA Opioid Analgesic REMS education requirements issued by the U.S. Food and Drug Administration (FDA). Two contact hours of continuing nursing education are provided by the Nurse Practitioner Healthcare Foundation. These hours can be counted as pharmacology contact hours. The Nurse Practitioner Healthcare Foundation is accredited as a provider of continuing nursing education by the American Nurses Credential Center’s Commission on Accreditation. | **3C. Blaming Opioids: Determining Underlying Causes of Clinical Changes in Pain Patients**<br> The presenter will provide actual case studies of pain patients on opioids who develop clinical alterations in mental status or metabolic findings which are initially assumed to be caused by opioids, but under further investigation alternate etiologies are uncovered. Principles of investigating new clinical developments in patients will be discussed in order to distinguish underlying causes as opioid vs. non-opioid related. | **3D. Authorized Agent Controlled Analgesia: Update on the Position Statement with Clinical Practice Guidelines**<br> The ASPMN® “Authorized Agent Controlled Analgesia (AACA), Position Statement with Clinical Practice Guidelines” was reviewed and revised by an ASPMN® work group during 2012-2013. Since the publication of the original paper in 2007, nurses, other practitioners and organizations have looked to this paper for guidance in addressing questions related to the safety and efficacy of AACA, particularly in light of the well-publicized risks associated with the practice of PCA by Proxy. In updating the paper, a review of current literature, practices and outcomes was conducted to assure that evidence-based recommendations are available to guide the use of AACA. |

| Nancy Eksterowicz, MSN, RN-BC, University of Virginia Health System, Charlottesville, Va. | Barbara St. Marie, PhD, ANP, GNP, RN-BC, Fairview Ridges Hospital, Burnsville, Minn.; Paul Arnstein, PhD, RN-BC, APRN-BC, Massachusetts General Hospital, Boston, Mass. | June E. Oliver, MSN, CCNS, APN/ CNS, Swedish Covenant Hospital, Chicago, Ill. | Maureen F. Cooney, DNP, FNP, RN-BC, Westchester Medical Center, Valhalla, N.Y.; Colleen J. Dunwoody MS, RN-BC, Monroeville, Pa.; Sandra I. Merkel, MS, RN-BC, C. S. Mott Children’s Hospital, Ann Arbor, Mich. |
### Basic

#### 3E. Adolescents & Young Adults with Chronic Pain & Substance Abuse: Assessing Risks & Utilizing Resources

While the rate of substance abuse among people 12 years of age and older has remained stable over the past 10 years the statistics are still astounding. The slippery slope practitioners face is helping to ensure good pain management without contributing to the misuse of prescription drugs. The presenter will discuss a plan implemented in the pediatric pain clinic at Nationwide Children’s Hospital for helping to identify patients with high risk for substance abuse and mental health risk assessment. A decision-making tree for monitoring practices for patients at high risk for substance abuse disorders will be reviewed.

Sharon Wrona, MS, RN-BC, PNP, Nationwide Children’s Hospital, Columbus, Ohio

### Research

#### 3F. Cognitive Behavioral Therapy, Self-Efficacy & Depression in Persons with Chronic Pain

Chronic pain is a complex, and often disabling, condition compounded by depression and poor self-efficacy. The purpose of this evidence-based project was to explore the relationship of Cognitive Behavioral Therapy (CBT) focused groups on self-efficacy and depression in persons with chronic pain at an intensive, interdisciplinary three-week Pain Rehabilitation Center (PRC).

Virginia R. Nash, DNP, RN, CNS, Mayo Clinic, Rochester, Minn.; Michele Evans, RN, CNS, Mayo Clinic, Rochester, Minn.; Elizabeth Pestka, RN, CNS, Mayo Clinic, Rochester, Minn.

### 2:45 p.m. – 3:30 p.m.  
**BREAK IN THE EXHIBIT HALL/POSTER ABSTRACT VIEWING/SILENT AUCTION**

### LEVEL  | CONCURRENT SESSION 4 | SPEAKER
---|---|---
**Advanced** | **3:30 p.m. - 4:30 p.m.** | **4A. ICU Pain Assessment of Ventilated/Sedated Patients**
National standards for pain assessment include the use of reliable and valid instruments including: Visual Analog Scales (VAS), Face, Legs, Arms, Cry and Consolability (FLACC), Critical Care Pain Observation Tool (CPOT) and Behavioral Pain Scale (BPS). Currently in the Southern Arizona Veterans Administration Health Care System (SAVAHCS), VAS and FLACC Scale are used for the assessment of pain. ICU nurses questioned using the FLACC as an appropriate assessment tool in this environment of ventilated, sedated patients. An evidenced-based project was developed, data have been collected, and we will be presenting the findings.


Basic | **38-4B. Achieving Competency in Managing Opioid Therapy**
The FDA has mandated that the pharmaceutical industry support educational efforts directed to prescribers, and they have developed a list of competencies that all opioid prescribers should achieve – the FDA Blueprint. CO*RE is the Collaborative for REMS Education, a group of 10 national organizations and several “in cooperation with” organizations working together for the past three years to develop a comprehensive educational program that addresses this new FDA requirement for a “risk evaluation and mitigation strategy (REMS)” for opioid therapy. Content elements: prescribing, patient selection, risk assessment, long-term pain management, dose initiation, modification, monitoring and patient counseling guidance. Participants who are APN prescribers will be considered completers for the REMS education. Continuation of Session 3B.

Barbara St. Marie, PhD, ANP, GNP, RN-BC, Fairview Ridges Hospital, Burnsville, Minn.; Paul Arnstein, PhD, RN-BC, APRN-BC, Massachusetts General Hospital, Boston, Mass.

Advanced | **4C. Abstinence & 12-Step-Based Chronic Pain Rehabilitation Program in Indianapolis**
The presenters developed a program based on the Cleveland Clinic’s Chronic Pain Rehabilitation Program (CPRP). A 12-step approach was added to the existing program which includes a multi-disciplinary team and a referral resource within the large system of IU Health and the surrounding area. A two-year sample study (N=70) suggests reduction in pain, improvement in function and better quality of life. Sixty-one percent of participants in the group had co-occurring addictive disorder evidenced by MAST, modified to include prescription medications. The three-to-six-week program has shown to attack the prescription drug epidemic that we face today.

Susan McIlwain, MSN, RN-C, FNP-BC, Indiana University Health, Methodist Hospital, Behavioral Care, Indianapolis, Ind.; James Ryser, MA, LMHC, LCAC, CADAC II, ICDAC, Indiana University Health, Methodist Hospital, Behavioral Care, Indianapolis, Ind.
### Basic

**4D. The Ethics of Rescheduling Hydrocodone: What Is the Impact?**
The U.S. Food and Drug Administration Advisory Panel has recommended the scheduling of hydrocodone combination products be changed from Schedule III drugs under the Controlled Substances Act to Schedule II, which would compel more strict requirements in its storage, tracking and prescribing. In addition to the latest governmental developments, the presentation appraises what the impact of rescheduling hydrocodone combination products would have on a) their abuse and misuse, b) patient ability to obtain them, c) health care provider ability and process to prescribe them and d) effects on the pharmaceutical supply. Potential alternatives to limit abuse and rescheduling will be offered.

Cathy L. Carlson, PhD, RN, CGRN, Northern Illinois University, DeKalb, Ill.

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**4E. Learning from an Interprofessional Approach to Manage Pain & Anxiety in Pediatric Burn Patients**
Utilizing an interprofessional team approach including the child life specialist more effectively manages pain and anxiety during daily dressing changes in a pediatric burn center. The patient requires less opioids and benzodiazepines during daily dressing changes when the child life specialist provides distraction through play and positive coping skills, procedural preparation sessions and procedural support. It is also imperative to involve the caregivers during the process to further support the child and reduce their anxiety and fear. Adequate pain management helps to facilitate wound healing. Educating the care giver in pain management strategies ensures continued relief upon discharge.

Paul Plowman, RN-BC, Riley Hospital for Children at Indiana University Health, Indianapolis, Ind.; Caitlin Dougherty, CCLS, Riley Hospital for Children at Indiana University Health, Indianapolis, Ind.

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**4F. Implementing Nurse-Delivered Massage to Address Pain & Distress among Hospitalized In-Patients**
A pilot feasibility study was conducted to determine whether massage could be delivered in an acute care setting by direct care registered nurses and the expected impacts. The presenters will provide program implementation details and patient and nurse responses.

Marian Wilson, PhD(c), MPH, RN-BC, Texas Health Resources, Plano, Texas; Toni James, MSN, CNL, CHPN, Kootenai Medical Center, Coeur d’Alene, Idaho; Angela Thompson, PT, DPT, Kootenai Medical Center, Coeur d’Alene, Idaho; Jessica Symbal, BSN, RN, Kootenai Medical Center, Coeur d’Alene, Idaho; Seiko Izumi, PhD, RNC, Oregon Health and Science University School of Nursing, Portland, Ore.
SATURDAY, OCT. 12, 2013

7:00 a.m. – 8:00 a.m.  Put a L.I.D. on Pain... Naturally
Karen Kowal, RN, LMT, NCBTMB, Mother Earth Designs, Inc., Arnold, MO
Join this experiential session to “feel” how shoulder girdle pain, FMS, RSS, Sciatica, shin splints, chronic low back pain and more can be relieved. Bring your aches and pains and learn to treat the cause! Find “yummy” relief for your pain while exploring the science behind using Thermal Therapy for Myofascial Release Self-Care. Self-treatment can be safe, simple and cost-effective. These techniques can be easily taught for treatment in the clinic setting, workplace or home. Wear loose clothing, bring a yoga mat or blanket. Class size limited to 30.

7:30 a.m. – 8:30 a.m.  CONTINENTAL BREAKFAST

8:45 a.m. – 9:30 a.m.  Awards Ceremony

9:30 a.m. – 10:00 a.m.  Incoming Presidential Address
Patricia Bruckenthal, APRN-BC, PhD, Stony Brook University School of Nursing, Stony Brook, N.Y., ASPMN® 2013-2014 President

10:00 a.m. – 10:15 a.m.  BREAK

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>CONCURRENT SESSION 5</th>
<th>SPEAKER</th>
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</thead>
<tbody>
<tr>
<td>Basic</td>
<td><strong>5A. Improving Acute Pain Management for In-Patients Using a Patient-Customized Opioid Tolerance Program</strong></td>
<td>Jill Payne, MSN, RN, CNML, Indiana University Health, Methodist Hospital, Indianapolis, Ind.; James Ryser, MA, LMHC, LCAC, CADAC II, ICDAC, Indiana University Health, Methodist Hospital, Behavioral Care, Indianapolis, Ind.</td>
</tr>
<tr>
<td>Basic</td>
<td><strong>5B. Steering through the Ethical Challenges of Pain Management</strong></td>
<td>Helen N. Turner, DNP, RN-BC, PCNS-BC, FAAN, Doernbecher Children’s Hospital/Oregon Health and Science University, Portland, Ore.</td>
</tr>
<tr>
<td>Advanced</td>
<td><strong>5C. Overview of Genetics &amp; Pain Management: The Potential Role of Nursing</strong></td>
<td>Kathleen Broglio, MN, ANP-BC, ACHPN, CPE, New York University, New York, N.Y.</td>
</tr>
<tr>
<td>Basic</td>
<td><strong>5D. What about the Other 85%? The Pain Management Challenges in the Developing World</strong></td>
<td>Joann M. Eland, PhD, RN, FNAP, FAAN, The University of Iowa, College of Nursing, Iowa City, Iowa</td>
</tr>
<tr>
<td>Basic</td>
<td><strong>5E. Obesity &amp; Inactivity Related to Pediatric Chronic Pain: Addressing the Elephant in the Room!</strong></td>
<td>Lynn M. Clark, MS, RN-BC, CPNP-PC, Children’s Medical Center Dallas, Dallas, Texas; Brittney J. Cox, MS, RN-BC, CPNP-PC, Children’s Medical Center Dallas, Dallas, Texas</td>
</tr>
</tbody>
</table>
### Research

**5F. Evaluation of a Standardized Sedation Assessment in the PACU to Prevent Post-Operative Opioid-Induced Respiratory Depression**

The purpose of this quantitative study was to determine if the use of the Pasero Opioid-Induced Sedation Scale with Interventions (POSS) in the Post Anesthesia Care Unit (PACU) would increase nurses’ perceptions of safety and quality of care and to identify associated immediately post-operative patient outcomes including the amount of opioids administered, patients’ pain ratings, length of stay in PACU, and use of opioid antagonists. The study evaluated pertinent outcomes before and after implementation of the POSS in 842 non-ventilated immediate post-operative patients and 67 nurses.

**Speaker:**
Paula A. Kobelt, MSN, RN-BC, Grant Medical Center, Columbus, Ohio; Karen L. Burke, BSN, CNSN, Grant Medical Center, Columbus, Ohio

### Concurrent Session 6

<table>
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<tr>
<td>Basic</td>
<td>6A. Improving Pain Outcomes: A Multi-Professional Team Approach</td>
<td>Margaret A. Delks, MSN, RN-BC, Indiana University Health North Hospital, Carmel, Ind.; Kathy Warshawsky, PharmD, Indiana University Health North Hospital, Carmel, Ind.</td>
</tr>
<tr>
<td>Basic</td>
<td>6B. Reforming the Delivery of Pain Management</td>
<td>Helen N. Turner, DNP, RN-BC, PCNS-BC, FAAN, Doernbecher Children's Hospital/Oregon Health and Science University, Portland, Ore.; Michael A. Harris, PhD, Doernbecher Children's Hospital/Oregon Health and Science University, Portland, Ore.; Matthew Heywood, MPH, Doernbecher Children's Hospital/Oregon Health and Science University, Portland, Ore.; Dana Hoehn, MA, Doernbecher Children's Hospital/Oregon Health and Science University, Portland, Ore.; Kim Spiro, PhD, Doernbecher Children's Hospital/Oregon Health and Science University, Portland, Ore.</td>
</tr>
<tr>
<td>Basic</td>
<td>6C. It Takes a Village: One ASPMN® Chapter's Approach to Building an Integrated Community</td>
<td>Susan M. Jervik, BSN, RN-BC, PIH Health Hospital, Huntington Beach, Calif.; Pamela Merriam, MSN, RN-BC, ANP-BC, OCN, Keck School of Medicine of USC, Los Angeles, Calif.</td>
</tr>
<tr>
<td>Basic</td>
<td>6D. Pain &amp; Technology in Clinical Practice Teaching Opportunities</td>
<td>Joann M. Eiland, PhD, RN, FNAP, FAAN, The University of Iowa, College of Nursing, Iowa City, Iowa</td>
</tr>
</tbody>
</table>
Advanced 6E. Utilization of Prescribed Medication in Children & Adolescents Referred to a Pediatric Pain Rehabilitation Program

The presenter will review prescribed medication utilization in pediatric patients with Chronic Benign Pain (CBP) disorders who have been referred to a Pediatric Pain Rehabilitation Center (PPRC) at admission. The overuse of these services represents a major physical, psychological and economic burden on patients, families and society. It has been suggested that overuse of conventional health care services does not necessarily improve the health or quality of life of children with CBP. Therefore, we hypothesize that children with CBP managed in an intensive day-hospital PPRC for a few weeks might reduce analgesic utilization after discharge from treatment.

Judy (Veronica) Gaughan, MS, RN, Pediatric Pain Rehabilitation Center Boston Children’s Hospital, Waltham, Mass.

Research 6F. Empowering Patients with Persistent Pain Using an Internet-Based Self-Management Program

A randomized controlled trial tested an eight-week Internet-based self-management program among patients with persistent pain. The presenter will discuss outcomes measured that included pain intensity, pain interference and depression and describe patient engagement and satisfaction with the program.

Marian Wilson, PhD(c), MPH, RN-BC, Texas Health Resources, Plano, Texas; John Roll, PhD, Washington State University, Spokane, Wash.; Celestina Barbosa-Leiker, PhD, Washington State University College of Nursing, Spokane, Wash.; Cindy Corbett, PhD, MSN, BSN, Washington State University College of Nursing, Spokane, Wash.
Transportation Information

The JW Marriott® Indianapolis is located 13 miles (approximately 25 minutes) from the Indianapolis International Airport (IND).

Taxi: Taxi Fare is approximately $32 one-way
Yellow Cab 317-487-7777

Parking: On-site parking fee: $30 daily
Valet parking fee: $36 daily
All parking with in and out privileges

CLIMATE & ATTIRE

The average high temperature in October in Indianapolis is 64 degrees Fahrenheit, and the average low temperature is 43 degrees Fahrenheit.

Attire for the conference is business casual.
**STEP ONE: Registration Information**

<table>
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<th>First Name</th>
<th>M.I.</th>
<th>Last Name (no credentials will appear on your name badge)</th>
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Name as you wish it to appear on your name badge, if different from your first name listed above

Employer
- [ ] Home
- [ ] Work

Preferred Address – please indicate home or work

<table>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Country</th>
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</thead>
</table>

Daytime Telephone Number

Email Address

- [ ] Please exclude my information from any mail list sales

**SPECIAL NEEDS**

- [ ] I will need assistance:

I have the following dietary requirements:

- [ ] Gluten Free
- [ ] Vegetarian
- [ ] Vegan
- [ ] Other: ____________________________________________

**EMERGENCY CONTACT INFORMATION**

Name

Relationship

Phone Number

- [ ] This is my first time attending an ASPMN® National Conference.
- [ ] I am interested in introducing a speaker for any session for which I am pre-registered. Please contact me if my services are needed.

**STEP TWO: Workshops/Registration**

**A. PRE-CONFERENCE WORKSHOPS**

**ASPMN® Pre-Conference Workshops**

<table>
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<tr>
<th>Workshops</th>
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<th>Non-Members</th>
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<tbody>
<tr>
<td>Workshop 1: ASPMN® Pain Management Certification Preparation Course™</td>
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<tr>
<td>Workshop 2: Advanced Pharmacology</td>
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<tr>
<td>Workshop 3: Coping Skills Training Workshop</td>
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<tr>
<td>Workshop 4: Pain in the Osteoarthritic Patient</td>
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**Half-Day**

- [ ] 8:00 a.m. – 12:00 p.m. (includes breakfast)
- [ ] 1:00 p.m. – 5:00 p.m. (includes lunch)

**Outcomes:**

- [ ] Pain as a Nurse Sensitive Quality Indicator
- [ ] Pain 101: The Nurse’s Role in Pain Management
- [ ] Taking the Pain Out of Research
- [ ] Total Pain – Dame Cicely Saunders’ Holistic Approach to Pain Management at End-of-Life
- [ ] Pain Resource Nurse Program – Implementation & Sustainability
- [ ] Management of Controlled Substances in Chronic Pain: A Safety, Risk & Medication Monitoring Boot-Camp

- [ ] Attend two half-day workshops (applies to Workshops 5-10): $175 for breakfast and lunch.

Morning: 5 6 7  Afternoon: 8 9 10  Subtotal A: __________

**B. FULL-MEETING REGISTRATION**

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<th>ASPMN® Member</th>
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<th>Postmarked or Faxed by September 16</th>
<th>After September 16 On-site</th>
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Subtotal B: __________

**C. SINGLE-DAY REGISTRATION**

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| Non-Member | $200/day |
| All        | $200/day |
| Thursday   | $200/day |
| Friday     | $200/day |
| Saturday   | $200/day |

| Student ASPMN® Member | $75/day |
| All                   | $75/day |
| Thursday              | $75/day |
| Friday                | $75/day |
| Saturday              | $75/day |

| Student Non-Member | $95/day |
| All                | $95/day |
| Thursday           | $95/day |
| Friday             | $95/day |
| Saturday           | $95/day |

Subtotal C: __________

**ASPMN® National Office, P.O. Box 15473, Lenexa, KS 66285-5473 or Fax to 913-895-4652**

Final Registration deadline is September 16. If you are registering after September 16 please bring your completed paperwork and payment with you to the conference.
D. SPouse OR GUEST REGISTRATION
□ Spouse or Guest(s) $125 each
(includes Thursday evening reception and the ASPMN® Party)
____ Number of Guests
Name(s) ______________________________________________
________________________________________________________
________________________________________________________
Subtotal D: __________

E. MEMBERSHIP DUES
Current Members: Save Time – Renew your membership dues for 2014 today! If you are a current ASPMN® member, your dues will expire on December 31, 2013, but you can take the opportunity to renew for the next cycle at this time.
□ Active – $125
□ International (U.S. Funds) – $135
□ Student – $40
□ Associate – $80
□ Retired – $62.50

New Members: Join ASPMN® at this time and take advantage of Member Conference Registration Rates below. Your membership will take effect on November 1, 2013 and will not expire until December 31, 2014! Please complete the membership application form on the following page.
□ Active – $125
□ International (U.S. Funds) – $135
□ Student – $40
□ Associate – $80
Subtotal E: __________

Cancellations & Transfers
Cancellations and transfers must be requested in writing and postmarked or faxed by September 16, 2013. Refunds will be issued following the conference. A $50 administrative fee will be assessed. If you transfer your registration to another person, please include a completed registration form for that person with your written request. Requests for cancellation postmarked, emailed or faxed after September 16, 2013 are not refundable.

RSVP! You MUST RSVP in order to gain entry to these events. If you do not have a ticket, you cannot participate.
□ Thursday, October 10 – Breakfast
□ Thursday, October 10 – Millennium Laboratories Lunch Symposium (Non-CE)
□ Thursday, October 10 – Reception
□ Friday, October 11 – Breakfast
□ Friday, October 11 – Lunch
□ Saturday, October 12 – Put a L.I.D. on Pain Session
□ Saturday, October 12 – Breakfast
□ Saturday, October 12 – Lunch
□ Saturday, October 12 – ASPMN® Party

Important!
Please indicate which Concurrent Sessions you are interested in attending. Please check one session letter for each column.

ASPMN® Concurrent Sessions

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<th>Concurrent Session 1</th>
<th>Concurrent Session 2</th>
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Late Registration
If you register after September 16, please bring your registration form and payment with you to the conference as it will NOT be processed at the ASPMN® Executive Office after that date.

□ I am aware that photographs will be taken during the conference and may be published in ASPMN® publications and on the ASPMN® website.

STEP THREE: Total Fees Enclosed

<table>
<thead>
<tr>
<th>A. Pre-Conference Workshops</th>
<th>B. Full Meeting Registration</th>
<th>C. Single-Day Registration</th>
<th>D. Spouse or Guest Registration</th>
<th>E. Membership Dues</th>
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</table>

Total Enclosed $_________

All fees must be paid in U.S. dollars, with checks drawn in U.S. funds on U.S. banks.

Please return this form and TOTAL AMOUNT DUE to:
Register Online at: www.aspmn.org
By Mail: ASPMN® National Office
P.O. Box 15473
Lenexa, KS 66285-5473

By Overnight Courier ONLY: ASPMN® National Office
18000 W. 105th St.
Olathe, KS 66061

By Fax (with credit card info): 913-895-4652

Contact the ASPMN® National Office for further information: 913-895-4606
**ASPMN® Membership Application**

ASPMN® members include clinicians, educators and researchers with vastly different educational preparation, clinical roles and interest in practice issues who work in the following roles:

- Staff Nurse
- Manager
- Clinical Educator
- Nurse Practitioner
- Clinical Nurse Specialist
- Administrator
- Academic Educator
- Researcher

**ACTIVE MEMBERSHIP**

Any United States citizen or permanent resident who is licensed to practice as a professional registered nurse and is interested in pain management. An active member may vote, hold office and serve on committees. Dues are $125 annually.

**INTERNATIONAL MEMBERSHIP**

A professional registered nurse licensed and practicing outside North America and not licensed in North America. International members shall be excluded from holding office and voting. An international member may be asked to be a non-voting committee member if approved by the Board of Directors. Dues are $135 (U.S. funds) annually.

**STUDENT MEMBERSHIP**

An individual enrolled in nursing education programs leading to eligibility for registered nurse licensure, BSN degree completion and advanced degrees. Student members shall be excluded from holding office and serving on committees. Dues are $40 annually.

**ASSOCIATE MEMBERSHIP**

Includes LPN/LVN and other health care professionals who are interested in ASPMN®’s goals (pharmacists, social workers, etc.). Associate members shall be excluded from holding office and voting. An Associate Member may be a member of a committee. Dues are $80 annually.

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**CURRENT POSITION/TITLE**

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Preferred mailing address (please check one)  □ Home  □ Work

How did you learn about ASPMN®?

**MEMBERSHIP DUES**

Membership dues are not tax deductible as a charitable contribution. They may be deductible as an ordinary and necessary business expense. Consult your tax advisor for information.

Check only one

- □ Active .......................... $125
- □ International (U.S. funds) .......................... $135
- □ Student .......................... $40
- □ Associate .......................... $80

**METHOD OF PAYMENT**

- □ Check (U.S. funds only)
  - Please make check payable to ASPMN®.
- □ Credit Card  □ VISA  □ MasterCard  □ American Express  □ Discover
  - Card #
  - Expiration Date
  - Cardholder Name
  - Signature