

BROOKWOOD BAPTIST HEALTH

# Stroke 2020

DATE

**Saturday, January 25, 2020**

TIME

**8:00am-5:15pm**

LOCATION

**Renaissance Ross Bridge  
4000 Grand Ave.  
Birmingham, AL 35226**

PROGRAM DIRECTOR

**Bruce Burns, MD**



**Brookwood Baptist  
Health®**

A COMMUNITY BUILT ON CARE

Brookwood Baptist Medical Center | Citizens Baptist Medical Center  
Princeton Baptist Medical Center | Shelby Baptist Medical Center | Walker Baptist Medical Center

833 Princeton Ave SW  
POB III Suite 200E  
Birmingham, AL 35211

## INTRODUCTION

To educate healthcare professionals on current research findings and clinical standards of stroke management and treatment.

### Target Audience:

Primary Care Providers, Hospitalist, Emergency Medicine Providers, Residents, Advanced Practice Providers, Pharmacists and Nurses.

### Accreditation Statement:

Brookwood Baptist Health is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians.

### Designation Statement:

Brookwood Baptist Health designates this live activity for a maximum of **8.0 AMA PRA Category 1 Credit(s)**<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



### Pharmacy Accreditation Statement:

The Samford University McWhorter School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider for continuing pharmacy education.

This ACPE-accredited CPE activity is conducted without commercial support or influence of any kind. This is a knowledge-based CPE activity and appropriate for all pharmacists. To receive credit, participants must attend all lectures and complete a post-survey/speaker evaluation survey.

### Course Objectives:

- Recognize and treat ischemic stroke, Recognize who gets tPA and who does not.
- Recall blood pressure management in the acute ischemic and non-ischemic stroke.
- Recognize the role of anticoagulant in the patient with atrial fibrillation.
- Define the role of anticoagulants in stroke prevention and how to reverse the agents.
- Cite when to refer both ischemic and non-ischemic stroke patients for acute intervention.
- Recognize the swallowing screen and how to work up and treat patients who fail the test.

## AGENDA - January 25, 2020

7:30 - 8:00 am	Registration & Breakfast
8:00 - 9:00 am	The NIH Stroke Scale & Stroke Mimickers - Bruce Burns, MD
9:00 - 10:00 am	Neuroradiology: Imaging & Stroke - William Gallmann, MD
10:00 - 10:15 am	Break
10:15 - 11:15 am	Diagnosis and Treatment of Stroke - William Barr, MD
11:15 - 12:15 pm	Critical Care of the Ischemic and Hemorrhagic Stroke - Ronald Roan, MD
12:15 - 1:00 pm	Lunch (provided)
1:00 - 2:00 pm	Swallow Screen: Who Needs Advanced Studies - Christina Bushell, MA
2:00 - 3:00 pm	Atrial Fibrillation: Rate Control, Anticoagulation & Beyond - Ibrahim Hanna, MD
3:00 - 3:15 pm	Break
3:15 - 4:15 pm	Reversing New and Old Anticoagulants - Katisha Vance, MD
4:15 - 5:15 pm	Innovations in Stroke Care - Jitendra Sharma, MD

## REGISTRATION FORM - Stroke 2020

To pre-register, simply complete the form included in this brochure and mail along with registration fee by **January 17, 2020** or you may fax to **205.783.7399** or email **kim.bentley@bhsala.com**.

Please make checks payable to: **Brookwood Baptist Health**

Please return from and payment to:

**Kim Bentley**  
**Princeton Baptist Medical Center**  
**833 Princeton Ave SW**  
**POB III, Suite 200-E**  
**Birmingham, AL 35211**  
Ph: 205.599.4818  
Fax: 205.783.7399

We will confirm registration by email. If your registration is mailed after **January 17, 2020, please call 205.599.4818** to confirm your registration if we don't contact you. No cancellation will be accepted after January 17, 2020.

### REGISTRATION FEES

#### ADVANCED REGISTRATION BY 1/17/20

Physicians: \$100      Nurses/Pharmacists/Others: \$50

#### LATE OR ON-SITE REGISTRATION FEE:

Physicians: \$125      Nurses/Pharmacists/Others: \$75

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

Please enclose full payment with registration form.

CHECK AMOUNT ENCLOSED \$ \_\_\_\_\_

Make payable to Brookwood Baptist Health

CHARGE THE AMOUNT OF \$ \_\_\_\_\_ TO MY      VISA      MASTERCARD

CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Please detach and mail in payment and registration form.