

# Managing ASTHMA CARE for HCAs & New PNs

A course aimed specifically at the needs of HCAs and new PNs



**Date:** Tuesday 20<sup>th</sup> March 2012

**Times:** 1pm to 3.30pm

**Venue:** Medical Centre, High Street, Collingham, Newark NG23 7LB

## Contact

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For more information please contact  
Judith or visit our website on:

[www.chec.org.uk](http://www.chec.org.uk)

CHEC are delighted to offer an asthma management course aimed specifically at the needs of HCAs and PNs who have no experience in this area of care.

It will be led by *an Asthma Specialist Nurse Advisor from NSHI (National Services for Health Improvement)*

## Course Overview

This course is designed to provide advice on how HCAs can manage Asthma patients effectively and safely in a busy general practice environment.

## Programme

The course will cover

- Delivering Key messages from BTS/SIGN guidelines on the management of Asthma
- Stepwise Management
- Optimising standards of care for patients with asthma
- Importance of choosing the correct inhaler device for every patient
- The choices of Devices
- What the guidelines say
- Compliance and Concordance in Asthma
- Awareness of devices used to check inhaler technique including Aerosol Inhalation Monitor (AIM) and In-check Dial

# Managing ASTHMA CARE for HCAs & New PNs Booking Form



## CHEC

CHEC is a primary care practice-based inter-disciplinary educational facility. We provide education for a range of clinical and non-clinical primary care staff.

We offer courses and events designed to meet your learning needs. Our education compliments, rather than competes with, existing provision.

### The Timetable and format for the events

The venue is available from 12.30pm so do come and take the opportunity to network informally. Drinks and biscuits will be available, but feel free to bring your lunch

The training will start at 1pm and finish at 3.30pm. The programme will contain a 15 min break mid afternoon.

**Please do not send remittance with this booking form as an invoice will be sent when the form is received.**

**Places are then confirmed on receipt of payment. Refunds will be made for cancellations made more than 10 working days beforehand.**

## Cost

£25

## Dates

20-03-12

## Venue

Collingham Medical Centre

**Practice Manager Name** \_\_\_\_\_

**Email** \_\_\_\_\_

**Organisation** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

**Tel** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Participant Name** \_\_\_\_\_

**Email** \_\_\_\_\_

**Participant Name** \_\_\_\_\_

**Email** \_\_\_\_\_

**Participant Name** \_\_\_\_\_

**Email** \_\_\_\_\_

Please email this form to

[Judith.baron@gp-c84045.nhs.uk](mailto:Judith.baron@gp-c84045.nhs.uk)

or FAX to 01636 893391

Or please print and return to:

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High Street, Collingham,  
Newark

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