

LPN PRINCIPLES OF INTRAVENOUS THERAPY



August 31 - September 29, 2020
\$495.00

Prerequisite: Current LPN Licensure

This 34 hour course (30 hours of theory online and a skills lab from 5:15 pm - 9:15 pm on September 29 at MState Moorhead Campus, 1900 28th Ave. So., Room C110 builds on basic intravenous (IV) theory and skills. The role of the practical nurse in IV therapy is integrated throughout the course. This course offers the students an opportunity to apply advanced intravenous therapy to practice as it relates to management of selected components, including the safe administration of intravenous fluids and medications. This course meets the requirements for the North Dakota Board of Nursing IV therapy rules and regulations for the Licensed Practical Nurse. ****Scrubs are required when attending the lab.**

Students must purchase the required textbook: Gorski, L. (2018): *Phillips's Manual of I.V. Therapeutics: Evidence-Based Practice for Infusion Therapy* (7th Edition). Philadelphia, PA: F.A. Davis

Please register by **as soon as possible** so there is ample time to get everything ready so you are able to access the course.

If you have questions, contact Denice Brewer by email at denice.brewer@minnesota.edu or by phone at 218-299-6576.

REGISTRATION INFORMATION:

MAIL TO: M State
Attn: Denice Brewer
1900 - 28th Ave So
Moorhead, MN 56560

PHONE: 218-299-6576
EMAIL: denice.brewer@minnesota.edu
with company billing information

ONLINE with credit card:
https://mnscu.rschooltoday.com/public/getclass/category_id/327/program_id/47

LPN Principles of Intravenous Therapy

(Please print clearly)

Registrations are accepted on a first-come, first-served basis. Payment is due at the time of registration.

Course date: August 31, 2020 Phone: _____
Name: _____ Birth Date: _____
Address: _____ LPN License Number: _____
City/State/ZIP: _____ E-mail: _____
(Required)

Payment Enclosed:

Make checks payable to M State
in the amount of \$495.00.

Credit Card (VISA/MasterCard/Discover):

Call Denice at 218-299-6576
with your card number or online at
website listed above

Bill My Employer::

Facility _____
Attn _____
Address _____
City, State, Zup _____