May 11-17 was National Nursing Week, alongside International Nurses Day and Florence Nightingale’s birthday, May 12. This year’s Canadian Nurses Association theme, *Nurses: With you every step of the way*, emphasizes how important nurses are in our lives — at every age, in all health situations, for all Canadians. We recognize nurses for their dedication and commitment to making Canada a healthier nation.

The theme is a reminder that nurses walk alongside patients, families and communities every day. It is a reminder of the privilege we have been given as nurses to share so many special times with our patients. We are able to be there for people in the best of times and the worst of times, walking with them, encouraging, supporting, teaching - all along the path to better health.

Nurses lead and partner with their patients to help them toward better health. And nurses lead others in building the best health-care system in Canada. The theme also means advocating on behalf of the patients that we care for. We are the voice of our patients and we lead meaningful change across the country.

As Acting Director Nursing Practice and Education I join you to celebrate nurses. I would like to recognize the Saskatchewan Registered Nurses Association (SRNA) for their leadership on the issue of better health for older adults. In 2014, the SRNA passed the following resolution:

“BE IT RESOLVED THAT the SRNA show leadership by partnering with older adults, the government and other key stakeholders to develop strategies to promote better health for older adults in Saskatchewan.”

Following this lead the Saskatchewan Physiotherapy Association passed this resolution at their recent 2015 AGM.

“That the SPA show leadership by considering the SRNA resolution as an SPA initiative for their 2015-2016 strategic plan and that the SPA consult with other provincial health professional associations to collectively develop strategies to partner with stakeholders with a common goal to promote better health for older adults in Saskatchewan.”

Nurses are pivotal in patient care in all sectors and I am delighted to be given the opportunity to work with you. For best care, teamwork is also essential. Together we improve health.

Suzanne Sheppard Ph.D.
Director Interprofessional Practice, Education and Research
Medication Error Updates
Submitted by Angela Butuk, RN, Medication Safety Officer

EPINEPHrine for Anaphylaxis
ISMP Reports Errors with EPINEPHrine 1mg ampules or vials when used during the stressful emergency situation of anaphylaxis. They have received reports that this medication has been accidentally administered intravenously instead of intramuscularly. Please follow the link below to view details on this ISMP Medication Safety Alert:


Use of Prefilled Saline Flush Syringes
This is a reminder that the pre-filled Saline syringes are for flushing lines only. They are not to be used for medication administration for 2 main reasons:

1. The syringes are labelled as Saline Chloride 0.9% and if a medication is added to the syringe and not labelled then the medication could be given in error as a flush

2. The flush syringes are not calibrated to measure medications accurately.

Please review the article from ISMP for more in depth information:

http://ismp-canada.org/download/safetyBulletins/2012/ISMPCSB2012-10_ALERT_Errors_with_Prefilled_Saline_Syringes.pdf

The Importance of Line Tracing– Safety in Practice

A recent report to the Safety Alert Centre highlights the importance of tracing lines all the way back to the source container (IV bag). Immediately after transfer to their unit, nurses reported difficulty troubleshooting a patient’s unexpectedly high blood pressure. After a considerable amount of time going through the multiple checks staff realized that the patient’s infusions had accidentally been switched and were running through the wrong pumps. The patient’s medication was running at the rate of their IV infusion causing the increased blood pressure. While the staff had traced the lines back from the patient immediately upon noticing the elevated blood pressure, they had forgotten to trace the lines from the pump to the source container.

The nursing team from this patient care unit is sharing their experience with line tracing so that nurses everywhere can benefit and ensure our patient’s safety.
You may have noticed that the scales used for weighing pediatric patients are changing: they can no longer measure both metric and imperial weights. This change has occurred in order to improve medication safety for our pediatric patients. Our voluntarily reported medication incidents have identified situations where pediatric patients were weighed in pounds but the weight was accidentally recorded as kilograms and the reverse has also happened. In either case these errors contribute to a potential 2.2-fold dosing error. Upon review of our medication incident reports and the Targeted Best Medication Safety Practices by ISMP for 2014-15 the Medication Use Quality Committee recommended that all pediatric scales measure in metric only.

Thanks to our Pediatric Teams and everyone who supported this project, a lot of hard work went into implementing this patient safety improvement!

For more information ISMP’s Targeted Best Medication Safety Practices for 2014/2015 please follow the link below.


On March 19, 2015, Tracy Danylyshen-Laycock and Tammy Gebhart presented the Three D’s: Dementia, Delirium and Depression, hosted by the Continuing Education and Development for Nurses (CEDN). The presentation included an overview of the differences between dementia, delirium and depression in older adults, as well as information on care and management based on current best practice. Information about pharmacological and non-pharma management of the three diagnoses and practical application of interventions across the continuum of care was also covered.

Videos of the presentation can be accessed by following the link:
https://www.youtube.com/user/CED4Ninfo/videos

Additional resources on this topic can also be accessed through the CEDN website http://www.usask.ca/nursing/cedn/elearning/2014-15/OlderAdults/index.php
The SHR Nursing Practice Committee meets every 2 months (5 times a year) to discuss Nursing Practice issues, review and approve new policies or policy updates and review unit applications for change in targeting of Special Nursing Procedures and Transfers of Medical Functions for RNs/RPNs and Added Skills for LPNs. The work of this committee is communicated to nursing and applicable departments through consultation and distribution of minutes. The next scheduled meeting is May 27, 2015 and we welcome any of the above mentioned requests or nursing practice discussions.

The following is the policy work done by the committee since September 2014.

**New Policies**
- Alteplase (Cathflo) Instillation for Restoration of Patency in Peripherally Inserted Central Catheters (PICCs) – SPH Medical Imaging RNs only
- Safe Sleeping Practices for Infants #1103
- Numerous Medical Directives used by Occupational Health & Safety Nurses for vaccine administration, testing & interpretation
- Intrathecal Infusions – Care of Patients Receiving – SPH Palliative Care Unit RNs only
- Referral Process for Interprofessional Services – Nursing

**Revised Policies**
- Medical Directive – NICU 24% Sucrose Solution for Procedural Pain Management
- Bladder Instillation #1169
- Ventilation Assistance – Manual Ventilation Device #1027
- Airway – Oropharyngeal: Insertion, Maintenance, Suction, Removal #1159
- Airway – Nasopharyngeal: Insertion, Maintenance, Suction, Removal #1064
- Hazardous Drugs (Non-Chemotherapy) – Administration & Precautions #1044
- Suctioning Adult Clients with Artificial Airways #1019
- Blood, Blood Components & Plasma Protein Products – Administration of #1141
- Suctioning Pediatric/Neonate Tracheostomies – Non-Ventilated #1051
- Suprapubic Catheter - Care of, Changing & Removal #1021
- Parenteral Nutrition (PN) – Adult Units: Administration & Maintenance #1078
- Stump Bandaging & Positioning #1116
- Subcutaneous Therapy – Intermittent & Continuous #1074
- Tracheostomy Tubes – Changing – Pediatrics # 1154
- Oxygen Administration #1115

**Deleted Policies**
- Oxygen Administration – Manual Ventilation Device (Bag-Valve-Mask) #1027

**Other work** includes: ongoing discussion regarding adding new certification skills in the region, role of LPNs in administration of oral chemotherapy across sectors; coordinated replacement of outdated nursing textbooks used on nursing areas in all sectors as a resource for general nursing procedures; development of working group on RN Specialty Practices;

For more information regarding the SHR Nursing Practice Committee, please contact either of the co-chairs: Margot Hawke at 306-655-1601 or Lana Prystai at 306-560-7048.
The three professional associations, Saskatchewan Association of Licensed Practice Nurses (SALPN), Saskatchewan Registered Nurses Association (SRNA) and Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) have continued to work collaboratively together on the proposed SALPN bylaw changes. Please review at the following link: http://www.salpn.com/component/content/article/2-uncategorised/243-proposed-amended-salpn-regulatory-bylaws-2015

SALPN has now submitted its proposed regulatory bylaws to the Ministry in accordance with The Licensed Practical Nurses Act, 2000. The Ministry is now seeking feedback from stakeholders as part of their consultation process.

I encourage you to share this information broadly with your teams and invite their feedback as well. Forward any comments regarding the proposed bylaws to gaylene.molnar@saskatoonhealthregion.ca on or before June 5th, 2015.

The bylaws are proposed to include specialized areas of practice for licensed practical nurses (LPNs) who meet additional education/training requirements.

SHR Nursing Practice Committee – (continued from page 3)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAWKE, Margot</td>
<td>Co-Chair SHR Nursing Professional Practice Lead – Urban</td>
</tr>
<tr>
<td>PRYSTAI, Lana</td>
<td>Co-Chair SHR Nursing Professional Practice Lead – Rural</td>
</tr>
<tr>
<td>ANWEILER, Nancy</td>
<td>Faculty Practical Nursing Program, Sask. Polytechnic</td>
</tr>
<tr>
<td>ANDERSON, Darcie</td>
<td>CNE – Home Care Rural</td>
</tr>
<tr>
<td>BERGER, Jan</td>
<td>Continuing Care &amp; Seniors’ Health SCH</td>
</tr>
<tr>
<td>BRUCKS, Susan</td>
<td>RN – ACAL/ACAS, RUH</td>
</tr>
<tr>
<td>CARLOS, Barb</td>
<td>RN-CNE - DS, SDS/PAC, SCH</td>
</tr>
<tr>
<td>ERFE, Sharon</td>
<td>RN – Float Pool SPH</td>
</tr>
<tr>
<td>GIRLING, Jo-Anne</td>
<td>Administrative Assistant Nursing Practice &amp; Education RUH</td>
</tr>
<tr>
<td>HAMEL, Jennifer</td>
<td>MON – 7th Medicine SPH</td>
</tr>
<tr>
<td>HOFFART, Patty</td>
<td>LPN – Pediatrics Outpatients RUH</td>
</tr>
<tr>
<td>McDONALD, Bernie</td>
<td>CNE – Acute Care Pediatrics RUH</td>
</tr>
<tr>
<td>NAHACHEWSKY, Dean</td>
<td>MON – 7E Rehab SCH</td>
</tr>
<tr>
<td>NEWTON, Kim</td>
<td>Clinical Educator - Home Care (Idylwyld Centre)</td>
</tr>
<tr>
<td>PERRIN, Kathy</td>
<td>CNE – 5th Medicine SPH</td>
</tr>
<tr>
<td>PIDDUCK, Teresa</td>
<td>CNE – Nursing Practice &amp; Education RUH</td>
</tr>
<tr>
<td>POTTINGER, Joan</td>
<td>(alternate) - Staff Development PRC</td>
</tr>
<tr>
<td>PRUDEN, Kari</td>
<td>LPN – 6300 (TCU) SCH</td>
</tr>
<tr>
<td>ROHATINSKY, Noelle</td>
<td>College of Nursing, U of S</td>
</tr>
<tr>
<td>SAULNIER, Anne</td>
<td>CNE – 6300 Neurosciences RUH</td>
</tr>
<tr>
<td>SCHICK, Deb</td>
<td>Operations Leader, SCC</td>
</tr>
<tr>
<td>SERVISS, Jaimie</td>
<td>RN-MON-RUH/WOODS, Marion,RN-MON RUH</td>
</tr>
<tr>
<td>SHANKS, Deb/DIXON</td>
<td>Sharon - SaskPolytechnic Registered Nurse Program</td>
</tr>
<tr>
<td>STONE, Nada</td>
<td>CNE - Rural Nursing Practice &amp; Education</td>
</tr>
<tr>
<td>TRASK, Jocelyn</td>
<td>RN – ER RUH</td>
</tr>
<tr>
<td>VALENTINE, Karen</td>
<td>Infection Prevention &amp; Control SPH</td>
</tr>
<tr>
<td>ZUNTI, Lisa/SARENCO</td>
<td>Jessica (alternate) – 5A Surgery SPH</td>
</tr>
</tbody>
</table>
As SHR welcomes new nurses graduating from Saskatchewan nursing programs, it is important to remember that these are beginning practitioners who require orientation, and ongoing support and mentoring as they learn their new roles. They also have a scope of practice as a graduate that is different from the full scope of a registered or licensed nurse.

### Graduate Licensed Practical Nurse (GLPN)

May 2015 is graduation month for some of the Practical Nursing diploma programs in Saskatoon.
- GLPNs must be supervised by an LPN, RN or RPN, depending on the work setting.
- GLPNs may be certified in added skills, but may only perform these procedures under direct supervision. Added skill procedures are listed in our [LPN Added Skills policy](#).

The SALPN document [Practice as a Graduate](#) is a helpful resource for understanding how to support GLPNs in the workplace. All practical nursing graduates wrote their national licensing exam on May 20th, and will be licensed as Graduate Licensed Practical Nurses (GLPNs) until exam results are available in approximately 4 to 6 weeks. Once GLPNs have passed the exam, they are eligible to apply for LPN licensure.

### Graduate Nurse (GN)

SHR is hiring more than 175 Graduate Nurses (GNs) in April, May and June as they complete their baccalaureate education. Graduate Nurses are licensed by the Saskatchewan Registered Nurses Association (SRNA) with a scope of practice which is not the same as the RN scope:
- GNs must be supervised by an RN or an RPN, depending on the work setting.
- GNs must not be put in the position of charge nurse.
- GNs cannot be responsible for assigning client care to other members of the health care team.
- GNs may not be certified in transfer of medical function procedures.
- GNs may be certified in special nursing procedures, but may only perform these procedures under direct supervision of an RN. SNP procedures are listed in our [SNP policy](#).

The SRNA document [Guidelines for Graduate Nurse Practice](#) is an excellent resource for understanding GN scope and its implications for assignments and supervision. GNs will begin writing the national NCLEX licensure exam in July. Writing dates are individual, with exam results available approximately two weeks later. GNs are eligible to apply for RN licensure once they have passed the licensing exam.

### Graduate Psychiatric Nurse (GPN)

In December each year SHR has the opportunity to hire graduates of the 3 year SaskPolytech Psychiatric Nursing Program. GPNs are licensed by the Registered Psychiatric Nurses Association (RPNAS) with a scope of practice which is not the same as the RPN scope:
- GPNs must be supervised by an RPN or an RN, depending on the work setting.
- GPNs must not be put in the position of charge nurse.
- GPNs cannot be responsible for assigning client care to other members of the health care team.
- GPNs may not be certified in transfer of medical function procedures.
- GPNs may be certified in special nursing procedures, but may only perform these procedures under direct supervision of an RPN or RN. SNP procedures are listed in our [SNP policy](#).

GPNs write their licensing exam in January and are typically eligible for RPN licensure in February.
As your nursing liaison librarian at the Saskatoon Health Region, it is my job to provide all SHR nurses with the best possible information in order to make your jobs easier. Navigating an ocean’s worth of health information can be confusing but the library is here to help!

You can formally request health information by contacting the library or you can simply browse our website to find the resource that best fits your information needs. At the medical library, we understand there are times when reading ten peer reviewed journal articles is the best way to be informed. However, there are also times when rapid fire answers are required to accommodate your hectic schedules.

**Types of Resources**

The Medical Library offers four broad types of health information:

- **Point of Care Tools**: Access quick answers to clinical questions
- **Drug Indexes**: Information on dosing, side effects, interactions etc. (similar to point of care tools)
- **Databases and Journals**: Browse these databases for in-depth, peer reviewed research
- **Books & Encyclopedias**: Ideal for background knowledge on diseases/conditions

We encourage you to browse these terrific resources. However, please abide by the **15 minute rule**. If it takes you longer than that to find what you’re looking for, you should contact us.

**Core Services**

In addition to our information resources, these are **just a few** of our core services: Literature searches: Fill out our form and receive reliable information based on the type and amount you request.

- **Subject guides**: Browse the nursing guide (for example) and find information divided by several categories.
- **Patient Education**: Browse information tailored for patients (6th to 8th grade reading level).

**Document Delivery**: E-mail the library with a citation and we can order it for you (no cost to you)

**Library Card**: Request a library card and access SHR paid resources from your home computer.

**On demand training**: E-mail us to request individual, small-group, or large group training sessions on a library topic of your choice.

**Nursing Reference Center Plus**

With the new fiscal year, the Medical Library is pleased to announce our new subscription to Nursing Reference Center Plus. This exciting new resource provides quick answers to clinical nursing questions. Furthermore, its user-friendly interface allows you to type in a search term and filter results by video demonstrations, evidence-based care sheets, skills, images, drug monographs, patient handouts and more. Nursing Reference Center Plus also features a brief introductory tutorial on the homepage called “take our tour”.

Currently, there is no app available for Nursing Reference Center Plus. However, the library has been assured that an app is being developed within the next few months and we will provide updates accordingly.

**Please be in touch**

Medical librarians are eager to help and can be reached anytime at Library@saskatoonhealthregion.ca. It is our job description to save you time and to equip you with the proper informational tools to do your job right and to ultimately benefit the patients you provide care for.

Marc Harper, BA MLIS
Librarian, Medical Library
Saskatoon Health Region | (306) 655-7899 | (306) 655-8614 fax
Saskatoon City Hospital, 701 Queen Street, Saskatoon, Saskatchewan, Canada.
The Resuscitation Policy (7311-60-016) has been undergoing revisions & the updated policy/forms will be put into effect in the upcoming months: The main changes in the policy are outlined below:

### Changes Between Existing & Revised Resuscitation Policy

- Submitted by: Dr. Qaiser Fahim, SHR Bioethicist

The Resuscitation Policy (7311-60-016) has been undergoing revisions & the updated policy/forms will be put into effect in the upcoming months: The main changes in the policy are outlined below:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Existing Policy</th>
<th>Revised Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is Resuscitation Offered?</td>
<td>Acute Care</td>
<td>Acute Care</td>
</tr>
<tr>
<td></td>
<td>Home Care</td>
<td>Hands only CPR is offered at Long Term Care (LTC) and All Other Locations unless certified in CPR.</td>
</tr>
<tr>
<td>Contested Resuscitation Decisions:</td>
<td>Policy stopped with finding another physician who could honor the patient’s wishes.</td>
<td>Contested Resuscitation Decision Process specifies next steps in resolution of contested decision.</td>
</tr>
<tr>
<td>Forms:</td>
<td>Resuscitation Care Planning Allow Supported Natural Death (Form # 102525): Completed by Physician</td>
<td>Form (102525) discontinued</td>
</tr>
<tr>
<td></td>
<td>Selective Resuscitation Care Plan (Physician Orders - Form # 102526): Completed by Physician</td>
<td>Form (102526) discontinued</td>
</tr>
<tr>
<td></td>
<td>Resuscitation Care Plan (Physician Orders - Form # 102527): Completed by Physician</td>
<td>REVISED Resuscitation Care Plan (Physician/Practitioner Orders - Form # 102527): Completed by Physician/ Medical Resident/ Nurse Practitioner in Acute Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>REVISED Serious Illness-Sudden Collapse (SI-SC) Plan (Form #103319): Completed by resident with Physician/ Nurse in Long Term Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NEW Checklist For Contested Resuscitation Decision (Form # 103906): Completed by Physician</td>
</tr>
</tbody>
</table>

**Main Process Changes:**
- Contested Resuscitation Decision Process specifies next steps in resolution of contested decision.
- Copies of plans travel with patients/residents (Continuum of care between acute care & LTC).
- “Directives” tab placed in every chart for Resuscitation Care Plan/SI-SC & any legal documents.
- No visual cues may be used to identify patient’s/resident’s resuscitation wishes.
- Designates would be identified to complete the forms with patients/residents.
- In Acute Care 24 hours to complete Resuscitation Care Plan based on Goals of Care.
- In long term care designates have 8 Weeks to complete SI-SC plan with residents.

If you have questions please contact:
Dr. Qaiser Fahim (SHR/SCA Bioethicist) – Tel 655-2068
Dr. Joy Mendel (SPH/CHAS Bioethicist) – Tel 655-5197
Resuscitation Policy: Key Points:

Resuscitation will be attempted on all patients when:
- It is clinically indicated (See definition clinically indicated CPR).
- It is in accordance to known wishes of the patient. Patient has the right to refuse CPR. CPR should not be provided when refused by the patient with capacity or based on the known wishes of the patient when he/she lacks capacity.
- In the case of unwitnessed arrests where the patient’s wishes are to be resuscitated, the default position is to attempt resuscitation, if you cannot determine whether resuscitation is clinically indicated. No punitive action shall be initiated against providers making such judgments in good faith. (See Section 4.2 Unwitnessed arrests).
- In emergency situations when patient’s wishes are unknown, the default position is to attempt resuscitation, if you cannot determine whether resuscitation is clinically indicated. (See Section 4.3 Wishes are unknown in Acute Care).

Resuscitation Care Plan (form # 102527):
The Resuscitation Care Plan (Physician/Practitioners Orders) will be completed within 24 hours of each admission by the MRP or the designate based on goals of care.
A designate in acute care is a health care professional (licensed to provide treatment as part of their professional scope of practice) who is a member of the health care team and has knowledge of resuscitative interventions and the patient’s medical condition (e.g. medical resident or nurse practitioner). A designate must be willing to accept the role.
If Resuscitation Care Plan is incorrectly completed see Section 3.3 Incorrect completion of Resuscitation Care Plan.
The Resuscitation Care Plan will always be the first document under the “Directives” tab in the patient chart.
No visual cues may be used to identify patient’s resuscitation wishes.

Checklist for Contested Resuscitation Decision (form # 103906):
Contested Resuscitation Decision Process (physician & patient/family disagree on code status) specifies next steps for physicians in resolution of contested decision. See section 7.3 When the resuscitation decision is contested.

Nurse’s Role:
Become familiar with your patient’s resuscitation status.
Report code status when patient care is transferred.
Anyone may initiate resuscitation discussions based on goals of care. Such discussions should be documented in the progress notes and the MRP informed.
Request patients to provide their most recent Advance Care Directive.
Acute Care: Send a copy of the Resuscitation Care Plan with the patient to Long Term Care or to any Acute Care setting (e.g. transfer to another hospital, appointments in acute departments).
Long Term Care: Send a copy of the Serious Illness-Sudden Collapse (SI-SC) Plan with the patient when transferred to Acute Care.

Note: an SI-SC Plan could be an Advance Care Directive (legal document) or an advance instruction of the proxy/substitute decision-maker (based on known wishes of the patient).
Long Term Care Homes in SHR

Did You Know?
- Each home has a Resident or Resident/Family Council
- A LTC Advisory Council formed in December, 2013

Language:
- Home or Community (avoid: facility, unit or site)
- Neighborhood or Household (avoid: wing or unit)
- LTC Capacity (avoid: LTC beds)

Quick Links:
- Language Use in LTC
- Welcome Guide
- Long Term Care in a Nutshell
- List of Long Term Care Homes in SHR
- Resident and Family Resources
- Long Term Care Information Poster

Resident-directed care is the foundation of long term care

Resident-directed care places maximum possible decision making into the hands of the residents
The revisions to the Adult Nursing Admission Assessment form # 101500 (used in Saskatoon Acute Care) are complete and it can be ordered from printing. The following highlights the major changes to the form. Once this form is in use you can stop using the 5 A’s Tobacco Cessation Intervention Flow Chart #102848 on every chart.

For the surgical units that admit patients after their PAC or SD visit, please review the answers to the questions on page 2 as always, for possible referrals needed to Dietitian, Spiritual and Cultural Care, ACAS/Home Care etc. PAC/SD will consult Infection Control if the patient has had a symptomatic contact with a communicable disease in the last 2-3 weeks (the patient’s OR may be postponed).

Changes to the Nursing Admission Assessment Form – submitted by Christine Hanna, CNE

Functional Decline risk will be identified on admission and preventative measures can be put in place.

These questions will completely replace the 5A’s Tobacco Smoking Cessation Interventional Flow Chart :)

Allowing Spiritual and Cultural Care to assess each patient after admission but getting services immediately to the patient if symptoms present.

Updating and clarifying when Infection Control needs to be consulted if a contact is reported.

Terms updated. Remember to use this info to contact ACAS as soon as possible on admission for discharge planning.
Upcoming Learning Events

Saskatchewan Interprofessional Preceptor Conference
Prince Albert—June 9, 2015
Regina—Sept. 24, 2015
Saskatoon—Oct. 22, 2015
Register on line at: https://www.picatic.com/SAHSN-IPC-PA

Canadian Association of Rehabilitation Nursing National Conference
June 2-3, 2015
Edmonton, Alberta
http://cam.ca/news-events/register-now/

Tuberculosis Symposium
June 11 -12, 2015
Hilton Garden Inn
Saskatoon, SK

National Association of PeriAnesthesia Nurses of Canada 13th Annual National Conference
June 12-14, 2015
Moncton, NB
http://napanc.ca/

Infection and Prevention Control Conference
June 14-17, 2015
Victoria, BC
http://www.ipac-canada.org/conf_registration.php

Canadian Association of Neuroscience Nurses 46th Annual Meeting and Scientific Sessions
June 23 – 26, 2015
St. John’s, N.L.
http://cann.ca/cann-annual-scientific-sessions?dt=141123045138

Community Health Nurses of Canada 10th National Conference
June 22 – 24, 2015
Winnipeg, Man
https://www.chnc.ca/annual-nursing-conference.ctm

Canadian Association of Burn Nurses 14th Biennial conference
September 16 – 17, 2015
Moncton, N.B.
http://www.cabn.ca/en/

Canadian Association of Advanced Practice Nurses
September 24 – 25, 2015
Winnipeg, Man.
http://caapn-aciipa.org/conference-event-page.htm

Canadian Society of Gastroenterology Nurses and Associates
September 23 – 25, 2015
Moncton, N.B
http://www.csqua.com

Canadian Association of Critical Care Nurses
September 27 – 29, 2015
Winnipeg, Man.
http://www.caccn.ca/

Canadian Association of Nurses in Oncology National Conference
October 4 – 7, 2015
Toronto, Ont.
https://cano-acio.abstractcentral.com/

Custody & Caring 14th Biennial International Conference
October 7 - 9, 2015
Delta Bessborough Hotel
Saskatoon, SK
http://custodyandcaring.usask.ca/

Canadian Federation of Mental Health Nurses National Conference
October 21 – 23, 2015
Niagara Falls, Ont.
http://cfmhn.ca/