

The British Association for Parenteral and Enteral Nutrition

The Sixth South Region Nutrition Day

“Nutrition and Hydration”

Monday 17 September 2012 at Paultons Park in Hampshire

PLACES ARE LIMITED SO PLEASE WAIT FOR CONFIRMATION OF PLACE

Provisional programme on 28 August 2012

08.15 to 08.55	Arrival and coffee
08.55 to 09.00	Welcome and introduction Peter Austin, Senior Pharmacist
Session One	Energy Requirements Chaired by [to be confirmed]
09.00 to 09.30	Dietary recommendations for energy Alan Jackson, Professor of Human Nutrition, Southampton
09.30 to 10.00	Estimating energy requirements in practice Liz Weekes, Consultant Dietitian, Guy's & St Thomas' NHS Foundation Trust
10.00 to 10.30	Morning coffee
Session Two	Practical Aspects of Nutritional Support Chaired by [to be confirmed]
10.30 to 11.00	Oral nutrition supplements Dr Emma Parsons, Dietitian, Teaching Fellow, Southampton
11.00 to 11.30	Enteral tube feeding Susan Harding, Clinical Nutrition Specialist Practitioner Nurse, Bournemouth
11.30 to 12.00	Parenteral nutrition Priya Mistry, Nutrition and Pseudomyxoma Specialist Pharmacist, Basingstoke
12.00 to 13.00	Lunch
Session Three	Fluids Chaired by Prof Marinos Elia, Professor of Clinical Nutrition and Metabolism, Southampton
13.00 to 13.30	Assessment of sodium and water balance Dr Paul Cook, Consultant in Chemical Pathology and Metabolic Medicine, Southampton
13.30 to 14.00	Bioelectrical impedance analysis Marinos Elia, Professor of Clinical Nutrition and Metabolism, Southampton
14.00 to 14.30	The revised Starling equation, intravenous fluids and tissue oedema Dr Tom Woodcock, Intensive Care Consultant, Southampton
14.30 to 15.00	Afternoon tea
Session Four	Complex TPN Case and National Update Chaired by Dr Penny Nestel, Programme Director, MSc Public Health Nutrition, University of Southampton
15.00 to 15.30	Nutrition support in intensive care Dr Mark Tomlin, Consultant Pharmacist, Southampton
15.30 to 16.15	National Nutrition News Dr Trevor Smith, Consultant Gastroenterologist, Southampton
16.15 to 16.30	Summary and close Peter Austin, Senior Pharmacist

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REGISTRATION FORM

Please note places are limited so please wait for confirmation of place
If you do not hear back please contact us to confirm the position

Full Name:
(Please state: Mr, Ms, Professor, Doctor or other) this will appear on your name badge

Job Title:

Profession:

Address:

.....

..... Post Code:

Telephone No: Fax No:

Email:

Are you a member of BAPEN? Yes/No (It is not necessary to be a BAPEN member to attend this day, this is for information only)

Any special dietary requirements:

Fees Payable:

[] £50 before the 15 June 2012

[] £65 from 16 June to 13 July 2012

[] £80 from 14 July to 17 August 2012

[] £95 from 18 August to 16 September 2012

[] £150 on 17 September 2012

[] £10 discount per person if **four or more** people from the **same** team apply **simultaneously** and providing that sufficient places remain to allocate each of the applicants a place

The fee includes VAT, lunch and all refreshments during the day. Parking is on-site and without charge.

Payment method:

[] Cheque [] Credit card – please confirm separate form sent by ticking here []

Cheques should be made payable to “BAPEN” and are not refundable unless by specific arrangement or no places remain and so no place can be offered.

Please return all application forms and cheques to: Carol Moody / Peter Austin, Pharmacy Department, Mailpoint 40, Southampton General Hospital, Tremona Road, Southampton. Hampshire. SO16 6YD.

If paying by credit card please send the application form to Carol / Peter as above but please also complete the credit card form and send the credit card form only to: BAPEN office, Secure Hold Business Centre, Studley Road, Redditch, Worcestershire. B98 7LG.

Please direct enquiries to: Carol.Moody@uhs.nhs.uk or Peter.Austin@uhs.nhs.uk

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CREDIT CARD PAYMENT REQUEST

PLEASE SEND THIS FORM ONLY DIRECTLY TO BAPEN

PLEASE CONFIRM THAT PLACES REMAIN BEFORE SENDING THIS FORM

Delegate(s)

Name	Fee	
.....	£	including VAT
.....	£	including VAT
.....	£	including VAT
.....	£	including VAT
Total amount	£	including VAT

Card type

☐ VISA ☐ VISA electron ☐ Mastercard
☐ Solo ☐ Maestro ☐ American Express

Card number

.....

Expiry date

.....

Security code

.....

I authorise BAPEN to charge the above amount to my nominated credit card

Signature

Date

Please send receipt to

Email

Postal

PLEASE SEND YOUR APPLICATION FORM(S) TO CAROL / PETER

Carol Moody / Peter Austin, Pharmacy Department, Mailpoint 40, Southampton General Hospital, Tremona Road, Southampton. Hampshire. SO16 6YD.

AND

THIS FORM ONLY TO THE BAPEN OFFICE

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