



**GREENVILLE
HEALTH SYSTEM**

Radiology Services
701 Grove Road
Greenville, SC 29605

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Stroke Imaging Conference

Sat., April 28, 2018

Greenville Memorial Hospital
Coleman Medical Staff Auditorium
701 Grove Road
Greenville, SC 29605

*6 Category A credits approved by the ASRT
6 SDMS credits approved*



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Agenda

8:30 a.m.	Registration and Continental Breakfast
9:00 a.m.	Recognition to Revascularization
10:00 a.m.	Stroke and CT Imaging for the Imaging Technologist
11:00 a.m.	Break
11:10 a.m.	Interventional Stroke Treatment
12:10 p.m.	Lunch Provided
1:00 p.m.	Stroke Scale
2:00 p.m.	3-D Imaging and Stroke
3:00 p.m.	Break
3:10 p.m.	Endovascular Intervention: Where We've Been and Where We're Going
4:10 p.m.	Adjourn

Greenville Health System Faculty

Ervin Lowther, MD
Mahmoud Rayes, MD
Jill Brock, BSRT, RT, (R)(CT)
Lisa Moore, BSN, RN
Melissa Mull, NP
Shannon Sternberg, MSN, RN, CNRN

Objectives

The participant will be able to ...

- Explain the basics of stroke triage and emergent treatment to include the importance of imaging procedures
- Discuss the importance of a CT scan in stroke patients
- Discuss minimally invasive treatments for clots
- Discuss what is considered a massive stroke
- Recognize a stroke on a CT scan
- Understand the importance of an active stroke program and a 24-hour stroke team
- Discuss the stroke scale

Who Should Attend

Radiologic Technologists
Radiologic Technology Students
Sonographers and others in imaging modalities who care for stroke patients

Registration

Fee: \$65 • On-site registration: Additional \$10

Registration deadline: Tues., April 24.

Cancellations received before the deadline will be refunded less \$10. *Substitutions will be permitted.*

Make check payable to ...

GMH Radiology Seminars;
Mail check with registration form to ...
Jackie Mullins, RT(R)(M)
Radiology Services
701 Grove Road
Greenville, SC 29605

For more information, call Jackie Mullins at (864) 455-4513, email jmullins@ghs.org or fax (864) 455-5327.

Registration Form Stroke Imaging Educational Conference April 28, 2018

Please Print

Name

Title

Employer

Fee \$

Business Address

City, State, ZIP

Home Address

City, State, ZIP

Phone (day)

Fax

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If paying by credit card: Type _____

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