



# P A L S

**2011**

Jan 28

Mar 28 & 29

May 1

Jul 21 & 22

Nov 4

\* 2-day course is Certification Only

\*\* 1-day course is for Re-certification Only

**REGISTRATION REQUIRED**

## **Intended Audience:**

This program is intended for healthcare professionals working in an inpatient critical care area, pre-hospital acute care role, or for anyone administering Conscious Sedation in an outpatient setting.

## **PRE-REQUISITES:**

### **Certification Course**

- A current Basic Life Support Healthcare Provider Card
- Understanding of basic cardiac rhythms

### **Recertification Course**

- Current BLS Healthcare and PALS card

## **Topics Covered**

- Pharmacology
- Rhythm Review
- Respiratory Issues
- PEA
- Asystole / Bradycardia
- Pulseless V-Tach / V-Fib
- AED
- Stable Tachycardia
- Unstable Tachycardia
- V-Fib Assessment
- Shock

*Speakers are Current American Heart Association Pediatric Advance Life Support Instructors*

*(see Page 2)*

## Page 2 – PALS Registration:

### Case Presentations

*This PALS course is conducted utilizing skill stations to teach the student the appropriate management of a patient during the first 10 minutes of presentation with the following conditions:*

- *Asystole*
- *Bradycardia*
- *Stable Tachycardia*
- *Unstable Tachycardia*
- *Pulseless Ventricular Tachycardia*
- *Ventricular Fibrillation*
- *Shock*
- *IO Insertion*
- *Respiratory Issue*

*An overview of the use of an Automated External Defibrillator will also be provided. The student will demonstrate their understanding of the material at the end of the day through successful completion of the written evaluation and correct demonstration of their skills.*

**DISCLAIMER:** *“The American Heart Association strongly promotes knowledge and proficiency in CPR and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course do not represent income to the association.”*

**REGISTRATION IS REQUIRED. After this signed approval is received in Education, your name will be registered on the Education Dept Sharepoint Calendar.**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #s © \_\_\_\_\_ (h) \_\_\_\_\_ Unit ext. \_\_\_\_\_

**UNIT:** \_\_\_\_\_

Nurse Manager's Approval for your Attendance: \_\_\_\_\_

On following date: \_\_\_\_\_

**FAX THIS FORM TO EDUCATION DEPT: 2229 (from outside – 215-710-2229)**