



2010 PALS Renewal Course Registration

for
NON-UIHC Staff

EMS Learning Resources Center
6 South, GH

February 4, 2010 (Thursday)
8am-1pm MORNING COURSE

April 15, 2010 (Thursday)
6pm-10pm EVENING COURSE

August 3, 2010 (Tuesday)
1:30pm-6:30pm AFTERNOON COURSE

November 11, 2010 (Thursday)
6pm-10pm EVENING COURSE

Thank you for your interest in the Pediatric Advanced Life Support (PALS) Provider Renewal courses.

Although we do not require proof of CPR certification before registration, you must be proficient in CPR before participating in this course. Your CPR skills will be evaluated during the PALS Renewal clinical cases, so please be familiar with the American Heart Association CPR guidelines.

Successful completion of PALS Provider Renewal does not renew your CPR card.

Please read the new course participant eligibility policies carefully and determine your status prior to registration.

NON-UIHC STAFF - FEE \$85

This includes adjunct faculty and any NON-UIHC employee participants.

The \$85 course fee includes Handbook of Emergency Cardiovascular Care (flipbook), nursing CEUs and EMS provider CEHs.

Pediatric Advanced Life Support Provider Renewal—NON-UI Staff

Registration

Please complete the enclosed registration, sign and return to the EMSLRC with payment as soon as possible. Space is limited and available FIRST COME, FIRST SERVED.

WE ARE UNABLE TO ACCEPT PHONE REGISTRATIONS.

All registrations must be postmarked or FAXED no later than six (6) business days before the first day of class.

The \$85 course fee ensures your enrollment in the course. Payment is required with completed registration. Participants will retain course materials. Nursing CEU and EMS provider CEH credit fees are included.

Course materials will be mailed 4-6 weeks prior to the course start date.

Cancellation Policy

You will receive a refund of all but \$10.00 of your registration fee if your registration is canceled prior to the beginning of the course, a 50 percent refund will be provided. If registration is cancelled less than 48 hours prior to the beginning of the course, no tuition refund will be provided.

WE ARE UNABLE TO TRANSFER REGISTRATIONS.

Continuing Education Credits

CEU credits are optional and will be granted by the University of Iowa Hospitals and Clinics Department of Nursing (IBN Approved Provider #34). Participants must attend the entire program to receive credit.

0.44 CEUs or 4.4 contact hours awarded for the PALS Renewal Course.

Please direct any questions concerning nursing credits to the Nursing Clinical Education Center at 319.356.4304.

The EMSLRC awards 4 CEHS for qualifying EMS providers.

Pediatric Advanced Life Support Provider Renewal—NON-UI Staff

Course Pre-requisites

Students are required to study materials and complete a pre-course written exam. They must:

- Have BCLS for healthcare providers, basic airway management and IV skills
- Know basic pharmacology
- Be able to recognize basic ECGs

Educational Objectives

Upon completion of this program, each participant will be able to:

- 1) Recognize the signs and symptoms of impending cardiac arrest in children and perform a rapid cardiopulmonary assessment.
- 2) Discuss common fluids and emergency care drugs used in the prevention and treatment of cardiopulmonary failure and arrest in children.
- 3) Perform basic life support and demonstrate bag-valve-mask ventilation procedures.
- 4) Discuss, demonstrate and practice using airway adjuncts for pediatric patients.
- 5) Discuss vascular access in children and demonstrate intraosseous line placement.
- 6) Discuss and demonstrate cardiac rhythm recognition in children
- 7) Discuss and manage pediatric patients in shock, respiratory failure and cardiopulmonary arrest.
- 8) Discuss the principles of the primary survey and resuscitation of the pediatric trauma patient with emphasis on shock management.

Faculty

The Pediatric Advanced Life Support Renewal courses are taught by qualified PALS instructors approved by the American Heart Association.

Course Location

The Pediatric Advanced Life Support Renewal courses are conducted in the University of Iowa Hospitals and Clinics, EMSLRC, 6-South, GH. 319.356.2597

MORNING COURSE Schedule

- 8:00am Welcome/Verification of Pre-tests
- 8:10 Overview of PALS Science Video
Management of Respiratory Emergencies;
CPR/AED Practice and Competency Testing
- 9:35 Groups 1 and 3; Groups 2 and 4
- 10:35 Groups 2 and 4; Groups 1 and 3
- 11:35 Break
- 11:45 Resuscitation Team Concept Video
- Noon Overview of Pediatric Assessment Video
- 12:15pm Putting it All Together Learning Station
All Groups (Four stations)
- 12:30 Course Summary and Testing
Written Test
Core Cases Testing Cardiac;
Core Cases Testing Respiratory and Shock
- 1:30 Adjourn

AFTERNOON COURSE Schedule

- 1:30pm Welcome/Verification of Pre-tests
- 1:40 Overview of PALS Science Video
Management of Respiratory Emergencies;
CPR/AED Practice and Competency Testing
- 2:05 Groups 1 and 3; Groups 2 and 4
- 3:05 Groups 2 and 4; Groups 1 and 3
- 4:05 Break
- 4:15 Resuscitation Team Concept Video
- 4:45 Overview of Pediatric Assessment Video
- 5:00 Putting it All Together Learning Station
All Groups (Four stations)
- 5:30 Course Summary and Testing
Written Test
Core Cases Testing Cardiac;
Core Cases Testing Respiratory and Shock
- 6:30 Adjourn

EVENING COURSE Schedule

- 6:00pm Welcome/Verification of Pre-tests
- 6:10 Overview of PALS Science Video
Management of Respiratory Emergencies;
CPR/AED Practice and Competency Testing
- 6:35 Groups 1 and 3; Groups 2 and 4
- 7:35 Groups 2 and 4; Groups 1 and 3
- 8:30 Break
- 8:45 Resuscitation Team Concept Video
- 9:15 Overview of Pediatric Assessment Video
Putting it All Together Learning Station
- 9:30 All Groups (Four stations)
- 10:00 Course Summary and Testing
Written Test
Core Cases Testing Cardiac;
Core Cases Testing Respiratory and Shock
- 11:00 Adjourn

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information contact the Office of Equal Opportunity and Diversity, (319) 335-0705.

Individuals with disabilities are encouraged to attend all University of Iowa sponsored events. If you are a person with a disability who requires an accommodation in order to participate in this program, please contact the EMSLRC in advance at (319) 356-2597.

**2010
PALS Renewal Course
for NON-UI Staff**



PLEASE PRINT

Name _____

Please circle: MD DO RN Paramedic Other _____

Campus Address _____

Home Address _____

City _____

State _____ Zip _____

Phone/pager: _____ / _____ - _____

** Email _____

Date of Birth / /
 M M D D

Last 4 digits of Soc Sec Number _____

The \$85 fee ensures your enrollment in the course. Payment is required with completed registration. Participants will retain course materials. Nursing CEU and EMS provider CEH credit fees are included.

The EMSLRC WILL RETAIN YOUR FEE IF YOU DO NOT ATTEND OR NOTIFY US OF YOUR CANCELLATION 14 DAYS IN ADVANCE OF THE COURSE.

Separate payment for each course registration. We are unable to transfer registrations to future courses.

RETURN WITH FEE TO:

EMS Learning Resources Center
200 Hawkins Drive, 6-South, GH
University of Iowa Hospitals and Clinics
Iowa City, Iowa 52242

Phone 319.356.2597; FAX 319.353.7508.

- CHOOSE COURSE:**
- FEBRUARY 4, 2010 (Thursday) 8am-1pm MORNING COURSE
 - APRIL 15, 2010 (Thursday) — 6pm-10pm EVENING COURSE
 - AUGUST 3, 2010 (Tuesday) — 1:30pm-6:30pm AFTERNOON COURSE
 - NOVEMBER 11, 2010 (Thursday) — 6pm-10pm EVENING COURSE

FEES: NON-UIHC STAFF - FEE \$85 - This includes UIHC adjunct faculty and any NON-UIHC employee participants. An \$85 fee is required with completed registration. Participant will retain course materials. Nursing CEU and EMS provider CEH credit fees are included.

METHOD OF PAYMENT:

- Check or money order enclosed (payable to EMSLRC)
- Credit Debit VISA MasterCard

Card No. _____

Three digit code on back _____ Exp. Date _____ / _____

Cardholder's name _____ Cardholder's signature _____

** I have read and agree to the attendance, refund and cancellation policies described in this brochure.

Signature _____

OFFICE USE ONLY: Deposit/Fee Received Book number assigned Materials packet sent date: _____