



2010 PALS Provider Course Registration

for UI Healthcare
Residents and Fellows

EMS Learning Resources Center
6 South, GH

April 6, 8, 13 (Tues, Thurs, Tues)
6pm-10pm EACH EVENING

August 2-3 (Mon, Tues)
8am-5pm - DAY 1; 8am - 1pm - DAY 2

November 2, 4, 9 (Tues, Thurs, Tues)
6pm - 10pm EACH EVENING

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

In an effort to better fulfill our mission to UI Health Care, we have revised our policies. Please read the new course participant eligibility policies carefully and determine your status prior to registration.

UI Health Care RESIDENTS /FELLOWS (PALS required for job)

NO FEE

DEPOSIT REQUIRED \$125

VOUCHER REQUIRED

Certain residency programs require PALS training; those residency coordinators now have a specific number of EMSLRC course vouchers available for these courses. Resident and Fellows required to obtain PALS must follow the registration process outlined below.

WE ARE UNABLE TO ACCEPT PHONE REGISTRATIONS.

- **Complete the entire registration and indicate the preferred course date.**
- **Obtain an EMSLRC voucher from your residency coordinator.**
- **Submit to EMSLRC:**
 - **Deposit - \$125. (Check, credit card or department requisition.) Will be returned upon completion of the course and return of the materials.**
 - **Registration form**
 - **EMSLRC voucher**

The EMSLRC will notify you by email when you are accepted into a course and when materials will be available for pick up in the EMSLRC.
(Materials are not mailed.)

OTHER UI Health Care PROVIDERS

Other UI Health Care providers may take PALS. A \$125 fee is required with completed "PALS for UI Staff" registration form found at www.uihealthcare.com/emslrc. Participant retains course materials.

Pediatric Advanced Life Support Provider—UI Health Care Residents and Fellows

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.

A \$125 deposit or fee ensures your enrollment in the course. Those submitting a deposit only will receive a refund upon completion of the course and return of the materials in good condition. Those participants paying a fee may keep the materials.

THE EMSLRC RETAINS YOUR DEPOSIT/FEE IF YOU DO NOT ATTEND OR NOTIFY US OF YOUR CANCELLATION 14 DAYS IN ADVANCE OF THE COURSE.

Materials for the course may be obtained from the EMSLRC approximately four (4) weeks prior to the course. Participants will receive e-mail notification when course materials are ready to be picked up.

Course materials must be picked up in the EMSLRC at least 14 days prior to start of the course or you will forfeit your enrollment and deposit/fee.

Cancellation Policy

THE EMSLRC RETAINS YOUR DEPOSIT IF YOU DO NOT ATTEND OR NOTIFY US OF YOUR CANCELLATION 14 DAYS IN ADVANCE OF THE COURSE.

If materials have already been checked out and cancellation occurs, they must be returned (in the original packaging) to the EMSLRC within seven (7) days from the date of cancellation or your deposit will be forfeited.

Continuing Education Credits

No Continuing Education credits are available for this course offering.

We are unable to transfer registrations to future courses.

Pediatric Advanced Life Support Provider—UI Health Care Residents and Fellows

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 courses are taught by qualified PALS instructors approved by the American Heart Association.

Course Location

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

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.

DAY COURSE Schedule - (August)

DAY ONE

8:00am	Welcome/Verification of Pre-tests
8:10	PALS Course Overview Video
8:25	Overview of PALS Science Video Management of Respiratory Emergencies; CPR/AED Practice and Competency Testing
8:50	Groups 1 and 3; Groups 2 and 4
9:50	Break
10:00	Groups 2 and 4; Groups 1 and 3 Rhythm Disturbances Electrical Therapy; Vascular Access Skills Station
11:00	Groups 1 and 3; Groups 2 and 4
11:30	Groups 2 and 4; Groups 1 and 3
Noon	Lunch (on your own)
1:00pm	Resuscitation Team Concept Video Core Case Simulations: Cardiac Cases 1 and 2
1:30	All Groups (Four stations)
2:00	Overview of Pediatric Assessment Video
2:10	Overview of Core Case Discussions/Simulations
2:20	Break
2:30	Core Case Discussion: Cardiac Cases 3 and 4 Core Case Simulations; Cardiac Cases 3 and 4
2:50	All Groups (Four stations)
3:20	Core Case Discussion: Respiratory Cases 1 and 2 Core Case Simulation: Respiratory Cases 1 and 2
3:40	All Groups (Four stations)
4:10	Core Case Discussion: Respiratory Cases 3 and 4 Core Case Simulation: Respiratory Cases 3 and 4
5:00	Recess

DAY TWO

8:00am	Core Case Discussion: Shock Cases 1 and 2 Core Case Simulations: Shock Cases 1 and 2
8:20	All groups (Four stations)
8:50	Core Case Discussion: Shock Cases 3 and 4 Core Case Simulations: Shock Cases 3 and 4
9:10	All groups (Four stations)
9:40	Break Putting it All Together Learning Station
9:55	All Groups (Four stations)
10:55	Course Summary and Testing Details
11:00	Written Test Core Cases Testing Cardiac; Core Cases Testing Respiratory and Shock
Noon	Groups 1 and 3; Groups 2 and 4
1:00	Adjourn

EVENING COURSE Schedule - (April and November)

EVENING ONE

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
8:35	Break Rhythm Disturbances Electrical Therapy; Vascular Access Skills Station
8:45	Groups 1 and 3; Groups 2 and 4
9:15	Groups 2 and 4; Groups 1 and 3
9:45	Questions
10:00	Recess

EVENING TWO

6:00pm	Resuscitation Team Concept Video Core Case Simulations: Cardiac Cases 1 and 2
6:30	All Groups (Four stations)
7:00	Overview of Pediatric Assessment Video
7:10	Overview of Core Case Discussions/Simulations
7:20	Break
7:30	Core Case Discussion: Cardiac Cases 3 and 4 Core Case Simulations: Cardiac Cases 3 and 4
7:50	All Groups (Four stations)
8:20	Core Case Discussion: Respiratory Cases 1 and 2 Core Case Simulation: Respiratory Cases 1 and 2
8:30	All Groups (Four stations)
9:00	Core Case Discussion: Respiratory Cases 3 and 4 Core Case Simulation: Respiratory Cases 3 and 4
9:10	All Groups (Four stations)
9:40	Questions
10:00	Recess

EVENING THREE

6:00pm	Core Case Discussion: Shock Cases 1 and 2 Core Case Simulations: Shock Cases 1 and 2
6:15	All groups (Four stations)
6:40	Core Case Discussion: Shock Cases 3 and 4 Core Case Simulations: Shock Cases 3 and 4
6:55	All groups (Four stations) Putting it All Together Learning Station
7:20	All Groups (Four stations)
7:50	Break
8:00	Written Test Core Cases Testing Cardiac; Core Cases Testing Respiratory and Shock
9:00	Groups 1 and 3; Groups 2 and 4
9:30	Groups 2 and 4; Groups 1 and 3
10:00	Adjourn

2010
PALS Provider Course
for Residents
and Fellows



The \$125 deposit and VOUCHER ensures your enrollment in the course. Deposits will be returned to qualified participants upon completion of the course and return of the materials in good condition.

Those paying a fee may keep the materials.

The EMSLRC WILL RETAIN YOUR DEPOSIT OR 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.

PLEASE PRINT

Name _____

Please circle: MD DO MBBS

Campus Address _____

Home Address _____

City _____

State _____ Zip _____

Work Phone/Pager: _____

Email _____

Date of Birth / /
 M M D D

Last 4 digits of Soc Sec Number _____

- CHOOSE COURSE:**
- APRIL 6, 8, 13 (Tues, Thurs, Tues) 6pm-10pm EACH EVENING
 - AUGUST 2-3, (Mon, Tues) DAY 1: 8am-5pm; DAY 2: 8am-1pm
 - NOVEMBER 2, 4, 9 (Tues, Thurs, Tues) 6pm-10pm EACH EVENING

FEES/DEPOSITS:

- UI Health Care Residents/Fellows - **(PALS required for job)**
\$125 DEPOSIT (NO FEE) VOUCHER REQUIRED

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: _____