

PALS – 2012



Pediatric Advanced Life Support

PALS Provider	(2 Day Course)
PALS Renewal	(1 Day Course)
PALS Renewal (SIM)	(1 Day Course)
PALS Instructor	(1 Day Course)

PALS Overview

The Pediatric Advanced Life Support (PALS) course, developed by the American Heart Association and the American Academy of Pediatrics, focuses on the priorities in assessment and management of the ill or injured child. The practical application of cognitive and psycho-motor skills in pediatric resuscitation situations is emphasized during practice case scenarios. The course will include a review of the current PALS science and resuscitation team concepts. PALS instructors, representing multi-disciplinary specialties, with expertise in the care of children, will present information in a lively and “user friendly” format. Participants will have an opportunity to practice emergency techniques such as intra-osseous needle insertion, ventilation of a child with a bag valve mask, endotracheal intubation and cardio-version/defibrillation of a child.

Course Objectives (Provider & Renewal)

Upon completion, the participant will be able to:

- List parameters which indicate cardiovascular or respiratory compromise in the pediatric patient
- Define conditions which put a child at risk for cardiopulmonary arrest
- Describe strategies for preventing and managing cardiopulmonary arrest in children

PALS Instructor Course

This one-day course reviews the key concepts of the PALS curriculum focusing on teaching strategies with emphasis on interactive teaching sessions. Senior PALS faculty members will share helpful hints on facilitating an educational experience for providers who want to improve their knowledge, attitude, and skills in pediatric assessment and resuscitation.

Hi Fidelity Simulation PALS (SIM)

High Fidelity Simulation PALS utilizes the reality of mannequin-based simulations for virtual feedback using computers that regulate the mannequins’ compressors, mimicking pulses and chest rise. These life-like mannequins simulate heart tones and other vital cues when connected to monitors, providing real-time information to students. By practicing true clinical skills in a safe and regulated environment, future clinicians learn permanent and excellent evaluation and treatment techniques.

Target Audience (All Courses)

- Physicians
- Nurses
- Respiratory Therapists
- Paramedics
- Healthcare Providers who care for children

Registration/General Information

Registrations that are faxed must include credit card information. Registrations with payment in the form of a check can be mailed to the HOPE Office. Fees include a continental breakfast, book, confirmation letter and map. Materials will be mailed approximately 30 days prior to the date of the class. Registration fees are utilized solely for the Johns Hopkins Children’s Center and in no way reflect income to the American Heart Assoc., Inc. (AHA).

Accreditation

Individuals who successfully complete the cognitive skills examination in accordance with guidelines of the AHA will be awarded the appropriate two-year PALS course completion card.

Nurses

The American Association of Critical-Care Nurses (AACN) will award CEU credits for the PALS course. This program has been approved by AACN Certification Corporation.

- PALS Provider 14.5 hours
- PALS Renewal / SIM Renewal 7 hours
- PALS Instructor. 7 hours

Pre-Hospital

MIEMSS – Office of Education and Certification

- PALS Provider 16 hours
- PALS Renewal / SIM Renewal 8 hours
- PALS Instructor 8 hours

To Contact the Office:

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HOPE – 2012

Hopkins Outreach for Pediatric Education

www.hopkinschildrens.org/hope

PALS Classes 2012

January 14-15	(Sat/Sun)	Provider	Johns Hopkins Bay View Med. Ctr.
January 29	(Sun)	Renewal	Johns Hopkins Hospital
February 4	(Sat)	Renewal (SIM)	Johns Hopkins Simulation Center
February 18-19	(Sat/Sun)	Provider	St. Joseph's Medical Center
March 12	(Mon)	Renewal	Harbor Hospital
March 24-25	(Sat/Sun)	Provider	Mercy Medical Center
April 21	(Sat)	Renewal	Chester River Hospital Center
May 5-6	(Sat/Sun)	Provider	Johns Hopkins Hospital
May 20	(Sun)	Renewal	Good Samaritan Hospital
June 2	(Sat)	Renewal (SIM)	Johns Hopkins Simulation Center
June 23-24	(Sat/Sun)	Provider	The HSC Pediatric Center
June 30	(Sat)	Renewal	Suburban Hospital
July 25-26	(Wed/Thu)	Provider	Harbor Hospital
August 19	(Sun)	Renewal	Johns Hopkins Bay View Med. Ctr.
September 13-14	(Thu/Fri)	Provider	Johns Hopkins Hospital
October 6	(Sat)	Renewal	St. Joseph's Medical Center
October 27-28	(Sat/Sun)	Provider	Good Samaritan Hospital
November 10	(Sat)	Renewal	Mercy Medical Center
November 19	(Mon)	Instructor	Johns Hopkins Hospital
December 1	(Sat)	Renewal	The HSC Pediatric Center
December 15-16	(Sat/Sun)	Provider	Johns Hopkins Hospital

PALS Provider

All Participants	\$285
Students (Copy of student I.D. required)	\$235

PALS Renewal *(A copy of your current PALS card MUST BE ATTACHED)*

All Participants	\$235
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PALS Renewal (SIM)

All Participants	\$375
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PALS Instructor

All Participants	\$325
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Cancellation Policy

Cancellations or rescheduling requests will be honored only if received 10 days prior to day one of the course. Only 1 rescheduling request will be acknowledged. Refunds for cancellations will be subject to a \$50 administrative fee. NO REFUNDS will be given within 10 days of the scheduled course. If you have a last minute emergency, you MUST call the HOPE Office. A refund will not be issued, but you will be eligible to reschedule to another course.

For Office Use Only:

Registrations accepted up to 10 days prior to class date only

Registration Form (Please Print) Date of Class: _____

First Name	M.I.	Last Name

Address		

City	State	Zip Code
_____	_____	_____
Work Telephone	Home Telephone	Other (Cell/Pager)
_____	_____	_____
Place of Employment		

E-mail		

What is Your Specialty? <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> CRNA		
_____ CRNP <input type="checkbox"/> RN <input type="checkbox"/> CRT-I <input type="checkbox"/> NREMT-P <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-B		
_____ RRT <input type="checkbox"/> CRTT OTHER _____		

Registration Fees: Payment Must Accompany the Registration Form

Method of Payment: _____ (Check) _____ (Credit Card)

Please make checks or money orders payable to:

HOPE c/o The Johns Hopkins Children's Center

**600 N. Wolfe Street
HOPE Office, Brady 403
Baltimore, Maryland 21287-3716**

A \$40 service fee will be added for all returned checks

Credit Card Registrations:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card # _____ Exp. _____

For Office Use Only: Paid (Date): _____ Materials Sent (Date): _____