

Training Site Coordinator

Salena Anderson RN

360.856.7134

Salena.anderson@unitedgeneral.org

Or contact

Regional Faculty

Pam Carpenter RN

Pam.carpenter@unitedgeneral.org

During these sessions a number of stations will be provided to evaluate knowledge and skills. By the end of this class participants will be able to:

- 1 Describe signs and symptoms of MI/Stroke and discuss treatment approaches for the same per current AHA guidelines.
- 2 Perform detailed primary and secondary assessments for a patient in crisis.
- 3 Apply the current science of advanced cardiac life support.
- 4 Respond to cardiac and respiratory emergencies with appropriate assessments, medical and technical treatments.
- 5 Select, perform and direct the correct algorithms for specific clinical situations including cardiac and airway arrest, tachyarrhythmias, bradycardias and Megacode.
- 6 Demonstrate appropriate use of airway adjuncts, emergency defibrillation and cardioversion in event of cardiac and respiratory arrest.

These courses are designed according to the standards and guidelines of the American Heart Association for Health Care providers whose daily occupations or activities demand proficiency in the knowledge and skills of ACLS.



UNITED GENERAL HOSPITAL

2000 Hospital Drive

Sedro Woolley, WA 98284

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ADVANCED CARDIAC LIFE SUPPORT

2011 ACLS

Initial Course:

March 17 & 18th

**September/October dates
to be announced**

08:00 to 16:30

Renewal Course:

March 18th

**April 21st (experienced
providers only— no CEs)**

Sept/Oct TBA

3/18 is 0800 to 1300

4/21 is 4 pm to 9 pm

**United General
Hospital
360.856.7134**

Course Description

The only local course to proudly include a cardiologist, a surgeon, and an emergency physician in the instructor team!!!

The Initial Course is designed to provide participants an opportunity to develop the cognitive and practical skills necessary for emergency cardiac care.

The Renewal Course provides participants who have previously had ACLS education an update of their skills. **The evening renewal course will not have CEs.**

The courses will be held at United General Hospital downstairs in the Alder, Birch, and Cedar conference rooms. Please enter the hospital through the front lobby. Please do not park near the entrances; leave these for patients.

Texts and Handbooks are available at the United General Hospital front lobby. All in-person payments for course materials or registration fees must be made at the front lobby.

““This continuing nursing education activity was approved by the Washington State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”
Full course worth 11.5 CEs, recertification course worth 2.25 CEs.

Fee Schedule

Initial Course \$210.00
Renewal Course \$160.00

All registering for ACLS must fully complete and mail in this registration form. Upon our receipt we will mail a confirmation letter to you. Please ensure your address and phone are correct.

To Register

Return the attached registration form with a check made out to United General or indicate the company to be billed to:
Salena Anderson
Education Coordinator
United General Hospital
Sedro Woolley, WA 98284

Important Items

- ◇ If taking a renewal course please bring your current ACLS card to class. You may be denied entrance without this.
- ◇ Drop ins will be accommodated on a space available basis.
- ◇ Cancellation policy. Cancellations must be made 72 hours in advance. No refunds will be made without 72 hour notification.
- ◇ Classes are no cost to United General employees with manager approval.

Registration

Enter appropriate fee:
Initial Courses
◇ March 17th and 18th _____
Fall dates to be announced _____

Renewal Courses
◇ March 18th _____
◇ April 21st (no CEs) _____
Fall dates to be announced _____

Total enclosed _____
Texts
AHA-ACLS Text (\$33.00)
ECC Handbook (\$16.00)
(please come pick up, pay at the front lobby)

Note – if your company pays for your course it is your responsibility to indicate here who is to be billed:

Name _____

Address _____

City _____

Zip _____ Phone _____

Please check or fill in:
I am an MD ____ RN ____ Paramedic/EMT ____
Other _____
This will be my first ____ an update ____
covers skills I frequently use ____

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HOSPITAL

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