

## Pediatric Advanced Life Support

### Description

#### Course Goals

The goal of the PALS course is to provide the learner with:

1. Information needed to recognize infants and children at risk for cardiopulmonary arrest.
2. Information and strategies needed to prevent cardiopulmonary arrest in infants and children.
3. The cognitive and psychomotor skills needed to resuscitate and stabilize infants and children in respiratory failure, shock, or cardiopulmonary arrest.

#### Course Length

- 1 Day Renewal Provider - 8 hours
- 2 Day Initial Provider - 16 hours

#### Intended Audience

- Pediatricians
- Emergency & Family Physicians
- Dentists
- Physician Associates
- Nurses
- Paramedics
- Respiratory Therapists
- Other allied healthcare providers responsible for emergency medical care of infants, children, and adolescents

#### Student Materials

- PALS Course Guide
- ECC Handbook (Recommended)
- Student Packet developed by EMSC

#### Course Examination

Written and practical skills evaluation



OU Children's Physicians Building  
940 NE 13th Street, Room 2B2403  
Oklahoma City, OK 73104  
Phone: (405) 271-3307  
Fax: (405) 271-2421  
Email: emsc@ouhsc.edu  
Website: www.oumedicine.com/emsc

OKLAHOMA EMSC RESOURCE CENTER

## Oklahoma EMSC Resource Center



### 2010 PALS Course

"A Child's Life Depends On It!"

## Schedule / Registration Brochure

**Medical Director:**  
**John H. Stuemky, MD**

**Course Location:**  
OU Children's Physicians Building  
940 NE 13th Street  
Nicholson Conference Center  
Nicholson Tower 5th Floor  
Oklahoma City, OK 73104

**Parking:**  
Children's Hospital parking garage is located on the east side of Stonewall across from Nicholson Tower (corner of 13th and Stonewall).

**Mailing Address & Contact Information:**  
Oklahoma EMSC Resource Center  
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# Pediatric Advance Life Support at Oklahoma Emergency Medical Services for Children Resource Center

## Course Cost Information

### 1 Day Renewal Course **\$130.00**

Renewal course does not include student manual only course guide. *If desired, include additional \$35.00.*

### 2 Day Provider Course **\$180.00**

Initial course fee includes student manual

### Skills Testing for Online Course Candidates Only **\$75.00**

Skills testing candidates MUST bring a copy of online completion certificate/card, and call in advance to be scheduled for skills examination during any of the regular dates on which our courses are offered.

## Pre-requisite Information

- Pretest must be completed and submitted at registration the morning of the 1st day
- Proof of current Basic Life Support Healthcare Provider (BLS-HCP) must be provided at registration the morning of the 1st day

## Materials Information

Course materials are mailed to participants approximately 30 days prior to course start date provided payment has been received. Included are the letter of confirmation, course guide, book (if applicable), schedule and map.

## Disclaimer Statement

EMSC reserves the right to cancel any course in which a minimum enrollment is not achieved, and to make any program changes as may be deemed appropriate by the PALS Course Coordinator.

## Cancellations

- Must be received within 5 working days prior to the course start date; otherwise, a 20% administrative fee will be assessed.
- Participants cancelling can request to be placed in another course and, if room is available, they will be placed without additional fees.
- Participants cancelling 3 consecutive courses will forfeit registration fee.

## Payment Information

- Payment or an approved and accepted arrangement for payment must be received 30 days prior to the course start date.
- If payment has not been received 30 days prior to the course start date the participant risks losing their place in the course and substituted for another on the waiting list, and having their registration returned.
- Payment may be made by cash, check, money order, cashiers check, purchase order or cost transfer
- Make check, money order, or cashier's check payable to: OUHSC Department of Pediatrics.

## Registration Information

- Can be printed off the EMSC website. Visit our website at [www.oumedicine.com/emsc](http://www.oumedicine.com/emsc).
- Completed registration forms may be hand delivered, mailed, or faxed to EMSC.

## Registration Form

- MD/DO     Resident/Intern     Dentist     PA  
 ARNP     RN     LPN     EMT-P     RRT/CCRT  
 Other: \_\_\_\_\_

Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Employer: \_\_\_\_\_ Department: \_\_\_\_\_

Work Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email: \_\_\_\_\_

## Course Dates

### Initial Provider

August 26-27, 2010

October 7-8, 2010

### Renewal Provider

August 26, 2010

October 7, 2010

**Renewal candidates check box if purchasing student manual \$35**

## Method of Payment

OUHSC Cost Transfer     Purchase/Money Order

Check     Cash

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