

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



2011 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:

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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.
- 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

- February 3-4, 2011
 April 28-29, 2011
 June 9-10, 2011
 August 25-26, 2011
 November 3-4, 2011

Renewal Provider

- May 12, 2011
 September 22, 2011
 December 1, 2011

Renewal candidates check box if purchasing student manual \$35

Method of Payment

- Check Cash Purchase/Money Order
 OUHSC Cost Transfer (if cost transfer, please complete below)
Department contact (name) _____

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