

PALS Course Info

Course Cost:

SBLHC Employees **\$85**

SBLHC EMS System Members

2 Day Provider **\$125**

1 Day Recert **\$100**

Non System Members/Independents

2 Day Provider **\$150**

1 Day Recert **\$125**

PALS follows the recommendations of the American Heart Association.



Use of American Heart Association materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the Association.

ADDRESS CORRECTION REQUIRED


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Lincoln
Emergency Medical Services
104 Professional Plaza
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Emergency Medical Services Pediatric Advanced Life Support




Sarah Bush
Lincoln
Trusted Compassionate Care

Course Overview

The Pediatric Advance Life Support (PALS) course is designed for healthcare providers who initiate and direct advanced life support through the stabilization or transport phases of a pediatric emergency.

This course is designed to enhance the participant's skills in the evaluation and management of an infant or child with respiratory compromise, circulatory compromise, or cardiac arrest.

The goal of the PALS course is to improve the quality of care provided to seriously ill or injured children, resulting in improved outcomes.



Telemetry Course is a prerequisite to attend!

PALS Core Concepts

- Identify and treat medical conditions that place the child at risk for cardiac arrest.
- Understand the systematic approach to pediatric assessment, including general assessment, primary, secondary and tertiary assessment.
- Learn the assess-categorize-decide-act approach to assessment and management of a seriously ill infant or child.
- Understand PALS algorithms and flowcharts
- Develop effective resuscitation team dynamics

Sarah Bush Lincoln EMS Staff

Shirley Sherwood, RN
Ryan Berkheimer, EMT-P
Jason Wright, EMT-P
Mike Schwenke, EMT-P
Dawn Theis, EMT-P

PALS Registration

2018 schedule

2-Day Provider

- | | | |
|---|------|------|
| <input type="checkbox"/> May 14 & 15 | 8 am | 4 pm |
| <input type="checkbox"/> August 13 & 14 | 8 am | 4 pm |

1-Day Recert

- | | | |
|--|------|------|
| <input type="checkbox"/> May 7 (Recert) | 8 am | Noon |
| <input type="checkbox"/> August 6 (Recert) | 8 am | Noon |
| <input type="checkbox"/> November 5 (Recert) | 8 am | Noon |

Please circle the time you will be attending class.

Name _____

Address _____

Phone _____

E-mail _____

Method of Payment

- Check Other
- Bill EMS service _____
- Bill Hospital Dept _____

Licensed as: _____ Expiration _____

Sarah Bush Lincoln EMS

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