# **Kentuckyone%20Logo**

# **Advanced Cardiac Life Support (ACLS) Resident Provider Course**

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| **Course Date:** | June 22 & 23, 2017 (ACLS) |
| **Course Time:** | **8:30a.m- 4:30 p.m. (ACLS) both days** |
| **Cost:** | ** ACLS only $250\***** ACLS and BLS $300\******\*Fees cover the cost of ACLS & BLS books***  |
| **Payment Method:** | **Each resident is responsible for payment for both BLS and ACLS unless otherwise disclosed with a department approval letter.** |
| **Pre-requisite Requirements:** | Current (expiring July 1, 2017 or later) certification in Basic Life Support (BLS) is required to take ACLS. Participants should come to the ACLS course with evidence of current BLS certification. For those individuals that do not have current BLS certification, the Nursing Education and Research Department offers BLS courses. Courtney Pettway for information pertaining to enrollment. BLS status must be current in order to participate in the ACLS course. All BLS certifications must be AHA compliant.  |
| **Contact/Mailing Information:** | **Attention: Courtney Pettway** **Nursing Education / Research Department****University of Louisville Hospital****530 S. Jackson Street****Louisville, KY 40202****Phone: 502-562-2818****Fax: 502-562-3961****Email: courpet@ulh.org** |
| **Registration Deadline:** | By Friday, May 19, 2017. *Space is limited.* *Registration accepted on a first come, first served basis.* |
|  |  |
| **Course Material:** | Course enrollment confirmation and information regarding required Pre-course work will be sent to you via email. Please be sure to provide an up-to-date email address on your application form. |

**Advance Cardiac Life Support (ACLS)**

**Provider Course**



# Designed for Residents by:

# University of Louisville Hospital

Nursing Education/Research Department

June 22 & 23, 2017 (ACLS)

**ACLS Location:**

# University of Louisville

# Health Sciences Center

# Medical School Building B

## *Paris Simulation Lab*

# **Third Floor, Room 307**

Louisville, KY 40202

**\*\*For Scheduling, Registration or Questions:**

**Courtney Pettway**

**Clinical Education**

**(502) 562-2818 or**

**FAX (502) 562-3961**

**courpet@ulh.org**

**\*\*For questions regarding the actual class:**

**Mandi (Amanda) Pyles, MSN, RN**Advanced Practice Critical Care Educator

University of Louisville Hospital

Brown Cancer Center
530 South Jackson Street
Louisville, KY 40202
Phone: 502-562-3914
email: amandapy@ulh.org

**Day 1**

**0830-0840: Welcome/Course Overview**

**0840-0900: BLS & ACLS Surveys (Video)**

**0900-0945: Management of Respiratory Arrest & Airway Management (Video)**

**0945-1030: CPR & AED Skills (Video), Practice & Testing**

**1030-1045: Break**

**1045-1130: Megacode & Team Resuscitation Concept (Video) & Discussion**

**1130-1215: Acute Coronary Syndromes (Video) & Discussion**

**1215-1300: Lunch**

**1300-1345: Acute Ischemic Stroke (Video) & Discussion**

**1345-1415: Bradycardia Algorithm**

**1415-1445: Tachycardia Algorithm**

**1445-1500: Break**

**1500-1530: VF/Pulseless V-Tach Algorithm**

**1530-1600: PEA/Asystole Algorithm**

**1600-1630: ROSC Algorithm**

**Day 2**

**0830-0900: Putting It All Together (Video) & Discussion**

**0900-1200: Megacode Practice Sessions (Break Included)**

**1200-1300: Lunch**

**1300-1430: Megacode Testing**

**1430-1600: ACLS Written Test**

**1600-1630: Remediation**

**(Your instructor may deviate from this agenda)**

###### Course Description

The goal of the ACLS Provider Course is to develop proficiency in ACLS skills. The course is designed according to the recommendations of the American Heart Association. There is an emphasis on effective Basic Life Support (BLS) skills and the causes of cardiac arrest.

###### Course Objectives

Upon successful completion of the ACLS course, the provider will be able to manage pre-arrest and post-arrest conditions including cardiovascular emergencies including stroke.

**ACLS Registration Form**

**Resident Provider Course**

**June 22 & 23, 2017 – ACLS**

### **Please Print (Course materials will be mailed to address below on June 1, if not picked up by that date)**

### Name:

### Address:

### City: State: Zip Code:

### Home Phone: Cell Phone/Pager:

### **Current email address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Department Assigned to at University of Louisville:

Please mark applicable:

* I have current AHA BLS Certification *(include a copy of your card with this registration form & bring card with you to class)*
* I will obtain AHA BLS Certification before arrival at the ACLS course *(bring card with you to class)*
* I will obtain AHA BLS Certification through the UofLH Nursing Education Research Department before arrival at the ACLS course

Space is limited. Registration accepted on first come, first served basis. Mail or Fax Registration Form by Friday May 19, 2017 to:

Attention: Courtney Pettway

Nursing Education / Research Department **Payment Method:**

University of Louisville Hospital 🞏 **Check**

530 S. Jackson Street 🞏 **Credit Card**

Louisville, KY 40202 ⭘ **By phone**

Phone: 502-562-2818 ⭘ **In person**

Fax: 502-562-3961 🞏 **Cash**

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\_\_\_ ACLS $250

\_\_\_ ACLS and BLS $300

\_\_\_ Department Billed (Check should be made payable to University of Louisville Hospital)

\_\_\_ Payment sent to: **Courtney Pettway**

####  **Nursing Education and Research Dept.**

 **University of Louisville Hospital**

 **530 S. Jackson Street**

 **Louisville, KY 40202**