



Advanced Cardiac Life Support (ACLS) Resident Provider Course

Course Date: June 18 & 20, 2014 (ACLS)

Course Time: 8:30a.m- 4:30 p.m. (ACLS) both days

Cost: ☐ ACLS only \$150*

☐ ACLS and BLS \$200*

***Fees do not cover cost of ACLS or BLS book.**

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, 2014 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. Contact Katie Suttles for information pertaining to enrollment. BLS status must be current in order to participate in the ACLS course.

***Current ACLS Provider Course Book is required.** ACLS books can be purchased in the Nursing Education Office for \$35, Gray's Bookstore on 2nd street (<http://jcc.graysbooks.com/>) or the U of L Health Sciences Bookstore. You can also order online (aha.channing-bete.com, laerdal.com or eworldpoint.com)

Contact/Mailing Information: **Attention: Katie Suttles**
Nursing Education / Research Department
University of Louisville Hospital
530 S. Jackson Street
Louisville, KY 40202
Phone: 502-562-4824
Fax: 502-562-3961
Email: katiesu@ulh.org

Registration Deadline: **By Friday, May 30, 2014. Space is limited. Registration accepted on a first come, first served basis.**

Course Material: **Course enrollment confirmation and information regarding required Precourse 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 18 and 20, 2014 (ACLS)

ACLS Location:

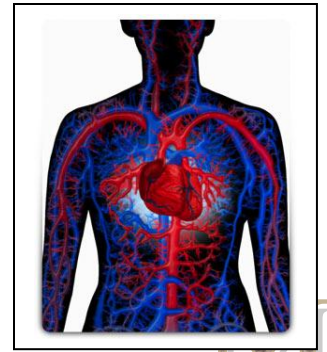
University of Louisville
Health Sciences Center
Medical School Building B
Paris Simulation Lab
Third Floor, Room 307
Louisville, KY 40202

Course Director

Mandi Walker MSN, RN-BC, CCRN
Critical Care Advanced Practice Educator
Nursing Education/Research Dept.
(502) 217-5258 or mandiwa@ulh.org

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

Katie Suttles, CAP-OM
Education Specialist
(502) 562-4824 or katiesu@ulh.org
FAX (502) 562-3961



Medical Resident ACLS

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 18 & 20, 2014 - 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 BLS Certification (include a copy of your card with this registration form and bring card with you to class)
☐ I will obtain BLS Certification before arrival at the ACLS course (bring card with you to class)

Space is limited. Registration accepted on first come, first served basis. Mail or Fax Registration Form by Friday, May 30, 2014 to:

Attention: Katie Suttles
Nursing Education / Research Department
University of Louisville Hospital
530 S. Jackson Street
Louisville, KY 40202
Phone: 502-562-4824
Fax: 502-562-3961
Email: katiesu@ulh.org

Payment Method:

- ☐ Check
☐ Credit Card
 ☐ By phone
 ☐ In person
☐ Cash

*****FOR OFFICE USE ONLY*****

___ ACLS \$150
___ ACLS and BLS \$200
___ Department Billed (Check should be made payable to University of Louisville Hospital)
___ Payment sent to: **Katie Suttles**
 Nursing Education and Research Dept.
 University of Louisville Hospital
 530 S. Jackson Street
 Louisville, KY 40202