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

American Heart Association

"Learn and Live..."

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