

Course Description

The S.T.A.B.L.E. - Cardiac Module provides general guidelines for the assessment and stabilization of neonates with suspected congenital heart disease (CHD). The first section of the module reviews the physical exam of neonates with suspected CHD. The second section details the anatomic features, clinical presentation and initial stabilization of neonates with CHD, and emphasizes differentiation of cardiac from pulmonary disease. The final section discusses modifications to the six S.T.A.B.L.E. assessment components that are necessary when caring for neonates with suspected or confirmed CHD.

Learning Objectives

At the end of the class the learner will:

1. Describe the physical assessment and differential diagnosis of neonates with suspected congenital heart disease (CHD).
2. Discuss the anatomic features, clinical presentation, and initial stabilization of neonates with CHD.
3. Identify the modifications in the S.T.A.B.L.E. guidelines that are necessary when caring for neonates with CHD.

Register Early - Class size limited

Who Should Attend?

This course is intended for any neonatal or pediatric healthcare provider (physicians, nurses, respiratory therapists) who must identify and care for neonates or infants with congenital heart disease.

Schedule

FMC: 9:00 a.m. - 5:00 p.m.

May 1st
October 18th

Cost

\$120.00 Non-NAH Employee
\$110.00 NAH Employee

Cancellation Policy

Refunds are available less a \$75.00 administration fee. No refund is issued if cancellation occurs within five business days of the course.

Credits

Provider approved by the California Board of Registered Nursing, Provider Number 10612 for 7.0 CE contact hours.

Note

Pre-registration is required. Participants are required to read and study the S.T.A.B.L.E. - Cardiac Student Manual. Manuals will be mailed prior to the start of the course. The program will include a complete review of material and plenty of question and answer time.

Location

At FMC, the courses will be held in the Northern Arizona Healthcare Training Center, located in the Fort Valley Shopping Center at 1000 Norht Humphreys, Ste 241-242.

Mail/Fax Registration

Mail completed registration application to:
Northern Arizona Healthcare
Education Department
1200 North Beaver Street
Flagstaff, AZ 86001

You also may fax your registration to
(928) 773-2430.

Online Registration (credit card only)

Non-NAH employees can register online by visiting our website at www.nahealth.com/education

NAH Employees, please visit the employee portal at NAHLINK.com. Go to “Training & Development” and click on “LMS_Employee_Login” to register.

The S.T.A.B.L.E. Cardiac Module



Cardiac Module

2023 Course

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- ALS CE Renewal Course
- AWHONN Advanced Fetal Monitoring
- AWHONN Intermediate Fetal Monitoring
- Basic Life Support (CPR)
- Basic Life Support (CPR) Instructor
- CCRN Certification Review Course
- CDA Level 1 - Basic ECG Interpretation
- CDA Level 2 - ECG Refresher
- CDA Level 2A - ECG Refresher & ACLS Algorithm Review
- CDA Level 3 - Advanced ECG Interpretation
- CDA Level 4 - 12 Lead ECG Interpretation
- Neonatal Resuscitation Program
- PCCN Certification Review Course
- Pediatric Advanced Life Support
- Prehospital Trauma Life Support
- S.T.A.B.L.E.
- S.T.A.B.L.E. Cardiac Module

For a complete list of our classes please visit the following Web site:

www.nahealth.com/education

For further information, call the NAH Education department at (928) 773-2491, or toll free at (866) 291-4635.

The S.T.A.B.L.E. - Cardiac Module

REGISTRATION APPLICATION

Name _____ Last _____ First _____ Email _____ Mobile Phone _____

Mailing Address _____ Street _____ Apt. # _____ City _____ State _____ Zip _____
Number _____ Non-NAH Empl. ONLY Soc. Sec. # (last 4 digits ONLY) _____ NAH Employee Only - Empl. ID# **REQUIRED** _____

Title: RN ___ CNA ___ NP ___ CEP ___ EMT-I ___ EMT ___ MD ___ DO ___ PA ___ DDS ___ PT ___ RT ___ RTT ___ Other ___

Course location: FMC ___ VVMC ___ Course Date I will be attending: _____

Method of Payment: Cash ___ Check ___ Credit Card _____

Credit Card: Visa ___ Master Card ___ Discover Card ___ American Express ___ Credit Card Number: _____

Expiration Date _____ 3-digit CVC Code _____ Signature _____

This registration form is for Non-NAH employees and self-paying NAH employees only.

Make checks payable to Northern Arizona Healthcare. Mail to: Northern Arizona Healthcare, Education Department, 1200 N. Beaver Street, Flagstaff, AZ 86001. Phone: (928) 773-2491 or toll free (866) 291-4635 * Registrations may be faxed to (928) 773-2430.