

Course Description

The S.T.A.B.L.E. Program has been designed for the period following resuscitation of the newborn until care is transferred to the neonatal transport team or members of the neonatal ICU team. This mnemonic based tool focuses on the post-resuscitation care of sick neonates including physical assessment, problem recognition, and patient management. The S.T.A.B.L.E. Program is a concise, directive tool to help maternal/child healthcare providers to organize the myriad of details and interventions necessary to provide care to a sick and/or premature infant.

Learning Objectives

At the end of the class the student will be able to:

1. Demonstrate knowledge of appropriate IV therapy including fluid rates, glucose monitoring and emergency treatment of hypoglycemia.
2. Demonstrate knowledge of special temperature needs of infants and the detrimental effects of severe hypothermia.
3. Demonstrate knowledge of signs and symptoms of respiratory distress, indications for intubation, assisting with intubation, and securing the endotracheal tube.
4. Demonstrate knowledge of how to evaluate, recognize, and treat shock.
5. Demonstrate understanding of pre-transport lab evaluation, including CBC interpretation and treatment of suspected neonatal infection.
6. Demonstrate understanding of the family's emotional needs and reactions during the crisis surrounding the birth of a sick infant.

Who Should Attend?

This course is intended for physicians, nurses, respiratory therapists and pre-hospital providers who manage post-resuscitation and /or pre-transport care of sick newborns.

Schedule

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

March 28

June 18

September 24

December 3

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

February 5

May 14

August 20

November 21

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.

Note

Pre-registration is required. Participants are required to read and study the S.T.A.B.L.E. Transport Education Program Learner Manual and complete the S.T.A.B.L.E. pretest. Manual and pretest will be mailed prior to the start of the course. This program will include a complete review of material, plenty of question and answer time, and testing.

Credits

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

Locations

At VVMC, the courses will be held in the Courtyard Plaza on the east side of Verde Valley Medical Center, 300 S Willard St, Ste 102. At FMC, the courses will be held in the Northern Arizona Healthcare Training Center, located at the west end of the Fort Valley Shopping Center, 1000 N. Humphreys, Suite 241-242.

Online Registration

(credit card only)

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

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.

NAH Employees, please visit the employee portal at NAHLINK.com. Go to "EDUCATION" and click on "LOGIN TO LMS" to register.

The S.T.A.B.L.E. Program



2024 Courses

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- 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. Program

REGISTRATION APPLICATION

Name _____ Last _____ First _____ Email _____ Mobile Phone _____

Marling Address _____ Street _____ Apt. # _____ City _____ State _____ Zip _____

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.