

## 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 21st  
October 2nd

## 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](http://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

2024 Course

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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](http://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 \_\_\_\_\_  
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.