Pediatric Fundamental Critical Care Support

Objectives
✓ Prioritize assessment needs for the critically ill or injured infant and child.
✓ Select appropriate diagnostic tests.
✓ Identify and respond to significant changes in the unstable pediatric patient.
✓ Recognize and initiate management of acute life-threatening conditions.
✓ Determine the need for expert consultation and/or patient transfer and prepare the practitioner for optimally accomplishing transfer.

Criteria for Successful Course Completion:
Successful completion for continuing education requires that the participant attend all components of the course, complete pre-test and pass the written examination.

Who Should Attend?
The Pediatric Fundamental Critical Care Support (PFCCS) is designed to prepare health care providers caring for unstable, critically ill, or injured pediatric patients. Likely participants include:
• Hospitalists caring for potentially unstable, critically ill or injured pediatric patients
• Advanced Practice Nurses and Physician Assistants with limited pediatric practice
• Rapid Response/Medical Emergency Team members
• Pediatric Critical care fellows beginning their training
• Emergency medicine physicians who do not routinely care for pediatric patients
• Nursing caring for complex and potentially unstable Pediatric patients
• Pre-hospital providers and Transport Teams who are involved with the transport of pediatric patients

Registration Information:
* Register by mail using the form on this brochure. The registration fee includes course textbook, continental breakfast, lunch and contact hours. Materials will be sent once payment has been made.
* Enrollment is limited. Early registration is encouraged to guarantee space availability.
* Registration deadline is 3 weeks prior to course date.
* A $75 processing fee will be made on all cancellations and NO REFUND will be given after registration deadline.

All cancellations must be made/received in writing within 72 hours prior to the course.

Please Note:
Your Course Textbook will be mailed to you 3-4 weeks prior to the course date once payment has been received. Participants are expected to have read the material before attending the course.

Credit Awarded
CME
The Driscoll Children’s Hospital is accredited by the Texas Medical Association to sponsor continuing medical education for physicians.

The Driscoll Children’s Hospital designates this educational activity for a maximum of 16 AMA PRA Category 1 Credit(s)™. Each physician should claim only those credits he/she actually spent in the activity.

CNE
Driscoll Children’s Hospital is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Driscoll Children's Hospital provides 16 contact hours for successful completion.

Successful Completion Continuing Education
For successful completion and receipt of contact hours/credits for this continuing education activity, the participant must:
• Attend the activity in its entirety.
• Complete and turn evaluation form in to appropriate education activity personnel.

Sponsorship or Commercial Support
This CNE/CME activity received no sponsorships or commercial support.

In compliance with the Americans with Disabilities Act, all reasonable efforts to accommodate a person with disabilities will be made. Please contact the Center for Professional Development and Practice (361-694-5420) should you require assistance.

Should you require assistance or need a special diet contact Terri Young at 361-694-6888.

We reserve the right to reschedule or cancel any individual course.
Pediatric Fundamental Critical Care Support Course  
May 21-22, 2010  
Corpus Christi, Texas  
(Class Size Limited to 24)

Name: (First)                                        (Last)  
☐ MD  ☐ RN  ☐ APRN  ☐ RT  ☐ EMT-(P)  ☐ Other

Institution

Mailing Address

City ______ State ______ Zip ______

Phone ______ Cell ______ Fax ______

Email – Confirmation and certificate will be sent to this address

Registration Fee
☐ Physician – $350
☐ Other Health Care Professionals – $275

Payment Method
☐ Check enclosed (Payable to: Driscoll Children’s Hospital)
☐ MasterCard  ☐ Visa  ☐ American Express  ☐ Discover

Account Number ____________________________

Name on card (PLEASE PRINT) ____________________________

Signature ____________________________ Expiration Date ____________________________

Mail Registration to:  
Driscoll Children’s Hospital  
3533 S. Alameda, Professional Development and Practice  
Corpus Christi, Texas 78411  
Attention: Terri Young

Fax registration to: 361-808-2003
For more information contact: 361-694-6888 or Email: terri.young@dchstx.org