

# Pediatric Advanced Life Support (PALS)

Helen DeVos Children's Hospital is pleased to provide Pediatric Advanced Life Support (PALS) & Pediatric Emergency Assessment Recognition and Stabilization (PEARS) courses. We are excited to be able to sponsor these courses and are positive that it will be a rewarding learning experience. These courses follow the most current International Guidelines for Resuscitation published by the American Heart Association Council on Emergency Cardiac Care.

**PALS** providers may include registered nurses, nurse practitioners, physician assistants, paramedics and physicians, who initiate and direct advanced life support needs in a pediatric emergency. A current BLS healthcare provider who cares for seriously ill or injured children can take this course.

**PEARS** providers may include nurses (RN & LPN) and other healthcare providers who care for children in non-emergent/non-critical care environments.

NOTE: PALS and PEARS classes do NOT include BLS renewal. If your BLS is due to expire you will need to register for a separate BLS Renewal Course.

#### Preparation

Because the course covers extensive material in a short time, you will need to prepare for the course beforehand.

### **Course Materials**

- 1. **Print this document** for reference. Refer to last page for more information.
- 2. Email **PALSPEARSquestions@helendevoschildrens.org** if you need to borrow books.

### <u>Fees</u>

Spectrum Health Entities including: Medical Group Employees or Affiliations:

PALS – Initial Provider course \$125 fee & Renewal course \$70 fee. PEARS – \$40 fee.

Non-Spectrum Health Employee

PALS – Initial Provider course \$250 fee & Renewal course \$140 fee. PEARS – \$80 fee.

Lost card: \$10

#### Questions

Please direct any questions to the PALS/PEARS course line at 616.267.1349.

# **Location**

All courses are held at Helen DeVos Children's Hospital, 100 Michigan Street NE, Grand Rapids, MI 49503 in D-Level classrooms (take Helen DeVos Children's Hospital staff elevators or elevators behind the Butterworth fireplace to D-Level).

Non Spectrum Health staff members will need assistance getting to the classrooms. Please wait in the Helen DeVos Children's Hospital lobby by the gift shop and an instructor will meet you several minutes before the class to bring you down to the classroom.

For parking questions or concerns, contact the Spectrum Health security department at 616.391.1425.

# What to Bring

- Bring your Provider Manual and all other supplemental materials to the course.
- Bring your current PALS card (if renewing) to show at registration.
- Please note: Students who do not present current cards (card expired, card lost, forgot to bring) may attend a renewal course but will be marked as "no remediation" and not given the option of retesting. Skill demonstrations must be passed on the first try and the written test must be passed on the first try with a score of 84% or higher. Individuals not meeting these requirements will not pass the class and must register for an initial provider course.
- Bring your own writing utensil.

# Registering for Course & Payment

- If you are interested in taking a course, please email <u>PALSPEARSQuestions@helendevoschildrens.org</u> or call 616.267.1349. Provider your name and contact information, date of class you want to attend and where you are employed. You will receive a response from the PALS and PEARS team within five business days.
- Check or credit card (credit card form is attached on last page of this document) is our acceptable form of payment. Mail payment to: Helen DeVos Children's Hospital, Attn: PALS/PEARS, 100 Michigan NE, Grand Rapids MI 49503.
- Please note: you will not officially be placed in the course until we have received payment. We
  reserve the right to cancel anyone who hasn't submitted payment in a timely manner.

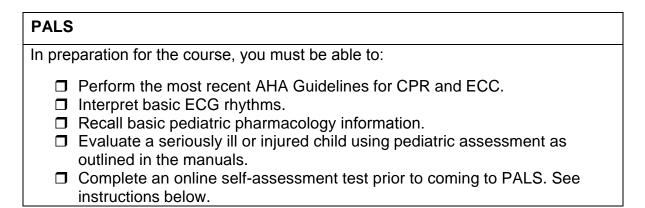
### Cancellation Policies

 Individuals must cancel 72 hours prior to class by emailing <u>PALSPEARSQuestions@helendevoschildrens.org</u> or call 616.267.1349

Failure to notify will result in your payment being processed, the loss of any discount available to your affiliation and potentially not being able to attend a future class.

# Other Course Details

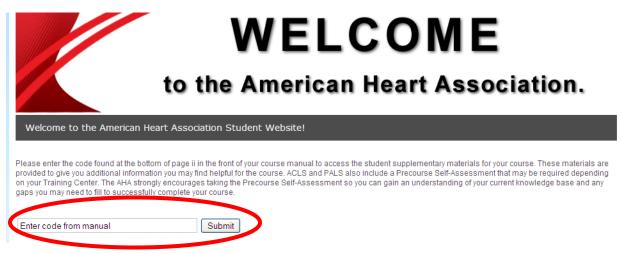
- Registration for all courses begins at 9:15 a.m. All courses begin at 9:30 a.m.
- Courses will conclude at the following times:
  - PALS Initial Provider Courses Two day course: Day 1 ends at 6 p.m., Day 2 at 3 p.m.
  - PALS Recertification Courses 6 p.m.
- You must be present for the entire course.
- For renewals present your current AHA PALS Provider cards the day of the class.
- Participants who arrive late will not be able to participate in the course.
- Please come prepared as you should already know the material.
- Remember to be professional. You are expected to participate in all portions of the course. Please
  silence phones or pagers and do not have them out during class times.



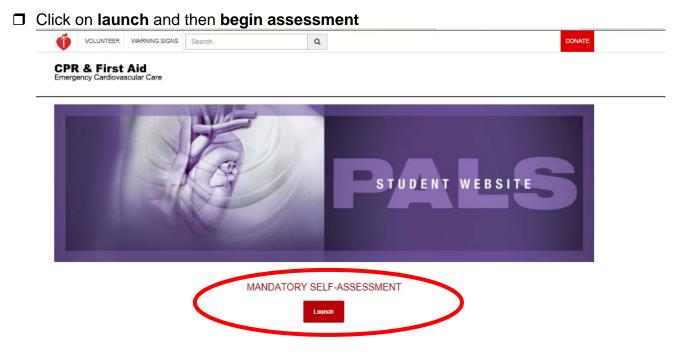
# Come to class prepared. You will need to study as class time is limited and you are expected to be knowledgeable of the course content.

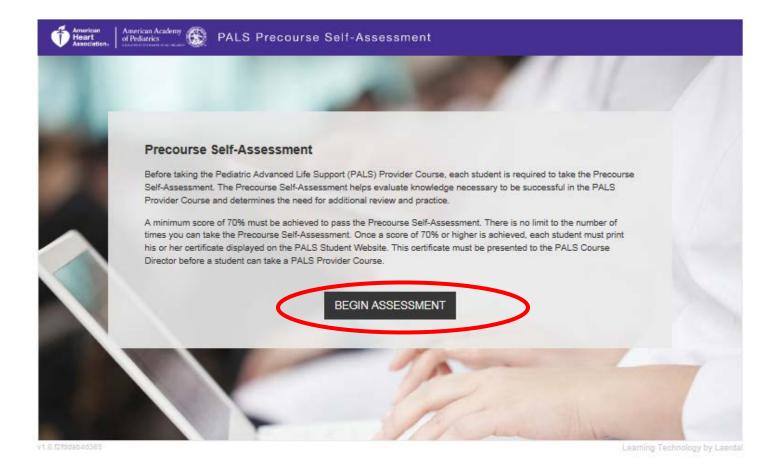
For **PALS** courses, you must pass with a **score of 70% or higher** the electronic version of the PALS Self-Assessment Test. Follow these steps:

Go to website: <u>www.heart.org/eccstudent</u>



□ Type: **pals15** in the field and click on the SUBMIT button





□ Bring a copy of your completion certificate to your course. You WILL NOT be allowed to stay for the class without proof of completion.

Payment will be accepted by cash, check or credit card. If you'd like to pay by credit card, please fill out the information below:

CHARGE PA	YMENT	cost center/acct co	de:23090	/440290
You may pay this bill with your N	lasterCard, Visa, Ameri	can Express or Discover Ca	rd. This transac	tion is subject to
approval. PRINT FULL NAME		TODAY'S DATE		
PHONE NUMBER		FORM COMPLETED		
BY	SIGNATURE_			If the information
is taken by phone, write "Per Pho	ne" on signature line. <b>C</b>	IRCLE ONE:		
American Express	Discover	MasterCard	Visa	
Card Number:				
Expiration Date:	Security code:			
Dollar amount to be charg	ged: \$			

\*\*Please attach a copy of the bill if available\*\*