

## PALS Course Info

**SBLHC EMS System Members  
\$100**

**Non System Members/Independents  
\$125**

PALS follows the recommendations of the American Heart Association.



Use of American Heart Association materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the Association.

  
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**Emergency  
Medical Services  
Pediatric Advanced  
Life Support**



  
Sarah Bush  
Lincoln  
Trusted Compassionate Care

## Course Overview

The Pediatric Advance Life Support (PALS) course is designed for healthcare providers who initiate and direct advanced life support through the stabilization or transport phases of a pediatric emergency.

This course is designed to enhance the participant's skills in the evaluation and management of an infant or child with respiratory compromise, circulatory compromise, or cardiac arrest.

The goal of the PALS course is to improve the quality of care provided to seriously ill or injured children, resulting in improved outcomes.



## PALS Core Concepts

- Identify and treat medical conditions that place the child at risk for cardiac arrest.
- Understand the systematic approach to pediatric assessment, including general assessment, primary, secondary and tertiary assessment.
- Learn the assess-categorize-decide-act approach to assessment and management of a seriously ill infant or child.
- Understand PALS algorithms and flowcharts
- Develop effective resuscitation team dynamics

## PALS Registration

### 2024 schedule

#### Course

- |                                       |              |
|---------------------------------------|--------------|
| <input type="checkbox"/> March 26     | 8 am to 4 pm |
| <input type="checkbox"/> May 21       | 8 am to 4 pm |
| <input type="checkbox"/> July 23      | 8 am to 4 pm |
| <input type="checkbox"/> September 24 | 8 am to 4 pm |
| <input type="checkbox"/> November 26  | 8 am to 4 pm |

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

#### Method of Payment

Check       Other

Bill EMS service \_\_\_\_\_

Bill Hospital Dept \_\_\_\_\_

Licensed as:

Expiration  
\_\_\_\_\_

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