

## Pediatric Emergency Assessment, Recognition, and Stabilization (PEARS) Provider

This course is designed for the credentialed healthcare provider who infrequently sees critically ill children. The main focus of the course is prevention, and specifically the assessment, recognition, and stabilization of pediatric victims at risk of severe cardiopulmonary distress. Course content covers pediatric assessment, recognition and management of respiratory distress and failure, recognition and management of shock, respiratory and circulatory management, resuscitation team concept, and the Chain of Survival. This course is not intended for advanced providers who routinely provide pediatric care.

Dates	Days	Times	Registration encouraged by
June 6, 2012	Wednesday	8:00 AM – 5:00 PM	May 30, 2012
December 5, 2012	Wednesday	8:00 AM – 5:00 PM	November 28, 2012

**Location:** HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110

**Prerequisite:** • Certification or licensure as at least a basic healthcare provider

**Tuition:** \$80.00

**Text:** **Required:** *PEARS Provider Manual*, available at the Arapahoe Community College bookstore

**Education Credit:** 8 continuing education units

**Registration:** Registration encouraged by date listed above to reserve your space. Send your registration form, prerequisite documentation, and payment to: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110. Payment and prerequisites must be enclosed with registration to confirm a seat in the class.

**Cancellation:** Cancellation notice must be received in writing 5 working days prior to the beginning of class to qualify for a partial refund. A \$30.00 administrative fee will be assessed for any cancellation.

-----Clip and Mail-----

### Pediatric Emergency Assessment, Recognition, and Stabilization (PEARS) Provider

Dates you would like to register for:

Last Name

First Name

M.I.

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Address

City

State

Zip

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Home Phone

Cell Phone

HealthONE EMS Membership #

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Work Phone

Email

Last 4 SSN

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Agency

MasterCard

Visa

Credit Card #

Exp. Date

/

Cardholder Name

Signature

We must have your expiration date and signature to accept payment with a credit card.

Amount Enclosed

\$

Money Order

Cash

PO#