

# Progressive Care Course (PCC) 2012

## \*\*\* COURSE DESCRIPTION \*\*\*

This course is a three day introduction for the registered nurse to the theoretical knowledge and practical skills of progressive care nursing. Course content includes electrical and medical treatment of dysrhythmias, care of the cardiac patient, arterial blood gas interpretation, and care of the patient requiring mechanical ventilation. The format of the course includes theoretical content in a lecture/discussion format, skills demonstration, and practical content in a case study format to encourage the development of critical thinking skills.

**OBJECTIVES:** At the completion of the program, the participant will be able to:

### Day 1

1. Demonstrate competency in basic dysrhythmia interpretation.
2. Verbalize the standard of care for patients with telemetry monitoring.
3. Explain how cardiac dysrhythmias affect cardiac output.
4. Explain the relationship of heart rate, stroke volume, preload, afterload, and contractility to cardiac output.
5. Contrast normal pacing with pacing problems.
6. Discuss interventions for problems with permanent pacemakers.
7. Demonstrate defibrillation, cardioversion, and transcutaneous pacing.
8. Discuss the care of the pre & post electrophysiology procedure patient.

### Day 2

1. Calculate the rate of infusion for selected medications given a prescribed dose.
2. Describe the effects of selected cardiac medications.
3. Contrast the care of the patient with unstable angina/NSTEMI to care of the patient with STEMI.
4. Describe the care of the pre & post cardiac intervention patient.
5. Discuss the medical treatment of the patient with heart failure.
6. Explain the benefits of biventricular pacing for heart failure patients.
7. Describe the functions of an ICD.

### Day 3

1. Describe assessment findings in acute respiratory failure.
2. Correctly interpret an ABG and suggest possible treatment.
2. Explain BiPap treatment.
3. Describe 3 modes of mechanical ventilation.
4. Identify and troubleshoot ventilator alarms.

## \*\* DATES, TIMES and LOCATIONS \*\*

S	Day 1	Tues.	April 3	8am – 4pm	BSCH
P	Day 2	Tues.	April 10	8am – 4pm	BSCH
R	Day 3	Wed.	April 18	8am – 4pm	BSCH
	Exam	Wed.	April 25	9am – 11am	Site Specific
F	Day 1	Fri.	October 5	8am – 4pm	GSH
A	Day 2	Thurs.	October 11	8am – 4pm	GSH
L	Day 3	Tues.	October 16	8am – 4pm	GSH
L	Exam	Fri.	October 19	9am – 11am	Site Specific

## \*\*\* COURSE FEE \*\*\*

**NON-EMPLOYEES: \$250.00**

**Check:** Payable to **Good Samaritan Hospital**

**Cash:** **Please Have Exact Change** (DO NOT mail cash)

**Contact Hours:** Bon Secours Charity Health System is an approved provider of continuing nursing education by the New York State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

## \*\*\* REGISTRATION In 5 Easy Ways \*\*

Registration is **LIMITED** and is on first come, first-served basis. Please register at least two weeks in advance to ensure your spot in the class.

**Non-Employees must register By Mail or In Person to secure payment for class.**

### **By Email:**

Type right onto the Registration Form and attach it to an email: [lisa\\_pavon@bshsi.org](mailto:lisa_pavon@bshsi.org)

### **By Mail:**

Professional Development & Education Dept.  
Good Samaritan Hospital  
255 Lafayette Avenue  
Suffern, NY 10901

### **By Telephone:**

Call Lisa Pavon, Education Coordinator  
(845) 368-5000 extension 6791

### **By Fax:**

Fax Registration Form to the PDE Department  
(845) 368-5497

### **In Person:**

At the Professional Development & Education Office – 2<sup>nd</sup> floor - Please see Lisa

## \*\*\* CANCELLATION \*\*\*

If you need to cancel, please call the PDE Office, (845) 368-5000 Ext. 6791. Cancellation notification must be received 72 hours in advance. Any fee paid will gladly be applied to a future class.

## \*\*\* FOR MORE INFORMATION \*\*\*

Feel free to call (845) 368-5000, ext. 6791

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# REGISTRATION

## Progressive Care Course (PCC)

### 2012

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\*\*\* PLEASE **PRINT** all information CLEARLY \*\*\*

#### Please Tell Us About You:

Unit: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hospital Location: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

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#### Which Class Would You Like To Take?

Dates of Course: \_\_\_\_\_

Location: \_\_\_\_\_

Payment Enclosed (if applicable): \_\_\_\_\_

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**Confirmation of your Class Registration will be  
made via Email**

#### HOSPITAL ADDRESS:

**Bon Secours Community Hospital**  
168 East Main St.  
Port Jervis, NY 12771  
845-858-7000

**Good Samaritan Hospital**  
255 Lafayette Ave. (Route 59)  
Suffern, NY 10901  
845-368-5000



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