

## Sample Course Schedule

### Day#1

0730-0745	Registration
0745-0800	Introduction
0800-0845	From the Beginning: Dealing with Children (The Pediatric Patient)
0845-0915	Initial Assessment
0915-0925	BREAK
0925-0945	Triaging the Pediatric Patient
0945-1045	Triage Skill Station (practice)
1045-1055	BREAK
1055-1135	Respiratory Distress and Failure
1135-1200	Shock
1200-1300	<b>Lunch on your own</b>
1300-1400	Pediatric Trauma
1400-1430	Children with Special Health Care Needs
1430-1450	Skill Station Demonstration
1450-1800	Skill Station Teaching

### Day #2

0800-0820	Rhythm Disturbances
0820-0850	Child Maltreatment
0850-0920	The Neonate
0920-0930	BREAK
0930-1030	Pediatric Consideration Skill Station
1030-1040	BREAK
1040-1120	Poisonings
1120-1150	Psychiatric Emergencies
1150-1250	<b>Lunch on your own</b>
1250-1350	Childhood Illnesses
1350-1420	Crisis Intervention
1420-1730	Skill Station Testing & Written Exam

# ENPC Emergency Nurse Pediatric Course



**St. Charles Medical Center**  
2500 NE Neff Rd.  
Bend, OR 97701

~~Monday & Tuesday, June 8 & 9, 2009~~  
Canceled

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Thursday & Friday, September 3 & 4, 2009

*Sponsored by*  
Solheim Enterprises

 **Cascade**  
HEALTHCARE COMMUNITY

**COURSE DESCRIPTION:**

A REVISED **TWO-DAY COURSE**

provides specialized, practical information you need to care for the pediatric patient. The goal of the course is to increase the cognitive and technical skills required to care for children especially in crisis situations.

**WHEN:**

Monday & Tuesday, June 8 & 9, 2009

Thursday & Friday, September 3 & 4, 2009

**WHO:**

Participants from all emergency settings, nurses working in other settings and other care providers in contact with pediatric patients.

**WHERE:**

St. Charles Medical Center Bend  
2500 NE Neff Rd. Bend, OR 97701

**Course Coordinator:** Jeff Solheim, Solheim Enterprises

**On-site Coordinator:**

Cathy Murphey  
(541) 382-4321 Ext 7121  
Fax (541) 388-7748  
[crmurphey@cascadehealthcare.org](mailto:crmurphey@cascadehealthcare.org)

**HOW TO REGISTER:**

**Registration is limited to 24 participants.**

Pre-registration is required along with coordinator approval for admission into the class. You will be notified of your acceptance into the course after your registration is received and by 2 weeks prior to start of course.

**Mail or fax registration and payment to:**

St. Charles Clinical Education  
2500 NE Neff Rd  
Bend, OR 97701  
Fax: 541-706-6322

**COURSE FEES: \$250.00**

**ENA requires each participant to bring a current ENPC 3<sup>rd</sup> Edition textbook to class.**

Textbooks purchased for an additional of \$35.00.

The fee covers course instruction, handouts, and the National Emergency Nurses Association Certification fee. Your ENPC provider certification will be good for four years and is recognized nationally.

**CANCELLATION POLICY**

If you are unable to attend, please notify St. Charles Clinical Education Department at 541-706-7799. Cancellations received before 14 days prior to class date will be eligible for full refund. Cancellations received between 14 days and 7 days prior to class dates will be eligible for a refund less a \$20.00 processing fee. Cancellations received within 7 days of the class dates, no refunds given. No show will be considered cancellation without notice. Full refund if class is cancelled by St. Charles.

**ENPC**

**Emergency Nurse Pediatric Course Registration**

Name (F)\_\_\_\_\_ (MI)\_\_\_\_ (L)\_\_\_\_\_  
Last 4 digits of Social Security # \_\_\_\_\_ (OR)  
CHC Caregiver # \_\_\_\_\_  
Title \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Dept \_\_\_\_\_  
License # \_\_\_\_\_  
Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Email address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Course Requested:**

- ~~June 8 & 9, 2009~~ Canceled
- September 3 & 4, 2009

Fee(s):

\$250.00 Registration Fee: \_\_\_\_\_  
\$35.00 Purchase Book: \_\_\_\_\_

**Total Amount Enclosed:** \_\_\_\_\_

**Please identify payment method:**  Check  
 Visa  MC  Discover  AMEX  
 EV or PNCC - (CHC only)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Please make check payable to:  
St. Charles Medical Center, Emergency Department

Detach and mail or fax credit card registration to:  
St. Charles Clinical Education  
2500 NE Neff Rd., Bend, OR 97701  
Fax: 541-706-6322