

**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**

Textbooks may purchased for an additional \$45.00

The fee covers course instruction and handouts.

**CANCELLATION POLICY:**

Cancellations made less than 7 days prior to the class will be charged a \$50 processing fee. “No-shows/No-calls” will be responsible for full payment. Full refund if class is cancelled.

2009  
TRAUMA  
NURSE CORE  
COURSE  
(TNCC)

**Monday & Tuesday,  
June 8 & 9, 2009**

**Monday & Tuesday,  
August 3 & 4, 2009**

**Monday & Tuesday,  
November 23 & 24, 2009**

**8:00 am– 6:00 pm**

**St. Charles Medical  
Center  
Bend, OR**

*St. Charles Medical Center*



## What:

**A TWO-DAY COURSE** designed to provide core level trauma and psychomotor skills associated with professional nursing care of the trauma patient. The course includes lectures on the effects of trauma and multiple body systems, testing on assessment skills and interventions of the traumatized patient, and instruction on the use of immobilization devices and airway management. **The 6<sup>th</sup> edition text and updated teaching / testing materials will be used for this course.**

## When:

**Monday & Tuesday, April 13 & 14, 2009**

**Monday & Tuesday, August 3 & 4, 2009**

**Monday & Tuesday November 23 & 24, 2009**

## Where:

St. Medical Center Bend  
Health & Learning Center  
2500 NE Neff RD Bend, OR 97701

## Course Coordinator:

Jeff Solheim, Solheim Enterprises

## On-site coordinator:

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

## SAMPLE COURSE SCHEDULE

### Day One:

0730-0800 Registration  
0805-0845 Initial Assessment  
0845-0900 BREAK  
0900-0930 Shock  
0930-1015 Brain and Craniofacial Trauma  
1015-1030 BREAK  
1030-1115 Thoracic and Neck Trauma  
1115-1145 Abdominal Trauma  
1145-1245 **LUNCH on your own**  
1245-1300 Demo: Trauma Nursing Process  
1300-1800 Psychomotor Skill Stations

### Day Two:

0800-0830 Musculoskeletal Trauma  
0830-0840 BREAK  
0840-0915 Burn Trauma  
0915-0940 Geriatric Trauma  
0940-1005 Trauma and Pregnancy  
1005-1020 BREAK  
1020-1050 Pediatric Trauma  
1050-1120 Psychosocial Aspects of Trauma Care  
1120-1150 Stabilization, Transfer and Transport  
1150-1155 Instructions  
1155-1255 **LUNCH on your own**  
1255-1630 Evaluation Stations: Three Psychomotor and Written Exam

## 2009 TNCC– Trauma Nurse Core Course Registration

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

### Course Requested:

- Monday & Tuesday—June 8-9, 2009  
 Monday & Tuesday—August 3 & 4, 2009  
 Monday & Tuesday—November 23 & 24, 2009

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

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

Signature \_\_\_\_\_

Payment Amount:

\$250.00—Registration Fee: \_\_\_\_\_

\$45.00—Purchase Book: \_\_\_\_\_

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

### 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