

## NEONATAL RESUSCITATION PROGRAM (NRP) 2012

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

This course provides the student with all aspects of resuscitation for the premature and term newborn. It has been designed to meet the standards of the American Heart Association and the American Academy of Pediatrics for training participants in neonatal resuscitation.

Participants include any staff member who works with newborns.

Pre-course preparation is essential for successful completion of the course. It is required that the textbook be read prior to the course.

#### **TOPICS INCLUDE**

- Equipment check
- Overview and principles in resuscitation
- Initial steps in resuscitation
- Use of resuscitation devices for positive pressure ventilation
- Chest compressions
- Endotracheal Intubation and LMA insertion
- Medications
- Special considerations
- Premature newborns
- Ethical considerations

#### **COURSE COMPLETION CARDS**

Upon successful completion of the course, the participant will receive an NRP card.

### \*\*\* TEXT BOOK \*\*\*

It is strongly recommended that all participants have the CURRENT "Neonatal Resuscitation" textbook 6<sup>th</sup> Edition. This can be purchased by the participant at: [www.aap.org/bookstore](http://www.aap.org/bookstore). There is also a limited amount of textbooks and CD-Roms available for you to borrow, on a first come, first served basis, in the PDE Dept. You will be required to pay a deposit of \$50, refunded upon the materials' return.

There is a new online NRP exam through Healthstream. Participants will be required to take the online examination in the computer training classroom at 10am, prior to attending the Integrated Skills Station (megacode) in Conference Room 4. Following the Integrated Skills Station, there is a debriefing component which is required to improve teamwork and communication.

There is no longer an NRP Renewal Course. All courses are Provider courses.

### \*\*\* Dates – Times – Locations \*\*\*

Thursday	January 19	10am – 1pm	GSH
Thursday	February 16	10am – 1pm	GSH
Friday	March 16	10am – 1pm	GSH
Thursday	April 19	10am – 1pm	GSH
Friday	May 4	10am – 1pm	GSH
Friday	June 1	10am – 1pm	GSH
Thursday	July 19	10am – 1pm	GSH
Thursday	August 16	10am – 1pm	GSH
Thursday	September 20	10am – 1pm	GSH
Thursday	October 18	10am – 1pm	GSH
Wednesday	November 7	10am – 1pm	GSH
Tuesday	December 4	10am – 1pm	GSH

GSH – Good Samaritan Hospital – Suffern, New York  
2<sup>nd</sup> Floor Conference Room - Conference Room # 4

### \*\*\* COURSE FEE for NON EMPLOYEES \*\*\*

**NON-EMPLOYEES:** Purchase the NRP Online Examination, 6<sup>th</sup> Edition, by visiting [www.aap.org/nrp](http://www.aap.org/nrp). There is a \$50.00 fee for the Part 2 Skills Testing at the hospital.

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

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

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

Registration is **LIMITED** and is on a first come, first-served basis. Please register at least two (2) weeks in advance to ensure your spot in the class and Instructor availability.

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

**By Email:** Send your registration request to:  
[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  
Lisa Pavon, Education Coordinator

**REGISTRATION**

**Neonatal Resuscitation Program  
(NRP) - 2012**

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

**Please Tell Us About You:**

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

Your Hospital: \_\_\_\_\_

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

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

City: \_\_\_\_\_

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

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

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

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

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

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

Day of the Week: \_\_\_\_\_

Date of Course: \_\_\_\_\_

Time: \_\_\_\_\_

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

Payment Enclosed: (If Applicable) \_\_\_\_\_

**PDE Dept Use ONLY:**

Card Expiration Date: \_\_\_\_\_

Verified By: \_\_\_\_\_

Date Verified: \_\_\_\_\_

**HOSPITAL ADDRESS:**

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

