Basic EKG
Class is four hours a week for five weeks.
8:00 am – 12:00 pm
- March 2, 9, 16, 23, 30 (Thursdays)
- August 10, 17, 24, 31 (Thursdays), &
  September 5 (Tuesday)

12 Lead EKG: Ischemia and ACS
Class is six hours: 8 am – 3:30 pm
- June 7 (Wednesday)

Advanced EKG – Wide QRS
Interpretation & Hemiblocks
Class is four hours: 8 am – 12 pm
- June 8 (Thursday)

As required under Title 16, CCR, Sections
1454(d) and (f), each provider is required to
maintain education records for each course
offered for the period of (4) four years in one
location within the State of California or a
place approved by the Board. Providence
Medford Medical Center #CEP16718

The following classes have been
approved to offer CEUs:

- **12 Lead EKG: Ischemia and ACS**
  7.5 CEUs
- **Advanced EKG - Wide QRS Interpretation & Hemiblocks**
  4.8 CEUs
- **CEU guidelines exclude basic**

www.ProvidenceOregon.org/so/training
### Course Description

#### Basic EKG Interpretation and Treatment

**Course description:** Systematic review of basic EKG rhythms, heart blocks and pacemaker function and dysfunction. Treatment protocols from current ACLS standard of care.

**Target audience:** Nurses or monitor techs who work in the critical care, telemetry or emergency department as well as first responders.

#### 12 LEAD EKG: Ischemia & ACS

**Course description:** This program will review the recognition and initial treatment of myocardial ischemia, acute coronary syndrome, right ventricular MI, cocaine/methamphetamine induced MI and MI mimics. Program will include AHA/AACN best practice recommendations for bedside monitoring and introduction to ventricular hypertrophy. Application of information through case study presentation.

**Target audience:** Nurses or monitor techs who work in the critical care, telemetry or emergency department as well as first responders.

#### Advanced EKG: Wide QRS Interpretation & Hemiblocks

**Course description:** Introduces participant to right and left bundle branch block, criteria to distinguish aberration from ventricular and hemiblock recognition. Application of information through case study presentation.

**Target audience:** Nurses or monitor techs who work in the critical care, telemetry or emergency department as well as first responders.

### Registration

- Registration is available up to two weeks prior to each class.
- Early registration is encouraged as enrollment per class is limited.
- No refunds after deadline.
- Payment and completed forms must accompany registration to be accepted.
- Nursing Students – Please call for student discount. Must have proof of school registration.

**Basic EKG class requires the use of calipers.** Participants may purchase their own calipers from an art store, or elect to use a loaner set of calipers during class. A required $20 dollar deposit fee will be held until loaner calipers are returned at the end of class.

**Instructor:** Louise Sakraida RN, CCRN

**Clinical Coordinator CCU**

In accordance with the Americans with Disabilities Act, please advise if you have any disability that requires special materials and/or services so that appropriate personnel can be advised.

**Location:**
All classes are held at the following location:
Lucille Tremblay Room
Royal Office Building
840 Royal Ave. Suite 2, Medford

Nursing Education Office
840 Royal Ave., Suite 2
Monday - Thursday, 7:30-11:30 a.m. or other times by appointment by calling the number below. **Please call 541-732-6711 for further assistance.**

### EKG COURSE REGISTRATION

**Detach and return this portion with payment. Payment must accompany registration to be complete, incomplete forms will not be accepted.**

#### Select course:

- **Basic EKG:** $125 (4 hrs x 5 week series)
  - March 2, 9, 16, 23, 30, (Thursdays)
  - August 10, 17, 24, 31 (Thursdays), September 5 (Tuesday)

- **12 Lead EKG: Ischemia and ACS:** $60
  - June 7 (Wednesday)

- **Advanced EKG: Wide QRS Interpretation & Hemiblocks:** $20
  - June 8 (Thursday)

**Name:**

**Classification (RN, M.D., etc)**

**Address:**

**City_______ St ______ Zip___________

**Employer:**

**Department____________________________________

**Work # _______________________________________

**Home/Cell # ____________________________

**Email_________________________________________

**Payment:** Make checks payable to PMMC Nursing Professional Practice.

**Mail to:** Providence Medford Medical Center Nursing Professional Practice Department
1111 Crater Lake Avenue, Medford OR 97504
or fax form to 541-732-5818

**Payment by Credit Card:**

- Visa
- MasterCard
- Discover

**Name on Card:**

**Credit card number:**

**Expiration date ____________ Security Code______**

**Signature:**

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