

## ■DESCRIPTION

The S.T.A.B.L.E. program is a commercially available program for nursing, medical, and respiratory care staff who may provide or direct the care of unstable sick newborns. The purpose of the program is to provide concise guidelines for the stabilization of sick newborns. The mnemonic S.T.A.B.L.E. is meant to help participants remember important components to stabilization: Sugar, Temperature, Artificial Breathing, Blood Pressure, Lab Work, and Emotional support. This program complements the Neonatal Resuscitation Program (*aap.org*).

This S.T.A.B.L.E. program involves one day of lectures and provides caregivers who primarily care for well newborns a way to organize care when unexpectedly faced with a sick newborn. General information about the S.T.A.B.L.E. program can be found at [www.stableprogram.org](http://www.stableprogram.org).

A pretest will be mailed to you for completion prior to the program. Post tests for each session are part of the program. Those who pass the tests will be mailed an official card from the S.T.A.B.L.E. program.

## ■QUESTIONS

Regional Perinatal Education  
Debbie Fritz, RNC, MSN, program coordinator  
Kim Rosin, office support coordinator  
419-291-4645  
[kim.rosin@promedica.org](mailto:kim.rosin@promedica.org)

## ■CREDITS

ProMedica Health System (OH-069/4-1-12) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

## ■REGISTRATION

Participants must find and/or purchase a 5th edition textbook for the course. Go to <http://www.stableprogram.org> to order a textbook. The cost is \$41.95 plus shipping.

For staff of Consortium member hospitals, the course fee is \$25 and \$50 for non-member hospitals when postmarked on or before **March 11, 2010**, if postmarked after **March 11, 2010** the fee is \$30/\$55. The fee includes morning and afternoon refreshments, and continuing education credit. **The fee DOES NOT INCLUDE the required textbook which you must purchase on your own.** Lunch is on your own.

**\*\*Please bring a calculator.\*\***

## ■LOCATION

The conference will be held in McMullen Conference Room #1 at Mercy Hospital of Tiffin. Directions can be found at [www.mercyweb.org](http://www.mercyweb.org) or call 419-455-7000.

# Stabilizing Newborns the S.T.A.B.L.E. Way

Thursday, March 25, 2010

McMullen Conference Room #1  
Mercy Tiffin Hospital  
45 St. Lawrence Drive  
Tiffin, Ohio 44883

Offered by:

*Perinatal Region III+ Education Consortium*

*This program is an educational event co-provided by ProMedica Health System and the Region III+ Perinatal Education Consortium.*



[www.perinatalconsortium.org](http://www.perinatalconsortium.org)

*The Region III+ Perinatal Education Consortium is a collaborative effort of perinatal professionals at member hospitals in Region III+. The mission of the Consortium is to enhance the quality and quantity of basic orientation and continuing education resources available to the perinatal staff of member hospitals.*

## AGENDA

**7:30 a.m. Registration/Conference  
Breakfast/Turn in Pretests**

**8:00 a.m. Introduction**

Moderator: Trisha Corns-Schemenauer, RN  
Staff Nurse NICU  
Toledo Children's Hospital

**8:15 a.m. Sugar & Safety:** Reasons why infants become hypoglycemic, S/S and lab tests for hypoglycemia, indications and dosage for IV glucose, use of umbilical catheters.  
**Objective: Explain the identification and treatment for hypoglycemia.**  
Tricia Corns-Schemenauer, RN

**9:15 a.m. Break**

**9:30 a.m. Temperature:** The detrimental effects of cold stress, risk factors for hypothermia, ways infants lose body heat and how to prevent this, how to warm a severely hypothermic infant.  
**Objective: Describe how to prevent and treat cold stress.**  
Karen Rohrs, RNC, MSN  
Patient Care Supervisor NICU  
Toledo Children's Hospital

**10:30 a.m. Break**

**10:45 a.m. Airway:** Evaluation of respiratory distress, indications for positive pressure ventilation with bag and mask or endotracheal intubation, blood gas evaluation, chest x-ray interpretation, pneumothorax.  
**Objective: Outline interventions for respiratory distress.**  
Minda Te, MD  
Neonatologist, Pediatrics/Neonatology  
Mercy St. Vincent Medical Center

**12:30 p.m. Lunch (on your own)**

**1:30 p.m. Blood Pressure:** S/S of shock in newborns, hypovolemic shock, cardiogenic shock, septic shock.  
**Objective: Describe the treatment for shock.**  
Karen Rohrs, RNC, MSN

**2:15 p.m. Break**

**2:25 p.m. Lab Work:** Basic lab work important for an unstable newborn, clinical signs of sepsis, how to calculate the absolute neutrophil count and immature to total ratio, interpretation of the CBC, standard antibiotic treatment for suspected sepsis.  
**Objective: Interpret CBC results.\* \*Calculator needed**  
Deb Thompson, RNC, BSN  
Staff Nurse NICU  
Toledo Children's Hospital

**3:20 p.m. Break**

**3:25 p.m. Emotional Support:** Description of parental responses to the crisis of a sick newborn, ways caregivers can support parents of sick newborns.  
**Objective: Discuss the effects of the need for neonatal intensive care on the family.**  
Deb Thompson, RNC, BSN

**4:00-4:25 p.m. Post Test and Test Retakes**

**4:25-4:30 p.m. Evaluation and Adjourn**

## S.T.A.B.L.E.

**Thursday, March 25, 2010**  
Help us plan ... REGISTER EARLY

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(please print)

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_  
Is this  Business or  Home?

Business Phone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Registration Fee:

Postmarked on or before **3/11/10:**

\$25 staff of member hospitals, \$50 all others

Postmarked after **3/11/10:**

\$30 staff of member hospitals, \$55 all others

**Participants must find and/or purchase a 5th edition textbook for the course. To order a textbook, go to <http://www.stableprogram.org>. The cost is \$41.95 plus shipping.**

Can you bring a calculator (needed during two of the sessions)?  Yes  No

**Consortium Points to be used?** \_\_\_\_\_

**Approved by** \_\_\_\_\_

Check enclosed (to The Toledo Hospital)

Master Card  Visa

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

**Be sure to call first if registering late.**

Registrations to:

Regional Perinatal Education, CHS 1<sup>st</sup> Floor

2150 W. Central, Toledo, OH 43606

Fax 419-479-6137 Phone 419-291-4645

[www.perinatalconsortium.org](http://www.perinatalconsortium.org)