

## ■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 e-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 3-mailed an official card provided by the S.T.A.B.L.E. program.

Participants who have completed the program more than two years ago are welcome and encouraged to attend again and are eligible for the contact hour award.

## ■CREDITS

ProMedica (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. This program has been awarded **6.5** contact hours.

## ■LOCATION

The conference will be held in Education Center Room K at ProMedica Toledo Hospital, 2121 Hughes Drive, Toledo, Ohio 43606. Enter the north garage on Hughes, which is visible from ProMedica Pkwy and Monroe Street. Park in the visitors parking area in the lower level. Room K is basement level between the two towers. Ask for assistance and/or follow the signs to Room K. Call the hospital operator at 419-291-4000 for further assistance.

**Note: As for any conference, please dress in layers and include a warm outer garment.**

## ■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.

Once you register, a pretest (7.0 edition) will be e-mailed to you. Bring it with you to the conference. You will also need a calculator for use during two sessions.

For staff of Consortium member hospitals, the course fee is \$25, \$75 for non-member hospitals, when registered or postmarked on or before **March 12, 2012**, if registered or postmarked after **March 12, 2012** the fee is \$30/\$80. The fee includes a conference "breakfast" and continuing education credit. **The fee DOES NOT INCLUDE the required textbook which you must purchase on your own.** Lunch is on your own.

## ■QUESTIONS

Regional Perinatal Education  
Debbie Fritz, RNC, MSN, program coordinator  
419-291-4646  
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# Stabilizing Newborns the S.T.A.B.L.E. Way

**Monday, March 26, 2012**

**Education Center Room K  
ProMedica Toledo Hospital  
2121 Hughes Drive  
Toledo, Ohio 43606**

*This program is an educational event  
co-provided by ProMedica 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**

Liz Bates, MSN, RN  
Director, Neonatal Intensive Care Unit  
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.**

Liz Bates, MSN, 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.**

Cindy Killion, RNC-NIC, C-NPT  
Transport Supervisor  
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.**

Howard Stein, MD  
Neonatologist  
Toledo Children's Hospital

**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-NIC, MSN  
Patient Care Supervisor, NICU  
Toledo Children's Hospital

**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**

Jennifer Trost, CNP  
Neonatal Nurse Practitioner  
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.**

Liz Bates, MSN, RN

**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.

**Monday, March 26, 2012**

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 **3/12/12:**

\$25 staff of member hospitals, \$75 all others

Postmarked after **3/12/12:**

\$30 staff of member hospitals, \$80 all others

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

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

Check enclosed (to ProMedica Toledo Hospital)

Master Card  Visa  Other \_\_\_\_\_

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

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

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

Fax/Phone with credit card info:

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