

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

New Hampshire AWHONN presents "S.T.A.B.L.E." a course for nursery, OB nurses, and ED nurses, physicians, and respiratory therapists in community hospitals who work with sick newborns. It addresses what follows after the Neonatal Resuscitation Program, emphasizing six important areas of concern: Sugar, Temperature, Artificial Breathing, Blood Pressure, Laboratory Tests, and Emotional Support. The mnemonic-based program developed by Kris Karlsen, MSN, RNC, NNP, is designed to optimize learning, retention, and recall of information.

Our instructor, Lisa McNerney, BSJ, MA, RN, is a clinical staff educator at Parkland Medical Center, Derry, NH.

IMPORTANT ACTION ITEMS FOR S.T.A.B.L.E. ATTENDEES

- * Participants are requested to read the Learner Manual (5th edition) prior to coming to class. Books may be borrowed if they are available at the participant's hospital or they may be ordered by going either to www.aap.org or www.stableprogram.org. (Allow two weeks for delivery of text book).
- * Your e-mail or mailing address are necessary in order to send you a pre-test that you will need to complete prior to the class.

Registration begins at 7:30 a.m. Class starts promptly at 8:00 a.m. and will run until 4:30 p.m.

Date: Wednesday, March 31, 2010
Time: 8:00 am - 4:30 pm (Registration begins at 7:30 a.m.)
Location: Littleton Regional Hospital
 600 St. Johnsbury Road
 Littleton, NH 03561

Breakfast and lunch will be provided!

**"Please bring 2 pencils, calculator,
2 pens, ruler and a sweater"**

ACCREDITATION: Contact hours will be provided by Parkland Medical Center's Education Department, an approved provider of continuing nursing education by NH Nurses' Association Commission on Accreditation.

FEE: AWHONN MEMBERS - \$ 95.00 NON-MEMBERS - \$ 105.00
8 CONTACT HOURS WILL BE AWARDED

For further information, call Ann Hillman at (603) 227-7000, ext. 2909 or e-mail: ahillman@crhc.org
NO CONFIRMATION OF REGISTRATION WILL BE SENT!

MEMBERSHIP NUMBER REQUIRED ON THE REGISTRATION FORM!

REGISTRATION
MAKE CHECKS PAYABLE TO: NH AWHONN
 S.T.A.B.L.E. Course

Please mail registration form and check to:
Ann Hillman, The Family Place at Concord Hospital, 250 Pleasant Street, Concord, NH 03301

NAME: _____ TITLE: _____

ORGANIZATION: _____ PHONE: _____

MAILING ADDRESS: _____ REQUIRED AWHONN # _____

CITY: _____ STATE: _____ ZIP: _____

E-Mail: _____

FOR DIRECTIONS TO THE WORKSHOP, PLEASE GO TO LITTLETON REGIONAL HOSPITAL WEB-SITE www.littletonnhhospital.org

FOR MORE INFORMATION ON OUR WORKSHOPS GO TO www.nhawhonn.org. CLICK ON EDUCATIONAL PROGRAMS FOR COMING CONFERENCES FOR 2010.

Ann Hillman
The Family Place at Concord Hospital
250 Pleasant Street
Concord, NH 03301

Return Address Requested

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U.S. Postage
PAID
Permit No. 756
Concord, NH

NEW HAMPSHIRE SECTION
AWHONN 
*Association of Women's Health,
Obstetric and Neonatal Nurses*

CANCELLATION AND REFUNDS: Notify NH AWHONN by e-mail (ahillman@crhc.org) *at least 72 hours* ahead of a conference if you will not be able to attend. A processing charge of 25% of the registration fee will be assessed. No refund will be made for failure to notify NH AWHONN *less 72 hours* ahead of conference.

