

ACLS Course Info

SBLHC EMS System Members

ACLS Course **\$100**

Non System Members/Independents

ACLS Course **\$125**

ACLS follows the recommendations of the American Heart Association.



Use of American Heart Association materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the Association.


Sarah Bush
Lincoln
Emergency Medical Services
104 Professional Plaza
Mattoon, IL 61938
www.sarahbush.org

**Emergency
Medical Services**

**Advanced Cardiac
Life Support**




Sarah Bush
Lincoln
Trusted Compassionate Care

Course Overview

The initial moments and actions taken when cardiac arrest occurs are the most critical to improving survival rates. Advanced Cardiovascular Life Support (ACLS) course is designed for healthcare providers who either direct or participate in the resuscitation of a person.

This course is designed to enhance your skills in the treatment of arrest and peri-arrest through active participation in a series of simulated cardiopulmonary cases.



ACLS Core Concepts

The goal of the ACLS course is to improve the quality of care provided to the adult victim of cardiac arrest or other cardiopulmonary events.

Core Concepts:

- Identify and treat medical conditions that place a person at risk or cardiac arrest.
- Complete the Basic Life Support (BLS) Primary Survey
- Complete the ACLS Secondary Survey
- Understand ACLS Algorithms
- Develop effective resuscitation team dynamics

Sarah Bush Lincoln EMS

104 Professional Plaza

Mattoon, IL 61938

Phone: (217) 258-2403

Fax: (217) 258-2455

email: msgroup@sblhs.org

ACLS Registration

2024 schedule

ACLS Course

- | | |
|--------------------------------------|--------------|
| <input type="checkbox"/> January 23 | 8 am to 4 pm |
| <input type="checkbox"/> February 27 | 8 am to 4 pm |
| <input type="checkbox"/> April 23 | 8 am to 4 pm |
| <input type="checkbox"/> June 25 | 8 am to 4 pm |
| <input type="checkbox"/> July 30 | 8 am to 4 pm |
| <input type="checkbox"/> August 28 | 8 am to 4 pm |
| <input type="checkbox"/> October 30 | 8 am to 4 pm |
| <input type="checkbox"/> December 16 | 8 am to 4 pm |

Name _____

Address _____

Phone _____

E-mail _____

Method of Payment

Check Other

Bill EMS service _____

Bill Hospital Dept _____

Licensed as: _____ Expiration _____
