

One-day course in

Emergency medicine and CPR

This course in Emergency medicine and CPR is a **comprehensive one day emergency management and skills workshop** designed for general practitioners and other health professionals, in conjunction with the Ambulance Education Centre of NSW.

Sessions cover adult emergencies, paediatric emergencies and CPR/emergency skills. Course content consists of lectures, Q & A sessions, small group demonstrations and hands-on skills workshops.

Skills workshops include demonstrations in CPR, defibrillation using biphasic automated defibrillators, advanced life support, intubation, laryngeal mask airway placement, bag and mask positive pressure ventilation, cricothyrotomy, oxygen therapy, intravenous cannulation, interosseous infusion needle placement and tension pneumothorax decompression. Skills stations use interactive mannequins and are arranged to ensure participants have ample free time to practice and gain confidence in all emergency skills.



This Active Learning Module has been approved by the RACGP QA&CPD Program.

TOTAL POINTS: 40 (Category 1)

How to register

Simply **FAX OR MAIL** this completed registration form to gpkit (details below) OR email **info@gpkit.com.au** to express your interest and include your contact details. Places limited.

Registration form

Please register me for the Emergency medicine and CPR course to be held on **Saturday, 28th November 2009*** at the NSW Ambulance Education Centre, Balmain Road, Rozelle, NSW.

Participants will receive detailed registration information together with a tax invoice.

Title: _____ First name: _____ Surname: _____

Address: _____

State: _____ Postcode: _____

email: _____ RACGP number | | | | | | | |

Tel () _____ Fax () _____ Mobile: _____

I am a: General Practitioner GP registrar Practice manager Practice nurse

Other (please specify) _____

I will be applying for a procedural skills grant: Yes No

Course fees and payment details (inc GST)

General Practitioner - \$495 GP registrar - \$395 Practice staff - \$295

Visa Mastercard Bankcard (Sorry, no Amex or Diners) Expiry date: / **Amount \$** _____

Card Number | | | | | | | | | | | | | | | | | | CVN | | | | |

Cardholders name (please print) _____ Signature _____

Cheque payments.

Mail this completed form to gpkit (address below) with your cheque (payable to gpkit).

FOR MORE INFORMATION PLEASE CALL
02 8911 4818

FAX FORM TO
02 9973 2167

EMAIL US AT
info@gpkit.com.au

P.O. Box 1314
Mona Vale NSW 1660

