

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

## Cardiac Module Learner's Course

April 6 & 7, 2016  
8a - 3:30p

UIC College of Medicine East  
808 S Wood St, Room 367  
Chicago, IL

Register at:  
[tinyurl.com/STABLEcardiac](http://tinyurl.com/STABLEcardiac)

### Course fees:

BEFORE March 15\*

\$100 in UIC or Stroger Network

\$120 out of UIC or Stroger Network

\*Payment must be postmarked by  
March 15. Prices increase \$10 after.

Mail payment to:

UIC Perinatal Center  
820 S Wood St, Ste 217  
M/C 808  
Chicago, IL 60612

Register by April 1, 2016

Refunds will be issued if request is  
received by registration deadline.

## Program Overview

New material presented by founder and  
author of the STABLE Program, Kris Karlsen.

The S.T.A.B.L.E. - Cardiac Module provides general guidelines for the assessment and stabilization of neonates with suspected, severe forms of congenital heart disease (CHD). The common surgical and palliative treatment options are also explained, thus providing important information that caregivers may utilize to communicate uniformly with families of infants with CHD. Prompt, effective, and appropriate care of neonates with severe CHD can reduce secondary organ damage, improve short and long-term outcomes, and reduce morbidity and mortality. This information is presented in a highly visual format using an animated PowerPoint® slide presentation, and is divided into three sections:

- Part 1:** Physical exam of neonates with suspected CHD.  
**Part 2:** Review of the anatomic features, clinical presentation and initial stabilization of neonates with CHD, and emphasizes differentiation of cardiac from pulmonary disease. Specific heart lesions, including palliative and surgical options are covered in detail.  
**Part 3:** Modifications to the six S.T.A.B.L.E. assessment components that are necessary when caring for neonates with suspected CHD.

## Course Content

### DAY 1

- Physical examination of the neonate - vital sign and physical exam clues that CHD may be present. The concept of homeostasis and application to CHD. ECG interpretation/abnormal cardiac rhythms - assessment and treatment of complete heart bloc and supraventricular tachycardia. Case study 1.

- Cyanotic CHD: not ductal-dependent lesions (tetralogy of Fallot with mild pulmonary stenosis, truncus arteriosus, total anomalous pulmonary venous return, Ebstein's anomaly) followed by ductal-dependent lesions (transposition of the great arteries, tricuspid atresia, pulmonary atresia, tetralogy with severe PS or PA). Includes palliative procedures and surgical repair of lesions discussed. Case study 2.

- Prostaglandin E1: dose, side effects; right-to-left and left-to-right ductal shunting to improve pulmonary or systemic blood flow.

### DAY 2

- Physical examination of the neonate - vital sign and physical exam clues that CHD may be present. The concept of homeostasis and application to CHD. ECG interpretation / abnormal cardiac rhythms - assessment and treatment of complete heart block and supraventricular tachycardia.

- Left outflow tract obstructive lesions: clinical presentation and stabilization (aortic atresia, coarctation of the aorta, interrupted aortic arch, left outflow tract obstructive lesions). Palliative procedures and surgical repair options. Case study 4.

- STABLE Program module review - modifications necessary for the care of neonates with CHD.

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

## Cardiac Module

### Objectives

1. Describe the components of physical examination in young infants that may indicate the presence of congenital heart disease (CHD)
2. Discuss the clinical presentation of non-ductal dependent and ductal dependent cyanotic CHD and left outflow tract lesions
3. Explain the pattern of blood flow that is established when prostaglandin E1 is initiated to promote a right-to-left versus a left-to-right ductal shunt.
4. Differentiate between the clinical presentation of cyanotic CHD versus left outflow tract CHD
5. Explain at least two palliative procedures that may be indicated, based on the infants clinical state, age, and opportunity for future surgical repair.
6. Discuss the most common surgical repair options for the lesions discussed in this module.
7. List the necessary and prompt stabilization care when infants have severe and/or life threatening heart defects using the S.T.A.B.L.E. mnemonic system.

### Who Should Attend

Instruction is designed for nurses, physicians, nurse practitioners, physician assistants, and respiratory therapists involved with neonatal stabilization and care

### Criteria for Successful Completion

- Attendance at entire session
- Completion of evaluation form



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
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### Course Faculty

Kristine A. Karlsen, PhD, NNP-BC

S.T.A.B.L.E. Program Author and Founder

Dr. Kristine Karlsen is a neonatal nurse practitioner who has been involved in neonatal care in a variety of settings including transport, education, and patient care for more than 30 years. She is an award-winning author and founder of the internationally recognized S.T.A.B.L.E. Program. Dr. Karlsen serves as the National Program Director for S.T.A.B.L.E. and continues her clinical work in the Intermountain Healthcare system neonatal ICUs in Utah. Her research interests include methods to improve neonatal outcomes and the educational process. Dr. Karlsen lectures frequently at conferences both nationally and internationally. She serves on the Utah Perinatal Mortality Committee and is the recipient of many awards

Mary Puchalski, DNP, APN, CNS, NNP-BC

Clinical Assistant Professor, University of Illinois at Chicago

Dr. Mary Puchalski is a neonatal nurse practitioner with nearly 30 years of nursing experience in the maternal-child nursing specialty. Her doctoral work focused on addressing the rapidly increasing incidence of Neonatal Abstinence Syndrome (NAS) which has been identified as a national healthcare crisis. She developed an evidence-based practice change project designed to increase consistency in treatment for infants with NAS through implementation of a protocol, along with education to increase healthcare provider knowledge as well as sensitivity to the signs and symptoms of withdrawal in infants with NAS.

### Continuing Nursing Education Credits:

University of Illinois Hospital and Health Sciences System (OH-341, 10/01/2018) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver of the American Nurses Credentialing Center's Commission on Accreditation.

The University of Illinois at Chicago (UIC) College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing Medical education for physicians.

This educational activity is being presented without commercial support, bias or conflict of interest from planners or presenters.

For more information please  
contact the UIC Perinatal Center:  
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312-996-4390



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